



Metropolitan Jacksonville Area HIV Health Services

PLANNING COUNCIL

Ryan White Part A and Part B Programs
Social Services Division

1809 Art Museum Drive, Suite 100 ♦ Jacksonville, FL 32207

AGENDA

Meeting Date: **3:00 PM - Thursday, March 24, 2016**

CALL TO ORDER Kendall Guthrie

MOMENT OF SILENCE

MISSION STATEMENT Member

PARLIAMENTARY POINTERS Ellen Schmitt

ROLL CALL Heather Vaughan

APPROVAL OF FEBRUARY 25, 2016 MINUTES Kendall Guthrie

ADMINISTRATIVE AGENCY – PART A REPORT Deidre Kelley

LEAD AGENCY – PART B REPORT Max Wilson

COMMITTEE REPORTS:

ExecutivePage 9..... Kendall Guthrie

MembershipPage 11..... Kim Geib

W.A.C.Page 15..... Errol Schell

PLWHAAPage 19..... Gloria Coon

EligibilityPage 21..... Heather Vaughan

- The Committee is recommending to the Planning Council that they increase the cap on the health insurance premium assistance from \$300.00 to \$400.00 per month

OUR MISSION:

The mission of the Planning Council is to provide a means for planning and implementing a coordinated response to the needs of people living with and affected by HIV.

EIIHA

Bylaws

UNFINISHED BUSINESS Kendall Guthrie

NEW BUSINESS Kendall Guthrie

PUBLIC COMMENTS Members of the Public
For members of the public to address the Planning Council; time limit of 3 minutes; blue card is not required.

ANNOUNCEMENTS All
For both Planning Council and members of the public to announce upcoming events or recognize an achievement.

DJOURNMENT Kendall Guthrie

Today's greeters are: Michael Kyger and Kim Geib



Metropolitan Jacksonville Area HIV Health Services

PLANNING COUNCIL

Ryan White Part A and Part B Programs
Social Services Division

1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207

MINUTES

Meeting Date: Thursday, March 24, 2016

Council Members Present: Antoinette Turner (*Chair*), Kendall Guthrie (*Vice Chair*), Heather Vaughan (*Secretary*), Nathaniel Hendley (*Treasurer*), Ellen Schmitt (*Parliamentarian*), Dana Barnes, Sheila Broderick, Kim Geib, Sharon Hunter, Verlon Murray, Beth Parker, Errol Schell, Torrencia Shiloh, and Max Wilson

Council Members Absent: Michael Bennett, Gloria Coon, Frank Emanuel, Terri Mims, Gregory O'Gwinn, and Patricia Sampson

Proxy Members Present: Vernard Clinkscales and Michelle Handy

Proxy Members Absent: Jim Bernert, Michael Kyger, Janice Murphy, and Annie Youngblood

Support Staff Present: Deidre Kelley, Sue Andrews, Lourdes Diaz, Mary Martinez, and Sandy Sikes

Guests: Ne' Tosha Dopson, Veronica Hicks, Christie Mathews, Jerry Murray, Katrina Odell, Todd Reese, Ella Russell, and Carl Stevens

Call to Order

The meeting was called to order at 3:02 p.m. by Vice-Chair Kendall Guthrie.

Moment of Silence was observed.

Mission Statement

Kim Geib read the Planning Council's Mission Statement.

Parliamentary Pointers

Council Parliamentarian Ellen Schmitt talked briefly about the history of Robert's Rules of Order. Ellen gave the explanation for 'Point of Order'; anytime a member feels that something is not being handled correctly during the meeting, they have the right to call it to the attention of the Chair. The Chair will then ask the member to state why they feel something is out of order or incorrect, and the member will state their reason. After hearing the member's statement, the Chair will then decide if the issue is out of order.

Roll Call

Vice Chair Guthrie took the roll, and Proxy Pool member Vernard Clinkscales was called to the table and a quorum was declared.

Approval of Minutes

Motion was made and seconded to accept the February 25, 2016 Minutes as presented.

Administrative Agency Report

Part A Program Manager Deidre Kelley advised that contracts were mailed yesterday to service providers. HRSA has scheduled a conference call for April 5 to discuss release of the remainder of our 2016 funding and will announce staffing changes.

The Jail Link Program is underway and four inmates have been released with follow-up through the Department of Health and Lutheran Social Services. We have discovered that of the seven inmates to be released in the next few weeks, all but one received Ryan White medical care in the past. Some have been out of care since 2011. The one who has not received medical care in the past was just diagnosed recently while in jail. In connection with our Jail Link Program, the Jacksonville Sheriff's Office received an additional \$900,000 from the Florida Legislature for their Jacksonville Re-Entry Center also known as JREC. JREC provides services to felony offenders released in/or back to Duval County. Funding provides assistance with transitional housing, health care, transportation, pre-employment training, case management and assistance in applying for eligible benefits such as Social Security and Food Stamps. We plan to access these services for all of our HIV positive inmates who qualify.

Dr. Mobeen Rathore at UF CARES Rainbow Center has requested that the Planning Council host a Youth Summit sometime this summer, and he will provide you with a summary of what he hopes to accomplish from the summit. We will need a planning group made up of Planning Council members, representatives of youth organizations, youth affected by HIV, and community leaders to start meeting in April or May. Please consider whether you would like to participate in the planning of this summit.

Lead Agency Report

The ADAP information system, also referred to as the "ADAP Database" is being revamped at headquarters. There are significant improvements coming including the capacity for community-based case managers to access the system on behalf of their clients and a user interface for clients that may allow them to process their own renewals from home. The new system is expected around August 3.

The Part B program has authorized an expansion in services funded under Ryan White effective next fiscal year. These services include home healthcare, health education, linkage services, and others.

And finally, the Department of Health plans to expand their pharmacy services in the outlying counties. One of the additional services we hope to achieve is home delivery of HIV medications in Nassau, Clay, and St. Johns counties. Regarding the Hep-C pilot program, as mentioned last month we currently have one client on Harvoni and expect a couple more soon.

Committee Reports

Executive

Antoinette Turner

The committee met in March and discussion about term limits, membership recruitment, and future Planning Council leadership took up most of the meeting. There were no action items to come before the Council.

Membership

Kim Geib

The Committee met March 2 and Nathaniel Hendley presented a survey he compiled regarding youth interested in participating on the Jacksonville Planning Council. Just over 50% of those surveyed stated they would be interested in getting involved with the Planning Council. Respondents ranged in age between 15 and 26; however, since only 44 youth responded through only a single agency, it was decided to put this project on hold for the time being. A copy of Nathaniel's survey was included in the Planning Council packet.

Committee members discussed the current two-year term length for Planning Council members. Since the majority of Council members are reappointed, their service time will probably be four years before rolling off the Planning Council due to term limits. Advantage to increasing the term length to three years would be that a member could serve six consecutive years before rolling off. The disadvantage is that the former member would need to wait three years before reapplying to the Council. After looking at the pros and cons, the committee members reached a consensus to not recommend a change to the current term length.

Recruitment strategies were looked at and members identified several sources to focus on. Kim Geib volunteered to speak at the March Peer Navigator and Case Managers Co-Op meetings, the PLWHAA committee, and at the NFAN Luncheon to spread the word about what the Planning Council does and how individuals can become involved.

Women, Adolescents, and Children (W.A.C.)

Errol Schell

The committee met in early March; they are attempting to set a date for a health fair at Oakwood Villas. Following-up to Children's Home Society about a health fair there did not produce any further talks. Lutheran Social Services partnered with UF CARES and held a National Women and Girls HIV/AIDS Awareness Day event at FSCJ downtown.

A question had been raised about the W.A.C. committee being able to solicit funds and the answer was no. Another question had to do with the committee getting credit for the activities that they participate in. Sometimes the committee is notified of an upcoming health fair by the Department of Health, and W.A.C. members volunteer to work the event in lieu of FDOH employees. The committee wanted to know if they are able to use W.A.C. signage and registered as the Women, Adolescents, and Children Committee instead of Florida Department of Health. The answer was that

W.A.C. does get the credit since they are attending and doing the work; W.A.C. can register and use their own signage under their committee name.

W.A.C. committee members participated in an event last Saturday for the Lane Avenue Community Day, and members had a great time.

PLWHAA

Torrencia Shiloh

Janssen Pharmaceuticals provided the program for the March PLWHAA meeting; Randevyn Pierre's topic was '*Culturally Competent Care in HIV*.' Also, Kim Geib was a guest and she spoke to the committee about membership in the Planning Council and the Council's other committees.

Congratulations to Ellen Schmitt who had the highest bid on the red and gold leaflet bowl. Auction item for next month will be a child's bicycle, donated by Donna Fuchs. Torrencia thanked everyone who had donated items and participated in the monthly auctions; these proceeds will fund a scholarship for several PLWHAA committee members to attend the Oasis Conference in September.

Continuum of Care Coordination (*Eligibility*)

Heather Vaughan

The Eligibility Sub-Committee met March 3, and their main purpose was to look at increasing the cap on health insurance premium assistance. Right now we are providing premium assistance to approximately 140 Ryan White clients; of those clients, 29 currently have insurance premiums that are higher than \$300 per month. Increasing the cap to \$400 will provide the needed help for these clients.

The committee voted to recommend that the Jacksonville Planning Council increase the cap on the health insurance premium assistance from \$300 to \$400 per month. That motion was then presented to the Council for a roll call vote, which was taken and the motion passed.

D. Barnes	Yes	E. Schell	Yes
S. Broderick	Yes	E. Schmitt	Yes
K. Geib	Yes	A. Turner	Yes
K. Guthrie	Yes	H. Vaughan	Yes
V. Murray	Yes	V. Clinkscales	Yes
B. Parker	Abstain	M. Wilson	Yes (<i>on behalf of FDOH-Duval County</i>)

CM Parker asked when this increase would take effect, and the Program Manager answered that it would be effective April 1, 2016.

Integrated Comp Plan Sub-Committee also met March 3 and reviewed the results of the Anonymous Needs Assessment Survey. This was condensed into a power point presentation that Council members received in their packets, and Heather reviewed the highpoints. She also talked briefly about the findings on the Needs Assessment Questions. The questions were answered during Focus Group meetings held in conjunction with the Case Managers' Co-Op, the Peer Navigator Co-Op, the Providers' and the FCCAPP meetings.

Heather directed the Council's attention to the Integrated Prevention and Patient Care Plan Goals, Objectives, Strategies and Activities pages found in the packets. This will represent the committee's main work as they come up with our Comprehensive Plan. Once finalized, the Comp Plan will be in effect through 2021. Heather reminded everyone that the objectives and strategies found in the Comp Plan can and should be used as a guide when thinking about the priorities for the upcoming year, i.e. Priority and Allocations Committee.

EIIHA

Ellen Schmitt

Ellen gave a report on the EIIHA Committee meeting held March 18. Members reviewed the action items for 2015 and provided status updates. Members also revised and updated the 2016 Work Plan. Ellen called the Council's attention to the Work Plan's four goals, many of which work hand-in-hand with the developing goals of the Comprehensive Plan.

Bylaws

Ellen Schmitt

The committee met this past Monday and is still in the process of making proposed changes to the bylaws. The committee will be meeting again soon and should have a proposal by the April Planning Council meeting.

Unfinished Business

- There was no unfinished business.

New Business

- There was no new business.

Public Comments

- Nathaniel Hendley distributed flyers warning the public about the increase of synthetic heroin usage and deaths. These new drugs are like heroin but more potent; there have been 14 deaths since the beginning of the year. The Department of Health is asking community partners, providers and agencies to get the word out to warn their clients about this.

- Dr. Barnes reported that the Duval County Jail has roughly 20 to 25 pregnant inmates at any given time, and JSO recently partnered with the TPC to provide pre-natal classes for these inmates.
- Dr. Barnes also announced that the jail has also been working with the FDOH in providing contraception for inmates.

Announcements

- Dining Out for Life is next month, April 28.
- University of Florida Center for AIDS Research Education Services and several other community partners are working toward a plan for 2016's Infectious Disease Conference that will focus on PEP and PrEP.
- Antoinette announced that her surgery has been rescheduled and will probably take place in the next couple of weeks.

Adjournment

The meeting was adjourned at 4:00 p.m. by Vice-Chair Kendall Guthrie.


Kendall Guthrie, Vice Chair


Heather Vaughan, Secretary

KG/HV:ss

EXECUTIVE COMMITTEE

Ryan White Part A and Part B Programs

Social Services Division

1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207



Summary of Meeting for Tuesday, March 1, 2016

Committee Members Present: Antoinette Turner (*Chair*), Heather Vaughan (*Secretary*), Nathaniel Hendley (*Treasurer*), Gloria Coon (*PLWHA Rep*), Ellen Schmitt (*Parliamentarian*), Dana Barnes (*Pharmacy & Therapeutics*), and Kim Geib (*Membership*)

Support Staff Present: Sandra Sikes

CALL TO ORDER

The meeting was called to order at 2:50 p.m. by Chair Antoinette Turner.

MOMENT OF SILENCE OBSERVED

GENERAL DISCUSSION

The Executive Board and staff discussed the current status of the Planning Council, its membership, recruiting, term limits, and grooming future officers. Some points discussed were:

- Should term lengths be increased to three or four years, which would allow a Planning Council member to stay on for six to eight years? Down side to this is that the former Council member would have to wait out three or four years before applying to the Planning Council again. Straw poll was taken and the attendees were evenly divided on length of term. Membership Committee will take this up at their meeting tomorrow and will offer their official recommendation to Executive and Bylaws Committees.
- The ending terms for each Council member were examined. The Planning Council Chair and the PLWHA Representative have requested to remain on the Council until their successors are named, and they will continue on in their elected positions until that time. If term lengths are not changed, then new members to the Planning Council would only have two years before running for Vice Chair. If elected, they would serve as Vice Chair during their third year, and Chair during their fourth year. The Council, and especially the Membership Committee, would need to recruit and recommend potential members who would be willing to take on a leadership role in the Council, namely committee chair or elected officer.
- The Part A Program Manager and the Program Support Aide had a telephone conference with our HRSA Project Office earlier today. Project Officer was informed of this situation and advised that Jacksonville TGA's unaligned ratio has dropped below 33%, but possible new unaligned members are being recruited. The TGA will be going through a transitional phase over the next year, and will even out, as far as getting all categories filled and the unaligned ratio back to an acceptable level.

- The Bylaws Committee will need to meet in the next month or so to talk about term length, changing the term of Vice Chair to one year, and eliminating the offices of Parliamentarian, Treasurer, and possibly Secretary.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

There was no new business.

ANNOUNCEMENTS

There were no announcements.

ADJOURNMENT

The meeting was adjourned at approximately 4:30 p.m.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL:

None

MEMBERSHIP COMMITTEE

Ryan White Part A and Part B Programs

Social Services Division

1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207



Summary of Meeting for Wednesday, March 2, 2016

Committee Members Present: Kim Geib (*Chair*), Gloria Coon (Telephone), Nathaniel Hendley, Sharon Hunter (Telephone), and Antoinette Turner

Support Staff Present: Sandra Sikes

CALL TO ORDER

The meeting was called to order at 10:00 a.m. by Chair Kim Geib.

MOMENT OF SILENCE OBSERVED

FEASIBILITY STUDY

Nathaniel Hendley created a survey and distributed to most of the local Ryan White agencies, asking them to survey their clients, ages 15 to 26. The purpose of the survey was to see if there was enough interest for the Planning Council to form a PLWHAA Youth Committee, where young people could learn about the workings of the Council, participate in its various activities, and receive training as a future Planning Council member. Unfortunately the only agency reporting was the Department of Health - Duval. The survey was conducted over a two month period (January through February 2016), and a total of 44 youth participated.

Survey results, compiled by Nathaniel Hendley, are shown below:

Age:	15 to 26
Medium Age:	22
Black:	38
White:	2
Unknown:	4
Male:	32
Female:	10
Unknown:	2

Would you like to become a part of this group? 54% said Yes 46% said No

Since this survey was only able to sample a small number of youth, it is recommended that the Membership Committee put this on hold for the time being.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

Term Lengths: There was discussion at the Executive Committee meeting the day before, to look at changing the term length from two years to either three or four years. The drawback is that the former member would need to sit out a term before reapplying; if term length was extended to four years and the member was reappointed, then they could serve eight years. However, they would then have to sit out for four years before being able to apply for an open seat on the Council. After looking at the issue, the **committee agreed that their recommendation** to the Executive and Bylaws Committees **will be to keep the term at its current two year length.**

General Recruiting Strategies: Ask other committee chairs to identify any public members of their committee who might be good candidates for the Planning Council.

Discussed the success some Ryan White agencies are having in attracting consumers to their events. Is there anything these agencies can do that will motivate consumers to attend PLWHAA and Planning Council meetings?

Two or three Proxy Pool members were identified who might be ready to move up to the Planning Council. These individuals should be brought back in for another interview prior to recommending them for full membership. Term limits now need to be stressed during orientation; new members should know that they will not have three or four years to sit back and learn the ropes before taking on leadership roles.

Several members of the Membership Committee will attend Peer Navigator and Case Managers Co-Op Meetings on March 10. They want to verify that Ryan White peers are aware of the Planning Council and PLWHAA meetings and ask them if they could identify reasons why a consumer would not get involved. These members will announce upcoming Council and PLWHAA meetings during the Case Managers Co-Op and be available to answer any questions they might have.

PUBLIC COMMENTS

No public comments

ANNOUNCEMENTS

No announcements

ADJOURNMENT

The meeting was adjourned at approximately 11:30 a.m.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL:

None.

Results of Youth Assessments for possible Sub-Committee to

The Metropolitan Jacksonville Area HIV Health Services Planning Council

Survey date range January 6, 2016 – February 29, 2016

Demographics Data and Key Question on Survey:

Avg. Age	Medium	Race		
15 - 26	22	B – 38 (86%)	W – 2 (5%)	Unknown – 4(9%)
Zip code ranges 32073 - 32277				
Gender	M – 32	F – 10	Unknown - 2	
Would you like to become a part of this Group?	Yes – 24	No – 20	54 % Yes	46 % No
Total surveyed: 44				
Comments: The data shows a slight favorably towards a sub-committee. I feel these preliminary findings are representative of our community based youth organization, agencies and population, however the sample data is too small to form a sound opinion. I would not recommend any efforts to pursue this sub-committee until a larger sample of the target population has responded from the community.				

Metropolitan Jacksonville Area HIV Health Services Planning Council
WOMEN, ADOLESCENTS, AND CHILDREN COMMITTEE

Ryan White Part A and Part B Programs
Social Services Division
1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207



Summary of Meeting for Thursday, March 3, 2016

Committee Members Present: Errol Schell (*Chair*), Gloria Coon (*Co-Chair*), LaTanya Adkins, Valerie Bozeman, Tasha Brundge, Audrey Green, Denice Grace, Terri Mims, Ella Russell, and Alfreda Telfair

Guest: Vivian Lanham (NFAN) and Sherda Pierre (NFAN)

Support Staff Present: Sandra Sikes

CALL TO ORDER

The meeting was called to order at 9:00 a.m. by Chair Errol Schell.

MOMENT OF SILENCE OBSERVED

SELF-INTRODUCTIONS BY MEMBERS

UNFINISHED BUSINESS

- ♦ Oakwood Villas: Audrey Green said their health fair will probably be scheduled in the summer.
- ♦ Children's Home Society: There was no further contact regarding a possible health fair with this group.
- ♦ National Women and Girls HIV/AIDS Awareness Day: Lutheran Social Services is partnering with UF CARES to do an event for NWGHAAD on Thursday, March 10. Location is FSCJ Downtown Campus, the Main Building, and is scheduled for 9:00 a.m. to 3:00 p.m.
- ♦ W.A.C. Committee Soliciting Donations: Sandy reported that the committee should not solicit funds nor attempt to be the provider of services. The role of the Grantee is to contract with local agencies, such as LSS, UF, NFAN, Northwest Behavioral, in order for them to provide Ryan White services. W.A.C.'s role is to raise awareness of the unmet needs of women, children, and families, particularly as it applies to HIV health care and HIV prevention. Any unmet needs that are identified should be shared with the Planning Council so that they can address this during the prioritization and allocation process. W.A.C. also provides HIV prevention information to this target group.

Services or activities such as a summer camp for children, a family conference, or a week-end retreat would be handled by an agency or organization that is equipped with the personnel to handle the activity, has the ability to raise or cover the financial expenses, and can take care of administrative details such as insurance, contracts, etc.

NEW BUSINESS

- ♦ Youth Needs Help Crusade Event: W.A.C. Committee received information on this event which is scheduled for Saturday, March 26 at 1:00 p.m. Purpose is to raise awareness of issues impacting local youth, including HIV, STI, bullying, and peer pressure. Location is 2103 Talladega Road and the contact person is Barbara Mack, a local radio talk show host. The committee decided to participate in this event and several members will attend.
- ♦ Lane Avenue Community Day: This is scheduled for Saturday, March 19 from 11:00 a.m. to 2:00 p.m. There was not a lot of information provided, other than the date and location (1511 Lane Avenue S.). If anyone would like to attend, please let Gloria know.
- ♦ Credit for Participation: Committee members asked if the W.A.C. Committee gets credit for participating in health fairs that were routed to the committee by the APO – Florida Department of Health. When registering as a vendor for the health fair, should we use W.A.C. or the Department of Health for the name? Are we able to use W.A.C. signage? Errol will check with Torrencia Shiloh of the APO for clarification and then email members with her answer.
- ♦ Procedure When Participating: Another question was asked about the procedure when W.A.C. decides to participate in a health fair or other event. There was confusion during the last health fair at The Legends; committee members thought the APO had already confirmed our participation. Staff suggested that one committee member volunteer to take the lead on all future health fairs and events. That lead person will be responsible for contacting the venue and registering; for finding out if we need to bring our own tables and chairs; for making a list of members who plan to attend; for scheduling 'shifts' if needed; and for calling or emailing a reminder to those members who are participating.
- ♦ Colors/Uniform: Coco asked what W.A.C. members thought about wearing specific colors whenever they work an event or health fair, and everyone agreed it was a good idea. The colors finally decided on were black and/or pink tops over denim slacks or skirt. The pink can be any shade.

PUBLIC COMMENTS

There were no public comments.

ANNOUNCEMENTS

- ♦ The 'Take It To The Street' event originally scheduled for March 24 is being pushed back to sometime in April. Alfreda will provide the specific date at the next meeting.

- ♦ World AIDS Day Committee (WAD) is holding a fundraiser Monday, March 7 at Hamburger Mary's. This is Hambingo, starting at 7:30 p.m. and the cost is \$10.00.
- ♦ Gloria Coon asked if transportation can be provided to the Saturday events the committee is participating in. Part A funds cannot be used; members are asked to contact other W.A.C. members to see if anyone can provide a ride.
- ♦ Valerie announced a health fair coming up soon at the Wiley Road facility.

ADJOURNMENT

The meeting was adjourned at approximately 9:50 a.m.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL:

None.

PLWHAA COMMITTEE

(People Living With HIV/AIDS and Affected Community)

Ryan White Part A and Part B Programs

Social Services Division

1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207



Summary of Meeting for Thursday, March 10, 2016

Members in Attendance: Torrencia Shiloh (*Co-Chair*), Debbi Carter, Deirdre Esannason, Mary Glenn, Veronica Hicks, Sharon Hunter, Denise Jackson, Michael Kyger, Terri Mims, Jerry Murray, Janice Murphy, Verlon Murray, Beth Parker, Charlie Taylor, Charles Wilkerson, Vernard Clinkscales, Latanya Adkins, Thomas Washington, Nathaniel Hendley.

Guests: Ricky Stubbs, Horace Moody, Larry Hayes, Ramona Morris

The PLWHAA Committee meeting was **called to order at 12:03 p.m.** by Co-Chair Torrencia Shiloh. Following a **moment of silence**, Larry Hayes read the **Mission Statement**:

Our mission is to educate, advocate, support and empower all PLWHAA (People Living with HIV/AIDS and Affected) in Northeast Florida communities. We exist as a vocal planning body, focused on raising awareness through high impact prevention strategies, leading us to our goal of getting to zero.

Denise took the roll and guests were recognized and encouraged to think about joining this committee. There were no public comments, but there were **several announcements**:

- Larry Hayes had several comments regarding Ryan White funds that were difficult to acquire for services.
- Nathaniel Hendley shared his experience with an issue with CVS pharmacy concerning medications. He encouraged all to be advocates of themselves.
- Michael Kyger, current Advocacy Council chairperson is in need of 7 new members. He also shared information on when Positively Sober group meetings are held: March 16, 2016 at Lutheran and April 20, 2016 at the FDOH-Duval on West 6th Street. Tickets for Cindy Lauper concert at the St. Augustine amphitheater will be on sale soon.
- National Women and Girls HIV/AIDS Day event at Walgreens on Soutel Drive March 10, 2016 from 4pm-8pm, Torrencia asked for volunteers to assist with the event.
- Asked to remember all sick and shut-in members and to pay a visit or call to encourage them. Antoinette T. will be out for 6 weeks recovering from surgery, Gloria C. is under the weather, as well as Jim B. and Selene P.

Program:

Excellent presentation by Randevyn Pierre of Janssen Pharmaceuticals regarding Culturally Competent Care in HIV. The presentation offered the PLWHA group the opportunity to review the skills and humility that providers should possess that could provide clients better quality care and services.

Old Business:

Kim Geib discussed the importance of the Planning Council membership and the need for unaligned members and proxy pool members. Playing an important role and becoming an advocate for PLWHAA is critical for funding needed HIV care.

Torrencia shared a reminder about the auction item (decorative red bowl and stand) that was expiring today, and encouraged members to bring items for auction for future meetings that will assist in sponsorship of some to attend the Positive Living conference in September 2016.

The meeting was adjourned at 1:35 p.m.

CONTINUUM OF CARE COORDINATION COMMITTEE

Eligibility Sub-Committee

Ryan White Part A and Part B Programs

Social Services Division

1809 Art Museum Drive, Suite 100 ♦ Jacksonville, FL 32207



Summary of Meeting for Thursday, March 3, 2016

Committee Members Present: Heather Vaughan (*Chair*), Justin Bell, Gloria Coon, Sandra Ellis, Audrey Gardner, Dee Kelley, Christie Mathews, and Graham Watts,

Guests: Beth Parker

Support Staff Present: Sandra Sikes

CALL TO ORDER

The meeting was called to order at 1:30 p.m. by Chair Heather Vaughan.

MOMENT OF SILENCE OBSERVED

SELF INTRODUCTIONS WERE MADE

PUBLIC COMMENTS

There were no public comments.

NEW BUSINESS

Health Insurance Premium Assistance: The Chair recognized Beth Parker from NFAN who shared with the committee how the premium assistance program has been working over the past couple of years. The current limit on premium assistance is \$300 per month, and that has helped approximately 140 Ryan White clients who transitioned to the ACA marketplace for their health insurance coverage. Of this number, Beth has identified 29 consumers whose monthly health insurance premium exceeds \$300, and paying that difference out of pocket is presenting a hardship on the consumers. Beth stated that for every dollar the TGA spends for premium assistance, we see \$11.50 to \$12.00 in medical care benefits. She is recommending that the Planning Council increase the limit to \$400.00.

Audrey Gardner **moved that the Eligibility Sub-Committee recommend to the Planning Council that they increase the cap on health insurance premium assistance from \$300.00 to \$400.00 per month.** Motion was seconded by Gloria Coon. Beth answered a few questions from committee members; when there was no further discussion, a roll call vote was taken and the motion passed.

Justin Bell Yes

Gloria Coon Yes

Sandra Ellis Yes

Audrey Gardner Yes

Christie Mathews Yes

Heather Vaughan Yes

ANNOUNCEMENTS

Heather announced that Mary Strickland was starting at Lutheran Social Services next Monday.

ADJOURNMENT

The meeting was adjourned at approximately 2:00 p.m.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL:

- To increase the cap on health insurance premium assistance from \$300.00 to \$400.00 per month

CONTINUUM OF CARE COORDINATION COMMITTEE

Integrated Comp Plan Sub-Committee

Ryan White Part A and Part B Programs

Social Services Division

1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207



Summary of Meeting for Thursday, March 3, 2016

Committee Members Present: Heather Vaughan (*Chair*), Justin Bell, Gloria Coon, Sandra Ellis, Audrey Gardner, Kim Geib, Dee Kelley, Christie Mathews, Cindy Watson, and Graham Watts

Support Staff Present: Sandra Sikes

CALL TO ORDER

The meeting was called to order at 2:05 p.m. by Chair Heather Vaughan.

MOMENT OF SILENCE OBSERVED

SELF INTRODUCTIONS WERE GIVEN

WORK PLAN TIMELINE

Dee Kelley updated the timeline. The goal of today's meeting is to review what we found in the Needs Assessment Survey, and to use that information when developing our strategies. We should also use the answers to the Needs Assessment Questions that came up during the Focus Group meetings.

REVIEW NEEDS ASSESSMENT FINDINGS

274 Consumers responded to the Needs Assessment Survey during the month of February. Graham Watts analyzed the results and prepared a power point presentation that he shared with the committee. Consumers listed their top five needs as:

- Outpatient medical care
- Medication assistance
- Oral health
- Housing
- Mental health services

The next six needs were listed as:

- Food bank
- Transportation to medical appointments
- Health insurance premium assistance
- Substance abuse services
- Outreach
- Adherence counseling

Some of the other items that came up were

- 42% reported fear of rejection by their sex partner as a reason not to disclose
- Committee talked about the need to provide case managers with evidence-based training, similar to the one JASYMN implemented a few years ago.
- There is still a need to provide a 'Life Coach' and a 'Wellness Advocate' for consumers.
- Short discussion on training issues with case managers; there needs to be more creative thinking on helping the client think through how to solve a problem they are having.

GOALS, OBJECTIVES, AND STRATEGIES

Dee revamped the goals and objective that the committee has done thus far, and put them into a new chart. Format of the new chart is S.M.A.R.T., which should be helpful when the committee meets next month.

PUBLIC COMMENTS

There were no public comments.

ANNOUNCEMENTS

Justin reminded everyone that the National Week of Prayer for the Healing of AIDS is March 6 – 13. The Quilt Chapter has already been contacted about setting up quilt displays at several churches, and this has been a great opportunity to share.

ADJOURNMENT

The meeting was adjourned at approximately 3:05 p.m.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL:

None.

Integrated HIV Prevention and Care Plan 2017-2021

Plan of Action			
Objective	By September 30, 2016 the Jacksonville TGA has an Integrated HIV Prevention and Care Plan that satisfies all the requirements of the plan's instructions as certified by two independent reviewers.		
Action Items	<input checked="" type="checkbox"/>	Action Owner	Due Date
I.D. Assessing Needs, Gaps, and Barriers			
Develop Client and Provider Surveys	<input checked="" type="checkbox"/>	Cindy Watson, Todd Reese, Joe Mims, Mark Cleveland, Herb Smith, Audrey Gardner, Deidre Kelley, and Max Wilson	January 4, 2016
II.A. Goals and Objectives			
Goal 1 and Objectives	<input checked="" type="checkbox"/>	Cindy Watson, Kim Geib, Herb Smith, Brandi Williamson, Tasha Brundge, Joe Mims	January 7, 2016
Goal 2 and Objectives	<input checked="" type="checkbox"/>	Pat Sampson, Audrey Gardner, Debbi Carter, Heather Vaughan, Sandra Ellis, Todd Reese, Justin Bell, Gloria Coon	January 7, 2016
I.C. Financial and Human Resources Inventory			
Develop Resources Dashboard	<input checked="" type="checkbox"/>	Max Wilson, Sandra Ellis, Justin Bell, and Joe Mims	January 21, 2016
I.A. Epidemiologic Overview			
Present Data to Committee	<input checked="" type="checkbox"/>	Deidre Kelley	February 4, 2016
I.B. HIV Care Continuum			
Present Data to Committee	<input checked="" type="checkbox"/>	Deidre Kelley	February 4, 2016
Write Section			
II.A. Goals and Objectives			
Goal 3 and Objectives	<input checked="" type="checkbox"/>	Committee	February 4, 2016
I.D. Assessing Needs, Gaps, and Barriers			
Implement Survey	<input checked="" type="checkbox"/>	Ryan White Service Providers	February 2016
Input Data	<input checked="" type="checkbox"/>	Ryan White Staff	February 2016
Analyze Results	<input checked="" type="checkbox"/>	Graham Watts	March 3, 2016
Present Findings to Committee	<input checked="" type="checkbox"/>	Graham Watts	March 3, 2016
II.A. Goals and Objectives			
Goal 1 Strategies, Activities, and Resources		Cindy Watson, Kim Geib, Herb Smith, Brandi Williamson, Tasha Brundge, Joe Mims, Nathaniel Hendley, Torrencia Shiloh, Max Wilson	April 7, 2016
Goal 2 Strategies, Activities, and Resources		Pat Sampson, Audrey Gardner, Debbi Carter, Heather Vaughan, Sandra Ellis, Todd Reese, Justin Bell, Gloria Coon, Frances Lynch	April 7, 2016
Goal 3 Strategies, Activities and Resources		Committee	April 7, 2016
Write Section			

I.E. Data: Access, Sources, and Systems			
Write Section		Brian Hopkins, Deidre Kelley, Graham Watts	May 5, 2016
II.B. Collaborations, Partnerships, and Stakeholder Involvement			
Write Section			May 5, 2016
II.C. PLWH and Community Engagement			
Write Section			May 5, 2016
III. Monitoring and Improvement			
Write Section		Graham Watts	May 5, 2016
Review Draft Sections			June 2, 2016
Review Final Document			July 7, 2016

Committee Meeting Schedule:

January 7, 2016
 February 4, 2016
 March 3, 2016
 April 7, 2016
 May 5, 2016
 June 2, 2016
 July 7, 2016

SUMMARY OF FOCUS GROUP NEEDS ASSESSMENT QUESTIONS

1. Why are some populations more likely than others to become infected with HIV, not access medical care, more likely to convert to AIDS, and die of AIDS?

- Substance abuse and mental health issues (4)
- Denial of risks of positivity, belief they will live forever, invincibility of youth (4)
- Homelessness, unstable housing (4)
- Lack of transportation (3)
- System is too hard to navigate (3)
- Stigma, hostility, medical professionals indifference/rejection (3)
- Lack of education, risk, illiteracy (3)
- Hours of operation (3)
- Lack of knowledge about resources (3)
- Language barriers (2)
- Caregiver priorities (2)
- Low self-esteem, don't care, fatalistic retribution by infecting others (2)
- Fear that family or others will find out (2)
- Gender differences in response, cultural sensitivity to gender (2)
- Social economic barriers, financially poor, poverty, social inequality (2)
- Cultural differences (2)
- Incarceration (2)
- Providers unwilling to talk about safe sex
- Insurance regulation in down time to see clients (?)
- Lack of access to protections
- Focus only on high risk populations
- Confidential concerns
- Prejudice
- Hostility
- Cumulative issues over time
- Not knowing HIV status
- Fear of deportation
- Waiting too long to access care
- Stubbornness
- Lack of health care in rural areas
- Lack of adherence to medical treatment
- Lack of resources – payment for services
- Too trusting of others who may take advantage of them
- Priority of needs
- Traditional social institutions – church, social groups
- Public discourse too limited
- Myths about HIV/life with HIV – If I get infected, I will be eligible for SSI
- “Hidden Self – On the Down Low”
- Social pressure to “fit in.”
- Community viral load

SUMMARY OF FOCUS GROUP NEEDS ASSESSMENT QUESTIONS

2. What can people do to reduce health disparities among Black MSM, White MSM, and Black Heterosexual Females?

- Messages through social media (2)
- More peers and improve connection with peers (2)
- Testing in non-traditional areas/people
- Know how to approach people
- Blast community with where to get testing, especially condoms
- Supporting healthy disclosure of positivity
- Prepare providers for better mental health assessment
- More use of oral health resources
- Timeframe to get health resources
- Ombudsman for HIV/AIDS services, “interagency” with authority
- Linkage non-traditional hours
- Private testing
- Creating testing opportunities that give cover to clients
- Educating providers to do routine testing
- Act as advocates and mentors
- Talking about issues with people we know
- Non-traditional setting for services/resources, condoms, etc.
- Tables at most local events to educate, condom blasts
- Get allies from healthy people
- Anti-stigma flash mob
- Stigma conference
- Saturate community with messages
- Visibility of HIV+ people
- Be where they are
- Mobile health clinic
- Agencies to be more inclusive
- More outreach
- Focus on social determinants of health
- Provide more education in social groups such as support groups
- Focus on overall health and link to other service providers when indicated
- Match clients with individual case managers, doctors, mental health counselors, etc.
- Build appropriate care with younger populations
- Life coaching
- More education – more pictures (graphics)
- Easier access to medications
- More insurance coverage for HIV- with prevention interventions

PEER NAVIGATOR COOPERATIVE MEETING JANUARY 14, 2016

NEEDS ASSESSMENT QUESTIONS

1. What experiences make you feel uncomfortable or prevent you from accessing care?

- Being recognized as a person with HIV
- Insensitivity to gender (transgender in particular)
- Literacy issues
- Too little time with provider/being hurried
- Patient-provider match as in female doctors for females and male doctors for males
- Fear of provider sanction for being out of care
- Substance abuse and mental health issues
- Caregiver role takes priority over personal needs
- Frustration navigating network (with little help from peers)
- Homelessness
- Eligibility confusion (marketplace vs. ADAP)
- Lack of knowledge about resources (availability of bus passes and gas cards)
- Rudeness at front desk
- Imperfect short-term navigation (3+ months)
- Provider hours of operation

2. Does interaction with your provider make you feel welcome?

- Not always, depends on many things including provider, patient mood, front desk reception, combination of many things.
- Depends on life stressors, illness, intoxication of patient, and lack of awareness from clinic staff
- Too often patient hustled through process too quickly

3. What might we do to make the environment more inviting?

- Employees need to make patients feel welcome – enjoy their jobs
- Need secret shoppers to assess environments
- Better communicate and manage expectations
- Share advisory council and consumer advisory board input with providers
- Increase pathways for all feedback
- Improve existing pathways for feedback
- Resolve problems with insurance – not everyone with insurance knows how to access services especially if they have never had it before

INTEGRATED PREVENTION AND PATIENT CARE PLAN GOALS, OBJECTIVES, STRATEGIES AND ACTIVITIES

NHAS Goal 1: Reduce new HIV infections				
Objective 1.1: By December 2021, increase the number of health care providers that offer routine HIV testing by 1 per year (from ____ to ____).				
Strategy 1.1.1:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 1.1.2:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 1.1.3:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Objective 1.2: By December 2021, increase testing events in outlying counties by 5 events per year (from ____ to ____).				
Strategy 1.2.1:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 1.2.2:				

INTEGRATED PREVENTION AND PATIENT CARE PLAN GOALS, OBJECTIVES, STRATEGIES AND ACTIVITIES

Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 1.2.3:				
Objective 1.3: By December 2021, ensure that at least 90% of social marketing materials developed by provider agencies contain at least 1 of the following: an HIV testing message, information about where to get free condoms, where to go for information about PrEP and PEP, or a message to eliminate stigma (from ____ to ____).				
Strategy 1.3.1:				
Strategy 1.3.2:				
Strategy 1.3.3:				

INTEGRATED PREVENTION AND PATIENT CARE PLAN GOALS, OBJECTIVES, STRATEGIES AND ACTIVITIES

Objective 1.4: By December 2021, establish at least 1 PrEP/PEP medical provider (including local DOH) per year (from 0 to 5).				
Strategy 1.4.1:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 1.4.2:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 1.4.3:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Objective 1.5: By December 2021, increase non-traditional venues for condom distribution by 5 per year (from 0 to 25).				
Strategy 1.5.1:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators

INTEGRATED PREVENTION AND PATIENT CARE PLAN GOALS, OBJECTIVES, STRATEGIES AND ACTIVITIES

Strategy 1.5.2:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 1.5.3:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Objective 1.6: By December 2021, identify and implement 1 evidence based intervention for high risk negatives and/or HIV positives by 1 per year (from 0 to 5).				
Strategy 1.6.1: Seek funding for implementation of evidence based interventions.				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 1.6.2: Provide training (ANAC, AETC)				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 1.6.3:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators

INTEGRATED PREVENTION AND PATIENT CARE PLAN GOALS, OBJECTIVES, STRATEGIES AND ACTIVITIES

NHAS Goal 2: Increase access to care and improve health outcomes for people with HIV.				
Objective 2.1: By December 2021, assess 95% of all Ryan White enrolled clients for barriers to care (from 0 to 3022).				
Strategy 2.1.1:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 2.1.2:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 2.1.3:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Objective 2.2: By December 2021, ensure 95% of diagnosed PLWHA enrolled in medical case management have ISPs that address barriers to care (from 0 to 3022).				
Strategy 2.2.1: Peer navigators and retention in care coordinators will be tasked with utilizing early indicators and re-engagement/retention protocols.				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 2.2.2:				

INTEGRATED PREVENTION AND PATIENT CARE PLAN GOALS, OBJECTIVES, STRATEGIES AND ACTIVITIES

Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 2.2.3:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Objective 2.3: By December 2017, link 90% of HIV positive pregnant women to prenatal care including HIV treatment (from 0 to 61).				
Strategy 2.3.1: Utilize TOPWA for screening and referrals.				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 2.3.2:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 2.3.3:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators

INTEGRATED PREVENTION AND PATIENT CARE PLAN GOALS, OBJECTIVES, STRATEGIES AND ACTIVITIES

Objective 2.4: By December 2017, ensure a transmission rate of HIV infected newborns of less than 1% (from 1 to 0).				
Strategy 2.4.1: Utilize TOPWA funding for screening and referrals.				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 2.4.2:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 2.4.3:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Objective 2.5: By December 2017, refer 75% of HIV infected inmates in the DOC, incarcerated for 14 days or more, to medical care upon release from the DOC (from 0 to 270).				
Strategy 2.5.1:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 2.5.2:				

INTEGRATED PREVENTION AND PATIENT CARE PLAN GOALS, OBJECTIVES, STRATEGIES AND ACTIVITIES

Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 2.5.3:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Objective 2.6: By December 2021, expand jail linkage protocol to 1 of the 4 outlying county jails (from 0 to 1).				
Strategy 2.6.1:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 2.6.2:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 2.6.3:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators

INTEGRATED PREVENTION AND PATIENT CARE PLAN GOALS, OBJECTIVES, STRATEGIES AND ACTIVITIES

Objective 2.7: By December 2017, develop and disseminate a fast track linkage protocol to all funded providers (from 0 to 9).				
Strategy 2.7.1:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 2.7.2:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 2.7.3:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
NHAS Goal 3: Reducing HIV-related disparities and health inequities.				
Objective 3.1: By December 2017, develop targeted cultural competency training for providers to address stigma and discrimination (from 0 to 1).				
Strategy 3.1.1:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators

INTEGRATED PREVENTION AND PATIENT CARE PLAN GOALS, OBJECTIVES, STRATEGIES AND ACTIVITIES

Strategy 3.1.2:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 3.1.3:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Objective 3.2: By December 2021, implement annual cultural competency training (from 1 to 5).				
Strategy 3.2.1:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
			MSM of Color	
Strategy 3.2.2:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 3.2.3:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators

INTEGRATED PREVENTION AND PATIENT CARE PLAN GOALS, OBJECTIVES, STRATEGIES AND ACTIVITIES

Objective 3.3: By December 2021, increase medical visit frequency by 10% (from 1394 to 1533).				
Strategy 3.3.1: Annually track medical visit frequency for MSM of Color with HIV to identify and address disparities in linkage to care through 2021.				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
			MSM of Color	
Strategy 3.3.2:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 3.3.3:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Objective 3.4: By December 2021, increase access to food and nutritional services by 10% (from 615 to 676).				
Strategy 3.4.1:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators

INTEGRATED PREVENTION AND PATIENT CARE PLAN GOALS, OBJECTIVES, STRATEGIES AND ACTIVITIES

Strategy 3.4.2:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 3.4.3:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Objective 3.5: By December 2021, implement a comprehensive integrated media campaign to address stigma and discrimination (from 1 to 4).				
Strategy 3.5.1:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 3.5.2:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators
Strategy 3.5.3:				
Activity	Timeframe	Responsible Parties	Target Population	Data Indicators

FIVE YEARS CARE USE PATTERNS AMONG PLWHAs IN THE JTGA AS REPORTED IN ANNUAL PART A HRSA GRANT SUBMISSIONS

Year	In-Care	Not-In-Care	Total
2010 AIDS	2519	917	3436
2010 HIV	1469	1169	2638
2011 AIDS	2747	856	3603
2011 HIV	1606	1102	2708
2012 AIDS	2246	1328	3574*
2012 HIV	1253	1353	2606*
2013 AIDS	2441	1244	3685
2013 HIV	1390	1288	2678
2014 AIDS	2769	1018	3787
2014 HIV	1710	1149	2859

Regarding how the HIV care network functions for meeting the needs of PLWHAs, what might we learn from these data? The graphs that follow aim to stimulate conversations about needed change in this year of the Integrated HIV Prevention and Patient Care Plan.

Metropolitan Jacksonville Area HIV Health Services Planning Council
EIIHA COMMITTEE
(Early Identification of Individuals with HIV/AIDS)
Ryan White Part A and Part B Programs
Social Services Division
1809 Art Museum Drive, Suite 100 ♦ Jacksonville, FL 32207



Summary of Meeting for Friday, March 18, 2016

Present: Sheila Broderick, Rod Brown, Rayland Cunningham, Joe Mims, Katrina Odell, Todd Reese, Ellen Schmitt, Halima Scurry, and Shaundia White

Guests: Nathaniel Hendley

Staff: Deidre Kelley and Sandy Sikes

Call to Order:

The meeting was called to order at 10:35 a.m. by Deidre Kelley

Moment of Silence Was Observed.

Members did self-introductions.

Action Items

Primary Care Packets: These are the packets Heather prepared and distributed at the January EIIHA meeting. Packets were geared toward primary care providers and contained information about linking a newly diagnosed individual to care. Question was asked if copies had been made and distributed yet? Dee volunteered that the Part A Office could make copies and get several packets out to each EIIHA member. Todd said AHF could generate a list of primary care physicians that Ryan White clients are seeing, and we can start with these physicians first. He will scan and send this list over to Dee.

Truck Stops: *Women on a Mission* had volunteered to do condom blasts at area truck stops. No word on whether this has been done. Dee asked Rayland if AHF could take the testing van to these truck stops and Rayland will check into it. Locations must be inside Duval County and truck stops at Pecan Park and also Commonwealth and Lane were identified.

Info Blitz with Trucking Company: Justin Bell was going to contact one or two trucking companies about including HIV prevention brochure in with their paychecks to their contract drivers. Project is still pending.

2015 EIIHA Work Plan: Quick review of the 2015 EIIHA Work Plan; no revisions were noted.

2016 EIIHA Work Plan: The committee went through the work plan item by item. A couple of items were deleted and three or four were added. Changes were made to more accurately reflect the people or agencies responsible for each task.

Announcements and Public Comments:

There were no announcements or public comments.

Adjournment:

The meeting was adjourned at 11:45 a.m.

ACTION REQUIRED:

None

+RYAN WHITE PART A JACKSONVILLE, FL TGA FY 2016 - 2017 EIIHA Work Plan

Goal 1: Reduce new HIV infections		Objective: Increase the percentage of Black MSM, White MSM, and Black females between the ages of 13 to 24 years who know their HIV status.		
#	Tasks	End Date	Resources – Currently Available	Resources – Needed
1	Identify where high risk youth congregate (targeted testing)	To be reviewed quarterly	FL Dept. of Health – Duval County; JASYMN; UF; APEL; AHF – Public Health Div.; UNF; Job Corps; Edward Waters College	
2	Identify times and points of access		FL Dept. of Health – Duval County; JASYMN; UF; APEL; AHF – Public Health Div.; UNF; Job Corps; Edward Waters College	
3	Organize social marketing campaign to include internet (i.e. www.AustinHIV.com), radio, printed materials, and cable television		93.3 Beat (Halima at 904-928-3844); WAPE (Mike) AMADAS Solo, Melissa Ross, Page Kelton	
4	Deploy mobile testing units		Cheryl Jones/RRHS, Rayland Cunningham/AHF	
5	Test in non-stigmatizing way and coordinate testing across agencies		FL Dept. of Health – Duval County & all participating agencies	
6	Organize testing events such as condom blasts in locations where youth congregate (Boys & Girls Clubs, teen clubs, foster homes, Children’s Home Society, playgrounds, swimming pools, UNF Student Union, EWC, FSCJ, PACE, Art Walk)		LSS, CRC, RRHS, UF CARES, FL Dept. of Health – Duval County	
7	Maintain presence to test and refer on all recognized HIV Awareness Days		All Ryan White funded service providers	
8	Job Corps?		J. D. Falls (904) 360-8238	
9	Target military personnel at USO, and other places young military personnel hang out		FDOH/STD	
10	Approach local churches about HIV		FDOH (Minority AIDS Coordinator)	
11	Provide HIV education in Charter Schools, local schools, coaches and football/basketball		JASYMN and FDOH; UF CARES and River Region	

	teams			
12	Encourage youth participation in PrEP		JASYMN and FDOH	
13	Expand counseling & testing events into outlying counties		Rod Brown/FDOH	

Goal 2: Increase access to care and improve health outcomes of minority youth		Objective: Increase the percentage of newly diagnosed Black MSM, White MSM, and Black females between the ages of 13 and 24 years who are linked to care.		
#	Tasks	End Date	Resources – Currently Available	Resources – Needed
1	Utilize peer navigators in follow-up on referrals from HIV testing sites and events	Ongoing	FDOH, AHF, RRHS utilize employed and volunteer peers to follow-up on referrals.	Business card with the names of peers that newly diagnosed can contact.
2	Utilize peer social networks to identify youth lost to care and link to care	July 2015	Hispanic support group at NFAN; JASYMN; POZ Sober Support Group; UF	
3	Make referrals to health and support services as a result of needs assessments and plans of care	Ongoing	All Ryan White funded case management agencies; FDOH; AHF; UF; River Region; Gateway; etc.	
4	Coordinate with in-jail program to ensure access to care for HIV+ youth released from jail	Ongoing	Todd Reese and Sharon Reiley/AHF, Dr. Dana Barnes/JSO, FDOH Linkage, LSS: UF; Gateway	
5	Coordinate housing services for HIV-positive youth released from jail	Ongoing	CAB of AHF	
6	Coordinate housing service for HIV-positive youth	Ongoing	UF/River Region/PATH	
7	Utilize CAREWare to track referrals to care	Ongoing	All Ryan White funded service providers	
8	Follow up with agencies serving youth that clients were able to access care	Ongoing		

Goal 3: Increase retention in care and reduce health disparities among youth		Objectives: Increase the percentage of diagnosed Black MSM, White MSM, and Black females between the ages of 13 and 24 years with HIV who access medical care at least 2 times in a 12 month period.		
#	Tasks	End Date	Resources – Currently Available	Resources – Needed
1	Share information about PLWHA networks that are supportive and sensitive to their needs to reduce stigma and discrimination	Ongoing	PLWHAA Committee and PLWHAA support groups; FDOH; Consumer Advisory Boards	Calendar of meetings to be posted in medical clinics and on WAD website; someone to provide information in Children's Clinics (Baptist)
2	Assess need for mental health and substance abuse counseling for referral to services	Ongoing	All Ryan White funded agencies and medical providers	
3	Assist with transportation to medical appointments	Ongoing	All Ryan White funded case management agencies	
4	Improve provider communication with clients to ensure understanding of client rights and responsibilities	Ongoing	All Ryan White funded service providers and PLWHAA Committee; Advocacy Council	Training service providers on importance of communicating to clients their rights and responsibilities. An activity that would include rights and responsibilities awareness sponsored by providers once per year.
5	Follow-up with clients on missed appointments with phone calls, appointment cards, emails, and text messages.	Ongoing	All Ryan White funded case management agencies, mental health and medical providers; peer navigators	Peer Navigators to record information in CareWare
6	Utilize peer counselors to assist clients in overcoming barriers and locating lost to care	Ongoing	All Ryan White funded case management agencies and medical providers	
7	Case conferencing	Ongoing	All Ryan White funded medical case managers, mental health and medical providers	
8	Educate clients on importance of keeping medical appointments.	Ongoing	All Ryan White funded medical case managers, mental health and medical providers	
9	Facilitate monthly/quarterly meetings between peer navigators and retention in care coordinators to discuss retention in care challenges.	Ongoing	All Ryan White Part A, B, and C funded peer navigators.	Peer Navigator Cooperative
10	Coordinate a Block Party to promote prevention and care message	Ongoing	All Ryan White Part A, B, and C providers	

Goal 4: Reduce viral load		Objectives: (1) Increase percentage of Black MSM, White MSM, and Black females between the ages of 13 and 24 years with HIV with access to ART consistent with PHS treatment guidelines; (2) Increase the percentage of Black MSM, White MSM, and Black females between the ages of 13 and 24 years with HIV who have viral load of <200 cells/mL in a 12 month period		
#	Tasks	End Date	Resources – Currently Available	Resources – Needed
1	Assess complexity of medication dosing from all treatment sources and co-construct with client and all caregivers a flexible plan for achieving treatment goals	Ongoing	All Ryan White funded medical and pharmacy providers	
2	Develop an age-appropriate message to include medication adherence, and self-sufficiency. Q&A script	Ongoing		
3	Regularly stress importance of medication adherence and medication adherence self-efficacy	Ongoing	All Ryan White funded medical case managers, pharmacies, and medical providers	Hire Youth Peer Navigators – (18 to 24 years)
4	Systematically and positively reinforce client medication adherence success	Ongoing	All Ryan White funded medical case managers and medical providers	Review reinforcement methods currently being utilized.
5	Assist with transportation to medication pick-ups	Ongoing	All Ryan White funded medical case managers	
6	Monitor medication pick ups	Ongoing	AHF and FDOH	
7	Follow-up on treatment adherence by reviewing labs, case conferencing, and medical chart reviews	Ongoing	All Ryan White funded medical case managers and medical providers	
8				

Last updated 3/18/2016

BYLAWS COMMITTEE

Ryan White Part A and Part B Programs

Social Services Division

1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207



Summary of Meeting for Monday, March 21, 2016

Committee Members Present: Ellen Schmitt (*Chair*), Dana Barnes, Gloria Coon (*Telephone*), Frank Emanuel, Kim Geib, Kendall Guthrie, Nathaniel Hendley, Errol Schell, Antoinette Turner, and Heather Vaughan

Support Staff Present: Deidre Kelley, Mary Martinez, and Sandra Sikes

CALL TO ORDER

The meeting was called to order at 2:40 p.m. by Council Vice-Chair Kendall Guthrie

MOMENT OF SILENCE OBSERVED

UNFINISHED BUSINESS

There was no unfinished business.

Committee Chair Ellen Schmitt arrived and took charge of the meeting.

NEW BUSINESS

Length of Term: Committee agreed to keep the term length of two years. Additional language will be added to the Bylaws Article IV, Section 7.

Council Officers: Committee discussed changes to eliminate the elected offices of Secretary, Treasurer, and Parliamentarian and transferring their job duties to other officers or Planning Council staff. Committee also discussed the offices of Planning Council Chair, Vice Chair, and PLWHA Representative each be elected offices for a one-year term. The Bylaws Committee will continue reviewing proposed changes and will meet again before bringing this to a committee vote.

PUBLIC COMMENTS

There were no public comments.

ANNOUNCEMENTS

There were no announcements.

ADJOURNMENT

Committee Chair Schmitt adjourned the meeting at 4:15 p.m.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL:

None at this time.



THE JACKSONVILLE PLANNING COUNCIL

APRIL 2016



Mon	Tue	Wed	Thu	Fri
<p>Events in bold are Planning Council / committee meetings held at Art Museum Dr.</p> <p>MEETINGS ARE SUBJECT TO CHANGE. To verify a meeting's start time, or to see if a meeting is still scheduled, contact Planning Council Support at 630-3504.</p>				<p>1</p> <p>HB: Frank Emanuel April 2</p>
<p>4</p>	<p>5</p> <p>3:30 Exec</p>	<p>6</p> <p>10:00 Membership</p>	<p>7</p> <p>9:00 W.A.C.</p> <p>2:00 Integrated Comp Plan</p>	<p>8</p> <p>HB: Sharon Hunter April 10</p>
<p>11</p>	<p>12</p>	<p>13</p>	<p>14</p> <p>12:00 PLWHAA</p> <p>12:00—1:00 Ethics Training Class @ City Hall (Must pre-register)</p>	<p>15</p> <p>9:00 Providers Mtg</p>
<p>18</p>	<p>19</p> <p>HB: Kendall Guthrie</p>	<p>20</p>	<p>21</p>	<p>22</p>
<p>25</p>	<p>26</p>	<p>27</p>	<p>28</p> <p>3:00 PLANNING COUNCIL</p> <p><i>Dining Out for Life</i></p>	<p>29</p>