

Metropolitan Jacksonville Area HIV Health Services PLANNING COUNCIL

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

Thursday, July 27, 2017

3:00 p.m.

A G E N D A

CALL TO ORDER Kendall Guthrie
Moment of Silence

NHAS GOALS Member

- Goal 1: To reduce new HIV infections
- Goal 2: To increase access to care and improve health outcomes for people living with HIV
- Goal 3: To reduce HIV-related disparities and health inequities
- Goal 4: To achieve a more coordinated national response to the HIV epidemic

ROLL CALL Nathaniel Hendley

APPROVAL OF MAY 25, 2017 MINUTES Kendall Guthrie

ADMINISTRATIVE AGENCY – PART A REPORT Sandy Arts

LEAD AGENCY – PART B REPORT Sandra Ellis

PCPG REPORT
(Patient Care Planning Group) Pg 13 Herb Smith

CAG REPORT
(Consumer Advisory Group) Pg 17 Nathaniel Hendley

COMMITTEE REPORTS

Executive Pg 21 Kendall Guthrie

- That the Planning Council approve a pilot program on taxi service for committee members

Membership Pg 33 Nathaniel Hendley

- That the Planning Council recommend Zane Urbanski to the Mayor's Office for appointment

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.

Women, Adolescents, & Children Pg 35 Mary Martinez

Community Connections Pg 37 Veronica Hicks

Pharmacy & Therapeutics Pg 41 Ne'Tosha Dopson

- That the Planning Council add Glucerna to the Ryan White Formulary

..... 10 Minute Break

2nd ROLL CALL Nathaniel Hendley

Integrated Comp Plan (ICPC) Pg 43 Michael Bennett

Priority & Allocations Pg 49 Linda Williams

(Members of the public will be given an opportunity to speak regarding the recommended Plan before the Council votes.)

- That the Planning Council approve the list of prioritized services this committee is recommending
- That the Planning Council approve the percentage of funding per service category that this committee is recommending

VIDEO Nathaniel Hendley

<https://www.youtube.com/watch?v=1t3vfQIJ-zk>

PROGRAM – JASMYN Dan Merkan

UNFINISHED BUSINESS Kendall Guthrie

NEW BUSINESS Kendall Guthrie

PUBLIC COMMENTS Guests/Members of the Public

ANNOUNCEMENTS All

ADJOURNMENT Kendall Guthrie

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL
MINUTES

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

Thursday, July 27, 2017

Council Members Present: Kendall Guthrie (*Chair*), Nathaniel Hendley (*Vice-Chair*), Sharon Hunter (*PLWHA Rep*), Dana Barnes, Michael Bennett, Ne'Tosha Dopson, Christie Mathews, Beth Parker, Torrencia Shiloh, Heather Vaughan, and Linda Williams

Council Members Absent: Veronica Hicks and Terri Mims

Proxy Pool Present: Steven Greene

Support Staff Present: Sandy Arts, Lourdes Diaz, Sandra Ellis, Mary Martinez, and Sandra Sikes

Guests: Dan Merkan, Joe Mims, Katrina Odell, DeWeece Ogden, CJ Osburn, Herb Smith, Vicki Truman, Laurie Turner, Zane Urbanski, and Max Wilson

Call to Order

The Jacksonville Planning Council was called to order at 3:00 p.m. by Chair Kendall Guthrie. Following a moment of silence, Linda Williams read the NHAS (*National HIV/AIDS Strategy*) Goals.

Roll Call

Nathaniel Hendley took the roll, and a quorum was declared.

Approval of Minutes

Motion was made and seconded to accept the May 25, 2017 Minutes as presented.

Administrative Agency Report

Sandy Arts, Program Manager for Part A, presented the Agency Report. The Part A Office has received their HRSA Site Visit Report, and will need to present a Correction Action Plan (CAP) to the Project Officer by the end of August. There were no major issues reported; one item was for the office to look at reviewing their Policies and Procedures and including revision dates.

Contract amendments were approved by the City's MBRC (*Mayor's Budget Review Committee*) yesterday and amendments should be emailed to agencies by the end of the day tomorrow. The RFP process for 2018-2021 will be starting soon, and Dee Kelley will be working with the Part A Office on this.

The Priority and Allocations Committee has spent a lot of time working on allocations, re-allocations, and setting priorities that are being presented during the meeting today. Sandy asked that during this process if there is something you don't understand, please ask questions now so we can discuss, prior to your vote.

A reminder on a couple of housekeeping items; if you are a guest, please make sure you sign in on the sheet we have in the hallway. Also, if you step out of the meeting and need to get back in, please check with the Security Guard who is stationed in Room 101. There's no guarantee that we'll hear you if you knock on the door, and we'd like members and guests to rejoin the meeting as quickly as they can.

Lead Agency Report

Sandra Ellis presented the Part B Lead Agency Report. Department of Health – Duval County's new Mobile Medical Unit will be delivered to the 6th Street Central Health Plaza tomorrow. This unit will be available for Patient Care Services, testing and treatment. A schedule has not been developed yet, but will be posted on the HIVCare Now website.

During our monitoring visit this spring, the HIV/AIDS Section asked that as the Lead Agency, we report our expenditures quarterly to this joint body. Of our \$1,445,381.06 budget for Baker, Clay, Duval, and Nassau Counties, we are currently at 19% spent. Part B funding runs from April 1, 2017 through March 31, 2018.

PCPG Report

Herb Smith, PCPG Alternate for Area 4, provided a recap of the Patient Care Planning Group meeting held in Orlando May 18 and 19. The group is focusing on four priorities:

- 1) Test and Treat
- 2) PrEP and nPEP
- 3) Routine Testing/Screening, and
- 4) Community Outreach

Herb's written report is included in the July Planning Council packet.

CAG Report

Nathaniel Hendley, CAG Representative for Area 4, provided a recap of the Statewide Consumer Advisory Group meeting held May 30 and 31. The Medical Monitoring Project, or MMP, was recently started. It is a surveillance project designed to learn more about the experiences and needs of people who are receiving care. CAG members agreed to new duties which were derived from the Comprehensive Plan.

Nathaniel's written report is included in the July Planning Council packet.

Committee Reports

Executive

Kendall Guthrie

The committee met June 22. Under New Business, the Eligibility Sub-Committee is being asked to meet and discuss co-payment amounts for mental health services. Also, a **Proposed Taxi Pilot Program** was discussed. This would **provide taxi service for up to four committee members attending committee meetings of the Planning Council**. A Review Board consisting of the PLWHA Rep, the Chairs of the Membership and Community Connections committees, and a person selected by the Planning Council Chair, would review applications for the taxi program and select the four people for this pilot. This is a committee recommendation to the Jacksonville Planning Council. After the motion was read, there were no questions that came up, and the motion was voted on via voice vote and approved without opposition or abstention.

Membership

Nathaniel Hendley

The committee met July 19 and interviewed a candidate for Non-Elected Community Leader. Committee recommendation is **that the Planning Council recommends the name of Zane Urbanski to the Mayor's Office for appointment to the Council**. There was no discussion; a voice vote was taken and the recommendation was approved unanimously.

Currently the Planning Council is at 28.5% for unaligned ratio. The Membership Committee continues to work on a Recruitment and Retention Plan. Nathaniel received comments from several Council members, but he needs feedback from more members because everyone should be involved in this Council's Recruitment and Retention Plan.

Women, Adolescents & Children

Mary Martinez

The Committee met the early part of July and members agreed to continue their work to promote health and wellness to women, adolescents, and children. The next meeting is scheduled for September 7 at 9:00 a.m., and the meetings will be on a quarterly basis going forward.

Mary is facilitating the meetings until Kendall appoints a committee chair.

Community Connections

Steven Greene

Committee met June 8 and heard about a new mobile app geared towards PLWHAs. A Public Hearing for the Priority and Allocations process was held during this meeting, and members also took part in an exercise to better understand the priority and allocation process.

Committee next met on July 13 and representatives from LogistiCare and MTM were on hand to answer questions regarding medical transportation and reimbursement for mileage when a client uses their own vehicle. These two companies are contracted with the local AHCA Office, furnishing transportation to medical visits for their Medicaid clients.

Pharmacy & Therapeutics

Ne'Tosha Dopson

This committee met July 5 and received a final update on the Hepatitis C Pilot Program. That program has now closed, but Harvoni has been added to the ADAP Formulary.

Members discussed Glucerna and are recommending that the Jacksonville Planning Council **add Glucerna to its local Ryan White Formulary**. After the motion was read, there was no further discussion, and the motion was voted on via voice vote and approved without opposition or abstention.

At this point, the Planning Council took a ten minute break. Following the break, the meeting was called back to order; the roll call was taken again with all members present as listed above.

ICPC meets on a quarterly basis and their last meeting was July 12. The minutes reflect a number of activities that were updated; some were in progress and have now been completed, and others were started. Approximately 54% of the activities have at least been started, which is a strong beginning for the TGA.

Joe Mims gave an update to the Council on the August 4 Youth Block Party. They have received donations and will be ordering school supplies to give out. There are approximately 43 volunteers, but more are needed. They have 19 vendors and will be doing a walk-thru Friday in the park to see where vendor tables and set-ups will go. A class on HIV101 is being given this afternoon to several volunteers and entertainers working the Block Party, so they will know and can accurately disseminate HIV information to those attending the Block Party.

Priority and Allocations

Heather Vaughan

Since the last Planning Council, the Priority & Allocations Committee has met three times: June 8, July 13, and July 25. At the June meeting, members had a round-table discussion on several topics, including the peer navigation program and Jail Link. Attendees completed the Ranking Sheet that Sandy Arts developed, and talked about the Public Hearing comments that had come in so far. During the July 13 meeting, the committee reviewed comments from all four Public Hearings, as well as the final tally of all the ranking sheets that were submitted. Members then focused on selecting the prioritized services for FY2018. After services were prioritized, members next assigned a percentage of allocation for each of the service categories. Members also reallocated percentage of funding for the current year, FY2017, since the award of grant recently came in, and was \$93,000 more than expected.

A **motion** was presented by the committee that the Planning Council **reallocate funding by percentages for FY2017 as shown** in the chart below.

Core Medical Services	New Percentage (adjusted based on increased grant award)	Part A and MAI Amount
Ambulatory/Outpatient Medical Care	14.37%	783,045
AIDS Pharmaceutical Assistant	7.55%	411,461
Medical Case Management	33.68%	1,834,406
Mental Health Services	2.89%	157,460
Substance Abuse – Outpatient	0.26%	13,915
Oral Health	14.10%	768,032

Medical Nutrition Therapy	1.97%	107,069
Health Insurance Premium	11.14%	606,696
Home & Community Based Health Services	0.0%	0
<i>Sub-total:</i>	85.95%	4,682,084
Support Services	New Percentage (adjusted based on increased grant award)	Part A and MAI Amount
Non-Medical Case Management	2.59%	141,250
Substance Abuse – Residential	5.41%	294,689
Medical Transportation	0.17%	9,205
Legal Services	3.22%	175,640
Outreach Services	1.53%	83,552
Child Care	0.00%	0
Emergency Financial Assistance	0.37%	20,046
Transitional Housing	0.75%	40,890
Food Bank	0.00%	0
<i>Sub-Total:</i>	14.05%	765,272
TOTAL:	100.0%	5,447,356

Following brief discussion, the motion was voted on via roll call vote and passed.

A committee **motion** was presented that the Planning Council **prioritize the core medical services for FY2018** as shown below. Following brief discussion, the motion was voted on via roll call vote and passed.

A committee **motion** was presented that the Planning Council **prioritize the support services for FY2018** as shown below. Following brief discussion, the motion was voted on via roll call vote and passed.

A committee **motion** was presented that the Planning Council **allocate funds per category** as shown below. Following brief discussion, the motion was voted on via roll call vote and passed.

Core Medical Services	Percentage for FY2018
Ambulatory/Outpatient Medical Care	16.00
AIDS Pharmaceutical Assistance	7.50
Oral Health Care	14.25
Early Intervention Services (EIS)	0.00
Health Insurance Premium Assistance	11.20
Home & Community Based Health Services	0.05

Mental Health Services	2.85
Medical Nutrition Therapy	2.00
Medical Case Management	30.00
Substance Abuse - Outpatient	0.25
Sub-Total:	84.10
Support Services	Percentage for FY2018
Non-Medical Case Management (Eligibility)	2.55
Emergency Financial Assistance	0.50
Food Bank/Personal Hygiene Products/HH Cleaning Supplies	0.00
Health Education/Risk Reduction	0.43
Transitional Housing Services	1.00
Legal Services (including Permanency Planning)	3.75
Medical Transportation Services	0.20
Outreach Services	1.54
Psychosocial Support Services	0.43
Substance Abuse - Residential	5.50
Sub-Total:	15.90
TOTAL:	100.00

Priority and Allocations Committee met again on July 25 to allocate \$103,078 in unobligated funds from FY2016. The committee recommends the Planning Council allocate \$3,000 for Outreach Services, \$45,078 for Transitional Housing Services, and \$55,000 for the development and staffing of a Peer Navigator Program for an initial period of 28 weeks. Following discussion, the motion was voted on via roll call vote and passed.

Member	Motion 1 Re-allocate funding by percentage for FY2017	Motion 2 Prioritize the CORE medical services for FY2018	Motion 3 Prioritize the SL/PPORT services for FY2018	Motion 4 Allocation of funds per service category for FY2018	Motion 5 Allocate \$103,078 in unobligated funds from FY2016 to: Outreach, Transitional Housing & Peer Program
Dana Barnes	Yes	Yes	Yes	Yes	Yes
Michael Bennett	Yes	Yes	Yes	Yes	Yes
Ne'Tosha Dopson	Yes	Yes	Yes	Yes	Yes
Kendall Guthrie	Yes	Yes	Yes	Yes	Yes
Nathaniel Hendley	Yes	Yes	Yes	Yes	Yes
Sharon Hunter	Yes	Yes	Yes	Yes	Yes
Christie Mathews	Yes	Yes	Yes	Yes	Yes
Beth Parker	Yes	Yes	Yes	Yes	Yes
Torrancia Shiloah	Yes	Yes	Yes	Yes	Yes
Heather Vaughan	Yes	Yes	Yes	Yes	Yes
Linda Williams	Yes	Yes	Yes	Yes	Yes

Program:

Nathaniel introduced a short video from the Los Angeles LGBT Center about teenage homelessness. Following the film, Dan Merkan from JASMYN gave a presentation on his agency and the services it provides to LGBTQ youth in our area.

Unfinished Business:

There was no unfinished business.

New Business:

The Planning Council was asked to select services they felt were highly prioritized and highly utilized for the Jacksonville TGA. The Council was given information on all of the funded services, which included the number and percentage each service handled, and the cost per service. Members decided to use the number of clients served as determining factor, with 10% being the baseline. Those services would be Medical Case Management; Non-Medical Case Management; Outpatient/Ambulatory Medical Care; and AIDS Pharmaceutical Assistance.

A motion was made by Heather Vaughan, seconded by Beth Parker, to define the TGA's highly prioritized and highly utilized service categories as those providing service to at least 10% of our PLWHA population. There was no further discussion; a vote was taken with ten in favor, none opposing, and one abstention; the motion passed.

Public Comments:

- There were no public comments

Announcements

- Former Planning Council member David Hatfield passed away a few weeks ago.
- Members and guests were asked to support the Youth Block Party scheduled for August 4.
- The Positive Long-Term Sobriety Group is still meeting the 3rd Wednesday of each month. See Nathaniel Hendley for details.

Adjournment

The meeting ended at approximately 5:10 p.m.

Approved by:


Kendall Guthrie, Planning Council Chair

8-24-2017
(date)

Member	Motion 1 That the Planning Council RE-Allocate funding by percentage for FY2017 as shown on committee's report	Motion 2 That the Planning Council prioritize the core medical services for FY2018 as shown on committee's report	Motion 3 That the Planning Council prioritize the support services for FY2018 as shown on committee's report	Motion 4 That the Planning Council approve the allocation of funds per category as shown on committee's report for FY2018	Motion 5 That the Planning Council allocate \$3,000 for Outreach Services, \$45,078 for Transitional Housing Services, and \$55,000 for development & staffing of a Peer Program for an initial period of 28 weeks.
Dana Barnes	yes	yes	yes	yes	yes
Michael Bennett	yes	yes	yes	yes	yes
Ne'Tosha Dopson	yes	yes	yes	yes	yes
Kendall Guthrie	yes	yes	yes	yes	yes
Nathaniel Hendley	yes	yes	yes	yes	yes
Sharon Hunter	yes	yes	yes	yes	yes
Christie Mathews	yes	yes	yes	yes	yes
Terri Mims					
Beth Parker	yes	yes	yes	yes	yes
Torrencia Shiloh	yes	yes	yes	yes	yes
Heather Vaughan	yes	yes	yes	yes	yes
Linda Williams	yes	yes	yes	yes	yes

Financial Report

Ryan White- Part B / AREA 4

Lead Agency: DOH-Duval-APO

Contract Period: 4/1/2016- 03/31/2017

Contract #: Part B

Provider Name: Sandra Ellis

	Allocated		Expenses		Remaining
ADMINISTRATIVE COSTS	Budget	1st Quarter	YR TO DATE	% Spent	Balance
Administrative	\$ 54,151.00	\$ 14,775.39	\$ 14,775.39	27%	\$ 39,375.61
Administrative Total	\$ 54,151.00	\$ 14,775.39	\$ 14,775.39	27%	\$ 39,375.61
DIRECT CARE COST					
Ambulatory/Outpatient Medical Care	\$ 922,055.00	\$ 164,468.03	\$ 164,468.03	18%	\$ 757,586.97
AIDS Pharmaceutical Assistance (Local)	\$ 8,800.00	\$ 1,597.22	\$ 1,597.22	18%	\$ 7,202.78
Oral Health Care	\$ 8,700.00	\$ -	\$ -	0%	\$ 8,700.00
Health Insurance Premium/Cost Sharing	\$ 30,000.00	\$ 1,260.01	\$ 1,260.01	4%	\$ 28,739.99
Mental Health Services - Outpatient	\$ 6,040.00	\$ 1,735.80	\$ 1,735.80	29%	\$ 4,304.20
Case Management- Medical	\$ 168,486.00	\$ 38,450.42	\$ 38,450.42	23%	\$ 130,035.58
Referral Supportive Services	\$ 231,655.00	\$ 50,429.54	\$ 50,429.54	22%	\$ 181,225.46
Transportation Services	\$ 2,900.00	\$ 586.00	\$ 586.00	20%	\$ 2,314.00
Direct Care Cost Total	\$ 1,375,736.00	\$ 258,527.02	\$ 258,527.02	19%	\$ 1,117,208.98
Clinical Quality Management	\$ 15,494.00	\$ 3,496.05	\$ 3,496.05	23%	\$ 11,997.95
A, B Total	\$ 1,445,381.00	\$ 275,302.41	\$ 275,302.41	19%	\$ 1,172,078.59

Data for Determining Highly Prioritized & Highly Utilized Funded Service Categories for Selecting Two Clinical Performance Measures

A Responsibility of the Priority & Allocations Committee

Graham F. Watts, Sr.

Data for Discussion to Determine Highly Utilized Service Categories

COJ TGA RW Part A Service Utilization Report Period: March 1, 2016 through February 28, 2017					Public Hearings - 2017 & P-N-A Committee			IHPPCP Needs Asst Survey 2016 (N=265)		Statewide Triennial Needs Asst-JTGA Part (N=352)	
Services	Undup Clients Served	% Clients Served	Cost to Serve	Highly Used Svc (>\$50k)	Service Rank	Service Prioritized	Service Group	Services Rank	% Respondents	Svc Used But Hard 2 Get	Unable to Get Svc
Med Case Mngmnt	2339	23.23%	\$1,532,000.00	Yes		Yes	Core			Yes	
Non-Med Case Mngmnt	1937	19.24%	\$144,950.00	Yes		Yes	Support				
QAMC	1361	13.52%	\$1,748,479.00	Yes		Yes	Core	1	66.4%	Yes	
AIDS Pharm Asst: Full Rx	1093	10.86%	\$175,165.00	Yes		Yes	Core				
Med Nutrition Therapy	616	6.12%	\$103,350.00	Yes		Yes	Core	13	14.0%		Yes
Med Transportation	537	5.33%	\$12,889.00	No		Yes	Support	7	38.5%	Yes	Yes
Oral Health	392	3.89%	\$306,862.00	Yes		Yes	Core	3	50.2%	Yes	Yes
Food Bnk/Home Deliv Meals	375	3.72%	\$0.00	No		Yes	Support	6	40.4%		Yes
Legal Services	357	3.55%	\$245,012.00	Yes		Yes	Support	12	14.7%		
Health Ins Program	326	3.24%	\$626,596.00	Yes		Yes	Core	8	37.4%		Yes
Mental Health	249	2.47%	\$93,834.00	Yes		Yes	Core	5	44.9%		
Emergency Fin Asst	209	2.08%	\$79,945.00	Yes		Yes	Support				
Outreach	162	1.61%	\$58,575.00	Yes		Yes	Support	10	20.4%		
Sub. Abuse Residential	40	0.40%	\$285,536.00	Yes		Yes	Support	9	20.4%		
Child Care Services	35	0.35%	\$3,740.00	No				16	3.8%		
Sub. Abuse Outpatient	22	0.22%	\$6,256.00	No		Yes	Core	9	20.4%		
Wang Services (Transitional)	18	0.18%	\$18,134.00	No		Yes	Support	4	48.3%	Yes	Yes
Early Intervention Services	NEW-2017					Yes	Core				
Home & Comm Based Health	NEW-2017					Yes	Core	15			
Psychosocial Support Svcs	NEW-2017					Yes	Support				
Health Edu Risk Redox	NEW-2017					Yes	Support	14	14.0%		

Excel File - C:\Users\Owner\Downloads\Program-Data\3-Rpts_Med_SrvUtil_16-17_P-N-A_NeedsAssmnt2016.xlsx; PowerPoint File - C:\Users\Owner\Downloads\Program-Data\1min-HilvyPri-N-H4yUtilzSrvcs.pptx; Last updated July 19, 2017



Red Ribbon Report

A News Service of The AIDS Institute for
Florida Comprehensive Planning Network

Spring 2017



THE AIDS INSTITUTE

The AIDS Institute

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Patient Care and Prevention Planning Group Meeting

The Florida HIV/AIDS Comprehensive Planning Network (FCPN), Patient Care Planning Group (PCPG) and Prevention Planning Group (PPG) meeting was held May 17-18, 2017 at the Embassy Suites by Hilton - Lake Buena Vista South, in Kissimmee, FL. There were over 130 participants in attendance.

Ken Bargar, PPG Community Co-Chair, Jim Roth, Department of Health PPG Co-Chair, Kim Salswick, PCPG Community Co-Chair, and Kira Villamizar, Department of Health PCPG Co-Chair, facilitated the meeting.



Laura Reeves, HIV/AIDS Section Administrator provided an update on leadership and section initiatives, statewide activities and integrated planning.

Members of the HIV/AIDS Section staff provided updates on the 4-Key Component Plan to Eliminate HIV Transmission and Reduce HIV-related Deaths, while local health department staff and community organizational representatives highlighted their programs. The 4-Key Component Plan includes the following

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strategies: 1) Implement routine HIV and Sexually Transmitted Infection (STI) screening in healthcare settings/targeted testing in non-health care settings, 2) Test and provide rapid access to treatment and retain in 3) Improve access to antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP), 4) Increase community outreach and messaging.

The first panel included information on Test and Treat/Routine HIV Screening in Health Care Settings. Mara Michniewicz presented information on Routine HIV Screening in the Health Care Setting. Dr. Jeffrey Beal presented an update of the Test and Treat Program and Kira Villamizar showcased the Miami-Dade Test and Treat Program.

The second panel presentation addressed PrEP/nPEP. Mara Michniewicz presented on Statewide Initiatives and PrEP Materials, Gay Koehler-Sides presented on the PrEP Clinic Implementation Process from Alachua County, Michael Alonso highlighted the Role of Public Health Detailing and PrEP Navigators in Broward County, and Joey Wynn presented on Future Biomedical Interventions and the Latest Research.



The Co-Chairs of the PCPG/PPG Coordination of Efforts, the PCPG/PPG Statewide Quality Management Advisory Committee, and the PCPG/PPG Needs Assessment Committee each provided updates on the work of their respective committee since the last face-to-face meeting.

The PCPG and PPG members reviewed and approved the minutes from the Fall 2016 meeting. An announcement was made to be prepared for the 2017 Membership Recruitment for add-numbered areas which will take place over the summer. More information will be distributed soon.

Tamara McElroy, HIV/AIDS Section, and Michelle Scavnick. The AIDS Institute provided an overview of contract deliverables as they relate to the Role of The AIDS Institute in Statewide Planning.

On the second day of the meeting, Mara Michniewicz provided an overview of the Statewide Media Campaign which addresses community outreach and messaging. The campaign includes updated HIV prevention messaging based on feedback from community sessions and focus groups that were held around the state. Materials and additional information can be found at www.KnowYourHIVStatus.com.



A Linkage, Re-Engagement and Data-to-Care panel included Mara Michniewicz who addressed Building Infrastructure to Support Linkage and Re-engagement Efforts Statewide, Emma Spencer, who presented on the Section's Data to Care Initiatives, and Meghan Dally who presented on Accessing and Addressing Barriers to Retention in Care.

Jimmy Llaque and Dr. Jeffrey Beal presented information on current statewide ADAP enrollment and viral load suppression rates.

PCPG/PPG Membership, Nominations, and Bylaws Committee Co-Chairs David Brakebill and Valerie Mincey presented the proposed DRAFT of the Bylaws that included a new structure for the statewide planning bodies. Bylaws for the proposed Patient Care and Prevention Planning Group were reviewed and consensus was reached on the membership composition of the group to enable recruitment for the 2017 membership term to occur. The group agreed to have the M, N & B Committee review and revise the language so the proposed bylaws can be finalized and voted on.

A State and Federal Policy Update was provided by Michael Ruppel of The AIDS Institute. Michael discussed the president's budget, funding cuts and the potential impact on HIV programs.

The meeting concluded with a discussion of next steps, action items and future meeting topics.

For copies of presentations and handouts from the meeting, please visit the meeting [website](#).

Upcoming PCPG/PPG Standing Committee Conference Calls & Webinars

The following is the schedule of upcoming conference calls and webinars for the PCPG/PPG Standing Committees:

PCPG/PPG Needs Assessment Committee

Standing call day/time: 1st Thursday of every month at 2PM (EDT), 1 hour duration

The next call is scheduled for Thursday, June 1, 2017 at 2PM (EDT)

[Register to attend](#)

PCPG/PPG Membership, Nominations & Bylaws Committee

Standing call day/time: 2nd Tuesday of every month at 10AM (EDT), 1 hour duration

The next call is scheduled for Tuesday, June 13, 2017 at 10AM (EDT)

[Register to attend](#)

PCPG/PPG Coordination of Efforts

Standing call day/time: 2nd Wednesday of every month at 1PM (EDT), 1 hour duration

The next call is scheduled for Wednesday, June 14, 2017 at 1PM (EDT)

[Register to attend](#)

PCPG/PPG Statewide Quality Management Advisory Committee

Standing call day/time: 2nd Wednesday of every month at 2PM (EDT), 1 hour duration

The next call is scheduled for Wednesday, June 14, 2017 at 2PM (EDT)

[Register to attend](#)

Acknowledgement of Retirement



Mitchell Durant, Area 9 HIV/AIDS Program Coordinator (HAPC), was acknowledged for his upcoming retirement in the summer of 2017. Mitchell was presented with Certificates of Appreciation by both the Patient Care Planning Group and the Prevention Planning Group for his many years of service. A cake was also presented in his honor.



PPG/PCPG Meeting Update Report respectfully submitted to Jacksonville Planning Council by Herb Smith, PCPG Alternate, Area 4

Meeting in Orlando May 18-19,2017

Laura Reeves, Administrator, HIV/AIDS Section, FDOH

- Discussed value of listening to attendees and scheduled more question and answer sessions
- Discussed four priorities
 - Test and rapid access to treatment (Test and Treat)
 - Antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) initiatives
 - Routine HIV and STD screening in healthcare settings and targeted testing in non-healthcare settings
 - Community outreach, engagement and messaging
- Set them as state priorities and assigned work groups for each
- Discussed the Integrated Plan and the Strategic Plan

Priority 1: Test and Treat (TnT), Jeffery Beal, Medical Director, HIV/AIDS Section, FDOH

- Onsite clinics for TnT at CHD of EMAs, Eligible Metropolitan Areas
- Expand TnT to contracted CBO clinics
- Published TnT guidelines available to clinics and providers
- Purchased TnT medications for 30 day starter kit supply available to providers
- Discussed use of scope and tele-medicine to reach outlying areas
- Miami's TnT experience, Kira Villamizer, FDOH Miami-Dade County
 - Establish eligibility
 - Newly diagnosed
 - Previously diagnosed within 6 month and no ART therapy
 - Chronically infected with no history of ART therapy
 - Process
 - Field testing and establishing eligibility
 - TnT team notification
 - Meet with CM to do preliminary RW eligibility
 - Given Health card and patient#
 - Navigator arranges labs and MD appointments
 - MD sees and writes Rx
 - Gets ART meds from Pharmacy
 - Followup care is arranged
 - Most patients are completed in one day

Priority 2: PrEP and nPEP, Mara Micholewicz, Prevention Manager, HIV/AIDS Section, FDOH

- Discussed value of having PrEP/nPEP navigators/coordinators for CHD/CBO
- Purchasing PrEP drugs for distribution to CHD
- PrEP/nPEP modules added to 500/501 classes
- Questions about PrEP/nPEP added to 1628 forms
- Discussed doing PrEP inventory and survey
- Add PrEP data to Prism

- PrEP/nPEP modules available to providers
- Discussed role of CHD in nPEP
 - Coordinate efforts and educate
 - local providers/CBO
 - local pharmacies (Walgreens is a leader)
 - rape crisis center
 - sexual assault teams
 - child protective services
 - Establishing a media campaign
- Future of PrEP/nPEP, Joey Wynn, PrEP coordinator, Empower U Community Health Center
 - New drugs
 - antibodies
 - vaccine
 - Dapivirine
 - TFV
 - New deliveries
 - injectables, long acting
 - rectal gels
 - vaginal gels
 - vaginal rings
 - vaginal film
 - specialized products for client populations
 - multipurpose products
- Alachua County PrEP/nPEP experience, Gay Koehler-Sides, ACHD
 - Funding from existing sources and billing of insured clients
 - Established agreement from all involved
 - Determined staff
 - MD/ARNP
 - RN
 - Lab
 - Peer navigators
 - Desk
 - Billing
 - Educate all staff
 - Develop clinical guideline
 - Agreement with Walgreens to provide nPEP drugs
 - Newspaper article

Priority 3: Routine Testing/Screening, Mara Michniewicz, Prevention Manager, HIV/AIDS Section, FDOH

- Policy change from 2016, clients must opt out of testing (previously required consent)
- Discussed having signage about routine testing and opting out displayed for clients to see
- Discussed providing information to clients
- Having info on routine screening available to CBO and community providers (hospitals, physicians)

- Providing training webinars
- Making billing and reimbursement calls monthly to providers
- Providing peer to peer references to providers
- Encouraged CHD and CBO to have DIS (Disease Intervention Specialists) and RES Re-engagement Specialists
- Encouraged Public/Private Partnerships
 - Example: Gilead's FOCUS (Frontline of Communities in the United States)
 - 8 FOCUS Groups in Florida

Priority 4: Community Outreach, Jenny Pace, Community Engagement Team Lead, HIV/AIDS Section, FDOH

- Hired new Marketing Firm: Evoke for 2/2017 – 12/2019
- Services Provided
 - Radio/TV Broadcasts, DMA only
 - Out of Home (billboards, buses, bus benches, etc.), DMA only
 - Websites, SEO (Search Engine Optimization)
 - Digital/Mobile
 - Social Media
 - Events
- Key Designated Market Areas (DMA)
 - Jacksonville
 - Orlando
 - Miami
 - Fort Lauderdale
 - West Palm Beach
 - Tampa/St. Petersburg
- Protect Yourself Campaign
 - Protect Yourself, Protect Your Fierceness (your style, your friends, etc.) get tested
 - Get PrEPared and stay protected
 - Having unprotected sex? It's time for a PEP talk.
- Website: www.KnowYourHIVStatus.com

Linkage: Mara Michniewicz, Prevention Manager, HIV/AIDS Section, FDOH

- Policy changes
 - Ryan White eligibility can be based on rapid test results
 - Linkage to Care should occur within 30 days (down from previous 90 days)
- Working on streamlining Ryan White eligibility
- Working to change eligibility date to end date of current eligibility
- Encouraged use of re-engagement specialists to get clients back into care
- Encouraged use of perinatal specialists for TOPWA Services
- Expanding DOC pre-release planning
- Using real time data
- Encouraged collaboration with STD and Hepatitis section
- Enhanced data collection and usage

ADAP, Jimmy Laque, ADAP Program manager

- Demographic data on current ADAP clients was presented
- Data on viral suppression was presented
- Formulary expanded
- Improving online application and working to decrease need for manual entries of data

Data to Care, Emma C. Spenser, HIV/AIDS Surveillance Manager, FDOH

- Harvesting surveillance and lab data to improve linkage and re-engagement of clients
- Increasing data input at 3 months and 1 year after diagnosis
- Looking at Outcome indicators
 - Already in care
 - Linked to care
 - Refused care
 - Unable to locate
 - Moved out of state
 - Deceased
 - Deleted from eHARS (duplicate, false positive)

Public Health Detailing, Michael Alonso, Biomedical Interventions Specialists

- Using a business approach to HIV/AIDS
- Collaboration public/private
- Using billing/coding data
- Detailed data collection
- Provider surveys
- Making no assumptions
- Training and cross training



Nathaniel Hendley,
Area 4 CAG Representative

The Statewide Consumer Advisory Group met on May 30 – 31. This consumer group consist of 20 members representing counties in Florida.

The CAG exist to provide a mechanism in which consumers can have meaningful dialog about the development of policies and programs directly related to HIV/AIDS care and prevention.

Area Representatives are required to submit reports and participate in monthly conference calls. Our goals:

- To provide input on the quality, accessibility and function of existing and proposed HIV related care and prevention services.
- Identify and provide input on gaps in HIV-related services and barriers to care.
- Recommend new programs and changes to existing ones.
- Provide consumer input to the Department of Health, HIV/AIDS Section and Community Based Providers regarding the development and implementation of programs and policies.
- Increase consumer participation on the Community Based Agency Board of Directors and local planning bodies.
- Increase the number of person at risk who know their status.
- Decrease the number of new HIV infections.
- Improve the health and quality of life for those who are living with and at high risk of HIV.

Needless to say, the benefits to both consumer and provider creates a network of opportunities that increase consumer knowledge and provider sensitivity to their needs.

During our face to face meeting held in Tampa, FL, we met together as a group to discuss the new goals and directions for the FCPN (Florida HIV/AIDS Comprehensive Planning Network) this group is combined with the Patient Care Planning Group (PCPG), the Prevention Planning Group (PPG) and the Medical

Mentoring Project (MMP) met on May 28 -29. They reported directly to the CAG their goals and directions. Consumer input was provided during our meeting with them on May 30th. Our input/suggestions are based on the goals and directions they have taken.

Day 1:

Laura reeves, HIV/AIDS Section Administrator, Bureau of Communicable Disease gave the group an overview of new goals and directions from their meeting and suggested to the CAG that we review the state wide comp plan and incorporate the four key components to Florida's Plan to eliminate HIV transmission and reduce HIV-related death as part of our action plan. Which included the following:

1. Test and treat
2. Antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP)
3. Routine screening in healthcare settings and targeted testing in non-healthcare settings.
4. Community outreach and messaging.

Jontac Sanders, Incidence and Molecular Coordinator gave the group an overview of the Medical Monitoring Project. This included its history present and future goals for the project. MMP is a surveillance project designed to learn more about the experiences and needs of people who are receiving care. MMP is unique in that it describes comprehensive clinical and behavioral information from persons carefully sampled to represent everyone diagnosed with HIV in the United States. Because MMP's estimates are designed to be representative, information gathered from MMP may be used by prevention planning groups, policy leaders, health care providers, and people living with HIV to highlight disparities in care and services and advocate for needed resources.

Day 2:

Emma Spencer, PH.D., M.P.H, MMP, Principal Investigator explained the roles of the CAG in assisting the Department in implementation of the MMP.

Dr. Jeff Beal, MD, American Academy of HIV Medicine Specialist (A.A.H.I.V.S), gave the group an overview of the MMP assessment tool they are currently using and the

new direction they have taken based on the goals of the Florida HIV/AIDS Comprehensive Planning Network. The Group gave input on potential questions to be added to the 2018-2019 MMP cycle.

Conclusion: The CAG agreed to new duties derived for the Comprehensive Plan. In addition to the new plan for the CAG, we reviewed and update our strategic action plans to better align with the FCPN.

The CAG updated Action Plan for 2017 -2018 based on the goals & direction the (FCPN) Florida HIV/AIDS Comprehensive Planning Network has adopted. The CAG also plans to continue with local and statewide efforts to bring awareness to the consumer and advocate our needs as well as the needs of our community partners.

You can find us on the website:

<http://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/cag.html>



CAG Brochure

CAG Mission Statement

Members Role & Responsibility

Member Application

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL

EXECUTIVE COMMITTEE

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

Thursday, June 22, 2017
Summary of Meeting

Committee Members Present: Kendall Guthrie (*Chair*), Nathaniel Hendley (*Vice-Chair*), Sharon Hunter (*PLWHA Rep*), Veronica Hicks (*Community Connections*), Heather Vaughan (*Priority & Allocations*), and Dana Barnes (*Co-Chair Pharmacy & Therapeutics*)

Guests: Horace Moody

Support Staff Present: Mary Martinez and Sandra Sikes

CALL TO ORDER

The meeting was called to order at 2:33 p.m. by Chair Kendall Guthrie. Following a moment of silence, members did self-introductions.

COMMITTEE REPORTS

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

Mary Martinez

Part A Staff member Mary Martinez is reactivating the W.A.C. committee and will facilitate their meetings until a committee chair is selected. Their first meeting will be July 6 at 9:30 a.m.

Membership

Nathaniel Hendley

Distributed Retention and Recruitment worksheet, which was discussed further under New Business. They did not have a meeting in June, but will have one in mid-July.

Community Connections

Veronica Hicks

Had meeting on June 8, which included a Public Hearing. Committee is still holding auctions every month and proceeds go toward scholarships for members to attend the Positive Living Conference in September.

Pharmacy & Therapeutics

Dana Barnes

Committee is meeting July 5 to look at adding Glucerna to the Ryan White Formulary. They are also hoping to have an update on the statewide Formulary.

Priority & Allocations

Heather Vaughan

Committee met on June 8 and held a round-table discussion on a number of programs the TGA is doing, including Jail Link and Peer Navigators. Members did not prioritize services that day, as they decided to wait until all Public Hearings are concluded and the comments have been transcribed.

Heather went over the comments recorded so far at the May 25, June 8, and June 16 Hearings. This year there is a lot of talk about transportation, particularly to support group meetings. She stated that JTA appears to be developing more transportation routes, and a JTA representative contacted her recently to get input. Other comments mentioned the TGA developing transgender support groups.

Priority & Allocations meets again on July 13 to prioritize services. If the allocations process cannot be done that day as well, then the committee will look at meeting again in August.

Bylaws

Heather Vaughan

Committee has several changes to the bylaws and policies & procedures to look at, including:

- * whether the Exec Committee can waive Article X Section 1
- * fill the gap on who will run the Planning Council meeting in the absence of the Chair and the Vice Chair
- * move EIHA to a sub-committee under the Continuum of Care Coordination Committee
- * should the Needs Assessment and Eligibility sub-committees be moved from under the Continuum of Care Coordination Committee
- * should the Priority and Allocations Committee establish a quorum

- * changing Policy & Procedure No. 2006-02, Section A.2 to allow committee co-chairs who are Planning Council members to run for office.

The Executive Committee then scheduled meetings as follows:

Wednesday, August 9 at noon for Executive Committee

Wednesday, August 9 at 1:00 p.m. for Bylaws Committee

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

Convene Eligibility
Sub-committee to set amounts
for Mental Health Co-Pays

Eligibility is currently a sub-committee of Continuum of Care Coordination, also called ICPC. They last met March 2016 when they recommended increasing health insurance premium assistance to \$400. Our HRSA Project Officer has advised that the TGA can cover co-payments for mental health counseling and services when the Ryan White client is using insurance from another source such as private insurance or Medicaid. The Planning Council will have to set the co-payment amount.

Comment was made that ICPC meetings are usually long and detailed, so it's not advisable to include Eligibility as part of, or in connection with, ICPC; meeting should occur on a different day. There are 29 committee members, many who joined when EIIHA merged with ICPC. Not all 29 members may have the time to also participate in Eligibility and Needs Assessment meetings, so we need to make sure those attending want to be there and have something to contribute. Staff was instructed to contact Mike Bennett and Beth Parker to see what day they would like to schedule Eligibility, and if Beth would agree to take charge of this sub-committee.

Proposed Taxi Pilot
Program

Staff presented an outline on a Proposed Pilot Program that would provide taxi service to committee members. This pilot program would run until February 28, 2018, at which time a

recommendation would be made to the Planning Council on whether to continue it. An ad-hoc Review Board consisting of the PLWHA Rep, the committee chairs for Membership and Community Connections, and a fourth person selected by the Council Chair, would review applications and decide who will be in the pilot program. The Review Board would also maintain a wait list until an opening comes up. The Pilot Program would start with four people, and each person would have a limit of two committees where transportation would be provided.

Motion made by Veronica Hicks, seconded by Heather Vaughan, to recommend the Proposed Taxi Pilot Program to the Planning Council for their approval. There was no further discussion; a vote was taken and the motion passed unanimously.

Administrative Agency Assessment

Each year around August, the Planning Council evaluates the Administrative Agency/Ryan White Part A Office. During the Site Visit in April, HRSA suggested the Planning Council revamp its assessment form, and move away from a customer service based form to one closer resembling an evaluation.

Executive Committee members looked over the evaluation form currently in use. Due to the short time frame in developing a new form, and with other projects taking a higher priority, the committee agreed to use the current form for 2017, and begin revising the evaluation form in early 2018. Staff was asked to contact two or three other Planning Councils and get samples of their assessment tools, and have them available at the August Executive meeting.

Recruitment and Retention

Nathaniel explained the Recruitment and Retention (R&R) form he had distributed earlier. He asked committee members to take the form home and spend time completing it, giving thoughtful consideration to their answers in identifying root causes. These forms should be scanned and emailed back to Nathaniel by July 13, or he can pick them up during the Community Connections or Priority & Allocations meetings July 13.

STAFF REPORT

Comment Cards

Staff turned over comment cards to Veronica Hicks. These were comment cards that were completed last year when the Advocacy Council was active, and Veronica was one of its members.

Awareness Days

Executive Committee members were given updates to their Red committee handbooks. Also included was a list of Awareness Days, along with their dates and logos. Committee chairs were asked to focus on upcoming Awareness Days in their committee meetings, and not just as part of announcements at the end of the meeting.

Next 100 Days

Committee talked about the statement:

Board of Directors
for a \$6 Million
Non-Profit Group
in charge of approximately 75 employees,
and providing services to over 4,300 customers

Members were asked what they wanted to accomplish in the next 100 days for the Executive Committee and/or the Planning Council. Their answers were:

- * A robust recruitment and retention plan in place
- * Recruiting good, reliable people
- * Increase attendance on the committee level
- * Update the bylaws
- * Have the pilot program to provide taxi service for committee members up and running

Committee reviewed topics that were brought up during Public Hearings and discussed transportation to support groups. A motion was made by Heather Vaughan, seconded by Dana Barnes, to ask the Eligibility Committee to come up with guidelines on what would make a support group eligible to receive transportation services, and present this to the Planning Council. After further discussion, the motion was voted on and passed unanimously.

WRAP UP

Public Comments:

There were no public comments.

Announcements:

- Lutheran Social Services is partnering with UF CARES for HIV testing tomorrow on Moncrief Road.
- Kiszkie Jones had several posters made for Community Connections. These are large color posters printed on high gloss paper and will be handed out to the area agencies for placement in their lobby areas.
- Kendall Guthrie will be presenting a final report on their SPNS initiative at HRSA Headquarters next week.

Adjournment:

The meeting was adjourned at 4:52 p.m.

Committee Recommendation to the Planning Council:

To approve the Proposed Taxi Pilot Program

Ryan
White

**Metropolitan Jacksonville Area HIV Health Services
Planning Council**
1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207
Phone: (904) 630-3504 Fax: (904) 630-0361

**REQUEST FOR ON-GOING TAXI SERVICE
BY COMMITTEE MEMBER**

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Ph: _____ Personal Email: _____

Is the Home Address shown above the address where you want to be picked up by the taxi?
☐ Yes ☐ No

If 'No', please provide your pick-up address: _____

EMPLOYMENT (if applicable)

Company: _____

Address: _____

Work Phone: _____ Office Email: _____

1. Do you own or have access to a vehicle? ☐ Yes ☐ No

2. Do you have anyone in your household who could drive you to committee meetings? ☐ Yes ☐ No

If you answered yes to Question #1 above, then please answer questions 3-5.

3. Is your vehicle in reliable, working order? ☐ Yes ☐ No

4. Is paying for gas to make these meetings a problem for you? ☐ Yes ☐ No

5. Do you share this vehicle with others in your household? ☐ Yes ☐ No

Signature

Date

**METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES
PLANNING COUNCIL**

**PROPOSED PILOT PROGRAM
TAXI SERVICE FOR COMMITTEE MEMBERS**

This is a proposed pilot program to provide committee members of the Jacksonville Planning Council with taxi service.

The Taxi Program will be for committee members who lack private transportation or the ability to utilize private transportation. Committee membership is based on the following criteria:

- Committee member will have attended two committee meetings prior to being added to the committee's roster. Exceptions are those committees that meet on a quarterly or 'as needed' basis, such as Pharmacy and Therapeutics.
- The two meetings noted above should be within the past three committee meetings. In other words, attend two out of the last three committee meetings before being placed on the roster.
- Members will be removed from a committee if their attendance falls below 50%.

The Taxi Program is only available for the individual to attend the committee he/she is a member of. There is a limit of two committees that transportation will be provided for. If the individual is a member of only one committee, he/she may utilize taxi service to attend Planning Council meetings.

- ✓ Community Connections
- ✓ Priority & Allocation
- ✓ Integrated Comp Plan Committee and its sub-committees
- ✓ Pharmacy & Therapeutics
- ✓ Bylaws
- ✓ Women, Adolescents, & Children
- ✓ Ad-Hoc and/or sub-committees of the above committees
- ✓ Planning Council

Member should submit an application (*Request for Taxi Service by Committee Member*) advising Planning Council Staff of their need for on-going taxi service.

PILOT PROGRAM
TAXI SERVICE FOR COMMITTEE MEMBERS

- * Short-term or temporary need for transportation (i.e., car is in the shop for repairs) is not considered an on-going need.
- * Members with access to private transportation (i.e., you own a car) should not request taxi service for the purpose of saving gas or wear-and-tear on their own vehicle.

A four-member Ad-Hoc Review Board will be set up to review applications and determine who will be in the pilot program. Members of the Review Board will be:

The PLWHA Representative

The Community Connections Chair

The Membership Chair

An individual appointed by the Planning Council Chair; that person may or may not be a member of the Jacksonville Planning Council

In the event one person holds two of the positions cited above, then the Planning Council Chair will appoint another member of the Council to the Ad-Hoc Review Board.

This Pilot Program and the Ad-Hoc Review Board will run through February 28, 2018. The Review Board will advise the Planning Council in February 2018 whether this Program is viable, should continue, and if any changes need to be made.

Planning Council support staff will forward application requests to the Ad-Hoc Review Board on a monthly basis. The Review Board will meet and make decisions on the applications and hear how the pilot program is progressing.

The process of making transportation arrangements is time consuming and labor intensive. In order to guarantee good service, this initial pilot program will be capped at four members for a period of 90 days. Planning Council staff will report on a monthly basis to the Ad-Hoc Review Board on how the process is going on their end, and if there are any issues that can be worked out. If there are no major problems, then the Review Board can look at increasing the cap. The initial four members include Planning Council and Proxy Pool members, as well as committee members.

If more than four people apply for taxi service, a Wait List will be established.

Planning Council and Proxy Pool members take priority over committee members.

PLAN PROGRAM
TAXI SERVICE FOR COMMITTEE MEMBERS

Planning Council staff will be responsible for adding and deleting names of individuals receiving taxi service to the City of Jacksonville's Accounting Department.

Pick-up and return location for the committee member will be based on the address they listed on the application form.

Committee Members who have last minute cancellations should call Checker Cab directly at 999-9999, and then contact Mary Martinez at 630-4661 to advise that the taxi was cancelled.

Committee Members may not request taxi service directly with the cab company.

One no-show for taxi service will be allowed for Committee members during the year.

For the second no-show, the Review Board will notify the Committee Member that taxi service is being suspended for the remainder of the year. After that time the Committee Member may apply again for taxi service. If there is a waiting list, then the member will be placed on the list.

A last minute cancellation where a taxi was still sent will be treated in the same manner as a 'no show' above.

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL

MEMBERSHIP COMMITTEE

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

Wednesday, July 19, 2017

Summary of Meeting

Committee Members Present: Nathaniel Hendley (*Chair*), Ne'Tosha Dopson (*Co-Chair*), Steven Greene, and Veronica Hicks

Support Staff Present: Sandy Sikes

CALL TO ORDER

The meeting was called to order at 10:00 a.m. by Chair Nathaniel Hendley, and was followed by a moment of silence.

REVIEW UNALIGNED RATIO AND PC REPRESENTATION

		<u>Epi Data for the TGA</u>	<u>Planning Council Representation</u>	
Total Membership:	14	White: 28%	43%	White
Total Unaligned:	4	Black: 64%	50%	Black
		Hispanic: 05%	00%	Hispanic
Unaligned Ratio:	28.5%	Other: 03%	07%	Other
		Male: 65%	22%	Male
		Female: 35%	78%	Female

INTERVIEW

- Zane Urbanski was interviewed by the Membership Committee for a seat on the Planning Council in the category of Non-Elected Community Leader. Interview sheets were tallied and Mr. Urbanski scored 75% or higher on his interview. Ne'Tosha Dopson made a **motion**, seconded by Steven Greene, to **recommend that the Planning Council recommend Zane Urbanski to the Mayor's Office for appointment to the Jacksonville Planning Council**. There was no further discussion; a vote was taken and the motion passed.
- Rikki Stubbs contacted Veronica Hicks and stated that he had changed his mind about applying for membership.

UNFINISHED BUSINESS

- **Membership Application Log:** Committee reviewed the active applicants on the log. One applicant was interviewed today and will roll off. Nathaniel stated he will talk to Mr. Stubbs to see if he will reconsider applying. Nathaniel will also contact Mr. Osburn to see if he is still interested in continuing the application process, and contact Mr. & Mrs. Esannason to see if either of them wants to start the application process again. Nathaniel will advise Sandy so she can update the application log.
- **Recruitment and Retention Plan:** This should be completed and available at the next meeting.

NEW BUSINESS

- **Schedule Interview with DeWeece Ogden:** Mrs. Ogden was unable to make today's meeting due to her work schedule. Sandy left a phone message, asking Mrs. Ogden to call us back with some tentative dates, and the committee will try to arrange a meeting based on that schedule. Sandy will email the committee, once she hears back from Ogden.

WRAP-UP

- There were no public comments.
- There were no announcements.
- The meeting adjourned at 11:00 a.m.

COMMITTEE RECOMMENDATIONS TO THE PLANNING COUNCIL:

- That the Planning Council recommend Zane Urbanski to the Mayor's Office for appointment to the Planning Council.

Ryan
White

**Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL**

WOMEN, ADOLESCENTS, & CHILDREN'S COMMITTEE

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

Thursday, July 7, 2017

Summary of Meeting

Committee Members Present: Valerie Bozeman, Bonita Drayton, Audrey Green, Ella Russell, Chris Shavers, and Alfreda Telfair

Support Staff Present: Mary Martinez and Sandy Arts

CALL TO ORDER

The meeting was called to order at 9:30 a.m. by Mary Martinez. Sandy Arts, Program Manager read the committee's mission and goal. There was a discussion as to whether or not the mission or goal needed to be changed and it was unanimously agreed that it will remain as stated.

MOMENT OF SILENCE OBSERVED

This was inadvertently forgotten.

SELF-INTRODUCTIONS BY MEMBERS AND STAFF

UNFINISHED BUSINESS

The committee members all agreed that they want to continue coordinating health fairs with other agencies but also go to other events, such as church functions, to hand out brochures and other informative materials that promote health and wellness. Alfreda stated that committee members will let staff know ahead of time of an event that members might be interested in participating.

Round table discussions regarding places and events past visited by members. Rod Brown, APO, will be contacted to coordinate possible sharing of events with members.

NEW BUSINESS

- Electing a chair/co-chair for the committee. At the moment, staff will chair the meeting until one is appointed
- It was agreed that the committee will meet quarterly instead of monthly
- Next meeting will be on September 7 @ 9 a.m. Following meetings will be quarterly
- Staff will get in touch with APO to find out name of contact person for events that are happening around community that committee members interested can participate
- Increase participation from Council members will be pursued and other interested person's
- Order more educational brochures base on availability, cost and topics

PUBLIC COMMENTS

- There was none

ANNOUNCEMENTS

- Alfreda announced that Community Empowerment, Sept. 23 2017 @ from 12:00 to 5:00 pm, A. Phillip Randolph Park

ADJOURNMENT

- The meeting adjourned at approximately 10:00 a.m.

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

Thursday, June 8, 2017
Summary of Meeting

Committee Members Present: Veronica Hicks (chair), Debbi Carter, Mary Glenn, Steven Green, Nathaniel Hendley, Sharon Hunter, Marion Kent-Davis, Kristin Maranville, Foxxie Moody, Rikki Stubbs, Zane Urbanski, Thomas Washington, Terry Watts, and Linda Williams

Guests: Chontell Cue, Toni Levy, Donnie Brunson, Gary Higo, April Baker, Sandy Sikes, Heather Vaughn, Jo Bryan, Ed Duda (Gilead)

Support Staff Present: Cherita Jones, Sandra Ellis

CALL TO ORDER

The meeting was called to order at 12 noon by Chair Veronica Hicks.

MOMENT OF SILENCE OBSERVED

MISSION STATEMENT

The mission statement was read.

Attendance was taken.

Announcements:

www.dailychargeapp.com- new mobile app to support your life with HIV through articles, reminders and encouragement.

Weekly Fish Fry's will be held July thru August as a fund raiser for the Oasis Conference to provide scholarships for attendance.

Nathaniel Hendley presented the auction items, a Michael Kors handbag with starting bid of \$100, a car tool kit with minimum bid of \$65, a tote bag, and a unframed piece of art.

Nathaniel Hendley mentioned the Positive Long-term Recovery support group. This is for HIV+ and substance abusers. The DOH has a behavioral health representative at the group. It is held every third Wednesday from 11:30 to 12:30 at 515 W. 6th St., 3rd floor. Food will be available.

Nathaniel Hendley presented Linda Williams her letter of appointment to the Planning Council.

Debbie Carter discussed the scholarships provided yearly to students in the amount of \$2,000 each. The application deadline is June 1 and awards are presented at a banquet in August. PFLAG meets the 3rd Thursday at 7:00 P.M. at Christ Church of Peace, 1240 McDuff Avenue.

The Planning Council held a public hearing related to the yearly Priority & Allocations process.

The members took part in an exercise to understand the priority & allocations process and prepared rankings sheets for service categories.

The meeting was adjourned at 1:45 pm.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL: None

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

Thursday, July 13, 2017
Summary of Meeting

Committee Members Present: Veronica Hicks (chair), Steven Green, Nathaniel Hendley, Sharon Hunter, Kristin Maranville, Foxxie Moody, Rikki Stubbs, Zane Urbanski, and Linda Williams

Guests: Deweece Ogden, ACHA, Gary Dirda, LogistiCare, and Kyle Collett, MTM

Support Staff Present: Sandra Ellis

CALL TO ORDER at 12 noon by Chair Veronica Hicks.

MOMENT OF SILENCE OBSERVED

MISSION STATEMENT was read by Veronica Hicks.

Attendance was taken

New Business: Guests were present to give information on the mileage reimbursement benefit to Medicaid members. Request for mileage reimbursement must be scheduled in advance and can be used for any Medicaid billable service, i.e. medical, pharmacy, mental health, case management, physical and occupational therapy. The reimbursement rate is \$.54 per mile.

DeWeece Ogden with AHCA explained that benefit began in 2006 with managed care plans. It was suggested that the guests be invited to present to the Medical Case Manager Co-Op for Case Managers to assist their clients.

Announcements:

A new item was added to the auction items of which the funds provide for scholarships to the Oasis Conference this fall.

Nathaniel Hendley mentioned the Positive Long-term Recovery support group. This is for HIV+ and substance abusers. The DOH has a behavioral health representative at the group. It is held every third Wednesday from 11:30 to 12:30 at 515 W. 6th St., 3rd floor. Food will be available.

Steven Green volunteered to take of the call list for August.

The meeting was adjourned at 1:15 pm.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL: None

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL

PHARMACY & THERAPEUTICS COMMITTEE

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

Wednesday, July 5, 2017

Summary of Meeting

Committee Members Present: Ne'Tosha Dopson (*Chair*), Dana Barnes (*Co-Chair*), Sandra Ellis, Frank Emanuel, Tevieca Johnson, Kethura Pullins, and LeMorris Prier

Guests: Shakeite Lewis, Joseph Mims, Mohammed Reza, Micaela Scott, Vicki Truman, and Heather Vaughan

Support Staff Present: Sandy Arts and Sandra Sikes

CALL TO ORDER: The meeting was called to order at 11:35 a.m. by Committee Chair Ne'Tosha Dopson. After observing a moment of silence, members and guests introduced themselves.

UNFINISHED BUSINESS: Update on the Hepatitis C Pilot Program: The Pilot Program has ended, however the Florida Department of Health has added Harvoni to the ADAP Formulary. Ryan White consumers who are on ADAP and who are co-infected with Hepatitis C are eligible for this medication. Agencies and private physicians should be encouraged to contact the Department of Health's Pharmacy Department in Duval County for details.

Statewide Formulary: There is no further word on a statewide formulary for Part B. The ADAP Formulary has been expanded, and as mentioned above, Harvoni was recently added.

NEW BUSINESS: Adding Glucerna to the Formulary: Ne'Tosha gave a brief explanation on Glucerna. There was little discussion, since most members were familiar with the product. Frank Emanuel made a **motion**, seconded by Sandra Ellis, **to recommend the Planning Council add Glucerna to its Ryan White Formulary.** The floor was open for discussion; following a unanimous voice vote, the motion passed.

WRAP-UP:

There were no public comments.

Announcements:

- The 2017 Grant Award was announced; the Jacksonville TGA will be receiving \$6,033,537.
- Priority and Allocations committee meeting will be July 13, and members will be voting on the list of priorities and possibly on the percentage allocation for each priority.

This meeting was adjourned at 11:55 a.m.

**COMMITTEE RECOMMENDATIONS
TO THE PLANNING COUNCIL:**

That the Jacksonville Planning Council add
Glucerna to its Ryan White Formulary

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL

INTEGRATED COMP PLAN COMMITTEE
(I P C P)

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

2:00 p.m. Wednesday, July 12, 2017

Summary of Meeting

Committee Members Present: Michael Bennett (*Chair*), Justin Bell, Rod Brown, Bonita Drayton, Nathaniel Hendley, Irfan Kakezai, Frances Lynch, Christie Mathews, Joe Mims, Aleida Nelson, Katrina Odell, DeWeece Ogden, Ella Russell, Herb Smith, Cindy Watson, and Max Wilson

Guests: Todd Reese

Support Staff Present: Sandy Arts, Sandra Sikes, and Graham Watts

CALL TO ORDER

The meeting was called to order at 2:00 p.m. by Chair Michael Bennett. Following a moment of silence, members did self-introductions.

ACTIVITIES UPDATED

The statuses on the following activities were updated:

GOAL 1

Strategy	Activity	Old Status	Updated Status
1.1.1	Create a list of health care providers offering routine HIV testing	IP	Completed
1.1.1	Distribute routine testing guidance & related marketing content	NS	Completed
1.1.2	Conduct routine testing follow-ups during HIV surveillance site visits	NS	In Progress
1.2.2	Develop plan to ID agencies capable of HIV testing in outlying counties	IP	In Progress

1.3.1	Develop youth-centric HIV prevention & care messages and mobile testing	NS	In Progress
1.3.1	Pilot test youth-centric HIV prevention & care messages in venues where high risk youth assemble	NS	In Progress
1.3.2	Compile list of prevention messages	NS	In Progress
1.3.2	Disseminate list of prevention messages to funded HIV prevention providers	NS	Not Started
1.3.2	Host provider forums for content and social marketing	NS	Not Started
1.5.1	Conduct condom distribution mapping	IP	Completed
1.6.1	Conduct gap analysis for evidence based interventions	IP	In Progress
1.6.2	Develop inventory of funding opportunities for EBIs	IP	In Progress
1.6.3	Identify local training resources for EBIs	NS	In Progress
1.6.3	Identify national training resources for EBIs	NS	Not Started
1.6.3	Provide EBI training to HIV prevention providers	NS	In Progress

GOAL 2




Strategy	Activity	Old Status	Updated Status
2.1.3	Provide client-centered approach to service training	NS	In Progress
2.2.2	Barriers reduction: case conference, re-linkage to care and service planning	NS	In Progress
2.3.1	Identify & enroll pregnant HIV+ women to TOPWA	IP	Completed
2.3.2	Assess housing status, residential mobility & co-occurring conditions	IP	Completed
2.3.2	Assess pregnancy expectations of HIV+ women of childbearing age	IP	In Progress









2.3.3	Distribute TOPWA materials and prevent perinatal transmissions	IP	In Progress
2.5.2	Collect OAMC (outpatient ambulatory medical care) fast track linkage protocol data; analyze it & make recommendations	IP	In Progress

GOAL 3

Strategy	Activity	Old Status	Updated Status
3.1.1	Publish dashboard of clients' (including youth) sense of their health disparities	IP	In Progress
3.1.1	Publish dashboard of providers' sense of client health disparities	NS	In Progress
3.1.1	Analyze and report disparities trends and strategies to promote retention in care	NS	In Progress
3.3.1	Assess food insecurity & nutrition needs of PLWHAs in the Jacksonville TGA	NS	In Progress

Several documents were submitted as part of the activities listed above.

1.1.1	Create a list of health care providers offering routine HIV testing	 lexmark.printer@aidshealth.org_20170414
1.1.1	Distribute routine testing guidance & related marketing content	 HIV and Your Practice - Copy of Inserts for b
1.5.1	Conduct condom distribution mapping	 Strategy 1.5.1 Condom Map Area 4.r

2.3.1	Identify & enroll pregnant HIV+ women to TOPWA	 <p>Objectives 2.1, 2.2, 2.3, 2.4, and 3.3 Numi</p>  <p>Strategies 2.3.1 and 2.3.3 TOPWA Outreach</p>
2.3.2	Assess pregnancy expectations of HIV+ women of childbearing age	 <p>Strategy 2.3.2 TOPWA Questionnaire</p>
2.3.3	Distribute TOPWA materials and prevent perinatal transmissions	 <p>Strategies 2.3.1 and 2.3.3 TOPWA Outreach</p>
3.1.1	Publish dashboard of clients' (including youth) sense of their health disparities	 <p>Strategy 3.1.1 Self Reported Disparities ir</p>
3.1.1	Analyze and report disparities trends and strategies to promote retention in care	 <p>MAI-CarePathwayReport.pdf</p>
3.3.1	Procure food insecurity & nutrition needs assessment and tools.	 <p>Strategy 3.3.1 USDA Food Security Survey</p>  <p>Strategy 3.3.1 Nutrition Screen.docx</p>

Sub-Committee #15 is currently without a chair. Cindy Watson volunteered to contact someone at UNF to see if they would consider joining ICPC and taking the lead for these activities.

Joe Mims gave an update on the Youth Block Party. The date has been changed to Friday, August 4 from 2:00 to 6:00 p.m. The location has been moved to A. Philip Randolph Park. Joe reported that they have now collected \$7,425 towards the cost of financing the Block Party, and several organizations will be providing resources. They are still looking for donations and give-a-ways.

WRAP UP

Public Comments: There were no public comments.

Announcements: Nathaniel Hendley presented Mike Bennett with his Letter of Confirmation and Certificate from the Mayor's Office, appointing Mike to a second term with the Jacksonville Planning Council.

Adjournment: The meeting was adjourned at 3:25 p.m.

Committee Recommendations To The Planning Council:

None

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL

PRIORITY and ALLOCATIONS COMMITTEE

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

Thursday, June 8, 2017

Summary of Meeting

Committee Members Present: Heather Vaughan (*Chair*), Linda Williams (*Co-Chair*), Dana Barnes, Justin Bell, Michael Bennett, Teresa Braddy, Jo Bryan, Debbi Carter, Bonita Drayton, Sandra Ellis, Erakal Goodman, Veronica Hicks, Heather Kilpatrick, Jerry Murray, Verlon Murray, Katrina Odell, Beth Parker, Ella Russell, Pat Sampson, and Zane Urbanski

Committee Members Absent: Gloria Coon, Steven Greene, Joe Mims, Terri Mims, Aleida Nelson, Eric Peeples, and Torrencia Shiloh

Guests: Donnie Brunson, Ed Duda, and Mary Glenn

Support Staff Present: Sandy Arts, Sandra Sikes, and Graham Watts

CALL TO ORDER

The meeting was called to order at 1:50 p.m. by Chair Heather Vaughan. After observing a moment of silence, members and guests introduced themselves.

ROUND-TABLE DISCUSSION

Members participated in a round-table discussion about several programs within the TGA.

Peer Navigator Program: There are monthly Peer Co-Op meetings, and one was held earlier this morning. Justin posed the question to the group today of 'where do you see the role of Peer Navigator today and in the future?' Most stated they saw Peer Navigators moving toward a role akin to Associate Case Manager. There are a number of things Peers do that Case Managers do not, due to their case load and lack of time. A couple of these things are doing intake on new or returning clients, and making home visits to the client. Some clients find it easier to talk to another Peer who has been through the same or similar struggles, as opposed to a case manager.

There is a lot of talent in the HIV community, both as paid employees and as volunteers with local agencies. This also helps with keeping clients in care. A quick survey around the room revealed a total of seven (7) Peer Navigators currently employed:

LSS	1	
AHF	2	
UF CARES	2	
DOH – Duval	2	(Part B funded)

There was a question on what service category do agencies pull from to fund their Peer Navigators? One agency stated they fund from Medical Case Management. Question was asked if you could fund one Peer from more than one service category, and the answer was no.

Jail Link Program: Dr. Barnes remarked that this program is touching most of the HIV inmates. Case Management is a little more intensive now that eligibility services have been added, and inmates can be enrolled or re-enrolled in ADAP prior to their release. Newly released inmates are given a three day supply of medication; those enrolled in ADAP can pick up a 30-day supply immediately after release without having to start the eligibility process all over. The needs of newly released clients are evaluated; they go into housing or substance abuse, if they have that need.

Mental Health Co-Pays: Sandy Arts spoke to the HRSA Project Officer earlier in the week regarding this item. According to the PO, this is an allowable cost and we will be able to pay out of mental health services. This is for co-payments under private insurance plans.

Youth: Sandy Arts talked about last year's Youth Summit, and committee members were interested in doing something similar in the near future. The TGA would like to get feedback on what services are needed in this area for youth who are living with HIV or who are in a high risk for HIV. Bonita mentioned that the youth support group UF CARES had in the past, started up again last month. They are meeting once a month in the 6:00 to 8:00 p.m. time slot.

Medicaid Pac Waiver: Information is just coming out about a possible change in Florida's Medicaid Pac Waiver program. Agencies will be checking into this over the next few weeks and listening in on an upcoming conference call to get more details.

RANKING SHEET

A number of ranking sheets have been collected and calculated by Sandy Arts, and she shared results with the committee. Interestingly, the list of core medical and support services were ranked very closely to what the Planning Council has prioritized over the last several years. So even though a different process was used, the results did not vary by much.

PRIORITIZING SERVICES FOR 2018

Committee reviewed comments from the May 25 Public Hearing. A second Public Hearing was held just prior to this meeting, and two others are planned in the next couple of weeks. Bonita Drayton made a **motion**, seconded by Michael Bennett to **wait until after all Public Hearing comments are presented, before looking at what services to recommend**. Motion was voted on by show of hands, and all were in favor of the motion.

Next committee meeting will go as scheduled on Thursday, July 13. Committee will prioritize services and if time permits, will also set percentages for their allocation. Members agreed to meet in August, if an additional meeting is needed.

Heather Kilpatrick requested additional information prior to the July meeting. She'd like to see how many pac waiver case managers we would lose if the Medicaid pac waiver program is altered. Also, how many peer navigators could each agency house? What numbers would we need?

WRAP-UP

- There were no public comments.
- Request made that the Part A Office email blank rating sheets and category descriptions to each of the agencies, so agencies can distribute to clients who come in.
- This meeting was adjourned at 3:18 p.m.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL:

None

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL

PRIORITY and ALLOCATIONS COMMITTEE

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

Thursday, July 13, 2017

Summary of Meeting

Committee Members Present: Linda Williams (*Co-Chair*), Dana Barnes, Justin Bell, Michael Bennett, Teresa Braddy, Jo Bryan, Bonita Drayton, Sandra Ellis, Erakal Goodman, Steven Greene, Heather Kilpatrick, Joe Mims, Alcida Nelson, Katrina Odell, Beth Parker, Ella Russell, Pat Sampson, and Zane Urbanski

Committee Members Absent: Debbi Carter, Gloria Coon, Veronica Hicks, Terri Mims, Jerry Murray, Verion Murray, Torrencia Shiloh, and Heather Vaughan

Guests: Shaundia White

Support Staff Present: Sandy Arts, Sandra Sikes, and Graham Watts

CALL TO ORDER

The meeting was called to order at 1:48 p.m. by Co-Chair Linda Williams. After observing a moment of silence, members and guests introduced themselves.

RE-ALLOCATION OF FUNDING BY PERCENTAGE FOR FY2017

A spreadsheet showing the 2017-18 allocation by percentage was distributed to members. This sheet showed the percentages as calculated by the grant amount recently received by the Jacksonville TGA. Originally the calculations were based on last year's grant award of \$5.9 million. Since the FY2017 grant awarded is actually \$93,146 more than last year, this meant that the dollar amounts allocated for each service category also increased. In some cases, the money allocated for a category exceeded the amount requested by the service agency(ies). Sandy Arts also distributed a spreadsheet showing the lowered, but kept the dollar amounts the same as what was previously approved.

A **motion** was made by Bonita Drayton, seconded by Erakal Goodman, **to accept the new lower percentages allocated in the chart**. Following a brief discussion, the motion was voted on by roll call vote and passed.

Core Medical Services	New Percentage (adjusted based on increased grant award)	Part A and MAI Amount
Ambulatory/Outpatient Medical Care	14.37%	783,045
AIDS Pharmaceutical Assistant	7.55%	411,461
Medical Case Management	33.68%	1,834,406
Mental Health Services	2.89%	157,460
Substance Abuse – Outpatient	0.26%	13,915
Oral Health	14.10%	768,032
Medical Nutrition Therapy	1.97%	107,069
Health Insurance Premium	11.14%	606,696
Home & Community Based Health Services	0.0%	0
<i>Sub-total:</i>	85.95%	4,682,084

Support Services	New Percentage (adjusted based on increased grant award)	Part A and MAI Amount
Non-Medical Case Management	2.59%	141,250
Substance Abuse – Residential	5.41%	294,689
Medical Transportation	0.17%	9,205
Legal Services	3.22%	175,640
Outreach Services	1.53%	83,552
Child Care	0.00%	0
Emergency Financial Assistance	0.37%	20,046
Transitional Housing	0.75%	40,890
Food Bank	0.00%	0
<i>Sub-Total:</i>	14.05%	765,272
TOTAL:	100.0%	5,447,356

The committee next reviewed the ranking sheet, which had been updated to include all surveys received. Only two or three service categories moved within a couple of slots, and the overall ranking remained stable, compared to the first ranking sheet released last month. Other material was also reviewed, including the service utilization report, funded service categories spreadsheet, and the written comments from the public hearings.

PRIORITIZE SERVICES FOR FY2018

Committee was then ready to begin the prioritization of services for the upcoming year. Members went through the service category list, briefly discussing each service. A motion was made by Heather Kilpatrick, seconded by Sandra Ellis, to **prioritize the following core medical services for FY2018:**

<i>Ambulatory/Outpatient Medical Care</i>	<i>Oral Health</i>
<i>AIDS Pharmaceutical Assistance</i>	<i>Early Intervention Services (EIS)</i>
<i>Medical Case Management</i>	<i>Substance Abuse - Outpatient</i>
<i>Health Insurance Premiums</i>	<i>Home & Community Based Health</i>
<i>Mental Health Services</i>	<i>Medical Nutrition Therapy</i>

There being no further questions, the motion was voted on via roll call, and the motion passed.

Committee then prioritized support services for the upcoming year. A motion was made by Heather Kilpatrick, seconded by Bonita Drayton to prioritize the top eleven support services listed on the ranking worksheet. After a brief discussion on one of the support categories, Heather Kilpatrick amended her motion to not include the category of referral for health care/supportive services. Motion was seconded by Dana Barnes.

The amendment was voted on via voice vote and passed. **The amended motion to prioritize the top ten support services, minus referral for health care, was voted on via roll call, and the motion passed.** The support services approved for FY2018 were:

<i>Case Management (Nurs-Medical)</i>	<i>Transitional Housing</i>
<i>Emergency Financial Assistance</i>	<i>Psychosocial Support Services</i>
<i>Medical Transportation</i>	<i>Legal Services</i>
<i>Food</i>	<i>Outreach</i>
<i>Substance Abuse - Residential</i>	<i>Health Education/Risk Reduction</i>

ALLOCATION OF FUNDING BY PERCENTAGE FOR FY2018

Committee members agreed to continue and discuss allocating percentages to each of the categories they just prioritized. The group came up with the following percentages to allocate:

Core Medical Services	Percentage for FY2018
Ambulatory/Outpatient Medical Care	16.00
AIDS Pharmaceutical Assistance	7.50
Oral Health Care	14.25
Early Intervention Services (EIS)	0.00
Health Insurance Premium Assistance	11.20
Home & Community Based Health Services	0.05
Mental Health Services	2.85
Medical Nutrition Therapy	2.00
Medical Case Management	30.00
Substance Abuse - Outpatient	0.25
Sub-Total:	84.10

Support Services	Percentage for FY2018
Non-Medical Case Management (Eligibility)	2.55
Emergency Financial Assistance	0.50
Food Bank/Personal Hygiene Products/HH Cleaning Supplies	0.00
Health Education/Risk Reduction	0.43
Transitional Housing Services	1.00
Legal Services (including Permanency Planning)	3.75
Medical Transportation Services	0.20
Outreach Services	1.54
Psychosocial Support Services	0.43
Substance Abuse - Residential	5.50
Sub-Total:	15.90
TOTAL:	100.00

A **motion** was made by Justin Bell, seconded by Bonita Drayton, **to accept the allocation of funds as presented above**. There was no further discussion, and a roll call vote was called and the motion passed.

Member	Motion No. 1 To Recommend to the Planning Council the RE-Allocation of funding by percentage for FY2017 as shown above.	Motion No. 2 To Recommend the Planning Council prioritize the core medical services as shown above for FY2018	Motion No. 3 To Recommend the Planning Council prioritize the support services as shown above for FY2018	Motion No. 4 To Recommend the Planning Council approve the allocation of funds per category as presented above for FY2018.
Dana Barnes	Yea	Yea	Yea	Yea
Michael Bennett	Yea	Yea	Yea	Yea
Sandra Ellis	Yea	Yea	Yea	---
Patricia Sampson	Yea	Yea	Nay	Yea
Jo Bryan	Yea	Yea	Yea	Yea
Heather Kilpatrick	Yea	Yea	Yea	Yea
Bonita Drayton	Yea	Yea	Yea	Yea
Aleida Nelson	Yea	Yea	Yea	---
Teresa Braddy	---	---	---	Yea
Katrina Odell	Yea	Yea	Yea	Yea
Ella Russell	Yea	Yea	Yea	---
Zane Urbanski	Yea	Yea	Yea	---
Justin Bell	Yea	Yea	Yea	Yea
Linda Williams	Yea	Yea	Yea	Yea

NEW BUSINESS

The committee will need to meet again before the next Planning Council meeting to discuss the re-allocation of unobligated funds from FY2016. Members agreed to meet Tuesday, July 25 at 2:00 p.m.

WRAP-UP

- There were no public comments.
- There were no announcements.
- This meeting was adjourned at 4:30 p.m.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL:

That the Council approves the above four motions regarding FY2017 Re-allocation, and FY2018 Priority Setting and Resource Allocation.

THE JACKSONVILLE PLANNING COUNCIL

AUGUST 2017

Mon	Tue	Wed	Thu	Fri
NOTE: The Membership Committee will meet in August. Meeting date and time will be announced soon.	1	2	3	4 YOUTH BLOCK PARTY A. Phillip Randolph Park 2:00—6:00
7	8	9 12:00 Executive 1:00 Bylaws	10 12:00 Community Connections	11
14	15	16	17 9:00 MCM Meeting	18 9:00 Providers
21	22	23	24 3:00 PLANNING COUNCIL	25 UF CARES Symposium on Homelessness & Health
28 2:00 Jail Link	29	30	31	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 or SSikes@coj.net .