Ryan White

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, April 26, 2018
3:00 p.m.

A G E N D A

CALL TO ORDER ..... Beth Parker
Moment of Silence

NHAS GOALS ..... Member
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. The goals of the National HIV/AIDS Strategy are:

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

PUBLIC COMMENTS ..... Guests/Members of the Public

ROLL CALL ..... Ne'Tosha Dopson

APPROVAL OF MARCH 22, 2018 MINUTES ..... Beth Parker

LEAD AGENCY – PART B REPORT ..... Sandra Ellis

ADMINISTRATIVE AGENCY – PART A REPORT ..... Sandy Arts

PLANNING COUNCIL CHAIR - REPORT ..... Beth Parker

REPORTS FROM CONSUMER ADVISORY BOARDS ..... Wade Davis, Elinor Holmes, & UF CARES Rep.

COMMITTEE REPORTS

Executive ..... Ne'Tosha Dopson

Membership ..... Steven Greene

- Committee recommends that the Planning Council change the name of its Proxy Pool to 'Associate Members', and allow applicants from all mandated categories to apply.

Women, Adolescents & Children ..... Linda Williams

Community Connections ..... Debbi Carter

Quality Management .....

UNFINISHED BUSINESS ..... Beth Parker

- Youth Block Party – Approval of Social Media Messaging
- Planning Council's Endorsement of the TGA's Continuous Quality Improvement Policy

NEW BUSINESS ..... Beth Parker

ANNOUNCEMENTS ..... All

ADJOURNMENT ..... Beth Parker

In lieu of Meet and Greet this month,
everyone is encouraged to meet and greet after the meeting
at one of the **Dining Out For Life** participating restaurants!

Ryan White

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, April 26, 2018

Council Members Present: Beth Parker (*Chair*), Ne'Tosha Dopson (*Vice-Chair*), Steven Greene (*PLWHA Rep*), Michael Bennett, Debbi Carter, Veronica Hicks, Elinor Holmes, Christie Mathews, DeWeece Ogden, Zane Urbanski, and Linda Williams

Proxy Pool Member Present: Barrett Tyson

Proxy Pool Member Absent: Wade Davis

Support Staff Present: Lourdes Diaz, Sandra Ellis, Mary Martinez, Sandra Sikes, and Graham Watts

Guests: Cathy Axson-Hill, Kendall Guthrie, William Harris, Jacqueline Johnson, Irfan Kakezai, Toni Levy, Frances Lynch, Ranjeet Martin, Dan Merkan, Brandon Montanez, Katrina Odell, Claudia Pidgeon, Mobeen Rathore, Jisell Sobalvarro, Mathew Tochtebeger, Vicki Truman, Heather Vaughan, Charles Wilkerson, and Paul Williams

Call to Order

The Jacksonville Planning Council was called to order at 3:00 p.m. by Chair Beth Parker. Following a moment of silence, Veronica Hicks read the NHAS Goals.

Public Comments:

Dr. Mobeen Rathore addressed the Planning Council with his concern that eligibility is no longer being handled in the city's core area. He feels that three groups of people will be most affected by this, namely pregnant women, HIV-exposed newborns, and UF Health Jacksonville's inpatient clients. Dr. Rathore also posed two questions to the Planning Council, and asked for an answer at some point:

1) Is it legislatively required that Planning Councils include representatives from Ryan White Part D programs? If so, who is currently on the Jacksonville Planning Council who represents Part D?

2) Is it legislatively required that Part A funds spent for women, children, and adolescent proportionate to the women, children, and adolescent living in the TGA? Could the Council provide this breakdown?

Dr. Rathore's written comments are attached to these minutes.

Roll Call
Ne'Tosha Dopson took the roll, and a quorum was declared. Beth welcomed Elinor Holmes to the Table and Barrett Tyson to the Proxy Pool.

Approval of Minutes
Motion was made and seconded to accept the March 22, 2018 Minutes as presented.

Lead Agency Report
Dan Merkan, Herb Smith, Justin Bell, Damon Gross, Joseph Mims, and Sandra Ellis all attended the PCPPG (Patient Care and Prevention Planning Group) conference in Tampa. Attendees participated in an exercise to determine what common goals all areas in Florida are working on. The group came up with four. Sandra will bring back more information as the group continues working on this project.

Administrative Agency Report
Sandy Arts, the Part A Program Manager, was absent. Her report will be given at the May Planning Council meeting.

Planning Council Chair Report
Beth shared with everyone that she continues to be encouraged and thankful for the work of the committee chairs and committee members. The unaligned ratio for the Planning Council has improved, and attendance at the committee meetings is increasing. She is also hearing more conversations about the Planning Council and its work, and hopes the dialog continues.

Beth announced the Executive Committee meeting has been moved to May 15, and she recognized Planning Council and committee members having birthdays in the month of April. A list of the 2018-19 Service Providers was available on the information table in the hallway.

Consumer Advisory Board Reports

DOH – Duval: Elinor Holmes stated that the C.A.B. met April 19 and reviewed program operations. For some statistics: client satisfaction is at 65%; the rate of no-shows for appointments is 31%; and viral suppression is at 85%. For the May meeting, they will be looking at client in-take.

Question was asked about the no-show rate; does the DOH C.A.B. feel that 31% is acceptable? If not, is there something that the C.A.B. feels the Planning Council can assist with? Answer was that 31% is fairly average; DOH continues to work on improving the no-show rate. Reasons clients give for not making their appointments are (a) transportation, (b) they are in the hospital, or (c) they have moved. Someone at DOH tries to call and remind them of their upcoming appointment, and also calls the client after a missed appointment to re-schedule. Dr. Rathore added that for Ryan White clients, the no-show rate usually runs 25% to 35%, and he didn't think 31% is out of line.

Mike asked if the Planning Council can get a breakdown by percentage on the reasons why clients miss their appointments, such as not having transportation or in the hospital, etc.? Graham answered that this is a project Quality Management started to look at, and that project is briefly on hold until they can get more information from CAREWare and from the agencies. Graham expects this project to begin moving forward soon, and should have preliminary results a couple of months after that. Heather Vaughan commented that the Medical Case Management (MCM) committee talked about this as well, and will look at tracking no-shows in CAREWare.

Another question was brought up on how clients are counted, if they arrive more than 15 minutes late to an appointment? Are they counted as a no-show? Answer was that each agency or doctor's office has its own policy, so it depends on the provider.

UF CARES C.A.B. Jisell reported that the C.A.B. met April 17 and discussed the annual IMPACT Conference that will be held in June. Kendall emphasized the importance of C.A.B. members joining the Jacksonville Planning Council. Members were informed about the on-line My Charts, so clients could see their labs and appointments. Research presented on Tango, and a possible injection, and research on medications still in the works. Bonita Drayton talked about the change in eligibility which will now be handled by CAN, and Dr. Sanchez talked about PEP and PrEP.

Committee Reports

Executive — Ne'Tosha Dopson

The Executive Committee met April 10, and heard reports from several committee chairs. Copies of the service standards were distributed by Graham Watts who requested that the Executive Committee, Planning Council members, and others look through these standards and suggest measurable service levels for each funded category. Service standards should be critiqued by those who have a level of expertise in that category.

The Executive Committee reviewed eight Policies and Procedures for updates; they will review the rest of the procedures at their next meeting. Steven reported on the proposal to change the name of the Proxy Pool to Associate Members, and opening that to all mandated categories.

Membership — Steven Greene

Steven announced that the Planning Council is currently at 27.3% unaligned ratio, and are planning to interview another applicant soon. Should that applicant be recommended by the Council, then we will reach 33%. It will also provide an opportunity to bring on board two other applicants who have been on hold for a while.

The committee is recommending **that the Planning Council change the name of the Proxy Pool to Associate Members, and to allow applicants from all mandated categories to apply**. The responsibilities of the Associate Members would be the same as the Proxy Pool. There was little discussion and the Council voted; all voted in favor of the motion and that motion passed.

Women, Adolescents, and Children — Linda Williams

The W.A.C. committee met April 5; they had no unfinished business, but a number of new items to handle. The committee selected Steven Greene as committee co-chair. Committee also decided to use the brochure '*I Never Asked, I Wish I Had*' as their primary brochure in reaching seniors. The committee chair will take a lead role in doing outreach to the various senior communities to investigate the possibility of doing events, and then incorporate the sub-committee to organize participation in those events. Committee chair will also reach out to the Providers on a monthly basis to find out what upcoming events they have scheduled.

Community Connections — Debbi Carter

Community Connections met April 12; it was their second meeting of the new year, and they had over 30 attendees. Debbi tries to both call and email members to remind them, and feels this might be contributing to the attendance.

Representatives from AHF, CAN, FDOH, LSS, NFAN, River Region, and UF CARES came to talk about the services they are providing this year. Following their presentations, there was a general Question and Answer period from the members. The next meeting is May 10, and if anyone has a name that they want to be added to Debbi's call list, please let her know.

Quality Management/Service Standards — Beth Parker

A copy of the service standards were distributed to all Council members and to several people attending the Council meeting. People were asked to look over the service standards and if you have any expertise for a particular key component of the service, please provide your comments in the appropriate column, such as indicators, thresholds, data sources, etc. Please email to either Beth Parker or to Planning Council support staff by mid-June.

Unfinished Business:

- Youth Block Party: Two flyers were emailed to Planning Council members on April 11; one was announcing a bowling get-together on May 20, and the second one was the Youth Block Party announcement. Nine of the eleven Council members responded, and all approved the two flyers.

  Regarding the prevention messages flyers that were shown last month at the Planning Council meeting, those flyers were presented recently to the stakeholders who are contributing funds for the advertising, and these stakeholders approved the flyers.

  A question came up during the Planning Council meeting about whether photographs can be taken of people attending the event? Members of the YBP committee will route this question to Jacksonville Legal Aid.

- Continuous Quality Improvement Policy: Dr. Graham Watts discussed this policy during the March Planning Council meeting and a copy of the policy was included in both the March and April Council packets. No comments or further questions have come up since the last meeting. A **motion** was made by Debbi Carter, seconded by Zane Urbanski, **to endorse the**

Jacksonville TGA's Continuous Quality Improvement Policy. There was no further discussion and the vote was taken. All were in favor; there were no nays or abstentions.

New Business:

- Youth Block Party: Katrina asked if the YBP Committee can begin sending out flyers and notices about the Youth Block Party or if they need Council approval? The answer was that since the YBP is fulfilling several activities under the Integrated Comp Plan Committee (ICPC), that this level of oversight can now be handled by ICPC. Interim ICPC Chair Dan Merkan stated he had no problem with YBP moving forward with their announcements and other necessary work for the block party.

Announcements

- Linda Williams shared with the group that she is competing in the Ms. Senior Jacksonville pageant in July and is looking for sponsor ads.

- Sulzbacher Clinic will no longer be providing HIV care services after May 11. Clients will be referred to other organizations for their HIV related care.

- Dining Out For Life is today; a number of restaurants are participating.

- Debbi announced that PFLAG is sponsoring the first annual Frieda Awards Dinner on May 10 at the Garden Club. Dan Merkan is receiving an award that evening for his work in advocacy. You can see Debbi Carter for tickets or more information.

- There will be a webinar May 8 on how Planning Councils can conduct a needs assessment for their area.

Adjournment

The meeting was adjourned at approximately 4:15 p.m.

Approved by: BParker 5-24-18

Beth Parker, Planning Council Chair (date)

Madam Chair, Honorable Council Members, Ladies and Gentlemen,

Thank you for allowing me to speak today. My name is Mobeen Rathore. I want it to be clear that today I speak as a citizen and someone who has been an advocate for people and families living with HIV/AIDS (PFLWH/A) for almost 30 years and not on behalf of my employer, University of Florida or UF CARES. Looking around the room, I may be wrong, but I may be the only one who was a member of the original HIV Council and has been in the field of HIV longer than anyone else has in this room.

I very much appreciate the good work the council, other providers, advocates and PFLWH/A have done and continue to do and I want to thank all of you.

I come before you with a plea that we need to re-focus our efforts to do what is best for our clients. We not only have to do things right but do the right thing. Our clients live very tough lives, which I know I am not strong enough to live and I suspect many other are in the same boat as I. HIV care requires our clients to negotiate a complicated web of requirement to receive care, which is their right. If we do not make it easy for our clients, we are going to lose many of them or they will not be able to get the services they need, because we have added burden to their already burdened lives. We will lose from care firstly the most vulnerable clients who are in most dire need of services.

We have already addressed at the provider meeting the important issue of all the tests needed by our clients for their medical care. I want to thank the City of Jacksonville team for their willingness to address the issue.

We still have a major issue about access to Ryan White eligibility services for our clients, especially the sickest one's in the hospital. We need to provide services where the clients are for their convenience and not expect them to travel all over town to receive services which they rightly deserve and need. We are here to serve them and not do things based on our convenience.

Because my time is limited, I will provide the council with a few of the examples of challenges our clients have face only in the past seven weeks in writing.

I also have two questions for the council which I hope they will be able to address at some point:

1. I may be misinformed, however my understanding is that it is legislatively required that the HIV Planning Councils include representatives from Ryan White Part D program. Could you please advise me who on the council represents Ryan White Part D
2. Again, I may be misinformed, however it is my understanding that it is legislatively required that Part A funds spent for women, children and adolescent proportionate to the women, children and adolescent living in the TGA. Could the council provide this breakdown?

Because of my time, I will stop and will submit written notes of my testimony today and other document to the Council to be made part of the meeting minutes.

Thank you

There are three vulnerable populations that will be impacted most by the current RW eligibility process, they are pregnant women and HIV exposed newborns.

Previously, pregnant women were able to receive Ryan White eligibility services during their OB visits. With the pregnancy period of 9 months an update was done at least once to make sure that the pregnant woman continues to receive the essential Ryan White services for her own health and for prevention of HIV transmission to her baby. It is a huge challenge for a pregnant woman to make additional visits just to receive eligibility services.

With regard to infants born to HIV infected mothers: In the past the TOPWA worker was able to complete eligibility for the baby before the baby was discharged and can continue to receive medical case management when the babies come in after delivery during the most critical times for prevention of mother to child transmission of HIV. Perinatal preventive medication compliance and monitoring for follow-up appointments are crucial for successful prevention of mother to child transmission of HIV.

The other vulnerable group that is suffering because of lack of immediate onsite eligibility services are inpatient clients at UFHealth Jacksonville. It is extremely important that all inpatient clients receive medical case management services for the limited time they are in the hospital. This is important to make contact with inpatient clients many of whom have been out of care. This is a great opportunity to do comprehensive discharge planning and retain them in care.

One final concern is for patients who have Medicaid or other third party payors but who are not willing to go offsite and do eligibility evaluation because they do not see the need. We know that their insurance does not cover some of the services that are provided by Ryan White part A including medical case management. The other problem with not capturing these HIV positive individuals is that our census of PLWHAs varies from the numbers reported by the State because they are not in our system.

Respectfully submitted by,

Mobeen H. Rathore

Ryan White

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL

EXECUTIVE COMMITTEE

Ryan White Part A and B Programs
NFAN Office • 2715 Oak Street • Jacksonville, FL 32205

Tuesday, April 10, 2018
Meeting Minutes

Committee Members Present: Beth Parker (*Chair*), Ne'Tosha Dopson (*Vice-Chair*), Steven Greene (*PLWHA Rep*), Debbi Carter (*Community Connections*), and Linda Williams (*W.A.C.*)

Support Staff Present: Sandra Sikes and Graham Watts

CALL TO ORDER

The meeting was called to order at 9:15 a.m. by Chair Beth Parker, and followed with a moment of silence. Beth thanked everyone for all their hard work on the committee level.

COMMITTEE CHAIRS' REPORTS

Pharmacy & Therapeutics: Ne'Tosha Dopson said another committee meeting will need to be scheduled, probably in May. Tentative date and time is May 23 at 11:00 a.m.; she will contact Megan Graham to confirm.

Community Connections: Debbi Carter announced that their next meeting will be Thursday, April 12, and for their program they will have representatives from seven agencies talking about the Ryan White services they are now providing. She emailed members and guests yesterday, and will begin making phone calls to each later today and tomorrow.

Membership: At their meeting last week, Steven Greene said the committee is scheduling interviews with three more applicants, one of whom is an unaligned consumer. Steven has visited most HIV support groups in the area, and will look at attending C.A.B. meetings as his work schedule permits. There was a question on whether he would be able to attend a couple of the C.A.B. meetings since C.A.B.s are restricting the attendance to only their clients. Beth said she would reach out to the other two and see if she could visit and talk with the group.

Women, Adolescents, and Children: Linda Williams stated that W.A.C. met last week and one of the main topics was a discussion on health fairs and events geared for seniors. Committee members requested Linda to be the person introducing the W.A.C. committee and its mission to local senior centers. The goal for the committee is to be involved in at least one health fair or event each month. Their next event is the Spring Health and Wellness Event April 28 at Unity Church.

UNFINISHED BUSINESS

Service Standards: Copies of the proposed service standards were distributed to committee members. Graham Watts stated that these are the minimum set of expectations a client should expect to receive for a particular service. He asked that the Executive Committee review the standards, focusing on the services they personally have experience in, and add to or critique that services' chart. In other words, if a committee member handles health insurance premium assistance, then they should critique page 14 dealing with the service standards for health insurance premium assistance. Beth asked the question of what to do for a service standard if no one on the Planning Council has adequate experience in that particular service area? Solution is during the April Planning Council meeting, to distribute copies of the service standards to individuals known to work in those areas, such as mental health, legal, emergency assistance, etc.

Policy and Procedures Review: Committee reviewed the following Policies and Procedures: 2002-01, 2004-01, 2006-01, 2006-02, 2007-01, 2007-02, 2011-01, and 2012-01. Sandy suggested minor housekeeping changes, such as updating staff names. There were several questions on the Memorial Fund, such as when the last collections were taken, and what the funds could be used for. Executive Committee was asked to review these policies in their spare time and advise if they see any other changes that should be made.

During the May Executive meeting, the committee will look at the remaining six Policies and Procedures. All Policies and Procedures will be approved at one time by the Planning Council in either July or August. This review is requested as part of the corrective action plan from last year's HRSA site visit.

NEW BUSINESS

Associate Members: During the Membership Committee meeting, the committee voted to recommend the Planning Council change the name of the Proxy Pool to Associate Members, and to allow applicants from all mandated categories to apply. This would ensure that the Council always has a quorum during its meetings. It would also provide a place for all interested and future Council members, and provide them training and experience until there is an opening on the Council. Associate Members would adhere to the same attendance requirements as Planning Council Members, and they would be eligible to serve as committee co-chairs. This will be a committee recommendation presented at the April 26 Council meeting.

STAFF REPORT

Agenda: The April 26 tentative Council agenda was reviewed. It will be revised next week to include any additional committee actions.

Taxi Program: The Membership Committee assisted with the review of five taxi applications and all five applicants were approved. One person is already a member of Community Connections and had previously been on the taxi program. The other four applicants have not attended any committee meetings, so they will now be able to join and attend committee meetings going forward.

WRAP UP

Public Comments: There were no public comments.

Announcements:

- Dining Out for Life is Thursday, April 26.
- HIV Long-Term Survivors Day is coming up in early June. Community Connections might do a panel discussion with several long-term survivor members during their June 14 meeting.
- Linda announced that she is running for Ms. Senior Jacksonville. The pageant will be held July 21.

Adjournment: The meeting was adjourned at 11:15 a.m.

Committee Recommendation to the Planning Council None

Meeting Minutes distributed via email to committee members on 04/11/18.

Minutes reviewed by 

Beth Parker, Planning Council Chair

Meeting Minutes will be approved by the Planning Council on 04/26/18.

Ryan White

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL

MEMBERSHIP COMMITTEE

Ryan White Part A and B Programs
NFAN Office • 2715 Oak Street • Jacksonville, FL 32205

Wednesday, April 4, 2018
Meeting Minutes

Committee Members Present: Steven Greene (*Chair*), Debbi Carter (*Co-Chair*), Veronica Hicks, and Beth Parker (*Ex-Officio*)

Committee Members Absent: Ne'Tosha Dopson

Staff Present: Sandra Sikes

CALL TO ORDER

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

The Committee briefly discussed the unaligned ratio, which made a very favorable change at the March Planning Council meeting. Steven calculated that one more member in the unaligned category will move the unaligned ratio to 33%.

UNALIGNED RATIO AND PC REPRESENTATION

		Epi Data for the TGA		*Planning Council Representation*	
Total Membership:	11	Black:	64%	55%	Black
Total Unaligned:	3	White:	27%	45%	White
		Hispanic:	06%	00%	Hispanic
Unaligned Ratio:	27.3%	Other:	03%	00%	Other
		Male:	65%	27%	Male
		Female:	35%	73%	Female

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

- Upcoming Interviews: Committee looked at the application log; there are currently three applicants who are now ready to be interviewed. Bringing all three on at the same time will move the ratio up to 28.5%. Staff was asked to set up all three interviews for May 2.
- Associate Membership Level: Committee discussed several changes to the Proxy Pool:
  - Change the name from Proxy Pool to Associate Members;
  - Allow applicants from all mandated categories, not just consumers;

- Associate Members would be non-voting members, unless called to the Table;
- Would be appointed by the Planning Council, not the Mayor;
- Would follow the same rules as voting Planning Council members (attendance tracked, participate in at least one committee, attend training, etc.);
- Could serve as a committee **co**-chair;
- Associate Members would gain training and experience and be better prepared when an opportunity to be appointed to the Planning Council presents itself; and
- Could serve as a holding spot for applicants who cannot be appointed to the Council at that time, due to the unaligned ratio or because there is no current opening.

A **motion** was made by Debbi Carter, seconded by Veronica Hicks, **that the Planning Council change the name of the Proxy Pool to Associate Members, and to allow applicants from all mandated categories to apply**. The responsibilities of the Associate Members would be the same as the Proxy Pool. There was no further discussion and all voted in favor of the motion.

- Taxi Service: Applications for taxi service were reviewed by the Membership Committee. Staff had performed a preliminary phone interview with five applicants and results were shared with the committee. All five applicants were selected for the taxi service. There were three other applications received; staff tried several times but was unable to do a phone interview with one applicant, and the other two applicants are former Council members who would not be able to apply for the Planning Council until next March. These applicants were put on the stand-by list and will be reviewed again, should someone leave the taxi program.

WRAP-UP

- Public Comments: There were no comments.
- Announcements: Dining Out for Life is Thursday, April 26.
- Adjournment: The meeting adjourned at 11:25 a.m.

COMMITTEE RECOMMENDATIONS TO THE PLANNING COUNCIL:

➢ That the Planning Council change the name of the Proxy Pool to Associate Members and allow applicants from all mandated categories to apply.

Meeting Minutes distributed via email to committee members on 04/09/18.

Minutes reviewed by _____

Steven Greene, Committee Chair

Meeting Minutes will be approved by the Planning Council on 04/26/18.

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, April 5, 2018
Summary of Meeting

Committee Members Present: Linda Williams (*Chair*), Steven Greene, (*Co-Chair*), Audrey Green, Sherda Pierre, Alfreda Telfair, Alfreda Telfair, and Beth Parker (*Planning Council Chair*)

Guest: Jacqueline Johnson and Cat King

Support Staff Present: Mary Martinez

CALL TO ORDER
The meeting was called to order at 9:00 a.m. by Linda Williams, Chair.

COMMITTEE GOAL: *The Jacksonville Women, Adolescents and Children's Committee (WAC) envisions a community of women, adolescents and children leading lives free of encumbrances that limit purposive, self-directed, fulfilled and productive lives.*

MOMENT OF SILENCE OBSERVED
Steven Greene led everyone in a moment of silence.

SELF-INTRODUCTIONS BY MEMBERS AND STAFF

UNFINISHED BUSINESS
There was no unfinished business.

NEW BUSINESS

- Committee Applications: Linda Williams, Chair, brought attention to the membership application to be filled out for continuance in the W.A.C. committee for 2018, and to sign up for other committees of interest. Applications were then distributed.

- Co-Chair: There was a discussion on voting of new co-chair, or re-electing Steven Greene. It was unanimous and approved for Steven Greene to continue his position as co-chair with the committee this year.

- New Brochure: The Part A Office received a supply of the brochure *"I Never Asked: I Wished I Did"*, and a copy was passed around to everyone for review. Conversations flowed around the table regarding the importance of the brochure to be used in events especially geared towards seniors and especially to be on hand at other events beneficial to the community. Possible re-order of the brochure could be made at a later date.

- Health Fairs: Audrey Green said she will give her report on the health fair at Mt. Carmel Senior Apartments at the next meeting. Committee members suggested that the Chair take the lead in initiating contacts with upcoming senior events and organizations to introduce the WAC Committee and their purpose. The subcommittee can then organize participation in events for which they have been requested to participate. Strongly encouraged to reach out to other providers, on a monthly basis, for any events the committee can share with.

Linda reported on a recent event for National Women and Girls HIV/AIDS Awareness Day that was held March 9th at FSCJ-Downtown Campus. Two W.A.C. committee members participated; that event was very well attended.

Jacqueline Johnson volunteered to gather information on smoking cessation for anyone interested. This information/brochure can be distributed at upcoming health fairs.

Beth Parker, Planning Council Chair, asked about funds to purchase other brochures and whether or not there was any budget set aside for purchasing them? Staff answered that there is no set budget for W.A.C. or any other committee. Brochures and give-a-ways are ordered on an as-needed basis.

PUBLIC COMMENTS

There were no public comments.

ANNOUNCEMENTS

April 28 Annual Spring Health/Wellness event at Unity Baptist.

May 18 HIV Vaccine Awareness Day

May 19 Asian & Pacific Islander HIV/AIDS Awareness Day

- Steven asked agencies to remind their Ryan White clients to bring all necessary documents with them for their eligibility appointment. Alfreda will assist in providing lab results requirements and other important documents. She can be reached at 244-8198.

- Sherda is urging people to register early for the annual World AIDS Day Luncheon in December. Registration forms will be made available soon.

- 'Dining Out for Life" is April 26th; a list of participating restaurants can be viewed on NFAN's website, or you can call the NFAN office.

- Next W.A.C. meeting will be July 5, at 9:00 a.m.

ADJOURNMENT

- The meeting adjourned at approximately 10:06 a.m.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL: None.

Meeting Minutes distributed via email to committee members on 04/05/18.

Minutes reviewed by _____
Linda Williams, Committee Chair

Meeting Minutes will be approved by the Planning Council on 04/26/18.

Ryan White

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL

COMMUNITY CONNECTIONS

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

Thursday, April 12, 2018
Meeting Minutes

Committee Members Present: Debbi Carter (*Chair*), Zane Urbanski (*Co-Chair*), Dwayne Brown, Rhonda Cue, Amy DeGuzman, Carole Faria, LaTonya Franklin, Mary Glenn, Steven Greene, William Harris, Elinor Holmes, Sharon Hunter, Jacqueline Johnson, Kristin Maranville, Ranjeet Martin, Dan Merkan, DeWeece Ogden, Samuel Reese, Rikki Stubbs, Laurie Turner, Barrett Tyson, Beth Parker (*Ex Officio*), Linda Williams, and Paul Williams

Members Absent: Gloria Coon, Wade Davis, Nathaniel Hendley, Veronica Hicks, Cat King, Brian Law, Foxxie Moody, Teresa Rose, and Antoinette Turner

Guests: Kenneth Arnold, Sandra Ellis, Kiszzie Jones-Lewis, Laura Martin, John Moore, Joy Mopsy, CJ Osburn, John Pimentel, Jisell Sobalvarro, Heather Vaughan, Angelia Wallace, and Max Wilson

Support Staff Present: Sandra Sikes

CALL TO ORDER

The meeting was called to order at 12:00 p.m. by Chair Debbi Carter.

ATTENDANCE

Co-Chair Zane Urbanski called the roll, and guests were introduced and welcomed.

MISSION STATEMENT

The mission statement was read by Rikki Stubbs.

> "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".

MOMENT OF SILENCE OBSERVED

ANNOUNCEMENTS

- AHF Consumer Advisory Board meets the third Wednesday of every month at 11:00 a.m.
- Department of Health's Consumer Advisory Board meets the third Thursday of every month at noon.
- UF CARES Consumer Advisory Board meets 11:30 a.m. the third Tuesday of the month at their office.
- Healing Men and Women's Support Group meets 12:30 p.m. the first Thursday of every month at the NFAN Office.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

- Debbi presented Elinor Holmes with a gift of appreciation for inviting several people to the meeting.

PROGRAM

Representatives from seven agencies were on hand to talk about the services they will be providing to Ryan White clients, as funded by the Part A program.

AIDS Healthcare Foundation (AHF) — CJ Osburn

AHF is funded by Part A to provide outpatient medical care.

AHF's pharmacy is open and can be accessed by clients who have other insurance plans.

To better serve clients, AHF is now open all day every other Saturday.

Clients who arrive more than 15 minutes late to their appointment will have to be rescheduled. AHF strives to make the date of that rescheduled appointment as early as possible.

CAN Community Health — Dr. Max Wilson

CAN is funded by Part A to provide the following services:

- Pharmaceutical Assistance
- Financial Eligibility (Non-medical case management)

The big push over the next three months is to get lost-to-care back into care.

Lutheran Social Services (LSS) — Heather Vaughan

LSS is funded by Part A to provide the following services:

- Medical case management
- Mental health
- Nutrition therapy
- Home and community based health
- Outreach
- Transitional housing
- Health education/risk reduction
- Psychosocial services

A flyer was distributed to everyone listing the services and a brief description of what each service entailed. Heather introduced John Pimentel to the group; John provides counseling services at LSS, and will be starting up a substance abuse support group soon.

Clients were reminded to bring their current Ryan White card and a photo ID anytime they come in for services.

Northeast Florida AIDS Network (NFAN) — Beth Parker

NFAN is funded by Part A to provide the following services:

- Medical case management
- Health insurance premium assistance
- Outreach
- Psychosocial services
- Transportation

At NFAN, the goal is for everyone living with HIV to be able to receive the medical care and assistance they need.

NFAN provides premium assistance to help clients with insurance pay for their monthly health insurance premium. This service also helps with co-payments for doctor visits, up to a certain amount.

This agency has peer navigators, and will also be putting together a nutrition program in the near future.

Regarding medical transportation, please remember that Medicaid and Medicare clients cannot use Ryan White transportation. If you request a gas card or bus pass and your records show that you receive Medicaid or Medicare, then you will be denied that card or pass. Also, bus passes and gas cards can only be used towards transportation going to a Ryan White funded service.

NFAN has a food pantry that PLWHAs can access twice a year.

River Region Human Services (RRHS) — Kenneth Arnold

River Region is funded by Part A to provide residential substance abuse treatment.

They have been in the Jacksonville area for 46 years and currently provide outpatient and residential substance abuse treatment and mental health services for Medicaid patients.

River Region operates Andy's Place, a housing facility for clients. Andy's Place is currently full, but clients can call 899-6300 to be placed on a waiting list.

UF CARES — Jisell Sobalvarro and Laura Martin

UF CARES is funded by Part A to provide the following services:

- Outpatient and ambulatory medical care
- Medical case management
- Outreach
- Psychosocial services
- Nutritional therapy

UF CARES is now doing telemedicine. This is for patients who have an assigned doctor who they see on a regular basis. For minor illnesses, rather than making an appointment to come in and see the doctor, the patient can now meet with the doctor via telemedicine.

Q: How does the medical nutrition therapy work?
A: LSS is providing this at the AHF office. UF CARES also provides this service. If you aren't a client of UF CARES or LSS, then ask your medical provider for a referral for this service.

Q: How does a client get an appointment for eligibility, either new or renewal? What is the telephone number?
A: CAN Community Health is now providing financial eligibility for Part A. The telephone number to schedule an eligibility appointment is (904) 508-0710 ext. 26301, and their hours are 8:00 to 5:30 Monday through Thursday, and 8:00 to 12:00 Noon on Friday.

Q: For eligibility appointments at the Health Department, do they adhere to the 15-minute policy if a client is late? In other words, like a medical appointment, if a client is more than 15 minutes late for eligibility, will they have to be rescheduled?
A: Yes.

Q: To the Health Department: For those lost-to-care, what is your process for finding those clients and getting them re-connected?
A: The Health Department contracts with NFAN, APEL, UF CARES, and Lutheran. A list is generated from the computer reporting system, CAREWare, and that list shows clients who have not received a medical service in a year or more. The last list run had approximately 300 people; the list is divided up among the agencies and their staff and peer navigators will hit the streets looking for those individuals. Once located, the agency will report back, and CAREWare will be updated.

Q: How would a Ryan White client sign up to receive services from a peer navigator at CAN?
A: They would call the same number as Eligibility, which is (904) 508-0710 ext. 26301.

Q: When will the next Peer Navigator Class be?
A: Peer Navigator Training Class was offered the last week in January and 13 people completed the course. There are a number of Lunch 'N Learns set throughout the year as well, and Heather Vaughan will let the committee know when the next one is coming up.

Q: A concern was voiced about the 15-minute late policy that all the agencies have. Is there any way the agencies would consider relaxing that rule and allow more time for a client to arrive for their appointment?

A: Agencies did not indicate that they would or could change the 15-minute late rule. Several committee members said that this rule is in place everywhere, with all doctors, regardless of their specialty. Committee members stated their biggest concern is arriving on time for a medical appointment, only to have to wait one or two hours before being seen.

PUBLIC COMMENTS

- Mary Glenn asked for a list showing which Ryan White agencies are receiving Part A funding this year, and what services they have contracted to provide.

Following announcements of upcoming meetings and events, the meeting was adjourned at approximately 1:10 p.m.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL: None

Meeting Minutes distributed via email to committee members on 04/18/18.

Minutes reviewed by Debbi Carter - Chair Community Connections
Debbi Carter, Committee Chair

Meeting Minutes will be approved by the Planning Council on 04/26/18.

JACKSONVILLE TRANSITIONAL GRANT AREA RYAN WHITE PART A CONTINUOUS QUALITY IMPROVEMENT, (CQI), POLICY DIRECTION—UN AIDS 90-90-90 TARGETS ARE OUR HORIZON

Graham F. Watts, Sr., Ph.D.

McFadden & Whitehead Ain't No Stopping Us Now (long Version).wmv

patricia dupree • 970 views • 7 years ago

Ain't No Stopping Us Now (long Version)

This document was included as a review Action item on the Planning Council, (PC), March 2018 Agenda. If the PC submits recommendations on April 26, 2018, the Administrative Agency will revise this document and issue an updated version.

APRIL 4, 2018

RECOMMEND APPENDING THIS DOCUMENT AS A COMPONENT OF THE PROVIDER CONTRACT

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General Information

Terminology:

1. **CAB (Consumer Advisory Board)**: PLWHAs that meet regularly to review services, provide recommendations, and bring new issues to the attention of health and social providers
2. **Capacity Development**: The acquisition of knowledge, skills, and experience for increasing operational effectiveness
3. **CQM/CQI (Continuous Quality Management, Continuous Quality Improvement)**: An ongoing process of making data driven decisions to gradually improve program process and outcomes
4. **Dialog**: The exchange of thoughts and ideas
5. **Planned Communication**: Dialog that takes place based on an analysis of goals, the needs of participants, the aims of organizations represented in the dialog, and the problem types frequently encountered
6. **Strategic Communication**: Communication that begins with the end in mind. More simply, we must wrap our minds around challenges, understand them from diverse perspectives, and select from among competitive options potential approaches, which if implemented with fidelity, holds promise to change the status quo.

Meeting Dates:

1. The CQM/I meeting is the second, (2nd), Wednesday of every quarter
2. The dates are as follows: April 11, 2018; July 11, 2018; October 10, 2018, & January 9, 2019

Meeting Time: 10:30 am to Noon

Part A CQM/I Program Questions:

1. What does the Administrative Agency expect Ryan White Quality Managers to do to assure stakeholders of systematic improvements in the quality of funded services?
2. How can the Administrative Agency guide Ryan White Quality Managers in the pursuit of excellence while delivering services to PLWHAs?

Meeting Objective: To provide a context for dialog that facilitates capacity development utilizing planned and strategic communication.

How to Use This CQM/CQI Policy & Procedures Manual

An overview of the document's purpose serve as a suitable introduction. The policy side of this manual outlines a number of principles, guidelines, and instructions designed to influence continuous quality management thinking, planning, and decision-making, (TPDM), at Ryan White Part A funded service Providers in the Jacksonville Transitional Grant Area, (JTGA). In contrasts, the procedures side of this manual, articulated through objectives aligned with definite goals, point to methods that can translate policies into action in day-to-day service delivery operations. As a whole, this document not only makes transparent the point of view held by the Administrative Agency regarding continuous quality management and improvement but also serves as a stimulus to providers for focusing their service delivery improvement activities to produce outputs and outcomes compatible with the aims here described.

What can the funded agencies do to produce the outputs and outcomes described in this document?

1. Elect a document manager who has responsibility for reading the document, engaging collaborators, and coordinating activities to achieve the aims here described.
2. Give a copy of this document to each member of the agency's Ryan White Part-A CQM/CQI team and the leadership of the agency.
3. Plan and conduct a review of this document with members of the Ryan White Part-A CQM/CQI team.
4. Develop questions for clarification and consultation with the Administrative Agency Quality Manager.
5. Compare the agency's existing CQM/CQI program against the aims here described.
6. Develop a CQM/CQI program gap analysis, which outlines the next action steps to move the agency's CQM/CQI program a little closer to the aims here described.
7. Engage the agency's Ryan White Part-A CQM/CQI team in strategic planning, which makes decisions on priorities, resources, and mechanisms for selecting a starting point or points to take action that aims to close the gap between the status quo and the desired state.

The seven items above are neither exhaustive nor comprehensive. Yet, they may serve as a starting point for progressive action across diverse service settings. If Providers of the Part-A funded network implements good faith efforts in executing the steps with fidelity, the learning experiences of the group, as a whole, holds promise to foster empowerment self-efficacy for leading innovative change in HIV health services improvement in our jurisdiction in this century. As this policy document makes its maiden, (initial), voyage to the land of Providers, i.e., their CQM/CQI teams, may the rough seas and stormy winds of objective criticisms, peer reviews, and practical validation separate the dross embedded with the diamonds so that the JTGA has a living process for institutionalizing continuous improvement in HIV health services.

U.S. Public Policy Directions with Implications for HIV Health Services

The Federation of American Hospitals, (FAH), posted their conference schedule of speakers for Monday, March 5, 2018 online (https://fah.org/blog/fah-announces-speakers-for-2018-annual-public-policy-conference-business-e). It included featured speakers such as **Health and Human Services Secretary Alex Azar**, whose remarks focused on **"Value-Based Transformation to the Federation of American Hospitals."** Here are two paragraphs from Azar's remarks.

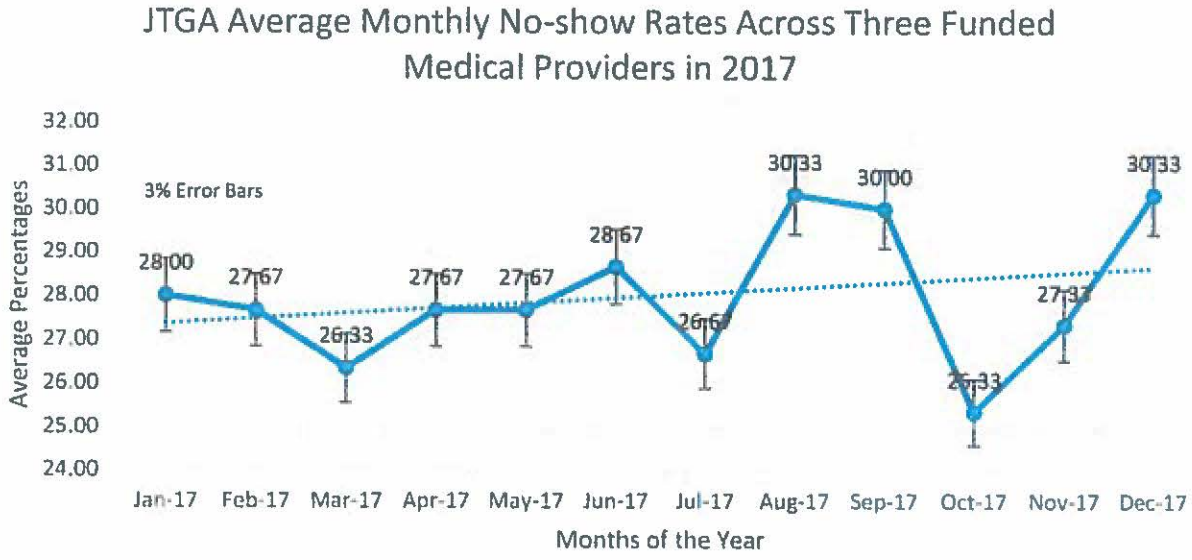
"There is no turning back to an unsustainable system that pays for procedures rather than value. In fact, the only option is to charge forward — for HHS to take bolder action, and for providers and payers to join with us. This administration and this President are not interested in incremental steps. We are unafraid of disrupting existing arrangements simply because they're backed by powerful special interests."

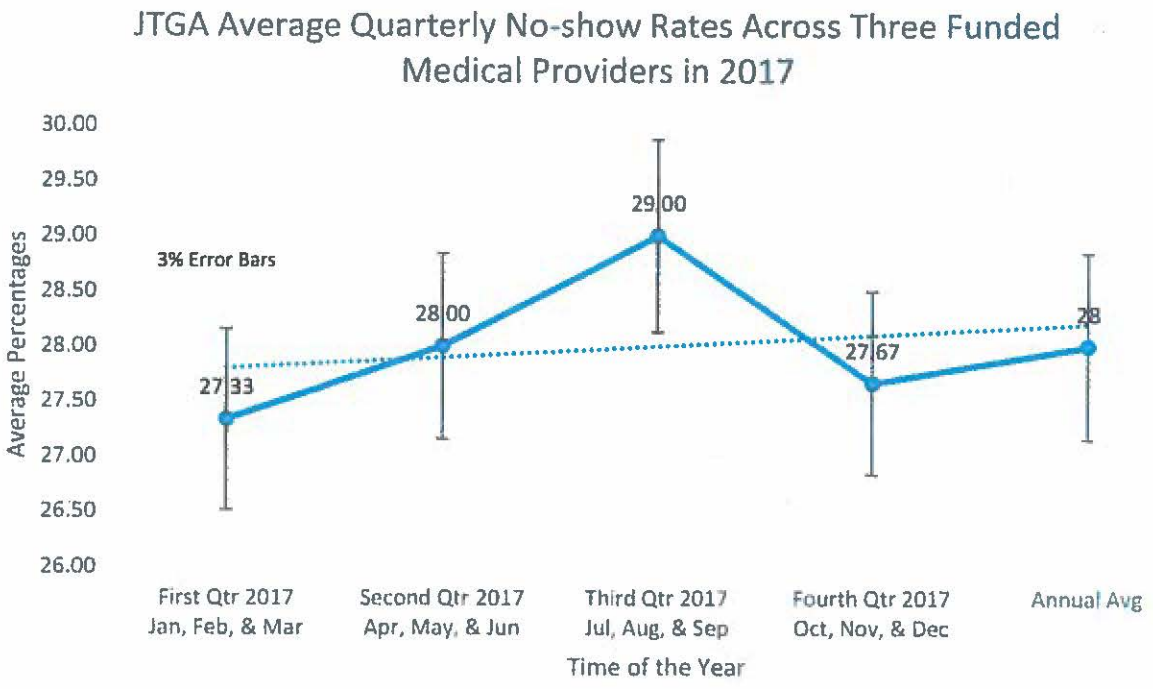
"Putting the healthcare consumer in charge, letting them determine value, is a radical reorientation from the way that American health care has worked for the past century."[1]

The audacious, (bold, brave), remarks by Azar point to the serious, national commitment that exists regarding adding value to health services. This value option gives us two fundamental levers or gears. **Healthcare and service providers may shift to being change agents or shift to being change obstacles!** Whichever lever of gear our individual freedom of choice leads to, it will not circumvent, (skirt, dodge, or bypass), the national emphasis on improvement in health care and services now. **To that end, this document articulates CQM/CQI expectations, a strategic direction, agency level HIV health services operations management, and participatory accountability in planned, quarterly CQM/CQI meetings.** We have no good reason to fulfill Benjamin Franklin's statement—"By failing to prepare, you are preparing to fail." Codifying expectations and strategic direction do not have to trip panic buttons.

[1] http://www.hfma.org/Content.aspx?id=59838

The JTGA has Unfinished Business





Expectations—Destination & Road Map

Public Law 109-415 requires the establishment of a clinical quality management program pursuant to receipt of Ryan White funding. Therefore, expectations, responsibilities, and supportive communication are part of the implementation equation, which spirals downward to jurisdictions, planning bodies, and funded-providers. This document is a conceptual playbook that offers a framework, much like the skeletal structure in the human body, for empowering the Planning Council and funded providers to shape agency specific quality improvement planning and implementation under the auspices of Administrative Agency. In brief, it outlines our destination and a path to that planned end.

Risks are inherent in the notice of any ambitious plan. Let us explore this notion through historical lenses. On May 25, 1961, John F. Kennedy announced America's plan to land a man on the moon.[2] His address included the words, "These are extraordinary times and we face an extraordinary challenge." Yet, history shows that Apollo 11 landed on the moon on July 20, 1969 and returned to earth on July 24, 1969.[3] What began as a dream came to fruition 2,952 days later by those who embraced the ideas and worked diligently to support its fulfillment. Since then, space exploration has been a source of enormous pride for the United States. "On May 7, 2009, the Obama Administration announced the launch of an independent review of planned U.S. human space flight activities with the goal of ensuring that the nation is on a vigorous and sustainable path to achieving its boldest aspirations in space."[4] On February 5, 2018, the Washington Examiner reported an article bearing the headline, "Mike Pence vows to make America's space program great again."[5] So what is point here? An articulated vision provides a picture of a desirable future, intended to stir up our best energies for taking action to make the dream come through.

How the JTGA funded provider's position themselves will influence the outcome of the vision articulated here. Quality improvement is not a single instance, instantaneous event. The Administrative Agency does not expect a rapid response that overnight accounts for major changes in organizational structure, processes, outputs, and outcomes of HIV care and services. In contrast, the expectation is that funded providers will accept the challenge to be systematic, continuous, and incremental in planned activities to achieve optimization, (best possible outcomes and service experiences), for in-care PLWHAs. In the last six months, at least ⅓ of our nine agencies have undergone transformation in leadership or staff, and these changes have far-reaching effects on clients' service experiences. Therefore, to support institutionalization of a culture of quality improvement, and to foster the alignment of potential areas of quality improvement with the annual HRSA grant application, the local Ryan White Request for Proposals process, and the Integrated HIV Prevention and Patient Care Plan, this documents pools major themes for guiding agency practices. To be clear, improvement is NOT maintenance of the status quo!

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[2] https://www.youtube.com/watch?v=TUXuV7XbZvU

[3] https://www.nasa.gov/audience/forstudents/k-4/stories/first-person-on-moon.html

[4] https://en.wikipedia.org/wiki/List_of_NASA_missions

[5] http://www.washingtonexaminer.com/mike-pence-vows-to-make-americas-space-program-great-again/article/2636599

JTGA Strategic CQM/CQI Direction (collective foci and pursuits) & the Grant Application

The grant application the Planning Council submits to... HRSA, each year describes, what our area plans to do to address the HIV epidemic in the JTGA. One may summarize the application this way:

1. Keep PLWHAs in care,
2. Reconnect PLWHAs lost to care,
3. [Offer a menu of core and support services to address the needs of PLWHAs] and
4. Reduce the unmet needs of [in-care] PLWHAs (Planning Council Bi-Annual Training, 2018, p. 5).

JTGA Strategic CQM/CQI Direction (collective foci and pursuits)

1. Mission (glue that holds us together through time) Focus:
    a. To facilitate CQM/CQI planning, implementation, and evaluation within and between funded agencies AND Ryan White Parts in the JTGA Ryan White network

2. Vision (the future we want):
    a. To be one of several areas in the world where being virally undetectable is the norm

3. Culture (values and basic assumption that represent us as a group):
    a. A safe, collegial, positive deviance, brainstorming environment for dialog, questions, exchange of information, giving and receiving perspectives, (analytically, professionally, and sensitively) that yields insights for innovative, CQM/CQI problem solving

4. Core Values, (inner guiding principles):
    a. Continuous striving for excellence in all aspects of HIV health services
    b. Always alert to the dynamic challenges that threaten PLWHAs retention in HIV services
    c. Never conceding to mediocrity in any aspect of HIV health services
    d. Developing innovative solutions to make retention in HIV services sustainable
    e. Yielding the status quo to accountable and demonstrable structural and process improvements

5. Goals (the imaginable, intended destination that fuels our pursuit of excellence):
    a. Maintain an open HIV Continuum of Care portal for rapid linkage to treatment
    b. Close HIV continuum of care gaps and stop leaks, (clients attrition)
    c. Transition PLWHAs across the stages of the HIV continuum of care

Agency Level CQM/CQI Operations Management for HIV Health Services

Objectives, (SMART concrete steps to achieve goal 5a)—Maintain an open HIV Continuum of Care Portal

a. 5a1 (Activate Care Coordination Roster): Within three hours of contact with an HIV+ aware person not in care or with care gaps, Linkage-to-HIV Care specialists or Peer Navigators will use multiple methods to alert HIV Medical Case Management agencies of clients' situations.

b. 5a2 (Activate OAMC Appointment Scheduling Roster): Within five hours of contact with an HIV+ aware person not-in-care or with care gaps, HIV Medical Case Managers will use multiple methods to alert HIV primary medical care agencies of clients' availability of OAMC appointments, if the clients consent to treatment.

c. 5a3 (Assess Clients' Brief Strengths & Barriers Profile): Within seven hours of contact with an HIV+ aware person not-in-care or with care gaps, HIV Medical Case Managers will assess clients' strengths and barriers for attending the anticipated, scheduled OAMC appointment.

d. 5a4 (Catalog Resources to Augment Clients' Strengths & Mitigate Barriers): Within 24 hours of contact with an HIV+ aware person not in care or with care gaps, HIV Medical Case Managers will mobilize resources for increasing the likelihood OAMC appointment keeping.

e. 5a5 (Assign Clients to Peer Navigation if at Risk of Missing OAMC Appointment): Within 48 hours of contact with an HIV+ aware person not in care or with care gaps, HIV Medical Case Managers will link clients at risk of missing scheduled OAMC appointments with Peer Navigation services.

f. 5a6 (Create Expedited OAMC Appointments for New & Returning Clients): Funded HIV primary medical care agencies will schedule OAMC appointments for new and returning PLWHAs within 3 business days from the date the MCM alerted the agency of clients' availability for an OAMC appointment.

g. 5a7 (Document OAMC Appointments Status in CAREWare): HIV primary medical care providers will document OAMC appointment status in CAREWare within 24 hours of the planned HIV medical care encounter.

Objectives, (SMART concrete steps to achieve goal 5b)—Close HIV Continuum of Care Gaps, stop leaks

a. 5b1 (Completion of Initial CAREWare Screenings):
    a. At the initial Eligibility encounter, the attending Eligibility worker will complete all CAREWare screening tools as a component of Eligibility certification.
    b. At each Medical Case Management encounter, the MCM will update clients' strengths and barriers profile if one exists or screen clients for strengths and barriers to care engagement.

b. 5b2 (Reduction of Barriers to Care):
    a. Within each Eligibility period, the MCM will document clients' ISPs to show how services are targeting reduction of identified barriers.

c. 5b3 (Identification of Clients' Strengths—Social Emotional Skills):
    a. At least semiannually, the Medical Case Manager will document clients' ISP for a minimum of two strengths. Examples of strengths include
        i. "Optimism that change, (e.g., personal health improvements), can occur
        ii. Motivation and readiness for [care engagement]
        iii. Exercising self-direction—[e.g., taking ownership for self-care]
        iv. Knowledge of medications
        v. [Awareness of medication side-effects]
        vi. Cultural, spiritual, religious, [or] community involvement
        vii. [Engaging] supportive [others]"[6]
        viii. Other factors that clinical or client experiences deem appropriate

d. 5b4 (Utilization of Strengths—Social Emotional Skills):
    a. ISPs dated January 2018 and beyond will include documentation showing how clients' strengths support HIV medical appointment keeping and receipt of essential elements of clinical HIV care

e. 5b5 (Identification of Clients at Risk of Care Attrition):
    a. Within the first five days of each quarter, the MCM runs a CAREWare report to identify clients who did NOT have a medical visit in the last 6 months of the programmatic measurement year, (Gap in HIV Medical Visit).

f. 5b6 (Intervening to Reduce Risk of Care Attrition):
    a. Within one week of the completed *Gap in HIV Medical Visits* report, MCMs will request Peer Navigators services for clients on the report.
    b. When clients on the *Gap in HIV Medical Visits* report become lost-to-care, MCMs will formally request network level Case Finding services using the protocol established by the Case Finding agency.

[6] https://manual.jointcommission.org/releases/TJC2013A/DataElem0152.html

g. 5b7 (Identification of Adherence[π] Complexity):
   a. Within seven working days of the ISP development or update, MCMs, in collaboration with Peer Navigators—if warranted, will assemble clients' chronic diseases profile, if one exists.
   b. Within 7 working days of compilation of clients' chronic diseases profile, MCMs will case conference with other JTGA HIV care professional to assess the extent to which acuity threatens client functioning
   c. Within 24 hours of completion of the chronic diseases profile case conference, MCMs will document the footnotes in clients' CAREWare ISPs.

[π] Definition: "Adherence is the degree to which behavior coincides with medical or health advice."[7]

h. 5b8 (Implementation of Adherence Strategies):
   a. Within 45 days of documenting clients' chronic diseases profile in CAREWare, MCMs will take the lead in collaborating with other disease management professionals and clients to develop care adherence strategies.
   b. Within 45 days of the development of adherence strategies, MCMs will implement the said strategies, with client involvement, and document clients' ISPs.

i. 5b9 (Other objectives to achieve the goal):
   a. **To be determined by the agency. Translate your thoughts and ideas into objectives.**

[7] Higa, D. H., Marks, G., Crepaz, N., Liau, A., & Lyles, C. M. (2012). Interventions to improve retention in hiv primary care: A systematic review of u.s. studies. *Current HIV/AIDS Reports*, *9*(4), 313–325. https://doi.org/10.1007/s11904-012-0136-6

Objectives, (SMART concrete steps to achieve goal 5c)—Transition PLWHAs across HCC stages

a. 5c1 (Establish a Baseline): Within seven days of the new calendar year, (each January), funded Ryan White Part A agencies CQM/CQI managers will request, (from Brian Hopkins), the agency's HCC, (by aggregate and socio demographics), for the previous calendar year.

b. 5c2 (Identify Clients' with Incomplete Care Utilization): Within 35 days of the new calendar year, (by February), funded Ryan White Part A agencies CQM/CQI managers will review their agency's Lost-to-Care, Gaps-in-Care, & Frequently Missed Medical Appointment reports and identify, by URNs, all clients on the said reports.

c. 5c3 (Develop Incentives for Upward HCC Mobility): Within 65 days of the new calendar year, (by February), funded Ryan White Part A agencies CQM/CQI managers in collaboration with MCMs and Peer Navigators, will assemble a compendium of incentives, (tangible and intangible—counseling, feedback, etc.), that holds promise to motivate clients' to transition across most of the HCC stages.

d. 5c4 (Apply Incentives to Support Upward HCC Mobility): Within 90 days of the new calendar year, (by March), MCMs will document clients' ISPs, (for clients with incomplete care utilization), to show how incentives were used to support upward HCC mobility.

e. 5c5 (Evaluate Effectiveness of Incentives for Upward HCC Mobility): At the 4th, 8th, & 12th month intervals, (April, August, & December), of the current calendar year, funded Ryan White Part A agencies CQM/CQI managers will *compare* their agency's quarterly HCC, (by aggregate and socio demographics), for the current calendar year. After the comparison, CQM/CQI managers will *make judgments* about the efficacy of care utilization incentives, and *take actions*, where indicated, to make the compendium of incentives more robust.

f. 5c6 (Other objectives to achieve the goal): **Funded agencies can also develop objectives. Translate your thoughts and ideas into additional objectives.**

Participatory Accountability & Provider Quarterly Reporting Mechanisms

You are not alone on the continuous quality improvement journey. Other providers in the JTGA are here for you and want your agency to succeed because the whole community, acting unitedly, is exponentially greater than the sum of its parts. It takes this level of synergy to meet the needs of our diverse clientele and satisfy the expectations of diverse stakeholders. Come prepared to share your challenges and co-develop creative solutions.

Funded Providers	Provider Participation Modalities for CQM/CQI Improvement Exploration[π]					Story Shared
	Case Study	Sentinel Event	Unusual Pop-up	Intractable Event	Other Format	
AHF						Yes | No
CAN						Yes | No
FDOH-Duval						Yes | No
Gateway						Yes | No
LSS						Yes | No
NFAN						Yes | No
RRHS						Yes | No
JALA						Yes | No
UF CARES						Yes | No

[π] Meaning: CQM/CQI related inquiries, disclosures, observations, or brainstorming by agencies that keeps the focus on sharing information and drawing upon insights from colleagues for finding solutions to strengthen local agency implementation of continuous quality improvement.

Definitions:

1. Case Study: Presentation of detailed information, (in the form of inquiries, disclosures, observations, or brainstorming), about a particular case, (e.g., a client—using a pseudonym), or small group, (e.g., demographic group—using a pseudonym).
2. Sentinel Event: Any unanticipated event, (camouflaged as appropriate to preserve the integrity of agency and clients), in a service setting that results in harm to clients
3. Unusual Pop-up: Description of a new, unique situation, (camouflaged as appropriate to preserve the integrity of agency and clients), for which you would like other to contemplate how it might be addressed
4. Intractable Event: Description of an existing situation, (camouflaged as appropriate to preserve the integrity of agency and clients), that reoccurs frequently and appear to be unresponsive to localized interventions
5. Other Format: Any means of giving voice to what your CQM/CQI program is doing and experiencing that give opportunities for others to make a meaningfully contribution

Instructions to Participants:

1. A contributing provider will explicitly state the contribution modality to preface subsequent statements
2. The CQM/CQI committee staff secretary will place a check mark in the appropriate Provider Participation Modalities column
3. The CQM/CQI committee staff secretary will circle one response in the Story Shared column
4. Contributing providers are responsible for solicitation of action items—tell your audience what you want them to do
5. Each contributor has a maximum of 13 minutes of the CQM/CQI committee audience for engagement.

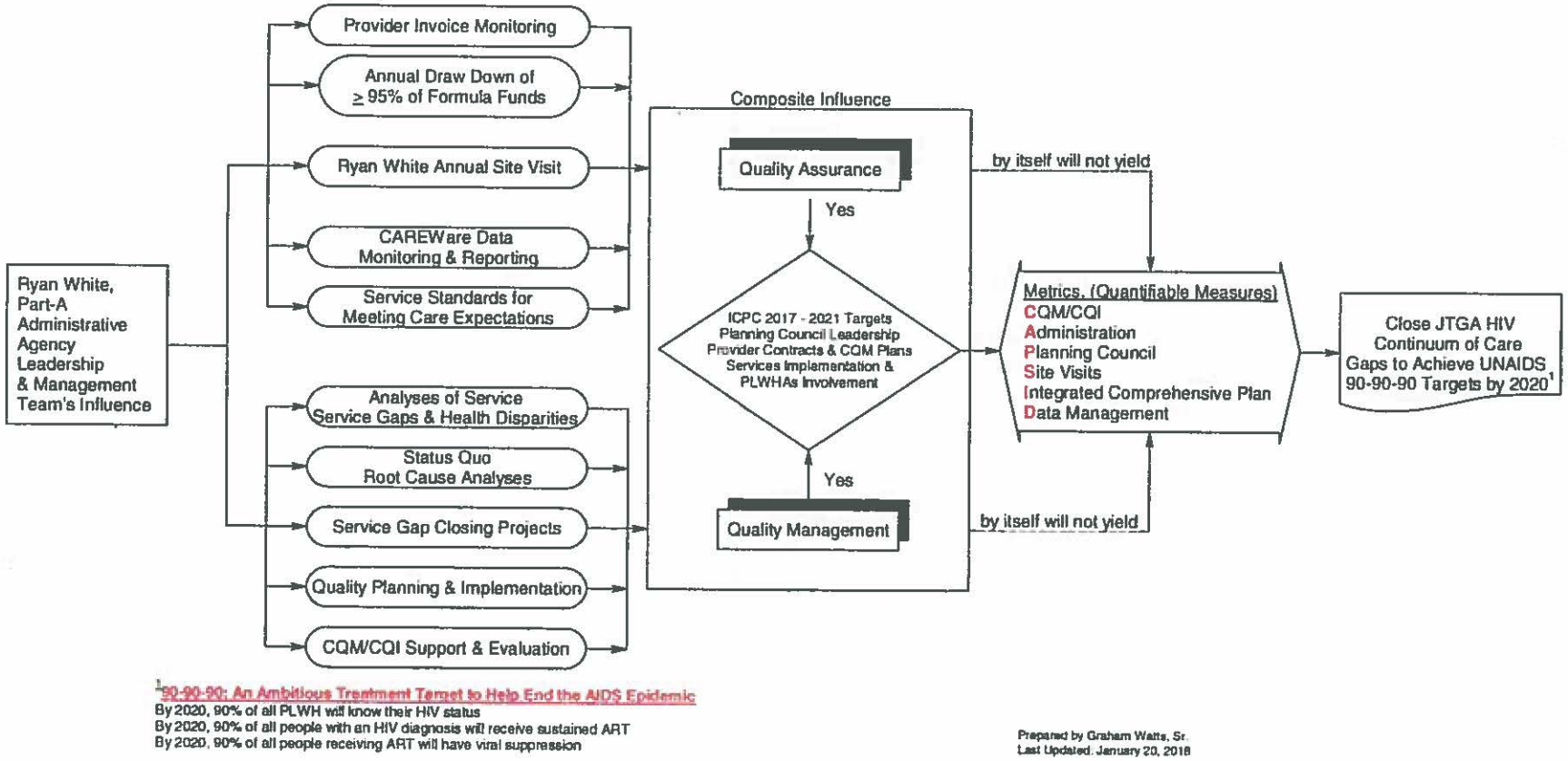
Documents to Submit Electronically & Hardcopy:

1. Quarterly CQM/CQI Dashboard
2. Percentage of client census completing the network Client Satisfaction Survey
3. Brief, written description of the funded agency CQM team contribution, (issue or event), to the participative discussion forum

Appendix .

Context of JTGA CQM/CQI for Closing HCC Gaps, Supporting the Comprehensive Plan & Pursuing UNAIDS 90-90-90 Targets

Figure 1. The Relationship Between Quality Assurance, Continuous Quality Management & The HIV Continuum of Care in the JTGA



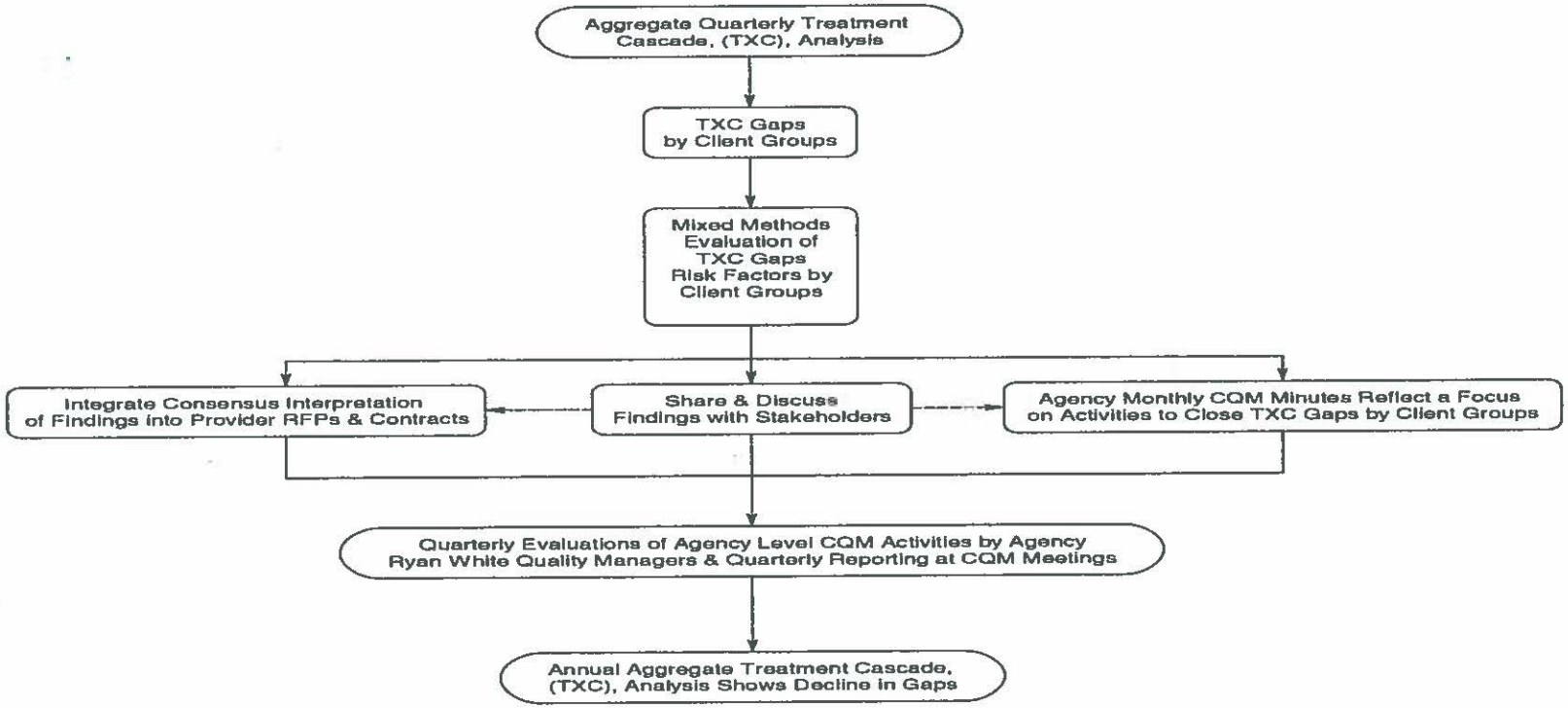
[1] 90-90-90: An Ambitious Treatment Target to Help End the AIDS Epidemic
By 2020, 90% of all PLWH will know their HIV status
By 2020, 90% of all people with an HIV diagnosis will receive sustained ART
By 2020, 90% of all people receiving ART will have viral suppression

Prepared by Graham Watts, Sr.
Last Updated: January 20, 2018

Federal funding comes with strings attached! This is not just a cliché. If you harbor doubts, do a keyword search in Google's search engine.

48 PLWHAs Yearly Suppressed

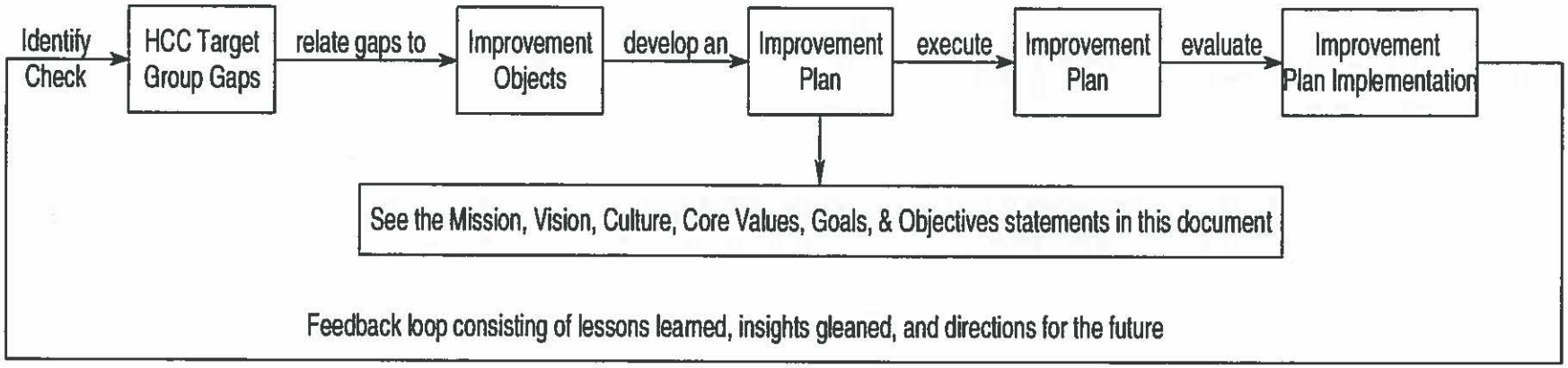
Figure 2: Utilization of Ryan White Quality Management for Identification of Opportunities to Reduce HIV-Related Health Disparities



Depicted here are the systematic and continuous actions, of funded agency Ryan White Quality Management teams, which aim to secure measureable improvements in the health status of clients living with HIV.

All PLWHA's Virally Suppressed

Figures 3: Activities of the Funded Agency Ryan White Part A Quality Manager for Increasing Access to & Utilization of Quality HIV Care & Services



We are living in time when consumers are expecting a larger volume of higher quality services at the lowest possible "cost," (i.e., inconvenience, distress, effort, and so on). **To thrive in the current PCN #15-02 quality-improvement-policy-culture that expects improvement in patient care processes, health outcomes, client satisfaction with services, organizational infrastructure, and performance measurement**, funded Provider's need flexibility and a response orientation that **embraces** rather than **resists** change. "Nostalgia—'the wishful desire to return in thought or in fact to a former time,' (http://www.dictionary.com), is a dangerous drug" (http://www.culledculture.com/nostalgia-a-dangerous-drug/). "[We] will not allow yesterday's success to lull [us] into today's complacency, for this is the great foundation of failure" (Og Mandino).

Public Law 109-415

An Act

To amend title XXVI of the Public Health Service Act to revise and extend the program for providing life-saving care for those with HIV/AIDS.

Dec. 19, 2006
[H.R. 6143]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Ryan White HIV/AIDS Treatment Modernization Act of 2006.
42 USC 201 note.

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Ryan White HIV/AIDS Treatment Modernization Act of 2006".

"(5) CLINICAL QUALITY MANAGEMENT.—

"(A) REQUIREMENT.—The chief elected official of an eligible area that receives a grant under this part shall provide for the establishment of a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

Jacksonville Transitional Grant Area, (JTGA), 2017 Treatment Cascade/HIV Continuum of Care

Milestones	Linked2Care	In Care	On ART	VL Suppression
JTGA-Part A Statistics	4116/4256 = 96.7%	3929/4256 = 92.3%	3711/4256 = 87.2%	3392/4256 = 79.7%

The JTGA pursues the higher hanging "fruits," represented by clients not accounted for in the treatment cascade. By Public Law 109-415, our area will identify the characteristics of PLWHAs with unmet needs, develop strategies, and implement innovations to connect to care clients who have not experienced the salutary benefits of antiretroviral therapy, (ART) while minimizing treatment cascade attrition among clients who have.

MCM Oversight & Case Conferencing about Essential Elements of Clinical Care

1. MCM Verification of Viral Load Measurements
    a. Before initiation of ART
    b. Within 2 to 4 weeks after treatment initiation
    c. Within 2 to 4 weeks after treatment modification
    d. Repeatedly at 4 to 8 weeks intervals until the level falls below the assay limit of detection
    e. Repeatedly within 4 to 8 weeks after changing therapy
    f. Every 3 to 4 months or as clinically indicated for PLWHAs on a stable ARV regimen
2. MCM Verification of Completed Assessments for
    a. Adherence to prescribe medications
    b. Suboptimal drug exposure
    c. Drug interactions
    d. Drug resistance
3. MCM Verification of CD4 Cell Count Measurements
    a. At entry to care
    b. At 3 months after ART initiation
    c. At 3 to 6 month intervals in the first two years after ART initiation
    d. In untreated patients every 3 to 6 months
    e. Annually, for at least two years, for patients with CD4 count between 300 and 500 cells/mm^3
    f. For at least two years for virologically suppressed patients whose CD4 count is consistently greater than 500 cells/mm^3

Reference: https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/458/plasma-hiv-1-rna--viral-load--and-cd4-count-monitoring

Funded Agency Continuous Quality Management Program Components

1. Organizational Infrastructure
    a. Dedicated staff responsible for CQM activities
    b. Leadership to guide, endorse, and champion the CQM program
    c. Capacity building resources to incrementally get better at delivering quality services
    d. Multidisciplinary input, including clients' perspectives
    e. Accountability for planned actions
    f. Reporting relationships within the CQM team
    g. CQM team leadership represented on the business organizational chart
2. Service Performance Measurement
    a. Treatment Cascade Metrics: Linked to Care, In-care, On-ART, & Viral Suppression
    b. Programmatic Metrics: HAB Measures, Medical Visit Frequency, & Gaps in Care
    c. Service Encounter Experience Metric: Client Satisfaction
3. Service Quality Improvement
    a. Improvement by the *Plan Do Check Act* methodology
    b. Specific improvement objects associated with service performance measurements
    c. Baseline measurements for comparative analyses
    d. Goals for directing efforts at the endpoints thought possible
    e. Objectives for making transparent the behavioral path toward planned goals
    f. Formalized, standardized annual CQM plan
    g. Annual CQM plan approved by the Administrative Agency before the planned implementation

Administrative Agency Leadership Role for Advancing Jurisdictional CQM/CQI

1. Policy Documents and Tools
    a. This document—which outlines the Administrative Agency CQM/CQI directions and expectations for Part-A Providers in the JTGA
    b. The standardized Administrative Agency CQM/CQI plan template
    c. The standardized JTGA Client Satisfaction Survey
    d. The JTGA National Monitoring Standards training document pinned to service contracts
    e. The Joint Planning Council & Administrative Agency Service Standards policy document
2. Jurisdictional CQM/CQI Plan submitted to HRSA, in March, after Notice of Grant Award
    a. Updated annually
3. Funded Provider Proposals CQM/CQI Section
    a. Becomes a component of the signed provider contract
    b. Provides direction for the provider's annual CQM/CQI plan submitted to the Administrative Agency for review, feedback, and ultimate approval
4. Monthly Provider CQM/CQI Minutes (which always describe the previous month CQM activities)
    a. Shows evidence of implementation of the CQM/CQI section in the provider's funded proposal
    b. Aligns with the provider's approved annual CQM/CQI plan,
        i. The provider's annual CQM/CQI plan, approved by the Administrative Agency, aligns with the provider's funded proposal CQM/CQI section
    c. Submitted to Sandy Arts, (cc Graham), seven working days before the Provider meeting
5. Quarterly CQM/CQM Meetings
    a. Provides a forum for information interchange and critical discourse
6. Annual Site Visit
    a. Quality Assurance Monitoring and feedback
    b. Quality Improvement Assessment and feedback
    c. Provider Evaluation of Site Visit Experience (go to https://qualityinservice.com, click CQM Forms, Monitoring Site Visit Evaluation, & navigate to the brief questionnaire)
7. Formal Conferencing with Providers to Support Participatory CQM/CQI Engagement
    a. Only if indicated and conducted with supervision by the jurisdictional program manager
    b. Always specific, empirically based, documented in writing, and inclusive of opportunities for implementation of a formal corrective action plan

Funded Agency Submission of an Annual Conformance to Quality Improvement Report (CQIR)

1. **Beginning on the first Monday of April 2019, each funded Ryan White Part –A provider will submit a signed CQIR to the Administrative Agency by close of business. This report replaces the site visit PowerPoint presentation, precedes the scheduled site visits, and forms the basis of the site visit dialog and evaluation of annual CQM/CQI implementation.**
2. The funded agency Executive Director or equivalent will print name, sign, and date the report, and address it to the Ryan White Part-A Program Manager. Preface the report with a one-page cover letter that acknowledges the accuracy of the submitted report and summarizes key sections of the report.
3. Inputs for developing the CQIR include:
    a. All components of Figures 2 and 3,
    b. Policy documents and tools, (on p. 18),
    c. The funded service proposal CQM/CQI plan table and annual renewal proposals quality sections,
    d. The provider's standardized, annual CQM/CQI plan approved by the Administrative Agency,
    e. The monthly CQM Minutes reports, and
    f. Temporal trends in HCC endpoints at the aggregate and disaggregate levels, by years, and key populations served during consistently defined, comparative periods.
    g. Sections titled lessons learned from failures, challenges experiences, novel insights gleaned, innovations implemented, successes celebrated, and the like offer opportunities to demonstrate how organizational investments in CQM/CQI is adding value to services delivered to PLWHAs.
4. Expectations are that a common thread runs between the funded service proposal CQM/CQI plan table, the annual CQM/CQI plan approved by the Administrative Agency, and the monthly CQM/CQI Minutes reports. A narrative, (of at least one descriptive paragraph), will accompany each table and figure in the CQIR. The purpose of the narratives is to demonstrate how agency level CQM/CQI operations management activities for HIV health services improvement aligned with the JTGA strategic direction.

Although Providers have a lot of discretion in selecting the structure and formatting of the report, at least eight questions should inform the content of the CQIR report format. These questions follow!

a. What objects became the targets of planned improvements?

b. What were the planned improvements?

c. What is the significance of planned improvements?

d. What strategies were used to implement planned improvements

e. How often did data collection, analysis, and documentation of results occur?

f. What decisions did the CQM/CQI team make based on data collection and analyses?

g. What results provide evidence of improvements?

h. Who benefitted from the improvement results?

Administrative Agency Evaluation of Annual Continuous Quality Improvement Implementation

CQM/CQI Implementation Factors	Maximum Category Points	Administrative Agency Scoring
Funded Application CQM Table (β)	5	
Goals Targeted: 5a, 5b, & 5c, (of this document), and Goals in β	10	
Objectives Attempted that Aligned with Targeted Goals (Δ)	17	
Administrative Agency Approved Provider CQM/CQI Plan	20	
Supporting Monthly CQM/CQI Minutes	12	
Quarterly Quality Meeting Inputs—Attendance, Dashboard, & Client Satisfaction Surveys Completed	12	
Participation at Quarterly CQM/CQI Meetings	4	
Annual Conformance to Quality Improvement Report	20	
Total	100	

Menu:

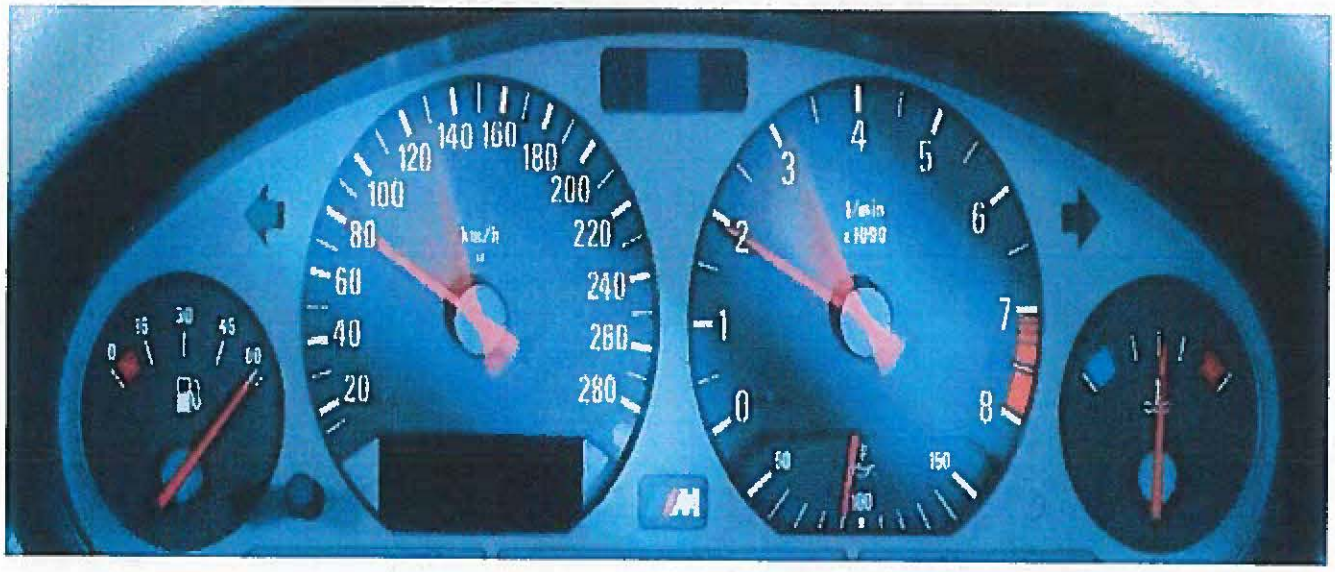
1. Attempted means worked on as a result of planning and implementation
2. Supporting means the Minutes reflect discussion, decision, and activities aligned with objectives
3. Participation means presenting, questioning, or responding to presentations

Scoring Guide:

1. Goals Targeted: 0 points for none, 3 point for one goal, 7 points for two goals, & 10 points for three goals
2. Objectives Attempted: 0 points for none, 4 points for one objective, 8 points for two objectives, 12 points for three objectives, 17 points for four or more objectives (in the aggregate)
3. Approved Administrative Agency CQM/CQI Plan: 0 points for not approved, 10 points for approved but submitted after the annual June 7th due date, 20 points for approved with timely submission by June 7th of each year. All submissions go to Sandy Arts with cc to Graham at grahamfwatts@yahoo.com
4. Supporting CQM/CQI Minutes (12 Total): 0 points for no submission or unaligned submission, 0.5 points for an aligned but late submission, & 1 point for timely, aligned submission
5. Quarterly CQM/CQI Meeting Inputs (12 Total): 0 points no inputs, 1 point for each input at each meeting
6. Inputs at Quarterly CQM/CQI Meeting (4 Total): 0 points for inactivity, 1 point for activity—presenting, questioning, or responding at each meeting
7. ACQIR—Annual Conformance to Quarterly Improvement Report (**due by April 7, 2019 and annually thereafter**): 0 points no submission. Points for timely submission follows:
    a. Cover Page (Agency name, address, funded service category): up to 2 points
    b. Introductory Page (Title and Table of Contents): up to 3 points
    c. Document Structure (Major Divisions with Bolded Heading): up to 2 points
    d. Description of Improvement Activities Implemented: up to 3 points (poor = 1, okay = 2, good = 3)
    e. Description of Results of Improvement Activities: up to 3 points (poor = 1, okay = 2, good = 3)
    f. Lessons Learned: up to 2 points
    g. Description of Next Steps: up to 2 points
    h. Evidence of Common Thread: up to 3 points
8. Note: The Administrative Agency discourages ex-post-facto submissions for April's ACQIR

Dashboard of Service Quality Indicators

Quality Improvement at the Transitional Grant Area level only improves when every funded, Part-A Provider contributes to the overall improvement. **Effective May 1, 2018, funded Ryan White Part-A program sub-recipients will implement a Quality of HIV Care Service Delivery Dashboard to make visible, the potential impact of systematic performance improvement activities.** This dashboard will function as a performance scorecard to inform CQI teams about their activities just as an automobile instrument panel informs a driver about a vehicles operation.



Dashboards ensure that performance improvement is more than just a cliché. To bring performance improvement into fruition, a panoply of enabling factors must exist. These enabling factors include, but are not limited to, measurement domains, locally established baselines, comparative standards, periodicities, and reporting to internal and external agency stakeholders. In the absence of these accountabilities, limited motivation exists for taking action on what counts. ***Thus, each service provider will monitor and analyze agency-specific and Administrative Agency-specific domain metrics for reporting quarterly and annually. Whereas the quarterly report providers a brief overview of scorecard trends, the annual report will go into details.*** The minimum reportable domains are those selected by Administrative Agency. Funded providers can select domain measures at their discretion. As a diagnostic tool, the proposed dashboard will not only serve as a quick visual to show what effect improvement activities are having on intended targets, but also identify areas where additional work should focus to advance improvements in the structure, processes, outputs, and outcomes of HIV care and services in the JTGA.

Providers' Scorecard for Continuous Quality Improvement Targeting Delivery of HIV Care and Services & the Treatment Cascade						
Domains	Baseline, (B) / Comparison, (C)	Direction This Qtr. (↑, –, ↓)	Calendar Year Quarterly Monitoring			
			Jan – Mar	Apr – Jun	Jul – Sep	Oct - Dec
Access to Care & Services Indicators						
OAMC No-Shows (avg. % of clients each qtr.)						
MCM No-Shows (avg. % of clients each qtr.)						
Nutrition Screening (avg. % of clients each qtr.)						
SUDT Screening (avg. % of clients each qtr.)						
Mental Health Screening (avg. % of clients each qtr.)						
Barriers to Care Screening (avg. % of clients each qtr.)						
Eligibility Expiration (avg. % of clients with expiring Eligib.)						
Eligibility Renewal (avg. % of clients renewed Eligibility)						
Waiting Time for First OAMC visit ≤ 15 Business Days						
Involvement in Care & Services Indicators						
PLWHAs on CQI Team (avg. % of clients each qtr.)						
PLWHAs on CAB (avg. % of clients each qtr.)						
Unaligned PLWHAs Recruited for Planning Council						
PLWHAs Completing Network Client Satisfaction Survey						
Contract Spend-Down Indicators						
Invoice Integrity (avg. % of invoices submitted error free)						
Invoice Timeliness (avg. % of invoices submitted on time)						
Payment Timeliness (avg. % of invoices paid w/i 15 days)						
Allocation Expended (avg. % of contract award expended)						
Continuity of Care & Services Indicators						
Attrition (avg. % of clients with < 2 OAMC in a year)[λ]						
Relinkage (avg. % of returning clients with one OAMC)						
CAREWare, (EHR), Data Completeness Indicators						
Demographics (avg. % of data elements ≥ 90% complete)						
Viral Load—VL (avg. % of clients with VL data in EHR)						
CD4 (avg. % of clients with CD4 data in EHR)						

[λ] The attrition percentage during each quarter looks 12-months backward from the last day of the quarter. Abbreviations: EHR, (electronic health record), is CAREWare; OAMC is outpatient/ambulatory medical care; ↓ is decreasing, ↑ is increasing, and – is no change.

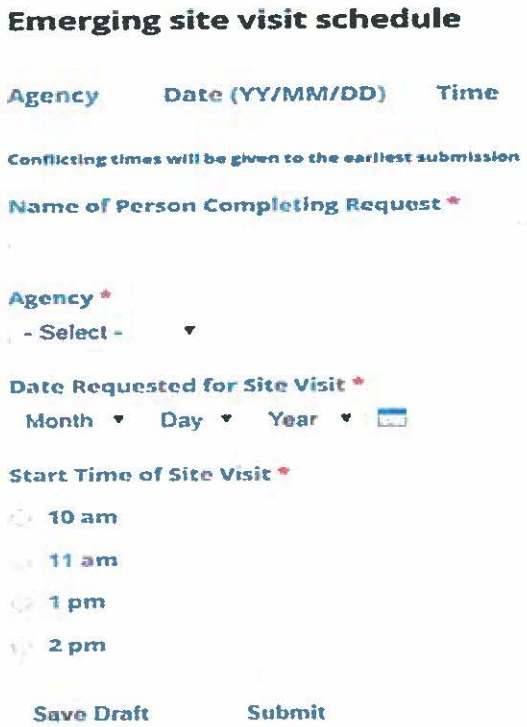
Due Dates for Providers to Submit Deliverables to the Administrative Agency

Provider Deliverables	Brief Descriptions	Periodicities	Due Date/s
CQM Plan (online)	This item is a tailored and more detailed version of the Service Implementation Fidelity Table, created in response to the full Request for Proposals. Use the standardized online from available at https://qualityinservice.com, **CQM Forms** tab, and **Provider Annual CQI Plan** hyperlink.	Annually	By June 7th
CQM Minutes Report	This item accounts for funded Provider's on-going implementation of quality improvement activities encapsulated in the annual CQM plan approved by the Administrative Agency.	Monthly	By the 7th day
Dashboard of Service Indicators	This item visually displays metrics for key determinants of quality improvement decision-making and service performance improvements	Quarterly	By April 7th By July 7th By October 7th By January 7th
Conformance to Quality Improvement Report (CQIR)	This item is a detailed and integrative account of past 12 months CQM/CQI planning, decision-making, implementing, evaluating, learning, and revising strategies or approaches to close existing performance gaps in the structure, processes, outputs, and outcomes of HIV care and services at the Provider's service settings.	Annually	By April 7th

Scheduling the Annual Provider Site Visit

Guidance follows for Part A funded Providers' Quality Managers

- Go to https://qualityinservice.com
  - Omit www after //
  - Default username: grahamfwatts@yahoo.com
  - Default password: Graham@coj
- Navigate to the CQM Forms tab & click
- Select Site Visit Scheduler from the list
- Review Part A May & June meeting calendars
- Select and submit an available site visit date



The earliest site visit date is May 1st of the current year. The Administrative Agency aims to complete all site visits by June 7th and no later than June 10th. Sandy Arts, the Ryan White Part A Program Manager is the approving authority for deviations from the targeted site visit dates.

Administrative Agency Provider Feedback

Part A annual site visits extend from May to the first week of June; therefore, the annual CQM/CQI year is from May of the previous year to May of the current year. The sixth month mark is October of the current. **Effective October 2019, the Administrative Agency will provide a one page, semi-annual CQM/CQI feedback letter to funded providers**. This letter will address applicable *CQM/CQI Implementation Factors*, celebrate small-wins, or seek to motivate performance through face-to-face consultation with funded agency CQM/CQI leaders, Executive Directors or other applicable upper management staff. By June 10th, of every year, the Administrative Agency anticipates completion of all Provider site visits. Allowing up to 60 days for a comprehensive review of all documentation, **the Administrative Agency will provide a formal report to each Provider by August 10 of the same year in which the site visit occurred if the annual HRSA grant application is NOT a competing requirement.**

Grievance Procedures

The Part-A Provider's annual site visit may trigger a grievance—an assertion by providers that the annual site visit had an adverse effect on the agency arising from misinterpretation or misapplication of service contract expectations. Provider have 60 days from receipt of the written site visit report to file a formal, written grievance, on agency letterhead, which the Executive Director, or equivalent, signs. Address this grievance to Sandy Arts, (Ryan White Part –A Program Manager), 1809 Art Museum Drive, Suite 100, Jacksonville, Florida 32207. Once received, the grievance will trigger the Administrative Agency six-step protocol:

1. Assign a unique identifier to the grievance
2. Log the date of the grievance, the grievance identifier, and the grievance type in a database
3. Investigate the grievance
    a. Initiated within 30 days of receipt from the date associated with the unique identifier
    b. Fact Finding: Independently convene contestants, (site visit staff and agency staff)
        i. Ascertain the brutal facts—who, what, (issues), when, how, & where
4. Adjudicate the grievance
    a. Summarize the findings from contestants point of view
    b. Share each summary with native contestants for validation and update
    c. Cross-validate each summary with opposing contestants to identify third perspectives
5. Make a decision
    a. Convene an adhoc panel of neutral parties to interpret the adjudication findings
    b. Request recommendations from the neutral panel regarding resolution options
    c. Administrative Agency deliberates over the recommendations and makes a decision
    d. Administrative Agency submits a report to the HIV Health Service Planning Council Executive Committee, (PCEC), for review and feedback
    e. Administrative Agency finalizes its decision based on input from the PCEC
6. Engage the aggrieved party
    a. Convene contestants
    b. Review the actions taken
    c. Discuss key findings, interpretations, and recommendations

JTGA Ryan White Part-A Quality Managers

This resource identifies funded Part-A Provider's CQM staff or proxies[λ]. It is included here to offer opportunities for interested parties to network in supportive, collegial relationships. Doing so can develop capacity to contribute meaningfully to creative problem solving related to continuous quality improvement in the JTGA. The list, as it appears, was last updated April 4, 2018.

Name	Agency	Phone Number	Email Address
Monica Rutherford[λ] (Aleida Nelson)[λ]	AIDS Healthcare Foundation	☐ Cell ☐ Work ☐ Home	Aleida.nelson@aidshealth.org monica.rutherford@aidshealth.org
Chrissy Edmonds	CAN Community Health	☐ Cell ☐ Work ☐ Home 904 508-0710	cedmonds@cancommunityhealth.org;
Nathaniel Hendley (Irfan Kakecai)	DOH – Duval County Health Department	☐ Cell ☐ Work ☐ Home (o) 253-1167; (c) 487-3162 (386) 341-6707; 904 253-1292	Nathaniel.hendley@flhealth.gov irfan.kakecai@flhealth.gov correct
Michael Bennett	Gateway Community Services	☐ Cell ☐ Work ☐ Home 904 307-6548; 904-387-4661, ext. 1059	mbennett@gatewaycommunity.com
Heather Kilpatrick	Jacksonville Area Legal Aide	✓ Cell ✓Work ☐ Home (o) 904 899-2768; © 904 356-8371 ext.360	heather.kilpatrick@jaxlegalaid.org
Heather Vaughan	Lutheran Social Services	☐ Cell ✓ Work ☐ Home 904 739-7016; 904 704-2134	heather.vaughan@lssjax.org
Jasmine Byard	Northeast Florida AIDS Network	☐ Cell ✓ Work ☐ Home 904 356-1612 ext. 126	jbyard@nfanjax.org
Kenneth Arnold	River Region	☐ Cell ✓ Work ☐ Home 904 899-6300	karnold@rrhs.org
Kendall Guthrie[λ] (interim)	University of Florida CARES	✓ Cell ✓ Work ☐ Home (o) 904 244-4424; (c) 904 563-1713	kendall.guthrie@jax.ufl.edu

When a Part A funded agency transitions to a new Quality Manager, share the change of staff information with the Administrative Agency within 10 working days.

Conducting RWHAP Part A Planning Council/Planning Body Needs Assessments

Event Date: Tuesday, May 8, 2018 - 1:00pm to 2:30pm EDT

Event Type: Webinar / Teleconference

Planning CHATT

Conducting RWHAP Part A Planning Council/Planning Body Needs Assessments will focus on the needs assessment process that Ryan White HIV/AIDS Program (RWHAP) Part A planning councils/planning bodies need to engage in every year.

Presenters will discuss the timing and importance of regularly collecting needs assessment data, and provide an overview of the data collection process. Presenters will also provide a case study on consumer leadership of the needs assessment process.

Objectives of webinar: By the end of the webinar, participants will:

- Understand HRSA HAB's expectations for what each needs assessment should include
- Identify steps in the RWHAP Part A planning council/planning body needs assessment process
- Name three strategies for how to engage consumers in the needs assessment process
- Understand how to use data gathered through needs assessment to drive the priority-setting and resource allocation process

To register, go to the following site:

https://careacttarget.org/calendar/conducting-rwhap-part-planning-councilplanning-body-needs-assessments

Metropolitan Jacksonville Area HIV Health Services Planning Council

May 2018

Mon	Tue	Wed	Thu	Fri
Meetings are held at 1809 Art Museum Drive, unless otherwise listed. Call 630-3504 or 630-4661 for more info.	*1*	*2* **10:00 Membership** Location: Art Museum Dr.	*3*	*4*
7	*8*	*9*	*10* **12:00 Community Connections** **1:45 Priority & Allocations**	*11*
14	*15* **10:00 Executive** At NFAN Office 11:30 UF CARES C.A.B.	*16* 11:00 AHF C.A.B. meeting	*17* 12:00 DOH-Duval C.A.B.	*18* 9:00 Providers HIV VACCINE AWARENESS DAY MAY 18th
21 2:00 Jail Link Nat'l Asian & Pacific Islander HIV/AIDS Awareness Day -19th	*22*	*23*	*24* **3:00 PLANNING COUNCIL**	*25*
28	*29*	*30*	*31*	