

SOUTHWEST FLORIDA REGIONAL HIV/AIDS COUNCIL

II.

MEETING:	Regional HIV/AIDS Council		DATE:	9/22/04		
LOCATION:	Regional Service Center, Fort Myers, Florida					
ATTENDEES:	RHAC Members – CHD Directors		RHAC Members – Community		Non-RHAC Present	
	X	Joseph Goggin, Charlotte CHD		Bruce Taylor, Charlotte County	X	Debbie Kimberlin, ChCHD
	X	Joan Colfer, Collier CHD		Derald Maldonado, Charlotte Alternate	X	Glenn Price, HCDH
		[Mary Burns], DeSoto CHD		Ellen Cordoba, Collier Comm Rep	X	Robert Bobo, ARC
	X	Martha Valiant, Hendry/Glades CHD		[DeSoto Community Representative]	X	Dr. Dratler, Medical Consultant, HPC
	X	Judith Hartner, Lee CHD		Joan Bloomster, Hendry Comm Rep	X	Pat Dobbins, HCHD
	X	Bill Little, Sarasota CHD (RHAC Chair)		Jeff Trout, Lee Community Rep	X	Jean Wyman, ChCHD
			X	Jim McCloud, Sarasota Community Rep	X	Sharon Murphy, McGregor Clinic
		RHAC At-Large		HPCSWF Staff	X	Bill Conner, ChCHD
	X	Dillard Larson, Patient Care Rep	X	Ed Houck	X	Scott Tims, CoCHD
	X	Art Gallagher, Prevention Rep	X	Susan Mitchell	X	Gail Counts, Area 8 HAPC
			X	Mike Waite	X	Clarke Kirby, Area 8 Contract Manager
			X	Kim White	X	Susan Craig, CoCHD
					X	Susan Terry, CCC Sarasota
				X	Renay Hunter, LCHD	
				X	Janette Capaci, SCHD	
				X	Marty Kennedy, CMS	
				X	Bill Rankin, LCHS	
				X	Don Lees, SCHD	
				X	Peggy Clark, CCC	
				X	Ruth Dearman, SCHD	
TOPIC	ISSUE(S)		CONTACT	DECISION / ACTION		DUE DATE
I. Welcome & Introductions	<ul style="list-style-type: none"> ▶ Attendees introduced themselves ▶ There was discussion regarding who the community members on RHAC were and if there needed to be an effort to 're-energize' them to get better participation in the RHAC meeting. 		▪	▪		▪
II. Minutes	<ul style="list-style-type: none"> ▶ Minutes from the August 4, 2004 meeting were approved with no corrections or changes. 		▪	▪		▪
III.A.1. RWII 05	<ul style="list-style-type: none"> ▶ Five months into the fiscal year, the program is 4% underspent overall. A budget adjustment was made moving \$20,000 from Mental Health to Oral Health 		▪	▪		▪

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	<p>and \$40,000 from Drug Reimbursement to Insurance Copay.</p> <ul style="list-style-type: none"> ▶ Dr. Hartner asked if the new case management contracts were completed and sent. S. Mitchell stated they were sent out August 11, 2004. ▶ There were questions and discussion regarding the AICP program (from item above "insurance copay"). The program is limited to no more than 75 clients. And as clients become disenrolled, no new clients can be added. ▶ G. Counts reported a request for "roll-over" dollars was submitted and some of those funds would be for insurance premiums and copays for people who cannot get on AICP due to the freeze on new enrollment. She reported the state has yet to make a decision on the carry over requests. 			
III.A.2.	<ul style="list-style-type: none"> ▶ Two months into the HOPWA fiscal year shows the program continues to be under-spent. The program is budgeted to have spent \$158,687 and has spent \$90,440.37. Last year at this time, not counting Sarasota clients, the program has spent \$115,000. ▶ B. Little asked we include the number of clients served. ▶ M. Valiant stated in the past we had been restrictive to slow spending because funds were unavailable. J. McCloud stated we should be marketing the program and that someone is not doing enough. J. Hartner stated the group had discussed the perception the program was an entitlement, which it is not. The only change that was made was to use the fair market rent value as the reasonableness test for mortgage payments. The policies have been reviewed and determined to be appropriate. ▶ R. Bobo stated this period of time is generally slower and the hurricanes probably had an impact. He stated 	<ul style="list-style-type: none"> ▪ - ▪ S. Mitchell 	<ul style="list-style-type: none"> ▪ Include number of clients served per month. 	<ul style="list-style-type: none"> ▪

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	<p>he did not want the program to have a knee-jerk reaction to changes in utilization.</p> <ul style="list-style-type: none"> ▶ A. Gallagher said the link for the client to the program is the case manager. There is not enough community participation. B. Little suggested all participants take the word back to the local advisory groups that the HOPWA program is available and get the word out. ▶ C. Kirby stated that at the last meeting he reported on the activities of the ad hoc committee directed to look at the HOPWA underspending. The conclusion was that there is either not the level of need for the program as it exists or that there is a failure in marketing the program to the client population. Case managers have indicated clients are not being denied. And training efforts continue to eliminate differences in how the case managers present the program to clients. ▶ B. Little suggested we look at the number of clients served since Sarasota has been pulled into the HUD program. ▶ P. Dobbins suggested the local communities find out if there are needs not being met. ▶ B. Little suggested it might be a good sign that the conditions of the population are improving. 		<ul style="list-style-type: none"> ▪ RHAC members take back to local advisory groups the word on HOPWA – funds are available and if anyone knows of clients that may qualify, refer to case management. ▪ Look at the number of clients served without Sarasota vs. the number served with Sarasota (last year). 		
III.B.1. Emergency Procedures	<ul style="list-style-type: none"> ▶ S. Mitchell presented a draft of the HPCSWF emergency protocol for authorization of services in the event HPCSWF loses power and/or the ability to communicate with providers. ▶ B. Conner suggested HPCSWF staff should send staff to work in the locally affected areas in the event of a disaster such as the recent storms. Dr. Hartner pointed out this was an internal HPC protocol to address continuity of operations. She stated all case management agencies have their own responsibility for having a COOP (continuity of operations plan) and 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ Gail Counts and Lenore Montgomery postponed the focus groups with clients affected by the storms to see how service provision was handled. 	<ul style="list-style-type: none"> ▪ 	

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	<p>that RHAC doesn't need one. J. Colfer stated she did not think that HPCSWF was staffed to provide that kind of support to agencies. One suggestion was to have a group to discuss what worked and what didn't work during this time. D. Larson pointed out the issue of what were to happen if HPCSWF were to be out of operation for a long period of time. B. Little asked if anyone was interested in bringing people/clients together to discuss issues. Gail Counts said she and Lenore Montgomery may be interested in doing this.</p>			
III.B.2.	<ul style="list-style-type: none"> ▶ S. Mitchell reviewed the open action items and progress (see attached). ▶ B. Little asked why the turnover rate for case managers was so high (41%). Dr. Hartner suggested a focus group of case managers to specifically address turnover. S. Craig suggested someone not involved with the RWII/HOPWA programs facilitate the focus group. Someone from FGCU was suggested. Gail Counts will find someone to do this. Include a market survey for salaries. ▶ Dr. Hartner stated she and the ad hoc committee to review the Input and Accountability agreement will have a final version at the next RHAC 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ Gail Counts will find someone to consult with the community and facilitate the focus group for case managers turnover. ▪ Input and Accountability Agreement to be presented at next RHAC 	<ul style="list-style-type: none"> ▪
III.B.3.	<ul style="list-style-type: none"> ▶ S. Mitchell stated the new case management contracts were sent out August 10. Dr. Hartner stated that the new contracts were in response to the significant changes in the allocation methodology used for this years contracts and the adverse effects it had on a couple agencies. While this change for the second half of the contract year helps for now, the issue of how to allocate funding still needs to be addressed. 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 	
III.B.5.	<ul style="list-style-type: none"> ▶ S. Mitchell presented the Level of Need data submitted by the case management agencies. G. Price stated that New York was using a 4-category system of establishing level of need. 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪

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IV.A.	<ul style="list-style-type: none"> ▶ J. Capaci gave a brief report on the Clinical Committee and events taking place in Area 8. She informed the group on the Episcom pamphlets for free 30 day supply. ADAP is requiring patients to use the free 30 days. 	▪	▪
V.	<ul style="list-style-type: none"> ▶ Marty Kennedy reported that Gulf Coast Hospital is now using the rapid testing for women who are ready to deliver and have had no prenatal care and have no records. 	▪	▪
VI.	<ul style="list-style-type: none"> ▶ Sarasota County received a \$10,000 for developing a Needs Assessment Tool Kit for prevention. ▶ Lee County is considering combining the patient care and prevention groups locally and have joint meetings every other month. ▶ A. Gallagher reported there is a new PA at HCHD. ▶ S. Tims informed the group of the free Prevention Case Management training being offered at the Collier County Health Department in October. G. Counts indicated that recipients of the prevention grants will need to attend. There was discussion regarding prevention for positives and what that means. The agencies who applied for the prevention grants are: ARC, ICAN, CCC, and a Haitian organization in Collier County. ▶ The next RHAC meeting will be December 1 9:30 at the Regional Service Center. There will be something special for Worlds AIDS Day. 	▪	<ul style="list-style-type: none"> ▪ Work with HAPC to develop a WAD event

NEXT MEETING:

Chairman's Signature: _____

Date: _____