



Ryan White Program Performance Improvement Advisory Team
Minutes of January 28, 2011
Behavioral Science Research
2121 Ponce de Leon Blvd., Suite250
Coral Gables, FL 33134

#	Members	Organization	Guests	Organization
1	Karen Hilton	University of Miami	Elvira Calizaire	MDC Health Dept.
2	Joe Martinez	ACMS	John Eaton	SFAN
3	Ed McGowan	Concept House	Gustavo Gallego	SFAN
4	Kathy Mercogliano	University of Miami	Rafael Jimenez	Care Resource
5	Jasmin O’Neale-Lewis	University of Miami	Lynn Smith	SFAN
6	Johnny Rogers	Empower “U”	Laura Dominguez	Jessie Trice
7	Carla Valle-Schwenk	Office of Grants Coordination	Damarys Parada	Positive Health Care
8	Ruth Weber	Empower “U”	BSR Staff	
			Ariela Eshel	Sandra Sergi
			Beth Hayden	Kimberly Tardalo
			Robert Ladner	Petra Brock-Getz

1. The PIAT Chair, Ed McGowan called the meeting to order and asked for introductions.
2. PIAT members reviewed the November 18, 2010 minutes. No changes were made.

3. Standing Business

- *Ryan White Program Update* –
 - Carla Valle-Schwenk reported the following:
 - The 2011 Federal Poverty Level (FPL) guidelines were released. The Ryan White Part A/Mai Program will update eligibility requirements accordingly to begin on March 1st, 2011.
 - The Service Delivery Guidelines are undergoing slight revisions; the updated guidelines will be released shortly. Beth Hayden agreed to review the outreach service definition and provide suggestions for revision in line with the new outreach focus on the Early Identification of Individuals with HIV/AIDS (EIIHA).
 - A Request for Proposal for the Ryan White Program grant will be released in the spring or summer of 2011 for services beginning March 1st, 2012.
 - Residential substance abuse providers will be notified they are required to note in the Service Delivery Information System (SDIS) the reasons a client left treatment (e.g., completed treatment) and the agency to which the client was referred.
 - The Mercy Hospital service transfer to Miami Beach Community Health Center has been approved by the Board of County Commissioners.

- Medical Case Management (MCM) Updates
 - *TA Visits* – Monthly TA visits have been continuing as usual. However, as a result of system-wide and agency-specific weaknesses noted during larger scale reviews, such as the recent Entitlements and Pharmacy reviews, Quality Management (QM) staff is considering conducting monthly large scale reviews at each Medical Case Management agency. The large scale reviews will be conducted along with the regular TA visits. PIAT will be informed of any changes made to the TA process.
 - *Monthly MCM Training* – QM staff will provide training on the revisions made to the Comprehensive Health Assessment once revisions per PIAT will be final. In addition, emphasis will be placed on documentation issues and the Plan of Care.
 - *MCM Supervisors Training* – The next training is scheduled for February 16th and will be conducted by Dr. Jane Petrick.
 - *Outreach Training* – A mandatory motivational interviewing training for outreach workers will be held on February 16th.
 - *Record Reviews* – The AIDS Education and Training Center (AETC) is assisting QM staff in conducting a follow-up pharmacy record review and a psychosocial/mental health review.
 - *EIHA* – BSR and the Department of Health (DOH) have been working closely to implement a pilot program in place linking clients directly from counseling and testing sites to Ryan White Part A outreach workers.

4. New Business

- *AIDS Drug Assistance Program (ADAP) Waitlist Update* – Beth Hayden reported that early in February, Florida ADAP will be out of funding for prescription drugs until the new fiscal year which begins on April 1st. She reported that an agreement is being discussed between DOH and Welvista to transfer a certain number of Florida ADAP clients to Welvista until April 1st. The agreement is not yet finalized. This agreement will not affect clients on the waitlist. MCM should continue reenrolling ADAP clients timely to ensure they do not become disenrolled and placed on the ADAP waitlist.
- *Outreach Training* – As noted above, a mandatory motivational interviewing training for outreach workers will be held on February 16th at BSR; attendance is optional for psychosocial workers.
- *Health Literacy Survey Results* – Petra Brock-Getz presented the Health Literacy Survey Results (copy on file).
- *Revisions to the Comprehensive Health Assessment* – Members reviewed proposed revisions to the Comprehensive Health Assessment (copies on file). The following suggestions were made:
 - Suggested additions to the Health History Section:
 - Assessment of vision and smoking.
 - Women’s health issues such as mammogram, history of pregnancy, and annual pap smears.
 - Resistance testing and Trofile Assay results.
 - The drop down list of Opportunistic Infections should be simplified.
 - Source of information (i.e. client’s record or self report) should be indicated if a history of an Opportunistic Infection is noted.

- Medications:
 - Add the Veterans Administration and clinical trials to the drop down list for of payers of medications.
- Adherence:
 - The adherence section will branch out to relevant sections of the AETC adherence module.
- Nutrition:
 - The question “Are you getting enough nutritious food to eat?” should read, “Obtaining enough nutritious food to eat?”
 - Food allergies and weight should be added.
- Oral Health Care:
 - The question “Do you have a dentist?” should be followed by “If YES, who is your dentist?”.
- Functional Assessment:
 - The question “Are you able to get time off for medical appointments?” should be added.
- Housing/Living Arrangement:
 - The term “stable housing” should be used in place of “shelter”.
 - An assessment should be made of whether the client’s living arrangement is stable, permanent or temporary and if temporary why.
 - Clients should be asked if they were recently incarcerated.
 - Clients should be asked if they are responsible for the mortgage/rent.
 - Clients should be asked if they have been banned from any housing or treatment facilities.
- Support Systems and Relationships:
 - Add questions regarding family planning and birth control.
 - The question “are you using protection” should have three answer options – Always, Sometimes, Never, instead of “Yes” / “No”.
 - The term “sex partner” should be used instead of “partner/significant other.” Add a question regarding multiple sex partners. John Eaton will send a sample from the Partnership of Health to assist in revising this section.
- Mental Health and Emotional Wellbeing:
 - The section should be titled Mental Health/Psychosocial and Emotional Wellbeing.
 - The question “Have you been having difficulty sleeping for more than 2 weeks?” should be changed to “Have you been having difficulty sleeping?”.
 - The order of the questions pertaining to domestic violence should be reversed and, “If YES, are you ready to do something about it?” should be removed.
 - The questions assessing suicidal and homicidal thoughts should be removed.

- It was noted that MCMs are currently required to assess clients for mental health/psychosocial, domestic abuse and other sensitive issues for which they are not trained to respond properly.
- Substance Abuse:
 - The question, “Is your alcohol/drug use interfering with your daily activities and/or relationships?” should read, “Is your alcohol/drug use preventing you from carrying out your daily activities?”
 - Prescription drug abuse should be added.
 - Ed will send a Level of Risk Assessment from the Addiction Severity Index to QM staff to assist with revision of the substance abuse section.
 - Clients who state they received outpatient and/or residential treatment should indicate whether treatment was voluntary, court ordered or provided while incarcerated.
- Legal:
 - Child support enforcement questions should be added.
- Beth Hayden noted that the assessment may be programmed to auto-populate the plan of care.
- At the end of the assessment an optional consent will be added to allow BSR permission to contact clients for research purposes. Ed will send a sample consent form from the South Florida Behavioral Health Network.

5. **Announcements** – No announcements.

6. **Next Meeting** –The next meeting will be held on Friday February 18th, 2011.