

Community Health Planning & Strategies Committee



Cheri Tomlinson, Chair

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Wednesday, June 1, 2016

5:00 pm to 7:00 pm

Public Health

4041 North Central Avenue, Phoenix

14th Floor, Training Room

Meeting Minutes

Committee Members *AT: Attended AB: Absent EX: Excused ALT: Alternate Present*

In Attendance

AT	Cheri Tomlinson	AT	Cynthia Trottier	AB	Dan Lindell
AT	John Sapero	AT	Randall Furrow	AB	Gil Velez
AT	Debby Elliott	AB	Edward Tisdale	AB	Tim Jeralds

Part A Program Staff

AT Rose Conner
EX Jeremy Hyvarinen

Guests

Carmen Batista RJ Shannon

Support Staff: Claire Tyrpak

Welcome, introductions and declarations of any conflicts-of-interest

Cheri Tomlinson called the meeting to order and welcomed the attendees. Everyone introduced him/herself and declared any conflicts-of-interest.

Determination of Quorum

Cheri Tomlinson determined that quorum was established with 5 of 9 members present at approximately 5:02 pm.

Review of the minutes and action items from prior meetings

Participants silently reviewed the summary minutes for the previous meeting. No comments were voiced.

Funding is provided by the United States Department of Health and Human Services, the Ryan White Treatment Extension Act of 2009 and the Maricopa County Department of Public Health.

All of the documents discussed may be requested from Planning Council Support.

MEETING MINUTES *continued*

Chair and Administrative Agent update

Cheri Tomlinson reviewed the assignments from the last meeting.

Integrated HIV Prevention and Care Plan

Cheri Tomlinson stated that Goal 4 would be worked on that night and a review of the rest of the activities. Claire Tyrpak read through the ideas for Goal 4 activities that were generated by the Part A office. The Committee went through all activities.

The Committee discussed possible revisions for Goal 4 activities. Suggested revisions to the Comprehensive Plan worksheet are as follows:

The Strategy of Patient-centered care was changed throughout to: Culturally and linguistically appropriate patient-centered care

Goal 4

Objective 1, Strategy 1: Funding

4.1.1.1 Was reworded to: Identify, collect and analyze data related to each partner's health populations and health disparities.

Two activities were added as follows:

4.1.1.2 Share data among grantees and providers to increase collaboration among providers and maximize available funding better address health disparities.

4.1.1.3: Use data to identify capacity building opportunities among new and traditional partners to address disparities in target population.

Strategy 2: Culturally and linguistically appropriate patient-centered care

4.1.2.1 Was changed to: Analyze 2015 Needs Assessment to identify strategies that promote patient centered care. One strategy per year.

4.1.2.2 Was changed to: Utilize consumer focus groups/surveys to drive/inform/strengthen quality improvement projects at recipient and sub-recipient levels.

Strategy 3: Stigma

4.1.3.1 Was changed to: Develop partnerships among community based organizations to determine strategies to address stigma: individual, family, friends, providers, culture, etc.

4.1.3.2 Was added: Implement a stigma initiative. Assess success and adjust strategy based on data.

Objective 2, Strategy 1: Community engagement

4.2.1.1 Was changed to: Establish a referral mechanism with the centralized homeless housing hubs (CASS Welcome Center; UMOM Family Housing Hub; and Mesa Family Housing Hub) for referrals to Ryan White and HOPWA services.

4.2.1.2 Was added: Establish MOUs with centralized housing hub leadership to document referrals between agencies.

MEETING MINUTES *continued*

Strategy 3 Culturally and linguistically appropriate patient-centered care

4.2.3.1 Was revised to include: and evaluate opportunities to adopt best practices in other areas of the state.

The Committee then reviewed the rest of the plan activities as follows:

Goal 1

Objective 1, Strategy 1: Prevention, testing and linkage to care.'

1.1.1.1 Was revised to: Increase HIV testing by adding additional testing sites per year for target populations focusing on communities of color and transgender.

1.1.1.2 The word "adding" was deleted.

Strategy 2: Education

1.1.2.4 Added language: community health workers/promotoras.

Strategy 3: Community Engagement

1.1.3.1 Was changed to: Develop a community based strategy to promote HIV awareness, testing and linkage to care that is culturally and linguistically appropriate care.

1.1.3.2 Was changed to: Collaboratively develop tools and processes with ICE and Border Health programs to coordinate HIV care during deportation process.

Objective 2, Strategy 1: Streamlined processes

1.2.1.1 Was revised to: Complete joint application for RW care and medication services with implementation by mid-year 2017.

Strategy 2: Community engagement

1.2.2.1 Was changed to: Establish a communication strategy to engage traditional and non- traditional community partners in ending the HIV epidemic.

1.2.2.2 Was revised to: Implement technology resources to expand partner services to improve health and prevention outcomes.

1.2.2.3 Was deleted.

Strategy 3: Culturally and linguistically appropriate patient-centered care

1.2.3.1 Was changed to: Establish ongoing community quality initiative that drives improvements to decrease entry to care timeframes.

Goal 2

Objective 1, Strategy 1: Streamlining the process

2.1.1.2 Was changed to: Establish Spanish language version of HIVAZ.org.

2.1.1.3 Was changed to: Diversify accessibility to health care services for homeless clients.

Objective 2, Strategy 2: Community engagement

2.2.2.1 Was revised to: Conduct media initiative that promotes retention in care and viral suppression.

MEETING MINUTES *continued*

Goal 3

Objective 1, Strategy 1: Funding

3.1.1.1 Was changed to: Support capacity building of community based agencies seeking diverse funding opportunities.

3.1.1.2 Was changed to: Create a continuum of care that is specific for each disparity group to justify the need for funding.

Strategy 2: Culturally and linguistically appropriate patient-centered care

3.1.2.1 Was changed to: Enhance non-RW integrated medical providers' knowledge of and ability to link clients to Ryan White services at no less than 3 a year.

3.1.2.2 Was revised to include: "ongoing" between "Provide" and "training".

Strategy 3: Stigma

3.1.3.1 Word "media" was deleted.

Objective 2, Strategy 1: Community Engagement

3.2.1.1 Was replaced with: Establish a referral mechanism with the centralized homeless housing hubs (CASS Welcome Center; UMOM Family Housing Hub; and Mesa Family Housing Hub) for referrals to Ryan White and HOPWA services.

3.2.1.2 Was added: Establish MOUs with centralized housing hub leadership to document referrals between agencies.

Strategy 3: Culturally and linguistically appropriate patient-centered care

3.2.3.2 Was revised to include: "options for homeless individuals".

3.2.3.3 Was revised to: Confer with SAAF Harm Reduction program and HIV housing and evaluate opportunities to adopt best practices in other areas of the state.

It was agreed that the meeting would be extended by 10 minutes.

Post Meeting Assignments

- Claire Tyrpak will update the document for the next meeting.
- Claire Tyrpak will check with AETC on several items.
- John Sapero will take back Nicole Turcotte's analysis data to the SWAG committee.
- Carmen Batista, John Sapero, Chavon Boston and Jeremy Hyvarinen will gather data to complete SMART objectives for all objectives.

Determination of agenda items for the next meeting

It was discussed that at the next meeting, the Committee will continue the review of activities for all goals and complete the rest of the pieces such as lead and timeline.

Current events summaries

No comments were voiced.

MEETING MINUTES *continued*

Call to the public

No comments were voiced.

Adjourn

The meeting adjourned at 7:10 p.m.