

# Central Florida HIV Planning Council

## Service Systems Planning & Quality (SSPQ) Committee Minutes

August 7, 2025

**Call to Order:** The SSPQ Committee Vice-Chair, Anthony McNeil, called the meeting to order at 9:35 AM at Heart of Florida United Way located at 1940 Cannery Way, Orlando, FL 32804.

**Members Present:** Charlie Wright, Monika Trejos-Kweyete, Anthony McNeil, Gabrielle Leonce, Rene Cotto-Lewis

**Members Present via Teleconference:** Ira Westbrook, Jessica Seidita, Priscilla Torres-Theobald, Andre Antenor, Paolo Mancini

**Members Excused:** Alelia Munroe, Jules Smith

**Members Absent:** None.

**Recipient & Lead Agency Staff Present:** Pedro Huertas-Diaz, Doris Huff, Yasmin Andre

**PCS Staff Present:** Whitney Marshall, David Bent, Laura Perez

<b>Approval of the agenda:</b>	<p>The committee reviewed the meeting agenda and recommended the following changes:</p> <ul style="list-style-type: none"><li>• Move the AAM Final Report to the beginning of Reports</li></ul> <p><b>Motion:</b> Rene Cotto-Lewis made a motion to accept the agenda with the recommended changes. Monika Trejos-Kweyete seconded the motion.</p> <table border="1" data-bbox="712 1251 1252 1327"><thead><tr><th>In Favor</th><th>Against</th><th>Abstain</th></tr></thead><tbody><tr><td>5</td><td>0</td><td>0</td></tr></tbody></table> <p>The motion was adopted unanimously without debate.</p>	In Favor	Against	Abstain	5	0	0
In Favor	Against	Abstain					
5	0	0					
<b>Approval of the July 2 Minutes:</b>	The committee reviewed the July 2 minutes and approved them as presented.						
<b>Open the floor for public comment:</b>	<ul style="list-style-type: none"><li>• PCS did not receive any comment cards.</li><li>• There were no public comments in the room or online.</li></ul>						
<b>Reports:</b>	<p><b>AAM Final Report</b></p> <p>Kim Molnar presented the Final Report on the Assessment of the Administrative Mechanism (AAM) and reviewed the purpose of the AAM, what was included in the process of data collection, and the timeframe of the AAM. She reviewed the Subrecipient and Planning Council survey findings, providing the following information:</p>						

- There was a response rate of 72.7% from subrecipients (8 out of 11 providers)
- There was a response rate of 67% from Planning Council and Associate Members (16 out of 24 members)
- Feedback was generally positive.

Kim also reviewed the allocations and expenditures for FY24-25, the contracts and contract modifications, the analysis for provider reimbursement, and concluded with the following recommendations:

- Enhance Communication Protocols
- Streamline Re-Allocation Processes
- Optimize Resource Utilization

Following the report, Pedro Huertas-Diaz reviewed the following information on the Recipient's Office accomplishments in meeting the Planning Council's Ways to Best Meet Need:

- Recipient hosted all-hands trainings that included harm reduction, mental health and substance use. The trainings were provided by License Mental Health providers. The recipient hosted a Harm Reduction and Mental Health training, 84 staff attended. Recipient monitored subrecipient compliance during annual monitoring visits. 150 staff from 12 agencies participated. All Case Management Staff is required to complete the AETC Case Management Module, which included Mental Health and Substance Use topics.
- Recipient encouraged and approved subrecipients to attend various national conferences that included leadership training and workshops. Recipient encouraged subrecipients to participate in related AETC sponsored webinars and trainings. 19 staff from 7 subrecipients attended the National Conference, which offered leadership topics. The recipient will identify and require supervisors to complete specific leadership training during FY 2024-2025. Recipient encouraged subrecipients at Supervisor's and Provider's meetings to provide agency level leadership training. Recipient monitored subrecipient compliance during annual monitoring visits.
- Recipient worked with subrecipients on maintaining and/or developing CABs as part of the required monitoring standards. Not all subrecipients currently have an active CAB due in part because of the challenges involved with securing client participation. However, other forms of feedback collection were used. Currently, 5 subrecipients have active CABs; 3 subrecipients collaborated with PC to host Community Meetings in other counties. 1 subrecipient conducted focus groups. All subrecipients are part of the Recipient's client satisfaction survey. Recipient revamped the Client Satisfaction Survey program and promoted its usage among all subrecipients. Results were shared and discussed with subrecipients during various meetings.
- Recipient encouraged and approved subrecipients to attend various national conferences that included HIV stigma reduction training and workshops. Recipient encouraged subrecipients to participate in

related AETC sponsored webinars and trainings. Recipient encouraged subrecipients at Supervisor’s and Provider’s meetings to provide agency level HIV stigma reduction training.

**Part A Monthly Expenditure Report  
(Expenditures as of June 30, 2025)**

Pedro Huertas-Diaz reported the following:

- Percentage of Fiscal Year Transpired: 33.33%
- Target Expenditures: 33.33%
- Actual Expenditures 35.15%
- Difference: -1.82%

Pedro Huertas-Diaz provided the following information regarding the Part A monthly expenditure:

- This report is based on the original allocation. The percentages will likely change once the proposed reallocations are incorporated.
- The following service categories are above target expenditure:
  - Outpatient/Ambulatory Health Services – due to increased utilization in Specialty Care
  - Oral Health Care – due to high utilization, though the Recipient’s office is still working to manage utilization and overrides
  - Mental Health Services – due to an increased demand for services
  - Medical Nutrition Therapy
- The following service categories are below target expenditure:
  - Health Insurance Premium & Cost-Sharing Assistance – appears low due to delays in claims processing
  - Medical Case Management – due to vacancies
  - Substance Abuse Services – Outpatient – demand for this service has not been high due to the service being available from other providers
  - Food Bank/Home-Delivered Meals – the expenditure will increase when another bulk order of food cards is processed

**Proposed 2025-2026 Reallocations**

Pedro Huertas-Diaz presented the proposed reallocations in the Part A grant necessitated by the reduction in the final federal award, resulting in a difference of \$606,988 between the allocations approved in March 2025 and the proposed reallocations. He reviewed each line item, providing justifications for each reallocation, and answered questions from committee members.

Allocation Category	Difference March 2025 vs
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	<b>Proposed Allocation</b>
Outpatient/Ambulatory Health Services	\$260,085
Local Pharmacy Assistance Program	\$0
Oral Health Care	-\$133,402
Early Intervention Services	\$0
Health Insurance Premium & Cost Sharing Assistance	-\$29,619
Mental Health Services	\$90,000
Medical Nutrition Therapy	\$0
Medical Case Management	-\$395,000
Substance Abuse Services – Outpatient	-\$4,002
Home & Community-Based Health Services	\$0
Referral for Healthcare/Support Services	-\$35,000
Food Bank/Home-Delivered Meals	-\$139,503
Medical Transportation Services	-\$13,811
Clinical Quality Management	-\$84,257
Administration	-\$122,479
Total Difference	-\$606,988

After discussion, the committee moved to approve the proposed reallocation. [See attached]

**Motion:** Rene Cotto-Lewis made a motion to accept the proposed reallocations as presented. Monika Trejos-Kweyete seconded the motion.

<b>In Favor</b>	<b>Against</b>	<b>Abstain</b>
4	0	0

The motion was adopted with a unanimous roll-call vote.

**Part A Initial Funding Slate for PSRA**

Pedro Huertas-Diaz presented the Part A initial funding slate for FY2026-2027, which is based off the reallocations that were just proposed. The only differences are slight increases in the Clinical Quality Management and Administration lines.

**Motion:** Rene Cotto-Lewis made a motion to approve the Ryan White Part A Initial Slate for FY2026-2027. Monika Trejos-Kweyete seconded the motion.

<b>In Favor</b>	<b>Against</b>	<b>Abstain</b>
5	0	0

The motion was adopted with a unanimous roll-call vote.

**Part B Monthly Expenditure Report**  
*(Expenditures as of June 30, 2025)*

Yasmin Andre reported the following:

- Grant Month Number: 3 (of 6)
- Target Expenditures: 50%
- Actual Expenditures 44%
- Difference: 6%

Yasmin provided the following information regarding the Part B monthly expenditures:

- The following service categories are above target expenditure:
  - AIDS Pharmaceutical Assistance – This line has been covering for a closed alternative funding source for nutritional supplements
  - Medical Transportation Services – Due to increased utilization of service
  - Non-Medical Case Management
- The following service categories are below target expenditure:
  - Early Intervention Services – due to staff vacancies
  - Health Insurance Premium & Cost Sharing Assistance – due to low utilization
  - Home & Community-Based Care – due to low utilization
  - Mental Health Services – due to low utilization
  - Oral Health Care – due to delayed invoices
  - Outpatient Ambulatory Health Services – due to spending down GR funds first
  - Emergency Financial Assistance – low utilization of service
  - Referral for Healthcare Support – due to increased shift in activity to MCM
- Part B is making a lot of changes to the allocations due to low utilization that will be reflected in next month's report

**GR Monthly Expenditure Report**  
***(Expenditure as of June 30, 2025)***

Yasmin Andre reported the following:

- Grant Month Number: 12
- Target Expenditures: 100%
- Actual Expenditures: 100%
- Difference: 0%

**Part B & GR Initial Funding Slate for PSRA**

Yasmin Andre presented the proposed Initial Funding Slate for FY2026-2027 for Part B and GR. She indicated that the slate assumes that Part B will receive a 12-month allocation, and explained the decision to allocate all Part B funds in Core Medical Services and all GR funds in Support Services. Yasmin answered questions from committee members regarding substance abuse services, which continued into a lengthy discussion. Rene

Cotto-Lewis made a motion to move \$741.78 from Mental Health Services to Substance Abuse Outpatient. Receiving no second, the motion died. After further discussion, the members moved forward with approving the funding slate as presented.

**Motion:** Monika Trejos-Kweyete made a motion to approve the Part B & GR initial funding slate for FY2026-2027. Charlie Wright seconded the motion.

In Favor	Against	Abstain
3	2	0

The motion was adopted with a majority roll-call vote.

**PCS Quarterly Expenditures Report  
(Expenditures as of February 28, 2025)**

Whitney Marshall reported the following:

- Quarter Number: 1
- Target Expenditures: 25%
- Actual Expenditures: 24%
- Difference: 1%

**Unfinished Business:**

Anthony McNeil stated that for the sake of time, the discussion of service standards will be moved to the end of New Business on the agenda.

**Integrated Plan Update**

Whitney Marshall gave an overview of the purpose of the Integrated Plan. Members had been given the opportunity to review the progress notes for the various activities under each goal. Whitney also explained that empty columns in the document are due to the plan being developed before HRSA required the use of this specific template. The committee did not provide any feedback or recommendations to the Integrated Plan.

**New Business:**

**Reminders: Annual Reports and Chair Nominations**

Members were informed that PCS is still accepting nominations for SSPQ committee chair for the next planning cycle, as well as nominations for FCPN PPG Representative. Additionally, PCS will send out the draft of the Annual Report once the vice-chair has added his notes.

**October Meeting Date – 10/2 to 10/9**

PCS recommended that the committee move its next meeting date so there is a week break from meetings after PSRA. After brief discussion, the members agreed, pending availability of the other committee members.

**Motion:** Rene Cotto-Lewis made a motion to move the next SSPQ committee meeting from October 2nd to October 9th, pending availability of all other members. Monika Trejos-Kweyete seconded the motion.

In Favor	Against	Abstain
4	1	0

The motion was adopted with a majority vote.

### **Review PSRA Processes & Eval Tools**

Members were provided with copies of the Priority Setting and Resource Allocation processes and evaluation forms for review. The committee reviewed the following recommended changes to the Priority Setting Process:

- Revision of the “Previous Trainings” section to reflect that training sessions were conducted quarterly for the 2024-2025 planning cycle
- Indication that voting, motion making, and roll calls are only allowable for members present in person
- Updating language to reflect current HRSA standards

**Motion:** Monika Trejos-Kweyete made a motion to approve the Priority Setting Process with the recommended changes. Rene Cotto Lewis seconded the motion.

In Favor	Against	Abstain
5	0	0

The motion was adopted unanimously without debate.

After discussion, the committee agreed that the same updates should be made to the Resource Allocation process.

**Motion:** Charlie Wright made a motion to approve the recommended changes to the Resource Allocation Process. Rene Cotto-Lewis seconded the motion.

In Favor	Against	Abstain
5	0	0

The motion was adopted unanimously without debate.

Whitney Marshall reviewed the purpose of the evaluation forms for both processes. The committee did not recommend any changes to the evaluation forms.

**Motion:** Rene Cotto-Lewis made a motion to approve the Priority Setting Process and Resource Allocation process evaluation forms as presented. Monika Trejos-Kweyete seconded the motion.

In Favor	Against	Abstain
5	0	0

The motion was adopted unanimously without debate.

**Service Standard for Medical Nutrition Therapy**

Whitney Marshall explained that the Service Standard for Medical Nutrition Therapy had previously been updated to indicate that care plans could be signed by either a Registered Dietitian or a medical provider in Section 2.6. After further review by the Recipient’s Office, it was revealed that this change would create billing issues, so the change to Section 2.6 needs to be removed.

**Motion:** Rene Cotto-Lewis made a motion to forward the Medical Nutrition Therapy Service Standard to the Ryan White community and providers with the recommended changes. Monika Trejos-Kweyete seconded the motion.

In Favor	Against	Abstain
5	0	0

The motion was adopted unanimously without debate.

**Motion:** Monika Trejos-Kweyete made a motion to extend meeting by 10 mins. Charlie Wright seconded the motion.

In Favor	Against	Abstain
5	0	0

The motion was adopted unanimously without debate.

**Service Standards Policy & Procedure**

Whitney Marshall gave an overview of the current Policy & Procedure for the review of Service Standards, and the committee agreed that the current process is slow. The following proposed updates to the procedure were presented to the committee:

1. Draft SS goes to SSPQ meeting for 30-day review, Part A Recipient and Part B Lead Agency, and RWHAP providers who are given 30 days to give PCS feedback
2. SSPQ reviews all feedback and makes edits
3. Community reviews SS and provides feedback (PCS will send the edited SS via e-newsletter to the SS newsletter audience)
4. SS goes to Exec
5. SS goes to PCB for final approval
6. PCS sends the final SS to providers once approved
7. Repeat starting at step 2 if Exec or PCB sends the SS back to SSPQ

After discussion, the committee moved to approve the proposed changes to the Policy & Procedure.

**Motion:** Rene Cotto-Lewis made a motion to approve the proposed changes to the Service Standards Policy & Procedure. Monika Trejos-Kweyete seconded the motion.

In Favor	Against	Abstain
5	0	0

The motion was adopted unanimously without debate.

**Service Standard for Substance Abuse Residential**

**Motion:** Monika Trejos-Kweyete made a motion to postpone review of the Service Standard for Substance Abuse Residential to the October meeting. Rene Cotto-Lewis seconded the motion.

In Favor	Against	Abstain
5	0	0

The motion was adopted unanimously without debate.

**Announcements:**

- PCS shared the following information for upcoming meetings:
  - The Make-up training session is August 14th at 1pm
  - The final Quarterly Training is September 11th at 10am
  - Data Presentation is September 19th at 8:30am
  - PSRA is September 26th at 8:30am
- The Dental Care Access Foundation is having a free dental event for low-income, uninsured, and underserved. Services covered is limited exams, x-rays, and extractions. Call to schedule an appointment 407-898-1525

**ACTION ITEMS**

Responsible Party	Item
N/A	-
<b>Next Meeting:</b>	October 9, 2025
<b>Adjournment:</b>	12:08 PM

**Prepared by:**

*Laura Perez*

**Date:** 8/21/2025

**Approved by:**

*Monika Trejos-Kweyete*

**Date:** 10/6/2025

**Ryan White Part A/MAI Proposed Reallocation - Based on Final Notice of Award Received  
August 2025**

**Part A**

2025-2026 Priorities	Allocation Categories	24-25 Expenses	Allocations Approved September 2024	Allocation Approved March 2025	Proposed Reallocation August 2025	%	Difference March 2025 vs Proposed Allocation	Difference Proposed vs 24-25 Expenses
6	Outpatient /Ambulatory Health Services	\$2,677,209	\$2,940,000	\$2,836,310	\$3,096,395		\$260,085	\$419,186
1	Local Pharmacy Assistance Program	\$518,792	\$300,000					-\$518,792
4	Oral Health Care	\$1,663,445	\$750,000	\$1,600,000	\$1,466,598		-\$133,402	-\$196,847
14	Early Intervention Services		\$0					\$0
3	Health Insurance Premium & Cost Sharing Assistance	\$20,381	\$805,133	\$50,000	\$20,381		-\$29,619	\$0
7	Mental Health Services	\$226,664	\$150,000	\$230,000	\$320,000		\$90,000	\$93,336
15	Medical Nutrition Therapy	\$49,057	\$235,000	\$50,000	\$50,000			\$943
2	Medical Case Management	\$2,232,764	\$2,425,951	\$2,400,000	\$2,005,000		-\$395,000	-\$227,764
12	Substance Abuse Services - outpatient	\$25,998	\$75,000	\$30,000	\$25,998		-\$4,002	\$0
19	Home Community- Based Health Services		\$10,000	\$0				\$0
	<b>Core Medical Services Subtotal</b>	<b>\$7,414,310</b>	<b>\$7,691,084</b>	<b>\$7,196,310</b>	<b>\$6,984,372</b>	<b>79%</b>	<b>-\$211,938</b>	<b>-\$429,938</b>
8	Referral for Healthcare/Support Services	\$1,634,298	\$1,500,000	\$1,700,000	\$1,665,000		-\$35,000	\$30,702
16	Food Bank/Home-Delivered Meals	\$253,993	\$100,000	\$280,000	\$140,497		-\$139,503	-\$113,496
13	Medical Transportation Services	\$81,189	\$60,000	\$95,000	\$81,189		-\$13,811	\$0
22	Substance Abuse - Residential	\$64,958	\$20,000	\$0				-\$64,958
10	Psychosocial Support		\$0					\$0
18	Outreach Services		\$75,000					\$0
24	Emergency Financial Assistance	\$50,099	\$40,000					-\$50,099
11	Other Professional Services		\$25,000					\$0
	<b>Support Services Subtotal</b>	<b>\$2,084,537</b>	<b>\$1,820,000</b>	<b>\$2,075,000</b>	<b>\$1,886,686</b>	<b>21%</b>	<b>-\$188,314</b>	<b>-\$197,851</b>
	<b>Total Service Allocations</b>	<b>\$9,498,847</b>	<b>\$9,511,084</b>	<b>\$9,271,310</b>	<b>\$8,871,058</b>		<b>-\$400,252</b>	<b>-\$627,789</b>
	Clinical Quality Management	\$210,333	\$559,476	\$319,700	\$235,443	2%	-\$84,257	\$25,110
	Administration	\$947,498	\$1,118,951	\$1,065,668	\$943,189	9%	-\$122,479	-\$4,309
	<b>Total Award</b>	<b>\$10,656,678</b>	<b>\$11,189,511</b>	<b>\$10,656,678</b>	<b>\$10,049,690</b>		<b>-\$606,988</b>	<b>-\$606,988</b>

**MAI**

2025-2026 Priorities	Allocation Categories	24-25 Expenses	MAI Allocations Approved September 2024	MAI Allocation Approved March 2025	MAI Proposed Reallocation August 2025	MAI %	Difference March 2025 vs Proposed Allocation	Difference Proposed vs 24-25 Expenses
6	Outpatient /Ambulatory Health Services	\$315,275	\$320,078	\$470,160	\$374,605		-\$95,555	\$59,330
14	Early Intervention Services	\$342,919	\$320,000				\$0	-\$342,919
2	Medical Case Management			\$300,000	\$400,000		\$100,000	\$400,000
	<b>Core Medical Services Subtotal</b>	<b>\$658,194</b>	<b>\$640,078</b>	<b>\$770,160</b>	<b>\$774,605</b>	<b>100%</b>	<b>\$4,445</b>	<b>\$116,411</b>
10	Psychosocial Support	\$103,871	\$150,000				\$0	-\$103,871
	<b>Support Services Subtotal</b>	<b>\$103,871</b>	<b>\$150,000</b>	<b>\$0</b>	<b>\$0</b>		<b>\$0</b>	<b>-\$103,871</b>
	<b>Total Service Allocations</b>	<b>\$762,065</b>	<b>\$790,078</b>	<b>\$770,160</b>	<b>\$774,605</b>		<b>\$4,445</b>	<b>\$12,540</b>
	Clinical Quality Management	\$38,961	\$46,475	\$26,557	\$26,557	3%	\$0	-\$12,404
	Administration	\$84,215	\$92,950	\$88,524	\$88,524	10%	\$0	\$4,309
	<b>Total Award</b>	<b>\$885,241</b>	<b>\$929,503</b>	<b>\$885,241</b>	<b>\$889,686</b>		<b>\$4,445</b>	<b>\$4,445</b>

<b>Total Award</b>	<b>\$11,541,919</b>	<b>\$12,119,014</b>	<b>\$11,541,919</b>	<b>\$10,939,376</b>
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