Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

Committee Meeting Agenda: Part A Executive Committee
Date/Time: THURSDAY, March 27, 2014, 12:30 p.m. **Location:** BRHPC
Chair: GAMMELL, B. **Vice-Chair**: KURYLA, S.

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 3-27-14 Executive Committee Agenda and 3-20-14 Meeting Minutes.
3. **STANDARD COMMITTEE ITEMS**
   None.
4. **UNFINISHED BUSINESS**
   None.
5. **MEETING ACTIVITIES / NEW BUSINESS - Presentation and Discussion with Consultant Emily Gantz-McKay**
   - Wrap-up from HIVPC Meeting
   - Committee Work Plans
     - Link work plans to the Comprehensive Plan
     - Discussion of the Planning Committee and creating a new committee
       - What are the things we know we need a committee to work on?
       - Which committees do these activities fall under?
     - The Affordable Care Act
       - Which committee should take the lead on monitoring this?
       - How do we monitor the impact it will have?
   - By-Laws
     - Create a clear list of items that need attention and a timeline for the Committee to make a decision
6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS / TASKS FOR NEXT MEETING, April 17, 2014, 12:30 p.m. VENUE: A-335**

Agenda Items / Tasks for next Meeting (Work Plan Item #)	*Party to Complete Task*	*Information requested (i.e. data, research, etc.)action to be taken, presentation, discussion, brainstorm etc.*
Review recommended changes to By-Laws (WP Item 4.1)	*Exec, By-Laws, Staff*	ACTION ITEM: Review recommended changes to the HIVPC by-laws

9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

MEETING MINUTES

COMMITTEE: Part A Executive Committee
Date/Time: Thursday, March 20, 2014, 12:30 p.m.
Location: Governmental Center Annex, Room A335
Part A Chair: Gammell, B. **Part A Vice Chair:** Kuryla, S.

#	Members	Present	Absent	Part A Grantee Staff
1	Gammell, B. (*Chair*)	**X**		Jones, L.
2	Kuryla, S. (*Vice Chair*)	**X**		Degraffenreidt, S.
3	Taylor-Bennett, C.	**X**		
4	Reed, Y.		**E**	**HIVPC Staff**
5	Katz, H. B.	**X**		Rosiere, M.
6	Grant, C.	**X**		Sandler, C.
7	Tomlinson, K.	**X**		Johnson, B.
	Quorum = 5	**6**		

1. CALL TO ORDER:

The Chair called the meeting to order at 12:45 p.m. and welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, staff and support staff self-introductions were made. A moment of silence was observed.

2. APPROVALS:

Motion #1	To approve today's meeting agenda as amended		
Proposed by:	Katz, H. B.	**Seconded by:**	Tomlinson, K.
Action:	Passed Unanimously		

Motion #2	To approve meeting minutes of 2/20/14		
Proposed by:	Katz, H.B.	**Seconded by:**	Kuryla, S.
Action:	Passed Unanimously		

3. STANDARD COMMITTEE ITEMS

a) Committee Chair Reports – Activities and Progress on Work Plans

Joint Planning Committee: The Joint Planning Part A Co-Chair noted that there was no meeting in March. They will be working on their work plan at the upcoming Planning Council meeting on March 27, 2014.

Membership/Council Development Committee (MCDC): The Chair shared that the committee is in efforts in forming a Retention and Recruitment Subcommittee to include the following members: Vincent Foster, Tara Wilson, Michael Ehren, Karen Creary, Patricia Parker-Maysonet, Claudette Grant, and Ann Mercer.

Quality Management Committee (QMC): The QMC reviewed their annual work plan and approved the service delivery model. They had a discussion regarding their accomplishments and the improved Service Delivery Model for Oral Health.

Priority Setting and Resource Allocation (PSRA): There was no PSRA meeting in March. The PSRA Chair shared that they will begin their process in May 2014. They will finalize the timeline and begin the data collection in April 2014.

b) Discuss Healthcare Reform Update on PC Agenda: This item will be tabled until next month. The last time a report was run, 70 clients had entered marketplace plans, although many others applied. There is no premium assistance in place currently and many clients cannot afford a marketplace plan at this time.

c) Approve 2-27-14 HIVPC Agenda
The HIVPC agenda was approved with one amendment:

Motion #3	To accept the agenda for the HIVPC Retreat on March 27, 2014		
Proposed by:	Katz, H.B.	**Seconded by:**	Tomlinson, K.
Action:	Passed Unanimously		

Motion #4	To accept the agenda for March 27, 2014, as amended.		
Proposed by:	Katz, H.B.	**Seconded by:**	Tomlinson, K.
Amendment:	Move Emily Gantz-McKay's presentation to agenda item number six and conclude her presentation at 11:30 a.m.		
Action:	Passed Unanimously		

d) Review April 2014 HIVPC Calendar (Handout B)
The Chair made a note to add a missing SFAN meeting to the April Calendar. The Committee made a motion to change the time for the upcoming HIVPC April meeting time to 12:30 p.m.

Motion #5	To move the HIVPC meeting time to 12:30 PM beginning in April 2014		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Katz, H. B.
Action:	Passed with one opposition		

4. UNFINISHED BUSINESS. None.

5. MEETING ACTIVITIES / NEW BUSINESS

a) **Joint Part A & Part B.** Staff identified specific passages from the Ryan White Part A manual that stated Part A should focus on including everyone from the community, not just Part B, C, etc. The Vice Chair reiterated that the language should include "all inclusive," "all parts," and/or "all funding." There was a suggestion to use the identifier "Community" as opposed to "joint." The Grantee suggested focusing whether or not to have joint committees. The PSRA Chair stated that the Policies and Procedures do not allow for that level of incorporation of other parts. Changing the By-Laws would allow for 'joint' to mean being inclusive of the community where other parts can actively participate. The Joint Planning Part A Co-Chair suggested we should be as cooperative and expansive as possible in order to have a more inclusive process. This would give the Planning Council additional options for collaboration moving forward. The By-Laws were built on a foundation of a Part A and Part B partnership. The partnership should be expanded to include the entire community, and there should be a change in the By-Laws so an exclusive partnership between only two Parts is not in the name or embedded in the structure. Because partners can change over time, it is important to expand the relationship definitions in the By-Laws to be more inclusive of the entire community. The Health Resources and Services Administration (HRSA) has also instructed Part As to be more inclusive of other community partners in their planning process. The following motion was made:

Motion #6	To redefine or remove the word 'joint' as it is referenced in the HIV Planning Council By-Laws, in an effort to increase flexibility and collaboration, and to ensure a comprehensive continuum and planning process, which encompasses the entire Broward County HIV/AIDS community.		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Tomlinson, K.
Action:	Passed unanimously		

Members agreed that the term be expanded but not codified as it is now. The QM Chair suggested if we are going to eliminate the word "joint," there is no need to redefine what "joint" is. There needs to be clear definition in the By-Laws. The Chair suggested using the language "Community Known as Broward County"

or stakeholders. The Grantee further explained the By-Laws piece of it now being community focused rather than singular focused.

b) By-Laws Parking Lot Items. The Committee decided to wait to change or remove items listed on the Parking Lot handout until after motions are passed at the upcoming Planning Council meeting.

c) Joint Executive Retreat. Due to Ms. Emily Gantz-McKay's being present on the day of the Joint Executive Retreat, the committee felt it would be better to cancel the Retreat and hold another Part A Executive meeting. The Committee plans to further discuss moving forward with the new 'joint' definition with Ms. Gantz-McKay, as well as work on the Comprehensive Plan and committee work plans.

d) HIVPC Meeting. The Chair presented the possibility of changing the meeting place and time for HIVPC meetings to make it easier for members and consumers to participate. The Grantee suggested identifying if the issue in getting more community involvement lies with the time of the meetings or the place of the meetings. Committee member suggestions for meeting locations included community locations such as Mount Olive Development Corporation (MODCO), residential locations, bussing in consumers, a hospital or clinic on a major bus route.

Action Items

- Cancel the Joint Executive Retreat on March 27, 2014
- Determine ArtServ availability for HIVPC Coordination on 4/7
- Part A Executive Committee meeting following HIVPC-speak to Emily regarding 3/27 agenda
- Discuss and identify alternate meeting venues for HIVPC meetings
- Ask the HIVPC member serving as the Medicaid seat for a brief presentation on the Affordable Care Act (ACA) and Medicaid at the April HIVPC meeting

6. **GRANTEE REPORTS.** The Grantee still has not received a final notice of grant award. The Health Resources and Services Administration (HRSA) has placed preliminary calls to Emerging Metropolitan Areas (EMAs) that will be seeing a reduction in funds; Broward County did not receive one of those calls. The Grantee also noted that moving forward, the national monitoring standards will be more important.

7. **PUBLIC COMMENT.** None.

8. **AGENDA ITEMS / TASKS FOR NEXT MEETING, April 17, 2014, 12:30 p.m.**

Agenda Items (WP Item #)	**Responsible**	**Information requested**
Discussion of Roles	Executive	Discuss roles of HIVPC Staff and Committee Chairs

9. **ANNOUNCEMENTS.** None.

10. **ADJOURNMENT.** Without objection the meeting was adjourned at 2:54 p.m.

2014 Executive Committee Attendance			
Member	**1/16**	**2/20**	**3/20**
Gammell, B (*Chair)*	P	P	P
Kuryla, S. (V-*Chair)*	A	P	P
Taylor-Bennett, C.	P	P	P
H. Bradley Katz	P	P	P
Grant, C.	P	P	P
Reed, Y.	E	P	E
Tomlinson, K.	P	P	P
Spencer, W. (*ex oficio*)	A	A	*No longer ex oficio*
Quorum=5	YES	YES	YES

Broward County HIV Health Services FY2014-15 **Planning Council** Work Plan

Objective 1. Develop and Implement Strategies on Unmet Need and EIIHA	Responsible	Outcome	Start	Due	Progress
1.1 Review unmet need data and procedure. Review Linkage to Care plan	JPC, Staff	Unmet need estimate			
1.2 Approve unmet need strategy. Incorporate into PSRA, Comp Plan	JPC, Staff, HIVPC	Unmet need strategies			
1.3 Update strategy for Early Identification of Individuals with HIV/AIDS (EIIHA)	JPC, QM, Exec, HIVPC	EIIHA Strategy			
Objective 2. Conduct Annual Needs Assessment					
2.1 Review updated Language How Best to Meet the Need, if needed	JPC, Staff, HIVPC	Ensure quality services			
2.2 Approve FY2014/15 Needs Assessment to inform PSRA process: Components and timelines (Client Survey, Provider Survey, Focus Groups, Key Informant Interviews)	JPC, Staff, HIVPC	Assess needs of clients			
Objective 3. Planning Council And Committee Development					
3.1 Review changes from By-Laws Subcommittee	By-Laws, Exec, HIVPC	Improved By-Laws			
3.2 Conduct membership orientations, as needed. Review mentoring plan, as needed	MCDC, Staff	Orientations done	As needed	As needed	
3.3 Survey members on training topics. Plan training set for annual HIVPC retreat	MCDC, Staff, HIVPC	Educated HIVPC			
Objective 4. Identify Special Populations					
4.1 Review Surveillance Data quarterly to identify trends and special populations	JPC, Staff	Understand epidemic			
4.2 Incorporate recommendations into PSRA (language on how best to meet need)	JPC, Staff, HIVPC	Updated Language			
4.3 Assess Needs of Special Populations: Identify diverse populations with special service needs among PLWHA. Identify barriers to services, service gaps, challenges each population present to service delivery. Estimate service costs for each population	JPC, Staff, Grantee	Needs of Special Populations assessed			
4.4 Develop strategies for special populations and increasing people in medical care	JPC, Staff, HIVPC	Needs addressed			
Objective 5. Ensure Community Involvement In The Planning And Decision-Making Process					
5.1 Hold business meetings in the community to raise awareness of PC and boost PLWHA participation. Review progress annually	JCCR, Staff, HIVPC	Community involvement			
5.2 Hold community events to educate PLWHA, raise awareness and participation	JCCR, Staff	Consumer education			
Objective 6. Ensure Compliance With Additional Grant/Legislative Requirements					
6.1 Ensure the Planning Council reflects the demographics of the epidemic, that mandated Planning Council seats are filled, that 33% of Council is unaffiliated PLWHA	MCDC, Staff	HICPC reflects epidemic, complies with HRSA	Monthly	Monthly	
6.2 Coordinate and collaborate with funding sources available to PLWHA. Request data	PSRA, Exec	Collaboration			
6.4 Monitor Expenditures vs. Budget Allocations. Devise strategies to address potential shortfalls. Make reallocations ("Sweeps") to ensure funds for core categories are sufficient and other categories receive fair distribution	PSRA, HIVPC	Funding allocated appropriately			
6.5 Conduct Assessment of Administrative Mechanism	PSRA, Exec, HIVPC	Efficient services			
Objective 7. Priority Setting And Resource Allocation Process					
7.1 Review and Rank Service Categories (Part A and MAI)	PSRA, Staff, HIVPC	Categories prioritized			
7.2 Update Language on How Best to Meet the Need (incorporate into allocation process)	PSRA, HIVPC	Language			
7.3 Allocate funds by service (Part A & MAI)	JPC, Exec, HIVPC	Funds allocated			
Objective 8. Review And Revise Committee Work Plan, Policies And Procedures					
8.1 Review and update Comprehensive Plan to reflect epidemic trends	JPC, Staff, HIVPC	Updated Plan			
8.2 Review and Update Work Plan, P&P. Integrate EIIHA work plan	JPC, Staff	Work Plan Developed	2/15	2/15	
8.3 Annual Evaluation: Assess past year and recommend improvements	JPC, Staff	Improved process	2/15	2/15	

Broward County HIV Health Services Planning Council FY2014-15 **Executive Committee Work Plan**

Objective 1. Maintain a Comprehensive Plan for the Organization and Delivery of HIV Services in Broward County	Responsible	Outcome	Start	Due	Progress
1.1 Annually review and update Comprehensive Plan to ensure continued appropriateness	Joint Executive	Plan meets EMA needs			
1.2 Monitor activities of standing and ad Hoc Committees to ensure objectives of Comp Plan are met	Executive Committees	EMA goals addressed	Each meeting	Each meeting	
Objective 2. Capacity/Leadership Development For Planning Council Members and Applicants					
2.1 Review Mentoring Plan	MCDC, Exec, HIVPC	Educated HIVPC			
2.2 Review results of Council training survey to recommend training sessions	MCDC, Exec, Staff	Educated HIVPC			
2.3 Plan Annual Planning Council Retreat	Exec, Staff, Grantee	PC training, leadership			
2.4 Appoint Nominating Committee Chair. Hold Council leadership Elections.	Exec, Staff, HIVPC	PC leadership			
2.5 Assess effectiveness of Council, Committee meetings (Meeting Evaluation Reports)	Executive; (Data: Staff)	Develop leadership			
Objective 3. Planning Council Operations					
3.1 Monitor adherence to Planning Council attendance policy	Exec, MCDC, Staff	Comply with policy	Monthly	Monthly	
3.2 Organize and approve Planning Council meeting agenda every month	Executive, Staff	Efficient meetings	Monthly	Monthly	
3.3 Review, forward to HIVPC removal-for-cause recommendations from Membership	Exec, MCDC, Staff	Comply with policy	As needed	As needed	
3.4 Review and revise HIVPC grievance process	Executive, JCCR, Staff	Grievances resolved			
3.5 Assess JCCR community educational sessions	Executive, JCCR, Staff	Strong consumer input			
3.6 Review service quality outcomes	Exec, QM, Staff	High-quality services	As needed	As needed	
3.7 Annual Evaluation	All Committees, Staff	Improved process	2/15	2/15	
Objective 4. Review and Revise Executive Committee Policies and Procedures					
4.1 Review recommended changes to By-Laws	Exec, By-Laws, Staff	Improved By-Laws			
4.2 Review Executive purpose, mission statement, Committee Work Plans, P & P	Executive, Staff	Updated policies	2/15	2/15	
4.3 Conduct mini-Retreat for Joint Executive	Joint Executive	Develop Leadership	As needed	As needed	
4.4 Review reports from Committee chairs on accomplishing work plan items	Exec, Chairs, Staff	Meet goals of NHAS	Monthly	Monthly	
Objective 5. Coordination of Funding Streams; Analyze Service Capacity and Infrastructure Needs					
5.1 Develop collaborative relationships with funding sources for PLWHA in Broward: a. Encourage grantees and agencies on PC to submit data on funding and utilization b. Strengthen coordination with federal, state, other funders. Request their data c. Develop linkages between care and prevention. Meet with prevention yearly.	Joint Executive	Efficient services, ensure RW is payer of last resort	As needed	As needed	
5.2 Mobilize providers, community to report data on Community Viral Load	JPC, Exec, Staff	Improved prevention	As needed	As needed	
5.3 Meet bi-monthly with Part B to ensure coordination of funders and policies	Joint Executive	Improved efficiency	Bimonthly	Bimonthly	
5.4 Review plans for FY13 Client Survey to inform PSRA process	Exec, JPC, Staff	Consumer feedback			
5.5 Review and revise EIIHA Strategy	JPC, Exec, Staff, DOH	Improved EIIHA effort			
5.6 HIVPC Self-Assessment Survey. Complete Assessment of Administrative Mechanism	PSRA, Exec, Staff	Efficient services			
5.7 Review recommended FY15/16 Allocations	PSRA, Exec	Service funding			
5.8 Review recommended FY14/15 reallocations (Sweeps)	PSRA, Exec	Service funding			

Broward County HIV Health Services Planning Council FY2014-15 **Joint Client/Community Relations Committee Work Plan**

Objective 1. Educate JCCR Members and PLWHAs About How The Council Functions And How They Can Play An Active Role	**Responsible/Source**	**Outcome**	**Start**	**Due**	**Progress**
1.1 Develop new strategy for using Social Media to reach consumers.	JCCR, Grantee, Staff	Increased PLWHA participation			
1.2 Receive orientation and training to enable Committee members and consumers to be more active participants in the Council and Committees. This includes educational "Hot Topics" at JCCR meetings. (Topics can include PSRA training for JCCR, how to use data to assess community need, using data to identify target populations and using data to identify disparities.)	JCCR, Grantee, Staff	Educated Committee members, consumers			
1.3 Develop and recommend plan to send Peer Educators to community events for consumers. Discuss training JCCR members on how to be peer educators.	JCCR, Grantee, Staff	Educated Committee members, consumers			
Objective 2. Hold Community Meetings To Educate Consumers About Navigating the Health System and Encouraging Consumer participation					
2.1 Plan community meetings. Identify goals to be achieved. Focus should be navigating the HIV health system, prevention for people who are positive, staying in treatment, educating about community viral load. Target populations with high incidence of HIV or barriers to care.	JCCR, Grantee, Staff	Meeting preparedness			
2.2 Hold meetings in the community. Goal: 3 per year.	JCCR, Grantee, Staff	Meeting held			
2.3 Analyze the effectiveness of each community meeting and recommend future actions.	JCCR, Grantee, Staff	Improved events in future			
Objective 3. Obtain Consumer Feedback; Provide Council With Insight From Consumer Perspective					
3.1 Gather feedback from consumers about barriers to obtaining HIV services and staying in treatment (for example, at community meetings). Recommend possible solutions.	JCCR, Grantee, Staff	Better knowledge of consumer needs and problems			
3.2 Assist Membership/Council Development Committee in recruiting consumers and others to become involved as members of the Council and its Committees (for example, at community events).	JCCR, Grantee, Staff	Increased PLWHA participation			
Objective 4. Develop Annual Work Plan					
4.1 Develop annual work plan; Review Policies & Procedures	JCCR, Grantee, Staff	JCCR work plan	2/15	2/15	
4.2 Make annual evaluation: accomplishments, challenges &improvements	JCCR	Identify changes	2/15	2/15	

Broward County HIV Health Services Planning Council FY 2014-2015 **Priority Setting & Resource Allocation Committee** Work Plan

Objective 1. Priority Setting and Resource Allocations	**Responsible**	**Outcome**	**Start**	**Due**	**Progress**
1.1 Approve PSRA timeline and identify data to be used	PSRA, Staff	PSRA process	3/14	3/14	
1.2 Review workgroup/ad-Hoc recommendations and determine next steps	PSRA (Data: Staff)	Ensure services meet needs			
1.3 Review Grant Data (Epi, unmet need, imp plan, co-morbidities, EIIHA, survey)	PSRA, JPC, Staff	Better informed PSRA			
1.4 Review Scorecards format	PSRA (Data: Staff)	Data for PSRA			
1.5 Review recommendations from Joint Planning Committee, JCCR	PSRA (Data: Staff)	Input based on data			
1.6 Review scope of services and eligibility for each service category	PSRA (Data: Staff)	Data for PSRA			
1.7 Review Client Survey results	PSRA (Data: Staff)	Input from clients on PSRA			
1.8 Rank Part A & MAI Priorities	PSRA	Priorities for services			
1.9 Allocate funds by service category (Part A & MAI) a. Ensure resources target underserved populations hit hard by epidemic b. Discuss funding to expand services by adding more providers	PSRA <u>Data:</u> PC Staff Grantee Staff	Funds allocated per HRSA requirements; Resources targeted			
1.10 Review and discuss impact of Affordable Care Act on allocations	PSRA, staff, grantee	Ensure allocations meet needs			
Objective 2. Execute Implementation Plan					
2.1 Monitor Expenditure vs. Allocation. Recommend strategies to address shortfalls	PSRA	Appropriate service funding			
2.2 Recommend reallocations ("Sweeps") to ensure sufficient core funding and distributed fairly to other categories	Data: Grantee, Staff	Appropriate service funding			
Objective 3. Assess the Administrative Mechanism					
3.1 Assessment of Administrative Mechanism Training	PSRA	Ensure compliance efficiency			
3.2 Plan PC Self-Assessment (related to Assessment of Admin Mechanism)	Data: Grantee and	Improved administration			
3.3 Conduct Assessment of Administrative Mechanism	PC Staff				
Objective 4. Review And Revise Committee Work Plan, Policies And Procedures					
4.1 Review and update Work Plan, Policies & Procedures	PSRA, Staff,	Updated Plans	2/15	2/15	
4.2 Annual Evaluation: Assess the past year and recommend improvements	Grantee	Improved process	2/15	2/15	
Objective 5: Review PSRA Proposals to Meet the Goals of the National HIV/AIDS Strategy					
5.1 Study possible new services PSRA identified to address goals of NHAS a. Funding for peers to address issues of retention in care b. Integrated model including prevention for positives, medical care and outreach for discordant couples c. Develop plan to reduce wait times at clinics d. Develop plan to streamline eligibility and intake, through more locations e. Develop with QM Committee strategy to increase retention in care f. Develop with QM strategy to refocus MAI funding	PSRA, Grantee, Staff	Ensure services meet needs of clients			

Broward HIV Health Services Planning Council FY2014-15 **Membership/Council Development Committee** Work Plan

Objective 1. Ensure Planning Council is representative and reflective	**Responsible**	**Outcome**	**Start**	**Due**	**Progress**
1.1 Review Council makeup to ensure it reflects epidemic; Ensure mandated seats filled; Ensure 33% of members are unaffiliated PLWHA; Review seat status on a quarterly basis and ask members to update their contact information on a quarterly basis	MCDC, Staff	PC reflects epidemic	Each meeting	Each meeting	Recurring
1.2 Review, approve position descriptions	MCDC, Staff	Ensure compliance	3/13	5/13	Complete
1.3 Conduct pre- and post-appointment orientations for new members	MCDC, Staff	Educated PC	As needed	As needed	As needed
1.4 Announce vacant positions at each meeting of MCDC	MCDC, Staff	Public awareness	Each meeting	Each meeting	Recurring
1.5 Conduct a pre-orientation for new applicants during the first month of every quarter	Staff	Public involvement	As needed	As needed	As needed
1.6 Develop and distribute a survey to all members to seek feedback about the barriers to serving on PC and committees	MCDC, Staff	Eliminate barriers to retention	As needed	As needed	As needed
1.7 Devise ways to reward PC members for work	MCDC, Staff	Eliminate barriers	1/14	1/14	Pending
1.8 Receive training on PC demographics and mandated seats	Staff	Ensure compliance	10/13	10/13	Complete
Objective 2: Ensure Adequate Applicant Pool for Planning Council and Committees; Raise Community Awareness of Council					
2.1 Review and update Recruiting and Retention Plan, recruiting brochure, Website materials	MCDC, Staff	Updated plans	6/13	9/13	In process
2.2 Ask PC Members, community groups, providers to submit dates of community events for possible recruiting	MCDC, Staff	Active recruiting	7/13	7/13	Recurring
2.3 Develop a workplan to ensure MCDC attendance at community events.	MCDC, PC	Individuals recruited	As needed	As needed	As needed
Objective 3. Ensure Compliance with Attendance Policy and Removal for Cause Policy					
3.1 Review Planning Council and Committee attendance	MCDC, Staff	Policy followed	Each meeting	Each meeting	Recurring
3.2 Review Removal for Cause Policy, in By-Laws	MCDC, Staff	Policy implemented	As needed	As needed	Completed 8.1.13 mtg
Objective 4. Ensure and Implement Capacity/Leadership Development for Planning Council Members and Applicants					
4.1 Review and Revise Mentoring Program	MCDC, Staff	Educated PC	4/14	7/13	Complete
4.2 Plan and implement trainings a. Survey HIVPC members what training they want b. Review training survey results. Identify training session(s) for annual retreat	MCDC, Staff	Educated PC	4/14 4/14 5/14	6/14	Trainings planned. In process
4.3 Conduct orientations for new members (Priority setting, QM process, legislative requirements); Conduct post-appointment orientations	MCDC, Staff	Members informed	As needed	As needed	7 completed
4.4 Plan and implement training for Planning Council members	MCDC, Staff	Required training	11/13	11/13	Complete
4.5. Review MCDC Accomplishments	MCDC, Staff	Improved process	12/14	12/13	Complete
Objective 5: Update Work Plan and Policies & Procedures					
5.1 Review and update Work Plan / Policies & Procedures	MCDC, Staff	Updated work plan	2/15	8/13, 2/14	In process
5.2 Conduct annual evaluation: Assess past year and recommend improvements	MCDC, Staff	Improved process	2/15	2/14	Complete

OBJECTIVE 1. REVIEW PERFORMANCE MEASURES AND SELECT ANNUAL DATA FOR REVIEW				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
1.1 Quarterly Data Reviews a) NQC In+Care Campaign Measures b) NHAS Indicators c) HAB Performance Measures d) Broward Client Level Outcomes and Indicators	• Review And Select Annual Data Measures • Identify Areas For Improvement • Provide Directives To The QI Networks	5/13 7/13 10/13 1/14	7/13 10/13 1/14 3/14	• Data reviews to begin in May as some March WP items were tabled for April
OBJECTIVE 2: CONDUCT ANNUAL EVALUATION OF QM PROGRAM, WORK PLANS, AND PROCESSES				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
2.1 Review Policies And Procedures(P&P) 2.2 Review, Update & Approve 3 -Year Work Plan 2.3 Review, Update And Approve Annual QM Work Plan 2.4 Review Service Delivery Models Submitted By QI Networks 2.5 Review Accomplishments And Challenges	• Updated P&P As Needed • Updated 3-Year And Annual Work Plans That Include Short-Term And Long-Term Strategies To Achieve QM Objectives • Service Delivery Models Reflect Most Current National Guidelines And Best Practices • Annual Work Plan Addresses Challenges Identified In The Previous FY	4/13 4/13 3/13 3/13 3/13	5/13 5/13 4/13 3/13 3/13	• **Completed** • **Completed:** MCM, Medical, Pharmacy, Outreach, Mental Health, and Substance Abuse; Pending: OHC and MAI MCM • **Completed**
OBJECTIVE 3: MONITOR QI NETWORK ACTIVITIES AND PROVIDE DIRECTIVES AND GUIDANCE IN QIP DEVELOPMENT				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
3.1 Quarterly Network Update	• Identify Areas For Improvement • Provide Guidance And Directives To Improve Network Activities and QIPs	12/12 3/13 6/13 9/13	3/13 6/13 9/13 12/13	• **Completed**
OBJECTIVE 4: REVIEW AND ANALYZE FINDINGS FROM NEEDS ASSESSMENT, CLIENT SURVY, SERVICE CATEGORY STUDIES, AND RECORD REVIEWS				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
4.1 Review Findings From: a) Needs Assessment b) Client Survey c) Service Category Assessment/Studies d) Record Reviews e) Identify Service Category For Annual Evaluation	• Identify Barriers To Care • Identify Areas For Improvement In Service Delivery • Recommend Service Category Evaluation	5/13	6/13	• **To be completed April 2014**
OBJECTIVE 5: ASSESS LINKAGE TO CARE AND RETENTION PROCESSES				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
5.1 Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	• Linkage To Care And Retention Deficiencies Addressed	3/13 6/13 9/13 12/13	6/13 9/13 12/13 2/14	• **Ongoing**

2014-15 WORK PLAN CALENDAR FOR QM COMMITTEE

	March	April	May	June	July	August
QM	❖ Review Accomplishments And Challenges ❖ Quarterly Network Update ❖ Review Annual Summary of In+Care Data ❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	❖ Review Policies and Procedures (P&P) ❖ Review, Update And Approve 3-Year WP ❖ Review, Update And Approve Annual QM WP (Tabled from March) ❖ Review Service Delivery Models Submitted By QI Networks (Tabled from March)	❖ Review Findings from Needs Assessment and Client Survey ❖ Quarterly Data Review (NQC, NHAS, HAB Performance Measures, and Broward Client Level Outcomes and Indicators) (Tabled from April)	❖ Quarterly Network Update ❖ Review Findings (as available) From: ❖ Service Category Assessment/Studies ❖ Record Reviews ❖ Identify Service Category For Annual Evaluation ❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	❖ Quarterly Data Review (NQC, NHAS, HAB Performance Measures, and Broward Client Level Outcomes and Indicators) ❖ Quarterly network update	❖ MH Record Reviews ❖ Review, Update and Approve 3-Year WP

	September	October	November	December	January	February
QM	❖ Quarterly Network Update ❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	**Meeting Cancelled**	**Quality Management Retreat**	**Meeting Cancelled**	❖ Review 3-Year Work Plan ❖ Network update ❖ Quarterly Data Review (NQC, NHAS, HAB Performance Measures, and Broward Client Level Outcomes and Indicators)	**Meeting Cancelled**

Broward HIV Health Services Planning Council FY2014-15 **Joint Planning Committee** Work Plan

JOINT PLANNING COMMITTEE FY14-15 WORK PLAN					
Objective 1. Needs Assessment: Obtain Client Input, Assess Client Needs	**Responsible**	**Outcome**	**Start**	**Due**	**Progress**
1.1 Identify questions, populations, recruitment for 2014-2015 Focus Groups	JPC, Staff	Assess needs of clients			
1.2 Review results of FY13/14 Client Survey	JPC, (Data: Staff)	Analyze clients input			
1.3 Review draft of Language How Best to Meet the Need. Recommend changes, if any	JPC, (Data: Staff)	Ensure adequate services			
1.4 Make recommendations to PSRA Committee on PSRA data and Service Category priorities	JPC, (Data: Staff)	Priorities reflect needs			
1.5 Prepare for FY2014/15 Needs Assessment to inform PSRA process. Identify components and timelines (Client Survey, Provider Survey, Focus Groups, Key Informant Interviews). Set objectives. Make client revisions. Identify focus groups. Develop questions for focus groups, providers	JPC, Staff	Assess needs of clients			
Objective 2. Analyze Impact Local HIV/AIDS Epidemic To Identify Trends, Disparities And Barriers To Care and Strategies to Address					
2.1 Review surveillance data quarterly	JPC, Staff, BCHD	Analyze trends			
2.2 Review Epidemiologic Profile by demographics and exposure a. Document disproportionate impact and develop recommendations b. Assess PLWHA populations underrepresented in Ryan White primary care system c. Estimate service gaps among PLWHA and document recommendations	JPC, Grantee, Data: DOH via Staff, Grantee)	Reduce disparities, gaps in service			
2.3. Review Unmet Need Estimate a. Review Unmet Need estimates b. Develop recommendations to address unmet need c. Develop Linkage to Care recommendations	JPC, Grantee, Staff Data: Staff, Grantee	Reduce unmet need			
2.4 Assess Needs of Special Populations a. Identify and study PLWHA populations with special service needs b. Develop plan to address cultural barriers, challenges to delivering services c. Recommend to HIVPC actions on special populations	JPC, Grantee, Staff Data: Grantee, Staff JPC, HIVPC	Increase patients in care, reduce service gaps			
2.5 Assess the impact of co-morbidities on service costs and complexity of providing care to PLWHA: 1) STI rates, 2) prevalence of homelessness, 3) # and % of persons without private insurance or public coverage, 4) # and % of persons </= 300% FPL, and 5) other disease states	JPC, Grantee, Staff (Data: DOH, Staff)	Impact of Co-morbidities on providing care documented			
2.6 Discuss prevention, testing linkage barriers. Recommend actions to QM & PSRA	JPC, Staff,	Remove barriers			
2.7 Collect and analyze new data: a. Analyze quarterly data from Part A, ADAP on client viral load. Make recommendations b. Collect HHS indicators from Parts A-D c. Identify methodology to measure Community Viral Load (with QM Committee)	JPC, QM, Grantee, Staff (Data: Staff, Grantees, DOH)	Establish baseline and track progress on meeting goals of NHAS			
Objective 3. Review And Revise Committee Work Plan, Policies And Procedures					
3.2 Review and Update Committee Work Plans, P&P, EIIHA work plan	Exec, Staff, HIVPC	Work Plans Developed			
3.3 Annual Evaluation: Assess past year and recommend improvements	Exec, Staff, HIVPC	Improved process			

DEPARTMENT OF HEALTH & HUMAN SERVICES

May 22, 2013

Dear Ryan White HIV/AIDS Program and CDC HIV Prevention Colleagues:

The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) are pleased to support integrated HIV prevention and care planning groups and activities. Integrated planning, reports, and activities will help further progress in reaching the goals of the National HIV/AIDS Strategy.

HIV prevention planning groups supported by CDC review existing resources, needs, gaps, current activities, and impacted populations for HIV prevention services and develop a jurisdictional HIV prevention plan that guides HIV prevention activities. The Ryan White HIV/AIDS Program planning groups supported by HRSA are required to annually plan, prioritize services and recommend allocation of resources to address the HIV service needs of people living with HIV (PLWH). Implementing a comprehensive HIV prevention, care and treatment planning body provides an opportunity for integration, synergy, and efficiency in responding to jurisdictional needs and federal requirements, and these have been successful in many states and local health departments.

Good planning is imperative for effective local and state decision making to develop systems of prevention and care that are responsive to the needs of persons at risk for HIV infection and PLWH. Activities to collaborate and/or develop a joint planning body are supported by both CDC and HRSA. Community involvement is an essential component for planning comprehensive, effective HIV prevention and care programs in this country. Integrated planning activities may include but are not limited to, needs assessment activities, information sharing, cross representation on prevention and care planning bodies, coordinated/combined projects, combined meetings, and merged planning bodies. Planning groups are encouraged to streamline their approaches to HIV planning in a manner that increases access to and effectiveness of prevention, care and treatment services within the jurisdictions.

We look forward to our continued work with all our partners and stakeholders involved in HIV prevention and care and treatment planning and our continued work to accomplish the goals set forth in the National/HIV/AIDS Strategy.

Sincerely,

Jonathan H. Mermin, M.D. M.P.H. /s/

Jonathan H. Mermin, M.D. M.P.H.
Director
Division of HIV/AIDS Prevention
National Center for HIV/AIDS
Viral Hepatitis, STD, and TB Prevention

Laura W. Cheever, M.D., ScM /s/

Laura W. Cheever, M.D., ScM
Acting Associate Administrator and
Chief Medical Officer
HIV/AIDS Bureau
Health Resources and Services Administration

DEPARTMENT OF HEALTH & HUMAN SERVICES

February 24, 2014

Dear Ryan White HIV/AIDS Program and CDC HIV Prevention Colleagues:

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) and the Centers for Disease Control and Prevention (CDC), Division of HIV/AIDS Prevention (DHAP) are pleased to support integrated HIV prevention and care planning groups and activities. Integrated planning, reports, and activities will help further progress in reaching the goals of the National HIV/AIDS Strategy and improving outcomes on the HIV Continuum of Care.

HRSA and CDC have determined that the Ryan White HIV/AIDS Program (RWHAP) Parts A and B Comprehensive Plans and the CDC Jurisdictional HIV Prevention Plan will be due in September 2016. Also due at that time will be the RWHAP Part B Statewide Coordinated Statement of Need (SCSN). HRSA and CDC are working to align the guidance(s) for the RWHAP Comprehensive Plans/SCSN and the Jurisdictional HIV Prevention Plan to enable the submission of an integrated HIV Plan that is responsive to the requirements of both HRSA and CDC.

HRSA and CDC encourage RWHAP and HIV prevention programs at the local and state level to integrate planning activities. These encompass comprehensive needs assessment, information and data sharing, cross representation on prevention and care planning bodies, coordinated/combined projects, combined meetings, and merged planning bodies. Planning groups are encouraged to streamline their approaches to HIV planning so that it increases access to and effectiveness of prevention, care and treatment services within the jurisdictions.

Good planning is imperative for effective local and state decision making to develop systems of prevention and care that are responsive to the needs of persons at risk for HIV infection and people living with HIV. Activities to collaborate and/or develop a joint planning body are supported by both HRSA and CDC. Community involvement is an essential component for planning comprehensive, effective HIV prevention and care programs in the United States.

We look forward to continued work with all our partners and stakeholders involved in HIV prevention and care and treatment planning to accomplish the goals of the National/HIV/AIDS Strategy and the HIV Continuum of Care Initiative.

Sincerely,

/Laura W. Cheever/
Laura W. Cheever, M.D., ScM
Associate Administrator and
Chief Medical Officer
HIV/AIDS Bureau
Health Resources and Services
Administration

/Kenneth G. Castro/
RADM Kenneth G. Castro, M.D.
Assistant Surgeon General, U.S. Public Health
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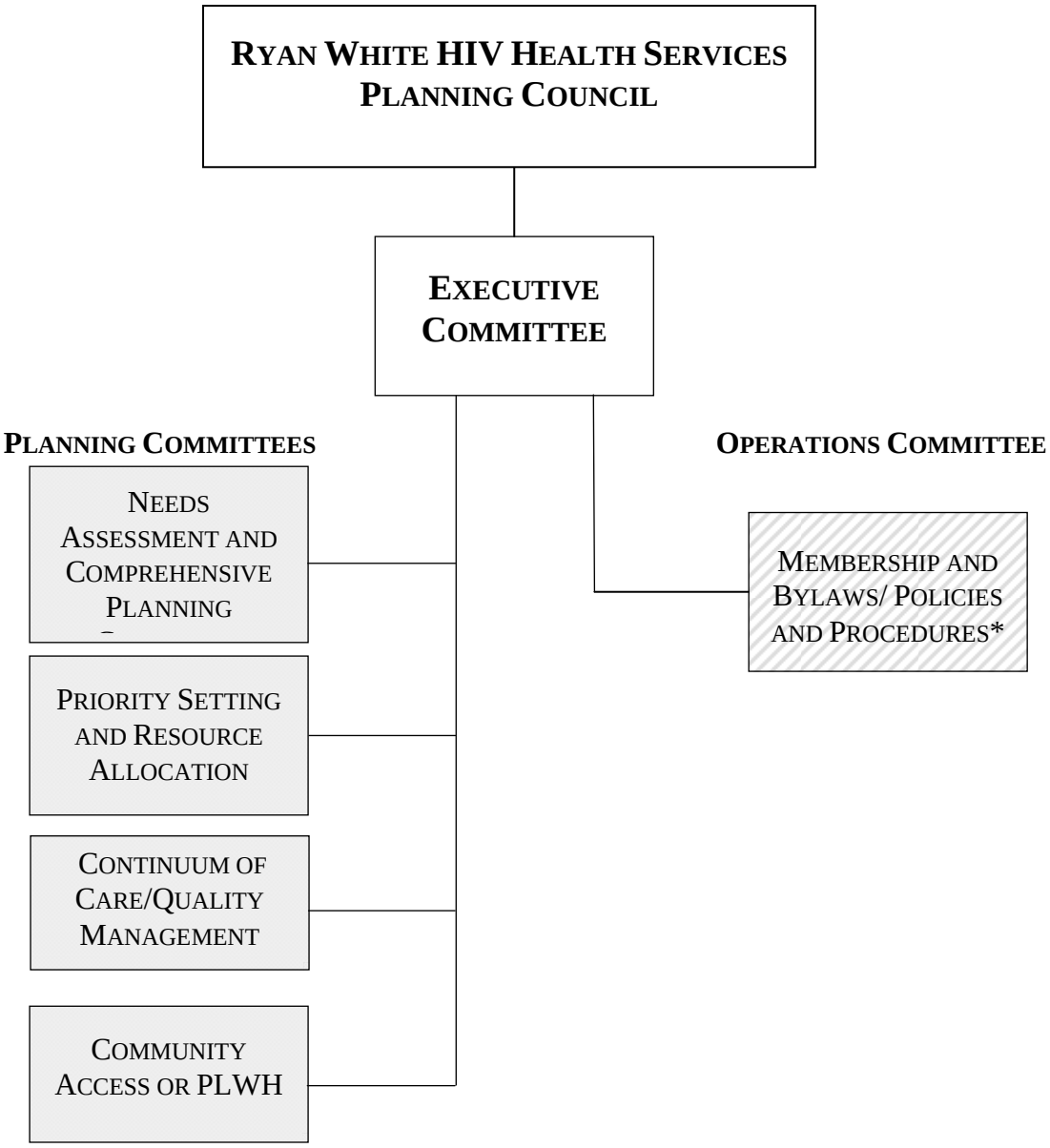
National Center for HIV/AIDS, Viral Hepatitis,
STD, and TB Prevention
Centers for Disease Control and Prevention

TYPICAL PLANNING COUNCIL COMMITTEE STRUCTURE 2013



Typical Planning Council (PC) Committee Responsibilities

Committee Name	Inclusion of non-PC Members?	Legislatively Mandated and Other Key Responsibilities
1 Executive	No	▪ Coordination and oversight of all committees, to ensure that all legislative responsibilities are being met ▪ Assessment of PC training needs ▪ Urgent action between PC meetings ▪ Often direct oversight of task forces and short-term committees
2 Needs Assessment and Comprehensive Planning	Yes	▪ Needs Assessment ▪ Comprehensive Planning ▪ Lead role in Statewide Coordinated Statement of Need (SCSN) participation by Part A
3 Priority Setting and Resource Allocations	No	▪ Priority Setting and Resource Allocation, including Directives on how best to meet the priorities ▪ Reallocations and Carryover Allocations ▪ Monitoring of service utilization and expenditures by service category ▪ Monitoring of PC budget
4 Continuum of Care/Quality Management	Yes	▪ Development of Standards of Care ▪ Work with grantee on Quality Management ▪ Evaluation of the effectiveness of service strategies ▪ Development and assessment of the continuum of care for the EMA ▪ Coordination of services ▪ Assessment of the Administrative Mechanism
5 Community Access or PLWH	Yes	▪ Consumer involvement ▪ Coordination of PLWH/A involvement in all PC activities and committees ▪ Community outreach
6 Membership and Bylaws **[Used to be 2 separate committees; now often combined]**	No	▪ Recommendation of Members and Officers to CEO – using approved open nominations process ▪ Work with Executive Committee and staff on new member orientation and PC training ▪ Monitoring of PC and Committee attendance ▪ Bylaws review and revision ▪ Development and revision of policies and procedures for the operation of the PC, such as Conflict of Interest policy, and grievance procedures ▪ Chairing of panels to handle grievances