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: Executive Committee

Date/Time: Thursday, October 16, 2014, 12:30 p.m.-2:30 p.m. **Location:** Governmental Center Annex, A337

Chair: GAMMELL, B. **Vice Chair**: Vacant

1. **CALL TO ORDER:** *Welcome, Review Meeting Ground Rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 10/16/14 Executive Committee Agenda and 8/28/14 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a) Committee Chair Reports
   b) Discuss Healthcare Reform Update on HIVPC Agenda
   c) Approve 10-23-14 HIVPC Agenda (Handout A)
   d) Review November 2014 HIVPC Calendar (Handout B)
4. **UNFINISHED BUSINESS:** None
5. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items (Work Plan Item #)	*Action to be taken, presentation, discussion, brainstorm etc.*
Community Meetings (Handout C)	ACTION ITEM: Determine at least 2 acceptable goals of community meetings and which committee will lead the community meeting effort.
PSRA Process Assessment (Handout D)	ACTION ITEM: Review results of the assessment survey and determine at least 3 courses of action that can be taken to ensure better education and understanding of the PSRA process.
HIVPC Coordination Meetings (Handout E)	ACTION ITEM: Review HIVPC Coordination meetings with invited leadership.
Plan Annual HIVPC Retreat (WP Item 2.3) (Handout F)	ACTION ITEM: Begin planning for the annual HIVPC retreat. Identify at least 2 potential retreat themes, additional parties to invite, and a date for the retreat.

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS / TASKS FOR NEXT MEETING,** November 13, 2014, 12:30 p.m. **VENUE:** A-337

Agenda Items for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, etc.*
Plan Annual HIVPC Retreat (WP Item 2.3)	*Exec*	ACTION ITEM: Continue planning for the annual HIVPC retreat. Identify at least 2 potential retreat themes, additional parties to invite, and a date for the retreat.
Reallocations ("Sweeps") (WP Item 4.5)	*PSRA, Exec*	ACTION ITEM: Review and approve recommended reallocations to ensure sufficient core funding.
Assessment of the Administrative Mechanism (WP Item 3.7)	*PSRA, Exec*	ACTION ITEM: Review the purpose of the administrative mechanism assessment and the activities that are required to be assessed. Review and approve at least 3 recommendations regarding the assessment methodology or activities to be assessed.
Needs Assessment (WP Item 4.1, 4.2)	*NAE, SOC, Exec*	ACTION ITEM: Review and approve recommended needs assessment timeline, and at least 3 components, target populations, and target questions.
Community Event Survey (WP Item 3.3)	*CEC, Exec*	ACTION ITEM: Review and approve the recommended survey to be used at CEC community events.

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

PLEASE COMPLETE YOUR MEETING EVALUATIONS

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

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THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

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Meeting Minutes: Executive Committee

Date/Time: Thursday, August 28, 2014, 12:30 p.m. **Location:** Governmental Center Annex, A337

Chair: GAMMELL, B. **Vice-Chair**: KURYLA, S.

ATTENDANCE				
#	**Members**	**Present**	**Absent**	**Guests**
1	Gammell, B., *Chair*	**X**		Runkle, D.
2	Grant, C.	**X**		
3	Katz, H. B.	**X**		**Grantee Staff**
4	Kuryla, S., *Vice Chair*	**X**		Jones, L.
5	Lint, A.	**X**		Vargas, J.
6	Reed, Y.	**X**		Degraffenreidt, S.
7	Sabatino, D.	**X**		
8	Schweizer, M.		**A**	**HIVPC Staff**
9	Siclari, R.		**A**	Sandler, C.
10	Spencer, W.	**X**		Johnson, B.
11	Taylor-Bennett, C.	**X**		Mendez, M.
12	Tomlinson, K.	**X**		
13	Wilson, T.	**X**		
	Quorum = 8	**11**		

1. CALL TO ORDER

The Chair called the meeting to order at 12:48 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, Grantee staff and HIV Planning Council (HIVPC) staff self-introductions were made. A moment of silence was observed.

2. APPROVALS

The following motions were made:

Motion #1: To approve today's meeting agenda, with one amendment.
Amendment: To reorder the agenda items to: 5) Grantee Report, 6) New Business, 7) Announcements, and 8) Meeting Activities.
Proposed by: Spencer, W. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 7/17/14
Proposed by: Spencer, W. **Seconded by:** Wilson, T.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

None.

4. UNFINISHED BUSINESS

None.

5. GRANTEE REPORT

The Grantee announced that the Ryan White Part A grant application is about 75% complete. The Grantee stated that he is hopeful that the grant will score well. The Grantee advised that a meeting was held on August 21st and 22nd, which included all Florida Part A grantees and ADAP staff to discuss the next open enrollment period for the ACA Marketplace. ADAP staff informed the Part A grantees that they are working to determine the exact Federal Poverty Level (FPL) to be covered for clients moving to Marketplace plans. They also defined what coverage means for clients who will be enrolled using ADAP funds. ADAP defines coverage as premium assistance, deductible assistance, and copayments as it relates to the ADAP formula. The Grantee stated that this created two gaps: (1) medical copayments and deductibles, and (2) pharmaceuticals that are not included in the ADAP formulary. Part A members agreed that they would provide wrap around services for the target population (i.e. medical copays, deductibles, non-ADAP drugs). The Grantee assured that providing wrap around services was not problematic as it was already planned for and ADAP pays for a majority of the costs. However, the Grantee advised that there will be some functional difficulties. For example, individuals will have to travel to more than one pharmacy for their medications as some pharmacies will not provide medication without first receiving copays. The next difficulty will be to recalculate Part A coverage because the cost of medications will eat up most of the out-of-pocket costs for the target population. The Grantee informed the committee that another meeting between the Part A grantees and ADAP will take place at the end of September to discuss recommendations for Marketplace plans and new financial numbers. The Part A grantees and ADAP will be partnering to pick Marketplace plans that are cost effective and ensure the same level of coverage, or better coverage, than clients would receive under Ryan White. All of the Part A programs and ADAP will be offering the same plans for clients being enrolled, to create a seamless transition for clients moving onto Marketplace plans. The Grantee also advised that information will be rolled out in a coordinated and collective community presentations across the state, in an effort to send a singular message.

The System of Care Vice Chair noted that she sits on one of ADAP's advisory groups, and ADAP is working on a plan to help clients between 100%-138% federal poverty level (FPL) apply for an exemption for the IRS tax penalty. These clients are not eligible for Marketplace plan subsidies, and will continue to be served as clients under Ryan White. In order to be considered for a tax penalty exemption, they must have proof that they have health care coverage and they are not eligible for other programs. A denial for Medicaid is the first step to be considered for an exemption. ADAP will relay information to the community about applying for exemptions in multiple ways (i.e. letters in medication bags).

6. NEW BUSINESS

The Vice Chair informed members that effective September 1, 2014 she is resigning as the HIVPC Vice Chair. She also resigned from her position at Children's Diagnostic & Treatment Center effective August 1, 2014 for both professional and personal reasons. The HIVPC Vice Chair noted that she will continue to remain involved with the HIVPC as an unaffiliated consumer. The HIVPC Chair informed members that there will be a vacancy as of Monday, September 2, 2014. The process to fill the vacancy, including calling together the ad-Hoc Nominations Committee, is about three months long. The HIVPC Chair expects that a vote for the new HIVPC Vice Chair would take place in December, with the new term for the Vice Chair starting in January 2015. The Chair requested that the ad-Hoc Nominations Committee recommence and inquired if any committee members were interested in chairing the

Nominations Committee. The Nominations Committee will have about two to three meetings, and must ensure that anyone serving on the committee will not be running for Vice Chair. The Chair went on to inform members that the new Vice Chair will not serve for a majority of the term, so they would be eligible to run for two additional terms. The MCDC Vice Chair volunteered to Chair the Nominations Committee.

Action Items:

- Set up a coordination meeting in September to provide MCDC Vice Chair with all of the necessary information to begin nomination committee

7. ANNOUNCEMENTS

The HIVPC Chair advised committee members that he had a three hour interview with the South Florida Gay News reporter, per the motion that was passed at the July HIVPC meeting. The HIVPC Chair noted that all of the information that he provided was information that was stated previously or recorded in prior meetings. The Chair stated that he challenged the reporter on two areas: (1) How can only two paragraphs be written based on a three hour interview? and (2) As an SFAN member, how can the reporter be sure that the article is not biased? The HIVPC Chair also asked the reporter if he compared SFAN reports with Grantee reports to ensure accuracy, to which the reporter stated he did not. The Chair stated that Part A has a lot of work to do and is not interested in pointing fingers. Instead they are reaching out to every part of the cascade and multiple community members to participate in the process. The reporter recently informed the HIVPC Chair that the article had been delayed another week and the tape that was used to record the interview was destroyed, so the article is being written completely from memory.

Staff advised committee members that BRHPC has a new website and asked members to email staff with any issues or missing information that they may come across.

8. MEETING ACTIVITIES / NEW BUSINESS

a) Review 18-month Committee Work Plans (Handouts A-1 through A-7):

Grantee staff started the work plan review with an icebreaker called "Think Inside the Box". Successfully completing the icebreaker stressed the need for creative thinking and teamwork, which are the same ideals that will be needed to make the new work plans successful. Staff informed committee members that the work plans were revised to be more efficient and that the work load of each committee was restructured to make sure all committees have an equal part in the process. Staff informed the members of the three guiding ideas: (1) linkage to care, (2) retention to care, and (3) viral load suppression. The National HIV/AIDS Strategy (NHAS), which provides a roadmap for the United States to reduce the number of new HIV infections and help those living with the disease to achieve viral suppression. Based on NHAS goals, the White House released a new initiative known as the HIV Care Continuum in 2013. The HIV Care Continuum is comprised of five stages: (1) diagnosis, (2) linkage to care, (3) retention in care, (4) prescribed antiretroviral therapy (ART), and (5) viral load suppression. The three guiding ideas of the HIVPC align perfectly with three of the stages of the HIV Care Continuum. Staff informed the committee that each of these ideas ties to members of the committees and advised that everyone, regardless of whether they are interacting with clients, assists in achieving the goals of the three guiding ideas in one way or another.

Staff reviewed the committee work plans and discussed changes. A new column was added to show an annual target for progress on work plan items. For example: CEC might have a work plan item to hold community events quarterly, but the annual target is 66%. If CEC holds at least three community events, they will reach their annual target, but the goal is to have at least four. Having an annual target that is lower than 100% gives committees so leeway in accomplishing goals. Work plan items that have a 100% annual target are yes or no kinds of activities.

The CEC Chair suggested that start and due dates be removed and just one start date and one due date be provided to eliminate confusion. The HIVPC Chair suggested the development of two work plans, a master work plan with all of the dates for Staff and committee work plans with only current dates, in an effort to eliminate confusion. The HIVPC Chair asked that members take a second look at work plans over the next few weeks and advise staff of any changes prior to the September 15th meeting. The QMC Chair inquired if quarterly brunches were still taking place. The MCDC Chair advised that the committee will decide on possible dates at the next meeting because they hope for brunches to take place quarterly.

b) Review September Calendar/Meetings: The Committee reviewed the September calendar. The HIVPC Chair suggested holding only the two "mini retreat" meetings for September and cancelling the September HIVPC meeting. CEC will still hold their meeting to prepare for the Transgender 101 event and host the Transgender 101 event at the end of September. The following motions were made:

Motion #3: To approve the September 2014 calendar.
Proposed by: Spencer, W. **Seconded by:** Wilson, T.
Action: Passed Unanimously

Motion #4: To approve the two times listed for the September 15, 2014 group meetings.
Proposed by: Katz, H.B. **Seconded by:** Wilson, T.
Action: Passed Unanimously

9. PUBLIC COMMENT
None.

10. AGENDA ITEMS / TASKS FOR NEXT MEETING: September 11, 2014, 12:30 p.m. **VENUE:** A-337

11. ADJOURNMENT
The meeting was adjourned at 2:32pm.

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Executive Committee Attendance 2014

Member	1/16/14	2/20/14	3/20/14	3/27/14	4/17/14	5/8/14	5/15/14	6/19/14	7/17/14	8/28/14
Gammell, B, (*Chair*)	1	1	1	1	1	1	1	1	1	1
Grant, C.	1	1	1	1	1	1	1	A	1	1
Katz, H.B.	1	1	1	1	1	1	1	1	E	1
Kuryla, S., (V. *Chair*)	A	1	1	A	1	A	1	1	1	1
Lint, A.	*Added via By-Laws effective 5.22.14*							1	1	1
Reed, Y.	E	1	E	E	A	A	1	1	1	1
Sabatino, D.	*Added via By-Laws effective 6.26.14*								1	1
Schweizer, M.	*Added via By-Laws effective 6.26.14*								1	A
Sicalari, R.	*Added via By-Laws effective 5.22.14*							1	1	A
Spencer, W.	*Added via By-Laws effective 6.9.14*							A	1	1
Taylor-Bennett, C.	1	1	1	1	1	A	1	1	A	1
Tomlinson, K.	1	1	1	1	A	A	1	1	1	1
Wilson, T.	*added via By-Laws effective 5.22.14*							1	1	1
Quorum =7	**5**	**7**	**6**	**5**	**5**	**3**	**7**	**9**	**9**	**11**

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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL MEETING AGENDA

Thursday, October 23, 2014, 9:30 a.m.
Governmental Center, Room 302
Chair: Brad Gammell **Vice Chair:** Vacant
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. **CALL TO ORDER**
2. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   b. Council Member and Guest Introductions
   c. Moment of Silence
   d. Excused Absences and Appointment of Alternates
   e. Approval of 10/23/14 Meeting Agenda
   f. Approval of 7/24/14 Meeting Minutes
3. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A)
4. **PUBLIC COMMENT** (Up to 10 minutes)
5. **CONSENT ITEMS**

Consent Item #1:	To approve the Centralized Intake and Eligibility Determination (CIED) Service Delivery Model.
Justification:	The service delivery model has been updated.
Proposed By:	Quality Management Committee

Consent Item #2:	To approve the Legal Services Service Delivery Model.
Justification:	The meeting ground rules were updated to reflect recent By-Laws changes.
Proposed By:	Quality Management Committee

Consent Item #3:	To approve Arianna Lint to the Social Services seat.
Justification:	Ms. Lint will make an excellent contribution to the HIVPC with extensive knowledge in serving the Transgender community.
Proposed By:	Membership/Council Development Committee

Consent Item #4:	To approve David Runkle to the Affected Communities seat
Justification:	Mr. Runkle will make an excellent contribution to the HIVPC with great advocacy skills for PLWHA.
Proposed By:	Membership/Council Development Committee

Consent Item #5:	To approve David Runkle for Membership/Council Development Committee membership.
Justification:	Mr. Runkle will make an excellent contribution to the HIVPC with great advocacy skills for PLWHA.
Proposed By:	Membership/Council Development Committee

Consent Item #6:	To approve Phillip Robertson to the Alternate seat
Justification:	Mr. Robertson will make an excellent addition to the HIVPC as an alternate member.
Proposed by:	Membership/Council Development Committee

Consent Item #7:	To approve the MCDC Policies & Procedures.
Justification:	The Policies & Procedures were updated to eliminate the 75% attendance rule.
Proposed By:	Membership/Council Development Committee

Consent Item #8:	To approve the updated HIVPC application and the Employer Commitment form as an optional part of the application.
Justification:	The HIVPC application was updated to reflect recent By-Laws changes. The Employer Commitment form is an optional form to show an employer's commitment to their employee's participation on the HIVPC or its committees.
Proposed By:	Membership/Council Development Committee

Consent Item #9:	To approve the Nominating Procedure.
Justification:	The Nominating procedure was updated to delineate between regular and special elections.
Proposed By:	Ad-Hoc Nominating Committee

Consent Item #10:	To approve the Nominee Questionnaire.
Justification:	The questionnaire will help assess candidates during the election process.
Proposed By:	Ad-Hoc Nominating Committee

Consent Item #11:	To approve the ad Hoc-Nominating Committee timeline.
Justification:	To approve the ad Hoc-Nominating Committee timeline of events.
Proposed By:	Ad-Hoc Nominating Committee

6. DISCUSSION ITEMS

7. NEW BUSINESS

a. HIVPC Training: System of Care Committee

8. OCTOBER COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

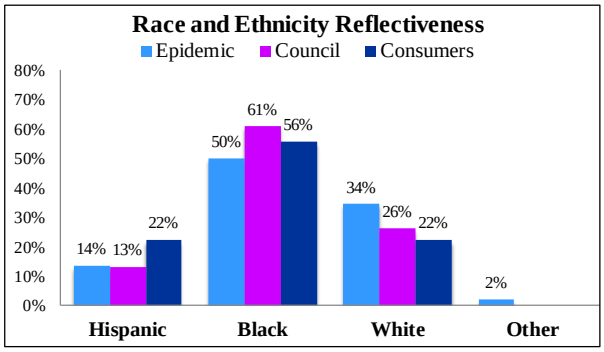
No October Meeting *Chair: Y. Reed, Vice Chair: A. Lint*

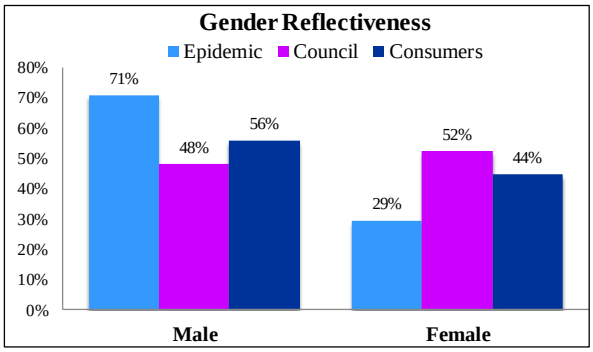
CEC will be holding a Transgender 101 event on Thursday, October 23rd from 6:00-8:00 p.m. at ArtServe. The event will feature ice breakers, presentations, and special guest Duane Cramer. Please join us!

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

October 2, 2014 *Chair: H.B. Katz, Vice Chair: T. Wilson*

HIV Planning Council Membership Report
9/9/2014





Gender	Epidemic		Council		Consumers		% Difference
Male	11,836	71%	11	48%	5	56%	**-23%**
Female	4,944	29%	12	52%	4	44%	23%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Council**		**Consumers**		**% Difference**
Hispanic	2,290	14%	3	13%	2	22%	-1%
Black	8,361	50%	14	61%	5	56%	11%
White	5,772	34%	6	26%	2	22%	**-8%**
Other	357	2%	0	0%	0	0%	**-2%**
Total	**16,780**		**23**		**9**		

Current Members	23
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35
% of Members That Are Unaffiliated Consumers	39%

Vacant Seats
1. Grantees of Other Fed HIV Programs - Prevention
2. Hospital/Health Care Planning Agencies
3. Local Public Health Agencies
4. Rep for Former Fed/State/Local Prisoners
5. State Government Administering Ryan White Part B
6. Social Services Providers

Council cannot be comprised of more than 40% of Ryan White Part A Providers. No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time.

A. Work Plan Item Update / Status Summary:

WP Item 1.1 – The committee reviewed the current demographics of the HIV Planning Council (HIVPC) vacant seats, and attendance. The Council currently consists of 39% consumers, which is higher than the mandated 33%.

WP Item 1.4 - The committee members reviewed vacant seats on the Planning Council. HIVPC Staff was asked to send a letter to agencies informing them of the HIVPC, its committees, and the importance of the agency's involvement on the council.

WP Item 1.2 – The Committee reviewed the list of current applicants. Arianna Lint was approved to sit on the Social Services Provider seat and David Runkle was approved as an Affected Communities member. Phillip Robertson will be added as an alternate. Each new member is currently active on HIVPC standing committees.

WP Item 3.1 – Attendance was also reviewed; there were no warning letters sent since the last review of HIVPC attendance. Staff received clarification from the Broward County Boards Administrator, and moving forward, HIVPC Members will not be penalized for attending less than 75% of a meeting.

MCDC Policies & Procedures – HIVPC Staff provided guidance for committee Chairs on how to mentor new HIVPC members and interested parties. The Chair suggested this guidance be presented at the next Executive meeting to ensure Chairs are fully knowledgeable of the procedures for mentor and mentee linkage in committees. Staff will create a new name for the interested parties "Mentorship" program for the next meeting.

HIVPC Application- Staff provided an updated version of the HIVPC application which included committee name changes due to the recent By-Laws changes. Staff presented an Employer Commitment form for individuals who become members of Committees/Planning Council. The committee determined that this will be an optional form for interested members.

18-month Work Plans – MCDC reviewed the 18 month workplan. Staff informed the Committee that they are already achieving many of their targets. Progress on work plan items will be included to ensure the committee is aware of their achievements.

WP Item 2.2 - MCDC members identified events that they would like to attend. The Committee requested HIVPC badges, and agreed to purchase badges that had the least cost and creation time.

WP Item 1.5- Members of the Committee agreed not to modify the Welcome Brunch flyer with the exception of the date and time. The agenda will include an icebreaker referencing common HIVPC acronyms/terms. The Committee agreed to have testimonials but to limit them to 3-5 minutes.

B. Rationale for Recommendations:

Arianna Lint will contribute to the council demographics as a Latino, Transgender female, and fill the Social Services Provider seat vacancy. Phillip will contribute as Alternate Consumer. David Runkle will fulfill the Affected Communities seat with extensive community involvement and activism and contribute to the council demographics as a White male.

C. Data Reports / Data Review Updates:

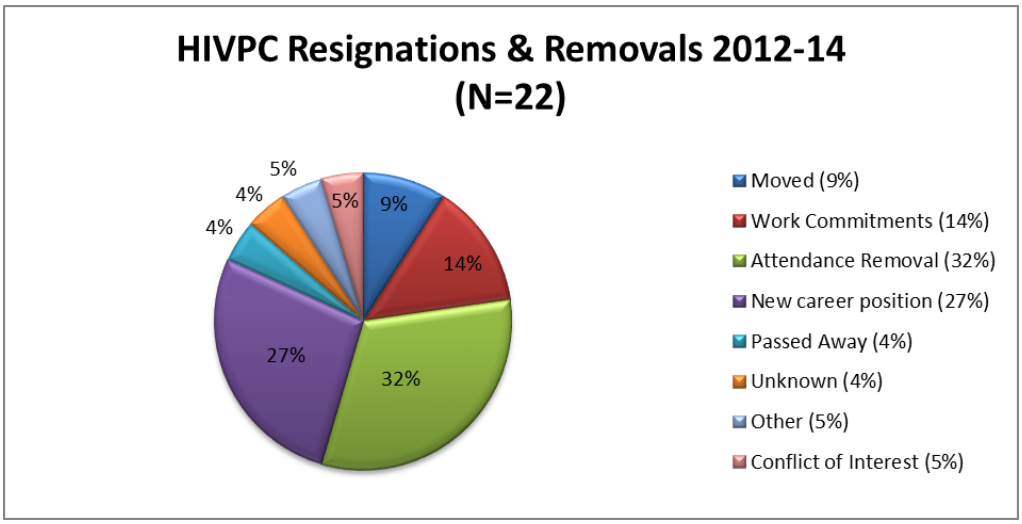
The Committee reviewed the demographics of the Council as it reflects the epidemic of Broward County.

D. Data Requests:

MCDC requested a tracking outline depicting the length mandated seats have been vacant and a draft letter to send agencies which include the illustration of the linkage of all HIVPC Committees.

E. Other Business Items:

Agenda Items for Next Meeting: Review and discuss the new title for the "Mentorship" program for interested parties. Host the Welcome Brunch for Interested Parties. *Next Meeting Date*: November 6, 2014 9:30 a.m. - Room A-335 at the Governmental Center.



C. AD-HOC NOMINATING COMMITTEE

October 2, 2014 *Chair: T. Wilson*

A. Work plan item update / Status Summary:
Nominating Procedure - Members reviewed the nominating procedures. Staff presented minor changes to the document since the last nomination took place. Language was included to delineate both the regular elections process and special elections process. The committee determined it was necessary to send a notice of resignation of the Vice Chair to the full Council to inform and prepare them for the upcoming nominations process. The ad-Hoc Nominating Committee Chair agreed to present the slate of candidates and serve as a facilitator for the verbal Q & A at the November HIVPC meeting. Nominee Questionnaires - The Committee reviewed the nominee questionnaire. Members voted to change the language under the Outlook section of the questionnaire to read "How will you help the HIVPC achieve its vision and mission" as opposed to "3 guiding ideas of linkage to care, retention in care, and viral load suppression." Timeline - HIVPC Staff gave an overview of the projected timeline for the committee. The timeline was approved unanimously by the committee.
B. Rationale for Recommendations:
The committee voted to change the language under the "Outlook" section of the questionnaire to support the vision and mission of the HIVPC. The 3 guiding ideas have not been fully implemented and the committee felt these ideas were too narrow to elaborate on. The vision and mission encompass these ideas.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
Send a letter of resignation from the HIVPC Chair to inform HIVPC members of the upcoming nominations process.
E. Other Business Items:
Items for Next Meeting: Discuss election process and logistics. Review returned 2014 Nominee Questionnaires to prepare slate of officers. *Next Meeting Date*: January 8, 2014

D. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

No October Meeting *Chair: K. Tomlinson, Vice Chair: W. Spencer*

The NAE Chair and Vice Chair met with the new needs assessment consultant to discuss the new process and will report back to their committee in November.

E. AD-HOC FOOD SERVICE ELIGIBILITY COMMITTEE

October 14, 2014 *Chair: M. DeSantis*

A. Work plan item update / Status Summary:
Service Category Definition – HIVPC Staff provided members with a handout outlining the food service category definitions and what can be funded under the service category. Members were informed that of the items listed, Part A offers the provision of actual food items and a voucher program to purchase food. Eligibility History - The Committee reviewed a history of eligibility changes and the utilization and expenditure data for the timeframe of each change. HIVPC Staff identified changes such as when food vouchers were added, when emergency provisions were no longer an eligibility requirement, and increases in allotments and FPL. A representative of the Grantee Staff provided a utilization report which depicted trends in both food bank and food voucher utilization (March-October 2013 and November 2013-August 2014). This report provided detailed usage and expenditure data relevant to changes such as a decline in allotments due to the shortage of voucher availability. Other EMA/TGAs - HIVPC Staff gave an overview of multiple food service programs in other EMAs. Members of the Committee inquired about the Atlanta and San Francisco EMA, as they provided Nutritional Services to eligible Food Service clients. The Committee noted that moving forward, they would like to consider nutritional needs of eligible clients to determine the allotments of food boxes verses vouchers. The goal of this modification in services is to aid the EMA in achieving overall health outcomes. For example, a member stated that he is diabetic, and the food provided in the boxes were not compatible with his diet because it contained items with high levels of carbohydrates. However, receiving a food voucher was ideal, because he had the opportunity to purchase foods that will fulfill his dietary needs. In the future, if a nutritional assessment is required to determine which clients receive boxes or vouchers, this can help sustain the program and lessen the risk of over utilization.
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
Send updated Food Bank/Voucher Utilization handout to committee
E. Other Business Items:
Items for Next Meeting: Review recommended models and eligibility from other EMAs *Next Meeting Date*: TBD

F. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

October 15, 2014 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

A. Work Plan Item Update / Status Summary:
Support Groups – The committee discussed the recommendation to have support groups that came from the *Voices* study. The committee discussed the groups available in the community and what the focus group participants really meant when they said they needed support. Several members and a guest brought up the idea of using social media and online groups, and noted that the issue may be with community awareness of groups, rather than the availability of groups. The committee asked staff to upload the list of available groups to the BRHPC website, with the disclaimer that the groups are not endorsed by the HIVPC, but the HIVPC wants the community to be aware of what is available. Three recommendations were made by the committee: for the CEC to identify more groups available in the community, for the NAE committee to add questions about support groups to the needs assessment (whether it is through survey questions or focus groups), and for the QMC to consider support groups as part of its service category study. Policies & Procedures – The committee reviewed the Policies and Procedures which were updated to reflect recent By-Laws changes. The committee approved the changes.

18 Month Work Plans – Staff reviewed the 18 month work plans with the committee. Many activities were moved to other committees to lessen the work load of the PSRA committee. The Grantee began discussion on making changes to the PSRA timeline; data review should happen in small increments over a period of time so that the PSRA process flows better and the committee does not need to absorb a large amount of data at one time. Prolonging the process should help make the decision making process easier on the committee. Continued discussion was tabled until the next PSRA meeting.
B. Rationale for Recommendations:
CEC, NAE, and QMC will be able to provide additional information on support groups over the next several months before the PSRA committee makes a final recommendation or decision. The policies and procedures were updated to reflect recent By-Laws changes.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Agenda Items for Next Meeting: Reallocate Funds ("Sweeps"), Administrative Mechanism *Next Meeting Date*: November 19, 2014, Room A-337 at the Governmental Center Annex.

G. EXECUTIVE COMMITTEE

October 16, 2014 *Chair: B. Gammell*

H. QUALITY MANAGEMENT COMMITTEE (QMC)

October 20, 2014 *Chair: C. Grant*

I. SYSTEM OF CARE COMMITTEE

October 27, 2014 *Chair: M. Schweizer. Vice Chair: D. Sabtino*

9. GRANTEE REPORTS

a) Part A
b) Part B
c) Part C
d) Part D
e) Part F
f) HOPWA
g) Prevention

10. UNFINISHED BUSINESS

11. ANNOUNCEMENTS

12. PUBLIC COMMENT (Up to 10 minutes)

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: November 20, 2014, 9:30 a.m. **LOCATION:** Gov't Center Room 320

Tasks for next Meeting	*Party to Complete Task*	*Action to be taken, presentation, discussion, brainstorm etc.*
Reallocations ("Sweeps")	*PSRA, Exec, HIVPC*	ACTION ITEM: Review and approve recommended reallocations to ensure sufficient core funding.
Assessment of the Administrative Mechanism	*PSRA, Exec, HIVPC*	ACTION ITEM: Review the purpose of the administrative mechanism assessment and the activities that are required to be assessed. Review and approve at least 3 recommendations regarding the assessment methodology or activities to be assessed.

Needs Assessment	*NAE, Exec, HIVPC*	ACTION ITEM: Review and approve recommended needs assessment timeline, and at least 3 components, target populations, and target questions.
Community Event Survey	*CEC, Exec, HIVPC*	ACTION ITEM: Review and approve the recommended survey to be used at CEC community events.

15. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

HANDOUT B

November 2014
Broward County HIV Health Services Planning Council Calendar

Dates and times are subject to change. Unless otherwise noted, meetings are held at: Governmental Center Annex, Ryan White Part A Program Office, 115 S. Andrews Ave.; Ft. Lauderdale, 33301. Meeting dates and times are subject to change. Please contact support staff at 954-561-9681 ext. 1250 or visit http://www.brhpc.org/RW_calendar.aspx for updates.

Monday	Tuesday	Wednesday	Thursday	Friday
3	4 **CEC** 1:00 p.m., TBD	5	6 **MCDC** 9:30 a.m., A335^	7 **SFAN** 900 a.m.~
10 **NAE** 1:00 p.m., A-337^	11	12	13 **Executive** 12:30 p.m., 302^	14
17 **QMC** 12:30 p.m., A-335^	18	19 **PSRA** 12:30 p.m., A-337^	20 **HIVPC** 9:30 a.m., Room 302^	21
24 **SOC** 9:30 a.m., A-337^	25	26	27	28

^Government Center Annex-115 S. Andrews Ave, Ft. Lauderdale, 33301
~Dorothy Mangurin Comp. Center– 100 NE 56th St, Ft. Lauderdale, 33334
#The Pride Center—2040 N Dixie Hwy, Wilton Manors, FL 33305

Meetings in ~~**Red**~~ are cancelled.
Meetings in **Blue** are for the HIV Planning Council Committees & QI Networks.
Meetings in Black are not associated with the HIV Planning Council.

November 2014

Broward County HIV Health Services Planning Council Calendar

Dates and times are subject to change. Visit http://www.brhpc.org/HIVPC.html for updates. For questions about the HIV Planning Council & Committees, please contact Cady Sandler at 603-689-8899. For questions about the QI Networks, please contact Brithney Johnson at 954-644-2774.

TODOS ESTAN BIENVENIDOS!

A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Acceso de Downtown Bus Terminal y Tri-Rail/Broward County Transit)

Para confirmar información acerca de la reunión de Consejo de Planeación VIH, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.

ALL ARE WELCOME!

Unless otherwise noted on the calendar, all meetings are held at:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit)

To confirm HIV Planning Council meeting information, or reserve special needs services such as: Translation from English to Spanish or Creole; or, are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.

BON VINI!

Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fèt:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit)

Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

Membership/Council Development Committee (MCDC) - Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Needs Assessment/Evaluation (NAE) Committee - Develops and updates the annual Needs Assessment, including determining focuses for the client survey, provider survey, and client focus groups. Evaluates and updates the Comprehensive Plan to determine progress.

Quality Management Committee (QMC) - Ensures highest quality HIV medical care and support services for PLWHA by developing client and system based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff/client training/education.

Priority Setting Resource Allocation (PSRA) Committee - Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.

System of Care (SOC) Committee - Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

Executive Committee - Sets agenda for Council meetings. addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and services provided to all patients receiving Part A and MAI-funded services.

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

HIVPC Community Meetings

1. **Community Meeting Goals**
    a. Goal: Community feedback – on what topics?
    b. Goal:

2. **Community Engagement**
    a. Topics that are of importance to the community: community viral load, PrEP and PEP, the Affordable Care Act
    b. Presenters that are of importance to the community:

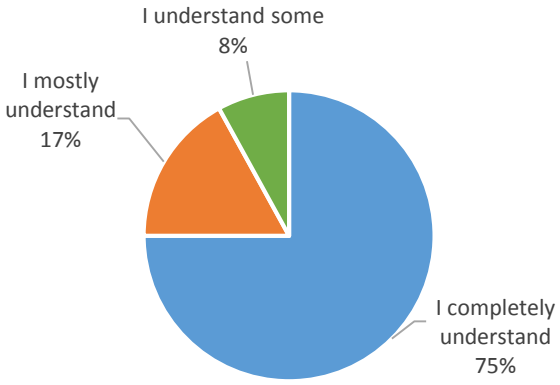
3. **HIVPC Committee Leadership**
    a. Community Empowerment Committee (CEC): as the HIVPC's committee focused on community engagement and outreach, CEC may be the best committee to take a leadership role in planning for the community meetings

4. **Collaboration**
    a. Other Parties: Broward County HIV Prevention Planning Council, Ryan White agencies (all parts), Prevention agencies

PSRA PROCESS SELF-ASSESSMENT SURVEY – SUMMARY REPORT

The PSRA Process Self-Assessment Survey was distributed to HIVPC and PSRA members in the month following the completion of the PSRA process. The survey was comprised of 10 questions and asked for member understanding of the purpose, process, and data sources. Respondents reported that they understood the *purpose* of the PSRA process, however, not all respondents understood the details of the PSRA process or data sources. Half of respondents reported being an HIVPC or PSRA member for 5-10 years, and 92% of respondents reported their knowledge of the PSRA process had increased a lot since becoming a member.

Figure 1. How much knowledge do you have of the PSRA process?



Knowledge & Purpose of the PSRA process

Respondents overwhelmingly understood the *purpose* of the PSRA process (92%) **but only 75%** reported completely understanding the *process* (Figure 1).

	I completely understand	I mostly understand	I understand some
Needs Assessment	9	2	1
	75.0%	16.7%	8.3%
Service utilization	9	2	1
	75.0%	16.7%	8.3%
Cost data	7	3	1
	63.6%	27.3%	9.1%
Priority setting	10	1	1
	83.3%	8.3%	8.3%
Resource allocation	10	1	1
	83.3%	8.3%	8.3%
Conflict of Interest	8	2	1
	72.7%	18.2%	9.1%
Data used to create rankings	10	1	1
	83.3%	8.3%	8.3%

Figure 2. I have an understanding of the following

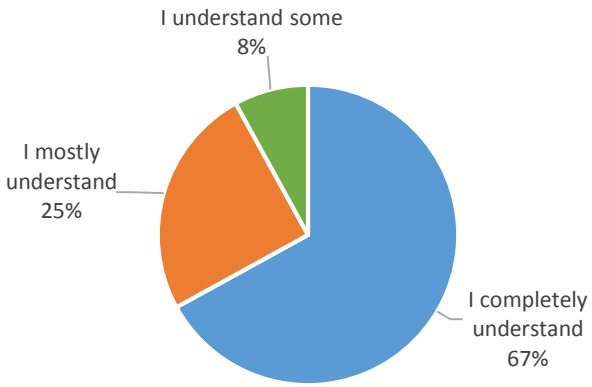
Data Sources

The survey asked if respondents understood data sources, including needs assessment data, service utilization data, and cost data (Figure 2). **Only 75% of respondents** reported completely understanding needs assessment and service utilization data. Cost data was the data source least understood by respondents, with **only 64% of respondents** completely understanding the data.

Service Category Definitions

Only two-thirds of respondents reported completely understanding service category definitions (Figure 3); this means **a third of respondents** either mostly understood or only understood some of the service category definitions.

Figure 3. Do you understand the definitions for the Ryan White Part A service categories?



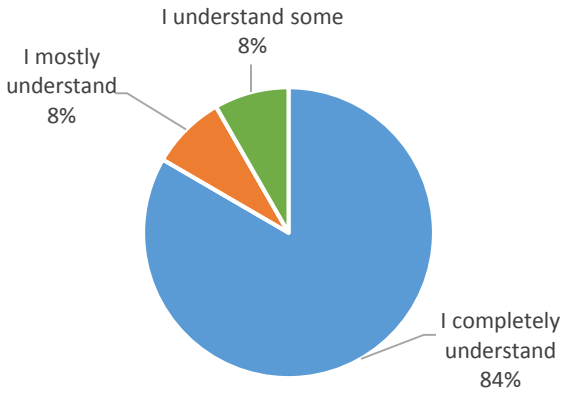
Ranking Services & Allocating Funds

A quarter of respondents **did not completely understand** how each service category was ranked, nor did they understand **why all of the service categories were ranked** this year. 75% of respondents said they **completely understood how allocations were made**, which is surprising given that only 64% of respondents indicated understanding cost data.

Role of the Grantee

The majority of respondents (83%) reported they completely understood the role of the Grantee in the PSRA process (Figure 4).

Figure 4. I understand the role of the Grantee during the PSRA process.



RED FLAGS

- Understanding of the PSRA Process
  - Action to be taken:
- Understanding of data sources
  - Action to be taken:
- Understanding of service category definitions
  - Action to be taken:
- Understanding of allocating funds
  - Action to be taken:

PSRA Process Self-Assessment (SURVEY TOOL)

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1) How much knowledge do you have of the Priority Setting and Resource Allocation (PSRA) process?
   - I completely understand
   - I mostly understand
   - I understand some
   - I don't really understand
   - I don't understand at all

2) I understand the purpose of the PSRA process.
   - I understand completely
   - I mostly understand mostly
   - I understand some
   - I don't really understand
   - I don't understand at all

3) I have an understanding of the following:

	I completely understand	I mostly understand	I understand some	I don't really understand	I don't understand at all
Needs Assessment:					
Service Utilization:					
Cost data:					
Priority setting:					
Resource allocation:					
Conflict of Interest:					
Data used to create rankings:					

4) Do you understand the definitions for the Ryan White Part A service categories?
   - I completely understand
   - I mostly understand
   - I understand some
   - I don't really understand
   - I don't understand at all

5) Do you understand how each service category was ranked?
   - I completely understand
   - I mostly understand
   - I understand some
   - I don't really understand
   - I don't understand at all

6) Do you understand why all service categories were ranked this year?
- I completely understand
- I mostly understand
- I understand some
- I don't really understand
- I don't understand at all

7) Do you understand how allocations were made?
- I completely understand
- I mostly understand
- I understand some
- I don't really understand
- I don't understand at all

8) I understand the role of the Grantee during the PSRA process.
- I completely understand
- I mostly understand
- I understand some
- I don't really understand
- I don't understand at all

9) How long have you been an HIVPC/PSRA member?
- 0-1 year
- 1-3 years
- 3-5 years
- 5-10 years
- I don't know

10) How much has your knowledge increased as an HIVPC/PSRA member?
- It has increased a lot
- It has increased a little
- It has neither increased nor decreased
- It has decreased a little
- It has decreased a lot

HIVPC COORDINATION MEETINGS WITH INVITED COMMITTEE LEADERSHIP

October 2014

- October 20, 2014: Needs Assessment/Evaluation Committee (NAE)
    - Chair: Karlene Tomlinson
    - Vice Chair: Will Spencer

November 2014

- November 3, 2014: Community Empowerment Committee (CEC)
    - Chair: Yolonda Reed
    - Vice Chair: Arianna Lint
- November 17, 2014: Priority Setting & Resource Allocation Committee (PSRA)
    - Chair: Carla Taylor-Bennett
    - Vice Chair: Rick Siclari

December 2014

- December 1, 2014: Quality Management Committee (QMC) and System of Care Committee (SOC)
    - QMC Chair: Claudette Grant
    - SOC Chair: Dr. Mark Schweizer
    - SOC Vice Chair: Donna Sabatino
- December 15, 2014: Membership/Council Development Committee (MCDC)
    - Chair: H.B. Katz
    - Vice Chair: Tara Wilson

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

2014 RETREAT OF HIV PLANNING COUNCIL

Proposed Date: Thursday, December 11, 2014/Thursday, December 18, 2014
115 S. Andrews Ave, Room 302
Fort Lauderdale, FL 33301

1. **Proposed Themes & Training Topics**
   a. Integrated Prevention and Care Comprehensive Plan: Focusing the retreat on the integrated Prevention and Care Comprehensive Plan will help prepare the HIVPC for the integrated plan that is due in 2016.
   b. HIV Biomedical Interventions: This training will focus on current HIV biomedical medical interventions. This training will explore interventions such as Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), both utilized to prevent HIV infection.

2. **Additional Parties to Invite**
   a. Emily Gantz-McKay: Ms. Gantz McKay may be available for further Technical Assistance (TA) on the integrated Prevention and Care Comprehensive Plan that will be due in 2016.
   b. Facilitator: The committee may want to consider obtaining a facilitator to help with discussion regarding
   c. Prevention Planning Council: If the retreat is focused on the integrated Comprehensive Plan, the committee may want to consider inviting the Prevention Planning Council. The committee may want to limit the retreat to the Executive Committees if both the HIVPC and the BCHPPC will be present.

HIVPC Mentoring Program for Interested Parties

Guidance for Committee Chairs

In order to increase interested party's knowledge of HIV Planning Council Committees and retain membership participation in meetings, the MCDC will institute voluntary mentoring programs.

Committee members who have volunteered their time to be Mentors will be assigned by the Committee Chair. The MCDC Chair will notify Committee Chairs of interested parties that would like to be assigned a Committee Mentor. The assigned Mentor should be a Committee member and may also be a Planning Council member.

The interested party should, when possible, sit near his/her Mentor during meetings. This will allow the Mentor to easily answer any questions the interested party might have.

Committee Chairs will instruct Mentors to educate interested parties on the following points:

1. Review of Committee FAQ's
2. Reminders of Meetings
3. Reimbursement benefits
4. Explanation of complex language
5. Empowerment and respect for individual opinions and ideas.
6. A summary of Robert's Rules of Order
7. Committee Policies and Procedures

If needed and requested by the interested party, the Mentor may also remind the interested party of upcoming meetings which might be of interest to that person.

If the Mentee expresses interest in becoming a full Planning Council member, then the Committee Chair will assign a Mentor who is a member of the Planning Council.

Mentors provide support to interested parties on the following:

1. Help interested parties, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interactions.
2. Provide strong and informed feedback about the effect of Committee actions and decisions on Ryan White clients and PLWHAs.
3. Take special responsibility for making sure the interested party understands the background and context of discussions and actions.
4. Increase interested party's knowledge of the Committee and retain attendance and membership participation in Committee meetings.
5. Complete the Mentor/Mentee evaluation at the conclusion of the Mentorship period.