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: Tuesday, January 6, 2015, 9:30 a.m.-12:00 p.m. **Location:** Governmental Center Annex, A-337
Chair: Gammell, B. **Vice Chair**: Vacant

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 1/6/15 Executive Committee Agenda and 11/13/14 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a) Committee Chair Reports
   b) Discuss Healthcare Reform Update on HIVPC Agenda
   c) Approve 1/22/15 HIVPC Agenda (Handout A)
   d) Review February HIVPC Calendar and 2015 Calendar of All Meetings (Handout B-1 – B-3)
4. **UNFINISHED BUSINESS:**
   a) Evaluation Report (Handout C)
      ACTION ITEM: Discuss the Evaluation Report, due in March. Review evaluations to be included in the report, and make suggestions for any additional evaluations that should be included.
   b) HIVPC Retreat (WP Item 2.3) (Handout D-1)
      ACTION ITEM: Continue planning for the annual HIVPC retreat. Solidify the retreat theme, additional parties to invite, and a date for the retreat.
   c) Comprehensive Plan Update (Handout D-2)
      ACTION ITEM: Update from the HIVPC Chair about progress towards the Integrated Comprehensive Plan.
5. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items (Work Plan Item #)	*Action to be taken, presentation, discussion, brainstorm etc.*
Attendance (WP Item 3.1) (Handout E)	ACTION ITEM: Monitor adherence to attendance policy for Planning Council and committee members. Send warning or removal letters as necessary.
Meeting Evaluations (WP Item 3.5) (Handout F)	ACTION ITEM: Review meeting evaluations to assess effectiveness of Council and committee meetings, including meeting efficiency and effectiveness.
Annual Evaluation & HIVPC Self-Assessment (WP Item 3.6) (Handout G)	ACTION ITEM: Conduct the annual evaluation of the Executive Committee and review the HIVPC Self-Assessment. Identify accomplishments and challenges, and actions to mitigate challenges in 2015.
Ad-Hoc MAI MCM Committee (Handout H-1 – H-3)	ACTION ITEM: Review the discussion that took place at the PSRA meeting and determine the best course of action for how to proceed with the committee.
Committee Reflectiveness (Handout I)	ACTION ITEM: Discuss the reflectiveness of each committee and determine steps to improve reflectiveness.
Needs Assessment (WP Item 4.2)	ACTION ITEM: Review the timeline and components for the 2015 needs assessment.
Monitor Comprehensive Plan (WP Item 1.2)	ACTION ITEM: Review committee activities to ensure the objectives of the Comprehensive Plan are met. Identify successes and challenges.
Reallocations ("Sweeps") (WP Item 4.5)	ACTION ITEM: Review second round of recommended sweeps.
Assessment of the Administrative Mechanism (WP Item 3.7)	ACTION ITEM: Review Administrative Mechanism methodology and make any necessary changes.

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** February 19, 2015, 12:30 p.m. **VENUE:** A-337

Agenda Items for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, etc.*
Update Planning Documents (WP Item 5.2)	*Exec*	ACTION ITEM: Review the Executive purpose, mission statement, work plan, and policies and procedures. Make necessary updates.

9. **ANNOUNCEMENTS**
   a) Attendance Policy – HIVPC Business
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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

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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Meeting Minutes: Executive Committee

Date/Time: Thursday, November 13, 2014, 12:30 p.m. **Location:** Governmental Center Annex, A337

Chair: Gammell, B. **Vice-Chair**: Vacant

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

1. CALL TO ORDER

The Chair called the meeting to order at 12:37 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: Add discussion regarding meeting quorum under New Business
Proposed by: Katz, H.B. **Seconded by:** Schweizer, M.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 11/13/14
Proposed by: Grant, C. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a) Committee Chair Reports:

Quality Management Committee (QMC): The QMC Chair announced that the November was canceled.

System of Care (SOC) Committee: The SOC Chair stated the committee will begin reviewing documentation to address the gaps in care at their meeting on November 24th.

Membership/Council Development Committee (MCDC): The MCDC Chair stated the committee reviewed the reflectiveness of the HIVPC and in the future will assess the reflectiveness of each committee in the future. The Chair noted that five mandated seats are still vacant. Recruitment letters have been sent to specific agencies to stimulate interest in empty mandated seats. A tracking system will also be introduced to track new applicants that attended the Welcome Brunch. The Chair stated many attendees of the last Welcome Brunch were representing local agencies. The Chair stated future recruitment events will take place in community settings, rather than the Grantee's office. The Chair announced the new mentoring program for interested parties is now called "HIVPC Coaching Program for Interested Parties." The Chair explained the committee reviewed the Employer Commitment Form and decided to remove the form from the HIVPC Membership Application. MCDC is asking that the Executive Committee accept the changes to remove the form. The Chair explained that the Grantee is communicating with HRSA to determine if more than one person can fill a mandated seat.

Needs Assessment/Evaluation (NAE) Committee: The NAE Chair explained the November meeting was canceled due to lack of quorum. The Chair stated that although the meeting was canceled, there was the opportunity for the new needs assessment consultant, The Ronik-Radlauer Group, Inc. to introduce themselves to the committee and explain the role that they will take in the needs assessment.

ad-Hoc Nominating Committee: The ad-Hoc Nominating Committee Chair stated the report stands. Staff explained there have not been any Nominee Questionnaires received and nominations from the floor will take place at the November HIVPC meeting.

Community Empowerment Committee (CEC): The CEC Chair explained the November meeting was rescheduled due to Election Day. The CEC has rescheduled their November meeting for November 24, 2014. The Chair stated that CEC members were able to network with other agencies at the Welcome Brunch to find new meeting spaces to hold their monthly meetings.

Priority Setting & Resource Allocation (PSRA) Committee: The PSRA Chair and Vice Chair were not present to report. PSRA will hold its meeting on November 19th.

ad-Hoc Food Services Eligibility Committee: The ad-Hoc Food Services Eligibility Committee Chair was not present to report. The committee will hold its meeting on November 18th.

b) Discuss Healthcare Reform Update on HIVPC Agenda
The committee discussed with the Grantee what they would like presented for the healthcare reform update. The Grantee noted that the Grantee report could be split into the Grantee report and an Affordable Care Act (ACA) update. The Grantee will give an update on the ACA, including the Grantee's progress on identifying plans, encouraging clients to enroll, and alerting clients to wait to enroll in ACA Marketplace plans until the appropriate plans have been determined by the Grantee's office.

c) Approve 10-23-14 HIVPC Agenda (Handouts A1-A3)
The committee reviewed the HIVPC agenda and made the following motion:

Motion #3: To approve the 11/20/14 HIVPC meeting agenda, with one amendment.
Amendment: To add the ACA Update as item number 10A under Unfinished Business
Proposed by: Grant, C. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

d) Review December 2014 HIVPC Calendar (Handout B)
The committee reviewed the December 2014 HIVPC Calendar. The HIVPC Chair stated that this is the opportunity to cancel December meetings to encourage committee participation at the mini retreat. The MCDC, QMC, and SOC Chairs stated they will cancel their December meetings.

4. UNFINISHED BUSINESS

a) Employer Commitment Form: Staff explained that the Employer Commitment Form is utilized by the Broward County HIV Prevention Planning Council to allow new members to gain approval from their employer to participate. The Chair explained that some past interested parties were not able to participate on the HIVPC due to their employer denying them time off. The CEC Chair stated that this form may divulge personal information such as their HIV status to their employer, and some applicants may not want to divulge their participation on the HIVPC to employers due to stigma. The HIVPC Application packet will move forward to the HIVPC without the commitment form. The following motion was made:

Motion #4: To remove the Employer Commitment Form from the HIVPC Application.
Proposed by: Reed, Y. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

5. MEETING ACTIVITIES / NEW BUSINESS

a) Mini-retreat (Handout C): Staff gave a brief overview of the agenda for the mini retreat on December 8, 2014. The agenda was reviewed by the committee, and each committee agreed to facilitate a portion of the agenda. The following committees will facilitate the sessions below:

Introduction: MCDC
Icebreaker: QMC
18-month work plans: Executive
HIVPC 3 guiding ideas: NAE
PB&J Icebreaker: SOC
How committees work together: CEC
Breakout Sessions: ad-Hoc Nominating
How HIVPC works with Prevention: CEC
Wrap-up: PSRA

Staff will update the agenda and send it out with the retreat reminder. Staff explained that Ms. Emily Gantz-McKay from EGM Consulting will be present to facilitate the retreat. The retreat will cover topics such as the three guiding principles of the HIVPC, an explanation of how the committees work together, and the integrated Comprehensive Plan between Care and Prevention for 2016. The committee made the following motion:

Motion #5: To approve the agenda for the "mini retreat."
Proposed by: Katz, H.B.. **Seconded by:** Wilson, T.
Action: Passed Unanimously

b) Annual Report (Handout D): The Chair explained the idea of the Annual Report. Staff explained the HIVPC has done so many evaluations throughout the year that it sparked the idea of the Annual Report, which would showcase the findings of all the evaluations. Staff suggested adding more information about the EMA, the HIVPC, and accomplishments and challenges to the report. The Grantee stated that the report should be presented to community and that all these data may be confusing to the community. A guest stated that in Baltimore an annual HIVPC report is completed annually and he recommended that the report detail how the EMA is working towards the goals of the National HIV/AIDS Strategy (NHAS). The Chair asked that this discussion be continued at the next meeting.

c) HIVPC Retreat (Handout E): Staff explained the HIVPC retreat and proposed themes. Proposed themes will include the integration of prevention and care and HIV biomedical interventions. Staff also explained that the committee may want to consider inviting other parties, such as EGM Consulting and the Broward County HIV Prevention Planning Council. The Grantee stated that members need to understand the methodology of an integrated comprehensive plan. The Chair stated that the groundwork has been laid for an integrated comprehensive plan and this retreat will focus on the next steps. The Grantee recommended that the retreat

focus on one theme such as integration instead of also including HIV biomedical interventions. A guest asked what can be done about educating HIV positive MSMs about the definition of being undetectable. The Chair stated that this topic be taken to the Broward County HIV Prevention Planning Council to educate PLWHA and providers. The Grantee recommended that HIV biomedical interventions be taught by FLDOH-BC staff. The Grantee recommended that HIV biomedical interventions be a CEC hot topic discussion. The committee felt it would be best to hold the retreat in early Spring 2015. The discussion on the HIVPC Retreat will continue at the next meeting.

d) Quorum: Staff explained that Broward County's Intergovernmental Affairs Office has altered staff that it expects advisory boards to closely follow quorum and meeting rules. The Office stated that if quorum is not achieved within 15 minutes of a meeting's sunshined start time, the meeting must be canceled. A guest noted that the reasoning behind this is to be respectful of both staff and committee member time. Advisory boards are made up of volunteers, and it is not fair to wait around for a long period of time to try to get quorum. The Chair stated that in the future, meeting registration, including breakfast and lunch will begin 30 minutes prior to meeting start time. The Grantee added that committee workshops and discussions are not permissible if quorum has not been met.

Action Item:

- Clarify rules to HIVPC and committee members.
- Have handout about attendance rules available for the November HIVPC meeting.

6. GRANTEE REPORT

The Grantee gave a brief summary of the Broward Legislative Delegation meeting held on October 23, 2014. Broward HIV/AIDS demographics, HIV care continuum, and a summary of the Part A program were presented at the meeting. The Grantee stated that topics discussed at the meeting included shame and stigma, measurement tools to assess the HIV/AIDS epidemic, and the state of Florida's failure to release marketplace plans in a timely manner. The Grantee stated that the legislative agenda that was put forth by the HIVPC were discussed. The Grantee stated that many state representatives have no idea about the HIV/AIDS epidemic in Broward County and that representatives still need to be educated about the epidemic and possible solutions. The Chair ask that the power point presentation be disseminated to committee chairs.

The Grantee discussed the enrollment of clients onto Marketplace plans. The Grantee stated that Part A is meeting with providers to disseminate information about enrollment, including screening and premium assistance. Part A will outpost navigators at those provider's offices that currently do not have navigators at their offices. The navigator screening tool has been integrated into Provide Enterprise (PE) to properly enroll clients. ADAP will enroll eligible clients between 100-249% of the Federal Poverty Level (FPL) onto marketplace plans, which currently includes 881 clients. Newly enrolled ADAP clients and inactive clients will not be eligible to enroll in marketplace plans. Part A will enroll clients between 250-400% FPL, which includes 256 clients. ADAP will cover premiums, medication co-pays for medications on the ADAP formulary, and deductibles for medications on the ADAP formulary. Those clients on Part A may have to pick up their medications from multiple pharmacies due to multiple drug formularies. Marketplace plans were released on November 10, 2014. Silver Plans will include ADAP covered ARV's, while specialty drugs will be covered at 60%. HRSA strongly encourages clients to enroll onto Marketplace plans. The Grantee noted, however, that clients should wait to enroll until the analysis of plans has been completed. The Grantee stated that flyers have been sent to providers to educate clients about the marketplace plans that are most appropriate for clients.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS / TASKS FOR NEXT MEETING: December 11, 2014, 12:30 p.m. VENUE: Room A-337

Agenda Items for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, etc.*
Community Event Survey (WP Item 3.3)	*Exec, CEC*	ACTION ITEM: Review the recommended surveys to evaluate CEC's community events and make any necessary changes.
Attendance (WP Item 3.1)	*Exec, MCDC*	ACTION ITEM: Monitor adherence to attendance policy for Planning Council and committee members. Send warning or removal letters as necessary.
Review Meeting Evaluations (WP Item 3.5)	*Exec*	ACTION ITEM: Review meeting evaluations to assess effectiveness of Council and committee meetings, including meeting efficiency and effectiveness.

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

The meeting was adjourned at 2:41 pm.

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	10/16/14	11/13/14
Gammell, B, (*Chair*)	1	1	1	1	1	1	1	1	1	1	1	1
Grant, C.	1	1	1	1	1	1	1	A	1	1	1	1
Katz, H.B.	1	1	1	1	1	1	1	1	E	1	1	1
Lint, A.	*Added via By-Laws effective 5.22.14*							1	1	1	1	A
Reed, Y.	E	1	E	E	A	A	1	1	1	1	1	1
Sabatino, D.	*Added via By-Laws effective 6.26.14*								1	1	A	A
Schweizer, M.	*Added via By-Laws effective 6.26.14*								1	A	1	1
Sicalari, R.	*Added via By-Laws effective 5.22.14*							1	1	A	1	A
Spencer, W.	*Added via By-Laws effective 6.9.14*							A	1	1	A	A
Taylor-Bennett, C.	1	1	1	1	1	A	1	1	A	1	1	A
Tomlinson, K.	1	1	1	1	A	*E retroactive 10/29/14	1	1	1	1	A	1
Wilson, T.	*added via By-Laws effective 5.22.14*							1	1	1	1	1
Quorum =7	5	7	6	5	5	3	7	9	9	11	9	7

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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL MEETING AGENDA

Thursday, January 22, 2014, 9:30 a.m.
Governmental Center Annex, Room GC-430
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 1/22/15 Meeting Agenda
f. Approval of 12/8/14 Meeting Minutes
g. Affordable Care Act (ACA) Update

3. FEDERAL LEGISLATIVE REPORT (Kareem Murphy) (Handout A)

4. PUBLIC COMMENT (Up to 10 minutes)

5. CONSENT ITEMS

#	MOTION	JUSTIFICATION	PROPOSED BY

6. DISCUSSION ITEMS

The following discussion items pertain to FY2014-15 reallocation of funds ("sweeps"). Reallocation occurs at least twice each year to ensure that all grant funds are spent and priority needs are met.

#	SERVICE CATEGORY	Recommended TO	Recommended FROM	PROPOSED BY
				Priority Setting & Resource Allocation Committee

7. NEW BUSINESS

a. HIVPC Vice Chair Elections
b. Training: HIV Biomedical Interventions – PrEP and PEP – Christopher Bates, FLDOH-BC

8. JANUARY COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

January 6, 2015 *Chair: Y. Reed, Vice Chair: A. Lint*

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

January 8, 2015 *Chair: H.B. Katz, Vice Chair: T. Wilson*

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

January 12, 2015 *Chair: K. Tomlinson, Vice Chair: W. Spencer*

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

January 21, 2015 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

E. AD-HOC FOOD SERVICE ELIGIBILITY COMMITTEE

January 13, 2015 *Chair: M. DeSantis*

F. AD-HOC MAI MEDICAL CASE MANAGEMENT COMMITTEE

No January Meeting *Chair: M. Hayes*

G. AD-HOC LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

No January Meeting *Chair: D. Proulx*

H. QUALITY MANAGEMENT COMMITTEE (QMC)

January 26, 2015 *Chair: C. Grant*

I. SYSTEM OF CARE COMMITTEE (SOC)

January 23, 2015 *Chair: M. Schweizer. Vice Chair: D. Sabatino*

J. EXECUTIVE COMMITTEE

January 6, 2015 *Chair: B. Gammell*

K. AD-HOC NOMINATING COMMITTEE

January 8, 2015 *Chair: T. Wilson*

L. AD-HOC BY-LAWS COMMITTEE

January 14, 2015 *Chair: M. Schweizer*

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

a. Reminder: HIVPC Mentorship Program

12. PUBLIC COMMENT (Up to 10 minutes)

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: February 26, 2015, 9:30 a.m. **LOCATION:** GC-430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
Assessment of the Administrative Mechanism (WP Item 7.2)	*HIVPC*	ACTION ITEM: Complete the HIVPC survey to assess the Administrative Mechanism.
Barriers to Serving Survey	*MCDC, HIVPC*	ACTION ITEM: Complete the MCDC survey to identify barriers to serving on the HIVPC or committee

15. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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

February 2015

Broward County HIV Health Services Planning Council Calendar

Last Updated: 12/24/2014

HANDOUT B-1

Meeting dates & 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. Please contact support staff at 954-561-9681 ext. 1250 or visit http://www.brhpc.org for updates.

Monday	Tuesday	Wednesday	Thursday	Friday
2	3 **Community Empowerment Committee (CEC)** 1:00 p.m., A-337^	4	5 **Membership/Council Development Committee (MCDC)** 9:30 a.m., TBD **Welcome Brunch** 11:30 a.m., TBD	6
9 **Needs Assessment/ Evaluation Committee (NAE)** 1:00 p.m., A-335^	10 **ad-Hoc Food Services Eligibility Committee** 12:30 p.m., A-335^	11 **ad-Hoc By-Laws Committee** 9:30 a.m., A-337^ **HIVPC Coordination** 12:30 p.m., A-335^	12	13
16 **PRESIDENT'S DAY BRHPC CLOSED**	17	18 **Priority Setting and Resource Allocation Committee (PSRA)** 12:30 p.m., A-337^	19 **Executive Committee** 12:30 p.m., A-337^	20
23 **Quality Management Committee (QMC)** 12:30 p.m., A-335^	24	25 **HIVPC Coordination** 12:30 p.m., A-335^	26 **HIV Planning Council (HIVPC)** 9:30 a.m., GC-430^	27 **System of Care Committee (SOC)** 9:30 a.m., A-337^

^Governmental Center -115 S Andrews Ave, Ft. Lauderdale, 33301

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.

February 2015
Broward County HIV Health Services Planning Council Calendar

HANDOUT B-1

Dates and times are subject to change. Visit http://www.brhpc.org/programs/hiv-planning-council/ 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.

January –December 2015 Committee Meeting Calendar

HANDOUT B-2

Slashes reflect holidays

- Community Empowerment Committee (Every 1st Tuesday at 1:00 p.m.)
- Membership/Council Development Committee (Every 1st Thursday of every 2 months at 9:00 a.m.)
- Needs Assessment/Evaluation Committee (Every 2nd Monday at 1:00 p.m.)
- Priority Setting and Resource Allocation Committee (Every 3rd Wednesday at 12:30 p.m.)
- Executive Committee (Every 3rd Thursday at 12:30 p.m.)
- Quality Management Committee (Every 3rd Monday at 12:30 p.m.)
- HIV Health Services Planning Council (Every 4th Thursday at 9:00 a.m.)
- System of Care Committee (Every 4th Friday at 9:30 a.m.)

HOLIDAYS

January: **1st (New Year's Day), 19th (MLK Day)**
February: **16th (President's Day)**
May: **25th (Memorial Day)**
July: **3rd (Independence Day - Observed)**
September: **7th (Labor Day)**, 14th-15th (Rosh Hashanah), 23rd (Yom Kippur)
November: **11th (Veteran's Day), 26th-27th (Thanksgiving)**
December: 7th-14th (Chanukah), 24th (Christmas Eve), **25th (Christmas Day)**

January –December 2015 Committee Meeting Calendar

HANDOUT B-3

Slashes reflect holidays

JANUARY

M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

FEBRUARY

M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27

MARCH

M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

APRIL

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

MAY

M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

JUNE

M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

JULY

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

AUGUST

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

SEPTEMBER

M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

OCTOBER

M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

NOVEMBER

M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

DECEMBER

M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

Executive Committee (Every 3rd Thursday at 12:30 p.m.)

HIV Health Services Planning Council (Every 4th Thursday at 9:00 a.m.)

HOLIDAYS

January: **1st (New Year's Day), 19th (MLK Day)**

February: **16th (President's Day)**

May: **25th (Memorial Day)**

July: **3rd (Independence Day - Observed)**

September: **7th (Labor Day)**, 14th-15th (Rosh Hashanah), 23rd (Yom Kippur)

November: **11th (Veteran's Day), 26th-27th (Thanksgiving)**

December: 7th-14th (Chanukah), 24th (Christmas Eve), **25th (Christmas Day)**

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2014 EVALUATION REPORT

The 2014 Evaluation Report will be a compilation of all of the surveys conducted by the HIVPC and committees in 2014. The report will include survey analysis and recommendations for improvements based on the findings. The Executive Committee will review the report at the March meeting and make recommendations to committees for improvement. Surveys to be included in the report are:

- HIVPC Self-Assessment Survey (parts 1-3)
- PSRA Assessment Survey
- Community Meeting/Event Surveys (*Transgender 101*, Welcome Brunch, Mini Retreat)
- MCDC Barrier to Serving Survey

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2014 RETREAT OF HIV PLANNING COUNCIL

Proposed Date: Spring **(**April/May) 2015
Proposed Location: Downtown Fort Lauderdale

1. **Proposed Themes & Training Topics**
   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.

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 the integration of the Comprehensive Plan.
   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.

"Crosswalk" of CDC & HRSA Planning Requirements & Expectations

HIV Prevention	Ryan White – Part A
Funder	
CDC	HRSA's HIV/AIDS Bureau (HAB)
Planning Body	
HIV Planning Group (HGP) - state, regional, or local	Planning Council
Planning Body - Primary Function	
To inform the development or update of the health department's Jurisdictional HIV Prevention Plan that will contribute to the reduction of HIV infection in the jurisdiction	To carry out planning and determine the allocation of Ryan White Part A funds within the EMA or TGA to provide a continuum of care that meets the most critical service needs of eligible people living with HIV/AIDS, including traditionally underserved populations, to get people linked to and retained in care and achieve positive health outcomes
Functions, Roles, and Responsibilities – Planning Body	
How Functions are Determined	
Specified in the HIV Planning Guidance from CDC; grantee may clarify and add functions	Specified in Ryan White legislation and further clarified through guidance from HAB; CEO may add functions
Primary Roles and Responsibilities as Specified in Guidance or Legislation	
Partner with the health department to address how the jurisdiction can collaborate to accomplish the activities set forth in the health department FOA PS12-1201 – includes participation in stakeholder identification, a results-oriented engagement process, and Jurisdictional HIV Prevention Plan development, implementation, and monitoring	Conduct planning, decide how to use Part A funds, and work to ensure a system of care that effectively serves all eligible people living with HIV/AIDS in the EMA or TGA.
Other Roles as Specified in Guidance or Legislation	
Inform the development or update of the Jurisdictional HIV Prevention Plan(s), which includes: • A description of existing resources for HIV prevention services, care, and treatment, including key features of the prevention services, interventions, and/or strategies being used or delivered in the jurisdiction • Needs assessment (e.g., resources, infrastructure, and service delivery) • Gaps to be addressed and rationale for selection • Prevention activities and strategies to be implemented • Scalability of activities to achieve high-impact HIV prevention results and responsible agency/group to carry out the activities (e.g., Prevention Unit, Ryan White funded agencies, and Housing Opportunities for People With AIDS) • Relevant timelines	Develop a comprehensive plan for the organization and delivery of HIV services that is compatible with existing State and local plans (currently updated at least every 3 years) • Address disparities in HIV care, access, and services among affected subpopulations and historically underserved communities • Ensure the availability and quality of all core medical services within the EMA/TGA. • Address the needs of those who know their HIV status and are not in care as well as the needs of those who are currently in the care system. • Address performance indicators and other clinical quality and outcome measures. • Address the goals of the National HIV/AIDS Strategy. • Outline how efforts are coordinated with and adapt to changes in the health care system, such as those occurring because of health care reform. • Include strategies that: a. Identify individuals who know their HIV status but are not in care and inform these individuals of services and enable their use of HIV-related services b. Identify individuals with HIV/AIDS who do not know their HIV status; make them aware of their status; and,

"Crosswalk" of CDC & HRSA Planning Requirements & Expectations	
	enable them to use HIV-related services with particular attention to reducing barriers to routine testing c. Provide goals, objectives, and timelines (as determined by the needs assessment) d. Coordinate services with HIV prevention programs including outreach and early intervention services e. Coordinate services with substance abuse prevention and treatment programs
Submit a letter of concurrence, concurrence with reservations, or non-concurrence with the Plan	Assess service needs and gaps
Help to monitor the Plan; this involves: • Working with the HD on monitoring the results from the engagement activities and strategies to ensure that they are in alignment with the Plan and the goals set forth in the National HIV/AIDS Strategy (NHAS) • Reviewing the engagement process and strategies to ensure that they meet the needs of the Plan • Continually assessing key stakeholder involvement and ensuring that the Plan is updated when needed • In collaboration with the HD, reviewing and submitting all monitoring documentation required by the HIV Planning Guidance	Help ensure coordination with other Ryan White programs and other HIV-related services
Shared Planning Responsibilities – Planning Body and Grantee	
Determine the most effective strategies for input into the Jurisdictional HIV Prevention Plan and engagement process	Assess needs *[Planning Council plays lead role]*
Monitor or assess the HIV planning group process to ensure that it meets the objectives of the Guidance	Develop a comprehensive plan *[Planning Council plays lead role]*
Ensure that HIV prevention efforts are guided by High-Impact Prevention activities	Ensure coordination with other Ryan White programs and other HIV-related services *[Planning Council plays supporting role]*
Planning-Related Responsibilities – Grantee	
Implement the engagement process and the Jurisdictional HIV Prevention Plan with assistance from the HPG	Evaluate services using HRSA/HAB performance indicators, Early Identification of Individuals with HIV/AIDS (EIIHA), treatment cascade, and other measures of service outcomes and cost effectiveness and provide findings to the Planning Council for use in planning and decision making
Develop the Jurisdictional HIV Prevention Plan with input from the HPG and the engagement process	Provide information to the Planning Council to support its required planning tasks, such as: • Epidemiologic data • Client utilization data • Data on service costs • Quality Management findings by service category • Evaluation findings
Keep the HPG informed of other planning processes in the jurisdiction related to HIV care, treatment, and mental health and substance abuse services (such as Ryan White Planning Councils and SAMHSA planning activities) to ensure collaboration between the HPG and the other entities	
Provide the HPG with information on federal, state, and local public health services (STD, TB, hepatitis, mental	

"Crosswalk" of CDC & HRSA Planning Requirements & Expectations	
health, etc.) for high-risk populations identified in the Jurisdiction's HIV Prevention Plan	
Ensure that HPGs have access to current HIV prevention information and analyses of data which may have potential implications for HIV prevention in the jurisdiction	
Allocate, administer, and coordinate other HIV public funds (federal, state, and local) to maximize the impact of interventions to prevent HIV transmission and reduce HIV-associated morbidity and mortality	
Provide regular updates to the HPG on successes and barriers encountered in implementing the engagement process and HIV prevention services described in the Jurisdictional HIV Prevention Plan	

Committee & HIVPC Attendance Report

January – December 2014

Attendance is tracked for seven standing committees, the four current ad-Hoc committees, and HIVPC members. The attendance rules are as follows:

A member will automatically be removed from the HIVPC or committee that meets more frequently than quarterly if he/she:

- Has three (3) consecutive unexcused absences regardless of year, or
- Misses four (4) meetings in one (1) calendar year (January-December) because of unexcused absences.

A member will automatically be removed from the committee that meets on a quarterly or less frequent basis if he/she:

- Has two (2) consecutive unexcused absences regardless of year, or
- Misses two (2) meetings in one (1) calendar year (January-December) because of unexcused absences.

HIVPC Staff sends warning and removal letters to committee or Council members in violation of the attendance policy (copy of letters attached). Draft letters are sent to the HIVPC Chair, committee Chair and Vice Chair, and MCDC Chair and Vice Chair.

1st Violation of Attendance Policy → Attendance Warning Letter

2nd Violation of Attendance Policy → Attendance Removal Letter

Attendance records for each of the committees and the HIVPC are noted below:

COMMITTEE	# OF MEMBERS	# OF WARNINGS	# OF REMOVALS
Community Empowerment Committee (CEC)	16	2	1
Membership/Council Development Committee (MCDC)	6	0	0
Needs Assessment/Evaluation Committee (NAE)	6	2	1
Priority Setting & Resource Allocation Committee (PSRA)	10	0	0
Quality Management Committee (QMC)	5	1	1
System of Care Committee (SOC)	10	1	0
Executive Committee	12	3	3
Ad-Hoc Local Pharmacy Advisory Committee (LPAC)	4	1	1
Ad-Hoc MAI Medical Case Management Committee	4	0	0
Ad-Hoc Food Services Eligibility Committee	4	0	0
Ad-Hoc Nominating Committee	5	0	0
HIV Planning Council (HIVPC)	24	2	1
TOTAL	**47 (unduplicated)**	**12 (~25%)**	**8 (~17%)**

HANDOUT F

Committee Meeting Evaluation Report – July 2014 through December 2014*

**Most committees cancelled meetings in August, September, & December*

HIV Planning Council and committee meeting attendees (members and guests) are asked to complete a meeting evaluation following each meeting.

Participants can check **Yes** or **Needs Improvement** to the following Evaluation Statements:

1. The meeting place was a good working environment.
2. The agenda was clear and was supported by the necessary documents.
3. The chair guided the meeting effectively.
4. All Council/Committee members were prepared to participate in the agenda.
5. Reports were clear and contained needed information.
6. Next steps for future tasks were identified and responsibility was assigned.
7. The agenda was followed without spending too much time on non-agenda items.
8. It was possible to express my opinion if I wanted to.
9. Meeting participants conducted themselves appropriately.

Additional space is provided for comments.

Responses to statements are 100% "Yes" unless otherwise indicated. Needs Improvement = NI. No Response = NR.

COMMUNITY EMPOWERMENT COMMITTEE (CEC)

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
July 1, 2014	9/22 (41%)	#1	NI (2)	
		#9	NI (1)	"Cross talk"
August 5, 2014	6/20 (30%)	#3	NI (1)	No comments.
		#8	NR (1)	
September 2, 2014	7/13 (53%)	#1		"Always"
		#2		"We adjust info. Today"
		#3		"True"
		#5		"Always"
		#6		"Great"
		#8		"Cause we all take precaution of what we say & do"
		#9		"Always"
November 24, 2014	Cancelled due to lack of quorum			

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
July 10, 2014	2/8 (25%)	None.		No comments.
October 2, 2014	0/6 (0%)	None.		No comments.
November 6, 2014	3/5 (60%)	#4	NI (1)	No comments.

NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
November 10, 2014	Cancelled due to lack of quorum		

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

HANDOUT F

Committee Meeting Evaluation Report – July 2014 through December 2014*

**Most committees cancelled meetings in August, September, & December*

PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE (PSRA)

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
October 15, 2014	0/8 (0%)	None.		No comments.
November 19, 2014	2/11 (18%)	#5	NI (1)	No comments.
		#7	NI (1)	

QUALITY MANAGEMENT COMMITTEE (QMC)

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
July 21, 2014	7/10 (70%)	#9	NR (1)	No comments.
October 20, 2014	4/9 (44%)	None.		No comments.

SYSTEM OF CARE COMMITTEE (SOC)

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
October 27, 2014	2/8 (25%)	None.		No comments.
November 24, 2014	6/15 (40%)	#2	NR (1)	
		#3	NI (1), NR (1)	"The agenda may have been more then this group can handle"
		#4	NR (1)	
		#5	NI (1), NR (1)	"We went thru 1/2 the packet" "More info. Of insurance & providers & stigma need"
		#6		"Support thru NFL, NBA, HNL"
		#7	NI (1)	"For aides day mary special people"
		#8		"I was a guest and it was great being able to share but comments need to be shorter" "Actor Will Smith"
		#9	NI (1)	"There was to much "sharing" without being relevant to agenda items"

EXECUTIVE COMMITTEE

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
July 17, 2014	2/12 (16%)	None.		No comments.
August 28, 2014	0/12 (0%)	None.		No comments.
October 16, 2014	2/9 (22%)	None.		No comments.
November 13, 2014	5/7 (71%)	#2	NI (1)	"I had a bit of a problem keeping up with the conversation & agenda items"
		#3	NR (1)	
		#7	NR (1)	
December 11, 2014	Cancelled due to lack of quorum			

HIV PLANNING COUNCIL

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
July 24, 2014	9/31 (29%)	#1		"Aesthetic & Spacious"
		#2		"Great visual board & audio as well"

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

Committee Meeting Evaluation Report – July 2014 through December 2014*

**Most committees cancelled meetings in August, September, & December*

		#4		"Reported well their plan & goal on committee's activities"
		#7	NI (1)	
		#9		"Very Professional""
October 23, 2014	7/23 (30%)	#1	NI (1)	"Rm 302 is small!!" "We need more room."
		#2	NI (1)	
		#4	NI (1)	
		#5	NI (1)	
November 20, 2014	12/36 (33%)	#3		"We also electd a new Chair Reed congrad"!
		#4	NI (1)	"Somewhat" " Comment submit the question"
		#6	NI (1), NR (1)	
		#9		"They seated badly (just joking) Happy Holiday"! "HIVPC "forgot" today is Transgender Day of Rememberance"
December 8, 2014	4/21 (19%)	None.		No comments.

AD-HOC LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
Did not meet July to November 2014			

AD-HOC MAI MEDICAL CASE MANAGEMENT COMMITTEE

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
Did not meet July to November 2014			

AD-HOC FOOD SERVICES ELIGIBILITY COMMITTEE

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
October 14, 2014	3/3 (100%)	None.		No comments.
November 18, 2014	2/5 (40%)	#1	NR (1)	"The room is hard to find within the building"
		#2	NR (1)	
		#3	NI (1)	"This guy was the meeting-disfunctional"
		#4	NI (1)	
		#5	NR (1)	
		#7	NR (1)	
December 9, 2014	3/4 (75%)	#1		"Much better as a ad-hoc committee. Still the chair uses her seat strongly."

AD-HOC NOMINATING COMMITTEE

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
October 2, 2014	0/4 (0%)	None.	No comments.

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

EXECUTIVE COMMITTEE:
2014 ACCOMPLISHMENTS & CHALLENGES

Accomplishments

- Leadership/Capacity Development:
  - Adding the Vice Chair position for committees
  - Expanding leadership positions to all community stakeholders
  - New standing committee to meet demands of HIVPC
  - Information sharing – presentations at BCHPPC and BCHPPC presenting to HIVPC
- Evaluations:
  - Assessing processes and events to improve for the future

Challenges

- Attendance/Meeting Dates
  - Scheduling conflicts for meetings

HIVPC Self-Assessment

- Three part survey
  - Part 1 had the most responses (~57%), Part 2 had slightly less (43%), and Part 3 had very few (17%)
- Many people know the HIVPC has a mission statement, but don't know what the mission statement says
- Work plans are well publicized and well understood
- Membership process and reflectiveness well understood
  - Most people believe turnover to be between 10-20%
- 15% (2 respondents) indicated that the HIVPC did not have written policies and procedures
- 20% (2 respondents) indicated that priorities are note revised routinely
- There is still confusion about the PSRA process and data sources, the Needs Assessment process, and who is responsible for the Comprehensive Plan
- 40% (4 respondents) indicated that the Needs Assessment Report and analysis is not easy to understand

Evaluation

The Executive Committee's evolving leadership has been instrumental in in the growth and development of both the committee and its members. It has grown from seven members to

twelve members since the addition of committee Vice Chairs and has expanded its leadership to include more community stakeholders. The Executive Committee has also strived to evaluate more HIVPC processes, activities, and events in order to gain feedback for the future and improve where possible.

Committee Recommendations for 2015:

1. _____
2. _____
3. _____

Ad-Hoc MAI Medical Case Management (MCM) Committee

1. **Who Should Take the Lead?**
    a. Executive: The Executive Committee is made up of the Chairs and Vice Chairs of all the HIVPC's committees, which would make it easy to obtain input and data from all the committees and synthesize the data to determine a solution.
    b. SOC: SOC has been tasked with looking at the entire system in Broward County. SOC can look at all the different system pieces in Broward County and determine how clients are linked from outreach to case management services and where there may be gaps in the system.
    c. PSRA: PSRA initially recommended funding the MAI MCM service category, and may want to review the service category and make sure there are measures in place so that it is not used just as a billing mechanism. These measure may come in the form of How Best to Meet the Need.

2. **What Information Is Needed? Where Does it Come From?**
    a. Service Delivery Model – QMC
    b. MAI MCM Client Outcomes – QMC
    c. Client Perspective – CEC
    d. Similar Programs in Broward – SOC
    e. How Programs are Linked Together – SOC
    f. Data on Unmet Need – NAE
    g. Funding and Cost Data – PSRA

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COMMITTEE MINI RETREAT NOTES

Icebreaker: *Think Inside the Box*

The *Think Inside the Box* icebreaker was used to demonstrate that the first and most obvious solution may not always be the best solution to the problem at hand. Sometimes it is necessary to think beyond the obvious and take the time to work together to determine a better solution.

History of the 18 Month Work Plans

The development of the 18 month work plans began after a recommendation from EGM Consulting that the work plans should be streamlined and workloads needed to be more balanced between committees. The new work plans were based on the previous fiscal year's work plans, but were developed to be more concise and to shift activities among different committees so all the committees had similar amounts of work to be done. Targets were also added to give committees a goal to work towards for each of the activities on their work plans.

The Three Guiding Principles of the HIVPC: *Linkage to Care, Retention in Care, & Viral Load Suppression*

Identifying guiding principles or focus areas for the HIV Planning Council (HIVPC) was also a recommendation from EGM Consulting. With so much data available to the HIVPC, it sometimes became difficult to focus or streamline work that would make an impact on the epidemic in Broward. Three guiding principles were chosen to focus the work of the HIVPC.

In 2010 the White House released the National HIV/AIDS Strategy (NHAS) to give the United States a plan to move forward towards zero new infections. The four goals of NHAS were to reduce new infections, increase access to care and improve health outcomes for people living with HIV (PLWH), to decrease HIV-related health disparities and inequities, and to achieve a more coordinated response to the epidemic. The HIV Care Continuum is a tool used to analyze the progress being made on NHAS goals. The HIV Care Continuum is most often shown as a bar graph made up of five bars showing the following percentages for people living in the United States: diagnosed with HIV, linked to care, retained in care, prescribed Antiretroviral Therapy (ART), and virally suppressed.

Of the five bars, the HIVPC felt that the three bars the HIVPC could have the most impact on were linkage to care, retention in care, and viral load suppression. Prevention programs work predominantly on diagnosing HIV, and once an individual enters care, being prescribed ART is largely automatic. Thus, linkage to care, retention in care, and viral load suppression became the three guiding principles of the HIVPC. These principles will be used to focus the activities of all of the HIVPC's committees.

Icebreaker: *Peanut Butter & Jelly*

The *Peanut Butter & Jelly* icebreaker was used to demonstrate the need for committees to be clear and concise when making recommendations or requests for data from other committees. Sometimes when a committee is putting together a recommendation or a request for data it may seem clear, but when the request is received by another committee it may not make sense to them.

Why And How Committees Work Together

Committees work together for several reasons, including:

- To obtain new information or data from varied sources
  - The same issues or information may be brought forward to several committees, but a provider bringing information to the Quality Management Committee (QMC) may not note the same issues as a consumer bringing the same information to the Community Empowerment Committee (CEC).
- To review, analyze, and share data to support decision making
- To make recommendations based on their diverse perspectives and areas of expertise

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- Different committees may look on issues differently based on member experiences, level of expertise, or even the purpose of the committee. The Needs Assessment/Evaluation (NAE) committee may look at an issue and see the need to gather more information through the needs assessment, while the CEC may look at the same issue and the see the need for more the committee to have more educational meetings in the community.

- To participate in decision making
- To assess the results of decisions and actions taken
  - It is easy to get stuck in the rut of doing the same thing, the same way every year. It's important for committees to be open to change and to remember that sometimes duties are adjusted and moved around to make sure the HIVPC is working efficiently and effectively.
- To review performance and outcomes data for continued improvements in the system of care
  - Although change is hard, it is imperative to keep improving and making changes to the system where necessary in order to ensure the best services possible for clients.

Committees work together by:

- Shared or divided responsibility for collecting information/data
  - Committees may have needs for the same data, but some committees may want a consumer perspective, while other committees want system wide data
- Shared responsibility for analyzing or reviewing data
  - Committees may look at the same sets of data, but analyze it from different perspectives and form different conclusions
- Transmission of information to another committee
- Presentation to another committee
  - Transmission of information between committees and presentations on data analysis are often made by HIVPC staff to keep messages consistent
- Joint meetings of several committees
- Information sharing and coordination of effort through the Executive Committee
  - Decisions regarding the work of the HIVPC are usually made at the committee level and vetted by the Executive Committee before the final decision is made by the HIVPC
- Shared responsibilities at HIVPC meetings/decision-making sessions

It would be impossible for the HIVPC to get work done without the cooperation of all committees, and without all the perspectives and expertise that is brought forth from diverse committee membership. The HIVPC and its committees do a good job of sharing information and data, but there can always be improvements to make the process more efficient and effective. Recommendations to improve the process include:

- Plan major shared tasks through joint meetings and ongoing communications (usually through the Chairs)
  - Making announcements at the HIVPC meeting of upcoming tasks for each committee may help people who are interested in a certain topic know when to participate in a committee meeting. This may help avoid the frustration of rehashing issues during HIVPC meetings when the appropriate time for questions and debate would have been at the committee level.
- Be clear on mutual expectations, including what will be provided, when, and how information will be used
  - When asking other committees for information, be very clear on what is needed and what the committee expects to get back. Make sure plenty of time is allocated for the committee to be able to get the information and put together a recommendation, so the committee can do a thorough analysis and not rush to a decision.
- Discuss the process to be used by each committee, to maximize trust in the product developed and shared

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- Increase education about each committee's process, and make sure the process is very visible so that all parties with a vested interest have opportunities to partake in the decision making process.

- Agree on the format and level of detail for information that will be provided/shared
  - Information that is being shared with multiple committees (such as needs assessment data) should be consistent across committees, so that all committees have the same information needed to make decisions.
- Specify timelines – and allow time for refinements if changes or additional information are needed
  - It may be necessary to look at timelines for major projects on a more frequent basis (quarterly or more frequently, depending on the project) and make changes to the timelines as necessary. It is always best to give committees as much time as possible to analyze data and come to a solid conclusion or recommendation rather than rushing.
  - Make sure committee members understand the necessity and urgency of timelines. Timeliness of policies and decisions are imperative, because delays have consequences. If, for example, the System of Care (SOC) Committee tabled identifying topic areas for needs assessment questions at its meeting, and the NAE must have the recommendations that month, it disrupts the entire timeline for the needs assessment.
- When sharing information, provide written background, data limitations, and other "context" to help ensure understanding of information and recommendations
  - It may be helpful to use a worksheet for important, hot button issues that are coming to a vote in front of the HIVPC. The worksheet could break down the background of the issues, all the data that was analyzed, the discussions that took place, any questions that were raised, and the end decision that was made. This should be sent to members prior to the vote so it can be reviewed, and the clarity should help avoid rehashing of issues at HIVPC meetings.

<u>Breakout Session</u>
Two examples of how committees can work together were reviewed as an interactive activity.

Example #1: The SOC identifies that transportation is not funded in Broward County. What are the next steps to determine what the HIVPC should do?

- NAE would want to ask questions as part of the needs assessment to determine if it transportation was an issues for clients. Questions about transportation being a barrier to not getting care, or a barrier to staying in care would be the priority. NAE might also want to ask questions about which services clients have trouble getting to.
- QMC would look at the needs assessment data and would try to determine if there was any relation between services that clients have trouble accessing due to no transportation and the outcomes for retention in care and viral load suppression. Any patterns that emerged would be relayed to PSRA.
- CEC would educate and inform the community about any available transportation services that were available in Broward, even if it was not a Part A service.
- PSRA would review the needs assessment data and patterns identified by QMC and determine if funding transportation with Part A dollars was necessary and if the funds were available to do so.
- MCDC would work to recruit committee or HIVPC members who had subject matter expertise, or worked in the field of transportation and would be able to aid the HIVPC in making decisions about transportation issues.

Example #2: Determining if the MAI Medical Case Management (MCM) service category needs a new service delivery model, or if the current model needs to be updated.

- QMC would look outcomes for clients in the MAI MCM service and identify patterns and areas for improvement. Any identified patterns or outcomes that need improvement could be forwarded to the NAE to be included in the needs assessment for additional data.

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- NAE would want to ask questions as part of the needs assessment to determine the needs of the clients utilizing the MAI MCM service and identify any barriers that may prevent clients from accessing the service.
- CEC would work with the community to get consumer perspective on the types of case management consumers feel is needed.
- SOC would look at all the types of case management that are available within the community and how clients are linked to the different types of case management services. Service gaps would be identified and forwarded to the PSRA committee for their review.
- PSRA would review all the recommendations from QMC, SOC, and NAE and would determine if the service category should be funded differently, if there needed to be changes to the language regarding the service for How Best to Meet the Need, or if eligibility changes needed to be made to the service.
- MCDC would work to recruit committee or HIVPC members who had subject matter expertise, or worked in the field and would be able to aid the HIVPC in making decisions about transportation issues.

2016 Integrated Comprehensive Plan: *How the HIVPC Works with Prevention*

The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) have released correspondence indicating that the next Comprehensive Plan must be an integrated planning effort between prevention and care programs. Efforts are being undertaken to develop a plan for the prevention and care planning bodies to work together to develop an integrated Comprehensive Plan which will be due in 2016.

Mini Retreat Evaluation

A brief, five question evaluation was sent to attendees. Questions included:

1. Did you attend the Mini Retreat on December 8, 2014?
2. If you did not, what prevented you from attending the Mini Retreat?
3. How would you rate the event location?
4. How would you rate the event time?
5. Was attending the Mini Retreat beneficial to you?

A total of nine responses were received. Of those responses, one respondent indicated that they were not able to attend the mini retreat due to a scheduling conflict. The remaining eight respondents were able to attend the retreat. Responses about the location were split, with half of respondents saying the location was excellent, and half rating the location average or good. Comments indicated that the location was difficult to find. A majority of respondents rated the time as good and said the Mini Retreat was beneficial. Other comments noted that there is disconnect between committees, as well as between committees and the HIVPC.

Metropolitan Washington Regional Ryan White Planning Council

Motion Form

The Committee Chair or other Planning Council member making a motion for consideration by the Executive Committee and/or full Planning Council shall complete this form and submit it to Planning Council staff and Planning Council Support Contractor at least five (5) business days before the meeting at which it will be made.

Standing Committee of Origin: _____ **Date Passed:** _____

Executive Committee Approval Date: _____ **As Submitted** ____ **With Changes**_____

Motion Made/Seconded By: _____

Subject: _____

Planning Council Action: _____ **Approved** _____ **Rejected** **Date:** _____

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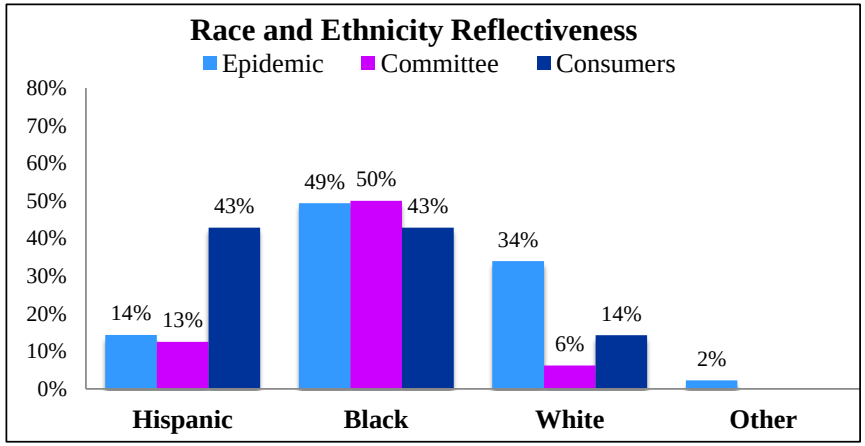
1. **Text of the motion:**

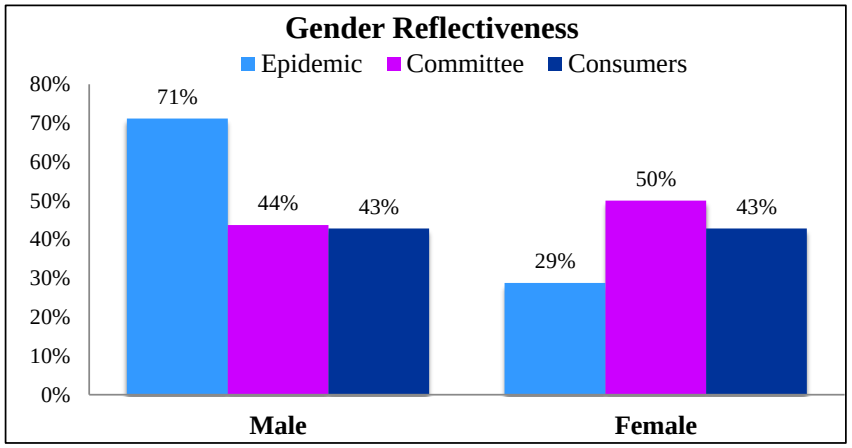
2. **Purpose of the motion / Need for the action**

3. **Research completed prior to formulating recommended action**

4. **Alternative strategies explored and reasons why the recommended action is preferable.**

Community Empowerment Committee (CEC) Reflectiveness Report
Through December 2014

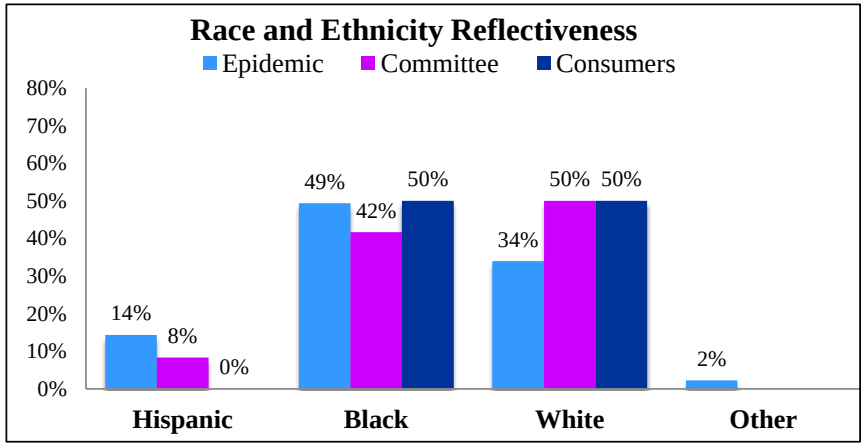


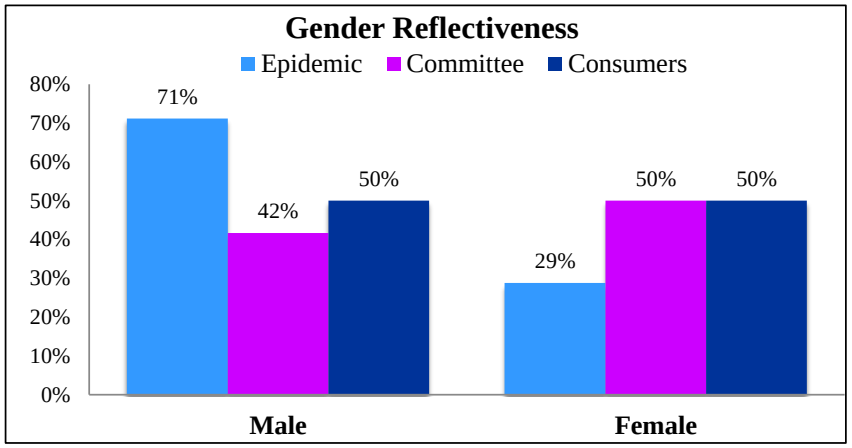


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	7	44%	3	43%	**-27%**
Female	4,973	29%	8	50%	3	43%	21%
Transgender	-	-	0	0%	1	14%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	2	13%	3	43%	**-2%**
Black	8,521	49%	8	50%	3	43%	1%
White	5,856	34%	1	6%	1	14%	**-28%**
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**16**		**7**		

Current Members	**16**
% of Members That Are Unaffiliated Consumers	**44%**

Executive Committee Reflectiveness Report
Through December 2014



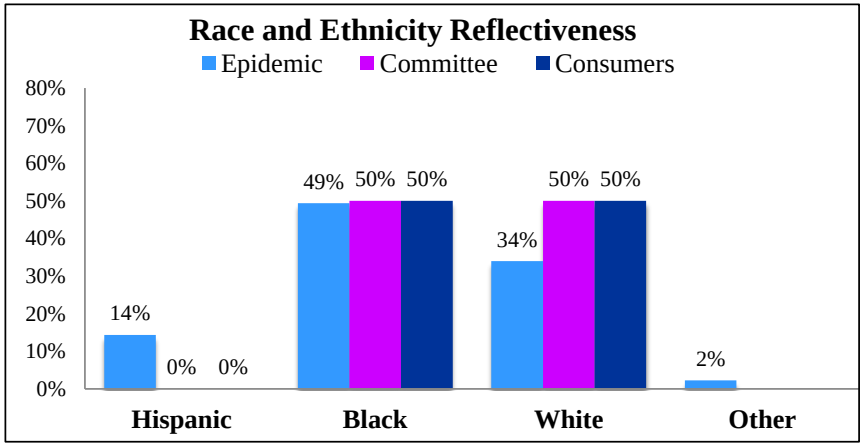


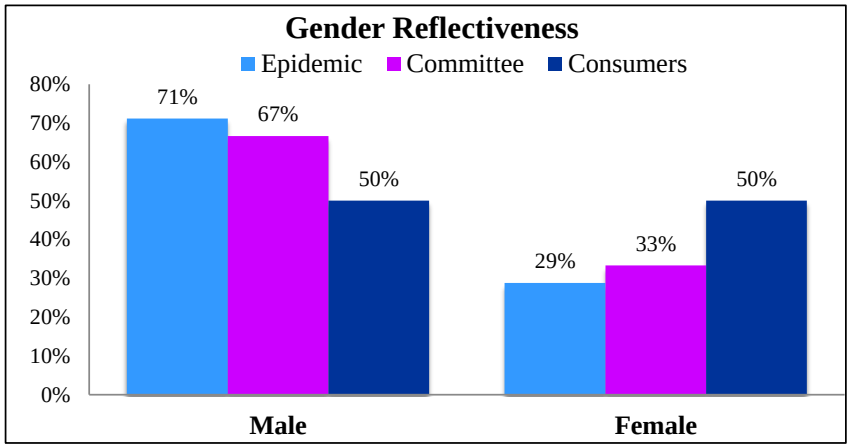
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	5	42%	2	50%	**-30%**
Female	4,973	29%	6	50%	2	50%	21%
Transgender	-	-	1	8%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	8%	0	0%	**-6%**
Black	8,521	49%	5	42%	2	50%	**-8%**
White	5,856	34%	6	50%	2	50%	16%
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**12**		**4**		

Current Members	**12**
% of Members That Are Unaffiliated Consumers	**33%**

No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time.

Membership/Council Development Committee (MCDC) Reflectiveness Report
Through December 2014

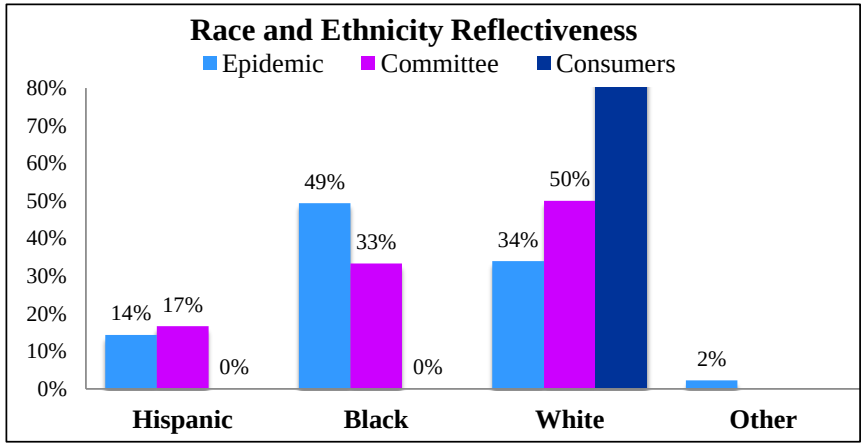


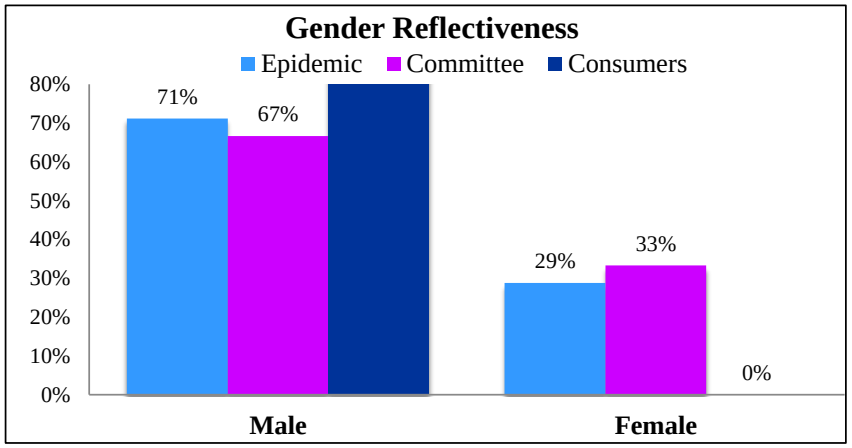


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	67%	1	50%	**-5%**
Female	4,973	29%	2	33%	1	50%	5%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	0	0%	0	0%	**-14%**
Black	8,521	49%	3	50%	1	50%	1%
White	5,856	34%	3	50%	1	50%	16%
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**6**		**2**		

Current Members	**6**
% of Members That Are Unaffiliated Consumers	**33%**

Needs Assessment/Evaluation (NAE) Committee Reflectiveness Report
Through December 2014

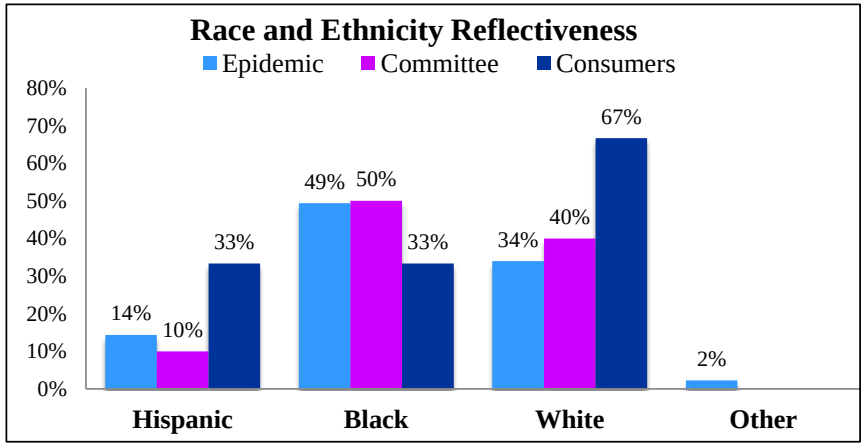


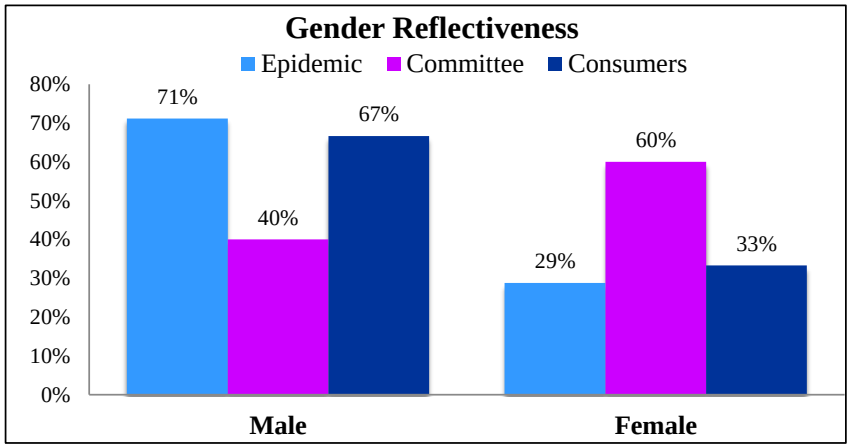


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	67%	1	100%	**-5%**
Female	4,973	29%	2	33%	0	0%	5%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	17%	0	0%	2%
Black	8,521	49%	2	33%	0	0%	**-16%**
White	5,856	34%	3	50%	1	100%	16%
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**6**		**1**		

Current Members	**6**
% of Members That Are Unaffiliated Consumers	**17%**

PSRA Committee Reflectiveness Report
Through December 2014

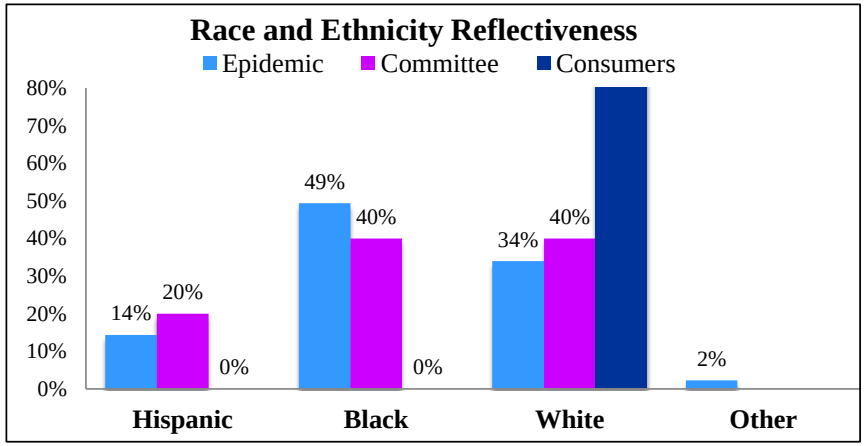


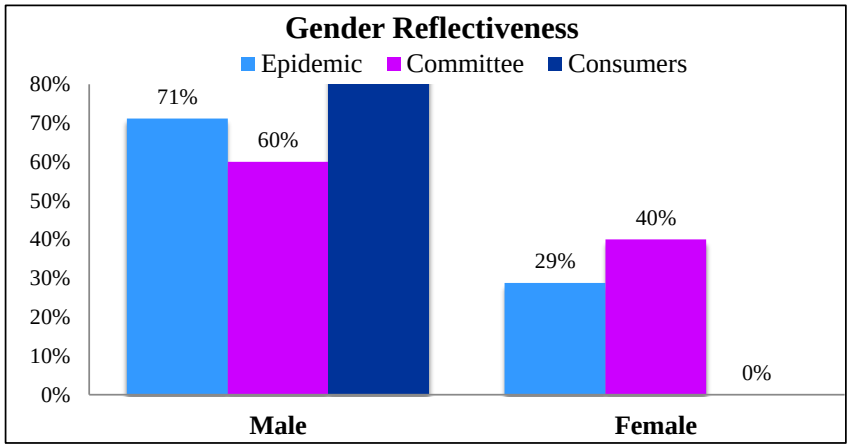


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	40%	2	67%	**-31%**
Female	4,973	29%	6	60%	1	33%	31%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	10%	1	33%	**-4%**
Black	8,521	49%	5	50%	1	33%	1%
White	5,856	34%	4	40%	2	67%	6%
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**10**		**3**		

Current Members	**10**
% of Members That Are Unaffiliated Consumers	**30%**

Quality Management Committee (QMC) Reflectiveness Report
Through December 2014

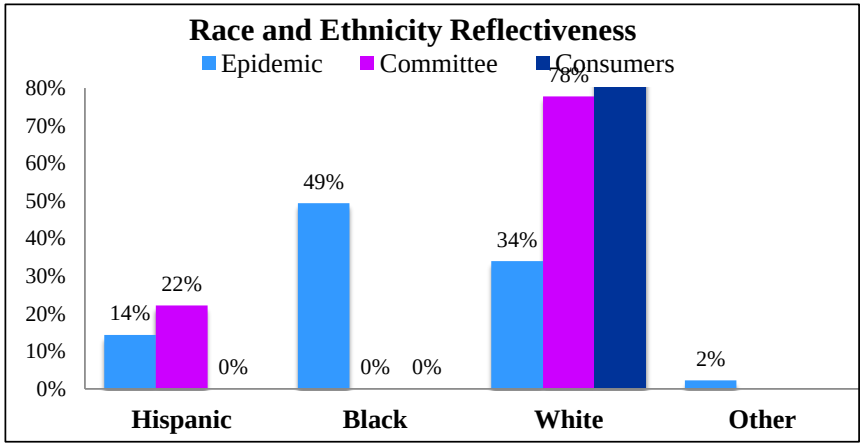


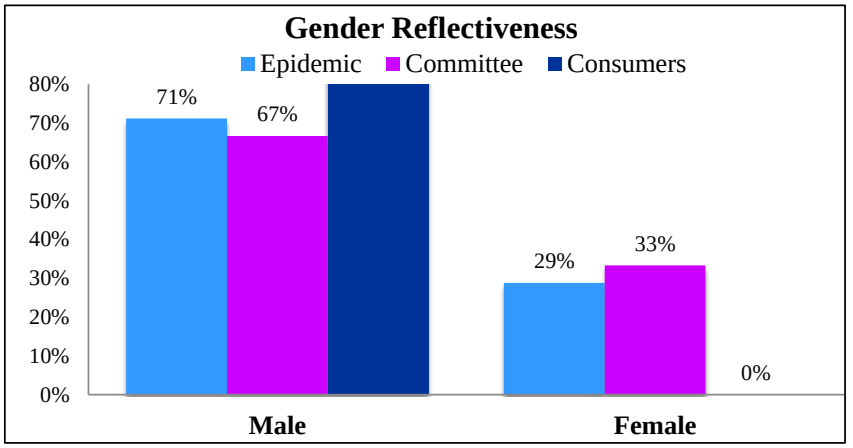


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	3	60%	1	100%	**-11%**
Female	4,973	29%	2	40%	0	0%	11%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	20%	0	0%	6%
Black	8,521	49%	2	40%	0	0%	**-9%**
White	5,856	34%	2	40%	1	100%	6%
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**5**		**1**		

Current Members	**5**
% of Members That Are Unaffiliated Consumers	**20%**

System of Care (SOC) Committee Reflectiveness Report
Through December 2014





Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	6	67%	1	100%	**-5%**
Female	4,973	29%	3	33%	0	0%	5%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	2	22%	0	0%	8%
Black	8,521	49%	0	0%	0	0%	**-49%**
White	5,856	34%	7	78%	1	100%	44%
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**9**		**1**		

Current Members	**9**
% of Members That Are Unaffiliated Consumers	**11%**