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, March 21, 2019, 11:30 a.m.
Location: Government Center Room A-337
Chair: Lopes, R. **Vice Chair**: Grant, C.

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 03/21/19 Executive Committee Agenda and 2/21/19 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a) Review and Approve 3/21/19 HIVPC Agenda, Meeting Materials and Motions (Handouts A)
   b) Review April 2019 HIVPC Calendar (Handout B)
4. **UNFINISHED BUSINESS**

Agenda Items	*Action to be taken, presentation, discussion, brainstorm etc.*
Executive Committee Work Plan (Handout C)	ACTION ITEM: Review progress towards completion of FY2018 Executive Committee Work Plan. Approve FY2019 Executive Committee Work Plan.
FY2018 Committee Evaluation (Handout D)	ACTION ITEM: Complete FY2018 Executive Committee Evaluation and set goals for FY2019.

5. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items	*Action to be taken, presentation, discussion, brainstorm etc.*
Service Delivery Model Approval (Handouts E & F)	ACTION ITEM: Review and approve AIDS Pharmaceutical Assistance and Emergency Financial Assistance Service Delivery Model.
Executive Leadership Training	ACTION ITEM: Review previous Executive leadership training, determine leadership training topic(s) and create timeline for FY2019-2020.

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** April 18, 2019 11:30 a.m. **VENUE:** A-337

Agenda Items for next Meeting	*Action to be taken, presentation, discussion, etc.*
HRSA Site Visit Recommendations	ACTION ITEM: Review guiding principles.

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

PLEASE COMPLETE YOUR MEETING EVALUATIONS
THREE GUIDING PRINCIPLES OF THE HIV PLANNING COUNCIL
• Linkage to Care • Retention in Care • Viral Load Suppression •

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Meeting Minutes: Executive Committee
Date/Time: Thursday, February 21, 2019, 11:30 a.m.
Location: Government Center Room A-337
Chair: Lopes, R. **Vice-Chair**: Vacant

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Grantee Staff**
1	Barnes, B. *Ex-Oficio*		**A**		Anderson, T.
2	Fleurinord, P.	**X**			Jones, L.
3	Foster, V.	**X**			
4	Hayes, M.	**X**			**HIVPC Staff**
5	Lopes, R., *Chair*	**X**			Johnson, B.
6	Robertson, L.	**X**			Jolly, J.
7	Fortune-Evans, B.	**X**			Oratien, V.
8	Grant, C.	**X**			
					Guests
					Dennis, B.
	Chair Quorum = 5	**7**			Riley-Gardiner, Y.

1. CALL TO ORDER

The Chair called the meeting to order at 11:38 a.m. and welcomed all present. Attendees were notified of information regarding 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 acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Chairs, Committee members, guests, Grantee staff and support staff self-introductions were made. A moment of silence was observed. There were no public comments.

2. APPROVALS

a)

Motion #1: To adjust 2/21/19 Meeting Agenda
Proposed by: Robertson, L. **Seconded by**: Grant, C.
Action: Passed Unanimously

Motion #2: To approve 2/21/19 Meeting Agenda (with adjustments)
Proposed by: Robertson, L. **Seconded by**: Foster, V.
Action: Motion Rescinded

Motion #3: To approve the 11/26/18 Meeting Minutes
Proposed by: Hayes, M. **Seconded by**: Robertson, L.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a) Approve 2/21/2019 HIVPC Agenda (Handout A):
The Committee reviewed and approved the HIVPC agenda.

b) Review March 2019 Calendar (Handout B): The chairs reviewed and approved the draft March HIVPC Committee Calendar.

4. UNFINISHED BUSINESS

None.

5. MEETING ACTIVITIES/NEW BUSINESS

a) Membership Drive Recap: Support Staff went through the membership drive slideshow to recap membership drive highlights. The Membership Drive was the most successful recruitment effort thus far; garnering interest for 45 individuals. Committee members will work on ways to improve the process for the next drive, which is tentatively scheduled for the summer of 2019. Next steps for the membership drive was for the committee members to reach out to all 45 potential members to encourage them to attend the meetings. A committee member suggested that a March HIVPC meeting reminder email should be sent out to membership drive contacts. ACTION ITEM: Send an HIVPC reminder email to the Membership Drive contacts.

PC support staff created a contact list of all membership drive participants. Committee members received this list with the understanding that he/she will reach out to the individuals that signed up during the Membership Drive. The Committee Chair suggested adjusting future membership drive planning activities that would yield more successful outcomes, such as immediately calling interested parties. The HIVPC Chair plans to call interested parties and encouraged members to follow up with these contacts. Both the Chair and Vice-Chair requested the contact sheets. Certain members were concerned with the lack of current member attendance, as there might be a disconnect created if an interested party attends an HIVPC meeting, but the corresponding member does not attend. Members also noted that transportation can be arranged for any consumers who would like to attend the HIVPC meetings.

ACTION ITEM: Bring 'Get Involved' palm cards to HIVPC meeting for members to distribute at their agencies.

b) Member Approvals: Three individuals were presented to the committee for membership approval. Due to the reflectiveness of the committee being below HRSA's mandated percentages, the committee decided to move forward with the approval of the two black female applicants to the HIVPC for membership. Although the HIVPC will be approving 2 Black female consumers, unaffiliated consumers will still be underrepresented on the HIVPC. The third applicant is applying for the previously vacated AHF seat. This candidate will be approved by MCDC during their next committee meeting. The committee reviewed the member reflectiveness to identify the underrepresented populations. The committee also discussed efforts to find more diverse representation on the council.

c.) HRSA Site Visit Recommendations: HRSA findings from the visit conducted in 2018 were reviewed. In total, HRSA made 4 recommendations. One finding is in the process of being addressed – QM will be reviewing and approving the Local Pharmacy/EFA SDM in their upcoming meeting.

The next finding was the lack of clarity on term limits for membership. The HIVPC chair spoke about the committee's discussion on term limits in the past. When the council struggles overall membership, creating term limits may negatively impact the council. The third finding was about ongoing review of the HIVPC budget. Currently the Planning Council's support staff manages and reviews the budget, but HRSA recommends the Planning Council is more informed and involved in the budget process. Lastly, HRSA recommends a revision to the Planning Council Guiding Principles. The Executive Committee will review and update Guiding Principles to ensure the document remains current moving forward. The committee will designate time during Executive and HIVPC meetings and/or during a full retreat. The HIVPC budget and Guiding Principles will be discussed at upcoming Executive Committee meetings and brought to the Planning Council in the upcoming months. ACTION ITEM: Prepare Budget & Guiding Principles for upcoming Executive Committee meetings.

Motion #4: To table addressing term limits until a future meeting **Proposed by**: Hayes, M. **Seconded by**: Grant, C. **Action:** Passed Unanimously

6. RECIPIENT REPORT

The Recipient's office staff gave feedback on the *Undoing Racism follow up training/retreat* that all HIVPC members are required to attend in April. It was stated that most Planning Council members have completed the training. Recipient staff then spoke about the planning of the HIVPC retreat. Staff is working on planning a full day retreat with the first half of the day geared towards members who have attended the racism training and having them identifying systems that clients go through that may prevent them from receiving services. The second half of the day will be a 'Groundwater' activity. This is a more condensed version of the training for individuals who have not attended previously. Providers of services will also be included so that changes can be made to help clients navigate systems without implicit bias. Proposed date for the training is April 10th. Training will count for attendance and replace April's meeting date.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS / TASKS FOR NEXT MEETING: March 21, 2019 VENUE: A-337

Agenda Items for next Meeting	*Action to be taken, presentation, discussion, etc.*
FY2018 Committee Work Plan	ACTION ITEM: Review progress towards completion of FY2018 Executive workplan.
FY2018 Committee Evaluations	ACTION ITEM: Complete FY2018 Executive Committee Evaluations and set goals for FY2019.
HRSA Site Visit Recommendations	ACTION ITEM: Discuss HRSA site visit recommendations for term limits, updating HIVPC guiding principles, and the PC budget.

9. ANNOUNCEMENTS None.

10. ADJOURNMENT The meeting adjourned at 1:03 p.m.

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Executive Committee Attendance CY 2018

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	21											
0	1	1	**1**	Barnes, B. *Ex Officio*		A											
1	1	0	**2**	Fleurinord, P.		X											
0	0	0	**3**	Fortune-Evans, B.		X											
0	0	0	**4**	Foster, V.		X											
0	0	0	**5**	Grant, C. *Vice Chair*		X											
1	0	0	**6**	Hayes, M.		X											
1	1	0	**7**	Lopes, R. *Chair*		X											
0	1	0	**8**	Robertson, L.		X											
				Quorum = 5	0	7	0	0	0	0	0	0	0	0	0	0	

X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - Resigned
C - cancelled
W - warning letter
R - removal letter
QNA - quorum not achieved

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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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL MEETING AGENDA

Thursday, March 28, 2019 9:30 a.m.
GC-430
Chair: Réquel Lopes **Vice Chair:** Claudette Grant
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. CALL TO ORDER (10 minutes)

2. WELCOME AND PUBLIC RECORD REQUIREMENTS
- a. Welcome and Introductions
- b. Review Meeting Ground Rules, Public Comment and Public Record Requirements
- c. Council Member and Guest Introductions
- d. Moment of Silence
- e. Excused Absences and Appointment of Alternates
- f. Approval of 3/28/19 Meeting Agenda
- g. Approval of 2/28/19 Meeting Minutes

3. PHONE INTRODUCTIONS

4. PUBLIC COMMENT (Up to 10 minutes)

5. WRITTEN FEDERAL LEGISLATIVE REPORT (Handout A)

6. CONSENT ITEMS

#	Motion	Justification	Proposed By
1	To approve Aaron Cutright for HIVPC membership in the AHF seat.	Mr. Cutright is a healthcare provider committed to advocating for and serving the HIV/AIDS community. He has years of experience working with the AIDS Healthcare Foundation. He has volunteered in the community, but now wants to join the Planning Council to widen his reach of impact in Broward County.	Executive Committee
2	To approve the HIVPC Committee Workplans	The HIV Planning Council Committees have reviewed and updated the committee workplans for FY 2019-2020. Workplans have been approved by each committee, respectively.	All Committees

7. DISCUSSION ITEMS

#	Motion	Justification	Proposed By
1	To approve AIDS Pharmaceutical Assistance and Emergency Financial Assistance Service Delivery Model.	This service delivery model approval request complies to a recommendation from the HRSA HIV/AID Bureau's 2018 site visit to the Broward County EMA. It represents the creation of service delivery standards for Emergency Financial Assistance, which has been combined with the AIDS Pharmaceutical Assistance (Local) service delivery model.	Executive Committee

8. NEW BUSINESS
- a. Administrative Mechanism Overview and Survey – Receive overview of the purpose of the Assessment of the Administrative Mechanism and take the survey.

9. MARCH COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)
Meeting Canceled- No Quorum *Chair: Vacant V. Chair: P. Fleurinord*

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

March 14, 2019 *Chair: V. Foster, V. Chair: Vacant*

A. Work Plan Item Update / Status Summary:
HIVPC Committee Vacancies: Since the last MCDC meeting 2 Black female consumers have been approved for membership by the HIVPC. There is still a need for consumers, particularly Black female consumers, as the HIVPC remains below the 33% HRSA mandate for PLWHA participation. Current Applicants, Interested Parties, and Appointments: The Committee reviewed and approved an application for HIVPC membership. The applicant will fill an ASO/CBO seat. Membership Application Update: Members reviewed updates to the HIVPC and Committee applications. MCDC agreed to include a suggestion from CEC, update the list of Committees, and include a question capturing members' age/ranges. MCDC WP and Evaluation: The committee reviewed their previous year's work plan and updated the MCDC FY19-20 workplan based on previous year's activities and new committee goals. The committee also completed an evaluation and determined they would continue targeted recruitment, specifically for PLWHA, and plan for HIVPC trainings to ensure ongoing council education.
B. Rationale for Recommendations:
None.
C. Data Reports/Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Agenda Items for Next Meeting: Welcome Packet and Training Plan. *Next Meeting Date*: April 11, 2019 at 9:30 a.m. *Room:* A-335

C. INTEGRATED WORKGROUP

No March Meeting *Chair: T. Pietrogallo, V. Chair: T. Williams*

D. QUALITY MANAGEMENT COMMITTEE (QMC)

Meeting Canceled- No Quorum *V. Chair: B. Fortune-Evans*

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

March 21, 2019 *Chair: L. Robertson, V. Chair: M. Hayes*

F. AD-HOC ADVISORY COMMITTEE

No March Meeting *Chair: A. Ruffner*

G. EXECUTIVE COMMITTEE

March 21, 2019 *Chair: R. Lopes, V. Chair: C. Grant*

H. SYSTEM OF CARE COMMITTEE (SOC)

No March Meeting *V. Chair: Vacant*

**** For detailed discussion on any of the above items, please refer to the meeting minutes. ****

10. GRANTEE REPORTS (20 minutes)

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

11. UNFINISHED BUSINESS

12. PUBLIC COMMENT (Up to 10 minutes)

13. ANNOUNCEMENTS

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: April 25, 2019 9:30 a.m. **LOCATION:** GC-430

16. 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 •

April 2019

Broward County HIV Health Services Planning Council Calendar

HANDOUT B

Last Updated: 3/19/2019

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. 1343 or visit http://www.brhpc.org for updates.

Monday	Tuesday	Wednesday	Thursday	Friday
1	2 **Community Empowerment Committee Meeting** 3:00 p.m., A-337^	3	4	5 **SFAN Meeting** 10:00 a.m. ~
8	9 **Oral Health Network Meeting** 3:00 p.m., A-337^	10 ***National Youth HIV/AIDS Awareness Day*** **HIVPC Members Retreat** Time TBD,$	11	12
15 **Quality Managment Committee Meeting** 12:30 p.m., A-337^	16	17	18 ***National Transgender HIV Testing Day*** **Priority Setting & Resource Allocation Committee Meeting** 9:30a.m., * **Executive Committee Meeting** 12:00 p.m., *	19
22	23	24 **Quality Network Meeting** 9:30 a.m., A-337^ **Medical/DCM Network Meeting** 2:00 p.m., A-337^	25 **HIV Planning Council Meeting** 9:30 a.m., GC-430^	26
29	30	31		

^ **Governmental Center —**115 S Andrews Ave, Ft. Lauderdale, 33301
~ Comprehensive Women's Center -1000 NE 56th Street, Fort Lauderdale, FL 33334

$ **African American Research Library** - 2650 Sistrunk Blvd, Fort Lauderdale, FL 33311

***Secret Woods Nature Center** - 2701 W. State Rd. 84, Fort Lauderdale, FL 33312

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.

April 2019

Broward County HIV Health Services Planning Council Calendar

HANDOUT B

Last Updated: 3/19/2019

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 Vanessa Oratien at 954-561-9681 ext. 1343. For questions about the QI Networks, please contact Dr. Gritell Martinez at 954-561-9681 ext. 1250.

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.

HANDOUT C

FY 2018-2019 Executive Work Plan

The work plan is intended to help guide the work of the committee and to assist the Executive Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Increase community engagement and participation by adding 10 new committee and HIVPC members by the end of FY2018

Objective 1: Oversee Planning Council Operations

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Conduct annual evaluation of HIVPC Self-Assessment Survey.	Annually	All Committees	Improved Process	Review Committee activities, challenges, and completion of work plan achievements.												X
1.2 Review the need for reinstating the ad-Hoc By-Laws Committee.	Annually	Executive/By-Laws	Improved By-Laws	Reinstate the ad-Hoc By-Laws Committee based on pending parking lot items. Identify and appoint ad-Hoc By-Laws Chair.					X							
1.3 Review and approve work plans for upcoming FY	Annually	Executive	Identify goals and objectives for upcoming year	Review Committee activities, challenges, and achievement of goals to plan and prepare for upcoming work plan activities for FY starting March 1 .												
1.4 Monitor committee activities to ensure goals and objectives of work plans are met	Ongoing	Executive	HIVPC and Committee goals are met	Conduct review of Committee work plan status to be presented by committee chair. Determine Committee progress and make recommendations to Chairs to address unmet goals	X	X	X	X	X		X		X			X

Objective 2: Establish and oversee planning activities and committee work plans to address integrated planning goals and objectives

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Maintain collaborative relationships with community partners through the Integrated Workgroup/Collaborative to monitor the 2017 Prevention and Care and Treatment Integrated Comprehensive Plan.	Quarterly	Executive/IC	EMA Goals are addressed	Receive updates from the IW membership regarding the progress of implementing the Integrated Plan. Hold meetings with the Executive Committee of the SFAN and BCHPPC as needed.	X											

Objective 3: Implement capacity/leadership development for Planning Council members and applicants

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Plan annual Planning Council Retreat.	Annually	Executive	HIVPC training/leadership	Schedule a retreat for all HIVPC members. Educate members on new/emerging Planning Council/RW Part A issues, HIVPC policies and procedures, leadership development, Integrated Comprehensive Plan.												
3.2 Appoint Nominating Committee Chair. Hold Council leadership Elections.	Biennial	Executive	HIVPC Leadership	Identify and appoint the Nominating Committee Chair.					X							
3.3 Leadership Training	Bi-annually	Executive	HIVPC Leadership	Conduct training for HIVPC Committee Chairs with topics addressing leadership, teambuilding, etc.												

FY2018 Evaluation
Executive Committee

HANDOUT D

1.) FY2018-2019 Committee Effectiveness

	Not Effective				Very Effective
How effective was the Executive Committee in FY2018?	1	2	3	4	5

What tools can help make members more efficient as an Executive committee/HIVPC committee chairs?

_____

_____

_____

2.) Committee Integration & Leadership

	Not Well				Very Well
How well did members advance the goals of the HIV Planning Council as a committee? As committee leaders?	1	2	3	4	5

What improvements can be made to the committee integration and leadership process?

_____

_____

_____

3.) Meeting Effectiveness

	Not Useful				Very Useful
How useful were the agenda, reports and next steps in achieving the workplan goals?	1	2	3	4	5

What are 2 ways to improve the meeting materials to achieve the goals of the Executive Committee?

_____

_____

_____

4.) Committee Member Participation

	Not Well				Very Well
How well prepared were the committee members as committee chairs?	1	2	3	4	5

What can be done in the future to improve meeting preparedness & participation?

_____

_____

_____

5.) Goals

What are some FY2019 Executive Committee goals?

_____

_____

_____

Fort Lauderdale/Broward County EMA

Overview of a Service Delivery Model

This summary will serve as a guide for Quality Management Committee members to better understand Service Delivery Models (SDMs), their purpose, and application as they pertain to Broward County's Ryan White Part A program services.

What is a Service Delivery Model?

A SDM serves as a set of standards, constraints, and policies used to guide and define the design, location, scope and operation of service(s) delivered by a service provider. SDMs are developed and revised in accordance with the most recent clinical practice guidelines and research available. In the Broward EMA, each Ryan White Part A service category has a SDM and all providers of that service are contractually required to comply with the standards and protocol outlined in the model.

Elements of a SDM:

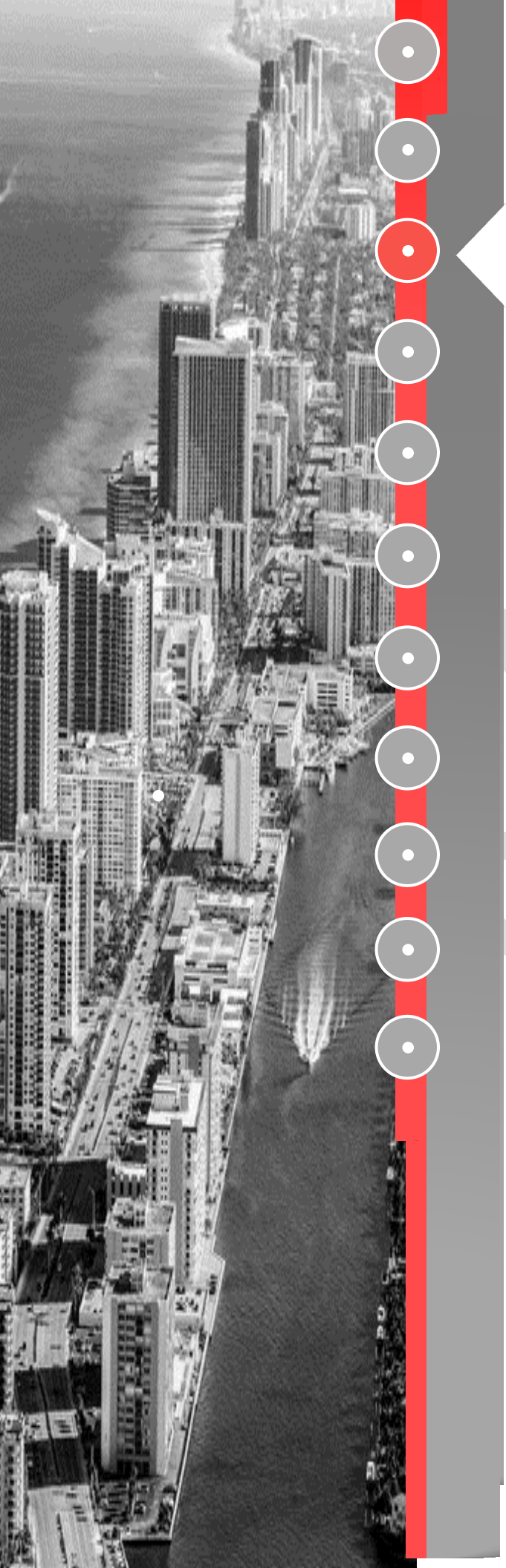
- Definition of the service**:** Explanation of what the service is and will provide to eligible clients.
- Client outcomes and outcome indicators:
  - *Client outcomes:* Expectations for clients that may occur during or after their participation in the service.
  - *Outcome indicators:* Specific measures used to monitor progress towards achieving client outcomes.
- Standards for service delivery: Guidelines that the service provider should follow to ensure service is delivered to clients as intended.
- Protocol: The code of procedure that the service provider should follow when delivering the service.

Purpose

The SDM outlines how the service can best be delivered to clients and allows for consistent service experiences. The SDM acts as a tool for clear communication between service providers and the Recipient and forms the basis for on-going monitoring and evaluation by the Recipient.

Application

After approval of each SDM, the model is disseminated to all service providers and used routinely to ensure the service is executed correctly. CQM staff measure service category client outcomes and indicators each quarter and the Recipient monitors compliance with standards of service delivery on an annual basis.



AIDS Pharmaceutical Assistance (Local) & Emergency Financial Assistance Service Delivery Model

The creation of this public document is fully funded by a federal Ryan White CARE Act Part A received by Broward County and sub-granted to Broward Regional Health Planning Council, Inc.

Ryan White HIV/AIDS Program Part A

AIDS Pharmaceutical Assistance (Local)
&
Emergency Financial Assistance

Service Definitions

Broward County EMA Definition:
In Broward County, the AIDS Pharmaceutical Assistance (local) and Emergency Financial Assistance programs are operated by the Ryan White HIV/AIDS Program (RWHAP) Part A as supplemental means of providing medication assistance to clients when the AIDS Drug Assistance Program (ADAP) has a restricted formulary, waiting list, or restricted financial eligibility criteria.

AIDS Pharmaceutical Assistance (local) includes local pharmacy assistance programs implemented by Part A to provide HIV/AIDS medications to clients

Emergency Financial Assistance provides wrap around pharmaceutical assistance to individual clients with limited frequency and for limited periods of time. Assistance is provided only for medication.

The AIDS Pharmaceutical Assistance (local) and EFA programs are not funded by the AIDS Drug Assistance Program (ADAP) earmark funding; does not take the place of the ADAP program; may not be used to make direct payments of cash/vouchers to a client; and shall not impose charges on clients with incomes below 400% of the Federal Poverty Level (FPL).

Health Resources Services Administration (HRSA) definitions:

The services are defined as follows by the HIV/AIDS Bureau's Policy Clarification Notice (PCN) #16-02:

AIDS Pharmaceutical Assistance (Local) or LPAP: The AIDS Pharmaceutical Assistance (Local) or LPAP is a supplemental means of providing medication assistance for people living with HIV (PLWH) where there are various limits on the state ADAP; it is created and supported by the Ryan White HIV/AIDS Program (RWHAP) recipient.

Emergency Financial Assistance: Emergency Financial Assistance provides limited one-time or short-term payments to assist a RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes.

Service Description

The AIDS Pharmaceutical Assistance (local) and Emergency Financial Assistance programs are critical components in the maintenance and management of HIV infection. The Broward HIV Health Services Planning Council approves the Ryan White Part A Formulary, which lists medications necessary for clients to successfully manage symptoms and illnesses associated with their HIV and comorbid illnesses. The coordination of this service with other medical and support services can in many cases improve and maintain a client's quality of life over an extended period, which is consistent with the Public Health Services Guidelines and other treatment protocols.

These services are designed to supply physician-ordered, FDA-approved pharmaceuticals based on the approved Ryan White Formulary Listing and include medical supplies and/or devices needed to administer drugs. Drugs and medical supplies shall be dispensed routinely as prescribed, or as a short-term supply to assist with an emergency need. Participating agencies are to dispense generic drugs in lieu of prescription brand name drugs if commercially available, consistent with the dispensing pharmacist's professional judgment and state and federal law. Non-clinical administrative services must be performed as necessary to manage and coordinate client care. These services shall include, protocols, policy and/or procedures for engaging clients who have not picked up their medication as prescribed.

PROTOCOLS

AIDS Pharmaceutical Assistance (local) & Emergency Financial Assistance

The AIDS Pharmaceutical Assistance (local) and Emergency Financial Assistance Protocols identify the specific ways to implement the program standards and processes inherent to this service category. The delivery of these services shall be conducted by trained culturally competent service providers. Providers are also expected to comply with applicable standards and guidelines that are relevant to individual service categories (i.e., Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents[1]).

Standards for pharmaceutical services for persons living with HIV/AIDS (PLWHA) are defined by the following sources:

1. The Florida Board of Pharmacy[2]
2. The American Pharmacists Association Policy Manual[3]

Eligibility Requirements for AIDS Pharmaceutical Assistance (local) and Financial Assistance:

The targeted populations for these programs are persons diagnosed with HIV/AIDS who meet the Ryan White Part A medical and financial eligibility criteria of less than or equal to 400% of the federal poverty level to obtain medications. AIDS Pharmaceutical Assistance (local) provides long-term assistance while Emergency Financial Assistance is for short-term emergency medication. Pharmacist, or authorized designee, shall verify client's eligibility, which is established by reviewing the certification in the Provide Enterprise (PE) System. Pharmacist (or designee) shall perform an eligibility and financial assessment at each visit in addition to reviewing client's eligibility certification in the designated PE System. Pharmacist (or designee) will review client's eligibility for all funding streams and services for which client may qualify. The purpose of the assessment is to ensure that the client is provided with access to all eligible services and to verify that Ryan White is the payer of last resort.

Intake

The staff performing the intake shall explain the information below to the client and shall secure the client's initials, signature, and date as appropriate:

- Client Rights and Responsibilities
- Client confidentiality
- Client grievance process

[1] https://aidsinfo.nih.gov/guidelines
[2] https://floridaspharmacy.gov/
[3] https://www.pharmacist.com/policy-manual

The provider shall have the client grievance process posted in a visible location with copies of the client Grievance Report Form available upon request. Client Rights and Responsibilities shall also be displayed in a visible area.

Formulary

The Ryan White Drug Formulary is a working document for practitioners to reference, which lists the medications that are available for the treatment of Ryan White eligible patients. Tier I is a list of Ryan White Part A approved medications and Tier II is a list of the ADAP medications. The Broward County EMA Ryan White Part A Program provides financial assistance for short-term emergency medication assistance listed on Tier II of the Formulary[4].

It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, for limited amounts, uses, and periods of time. Continuous provision of allowable medications to a client should not be funded through emergency financial assistance.

Process for Additions of Medications to the Part A Formulary

The process for additions of medications to the Part A Formulary will be in accordance with the local pharmacy process.

Drug Utilization Review (DUR)

At a minimum, provider agencies are to ensure that an internal DUR process is in place that mirrors the following description: "Drug utilization review (DUR) is defined[5] as an authorized, structured, ongoing review of prescribing, dispensing and use of medication. It involves a comprehensive review of patients' prescription and medication data before, during and after dispensing to ensure appropriate medication decision-making and positive patient outcomes. As a quality assurance measure, DUR programs provide corrective action, prescriber feedback and further evaluations. DUR programs play a key role in helping managed health care systems understand, interpret, evaluate and improve the prescribing, administration and use of medications." DUR is classified in three categories: (1) Prospective - evaluation of a patient's drug therapy before medication is dispensed (2) Concurrent - ongoing monitoring of drug therapy during the course of treatment and (3) Retrospective - review of drug therapy after the patient has received the medication.

Prospective Drug Use Review

Provider agencies must have at a minimum the following procedures in place:

(1) A pharmacist shall review the patient record and each new and refill prescription presented for dispensing in order to promote therapeutic appropriateness by identifying:

[4] http://www.brhpc.org/hivpc/resources-important-links/formulary-by-drug-classification/
[5] http://amcp.org/WorkArea/DownloadAsset.aspx?id=9296

(a) Over-utilization or under-utilization;
(b) Therapeutic duplication;
(c) Drug-disease contraindications;
(d) Drug-drug interactions;
(e) Incorrect drug dosage or duration of drug treatment;
(f) Drug-allergy interactions;
(g) Clinical abuse/misuse.

(2) Upon recognizing any of the above, the pharmacist shall take appropriate steps to avoid or resolve the potential problems, which shall, if necessary, include consultation with the prescriber.

Patient & Medication Adherence Counseling

Providers shall offer clients medication counseling. Consenting clients shall receive counseling to assist them with their needs. Providers shall document counseling and/or other assistance (Prescription Counseling Log).

(1) Upon receipt of a new or refill prescription, the pharmacist shall ensure that a verbal and printed offer to counsel is made to the patient or the patient's agent when present. If the delivery of the drugs to the patient or the patient's agent is not made at the pharmacy, the offer shall be in writing and shall provide for toll-free telephone access to the pharmacist. If the patient does not refuse such counseling, the pharmacist, or the pharmacy intern, acting under the direct and immediate personal supervision of a licensed pharmacist, shall review the patient's record and personally discuss matters which will enhance or optimize drug therapy with each patient or agent of such patient. Such discussion shall be in person, whenever practicable, or by toll-free telephonic communication and shall include appropriate elements of patient counseling. Such elements may include, in the professional judgment of the pharmacist, the following:
(a) The name and description of the drug;
(b) The dosage form, dose, route of administration, and duration of drug therapy;
(c) Intended use of the drug and expected action (if indicated by the prescribing health care practitioner);
(d) Special directions and precautions for preparation, administration, and use by the patient;
(e) Common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur;
(f) Techniques for self-monitoring drug therapy;
(g) Proper storage;
(h) Prescription refill information;
(i) Action to be taken in the event of a missed dose; and
(j) Pharmacist comments relevant to the individual's drug therapy, including any other information peculiar to the specific patient or drug.

(2) Patient counseling as described herein shall not be required for inpatients of a hospital or institution where other licensed health care practitioners are authorized to administer the drug(s).

(3) A pharmacist shall not be required to counsel a patient or a patient's agent when the patient or patient's agent refuses such consultation.

Office of Pharmacy Affairs (OPA) Report[6]

Ryan White AIDS Pharmaceutical Assistance funded Providers are required to enroll and report annually discounted drugs purchased through the HRSA's 340B Drug Pricing Program. Providers include Federally Qualified Health Centers, Ryan White HIV/AIDS Program recipients, and certain types of hospitals and specialized clinics. Providers must certify in writing with each monthly invoice that medications distributed through their Agreement were purchased and invoiced to Broward County at the Florida Medicaid rate, 340B Pricing (Public Health Service Pricing), or lower drug pricing. Providers are also required to complete an annual certification upon notification of the due date from OPA by Community Partnership Division (CPD). The agency on file will receive notification by the Recipient Office of the annual report due date to OPA.

Professional Requirements

The objectives for establishing standards of care for program staff is to ensure that clients have access to the highest quality of services through trained, experienced staff members. Staff hired by provider agencies will possess skills and the ability to interact with clients in a culturally and linguistically competent manner; convey necessary information to clients; manage detailed, time-sensitive, and confidential information; and complete documentation as required by their position.

The *Program Director* or designee will possess experience in HIV/AIDS issues and the delivery of pharmaceutical services.

The *Provider* has a current Florida pharmacy license. Dispensing pharmacists have a current Florida pharmacist's license.

Pharmacy technician, student pharmacist, or pharmacist intern is supervised by licensed pharmacist.

Florida Board of Pharmacy Continuing Education (CE) and Training Requirements

Provider agencies are required to complying to the following minimum requirements:

According to the Florida Administrative Code (FAC), 30 hours of approved CE within the 24-month period prior to the expiration date of the license. 64B16-26.103, F.A.C. Licenses expire September 30 every two years with a one-month temporary extension.

[6] http://www.broward.org/HumanServices/CommunityPartnerships/Documents/ProviderHandbookFY19.GSRFP.final.10.29.18.pdf

- 1-hour board-approved course on HIV/AIDS (first renewal ONLY). Sections 381.004 and 384.25, Florida Statutes (F.S.).
- 2-hour board-approved course that relates to prevention of medication errors, including a study of root-cause analysis, error reduction and prevention, and patient safety. 64B16-26.103 (1) (c), F.A.C.
- 2-hour board-approved course on the validation of prescriptions for controlled substances. 64B16-27.831, F.A.C.
- 10 live hours required. 64B16-26.103 (1) (m), F.A.C.

All licensed pharmacists shall complete a Board-approved 2-hour continuing education course on the Validation of Prescriptions for Controlled Substances during the biennium ending on September 30th. A 2-hour course shall be taken every biennium thereafter. The course shall count towards the mandatory 30 hours of CE required for licensure renewal. All newly licensed pharmacists must complete the required course before the end of the first biennial renewal period. 64B16-27.831, F.A.C.

For more information visit The Florida Board of Pharmacy[7] or the Florida Pharmacy Continuing Education[8] websites.

[7] https://floridaspharmacy.gov/
[8] https://floridaspharmacy.gov/renewals/continuing-education-ce/

OUTCOMES, OUTCOME INDICATORS, STRATEGIES, DATA SOURCES

Outcomes	Indicators	Strategies	Data Sources
1. Improve access to medication.	1.1. Attempts will be made to contact 95% of clients who do not pick up medications within 7 to 14 days of filling the prescription. (Clients can call in a prescription up to 7 days early. The maximum window between filling and picking up a medication will not exceed 14 days as each pharmacy will conduct a review of the Return to Stock list once a week).	1.1.1. Prescriptions are prepared and made available to clients 1.1.2. Document date and time prescription filled 1.1.3. Document contact with client 1.1.4. Offer client medication counseling	1.1.1.1. Tracking Log 1.1.1.2. Return to Stock Log
2. Clients provided an opportunity to improve medication adherence.	2.1. 95% of those clients who were not successfully contacted and/or did not pick up medications will be referred to appropriate provider (i.e., medical case management, Clinical pharmacist, prescribing physicians, Treatment Adherence) (Identifying clients who have difficulty with adherence and referring to appropriate provider for intervention with a goal of improving adherence).	2.1.1. Document the referral 2.1.2. Laboratory Results 2.1.3. Documentation showing medication adherence counseling was offered to client	2.1.1.1. Referral Log 2.1.1.2. Provide Enterprise

STANDARDS FOR SERVICE DELIVERY

Standard	Measure
1. Client receives drug utilization review (DUR) which includes an evaluation for and documentation of: side effect management, drug interactions, potential drug allergies, contraindications, adherence strategies, food interactions, medication safety, etc.	1.1 Pharmacist Signature on back of Prescription -OR- within the Electronic Records
2. Agencies dispensing medications shall adhere to all local, state and federal regulations and maintain current facility licenses required to operate as a pharmacy in the State of Florida.	2.1 Documentation of current licensure
3. Clients are offered counseling on medication adherence.	3.1 Provider shall maintain a Prescription Counseling Log
4. Every prescription includes proper indications and dosing instructions.	4.1 Each dispensed prescription has the proper labeling according to agency guidelines.
5. Patient receives education and counseling including a review of drug interactions specific to antiretroviral therapy and the HIV disease state.	5.1 Provider shall maintain an outline for reviewing drug interactions and HIV education.
6. Confidentiality statement signed and dated by pharmacy employees.	6.1 Signed and dated confidentiality statements of staff on file (HIPAA compliance)
7. Storage of Medications	7.1 Pharmacy shall maintain appropriate, locked storage of medications and supplies (including refrigeration) according to the State Board of Pharmacy regulations. 7.2 Documentation of policies.
8. Only authorized personnel may dispense/provide prescription medication.	8.1 Licensed pharmacists authorized by the applicable Florida State Board 8.2 Pharmacy to dispense medications. 8.3 Pharmacy technicians and other personnel authorized to dispense medications are under the supervision of a licensed pharmacist.

Resources

Academy of Managed Care Pharmacy. (n.d.). Retrieved from http://amcp.org/WorkArea/DownloadAsset.aspx?id=9296

Continuing Education Requirements for Florida Pharmacists and Pharmacy Technicians. (n.d.) Retrieved from https://cdn.ymaws.com/www.pharmview.com/resource/resmgr/docs/ce_requirements.pdf

Infectious Disease Services. (n.d.). Retrieved from http://broward.floridahealth.gov/programs-and-services/infectious-disease-services/hiv-aids/patient-care/ryan-white/index.html

Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. (n.d.) Retrieved from https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf

Medicaid. (1970, October 29). Retrieved from http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/Medicaid

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds. (n.d.). Retrieved from https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf