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

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

MEETING AGENDA

Thursday, October 24, 2013 at 9:00 a.m.

Samantha Kuryla, Chair **Brad Gammell, Vice Chair**

Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. **CALL TO ORDER**
2. **MOMENT OF SILENCE**
3. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   b. Council Member and Guest Introductions
   c. Excused Absences and Appointment of Alternates
   d. Approval of 10/24/13 Meeting Agenda
   e. Approval of 9/26/13 Meeting Minutes
4. **PUBLIC COMMENT** (Up to 10 minutes)
5. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A)
6. **CONSENT ITEMS**

Consent #1	To appoint Devon Burgess to the Joint Client/Community Relations Committee
Justification:	Mr. Burgess has consistently shown commitment and dedication to JCCR's committee meetings and community events
Proposed by:	Joint Client/Community Relations Committee

Consent #2	To move Dr. Mark Schweizer (currently in the Healthcare Provider seat) to the Part F mandated seat
Justification:	Nova Dental has received funding from HRSA, making Dr. Schweizer the Part F Grantee. This also ensures that mandated seats are filled on the HIV Planning Council.
Proposed by:	Membership/Council Development Committee

Consent #3	To approve the training survey topics as part of mandated trainings specified in the Ryan White Part A Manual (Handout B)
Justification:	Trainings aid in the increase of knowledge for HIV Planning Council members
Proposed by:	Membership/Council Development Committee

Consent #4	To appoint Anya Thornberry to the Joint Planning Committee.
Justification:	As a representative from Broward House, Ms. Thornberry can provide thoughtful insight and expertise.
Proposed by:	Joint Planning Committee

Consent #5	To appoint Joshua Rodriguez to the Joint Planning Committee.
Justification:	As a representative of FLDOH-BC, Mr. Rodriguez can provide thoughtful insight and expertise.
Proposed by:	Joint Planning Committee

Consent #6	To approve the scope of the 2013 MSM study as amended (Handout C)
Justification:	To obtain information regarding the issue of access, retention, and adherence to primary medical care as adherence to medical treatment regimens
Amendment:	Include stigma as a barrier to accessing primary care and cross tabulate results with factors that impede primary medical care such as race, gender, ethnicity, age, and geographic location.
Proposed by:	Joint Planning Committee

Consent #7	To approve the Policies and Procedures with the removal of references to Super Core (Handout D)
Justification:	To ensure that the Committee's Policies and Procedures reflect the PSRA process
Proposed by:	Priority Setting & Resource Allocation Committee

Consent #8	To approve the Nominating Procedure as amended (Handout E)
Justification:	To ensure that the procedure reflects the nominating process
Amendment:	Change the dates to reflect the timeline; clarified the time allotted for presentation and questions; clarified how to get a majority vote on a double election system.
Proposed by:	Ad Hoc Nominating Committee

Consent #9	To approve the Mentoring Plan (Handout F)
Justification:	To increase new members' knowledge of the HIV Planning Council and retain membership participation in Council meetings
Proposed by:	Membership/Council Development Committee

7. DISCUSSION ITEMS

8. OCTOBER COMMITTEE REPORTS

a. **MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)**

October 3, 2013 *Chair: K. Creary, Vice Chair: T. Wilson*

A. Work plan item update / Status Summary:
Work plan item 1.1, 1.4 -- The Committee reviewed the Council makeup to ensure it reflects the epidemic; discussed filling mandated seats; ensured 33% of members are unaffiliated PLWHA. Work plan item 1.1 --The members recommended that Dr. Schweizer be moved from the Healthcare Provider seat to the Part F Grantee seat on the Council since Nova Dental received HRSA funding, making him the Part F Grantee. Work plan item 5.1-- Members reviewed the current work plan to view the progress of the work being completed by the Committee. Members also briefly reviewed the policies and procedures and discussed the current process of appointing members to the Council that was established by the Committee. Revision of the policies and procedures will occur during the November meeting. Work plan item 4.1-- Members reviewed and revised the Mentoring Plan. Members reviewed the recommendations from the Executive Committee which included: 1) the mentoring program remains voluntary; if mandated, it should be standardized 2) establish a mentor job description. The Committee revised the plan making the program voluntary and removed the timeline that was originally set for the program. The Plan now includes mentoring components of HIV Planning Council members, which focuses on the sharing of information with regards to the Florida Sunshine Law.

Work plan item 4.2-- Members reviewed the training survey for the HIVPC members. Staff reviewed the origination of the topics, which included ideas from members at the last MCDC meeting, responses from last year's survey, and responses from Council members this year. As opposed to having the Council members rank the topics in order of importance, the Committee is recommending that staff include the mandated trainings indicated by HRSA and utilize the training topics identified as additional trainings that will supplement ones that are mandated since they will affect how the Council functions. The additional topics identified are as follows: 1) Affordable Care Act Implementation 2) Recruitment Strategies 3) Cultural Competency 4) How to Identify Needs of PLWHAs 5) Role/Duties of Membership Committee 6) Oral Health & its Implication on Retention in Care.

B. Rationale for Recommendations:

Moving the aforementioned individual ensured that the HIVPC remained in compliance by having mandated seats filled. Members agreed to wait until the next meeting to continue considering the appointment of HIVPC applicants to see how the possible appointment of individuals for mandated seats by employment (i.e. Prevention and Part B Grantee) will affect the demographic reflectiveness of the Council. The Committee recommended that a letter be sent to Part B and Prevention requesting that they assign someone to those vacant seats on the HIV Planning Council as soon as possible.

The Committee agreed to table further review of the MCDC Policies and Procedures until the November meeting due the remaining meeting time allotted.

C. Data Reports / Data Review Updates:

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

D. Data Requests:

The Committee requested to view the evaluation data completed by members or guests for the Council and Committee meetings for the past year in effort to conduct recruitment and retention.

E. Other Business Items:

None. *Agenda Items for Next Meeting:* Review Planning Council Members and Seats; Review Policies & Procedures; Review Evaluation Summary for Council and Committee meetings; Review Recruitment and Retention Plan. *Next Meeting Date*: November 7, 2013

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**

October 1, 2013 ___ *Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington*

A. Work plan item update / Status Summary:

Work plan item 1.3 -- Members recapped the last Hot Topic presentation regarding peer education, filled out a brief evaluation survey on the topic, and discussed the role of peer educators regarding how it relates to the Joint/Client Community Relations (JCCR) Committee. Members questioned whether they should be formally trained. The Committee also debated whether the title of "peer educator" was important. Members feel that it is their responsibility to give clients important information; however, they do not feel that they need to be assigned the role of peer educator. The Committee decided that they will continue to be in the community and advocate for clients as they have done in the past. Members agreed that the hot topics will continue to function as an educational tool for members to become more informed in order to relay insightful information to community members.

Work plan item 2.3. -- The Committee reviewed feedback provided from participants at the resource fair, which was held on September 24th at the African American Research Library from 5:00 p.m.-8:00 p.m. Members analyzed the successes of the fair and detailed events of the night. The HOT 105 PSA that the Part B Co-Chair conducted was played for the members to hear. The JCCR Co-Chairs were presented with plaques for their hard work concerning the event. The Co-Chairs also thanked the Committee members, the grantee office, and staff for

their help.

Work plan item 2.2, 3.2. -- The Committee continued their discussion on their 3rd community event, which is currently scheduled for December 3rd. Members discussed whether there was enough time to conduct one on their own or partner with another agency who is conducting a World AIDS Day event. Members decided it may be best to partner with Ryan White Part A Grantee office again, but decided that they will need to allot an adequate amount of time to plan a community event in the future. Members discussed going to different agencies that they have not previously visited such as AIDS Healthcare Foundation (AHF), Broward House, and Holy Cross. Additional details surrounding the event will be discussed at the next meeting.

B. Rationale for Recommendations:

Members unanimously voted to add Devon Burgess as a member of the JCCR Committee due to his commitment to attending meetings as well as his dedication to attending and helping with JCCR's community events.

C. Data Reports / Data Review Updates:

The Committee received a handout on the Positive Life Workshop from the New York HIV Planning Council. The workshop is for persons living with HIV/AIDS, and they provide participants with the knowledge, motivation, and skills necessary to improve their health, support their immune system, increase treatment adherence, reduce risk behaviors, and develop health supporting routines.

D. Data Requests:

Members requested that the HOPWA Administrator, Mario DeSantis, be invited to speak at the next JCCR meeting for the "Hot Topic" presentation. An invitation will also be extended to the director of the AIDS Drug Assistance Program (ADAP).

E. Other Business Items:

None. *Agenda Items for Next Meeting:* Hot Topic Presentation; Continue planning for the 3rd Community Event. *Next Meeting Date*: November 12, 2013

c. **JOINT PLANNING COMMITTEE**

October 14, 2013 *Part A Co-Chair: Vacant, Part B Co-Chair: Kim Saiswick*

A. Work plan item update / Status Summary:

The Committee discussed the scope and parameters for the 2013 MSM Study. The research questions were identified including: The profile of the study participants, including the age, race/ethnicity, home zip code, and city of diagnosis; Factors that facilitate or prevent/impede access, retention, and adherence to primary medical care; Prevalence and impact of comorbidities; Prevalence and impact of mental health, substance abuse, homelessness, and incarceration issues; Length of time since HIV/AIDS diagnosis influencing participation in medical care; Factors contributing to secondary prevention practices; Factors contributing to clients' decision making process about HIV/AIDS such as religious, cultural, and philosophical attitudes and beliefs; and Assessing whether stigma is a barrier to accessing primary care. Members agreed that the results should be cross tabulated with factors that impede primary medical care such as race, gender, ethnicity, age, and geographic location. The Committee reviewed the following data sources will be utilized for the study: Literature reviews; and Interviews, Surveys, and Focus Groups of MSM and Healthcare Professionals.

Work plan item 2.7- The Committee reviewed the data on the Ryan White Part A Health and Human Services (HHS) Indicators for FY11-12 and FY12-13. The percent change was documented to show a comparison between the two fiscal years. The indicators measured the following: HIV positivity; Late HIV Diagnosis; Linkage to HIV Medical Care; Retention in HIV Medical Care; Antiretroviral Therapy Among Persons in HIV Medical Care; Viral Load Suppression Among Persons in HIV Medical Care; and Housing Status. Members discussed whether a consistent population was utilized for the measure, *Retention in HIV Medical Care*.

Members mentioned that there was an overall improvement in the indicators between the two years.
B. Rationale for Recommendations:
In regards to Part B's reallocations, the Committee members made a motion to sweep $300,000 from Med Copay to Residential Substance Abuse due to the need in that service category. The Part B Grantee representative mentioned that the money can be moved back to med co-pay if the utilization is not needed for residential substance abuse treatment. Members recommended that Anya Thornberry (Broward House) and Joshua Rodriguez (Broward County Health Department) be added to the Joint Planning Committee due to their interest and expertise. Without objection, members agreed to move the meeting time back to 1:00 p.m. because it will be more convenient for the Committee.
C. Data Reports / Data Review Updates:
The Committee reviewed the January-September 2013 Broward HIV/AIDS Surveillance Report. Members also reviewed the following reports from Part B: Expenditure Report for April-August 2013; ADAP Report through September 30, 2013; Data for Clients Served in Medication Co Pay Service Category for 2012 and 2013; and Ryan White Part B 1st FY 13/14 Reallocations for October 2013. Members also reviewed the Ryan White Part A HHS Indicators for FY11-12 and FY12-13.
D. Data Requests:
None.
E. Other Business Items:
None. *Agenda Items for Next Meeting:* Community Viral Load Discussion. *Next Meeting Date*: December 9, 2013 at 1:00 p.m.

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**

October Meeting Cancelled *Chair: C. Grant*

Agenda Items: Retreat; Review Data Measures & Definitions; Group Activities. *Next Meeting Date*: November 18, 2013.

e. **PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE**

October 16, 2013 *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Vacant*

A. Work plan item update / Status Summary:
Work plan item 4.1- Review Policies and Procedures. The Committee reviewed the PSRA Policies and Procedures and discussed the historical use for Core and Super Core service categories. Members decided to remove all references to Super Core in the PSRA Policies and Procedures. *Work plan item 1.9* – Review ACA Impact on Allocations. The Committee reviewed the FY14/15 planned allocations to ensure that allocations meet clients' needs transitioning in to the ACA. Members also discussed philosophical ideas of how allocations would potentially change to accommodate clients' needs. Members agreed to keep the planned FY 14/15 allocations. *Work plan item 3.1* – Assessment of the Administrative Mechanism. The Committee tabled review of the Administrative Mechanism until the November meeting. *MAI Case Management Analysis* – The Committee heard a presentation by the Grantee on MAI Case Management utilization and outcomes. The presentation included: Scope of Services; utilization; demographics; MAI Medical Case Management Client Flow Chart; challenges; and recommendations.
B. Rationale for Recommendations:

In regards to Part B's reallocations, the Committee members made a motion to sweep a total of $300,000 ($200,000 additional from the previous $100,000 placeholder) from Med Copay to Residential Substance Abuse due to the need in that service category. The Part B Grantee representative mentioned that the money can be moved back to Med Copay if the utilization is not needed for residential substance abuse treatment. The Committee removed all references to Super core to ensure that the Committee's Policies and Procedures reflect the PSRA process.
C. Data Reports / Data Review Updates:
Members reviewed the following reports from Part B: Expenditure Report for April-August 2013; ADAP Report through September 30, 2013; Data for Clients Served in Medication Co Pay Service Category for 2012 and 2013; and Ryan White Part B 1st FY 13/14 Reallocations for October 2013.
D. Data Requests:
None.
E. Other Business Items:
None. *Agenda Items for Next Meeting:* Assessment of the Administrative Mechanism; MAI Case Management Analysis; Review ACA Impact on Allocations. *Next Meeting Date*: November 20, 2013.

LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

No October meeting *Chair: D. Proulx*

Agenda Items: Review Ryan White Part A Formulary. *Next Meeting Date*: TBD.

f. JOINT EXECUTIVE COMMITTEE

October 17, 2013 *Part A Chair: S. Kuryla, Part B Chair: J. Wynn*

A. Work plan item update / Status Summary:
Ryan White CARE Act Reauthorization—The Committee discussed the issue surrounding reauthorization of the Ryan White CARE Act. Members discussed HIVPC's previous request that the County Commission defer action on the topic of reauthorization of the CARE Act until such time that the Council can both review and recommend a plan of action for reauthorization. Members were reminded that documents regarding reauthorization were previously emailed. The Grantee announced that the Ryan White Part A Program office plans to educate the community on Ryan White CARE Act Reauthorization. The Part A Grantee mentioned that there will be four community engagement groups in Broward County to educate the community on reauthorization (South, Central, Wilton Manors, and Pompano Beach). A survey will also be developed to get true community input on the issue. An email address will be established to gather feedback and additional information. A proposed timeline of events was discussed; the first session will likely be in December while the remaining will follow in January. *Education and Training*—Members discussed the need for education and training to the community on the Affordable Care Act. The Joint Client/Community Relations Committee's plan to educate the community was discussed. Members agreed that the Committee needs to have targeted sessions and possibly partner with an agency to conduct a session in November. The Council's plan in general was also questioned; members were informed that it is the EMA's responsibility to actively enroll clients into the exchanges, an added task for CIED. *Establish Mission & Timeline*—The Joint Executive Committee reviewed the previously established a mission and goals to accommodate the implementation of the ACA. The Committee previously decided on the following goals: 1) Determining how to cover the gaps in services clients will experience next year in Medicaid, private insurance and Ryan White Part A (e.g. mental health, substance abuse and underserved populations); 2) Reviewing

service utilization by FPL for each service category, which was previously completed; 3) Conducting multiple town hall forums to educate and inform the community about healthcare reform, eligibility and application process (July 2013); 4) Identifying potential gaps in coverage/service faced by clients entering insurance exchanges through ACA as well as in Medicaid; 5) Comparing insurance plan coverage with Part A coverage; 6) Identifying services that may need Part A funding; 7) Keeping the possibility of Medicaid expansion in Florida and the closure of the federally run PCIP plan on the Committee's radar.

B. Rationale for Recommendations:

N/A.

C. Data Reports /Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

None. *Items for Next Meeting:* TBD. *Next Meeting Date*: November 21, 2013 at 12:30 p.m.

g. **PART A EXECUTIVE COMMITTEE**

October 17, 2013 *Chair: S. Kuryla, Vice Chair: B. Gammell*

A. Work plan item update / Status Summary:

The Part A Executive Committee reviewed the HIV Planning Council agenda for the upcoming meeting. Committee chairs also reported on their work plan progress to ensure that goals are being met. The new Part A Chairs of the following Committees was reiterated: Joint Planning (Karlene Tomlinson; Joint Client/Community Relations Committee (Yolonda Reed); and Membership/Council Development Committee (H.B. Katz).

Healthcare Reform Update—The Committee discussed whether the item was needed on the HIVPC Agenda and what information would be pertinent. Members decided that Joey Wynn will give a brief explanation of handouts regarding the marketplace.

Ryan White CARE Act Reauthorization— Members discussed the issue surrounding Ryan White CARE Act reauthorization and whether it should be actively pursued. Members were reminded that documents regarding reauthorization were previously emailed. The Committee agreed by consensus to partner with the Ryan White Part A Program office on its plan to educate the community on Ryan White CARE Act Reauthorization. The Part A Grantee mentioned that there will be four community engagement groups in Broward County to educate the community on reauthorization (South, Central, Wilton Manors, and Pompano Beach). A survey will also be developed to get true community input on the issue. An email address will be established to gather feedback and additional information.

Educational Sessions—The Committee assessed JCCR's community educational sessions. Members also reviewed evaluations and discussed the next educational session. The Part A Co-Chair of JCCR recapped the details of the last two community events.

MCDC Packet—The Committee reviewed the following information from MCDC: Revised Mentoring Plan, Draft Letter to FLDOH-BC to fill vacant seats on the HIVPC; and Training topics for HIVPC members. Members decided to approve the documents with the exclusion of the draft letter. The Committee agreed that it was not necessary to send the letter because the FLDOH-BC is actively recruiting to fill vacant seats.

PSRA Policies and Procedures—The Committee reviewed the revised policies and procedures from the PSRA Committee. Members were reminded of the history of Core and Super Core and were informed that all references to Super Core were removed to reflect the current PSRA process.

Nominating Procedure—Members reviewed the revised Nominating procedure and nominee questionnaire. Members were informed of the following changes to the Nominating procedure:

Updated dates to reflect current timeline; clarified presentation and question time limits; and clarified procedure in place to achieve a majority vote for a double election system. The questionnaire will be provided at the HIVPC meeting for members to express their interest in running for HIVPC Chair or Vice Chair.
B. Rationale for Recommendations:
The Executive Committee agreed that the Council should partner with the Part A Grantee to educate the community on Ryan White CARE Act reauthorization through a collaborative effort. Members recommended that the MCDC's mentoring plan be sent to the HIVPC for approval without track changes to avoid lengthy discussion and confusion regarding the plan.
C. Data Reports /Data Review Updates:
None.
D. Data Requests:
The MCDC Part A Co-Chair requested a list of vacancies at the HIVPC meeting.
E. Other Business Items:
None. *Items for Next Meeting:* Plan Planning Council Retreat. *Next Meeting Date*: November 21, 2013 at 2:00 p.m.

AD HOC NOMINATING COMMITTEE

October 16, 2013 *Chair: W. Spencer*

A. Work plan item update / Status Summary:
Nominating Procedure – Review and Revise the ad Hoc Nominating Procedure. The Committee reviewed the current Nominating Procedure and agreed to the following changes: Update dates to reflect current timeline; clarify presentation and question time limits; and clarify procedure in place to achieve a majority vote for a double election system. *Nominee Questionnaire* - Review the 2011 Nominee Questionnaire to develop focus areas and questions for the new questionnaire. The Committee reviewed the current Nominee Questionnaire and agreed to the following changes: Reorder questions to make the Leadership question first and Reword the current Advocacy question to read "*What currently unaddressed issues in the HIV/AIDS community would you like the Council to address?*" *December Meeting* – Discuss agenda items/tasks for the December meeting. The Committee discussed agenda items and agreed to have the next meeting in November.
B. Rationale for Recommendations:
The Committee updated the current Nominating Procedure to reflect the nominating process.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
No other business. *Items for Next Meeting:* Review Election Process and Logistics (Review Electronic Ballet)*;* Prepare Slate of Officers. *Next Meeting Date*: November 20, 2013.

h. **AD HOC BY-LAWS COMMITTEE**

October 17, 2013 *Chair: W. Spencer*

A. Work plan item update / Status Summary:
Review Planning Council Grievance Procedure – The Grantee reviewed the history behind Executive Committee sending the Grievance Procedure back to By-Laws for further review. The Committee reviewed the Grievance Policy and Procedure for Planning Council Actions and agreed to the following revisions: Remove all references to Joint Client/Community

Relations (JCCR) handling grievances and to clarify policy 3 to indicate that a single third party mediator will be chosen to handle Council grievances if the need should arise. The Committee also reviewed the Notice of Grievance for Planning Council Actions Form and added Clinical Outcomes to the line item Allocations of Funds to Services to clarify possible process(es) directly affecting grievant. *Final Review: Parking Lot List and Track-Changes Version of By-Laws* – The Committee reviewed the Parking Lot List and did not offer any further recommendations. Members also reviewed the HIV Planning Council By- Laws to ensure that all references to JCCR Committee handling Council grievances have been removed.
B. Rationale for Recommendations:
The Committee updated the Grievance Policy and Procedure for Planning Council Actions, Notice of Grievance for Planning Council Actions Form and HIV Planning Council By- Laws to reflect the current Grievance process.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
No other business. *Items for Next Meeting:* None. *Next Meeting Date*: TBD

9. GRANTEE REPORTS (up to 10 minutes)

a) Part A
b) Part B

10. OTHER REPORTS (up to 10 minutes)

a) Part C
b) Part D
c) HOPWA
d) Prevention
e) Healthcare Reform Update/Handouts (Joey Wynn)

11. UNFINISHED BUSINESS

12. NEW BUSINESS

13. ANNOUNCEMENTS

14. PUBLIC COMMENT (Up to 10 minutes)

15. REQUEST FOR DATA

16. AGENDA ITEMS FOR NEXT MEETING: December 12, 2013 at 9:00 a.m. **VENUE:** BRHPC

17. ADJOURNMENT

Fort Lauderdale / Broward County EMA
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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING MINUTES

200 Oakwood Lane, Suite 100, Hollywood FL 33020

September 26, 2013

Attendance					
#	**Members**	**Present**	**Absent**		**Guests**
1	Kuryla, S. Chair		**E**		Murphy, K*
2	Gammell, B. Vice-Chair	**X**			Scarlette, L.
3	Creary, K.		**X**		McKony, M.
4	DeSantis, M.	**X**			Schickowski, K.
5	Dyer, L.		**X**		Morgan, M.
6	Grant, C.	**X**			Jacques, G.
7	Hayes, M.	**X**			Baner, S.
8	Bhrangger, R.	**X**			Sabatino, D.
9	Holness, Comm. D. V.C.		**X**		Rajner, M.
10	Katz, H. B.	**X**			Thornberry, A.
11	Marcoviche, W.	**X**			
12	McBain, M.		**X**		**Grantee Staff**
13	Moragne, Dr. T.		**X**		Degraffenreidt, S. (Part A)
14	Proulx, D.	**X**			Copa, R. (Part A)
15	Schweizer, M.	**X**			Jones, L.
16	Siclari, R.	**X**			Green, W.
17	Spencer, W.	**X**			
18	Taylor-Bennett, C.	**X**			**HIVPC Support Staff**
19	Tomlinson, K.	**X**			Crawford, T.
20	Williams, R.		**X**		Rosiere, M.
21	Wilson, T.	**X**			Solomon, R.
22	Wynn, J.	**X**			McEachrane, T.
23	Parker-Maysonet, P.		**X**		
24	Reed, Y.	**X**			
A1	Coscarelli, M. (Alt)		**E**		
	Quorum=13	**16**	**9**		***Attended via Phone**

1. CALL TO ORDER

The Chair called the meeting to order at 9:22 a.m.

2. MOMENT OF SILENCE

A moment of silence was observed. Yolonda Reed thanked everyone for their support over the past month regarding the passing of Carl Roberson.

3. WELCOME AND INTRODUCTIONS

The Chair welcomed everyone and self-introductions were made. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. The Chair reviewed excused absences.

Approval of 9/26/13 Agenda

Motion #1	To approve today's meeting agenda		
Proposed by:	Wynn, J.	**Seconded by:**	Katz, H.B.
Action:	Passed Unanimously		

Approval of the 7/25/13 Meeting Minutes

Motion #2	To approve the 6/27/13 Meeting Minutes		
Proposed by:	Grant, C.	**Seconded by:**	Wynn, J.
Action:	Passed Unanimously		

4. PUBLIC COMMENT:

At the HIVPC meeting on September 26, 2013, a main topic of discussion was the reauthorization. The discussion began after being raised by a guest, Mr. Rajner, during the Public Comment period. He urged the HIVPC to withdraw the aforementioned motion regarding the reauthorization of the CARE Act. Mr. Rajner noted that the resolution was pulled by the Commissioner once opposed by stakeholders. The HIVPC noted that, regardless of the legislation surrounding the Act (which is set to expire on Sunday), the CARE Act will continue as is, so long as Congress continues to fund it. There is no sunset provision in the legislation, so even if Congress does not take legislative action Ryan White will continue and funding will be appropriated through an annual process (i.e. HOPWA was established in 1992 and never reauthorized). However, the HIVPC felt a need to advocate strongly for Ryan White funding in the annual budget process. The HIVPC expressed concern that during the reauthorization process, language could be added that would restrict access based on residency status. Delaying reauthorization would ensure that changes are not made to the Ryan White Program prematurely and without an understanding of the full implications of health reform. This strategy will ensure that all critical Ryan White services continue to be available while clients with new sources of coverage transition.

5. FEDERAL LEGISLATIVE REPORT – Kareem Murphy *(copy on file)*

The appropriations process is currently at a halt. A Continuing Resolution has been passed by the House, which would fund the government programs at current levels but also defund programs under the Affordable Care Act (ACA) through December 15th. Both President Obama and Senate leader to Harry Reid have objected to any defunding of the ACA and as a result, government is predicted to shut down until the dispute can be resolved. A plan for the House and Senate to reach agreement is unknown.

Earlier this year, there was a bill to reauthorize the Ryan White program with limited scope. The bill remains without co-sponsors or support for a hearing. The bill is not predicted to make it anywhere in the Senate or House.

Mr. Murphy reported that there is sufficient support for the RW program statewide; therefore, it is not in jeopardy. If there is an advocacy campaign, it should be in regards to how much funding is made available, not if there is or isn't funding. Stakeholder advocacy should focus in areas where there is the best chance for success. There were a series of successful briefings regarding HIV and Aging headed by Senator Bill Nelson last week. The Senate Special Committee on Aging held its first hearing on HIV and Aging citing data on age demographics of the epidemic in 2015 and the preparedness of health care systems at federal, state, and local levels.

Mr. Murphy indicated that this is a difficult time to push for healthcare legislation and thus, does not advise that RW stakeholders currently push for reauthorization. Mr. Murphy believes that once the ACA is fully implemented, then advocates can make a case for reauthorization in the new health delivery system.

A question, comment, and answer period followed during which a Mr. Rajner announced that HOPWA legislation has expired for many years; however, there have been continual increases in funding for the

Broward EMA. All organizations are urged to analyze where gaps are after health reform before requesting Reauthorization.

There was discussion regarding the opposing viewpoints on the timing of Reauthorization. Supporters of reauthorizing the CARE Act believe that it can be a "rider" attached to a larger bill, which could circumvent a large debate within Congress. Supporters may also believe that because EMA funding is protected under the Hold Harmless clause, appropriate funding fails to reach areas outside the EMAs. The Grantee stated that personal decisions regarding Reauthorization should be made in response to information provided at the meeting.

In order to receive input from Mr. Murphy on the Council's support for the County Resolution, the following motion was made:

Motion #3	To move Discussion #21 after the Federal Legislative Report		
Proposed by:	DeSantis, M.	**Seconded by:**	Katz, H.B
Action:	Passed Unanimously		

Members discussed the motion from the Executive Committee regarding HIVPC's support of Ryan White CARE Act reauthorization.

Discussion #21	In furtherance of the County's support for the 2013 Federal Legislative Program, HIVPC similarly endorses the necessary and appropriate reauthorization of the CARE Act and the effective full funding of the HIV Continuum of Care.
Justification	To clarify HIVPC stance on CARE Act reauthorization
Proposed by:	Part A Executive Committee

Members discussed potential changes to the Ryan White program once enrollment in the Marketplace Exchanges begins. The Executive Committee discussed item #21 as it was presented by the Grantee. The intent was to agree that the CARE Act is important and should remain funded.. Due to the discussion held at today's meeting, the following motions were made:

Motion #4	To table Discussion #21 for a later date pending further information		
Proposed by:	Spencer, W.	**Seconded by:**	Reed, Y.
Action:	Passed, 2 opposition		

Members requested to provide further information regarding resolution on Reauthorization. Staff will provide information on what is happening within the community. One member suggested holding a forum for community input so the Council can make an informed decision. The Council will draft a letter to Commissioner Holness regarding the Council's recommendation on Reauthorization.

The Grantee clarified that the Executive Committee was notified of the Resolution in order to weigh in on discussion surrounding Reauthorization as well as provide an informed recommendation to the City regarding the Resolution.

There was a discussion surrounding the City Commission Conference Meeting last Tuesday. Mr. Rajner, who was in attendance recounted the meeting and remarked on the amount of community input prior to the Resolution being introduced. One member stated that the City Commission may believe that SFAN participation was sufficient input needed to pass the Resolution.

The Commissioner's aide stated that Commissioner Holness will support the will of the HIV Planning Council.

One member expressed concern about Council members who are not aware of the Resolution prior to it being brought before the County. The Grantee advised that the Council be as specific as possible regarding what is relayed to the commission. Members made the following motion:

Motion #5	Include Discussion Item #21 on Joint Executive agenda for October 17th (Ryan White Reauthorization)		
Proposed by:	Spencer, W.	**Seconded by:**	Katz, H.B
Amendment	HIVPC requests that the County Commission defer action on the topic of reauthorization of the CARE Act until such time that the Council can both review and recommend a plan of action for reauthorization. The HIVPC Council extends an invitation to members of the Broward County Board of Commission to the October 17th HIVPC Joint Executive meeting to participate in the dialogue. An opportunity for vote by the full Council will take place on October 24, 2013.		
Action:	Passed Unanimously		

The Commissioner's aide supported the amendment to the motion in helping to justify the recommendation of deferring any action pertaining to Reauthorization by the County Commission.

Mr. Rajner stated that the County will hold a discussion regarding the Resolution on its agenda next Tuesday.

Motion #6	Include Discussion Item #21 on the Joint Exec Agenda for October 17th (Ryan White Reauthorization)		
Proposed by:	Spencer, W.	**Seconded by:**	Katz, H.B
Amendment	Commission should not take action on this topic until Council recommends their plan of action.		
Action:	Passed with 2 oppositions		

6. CONSENT ITEMS

The following consent item was presented for ratification by the Council:

Consent #1	To recommend the appointment of Debbie Wilkins to the Affected Communities seat on the HIV Planning Council.
Justification:	Ensured representation of Unaffiliated Consumers on the HIVPC
Proposed by:	Membership/Council Development Committee

Consent #2	To appoint Gary Sullivan to the Quality Management Committee
Justification:	Mr. Sullivan serves as the Director of Contracts and Performance Management at Broward House
Proposed by:	Quality Management Committee

Motion #7	To approve all consent items		
Proposed by:	Spencer, W.	**Seconded by:**	Katz, H.B.
Action:	Passed Unanimously		

7. DISCUSSION ITEMS

Discussion #1	To remove Hivid (Zalcitabine) and Agenerase (Amprenavir) from the formulary.
Justification	Medications are no longer available; Hivid (Zalcitabine) has been removed from the market and Agenerase (Amprenavir) is no longer carried in most pharmacies.
Use	Treatment of HIV infection. Hivid (Zalcitabine) – Category: ARV's/ NRTIs. Agenerase (Amprenavir) – Category: ARV's/PIs.
Proposed by:	Priority Setting & Resource Allocation Committee

Motion #8	To approve discussion item #1

Proposed by:	Proulx, D.	**Seconded by:**	Katz, H.B
Action:	Passed Unanimously		

Discussion #2	To add Risperdal (Risperidone) and Neurontin (Gabapentin) to Tier 1 of the formulary.
Justification	Recommendation by the Medical QI Network; difficult obtaining assistance through PAP.
Use/Category	Risperdal (Risperidone) treats schizophrenia and certain problems caused by bipolar disorder. Category: CNS, Anxiety, Psych, Neuro, & Autonomic Neurontin (Gabapentin) is used to treat seizures and conditions causing nerve pain. Category: CNS, Anxiety, Psych, Neuro, & Autonomic
Annual Estimated Cost	Risperdal (Risperidone) FY10-11 Cost - $810.13 (Number of clients: 17) Neurontin (Gabapentin) FY10-11 Cost - $199.78 (Number of clients: 5)
Proposed by:	Priority Setting & Resource Allocation Committee

A member expressed concern regarding Risperdal and the side effect of Gynecomastia, the abnormal growth of large breasts in males. Other members recommended that physicians educate clients regarding potential side effects prior to prescribing medications.

Motion #9	To approve discussion item #2		
Proposed by:	Proulx, D	**Seconded by:**	Hayes, M.
Action:	Passed with 1 opposition		

Discussion #3	To add Wellbutrin (Bupropion) to Tier 1 of the formulary.
Justification	Generic availability; multiple purposes. It is an older drug and relatively inexpensive. Wellbutrin (Bupropion) is easily tolerated and has fewer side effects than other antidepressants. Wellbutrin was on the formulary until 2011 when it was removed due to easy access through PAP's; that is no longer the case.
Amendment	Include all formulations of Bupropion.
Use/Category	Wellbutrin (Bupropion) can be used for minor depression and smoking cessation. Category: CNS, Anxiety, Psych, Neuro, & Autonomic
Annual Estimated Cost	Wellbutrin (Bupropion) FY10-11 Cost - $4,814.21 (Number of clients: 98)
Proposed by:	Priority Setting & Resource Allocation Committee

Motion #10	To approve discussion item #3		
Proposed by:	Proulx, D	**Seconded by:**	Spencer, W.
Action:	Passed Unanimously		

Discussion #4	To remove Darvocet (Propox/Acet) from the formulary
Justification	Drug removed from the US market in 2010.
Use/Category	Pain Medication. Category: CNS, Anxiety, Psych, Neuro, & Autonomic
Proposed by:	Priority Setting & Resource Allocation Committee

Motion #11	To approve discussion item #4		
Proposed by:	Proulx, D	**Seconded by:**	Spencer, W.
Action:	Passed Unanimously		

Discussion #5	To add Levaquin (Levofloxacin) to Tier 1 of the formulary.
Justification	Can be used for clients who have an allergy to Penicillin or cannot use Cipro because of a heart condition. The Medical Network agreed that the formulary would benefit from a wider variety of antibiotics and recommended Levaquin (Levofloxacin) as a good choice because: 1) It can be used to treat a wide variety of bacterial infections including Community Acquired Pneumonia, 2) It is available in generic form and is inexpensive, 3)

	It was previously on the formulary but removed due to easy access through PAP's which is no longer the case.
Use/Category	Treats a wide variety of bacterial infections including Community Acquired Pneumonia. Category: Antiinfectives
Annual Estimated Cost	Levaquin 500mg brand name cost: $3.30/tab; generic cost: $0.25/tab. Levaquin (Levofloxacin) cost per FLDOH in Broward County utilization: Between 1/2009-12/2010, 203 prescriptions dispensed (combination of 250mg, 500mg, and 750mg) for a total estimated cost of $550.00 using generic cost.
Proposed by:	Priority Setting & Resource Allocation Committee

Motion #12	To approve discussion item #5		
Proposed by:	Proulx, D	**Seconded by:**	Siclari, R.
Action:	Passed Unanimously		

Discussion #6	To add Tetanus, Diptheria, and Pertussis (TDAP) vaccine to Tier 1 of the formulary
Justification	Rise of Pertussis in adults; used as one time booster along with Tetanus, Diptheria (TD) vaccine.
Use/Category	Used for immunization. Category: Vaccines.
Annual Estimated Cost	Range of cost per dose: $24.62 (CDC Cost) - $41.06 (Private Sector Cost). Proxy: FY12-13 TD Vaccine utilization - $1,881.84 (51 clients).
Proposed by:	Priority Setting & Resource Allocation Committee

Motion #13	To approve discussion item #6		
Proposed by:	Proulx, D.	**Seconded by:**	Spencer, W.
Action:	Passed Unanimously		

Discussion Item #	Service Category	Recommended Sweep TO	Recommended Sweep FROM	Proposed by
7	**Case Management (7)**		($15,000)	PSRA Committee
8	**Dental (2)**		($200,000)	PSRA Committee
9	**Substance Abuse (2)**		($8,947)	PSRA Committee
10	**Pharmaceuticals (3)**		($59,000)	PSRA Committee
11	**Food Bank (1)**		($164,351)	PSRA Committee
12	**Food Voucher (1)**		($30,000)	PSRA Committee
13	**Outreach (1)**		($20,000)	PSRA Committee
	Total Part A Funds		**($497,298)**	
14	**MAI Case Management (2)**		($45,000)	PSRA Committee
15	**MAI Mental Health (2)**		($35,000)	PSRA Committee
	Total MAI Funds		**($80,000)**	
16	**Ambulatory (5)**	$304,603		PSRA Committee
17	**Case Management (7)**	$24,595		PSRA Committee
18	**Pharmaceuticals (3)**	$150,000		PSRA Committee
19	**Mental Health (3)**	$18,100		PSRA Committee
	Total Part A Funds	**$497,298**		
20	**MAI Ambulatory**	$80,000		PSRA Committee
	Total MAI Funds	**$80,000**		
	Centralized Intake and Referral (1)	$0	$0	
	Legal Assistance (1)	$0	$0	

The PSRA Chair explained that the Committee took into consideration the needs of capacity and utilization. The following motions were made:

Motion #14	To approve discussion item #7		
Proposed by:	PSRA	**Seconded by:**	Reed, Y.
Action:	Passed Unanimously		

Motion #15	To approve discussion item #8		
Proposed by:	PSRA	**Seconded by:**	Proulx, D.
Action:	Passed,1 abstention		

Motion #16	To approve discussion item #9		
Proposed by:	PSRA	**Seconded by:**	Reed, Y.
Action:	Passed, 1 abstention		

Motion #17	To approve discussion item #10		
Proposed by:	PSRA	**Seconded by:**	Reed, Y.
Action:	Passed Unanimously		

The PSRA Chair stated that the Food Bank Category is robust and often underutilized. The Grantee mentioned that the current system of distribution is under evaluation. There are emergency provisions regarding this service category in place if needed. The following motions were made:

Motion #18	To approve discussion item #11		
Proposed by:	PSRA	**Seconded by:**	Hayes, M.
Action:	Passed, 1 abstention		

Motion #19	To approve discussion item #12		
Proposed by:	PSRA	**Seconded by:**	Reed, Y.
Action:	Passed, 1 abstention		

Motion #20	To approve discussion item #13		
Proposed by:	PSRA	**Seconded by:**	Reed, Y.
Action:	Passed Unanimously		

Motion #21	To approve discussion item #14		
Proposed by:	PSRA	**Seconded by:**	Reed, Y.
Action:	Passed Unanimously		

Motion #22	To approve discussion item #15		
Proposed by:	PSRA	**Seconded by:**	Schweizer, M.
Action:	Passed Unanimously		

Motion #23	To approve discussion item #16		
Proposed by:	PSRA	**Seconded by:**	Reed, Y.
Action:	Passed Unanimously		

Motion #24	To approve discussion item #17		
Proposed by:	PSRA	**Seconded by:**	Reed, Y.
Action:	Passed Unanimously		

It was mentioned that funding is swept from service categories and not providers; the Recommended Sweep TO and Sweep FROM amounts for the Pharmaceutical service category reflects the fact that there may not be enough funds to sweep in a certain amount originally recommended by Grantee due to sweeps conducted in other service categories.

Motion #25	To approve discussion item #18		
Proposed by:	PSRA	**Seconded by:**	Reed, Y.
Action:	Passed Unanimously		

Motion #26	To approve discussion item #19		
Proposed by:	PSRA	**Seconded by:**	Katz, H.B.
Action:	Passed Unanimously		

Motion #27	To approve discussion item #20		
Proposed by:	PSRA	**Seconded by:**	Reed, Y.
Action:	Passed with 1 abstention		

8. AUGUST & SEPTEMBER COMMITTEE REPORTS

a. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

August 1, 2013 *Chair: K. Creary, Vice Chair: T. Wilson*

A. Work plan item update / Status Summary:

Work plan item 1.1, 1.4 -- The Committee reviewed the Council makeup to ensure it reflects the epidemic; discussed filling mandated seats; ensured 33% of members are unaffiliated PLWHA.

Work plan item 1.1 --The members moved to recommend the appointment of Debbie Wilkins to the Affected Communities seat on the HIV Planning Council.

Work plan item 2.1-- Committee members reviewed and discussed the current recruitment and

retention plan implemented by MCDC. Members discussed each strategy to decide what tasks are and are not occurring as well as what the Committee can do to improve the plan. Members discussed the importance of providing recruiting materials at SFAN and other community events. A Committee member volunteered to be the point-person for placing HIVPC calendar, recruiting brochure, and HIVPC application at all SFAN and Re-entry meetings. Additionally, the MCDC Chair will now announce the following information in the MCDC report at HIVPC meetings: 1) HIV Planning Council vacancies 2) the Mentoring Program 3) Topics for HIVPC Training.

Members also reviewed the recruiting brochure and suggested mailing out approximately 30-40 copies to providers. This would prevent providers from incurring cost for printing and copying the brochure if sent electronically. It was decided that the appearance of the brochure should be revamped before sending out mass amounts. Members also discussed the importance of translating recruiting materials into the following languages: Spanish, Creole, and French.

Work plan item 5.1-- Members reviewed the current work plan to view the progress of the work being completed by the Committee. Members also briefly reviewed the policies and procedures and discussed outdated terms, the excused absences policy for alternates, and process to address change in member affiliation. Revision of the policies and procedures will occur during the September meeting.

B. Rationale for Recommendations:

Appointing the aforementioned individual still ensured that the reflectiveness of unaffiliated consumers is maintained.

The Committee will continue to table the review of current council members' applications until September; member update forms will be completed by all HIVPC members by that time period.

The Committee agreed to table further review of the MCDC Policies and Procedures until the September meeting due the remaining meeting time allotted.

The Recruitment and Retention plan and recruitment brochure will be further addressed at the October Committee meeting. Per request of the Grantee, staff will bring draft pictures that can be included on the brochure in effort to make the revamp the appearance of the material. Drafts will be provided at the October meeting.

C. Data Reports / Data Review Updates:

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

D. Data Requests:

The Committee requested to view the evaluation data completed by members or guests for the Council and Committee meetings for the past year in effort to conduct recruitment and retention.

E. Other Business Items:

Members reviewed and revised draft letters relating to the Mentoring Plan. Both letters are signed from the Membership/Council Development Committee. *Agenda Items for Next Meeting:* Review Planning Council Members and Seats; Review Policies & Procedures; Review and Approve HIVPC Training Survey; Review Evaluation Summary for Council and Committee meetings. *Next Meeting Date*: September 12, 2013

September meeting cancelled *Chair: K. Creary, Vice Chair: T. Wilson*

Next Agenda Items: Update Mentoring Plan; Review HIVPC members and seats; HIVPC Training Survey; Polices & Procedures; Meeting Evaluations *Next Meeting Date:* October 3, 2013

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**

August 6, 2013 ___ *Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington*

A. Work plan item update / Status Summary:

Work plan item 1.2 --Members received training on the scope of HIV/AIDS by Dr. Puga, Medical Director for Children's Diagnostic and Treatment Center's Comprehensive Family AIDS Program. Dr. Puga introduced recent media reports regarding the cures for HIV and Leukemia. She also discussed stories detailing possible "cure studies." Additionally, she stressed the importance of Committee members remaining in the best health possible by taking medicines, eating right, exercising, getting enough sleep, and avoiding the contraction of additional STIs. A question and answer session followed; Dr. Puga announced that she would like feedback on the patient/doctor relationship in a future hot topic session.

Work plan item 1.1 -- Members reviewed a handout of their proposed social media strategy. This handout included various ways to reach consumers in order for them to attend JCCR's community events (letters, posters, press releases, PSAs, and provider websites). Members discussed having a Facebook account as well has getting more peers involved in order to attract individuals to the events. Members requested Grantee approval for a Facebook group; the Committee will receive an answer by next month. Members also reviewed research on social media strategies utilized by other EMAs.

Work plan item 2.2, 3.2. -- The Committee continued their discussion on their 2nd community event: the Resource Fair. The event will take place September 24, 2013 from 5:00 p.m.-8:00 p.m. The location is still pending Grantee approval, but it will possibly be held at the African American Library. The Committee discussed the role of JCCR members on that day as well as what materials should be provided. Each member was given a "save the date" flyer.

Work plan item 1.3 -- Members briefly discussed the role of peer educators and how it relates to the JCCR Committee as well as whether they should be formally trained. Some members expressed concern that they are already educating their community and wondered if this was necessary. The discussion was tabled until the next Committee meeting. Members are willing to have a peer educator speak at their next hot topic presentation.

B. Rationale for Recommendations:

JCCR Co-Chairs suggested tabling the discussion on Peer Educators due to time constraints. The Committee will need to further define what peer education means to the members.

C. Data Reports / Data Review Updates:

The Committee reviewed the Geomap of Broward County for PLWHA and AIDS case rates per 100,000 through 2012.

D. Data Requests:

Members requested Grantee approval for a Facebook group in order to advertise community events.

E. Other Business Items:

Members briefly reviewed a handout on the impact of the Affordable Care Act implementation. *Agenda Items for Next Meeting:* Finalize details of Resource Fair; Continue planning for the 3rd Community Event; Discuss Training for Peer Educators. *Next Meeting Date*: September 3, 2013

The Part A Co-Chair thanked committee members and staff for helping with the Resource Fair.

September 3, 2013 *Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington*

A. Work plan item update / Status Summary:

Work plan item 1.2 --Members received training on peer education from representatives from the Memorial Healthcare System, Gustavo Bello and Amy Pont. The committee was informed of the role of peer educators in the community, which is to help clients navigate through the system. Peer educators help provide moral support to clients, especially if they embody fears associated with being newly diagnosed. Members also heard about the role peer educators play in ensuring clients are adherent to their medical appointments so that they do not fall out of

care. The ultimate goal is to help the client with the following: obtain independence to navigate the system themselves, keep appointments; avoid depression, obtain education, and eliminate barriers. A question and answer session followed.

Work plan item 1.3 -- Members discussed the role of peer educators and how it relates to the JCCR Committee as well as whether they should be formally trained. Some members expressed ways they could continue to help clients navigate through the system such as guiding them to Centralized Intake and Eligibility Determination (CIED). The Committee also debated whether the title of "peer educator" was important. Members feel that it is their responsibility to give clients important information. The Committee will continue to define their role at the next meeting.

Work plan item 2.2, 3.2. -- The Committee continued their discussion on their 2nd community event: the Resource Fair. The event will take place September 24, 2013 from 5:00 p.m.-8:00 p.m. at the African American Research Library. The Committee discussed the role of JCCR members on that day as well as what materials should be provided. Members volunteered to arrive at 3:00 p.m. to help set up; others will sit at the table during the assigned shifts. Each member was given flyers to promote the event, which was provided in English, Spanish, and Creole.

Members briefly discussed the 3rd Community event, which will be focused on the Affordable Care Act (ACA). Details surrounding the event will be discussed at the next meeting.

B. Rationale for Recommendations:

In order to devote time to adequately plan for the next community event, JCCR Co-Chairs suggested having no Hot Topic at the next Committee meeting.

C. Data Reports / Data Review Updates:

The Committee received the Geomap of Broward County for PLWHA and AIDS case rates per 100,000 through 2012.

D. Data Requests:

None.

E. Other Business Items:

None. *Agenda Items for Next Meeting:* Continue discussing the role of JCCR as peer educators; Continue planning for the 3rd Community Event. *Next Meeting Date*: October 1, 2013

c. **JOINT PLANNING COMMITTEE**

Aug. & Sept. Meetings Cancelled *Part A Co-Chair: Vacant, Part B Co-Chair: Kim Saiswick*

Next Agenda Items: Approve Focus Group Questions; Review HHS Indicators; Develop Linkage to Care Recommendations. *Next Meeting Date:* September 9, 2013

The seat for the Part A Co-Chair of the Joint Planning Committee is currently vacant. The Committee has decided to have Part A Chairs from other committees stand in each month until the position is filled. A permanent chair will be determined January 2014.

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**

August 19, 2013 *Chair: C. Grant*

A. Work plan item update / Status Summary:

Work plan item 2.2 – Review, update and approve 3-year work plan. The Committee tabled review of the 3-year work plan pending Grantee approval.

Follow-Up on Viral Load Report Definition – The Committee heard clarification on the difference in denominators for the Viral Load Suppression measure in the HHS Indicators report and the Viral Load Analysis report in Provide Enterprise (PE).

Development of Training for Quality Management Committee – The Committee discussed development of a Quality Management Committee Training for new and existing members to educate on the purpose and goals of the QM Committee and its activities. The Committee

agreed that a half-day retreat would be beneficial. Members suggested topics for the training and agreed to send additional retreat ideas to Staff.

Approve Oral Health Service Delivery Model (SDM) – The Committee was informed that the Oral Health (OHC) QI Network reviewed their SDM. The Grantee suggested adding recommendations from the OHC study before approving the SDM. The Committee tabled review of OHC SDM until the recommendations have been added.

Approve MAI Medical Case Management (MCM) Service Delivery Model – The Committee tabled review of the MAI MCM SDM.

Medical QI Network Update - The Committee heard a review of the Medical QI Network cervical screening Quality Improvement Project (QIP). The presentation included a review of Phases I and II of the QIP, including: Definition of the HAB performance measure for cervical screening and exclusions; Current Part A cervical screening standards; Cervical screening QIP initial steps; Preliminary cervical screening rates; HIVQual studies summarizing barriers and successful interventions; 2009 Broward women's focus group findings; PE/Electronic Medical Record (EMR) review findings; Proposed exclusions; Common barriers and improvement strategies; Factors influencing cervical cancer screening in HIV+ women; Blinded agency specific findings; and Next steps.

B. Rationale for Recommendations:

1. The Committee discussed the meeting scheduled for September and voted to cancel the September Quality Management Committee meeting. Members agreed to have a QM Retreat on October 14, 2013 from 12:30pm-4:30pm.

2. Gary Sullivan, Broward House, Director of Contracts and Performance Measures, expressed interest in joining the QM Committee. Members voted unanimously to add Mr. Sullivan to the Committee.

C. Data Reports / Data Review Updates:

The Committee heard a review of the Medical QI Network cervical screening Quality Improvement Project (QIP).

D. Data Requests:

There were no requests for information/directives.

E. Other Business Items:

There was no other business.

F. Agenda Items for Next Meeting:

Standing Agenda Items, Quality Management Training Retreat. *Next Meeting Date*: October 14, 2013 from 12:30pm-4:30pm.

The Chair reported on the 3 year work plan. The committee clarified the definition of the viral load and HHS measures. The oral health service delivery model was reviewed and recommendations were made for improvement. The committee is planning a retreat to educate others on the role of the Quality Management Committee.

e. **PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE**

No August meeting *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Vacant*

September 18, 2013 *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Vacant*

A. Work plan item update / Status Summary:

The PSRA Committee was updated on the ad Hoc Local Pharmacy Advisory Committee's (LPAC) recommendations for revision of the Ryan White Part A formulary. The PSRA Committee ratified the following motions from LPAC:

- To delete Hivid (Zalcitabine) and Agenerase (Amprenavir) from the formulary (medications are no longer available)

- To add Risperdal and Neurontin to Tier 1 of the formulary (recommendation by the Medical QI Network; difficult obtaining assistance through PAP)
- To add Bupropion (Wellbutrin) to the formulary (generic availability; multiple purposes; difficult obtaining assistance through PAP)
- To remove Darvocet from the formulary (drug removed from the US market in 2010)
- To add Levaquin to the formulary (recommendation by the Medical QI Network; commonly used to treat CAP)
- To add TDAP to the formulary (rise of Pertussis in adults; used as one time booster along with TD).

Work Plan Item 2.1, 2.2 (Sweeps) – The Committee discussed grantee recommended sweep amounts for Part A and MAI service categories for FY13/14. The Committee approved to reallocate the following amounts *from* these Part A service categories: 1)Pharmaceuticals: $59,000 2) Case Management: $15,000 3) Substance Abuse: $8,947 4) Food Bank $164, 351 5) Food Voucher $30,000 6) Outreach $20,000 7) Dental: $200,000

The Committee approved to reallocate the following amounts *from* these MAI service categories: 1) Case Management: $45,000 2) Mental Health: $35,000

The Committee approved to reallocate the following amounts *to* these Part A service categories: 1) Ambulatory: $304,603 2) Pharmaceuticals: $150,000 3) Case Management: $24,595 4) Mental Health: $18,100

The Committee approved to reallocate the following amounts *to* the following MAI service category: Ambulatory: $80,000

The total Part A funds being swept to and from service categories is $497,298. The total MAI funds being swept to and from service categories is $80,000.

B. Rationale for Recommendations:

The Committee approved the FY 13/14 reallocations based on the Grantee's recommended sweep amount. The Grantee explained that factors associated with recommendations included outstanding billing, expended amount, average monthly expenditures, projected expenditures, and the dollar amount that providers requested. Projections were based on reimbursement requests submitted by service providers for the months of March through August.

To provide further clarification, the Committee recommended that additional justifications be provided for LPAC's motions before the HIV Planning Council meeting. Overall use of the drugs will also be provided.

Members recommended that the effective date for formulary changes begin October 1, 2013 to provide clarification.

Due to time restrictions, members agreed to table the review of PSRA policies and procedures and discussion of ACA impact on allocations until the October PSRA meeting.

Members agreed that review of the MAI Case Management service category is needed to analyze its effectiveness.

C. Data Reports / Data Review Updates:

Members reviewed FY 13/14 Part A and MAI Reallocation spreadsheet as well as utilization and cost data for drugs on the formulary.

D. Data Requests:

The Committee requested that the Grantee provide an analysis of the MAI Case Management service category at the next meeting. Components include client utilization and outcomes.

E. Other Business Items:

None. *Agenda Items for Next Meeting:* Assessment of the Administrative Mechanism; Review Policies and Procedures; Review ACA Impact on Allocations. *Next Meeting Date*: October 16, 2013.

f. **LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)**

July 30, 2013 *Chair: Dionne Proulx*

A. Work plan item update / Status Summary:

Review Medical Network Recommendations for Additions/Removals from the Part A Formulary:

- The Committee reviewed the Medical QI Network's recommended changes to the Formulary: *Add to Tier 1-Risperidone (Risperdal), Bupropion (Wellbutrin), Gabapentin (Neurontin), Zithromax (Azithromycin), Diflucan (Fluconazole), Remeron (Mirtazapine), Levaquin (Levofloxacin), Prevnar 13, Gardasil, and Zostavax; Remove from Tier 1-Darvocet N-100 (Propox/Acet).*
- Members reviewed medications on Tier 3 of the formulary to identify medications that should move to Tier1 as a result of the end of the ADAP waitlist and consequent increased difficulty assessing medications through PAPs. The following motion was made: *To remove Hivid (Zalcitabine) and Agenerase (Amprenavir) from the formulary (Tier 3). Justification: Medications are no longer available.*
- Members agreed Lipitor (currently on Tier 1) is sufficient for the Statin class and is more cost effective than the other options available on Tier 3 (Crestor, Lopid, Pravacho, and Tricor).
- Members agreed to add Risperdal and Neurontin (currently on Tier 3) to Tier 1 and noted challenges obtaining the medications through PAPs. The following motion was made: *To add Risperdal and Neurontin to the formulary (Tier 1). Justification: Recommendation by the Medical QI Network; difficult obtaining assistance through PAP.*
- A member recommended moving Megace from Tier 3 to Tier 1 since the only option for Wasting on Tier 1 is Periactin. The member noted that Periactin causes drowsiness and is not a preferred medication for Wasting. The member also noted that the PAP that provides Megace ships the medication to providers without clear dosing instructions and directions for use which can be a liability. The Committee to revisit the topic of drugs available for Wasting at a later date.
- Members reviewed the Medical Network's recommendation to add Zithromax and Diflucan (currently on Tier 2) to Tier 1 and asked to defer decision until further justification and an estimated utilization of Zithromax and Diflucan are provided.
- Members reviewed the Medical Network recommendation to add Remeron and Wellbutrin to Tier 1 (removed from the Formulary in March 2011). There was discussion on the dual prescribing purpose of Wellbutrin for smoking cessation. The following motion was made: *To add Bupropion (Wellbutrin) to the formulary (Tier 1). Justification: Generic availability; multiple purposes; difficult obtaining assistance through PAP.* The Committee requested medical justification for adding Remeron to the formulary.
- Members agreed to remove Darvocet from Tier 1 of the formulary. The following motion was made: *To remove Darvocet from the formulary (Tier 1). Justification: Drug removed from the US market in 2010.*
- Members agreed that Levaquin (not on the formulary) should be added to Tier 1 of the formulary. The following motion was made: *To add Levaquin to the formulary (Tier 1). Justification: Accept Medical Network recommendation; Commonly used to treat Community Acquired Pneumonia.*
- The Committee reviewed the Medical Network recommendation to add Prevnar 13, Gardasil, and Zostavax vaccines to Tier 1 of the formulary. Members expressed concern over the lack of conclusive data and cost associated with both Gardasil and Zoster vaccines. The Committee

supported the recommendation to add Prevnar 13, however, due to the high cost of the vaccine and the PAP eligibility requirements, the Committee requested further analysis by the Medical Network. It was suggested the Medical Network review the cost implications of adding Prevnar 13 to Tier 1 of the formulary and determine priority populations who would be vaccinated initially.

- Members discussed the Tetanus, Diptheria, and Pertussis (TDAP) vaccine and made the following motion: *To add TDAP to the formulary (Tier 1). Justification: Rise of Pertussis in adults; used as one time booster along with TD.*

Review FY12-13 Pharmacy Utilization: The Committee reviewed the FY12-13 Pharmacy. The Committee discussed the meeting schedule and agreed to meet at least 3 times per year.

B. Rationale for Recommendations:

Approval of Medical Network recommendations; difficulty obtaining assistance through PAPs; medical need.

C. Data Reports / Data Review Updates:

FY12-13 Pharmacy Cost and utilization

D. Data Requests:

None.

E. Other Business Items:

There was no other business.

F. Agenda Items for Next Meeting:

Standing Agenda Items, Review Medical Network justification for formulary additions/deletions, Review pharmacy utilization and expenditure data, Review Marketplace Exchange formularies. *Next Meeting Date*: November 2013 (exact date TBD)

g. **JOINT EXECUTIVE COMMITTEE**

No August Meeting *Part A Chair: S. Kuryla, Part B Chair: J. Wynn*

Next Agenda Items: TBD; *Next Meeting Date:* October 17, 2013

h. **PART A EXECUTIVE COMMITTEE**

August 15, 2013 *Chair: S. Kuryla, Vice Chair: B. Gammell*

A. Work plan item update / Status Summary:

The Part A Executive Committee reviewed the HIV Planning Council agenda for the upcoming meeting. Committee chairs also reported on their work plan progress to ensure that goals are being met. It was noted that certain committees did not occur before the Executive meeting due to the month beginning on a Thursday.

The Committee discussed the Resource Fair scheduled for September 24th from 5-8 p.m. at the African American Research Library. Members also discussed the HIV Planning Council (HIVPC) agenda and whether the Healthcare Reform Update should be listed as a standing reporting item as well as who would give this update. The item will be a standing item on the Executive agenda; the Executive Committee will then decide whether it should appear on the HIVPC agenda for the current month. Some Committee members expressed concern about the important need to inform the community about the implementation of the Affordable Care Act (ACA). It was noted that information specific to the HIV population should be distributed as soon as possible. Other members stated that there are many unknowns with the implementation of the ACA and the Council should not rush to disperse information that may not be complete or correct.

WP Item 2.4--Nominating Committee: In order to prepare for upcoming elections, the Chair announced the appointment of Will Spencer as the Nominating Committee Chair. It was noted

that the Nominating Committee should consist of at least 5 members and be reflective of the epidemic in Broward County. An email will be sent to members requesting their participation on the Committee.

WP Item 5.5--EIIHA Strategy: Members were informed that the FY 2014 Ryan White Part A grant guidance was released on August 12th and is due on October 9th. The EIIHA section is still worth the same amount as last year (33 points). The grantee representative informed the Committee that an update on the changes to the EIIHA guidance will be provided at a later date.

WP Item 2.1--Mentoring Plan: The Executive Committee reviewed the mentoring plan proposed by the Membership/Council Development (MCDC) Committee. Members discussed the issue of making the program mandatory due to the inability to establish the following: 1) specified criteria/qualification for mentors (e.g. educational level of the HIVPC process) 2) standardized training for mentors 3) core competencies of the mentoring program (e.g. topics the mentoring program will cover) 4) mentor job description. Members also questioned how the program would be fair in cases where some mentors are forcing individuals to complete the program for the maximum amount of time when it is not necessary. The Executive Committee recommended that the mentoring program remain voluntary; if mandated, it should be standardized. Members also raised the question of whether mentoring only applied to HIVPC members, excluding committee members. The Chair stated that it is the responsibility of committee chairs to educate their members. It was also suggested that mentors be educated regarding the Sunshine Law to prevent violation. Following the discussion, the MCDC chair pulled the mentoring plan from the HIVPC agenda in order to send it back to the committee for revision.

B. Rationale for Recommendations:

The Priority Setting & Resource Allocation (PSRA) Committee and HIVPC meetings were cancelled in August because there were not many items that needed to be accomplished. The Joint Planning and MCDC Committee meetings were cancelled in September to allow for more time to focus on preparing the FY 2014 Part A Grant Application.

C. Data Reports /Data Review Updates:

None.

D. Data Requests:

The Committee requested that staff include a handout at the HIVPC meetings with resource links regarding the ACA.

E. Other Business Items:

None. *Items for Next Meeting:* Review FY13/14 Reallocations. *Next Meeting Date*: September 19, 2013 at 12:30 p.m.

September 19, 2013 *Chair: S. Kuryla, Vice Chair: B. Gammell*

A. Work plan item update / Status Summary:

The Part A Executive Committee reviewed the HIV Planning Council agenda for the upcoming meeting. Committee chairs also reported on their work plan progress to ensure that goals are being met.

The Committee discussed the Resource Fair scheduled for September 24th from 5-8 p.m. at the African American Research Library. It was noted that a representative from CMS will speak about ACA implementation. Members also discussed the HIV Planning Council (HIVPC) agenda regarding whether the Healthcare Reform Update should be listed as a standing reporting item as well as who would give this update. The Executive Committee decided not to list it on this month's HIVPC agenda until more information is known. However, the item will be a standing item on the Executive agenda; the Executive Committee will then decide whether it should appear on the HIVPC agenda for the current month. A discussion was held regarding Navigators providing information to the community and the lack of funding on a large scale in Broward County. Members expressed concern about clients/community knowledge.

Members discussed the issue surrounding Ryan White CARE Act reauthorization and whether it should be actively pursued. The Committee also discussed the County's position surrounding the support of reauthorization. One member expressed concern about the Council involving itself in political lobbying. It was decided that the Council would simply state its opinion on reauthorization. Members discussed implications of Ryan White not being reauthorized and questioned whether appropriate funding will be allocated to the program without reauthorization.

B. Rationale for Recommendations:

It was recommended that By-Laws hold another committee meeting to further discuss the revision to the Grievance Policy and Procedure before it is forwarded to HIVPC for approval.

To clarify HIVPC stance on CARE Act reauthorization, the Part A Executive Committee made the following motion: In furtherance of the County's support for the 2013 Federal Legislative Program, HIVPC similarly endorses the necessary and appropriate reauthorization of the CARE Act and the effective full funding of the HIV Continuum of Care.

C. Data Reports /Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

None. *Items for Next Meeting:* Assess JCCR Community Events. *Next Meeting Date*: October 17, 2013 at 2:00 p.m.

i. **AD HOC BY-LAWS COMMITTEE**

September 19, 2013 *Chair: W. Spencer*

A. Work plan item update / Status Summary:

The Committee discussed the work it has done thus far and reviewed the remaining documents for revision. Members discussed the remaining parking lot items and made changes to the Planning Council Grievance Procedure and Form. Members voted to approve the By-Laws Grievance Policy and Procedure, Notice of Grievance for Planning Council Actions Form, and the Policy on Reporting Violations of By-Laws and Policies & Procedures. The recommended changes to the By-Laws and Grievance documents will be reviewed at another By-Laws meeting before it is approved by Executive and HIVPC.

B. Rationale for Recommendations:

The Committee continued editing the Planning Council Grievance procedure and form. The members were reminded that the new language would assign grievances to be handled by the Part A Executive Committee. This ensured that the grievance procedure was specific to Part A and that the steps to file a grievance were stated clearly. The titles of the documents were changed to reflect that this type of grievance was only in regards to Planning Council actions and decisions. Members decided to keep language relating to mediation since it is a HRSA requirement. A member will double check with NSU to confirm arbitration services.

Members reviewed a proposal sent from the Membership/Council Development Committee, which was to review the excused absence policy so that council members that are consumers will receive an excused absence if they obtain the opportunity to go to a conference or training to improve specific and direct HIV knowledge or leadership abilities, considering that the excused absence is requested in advance. Members believed that the administrative code could not be changed and the policy will remain the Council Chair's discretion. Members voted that the absence will remain unexcused until the member presents or provides a summary of the conference or training to the Council Chair within 30 days.

Members reviewed the proposal to set a maximum number of excused absences for consumer council members and alternates. Members recommended amending the policy to allowing consumers a maximum of 6 excused absences within a calendar year. Members discussed

effective date of January 2014 to coincide with calendar year. Outdated language was also recommended to be removed from the By-Laws.
C. Data Reports / Data Review Updates:
None
D. Data Requests:
None
E. Other Business Items:
No other business. *Items for Next Meeting:* Review and Revise Planning Council Grievance Procedure. *Next Meeting Date*: October 17, 2013.

An ad Hoc By-Laws Committee meeting will be held on October 17th. The committee reviewed all items brought forth by the Council. The internal Grievance procedure remains under revision.

The By-Laws Chair announced that the Nominating Committee needs 3 more members in order to meet next month. The Committee requires 5 members; however, the Chair would like to have 6 to achieve quorum easily. Three members volunteered to become members of the Committee. The Committee will meet on October 17th, December and January.

9. GRANTEE REPORTS

a) Part A

It was reported that the Part A grant application is due on October 9th and the Request for Proposal was released on Monday. The applicant agency workshop is September 27th at 2:00 p.m.

The RW Program eligibility date for Provide Enterprise (PE) is being altered as a result of Marketplace enrollment for eligible clients: uninsured between 100-400% FPL. Centralized Intake and Eligibility Determination (CIED) will work with community providers to get clients to enroll into the Marketplace. Client eligibility will be handled in a systematic manner to ensure that clients are properly enrolled and educated on insurance plans. The Grantee office hopes to hear from the state regarding ADAP expansion. Thus far, the state has been silent on ACA issues and this has halted local efforts.

The Grantee thanked the HIVPC members and providers who participated in the Resource Fair. There were over 200 attendees. There was discussion about providers aiding in the education of clients. It was stated that CIED is responsible for educating clients about ACA-related service delivery changes. There are additional programs to help educate clients about the Marketplace such as the County library system and the Navigator program.

b) Part B

None. The HIVPC Vice Chair announced that the Part B representative was not present due to a training at the FLDOH-BC.

10. OTHER REPORT

a) Part C

The Part C Grantee mentioned that they are awaiting ACA roll-out and it is unclear when the guidance will be released.

b) Part D

The Part D Grantee announced that thus far, 1,252 patients have enrolled into primary medical care; 912 have been seen to date. Clients are encouraged to attend the recommended 4 wellness visits per year. The number of pregnant women who are identified as HIV+ has increased. To date, 81 women are pregnant and positive (some newly identified) and a majority are directed into care within the 1st trimester. A total of 100 to110 pregnant women are predicted to be infected this year. No babies have been identified as HIV+ this year. However, 2 Adolescents may have been perinatally infected and were believed to be unidentified until recently.

It was reported that the data coordinator went to Washington, D.C. to meet with Ryan White

administrators. Part D has requested $48,000 in carry-over dollars. The Grantee also reports that Part D successfully held a camping trip for women, similar to a support group, to share their experiences.

There was discussion about the dental program. As of October 1st, the partnership between CDTC and FLDOH-BC to provide dental care will end; adult women will no longer be seen at CDTC for dental care. The program does not take Medicaid; it was only provided for those who were uninsured. Clients may still access the service but not onsite. FLDOH-BC sent out letters to notify patients that they can establish care at another local clinic.

c) Housing Opportunities for Persons with AIDS (HOPWA)

The HOPWA administrator reported that the program will continue to function in the event of a government shutdown. If there is a shut-down, carryover dollars will cover expenses.

d) Prevention

None. The HIVPC Vice Chair announced that the Prevention representative was not present due to a training at the FLDOH-BC.

11. UNFINISHED BUSINESS: None

12. NEW BUSINESS:

A member expressed concern about the government shut-down. In lieu of a potential shut-down, there was a recommendation of having emergency pick up for Food Bank services.

Motion #24	In event of government shut down, allow 1 additional emergency pick up for clients on a case by case basis		
Proposed by:	Hayes, M.	**Seconded by:**	Spencer, W.
Action:	Passed, 7 oppositions, 1 abstention		

The Grantee explained that if there is a government shut-down that lasts over two weeks, then the program will have difficulty covering expenses. The RW program currently has an emergency provision addressing unanticipated need.

13. ANNOUNCEMENTS:

A guest announced that there will be a Janssen Webinar available for everyone to attend next week; handouts with future webinar times and dates were made available at Council.

A member announced that in the next 48 hours, members should expect to see specific information regarding the different Marketplace plans.

The PSRA Chair expressed concern about the Council falling behind on legislative issues such as Reauthorization. It was noted that in the future, the Council should be aware of these issues and discuss them earlier. The County representative reiterated that the Commissioner will support the will of the HIV Planning Council.

Broward County Public Schools is currently working to bring forth a policy to the School Board regarding sexuality-related issues in public schools. Disclosure of sexuality in schools will be addressed.

On October 28th, there will be a town hall meeting in Wilton Manors regarding LGBT issues. State and County representatives will be present.

14. PUBLIC COMMENT:

Mr. Rajner thanked the PSRA Chair for recognizing the legislative resolution.

He stated the importance of ensuring service providers and community meetings are located in areas where the HIV epidemic is most prevalent and community member can easily access. He also thanked everyone for listening.

15. REQUEST FOR DATA:

The HIVPC Vice Chair reiterated having information regarding RW Reauthorization available for the October 17th Joint Executive meeting.

16. AGENDA ITEMS FOR NEXT MEETING: October 24, 2013 at 9:00 a.m**. VENUE:** BRHPC

17. ADJOURNMENT

Without objection, the meeting was adjourned at 11:46 a.m.

HIV PLANNING COUNCIL ATTENDANCE CY 2013

2013 MEETING DATES Indicate if no meeting was held.												
Meeting Dates →	**24**	**28**	**28**	**25**	**23**	**27**	**25**	**22**	**26**			
Member NAME	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**
Creary, Karen	√	√	√	√	√	√	√		A			
Dyer, Leroy	√	√	√	√	√	√	A		A			
Gammell, Bradford	√	√	√	√	√	√	√		√			
Grant Claudette	√	√	√	√	E	√	A		√			
Hayes, Marie	√	√	A	√	√	√	√		√			
Bhrangger, Ronald	√	E	√	√	√	A	√		√			
Holness, Dale V.C. (Comm)	A	A	A	A	A	A	A		A			
Katz, Bradley	√	√	√	√	√	√	√		√			
Kuryla, Samantha	√	A	√	√	√	√	√		E			
Marcoviche, William	√	E	√	√	√	A	√		√			
Moragne, Timothy	A	√	√	√	√	√	√		A			
Siclari, Rick	√	√	√	√	√	√	√		√			
Spencer, Will	√	√	√	√	A	√	√		√			
Taylor-Bennett, Carla	√	√	√	√	A	√	√		√			
Tomlinson, Karlene	√	√	√	A	√	√	√		√			
Wilson, Tara	√	√	√	√	E	E	E		√			
Wynn, Joey	√	√	√	A	√	√	√		√			
Proulx, Dionne	N	√	√	√	A	√	√		√			
Parker-Maysonet, Patricia	N= 6/04/13					√	√		A			
DeSantis, Mario	N= 6/04/13					√	√		√			
Williams, Rosemarrie	N= 6/04/13					√	A		A			
McBain, Marsha	N= 6/04/13					√	√		A			
Reed, Yolonda	R= 8/13/13								√			
Schwiezer, Mark	N= 8/13/13								√			
Coscarelli, Monica (Alt 1)	E	E	A	E	E	A	E		E			

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HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: October 22, 2013

Government Shutdown and Re-opening

Congress was unable to reach agreement on funding the government under a temporary authorization and shut the federal government down on October 1st. It lasted 16 days. All federal agencies not under emergency orders were closed, including almost all of the Department of Health and Human Services. Spending authorizations for Ryan White programs halted during this time. The agreement to re-open the federal government keeps operations going through January 15th. Unfortunately, this likely not sufficiently long to authorize HHS to make even partial-year awards for Part A grantees. Such determinations are being considered now by the HHS budget office and the White House Office of Management and Budget. The County should prepare for yet another disruption in awards.

Fiscal Year 2014 Appropriations:

The agreement to re-open the federal government includes a short-term spending authorization but requires House and Senate negotiators to reach agreement on funding the government for FY2014. The impact of the Budget Control Act of 2011 (sequester) threatens to impose major funding reductions on defense and military programs, upsetting many defense hawks. They are seeking either to lessen the impact of sequester government wide or to share the funding reductions so that they impact the Defense Department less (shift cost reductions away from Defense and to other agencies). Opposition to funding for the Affordable Care Act might be the source of division in the negotiations yet again. HHS appropriations is a major stumbling block. Best estimates is that Congress will pass yet another year long Continuing Resolution (CR) but possibly at lower levels than for FY 2013.

Ryan White Reauthorization Bill

There still has been no further consideration on a bill from Congressman Frank Pallone (D-NJ) to reauthorize the Ryan White Program with a limited scope (H.R. 2699). Essentially, it promotes the "Consensus Document" that stakeholders assembled and would extend the hold harmless provisions and extend the transitional grant area (TGA) transfer. His bill remains without any co-sponsors or support on the Energy and Commerce Health Subcommittee for a hearing. We do not expect this bill, or any other reauthorization legislation, to go anywhere in the House or Senate. The bill will likely get lost in the larger battle over the Affordable Care Act, where the majority in the House continues to seek a repeal.

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Training Topics from Membership/Council Development Committee

Dear HIV Health Services Planning Council (HIVPC) Members:

The Membership/Council Development Committee (MCDC) is planning to conduct training sessions in the near future, as part of its role to educate the Council and the members of all its Committees about their duties and functions.

According to HRSA, PC or planning body members must be trained regarding their legislatively mandated responsibilities and other competencies necessary for full participation in collaborative decision-making. Training sessions should provide an understanding of the following:

- Ryan White legislation and implementation process
- Service delivery system and provider profiles
- Importance and sources of data
- Specific skills related to particular planning and related tasks (i.e., needs assessment, priority setting and resource allocation, comprehensive planning, evaluation)

In addition, MCDC has provided the following sub-trainings to support the HRSA mandated training topics:

- Affordable Care Act Implementation
- Recruitment Strategies
- Cultural Competency
- How to Identify Needs of PLWHAs
- Role/Duties of Membership Committee
- Oral Health & its Implication on Retention in Care

Thank you for your support.

2013 MSM STUDY – SCOPE OF WORK

EXHIBIT A: Statement of Work

Specifically the study will address the following research questions:

1. What is the profile of the study participants, including the age, race/ethnicity, home zip code, and city of diagnosis?
2. What factors facilitate or prevent/impede rapid access to primary medical care?
3. What factors facilitate or prevent/impede retention in primary medical care?
4. What factors facilitate or prevent/impede adherence to primary medical care and viral suppression?
5. How prevalent are co-morbidities (including STDs, TB, hepatitis, etc) among the participants in the study? What, if any, impact does the presence of co-morbidities have on access, retention, and adherence to primary medical care?
6. How prevalent are mental health, substance abuse, homelessness, and incarceration issues among the participants in the study? What, if any, impact does the presence of these co-occurring issues have on access, retention, and adherence to primary medical care?
7. Does length of time since HIV/AIDS diagnosis influence participation in medical care?
8. What factors contribute to secondary prevention practices? What is the level of study participants' knowledge about secondary prevention practices? What factors serve as barriers to such practices, and what factors contribute to utilization of secondary prevention practice methods?
9. What factors contribute to clients' decision making process about HIV/AIDS and how do these beliefs impact prevention practices and the utilization of primary medical care? What is the impact, for example, of beliefs about HIV and religious, cultural and philosophical attitudes and beliefs regarding medical care?
10. Do you consider stigma as a barrier to accessing primary medical care?

The proposed research study will utilize the following data sources.

1. Literature review

A literature review will be prepared that examines research conducted in relevant areas of study.

2. Interviews, Surveys and Focus Groups

Sample

A purposive and snowball sample study design will be employed for obtaining information on MSM persons living with HIV/AIDS. The sample will reflect a demographic profile of MSM who are living with HIV/AIDS with representation from immigrant groups in the County. Also, given the interest in men on the "down low", a special effort will be made to include a significant number of such persons in the research sample. The sample will consist of persons who regularly access medical care services as well as those who do not.

Surveys, Interviews and Focus Groups with MSM

Surveys and Interviews. A sample of 100 MSM will be identified for this study. Following the recitation and completion of an informed consent statement, the 100 participants will be asked to complete a survey about their living situation and demographic characteristics as well as about their beliefs and knowledge related to HIV/AIDS and secondary prevention practices. Participants will also be asked how long they have known that they have HIV/AIDS and their location when they found out that they were HIV positive. In addition, participants will be asked to share information about co-morbidity issues. Subsequently, they will be asked to participate in a lengthy interview. The interview questions posed which explore in greater depth participants' experiences with and beliefs about HIV/AIDS primary health care and secondary prevention practices. *In all instances, the interviews will be conducted using lay language and in the language (e.g., Spanish, Creole) of the participants A special effort will be made to hire interviewers for the research project who are MSM and who have a sensitivity and knowledge of the service issues confronting the research population.*

Focus Groups. Focus groups are structured and organized methods of collecting valuable input in settings that stimulate the sharing of ideas, experiences, insights, and constructive suggestions. Focus groups will be conducted to engage MSM in discussions that enable them to, in a sense "go beyond" and elaborate on the beliefs, opinions, and experiences they shared during their individual interviews. Given the sensitive nature and discomfort of publicly acknowledging one's MSM behavior, a limited number of focus groups can be conducted. Two focus groups with a total of 20 men will be conducted with persons previously interviewed. The focus groups will follow-up on issues raised during interviews. Focus group

participants will reflect a cross section of the characteristics of those interviewed, representing different subgroups within the MSM population: different age cohorts, different race/ethnic groupings, and the presence of different co-morbidity issues such as substance abuse and mental health.

Interviews, Surveys and Focus Groups with Health Care Professionals

Health care professionals can provide valuable insights into the issue of access and utilization to services, adherence to medical treatment regimens, and secondary prevention practices. A two-tiered approach will be employed for this component of the proposed research study: focus groups and interviews.

Interviews. Ten interviews will be conducted with health care professionals. The selection of those interviewed will be inclusive of agencies serving or representing the various socio-cultural groups and geographic areas in the County. Providers from both public and private agencies involved in the delivery of medical services to different age groups, different racial/ethnic groups, groups of different socioeconomic status, and groups with different co-occurring problems will be engaged.

Focus groups. Two focus groups will be conducted. Participants will be asked to share their knowledge and understanding of the experience and perceptions of MSM who are living with HIV/AIDS in Broward County. The selection of the participants in the focus groups will be inclusive, reflecting diverse agencies and groups that serve the cross-section of the MSM population.

Surveys. Prior to the beginning of each focus group, participants will be asked to respond to a survey presenting closed-ended questions about their professional experiences with MSM living with HIV/AIDS, and abut their attitudes, beliefs, knowledge about persons living with HIV/AIDS in general and MSM who are living with HIV/AIDS.

Data Analysis

Both *descriptive and multivariate analyses* of the MSM and health provider data will be employed to assess factors that foster, and impede medical service utilization and adherence to medical protocols by MSM living with HIV/AIDS. Descriptive analysis will offer a demographic

profile of the MSM study participants, noting age, race/ethnicity, immigrant status, home zip code, city of diagnosis. Analysis will present participants' beliefs, attitudes, knowledge base, health care utilization, and HIV/AIDS history. This analysis will also profile the incidence of co-morbidities including STDs, TB, and hepatitis as well as co-occurring issues related to mental illness, substance abuse, homelessness, and recent incarcerations.

Results should be cross tabulated with factors that impede primary medical care such as race, gender, ethnicity, age, and geographic location.

Priority Setting & Resource Allocation Committee

Policies and Procedures

The Priority Setting & Resource Allocation Committee shall recommend priorities and resource allocations to the Broward County HIV Health Services Planning Council (Council) and/or South Florida AIDS Network (Consortia) for the disbursement of Ryan White Part A and Ryan White Part B funds in Broward County. Priority Setting and Resource Allocation to service categories involves all members of the Council and the Consortia. The process is designed to protect against perceived conflict of interest by adhering to Conflict of Interest policies as identified in the By-Laws of the Council and the Consortia. The Committee may offer input regarding the Housing Opportunities for Persons with HIV/AIDS (HOPWA) Program based upon the collaborative needs assessment results for the HOPWA Grantee to take into consideration. However, the Committee will not provide priority setting and resource allocation for the HOPWA Program.

The Committee shall include members of both the Council and Consortia to ensure collaboration and coordination across funding streams. The Committee shall have co-chairs appointed by the Council and the Consortia, respectively.The Committee shall meet on an as-needed basis as determined by the Council, the Consortia and Committee Chairs.

Persons Living with HIV and community involvement shall be solicited and encouraged at all meetings. The decision making process is publicly stated and implemented as stated.

The Committee shall recommend language to the Council and Consortia on how best to meet each priority and additional factors that the Grantee should consider in disbursing funds under a grant based on: the documented needs of the local HIV infected population; cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available (either demonstrated or probable); priorities of the local HIV-infected communities for whom the services are intended; percentage constituted by the ratio of infants, children and women in the HIV positive population; availability of other local resources and other local priorities as stated.

The decision making process is publicly stated and implemented as stated.The Committee shall utilize a "nominal group process method" to set priorities as outlined in the procedures below.The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Grantee.

Priority and allocation recommendations shall be forwarded to the Council and/or Consortia and if approved to the applicable funding source for disbursement of Ryan White Part A and/or Part B dollars.The Grant Administrator shall submit the Part A funding priority award recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards to the Broward County Board of County Commissioners for its approval.

The Planning Council has identified the following core medical services as those, which have a documented need for funding. The Health Resources and Services Administration (HRSA) has classified these services as core medical services, which are in line with the Florida Statewide Coordinated Statement of Need:

1. Outpatient/Ambulatory Health Services
2. AIDS Pharmaceutical Assistance (local)
3. Health Insurance Continuation Program (HICP)
4. Oral Health Care
5. Mental Health Services
6. Medical Case Management (including Treatment Adherence)
7. Substance Abuse Services (outpatient)

~~The EMA adopted has identified a subset of the Part A core services curriculum as a "Super Core," for which all eligible clients should be able to access at a minimum. The "Super Core" categories are~~

~~1. Outpatient/Ambulatory Health Services (including Medical Nutrition Therapy)~~
~~2. AIDS Pharmaceutical Assistance (local)~~
~~3. Oral Health Care~~

Comment [HP1]: The PSRA Committee wanted to review this language to see if it is still aligned with the current PSRA process.

Fort Lauderdale/Broward County Annual Resource Allocation/Reallocation Cycle

Initial Allocation (Funding Request to HRSA based on Anticipated Need for the Next Fiscal Year)

The Committee shall determine service priorities and funding allocations with justifications that can be linked back to the Needs Assessment and Comprehensive Plan. This should ensure that service priorities as set by this Committee are being addressed and conforming to a comprehensive continuum of HIV care.

Review Data

- Statewide Coordinated Statement of Need and State and Local Comprehensive Planning Documents
- Surveillance, HIV+ Unaware Estimate (EIIHA) and HIV+ Not In Medical Care (Unmet Need) Estimate
- Client Needs, Priorities and Other Needs Assessment Data
- Client Utilization Data and Spending Patterns
- Quality Management Data
- Other Data as applicable and available

~~**Develop Language Regarding How Best To Meet The Need.** The Committee shall assign language on how best to meet the needs to each prioritized funding category.~~

~~**Prioritize Service Categories.** The Committee shall first prioritize the three "Super Core" servicesfollowed by the remaining core and support services.~~

Allocate Funding to Service Categories. The Committee shall first allocate funding to the "~~Super~~ Core" services followed by the remaining ~~core and~~ support services. The process to be utilized when estimating resources needed shall be: # of clients needing service (based on utilization, surveillance and unmet need data) * *the* cost to provide needed service (units per client per year x dollars per unit) - other local resources and/or funding sources + other documented community needs = resources needed to fund anticipated need.
[# of clients* cost] – [other funding + other documented community needs] = resources needed

Estimate Client Need. The Committee shall develop an estimate of the number of clients that have a need for each service category based on current service utilization, prevention and surveillance data, and unmet medical need (aware and not in care) and service gap estimates.

1. Determine current Part A and/or Part B service utilization by service category
2. Estimate # of new clients that will need services
   a. Estimate # of eligible PLWHA needing but not receiving services (service gaps & unmet need)
   b. Estimate # of eligible newly diagnosed PLWHA that will need services

Other Funding. The committee should review the availability of other funding sources/resources for similar services and estimate the number of clients that are likely to be served by other funding.

3. Estimate # clients to be served through other funding of similar services
   a. Subtract # of PLWHA likely to be served through increase in available other funding

Comment [HP2]: This task was moved to the Joint Planning Committee

Comment [HP3]: For Committee review

Comment [HP4]: For Committee review

b. Add # of PLWHA estimated to need services due to decreases in other available funding

Revised Allocation (Based on Actual HRSA Ryan White Grant Award)

The following process shall be used to revise allocations based on the receipt of a grant award that is either greater than or less than the amount that was requested by the EMA.

Funding Increase: In the event of a funding award greater than the amount received the previous year, service categories will be funded first at the most recent fiscal year's final expenditures. The grantee will exercise discretion in applying up to $500,000 to ~~"Super~~ Core" services based on a pro rata share of the amount of the increase in proportion to the original grant application percentage (based on estimated need) for these services.If additional dollars still remain the same process will be applied for Support ~~**Core**~~ Service**s**. ~~followed by support services.~~

Funding Shortages: In the event of funding shortages (i.e., level funding or less than level funding), ~~"Super~~ Core~~"~~ service categories will be funded at the prior year's final funded allocation level minus un-obligated administrative and carryover funds. If not feasible or if doing so would result in a reduction equal to or greater than 15% of the final expenditure amount of the previous year allocated to support services, the Grantee's office will convene the committee to revise funding allocations. Deviations in expenditures in excess of 10% in any given funding category shall be reviewed by the Committee for possible reallocation utilizing the same processes as outlined above.

Sweeps and Reallocation Process(Based on periodic review of service utilization)

The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Grantee.

For *periodic reallocation* of resources the following process shall be utilized:The Grantee should present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. The funding should be maintained within the service category if possible. If it is not possible to maintain the funding within the service category, the funding should be moved in ranked order to the next highest ranked category which will experience a shortfall. The Committee reserves the right to deviate from this process to address emergent needs of under-served populations in lower or non-ranked categories. Any deviations from the planned allocation will be documented with justification for why the deviation will occur.

*Final Reallocation:*In order to fully expend funds at the end of the fiscal year, the Committee authorizes the grantee to move funds between categories within a service provider's contract. This authority is given with the understanding that the reallocation process has occurred prior to this shifting of funds, that the amount of dollars involved would be less that 10% of the funding award and that there are less than 120 days left in the fiscal year.

NOMINATING PROCEDURE

The Planning Council Chair will appoint a Nominating Committee (at least 4 ~~6~~ months prior to the election date) composed of not less than five (5) Council members. At least one member shall be an unaffiliated person living with HIV/AIDS.

At the October HIVPC meeting (prior to the January election), Council Members will be given a form to express their interest in running for Chair or Vice Chair along with a form questionnaire containing a set of questions about why they want to be an officer and their past leadership experience. The deadline for submitting responses will be 2 weeks.

At the beginning of the ~~November~~ next Planning Council meeting, the slate of all members that have indicated interest in running for office will be presented and a verbal call for nominations from the floor will take place. Those candidates nominated from the floor will be provided an opportunity to answer the questions on the questionnaire form. The presentation should be limited to 5 minutes with an additional 2 minutes for clarification relevant to the responses. The deadline for submitting responses will be 2 weeks from the verbal call for nominations.

NOMINATIONS WILL THEN BE CLOSED.

The Nominating Committee will meet ~~in December~~ following Planning Council to review the nominations received to date and prepare a slate of all candidates. Candidate questionnaire forms will be included in the January Planning Council mailing.

At the beginning of the following ~~January~~ Planning Council meeting, ballots will be distributed to members present. The ballots will include the candidates' names for Chair and Vice Chair. Planning Council members will be required to write their name on the ballot for record-keeping purposes.

~~Ballots will be collected and tallied by the Nominating Committee. In the event of a tie vote for Chair and/or Vice Chair, the Planning Council will re-vote using all candidates' names for the specific ballot until the tie is broken.~~

Election of Officers per Article V Section 2 shall utilize a majority vote double election system (primary election and a secondary run-off election). The double election system is a primary election where you vote for your first choice and then, when your first choice candidate is eliminated in the primary, you go to the voting booth at the final election and. vote your second choice.

Before the close of the January meeting, the Chair of the Nominating Committee will announce the new officers and read each vote into the record.

Terms of office are effective at the first meeting in March.

REGARDING GOVERNMENT IN THE SUNSHINE LAW

Members of the HIV Planning Council are subject to the Government in the Sunshine Law. Any meeting or discussions between two or more members to discuss business that may come before the Planning Council for a vote may constitute a violation of the Sunshine Law. For this reason, members are cautioned against campaigning for office.

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Mentoring Program

In order to increase new members' knowledge of the HIV Planning Council and retain membership participation in Council meetings, the MCDC Committee will institute mandatory orientation, training and voluntary mentoring programs.

An important segment of this training is the Mentoring Program, which will be offered to all new Council members and alternates. Mentoring helps new members feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interaction. Mentoring also ensures that the new member understands the background and context of discussions and actions, and gets an explanation of the many acronyms used in meetings.
A letter introducing the Mentoring Program will be sent to new council members. Council members who have volunteered their time to be Mentors will be assigned by the Chair of the Membership/Council Development Committee.

The new member and alternate should, when possible, sit near his/her Mentor during all meetings. (Non-voting alternates are reminded they may sit near their mentor, but not at the table.) This will allow the Mentor to easily answer any questions the new member might have.

Volunteer Mentors will receive training according to the schedule set forth in the Committee Work Plan. Mentors should strive to educate new members on the following points:

1. Review of Orientation Manual
2. Reminders of Meetings
3. Availability of Transportation
4. Day care reimbursement benefit
5. Reimbursement of lost wages
6. Explanation of complex language
7. Empowerment and respect for individual opinions and ideas.
8. A summary of Robert's Rules of Order

If needed and requested by the new member/alternate, the Mentor may also remind the new member of upcoming meetings which might be of interest to that person.

Note on the Florida Sunshine Law: Members and Mentors should be careful to follow the Sunshine Law, which forbids Members from discussing Council or Committee business outside of official meetings. The County definition is as follows:

"Except at a public meeting, there shall be no communication between any two members of the same collegial body on any matter which they may foreseeably be required to address jointly in an advisory or decision-making capacity."

1. Below are example situations prohibited by law for Members: Discussing Council or Committee business on the phone;
2. Discussing Council or Committee business at a gathering that is not an official meeting;
3. Discussing Council or Committee business indirectly, such as by passing information through an intermediary;
4. Meeting at a restaurant or someone's home to discuss Council or committee business;

Mentoring Components of HIV Planning Council Members:

Provides support of new members (within the guidelines of the Florida Sunshine Law) on the following:

1. Help new members, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interaction
2. Provide strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHAs.
3. Take special responsibility for making sure the new member understands the background and context of discussions and actions.
4. Increase new members' knowledge of the HIV Planning Council and retain attendance and membership participation in Council meetings.

Ryan White Part D Report

Children's Diagnostic & Treatment Center (CDTC)

Comprehensive Family AIDS Program (CFAP)

- Total Number of HIV Positive Individuals enrolled in Program **1240**
- Total Number of HIV positive individuals enrolled in medical care at CDTC – **919**
- HIV positives individual who attended medical care as of **1/01/ 2013 thru 10/22/2013** – **712**
- New Referrals as of **9/01/2013 thru 10/22/2013** = total EXP **5** AIDS/HIV **5** **TOTAL 10**
    - Infants (HIV exposed) -**5**
    - Children (2 – 11) - **0**
    - Adolescent (12 -24) 3
    - Adult Women (25 +) - **2**
    - Total Pregnancies (previously known and new) - **88**