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, January 23, 2014 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 1/23/14 Meeting Agenda
   e. Approval of 12/12/13 Meeting Minutes

4. **PUBLIC COMMENT** (Up to 10 minutes)

5. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A)

6. **COUNCIL CHAIR AND VICE CHAIR ELECTIONS**
   - Votes read into record

7. **CONSENT ITEMS** (Handout B)

Consent #1	To appoint Vincent Foster to the Membership/Council Development Committee
Justification:	Mr. Foster has shown commitment and dedication to MCDC committee meetings
Proposed by:	Membership/Council Development Committee

Consent #2	To appoint Ann Mercer for the *State Government Administrating Ryan White Part B* seat of the HIV Planning Council.
Justification:	To ensure mandated seats are filled
Proposed by:	Membership/Council Development Committee

Consent #3	To appoint Devorn Burgess for an unaffiliated consumer seat on the HIV Planning Council
Justification:	Ensured representation of Unaffiliated Consumers on the HIVPC
Proposed by:	Membership/Council Development Committee

Consent #4	To approve the updated 3-Year Quality Management Work Plan
Justification:	Plan updated to reflect revised outcomes and language in the QM section of the grant application
Proposed by:	Quality Management Committee

8. **DISCUSSION ITEMS**
   The following Discussion Items pertain to FY 2013-2014:

Discussion Item #	Service Category	Recommended TO	Recommended FROM	Proposed By
1	Ambulatory (5) *	$0	($79,000)	Priorities
2	Pharmaceuticals (3)	$29,000	($3,000)	Priorities
3	Dental (2)	$0	($220,000)	Priorities
4	Case Management (7)	$13,327	($30,000)	Priorities
5	MAI Case Management (2)	$0	($68,647)	Priorities
6	Mental Health (3)	$14,051	($11,800)	Priorities
7	MAI Mental Health (2)	$14,051	($25,404)	Priorities
8	Substance Abuse (2)	$2,000	($80,000)	Priorities
9	MAI Substance Abuse (1)	$80,000	$0	Priorities
	Total Part A Funds	**$58,378**		
	Total MAI Funds	**$94,051**	**($94,051)**	
	Total Funds	**$152,429**	**($517,851)**	

Discussion #1	To reallocate $79,000 from the Ambulatory service category.
Justification	Based upon projected expenditures, utilization, and provider requests.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #2	To reallocate $3,000 from the Pharmaceuticals service category.
Justification	Based upon projected expenditures, utilization, and provider requests.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #3	To reallocate $220,000 from the Dental service category.
Justification	Based upon projected expenditures, utilization, and provider requests.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #4	To reallocate $30,000 from the Case Management service category.
Justification	Based upon projected expenditures, utilization, and provider requests.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #5	To reallocate $68,647 from the MAI Case Management service category.
Justification	Based upon projected expenditures, utilization, and provider requests.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #6	To reallocate $11,800 from the Mental Health service category.
Justification	Based upon projected expenditures, utilization, and provider requests.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #7	To reallocate $25,404 from the MAI Mental Health service category.
Justification	Based upon projected expenditures, utilization, and provider requests.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #8	To reallocate $80,000 from the Substance Abuse service category.
Justification	Based upon projected expenditures, utilization, and provider requests.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #9	To reallocate $29,000 to the Pharmaceuticals service category.
Justification	Based upon projected expenditures, utilization, and provider requests.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #10	To reallocate $13,327 to the Case Management service category.
Justification	Based upon projected expenditures, utilization, and provider requests.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #11	To reallocate $29,000 to the Pharmaceuticals service category.
Justification	Based upon projected expenditures, utilization, and provider requests.

Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #12	To reallocate $14,051 to the Mental Health service category.
Justification	Based upon projected expenditures, utilization, and provider requests.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #13	To reallocate $14,051 to the MAI Mental Health service category.
Justification	Based upon projected expenditures, utilization, and provider requests.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #14	To reallocate $2,000 to the Substance Abuse service category.
Justification	Based upon projected expenditures, utilization, and provider requests.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #15	To reallocate $80,000 to the MAI Substance Abuse service category.
Justification	Based upon projected expenditures, utilization, and provider requests.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #16	To use any unexpended funds for bulk purchase for food bank and vouchers
Justification	Based upon projected expenditures, utilization, and provider requests.
Proposed by:	Priority Setting & Resource Allocation Committee

The following items Discussion Items pertain to FY 2014-2015:

Discussion Item #	Service Category	Allocations Based on January Sweeps	Grantee Recommended FY 2014-15	Variance*	Proposed By
10	Ambulatory*	$6,380,761	$5,530,211	($850,550)	Priorities
11	MAI Ambulatory	$180,000	$264,596	$84,596	Priorities
12	Pharmaceuticals	$626,576	$626,576	$0	Priorities
13	Dental	$2,203,653	$2,203,653	$0	Priorities
14	Case Management	$1,140,370	$900,000	($240,370)	Priorities
15	MAI Case Management	$62,997	$62,997	$0	Priorities
16	Mental Health	$357,338	$353,493	($3,845)	Priorities
17	MAI Mental Health	$82,065	$77,469	($4,596)	Priorities
18	Substance Abuse	$255,942	$333,942	$78,000	Priorities
19	MAI Substance Abuse	$480,000	$400,000	($80,000)	Priorities
20	Food Bank	$101,103	$106,981	$5,878	Priorities
21	Food Voucher	$57,787	$60,791	$3,004	Priorities
22	Centralized Intake and Referral	$467,513	$467,513	$0	Priorities
23	MAI Centralized Intake and Referral	$290,957	$290,957	$0	Priorities
24	Outreach	$38,768	$0	($38,768)	Priorities
25	Legal Assistance	$131,426	$131,426	$0	Priorities
26	HICP	N/A	$500,000	$0	Priorities
27	Disease Management	N/A	$546,650	$0	Priorities
	Total Part A Funds		**$11,761,237**		
	Total MAI Funds		**$1,096,019**		

* Includes $448,662 in Carryover FY2012-13 funding

Discussion #17	To allocate $5,530,211 to the Ambulatory service category for Fiscal Year (FY) 2014-15.
Justification	Based upon anticipated utilization resulting from clients transitioning into the Marketplace.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #18	To allocate $264,596 to the MAI Ambulatory service category for FY2014-15.
Justification:	Estimate of increased utilization.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #19	To allocate $626,576 to the Pharmaceuticals service category for FY2014-15.
Justification:	Same as recommended allocation.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #20	To allocate $2,203,653 to the Dental service category for FY2014-15.
Justification:	Same as recommended allocation.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #21	To allocate $900,000 to the Case Management service category for FY2014-15.
Justification:	Reduced utilization as a result of the addition of the Disease Management service category.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #22	To allocate $62,997 to the MAI Case Management service category for FY2014-15.
Justification:	Same as recommended allocation.
Proposed by	Priority Setting & Resource Allocation Committee

Discussion #23	To allocate $353,493 to the Mental Health service category for FY2014-15.
Justification:	Same as recommended allocation.
Proposed by	Priority Setting & Resource Allocation Committee

Discussion #24	To allocate $77,469 to the MAI Mental Health service category for FY2014-15.
Justification:	Same as recommended allocation.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #25	To allocate $333,942 to the Substance Abuse service category for FY2014-15.
Justification	Funded at the amount allocated at the start of the current FY.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #26	To allocate $400,000 to the MAI Substance Abuse service category for FY2014-15.
Justification:	Funded at the amount allocated at the start of the current FY.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #27	To allocate $106,981 to the Food Bank service category for FY2014-15.
Justification:	Slight increase due to increased utilization resulting from the change in allowable allotments.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #28	To allocate $60,791 to the Food Voucher service category for FY2014-15.
Justification:	Slight increase due to increased utilization resulting from the change in allowable allotments.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #29	To allocate $467,513 to the Centralized Intake and Referral service category for FY2014-15.

Justification:	Same as recommended allocation.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #30	To allocate $290,957 to the MAI Centralized Intake and Referral service category for FY2014-15.
Justification:	Same as recommended allocation.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #31	To not allocate funds to the Outreach service category for FY2014-15.
Justification:	Duplication with other services being provided in the community.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #32	To allocate $131,426 to the Legal Assistance service category for FY2014-15.
Justification	Same as recommended allocation.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #33	To allocate $500,000 to the HICP service category for FY2014-15.
Justification:	Estimate based on ensuring health insurance coverage for clients (ACA).
Proposed by	Priority Setting & Resource Allocation Committee

Discussion #34	To allocate $546,650 to the Disease Management service category for FY2014-15.
Justification:	New service category estimated expense.
Proposed by:	Priority Setting & Resource Allocation Committee

9. JANUARY COMMITTEE REPORTS

a. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

January 9, 2014 *Chair: H.B. Katz, Vice Chair: T. Wilson*

A. Work Plan item update / Status Summary:

Work plan item 1.1-- The Committee reviewed the Council makeup to ensure it reflects the epidemic; discussed filling mandated seats; ensured 33% of members are unaffiliated PLWHA. Members were informed that there are currently 24 Council members; 38% of which are unaffiliated consumers.

Work plan item 5.1-- Members briefly reviewed the current work plan to view the progress of the work being completed by the Committee. Members reviewed the policies and procedures and discussed the process for current Council members to select a committee. Members agreed on establishing a 30 day timeframe from the day of resignation to join another committee. Failure to choose a new committee within 30 days will result in automatic removal from the Council at the will of the Committee. The Committee also reviewed the current process for removing and reassigning current Council members. If a member does not notify the Council with 10 business days, the member will automatically be removed by the will of the Committee. Members also discussed the role and responsibilities of alternates and decided to table this item until more information is provided.

Work plan item 2.1-- Members tabled further review of the recruitment and retention plan. It was noted by Staff that there are funds available to purchase recruitment items such as t-shirts and pens. Staff will send members a list of potential giveaway items to encourage recruitment efforts. Staff will continue to research marketing strategies and recruitment materials from other Planning Councils in an effort to create innovative ways to increase the level of participation on Broward County's HIVPC.

Work plan item 4.2-- The Committee will propose to the Executive Committee that trainings occur at the end of each quarter (May, August, November, and February) of the fiscal year.

Work plan item 4.5—Members briefly reviewed committee accomplishments. Staff to provide a comprehensive list of accomplishments of the past year at the next meeting.

Work plan item 1.11—Members discussed the recognition of HIVPC members at the upcoming

Planning Council Retreat. The Committee is considering alternative awards such as "best dressed" to encourage member retention.
B. Rationale for Recommendations:
The Committee appointed Devorn Burgess to the unaffiliated consumer seat and Ann Mercer to the Part B seat in fulfillment of Council membership category requirements. Members unanimously voted to add Vincent Foster as a member of the MCDC Committee due to his commitment to attending meetings and professional guidance. The Committee agreed to continue its review of the MCDC Policies and Procedures at the February meeting once more information regarding the role of alternates is available.
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 that Staff research recruitment brochures of other EMAs. Members requested that the attendance policy stated in the Broward County Code of Ordinances be placed in bold-type at Planning Council meetings.
E. Other Business Items:
None. *Agenda Items for Next Meeting:* Review Policies & Procedures; Review Recruitment and Retention Plan; Review MCDC Accomplishments; Work Plan/Policies & Procedures; Annual Evaluation; Evaluate Mentoring Program. *Next Meeting Date*: February 6, 2014- 9:30 a.m. - room A-335 at the Governmental Center.

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**
Meeting cancelled *Part A Co-Chair: Y. Reed, Part B Co-Chair: L. Washington*

c. **JOINT PLANNING COMMITTEE**
Meeting cancelled *Part A Co-Chair: K. Tomlinson, Part B Co-Chair: K. Saiswick*

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**
January 6, 2014 *Chair: C. Grant*

A. Work plan item update / Status Summary:
Work plan item 2.2 –. The Committee reviewed revisions made to the 3-Year QM Work Plan. The changes included a revision of the QM Program's mission and objectives, the addition of revised Broward County Outcomes and Indicators, and the updated annual work plan template. The Work Plan will be updated with HRSA's revised HAB Performance Measures once they are programmed in Provide Enterprise (PE). *Work plan item 3.1* – The committee reviewed the activities of the QI Networks between October-December, 2013 (*copy on file*). *Work plan item 1.1* – The Committee reviewed a data scorecard that included In+Care Retention Measures (October 2011-December 2013); HHS Indicators and HAB Measures (comparison of FY12-13 data with FY13-14 year-to-date data). Members discussed the State's Viral Load rates and will request the State's Viral Load measure definition, numerator, and denominator for comparison with Part A Viral Load measures.
B. Rationale for Recommendations:
• Members requested that all documents referenced in the Quarterly Network Update be provided as handouts along with the update.
C. Data Reports / Data Review Updates:
Quarterly data scorecard.

D. Data Requests:
• Members discussed problems obtaining current CD4 counts. CQM Staff will analyze CD4 and Viral Load data in PE. • CQM staff will run a report on the number of clients eligible for Oral Health Care, the number of clients utilizing Oral Health Care, and for the latter, the number of visits attended per year.
E. Other Business Items:
There was no other business.
F. Agenda Items for Next Meeting:
Standing Agenda Items, FY 13-14 Accomplishments and Challenges, Revised HAB Performance Measures, Follow-Up on Data Requests. *Next Meeting Date*: February 14, 2013 from 12:30pm-4:30pm.

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

January 15, 2014 ____ ___ *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Vacant*

A. Work plan item update / Status Summary:
Work Plan Item 2.1, 2.2 (Sweeps) – The Committee discussed grantee recommended sweep amounts for the 2nd reallocation of Part A and MAI service categories for FY13/14. The Ambulatory service category recommendation considers the $448,662 carryover funds. The Committee approved to reallocate the following amounts from these Part A service categories: 1) Ambulatory: $79,000 2) Pharmaceuticals: $3,000 3) Case Management: $30,000 4) Substance Abuse: $80,000 5) Dental: $220,000, 6) Mental Health: $11,800. The Committee approved to reallocate the following amounts to these Part A service categories: 1) Ambulatory: $0 2) Pharmaceuticals: $29,000 3) Case Management: $13,327 4) Mental Health: $14,051 5) Dental: $0 6) Substance Abuse: $2,000. The total Part A funds being swept to the services categories is $58,378 and from service categories is $423,800. The Committee approved to reallocate the following amounts from these MAI service categories: 1) Case Management: $68,647 2) Substance Abuse: $0 3) Mental Health: $25,404. The Committee approved to reallocate the following amounts to the following MAI service category: 1) Case Management: $0 2) Mental Health: $14,051 3) Substance Abuse: $80,000. The total MAI funds being swept to and from service categories is $94,051. The Committee approved to move any under-utilized dollars into bulk purchases of food bank services and food vouchers. Members discussed the Outreach category. The Committee agreed to remove funds from this service category based upon the availability of similar services in the community. The Committee discussed grantee recommended sweep amounts for the Part A and MAI service categories for FY14/15. Allocations are based on a level funding of Part A $11,761,237 and MAI $1,096, 019. The Committee approved the following 1) Ambulatory: $5,530,211 2) Pharmaceuticals: $626,576 3) Case Management: $900,000 4)Mental Health: $353,493 5)Substance Abuse: $333,942 6) Food Bank $106,981 7) Food Voucher $60,791 8) Centralized Intake and Referral: $467,513 9) Outreach $0 10) Dental: $2,203,653 11) Legal Assistance $131,426 12) HICP $500,000 13) Disease Management $546,650 14) MAI Centralized Intake and Referral: $290,957 15) MAI Case Management: $62,997 16) MAI Mental Health: $77,469 17) MAI Substance Abuse: $400,000 18) MAI OAMC: 264,596. The Part A Grantee noted that the EMA has been given a partial award. The Grantee noted that there

was an increase in the national Part A budget allocation and was hopeful that there will be no funding reductions. A call among Florida Part A Grantees and HRSA took place in response to HRSA's request to all RW Parts to pursue client enrollment in the Marketplace. The Florida Grantees asked for clarification, and possibly a waiver, in the context of the State's lack of response regarding ACA implementation. The Grantees expressed concern that Part As may be required to cover primarily AICP-type services (premiums, co-pays, and deductibles) as opposed to direct services. The Grantee is awaiting further guidance from HRSA regarding Marketplace plans and also an announcement from state on a possible AICP coordinated structure.

Members agreed that a review of the MAI Case Management and Outreach service categories is needed. A MAI Medical Case Management Workgroup will be meeting January 30, 2014 to identify components of Outreach in other community services. The Committee will revisit this discussion in March, upon the start of FY 14/15.

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.

The Grantee explained that the recommended allocations for FY 14/15 are based on the FY 13/14 recommended allocations. The FY 14/15 allocations based on January sweeps include the *sweeps from* the FY 13/14 reallocations. It was noted that decreases in funding from the CARE Act and client enrollment into Marketplace were considered in the grantee recommendations.

C. Data Reports / Data Review Updates:

The Committee reviewed the Broward Outreach Outcome measure from the FY 12/13 Scorecard. The Committee also reviewed a year-to-date Service Utilization Report of Outreach services.

D. Data Requests:

The Committee requested informational updates from PROACT (including updated contacts and contracted providers) to be presented at an upcoming Committee meeting.

After reviewing the Service Utilization Report of Outreach services, the Committee also requested detailed data on the number of Outreach clients linked to Medical and Medical Case Management services.

E. Other Business Items:

None. *Agenda Items for Next Meeting:* Work Plan, Policies & Procedures; Annual Evaluation. *Next Meeting Date*: February 19, 2014.

LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

No meeting scheduled *Chair: D. Proulx*

F. JOINT EXECUTIVE COMMITTEE

January 16, 2014 *Part A Chair: S. Kuryla, Part B Chair: J. Wynn*

G. INTEGRATED CARE AND PREVENTION COORDINATION

January 16, 2014

G. Meeting Summary:
Integration of Care and Prevention: Ryan White Grantees (Parts A-F), Florida Department of Health-Broward County (FLDOH-BC) Prevention Grantee, HOPWA Administrator, and representatives of Broward House, Holy Cross Hospital, and the Membership/Council Development Committee introduced themselves and their respective programs. The Part A Grantee led a discussion on the steps necessary to begin developing a continuum of care and a shared response to the HIV epidemic in Broward County. Attendees agreed that planning must begin with all parties who have a role in the continuum. Discussion took place regarding development of a system Crosswalk highlighting each program's goals, objectives, and activities in order to determine if there are gaps in service or duplication of effort. It was noted that neither community members nor providers are fully aware of all available programs and services. It was agreed that a Crosswalk must be everyone's responsibility. Attendees agreed to develop: 1) a resource inventory for provider services, 2) a Crosswalk of goals and objectives as required by each Grantee's funder, and 3) a Grantee presentation to the group on their respective programs. Attendees decided on the formation of two work groups: one focused on developing a resource inventory and one focused on developing outputs. Members of each group was identified. Resource Inventory Work Group members: Joey Wynn, Ann Mercer, Stacy Hyde, Karlene Tomlinson, Amy Corderman, Teri Williams, Mario DeSantis, Dr. Mark Schweizer, Claudette Grant. Outputs Work Group Members: Marie Hayes, Sebrina James, Janelle Taveras, Evelyn Ullah, Brad Gammell, H. Bradley Katz, Amalio Nieves.
H. Rationale for Recommendations:
None.
I. Data Reports /Data Review Updates:
None.
J. Data Requests:
None.
K. Other Business Items:
None. *Items for Next Meeting:* Grantee Presentation, Work Group Membership and Update, Next Steps and Timeline. *Next Meeting Date*: March 6, 2014 at 12:30 p.m.

H. PART A EXECUTIVE COMMITTEE

January 16, 2014 *Chair: S. Kuryla, Vice Chair: B. Gammell*

A. Work Plan item update / Status Summary:
The HIVP Vice-Chair acted as Chair in the absence of the HIVPC Chair. *Committee Chair Reports* -Chairs reviewed their committees' reports. The Chair of the Membership/ Council Development Committee (MCDC) noted there were two HIVPC applicants and explained the effect of their appointment on HIVPC demographics and compliance with the required percentage of consumers. The Chair of the Quality Management (QM) Committee noted the Committee approved the three-year QM work plans, heard a quarterly QI Network update, and discussed differences in the way SFAN reported Viral Load results compared to Part A. *Healthcare Reform Update on HIVPC Agenda* -The members decided to reschedule this agenda item for an upcoming meeting. The item to be removed from the January 23, 2014 HIVPC agenda. *Integration of Care and Prevention* -The HIV Vice-Chair updated the Committee on the potential restructuring of the Joint Planning Committee and the Integration of Care and Prevention meeting that took place prior to the Executive Committee meeting. The Part A Grantee noted that the HRSA site visit report included a recommendation to form a single planning committee that would encompass care and prevention. There was discussion on whether the Joint Planning Committee would be the appropriate body. It was agreed that meetings of the Joint Planning Committee will be suspended until its structure and purpose are redefined. *Planning Council Retreat* -The Committee agreed that instead of the HIVPC retreat originally

scheduled for March 27, 2014 there will be a meeting covering HIVPC business and a presentation on the evaluation of the 2012-2015 Part A Comprehensive Plan by consultant Emily Gantz-McKay. The meeting will be followed by a Joint Executive meeting which will focus on planning and work plan development; the consultant will be asked to attend the meeting and provide input as needed. *Committee Membership* -The HIVPC Vice-Chair noted that an HIVPC member resigned from the committee she was a member of and asked to join the Joint Planning Committee to fulfill HIVPC membership obligations. However, since the Joint Planning Committee will be suspending its meetings, the member will technically not be able to fulfill membership obligations. The MCDC Chair noted that MCDC developed a policy (pending HIVPC approval) to address such situations. The policy allows a member 30 days to select a committee to become a member of. It was agreed that the member will be notified that the Joint Planning Committee will not be accepting new members until it is restructured. As such, the member will receive 30 days (from the date of approval of the MCDC policy by HIVPC) to select another committee that matches her interests. It was noted that should the member select the PSRA Committee, she will need to fulfill the requirement of attending three meetings before being appointed as a member.
B. Rationale for Recommendations:
None.
C. Data Reports /Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
None. *Items for Next Meeting:* Recruitment and Retention; Executive Committee Review of Work Plan and Policies & Procedures; Evaluations. *Next Meeting Date*: February 20, 2014 at 12:30 p.m.

AD HOC NOMINATING COMMITTEE

No meeting scheduled *Chair: W. Spencer*

10. GRANTEE REPORTS (up to 10 minutes)

a) Part A
b) Part B (Handout C)

11. OTHER REPORTS (up to 10 minutes)

a) Part C
b) Part D (Handout D)
c) Part F
d) HOPWA
e) Prevention

12. UNFINISHED BUSINESS

13. NEW BUSINESS

14. ANNOUNCEMENTS

15. PUBLIC COMMENT (Up to 10 minutes)

16. REQUEST FOR DATA

17. AGENDA ITEMS FOR NEXT MEETING: February 27, 2014 at 9:00 a.m. **VENUE:** BRHPC

18. ADJOURNMENT

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 MINUTES

Thursday, December 12, 2013 at 9:00 a.m.

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

1. CALL TO ORDER

The Chair called the meeting to order at 9:20 a.m.

2. MOMENT OF SILENCE

A moment of silence was observed.

3. WELCOME AND PUBLIC RECORD REQUIREMENTS

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.

Motion #1	To approve today's meeting agenda		
Proposed by:	Spencer, W.	**Seconded by:**	Taylor-Bennett, C.
Action:	Passed Unanimously		

a. Approval of 10/24/13 Meeting Minutes

Motion #2	To approve the 10/24/13 Meeting Minutes		
Proposed by:	Creary, K.	**Seconded by:**	Katz, H.B.
Action:	Passed Unanimously		

4. **PUBLIC COMMENT** (Up to 10 minutes)
None

5. **FEDERAL LEGISLATIVE REPORT** (*copy on file*)
The government came to an agreement in October to keep operations running through January 15th. This is likely not enough time to authorize Health and Human Services (HHS) to make even partial-year awards for Part A Grantees. As a result, Grantees can expect another disruption in awards.

There has been a 2-year budget deal struck to begin finalizing Fiscal Year 2014 funding levels across all government entities. Finalization of the budget should occur the second week in January with cuts in discretionary funding expected to occur.

One member inquired about the decoupling of the debt ceiling process from the recent budget deal. It was mentioned that this was largely a political maneuver in negotiations. The proposed budget deal will not affect Sequestration as it continues to impose major funding reductions on defense and military programs.

6. **PRESENTATION ON NAVIGATORS** (Epilepsy Foundation)
There was a scheduling conflict; however, the Epilepsy Foundation will be available to provide information regarding Marketplace Health Plan Enrollment at the upcoming Community Engagement Forums.

7. **HIVPC CHAIR AND VICE CHAIR NOMINATIONS**
The ad Hoc Nominating Committee met to prepare a slate of nominees; however, there were none. No applications were received from interested Council members beforehand. The ad Hoc Nominating Chair welcomed nominations from the floor; there were none. The final slate of nominees is as follows: Brad Gammell for HIVPC Chair and Samantha Kuryla for HIVPC Vice Chair.

8. **CONSENT ITEMS**
None

9. **DISCUSSION ITEMS**

Discussion #1	To approve the Grievance Policy and Procedure, Notice of Grievance for Planning Council Actions Form, and the Policy on Reporting Violations of By-Laws and Policies & Procedures
Justification:	To ensure that the By-Laws are current and reflective of the HIV Planning Council's operations
Proposed by:	Ad Hoc By-Laws

Members reviewed the 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 following motion was made:

Motion #3	To approve Discussion #1		
Proposed by:	Spencer, W.	Seconded by:	Siclari, R.
Action:	Passed Unanimously		

Discussion #2	To approve the proposed By-Laws Changes
Justification:	To ensure that the By-Laws are current and reflective of the HIV Planning Council's operations
Proposed by:	Ad Hoc By-Laws

Members reviewed the proposed changes to By-Laws. The following motion was made:

Motion #4	To approve Discussion #2		
Proposed by:	Spencer, W.	Seconded by:	Katz, H.B.
Action:	Passed Unanimously		

The Priority-Setting and Resource Allocation (PSRA) Part A Co-Chair deferred introduction of the discussion items to the ad Hoc Local Pharmacy Advisory Committee (LPAC) Chair. The following motions were made:

Discussion #3	To move Elavil (Amitriptyline) from Tier 3 to Tier 1 of the formulary
Justification:	To provide a second affordable option for the treatment of neuropathy (common among clients) when Gabapentin (Neurontin) does not work. Elavil can also be prescribed for sleep disorders and depression.
Proposed by:	Priority Setting & Resource Allocation Committee

Motion #5	To approve Discussion #3		
Proposed by:	Proulx, D.	Seconded by:	Spencer, W.
Action:	Passed Unanimously		

Discussion #4	To add Remeron (Mirtazapine) to Tier 1 of the formulary
Justification:	To provide another indication not available in other options. Remeron (indicated for the treatment of major depressive disorder) was initially removed from the formulary due to the availability of a Patient Assistance Program (PAP).
Proposed by:	Priority Setting & Resource Allocation Committee

Motion #6	To approve Discussion #4		
Proposed by:	Proulx, D.	Seconded by:	Wynn, J.
Action:	Passed Unanimously		

Discussion #5	To remove Azmacort (Trimcinolone) and add Qvar (Beclomethasone) to Tier 1 of the formulary
Justification:	Azmacort (inhalation aerosol used in the ongoing treatment of asthma) has been discontinued and Qvar is the most cost effective replacement
Proposed by:	Priority Setting & Resource Allocation Committee

Motion #7	To approve Discussion #3		
Proposed by:	Proulx, D.	Seconded by:	Moragne, T.
Action:	Passed Unanimously		

Discussion #6	To add Prevnar 13 (Pneumococcal Vaccines) to Tier 1 of the formulary
Justification:	CDC and F/C AETC recommendation for standard of care; Accept Medical Network recommendation.
Proposed by:	Priority Setting & Resource Allocation Committee

Motion #8	To approve Discussion #6		
Proposed by:	Proulx, D.	Seconded by:	Wynn. J.
Action:	Passed Unanimously		

Discussion #7	To remove Hydrea (Hydroxyurea) (indicated for sickle cell anemia and cancer) from Tier 3 of the formulary.
Justification:	No utilization in FY 12-13 and potential contraindications in HIV+ clients
Proposed by:	Priority Setting & Resource Allocation Committee

Motion #9	To approve Discussion #7		
Proposed by:	Proulx, D.	Seconded by:	Dyer, L.
Action:	Passed Unanimously		

Discussion #8	To remove Relenza (Zanamivir) (flu medication) from Tier 3 of the formulary
Justification:	No utilization in FY 12-13. Generally not prescribed for the flu; Tamiflu is a preferred option.
Proposed by:	Priority Setting & Resource Allocation Committee

Motion #10	To approve Discussion #8		
Proposed by:	Proulx, D.	Seconded by:	Wynn, J.
Action:	Passed Unanimously		

Discussion #9	Effective December 16, 2013: Increase the federal poverty level eligibility to 250% for Food Services and allow a maximum of 30 units (only 2 can be dispensed per visit). A unit of food is either a food box or a food voucher. **(Handout B)**
Justification:	In order to more effectively manage the allocations for this service category.
Proposed by:	Priority Setting & Resource Allocation Committee

The PSRA Part A Co-Chair noted that Discussion Items 9 and 10 are an attempt to increase client access and availability of Food Services. If approved, the changes would go into effect on Monday, December 16th. Clients will now have option to receive two boxes, one box and a voucher or two vouchers at their convenience. The following motion was made:

Motion #11	To approve Discussion #9		
Proposed by:	Taylor-Bennett, C.	Seconded by:	Schweizer, M.
Action:	Passed Unanimously		

Discussion #10	To modify the federal poverty level for emergency provisions to 251-300%.
Justification:	In order to more effectively manage the allocations for this service category in accordance with modifications to Food Bank boxes and food voucher eligibility.
Proposed by:	Priority Setting & Resource Allocation Committee

Members were reminded that the current federal poverty level eligibility was up to 150%.The following motion was made:

Motion #12	To approve Discussion #10		
Proposed by:	Taylor-Bennett, C.	Seconded by:	Creary, K.
Action:	Passed Unanimously		

10. NOVEMBER COMMITTEE REPORTS

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

Meetings have been moved to the Government Annex Center at the Ryan White Part A Program Office. The Committee will commence quarterly trainings for Planning Council members beginning in January. The next committee meeting will take place January 9, 2014.

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**
The next committee meeting will take place January 7, 2014.

c. **JOINT PLANNING COMMITTEE**
The December meeting was cancelled in preparation for the coordination meeting held December 9th. The coordination meeting was held to discuss the integration of prevention with care and treatment. The Part A Co-Chair will be working closely with FLDOH-Broward HIV Prevention throughout this process.

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**
The Committee attended a retreat in November. Feedback was very positive from members who participated in team-building exercises on quality management.

e. **PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE**
The committee will be adjusting the current completion requirements of the MAI Medical Case Management (MAI MCM) program. The Committee approved the formation of a workgroup to review the MAI MCM program. It was noted that member Marie Hayes will be the chair of this group. Members of the Planning Council and its committees are asked to participate. Staff will make note of any interested members.

f. **LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)**
The Committee would like to coordinate future meetings with the Medical Network to improve communication between members and increase collaboration.

g. **JOINT EXECUTIVE COMMITTEE**
The Joint Executive Retreat will take place January 16, 2014 at 9:00 a.m. Location is tentative.

h. **PART A EXECUTIVE COMMITTEE**
The Part A Executive Committee meeting will take place January 16, 2014 following the Joint Executive Retreat.

i. **AD HOC NOMINATING COMMITTEE**
Nominations are officially closed. Elections will take place at the January 23, 2014 HIVPC meeting. Ballots will be submitted electronically through the use of iPads. Members' votes will be read for the record.

j. **AD HOC BY-LAWS COMMITTEE**
The By-Laws committee has officially disbanded.

11. GRANTEE REPORTS

a) **Part A**

Members viewed the video submission to the Voices of Quality contest hosted by the Robert Wood Johnson Foundation (RWJF). The video nationally promotes the work conducted within the County. Members discussed the representation of affected communities within the video.

The Part A Program Office received the final HRSA monitoring report. The report encouraged an increase in the promotion of the efforts done within the County for Persons Living with HIV/AIDS (PLWHA). The report also cited issues with provider reports. The report indicated that the Program should report any income generated by sub-grantees annually. It was noted that this was the first

time in 23 years that the Program was cited for this issue. The report also asked for a revision of policies and as well as the restructuring of the Joint Planning Committee to include HIV Prevention.

The Grantee recounted the Joint Planning Coordination Meeting held Monday. The Part A Program will be submitting a Technical Assistance (TA) request to HRSA requesting assistance with the integration of Care and Prevention.

Community engagement sessions on Ryan White Reauthorization will be held December 18th at the Family Success Center in Carver Ranches from 6-8 p.m. and December 19th at Hagen Park from 6-8 p.m. Members are encouraged to attend and bring guests.

Members received a status update on the AIDS Insurance Continuation Program (AICP). The Grantee will continue with plans to enroll individuals into the ACA beginning in January 2014. Part A Centralized Intake and Eligibility Determination (CIED) staff will be paired with patient navigators to assist clients with the Marketplace. It was noted by the Grantee (through third-hand correspondence) that individuals on a Pre-Existing Condition Insurance Plan (PCIP), or who have insurance policies that are being cancelled, are encouraged by the state to enroll through AIDS Drug Assistance Program (ADAP) for medications or Part A for medical and support services. PSRA allocations to the new HICP service category will have to consider this issue. It was noted that clients who enroll before the March 1, 2014 deadline may see a gap in assistance from ADAP. As a result, there may be a disproportionate share of Part A covering premiums and deductibles. Members discussed difficulties with Part B co-pay assistance. When individuals need co-pay assistance, Part B has to verify if clients are enrolled in a Marketplace plan to determine eligibility. There will be a conference call among Part A grantees throughout the state regarding ADAP and AICP changes.

One member mentioned that a resource list of the best 5 Marketplace plans for individuals with pre-existing conditions will be released soon. Navigators will receive that information. It was noted that premium assistance for eligible clients will not begin until March 1, 2014.

One member stated that the premium projection used during allocations has allowed for the program to cover additional clients as needed; however, there should be a cost-sharing mechanism between ADAP and Part A to reduce costs. It was noted that clients must not pick plans above Silver to receive assistance from state and/or Part A.

b) **Part B**

As of November 15th, there are 6 clients enrolled in the Residential Substance Abuse program. The Part B Program is working with community agencies and testing sites to see if there are any potential referrals into the program.

The written Part B Grantee report was provided detailing expenditures up to October 2013. There were no home-delivered meals in October. Non-Medical Case Management conducted 846 eligibility interviews in October. Medication co-payment served 191 clients. There were 188 clients served in October for Medication Co-Payment and 3 clients served for Mail Orders. Medical Transportation for October 2013: A total of 11 (10 ride) and 554 (31 day) passes distributed. The new Residential Service Category began in November.

12. OTHER REPORTS

a) **Part C**

The Part C Grantee is still awaiting HRSA guidance, which has been delayed due to the government shut-down. The new fiscal year for the grant will be from May to April.

b) **Part D**
The Program has served 99 pregnant women to date, which is ahead of the last few years. It is believed that the linkage to the perinatal program with the FLDOH-Broward has increased client awareness of the program. The program has six new youth in the last month.

c) **HOPWA**
None

d) **Prevention**
None

e) **Part F**
The Grantee announced that Nova Southeastern University's College of Dental Medicine was one of 16 schools to receive funding of potentially $250,000 over a 5-year period. The Grantee will be partnering with Broward Community and Family Health Center to provide oral health screenings, cancer screenings, and oral health education to underserved populations. The program will roll out mid-January.

13. UNFINISHED BUSINESS
None

14. NEW BUSINESS
None

15. ANNOUNCEMENTS

The HIV Planning Council Retreat will take place on March 27, 2014 from 9-4 p.m., location TBD.. Members are encouraged to provide ideas for topics of discussion. One member inquired about feedback from the 2013 Retreat. Staff will provide members with feedback from the last retreat in preparation for planning.

One member inquired about the HICP service category. There is currently no final allocation for this service category until the next PSRA meeting. Parameters for the service category will include paying for premiums and deductibles. Members will be informed of the various factors affecting allocations for this category at the January 2014 PSRA meeting.

The HIVPC Chair thanked members for increasing their attendance at Planning Council meetings. Members reviewed the Broward County Code of Ordinances (*copy on file*) which addresses protocol for quorum. According to the Ordinance, *if a board member does not confirm to the board coordinator that he or she will be present, at least 2 days prior to the meetings, he or she will be marked absent.* This policy will be strictly enforced beginning in January 2014.

Members discussed excused absence policies. It is up to Chair discretion whether to excuse a member who is not directly participating in activities pertinent to Planning Council/Part A work.

16. REQUEST FOR DATA
None

17. AGENDA ITEMS FOR NEXT MEETING: January 23, 2014 at 9:00 a.m. **VENUE:** BRHPC

18. ADJOURNMENT
Without objection, the meeting was adjourned at 10:45 a.m.

HIV PLANNING COUNCIL ATTENDANCE CY 2013

Meeting Dates →	24	28	28	25	23	27	25	22	26	24	28	12
Member NAME	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**
Creary, Karen	√	√	√	√	√	√	√		A	A		√
Dyer, Leroy	√	√	√	√	√	√	A		A	√		√
Gammell, Bradford	√	√	√	√	√	√	√		√	√		√
Grant Claudette	√	√	√	√	E	√	A		√	√		√
Hayes, Marie	√	√	A	√	√	√	√		√	√		√
Bhrangger, Ronald	√	E	√	√	√	A	√		√	√		E
Holness, Dale V.C. (Comm)	A	A	A	A	A	A	A		A	√		A
Katz, Bradley	√	√	√	√	√	√	√		√	√		√
Kuryla, Samantha	√	A	√	√	√	√	√		E	√		√
Marcoviche, William	√	E	√	√	√	A	√		√	√		E
Moragne, Timothy	A	√	√	√	√	√	√		A	A		√
Siclari, Rick	√	√	√	√	√	√	√		√	A		√
Spencer, Will	√	√	√	√	A	√	√		√	√		√
Taylor-Bennett, Carla	√	√	√	√	A	√	√		√	√		√
Tomlinson, Karlene	√	√	√	A	√	√	√		√	A		√
Wilson, Tara	√	√	√	√	E	E	E		√	√		A
Wynn, Joey	√	√	√	A	√	√	√		√	√		√
Proulx, Dionne	N	√	√	√	A	√	√		√	√		√
Parker-Maysonet, Patricia	N= 6/04/13					√	√		A	√		√
DeSantis, Mario	N= 6/04/13					√	√		√	√		A
McBain, Marsha	N= 6/04/13					√	√		A	A		√
Reed, Yolonda	R= 8/13/13								√	√		A
Schwiezer, Mark	N= 8/13/13								√	A		√
Wilkins, Debbie	N= 10/813									√		A
Coscarelli, Monica (Alt 1)	E	E	A	E	E	A	E		E	E		A

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Handout A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: January 21, 2014

Fiscal Year 2014 Appropriations (Omnibus):

On January 17th, President Obama singed the $1.1 trillion omnibus appropriations bill that will fund the federal government for fiscal year 2014. The bill represents a major bipartisan compromise in Congress that pushed past several years of break downs in the budget and appropriations process. It represents the first major appropriations bill to be signed into law in several years. More importantly, the bill provides for meaningful funding increases for programs that provide support for people living with HIV and AIDS. Domestic health-related HIV/AIDS programs will receive just under $2.3 billion (a $70 billion increase over the adjusted FY 2013 levels). The following are some program highlights:

- $2.293+ billion for the overall Ryan White title
- $1.97+ billion for Ryan White Parts A and B
- $900 for ADAP, factoring in intra-agency transfers and "new" funding.
- $330 million for HOPWA, a $2 million decrease

While the funding agreement comes later than the community and HRSA would like, we anticipate that there should be no delays in making a full award for the current fiscal year.

No Work Expected on Reauthorization

We continue to expect no meaningful work to take place this session of Congress toward reauthorizing Ryan White programs. President Obama's policy position continues to be that the program will continue so long as Congress provides funding. The future of the Affordable Care Act and its implementation continue to be the source of political and partisan divides in the Congress. These two factors combined suggest that there is no legislative appetite for Ryan White reauthorization. Congressional oversight, at least in the Senate, may focus on success stories in the integration of care for HIV+ people as systems adjust to the health insurance exchanges, especially those run the federal government.

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Policies and Procedure

Last Updated 4/4/13; Approved: 4/25/13

Policies

The Membership/Council Development Committee shall solicit and screen applications for appointment of all members and alternates of the Broward County HIV Health Services Planning Council (Council) by the Broward County Board of County Commissioners. The Committee shall ensure that Council and committee members are knowledgeable about their duties, the functions of the Council, and the Council's role in the organization and delivery of HIV/AIDS health and support services.

The Committee shall institute orientation and training programs for new and incumbent members. Orientations will be ~~held~~ scheduled as needed by the Committee.~~quarterly~~ (Approved 8/6/09).

Comment [HP1]: Does the Committee want to keep Orientations only quarterly? Staff currently conducts orientation

An individual may serve on the Council only if the individual agrees that if the individual has a financial interest in an entity, if the individual is an employee of a public or private entity, or if the individual is a member of a public or private organization, and such entity or organization is seeking amounts from a grant under the Ryan White CARE Act (Act), the individual will not, with respect to the purpose for which the entity seeks such amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purpose.

Council members and alternates as well as committee members must meet attendance requirements in accordance with the Code of the County, except that absences from meetings by individuals because of illness related to their HIV shall not be counted as an absence.

Council members and/or alternates (appointed by the County Commission) and committee members will automatically be removed from the Planning Council or committee that meets more frequently that quarterly if he/she: 1) has three (3) consecutive unexcused absences regardless of year, or 2) misses four (4) meetings in one (1) calendar year (January-December) because of unexcused absences. A committee member will automatically be removed from a committee that meets on a quarterly or less frequent basis if he/she: 1) has two (2) consecutive unexcused absences regardless of year, or 2) misses two (2) meetings in one (1) calendar year (January-December) because of unexcused absences. (Approved 9/2008 for Council, 9/2009 for Committees)

A member and/or alternate shall be deemed absent from a meeting when the member and/or alternate is not present at the meeting at least seventy-five (75) percent of the time.

A letter signed by the Planning Council Chair or Vice Chair will be sent to Council members and/or alternates and committee members at risk of exceeding allowed number of absences, informing them of their attendance record and stating that one more additional absence will result in their removal from the Council.

If a Council member/alternate should resign from a committee, s/he will have 30 days to select a new committee in which to become a member. If a committee is not selected within the 30 day timeframe, the member/alternate will be removed from the Council.

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If a Council member is removed from the Council, to be recommended for reappointment, s/he must go through the original membership process as stated in the Membership Policies and Procedure. The Council may recommend the reappointment of members whose absences were caused by extenuating circumstances.

The membership categories for the Council and Consortia shall be consistent with those defined in the Act. Not less than 33 percent of the Council shall be individuals who are receiving HIV-related services from Part A funded providers, are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV as determined annually. For purposes of the preceding sentence, an individual shall be considered to be receiving such services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services. This may not be construed as having any effect on entities that receive funds from grants under any other Act or program but do not receive funds from grants under Part A, on officers or employees of such entities, or on individuals who represent such entities.

The Committee will recommend for appointment no more than 40% of the Council Members who are providers of HIV-related services who receive funds under Part A of the CARE Act. (Approved 11/19/2009)

No more than 3 members employed by one governmental agency or provider shall serve on the Planning Council at one time. (Approved 1/28/2010)

There shall be a minimum of ~~two~~ three individuals with HIV who shall serve as alternates appointed and approved by the Broward County Commission. The latter may only serve as voting members in Council meetings for any period of time that a member with HIV is unable to serve due to HIV illness. In such case, the Chair shall appoint an alternate who, to the greatest extent possible, matches the gender, race and/or ethnic background of the individual with HIV that is absent. Thereafter, alternates, as directed by the Chair, shall alternate their substitution for PWA members unable to serve due to HIV. Alternates shall comply with attendance requirements at Council meetings.

Comment [HP2]: Currently only 1 alternate on the Council. Conflict with the By-Laws that state there must be 3 alternates

Affirmative outreach shall be made to attract qualified candidates for membership on the Council with particular attention to gender balance and adequate representation from racial and ethnic minorities.

As part of the Council's efforts to increase the percentage of individuals with HIV on the Council, the Broward County Commission should strive, whenever possible, to appoint individuals with HIV to vacancies not only in that category but to other categories as appropriate.

The term of office for members and alternates shall be at the pleasure of the appointing Commissioner.

The Committee shall be responsible for recommending removal of Council members and Alternates in accordance with the Council By-Laws.

Comment [HP3]: Highlighting MCDC's authority to remove members or alternates in accordance with the By-Laws

Procedures

Membership:
Semi-annually the current membership will be evaluated for compliance with local, state and federal policies.

Deficiencies through attrition, or change in qualifications of members will be documented. A member's qualification may change because of excess absences or by change of employment. Any changes to member's affiliation status will also be noted. Council support staff will report on absences. Current members will be surveyed each year (using a form similar to the application).

Individuals with HIV who experience extended absence due to illness will be moved to alternate status until they are able to regularly participate again.

The Committee will create a roster of current members and identify membership deficiencies and vacancies. The Committee will review the status of current members and alternates who:

- Fail to maintain the status to represent the membership category set forth in the Act;
- Fail to maintain the qualifications set forth in Broward County Resolution #94-1286 (or its successors);

At such time as a member's professional responsibilities changes such that he/she no longer represents the constituency for which he/she was originally appointed, that member shall immediately resign and his/her seat shall be filled in accordance with the provisions contained in the Membership policies and procedures. The member shall have the ability to reapply for membership to the Council. (Approved 11/19/2009) If a member does not notify the Council with 10 business days, the member will automatically be removed by the will of the Membership/Council Development Committee.

~~Current Members and Alternates whose status and/or qualifications change will be given priority for reassignment to any existing vacancy for which they may qualify.~~

The Membership/Council Development Committee and Broward County HIV Health Services Planning Council shall be notified of changes to representation involving members who are on the Council by virtue of holding a mandated seat due to their employment (e.g. Medicaid). Such changes shall be informational in nature and immediately forwarded to the Broward County Board of County Commissioners for appointment.

An open, well publicized recruitment activity will occur. Membership applications and "Interested Party" brochures are available at all meetings of the Council and at all outreach and business meetings in the community. The Membership Committee Chair is responsible for offering to visit, specifically, case management agencies in efforts to encourage the recruitment of consumers for potential Council membership.

Council staff will verify that all active/pending applications meet the non-conflict of interest requirements as applicable, note any changes in employment or affiliation status, and present the eligible applications to the Membership Committee for review.

Applicants will be invited to attend an orientation and encouraged to join a committee. Applicants will receive a package of information that contains specific questions regarding the applicant's interest in becoming a Council and/or a Committee member. Committee information will be included in the package.

All prospective Planning Council members other than those in mandated seats by virtue of employment are required to participate in a single committee for at least three meetings and attend a membership orientation prior to being considered for appointment to the Planning Council. (Approved 4/2008)

Applications will be screened and rated based on:

- Ability to fulfill membership representation deficiencies/vacancies;
- Experience and expertise to fulfill a particular category of membership;
- Participation on Committees;
- Attendance at information luncheon; and
- Other identified criteria.

As part of the MCDC's selection process for new applicants, the following will be used based on priority:

- Unaffiliated consumers;
- Federally mandated seats;
- Non-Elected Community Leaders;
- Vacant seats based on categories.

In its review and recommendation process, The Membership Committee is further guided by the Ryan White CARE Act Part A ~~Title I~~ Manual (Section X ~~VI: 2-3~~ *Planning Council Membership; Planning Council Nominations*). These Sections give the legislative background of the CARE Act that requires the Planning Council to be both reflective and representative of the demographic composition of the population of individuals living with HIV in the geographical area served. The Committee will, to the best of its ability,

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Comment [HP4]: MCDC requested to review this policy

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Comment [HP5]: MCDC requested to review this policy - REMOVED

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Comment [HP6]: Recommendation: Change outdated term.

strive to achieve an optimal balance of Council composition that is reflective, representative, and, statistically, most closely approximates the HIV/AIDS prevalence in the geographical area served.

Recommendations for appointment as members and/or alternates will be forwarded to the Council for recommendation to the Broward County Board of County Commissioners for consideration and appointment.

A semi-annual post-appointment training will occur for new members and other interested parties. New appointees will be offered the guidance of a mentor. The Membership Committee will conduct mentoring training twice annually for Council volunteers.

Council Development:
The Committee will develop and implement an annual Council Development training plan which meets requirements in the Act.

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE

Mentoring Program

(Approved 10.24.13 by HIVPC)

Comment [HP7]: Approved 10.24.13 by the HIV Planning Council

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:

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

HIV Planning Council Members – Job Descriptions

(Approved by HIV Planning Council 5/23/13)

The purpose of HIV Planning Council membership categories:

- "*Each category of membership meets a specific need*."
- "*Other membership categories, comprising government and health professions, are intended to enhance service delivery. This includes coordination of funding streams to better address gaps in care, avoid overlaps in services, and create comprehensive service delivery systems that meet the multiple care needs of clients*."
- *"All categories of membership are designed to bring together expertise in such areas as health planning, service delivery, client perspectives and financing of care."*

From HRSA

Planning Council Members Major Duties

1. Prioritize Part A services and allocate Ryan White funds among them.
2. Assess the needs of the community for HIV/AIDS services.
3. Develop a Comprehensive Plan to guide how services will be provided.
4. Monitor the quality and effectiveness of Ryan White programs, and recommend improvements.
5. Assess the effectiveness of administrative performance by the Part A Grantee.

Member Qualifications

1. Fit the membership requirements of a specified category of Council seat, per legislation and HRSA rules.
2. Ability to communicate ideas freely, honestly and respectfully.
3. Commitment to adhere to Council by-laws, policies and procedures.

Member Responsibilities

1. Be willing to commit at least six to eight hours monthly to the HIV Planning Council – approximately two hours monthly at Planning Council meetings, two to three hours monthly at Committee meetings, and two to three hours monthly for background reading and to complete assigned tasks.
2. Members in leadership roles attend one extra meeting per month, requiring two to four hours more time.
3. Work collaboratively within the Planning Council and with other entities that provide or fund HIV-related services.
4. Participate in recruitment and regular, ongoing education and training provided by the Council.
5. Be willing to participate in discussions mindful of the needs of the EMA, as opposed to an interest group or category of representation.
6. Be willing and able to contribute professional and personal expertise to further the work of the Council.
7. Supply data requested from the category of seat to which the member is appointed. Examples of data that may be requested:
   a. HIV/AIDS funding received, per service category
   b. Number of Clients Served / Utilization
   c. Client Demographics
   d. How Services Are Coordinated with Part A and other funders

PLANNING COUNCIL MEMBERSHIP CATEGORIES

1. Affected Communities

Definition of Affected Communities: Include People With HIV/AIDS, Members Of A Federally Recognized Indian Tribe As Represented In The Population, Individuals Co-Infected With Hepatitis B or C, and Historically Underserved Groups and Subpopulations.

The Ryan White HIV/AIDS Program Part A Manual states:

- "Involvement of those who use Ryan White services ensures crucial input from persons closest to care delivery. Legislative provisions require that consumers be free of conflict of interest in relation to funding decisions"
- "33% of Council members must be consumers receiving Ryan White Part A services, or the parents and caregivers of minor children who are receiving such services. These members should reflect the epidemic in the EMA and be unaligned, meaning that they "are not officers, employees or consultants" of any providers receiving Ryan White funds, and they "do not represent any such entity."

"Consumers who volunteer with a Part A-funded provider are not considered to 'represent' that entity and are eligible for consumer membership on the planning council as unaligned members. The legislation permits a PLWHA to serve as a volunteer at a Part A-funded agency and still be considered unaligned."

Job Description for Affected Communities:

e. Provide strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHAs.
f. Help develop ideas to engage and educate PLWHAs in the community.

2. Non-Elected Community Leader

Definition of Non-Elected Community Leader:
HIVPC By-Laws: "Someone active in the community not elected in formal government elections."

Job Description for Non-Elected Community Leader:

a. Be actively involved with a community organization or ongoing community activities.
b. Provide strong and informed feedback about the effect of Planning Council actions and decisions on the community, especially Ryan White clients and PLWHAs.

3. Health Care Providers, including Federally Qualified Health Centers

Job Description for Health Care Providers:

a. Share information about how Council actions will affect providers and their HIV/AIDS clients.
b. When requested, provide data on funding sources and on utilization by their clients.

4. AIDS Service Organizations and Community-Based Organizations Serving Affected Populations

Job Description for ASO/CBO:

a. Share information about how Council actions will affect service organizations, community organizations and their Ryan White clients.
b. When requested, provide data on funding sources and on utilization by their HIV/AIDS clients.

5. Social Service Providers, including Providers of Housing and Homeless Services

Job Description for Social Service Providers:

a. Share information about how Council actions will affect social service agencies, providers and clients.
b. When requested, provide data on funding sources and on utilization by their HIV/AIDS clients.

6. Mental Health Providers and Substance Abuse Providers

Job Description of Mental Health Providers and Substance Abuse Providers:

a. Share information about how Council actions will affect mental health providers and clients.
b. When requested, provide data on funding sources and on utilization by their HIV/AIDS clients.

7. State Government (Agency Administering Program under Part B)

Job Description for State Government (Agency Administering Program under Part B):

a. Provide the Council and its Committees with detailed insight about the area's Ryan White Part B programs.
b. Provide monthly and annual data reports on utilization and expenditures of Part B and ADAP programs.
c. Bring back to the agency Council recommendations on changing and improving Part B programs.
d. Share information about how Council actions will affect the community's health system and status.

8. State Medicaid Agency

Job Description for State Medicaid Agency:

a. Supply the Council and its Committees with detailed insight about Medicaid services available to PLWHAs in the community.
b. Provide annual reports on utilization and expenditures by Medicaid HIV/AIDS programs in Broward County.
c. Bring back to the agency Council recommendations on changing and improving Medicaid programs.
d. Share information about how Council actions will affect the community's overall health system and status.

9. Ryan White Part C Grantee

Job Description for Ryan White Part C Grantee:

a. Provide the Council and its Committees with detailed insight about the area's Ryan White Part C programs.
b. Provide quarterly reports on unduplicated utilization, expenditures (overall and by service category) and client demographics for the Part C program in Broward County.
c. Bring back to the agency Council recommendations on changing and improving the Part C programs.

d. Share information about how Council actions will affect the community's overall health system and status.

10. Ryan White Part D Grantee

Job Description for Ryan White Part D Grantee:

a. Provide the Council and its Committees with detailed insight about the area's Ryan White Part D programs.
b. Provide quarterly reports on unduplicated utilization, expenditures (overall and by service category) and client demographics for the Part D program in Broward County.
c. Bring back to the agency Council recommendations on changing and improving the Part D programs.
d. Share information about how Council actions will affect the community's overall health system and status.

11. Grantees of Other Federal HIV Programs, including but not limited to providers of HIV Prevention Services

Definition of Grantees of Other Federal HIV Programs: The category is to include, at a minimum, a representative from each of the following:

- Federally-funded HIV prevention services
- Grantees providing services in the EMA that are funded under Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs) and Ryan White Dental Programs (Part F)
- Housing Opportunities for Persons With AIDS (HOPWA) program
- Other Federal programs if they provide treatment for HIV/AIDS, such as the Veterans Administration

Job Description for Grantees of Other Federal HIV Programs:

a. Supply the Council and its Committees with detailed insight about the federal program's HIV/AIDS services.
b. Provide annual reports on unduplicated utilization, expenditures (overall and by service category) and client demographics of the programs in Broward County.
c. Bring back to the agency Council recommendations on changing and improving the agency's programs.
d. Share information about how Council actions will affect the community's health system and status.

12. Hospital Planning Agencies or Health Care Planning Agencies

Job Description for Hospital Planning Agencies or Health Care Planning Agencies:

a. Share information about how Council actions will affect the community's health system and status, with emphasis on hospital outpatient care for HIV/AIDS.
b. When requested, make a data presentation on issues involving the community's public and private health care systems for HIV/AIDS services.

13. Local Public Health Agencies

Job Description for Local Public Health Agencies:

a. Share information about how Council actions will affect the community's health system and status.
b. When requested, make a data presentation on issues involving the community's public and private health care systems for HIV/AIDS services.

14. Representatives of Individuals who formerly were Federal, State, Or Local Prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released:

HRSA Definition of Consumer Representation of Recently Incarcerated Populations: Because of the high infection rate among the incarcerated, Congress has mandated that at least one seat on each HIV planning council be filled by EITHER a recently incarcerated person OR a representative of the formerly incarcerated.

An individual who is formerly incarcerated must meet the following three criteria:

1. Have been in Federal, State, or local prison and released during the preceding three years at time of appointment.
2. Have been HIV-positive on the date of release
3. Be able to adequately represent or advocate correctional health care and support services needs of formerly incarcerated persons.

A representative of the formerly incarcerated must have strong linkages with formerly incarcerated and the knowledge and experience to meet the third criterion.

Job Description for Consumer Representation of Formerly Incarcerated Populations:

a. Speak out on behalf of PLWHAs who were incarcerated and about their ability to access Ryan White services.
b. Represent the health care and support services needs of formerly incarcerated persons to the Council and its Committees through written and verbal reports.
c. If working for an agency serving inmates or former inmates, provide them with education and information about Ryan White services. If possible, provide the Council with reports on the agency's unduplicated utilization, expenditures (overall and by service category) and client demographics.

Job Description for Planning Council Alternates

a. Must keep abreast of Council activities.

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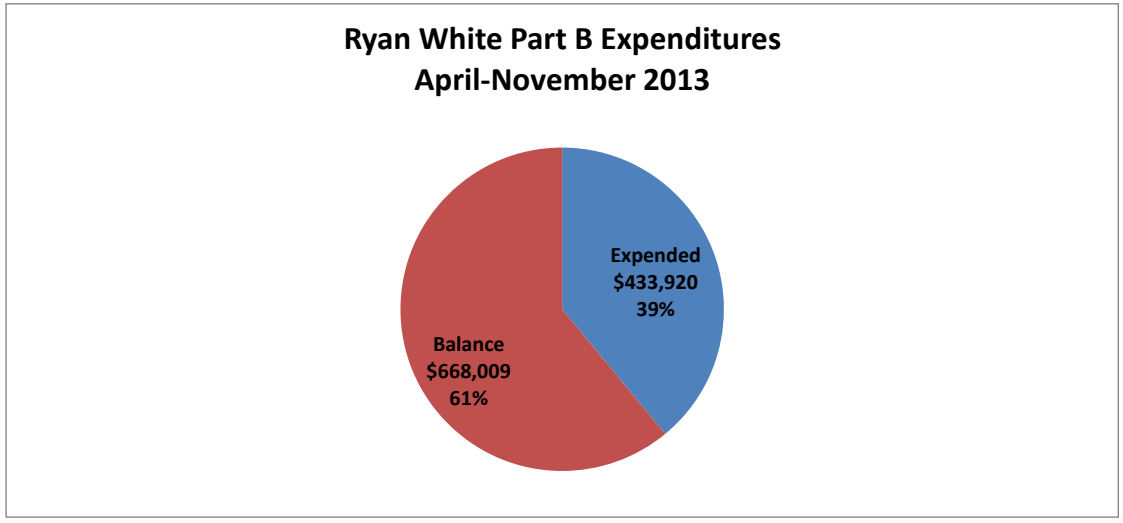
**These changes take effect for any new members beginning June 1, 2013.*

Handout C

Ryan White Part B
Expenditure Report
November 2013

Service Category	Part B 2013-14 Allocated	Part B 2013-14 (November/ Encumbered)	Part B 2013-14 Monthly Average Left	Part B 2013-14 (YTD Spent/ Encumbered)	Part B 2013-14 (% Encumbered)	Part B 2013-14 (% Left)	Part B 2013-14 (Balance)
Home Delivered Meals	$ 2,479	$ 420.00	$ 412	$ 420	17%	83%	$ 2,059
Medication Co Pay	$ 310,000	$ 8,877.90	$ 31,502	$ 152,489	49%	51%	$ 157,511
Case Management (non-med)	$ 244,928	$ 25,361.06	$ 15,777	$ 166,042	68%	32%	$ 78,886
Residential Substance Abuse	$ 300,000	$ -	$ 60,000	$ -	0%	100%	$ 300,000
Medical Transportation	$ 134,330		$ 16,803	$ 50,315	37%	63%	$ 84,015
Administration	$ 110,192	$ 5,779.40	$ 9,108	$ 64,654	59%	41%	$ 45,538
TOTALS	**$ 1,101,929**	**$ 40,438.36**	**$ 133,602**	**$ 433,920**	**39%**	**61%**	**$ 668,009**
					61%		

Home Delivered Meals November 0
Non-Medical Case Management conducted 698 eligibility interviews in November
Medication Co Payment served 149 clients in November.
143 Clients served in Medication Co Payment
6 Clients served in Mail Order
Medical Transportation 657 (31 day) and 11 (10 ride) were distributed in November.
Residential Substance Abuse - new category added to begin in November



Handout D

Ryan White Part D Report
Children's Diagnostic & Treatment Center (CDTC)
Comprehensive Family AIDS Program (CFAP)
January 22, 2014

- Total Number of HIV Positive Individuals enrolled in the Part D Program - **1290**
- Total Number of HIV Positive individuals enrolled in medical care at CDTC – **923**
    - Some clients receiving Medical Case Management services may be receiving medical care at other community providers.

- New Referrals as of **10/01/2013 thru 12/31/2013** = total EXP **15** AIDS/HIV **17** **TOTAL 32***
    - Infants (HIV exposed) - **15**
    - Children (2 – 11) - **0**
    - Adolescent (12 -24) **6**
    - Adult Women (25 +) - **10**
    - Total Pregnancies (previously known and new) - **105**

*One male