



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING AGENDA

Thursday, November 20, 2014, 9:30 a.m.

Governmental Center Annex, Room A-337

Chair: Brad Gammell **Vice Chair:** Vacant

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

1. CALL TO ORDER

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

- a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
- b. Council Member and Guest Introductions
- c. Moment of Silence
- d. Excused Absences and Appointment of Alternates
- e. Approval of 11/20/14 Meeting Agenda
- f. Approval of 10/23/14 Meeting Minutes

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

4. PUBLIC COMMENT (Up to 10 minutes)

5. CONSENT ITEMS

#	MOTION	JUSTIFICATION	PROPOSED BY
1	To approve the System of Care (SOC) Committee's Policies and Procedures (Handout B).	The policies and procedures were updated to reflect the goals and objectives of the committee.	System of Care Committee
2	To approve the HIVPC Membership Application (Handout C).	The application was updated to reflect recent By-Laws changes and new committees, and no longer contains the Employer Commitment Form.	Membership/Council Development Committee
3	To approve the HIVPC Coaching Program for Interested Parties (Handout D).	The coaching program will help interested parties learn the roles and responsibilities of committees before an interested party applies for HIVPC membership.	

6. DISCUSSION ITEMS

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

#	SERVICE CATEGORY	Recommended TO	Recommended FROM	PROPOSED BY
4	Ambulatory (5)	\$423,000	\$321,315	Priority Setting & Resource Allocation Committee
5	MAI Ambulatory (1)	\$22,000	\$0	
6	Pharmaceuticals (3)	\$38,464	\$8,000	
7	Dental (2)	\$0	\$38,464	
8	Case Management (7)	\$78,445	\$17,306	
9	MAI Case Management (1)	\$0	\$7,000	
10	Medical Case (Disease) Management (4)	\$0	\$401,970	
11	Mental Health (3)	\$18,590	\$12,000	
12	MAI Mental Health (2)	\$0	\$15,000	
13	Substance Abuse (2)	\$14,000	\$0	
14	Food Bank (1)	\$200,000	\$0	
15	Food Voucher (1)	\$221,556	\$0	
16	HICP (1)	\$0	\$125,000	
17	Legal Assistance (1)	\$0	\$10,000	
	Unallocated Grant Funds		\$60,000	
	Total Part A Funds	\$994,055	\$994,055	
	Total MAI Funds	\$22,000	\$22,000	
	Total Funds	\$1,016,055	\$1,016,055	

7. NEW BUSINESS

- a. Training – System of Care Committee (SOC)
- b. Call for Nominations – HIVPC Vice Chair

8. NOVEMBER COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

November 24, 2014

Chair: Y. Reed, Vice Chair: A. Lint

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

November 6, 2014

Chair: H.B. Katz, Vice Chair: T. Wilson

A. Work Plan Item Update / Status Summary:

WP Item 1.1 – The committee reviewed the current demographics of the HIV Planning Council (HIVPC) vacant seats, and attendance. The Council currently consists of 36% consumers, which is higher than the mandated 33%.

WP Item 1.4 - The committee members reviewed vacant seats on the Planning Council. HIVPC Staff was asked to contact Lisa Lugo-Manns from Florida Department of Corrections (FLDOC), and a representative from Broward Sheriff's Office (BSO).

WP Item 1.2 – The Committee reviewed the list of current applicants. HIVPC staff was asked to create a tracking system for “Welcome Brunch” attendees, an individual committee reflectiveness handout, inform committee chairs to attend recruitment events to talk about their committees, and look for alternative sites to hold recruitment events.

WP Item 3.1 – Attendance was also reviewed; a removal letter was sent to Donna Sabatino who sits on the Quality Management Committee (QMC) due to lack of attendance. No other letters have been sent out since last HIVPC attendance review.

Review New Name for Interested Parties “Mentorship” Program – MCDC reviewed the new name for “Mentorship” Program which is the HIVPC Coaching Program for Interested Parties. MCDC unanimously approved the new name.

Employer Commitment Form – MCDC reviewed the Employer Commitment Form and there was extensive discussion as to the need for the form. The committee unanimously approved not to implement the form.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

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

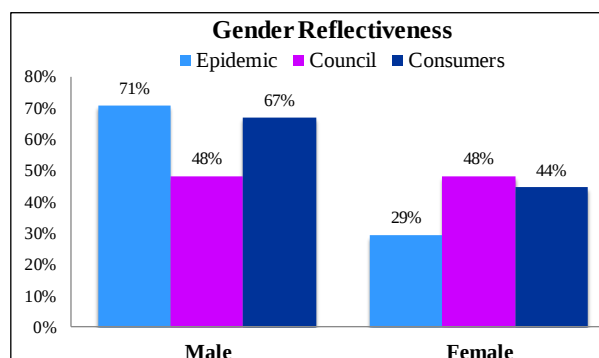
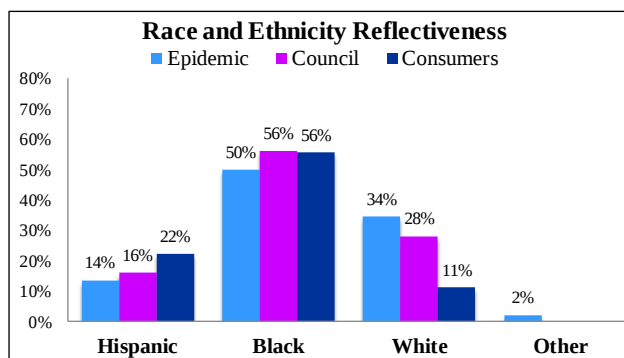
D. Data Requests:

MCDC requested a tracking a tracking system for “Welcome Brunch” attendees and an individual committee reflectiveness handout.

E. Other Business Items:

Agenda Items for Next Meeting: Accomplishments & Challenges, Welcome Brunch Successes & Challenges
Next Meeting Date: December 4, 2014 9:30 a.m. - Room A-335 at the Governmental Center.

HIV Planning Council Membership Report 11/20/2014



Gender	Epidemic		Council		Consumers		% Difference
Male	11,836	71%	12	48%	6	67%	-23%
Female	4,944	29%	12	48%	4	44%	19%
Transgender	-	-	1	4%	0	0%	-
Race	Epidemic		Council		Consumers		% Difference
Hispanic	2,290	14%	4	16%	2	22%	2%
Black	8,361	50%	14	56%	5	56%	6%
White	5,772	34%	7	28%	1	11%	-6%
Other	357	2%	0	0%	0	0%	-2%
Total	16,780		25		9		

Current Members	25
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35
% of Members That Are Unaffiliated Consumers	36%

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

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

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

November Meeting Cancelled

Chair: K. Tomlinson, Vice Chair: W. Spencer

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

November 19, 2014

Chair: C. Taylor-Bennett, Vice Chair: R. Siclari

A. Work Plan Item Update / Status Summary:

Reallocations – The Grantee reviewed the process that was undertaken to determine that provider requests were appropriate. The sweeps process and the Grantee's recommended sweeps for each service category were reviewed and explained. The committee had robust discussion about the dollars being reallocated, particularly about case management and food services.

18 Month Work Plans – The committee reviewed the due date changes to the 18 month work plans that were made based on the discussion at the previous meeting. The committee did not note any other changes that were necessary.

Ad-Hoc MAI MCM Committee –The committee discussed the issues that the committee has faced, including issues meeting quorum and the difficulty of coming to a conclusion in the span of a two hour meeting. The committee requested that this be an item for discussion at the mini retreat, in order gain insight from other committees.

PSRA Process Survey Results – This item will be tabled until the Mini Retreat.

Assessment of the Administrative Mechanism – This item was tabled until the January meeting.

B. Rationale for Recommendations:

The committee made recommendations for the reallocation of funds ("sweeps") based on the information presented by the Grantee to ensure that priority needs are met.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

The committee requested a discussion of all the case management services at the next meeting.

E. Other Business Items:

Agenda Items for Next Meeting: Assessment of the Administrative Mechanism, *Next Meeting Date:* January 21, 2014, Governmental Center Annex Room A-337

E. AD-HOC FOOD SERVICE ELIGIBILITY COMMITTEE

A. Work plan item update / Status Summary:

Models of Eligibility – The committee reviewed the models of eligibility and noted that several other EMAs use a “gatekeeper” in the form a nutritionist or medical case manager to determine a client’s nutritional needs. The committee felt that something similar would be beneficial in Broward, but felt that the “gatekeeper” should only be a nutritionist, registered dietitian, or physician who could accurately determine a client’s medical nutritional needs. The committee requested further research on how other EMAs define “nutritional need” for the next meeting.

Other Food Banks – The committee reviewed the list of other food pantries available in Broward. While helpful to see how many other providers are available, the committee requested that the materials be brought back with more information about the services each pantry provides, how often the service is provided, and if there are any restrictions on the service (for ex. a client must live within a certain distance of the pantry).

Letter of Understanding – This item was tabled until the committee has further developed the model for eligibility.

Urgency of Food Services Eligibility Reform – The committee updated the goal to develop a financially sustainable model that focuses on the medical nutritional needs of clients.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

- Research on the definitions used by other EMA/TGAs for “nutritional need”
- Further research on other food banks in Broward, including how frequently goods are distributed, what kinds of goods are distributed (goods vs. hot meals), and if there are any restrictions on who the service is provided to

E. Other Business Items:

Items for Next Meeting: Flow Chart of Eligibility, Definition of Nutritional Need, Research on Broward Food Banks
Next Meeting Date: December 9, 2014, Governmental Center Annex Room A-335

F. AD-HOC MAI MEDICAL CASE MANAGEMENT COMMITTEE

No November Meeting

Chair: M. Hayes

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

No November Meeting

Chair: D. Proulx

H. QUALITY MANAGEMENT COMMITTEE (QMC)

November Meeting Cancelled

Chair: C. Grant

I. SYSTEM OF CARE COMMITTEE (SOC)

November 24, 2014 (October 27, 2014 Summary Below)

Chair: M. Schweizer. Vice Chair: D. Sabatino

A. Work Plan Item / Status Summary:

Work Plan and Policies & Procedures – The committee spent a large portion of the meeting reviewing and making changes to the SOC policies and procedures. The Grantee and HIVPC staff clarified the history of the committee and the purpose it was created for. The committee added language about the three guiding principles of the HIVPC, identifying structural barriers, and making recommendations to other committees. The committee approved the policies and procedures with the additional language. The work plan was tabled until the next meeting.

Data Review – The committee reviewed basic demographics for Part A clients versus the demographics of PLWHA in Broward County overall. The demographics were very similar between Part A and Broward County. The Grantee recommended that for the next meeting, the committee review demographic comparisons for priority populations identified in the EIIHA plan and the epidemiology of new infections. Staff also explained the committee the HIV Care Continuum, including its purpose and the data sources for all the numbers and percentages. It was noted that Part A clients are doing well along all stages of the care continuum, but Broward County overall is not doing as well. A committee member also noted that only the first stage of the continuum (diagnosed) contains private payer data, since all HIV test outcomes must be reported to the state. The needs assessment and Voices overview were tabled until the next meeting.

B. Rationale for Recommendations:

The policies and procedures were updated to reflect the goals and objectives of the committee.

C. Data Reports / Data Review Updates:

The committee reviewed a comparison of the basic demographics of Part A clients versus PLWHA in Broward. The committee also reviewed the HIV Care Continuum graphs for Florida, Broward County, and Part A.

D. Data Requests:

Demographic comparison of priority populations as identified in the EMA's FY 2014 EIIHA plan. Epidemiology of new infections in Broward County for CY 2013.

E. Other Business Items:

Agenda Items for Next Meeting: Work Plan, Data Review *Next Meeting Date:* November 24, 2014- 9:30 a.m., Governmental Center Annex, A-337.

J. AD-HOC NOMINATING COMMITTEE

No November Meeting

Chair: T. Wilson

K. EXECUTIVE COMMITTEE

November 13, 2014

Chair: B. Gammell

A. Work Plan Item Update / Status Summary:

Standard Committee Items – The committee heard reports from each committee and reviewed the HIVPC agenda and December calendar. The committee agreed to have an ACA Update on the HIVPC agenda for November under Unfinished Business. The Grantee will present information about the ACA, including encouraging clients to enroll but to wait until all of the plans have been reviewed. Several committees decided to cancel December meetings due to the mini retreat and light workloads.

Unfinished Business – The MCDC Chair relayed to the committee that MCDC had decided to remove the Employer Commitment Form as part of the HIVPC Membership Application packet. The HIVPC Membership Application packet will move forward to the HIVPC without the commitment form.

Mini Retreat – Staff gave a brief overview of the agenda for the mini retreat on December 8th. The agenda was reviewed by the committee, and each committee agreed to facilitate a portion of the agenda. Staff will update the agenda and send it out with the retreat reminder.

Annual Report – The Chair explained the idea of the Annual Report. The HIVPC has done so many evaluations throughout the year that it sparked the idea of the Annual Report, which would showcase the findings of all the evaluations. Staff suggested adding more information about the EMA, the HIVPC, and accomplishments and challenges to the report. The discussion on the Annual Report will continue at the next meeting.

HIVPC Retreat – The committee discussed the annual HIVPC retreat. The committee enjoyed the idea of focusing the retreat on the integrated comprehensive plan between Care and Prevention. The committee felt it would be best to hold the retreat in early Spring 2015. The discussion on the HIVPC Retreat will continue at the next meeting.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Community Event Survey, Attendance, Review Meeting Evaluations *Next Meeting Date:* December 11, 2014, A-337

9. GRANTEE REPORTS

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

10. UNFINISHED BUSINESS

- a. Affordable Care Act (ACA) Update

11. ANNOUNCEMENTS

- a. Reminder: HIVPC Mentorship Program

12. PUBLIC COMMENT (Up to 10 minutes)

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: December 18, 2014, 9:30 a.m. **LOCATION:** Gov't Center Room 302

<i>Tasks for next Meeting</i>	<i>Responsible Party</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
Community Event Survey	<i>CEC, Exec</i>	ACTION ITEM: Approve the recommended surveys to evaluate CEC's community events and make any necessary changes.

15. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

October 23, 2014 Meeting Minutes

ATTENDANCE				
#	Members	Present	Absent	Guests
1	Gammell, B. <i>Chair</i>	X		Radlauer, J.
2	Kuryla, S.		A	Carter, C.
3	Wilkins, D.		A	Lint, A.
4	DeSantis, M.	X		Runkle, D.
5	Grant, C.		A	Murphy, K.*
6	Hayes, M.	X		Schickowski, K.
7	Bhrangger, R.	X		
8	Holness, Comm. D. V.C.	X		Grantee Staff
9	Katz, H. B.	X		Green, W.E.
10	Marcoviche, W.	X		Jones, L.
11	McBain, M.	X		Vargas, J.
12	Moragne, Dr. T.	X		Degraffenreidt, S.
13	Proulx, D.	X		
14	Schweizer, Dr. M.		E	HIVPC Staff
15	Siclari, R.		E	McEachrane, T.
16	Spencer, W.	X*		Sandler, C.
17	Taylor-Bennett, C.	X		Bente, A.
18	Tomlinson, K.	X		Newton, A.
19	Wilson, T.	X		Rosiere, M.
20	Parker, P.	X		
21	Reed, Y.	X		
22	Creary, K.	X		
23	Burgess, D.	X		
A1	Coscarelli, M. (Alt)		A	
	Quorum=12	18		*Attended via phone

1. CALL TO ORDER

The Chair called the meeting to order at 9:37 a.m.

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

The Chair welcomed everyone and self-introductions were made. Attendees were notified of 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. A moment of silence was observed. The Chair reviewed excused absences. The following motions were made:

Motion #1: To approve today's meeting agenda.

Proposed by: Creary, K.

Seconded by: Katz, H.B.

Action: Passed Unanimously

Motion #2: To approve the 7/24/14 meeting minutes.

Proposed by: Wilson, T.

Seconded by: Katz, H.B.

Action: Passed Unanimously

3. PUBLIC COMMENT

None.

4. CONSENT ITEMS (Handouts B-1 & B-2, C-1 & C-2, and D-1 to D-3)

All consent items are passed as one motion. The following motion was made:

Motion #3: To accept all the Consent Items.

Proposed by: Taylor-Bennett, C.

Seconded by: Katz, H.B.

Action: Passed Unanimously

5. DISCUSSION ITEMS

None

6. OCTOBER COMMITTEE REPORTS

A. Membership Committee/Development Committee (MCDC)

October 2, 2014

Chair: H.B. Katz, Vice Chair: T. Wilson

The Chair explained HIVPC demographics. The Chair stated the demographics included in the meeting packet do not reflect those that became members today. The Chair stated that letters will be sent to community agencies to fill mandated seats. The Chair announced the next Welcome Brunch scheduled for November 6, 2014. The Chair explained the last Welcome Brunch was a great success and drew many people. The Chair asked that members distribute flyers to advertise for the upcoming Welcome Brunch.

B. Community Empowerment Committee (CEC)

No October Meeting

Chair: Y. Reed, Vice Chair: A. Lint

The Chair announced that the CEC will be hosting Transgender 101 this evening at ArtServe. The CEC Vice Chair, Arianna Lint, along with Benjamin Di'Costa from Latinos Salud will be presenting and moderating the event. World renowned photographer Duane Cramer will also be at the event. The CEC Chair invited all to attend and to bring other to the event.

C. Needs Assessment/Evaluation (NAE) Committee

No October Meeting

Chair: K. Tomlinson, Vice Chair: W. Spencer

The Vice Chair explained that the NAE Chairs met with the new needs assessment consultants on October 20, 2014. The Vice Chair explained the 18-month work plans were discussed and reviewed. There will be increased collaboration with the SOC Committee and other committees. The PSRA Chair announced to the Vice Chair that support group recommendations will feed down to NAE Committee.

D. Priority Setting & Resource Allocation (PSRA) Committee

October 15, 2014

Chair: C. Taylor-Bennett, Vice Chair: R. Siclari

The Chair stated that the committee discussed the Voices (MSM) study support group recommendation. The Chair stated that CEC members were asked about community support groups and that a listing will be posted on the BRHPC website. The Chair announced that reallocations "Sweeps" will be taking place at the next PSRA meeting.

E. ad-Hoc Food Services Eligibility Committee

October 14, 2014

Chair: M. DeSantis

The committee has agreed not to make eligibility changes to the Food Bank service category for the remainder of FY 2014-2015. The Committee hopes to make changes to the service category to implement a nutritional based system that will improve client outcomes during FY 2015-2016. The Chair stated the committee will have recommendations within the next fiscal year.

F. ad-Hoc Nominating Committee

October 2, 2014

Chair: T. Wilson

The Chair stated the report stands. Staff explained the questionnaire is now available for those who want to run for HIVPC Vice Chair and questionnaires are due by 5:00 p.m. on November 6, 2014. The next meeting will be on January 8, 2015. Staff explained candidates will be presented on January 22, 2015.

G. Quality Management Committee (QMC)

October 20, 2014

Chair: C. Grant

The Chair was not present. The report stands.

H. System of Care (SOC) Committee

October 27, 2014

Chair: Dr. M. Schweizer, Vice Chair: D. Sabatino

The Chair and Vice Chair were not present. The next SOC Committee meeting will be on October 27, 2014.

7. GRANTEE REPORTS

- a. Part A: Grantee staff announced the Ryan White Part A Newsletter has been released. Grantee staff made a presentation about integration of Prevention and Care in Broward County at the United States Conference on AIDS (USCA). Grantee staff noted that Steve Young from HRSA praised Broward County for their efforts. Comments received were positive as Broward County is on the right track regarding integrated planning activities.

The Grantee discussed the ACA Marketplace transition. The Grantee stated the Florida AIDS Drug Assistance Program (ADAP) is transitioning clients on to marketplace insurance plans. ADAP will enroll clients between 100-249% FPL onto marketplace plans, which currently includes 881 clients. New clients and those currently not active will not be eligible to enroll in marketplace plans. Part A will enroll clients with 250-400% FPL, which includes 256 clients. ADAP will cover premiums, medication co-pays for medications on the ADAP formulary, and deductibles for medications on the ADAP formulary. The Part A program has agreed to cover gaps that will not be covered by ADAP. This cost will be covered under HICP. A member asked if those that have fallen out of care will they still be covered? The Grantee stated that at this time they are not eligible to enroll in marketplace plans. The Grantee stated he hoped ADAP will eventually make changes to their policy as there would be cost savings for those that are eligible and not covered.

ADAP and Part A have not yet decided on plans as they will not be available until November 1, 2014. When they become available, plans will reviewed by ADAP to ensure appropriate coverage of the ADAP formulary. The plans that meet the ADAP formulary criteria will be sent to Part A. Part A will review the plans to ensure that clients will be able to keep their physicians. After the Part A and ADAP review, the two programs will jointly endorse plans that meet both sets of criteria. A guest asked about how this process will affect AICP. The Grantee stated that he does not have this information and that the Health Council of South Florida may be the best contact, as they are in charge of the program. The PSRA Chair noted that because Part A will be serving those over 250% FPL, the program may be crippled by costs clients above 250% tend to be more costly. The Chair stated that Part A is safety net for the state as they do not want to cover new and non-active clients. The Chair stated that this may create some difficulties when allocations take place.

The Grantee recommended the HIVPC reconsider consent item #7 and defer the item back to the MCDC. The following motions was made:

Motion #4: To defer Consent Item #7 back to MCDC

Proposed by: Katz, H.B.

Seconded by: Wilson, T.

Action: Passed Unanimously

Motion #5: To approve all Consent Items except Consent Item #7

Proposed by: Taylor-Bennett, C.

Seconded by: Reed, Y.

Action: Passed Unanimously

- b. Part B: The Part B Grantee was not present, but an expenditure report was provided.
- c. Part C: The Part C Grantee was not present.
- d. Part D: There was no report.
- e. Part F: The Part F Grantee was not present.
- f. HOPWA: The HOPWA Grantee stated the funding formula for HOPWA will be changing but this depends on the November election. The Department of Housing and Urban Development (HUD) formula will also be changing as clients are living longer. The Fort Lauderdale metropolitan statistical area (MSA) currently funds at 80% of the median income while other MSAs fund only 30% of the median income. The HOPWA Grantee reiterated that HOPWA is a needs based program that follows the HUD occupancy guidelines. HOPWA is a Section 8 like program but not Section 8.
- g. Prevention: The Prevention Grantee was not present.

8. UNFINISHED BUSINESS

None.

9. ANNOUNCEMENTS

The Part D Grantee announced the Ribbons for the Children event on December 5, 2014 at Broward Center for the Performing Arts. The Part D Grantee also announced Community Day at Pride Center this Saturday, October, 25 2014. There will be a costume contest, food, and demonstrations.

The HIVPC Chair stated that the mini retreat will take place on December 8, 2014 for all committees. Location is still being determined by staff. The HIVPC Chair also noted that both the November HIVPC meeting and the December mini retreat will be longer than most meetings. The Chair recommended allocating two and a half to three hours for the meetings.

The CEC Chair announced the Theater of Consciousness in Hallandale Beach will debuting “A Devastating Impact”, a play to build awareness and promote HIV testing in the South Florida. The play will debut on November 8, 2014 at 7:00 p.m.

Commissioner Dale Holness thanked all HIVPC members for their commitment. The Commissioner reminded all members and guests to vote on November 4, 2014. The Commissioner stated that he may not be available to all future meetings as he has many items on his agenda.

10. FEDERAL LEGISLATIVE REPORT (Handout A)

The federal government is currently operating under a Continuing Resolution (CR), which has been the case at the start of each of the last several fiscal years. The current resolution will fund operations through mid-December. The outcome of the November elections will determine the next course of action taken by Congress. It is expected that if Democrats lose control of the Senate that they will pass an additional CR that would likely carry the government through January when the new Congress is seated. That might place appropriations on a track for major cuts for the remainder of FY 2015. If Democrats keep the Senate, it is expected they will reach an agreement that would level fund operations.

11. PUBLIC COMMENT (Up to 10 minutes)

None.

12. REQUEST FOR DATA

None.

13. AGENDA ITEMS FOR NEXT MEETING: November 20, 2014, 9:30 a.m. LOCATION: Government Center Room 302

<i>Tasks for next Meeting</i>	<i>Party to Complete Task</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
Reallocations (“Sweeps”)	<i>PSRA, Exec, HIVPC</i>	ACTION ITEM: Review and approve recommended reallocations to ensure sufficient core funding.
Assessment of the Administrative Mechanism	<i>PSRA, Exec, HIVPC</i>	ACTION ITEM: Review the purpose of the administrative mechanism assessment and the activities that are required to be assessed. Review and approve at least 3 recommendations regarding the assessment methodology or activities to be assessed.
Needs Assessment	<i>NAE, Exec, HIVPC</i>	ACTION ITEM: Review and approve recommended needs assessment timeline, and at least 3 components, target populations, and target questions.
Community Event Survey	<i>CEC, Exec, HIVPC</i>	ACTION ITEM: Review and approve the recommended survey to be used at CEC community events.

14. ADJOURNMENT

The meeting was adjourned at 10:57 a.m.

HIV PLANNING COUNCIL - ATTENDANCE 2014

Member	1/23/14	2/27/14	3/27/14	4/24/14	5/22/14	6/26/14	7/24/14	10/24/14
Creary, Karen	1	1	1	1	1	1	A	1
Gammell, Brad	1	1	1	1	1	1	1	1
Grant Claudette	1	1	1	1	A	1	1	A
Hayes, Marie	1	1	A	1	A	1	1	1
Bhrangger, Ronald	1	1	1	1	E	1	1	1
Katz, Bradley	1	1	1	1	1	1	1	1
Kuryla, Samantha	1	1	1	1	1	1	1	A
Marcoviche, William	1	1	1	1	1	1	1	1
Moragne, Timothy	A	1	E	1	1	1	1	1
Siclari, Rick	1	1	E	1	A	A	E	E
Spencer, Will	1	1	1	A	1	A	1	1
Taylor-Bennett, Carla	1	A	1	1	1	1	1	1
Tomlinson, Karlene	A	1	1	A	1	1	1	1
Wilson, Tara	A	1	1	1	1	1	1	1
Proulx, Dionne	1	1	1	1	1	A	1	1
DeSantis, Mario	1	1	A	1	*E Retroact. 7/24/14	1	1	1
McBain, Marsha	*E Retroact. 5/13/14	1	A	1	*E Retroact. 7/24/14	1	1	1
Parker, Patricia	1	E	1	1	1	1	1	1
Reed, Yolonda	A	1	E	1	1	1	1	1
Schweizer, Mark	1	A	1	1	1	1	1	E
Burgess, Devorn	Appointed 1/23/14	1	1	E	1	1	1	1
Wilkins, Debbie	1	1	A	1	1	1	1	A
Quorum=12	19	21	13	19	17	20	20	18

Update for Broward County HIV Health Services Planning Council

From: Kareem Murphy
Date: November 18, 2014

Appropriations Update

The federal government continues to operate under a Continuing Resolution (CR), which will fund operations through mid-December. Congress has reconvened after the election in a lame duck session. Earlier plans to pass a combined Omnibus Spending bill have been put on hold, pending an expected congressional response to the President's pledge to adopt immigration reform measures through his executive authority. The appropriations bill is being used as leverage against White House plans. The worst case scenario is that Congress passes another short-term funding bill that carries government operations through January. Then the new Congress, with Republican Majorities in both chambers, would write funding bills through the remainder of the fiscal year (September 2015). This scenario would likely result in cuts to Ryan White and other HIV/AIDS prevention, treatment, and services programs. It remains possible that a path could be cleared for passage of a full year Omnibus Appropriations bill that would level fund all HIV/AIDS services programs.

Election Outcome and the Affordable Care Act

Despite repeated attempts by congressional conservatives in both parties to repeal the Affordable Care Act, incoming House and Senate leaders announced no such priority for 2015. There may be sufficient support for repeal of smaller elements of the ACA like the medical device tax and the surcharges on so-called "Cadillac" health insurance plans, none of which would seriously undermine the ACA's financing structure or its basic mandates for coverage. No changes to eligibility or scope of coverage would have sufficient support to pass in the Senate, where 60 votes are needed for bills to advance to final votes. Losses Democrats suffered in the U.S. Senate reduced their numbers of conservative and moderator members. Their caucus in 2015 will include staunch supporters of the ACA, none of whom would be expected to support any rollbacks. Finally, the President would veto any such legislation.

No Progress on Reauthorization

We continue to expect no meaningful work to take place this session of Congress toward the reauthorization of the Ryan White program. The President's budget argues for continuation of the program under its current methods for FY 2015, which is permissible under law. While some stakeholders may be pushing hard in this area, there is no traction among a critical mass of lawmakers, including Committee Chairs and leadership. Regardless of the outcome of the elections, every plausible scenario would involve continued funding (at some level) for Ryan White programs.



SYSTEM OF CARE COMMITTEE Policies and Procedures



Policies

The System of Care Committee membership shall include representatives of Part A, consumers, community stakeholders, and health policy or health care system experts.

The Committee shall conduct activities to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people living with HIV in the Broward County EMA. The Committee will be responsible for advising the Planning Council on how these issues may impact the Broward County EMA and may recommend response strategies using the three guiding principles of the HIV Planning Council. The three guiding principles of the HIV Planning Council are linkage to care, retention in care, and viral load suppression.

At a minimum, analyzing and evaluating the system of care will include activities to:

- Identify the inventory of resources available in HIV care in Broward County
- Determine the unmet needs by identifying gaps in service in Broward County and make recommendations
- Coordinate with existing HIV Planning Council committees, and other appropriate committees, to evaluate the capacity of the continuum of care in the HIV system in Broward County

Procedures

The Committee will invite representatives from other planning bodies to participate in the preparation of all planning documents, and coordinate and collaborate the funding available for services to HIV infected individuals.

System of Care Components:

- An analysis of utilization trends for the HIV population in the Ryan White Part A system of care;
- A comparison of client health outcomes based on payer (private, Medicare, Medicaid, etc.);
- A comparison of client health outcomes based on EMA/TGA;
- An analysis of Ryan White Part A funding in the context of other sources of funding;
- Identification of legislative and policy issues that will have a profound impact on the local system of care;
- The committee will identify capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.

Work Plan Components:

- Assist in the Priority Setting and Resource Allocation (PSRA) process, including developing language on "How Best to Meet the Need" (HRSA-defined);
- Identify legislative and policy issues that will impact the local system of care;
- Identify available funding sources, and other resources, as well as structural barriers to HIV-infected individuals in Broward County
- Review and Revise System of Care Committee Policies and Procedures;

Assess Effectiveness of Services Offered in Meeting the Identified Needs:

1. Identify and approve tools/data needed to perform an assessment, including relevant reports, questionnaires, or other sources of information.
 - a. Aggregate Service Outcome Data
 - b. Initial and Updated Implementation Plans
 - c. Other Studies (Peer reviews; Aggregate Programmatic Monitoring Reports; AETC/Chart Reviews, etc.)
2. Develop those tools not currently available
3. Review data
4. Evaluate the Assessment Process
5. Make recommendations with existing HIV Planning Council committees, and other appropriate committees based on data review and evaluation

Dear Interested Party,

Please be aware that this application and all of the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

Broward County HIV Health Services Planning Council Membership Application



Please be aware that this application and all of the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.

Name:**Date:****Contact Information**

Home Telephone Number () _____

Cell Phone Number () _____

Home Mailing Address _____

Current Place of Employment (if applicable) _____

Work Telephone Number () _____

Work Mailing Address _____

Email Address _____

Gender☐ Male☐ Female☐ Transgender**Do you self-identify as HIV+?***☐ Yes☐ No☐ N/A**Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.***Are you affiliated as an employee, consultant, or board member with Ryan White Part A?**☐ Yes☐ No**Race/Ethnicity (Check all that apply)**☐ Black/non-Hispanic☐ White/non-Hispanic☐ Hispanic☐ American Indian/Alaskan Native☐ Asian/Pacific Islander☐ More than One Race _____**Categories of Membership (check all that apply)**

- ☐ Health care providers, including federally qualified health centers
☐ Community-Based Organizations serving affected populations/AIDS Service Organizations
☐ Social Service Providers (including housing and homeless-services providers)
☐ Non-elected Community Leaders
☐ Affected Communities (people living with HIV/AIDS and underserved communities)
☐ Unaffiliated Ryan White Consumer
☐ Individuals co-infected with HIV & Hepatitis B or C
☐ Members of a Federally Recognized Indian Tribe
☐ PLWHA Recently Released from Jail or Prison or their representatives
☐ Local Public Health Agencies
☐ Hospital Planning Agencies or Health Care Planning Agencies
☐ Grantees of Other Federal HIV programs (providers of HIV Prevention Services)
☐ Mental Health Providers
☐ State Medicaid Agency
☐ Substance Abuse Providers
☐ Part F Grantees
- ☐ Part C Grantees
☐ State Part B Agency
☐ Part D Grantees

Committee Assessment

HANDOUT C

All Planning Council Members are requested to serve on at least one Committee.

Please rank the Committees below to indicate your interest.

- ☐ **Membership/Council Development:** Ensures Council/committee membership meets HRSA mandates. Oversees ongoing training/mentoring of Council/committee members.
- ☐ **Community Empowerment Committee:** Encourages individuals living with HIV to be involved in Council activities. Helps people to learn about the Council and what it does. Listens to and tries to resolve complaints about how the Council operates (setting funding priorities, preparing plans, hearing from the HIV community, etc).
- ☐ **Needs Assessment/ Evaluation Committee:** Develops and updates the annual Needs Assessment, including determining focuses for the client survey, provider survey, and client focus groups. Evaluates and updates the Comprehensive Plan to determine progress.
- ☐ **Quality Management Committee:** Ensures highest quality HIV medical care and support services for PLWHA by developing client and system based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides staff/client training/education.
- ☐ **Priorities Setting & Resource Allocation Committee:** Analyzes data and develops service priorities, funding recommendations and language on how best to meet priorities.
- ☐ **System of Care Committee:** Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.
- ☐ **ad-Hoc Local Pharmacy Advisory Committee:** Makes recommendations to the Planning Council to improve the quality, cost effectiveness and allocation of resources to Pharmacy Services.

General Information

1. Describe your interest in becoming a member of the HIV Planning Council.

2. Describe how HIV/AIDS has impacted your life, either personally or professionally.

3. Please list any experiences you have related to community decision-making or planning bodies.

Please review and initial, indicating your acknowledgement of the following:

- ☐ I have received, read and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Council and Committee meetings.
- ☐ I understand that to qualify for nomination to the Planning Council I must attend three (3) Committee meetings **and** an Orientation.
- ☐ I understand that I must attend a post-appointment training within three (3) months of appointment to the Planning Council by the Broward County Board of County Commissioners. If I do not comply with this requirement, I could be removed from the Planning Council.
- ☐ I understand that serving on the Council and at least one of its Committees will require at least five hours per month, and that excessive absence will result in my removal from the Council and/or Committees. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from the Council if he/she misses three (3) consecutive Planning Council meetings or four (4) Planning Council meetings in a year in accordance with the County Ordinance.
- ☐ If appointed, I would be willing and able to fulfill the responsibilities and functions of a member of the Broward County HIV Health Services Planning Council.
- ☐ I am not an appointed member of any other Council or Board appointed solely by the Broward County Board of County Commissioners.

Preferred Method of Contact

To facilitate meetings, Planning Council Support Staff will contact Members via phone, email and mail.

I prefer to receive phone calls and messages at: ☐ Home ☐ Work ☐ Cell

Phone number ()

I prefer to receive mail at _____ ☐ Home ☐ Work

My preferred email address is _____

Signature

Date

Note: This application expires six (6) months from date of submission.

Mail or FAX your completed application to:

HIVPC Support Staff
Broward Regional Health Planning Council
200 Oakwood Lane,
Hollywood, Florida 33020

FAX: (954) 561 – 9685

If you have any questions, please call (954) 561 – 9681.



HIVPC Coaching Program for Interested Parties

Guidance for Committee Chairs

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

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

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

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

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

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

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

Coaches provide support to interested parties on the following:

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