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, August 27, 2015, 9:30 a.m.
Governmental Center Room GC-430
Chair: Will Spencer **Vice Chair:** Yolonda Reed
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. **CALL TO ORDER** (10 minutes)
2. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. 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 8/27/15 Meeting Agenda
   f. Approval of 6/25/15 Meeting Minutes
3. **PHONE INTRODUCTIONS**
4. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A) (5-10 minutes)
5. **CONSENT ITEMS**

#	MOTION	JUSTIFICATION	PROPOSED BY
1.	To appoint Lamont Lewis to the Community Empowerment Committee for membership.	Lamont Lewis will contribute to the CEC by providing consumer input as well as input as a member of the HIVPC and several other committees.	Community Empowerment Committee
2.	To appoint To approve Lamont Lewis to the Membership/Council Development Committee for membership	Lamont Lewis will contribute to the MCDC by providing consumer input as well as input as a member of the HIVPC and several other committees.	Membership/Council Development Committee
3.	To appoint Lamont Lewis to the ad Hoc By-Laws Committee for membership.	Lamont Lewis will contribute to the ad Hoc By-Laws Committee by providing consumer input as well as input as a member of the HIVPC and several other committees.	ad Hoc By-Laws Committee
4.	To appoint Lamont Lewis to Quality Management Committee for membership.	Lamont Lewis will contribute to the Quality Management Committee by providing consumer input as well as input as a member of the HIVPC and several other committees.	Quality Management
5.	To appoint David Runkle to the ad Hoc By-Laws Committee for membership.	David Runkle will contribute to the ad Hoc By-Laws Committee by providing consumer input as well as input as a member of the HIVPC and several other committees.	ad Hoc By-Laws Committee
6.	To appoint Tomas Soto to the Quality Management Committee	Tomas Soto will contribute to the Quality Management Committee by providing input as a Social Services Provider	Quality Management
7.	To appoint Justin Bell as Part B representative on the HIVPC	Justin Bell will fill the Part B Grantee HRSA mandated seat vacancy on the HIVPC.	Membership Council/Development Committee
8.	To appoint Lorenzo Robertson as the Prevention representative on the HIVPC	Lorenzo Robertson will fill the Prevention HRSA mandated seat vacancy on the HIVPC.	Membership Council/Development Committee
9.	To appoint Sean Little to the Needs Assessment/Evaluation Committee	Sean Little will contribute his extensive HIV/AIDS evaluation background from other planning bodies.	Needs Assessment/Evaluation Committee

6. DISCUSSION ITEMS

#	MOTION	JUSTIFICATION	PROPOSED BY
1.	To approve the Broward OAMC Indicator 1.2 as revised by the Medical QI Network	Indicator 1.2 should be revised to reflect the most recent HHS Treatment Guidelines which consider <200 copies/mL as the threshold for viral suppression.	Quality Management
2.	To Approve the proposed By-Laws changes	To ensure that the By-Laws are current and reflective of the HIV Planning Council's operations	By-Laws

7. NEW BUSINESS

a. Presentation on Minority AIDS Initiative (MAI) Funds (Handout B)
b. Barriers to HIVPC Participation Survey Results (Handout C)
c. HIVPC Committee Reflectiveness (Handout D)

8. JULY COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

July 7, 2015 *Chair: A. Lint, V. Chair: P. Fleurinord*

A. Work Plan Item Update / Status Summary:

MCDC/CEC Joint Meeting Update – HIVPC Staff provided an update on the joint planning meeting between MCDC and CEC Chairs. The Chairs discussed having quarterly joint meetings to plan for participation for upcoming community events. Chairs reviewed a calendar of annual community events and determined that they would utilize this list which includes both community events and support groups, to determine events that would be the most effective to inform the community about membership on the HIVPC. Future planning will take place and members from both committees will be notified.

Quarterly Orientation/Training (W.P. Item 2.2) – Lauren Kirk, Behavioral Health Therapist at Broward House provided a presentation on Mental Health and HIV. Maintaining good mental health status, specifically for patients with HIV is extremely important for HIV treatment, to remain stable, and foster positive relationships with others. She included that mental health is not a personal weakness; individuals aren't suffering from mental health because they are weak, and that the stigma between mental health and HIV needs to be eliminated.

Hot Topic Presentation: Flakka- An individual from the Broward County Sheriff's Office presented an in depth presentation on the synthetic street drug, flakka. He highlighted the evolution of the drug, how it is marked; especially to youth, and the dangers and effects of using the drug. The committee and guests were shown videos of individuals under the influence of flakka and were advised to not approach any individual while exhibiting excited delirium, as these individuals become violent, develop extreme strength, and exhibit a high pain tolerance.

B. Rationale for Recommendations:

Lamont Lewis was appointed to the CEC for membership. He will be a great contribution to the CEC while providing consumer input as well as input as a member of the HIVPC and several other committees.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

Send Needs Assessment Survey to members for feedback no later than Friday, July 18th.

E. Other Business Items:

Agenda Items for Next Meeting: Develop Marketing Strategy *Next Meeting Date*: August 4, 2015 A-337

A. Work Plan Item Update / Status Summary:

Needs Assessment Survey Feedback – The Needs Assessment Consultant reviewed the needs assessment survey questions with the committee and solicited additional feedback. She explained the importance of the survey, which is to identify the needs of PLWHA community. The objectives of the survey; identifying the importance of the available services to the consumer, the accessibility of the services, and their overall satisfaction with the services were also explained in detail. Some suggestions for modifying the survey included: lowering the literacy level of the survey, changing the basic format of the columns, adding a numerical ranking system, asking about immigration status, and removing questions about the individual Ryan White Parts (A, B, C, D, F) services received. It was decided that a small group of committee members would meet later with the Needs Assessment Consultant to discuss the survey in detail and make further modifications.

Marketing Strategy (WP Item 2.1) – HIVPC Staff explained that creating a marketing strategy is a part of the committee work plan, and that the members should plan out different ways to inform the community of the Planning Council. She reviewed Handouts A and B which breaks down objectives, current accomplishments and potential marketing activities for the committee to consider. She further explained the importance of the 3 priority populations as identified by the EIIHA Plan in the Grant: White MSM, Black non-Hispanic MSM, and Black non-Hispanic women and that the next step in the process would be to identify an action plan to target these populations. Members requested having information and palm cards to distribute when they visit community events. PC Staff stated that any member can request material to bring to community events.

NHAS Update - The HIVPC Manager informed the Committee that the new National HIV/AIDS Strategy (NHAS) was released last Friday, and reviewed the goals of the strategy: to reduce new infections, improve access to care, reduce health disparities and inequities, and achieve a coordination national response to the epidemic. Staff explained that the HIVPC target populations overlap with many of the identified populations in the NHAS. It was identified that the national strategy is also aligned with the 3 guiding principle of the HIVPC (linkage to care, retention in care, viral load suppression). Committee members and guests were provided with two handouts summarizing the changes as well as a few copies of the entire NHAS. Additional copies of the NHAS can be requested, and staff will print and provide them at the next meeting.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

Meet with the NA consultant to provide further recommendations for the survey (5 identified members).

E. Other Business Items:

Agenda Items for Next Meeting: Develop Marketing Strategy, CEC retreat *Next Meeting Date*: September 1, 2015 A-337

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

July 2, 2015 *Chair: H.B. Katz*

A. Work Plan Item Update / Status Summary:

WP Item 1.1 – MCDC reviewed the demographics of the HIVPC. Unaffiliated consumer membership continues to exceed the mandated 33%, and the Council is slightly over represented by females and Hispanic membership and under represented by male and black membership. The HIVPC has increased its membership since the past meeting by two new members.

WP Item 1.4 - MCDC reviewed interested parties for several of the vacant seats. Staff informed the committee of the status of the interested parties identified and included that currently, no one has been identified for the Hospital/Health Care Planning Agencies seat. Members and guests also reviewed the HRSA definitions of the mandated seats to ensure proper identification of prospective members.

WP Item 1.2 – The committee reviewed the three current applicants. A suggestion was made that staff further research the HRSA criteria for the Grantees of Other Federal HIV Programs (Prevention) seat, to determine if the current applicant's agency receives direct funding from the CDC. After thorough discussion, the committee agreed to table the applications until race/ethnicity information was verified and that the most updated application was completed and submitted by all parties.

WP Item 3.1 – Attendance was reviewed and HIVPC staff noted that one PSRA committee member and one HIVPC member were sent warning letters due to attendance. A member of the SOC committee has been removed.

WP Item 5.3 – The Committee reviewed their 18-month work plan. No revisions were made.

Review Summary of Recruitment Event (WP Item 2.1) – The committee reviewed a handout of the accomplishments and challenges of the past year's recruitment events. These events included the three MCDC Welcome Brunches and the participation in the previous Stonewall Pride Festival. The number of attendees, new applicants, and resulting new members were also included. Grantee staff encouraged the committee to consider identifying a standard in which they measure overall success of event participation. For example, identifying the number new HIVPC/Committee members or mandated seat vacancies filled, as opposed to just the number of contacts collected.

Recruitment and Retention (WP Item 2.1) – The committee consented to table this discussion for a joint committee retreat with the CEC.

Member of the Quarter (WP Item 1.7) – The committee reviewed the updated HIVPC Member of the Quarter (formerly presented as member of the month) criteria. A guest suggested that this be open to both HIVPC and Committee members. HIVPC Staff will research other EMAs and their member recognition practices to present at the next meeting for committee review and discussion.

B. Rationale for Recommendations:

Mr. Lewis will make a great contribution to the MCDC while providing consumer input as well as input as a member of the HIVPC and several other committees.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

Send updated membership applications to current applications for completion;

E. Other Business Items:

Agenda Items for Next Meeting: Review Member of the Quarter criteria from other EMAs; Review Mentoring Program *Next Meeting Date*: August 6, 2015, 9:30 a.m. *Venue*: A-335

A. Work Plan Item Update / Status Summary:

WP Item 1.1 – MCDC reviewed the demographics of the HIVPC. Unaffiliated consumer membership continues to exceed the mandated 33%, and the Council is slightly over represented by females and Hispanic membership and under represented by male and black membership.

WP Item 1.4 - MCDC reviewed interested parties for several of the vacant seats. Staff informed the committee of the status of the interested parties identified and included that currently, no one has been identified for the Hospital/Health Care Planning Agencies seat. There is also still a challenge identifying an individual for the Medicaid vacant seat.

WP Item 1.2 – The committee reviewed the five current applicants. Staff verified that the agency represented by the applicant applying for the Prevention mandated seat does receive direct funding from the CDC. The committee approved Justin Bell, the Part B Administrator for membership on the HIV Planning Council under the State Government Administering Ryan White Part B HRSA Mandated seat. The committee approved Lorenzo Robertson- applying for the Prevention seat, contingent upon his completion of HIVPC Orientation prior to the next Executive meeting. The applications for the other individuals will be revisited at the next MCDC meeting.

WP Item 3.1 – Attendance was reviewed and HIVPC staff noted that one Executive committee member was sent warning letters due to attendance. It was requested that Staff verify the process for receiving multiple/consecutive warning letters and how it affects membership.

WP Item 5.3 – This item was tabled until the next meeting.

HIVPC Barriers Survey (WP Item 1.6) – The committee reviewed a handout (on file) identifying the barriers to Planning Council Membership. This information was collected through Survey Gizmo from 42 respondents (30 former HIVPC members, 10 former committee members, 2 interested). The survey included questions pertaining to meeting times, active participation time on committees and the HIVPC, and overall barriers.

HIVPC Member of the Quarter (WP Item 1.7) – The committee reviewed the updated HIVPC Member of the Quarter criteria. Staff provided a summary of volunteer organizations member recognition criteria. These organizations/agencies included 2-1-1 Broward, Point of Light and Cleveland Clinic (additional EMAs, organizations, and agencies were contacted but either had no recognition procedures, or provided no response). A member identified that the current member of the quarter scoring criteria closely reflects with the criteria from other organizations, specifically 2-1-1 Broward. The Chair suggested inquiring about the Jewish Foundation's volunteer recognition procedures and adding this document to the Executive agenda for this month.

Recruitment and Retention Retreat (WP Item 2.1) – The committee discussed scheduling a retreat to plan for and discuss recruitment activities. HIVPC Staff will look up potential dates and provide them at the next meeting.

Quarterly Joint CEC Meeting- The Committee determined that they will begin quarterly meetings with the Community Empowerment Committee to plan for recruitment events. Staff will send out meeting information for the upcoming joint meeting.

B. Rationale for Recommendations:

Mr. Bell will fill the Part B Grantee HRSA mandated seat vacancy on the HIVPC.
Mr. Robertson will fill the Prevention HRSA mandated seat vacancy on the HIVPC.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Review 18 month WP/P&P; Discuss Recruitment and Retention retreat; Mentoring Program; HRSA Mandated Seat position descriptions *Next Meeting Date*: September 3, 2015, 9:30 a.m. *Venue*: A-335

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

July 13, 2015 *Chair: K. Tomlinson*

Meeting Cancelled due to quorum.

August 10, 2015 *Chair: K. Tomlinson*

A. Work Plan Item Update / Status Summary:

Committee Review HIV/AIDS Surveillance– The committee reviewed New HIV Infections in Broward County, 2014 data (Handout A on file). The Handout depicts the new infections in Broward by race/ethnicity, gender, risk categories, special populations in pie chart form. The highest new infections for each group were Black, Male, MSM, and White MSM.

Review Needs Assessment Data & Make Recommendations (WP Items 1.1 & 1.2) – When reviewing recent county data, much of the data was duplicated in the Needs Assessment Presentation, and the committee received a comprehensive overview from Needs Assessment update (included below).
Committee Members– The PC Staff gave an overview of Handout B (on file) that provides information about potential committee members. The potential member from the United Way is no longer available to serve, but the United Way will identify someone available to participate on the committee in the future. The committee discussed potential organizations from which to draw committee members, including the Department of Corrections, Hispanic Unity, Impulse, SunServ and Pride Center. A motion was passed unanimously to appoint Sean Little to the Needs Assessment Committee.

Presentation: Turn the Curve Report - The committee received a presentation from the Needs Assessment Consultants from Ronick-Radlauer Group (Handout C on file). The Consultants presented epidemiological data and indicators for both Broward County and Broward's Ryan White Part A consumers. The data suggests that testing is increasing while viral load suppression is allowing PLWHAs to live longer. Part A serviced 6,349 unduplicated individuals between April-June 2015. The largest special populations served were White MSM, MSM of color, and women of childbearing age, and 15% of those individuals were not virally suppressed. Black females and Black Men had the highest rates of high not suppressed viral loads. The committee discussed consumers' retention in care and viral load suppression data, and discussed conducting further research to understand continual health disparities in certain subpopulations. The committee also discussed HIV positive individuals newly released from prison, and how to better provide service to this population.

B. Rationale for Recommendations:

Sean Little will contribute his extensive HIV/AIDS evaluation background from other planning bodies across the Nation.

C. Data Reports / Data Review Updates:

The committee reviewed Ryan White Part A demographics, viral load and utilization data. The committee agreed that it would be helpful to evaluate Quality Management scorecards to identify health disparities.

D. Data Requests:

Review VL data which includes subpopulation breakdowns to identify possible reason for non-suppression. Determine efforts to target subgroups.

E. Other Business Items:

Agenda Items for Next Meeting: Review Comprehensive Plan, Identify Comprehensive Plan Activities, Needs Assessment Update, *Next Meeting Date*: September 14, 2015

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

July 15, 2015 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

Meeting Cancelled

A. Work Plan Item Update / Status Summary:

Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1) – The Grantee representative reviewed the Broward EMA monthly expenditures, making note of the changes seen as a result of client enrollment in the Affordable Care Act. The Grantee will continuously monitor changes in the monthly expenditures to evaluate how ACA wraparound payments through the HICP program influence other expenditures. It was noted that OAMC expenditures are lower than the projected amount for this point in the year because clients are receiving their healthcare services from private providers under the ACA. The projected amount of saving by service categories could be approximately 1 million dollars. Mental Health and Substance Abuse service expenditures are also slightly affected by ACA enrollment, as some clients can receive those services through their private provider, although not all.

The committee received an overview of the ACA Funded Services Expenditures Data, and the potential savings that will be left because of the 750 Part A and Part B clients that are now enrolled in ACA insurance programs. This money saved will be needed in the HICP category to pay for their premiums, and can expect to be moved in the next sweeps process. For the next ACA enrollment period starting in November, ACA employees will provide 2 days of case manager enrollment training on September 29th and 30th, 2015.

How Best to Meet the Need (WP Item 1.3) (Handout A) - The Chair reviewed the How Best to Meet the Need recommendations that were submitted by System Of Care committee. As of last meeting, the PSRA committee reviewed the All Services and Core Services language, but did not finish reviewing the Support Services section of the document. The Grantee stated the importance of clarifying the directives so that the language can be applied by the County in their contracts with service providers, and can be implemented in the decision making process.

The committee reviewed and discussed the CIED language, Food Services, Legal, and MAI services.
The Grantee asked for clarification of MAI directives, as the way the language is written might direct the County to focus specifically on Black heterosexuals, Black MSM, and Transgendered individuals only. It was decided to first review MAI indicators from Handouts B1-B7 before finalizing such language. The revisions of this language was then tabled until the next meeting.

Newly Identified Services (WP Item 4.2) (Handout B1-B7); Subcommittee Reports
These items were tabled until 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: How Best to Meet the Need, MAI Programming, SOC Recommendations *Next Meeting Date*: September 16, 2015, Governmental Center Annex Room

E. QUALITY MANAGEMENT COMMITTEE (QMC)

July 20, 2015 *Chair: C. Grant*

A. Work Plan Item Update / Status Summary:

Medical Services Delivery Outcome and Indicator – Staff explained the background regarding the Outpatient Ambulatory Medical Care (OAMC) outcomes and indicators (*on file*). The Priority Setting/Resource Allocations Committee (PSRA) made a recommendation that the Quality Management Committee (QMC) direct the Medical QI Network to review the outcomes which were last reviewed in 2011.The Committee made a motion to approve the OAMC client level indicator 1.2 as revised by the Medical QI Network.

Quarterly Data Review (WP 1.1) – The Committee reviewed data on clients who are not virally suppressed (>200 copies/mL) by subpopulation for FY 12, FY 13, FY 14, and FY 15 (*on file*). Staff explained that the QM Committee should be reviewing the data and providing recommendations to PSRA for the next ranking and allocation process. The Grantee stated that the QM Committee should be analyzing the data and determining trends and client profiles. That information should be filtered to PSRA to inform them of the best way to allocate resources in order to impact our system of care. Staff explained that the Committee will be working on digging into the data to determine why certain groups are not virally suppressed. This information, including recommendations, will be sent to different Committees and QI Networks. The Grantee suggested streamlining viral load data by race, ethnicity, and age.

B. Rationale for Recommendations:

To recommend to the HIV Planning Council to approve the Broward OAMC Indicator 1.2 as revised by the Medical QI Network, to reflect the most recent HHS Treatment Guidelines.

C. Data Reports / Data Review Updates:

Quarterly Data Review including viral load by subpopulation presented to the Committee (*on file*).

D. Data Requests:

The Committee requested additional viral load data report broken down for specific populations including: White, Black, Hispanic, Haitian, 18-28, and 29-38.

E. Other Business Items:

None.

F. Agenda Items for Next Meeting:

Agenda Items for Next Meeting: Review viral load data and determine trends/areas of exploration. Quarterly Network Update. Review Needs Assessment findings. *Next Meeting Date*: August 17, 2015 from 12:30pm - 2:30pm.

August 17, 2015 *Chair: C. Grant*

A. Work Plan Item Update / Status Summary:

Review Viral Load Data Analysis by race, ethnicity, age, and housing status (WP 4.1) – The committee reviewed data on clients who are not virally suppressed by race, ethnicity, age, and housing status for Fiscal Year (FY) 2014 (*on file*). The viral load analysis included all Ryan White Part A clients served during the measurement year with unsuppressed viral loads (<200 copies/mL) reported in Provide Enterprise (PE).

The committee requested viral load data stratified for each age group broken down into subcategories (race/ethnicity, gender, and housing status). For example, the committee asked to see the percentage of males and females within the 18-28 age group. A guest suggested also looking at risk factors for each age group as well so that the committee will have everything that they need to move forward, and will be able to bring recommendations to the Needs Assessment and Evaluation (NAE) Committee. Staff agreed to bring back the new data, and asked the committee to think of ideas for potential next steps once the new data is presented.

The committee noted a few groups that stood out to them based on the data: 29-38 Hispanic males, 59+ Hispanic females, and young Black males and females who are non-permanently housed. The committee discussed the purpose of reviewing data in order to make recommendations to the Quality Improvement (QI) Networks and Planning Council committees. The Grantee representative stated that the committee needs to be reviewing the data to determine areas of exploration. For example, the committee can recommend specific populations to the NAE Committee for focus groups and surveys. The committee can also make recommendations to the QI Networks for

Quality Improvement Projects (QIPs). Staff noted that the viral load data stratified by age group for each subcategory (gender, race, ethnicity, housing status, and risk factor) will be presented at the September meeting. Needs Assessment & Evaluation (NAE) Committee Request – This item was tabled. The NAE Committee requested that the QM committee identify populations with unsuppressed/high viral loads and provide recommendations for targeted Needs Assessment efforts. The request will be discussed at the next meeting after reviewing the viral load data analysis.
B. Rationale for Recommendations:
Not applicable.
C. Data Reports / Data Review Updates:
Viral Load Analysis data presentation for FY 2014 (*on file*).
D. Data Requests:
The Committee requested data for clients with unsuppressed viral loads in FY 2014 stratified by age group for each sub category including gender, race, ethnicity, housing status, and risk factor.
E. Other Business Items:
None.
F. Agenda Items for Next Meeting:
Agenda Items for Next Meeting: Review viral load data and determine trends/areas of exploration. Needs Assessment and Evaluation Committee Recommendation. Review Needs Assessment findings. Quarterly Network Update. *Next Meeting Date*: September 21, 2015 from 12:30pm - 2:30pm.

F. SYSTEM OF CARE COMMITTEE (SOC)

July 27, 2015 *Chair: M. Schweizer. Vice Chair: D. Sabatino*

A. Work Plan Item Update / Status Summary:
Community Forum – The System Of Care (SOC) Chair provided an update on the status of working with the Community Empowerment Committee (CEC) to further plan for the Community Forum formerly scheduled for June 2015. The committee discussed the agenda outline and the timeframe in which to conduct the forum. The committee determined that the agenda will include: Yoga Gangsters as an icebreaker, a short data presentation, service category overview with testimonials from consumers, tables with service provider representatives, and community forum feedback session with including a raffle. Funding Sources Along the Care Continuum (WP Item 1.4 & 2.3) – The committee reviewed funding sources in the community. The Grantee noted the committee needed to take into consideration how services affect the HIV Care Continuum and to take a holistic approach to how funding a service could impact the continuum. He included that the purpose of this committee is to look at information from needs assessments, consumer feedback, and any and all funding barriers, determine gaps to care, and to make recommendations for changes to the system. Linkage Map –The committee decided that there should be a road map of not only linkage to care, but for Part A Services as well. This map can be used in conjunction with data to find specific gaps in the care continuum.
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
The VL Data request will be reviewed in the upcoming meeting.
E. Other Business Items:
Agenda Items for Next Meeting: Community Forum, Data request update, Funding Sources Along the Care Continuum, Part A Road Map, Needs Assessment Recommendations *Next Meeting Date*: August 28, 2015- 9:30 a.m., Governmental Center Annex, A-337.

G. EXECUTIVE COMMITTEE

July 14, 2015 *Chair: W. Spencer Vice Chair: Y. Reed*

F. Work Plan Item Update / Status Summary:
Training Schedule (WP Item 2.2) – The committee reviewed the updated training schedule, which includes trainings that are mandated by HRSA as well as trainings that are important to HIVPC member education. HIVPC Staff updated the training schedule to include a list of recommended speakers and third parties to facilitate some of the trainings. By Laws Update on Requirements for quorum for the Executive Committee– The committee discussed whether both the committee Chair and Vice Chair should be required members of the Executive Committee. Committee members discussed whether or not Committee Vice Chairs should be counted for quorum. The By-Laws Chair informed the members that the By-Laws Committee discussed allowing Vice Chairs to attend Executive to fill in for a chair and represent the committee for quorum and voting. However, Committee Chairs' absence would count towards attendance. The Chair advised that if under County Ordinance, individuals are not permitted to serve as representatives for quorum/attendance purposes, then this may not be permissible for Executive Committee Members. Staff will review this recommendation with County attorney for further guidance. Community Forum Update – The System of Care (SOC) and Community Empowerment Committee (CEC) chairs informed the committee that due to lack of quorum at the last SOC meeting, planning for the community forum that was originally scheduled to take place on June 4, 2015 has not taken place. Both committees plan to commence planning for this event at the next SOC meeting on July 24, 2015. PCS Quarterly Report – Members of the Committee reviewed the PCS Quarterly Report for the first quarter of FY 15-16. No changes were suggested by the committee.
G. Rationale for Recommendations:
None.
H. Data Reports / Data Review Updates:
None.
I. Data Requests:
None.
J. Other Business Items:
Agenda Items for Next Meeting: HIVPC Mentoring Plan *Next Meeting Date*: August 18, 2015, A-337

August 18, 2015 *Chair: W. Spencer Vice Chair: Y. Reed*

Meeting Cancelled due to quorum

H. AD-HOC BY-LAWS COMMITTEE

July 8, 2015 *Chair: M. Schweizer*

A. Work Plan Item Update / Status Summary:
By-Laws Parking Lot – The committee reviewed the parking lot and the decisions that were made about parking lot item #4 and items #6-#11 **(Handouts C-1 through C-3**): Parking Lot Item #4-The committee discussed whether both the committee Chair and Vice Chair should be required members of the Executive Committee. Committee members discussed whether or not Committee Vice Chairs should be counted for quorum. Members considered allowing Vice Chairs to attend Executive to fill in for a chair and represent the committee for quorum and voting. However, Committee Chairs' absence would count towards attendance. Staff will review this recommendation with County attorney for further guidance. Parking Lot Item #6-The Committee reviewed and approved the language regarding membership, leadership and the purpose of the new Integrated Work Group. Parking Lot Item #7-HIVPC Staff provided research findings from other EMA's regarding transportation reimbursement for both committee and HIVPC members. They approved reimbursement for both Committee and HIVPC members based on the EMA research and the findings from the MCDC barriers survey.

Parking Lot Item #8- Members of the Committee agreed that recommendation for this parking lot item was already clarified in the Membership Policies and Procedures. No approval was necessary.

Parking Lot Item #9-The committee also approved the updated language pertaining to automatic removals to reflect the County Ordinance.

Parking Lot Item #10- The committee also approved language about special elections for HIVPC Chair and Vice Chair. Should a person be elected during a special election, the term served will not count towards the consecutive two term limit for the HIVPC Chair and Vice Chair seat.

Parking Lot Item #11- Members of the committee approved the proposal that HIVPC leadership (both Chair and Vice Chair) only serve as Executive Committee leadership and not on other HIVPC committees.

B. Rationale for Recommendations:

The committee updated the By-Laws to better reflect the work of the Council.

Mr. Lewis and Mr. Runkle will make a great contribution to the ad Hoc By-Laws committee while providing consumer input as well as input as a member of the HIVPC and several other committees.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Review and make recommendations on By-Laws parking lot item #4. *Next Meeting Date*: August 5, 2015- 9:30 a.m. - *Room* TBD

August 12, 2015 *Chair: M. Schweizer*

A. Work Plan Item Update / Status Summary:

By-Laws Parking Lot – The committee reviewed the parking lot and the decisions that were made about parking lot item #4:
The committee approved the amendment in the By-Laws Article VIII, Section 4, A to read: "The Executive Committee shall consist of the Council Chair, the Council Vice Chair and the Chair of each of the standing committees. The immediate past Council Chair (if the past Chair is currently a member of the Council) will serve as an ex officio member of the committee. In absence of the standing committee Chair, the standing committee Vice Chair shall serve and count towards quorum."

B. Rationale for Recommendations:

This modification for quorum purposes is to ensure representation of the Council's standing committees. Attendance by the Vice Chair is expected to meet the same standards of attendance as any committee member

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Next Meeting TBD

9. GRANTEE REPORTS (20 minutes)

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

10. UNFINISHED BUSINESS

11. ANNOUNCEMENTS

a. Reminder: HIVPC Mentorship Program

12. PUBLIC COMMENT (Up to 10 minutes)

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: September 24, 2015, 9:30 a.m. **LOCATION:** GC-430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
Regular HIVPC Elections (WP Item 3.4)	*Ad-Hoc Nominating Committee*	ACTION ITEM: Begin preparing for regular HIVPC elections for HIVPC Chair and Vice Chair. Determine committee membership for ad-Hoc Nominating Committee.

15. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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

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

August 27, 2015 Meeting Minutes

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Bhrangger, R.	**X**			Rajner, M.
2	Burgess, D.	X			Myers, L.
3	DeSantis, M.	**X**			Shamer, D.
4	Creary, K.	**X**			Little, S.
5	Gammel, B.	**X**			Lopes, R.
6	Grant, C.	**X**			Myles-Culpepper, K.
7	Hayes, M.		**E**		Bello, E.
8	Holness, Comm. D.V.C.				Pryor, J.
9	Katz, H. B.	**X**			Bell, J.
10	Lewis, L.	**X**			
11	Lint, A.	**X**			**Grantee Staff**
12	Marcoviche, W.	**X**			Copa, R.
13	Moragne, T.		**A**		Drummond, K
14	Parker, P.		**E**		Jones, L.
15	Proulx, D.	**X**			
16	Reed, Y., *Vice Chair*	**X**			**HIVPC Staff**
17	Runkle, D.	**X**			Ewart, L.
18	Schweizer, Dr. M.	**X**			Johnson, B.
19	Siclari, R.	**X**			Jackson, M.
20	Spencer, W., *Chair*	**X**			Newton, A.
21	Taylor-Bennett, C.	**X**			Allstaedt, E.
22	Tomlinson, K.	**X**			
23	Wilkins, D.		**E**		
A1	Robertson, P. (Alt)	**X**			
	Quorum=12	**18**			

1. CALL TO ORDER

The Chair called the meeting to order at 9:44 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 agenda.
Proposed by: Creary, K **Seconded by:** Siclari, R.
Action: Passed Unanimously

Motion #2: To approve the 6/25/15 meeting minutes.
Proposed by: Tomlinson, K **Seconded by:** Runkle, D
Action: Passed Unanimously

3. PHONE INTRODUCTIONS

None.

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

Mr. Murphy gave a brief update about the prospective federal funding for HIV. He explained the current opposition to federal funding for Planned Parenthood and how this is becoming a huge roadblock to further consideration of the FY 2016 Labor-HHS-Education bill. The best possible outcome would be if Congress and the White House agreed to another year long Continuing Resolution (CR) would level fund all programs, including Ryan White programs. A member asked about HIV Housing initiatives, and Mr. Murphy expressed that he did not foresee housing for PLWHA as being an issue in the near future. The Grantee asked if there had been any Senate and House discussion about the Minority AIDS Initiative, and Mr. Murphy explained that he did not for see Congress making any actions to dismiss or diminish MAI funding.

5. CONSENT ITEMS

The Chair asked the committee to review all consent items and allow them to be approved together. The committee agreed to consider the Consent Items as one motion:

Motion #3: To approve Consent Items #1-9
Action: Passed Unanimously

A change of language was made in the Justification for Sean Little's appointment to the Needs Assessment/Evaluation Committee, from "background from other planning bodies" to "background and management of other HIV programs."

6. DISCUSSION ITEMS:

a. The Chair reviewed Discussion Item #1 with the committee.

Motion #4: To approve the Broward OAMC Indicator 1.2 as revised by the Medical QI Network
Action: Passed Unanimously

b. The Chair reviewed the proposed changes to the By-Laws, as indicated in Discussion Item #2. Dr. Schweizer, the Chair of the By-Laws Committee, thanked his members of the by-Laws committee and the Planning Council staff for their work and effort throughout the by-Laws sessions. He then reviewed the rationale behind the proposed changes to the by-Laws Parking Lot Item #6. A member asked about the Chair and Co-Chair appointment, and it was explained that Chair and Co-Chair are selected from a list supplied by the Executive Committee. There was also discussion about a proposed amendment to modify an "8 members" of a proposed 16 member body to state 50% instead.

Motion #5: To approve Parking Lot Item #6 with a change in Membership Category A from "8 members" to 50%
Proposed by: Katz, H.B. **Seconded by:** Schweizer, M.
Action: Passed Unanimously

The By-Laws Chair explained the proposed changes to Parking Lot Item #7, said that the committee had discussed how opening transportation reimbursements to unaffiliated Council members, Alternates and Committee members reduces barriers to participation. The HIVPC Chair clarified that "unaffiliated" applies to Council members, Alternates and Committee members. A guest asked about the Barriers to Participation Survey distributed to past Council members, and asked to make sure that members know about the availability of services such as reimbursement. He also expressed concern that the order of the agenda was not consistent with by-Laws, stating that Public Comment was an item at the end of the agenda, and that Public Comment should held before the Announcements. He also urged that Public Comments be given in the beginning of HIVPC meetings, before meeting business.

Motion #6: To approve Parking Lot Item #7 with "unaffiliated: Council members, Alternates and Committee members"
Action: Passed Unanimously

The By-Laws chair then explained the rationale behind Parking Lot Item #9, and how Broward County Ordinances for attendance policies and affiliation must be reflected in HIVPC By-Laws. A member expressed an interest in having a copy of the Administrative Code referenced in the By-Law changes given to the committee members when voting. It was explained that any unaffiliated member of the committee who then becomes affiliated with a provider will be automatically removed from the Council until they can reapply for a different seat. The Grantee stated that this change implies that this is only related to unaffiliated members of the Council, and that should be clarified to the Council. The Vice Chair stated that clarification should be made to the by-Laws that "unaffiliated" be added as a friendly amendment to the By-Laws. A member asked for clarification about who on the council is unaffiliated, and the Chair explained that unaffiliated members are those who receive Ryan White services. Another member suggested that all

Council members review their assigned membership seat to ensure they have a clear knowledge of what seats are held, and what their responsibilities/classifications are.

Motion #7: To approve Parking Lot Item #9 with the addition of "unaffiliated members" to the language
Action: Passed Unanimously

By-Laws Chair explained rationale behind #10, and how the changes to the By-Laws affect the term limit when a HIVPC Chair is nominated by special election. A Chair that is elected by Special Election process and does not serve a full term will now be eligible to run and serve for 2 full terms.

Motion #8: To approve Parking Lot Item #10 with the addition of the Article Language in the section
Action: Passed Unanimously

By-Laws Chair and Council Chair explained the rationale behind the changes to Parking Lot Item #11, stating that with the exception of the Executive Committee, the Chair and Vice Chair of the Planning Council cannot Chair or Vice Chair any other committees. It was stated that this law will not affect Work Groups, only standing Council Committees.

Motion #9: To Approve Parking Lot Item #11
Action: Passed Unanimously

7. NEW BUSINESS

a. Presentation on Minority AIDS Initiative (MAI) Funds (Handout B)

The HIV Quality Manager gave an overview to the council about the Minority AIDS Initiative, and how HRSA requires that Planning Council Members receive training in order to ensure full participation in planning council activities. She explained the disproportionate impact that HIV/AIDS has on minorities in the US, the history and rationale behind the creation of the Minority AIDS Initiative, and HRSA guidelines for MAI providers. The Chair expressed interest in the amount of money for CIED coming from MAI. The PSRA Chair stated that her committee is looking into the MAI expenditures, and how to possibly redistribute the money from CIED into more services directed specifically at achieving positive minority health outcomes. A member stated that consumers see CIED as simply an office service, and that money could be better placed in Mental Health and Substance Abuse categories. The Council expressed that their aim was to examine strategies for MAI funding, and consider that in their future rankings and allocations processes.

A member expressed interest in having a training or presentation of the purpose and goals of CIED. The Quality Manager reviewed the Broward Ryan White Part A and MAI client demographics, and highlighted differences in gender and race. She reviewed MAI client demographics for those who are not Virally Suppressed, stating that people aged 18-28, those with non-permanent housing, Black males and females, Black heterosexuals and Black MSM have the highest rates of MAI clients who are not virally suppressed. The Council discussed that since these statistics are gathered from Viral Load information from Provide Enterprise, there could be higher numbers that have not been reported or entered in the system. A member asked about barriers to receiving care and how this affects Viral Load data. The PSRA Chair said that access to care is a large barrier according to client survey and anecdotal data, and that the committee is seeking to survey and reach those who are not retained to find new ways to address these barriers. The Council thanked the Quality Manager for her presentation.

b. Barriers to HIVPC Participation Survey Results (Handout C)

The PC Manager reviewed the results from a survey distributed to interested parties and past Council and Committee members about their perceived barriers to serving on HIVPC. Employment and transportation was reported as the greatest barrier to serve, and many responded that a bus pass would be helpful. A member stated that the transportation issue seems to have been helped since HIVPC meetings have been moved from Hollywood to Downtown Fort Lauderdale. Another member asked about distributing posters or some sort of advertisement for HIVPC to providers to increase interest. Another member stated that he had also noticed that consumers may not know about HIVPC, but know about BRHPC because of CIED is housed there. A guest expressed that CIED should be more effective in advertising for HIVPC, and should provide consumers with more information on the Planning Council, Ryan White and how to participate in community involvement/engagement. A member stated that MCDC was told that CIED distributes fliers for HIVPC in a packet of information, but he knows that not to be true and would like it looked into.

There was discussion about evening meetings, and how holding quarterly even meetings with set topics and agendas might be helpful in increasing participation. A member stated that the HIVPC needs an improvement in their relationship with consumers, and must be more open and engaging with the

community. A member said that many clients believe that their grievances are not being heard and considered. A member suggested having further discussions about barriers in MCDC Committee meetings.

ACTION ITEM:

- Prepare report on number of grievances filed over a year for specific services and provider locations.

c. HIVPC Committee Reflectiveness (Handout D)
The committee reviewed the HIVPC reflectiveness. Some expressed concern that young consumers and providers are not being represented on the Planning Council. Possible reasons for this lack of youth include: feelings of disengagement, an uninviting meeting venue, and the possibility of not reaching this demographic on a level that appeals to them. It was suggested that workshops or trainings geared toward young consumers and advocates might be helpful. It was also expressed that more Community Based Organizations need to be contacted to represent the HIV community. The Vice Chair expressed the need to do community engagement through local events, and a guest suggested reaching out to the School Board to have students engage in the meetings for community service hours.

8. JULY AND AUGUST COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

July 7, 2015 *Chair: A. Lint, Vice Chair: P. Fleurinord*
Joint meeting CEC MCDC Meeting: the Committees are working to schedule and time and date
August 4, 2015 *Chair: A. Lint, Vice Chair: P. Fleurinord*
Report Stands

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

July 2, 2015 *Chair: H.B. Katz, Vice Chair: vacant*
Report Stands
August 6, 2015 *Chair: H.B. Katz, Vice Chair: vacant*
Report Stands

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

No July Meeting *Chair: K. Tomlinson, Vice Chair: W. Spencer*
August 10, 2015 *Chair: K. Tomlinson, Vice Chair: W. Spencer*
Report Stands

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

No July Meeting *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

August 19, 2015 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*
The Chair told the committee that PSRA will be reviewing MAI funding and services at the next PSRA meeting. Any members or guests who would like to have input in this topic should attend the next PSRA meeting on Wednesday, September 16, 2015 at the Governmental Center Annex room A-337.

E. AD-HOC FOOD SERVICES ELIGIBILITY COMMITTEE

No July or August Meeting *Chair: M. DeSantis*

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

No July or August Meeting *Chair: D. Proulx*

G. QUALITY MANAGEMENT COMMITTEE (QMC)

July 20, 2015 *Chair: C. Grant*
Report Stands
August 17, 2015 *Chair: C. Grant*
Report Stands

H. SYSTEM OF CARE COMMITTEE (SOC)

July 27, 2015 _ *Chair: M. Schweizer. Vice Chair: D. Sabatino*

Dr. Schweizer has resigned as Chair of the System of Care Committee. The Planning Council Chair will be seeking a new Chair soon.

I. EXECUTIVE COMMITTEE

July 14, 2015 *Chair: W. Spencer, Vice Chair: Y. Reed*

Report Stands

No August Meeting *Chair: W. Spencer, Vice Chair: Y. Reed*

J. AD-HOC BY-LAWS COMMITTEE

July 8, 2015 *Chair: M. Schweizer*

Report Stands

August 12, 2015 *Chair: M. Schweizer*

Report Stands

9. GRANTEE REPORTS

a. Part A: The Grantee spoke about the upcoming release of the Part A Funding Opportunity Announcement, and asked the Council to consider cancelling meetings throughout the month of October. The Grantee spoke about the Integrated Plan that is due on September 16, 2016. He urged the Committees to appoint individuals to serve on the Integrated Committee while the County works further on the Integrated Plan. Finally, he spoke about grievances, and how the County is drafting a "Ryan White Rights and Responsibilities" document to be distributed at CIED, and that it will first go to the CEC for review.

b. Part B: The Part B Representative reviewed Ryan White Part B expenditures report for July 2015. The Part B Administrator stated that Home and Community Based Health expenditures go toward medical devices for disabled clients, and is being fully utilized and might have funding expanded. Medical Transportation expenditures will be increasing in October since bus passes are purchased all at once. A member asked if consumers could receive bus passes from Part B instead of through their individual case managers, this request will be reviewed by Part B. A guest inquired about discrepancies identified when paying client premiums, and it was said that Part B works with the state to rectify that mistake and reinstate the consumer's insurance within one business day. The guest also inquired about how ADAP Premium Plus clients can remain informed of conference call opportunities rather than clients having to apply to be on the ADAP listserv. The Part B Administrator stated that he could work with the ADAP Supervisor to create an informative document for clients. There was some discussion about revising client rights and responsibilities protecting clients from retaliation based on HIV status, and that changes can be made to the local form to address those concerns. There was also discussion about upcoming ACA enrollment, and cost sharing of client premiums between Part A and Part B, and a collaboration between the two Parts when revising policy and placements of clients. The Part B Administrator then reviewed the July ADAP numbers (Handout on file).

c. Part C: There was a conference call with the HRSA Project Officer who has been assigned back for 2 years. There has been no new news about a possible merging of Part C and Part D, as the Part D FOA has been recently released for the next 2 years.

d. Part D: No representative present.

e. Part F: The Part F representative said that there has been equipment secured for 5 dental operatory with additional funding from HRSA, and mentioned a new stand-alone clinic to be opening sometime in the fall or early winter.

f. HOPWA: The Unified Relocation Act has 3 clients that are being transitioned, along with another 20 clients that are in the process, and will be given the same or better transitions with their moves paid for. HOPWA is expecting a $ 1.5 million reduction in funding due to a new formulary that is being implemented. However, there are reserves and HOPWA hope to have no decrease in services for the next 3 years until the new Request for Proposal (RFP) is released. HOPWA is still waiting to see if administration costs will be shifted within the agencies and the city. If it is passed, agencies will be able to use 10% of their funding for administrative costs, while the city will shift from 3% to 6%.

g. Prevention: The Part B Administrator stated that during the 2nd quarter the Department of Health held 37 testing events, and that the program linking clients back into care is going well, with 35 new HIV clients linked back into care and 52 client's reengagement known HIV positive in care. Condom distribution program is going well, as well as new advertising program as seen on PBS.

10. UNFINISHED BUSINESS

None.

11. PUBLIC COMMENT

a. A guest requested that the HIVPC amend their By-Laws to bring public comment to beginning of agenda so HIVPC can amend their agenda if they would like to address a comment, and overall so the body can hear the public comment before meeting business in case of loss of quorum. The guest urged the Council not to use acronyms, or to provide a legend for guests. The guest stated that in the past he had filed grievance against his dental provider, and suggested that providers send reminders to consumers about dental appointments. He suggested a change to the HIVPC Ground Rules, especially #8, which asks that names of providers are not used during the meeting. He believed that a member of the public should be able to say provider name if they so choose, and that they should not be held to same rule and responsibilities as Council members.

b. A guest shared her story about her diagnosis in Florida and her need to leave the state to receive care elsewhere. She expressed the need for clear communication between HIVPC, providers, case managers and Ryan White consumers. She stressed the need to help consumers navigate the system, and the need for participation by, and outreach to younger consumers. She made recommendations and incentives for getting young consumers to attend Planning Council meetings.

12. ANNOUNCEMENTS

a. A member expressed the need for people who have special needs to register with the county in case of emergency during a hurricane, and also reminded people who need medication to make sure that they have a supply in case Hurricane Erika makes landfall.

13. REQUEST FOR DATA

1. Overall/ annual report of grievances filed against service providers.
2. Part B aggregate number of cancelled policies and follow-up actions.
3. Part B local and state level rights and responsibilities form.

14. AGENDA ITEMS FOR NEXT MEETING: September 24, 2015, 9:30 a.m. **LOCATION:**GC- 430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
Regular HIVPC Elections (WP Item 3.4)	*Ad-Hoc Nominating Committee*	ACTION ITEM: Begin preparing for regular HIVPC elections for HIVPC Chair and Vice Chair. Determine committee membership for ad-Hoc Nominating Committee.

15. ADJOURNMENT

The meeting was adjourned at 12:35 a.m.

HIVPC Attendance CY 2015

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	22	26	26	23	21	25							
											C						
1		1	**1**	Bhrangger, R.	X	A	X	X	X	X		X					
	1	0	**2**	Burgess, D.	X	X	X	X	X	X		X					
1		3		Coscarelli, M, (Alt 1)	A	A	A	Z - 4/17									R - 4/17
	1	0	**3**	Creary, K.	X	X	X	X	X	X		X					
		0	**4**	DeSantis, M.	X	X	X	X	X	X		X					
1		0	**5**	Gammell, B.	X	X	X	Z - 4/20				X					
		1	**6**	Grant C.	X	X	A	X	X	X		X					
		1	**7**	Hayes, M.	X	X	A	X	X	X		E					
		5	**A**	Holness, D. V.C. (Comm)	X	X	A	A	A	A		A					
1		0	**8**	Katz, H.B.	X	X	X	X	X	X		X					
	1	0		Kuryla, S.	Z - 1/21												
1		0	**9**	Lint, A.	X	X	X	X	X	X		X					
1		1	**10**	Marcoviche, W.	X	A	X	X	X	X		X					
		2	**11**	Moragne, T.	A	X	X	X	X	X		A					
1		2	**12**	Parker, P.	X	X	X	A	A	E		E					
		2	**13**	Proulx, D.	A	X	X	A	X	X		X					W - 1/27
1		0	**14**	Reed, Y., *V. Chair*	X	X	X	X	X	X		X					
	1	3	**A**	Robertson, P. (Alt 2)	A	A	X	A	E	X		X					W - 6/4
	1	0	**15**	Runkle, D.	X	X	X	X	X	X		X					
		1	**16**	Schweizer, M.	X	X	X	X	X	A		X					
		2	**17**	Siclari, R.	X	X	X	A	A	E		X					W - 6/2
	1	2	**18**	Spencer, W., *Chair*	X	A	X	A	X	X		X					
		0	**19**	Taylor-Bennett, C.	X	X	X	X	X	X		X					
		0	**20**	Tomlinson, K.	X	X	X	X	X	X		X					
	1	4	**21**	Wilkins, D.	A	X	X	X	A	A		E					W-7/1
1		0		Wilson, T.	X	X	Z - 3/24										
				Quorum = 11	19	20	20	16	17	16		18					

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - removed
C - cancelled
W - warning letter
R - removal letter

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: August 26, 2015

Federal Funding Update

The House and Senate are currently on break and will return after Labor Day. Unfortunately, opposition to federal funding for Planned Parenthood is becoming a huge roadblock to further consideration of the FY 2016 Labor-HHS-Education bill. Several prominent members of both chambers have threatened to shut down the entire appropriations process over this issue. Sequestration deadlines (later this year) also threaten to not only derail further consideration but also require a top line reduction in overall funding levels. The best possible outcome would be if Congress and the White House agreed to another year long Continuing Resolution (CR) would level fund all programs, including Ryan White programs.

Reauthorization Prospects

There is even less prospect for the reauthorization of the Ryan White program this year. Chairs of the House and Senate health subcommittees have not shown any interest in informational hearings on this either. The only interest in oversight is in programs authorized or funded through the Affordable Care Act.

Advocacy groups around the country engaged in a high profile effort to raise the profile of Ryan White programs and highlight positive impacts after 25 years of the program. It does not currently appear to have resulted in a mind shift that would better favor reauthorization.

Overview of Minority Aids Initiative (MAI) Program

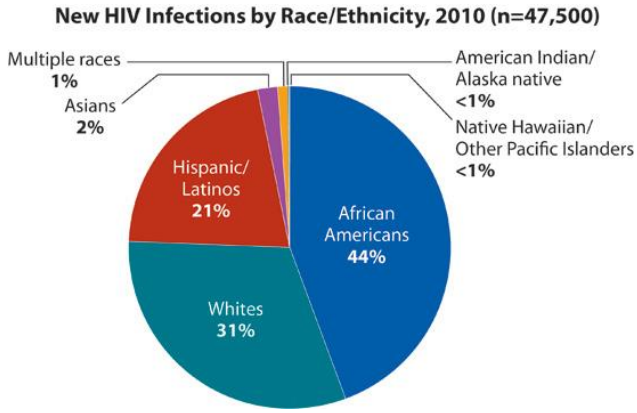
HIV Planning Council – August 27, 2015

Outline

- Purpose of MAI
- History
- HRSA Guidelines
- MAI Funding
- Broward MAI Program
- Demographics

What is the Purpose of MAI Funding?

- To reduce disparities in health outcomes in disproportionately impacted racial and ethnic minorities
- Activities that are designed to address the trends of the HIV/AIDS epidemic in communities of color based on the most recent estimated living AIDS cases, HIV infections and AIDS mortality among ethnic and racial minorities as reported by CDC
  - African American and Latino women and men, gay and bisexual men, transgendered persons, and substance users
  - Other high priority populations, such as American Indian/Alaskan Natives, Asian Americans, and other Pacific Islanders may be included based on the grantee's local HIV/AIDS epidemiological profile



Disproportionate Impact

- African Americans are most affected by HIV- only 12% of U.S. population, but 44% of all new HIV infections
- Hispanics/Latinos are also strongly affected – 17% of the US population, but 21% of all new HIV infections

Data/Image Source: CDC

History

- Minority AIDS Initiative (MAI) created October 1998
- CDC's surveillance data showed that PLWHA were living longer… **EXCEPT for minority populations**
  - Continuing disproportionate increases in HIV/AIDS cases among minorities
  - Disparities in access to care and treatment
  - Disparities in health outcomes

History

- October 1998: President Clinton declares HIV/AIDS to be a severe and on-going health crisis in racial/ethnic minority communities
- In response, the Administration, the Department of Health and Human Services (DHHS), the Congressional Black Caucus, and the Congressional Hispanic Caucus announced a special package of initiatives aimed at reducing HIV/AIDS impacts on racial and ethnic minorities

History

Funded in 1999

- Improve access & HIV/AIDS health outcomes for minority populations
- $5 million initially
- 51 Part A Grantees

2000 - 2006

- Funding increased from $26.5 million in 2000 to $42.9 million in 2006
- 7.4% of total Part A funds
- Purpose unchanged

2006

- Codified into law as a separate, competitive grant program
- All EMA's and TGA's applied and received funds
- Minimum/maximum awards

2009 Reauthorization

- Returned to formula funding
- Formula based on living HIV+ AIDS minority cases
- Synchronized with Part A program year

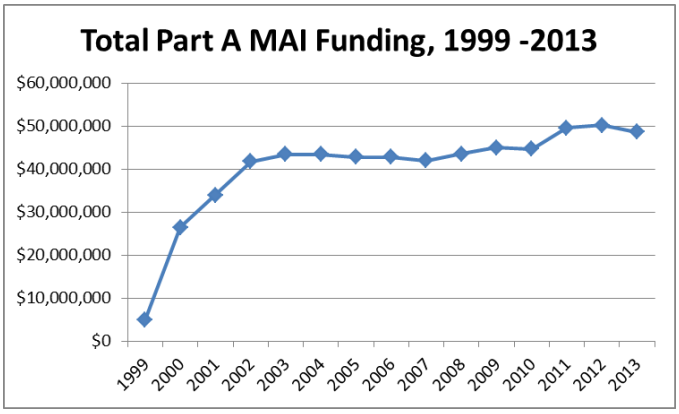
HRSA Guidelines for MAI Providers

- Located in or near the community to be served
- Have a documented history of providing service to the targeted community(s)
- Have documented linkages to the targeted populations, so that they can help close the gap in access to service for highly impacted communities of color
- Provide services in a manner that is culturally and linguistically appropriate

HRSA Guidelines for MAI Providers

- Part A legislative requirements apply, for example:
  - Planning Council sets priorities for use of MAI funds
  - Amounts allocated for each MAI service category
  - MAI is included in Part A's overall 75/25 percentage requirement for Core Medical and Support Services

MAI Funding



- Total Part A MAI Award in FY 14 = **$51,139,758**
- **Less than 10%** of Total Part A Award
- President Obama's FY 16 budget request includes $54,000,000 for MAI

Broward MAI Program

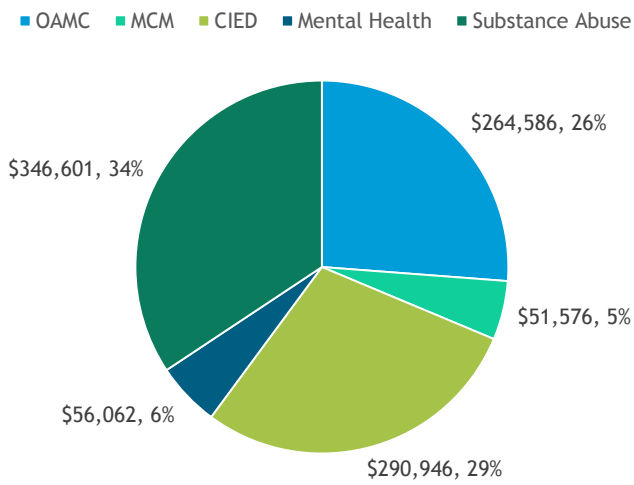
FY 2013 Award
$1,201,521 (-2.14%)

FY 2014 Award
$1,253,632 (4.3%)

FY 2015 Award
$1,261,819 (0.7%)

- Broward has received MAI funding for 14 years
- Broward currently supports 5 service categories for the MAI program:
  - Outpatient Ambulatory Medical Care
  - Medical Case Management
  - Non-Medical Case Management (CIED)
  - Mental Health
  - Substance Abuse

Broward MAI Expenditures – FY 2014



Total FY 2014 Expenditures - $1,098,079

Client Demographics - FY 2014

	Broward Part A Demographics		Broward MAI Demographics	
GENDER	**#**	**%**	**#**	**%**
Male	5,656	71.0%	3,013	62.2%
Female	2,254	28.3%	1,792	37%
Transgender	52	0.7%	38	0.78%
RACE	**#**	**%**	**#**	**%**
White	3,606	45.3%	1,074	22.2%
Black	4,172	52.4%	3,688	76.1%
Other	184	2.3%	0	0%
ETHNICITY	**#**	**%**	**#**	**%**
Hispanic	1,295	16.3%	1,128	23.3%
Non-Hispanic	6,579	82.6%	3,716	76.7%
Haitian	796	10%	703	14.5%
RISK FACTORS	**#**	**%**	**#**	**%**
Heterosexual	3,556	44.7%	2,907	60.0%
MSM	3,532	44.4%	1,537	31.7%
IDU	137	1.7%	72	1.5%
Perinatal	95	1.2%	70	1.5%
MSM/IDU	45	0.6%	14	0.3%
Transfusion	25	0.6%	17	0.4%
Hemophilia	22	0.3%	20	0.4%
TOTAL	**7,962**	**100.0%**	**4,844**	**100.0%**

MAI Clients NOT Virally Suppressed by Subpopulation - FY 2014

MAI Clients NOT Virally Suppressed (> 200 copies/mL)

OVERALL	**#**	**%**
	786	17.5%
GENDER	**#**	**%**
Male	443	16.0%
Female	320	20.0%
Transgender*	14	41.2%
AGE	**#**	**%**
18-28	129	33.2%
29-38	170	24.5%
39-48	193	17.3%
49-58	223	14.1%
59+	71	9.9%
LIVING ARRANGEMENTS	**#**	**%**
Permanent	530	15.9%
Non-Permanent	249	22.1%
Institution*	7	30.4%

RACE/ETHNICITY	**#**	**%**
Black non-Hispanic Male	350	18.7%
Black non-Hispanic Female	299	20.5%
Total Black non-Hispanic	**649**	**19.50%**
White non-Hispanic Male	2	20.0%
White non-Hispanic Female	0	0.0%
Total White non-Hispanic	**2**	**20.0%**
Hispanic Male	91	10.2%
Hispanic Female	21	13.5%
Total Hispanic	**112**	**10.7%**
Haitian	88	13.0%
Non-Haitain	697	18.3%
EDUCATIONAL LEVEL	**#**	**%**
<8th Grade	62	16.8%
8-12th Grade	539	18.5%
College	185	15.2%

RISK FACTOR	**#**	**%**
MSM	240	16.4%
Black MSM	162	22.3%
White MSM	71	10.4%
Hispanic MSM	77	10.9%
	#	**%**
Heterosexual	491	17.5%
Black Hetero	460	18.3%
White Hetero	30	11.0%
Hispanic Hetero	34	11.5%
	#	**%**
Hemophilia*	4	20.0%
IDU	7	9.3%
MSM/IDU*	2	16.7%
Perinatal	26	44.8%
Transfusion*	3	18.8%

Summary

- Minority populations not achieving health outcomes in Broward
  - Race/Ethnicity
    - Black Non-Hispanic Women (20.5%)
    - Black Non-Hispanic Men (18.7%)
  - Risk Factor
    - Black MSM (22.3%)
    - Black Heterosexuals (18.3%)
- **Limited amount of funding to address the significant disparities for minority populations**
  - MAI funding makes up less than 8% of the total Part A Award in Broward

QUESTIONS?

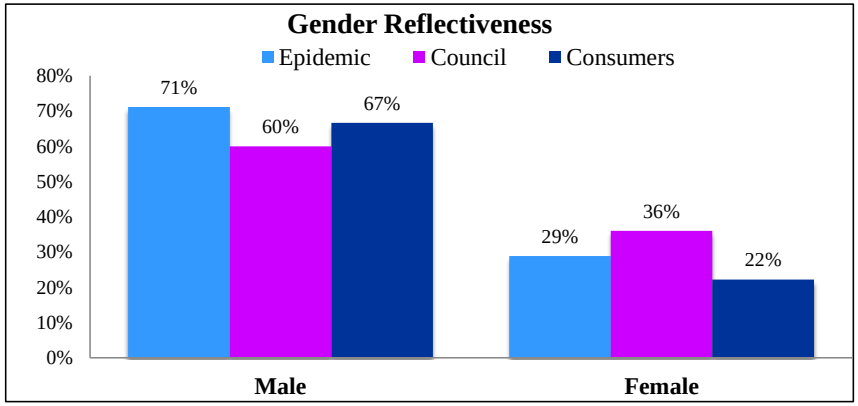
Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

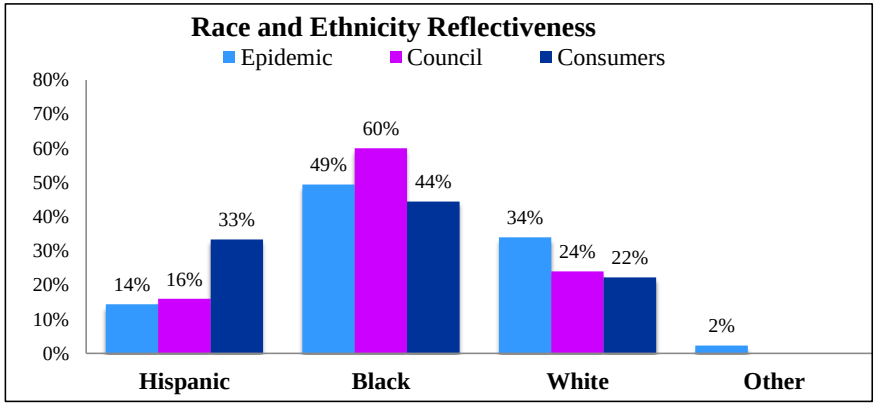
Barriers to Participation Survey Report (Past Members & Interested Parties)

- 42 responses received
  - 30 former HIV Planning Council (HIVPC) members
  - 10 former committee members
  - 2 interested parties
- Majority of respondents were former HIVPC members (54%)
  - 38% were former Priority Setting Resource Allocation (PSRA) members
- Committees with highest interest among interested parties are:
  - Community Empowerment Committee (CEC) (50%)
  - Membership/Council Development Committee (MCDC) (50%)
  - Quality Management Committee (QMC) (50%)
  - System of Care (SOC) Committee (50%)
- Majority of respondents were non-consumers of Part A services (64%)
- Majority of respondents served 1-3 years ago (50%)
- Employment was considered a strong barrier to serving on the HIVPC (38%)
- Greatest barrier for respondents was transportation
  - Half of respondents citing transportation as a barrier to serving on the HIVPC
  - 63% said if they were provided a bus pass they would be more willing to remain an HIVPC member
- Majority of respondents stated they would preferred meetings on Fridays
  - 60% said the first and second Fridays of the month
  - 80% said the third Friday of the month
  - 75% said the fourth Friday of the month
- Half of respondents spend 6 or more hours per month on HIVPC or committee activities
  - 25% spend 4-6 hours
  - 23% spend 2-4 hours
- Only 23% strongly agree that they review materials before each meeting
  - The majority (48%) agreed that they review materials
- Suggested changes to help retain members included:
  - Posting meeting notices at Part A funded providers (26%)
  - Explain benefits such as transportation reimbursement to consumers
  - Staying on task
  - Having evening meetings (62%)
  - Having shorter meetings
  - Removing 15 minute quorum rule
- There were also several comments about increasing community involvement and reaching out to new community partners and interested parties

HANDOUT D

HIV Planning Council Membership Report
As of 8/27/2015





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	12,275	71%	15	60%	**-11%**	6	67%	**-5%**
Female	4,973	29%	9	36%	**7%**	2	22%	**-7%**
Transgender	-	-	1	4%	-	1	11%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	2,476	14%	4	16%	**2%**	3	33%	**19%**
Black	8,521	49%	15	60%	**11%**	4	44%	**-5%**
White	5,856	34%	6	24%	**-10%**	2	22%	**-12%**
Other	395	2%	0	0%	-2%	0	0%	-2%
Total	**17,248**	**100%**	**25**			**9**		

Current Members	**25**
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	**40%**

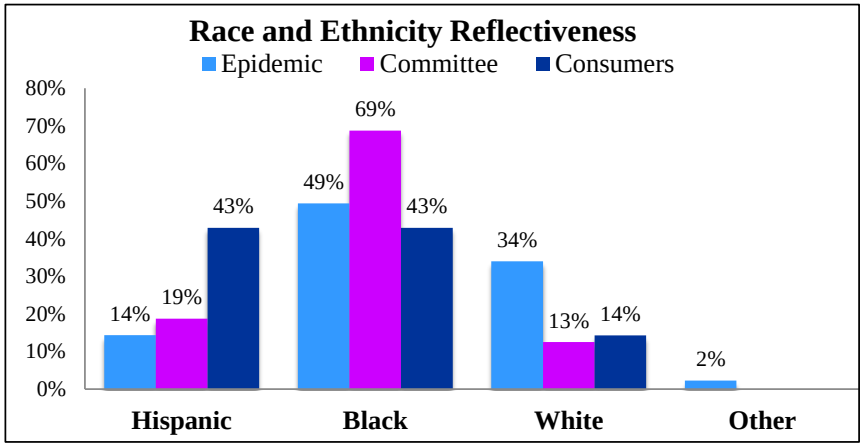
Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. State Medicaid Agency
3. Hospital/Health Care Planning Agencies
4. Local Public Health Agencies
5. PLWHA Recently Released From Jail or Their Representative
6. Federally Recognized Indian Tribe Members

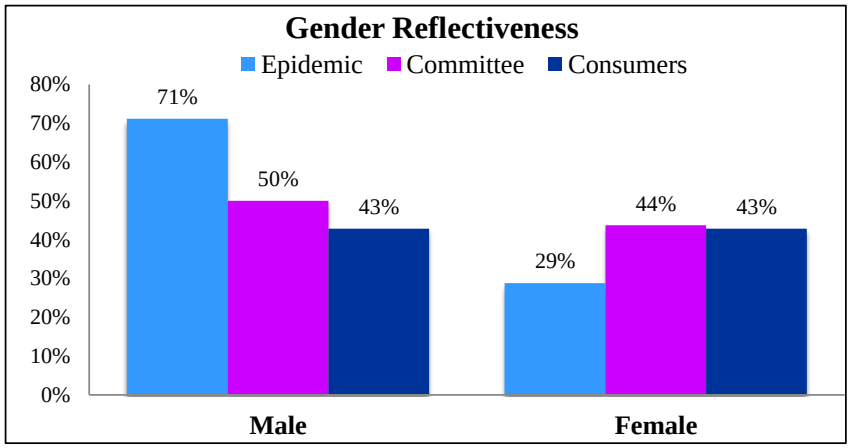
No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time, and no more than 40% of HIVPC members shall be Part A-funded providers.

% Part A-Funded Providers	*24%*

HANDOUT D

Community Empowerment Committee (CEC) Reflectiveness Report
Through July 2015



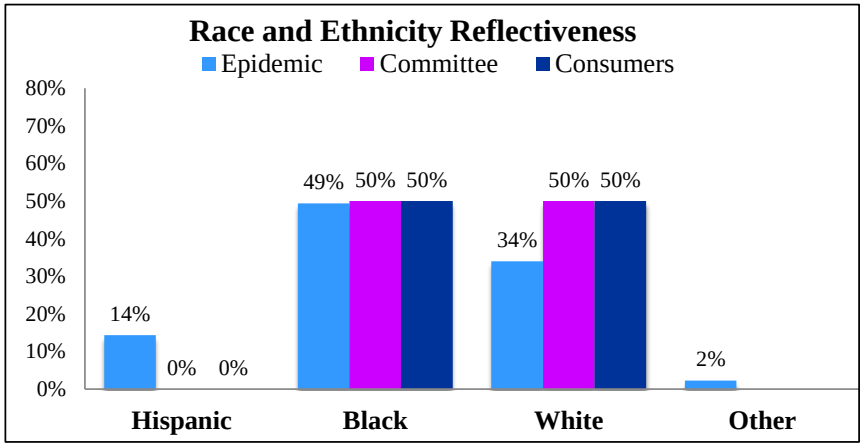


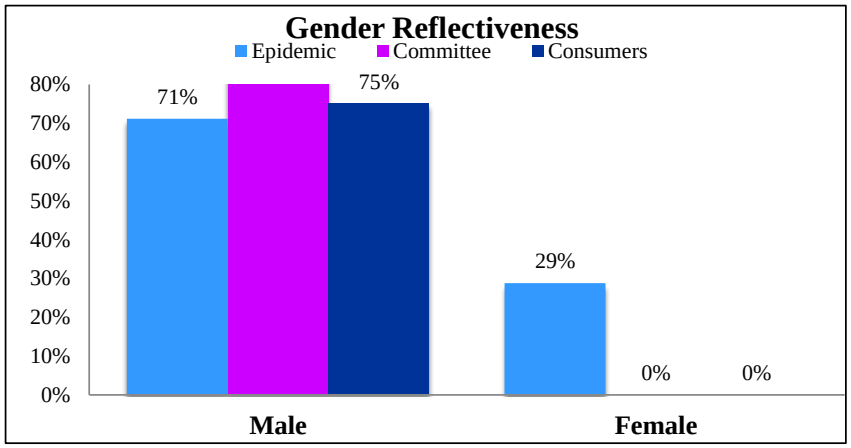
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	8	50%	3	43%	**-21%**
Female	4,973	29%	7	44%	3	43%	**15%**
Transgender	-	-	1	6%	1	14%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	3	19%	3	43%	**4%**
Black	8,521	49%	11	69%	3	43%	**19%**
White	5,856	34%	2	13%	1	14%	**-21%**
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**16**		**7**		

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

HANDOUT D

Membership/Council Development Committee (MCDC) Reflectiveness Report
Through July 2015



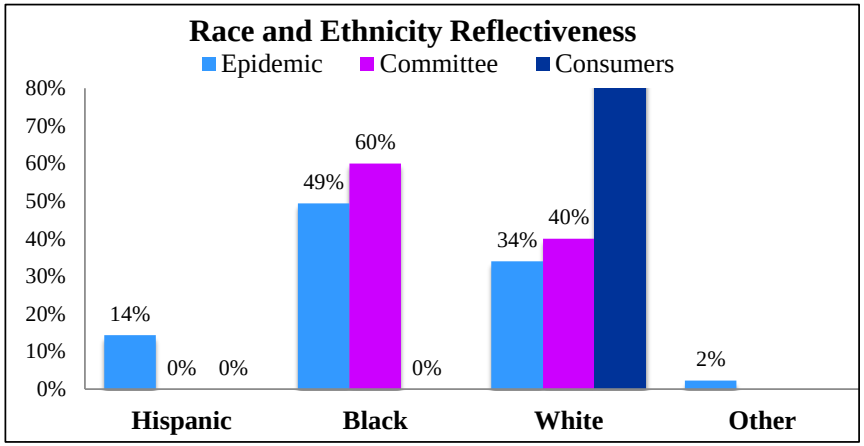


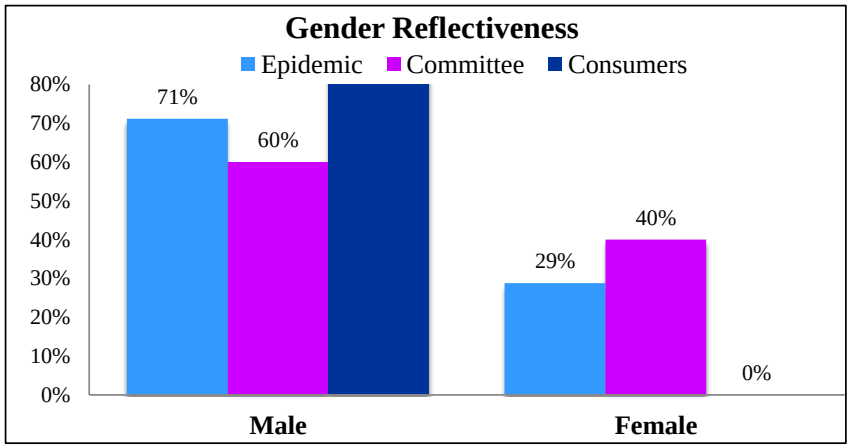
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	6	100%	3	75%	**29%**
Female	4,973	29%	0	0%	0	0%	**-29%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	0	0%	0	0%	**-14%**
Black	8,521	49%	3	50%	2	50%	**1%**
White	5,856	34%	3	50%	2	50%	**16%**
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**6**		**4**		

Current Members	**6**
% of Members That Are Unaffiliated Consumers	**67%**

HANDOUT D

Needs Assessment/Evaluation (NAE) Committee Reflectiveness Report
Through June 2015



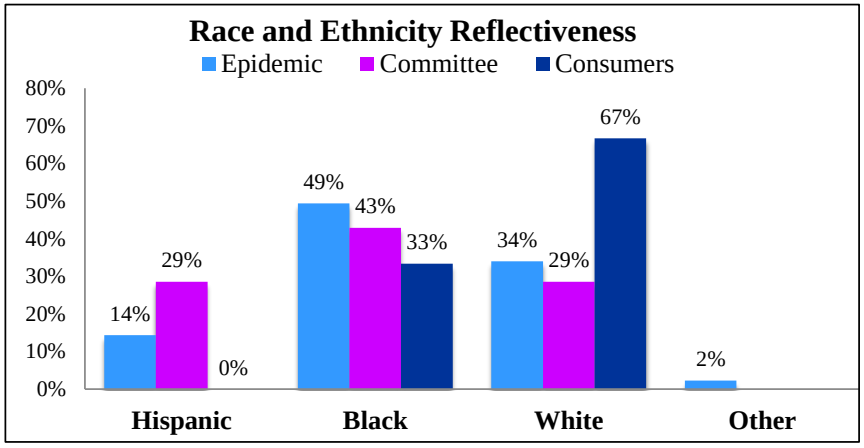


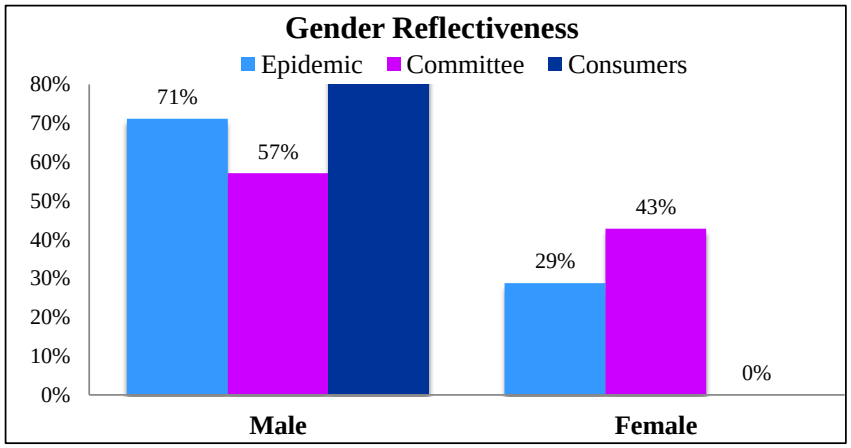
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	3	60%	1	100%	**-11%**
Female	4,973	29%	2	40%	0	0%	**11%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	0	0%	0	0%	**-14%**
Black	8,521	49%	3	60%	0	0%	**11%**
White	5,856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

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

HANDOUT D

Quality Management Committee (QMC) Reflectiveness Report
Through July 2015



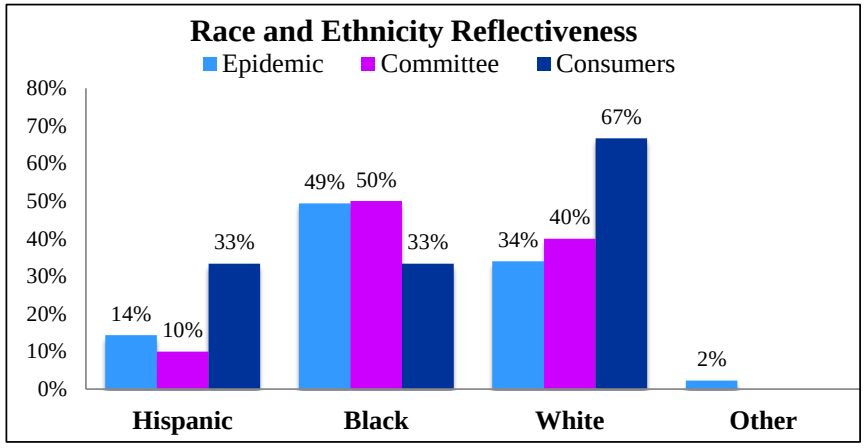


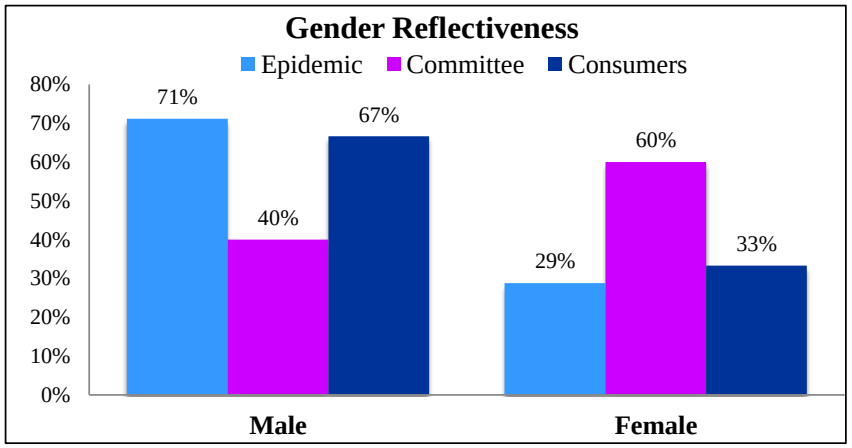
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	57%	3	100%	**-14%**
Female	4,973	29%	3	43%	0	0%	**14%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	2	29%	0	0%	**14%**
Black	8,521	49%	3	43%	1	33%	**-7%**
White	5,856	34%	2	29%	2	67%	**-5%**
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**7**		**3**		

Current Members	**7**
% of Members That Are Unaffiliated Consumers	43%

HANDOUT D

Priority Setting & Resource Allocation Committee (PSRA) Reflectiveness Report
Through July 2015



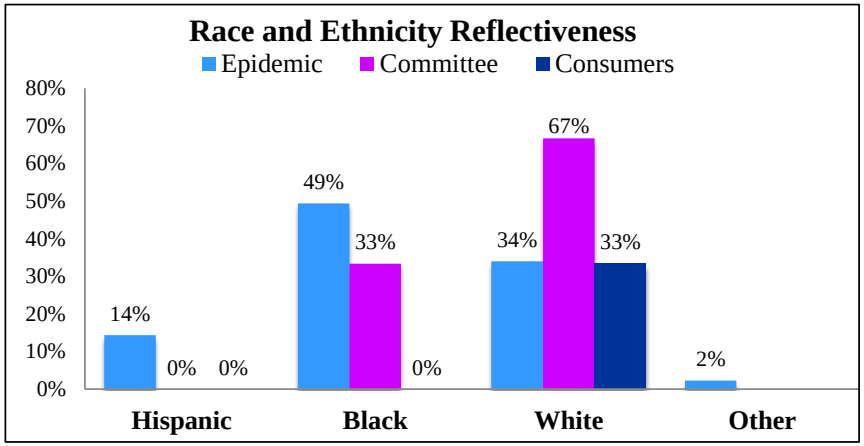


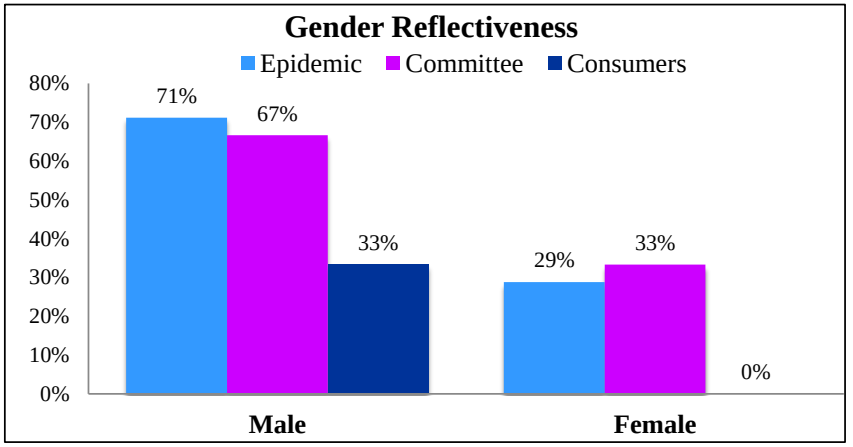
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	40%	2	67%	**-31%**
Female	4,973	29%	6	60%	1	33%	**31%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	10%	1	33%	**-4%**
Black	8,521	49%	5	50%	1	33%	**1%**
White	5,856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

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

HANDOUT D

System of Care (SOC) Committee Reflectiveness Report
Through July 2015



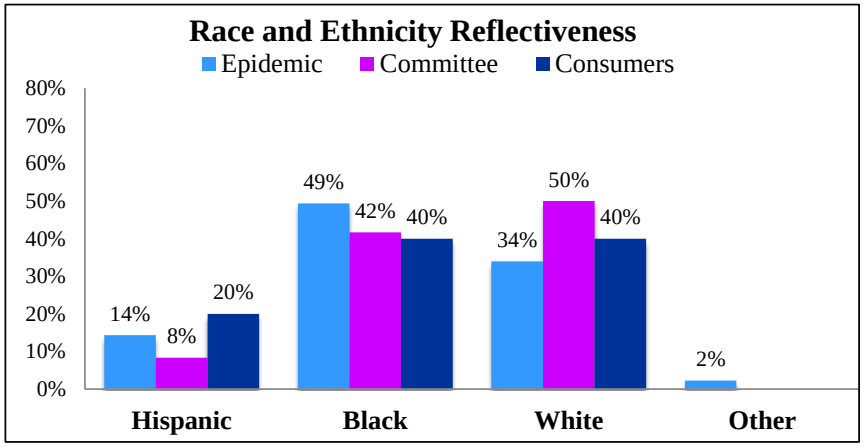


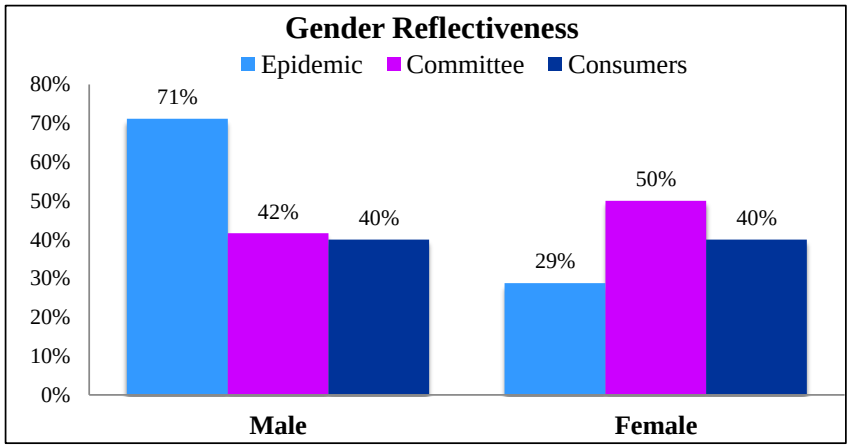
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	6	67%	1	33%	-5%
Female	4,973	29%	3	33%	0	0%	5%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	0	0%	0	0%	-14%
Black	8,521	49%	3	33%	0	0%	-16%
White	5,856	34%	6	67%	1	33%	33%
Other	395	2%	0	0%	0	0%	-2%
Total	**17,248**		**9**		**3**		

Current Members	**9**
% of Members That Are Unaffiliated Consumers	**33%**

HANDOUT D

Executive Committee Reflectiveness Report
Through July 2015





Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	5	42%	2	40%	**-30%**
Female	4,973	29%	6	50%	2	40%	**21%**
Transgender	-	-	1	8%	1	20%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	8%	1	20%	**-6%**
Black	8,521	49%	5	42%	2	40%	**-8%**
White	5,856	34%	6	50%	2	40%	**16%**
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**12**		**5**		

Current Members	**12**
% of Members That Are Unaffiliated Consumers	**25%**