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, September 24, 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 9/24/15 Meeting Agenda
- f. Approval of 8/27/15 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 Hector Gutierrez as a Medicaid representative on the HIVPC.	Mr. Gutierrez is the Program Administer for Medicaid and has 30 years of experience working in the South Florida health sector.	Membership/Council Development Committee
2	To appoint Hector Gutierrez as member of the Membership/Council Development Committee	Mr. Gutierrez will contribute to the MCDC by providing his 30 years of experience working in the South Florida health sector.	Membership/Council Development Committee
3	To appoint Kathleen Myers-Culpepper as a Non-Elected Community Leader to the HIVPC	Ms. Culpepper will contribute her feedback about the effect of Planning Council actions and decisions on the community as a Non-Elected Community Leader.	Membership/Council Development Committee
4	To appoint Lisamarie Huggins as an Affected Communities Unaffiliated Consumer to the HIVPC.	Ms. Huggins will contribute her involvement with other HIV programs as an Unaffiliated Consumer.	Membership/Council Development Committee
5	To appoint Lisamarie Huggins as member of the Membership/Council Development Committee	Ms. Huggins will contribute to the MCDC by providing consumer input as well as contribute her involvement with other HIV programs as an Unaffiliated Consumer.	Membership/Council Development Committee
6	To appoint Requel Lopes as a Health Care Provider to the HIVPC	Ms. Lopes' experience as a health care provider in several facets of the HIV/AIDS community will contribute to the HIVPC under the Health Care Providers HRSA mandated seat.	Membership/Council Development Committee

6. DISCUSSION ITEMS

#	MOTION	JUSTIFICATION	PROPOSED BY
1	To approve the FY16/l7 language on How Best to Meet the Need (Handout B).	Language is developed to provide the Grantee with directives on how to best meet the needs of clients in various service categories.	Priority Setting Resource Allocations Committee

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
2	Ambulatory (5)	$171,500	$675,800	Priority Setting & Resource Allocation Committee
3	MAI Ambulatory (1)	$0	$0	
4	Pharmaceuticals (3)	$0	$7,000	
5	Dental (2)	$120,000	$0	
6	Case Management (7)	$73,002	$0	
7	MAI Case Management (1)	$0	$0	
8	Medical Case (Disease) Management (4)	$0	$218,112	
9	Mental Health (3)	$50,000	$12,000	
10	MAI Mental Health (2)	$0	$0	
11	Substance Abuse (2)	$0	$0	
12	MAI Substance Abuse (1)	$0	$0	
13	Food Bank (1)	$275,000	$0	
14	Food Voucher (1)	$0	$275,000	
15	Centralized Intake and Eligibility Determination (1)	$93,000	$0	
16	MAI Centralized Intake and Eligibility Determination	$0	$0	
17	HICP (1)	$385,000	$0	
18	Legal Assistance (1)	$0	$0	
	Total Part A Funds	**$1,167,502**	**$1,175,912**	
	Total MAI Funds	**$0**	**$0**	
	Total Funds	**$1,167,502**	**$1,175,912**	

7. NEW BUSINESS

a. Regular HIVPC Elections (WP Item 3.4) (Handout C): Begin preparing for regular HIVPC elections for HIVPC Chair and Vice Chair. Determine committee membership for ad-Hoc Nominating Committee.
b. Update on Committee Chair vacancies: Discuss the appointment of Committee Chairs and Vice Chairs.
c. HIVPC Calendar (Handout D): Review October/Draft November 2015 calendar and discuss meeting cancellations and rescheduling around holidays.

8. SEPTEMBER COMMITTEE REPORTS (15 minutes)

COMMUNITY EMPOWERMENT COMMITTEE (CEC)

September 1, 2015 *Chair: A. Lint, V. Chair: P. Fleurinord*

A. Work Plan Item Update / Status Summary:

Marketing Strategy (WP Item 2.1) – Committee member Lamont Lewis facilitated a group activity, designed to gain consumer perspectives and suggestions regarding barriers to care, potential outreach activities, transportation, etc. Many ideas were expressed by the committee members, and the committee made a decision to invite Broward Tops, a transportation program for low-income/disabled clients. The Committee decided to address these issues at the next meeting. The Hot Topic meeting will provide information on transportation, with attendance by case managers, Broward County Transit authorities, Part B representatives, and Tops! If necessary, participants will be given the opportunity to sign up for transportation services while allowing transit authorities to hear consumer concerns about transportation barriers. Members made suggestions about potential locations and times: Franklin Park, Oswald Park, and Delevoe Park for the months of November or December.

CEC 18 month Workplan (WP Item 4.3)-The status of work plan activities (WP Items 2.1, 3.1, 4.1) were addressed briefly during the Marketing activity.

CEC/MCDC Retreat - The HIVPC Manager informed the Committee that the combined meeting will be held in December or January on the date of the regularly scheduled CEC meeting.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

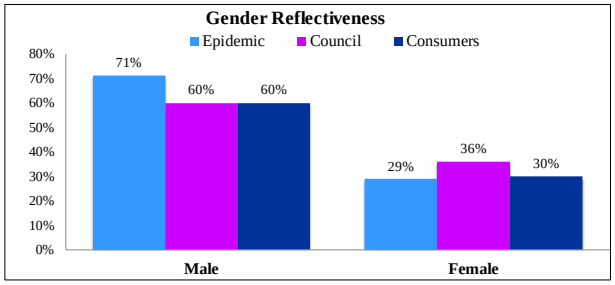
E. Other Business Items:

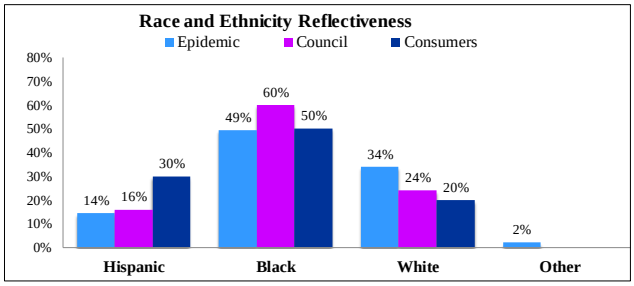
Agenda Items for Next Meeting: Hot Topic Meeting: Transportation *Next Meeting Date*: November 3, 2015 (TBD) *Location*: TBD

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

September 3, 2015 *Chair: H.B. Katz*

HIV Planning Council Membership Report
Through August 2015





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	12,275	71%	15	60%	-11%	6	60%	-11%
Female	4,973	29%	9	36%	7%	3	30%	1%
Transgender	-	-	1	4%	-	1	10%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	2,476	14%	4	16%	2%	3	30%	16%
Black	8,521	49%	15	60%	11%	5	50%	1%
White	5,856	34%	6	24%	-10%	2	20%	-14%
Other	395	2%	0	0%	-2%	0	0%	-2%
Total	17,248	100%	25			10		

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%

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 or the PLWHA recently released from jail seats. There is also still a challenge identifying an individual for the Federally Recognized Indian Tribe vacant seat.

WP Item 1.2 – The committee reviewed the current applicants handout. The committee approved Hector Gutierrez, a Florida ACHA employee for the State Medicaid representative seat. The Committee approved Kathy Meyers-Culpepper to be appointed under the Non-Elected Community Leader Seat. The Committee approved Lisamarie Huggins to be appointed under the Affected Communities Unaffiliated Consumer seat. Requel Lopes was approved for membership under the Health Care Provider seat. The applications for the other individuals will be revisited at the next MCDC meeting, including an applicant for the Local Public Health Agency Seat and an applicant for the Affected Communities-Unaffiliated Consumer seat.

WP Item 3.1 – Attendance was reviewed and HIVPC staff noted that 3 Executive committee members were sent warning letters due to attendance. One Executive member will be receiving a removal letter due to 4 unexcused absences in a calendar year.

WP Item 5.3 – This item was not reviewed by the committee.

Recruitment and Retention Retreat (WP Item 2.1) – The committee discussed dates and times for the MCDC recruitment and retention retreat. This retreat is for MCDC members to review and finalize all recruitment strategies, materials, etc. HIVPC Staff will create retreat materials and secure a location for the retreat, projected to take place November 5, 2015.

Quarterly Joint CEC Meeting– The Committee agreed that the Quarterly Joint CEC/MCDC meeting would take place following the Membership Recruitment and Retention retreat, after all recruitment goals and marketing strategies are finalized. The Committee agreed to host the joint meeting on the regularly scheduled CEC meeting date; the first Tuesday of the month, possibly in January 2016.

Review Mentoring Programs (WP Item 4.1) – The committee review and discussed the MCDC Mentorship Program in the policies and procedures. HIVPC reviewed the Mentor/Mentee agreement form, sign-up sheet, and post-mentorship evaluation form. The Committee also reviewed the post-appointment training and agreed that once new members completed this training, they would be given the option to sign up for a mentor and complete the mentorship process and evaluation.

Review MCDC Policies and Procedures (WP Item 5.3) – The Committee reviewed the MCDC Policies and Procedures and determined that in reference to the requirements for applicants to qualify for membership on the HIV Planning council, interested parties would be allowed to attend any three HIVPC Standing Committee meetings within a 120 day period. This is a change to the policies and procedures which formerly stated that interested parties were required to attend a single committee for at least three meetings.

B. Rationale for Recommendations:

- Mr. Gutierrez will fill the State Medicaid HRSA mandated seat vacancy on the HIVPC.
- Ms. Culpepper will contribute her feedback about the effect of Planning Council actions and decisions on the community as a Non-Elected Community Leader.
- Ms. Huggins will contribute her involvement with other HIV programs as an Unaffiliated Consumer.
- Ms. Lopes' experience as a health care provider in several facets of the HIV/AIDS community will contribute to the HIVPC under the Health Care Providers HRSA mandated seat.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Recruitment and Retention retreat *Next Meeting Date*: November 5, 2015, 9:30 a.m. *Venue*: TBD

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

September 14, 2015 *Chair: K. Tomlinson*

Meeting Cancelled

D. Local Pharmacy Advisory Committee (LPAC)

September 8, 2015 *Chair: D. Proulx*

Meeting Cancelled Due to Quorum

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

September 16, 2015 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

F. Work Plan Item Update / Status Summary:

Reallocations ("Sweeps") (WP Item 2.2): The Grantee explained requests for more funds and returned funds. OAMC had funds for reallocation while HICP needed additional funding to cover client co-payments and deductibles. Disease Case Management is taking some time to increase utilization, while Case Management and Mental Health had funds reallocated to their programs. CIED had additional funds reallocated to the service, while Food Bank and Food Vouchers swapped funding.

How Best to Meet the Need (WP Item 1.3) (Handout A): The Committee discussed changes to the How Best to Meet the Need document. The Committee passed their revisions to the How Best to Meet the Need language with the inclusion of the 2014 MAI language with the understanding that the Committee will review MAI services in-depth at future meetings.

Newly Identified Services (WP Item 4.2) (Handouts B1-B7): The Committee reviewed data for MAI clients with unsuppressed viral loads as broken down by service category. The Committee had a lengthy discussion concerning data limitations, how to best identify populations, services and goals for MAI outcomes. The Committee will continue to focus on MAI strategies in the upcoming months.

G. Rationale for Recommendations:

The committee made recommendations for the reallocation of funds ("sweeps") based on the expenditure, utilization information and recommendations presented by the Grantee to ensure that priority needs are met.
H. Data Reports / Data Review Updates:
The committee reviewed all the necessary data needed to reallocate funds during the "Sweeps" process, as well as the How Best to Meet the Need Language and MAI client data by service category.
I. Data Requests:
None.
J. Other Business Items:
Agenda Items for Next Meeting: MAI Programming, SOC Recommendations, Assessment of the Administrative Mechanism training and recommendations *Next Meeting Date*: November 18, 2015, Governmental Center Annex Room A-337

F. QUALITY MANAGEMENT COMMITTEE (QMC)

September 21, 2015 *Chair: C. Grant*

A. Work Plan Item Update / Status Summary:
Review Viral Load data by race, ethnicity, and age (WP Item 4.1) – CQM Staff presented the FY 2014 Viral Load Analysis for Ryan White Part A clients. The data depicted clients with unsuppressed viral load (<200 copies/mL) broken down by gender, age, race, ethnicity, risk factor and housing status (*Handout A on file*). The committee discussed the high rates of unsuppressed viral load in the 18-28 and 29-28 age groups, especially for Black males and females. The committee also noted high rates of unsuppressed viral load for the following risk factors: Perinatal transmission, Black MSM, and Black Heterosexual. Staff will present a summary of the viral load analysis and recommendations to the PSRA, SOC, and NAE Committees. Needs Assessment and Evaluation (NAE) Committee Request – The committee identified populations with unsuppressed viral load to recommend to the NAE Committee. The committee identified the following populations for the 18-28 and 29-38 age groups: Black non-Hispanic Heterosexual Males, Black non-Hispanic Heterosexual Females, and Black non-Hispanic MSM as target populations for focus groups. The committee requested additional information regarding whether or not these populations were prescribed and/or adherent to medications and what the barriers to viral load suppression are.
B. Rationale for Recommendations:
Based on the viral load analysis data, the QMC recommends that the NAE Committee target the following populations with Needs Assessment activities: Black non-Hispanic Heterosexual Males, Black non-Hispanic Heterosexual Females, and Black non-Hispanic MSM within the 18-28 and 29-38 age groups.
C. Data Reports / Data Review Updates:
FY 2014 Viral Load Analysis for Ryan White Part A unsuppressed clients.
D. Data Requests:
Length of Diagnosis (<1 year, 1-5 years, 5-10 year, 10+ years) and Ryan White Part A OAMC utilization for clients with unsuppressed viral load.
E. Other Business Items:
None.
F. Agenda Items for Next Meeting:
Agenda Items for Next Meeting: Review data request (WP Item 1.1), Review Needs Assessment Findings (WP Item 4.1), Quarterly Network update (WP Item 3.1) *Next Meeting Date*: November 16, 2015, 9:30 *Venue*: TBD

G. SYSTEM OF CARE COMMITTEE (SOC)

September 25, 2015 *Vice Chair: D. Sabatino*

H. EXECUTIVE COMMITTEE

September 15, 2015 *Chair: W. Spencer Vice Chair: Y. Reed*

Meeting Cancelled Due to Quorum

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. PUBLIC COMMENT (Up to 10 minutes)

12. ANNOUNCEMENTS

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: TBD 9:30 a.m. **LOCATION:** GC-430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
Analyze Survey Results (W.P. Item 1.3)	CEC	ACTION ITEM: Analyze survey results after each community meeting to recommend future actions.
Community Events (W.P Item 1.6)	MCDC	ACTION ITEM: Identify at least 3 community events for possible recruiting.
Needs Assessment Components (W.P Item 4.1)	NAE	ACTION ITEM: Identify components for needs assessment (client survey, provider survey, focus group, key informant interviews, etc.) and timeline for completion of each component.

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

September 24, 2015 Meeting Minutes

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

1. CALL TO ORDER

The Chair called the meeting to order at 9:47 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:** Lint, A.
Action: Passed Unanimously

Motion #2: To approve the 8/27/15 meeting minutes.
Proposed by: Creary, K. **Seconded by:** Lewis, L.
Action: Passed Unanimously

3. PHONE INTRODUCTIONS

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

Mr. Murphy gave a brief update about the prospective federal funding for HIV. The House and Senate have not yet reached an agreement on full year funding for FY 2016 nor have they passed a short-term funding bill, a Continuing Resolution (CR). Continued opposition to federal funding for Planned Parenthood is the major source of the breakdown in the process. Further complicating negotiations include the looming sequester cuts to domestic spending. The 2011 Budget Control Act instituted several caps to defense and discretionary spending that are due for further drops in FY 2016. President Obama has called on Congress to waive some of those caps, including for health-related programs. Lacking sufficient votes to pass any appropriations bills regardless of length have left many to conclude that a government shut down on October 1 (the first day of the new fiscal year) is likely.

5. CONSENT ITEMS

The Chair and Staff reviewed the current Planning Council roster with the Council members. The Planning Council Chair addressed the PC members and urged them to consider their involvement in standing committees; the Chair stated that those members who are involved in every committee should prioritize their efforts and focus on just a few areas of interest. 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 #1-6 **Action:** Passed Unanimously

6. DISCUSSION ITEMS:

a. The Chair reviewed Discussion Item #1 with the committee. The PSRA Chair explained that the Committee had approved the How Best to Meet the Need language with a few revisions. The committee decided to include the previous year's MAI language, as the committee will revisit and analyze MAI funding at a later date and will bring a motion to the Council with MAI revisions when at that time.

Motion #4: To approve the FY16/17 language on How Best to Meet the Need **Proposed by:** Hayes, M. **Seconded by:** Proulx, D. **Action**: Passed Unanimously

b. Reallocations: The PSRA Vice Chair explained the rationale behind the "Sweeps" process and service funding reallocations.

Motion #5: To reallocate $675,800 from Ambulatory **Proposed by:** Siclari, R. **Seconded by:** Gammel, B. **Action:** Passed Unanimously
Motion #6: To reallocate $7,00 from Pharmaceuticals **Proposed by:** Siclari, R. **Seconded by:** Hayes, M. **Action:** Passed Unanimously
Motion #7 To reallocate $218,112 from Medical Case Management **Proposed by:** Siclari, R. **Seconded by:** Hayes, M. **Action:** Passed Unanimously
Motion #8 To reallocate $12,000 from Mental Health **Proposed by:** Siclari, R. **Seconded by:** Hayes, M. **Action:** Passed Unanimously
Motion #9 To reallocate $275,00 from Food Vouchers **Proposed by:** Siclari, R. **Seconded by:** Runkle, D. **Action:** Passed with one abstention
Motion #10 To reallocate $171,500 to Ambulatory **Proposed by:** Siclari, R. **Seconded by:** Tomlinson, K. **Action:** Passed Unanimously
Motion #11 To reallocate $120,00 to Dental **Proposed by:** Siclari, R. **Seconded by:** Runkle, D. **Action:** Passed with one abstention
Motion #12 To reallocate $73,002 to Case Management **Proposed by:** Siclari, R. **Seconded by:** Hayes, M. **Action:** Passed Unanimously
Motion #13 To reallocate $50,00 to Mental Health **Proposed by:** Siclari, R. **Seconded by:** Lewis, L. **Action:** Passed Unanimously

Motion #14 To reallocate $275,00 to Food Bank **Proposed by:** Siclari, R. **Seconded by:** Hayes, M. **Action:** Passed with one abstention
Motion #15 To reallocate $93,000 to Centralized Intake and Eligibility Determination **Proposed by:** Siclari, R. **Seconded by:** Hayes, M. **Action:** Passed with 2 oppositions
Motion #16 To reallocate $385,000 to HICP **Proposed by:** Siclari, R. **Seconded by:** Hayes, M. **Action:** Passed Unanimously

7. NEW BUSINESS

a. Regular HIVPC Elections (WP Item 3.4) (Handout C): The Chair explained that HIVPC Chair and Vice Chair elections are forthcoming. The nominating committee's Chair, Karen Creary, reviewed the Nominating Committee timeline and Nominating Policies and Procedures (Handout C) with the Planning Council members. Lamont Lewis, Carla Taylor-Bennet, Devorn Burgess, and Phillip Robertson will join the nominating committee. The Nominating Committee Chair requested that the first meeting date be moved from Tuesday, November 3rd, to Friday, November 6th at 12:30 p.m.

b. Update on Committee Chair vacancies: The Planning Council Chair appointed Marie Hayes as the new System of Care Committee Chair, and meetings will be held at CDTC in the future. A Needs Assessment and Evaluation Committee and Membership/Council Development Committee Vice Chair will be assigned at next HIVPC Meeting.

c. HIVPC Calendar (Handout D): The Council reviewed the November calendar, and discussed the cancelation of all October meetings due to grant writing. December 10th will be the date of the last HIVPC meeting of the calendar year.

8. JULY AND AUGUST COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

September 1, 2015 *Chair: A. Lint, Vice Chair: P. Fleurinord*

Report Stands, CEC is planning an upcoming Hot Topic community meeting focusing on transportation.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

September 3, 2015 *Chair: H.B. Katz, Vice Chair: vacant*

MCDC is meeting on November 5th for a Recruitment and Retention Retreat; the goal is to review and revise recruitment materials. MCDC Committee will have a table at October 1st SFAN event, Let's Get Down to Care. A member asked about the Council membership application process, and what the follow-up process is for received applications. The Staff will bring a list of current Committee and Council Applications to next meeting.

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

No September Meeting *Chair: K. Tomlinson, Vice Chair: W. Spencer*

D. LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

September 8, 2015 *Chair: D. Proulx*

Cancelled Due to Quorum.

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

September 16, 2015 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

Report Stands

F. QUALITY MANAGEMENT COMMITTEE (QMC)

September 21, 2015 *Chair: C. Grant*

Report Stands; the Committee analyzed Viral Load data, made recommendations and will forward their findings to the NAE, PSRA, and SOC Committees.

G. SYSTEM OF CARE COMMITTEE (SOC)

September 25, 2015 *Vice Chair: D. Sabatino*

Meeting canceled due to quorum.

H. EXECUTIVE COMMITTEE

September 15, 2015 *Chair: W. Spencer, Vice Chair: Y. Reed*

Cancelled Due to Quorum

9. GRANTEE REPORTS

a. Part A: The Grantee played the County's new PSA targeted at special populations within the HIV community; the ad can be seen on the County's Facebook and Twitter pages.

The Council reviewed last month's data request on number of grievances filed against Part A providers from March 2014 through May 2015. The Grantee representative explained that the 9 grievances reported were resolved within the agency, and did not need to be resolved by the Grantee. A member asked about the low number of grievances and was informed that these are written and formal grievances, not complaints called into the Grantee's office. The Grantee has recently begun to track the number and trends of non-formal complaints and has identified that most of these are miscommunications between clients and providers. A member working for a provider expressed that complaints often happen at the agency level, and those issues are often resolved on premises immediately to the satisfaction of the consumer. The Vice Chair inquired how many clients are aware about the formal grievance policies, and are informed about their rights in ways that make them feel like they can take action: do they know the difference between a verbal complaint and formal grievance? The Grantee stated that each agency is required to have a Ryan White Part A grievance poster with the grievance process listed as well as a phone number to contact. He also informed the committee that the Grantee follows up on each call and grievance. The Grantee's office is drafting a Ryan White Part A "Client Rights and Responsibilities" form, and will be bringing it to CEC for review.

Additionally, the Grantee's office is formalizing their ACA enrollment plan. Currently, information regarding potential changes to insurance plans is forthcoming. There will be multiple Enrollment Fairs in November and December with navigators at each provider site; the Grantee will send this information through the HIVPC listserv. They are asking clients enrolled in HICP not to auto-enroll until the Grantee's office can review their current plan selection. ADAP is expected to have more information about plans in the next few weeks, but Part A is warning clients that changes in information and procedures will happen before the enrollment process begins. A member asked about client eligibility, and Part A responsibilities for clients who were not eligible for ADAP. The Grantee explained that the ADAP enrollment criteria covers those clients who are within 150-249% of the Federal Poverty Level. Part A will cover clients between 250-400% FPL.

b. Part B: The Ryan White Part B representative reviewed the expenditures report for August 2015(see handout).
Another Part B representative explained that ADAP does not cancel insurance plans, but are simply 3rd party payers for clients enrolled in insurance plans. He stated that most time client cancellations are due to client's lack of follow-up on changes to their plans. He said that Part B tries to help those clients resolve those issues if possible, or will attempt to reenroll those clients in policies. The Vice Chair stated that it is necessary to explain to clients their role and responsibilities when they are enrolled in new insurance plans. The Grantee said that HRSA is developing a client information document in 3 different languages to explain policies and procedures, and Part B stated that they are attempting to thoroughly explain to this year's clients about potential issues and their responsibilities as consumers. A member asked for updates at the next HIVPC meeting about the upcoming ADAP conference. Another member said that there is a need for a workshop that thoroughly informs ADAP clients about their policies, billing, processes etc. Part B assured this will happen individually with each client enrolled. Currently, there are 3,355 clients enrolled in ADAP, of which "83%" picked up their meds; there are 307 clients enrolled into Medicare and 289 clients enrolled into the ACA marketplace.

c. Part C: The Part C representative stated that they are currently looking to hire an HIV doctor.

d. Part D: The Part D representative wanted to highlight their work with youth and young adults (especially those that were infected perinatal or at an early age) through support groups. Part D has an upcoming art exhibit, smart rides, and an annual basket brigade where community members come a fill baskets of food for clients (weekend before Thanksgiving).

e. Part F: No Part F representative was present at the meeting.

f. HOPWA: The HOPWA representative stated that the clients from their homeless program have been successfully transitioned to housing units. They are currently working with the city of Fort Lauderdale to

apply for HOPWA domestic violence grant, that houses people with HIV that have been victims of domestic violence for up to 24 months as long as they meet certain requirements. HOPWA will be seeking a letter of recommendation from HIVPC.

Motion #16: Authorize the HIVPC Chair to write and sign a letter of endorsement and collaboration for HOPWA's domestic violence grant. **Proposed by:** Moragne, T. **Seconded by:** Hayes, M. **Action:** Passed Unanimously

g. Prevention: (See Handout). PROACT program has hired an individual to work with ADAP pharmacies to find people who have not picked up medications to see if those clients have fallen out of care. They make efforts to locate those clients, and remove any barriers to reengage clients in care.

h. Commissioner Holness presented to the Planning Council his goals of making Broward County an international trade center. The Florida International Trade and Cultural Expo scheduled for October 13th at the Broward County Convention Center. The Commissioner explained the goals and scope of the expo, and gave out tickets to interested Council Members.

10. UNFINISHED BUSINESS

None

11. PUBLIC COMMENT

None.

12. ANNOUNCEMENTS

The SOC meeting scheduled for November 25th was cancelled due to quorum. The Chair released all of the SOC committee members and encouraged them to rejoin with Marie Hayes once the committee resumes meetings.

13. REQUEST FOR DATA

None.

14. AGENDA ITEMS FOR NEXT MEETING: TBD **LOCATION:**GC- 430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
HIVPC Retreat (WP Item 3.3)	HIVPC/ MCDC	ACTION ITEM: Plan annual HIVPC Retreat

15. ADJOURNMENT

The meeting was adjourned at 11:40 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		27	24				
											C						
1		1	**1**	Bhrangger, R.	X	A	X	X	X	X		X	X				
	1	0	**2**	Burgess, D.	X	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	X				
		0	**4**	DeSantis, M.	X	X	X	X	X	X		X	X				
1		0	**5**	Gammell, B.	X	X	X	Z - 4/20				X	X				
		1	**6**	Grant C.	X	X	A	X	X	X		X	X				
		1	**7**	Hayes, M.	X	X	A	X	X	X		E	X				
		5	**A**	Holness, D. V.C. (Comm)	X	X	A	A	A	A		A	X				
1		0	**8**	Katz, H.B.	X	X	X	X	X	X		X	X				
	1	0		Kuryla, S.	Z-1/21												
1			**9**	Lewis, L.	N-8/27							X	X				
1		0	**10**	Lint, A.	X	X	X	X	X	X		X	X				
1		1	**11**	Marcoviche, W.	X	A	X	X	X	X		X	X				
		2	**12**	Moragne, T.	A	X	X	X	X	X		A	X				
1		2	**13**	Parker, P.	X	X	X	A	A	E		E	E				
		2	**14**	Proulx, D.	A	X	X	A	X	X		X	X				W -1/27
1		0	**15**	Reed, Y., *V. Chair*	X	X	X	X	X	X		X	X				
	1	3	**A**	Robertson, P. (Alt 2)	A	A	X	A	E	X		X	X				W - 6/4
1		0	**16**	Runkle, D.	X	X	X	X	X	X		X	X				
		2	**17**	Schweizer, M.	X	X	X	X	X	A		X	A				
		2	**18**	Siclari, R.	X	X	X	A	A	E		X	X				W - 6/2
	1	2	**19**	Spencer, W., *Chair*	X	A	X	A	X	X		X	X				
		0	**20**	Taylor-Bennett, C.	X	X	X	X	X	X		X	X				
		0	**21**	Tomlinson, K.	X	X	X	X	X	X		X	X				
1		3	**22**	Wilkins, D.	A	X	X	X	A	A		E	X				W-7/1
1		0		Wilson, T.	X	X	Z - 3/24										
				Quorum = 12	19	20	20	16	17	16		18	20				

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: September 23, 2015

Federal Funding Update

The House and Senate have not yet reached agreement on full year funding for FY 2016 nor have they passed a short-term funding bill, a Continuing Resolution (CR). Continued opposition to federal funding for Planned Parenthood is the major source of the breakdown in the process. Further complicating negotiations is the looming sequester cuts to domestic spending. The 2011 Budget Control Act instituted several caps to defense and discretionary spending that are due for further drops in FY 2016. President Obama has called on Congress to waive some of those caps, including for health-related programs. Lacking sufficient votes to pass any appropriations bills regardless of length have left many to conclude that a government shut down on October 1 (the first day of the new fiscal year) is likely.

Given what options are realistically possible, a full year CR is the best. However, new analysis from several Washington, DC think tanks suggests that automatic spending reductions that would take effect under a "clean" CR would institute several across the board funding reductions, including those for Ryan White and other HIV/AIDS-related programs. Despite this, proposed reductions in draft House and Senate Labor-Health and Human Services appropriations bills combined with sequestration cuts would be the worst possible outcome. President Obama has threatened to veto those draft appropriations bills because of low funding totals and several policy riders he finds objectionable.

Reauthorization Prospects

Still no progress or interest in reauthorizing the Ryan White Program. House and Senate committee chairs have also failed to express an interest in oversight hearings to learn about program performance or the update to the National AIDS Strategy.

FY 2016-2017 DRAFT LANGUAGE HOW BEST TO MEET THE NEED

Blue = new language

ALL SERVICES

- Ensure all providers have HIV specific Clinical Quality Management (CQM) plans and CQM provider efforts are regularly reported through Quality Improvement (QI) Networks.
- Ensure all providers have cultural competency plans based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS standards)
- Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, and provide follow up as needed
- Ensure services are located throughout the county and agencies are accessible from public transit routes
- Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression, including but not limited to:
    - Black heterosexual men and women
    - Black men who have sex with men (MSM)
    - Non-permanently housed
    - Transgender
    - 18-38 years of age
- Increase and maintain a system for follow up efforts with clients who have missed appointments to determine if clients are really not in care or have moved to a different payer source.

PART A CORE SERVICES

Outpatient Ambulatory Health Services (OAMC)

- Continue to ensure access to nutritional counseling/therapy services
- Ensure communication between primary care providers, nutrition counselors, and other service providers about client nutritional outcomes that may impact outcomes in other services
- Conduct basic Mental Health /Substance Abuse (MH/SA) assessments within the SDM
    - Consider role of culture/stigma related to accessing MH/SA
- Refer to appropriate services/follow-up.
- Ensure services are available to People Living With HIV/AIDS (PLWHAs) in all Broward geographic areas through selection of providers located in areas where prevalence is highest

AIDS Pharmaceuticals (Local)

- Ensure only locally available AIDS Drug Assistance Program (ADAP) approved antiretroviral drugs (ARVs) are added to formulary
- Ensure payer of last resort through application/enrollment in ADAP, AIDS Insurance Continuation Program (AICP), medication co-pay, Health Insurance Continuation Program (HICP), Medicaid, Medicare, private health insurance, and the use of medications with Patient Assistance Programs (PAPs) when appropriate

Oral Health Care (OHC)

- Maintain specialty oral health care service definition provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals

Health Insurance Continuation Program (HICP)

- Purchase health insurance marketplace plans that are from the approved list developed by Part A and ADAP; plans will provide comprehensive primary care and pharmacy benefits that provide a full range of HIV medications
- Ensure a mechanism for including coverage for medical and pharmaceutical co-payments

Mental Health Services

- Ensure services to stabilize mental health and facilitate treatment adherence
- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and mental health issues and substance use, that may include alternative delivery systems when appropriate (for example, non-clinical and co-location settings)
- Ensure communication between mental health and substance abuse providers if client is receiving both services
- Ensure communication between mental health providers and other service provider about mental health client outcomes that may impact outcomes in other services
- Implement mental health services that target the socio-sexual-cultural needs of populations not achieving health outcomes, including clients not retained in care, not virally suppressed, and not meeting specific plan of care goals

Disease (Medical) Case Management

- Ensure client education to increase self-sufficiency, including how to read and understand labs, medication adherence, and navigating the continuum of services in Broward County
- Assess barriers and implement strategies to address adherence including referrals for further counseling
- Provide health education and reinforce strategies for risk behavior reduction
- Ensure a standardized MH/SA screening mechanism as part of the SDM
    - Consider role of culture/stigma related to accessing MH/SA
    - Refer to appropriate services/follow-up.

Substance Abuse Services - Outpatient

- Ensure services to stabilize substance abuse issues and facilitate treatment adherence
- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and substance abuse issues as well as any mental health issues, that may include alternative delivery systems when appropriate
- Ensure communication between mental health and substance abuse providers if client is receiving both services
- Ensure communication between substance abuse providers and other service provider about substance abuse client outcomes that may impact outcomes in other services
- Implement substance abuse services that target the socio-sexual-cultural needs of populations not achieving health outcomes, including clients not retained in care, not virally suppressed, and not meeting specific plan of care goals

PART A SUPPORT SERVICES

Centralized Intake and Eligibility Determination (CIED)

- Support outreach, benefits counseling and enrollment activities for all 3rd party funded programs
- Ensure rapid linkage of newly diagnosed and individuals out of care, by ensuring an adequate number of appointments in geographic areas with large populations of newly diagnosed
- Ensure linkages to ambulatory medical and other service systems
- Ensure coordination with key points of entry including Prevention, Counseling and Testing (CTS), other Ryan White (RW) Parts, hospitals, correctional facilities and substance abuse programs
- Ensure providers have active, focused Memorandum of Understanding (MOUs), with key points of entry
- Increase awareness of other programs in Broward County that will be of benefit to clients, especially programs that will help with barriers to care

(Non-Medical) Case Management

- Ensure client education about transitioning to insurance plans, including medication pick up, co-payments, staying in network, etc.

- Ensure client education to increase self-sufficiency
- Provider demonstrates an understanding of client barriers to care and service needs and the means to address them
- Improve client understanding of services and assist in their ability to self-navigate the system of care
- Support benefits counseling and enrollment activities of RW clients into private health insurance plans through the Health Insurance Marketplace and/or Medicaid

Food Services

- Increase communication with client primary care physicians and nutrition counselors to ensure client nutritional needs are being met

Legal Services

- Continue to ensure access to legal services including preparation of medical-legal documents, estate planning, and eligibility for various benefits.
- Refer to appropriate legal services for issues that fall outside the scope of Ryan White legal services.
- Ensure services to stabilize legal/housing/financial health and access to benefits resulting in increased self-sufficiency.
- Ensure linkages to other service providers.
- Ensure client education to increase self-sufficiency through awareness of eligible benefits and screening for necessary medical-legal documents.

MAI Medical Case Management (</=300% FPL)

- Ensure that services are incorporating a strength-based approach that is conducted by peers
- Ensure short-term services and that clients are integrated into Part A Medical Case Management (MCM)
    - Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression
- Provide information about importance of medication adherence
- Assess barriers and implement strategies to address adherence including referrals for further counseling
- Ensure a standardized MH/SA screening mechanism as part of the SDM
    - Consider role of culture/stigma related to accessing MH/SA
    - Refer to appropriate services/follow-up and client reassessment. Respect refusal of services and if appropriate suggest alternatives (e.g., church, spiritual healing)
- Provide health education and reinforce strategies for risk behavior reduction

DRAFT

2015 AD-HOC NOMINATING COMMITTEE TIMELINE

Activity	Proposed Date
First ad-Hoc Nominating Committee meeting. Review & approve procedures and questionnaire.	November 3, 2015
HIVPC meeting. Procedure & questionnaire approved by HIVPC. Questionnaire given to all eligible parties interested in running. Candidates have two weeks to submit the questionnaire to HIVPC staff.	November 19, 2015
Deadline to return completed questionnaire to HIVPC staff.	December 3, 2015
HIVPC meeting. Present slate of candidates and ask for verbal call of nominations. Q&A session for all candidates. Candidates nominated from the floor have two weeks to submit questionnaire to HIVPC staff.	December 10, 2015
Deadline to return completed questionnaire to HIVPC staff for candidates nominated from the floor.	December 24, 2015
Nominations closed.	December 24, 2015
Second ad-Hoc Nominating Committee meeting. Review & approve slate of candidates, election process, and ballots.	January 7, 2016
HIVPC meeting. Candidates presented and voting takes place. Votes read into record. Candidate chosen becomes Vice Chair beginning February 1, 2016.	January 28, 2016

HANDOUT C

NOMINATING PROCEDURE

FOR REGULAR ELECTIONS

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

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

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

NOMINATIONS WILL THEN BE CLOSED.

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

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

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

Before the close of the January meeting, the Chair of the Nominating Committee will announce the new officers and read each vote into the record. Terms of office are effective at the first meeting in March.

FOR SPECIAL ELECTIONS

In the event of the resignation or other reason for vacating the Chair or Vice Chair positions, a special election will be held following the procedures outlined above. Dates may vary based on the timing of the resignation.

November 2015

Broward County HIV Health Services Planning Council Calendar

HANDOUT D

Last Updated: 9/22/2015

Meeting dates & times are subject to change. Unless otherwise noted, meetings are held at: Governmental Center Annex, Ryan White Part A Program Office, 115 S. Andrews Ave.; Ft. Lauderdale, 33301. Please contact support staff at 954-561-9681 ext. 1250 or visit http://www.brhpc.org for updates.

Monday	Tuesday	Wednesday	Thursday	Friday
2	3 **Case Management** 9:30 a.m., A-337^ **Community Empowerment Committee (CEC)** 3:00 p.m., TBD	4	5 **Membership/Council Development Committee (MCDC)** 9:30 a.m., TBD	6
9 **Needs Assessment / Evaluation Committee (NAE)** 1:00 p.m., A-335^	10 **Local Pharmacy Advisory Committee (LPAC)** 9:30 a.m., A-337^ **HIVPC Coordination** 12:30 p.m., A-335^	11 **Veterans Day**	12	13 **SFAN** 10:00 a.m.~
16 **Quality Management Committee (QMC)** 12:30 p.m., A-335^	17 **Executive Committee** 9:30 a.m., A-337^	18 **Priority Setting and Resource Allocation Committee (PSRA)** 12:30 p.m., A-337 **Medical QI Network** 2:00 p.m., A-335^	19 **HIV Planning Council (HIVPC)** 9:30 a.m., GC 430^	20
23	24	25	26 **Thanksgiving**	27
30				

^Governmental Center —115 S Andrews Ave, Ft. Lauderdale, 33301
~Dorothy Mangurian Comp. Center—1000 NE 56th St, Ft. Lauderdale, 33334

Meetings in ~~**Red**~~ are cancelled.
Meetings in **Blue** are for the HIV Planning Council Committees & QI Networks.

November 2015

Broward County HIV Health Services Planning Council Calendar

HANDOUT D

Last Updated: 9/22/2015

Dates and times are subject to change. Visit http://www.brhpc.org/programs/hiv-planning-council/ for updates. For questions about the HIV Planning Council & Committees, please contact Adam Bente at 954-561-9681 ext. 1250. For questions about the QI Networks, please contact Brithney Johnson at 954-644-2774.

TODOS ESTAN BIENVENIDOS!

A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Acceso de Downtown Bus Terminal y Tri-Rail/Broward County Transit)

Para confirmar información acerca de la reunión de Consejo de Planeación VIH, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.

ALL ARE WELCOME!

Unless otherwise noted on the calendar, all meetings are held at:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit)

To confirm HIV Planning Council meeting information, or reserve special needs services such as: Translation from English to Spanish or Creole; or, are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.

BON VINI!

Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fèt:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit)

Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

Membership/Council Development Committee (MCDC) - Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Needs Assessment/Evaluation (NAE) Committee - Develops and updates the annual Needs Assessment, including determining focuses for the client survey, provider survey, and client focus groups. Evaluates and updates the Comprehensive Plan to determine progress.

Quality Management Committee (QMC) - Ensures highest quality HIV medical care and support services for PLWHA by developing client and system based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff/client training/education.

Priority Setting Resource Allocation (PSRA) Committee - Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.

System of Care (SOC) Committee - Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

Executive Committee - Sets agenda for Council meetings. addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and services provided to all patients receiving Part A and MAI-funded services.