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

HANDOUT B

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING AGENDA

Tuesday, August 16, 2016, 9:30 a.m.
A-337

Chair: Brad Gammell **Vice Chair:** Requel Lopes

Reminder: *Meeting attendance confirmation required at least 48 hours prior to meeting date*

The 8/16/16 HIVPC Agenda was approved by HIVPC Support Staff

1. **CALL TO ORDER**
2. **WELCOME AND PUBLIC RECORD REQUIREMENTS** (5 minutes)
   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 8/16/16 Meeting Agenda
   f. Approval of 7/28/16 Meeting Minutes
3. **PHONE INTRODUCTIONS**
4. **FEDERAL LEGISLATIVE REPORT** (Handout A) (5 minutes)
5. **CONSENT ITEMS**
   None.
6. **EDUCATION AND TRAINING** (Handout B)(Up to 45 minutes) HIV Prevention, Care and Treatment Integrated Plan Overview and Next Steps
7. **DISCUSSION ITEMS**

#	MOTION	JUSTIFICATION
1	To approve the 5-Year HIV Prevention, Care and Treatment Integrated Plan Goals, Objectives, Strategies and Activities	The Integrated Plan Goals, Objectives, Strategies and Activities will be used as a guidance for Prevention, Care and Treatment in Broward County for the next 5 years. Highlighted activities from the plan will be included in the HIVPC and it's Committees' work plans.
2	To approve the HIVPC Chair to sign the Letter of Endorsement supporting the submission of the final Integrated HIV Prevention Care and Treatment 5 Year Plan	Once the Plan is approved by the Integrated Committee, the HIVPC Chair will sign a Letter of Concurrence affirming that the HIVPC agrees with the priorities and strategies proposed by the Plan, as a joint planning process with the BCHPPC.

8. **NEW BUSINESS**
   Discuss the Florida Sunshine Law as it pertains to Social Media.
9. **COMMITTEE REPORTS** (10 minutes)
   A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)
   August 2, 2016 *Chair: L. Robertson, V. Chair: P. Fleurinord*

A. Work Plan Item Update / Status Summary:

CEC Meeting Time: The committee discussed whether the meeting time was still accommodating to the members of the committee. The former meeting time for the CEC was at 1:00 p.m., but the times were changed to accommodate the CEC Chair and Vice Chair who are both members of the Black Treatment Advocates Network (BTAN), whose meetings are held at 1:00 p.m. The members discussed their individual scheduling conflicts, determined the meeting date and time will remain at 3:00 p.m. on the first Tuesday of each month, but will discuss potential time changes at a later date if necessary.

Assessment of the Administrative Mechanism: Members of the committee were provided an overview of the importance of the Assessment of the Administrative Mechanism Survey. The HIVPC AAM Survey will be used to assess the efficiency of the Grantees Office in terms of planning, resource allocation, timely updates and taking the recommendations of the HIVPC. CEC members who were also members of the HIVPC took the 2016 Assessment of the Administrative Mechanism HIVPC Survey on iPads.

Meeting Events and Topics: Members discussed a meeting and events calendar for the remainder of the year. Topics included ideas for community training and education sessions, as well as potential events at which to table and participate. The members discussed holding educational sessions about PrEP and PEP, or an overall medication training that explains the different kind of HIV prevention and treatment pharmaceuticals. Other ideas included training on epidemiology, with an emphasis on how and why some areas of Broward County are more affected than others and a community feedback forum for the Haitian community to discuss Ryan White services, health practices and outreach.

The members identified upcoming events, including: National Gay Men's HIV Awareness Day, Latino HIV Awareness month, a PRIDE Center Town Hall meeting ("Safer sex practices in a sex positive world"), a Back to School Health Fair, and World AIDS Day events. They discussed developing a simple survey to collect information at every event. The committee also agreed that each CEC member to bring their friends, neighbors, or interested parties to each upcoming event going forward.

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: TBD *Next Meeting Date*: TBD *Location*: Government Center Room A-337

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

No Meeting *Chair: K. Creary Vice Chair: V. Foster*

C. QUALITY MANAGEMENT COMMITTEE (QMC)

Cancelled For Lack of Quorum *Chair: C. Grant Vice Chair: A. Earp*

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

August 17, 2016 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

E. SYSTEM OF CARE COMMITTEE (SOC)

No Meeting *Chair: M. Hayes Vice Chair: C. Edwards*

F. INTEGRATED COMMITTEE

August 8, 2016 *Co-Chair: W. Spencer Vice Co-Chair: C. Taylor-Bennett*

Integrated Plan Timeline:

August 8th- Committee reviewed the Integrated HIV Prevention Care and Treatment Plan goals, objectives, and activities.
August 11th- HIVPC Coordination meeting. Will Spencer provided a short presentation on the goals and objectives of the Integrated Plan and answer questions from members and meeting participants.
August 16th- Integrated Plan for review and approval by the HIVPC.

G. EXECUTIVE COMMITTEE

No Meeting *Chair: B. Gammell Vice Chair: R. Lopes*

****For detailed discussion on any of the above items, please refer to the meeting minutes. ****

10. GRANTEE REPORTS (15 minutes)

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

11. UNFINISHED BUSINESS

None.

12. PUBLIC COMMENT (Up to 10 minutes)

13. ANNOUNCEMENTS (Up to 10 minutes)

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: October 27, 2016 9:30 a.m. **LOCATION:** GC-430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*

16. 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 •

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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

July 28, 2016 Meeting Minutes

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Bell, J.		**A**		Arencibia, Y.
2	Bhrangger, R.	**X**			Hudson, T.
3	Burgess, D.	**X**			Little, S.
4	DeHoyos, F.	**X**			Anderson, S.
5	DeSantis, M.	**X**			Booth, K.
6	Creary, K.		**A**		Rodriguez, J.
7	Gammell, B. *Chair*	**X**			
8	Grant, C.		**A**		**Grantee Staff**
9	Hayes, M.	**X**			Degraffenreidt, S.
	Holness, Comm. D.V.C.		**A**		Green, W.
10	Huggins, L.	**X**			Card, W.
11	Katz, H. B.	**X**			Odusanya, S.
12	Lint, A.	**X**			
13	Lopes, R. *Vice Chair*		**A**		
14	Marcoviche, W.	**X**			
15	Moragne, T.	**X**			**HIVPC Staff**
16	Parker, P.	**X**			Ewart, L.
17	Reed, Y.,		**A**		Holloman, K.
18	Robertson, L.	**X**			Johnson, B.
19	Runkle, D.	**X**			
20	Schweizer, Dr. M.		**A**		
21	Siclari, R.	**X**			
22	Spencer, W.,	**X**			
23	Taylor-Bennett, C.	**X**			
24	Thomas-Purcell, K.		**A**		
A1	Robertson, P. (Alt)	**X**			
A2	Shamer, D. (Alt)	**X**			
	Quorum=13	**19**			

1. CALL TO ORDER

The Chair called the meeting to order at 9:38 a.m.

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

The HIVPC 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 following motions were made:

Motion #1: To approve today's agenda
Proposed by: Hayes, M. **Seconded by:** Katz, H.B.
Action: Passed Unamiously

Motion #2: To approve the 6/22/16 meeting minutes.
Proposed by: Runkle, D. **Seconded by:** Parker, P.
Action: Passed Unamiously

3. PHONE INTRODUCTIONS

None

4. FEDERAL LEGISLATIVE REPORT
None

5. CONSENT ITEMS
None

6. EDUCATION AND TRAINGING

a. PSRA Presentation- Carla Taylor-Bennett, the Chair of the PSRA committee, gave a presentation to the members on the PSRA process. She reviewed the PSRA process, and outlined the different sets of data that the PSRA committee reviewed to determine priority rankings, How Best to Meet the Need language (HBTMTN) and allocations for the 2017-2018 fiscal year. The data sets include Broward 2014 epidemiology, Unmet Needs, Early Identification of Individuals with HIV/AIDS (EIIHA), 2011-2015 Part A services utilization, Part A service scorecards and all funder expenditure data. The PSRA Chair spoke about the robust collaborations between community partners and Part A that allow the PSRA committee to fund some services while other funders support complimenting services. She spoke about the need to have consumer input through needs assessment and surveys, as well as the challenges in getting consumers to participate in feedback loops. She noted that the epidemiology shows that people with HIV are living longer, and with an aging population comes a host of other co-morbidities and health needs that must be addressed with the virus. The Chair explained the FY17-18 allocations, stressing that the presented numbers are initial allocations serving as a best guess on service category expenditures. She reminded the members that each fiscal year has 2 reallocations or "Sweeps" sessions where funding can be adjusted according to the current need of the service and providers. She stated that the CEC ranks the core and support service categories first, and the PSRA committee uses the CEC rankings as a data element in their own deliberation process. She noted that both the PSRA and CEC rankings were similar in most categories. The HBTMTN language is given to the grantee as HIVPC guidance regarding providers' contracts and service delivery. The new Outreach service will be used to locate Part A clients lost to care and reengage them along the continuum through Disease Intervention Specialists at the FLDOH-BC. Another member asked how DIS will locate lost clients. Clients will be referred by provider agencies, and DIS workers will visit past addresses and contacts to locate lost clients.

An HIVPC member stated that Part B has recently changed their bus pass system, and that she would like to earmark Part A transportation funding to address potential gaps left by the Part B changes. The HIVPC Chair stated that to add additional allocation items would open up all service allocations for Planning Council discussion, or the HIVPC would need to send the item back to the committee for review. She stated that if the need arises for Part A transportation funding at a later date, the PSRA committee can sweep money into transportation as the service has been ranked. Josh Rodriguez for the FLDOH-BC stated that he was here to address any questions about Part B bus passes. He stated that Ryan White is the payer of last resort, and until recently, Part B was providing monthly bus passes to clients rather than daily passes because many clients needed multiple transfers to get to appointments. However, Part B has learned that the Broward County Transit system provides monthly bus passes for those under 250% FPL. Part B is calling clients who meet said criteria and are applying for free bus passes for them. For those clients who are not eligible for free BCT passes, Part B will provide a daily pass for each appointment (Food Bank, OAMC, etc.). A member stated that she has concerns that clients' number one barrier is transportation, and that changing the process will limit people's self-efficacy. The Part B representative stated that each client will need to work with their case manager each month to plan their appointments and how many bus passes they will need for the month. The Human Services Administrator stated that he has concerns about the perception of gaps and restrictions on Part B bus passes, and that he believed that the funders needed to have a conversation about changes before any vote was made by the HIVPC. The PSRA Chair stated that this is an operational issue, and that there are the mechanisms in place to make adjustments through the rankings and "sweeps" process. She believed that delaying the vote would create a time constraint for HIVPC approval before the release of the Part A grant application.

Motion #3: To table the PSRA allocations process to discuss need for transportation funding at the committee level
Proposed by: Runkle, D.
Seconded by: Lint, A.
Discussion: A member stated that those in need of a bus pass can go to the Broward County Transit website and fill out a form for a free pass. The HIVPC Chair stated that the PSRA committee ranks all of the core and support services based on the recommendation from a consultant, and if the committee decides the need for

funding a service later they can do so. A member clarified that she did not mean for the vote to be tabled when she brought up concerns about her patients and transportation funding. She stated that if there is a mechanism to fund services at a later date then she does not believe in delaying the allocations vote.
Action: 6 in favor, 8 opposed.

A member stated that she did not see any data about transgender client in the PSRA presentation and that concerned her. The PSRA Chair stated the scorecards had information about transgender viral load suppression for each service category. The PSRA process focuses on the allocation of dollars, but adds specific language in the HBTMTN language about the collection of data on transgender individuals who receive eligibility through CIED, which will address gaps in data not captured at the state level on transgender populations. A member referred to the Allocations' Factors to Consider, scorecards and HBTMTN documents to show specific references to the Part A transgender population.

7. DISCUSSION ITEMS

Motion #4: To approve the FY 2017-2018 core service category rankings
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Action: Passed Unanimously

Motion #5: To approve the FY 2017-2018 support service category rankings.
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Action: Passed Unanimously

Motion #6: To approve the FY 2017-2018 How Best To Meet The Need
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Action: Passed Unanimously

Motion #7: To approve the recommended allocation of $6,426,056 for OAMC services
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Action: Passed Unanimously

Motion #8: To approve the recommended allocation of $667,165 for Pharmacy services.
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Action: Passed Unanimously

Motion #9: To approve the recommended allocation of $2,687,049 for Oral Health services.
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Action: Passed Unanimously with 1 Abstention

Motion #10: To approve the recommended allocation of $760,000 for HICP services.
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Action: Passed Unanimously

Motion #11: To approve the recommended allocation of $523,900 for Medical Case Management-Disease Management services.
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Action: Passed Unanimously

Motion #12: To approve the recommended allocation of $375,807 for Mental Health services.
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Action: Passed Unanimously with 1 Abstention

Motion #13: To approve the recommended allocation of $338,010 for Substance Abuse services.
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Action: Passed Unanimously with 1 Abstention

Motion #14: To approve the recommended allocation of $750,564 for Centralized Intake and Eligibility Determination (CIED) services.
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Action: Passed with 1 Opposition

Motion #15: To approve the recommended allocation of $67,500 to Emergency Financial Assistance Services
Proposed by: Taylor-Bennett, C.
Seconded by: Huggins, L.
Action: Passed Unanimously

Motion #16: To approve the recommended allocation of $250,000 to Outreach services
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Action: Passed Unanimously

Motion #17: To approve the recommended allocation of $1,565,899 for Case Management-Non-Medical services.
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Action: Passed Unanimously

Motion #18: To approve the recommended allocation of $752,504 for Food Bank services.
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Discussion: A member asked why the Publix gift cards supplied by the Food Bank were limited to purchasing only fruits and vegetables. The HIVPC Chair explained that the FB limits cards to purchasing fruits and vegetables only to ensure that clients with potential co-morbidities buy only items that are of nutritional value and not high in carbohydrates or proteins.
Action: Passed Unanimously with 1 Abstention

Motion #19: To approve the recommended allocation of $130,260 for Legal services.
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Action: Passed Unanimously

Motion #20: To approve the recommended allocation of $323,345 for Minority AIDS Initiative (MAI) Medical services.
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Action: Passed Unanimously

Motion #21: To approve the recommended allocation of $82,602 for MAI Medical Case Management services.
Proposed by: Taylor-Bennett, C.

Seconded by: Shamer, D.
Action: Passed Unanimously

Motion #22: To approve the recommended allocation of $58,180 for MAI Mental Health services.
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Discussion: A member asked why the allocation for MAI Mental Health was only $58,000, which seemed low to him. The PSRA Chair stated that MAI funding is only billed for specific targeted populations, and will be used as a part of the MAI programs. The rest of Part A clients going through MH will be billed from the Part A funding pool.
Action: Passed Unanimously

Motion #23: To approve the recommended allocation of $503,418 for MAI Substance Abuse services.
Proposed by: Taylor-Bennett, C.
Seconded by: Runkle, D.
Action: Passed Unanimously

Motion #24: To approve the recommended allocation of $222,725 for MAI CIED services.
Proposed by: Taylor-Bennett, C.
Seconded by: Katz, H.B
Discussion: A member asked about the MAI CIED services, and the PSRA Chair explained that clients received the same service but though different billing mechanism for certain populations. The member expressed concern about continuing funding for a services he feels is ineffective. Another member stated that on other EMA's fiscal allocations is full day process with the entire Planning Council. The HIVPC Chair stated that all the work of the Broward EMA is done on the committee level and comes to the HIVPC for final approval. The PSRA has been going their data and allocations process for the last 6 months, and that the time for questioning the process was during the committee meetings.
Action: Passed Unanimously

Motion #25: To approve the recommended allocation of $25,000 for MAI Outreach services.
Proposed by: Taylor-Bennett, C.
Seconded by: Shamer, D.
Action: Passed Unanimously

8. JULY COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

July 5, 2016 *Chair: L. Robertson, V. Chair: P. Fleurinord*
Report Stands.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

No Meeting *Chair: K. Creary Vice Chair: V. Foster*

C. QUALITY MANAGEMENT COMMITTEE (QMC)

July 18, 2016 *Chair: C. Grant Vice Chair: A. Earp*
No Chair present to provide report.

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

July 20, 2016 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*
Report Stands.

E. SYSTEM OF CARE COMMITTEE (SOC)

No Meeting *Chair: M. Hayes Vice Chair: C. Edwards*

F. EXECUTIVE COMMITTEE

July 21, 2016 *Chair: B. Gammell Vice Chair: R. Lopes*
Report Stands.

G. INTEGRATED COMMITTEE

July 25, 2016 *Co-Chair: W. Spencer Vice Co-Chair: C. Taylor-Bennett*

Report Stands.

9. GRANTEE REPORTS

a. Part A: The Part A Grantee representative told the HIVPC members that the County will release the Part A services RFP in mid-August, and that the elements approved through the FY17-18 HBTMTN will be included in the RFP. The Grantee's Office is currently completing their HRSA conditions of award. USCA will be held September 15th-18th at the Hollywood Diplomat. The Grantee's Office will provide scholarships for all unaffiliated HIVPC members. August 12th deadline for youth registration for USCA. The Grantee and HIVPC Staff had abstracts accepted at the Ryan White Conference in Washington, D.C.

b. Part B: 3,600 clients enrolled in ADAP in June. Of those: 87% picked up their medications and over 90% were virally suppressed. As of July 1st ADAP Premium Plus clients will be allowed to receive their medications from pharmacies not in the CVS network. ADAP will send out a list of participating pharmacies on the network, including AHF, Quick Script, some Walgreens and Publix pharmacies. Please remember that ADAP is an adherence program, and the only way for ADAP to know when people pick up their medications is when their claims are processed. Individuals who have met their out of pocket maximum are required to call in on a monthly basis to inform ADAP their medications have been picked up or their plans will cancel. ADAP is working to develop a website for clients to recertify and submit their documents online.

c. Part C: No representative present.

d. Part D: No representative present.

e. Part F: No representative present.

f. HOPWA: The modernization formula has been approved and activated by the federal government. The new formula will take effect in FY17-18, and has moved to use CDC and HRSA's calculation for epidemiology. It will also take into account poverty factor and FMR (Fair Market Rent). No area will lose more than 5% a year over 5 years, and no area will get more than a 10% increase. This may mean different scenarios for Broward County. Starting October 1st, HOPWA will move to a 6 month income certification from the previous 90 day certification to allow more time to focus on housing needs. All clients must update HOPWA on any changes in their financial situation during those 6 months. The HIVPC Chair stated that this fall's educational trainings will focus on housing, and asked members to send questions to Staff about topics and questions that they would like reviewed and answered.

g. Prevention: No report.

10. UNFINISHED BUSINESS

None.

11. ANNOUNCEMENTS

a. The HIVPC Chair reviewed the upcoming HIVPC Calendar with the members. He stated that they have changed the date for the August meeting to the 16th. Staff will send out reminders for the date change, and the Chair urged the members to please confirm their attendance with Staff by August 12th to ensure quorum for the ratification of the Integrated Plan. Most meetings will be cancelled in September to write the Part A grant. There will be 1 meeting in December: a mandatory all day retreat for HIVPC and committee members. The Chair asked the members to plan ahead and make arrangements to attend the retreat.

12. PUBLIC COMMENT

None.

13. REQUEST FOR DATA

None.

14. AGENDA ITEMS FOR NEXT MEETING: August 16, 9:30 a.m. LOCATION: GC- 430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
HIV Integrated Prevention, Care and Treatment Plan	*IC*	ACTION ITEM: Review and approve the Integrated Plan

15. ADJOURNMENT

The meeting was adjourned at 11:30 a.m.

HIVPC ATTENDANCE CY 2016

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	28	25	C	28	26	23	28						
			1	Bell, J.	X	X		X	X	X	A						
1	1	1	**2**	Bhrangger, R.	X	X		X	A	X	X						
1	1	0	**3**	Burgess, D.	X	X		X	X	X	X						
	1	1	**4**	Creary, K.	X	X		E	E	E	A						
	1		**5**	DeHoyos, F.	N-4/28			X	X	X	X						
		2	**6**	DeSantis, M.	X	X		X	A	A	X						
1	1	0	**7**	Gammell, B., *Chair*	X	X		X	X	X	X						
		2	**8**	Grant C.	X	X		X	A	X	A						
		3	**R**	Guttierrez, H.	A	A		A	W-3/10, R-5/10								
		0	**9**	Hayes, M.	X	X		X	X	X	X						
		5	**A**	Holness, D. (Comm)	A	X		A	A	A	A						
1	1	0	**10**	Huggins, L.M.	X	X		X	X	X	X						
1	1	0	**11**	Katz, H.B.	X	X		X	X	X	X						
		0	**Z**	Lewis, L.	X	Z-2/1/16											
1	1	0	**12**	Lint, A.	X	X		X	X	X	X						
		0	**13**	Lopes, R., *V. Chair*	X	X		X	X	X	A						
1	1	1	**14**	Marcoviche, W.	X	X		X	A	X	X						
		0	**15**	Moragne, T.	X	X		X	X	X	X						
		3	**R**	Myers-Culpepper, K.	A	A		A	W-3/10, R-5/10								
1	1	3	**16**	Parker, P.	A	E		X	A	A	X						
		1	**Z**	Proulx, D.	X	A		X	Z- 5/1								
1	1	1	**17**	Reed, Y.	X	X		X	X	X	A						
	1	0	**18**	Robertson, L.	X	X		X	X	X	X						
1	1	0	**Al**	Robertson, P.	X	X		E	X	X	X						
1	1	0	**19**	Runkle, D.	X	X		E	X	X	X						
		2	**20**	Schweizer, M.	X	X		E	A	X	A						
1	1		**Al**	Shamer, D.	N-4/28			X	A	A							
		1	**21**	Siclari, R.	X	X		X	X	A	X						
	1	1	**22**	Spencer, W.	X	X		X	A	X	X						
		2	**23**	Taylor-Bennett, C.	X	A		X	X	A	X						
			24	Thomas-Purcell, K.	N-4/28			X	A	X	A						
		2	**R**	Tomlinson, K.	X	A		A	W-5/10, Z- 5/20								
				Quorum = 13	24	20		20	14	20	19						

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

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

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: August 12, 2016

Federal Funding Update

While there was a flurry of activity to advance previously unfinished appropriations bills, the onset of presidential nominating conventions and the annual August recess brought about a halt to work. The Fiscal Year (FY) 2017 Labor-Health and Human Services-Education appropriations bill was approved by the full committee in the Senate in June. It awaits a vote by the full Senate. The bill includes $2.293 million for Ryan White programs, a decrease of roughly $29 million. Of this, $655 million is for Part A grantees, $1.315 million for Part B, and $900.3 million for ADAP. These areas are level funded from FY 2016. The cuts come from a reduction to early intervention services, which fund competitively to primary healthcare providers to enhance healthcare services.

The House Appropriations Committee approved its version of the bill on July 14. It includes $2.322 million for Ryan White programs, the same as in FY 2016. Part A and Part B are also level funded, along with $900.3 million for ADAP.

There is no clear vision for wrapping up work on all appropriations bills. There is little time left on the legislative calendar of either chamber. It is likely that these bills will be considered in a post-election, lame duck session, in mid-November. The outcome of the election (who controls Congress and who wins the presidency) will determine if they wrap up all works after the election or if they just pass as continuing resolution through to early 2017 (after the new President takes office).

Reauthorization Prospects

Given the continued focus on eliminating the Affordable Care Act, we still do not expect the House or Senate to look at reauthorization of the Ryan White Program. As long as the President continues to budget for it as he has and Congress provides funding, the program will operate much as it has.

Section II: Integrated HIV Prevention and Care Plan

Integrated HIV Prevention and Care Plan: The advancing intersection of HIV prevention, care, and treatment has prompted Broward County to adopt new HIV prevention, care and treatment strategies. The goal of integration in Broward County is to streamline HIV prevention and care planning in a manner that will enhance prevention efforts for the highest risk populations. It will also improve the metrics along the Continuum of Care for those infected with HIV to create a coordinated response to the HIV epidemic and a seamless provision of HIV services. These metrics include the percentage of persons diagnosed and living with HIV, percentage linked to care, percentage retained in care and percentage with suppressed viral load. Broward Ryan White HIV/AIDS Program recipients work closely with the FL Department of Health- Broward County (FLDOH-BC) Centers for Disease Control (CDC) funded HIV prevention program, other funders, and community stakeholders to ensure an integrated Continuum.

This integrated approach to prevention and care has allowed Broward County to have a clear road map to effectively plan for the provision and coordination of services for People Living With HIV/AIDS (PLWHA) in Broward County. It also allows for the most efficient use of limited resources by minimizing duplication of services. Integration of planning activities between the HIV Health Services Planning Council (HIVPC) and Broward County HIV Prevention Planning Council (BCHPPC) program will help the Eligible Metropolitan Area (EMA) to progress further in reaching the National HIV/AIDS Strategy (NHAS) goals and improve outcomes along the Continuum.

The Integrated Plan described below is reflective of the goals, objectives, strategies and activities of the HIVPC and BCHPPC planning efforts which were developed based on the implementation of the Part A Comprehensive Plan and Jurisdictional Prevention Plan. It is important to note that the activities described in this plan are overarching coordinated activities that support the individualized efforts of both planning councils and their workgroups, as evidenced in their respective work plans. As such, specific activities for priority populations are addressed in the aforementioned attachments. The HIVPC and BCHPPC will continue to function as separate bodies to implement the assigned activities required in this plan as well as in their individual work plans.

In addition to incorporating both planning bodies' previously developed Plans and associated sub-committee work plans, several activities have occurred in Broward County that allowed for the inclusion of the voices of persons impacted and affected by the epidemic. Results of Satisfaction Surveys, Focus Groups, Key Stakeholder Interviews, Community Feedback Forums, and a Workforce Forum have been synthesized and integrated into this planning document. Those activities that were the direct result of the input of the aforementioned feedback mechanisms are indicated in blue and italicized text.

Knowledge of the local epidemic and landscape including available resources and key stakeholders is essential and fundamental to the planning process in order to include the appropriate individuals, organizations and activities into the plan. The Integrated Committee will serve as a quality assurance component and will be critical to evaluating the content and execution of the integrated work plan, which is discussed later in the Monitoring and Evaluation section.

Goal 1: Reduce New Infections

Objective 1.1: By 2021, reduce the rate/number of annual new infections by 25%

- Strategy 1.1.a: Provide education to medical providers and community based organizations to promote HIV routine testing.
    - Establish a partnership with the Broward County Medical Association to promote HIV testing as part of routine medical care.
    - Provide professional development and technical assistance to build skills and increase knowledge to promote routine HIV screening and testing in clinical and non-clinical settings.
    - Develop and disseminate Provider Toolkits to enable effective implementation of routine HIV testing, including state and local "Dear Colleague" letter referencing the new Florida HIV testing law.
    - Recruit and retain physician ambassadors from Prevention and Ryan White providers, medical associations and AETC to promote routine HIV/STI/HCV screening and testing in clinical settings.
    - Conduct education and testing events each year that screen for HIV/STIs/HCV in conjunction with medical providers and community-based organizations.
    - Provide outreach and education to healthcare providers about innovations in funding HIV testing in clinical settings and third party billing reimbursement.
    - Develop and support culturally sensitive and linguistically appropriate social marketing and media campaigns for effective messaging and interventions, for example, CDC Campaign "Razones"
    - Implement "Test and Treat" immediately following a positive HIV test result to reduce transmission and improve morbidity and mortality in all stages of infection.
    - Develop aggregate reports to include provider score cards regarding key processes, performance measures and outcomes.
    - Increase the availability, accessibility, and acceptability of condoms.
- Strategy 1.1.b: Increase education and access to PrEP/nPEP for persons at highest risk of HIV acquisition.
    - *Conduct a demonstration project involving the direct provision of PrEP/nPEP through STD clinics or with community clinical partners with specific emphasis on minority communities.*
    - Create social marketing and social media campaigns to inform individuals living with HIV and the general community about the appropriate use of PrEP/nPEP.
    - Develop and implement PrEP community ambassadors program and marketing materials to disseminate information and available PrEP resources to individuals who are at-risk of new HIV infections.
    - Conduct public health detailing and companion workshops to support implementation of PrEP throughout Broward County.
- Strategy 1.1.c: Increase provider knowledge of and familiarity with PrEP and other bio medical interventions.

- Include PrEP/nPEP as a core competency in provider-focused HIV prevention education and training with special emphasis on clinical settings and emergency departments.
- Develop a PrEP/nPEP toolkit for dissemination to the provider community.
- Increase provider web-based content about PrEP/nPEP on the www.BrowardGreaterthanAIDS.org website with links to clinical guidelines.
- Develop a Broward PrEP/nPEP Referral Network and provide technical assistance to sites wishing to participate.
- Monitor the implementation of PrEP/PEP in Broward County through the use of surveys, provider report forms, databases, etc. to assess the uptake of PrEP/nPEP and the impact of their use to further guide program implementation.

Objective 1.2: By 2021, reduce to zero the number of pediatric HIV transmission rates.

- Strategy 1.2.a: Engage and educate medical providers.
  - Provide education and training to birthing centers and venues that support alternative birthing methods to provide rapid HIV testing.
  - Distribute Perinatal HIV toolkits to all delivery hospitals, OB/GYN, and Pediatrician offices in Broward County.
  - Provide perinatal symposium to the medical provider community on emerging issues and trends facing positive pregnant women.
- Strategy 1.2.b: Provide effective case management services to positive pregnant women to ensure compliance with medication and monitoring of viral load.
  - Expand visits to birthing centers, venues that support alternative birthing methods and OB/GYN offices to foster collaboration and communication.
  - Conduct prenatal "Mommy and Me" classes to help prepare women for childbirth.
  - Provide education and training to partners as appropriate to promote healthy pregnancy and birth outcomes.
  - Maintain and document contact with positive pregnant women to ensure compliance with treatment and medication adherence.
- Strategy 1.2.c: Provide timely follow-up to positive delivering women and exposed newborns immediately upon delivery.
  - Conduct follow-up post-delivery to ensure mother and child are continuing with treatment and medication as prescribed.
  - Expand postnatal "Mommy and Me" classes to provide education and support for mothers and their partners.

Objective 1.3: By 2021, increase the number of PLWHA who know their status to 90%.

- Strategy 1.3.a: Increase the number of routine testing sites in publicly funded healthcare, and non-healthcare settings and Correctional Healthcare.
  - Provide education and promote adherence to operate under the guidance of the new Florida HIV Testing Law (Statute 381.004).

  - Identify a facility to establish a collaborative agreement to model routine testing in accordance with the new Florida HIV Testing Law (Statute 381.004).
  - Coordinate testing activities using geo mapping to identify areas that are not frequently visited by HIV/STI/HCV testers.
  - *Expand the number of community providers for the delivery of key sexual health services, with a focus on HIV/STIs/HCV testing and treatment for vulnerable populations (i.e. adults over 50, youth, transgender, etc.)*
  - Develop education strategies for testing and treating vulnerable populations.
- Strategy 1.3.b: Inform 100% of positive individuals of their diagnosis within 30 days of testing.
  - Provide expanded opportunities for rapid testing on-site, with access to timely results and counseling.
  - Identify individuals testing positive who have not returned for their results, engage them through outreach efforts to inform them of their diagnosis and provide linkage to care and follow-up services.
  - Monitor and evaluate the numbers of individuals testing positive who have not returned for their results and track activities to engage.
- Strategy 1.3.c: Identify opportunities to expand HIV testing efforts in non-traditional settings.
  - Develop and implement concierge in-home HIV testing.
  - *Identify and collaborate with agencies to create and promote social marketing platforms on HIV testing.*
  - Conduct geo mapping and ethnographic methodologies to identify underserved areas.

Goal 2: Increase Access to Care and Improve Health Outcomes

Objective 2.1: By 2021, increase the percentage of newly diagnosed individuals who are linked to care within 1 month of diagnosis to 85%.

- Strategy 2.1.a: Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage.
  - Create a Ryan White/Prevention Collaborative to design a model that ensures a seamless continuum for HIV+ individuals to transition from testing and counseling sites to linkage, treatment and retention in Medical Care. **HIVPC**
  - Design and/or modify reporting and data reporting systems to track PLWHA along the HIV Care Continuum from time of diagnosis.
  - Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may fall out of care. **HIVPC**
  - Establish pilot project for integrated electronic medical record for sharing across providers.
  - Identify access barriers and limitations to HIV medical care related to other support services, such as housing, transportation, employment, education, behavioral health, intimate partner violence, incarceration, and childcare.

    - Ensure MOUs between testing and Ryan White funded medical care and treatment providers are implemented effectively.
- Strategy 2.1.b: Strengthen the delivery of integrated services through the provision of training, technical assistance, and access to community resources.
    - Refine roles and responsibilities and develop competencies for linkage providers, peer education, eligibility, non-medical/medical case management, clinical, and ancillary personnel.
    - Provide training and coaching in culturally sensitive and linguistically appropriate competencies with pre and post testing to assess knowledge acquisition and skill development.
    - Develop and maintain a Community Resource Guide inclusive of all available services by priority population and geographic location.
- Strategy 2.1.c: Support retention in care to achieve viral suppression that can maximize the benefits of early detection and reduce transmission risk.
    - Develop and implement standardized Patient Navigator tool.
    - Explore the development of a Patient Assistance mobile device app.

Objective 2.2: By 2021, increase the percentage of PLWHA who are retained in medical care to 90%.

- Strategy 2.2.a: Increase retention in care and viral load suppression through coordinated and integrated activities between and among prevention and care and treatment providers.
    - Utilize engagement reports to identify areas of improvement, including characteristics of individuals who are not retained in care as well as those who have unsuppressed viral loads. **HIVPC**
    - Conduct utilization focused evaluation of the HIV Care Continuum to identify and address the drop-offs along the stages specific to testing site, service provider, geographic location, and individual characteristics. **HIVPC**
    - Develop data sharing agreements among all HIV prevention, care and treatment providers for designated MIS system.
- Strategy 2.2.b: Identify individuals who have fallen out of care and develop strategic interventions to re-engage.
    - Create a system to obtain real-time client level data for all ADAP clients.
    - *Develop and implement a plan to provide simultaneous certification for ADAP and Ryan White Part A services.*
    - Provide emergency ART through Part A and other community resources to ensure clients do not experience disruption in treatment.
    - Educate MCMs, pharmacists, and Part A clinicians about the availability of emergency ART.
    - Develop feedback mechanisms with individuals who have fallen out of care as well as those with unsuppressed viral loads to determine root causes.

- Provide funding to enhance and expand the linkage and retention program (PROACT) module in the MIS system to allow data sharing and develop aggregate reports of Ryan White Part A clients and for referral mechanisms.
- Monitor and evaluate the use of linkage and retention services and conduct analysis of the services to identify trends, challenges with data reporting, and areas for improvement.
- Expand the use of Disease Intervention Specialists to re-engage individuals who have fallen out of care.
- *Enhance Peer Network to provide outreach and engagement activities through case management services.*
- *Implement Community Health Worker certification and Peer Specialist certification opportunities for individuals working with PLWHA.*
- Design and implement a Ryan White System of Care training modules for local case managers, peers, and community health workers.

- Strategy 2.2.c: Expand collaborative partnerships with support service providers to reduce the risks associated with social determinants of health.
  - Refine the Ryan White system of care to ensure retention of care and ensure coordination with support services providers through case management models to establish and maintain post enrollment status.
  - Develop a strategy to provide comprehensive care including access to both medical and support services not covered by insurance plans
  - Identify barriers through satisfaction surveys and develop strategies to address those barriers.
  - Develop relationships and MOUs with ancillary providers-housing, transportation, correctional health, education, employment, behavioral health, domestic violence, childcare, faith-based communities.

Goal 3: Reduce HIV-related health disparities and health inequities

Objective 3:1: By 2021, reduce HIV-related mortality disparities in communities with high risk of HIV infection by 10%.

- Strategy 3.1.a: Provide targeted interventions to populations and geographic locations identified as high risk for HIV.
  - Develop strategies specific to the needs, attitudes, and behaviors of the identified priority populations. **HIVPC**
  - Develop a recruitment plan to increase the number of individuals applying for certification as Community Health Workers/Peer Specialists who may represent the people being served.
- Strategy 3.1.b: Provide culturally sensitive and relevant training to healthcare providers in the provision of scientifically proven, evidence-based care.
  - Continue education for all Care and Treatment Providers on HAB/Public Health standards.

  - Provide training to medical providers to address sexual health history, gender identification, and social determinants of health.
  - Expand the Partnership for Health (PFH) model to train medical providers and contracted HIP medical providers to engage patients in discussions on sexual history, health, and disclosure.
- Strategy 3.1.c: Increase access to community resources that support the reduction of risk due to social determinants of health in areas of greatest disparity.
  - Develop pilot projects to address critical social and structural determinants of health.
  - Provide training to increase awareness and develop a response to structural and institutional racism in Broward County to medical and non-medical providers.

Objective 3.2: By 2021, reduce stigma and discrimination against PLWHA through implementation of at least 75% of identified strategies and activities.

- Strategy 3.2.a: Increase community engagement to promote education and awareness to affirm support for PLWHA.
  - Coordinate feedback mechanisms that address HIV prevention, stigma, and treatment to assess HIV literacy. **HIVPC**
  - Develop and implement education and awareness strategies that incorporate results from feedback mechanisms to increase HIV literacy. **HIVPC**
  - Coordinate and train peer specialists and community ambassadors to educate and disseminate messaging to combat HIV-related stigma.
  - Develop social media and marketing strategies to target priority populations.
- Strategy 3.2.b: Identify priorities related to legislation, regulations, and funding to promote opportunities for advocacy efforts to support individuals living with HIV.
  - Work with local, state, and federal leaders to identify legislative priorities.
  - Develop training opportunities for PLWHA to learn how to become effective advocates for change.
  - *Identify funding opportunities to enhance the existing system and to develop collaborative partnerships with ancillary providers.*
- Strategy 3.2.c: Increase leadership opportunities for individuals living with HIV.
  - Identify emerging leaders representative of the HIV community who are willing to participate in leadership activities. **HIVPC**
  - Develop and implement an HIV Leadership Academy for these individuals to support capacity building. **HIVPC**
  - Promote opportunities for advocacy and leadership within the HIV community. **HIVPC**

Goal 4: Achieve a More Coordinated Response to the Local HIV Epidemic

Objective 4.1: By 2021, establish mechanisms for integration of cross-sector collaboration by implementing at least 50% of the identified strategies and activities.

- Strategy 4.1.a: Develop a coordinated and integrated priority setting and resource allocation process and combined funding initiatives.
  - Establish formalized collaborative structure with stakeholders to ensure the community is meeting the needs of individuals and families. **HIVPC**
  - Develop a combined data review process specific to integrated services and utilization. **HIVPC**
  - Establish integrated priority setting and resource allocation protocols. **HIVPC**
- Strategy 4.1.b: Create a system for standardized data collection and reporting.
  - Develop strategies to streamline reporting requirements for funders of prevention, care, and HOPWA.
  - Develop and implement Shared Data Agreements between funders and providers to collect and analyze data in a more comprehensive manner.
- Strategy 4.1.c: Develop a streamlined process for program monitoring and evaluation.
  - *Develop strategy for coordinated RFP response.*
  - *Develop comprehensive monitoring tool across funders to reduce duplication and increase efficiency.*
  - *Develop shared outcomes across funders.*
- Strategy 4.1.d: Provide networking and communication opportunities to address the epidemic.
  - *Create forums for Community Summits to identify strengths, challenges, opportunities and barriers for individuals living with HIV in Broward County.* **HIVPC**
  - *Develop and disseminate multi-lingual and culturally sensitive information and forums to address the Latino community and other targeted populations.*
  - *Establish a multi-lingual Broward County Prevention Care and Treatment Services website and social media strategy to comprehensively address the epidemic with consistent messaging across media outlets.*

Objective 4.2: By 2021, establish a structure for integrated continuity of care by implementing at least 50% of the identified strategies and activities.

- *Strategy 4.2.a: Develop opportunities for an integrated electronic healthcare record that is shared across providers.*
  - *Create an Ad Hoc Task Force to identify essential elements to include in integrated healthcare record.*
  - *Seek funding opportunities to support integrated healthcare record model.*
  - *Identify vendor to create integrated healthcare record and opportunities to share across providers.*
- *Strategy 4.2.b: Create career paths for peer advocates and peer leaders.*
  - *Define roles for peers that include both specific responsibilities and follow-up to case managers.* **HIVPC**
  - *Develop and implement peer training sessions to equip individuals with the needed skills to serve in the capacity on health care teams.*

- *Strategy 4.2.c.: Establish competency standards for all levels of providers.*
    - *Identify competency standards for all levels of staff.*
    - *Develop training curriculum with pre and post testing to assess increase in knowledge and skills.*
    - *Assess the need for training and coaching follow-up sessions for all levels of providers.*
- *Strategy 4.2.d: Provide opportunities for workforce development and cross-system, cross-sector collaboration.*
    - *Strengthen coordination across data systems and the use of data to inform decision making among grantees and local organizations.*
    - *Establish ongoing networking and communication opportunities with HIV and ancillary providers to identify prospects for collaboration and challenges related to barriers.*