



**BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING AGENDA**

Thursday, June 23, 2016, 9:30 a.m.
GC-430

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

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

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 6/23/16 Meeting Agenda
- f. Approval of 5/26/16 Meeting Minutes

3. PHONE INTRODUCTIONS

FEDERAL LEGISLATIVE REPORT (Handout A) (5 minutes)

4. CONSENT ITEMS

None.

5. DISCUSSION ITEMS

None.

6. NEW BUSINESS (20 minutes)

- a. Integrated Plan: Overview of Integrated Plan from Integrated Workgroup Part A Co-Chair

7. COMMITTEE REPORTS (10 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

June 9, 2016

Chair: L. Robertson, V. Chair: P. Fleurinord

No business meeting. CEC/MCDC members participated in a joint Collective Impact training.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

June 9, 2016

Chair: K. Creary Vice Chair: V. Foster

No business meeting. CEC/MCDC members participated in a joint Collective Impact training.

C. QUALITY MANAGEMENT COMMITTEE (QMC)

June Cancelled

Chair: C. Grant Vice Chair: A. Earp

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

June 15, 2016

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

A. Work Plan Item Update / Status Summary:

Needs, Gaps and Barriers – The members reviewed a handout compiled by Staff detailing potential needs, gaps and barriers in the Part A system as identified by past needs assessments, focus groups, surveys and recommendations. The members discussed each topic and reviewed potential How Best To Meet The Need (HBTMTN) language that could address the issues. Members also discussed gaps and barriers to accessing transportation and housing services for Part A clients recently released from Substance Abuse treatment.

How Best To Meet The Need – The members added language to the FY2017-2018 HBTMTN. After reviewing the language for each service category they voted to approve the document.

B. Rationale for Recommendations:

The committee approved the FY 2017-2018 HBTMTN language based on identified needs, gaps and barriers in the Part A system.

C. Data Reports / Data Review Updates:

The committee reviewed a handout compiled by Staff detailing potential needs, gaps and barriers in the Part A system as identified by past needs assessments, focus groups, surveys and recommendations.

D. Data Requests:

Data regarding referrals and utilization of medical nutrition counseling.

E. Other Business Items:

Agenda Items for Next Meeting: Resource Allocations Next Meeting Date: (TBD) June 29, 2016, Governmental Center Annex Room A-337

E. SYSTEM OF CARE COMMITTEE (SOC)**June 28, 2016***Chair: M. Hayes Vice Chair: C. Edwards***F. EXECUTIVE COMMITTEE****June 16, 2016***Chair: B. Gammell Vice Chair: R. Lopes*

A. Work Plan Item Update / Status Summary:
<u>Standard Committee Items</u>–The committee members reviewed, edited and approved the July calendar, and June HIVPC agenda and meeting materials. <u>Executive Training Update</u> – The members discussed topics for upcoming Executive Committee Trainings. July’s training will focus on meeting facilitation (Robert’s Rules, Sunshine Laws, meeting preparation for Chairs and Members). Future topics may include HIVPC history, effective communication, leadership collaboration, etc. <u>By-Laws</u> – The members discussed potential additions to the By-Laws Parking Lot. Chairs will be sent the Parking Lot and were encouraged to add any suggestions that they and the committees might have. The By-Laws committee also needs more members, so chairs were also encouraged to recommend members for the ad-hoc committee. <u>Integrated Plan Rollout for HIVPC</u> – Will Spencer, the Integrated Workgroup Part A Co-Chair, gave an update on the Integrated Plan and community feedback sessions. The Committee members discussed how best to present the plan to the HIVPC for approval in August. The group decided that the HIVPC will receive presentations about the plan in June and July leading up to the ratification of the Plan in August.
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
<i>Agenda Items for Next Meeting: TBD Next Meeting Date: July 21, 2016, A-337</i>

****For detailed discussion on any of the above items, please refer to the meeting minutes. ******GRANTEE REPORTS (15 minutes)**

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

8. UNFINISHED BUSINESS

None.

9. PUBLIC COMMENT (Up to 10 minutes)**10. EDUCATION AND TRAINING (None)****11. ANNOUNCEMENTS (Up to 10 minutes)****12. REQUEST FOR DATA****13. AGENDA ITEMS FOR NEXT MEETING: July 28, 9:30 a.m. LOCATION: GC-430**

<i>Tasks for next Meeting</i>	<i>Responsible Party</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
PSRA Training	PSRA	Receive PSRA training
Integrate Plan	Integrated Workgroup	Receive update on Integrated Plan goals, objectives and strategies

14. ADJOURNMENT**PLEASE COMPLETE YOUR MEETING EVALUATIONS**

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

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



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

May 26, 2016 Meeting Minutes

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

1. CALL TO ORDER

The Chair called the meeting to order 9:45 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: Moragne, T. **Seconded by:** Reed, Y.

Action: Passed unanimously

Motion #2: To approve the 4/28/16 meeting minutes

Proposed by: Reed, Y. **Seconded by:** Bell, J.

Action: Passed unanimously

3. PHONE INTRODUCTIONS

4. FEDERAL LEGISLATIVE REPORT (Kareem Murphy)

Mr. Murphy informed that HIVPC members that Congress is in the midst of the Fiscal Year 17-18 appropriations process, and neither branches have introduced funding bills for Health and Humans Services (HHS) or any HIV/AIDS related programs. Delays in resolving the federal budget may lead to major federal cuts, especially to HHS. However, the House and Senate have funded HOPWA without cuts, which may bode well for HHS funding. If congress takes up the HHS bill it will not be until June or July, although the presidential election will create breaks in session for presidential conventions in August and the November elections. Depending on the election results, cuts may be seen next year. There is also no appetite for Ryan White reauthorization within congress, but some Democrats have spoken out about the need to “get to zero.”

5. CONSENT ITEMS

The HIVPC Chair told the committee that he has implement some small changes to the agenda to allow time for HIVPC education sessions and community presentations. Therefore, if items in the Consent and Discussion portions of the agenda take more than the allotted time then those items will be sent back to their respective committees for review and revision. The Chair noted that they are also looking to shorten Committee and Grantee Reports.

The Chair asked the Council members to consider approving Consent Items in one motion.

Motion #3: To approve Consent Items

Action: Passed unanimously

6. DISCUSSION ITEMS:

None.

7. NEW BUSINESS

None.

8. COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

May 3, 2016

Chair: L. Robertson Vice Chair: P. Fleurinord

Report stands

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

May 12, 2016

Chair: K. Creary, Vice Chair: V. Foster

No chair present

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

May Cancelled

Chair: Vacant

D. LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

May Cancelled: No Quorum

Chair: Vacant

The HIVPC Chair announced that they are looking for a new chair of LPAC, and any interested members should contact himself or Staff.

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

May 25, 2016

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

The PSRA Chair was not present during the report.

F. QUALITY MANAGEMENT COMMITTEE (QMC)

May Cancelled: No Quorum

Chair: C. Grant, Vice Chair: A. Earp

G. SYSTEM OF CARE COMMITTEE (SOC)

May 25, 2016

Chair: M. Hayes, Vice Chair: C. Edwards

The SOC Chair informed the HIVPC members that the SOC has a joint meeting with PSRA this month. The participants looked over service category expenditure and utilization data and priority ranked the core and support service categories. At the next HIVPC meeting the PSRA Chair will present the rankings and allocations to the committee members.

H. EXECUTIVE COMMITTEE

May Cancelled: No Quorum

Chair: B. Gammell, Vice Chair: R. Lopes

The HIVPC Chair informed the members that while the business portion of the May Executive meeting was cancelled, Executive members participated in a retreat.

The HIVPC Chair asked for volunteers for the By-Laws Committee chaired by Brad Katz. The committee will last approximately six months, and will review the By-Laws Parking Lot items submitted by the standing committees. David Runkle and Devorn Burgess volunteered for the committee.

9. GRANTEE REPORTS

- a. Part A: The Part A Grantee informed the HIVPC members that the Notice of Grant Award for FY16-17, has included a \$70,000 increase from the previous year. The Grantee is looking at how to allocate the additional funds, and he believes it will be allocated to HICP because of the increase in clients enrolled in ACA plans. Based on the dollar amount, the Grantee has permission to allocate without HIVPC approval. He stated that they received decreases in formula and MAI funding, but that this decrease does not correlate with the rise in HIV incidence and prevalence in Broward. This year's grant was scored 98 out of 100, increase of 144k. He told the members that the Client survey still out, and that they have not received the target numbers of surveys. They are looking for other methods of implementation, and the Grantee asked members to encourage people to fill the survey out. They survey is a key aspect of the Integrated Comprehensive Plan. A member of the Integrated Committee informed the HIVPC that there are multiple Integrated Plan Community Rollout Sessions in June; the sessions are on the June HIVPC calendar and all members are encouraged to attend.
- b. Part B: The Part B representative told the member that the program has expended all but \$7,000 of their budget from the last fiscal year. The program is adding more pharmacies, and providing clients' medications on the same day as authorization. They are also in the process of rewriting their BARC contract for next year. The HIVPC has agreed to let Part B present their financial report once a quarter in the interest of saving time.
- c. Part C: No representative present.
- d. Part D: No report; the Part D Grantee will provide written report for June agenda.
- e. Part F: No representative present.
- f. HOPWA: No representative present.
- g. Prevention: The Part B representative informed the members that their "501 Events" have been very well attended.

10. UNFINISHED BUSINESS

None.

- 11. Education:** Dr. Robert Shore from the Florida Department of Health in Broward County gave the members a presentation on Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP) as preventative measures for HIV infection. PEP is a 28 day drug regimen used to prevention HIV infection if started within 72 hours after a potential exposure. Dr. Shore spoke about the importance of adherence to the treatment for prevention, and the need for education and stronger infrastructure in PEP delivery. Dr. Shore clarified some misconceptions and informed the members that PrEP is a strategy, not a pill, which is used to help prevent HIV. Many people associate Truvada with PrEP, but PrEP mixes medication with condom use and medical monitoring to prevent HIV infection in HIV negative patients at high risk. He stressed the need for daily adherence to the medication, and condom use during every sex act with every partner. Some of the adverse side effects include: headache, abdominal pain, and decreased weight, although these are most commonly startup effects. PrEP use can lead to rare kidney and bone issues, which require routine monitoring. A member asked if the side effects were age specific (elderly patients), but Dr. Shore stated that these issues have more to do with preexisting problems or drug interactions than age. Another member asked if Truvada was the best drug to treat HIV, the doctor stated that it is an effective drug that is used in many regimens, and the reason that many use it for PrEP is that it has few side-effects, although he wouldn't say it is the best medication. A guest spoke about people being skeptical of taking PrEP if they still have to use condoms, and asked whether there is data about PrEP working for people who are not using condoms. Dr. Shore replied that it there are no studies about people taking PrEP without condom use because the study would be unethical. However, while PrEP needs to be used with condoms or other safe sex options, studies do show high efficacy in clients who have irregular condom use. He spoke about the other prevention methods being studied: vaginal rings and injectable. PrEP takes 7 days of use for rectal protection, 21 days for vagina and injection drug use protection, and must be taken daily for continued protection. Staff passed out a PrEP and PEP tool kit to the members and guests. Dr. Short reiterated that PrEP is an option for patients who: have an HIV+ partner, have a high number of sex partners, are sex workers, people who live in areas of high prevalence, people with STIs/STDs. Payment options for PrEP include pharmacy Patient Assistance Programs, and since FDA approval PrEP is covered by some insurance plans, as well as listed on the Medicaid formulary (but not on the ADAP formulary as PrEP is for HIV- patients only).

A member asked what the DOH is doing to educate doctors on PrEP; DOH staff is distributing the PrEP toolkit, providing provider education at site visits, and AETC is providing PrEP education as well. The DOH is also creating a PrEP workgroup and is looking for community members to contribute. A member thanked Dr. Shore for taking the time to present to the HIVPC.

12. PUBLIC COMMENT

- a. LaCre Hamlet spoke during Public Comment. He stated that he has been attending HIVPC and committee meetings to become more educated on services. He explained that he is in care but has been experiencing problems and is afraid that he is slipping through the cracks of the system. He has been thrown into a situation where he has needed HOPWA and other community services. He stated that he finds the information he hears at HIVPC meetings to be different from what he hears at provider sites, that he has been denied services because people have judged him for his misfortunes. He asked the members to help connect him with people that can give him clear facts and help guide him toward a solution to his problems, especially with housing and pharmacy. The Chair asked LaCre to connect with the Part A Grantee after the meeting for help navigating the system. A member ask how the HIVPC can improve the housing situation in Broward, and the HIVPC Chair stated that he would like to hold a housing education session at one of the upcoming HIVPC meetings. A guest stated that the Affordable Housing Advisory Committee meet at Fort Lauderdale City Hall on 2nd Monday of each month.

13. ANNOUNCEMENTS

14. REQUEST FOR DATA

None.

15. AGENDA ITEMS FOR NEXT MEETING: June 23, 2016 LOCATION:GC- 430

16. ADJOURNMENT The meeting was adjourned at 11:12 a.m.

HIVPC Attendance CY 2016

Consumer	PLWHA	Absences	Count	Meeting Month:	Ja n	Fe b	Ma r	Ap r	Ma y	Ju n	Ju l	Au g	Se p	Oc t	No v	De c	Attenda nce Letters
				Meeting Date:	28	25	C	28	26								
			1	Bell, J.	X	X		X	X								
1	1	1	2	Bhrangger, R.	X	X		X	A								
1	1	0	3	Burgess, D.	X	X		X	X								
	1	1	4	Creary, K.	X	X		E	A								
	1		5	DeHoyos, F.	N-4/28			X	X								
		1	6	DeSantis, M.	X	X		X	A								
1	1	0	7	Gammell, B., <i>Chair</i>	X	X		X	X								
		1	8	Grant C.	X	X		X	A								
		3	9	Gutierrez, H.	A	A		A	W-3/10, R-5/10								
		0	10	Hayes, M.	X	X		X	X								
		3	A	Holness, D. V.C. (Comm)	A	X		A	A								
1	1	0	11	Huggins, L.M.	X	X		X	X								
1	1	0	12	Katz, H.B.	X	X		X	X								
		0	Z	Lewis, L.	X	Z-2/1/16											
1	1	0	13	Lint, A.	X	X		X	X								
		0	14	Lopes, R., <i>V. Chair</i>	X	X		X	X								

1	1	1	1	5	Marcoviche, W.	X	X			X	A								
			0	6	Moragne, T.	X	X			X	X								
			3	7	Myers-Culpepper, K.	A	A			A	W-3/10, R-5/10								
1	1	2	1	8	Parker, P.	A	E			X	A								
			1	9	Proulx, D.	X	A			X	Z- 5/1								
1	1	0	2	0	Reed, Y.	X	X			X	X								
		1	0	2	Robertson, L.	X	X			X	X								
1	1	0	Alt	1	Robertson, P. (Alt 1)	X	X			E	X								
1	1	0	2	2	Runkle, D.	X	X			E	X								
		1	2	3	Schweizer, M.	X	X			E	A								
1	1		Alt		Shamer, D. (Alt 2)	N-4/28				X	A								
		0	2	4	Siclari, R.	X	X			X	X								
		1	2	5	Spencer, W.	X	X			X	A								
		1	2	6	Taylor-Bennett, C.	X	A			X	X								
			2	7	Thomas-Purcell, K.	N-4/28				X	A								
		2	2	8	Tomlinson, K.	X	A			A	W-5/10, Z- 5/20								
Quorum = 13						24	20			20	14								

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

Update for Broward County HIV Health Services Planning Council

From: Kareem Murphy

Date: June 21, 2016

Federal Funding Update

Congress began more forward movement this month with consideration of the Fiscal Year (FY) 2017 Labor-Health and Human Services-Education appropriations bill in the Senate. The full Senate Appropriations Committee approved the bill on June 9 and it includes \$2.293 billion for Ryan White programs, a decrease of roughly \$29 million. Of this, \$655 million is for Part A grantees, \$1.315 billion 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. Given lower budget levels agreed to by the House and Senate, this is a victory. The bill has not yet been scheduled for a vote before the full Senate and we do not know when that will take place.

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 once the August recess and October break for the election are factored in. 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.

Integrated HIV Prevention and Care Plan Sections

Executive Summary

Historical Perspective*

Epidemiologic Overview

HIV Care Continuum in Broward County

Financial and Human Resource Inventory

Needs, Gaps, and Barriers

Data: Access, Sources, and Systems

Integrated HIV Prevention and Care Plan*

Collaborations, Partnerships, and Stakeholder Involvement*

People Living with HIV and Community Engagement*

Monitoring and Improvement*