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, April 27, 2017, 9:30 a.m.
Government Center Room A-337
Chair: Brad Barnes **Vice Chair:** Requel Lopes
Reminder: *Meeting Attendance Confirmation Required at Least 48 Hours Prior to Meeting Date*
The 4/27/17 HIVPC Agenda was approved by HIVPC Support Staff

1. **CALL TO ORDER**
2. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   b. Council Member and Guest Introductions
   c. Moment of Silence
   d. Excused Absences and Appointment of Alternates
   e. Approval of 4/27/17 Meeting Agenda
   f. Approval of 3/23/17 Meeting Minutes
3. **PHONE INTRODUCTIONS**
4. **FEDERAL LEGISLATIVE REPORT (Handout A)**
5. **PUBLIC COMMENT**
6. **CONSENT ITEMS**

#	Motion	Justification	Proposed By
1	To approve the changes to the Community Empowerment Committee's Policies & Procedures **(Handout B)**	The proposed changes to the CEC P&Ps include a written Committee membership application process and qualifications of ideal CEC members.	Community Empowerment Committee
2	To appoint Ebony Wilson to the Community Empowerment Committee	Ms. Wilson's work as a Prevention and Outreach Coordinator for the Pride Center will help the CEC plan and host relevant community events and forums for those infected and affected by HIV.	
3	To approve the changes to the Quality Management Committee's Policies & Procedures **(Handout C)**	The proposed changes to the QMC P&Ps include a written Committee membership application process and qualifications of ideal QMC members.	Quality Management Committee
4	To appoint Kamilah Thomas-Purcell to the Quality Management Committee	Through Ms. Purcell's work as a Public Health Professor at NSU and with HIV needs assessments she will be able to help QMC analyze data and the impact of Part A services on Broward Consumers.	
5	To appoint Simone MacPherson to the Quality Management Committee	Through Ms. MacPherson's work at DOH-Broward with HIV Monitoring and Evaluation she will be able to provide HIV surveillance data and help analyze the impact of Part A services on Consumer's health outcomes.	
6	To appoint Yahaira Barrientos to the System of Care Committee	Ms. Barrientos work as a Peer Specialist and frontline HIV staff will help the SOC's task of evaluating the Broward system of care through client outreach and surveying.	System of Care Committee
7	To appoint Valery Valverde to the System of Care Committee	Ms. Valverde's work at Memorial as a Practice Manager will help her provide insight into the needs, gaps and barriers experienced by clients in Broward's system of HIV care.	
8	To appoint Lisset Ivey to the System of Care Committee	Ms. Ivey works as a Housing Case Manager at SunServe, and will provide insight into the needs of her HIV+ clients when evaluating the Broward EMA's system of care.	

9	To appoint Yusi Arencibia to the System of Care Committee	Ms. Arencibia works as the Inmate Healthcare Manager for Broward Sheriff's Office and can provide information regarding the needs of incarcerated and recently released HIV+ individuals in Broward.	System of Care Committee
10	To appoint H.B. Katz to the System of Care Committee	Mr. Katz's role of a Part A Consumer and longtime HIVPC member will help the SOC Committee evaluate the Part A system of Care.	
11	To appoint Tom Pietrogallo to the System of Care Committee	Mr. Pietrogallo is the COO of Poverello and can provide insight into the needs to those impacted by HIV in Broward.	
12	To appoint Daisha Vargas to the System of Care Committee	Ms. Vargas's role as an Intervention and Prevention Specialist at Broward House will allow her to provide insight into the needs of HIV+ clients in Broward.	
13	To appoint Yvette Gonzalez to the System of Care Committee	Ms. Gonzalez role as the Perinatal Prevention Director and PROACT Director at DOH-Broward will allow her to provide insight into the needs of pregnant HIV+ women and out of care HIV+ individual in Broward.	
14	To appoint Vanice Rolle to the System of Care Committee	Ms. Rolle is a Health Educator for DOH-Broward and can provide insight into the needs, gaps and barriers experienced by clients in Broward's system of HIV care.	
15	To appoint Josh Rodriguez to the System of Care Committee	Mr. Rodriguez is HIV/AIDS Program Coordinator with the DOH-Broward and can provide insight into how system issues impact individuals infected with HIV.	

7. DISCUSSION ITEMS

#	Motion	Justification	Proposed By
1	To approve the proposed By-Laws changes to Article VIII, Section 2 and Section 6 **(Handout D1-D3)**	Language regarding the work of the Needs Assessment and Evaluation Committee should be removed as their work has been carried out by various committees, including the System of Care Committee, Integrated Work Group, etc.	By-Laws Committee
2	To approve the proposed By-Laws changes to Article VIII, Section 3, Paragraph C and Article VIII, Section 7, Paragraph B **(Handouts D1-D3)**	Language regarding the ad-Hoc Local Pharmacy Advisory Committee (LPAC) should be removed as LPAC meets infrequently and PSRA can carry out the formulary reviews and other LPAC tasks when needed. PSRA language will be updated to include review of pharmacy services.	
3	To approve the addition of recommended medications to Tier 1 of the Ryan White Part A Formulary. **(Handout E)**	Each medication has been recommended by the Ryan White Part A Medical Quality Improvement Network as essential medications for Ryan White Consumers.	Priority Setting and Resource Allocation Committee
4	To approve moving the recommended medications from Tier 3 to Tier 1 of the Ryan White Part A Formulary. **(Handout F)**	Each medication on Tier 3 has significantly reduced in cost or has an available Patient Assistance Program to help alleviate Part A expenditures.	

8. NEW BUSINESS

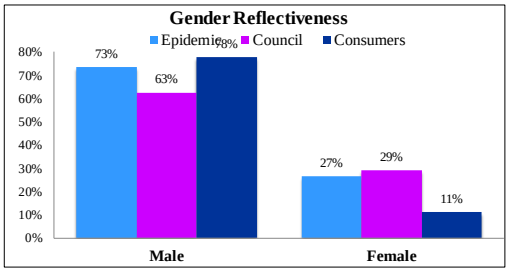
a. PSRA Process Overview **(Handout G)**- Receive a presentation on the FY2018 Priority Setting and Resource Allocation Process
b. Broward County Test and Treat- Receive a presentation on the Broward County Test and Treat Initiative

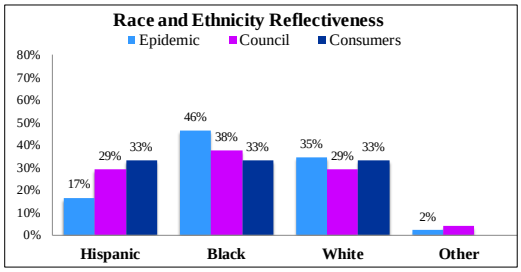
9. APRIL COMMITTEE REPORTS (15 minutes)

A. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

No April Meeting *Chair: Vacant, V. Chair: V. Foster*

HIV Planning Council Membership Report
Current Through April 2017





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	14,372	73%	15	63%	-11%	7	78%	4%
Female	5,213	27%	7	29%	3%	1	11%	-16%
Transgender	-	-	2	8%	-	1	11%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	3,253	17%	7	29%	13%	3	33%	17%
Black	9,100	46%	9	38%	-9%	3	33%	-13%
White	6,777	35%	7	29%	-5%	3	33%	-1%
Other	455	2%	1	4%	2%	0	0%	2%
Total	19,585	100%	24			9		

Current Members	24
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	38%

Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. Federally Recognized Indian Tribe Members
3. State Medicaid
4. Individual co-infected with Hep B or Hep C
5. Local Public Health Agency
6. Substance Abuse Provider
7. Alternates (3)

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

% Part A-Funded Providers	*29%*

B. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

April 4, 2017 *Chair: L. Robertson V. Chair: P. Fleurinord*

A. Work Plan Item Update / Status Summary:

CEC Policies and Procedures: The members discussed the need for a standardized written procedure for adding new members to the Committee. Each committee is writing their own guidelines in their P&Ps, and outlining the types of members that are best fit for the Committee. The CEC Chair stated that this would be a useful tool when recruiting new members to show what each committee is looking for, and how the process works.

Community Forum: The CEC held a joint meeting with BTAN and BAAG (Black AIDS Advisory Group) to discuss ways to collaborate on events and to meaningful community outreach. The groups would like to plan a community forum for people infected and affected by HIV to talk about Ryan White services. Today's meeting participants are members of many advisory groups, but also work within the community and can help engage people to come to the forum. The forum would be used to inform the Part A Program's annual PSRA process by providing community input on the types of services they receive and need.

The group discussed how best to engage the community, how to combat misconceptions about the disease, and the need to target all areas of Broward (including Miramar, Weston, etc.). Guests voiced their concerns that Black MSM were being lost in HIV outreach efforts, and the need to find new ways to contact at risk populations, including at night clubs and at events not labeled as "HIV events."

The group reviewed a draft forum flyer, and suggested removing any reference to a Community Forum. They discussed potential venues for an evening event (7-9 p.m.), including a restaurant, the Urban League, or some social venue. The group agreed that the CEC/BTAN leadership would have another coordination call to discuss dates and details, then bring their proposal back to the committees at next month's meeting.

B. Rationale for Recommendations:

CEC has updated their Policies and Procedures to include a standard new member application process, and to outline the qualities of ideal CEC members.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Community Forum *Next Meeting Date:* May 2, 2017 *Location:* Governmental Center Annex Room A-337

C. AD-HOC BY LAWS COMMITTEE

April 12, 2017 *Chair: H.B. Katz*

A. Work Plan Item Update / Status Summary:

By-Laws Parking Lot Items: The committee discussed items #5, 4, and 6 at this meeting. Item #5, "PSRA Chair/Vice Chair Qualifications: Policy for leadership affiliation with provider agencies." The reasoning behind this item is to consider developing guidelines to avoid the appearance of Conflict of Interest on the PSRA Committee. The committee chose to recommend this as a Policies & Procedures change rather than a By-Laws change. The committee then discussed item #4, "Determine succession process for HIVPC Chair." The By-Laws Committee ultimately decided to remove this item from the Parking Lot. Finally, the By-Laws Committee discussed Item #6, "Update language regarding Integrated Comprehensive Plan Work Group, including purpose, based on recommendations from Executive Committee." The Committee did not determine a timeframe for when to address this item, but will reconvene after the next Integrated Committee meeting.

B. Rationale for Recommendations:

#5) PSRA Chair/Vice Chair Qualifications: Policy for leadership affiliation with provider agencies: The committee decided to recommend a Policies & Procedures change rather than By-Laws because it is easier to amend should there be any issues to meet this requirement in the future.

#4) Determine succession process for HIVPC Chair: The committee chose to remove this item from the Parking Lot because its intent is to address an issue which has not previously been a concern.

#6) Update language regarding Integrated Comprehensive Plan Work Group, including purpose, based on recommendations from Executive Committee: The committee agreed to address this after an Integrated Committee meeting, the date of which has yet to be determined.

C. Data Reports / Data Review Updates:

The members reviewed language from the HRSA Manual, By-Laws from other EMAs' Planning Councils, and the proposed changes to the Broward EMA's By-Laws.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Parking lot item #6 *Next Meeting Date:* TBD *Location:* TBD

D. QUALITY MANAGEMENT COMMITTEE (QMC)

April 17, 2017 *Chair: C. Grant, V. Chair: Vacant*

A. Work Plan Item Update / Status Summary:

Committee Member Appointment Process: The members reviewed amendments to the Membership section of the QMC Policies & Procedures. The document was unanimously approved with the suggested updates.

Review data to identify and address disparities and gaps among stages of the HIV Care Continuum (W.P. 1.3): Members looked at the Care Continuum data across all service categories and demographics- for retention in care, prescription of ART, and viral load suppression. PE has a new report and allows Staff to delve deeper into the characteristics of our population using the HIV Continuum of Care. Viral load reports dating back to 2014 reflect similar negative outcomes for youth, suggesting that the current methods of targeting the 18-28 year old group might not be working. The Recipient noted it is important to speak to the affected populations in order to tailor interventions. As a committee, we can look further into the data to understand the group's behaviors.

New Member Appointment:

Kamilah Thomas-Purcell and Simone MacPherson

B. Rationale for Recommendations:

Kamilah Thomas-Purcell, a Public Health professor from Nova Southeastern University is a Planning Council member and has been consistently attending Quality Management Committee meetings. The Chair motioned to appoint her as a QMC member. She was unanimously approved.

Simone MacPherson, from the HIV Epidemiology department at the Florida Department of Health, was also unanimously appointed as a QMC member by the Committee. Ms. MacPherson has been consistently attending and contributing to QMC meetings along with her colleague and fellow QMC member, Janelle Taveras.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

Any further data pertaining to RW clients aged 18-28 that can be used to help discern population trends.

E. Other Business Items:

Agenda Items for Next Meeting: Select QMC annual goals (W.P. 1.1); Review data on RW clients aged 18-28

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

April 20, 2017 *Chair: W. Spencer, Vice Chair: R. Siclari*

A. Work Plan Item Update / Status Summary:

PSRA Process: The PSRA members reviewed and approved the FY2018-2019 Priority Setting and Resources Allocations process and timeline, including proposed data presentations and extended meeting times.
FY2017 PSRA Work Plan: The PSRA members reviewed and approved their FY2017 Committee Work Plan. They requested one item be added to the WP: review and approval of an FY2018 work plan in January or February.
Ryan White Part A Pharmaceutical Formulary: The Committee members reviewed proposed changes to the Part A Formulary. The changes included suggested additions to Tier 1 from the Medical QI Network members, changes to Tier 2 as ADAP expanded their own formulary, and the moving of all Tier 3 drugs to Tier 1 to increase access to needed medications for Part A Consumers. The reviewed projected cost annual costs for additions and saving from ADAP, and approved the proposed changes.
Ryan White Funder and Stakeholder Presentations: The PSRA members received presentations for Dr. Schweizer, the Part F Grantee, on the Community-Based Dental Partnership Program and the AIDS Education and Training Center, and from Mario DeSantis on the Housing Opportunities for Persons with AIDS Program. The presenters discussed their budgets, client demographics, services gaps, notable trends and recommendations for Part A and the FY2018 PSRA process.

B. Rationale for Recommendations:

Changes to the Part A Formulary reflect the recommendations from the Medical Network based on the needs of Part A consumers, as well as changes to the ADAP Formulary. Costs projections do not show a significant financial impact from proposed changes.

C. Data Reports / Data Review Updates:

The Committee reviewed Ryan White Part A Formulary projections, including cost saving based on ADAP expansion and cost increases from additions to Tier 1.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Ryan White Funder/Stakeholder Presentations, 2015 Broward Epidemiology, Part A Service Presentations *Next Meeting Date*: May 25, 2017, Governmental Center Room GC-430, EXTENDED MEETING 9:00 a.m.-1:00 p.m.

F. SYSTEM OF CARE COMMITTEE

March 28, 2017 *Chair: M. Hayes, Chair: C. Edwards*

A. Work Plan Item Update / Status Summary:

Committee Overview – The PC Manager reviewed the history of the System of Care Committee with the guests. The focus of this committee is to look at Broward's Part A systems of care. Ideal membership for the committee includes frontline HIV staff, people who see the clients and can give the perspective of various populations in the system. SOC is interested in what is keeping people out of care and/or what keeps people from being virally suppressed?
In 2015 QMC reviewed client level data in PE for clients who were not virally suppressed, and identified populations that had the lowest rates of VLS. QMC forwarded their recommended priority populations (18-38 year old Black heterosexual males and females and Black MSM) to PSRA for further analysis of funding strategies to address these disparities. The PSRA members discussed evidence-informed intervention for minority populations to be implemented with MAI funding, but needed more detailed information about the Ryan White Continuum of Care and the specific experiences of each population as they move along the Continuum. SOC's role will be to look at how to identify struggling patients, their specific needs, and barriers to care. Each population will be targeted by the SOC, and will be reviewed one at a time to have to committee develop recommendations to better serve those clients through enhanced Care Coordination Programs with MAI dollars.
The group discussed significant barriers that they see in their work, including housing and transportation. The PC Manager stressed the need to speak to those populations individually to gain their perspectives. The first step is to gather qualitative information from Black women, then compare the results to the quantitative data from PE. Finally, SOC would make recommendations to PSRA and other relevant parties from programs and program components to address identified needs and barriers.

FY 2017 Work Plan – The SOC Chair reviewed the proposed FY2017 SOC Committee Work Plan. The Plan contains specific activities from the Integrated HIV Prevention and Care Plan, and outlines the goal of analyzing priority populations and making recommendations for services that enhance care and viral load suppression rates. The members will approve the FY2017 Work Plan once they have been appointed to the Committee by the HIVPC.
System of Care Committee Timeline – The participants reviewed the proposed timeline for the implementation of a Black Women's Study. In April the Committee will meet to discuss study design, in May they would discuss study participants and recruitment, then in June the study would be implemented. The Committee would then decide when to meet again to review the progress of the study, as well as how to evaluate the data.

B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
Literature review on Black Women Studies, PE data on Black Women in Part A system
E. Other Business Items:
Agenda Items for Next Meeting: Black Women Intervention Study Design *Next Meeting Date*: April 25, 2017- 1:00 p.m., Children's Diagnostic and Treatment Center

April 25, 2017 *Chair: M. Hayes, Chair: C. Edwards*

A. Work Plan Item Update / Status Summary:
Data and Literature Review – The Committee review the FY2016 HIV Care Continuum for Part A Clients and Females by race to examine lower rates of viral load suppression in Black females. They received a presentation on the Women of Color SPNS Initiative, Positive Women's Network Community-Based Participatory Research Project surveying HIV+ women of color on their health needs, and the 2015 Case Management QIP on barrier to care for Black females. They discussed common barriers, including family obligations, medication adherence, transportation and housing. Black Women Study Questions – The meeting participants discussed methods to gather qualitative information from their priority population, including focus groups, key informant interviews and limited surveys for HIV+ individuals who are out of care. The discussed questions or topics for the study participants, including perceptions around taking ART and adhering to treatment, history and effects of trauma exposure, mental health and substance abuse needs, family situation and HIV history, etc. The group worked with the Needs Assessment Consultant to determine ways to recruit participants and how best to facilitate focus groups and one-on-one interviews. The group will continue to develop questions at the next meeting and discuss a timeline and logistics for implementation.
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
FY2016 Part A and Female HIV Care Continuum, Literature Review of Women of Color Studies
D. Data Requests:
Breakdown of County of Origin for Black Part A Females; PWN-USA survey tool
E. Other Business Items:
Agenda Items for Next Meeting: Black Women Intervention Implementation Plan, SOC Policies and Procedures and FY2017 Work Plan *Next Meeting Date*: May 31, 2017- 1:00 p.m., Children's Diagnostic and Treatment Center

G. EXECUTIVE COMMITTEE

No April 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 (20 minutes)

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

11. UNFINISHED BUSINESS

12. PUBLIC COMMENT

13. ANNOUNCEMENTS

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: June 22, 2017 **LOCATION:** GC-430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
HOPWA Presentation	*HOPWA*	ACTION ITEM: Receive a presentation regarding HOPWA funding and services in the EMA
PSRA Update	*PSRA*	ACTION ITEM: Review data presentations and key findings of the PSRA Process thus far

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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 RETREAT

March 23, 2017 Meeting Minutes

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Arencibia, Y.	**X**			Little, S.
2	Bhrangger, R.	**X**			Barrientos, Y.
3	Burgess, D.	**X**			Cook, S.
4	DeSantis, M.	**X**			Smith, B.
5	Barnes, B. *Chair*	**X**			McHugh, J.
6	Grant, C.	**X**			Vega, M.
7	Hayes, M.	**X**			Jackson, J.
8	Holness, Comm. D.V.C.		**A**		Murphy, K. *
9	Huggins, L.		**A**		
10	Katz, H. B.	**X**			
11	King, J.	**X**			
12	Lint, A.	**X**			**Grantee Staff**
13	Lopes, R. *Vice Chair*		**A**		Jones, L.
14	Marcoviche, W.	**X**			Anderson, T.
15	Moragne, T.	**X**			Card, W.
16	Parker, P.	**X**			
17	Robertson, L.	**X**			**HIVPC Staff**
18	Robertson, P.	**X**			Johnson, B.
19	Runkle, D.	**X**			Oratien, V.
20	Schweizer, Dr. M.	**X**			Ewart, L.
21	Shamer, D.	**X**			Newton, A.
22	Siclari, R.	**X**			Powers, C.
23	Spencer, W.,	**X**			Holloman, K.
24	Taylor-Bennett, C.		**A**		
25	Thomas-Purcell, K.	**X**			*On phone
	Quorum=13	**21**			

1. CALL TO ORDER

The Chair called the meeting to order at 9:34 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: Spencer, W. **Seconded by:** Moragne, T.
Action: Passed Unanimously

Motion #2: To approve the 2/23/17 meeting minutes
Proposed by: Spencer, W. **Seconded by:** Moragne, T.
Action: Passed Unanimously

3. PHONE INTRODUCTIONS

Introductions were made by those present on the phone.

4. FEDERAL LEGISLATIVE REPORT

Mr. Murphy discussed the current political climate in Washington and its potential impact on HRSA funding and the Ryan White Program. The President's proposed budget contains significant cuts to HUD, which will undoubtedly have an impact on the HOPWA Program. The proposed healthcare bill also would have a significant impact on Medicare and Medicaid, and Ryan White may be in jeopardy for major cuts as well. For now, no changes have been made and the government is operating on a continuing resolution to fund the government at current levels. The HIVPC Chair asked what messages from Broward should be delivered to Washington. Mr. Murphy said it depends on where each politician stood on the repeal and replacement of Obamacare. Politicians should be told that changes would be harmful to the entire healthcare system, and the current proposal would walk back many of the healthcare gains that Florida has made so far. People would be less healthy and that would have an economic impact on the state. He stressed that it was important to bring personal stories of how people were positively affected by the ACA, Ryan White, etc.

5. CONSENT ITEMS

Dr. Schweizer thanked the QMC Chair for all the hard work she did in leading the committee's work on the Service Delivery Models (SDMs) and the Clinical Quality Management (CQM) Plan.

Motion #3: To approve the Consent Items
Proposed by: Spencer, W. **Seconded by:** Schweizer, M.
Action: Passed Unanimously

6. DISCUSSION ITEMS:

None

7. MARCH COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

March 7, 2017 *Chair: L. Robertson, V. Chair: P. Fleurinord*

The report stands.

B. AD-HOC BY-LAWS COMMITTEE

March 8, 2017 *Chair: H.B. Katz*

The report stands.

C. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

March 9, 2017 *Chair: Vacant, V. Chair: V. Foster*

The report stands.

D. QUALITY MANAGEMENT COMMITTEE (QMC)

February 27 and March 20, 2017 *Chair: C. Grant, V Chair: A. Earp*

The report stands. The QMC Chair thanked her committee for coming to extra meetings to review and approve the SDMs and CQM Plan. She stated that the Committee is looking for new members. She also thanked Program Support Staff for everything that they do for all the HIVPC committees.

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

Cancelled- No Quorum *Chair: W. Spencer, Vice Chair: R. Siclari*

The PSRA Chair congratulated Yahaira on her appointment to PSRA. He stated that the Committee has been quorum issues and stressed the importance of members coming to PSRA through the entire summer so as to complete the annual PSRA process. The Committee has also changed their meeting date to the 3rd Thursday of each month at 9:00 a.m.

F. SYSTEM OF CARE COMMITTEE

March 28, 2017 *Chair: M. Hayes, Vice Chair: C. Edwards*

The SOC Chair stated that the Committee starts again next week at 1:00 p.m., with lunch served at 12:30 p.m. The Committee is looking to focus on patients who are not virally suppressed or retained in care, studying barriers and needs one population at a time, starting first with Black women. The Committee will gather data and make recommendations for system improvements. SOC is looking to have people working at all stages of the Continuum as members.

ACTION: Discuss membership with Patricia Parker

G. EXECUTIVE COMMITTEE

February 16, 2017 *Chair: B. Gammell Vice Chair: R. Lopes*

The Report stands. Executive's FY2017 goal is to bring new members to each committee, the HIVPC Chair asked everyone to think about how get interested parties involved in the Committees and HIVPC. The

Executive Committee is working on a joint meeting with the other Broward HIV Planning Bodies, and is awaiting confirmation of dates from BCHPPC and SFAN.

8. NEW BUSINESS

None

9. GRANTEE REPORTS

a. **Part A:** The Part A Grantee gave a couple points to the HIVPC members. First, he said the 2016 Fiscal Year had ended on February 28th, and his office was in the process of receiving the final invoices from their providers, which were due April 15th. Part A will have $250,000 MAI carryover, and other Part A funds will be spent on bulk purchases. The Grantee's Office is also in monitoring season, and the staff is looking to see if providers are meeting their HRSA and contractual requirements. Part A contracts are coming out, and they are being reviewed by the County Attorney and the Grantee's Office; he anticipates releasing all contracts by the end of the week with a quick finalization with providers.

As for the Integrated Plan, Broward's HRSA Project Officer said that she was on the rating committee and that Broward's Plan was one of the best plans they'd reviewed.

The Test and Treat (TT) Initiative will begin its rollout in April. A draft program protocol will be sent to participating providers in the next couple days for review. Every organization will implement a bit differently because of their internal structure, but the overall goal is that individuals who tester HIV+ will see a doctor and leave with a 30 day ARV the same day. The program relies on DOH DIS workers to help walk individuals through the process, as studies show that early treatment leads to higher retention in care. Each agency will make internal changes to swiftly accommodate new patients. Dr. Beale spoke to Medical QI Network yesterday, and the group had a dialogue about the process. The Grantee has heard a lot of questions about how TT will be paid for, but stated that it is already being paid for it now with Emergency Financial Assistance provisions, as the Part A Program already provides emergency medications for clients who need ARV and aren't on ADAP. TT will cover the same kind of clients, just faster, and most of the medications come from a bulk purchase of ARV with Pharmacy carryover funds.

The purpose of TT is to treat people faster, keep them retained in care and to ultimately reduce the community viral load. The PSRA Chair said he recognized the streamlined process, but wanted to know how and if people will stay with their initial doctor, as staying in care is more of human connection than service condition. The Grantee said the insurance aspect is complicated, if you have it you can't utilize Part A services, but must providers accept all plans, and that will be the roll of DIS to help walk them through for minimum of 90 days and help them choose their care.

A member said when she was in Orlando they were very interested in Broward's Integrated Plan, but she felt like she was not included in the Integrated Committee and therefore could not speak on it. The Grantee told the members that the Integrated Plan is on the HIPVC website, and that it was reviewed and discussed at multiple HIVPC meetings, and approved by the HIVPC members during the summer. The Integrated Plan will be the platform for much of the HIVPC's work moving forward, and if any members feel like they do not have a full understanding of the Plan then Staff can hold a training for all interested parties. The HIVPC Chair stressed the importance of the document and that it needs to be understood by all members. The IC Chair said that the Committee has not met since the summer, and they are waiting for a joint meeting of the Broward Planning Bodies to decide the direction of the IC, but all are welcome to participate once the Committee reforms. The Part F representative has been participating in Ryan White Funder and Stakeholder meetings to discuss implementation of the Plan, and thinks that the document makes a lot of sense and addresses many of problems facing the HIV community in Broward.

A member asked about DIS's linkage role in TT, and whether they are meant the replace the linkage coordinators already stationed at provider agencies. The Grantee said that each agency with implement the program based on the structure and staffing of their organization.

The Grantee's Senior Program and Projects Coordinator spoke to the HIVPC about her concerns regarding the political climate and proposed healthcare/budget changes from Washington. While the Grantee Staff will not be in Washington D.C. for AIDS Watch, they have been in contact with their lobbyist and will eventually head to DC to share the Broward story. She will soon be reaching out to HIVPC members to collect personal impact stories. On the state side, the Grantee's Office is watching movement with medical marijuana that may be helpful for patients with long-term chronic diseases (including HIV), a bill issued to establish workgroup for hospital districts to help systems operate more efficiently, various block grants, a bill that prohibits pharmaceutical companies from requiring mail order medications.

Finally, William Card will be leaving the Grantee's Office to be the Assistant Director of BARC. The HIVPC Chair thanked him for all his work, especially with the PSRA Committee.

b. **Part B:** Serena Cook, Acting Part B Supervisor, gave the Part B update. March 15th is the deadline for February invoices, and March is the end of the Part B contract year. The program has submitted their RSR to HRSA. They've also revised the contracts to BARC with final approvals due tomorrow. She will provide an email about their QM Plan to PC Staff.
c. **Part C:** The Part C Project Officer came to Broward Health during her Part D site visit. Part C is working on revising of their policies based on their corrective action plan. The Part C Program still haven't received Notice of Grant Award for this fiscal year. They will have unspent funds due to lack of a physician for 5 months (they've currently hired one), plus $30,000 in carryover funds.
d. **Part D:** The Part D HRSA site visit went well, and they submitted the Part D application day before site visit. They have also submitted their RSR.
e. **Part F:** The Part F Program is continuing their partnership with Broward Community and Family Health Center, and provide option for clients who don't have dental coverage or have exhausted their Ryan White cap. Clients just need to be HIV+, and services are on a sliding fee scale. He will send out their flyer to PC Staff for distribution.
f. **HOPWA:** The HOPWA Program is good for funding this year, can continue to provide subsidies for those in need. Next year is still uncertain, considering proposed HUD budget cuts and the implementation of the modernization formula. HOPWA was already $32 million short before the proposed budget cut. However, Broward HOPWA will move forward, and they have unspent dollars to cover services for next year without disruption until next the RFP is released. The HOPWA Grantee feels confident that clients will not lose their services. There is a Grantee meeting in August in Tampa, the first in 20 years, and he will present on the Housing Cascade. HOPWA has been working with a representative from the City Manager to talk about housing and Ryan White, and she'll come to Tampa as well and report back her office. They have a site visit in April for HOPWA monitoring. A member asked if the TBRV wait list has been addressed, and HOPWA replied that it is on hold at the moment because HUD that resources should be distributed to homeless or chronically homeless first. When further guidance comes, the waitlist will be redone with new parameters to serve those at greatest need based on HUD's definition.
g. **ADAP:** Handout on file.

10. UNFINISHED BUSINESS

None

11. ANNOUNCEMENTS

a. The AIDS Walk was a great success with lots of participants. Will Spencer was the 23rd highest fundraiser through his Facebook campaign.
b. Arianna Lint is going to Washington for AIDS Watch, if anyone from Broward would like to meet up.
c. The Pride Center is holding their "Is Your Man of the Down Low?" event at the Pride Center on the March 29th at 7:00 p.m.

12. PUBLIC COMMENT

None

13. REQUEST FOR DATA

None

14. AGENDA ITEMS FOR NEXT MEETING: March 23, 2017 9:30 a.m. **LOCATION:** A-337

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
Ryan White Part A Formulary	*PSRA*	ACTION ITEM: Approve changes to the Part A Formulary

15. ADJOURNMENT

The meeting was adjourned at 11:00 a.m.

HIVPC ATTENDANCE CY 2017

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

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

What is a Consent Agenda?

"A consent agenda is a board meeting practice that groups routine business and reports into one agenda item. The consent agenda can be approved in one action, rather than filing motions on each item separately...A consent agenda moves routine items along quickly" (Board Effect.com).

What if I Do Not Agree With an Item on the Consent Agenda?

If a member wishes for a consent item to be moved to a discussion item, the member must request that the item be pulled from the consent agenda prior to the motion to approve the consent agenda. The HIVPC Chair will then ask if the members are in favor of approving the consent agenda without the pulled item.

Common Consent Items:

- New member appointments
- Committee Policies & Procedures

What is a Discussion Item?

A discussion item is an item on the agenda that requires further review and discussion from Planning Council membership.

Common Discussion Items:

- By-Laws Changes
- Financial Matters including:
    - Priority Setting & Resource Allocation
    - Reallocations/Sweeps
    - Changes to Part A Formulary
    - Establishing/Updating Service Categories

http://www.boardeffect.com/blog/what-is-a-consent-agenda-for-a-board-meeting/

HANDOUT B

COMMUNITY EMPOWERMENT COMMITTEE
Policies and Procedures

Policies

The Community Empowerment Committee (CEC) shall inform and empower the community, and particularly individuals with HIV disease, to become involved in the decision making of HIV policies and processes, quality assurance programs and grievance procedures with Broward County.

The Committee shall actively recruit and encourage the public, and particularly people with HIV disease, to take a more active role in the decision making process of the Broward County HIV Health Services Planning Council (Council).

The Committee shall provide a forum for the discussion of Council agenda items and items of concern. This will provide an opportunity to gain a better understanding of issues.

The Committee will develop policies to encourage participation of consumers in Council activities.

Procedures

The Committee will utilize available resources to promote and market Council activities and events.

By utilizing the resources, the Committee will host community outreach meetings and community events as outlined in the annual work plan.

The Committee will also collaborate with various community partners to host outreach events and activities to enhance their presence in the community.

The Committee will review, and provide a consumer perspective to the Council on policies, processes, and documents.

Membership

Prospective members of the CEC shall complete a Standing Committee application to be returned to Planning Council Staff or the Committee Chair. Council Committee Chairs shall appoint, with the approval of the Council, the members of each committee. Committee membership should reflect the demographics of the local epidemic and consideration shall be given to race, ethnicity, self-acknowledged HIV-positivity, and gender.

Membership should include Ryan White consumers, community stakeholders and individuals infected and affected by the disease to ensure that diverse consumer input and participation are included in all Planning Council and committee activities.

Approved 2/3/15

HANDOUT C

QUALITY MANAGEMENT COMMITTEE
Policies and Procedures

Purpose

The purpose of the Quality Management Program for Ryan White Part A in the Broward County EMA is to systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and MAI funded services in Broward County.

Policy

The Quality Management (QM) Committee shall ensure that the highest quality HIV medical care and support services are provided to eligible Broward County Residents living with HIV/AIDS by developing client and system based outcomes and indicators, providing oversight of standards of care within the service delivery models, developing scopes of service for program evaluation studies, evaluate client satisfaction and identify client and staff education and training needs.

Annual Work Plan Goals

- Develop 3-Year QM Plan
- Review & Analyze Annual Measures and Chart Review Data
- Review & Assess Client-Level Data
- Provide Quality Assurance and Quality Improvement Training to All Stakeholders
- Review and Implement QM Committee Policies and Procedures
- Approve Service Delivery Model Modifications
- Evaluate Client Survey from Needs Assessment
- Apply QM methods to identify areas of improvement and modify processes to support EIIHA Strategy
- Conduct Annual QM Plan Evaluation
- Participate in the development of the Clinical Quality Management section of the Ryan White Grant Application

Procedures

QM Committee functions as a committee of the Broward County EMA HIV Planning Council. The QM Committee is chaired by a HIV Planning Council Member. To assist and inform the QM Committee's work, the Service Provider Networks are invited and encouraged to provide input into the development of client and system based outcomes and associated indicators as indicated in the QM Committee Policy section. Program data and research are provided by Council and Clinical Quality Assurance staff, drawing from a wide-range data sources.

The QM Committee maintains oversight of Standards of Care within Service Delivery Models including:

a. Application of Best Practice Models
b. Review of Standards of Care
c. Recommend changes to Standards of Care to:
    i. Conform to best practice models
    ii. Support achievement of client and system outcomes
    iii. Respond to emerging client needs
d. Direct QI Networks to make specific service protocol modifications to support recommended changes to standards of care
    i. Approve the need for program and/or population evaluation studies
    ii. Develop and/or approve the Scopes of Service for program and/or population evaluation studies
    iii. Identify and recommend opportunities to improve Client satisfaction

Membership

Prospective members of the QMC shall complete a Standing Committee application to be returned to Planning Council Staff or the Committee Chair. Council Committee Chairs shall appoint, with the approval of the Council, the members of each committee. Committee membership should reflect the demographics of the local epidemic and consideration shall be given to race, ethnicity, self-acknowledged HIV-positivity, and gender.

Membership of the committee should ideally consist of consumers, client service professionals, and HIV and non-HIV providers. Members should be individuals who are passionate about ensuring high quality HIV care services for Ryan White Part A-eligible Broward County residents. Typical QMC members may possess the following knowledge, skills, and abilities:

- Desire to learn from peers
- Data interpretation
- Familiarity with national, state, and local quality standards
- Effective communication

Members are not required to possess all knowledge, skills, and abilities as they relate to quality management; however, members should be actively interested in learning any necessary knowledge, skills, and abilities in order to be an active participant in QMC.

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 D1

To: Broward County HIV Health Services Planning Council

From: ad-Hoc By-Laws Committee

Date: April 14, 2017

Subject: **Proposal for Recommended By-Laws Changes**

Summary of Changes

The recommended changes from the committee include:

- #1- Reconsider the HIVPC's need for a Needs Assessment/Evaluation (NAE) Committee
- #2- Reconsider the HIVPC's need for an ad-Hoc Local Pharmacy Advisory Committee (LPAC)

These changes will be voted on at the next Broward County HIV Health Services Planning Council. A meeting of the Broward County HIV Health Services Planning Council is scheduled for:

Date: **Thursday, April 27, 2017**

Time: **9:30 A.M.**

Place: **Governmental Center, Room GC-430**
115 S. Andrews Avenue
Fort Lauderdale, FL 33301

To confirm meeting information, reserve special needs services, or if you have questions, please call HIVPC Staff at 954-561-9681, ext. 1343 or 1295. If you have special needs such as translation from English to Creole or Spanish, or require other auxiliary aids or services because of a disability, please call at least 48 hours in advance.

Thank you.

HANDOUT D2

BY-LAWS PARKING LOT ITEMS				
#	**Proposal**	**By-Laws Location**	**Stated Reason**	**Recommendation**
1	Reconsider the HIVPC's need for a Needs Assessment/Evaluation (NAE) Committee	Article VIII, Section 2 and Section 6	The work of the NAE will be carried out by various committees, including the System of Care Committee, Integrated Work Group, etc.	**Removed from Article VIII, Section 2 and Section 6:** Language regarding Standing NAE Committee removed. Language regarding the "changing face of the epidemic" should be included in Integrated Work Group section when updated
2	Reconsider the HIVPC's need for an ad-Hoc Local Pharmacy Advisory Committee (LPAC)	Article VIII, Section 3, Paragraph C, and Section 7, Paragraph B	LPAC is an ad-Hoc under the Priority Setting and Resource Allocation Committee (PSRA). LPAC meets infrequently and PSRA can carry out the formulary reviews and other LPAC tasks when needed	**Removed from Article VIII, Section 3, Paragraph C and revised in Article VIII, Section 7, Paragraph B** Language regarding Ad-Hoc LPAC Committee removed, and PSRA language updated to include review of pharmacy services
3	Include language for a standardized application process for Standing Committees	Article VIII, Section 1, Paragraph C	There are different processes to join each Standing Committee. By-Laws language should include completion of application and committee questionnaire	**No changes made to By-Laws:** Language regarding Standing Committee membership process should be included in individual Committee Policies and Procedures
4	Determine succession process for HIVPC Chair	Article VI, Section 8	Consider developing procedures for Vice Chair (Chair Elect) to succeed to HIVPC Chair	**No changes made to By-Laws:** Line of succession and election procedures meet the needs of the HIV Planning Council and does not require an update at this time
5	PSRA Chair/Vice Chair Qualifications: Policy for leadership affiliation with provider agencies	Article VIII, Section 1, Paragraph B	Consider developing guideline for standing committee chairs' affiliation with Part A funded provider	**No changes made to By-Laws:** Language stipulating that "either the PSRA Chair of Vice Chair shall not be affiliated with a Broward EMA Part A Service Provider" should be included in the Committee Policies and Procedures

HANDOUT D3

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL BY-LAWS

Last amended December 2015

By-Laws of the
Broward County HIV Health Services Planning Council

Adopted, January 1992
as Amended April 1995, April 1996, November 1996, June 1998, March 1999, May 1999, February 2000, January 2002, September 2004, April 2006, January 2010, January 2012, May 2013, December 2013, May 2014, July 2014, March 2015, July 2015, August 2015, December 2015

ARTICLE I

NAME AND AREA OF SERVICE

SECTION 1: The name of the Planning Council shall be "The Broward County HIV Health Services Planning Council" (Council) or such successor name as may be designated by the Broward County Board of County Commissioners.

SECTION 2: The area served by the Council shall be Broward County, Florida. The governing body of Broward County is the Broward County Board of County Commissioners.

SECTION 3: The Council is established by resolution of the Board of County Commissioners codified at Part X of Chapter 12 of the Broward County Administrative Code as amended by the Board of County Commissioners.

ARTICLE II

PURPOSE AND DUTIES

SECTION 1: The purpose of the Council is to provide planning, to promote development of HIV/AIDS health services, personnel, and facilities which meet identified health needs in a cost-effective manner, to reduce inefficiencies, and to develop HIV-related health plans.

SECTION 2: The duties of the Council shall be those specified by the Ryan White Act.

ARTICLE III

DEFINITIONS

1. *Ad-Hoc Committee* means a committee established for a limited time or limited and definite purpose.

2. *Alternate* means a person appointed by the Board that may called upon to participate as a voting member of the Council upon the occurrence of certain conditions.

3. *Board* means the Broward County Board of County Commissioners.

4. *Cause* means an action determined by the Council as a basis for discipline or removal from the Council or a Committee.

5. *Committee* means a committee established by the Council in furtherance of Council business.

6. *Community Stakeholder* means representatives from Ryan White Part B, C, D, or F, Prevention, or representatives of HIV/AIDS care in the community, including but not limited to consumers, providers, and regulators.

7. *Consumer* means a person who is an eligible recipient of services under the Ryan White Act.

8. *Council* means the Broward HIV Health Service Planning Council created in Chapter 21, Part X, Broward County Administrative Code, and mandated by the Ryan White Act, Part A.

9. *EMA* means Eligible Metropolitan Area.

10. *Ex officio* means a committee member who does not have a vote on that committee and does not count as quorum.

11. *Manual* means the Council's Local Policies and Procedures Manual.

12. *Member* means a person appointed to the Council by the Board.

13. *Non-Elected Community Leader* means someone active in the community not elected in formal governmental elections.

14. *PLWHA* means person living with HIV Disease or AIDS. (Also PWA)

15. *Part A* means the Ryan White Act, Part A, administered by the County with advice from the Council.

16. *Ryan White Act* means the Ryan White HIV/AIDS Treatment Extension Act of 2009.

17. *Unaffiliated Consumer* means individuals who are receiving HIV-related services from Ryan White-funded service providers and not compensated by, representative of, or employed by a provider funded under the Ryan White Act.

18. *Work Group* means a group that has a specific task and makes recommendations but does not follow attendance, membership, or quorum requirements.

ARTICLE IV

MEMBERSHIP

SECTION 1: All Members and Alternates of the Council shall be appointed by the Broward County Board of County Commissioners. The process for forwarding recommendations to the Board is outlined in the Membership/Council Development Committee Section of the Manual.

SECTION 2: An individual may serve on the Council only if the individual agrees that if the individual has a financial interest in an entity, if the individual is an employee of a public or private entity, or if the individual is a member of a public or private organization, and such entity or organization is seeking amounts from a grant under the Ryan White Act, the individual will not, with respect to the purpose for which the entity seeks such amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purposes.

SECTION 3: The membership of the Council shall be as delineated in the Ryan White Act, as amended.

SECTION 4: Affirmative recruitment efforts shall be made to attract eligible candidates for membership on the Council and the committees with particular attention to gender balance and adequate representation from racial and ethnic minorities that is reflective of the EMA.

SECTION 5: As part of the Council's efforts to increase the percentage of persons living with HIV on the Council, it is recommended that the Council strive, whenever possible, to nominate persons living with HIV disease to vacancies in all other categories as appropriate.

SECTION 6: The term of office for members and alternates shall be at the pleasure of the Broward County Board of County Commissioners.

SECTION 7: Attendance. Attendance of Council meetings shall be in accordance with the Broward County Code of Ordinances section 1-233. The Council may recommend the reappointment of members who were removed pursuant to Broward County Code of Ordinances section 1-233. The committee attendance policy mirrors the Council attendance policy. The Chair of the Council shall, at his or her discretion, determine whether the member's absence meets any of the criteria for an excused absence as set forth in the ordinance. Excused absences for HIVPC-related business mean for business outside the regular time and place of HIVPC business. Failure to adhere to attendance requirements shall be grounds for removal from the Council or committees.

SECTION 8: Designation of Alternates. There shall be a minimum of at least three

persons living with HIV that reflect the demographics of the epidemic in the County who shall serve as Alternates, appointed and approved by the Broward County Board of County Commissioners. An Alternate may only serve as a voting member of the Council when a member with HIV is unable to serve due to HIV-related illness. In such case, the Chair shall appoint an alternate who, to the greatest extent possible, matches the gender, race and/or ethnic background of the individual with HIV that is absent. Thereafter, Alternates, as directed by the Chair, shall alternate their substitution for PLWHA members unable to serve due to HIV-related illness. Alternates may be appointed by the chair as a voting member only after Quorum has been established. Alternates may be removed from their seats as described in Section 11 below.

SECTION 9: Council members and Alternates shall be a member of at least one standing Committee. Failure to participate on a standing committee shall be grounds for removal from the Council.

SECTION 10: All persons in attendance of a meeting of the Council and/or Committees shall comply with the meeting ground rules adopted by the Council.

SECTION 11: Removal of Members and Alternates

A. Procedure for removal. If a member or alternate fails to comply with Paragraphs B or C, or for reasons documented in Paragraph D, the Council shall recommend to the Broward County Board of County Commissioners the removal of that Member or Alternate. A recommendation of removal is based upon a majority vote of the Council members in attendance at a meeting at which Staff has provided written notification to the member or alternate recommended for removal that such item will be on the meeting's agenda. Unaffiliated members and alternates may also be automatically removed for reasons outlined in Paragraph E.

B. The Council shall recommend that a member or alternate be removed from service on the Council for refusing to cooperate in a conflict of interest review, or when it is determined that the member or alternate knowingly took action(s) intended to influence the conduct of the Council in a manner as defined in **ARTICLE IV, SECTION 2** of these By-laws. The Council shall terminate from service any committee member who is not also a Council member for refusing to cooperate in a conflict of interest review, or when it is determined that member knowingly took action(s) intended to influence the conduct of the Council in a manner as defined in **ARTICLE IV, SECTION 2** of these By-laws.

C. The Council shall recommend that a member or alternate be removed from the Council for, but not limited to, failure to comply with County regulations

or the Council Local Procedures Manual, failure to comply with meeting ground rules, or failure to maintain committee membership.

D. A Council Member, Council Chair, or Committee Chair may recommend removal for cause of a member or alternate by forwarding to the Membership Committee said recommendation, documenting the reasons for requesting removal. The Membership Committee will review the evidence and make recommendations to the Executive Committee. The Executive Committee will review the recommendation and forward the recommendation to the Council.

E. A member or alternate shall be automatically removed from the Council for failure to comply with attendance policies as outlined in ARTICLE IV, SECTION 7 of these By-laws. A member or alternate shall be automatically removed from the Council in accordance with the Broward County Administrative Code section 12.108 which states that members must report any change in affiliation status and shall be automatically removed from the Council upon becoming affiliated with a provider.

ARTICLE V

OFFICERS

SECTION 1: The officers of the Council shall be members of the Council and shall be a Chair and a Vice Chair.

SECTION 2: ELECTIONS

A. Election of Officers shall utilize a majority vote double election system (primary election and a secondary run-off election). Officers shall be elected by the majority vote of those members or alternates serving as members of the Council present and voting at the meeting during which election is held.

B. Regular Biannual Elections. Regular biannual elections will take place every two years. The ad-Hoc Nominating Committee shall present a slate of candidates for consideration as described in the ad-Hoc Nominating Procedure. The Officers shall take office on March 1 or at the first meeting of the calendar year later than March 1. All Officers shall serve a two-year term and shall remain in office until a successor selected. No officers shall serve more than two consecutive terms in one office.

C. Special Elections. Special Elections will take place as needed. 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 in Nominating Procedure (Article VIII, Section 3, Part A). Until the

election is held, the Council will adhere to the line of succession outlined in Article VI, Section 8. Individuals elected by virtue of special election will not be considered to have served a full term, and this service will not impact the individual's ability to run for two additional terms.

SECTION 3: The duties of the Officers are those which usually apply to such officers and in addition thereto, such other duties as may be designated from time to time by the Council.

SECTION 4: The Chair of the Council will serve as the official liaison of the Council with the Broward County Board of County Commissioners and its designated administrative entity. No other Member of the Council or its committees may speak for the Council.

SECTION 5: With the exception of the Executive Committee, the current Council officers may not serve as Chair or Vice Chair of any Council committee while holding office. Upon proper notice to the committee, the Council Chair or Vice Chair may sit as acting chair of the committee when the committee chair or Vice Chair are unable to attend a properly scheduled meeting of the committee. In the event the Council Chair or Council Vice Chair are serving as acting committee chairs, they count towards quorum and have a vote.

ARTICLE VI

MEETINGS

SECTION 1: The Council shall meet at least 9 times per fiscal year (Mar. 1 – Feb. 28). Special meetings may be called by the Chair or upon petition of one third of the membership of the Council. Written notice shall be given at least one week prior to each meeting. All HIV Planning Council meetings are open to the public. Attendance at mandatory Training Activities is also part of Council attendance requirements.

SECTION 2: Fifty percent (50%) of the members plus one shall constitute a quorum for the HIV Planning Council, and all standing and ad-Hoc Committees, but with no less than 3 members voting. A majority of those Members present and voting at any meeting at which a quorum is present shall be sufficient to take action on behalf of the Council. The number of Members needed to determine quorum shall be the total number of Members of the Council, but not including the Member representing the Broward County Board of County Commissioners.

SECTION 3: Only duly appointed Members of the Council and/or committee (or the appointed Alternate in their absence) may vote, and each Member (or

Alternate) shall have one vote. Voting privileges are otherwise non-transferable. In the event of a tie vote, there shall be a roll call vote and the Chair shall vote last.

SECTION 4: Public notice of Council meetings shall be given in accordance with Florida Statutes and Broward County Ordinances. Meetings shall be open to the public. Records and data shall be made available to the public under the applicable laws. Minutes of each meeting of the Council or Committee shall be kept. The accuracy of all minutes shall be certified by the Chair of the Council and/or committees.

SECTION 5: COUNCIL AGENDAS

A. The Executive Committee shall meet at least five (5) working days prior to the regularly-scheduled full Council meeting. The Executive Committee (or in the absence of Executive Meeting action, the Council's Designated Staff Member) shall prepare an agenda for full Council meetings based upon the following: Each committee chair, the Grantee, and/or the Council Support Staff will inform the Executive Committee (or Council Designated Staff Member) of committee recommendations and other actions to be presented for the full Council's approval. Motions passed by Committees may be sponsored by the Chair of the Committee on behalf of the committee and annotated on the Council Agenda as sponsored by the Committee. Individual Members of the Council may also request that action items be placed upon the agenda, by providing them in writing to the Council Designated Staff Member prior to the Executive Committee meeting. Members of the public who wish to bring matters before the full Council for consideration must obtain sponsorship of the item by a Member of the Council. Requesters of all full Council actions will also provide appropriate back-up documentation to explain the action being requested. The Executive Committee may refer proposed actions to the appropriate committee to examine and make a recommendation prior to presenting the matter to the full Council for action. Proposed motions requiring the full Council's vote shall be listed on the agenda which is sent out to members prior to the full Council meeting. At the Executive Committee's discretion, back-up documentation will be labeled and distributed with the Council's agenda. At the discretion of the Council Chair, action items requested at the Council meeting not on the published agenda may be added to the old/new business portion of the agenda, deferred until the next Council meeting, or referred to the appropriate committee.

B. The ordinary Council agenda shall include: Call to Order, Welcome and Self-introductions (includes explanation of Ground Rules, Sunshine Law

and HIV self- disclosure), Moment of Silence, Excused Absences and Appointment of Alternates, Adoption of Agenda, Approval of Minutes, Consent Items, (no discussion required), Discussion Items (discussion required), Committee Reports, Grantee and Other Reports (including, but not limited to Part A , Part B, Part C, Part D, Part F, HOPWA, Prevention, etc.), Old/New Business, Public Comment, Announcements, Next Meeting Date, Agenda Items for the Next Meeting, Adjournment. The Executive Committee may order agenda items for the efficient and effective administration of the Council's business.

C. The Executive Committee (or Council Chair in the absence of Executive Committee action) will determine the order of decision action items.

SECTION 6: All persons in attendance of a meeting of the Council and/or Committee shall comply with the meeting ground rules adopted by the Council.

SECTION 7: TIME LIMITS

The Executive Committee will establish time limits for each agenda item for each meeting. The Chair may use discretion to impose time limits on each speaker, to be consistently applied. Upon expiration of the time for discussion of a particular action item, the Chair shall close the debate and call for a vote. A person who has spoken once on a pending matter may not speak again on that matter until all others requesting the floor have been recognized.

SECTION 8: LINE OF SUCCESSION

A. In the event the Chair and the Vice Chair do not attend the Council Meeting and neither the Chair nor the Vice Chair has notified the Council that they are not attending the Council Meeting, the immediate past chair, if present and a member of the Council, shall chair the meeting.

B. In the absence of the immediate past chair the Council meeting may be chaired by Committee Chairs, in the following order:

1. Chair of Priority Setting and Resource Allocation
2. Chair of Membership/Council Development
3. Chair of Needs Assessment/Evaluation
4. Chair of Community Empowerment
5. Chair of Quality Management
6. Chair of System of Care

C. In the event of a vacancy of the Planning Council Chair or Vice Chair position, the duties of the Chair or Vice Chair will be assumed by the immediate past chair. If the immediate past chair is no longer a member of

the Planning Council, duties will be assumed in the following order:

1. A past Planning Council Chair
2. Chair of Needs Assessment/Evaluation
3. Chair of Community Empowerment
4. Chair of Priority Setting and Resource Allocation
5. Chair of Quality Management
6. Chair of System of Care
7. Chair of Membership/Council Development

Pursuant to the revised paragraph C, the order of assumption of duties is prescribed for the following reason: a third party oversees the special election process, during which the current Chair or Vice Chair may participate. Duties will be assumed upon the Chair or Vice Chair vacancy, until the vacancy is filled by a special election as outlined in Article V, Section 2C.

ARTICLE VII

CONFLICT OF INTEREST

SECTION 1: Members and Alternates of the Council and all committees established by the Council shall abide by the Florida Statutes, Broward County Ordinances and Administrative Code, as may be amended from time to time, regarding conflicts of interest for public officials and the Government in the Sunshine Law. Copies of these documents shall be furnished to all Council Members and Alternates.

SECTION 2: The Executive Committee of the Council shall be authorized to formulate Council policy, review all concerns, and make recommendations to the full Council regarding conflict of interest issues.

SECTION 3: All Council members and alternates must identify conflicts of interest, and are encouraged to request a review of a potential conflict of interest for themselves or of another Member or Alternate.

SECTION 4: All concerns regarding conflict of interest shall be recorded in the Council's meeting minutes and referred to the Executive Committee for review. The full Council shall take, based on the recommendations of the Executive Committee, whatever actions it deems appropriate and are in compliance with standing Council policies.

SECTION 5: In the event of a conflict of interest and/or during the period of review of said conflict of interest, Member(s) or Alternate(s) under review may participate in the discussion of the matter in conflict/question but shall

abstain from voting on the matter.

SECTION 6: A Member or Alternate shall be recommended for termination from service on the Council and any of its committees for refusing to cooperate in a conflict of interest review, or when it is determined that she/he knowingly took action(s) intended to influence the conduct of the Council in a manner prohibited by the By-Laws or federal, state or local laws.

ARTICLE VIII

COMMITTEES

SECTION 1:

A. The Council shall establish standing and ad-Hoc committees necessary to fulfill the requirements of the Ryan White Act.

B. Committee Chairs and Vice Chairs. All Council committees shall be chaired by a Part A member of the Council. The Council Chair shall appoint the Committee Chairs and Vice Chairs of each Committee beginning with the date of the Council Chair's term of office. The current Committee Chairs and Vice Chairs shall continue to serve until the new Committee Chairs and Vice Chairs are appointed; the Council Chair may ask current Committee Chairs and Vice Chairs to remain in their positions. Committee Chairs and Vice Chairs may be appointed, removed, or replaced at the sole discretion of the Planning Council Chair.

C. Appointment of Committee membership. Council Committee Chairs shall appoint, with the approval of the Council, the members of each committee. Except as otherwise provided by the By-Laws, a standing or ad-Hoc Committee may include members of the Council, and community stakeholders. Committee membership should all be based on the demographics of the epidemic and consideration shall be given to race, ethnicity, self-acknowledged HIV-positivity, and gender.

D. Removal of Committee membership. The removal of Committee members shall be that of Council members as provided for in Article 4, Section 11, where applicable.

E. Committee Policies and Procedures. The Council will approve written policies and procedures for all Committees which will be published in the "Local Procedures Manual." The policies and procedures of each committee must be periodically reviewed by that committee and subsequently approved by the Council.

SECTION 2: A standing committee of the Council is a committee which has a purpose that requires a standing membership and a regular meeting schedule. The standing committees of the Council are:

A. Executive
B. Community Empowerment
C. Membership/Council Development
~~D. Needs Assessment/Evaluation~~
~~E.~~D. Priority Setting and Resource Allocation
~~F.~~E. Quality Management
~~G.~~F. System of Care

SECTION 3: An ad-Hoc committee of the Council is a committee that has a purpose which does not require a standing membership and which may meet on a periodic but not regular schedule. The continuing ad-Hoc committees are the ad-Hoc Nominating Committee, and the ad-Hoc By-Laws Committee ~~and the ad-Hoc Local Pharmacy Advisory Committee~~. The Council may establish other ad-Hoc committees as necessary.

A. Ad-Hoc Nominating Committee.

1. Membership. The Nominating Committee shall be composed of not less than five (5) Council members who shall be appointed by the Chair. At least one member shall be a person living with HIV/AIDS.

2. Purpose. The Nominating Committee shall provide a slate of nominations for Members for Chair and Vice Chair of the Council from among current Council Members. The process utilized by the Nominating Committee to prepare and present the slate of officers for consideration for office is identified in that committee's written policies and procedures.

B. Ad-Hoc By-Laws Committee.

1. Membership. The members of the committee shall only include Council members and alternates.

2. Purpose. The ad-Hoc By-Laws Committee shall have the responsibility of periodically reviewing, updating and maintaining the Council By-Laws.

C. ~~Ad-Hoc Local Pharmacy Advisory Committee (LPAC).~~

~~1. Membership. The members of the committee shall include but is not limited to members with pharmacological and medical expertise as well as consumer members.~~

~~Purpose. The Broward County HIV Health Services Planning Council's Local Pharmacy Advisory Committee (LPAC) shall be representative of all stakeholders in HIV/AIDS care in the community. These stakeholders include consumers, providers, and regulators in the affected community. LPAC shall be dedicated to the ongoing review of the RW Part A Pharmacy Service Category.~~

~~LPAC's Mission shall be:~~
~~To make recommendations to the appropriate committees of the HIVPC to improve the quality, cost-effectiveness and allocation of resources to pharmacy services;~~
~~To develop and implement a standardized mechanism for pharmacy services (i.e., policies and procedures, drug access, formulary changes and cost/impact analysis);~~
~~To efficiently collect and evaluate current pharmacy data (i.e., utilization, cost, eligibility) for the impact on the Part A system of care;~~
~~To coordinate pharmacy services in collaboration with other funding streams (i.e., ADAP, Part B, Medicaid, private payers, including private insurance providers); and~~
~~To review current pharmacologic therapeutic regimes and federal guidelines.~~

SECTION 4: There shall be an Executive Committee.

A. Membership. The Executive Committee shall consist of the Council Chair, the Council Vice Chair and the Chair of each of the standing committees. The immediate past Council Chair (if the past Chair is currently a member of the Council) will serve as an ex officio member of the Committee. In absence of the Standing Committee Chair, the Standing Committee Vice Chair may serve and count towards quorum.

B. The Executive Committee meets to conduct business of the Council (excluding priority setting and allocation decisions). The Executive Committee shall:

1. Set the agenda for Council meetings
2. Address Conflict of Interest issues
3. Review Membership/Council Development Committee Attendance report to identify Council members not in compliance with attendance requirements
4. Oversee the planning activities established in the comprehensive plan
5. Develop and oversee committee work plans which address comprehensive planning goals and objectives
6. Ratify recommendations for removal for cause from the

C. The Committee shall have responsibility for oversight of the planning activities established in the comprehensive plan and development and oversight of committee work plans to address comprehensive planning goals and objectives.

SECTION 5: There shall be a Community Empowerment Committee.

A. Membership. The members of the committee shall include, but is not limited to, representatives of the Council and community stakeholders. No less than 51% of the Council committee members shall be unaffiliated individuals living with HIV.

B. Chair. The Council Committee Chair shall be an unaffiliated individual with HIV.

C. Purpose. The Committee shall inform and solicit the participation of individuals infected and affected with HIV/AIDS in the planning, priority setting and resource allocation processes.

~~**SECTION 6:** There shall be a Needs Assessment/Evaluation Committee.~~

~~A. Membership. The members of the committee shall include, representatives of Part A, as well as consumers and other community stakeholders.~~

~~B. Purpose. The Committee shall conduct activities to develop and update a Needs Assessment in accordance with the Ryan White HIV/AIDS Extension Act of 2009 and the Health Resources and Services Administration (HRSA) mandates. The Committee shall also be responsible for conducting an annual evaluation and update to the Broward County HIV Health Services Comprehensive Plan to reflect changing directions of the epidemic, as well as the results of the assessment. The Committee is responsible for ensuring the Plan is relevant to the times and the needs of People Living with HIV/AIDS (PLWHA).~~

SECTION ~~7~~6: There shall be a Priority Setting and Resource Allocation Committee.

A. Membership. The Members of the Committee shall include, but is not limited to, representatives of the Council and community stakeholders.

B. Purpose. The Committee shall recommend to the Council priorities and allocation of Ryan White Part A. The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for reallocation and/or possible reprioritization. The Committee will facilitate the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). The Committee ~~will~~ shall develop, review, and monitor eligibility, and service definitions, including improving the quality, cost-effectiveness and allocation of resources to pharmacy services. When recommended, the Committee shall develop and implement a standardized mechanism for pharmacy services (i.e., drug access, formulary changes and cost/impact analysis) and coordinate pharmacy services in collaboration with other funding streams (i.e., ADAP, Part B, Medicaid, private payers, including private insurance providers).

SECTION ~~8~~7: There shall be a Membership/Council Development Committee.

A. Membership. The Members of the Committee shall include, but are not limited to, representatives of the Council and community stakeholders. At least two-thirds of committee members must be Planning Council members.

B. Purpose. The Committee shall solicit and screen applications based on objective criteria for appointment to the Council in order to ensure that the demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act and present its recommendations to the full Council. The Committee shall institute orientation and training programs for new and incumbent members. The Committee shall continue to educate the Council and committee members about their respective duties, and the Council's functions and roles in the organization and delivery of HIV/AIDS health and support services.

SECTION ~~9~~8: There shall be a Quality Management Committee.

A. Membership. The members of the Committee shall include, but is not limited to, representatives of the Council and community stakeholders.

B. Purpose. The purpose of the Quality Management Program for Ryan White Part A in the Broward County EMA is to systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and MAI funded services in Broward County.

SECTION ~~10~~9: There shall be a System of Care Committee

A. Membership. The members of the Committee shall include, representatives of Part A, consumers, community stakeholders, and health policy or health care system experts.

B. Purpose. The purpose of the System of Care Committee is to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people living with HIV in the Broward County EMA. The Committee will be responsible for advising the Planning Council on how these issues may impact the Broward County EMA and may recommend response strategies.

SECTION ~~11~~10: There shall be an Integrated Comprehensive Plan Work Group

A. Membership. The work group will be composed of both the Prevention and Part A programs, with 50% of members representing their respective planning body. Members from the Part A program may include HIVPC members, committee members, or other appropriate community stakeholders, such as HOPWA/housing; FQHC/Hospital districts; Broward County Public Schools; Funded community-based service providers; Behavioral health provider; Client engagement systems, including linkage and re-linkage to care and retention in care; Community leaders. Part A members will be selected for recommendation by the Executive Committee but must be approved by the HIVPC. The desired membership of the work group should be reflective of the demographics of the epidemic in Broward County, and consideration shall be given to race, ethnicity, self-acknowledged HIV-positivity, and gender.

B. Leadership. The work group will have one Part A Co-Chair and one Prevention Co-Chair. Each Co-Chair will have a Vice Chair who may step in if a Co-Chair is absent from a work group meeting. The Part A Co-Chair will be selected from the list of recommended members developed by Executive Committee and will be subject to approval by the HIVPC.

C. Purpose. The work group will be responsible for developing, monitoring, and updating the Integrated Prevention and Care Comprehensive Plan for Broward County. The work group will conduct a comprehensive analysis and review of data from both Part A and Prevention, which will be used to develop the plan and to provide robust recommendations to the Prevention and Care planning bodies and to the Grantees. The work group will be responsible for receiving information from Prevention and

Part A, synthesizing the information, and serving as the feedback loop for collaborative implementation of the Plan, and making appropriate recommendations to the respective planning body.

D. Flow of Information. The work group is expected to interact with numerous Prevention and Part A teams, work groups, and committees. The work group's main point of contact and coordination will be the Executive Committees of the HIVPC and Prevention Planning Council. All of the work of the work group is provided to the HIVPC and the Prevention Planning Council in the form of recommendations, and is subject to approval of the respective planning body.

ARTICLE IX

ADOPTION AND AMENDMENTS OF BY-LAWS

SECTION 1: These By-Laws may be adopted, amended, or repealed by a majority vote of the Council.

SECTION 2: Notice of all proposed amendments, with amendments enclosed, shall be mailed or transmitted electronically to each Council member and Alternates at least ten (10) days prior to the meeting at which time such amendments are to be considered for adoption.

SECTION 3: DATE OF EFFECTIVENESS

Unless otherwise provided, these By-Laws and any amendments shall be effective immediately upon approval by the Council.

ARTICLE X

GENERAL PROVISIONS

SECTION 1: The fiscal year for the Council shall begin on March first and end on the last day of February.

SECTION 2: When procedures are not covered by law or these By-Laws, the latest edition of "Robert's Rules of Order" shall prevail.

SECTION 3: Unless otherwise provided for in the Ryan White Act or other law or regulation, the relationship between the Council and the Grantee is described in the document entitled Guiding Principles. Relations between providers and clients are the responsibility of the Grantee.

SECTION 4:

Funds from the Planning Council Support (PCS) budget shall be available to enable unaffiliated: Council members, alternates, and Committee members with HIV, to be reimbursed for their reasonable expenses for attending Council or Committee meetings which shall include, but not be limited to, the following: transportation, parking, mileage, child care not otherwise being regularly provided to the child, lost wages not including overtime or fringe benefits, and appropriate refreshments. The Council member or alternate shall execute an affidavit attesting to the validity of the reimbursement request.

HANDOUT E

FY 2016 Part A Prescriptions Proposed to be Added to Tier 1 of the Ryan White Formulary

Medication Name	Justification for Addition
Acetaminophen (Tylenol)	Acetaminophen (Tylenol) is a commonly prescribed pain reliever. While the drug is sold over-the-counter, many Ryan White consumers cannot afford the drug.
Aspirin	Low-doses of Aspirin are commonly prescribed to prevent heart attacks, stroke, and chest pain.
Avodart	Avodart is an Enlarged Prostate (BPH) treatment for men.
Calcium	Calcium is used to promote bone health. Bone density loss is a common side effect of other HIV medications.
Cozaar	Cozaar is an alternative blood pressure treatment.
Dulera	Dulera treats Chronic Obstructive Pulmonary Disease (COPD) and asthma symptoms. There is no comparable treatment readily available.
Flomax	Flomax is the first treatment option for men with BPH.
Fosamax	Fosamax is an osteoporosis treatment with no other comparable treatments readily available.
Gardasil	Gardasil is used for HPV prevention & a clinical care component in the Integrated Primary Care & Behavioral Health Services SDM.
Motrin (Ibuprofen)	Motrin (Ibuprofen) is frequently prescribed by Emergency Room (ER) providers as a pain reliever and anti-inflammatory.
Lantus/Levemir Pen Needles	Lantus/Levemir Pen Needles are a necessary component for Diabetes medication administration. y component for medication administration
Levemir	Levemir is a cost effective alternative to Lantus/Levemir Pen Needles for patients who are better able to see and read.
Lupron (men)	Lupron is an easily administered prostate cancer treatment for men.
Menactra	Menactra prevents bacterial meningitis and is a clinical care component in the Integrated Primary Care and Behavioral Health Service SDM.

Menveo	Menveo prevents bacterial meningitis and is a clinical care component in the Integrated Primary Care and Behavioral Health Service SDM.
Mirapex	Mirapex is a common treatment for Restless Leg Syndrome and Parkinson's Disease.
Omega 3	Omega 3 helps to reduce triglycerides and acts as an anti-inflammatory.
Pataday	Pataday is frequently prescribed by eye doctors for eye allergies.
Pepcid (famotidine)	Pepcid (Famotidine) is frequently prescribed by outside providers to treat stomach/intestinal ulcers and acid reflux.
Ten-K (Potassium Chloride)	Ten-K (Potassium Chloride) is the only available treatment option for hypokalemia.
Robaxin	Robaxin treats muscle pain and stiffness.
Tessalon	Tessalon is a necessary treatment of chronic cough in certain patients.
Vitamin B6	Vitamin B6 is a cost effective prevention and treatment of anemia.
Vitamin D3	Vitamin D3 prevents a common vitamin deficiency among HIV+ clients.
Voltaren (gel)	Voltaren (gel) treats joint pain for patients who cannot receive medication orally.
Xarelto	Xarelto is an anticoagulant that treats and prevents deep vein thrombosis.
Zofran	Zofran controls the common symptom of vomiting/nausea caused by other commonly prescribed HIV/AIDS drug treatments.

Prescriptions of Drugs on the Ryan White Formulary Moving from Tier 3 to Tier 1	
Medication Name	**Justification for Addition**
Aldara	The cost of Aldara, a topical anti-tumor/opportunistic infection medication, has significantly decreased. A PAP is also available for patients prescribed this drug.
Bactroban	Bactroban is used to treat skin/opportunistic infections and the cost has significantly decreased. A PAP is also available for patients prescribed this drug.
Crestor	The cost of Crestor, a treatment for high cholesterol and triglycerides, has significantly decreased. A PAP is also available for patients prescribed this drug.
Cymbalta	The cost of Cymbalta, a treatment for depression, diabetic neuropathy, fibromyalgia and chronic muscle or bone pain, has significantly decreased. A PAP is also available for patients prescribed this drug.
Depakote	The cost of Depakote, and anticonvulsant, has significantly decreased.
Geodon	The cost of Geodon, an antipsychotic, has significantly decreased. A PAP is also available for patients prescribed this drug.
Januvia	The cost of Januvia, a Diabetes treatment, has significantly decreased. A PAP is also available for patients prescribed this drug.
Leucovorin	The cost of Leucovorin, a drug for the treatment of toxoplasmosis, has significantly decreased. A PAP is also available for patients prescribed this drug.
Lopid	The cost of Lopid, a treatment for high cholesterol and triglycerides, has significantly decreased.
Lyrica	The cost of Lyrica, a neuropathy medication, has significantly decreased. A PAP is also available for patients prescribed this drug.
Marinol	The cost of Marinol, a wasting treatment, has significantly decreased. A PAP is also available for patients prescribed this drug.
Pamelor	The cost of Pamelor, a treatment for depression and nerve pain, has significantly decreased. A PAP is also available for patients prescribed this drug.
Zostavax	Zostavax is a Shingles prevention vaccine and the cost has significantly decreased. A PAP is also available for patients prescribed this drug.

HANDOUT G

Priority Setting & Resource Allocation Process Presentation

4/27/2017

Presentation Outline

- Overview
- What is PSRA?
- PSRA Goals and Guiding Principles
- Who's Involved?
- PSRA Process
- Required Grant PSRA Documentation
- PSRA Data Resources
- PRSA Process: Step-By-Step
- Ground Rules
- What to Expect
- FY 2018-2019 PSRA Timeline

Overview

- **HRSA Requirements:** Planning Council's are required by HRSA to "set priorities and allocate resources for service categories, and provide guidance (directives) to the Part A Recipient on how best to meet these priorities."
  - The Priority Setting & Resource Allocation (PSRA) Committee shall **recommend priorities** and **resource allocations** to the Broward County HIV Health Services Planning Council (HIVPC) for the **disbursement of Ryan White Part A funds** in Broward County.
  - Priority Setting and Resource Allocation to service categories **involves all members of the HIVPC**.

HANDOUT G

Priority Setting

- **Priority setting** is the process of deciding which HIV/AIDS services are the most important according to the criteria your EMA/TGA has established.

Resource Allocations

- **Resource allocation** is the process of distributing available Ryan White Part A program funds for your EMA/TGA across the prioritized service categories. Through resource allocation, the planning council instructs the Part A Recipient on how to distribute the funds in contracting for different types of services.
- **Reallocation** is the process of moving program funds across service categories after the initial allocations are made. This may occur **right after grant award**, since the award is usually higher or lower than the amount requested in the application, and **during the program year**, when funds are underspent in some service categories and additional needs exist in other service categories. The planning council must approve such reallocations.

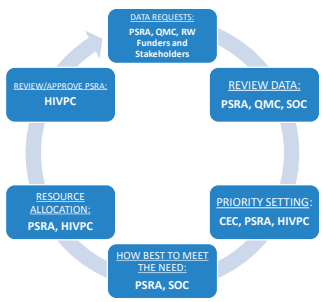
PSRA Goals and Guiding Principles

- Provide access to high quality HIV services for PLWHA in Broward County
- Optimize the HIV Care Continuum's impact
- Develop an integrated PSRA process using data with input from stakeholders and consumer forums
- Maintain a commitment to ending health disparities
- Provide client centered and coordinated services
- Integrate Prevention and Care
- Maintain and require collaborative partnerships among service providers
- Encourage early and meaningful involvement from PLWHA in the development, implementation, and evaluation of service delivery
- Engage continuous training, capacity building, and leadership development.
- Provide culturally and linguistically appropriate services

HANDOUT G

Fort Lauderdale/Broward County Annual Resource Allocation/Reallocation Cycle

Who's Involved?



Who's Involved?

PSRA: Develops timeline and identifies data to be used

SOC: Reviews system of care data and identifies trends; Makes recommendations to PSRA

QMC: Reviews outcome and performance measure data and identifies trends; Makes recommendations to PSRA

CEC: Ranks service categories and sends rankings to PSRA; Solicits community feedback through forums, focus groups, etc.

PSRA: Reviews recommendations from CEC for rankings; Ranks service categories

PSRA: Reviews recommendations from QM and SOC for unmet need, utilization trends, target populations; Allocates funds

HIVPC: Reviews and approves PSRA's recommended priorities and allocations

HANDOUT G

PLWHA Involvement in the PSRA Process

Community Feedback & Priority Setting:

Feedback Forums
- Discuss experiences as Part A Consumers
- Discuss overall needs of HIV Community
- Document Barriers

Additional Consumer Targeted Data Presentation

PLWHA Serve as Committee Members:

CEC
- Data Collection (focus groups/feedback forums) & Presentation
- Rank Core Services Priorities
- Rank Support Service Priorities

PSRA
- Priority Setting & Resource Allocation

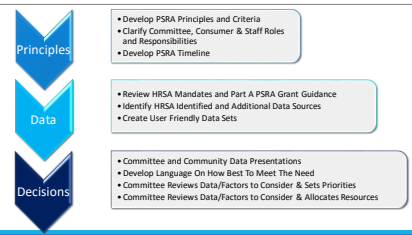
HIVPC
- Approves All PSRA Decisions

PLWHA Involvement in the PSRA Process

Data Presentations:
- PSRA/HIVPC Overview of PSRA and other Data presentations

Special Populations Assessments *(as available)*:
- Consumer Focus Groups
- Consumer Surveys
- Consumer Interviews
- Service Category Assessments

The PSRA Process



HANDOUT G

Required Part A Grant PSRA Documentation

Each year, the Part A Grant Application requires documentation regarding the PSRA process, including how the process was conducted and specifically addressing how the needs of those not in care and those from historically underserved populations were considered in this process. Additional documentation of the process includes:

- How PLWHA were involved in the PSRA process and how their priorities are considered in the process
- How data were used in the PSRA processes to increase access to core medical services and to reduce disparities in access to the continuum of HIV/AIDS care
- How changes and trends in HIV/AIDS epidemiology data were used in the PSRA process
- How cost data were used by the Planning Council in making funding allocation decisions
- How unmet need data were used by the Planning Council in making priority and allocation decisions
- How the Planning Council's process will prospectively address any funding increases or decreases in the Part A award

PSRA Data Sources

Priorities and allocations are data based. **Decisions are based on the data**, not on personal preferences. The PSRA Committee will have access to information to enhance their efforts in the decision making process.

The data collected includes:

- Epidemiological Data
- Fiscal and Service Utilization Data
- Needs Assessment Data
- Others Funder's Data
- Public Comment Data

PSRA Data Sources (cont'd)

Priorities and allocations are data based. **Decisions are based on the data**, not on personal preferences. The PSRA Committee will have access to information to enhance their efforts in the decision making process.

Other factors to consider are:

- Funding from other sources such as Medicaid and Medicare
- Developing capacity for HIV services in historically underserved communities
- Priorities of Ryan White Consumers
- Changes in legislative requirements
- National HIV/AIDS Strategy
- Affordable Care Act

HANDOUT G

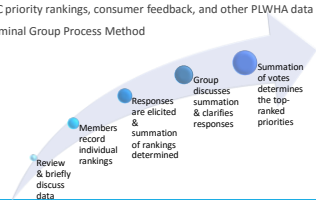
Other Resources

- FY2018-2019 Broward PSRA Manual
- PSRA Policies and Procedures
- FDOH HIV/AIDS Partnership 10 Epidemiological Profile, 2015
- FY2016 Other Funders Table
- FY2016 Part A Scorecards, Expenditures Spreadsheet, and Projections Table
- Needs Assessment Report
- Community Feedback Summary
- FY2018 CEC Rankings Table
- FY2018 Part A Allocations Table

PSRA Process: Step-By-Step

Priority Setting

- Prioritize all service categories included in Legislation
- Utilize CEC priority rankings, consumer feedback, and other PLWHA data provided
- Utilize Nominal Group Process Method



HANDOUT G

Priority Setting: Core Services

1. **AIDS Pharmaceutical Assistance (Local)**
2. **Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals**
3. **Medical Case Management (Both Part A and MAI)**
4. **Mental Health Services (Both Part A and MAI)**
5. **Oral Health Care**
6. **Outpatient/Ambulatory Health Services (Both Part A and MAI)**
7. **Substance Abuse Outpatient Care (Both Part A and MAI)**
8. AIDS Drug Assistance Program Treatments
9. Early Intervention Services (EIS)
10. Home and Community-Based Health Services
11. Home Health Care
12. Hospice
13. Medical Nutrition Therapy

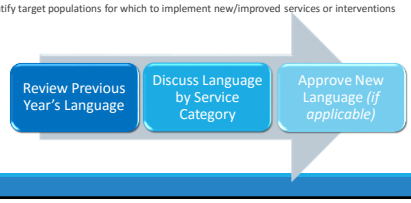
Priority Setting: Support Services

1. **Emergency Financial Assistance**
2. **Food Bank/Home Delivered Meals**
3. **Legal Services**
4. **Non-Medical Case Management Services**
5. Child Care Services
6. Health Education/Risk Reduction
7. Housing
8. Linguistic Services
9. Medical Transportation
10. Other Professional Services
11. Outreach Services
12. Permanency Planning
13. Psychosocial Support Services
14. Referral for Health Care and Support Services
15. Rehabilitation Services
16. Respite Care
17. Substance Abuse Services (Residential)

Language on How Best to Meet the Need

Directives to the Part A Recipient on how best to meet the service priorities identified, such as:

- Where geographically to fund services
- Specific models to use
- Identify target populations for which to implement new/improved services or interventions



HANDOUT G

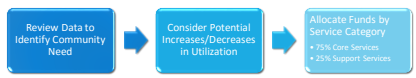
Additional Priorities & Language Considerations

Priorities and HBTMTN Language should be based on:

- Documented need
- Cost and Outcome Effectiveness
- Priorities of PLWHA
- Availability of other resources

Resource Allocations

- Decide how much funding will be used for each service category



Reallocations (Sweeps)

The PSRA Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Recipient.

Periodic Reallocation: The Part A Recipient will present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. The funding should be maintained within the service category if possible.

Final Reallocation: In order to fully expend funds at the end of the fiscal year, the PSRA Committee authorizes the Part A Recipient to move funds between categories within a service provider's contract. This authority is given with the understanding that the reallocation process has occurred prior to this shifting of funds, that the amount of dollars involved would be less that 10% of the funding award and that there are less than 120 days left in the fiscal year.

HANDOUT G

PSRA Approval

- The PSRA Committee forwards all recommendations to the HIV Planning Council for approval.
- The Grant Administrator (Part A Recipient) submits the Planning Council's PSRA recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards them to the Broward County Board of County Commissioners for its approval.

Ground Rules

- Every member will treat every other member with the courtesy and respect resulting from his or her legitimate right to be part of discussions and decision making. All members/participants in meetings will have the opportunity to speak and be listened to without interruptions.
- There will be no personal attacks and disagreements will focus on issues, not upon individuals.
- Once decisions are made, every member of the Committee will support the decision, regardless of his or her personal position.
- A member will behave in a manner that reflects recognition of his or her responsibility to present and consider the concerns of specific communities, or population groups, while considering the overall needs of PLWHA, and act on their behalf, not to benefit him- or herself.
- Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Recipient outside of the meeting.
- Every member will take responsibility not only for abiding by these rules of conduct personally, but also for speaking out to assure that all members abide by them.

What to Expect

- The Planning Council support staff will provide you with the essential materials needed for all activities. **All Committee members will be given a PSRA resource book, guided by HRSA PSRA standards, that will provide background and support to all presentations as it pertains to an informed decision making process.**
- **An immense amount of information will be distributed and presented within a short period of time:** Since a tremendous amount of information needs to be considered in order for members to prioritize services and allocate funds, each member is obligated to familiarize him- or herself with how to read the data being presented and to use the information to make informed decisions.

HANDOUT G

Timeline

Date	Task	Action Item
Thursday, April 20th, 2017 9:00 A.M. to 11:00 A.M. Government Center Room GC-430	**Establish PSRA Process**: Review purpose of PSRA, PSRA timeline, overview of data, and PSRA Committee Member Manual **Ryan White Funder and Stakeholder Presentation** including data related to: • Client utilization • Budget • Provided services • Notable trends • Recommendations for Part A **Wrap-up, Take Away, and Recommendations**	Review the PSRA guidelines and timeline and the Service Category definitions. Informational **Vote to Approve:** Established PSRA Process and Sign PSRA Committee Member Manual

Timeline (cont'd)

Date	Task	Action Item
Thursday, May 25th, 2017 9:00 A.M. to 1:00 P.M. **EXTENDED MEETING** Government Center Room GC-430	**Ryan White Funder and Stakeholder Presentation** including data related to: • Client utilization • Budget • Provided services • Notable trends • Recommendations for Part A **Review 2015 Epidemiological Data** focused on: • Trends in new infections • EIIHA and unmet need • Current and emerging priority populations • Changes in demographics of the EMA's HIV/AIDS cases • Potential impacts on the Part A system **Part A Service Category Presentations:** Analysis of Part A Program by service category including: • Service components (new) • Allocations and expenditures • Client utilization • HIV Care Continuum **Wrap-up, Take Away, and Recommendations**	Informational

Timeline (cont'd)

Date	Task	Action Item
Thursday, June 15th, 2017 9:00 A.M. to 1:00 P.M. **EXTENDED MEETING** Government Center Room GC-301	**Needs Assessment/Community Forum**: Discussion of community needs and feedback from focus group, community forum, and needs assessment activities. **Data Presentation Wrap-Up and Final Discussion:** Final discussion on data presentations, key findings, service gaps and barriers, community needs, etc. **Priority Setting:** Rank Part A services based on community need, funder recommendations, and data presentations.	Informational **Vote to Approve:** Ranking of Service Categories

HANDOUT G

Timeline (cont'd)

Date	Task	Action Item
Thursday, July 20th, 2017 9:00 A.M. to 11:00 A.M. Government Center Room GC-430	**Resource Allocations:** Determine funding based on FY2016 expenditures, FY 2018 projections, factors to consider, and funder presentations.	**Vote to Approve:** Allocations for Service Categories

*Presentation timeline may be adjusted as necessary

Questions?

Discussion