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, February 23, 2017, 9:30 a.m.
ArtServe
Chair: Brad Barnes **Vice Chair:** Requel Lopes
Reminder: *Meeting Attendance Confirmation Required at Least 48 Hours Prior to Meeting Date*

1. CALL TO ORDER

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

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 2/23/17 Meeting Agenda
f. Approval of 1/26/17 Meeting Minutes

3. PHONE INTRODUCTIONS

4. FEDERAL LEGISLATIVE REPORT (Handout A)

5. PUBLIC COMMENT

6. CONSENT ITEMS

#	Motion	Justification	Proposed By
1	To appoint Yahaira Barrientos to the HIVPC in a Non-Elected Community Leader seat.	Ms. Barrientos serves as a Peer Specialist at Henderson Behavioral Health. Through her active involvement in the community and her daily work with clients, she will be able to provide information regarding the effects of Council actions on the PLWHA community.	MCDC

7. DISCUSSION ITEMS

None

8. FEBRUARY COMMITTEE REPORTS (15 minutes)

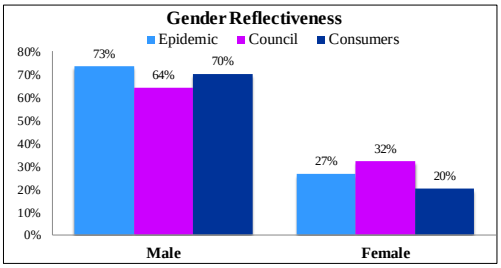
A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

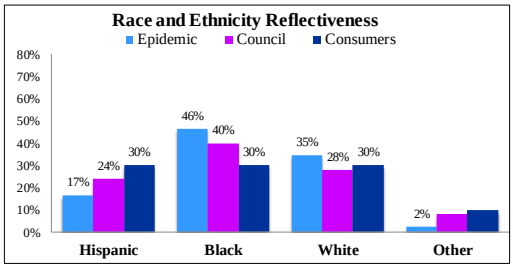
National Black HIV/AIDS Awareness Day *Chair: L. Robertson V. Chair: P. Fleurinord*

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

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

HIV Planning Council Membership Report
Current Through January 2017





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	14,372	73%	16	64%	-9%	7	70%	-3%
Female	5,213	27%	8	32%	5%	2	20%	-7%
Transgender	-	-	1	4%	-	1	10%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	3,253	17%	6	24%	7%	3	30%	13%
Black	9,100	46%	10	40%	-6%	3	30%	-16%
White	6,777	35%	7	28%	-7%	3	30%	-5%
Other	455	2%	2	8%	6%	1	10%	6%
Total	19,585	100%	25			10		

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

Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. 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

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	28%

A. Work Plan Item Update / Status Summary:

Review HIVPC Demographics: The MCDC members reviewed the HIVPC and Committee membership and demographics. They reviewed the vacant seats on the HIVPC, and enquired about potential contacts to fill federally mandated seats. Staff is reaching out to potential SA providers, as well as looking into potential members representing a Federally recognized Indian Tribe.
Review HIVPC Vacancies and Current Applicants, Interested Parties, and Appointments: Staff was informed of a potential HIVPC applicant who may be able to fill the SA provider seat. Others have expressed interest in joining the System of Care Committee.
HIVPC Member Recognition: The Committee reviewed the changes suggested by the Executive Committee. The form is now more indicative of the standards the Executive Committee found suitable. The timeline for the program was made annual, with recognition taking place at the annual HIVPC retreat. This first time, the program will only be open to Planning Council members, but future recognition may be opened to committees.
MCDC Quarterly Meeting Schedule: The MCDC members reviewed a mockup of the HIVPC website and how the application process would be displayed. It would display deadlines for applications due to the new MCDC schedule. Staff will continue to explore options for creating marketing materials.
By-Laws Parking Lot: MCDC reviewed parking lot items in advance of the By-Laws ad hoc committee's first meeting. Two of the three proposals will become changes to Policies and Procedures, rather than changes in By-Laws. The first proposal would set a maximum number of seats for each membership category. The second is intended to smooth the transition of HIVPC alternates to full membership. The proposal which will go to the By-Laws Committee establishes a process for standardizing the committee application process.

B. Rationale for Recommendations:

- To approve the changes made to the HIVPC Member Recognition Program.
- To review and prepare for the impact of the change in meeting frequency.
- To approve the By-Laws parking lot item to standardize the committee application process, and make changes to the MCDC Policies and Procedures to set maximum seats and transition alternates to full members.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: MCDC Accomplishments and Challenges, MCDC Work Plan for FY 2017-2018, Approve Policies and Procedures updates *Next Meeting Date*: March 9, 2017 9:30 a.m. *Venue*: A-337

C. QUALITY MANAGEMENT COMMITTEE (QMC)

February 6, 2017 *Chair: C. Grant, V. Chair: Vacant*

A. Work Plan Item Update / Status Summary:

Review and approve Service Delivery Models (SDMs) (WP 2.1): The following SDMs were reviewed and conditionally approved pending minor changes requested by the Committee: Food Services, Disease Case Management, Health Insurance Continuation Program, Benefits Support Services, and Mental Health Services.
Review and Update Three-Year CQM Plan (WP 2.4): This item was tabled.

B. Rationale for Recommendations:

The Committee recommended minor changes to the SDMs to clarify processes outlined in the model.

C. Data Reports / Data Review Updates:

The Committee reviewed and analyzed annual measures and data.

D. Data Requests:

None.

E. Other Business Items:

None.

F. Agenda Items for Next Meeting:

Agenda Items for Next Meeting: Continue to review and approve Service Delivery Models and the Three-Year CQM Plan, conduct the quarterly Network update, and nominate QI Networks for All Networks Awards.
Next Meeting Date: February 27, 2017, Governmental Center A-335

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

February 15, 2017 *Chair: W. Spencer, Vice Chair: R. Siclari*

A. Work Plan Item Update / Status Summary:

Part A FY2017 Service Category Components: The PC Manager reviewed the service components outlined in How Best to Meet the Need (HBTMTN) language.
MAI Strategies: The PSRA Chair presented the recommended target population, Black heterosexual females aged 18-38, previously discussed among the chairs of PSRA and QMC at a coordination in preparation for this meeting.
PSRA Timeline Discussion: In order to ensure an efficient and effective PSRA process, HIVPC staff provided an overview of what this process will look like this year. Data presentations will begin in April, and information will be required from all Ryan White Parts.

B. Rationale for Recommendations:

The service categories have not changed, but certain service components were adjusted to enhance services for clients. The MAI strategy targets the black heterosexual female population based on evidence of health disparities. By stating the PSRA process procedure from this point, committee members are aware of what is expected.

C. Data Reports / Data Review Updates:

The committee reviewed current expenditures, information on the target population for Broward's MAI Program, information on FY17 service category components, information on and intended MAI Program Client Outcomes.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Ryan White Part A Pharmaceutical Formulary, FY2017 PSRA Work Plan, MAI Strategy, PSRA Process *Next Meeting Date*: March 15, 2017, Governmental Center Annex Room A-337

E. INTEGRATED COMMITTEE

No February Meeting *Part A Co-Chair: W. Spencer, Vice Co-Chair: C. Taylor-Bennett*

F. EXECUTIVE COMMITTEE

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

F. Work Plan Item Update / Status Summary:

Standard Committee Items–The committee members reviewed, edited and approved the March calendar, and February HIVPC agenda and meeting materials.
Legislative Report – Mr. Murphy provided a legislative update on the prospects of Ryan White funding in the Trump Administration. While there has been no movement since the last report in January, Mr. Murphy discussed growing concerns for discretionary funding and the future of the ACA. He explained that this is the most precarious political climate stakeholders have faced in over a decade. Pressures to cut spending, the lack of reauthorization, and a White House that did not make public promises about continued funding for supports for people living with HIV all conspire to possibly cut federal funding. Combine this with elimination of the Affordable Care Act and the block granting of Medicaid and you get a very hostile climate, especially to new interventions and system expansion.
HIVPC Member Recognition Program – The MCDC Vice Chair presented the MCDC's revised Member Recognition Program handout. The Committee streamlined some of the criteria and took out "fundraisers." The members liked the new handout, but wanted all mention of "Quarterly" taken out of the document.
FY2017 Executive Committee Work Plans – The members collectively reviewed the Executive Committee's FY2017 Work Plan. They asked to add Objective 3.3, leadership trainings every 6 months. They also requested to move the Nominating timeline up one month. The group discussed additional revisions to the Work Plan. The PC Manager informed the Committee that their Work Plan did not have a goal for the FY, and that she would like the members to come up with a goal at the next meeting in March. Each Committee Chair and Vice Chair received their Committee's WP, and they will be approved by the committees in March.
By-Laws Parking Lot – The PC Manager reviewed the proposed By-Laws Parking Lot from the Executive Committee. The Parking Lot includes language regarding the dissolution of LPAC and NAE, HIVPC leadership succession plan, and PSRA leadership affiliation with Part A funded providers.

G. Rationale for Recommendations:

None.

H. Data Reports / Data Review Updates:

None.

I. Data Requests:

None.

J. Other Business Items:

Agenda Items for Next Meeting: Member Recognition Program, FY2017 Executive Committee Work Plan *Next Meeting Date*: March 16, 2017

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

9. NEW BUSINESS

a. Presentation- Laura Reeves

10. PUBLIC COMMENT

11. ANNOUNCEMENTS

12. REQUEST FOR DATA

13. AGENDA ITEMS FOR NEXT MEETING: March 23, 2017 **LOCATION:** GC-430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
By-Laws	*By-Laws*	ACTION ITEM: Receive update on progress of By-Laws Committee

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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

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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL RETREAT

January 26, 2017 Meeting Minutes

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

1. CALL TO ORDER

The Chair called the meeting to order at 9:37 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 with the proposed change in the order of meeting activities
Proposed by: Schweizer, M. **Seconded by:** Arencibia, Y.
Action: Passed Unanimously

Motion #2: To approve the 12/8/16 meeting minutes
Proposed by: Schweizer, M. **Seconded by:** Runkle, D.
Action: Passed Unanimously

3. PHONE INTRODUCTIONS

Kareem Murphy introduced himself to the HIVPC members.

4. FEDERAL LEGISLATIVE REPORT

Kareem Murphy gave the HIVPC members an update of the prospects of federal HIV/AIDS and Ryan White Funding (Handout A on file). He stated that the election of Donald Trump has brought about the most precarious political climate stakeholders have faced in over a decade. Pressures to cut spending, the lack of reauthorization, and a White House that did not make public promises about continued funding for supports for people living with HIV all conspire to possibly cut federal funding. Combine this with elimination of the Affordable Care Act and the block granting of Medicaid and you get a very hostile climate, especially to new interventions and system expansion. Members asked Mr. Murphy what they can do to protest budget cuts and promote the needs of Broward's HIV+ residents. Mr. Murphy told the members to communicate with their elected representatives. He asked people call their congressmen and senators with impact stories that will show how important the ACA and HRSA funding is to Broward. He warned that in this political climate it may not be beneficial to promote the Ryan White Program, as Ryan White is the payer of last resort and covers undocumented citizens. Another member asked if the current situation could have been avoided if Congress had reauthorized Ryan White during the Obama administration. Mr. Murphy replied that the political climate during the administration was also not favorable to reauthorization, and that Congress has not seemed interested in quite some time. The group then discussed Trump's Executive Order regarding funding to "sanctuary cities," and its potential impact on Broward County.

5. CONSENT ITEMS

The HIVPC members reviewed the proposed changes to the Membership/Council Development Committee's Policies and Procedures (Consent Item #1).

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

6. DISCUSSION ITEMS:

The PSRA Chair reviewed the proposed service category reallocations with the HIVPC members. He noted the Executive Committee, not the PSRA Committee, proposed the "Sweeps" as the PSRA Committee did not achieve quorum at their January meeting.

Motion #4: To reallocate $7,500 to and $244,000 from OAMC **Proposed by:** King, J. **Seconded by:** Lopes, R. **Action:** Passed Unanimously
Motion #5: To reallocate $308,500 to and $21,866 from AIDS Pharmaceuticals **Proposed by:** Schweizer, M. **Seconded by:** King, J. **Action:** Passed Unanimously
Motion #6: To reallocate $18,100 to and $39,030 from Case Management **Proposed by:** Lopes, R. **Seconded by:** Hayes, M. **Action:** Passed Unanimously
Motion #7: To reallocate $30,000 to Disease Case Management **Proposed by:** Hayes, M. **Seconded by:** Robertson, L. **Action:** Passed Unanimously
Motion #8: To reallocate $136,000 from Mental Health **Proposed by:** Siclari, R. **Seconded by:** Bell, J. **Action:** Passed Unanimously
Motion #9: To reallocate $26,000 to and $3,000 from Substance Abuse **Proposed by:** Lopes, R. **Seconded by:** Runkle, D. **Action:** Passed Unanimously
Motion #10: To reallocate $55,000 from Food Bank **Proposed by:** Siclari, R. **Seconded by:** Robertson, L. **Action:** Passed with 1 Abstention
Motion #11: To reallocate $105,796 to Food Voucher **Proposed by:** Runkle, D. **Seconded by:** Lopes, R. **Action:** Passed with 1 Abstention
Motion #12: To reallocate $3,000 to Legal **Proposed by:** Runkle, D. **Seconded by:** Hayes, M. **Action:** Passed Unanimously

7. NEW BUSINESS

a. Standing Committee Membership and Attendance: The PC Manager reviewed the CY2016 HIVPC and Standing Committee meeting schedules (Handout C on file). She explained that many committees have had issues meeting due to quorum requirements, either not establishing quorum 48 hours before the meeting or in the room the day of the meeting. The HIVPC Chair asked the members to reconsider their commitment to their committees, think about how many committees that they are members of and if they have time to attend each one. A member suggested reconsidering the meeting time and frequency of each committee. He thought many monthly meetings could convene less frequently. The HIVPC Chair noted that MCDC had decided to move their meetings from monthly to quarterly.

Another member stated that her HIVPC colleagues needed to understand that they are at the HIVPC table specifically to representing populations of people affected by HIV. While everyone has jobs and other obligations, when member do not attend meeting their voice and the voice of their community is lost. When members don't attend meetings, the community misses out, and members have an obligation to understand that people depend on their voice. If members find they have multiple conflicts, the maybe it is time to move over to allow for others to take their place.

The PC Manager asked the members to confirm their attendance when Staff sends out meeting notices, either by phone or email. The PSRA Chair also urged the members to text Staff if they are running late, and reminded members that if they do not confirm their attendance and a meeting is cancelled due to quorum, those members are still marked absent. The group discussed the need to be on time for meetings so as not to affect the schedules of their fellow members.

b. Ad-Hoc By-Laws committee reinstatement for March 2017: The By-Laws Committee is going to start meeting again in March. Mr. Katz will be the Chair, and the committee will be approximately a 6 month commitment. The HIVPC Chair asked the committee chairs to start making recommendations for By-Laws on the Parking Lot.

The following members volunteered for the By-Laws Committee: H.B. Katz, David Runkle, Devorn Burgess, Mark Schweizer, David Shamer, and Lorenzo Robertson.

Staff will poll the members for preferred meeting dates and times.

8. JANUARY COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

January 3, 2017 *Chair: L. Robertson, V. Chair: P. Fleurinord*

The report stands. The CEC will be participating in National Black HIV/AIDS Awareness Day on February 7th. Members are encouraged to participate as well.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

January 12, 2017 *Chair: Vacant, V. Chair: V. Foster*

The report stands. MCDC is changing to a quarterly schedule starting March, 2017.

C. QUALITY MANAGEMENT COMMITTEE (QMC)

Cancelled- No Quorum *Chair: C. Grant, V Chair: A. Earp*

The QMC Chair stated that the QMC will be looking at Service Delivery Models as well as their 3 Year Plan. The Committee will meet twice in February to make up for the cancelled January meeting. They will also join PSRA to help with their MAI work in February.

Motion #13: To appoint Mark Schweizer to the Quality Management Committee **Proposed by:** Grant, C. **Seconded by:** Runkle, D. **Action:** Passed Unanimously

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

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

In an effort to start on time, the PSRA Committee will start lunch at noon and meeting business promptly at 12:30 p.m. The Committee will vote on changes to the Part A Formulary in March.

E. SYSTEM OF CARE COMMITTEE (SOC)

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

The SOC Chair explained that they are looking for people at who work along all stages of the HIV Care Continuum to join SOC. Staff is sending out letters to potential members, and anyone else who is interested in membership should please reach out to Staff. Staff will then provide the potential member with the SOC membership criteria and for the member to see if they are a good fit for the Committee.

F. EXECUTIVE COMMITTEE

January 19, 2017 *Chair: B. Gammell Vice Chair: R. Lopes*

The report stands. The Committee had a long conversation regarding roles of membership and the need to recruit new membership for each committee.

9. GRANTEE REPORTS

Part A: The Part A Grantee presented a funding summary to the HIVPC. Their office has received a Partial Notice of Grant Award, and this is the earliest they've ever received it. The funded amount is slightly less than last year ($7.3 million vs. $8.7 million), with a decrease in MAI funds. He doesn't know what this means for the future, and their HRSA Project Officers are unaware of the state of funding now in the new political climate, or what effects Part A might see. For now the Grantee is running business as usual, with an eye toward the future. The Grantee has explained that he has been with the Part A Office for a while, and even with change in presidential administrations he has only seen small ebbs and flows in funding streams.

A member has spoken with many of her clients and has heard that they are scared about potential repeal or changes in the ACA. She said they have stopped going to the doctors and taking their medications because they believe those services will not be around for much longer. She asked the Grantee to send a letter to clients saying that Ryan White is business as usual. The Part B representative asked the member to tell her clients with questions regarding their care to contact their providers. The Grantee went to say that whatever happens is not happening tomorrow; and changes to the ACA or Ryan White funding will take a long time and that needs to be communicated to our clients.

Part A is partnering with the DOH to enact "Test and Treat" in Broward. Clients with an HIV+ diagnosis will get a medical appointment and ARVs the day of diagnosis. The program is headed by the DOH. While Part A already has appointments for clients within 24 hours, the program will also provide same day medications. Studies show that client who receive early treatment after diagnosis have higher rates of retention and engagement in care. A member asked if clients will be given a choice of medications and a medication counseling session. The Grantee replied, yes, there will be a meeting with a prescribing doctor, with 4-5 different medication options available before clients receive their full lab results. The Test and Treat program is based on the San Francisco model, and once the program's protocols are developed, the Grantee will present them to the HIPVC members.

February HIVPC meeting feature a presentation from the Florida HIV Program Director, Laura Reeve. Finally, Shaundelyn Emerson is leaving the Grantee's Office for a new position in Palm Beach. The HIVPC members thanked Shaundelyn for all her work and wished her the best of luck.

Part B: The Part B representation told the HIVPC members that Part B has transferred all their eligible clients to the county bus program. They will have gas cards available for clients as well. Home meals delivered meals have doubled in utilization. The Part B Program is doing wound care now, which includes nursing and materials to close the wound. The Part B representative is rewriting the BARC contract for next year, and food vouchers will also be a recurring service. Nutritional supplements like Boost and Ensure are covered by Part B, clients must be Part B eligible and have a prescription.

For any clients who need help with transportation please call Gina at 954-467-4700 ext. 5603.

Part C: The Part C Program sent out their Non-compete Application on Monday. The program has not spent all of their Part C funding this year because of the loss of a physician. While they have a potential applicant, there is a 3 month vetting process to hire a new doctor. In the meantime, patients have been sent to other physicians. Case managers and staff have been checking up on clients to make sure they have been linked to their new physicians. The Part C Grantee is hoping to have a new physician by February.

Part D: The Part D Grantee is currently writing their Part D application, due on February 21st. They are also having their first site visit in 7 years, scheduled for February 22nd-23rd. She stated that there is a pregnancy epidemic in Broward. Pregnant patients are routinely tested in for HIV in the 1st, 2nd and 3rd trimesters. One patient contracted HIV between 2nd and 3rd trimester, delivered and was breastfeeding before finding out she was HIV+. Another HIV+ mother had no prenatal care before delivery, and had a home birth without being on ARVs. The Part D Grantee is concerned for all these infants.

CDTC working on an event for Women and Girls Day in March. For more information contact Bisiola Fortune.

Part F: The Part F Grantee is seeing many more women coming for Oral Health Care, but many with concerning labs and not a lot of knowledge about the disease. In their 4th year of their grant, the program has a full time dentist at the Broward Community Family Health Center, with NSU students working in the clinic twice a week. Services are provided at no cost or on a sliding fee scale. The program is looking for a new community partner to work with for next year's grant. They are holding trainings on February 1st and February 8th at 1201 W. Cypress Creek Rd. The training will focus on the referral process and HIV/oral health training. He stated that he very much sees the need to educate providers on the process of getting clients with urgent needs into care.

HOPWA: HOPWA has moved to new location, and they will send new address out to Staff once they have it. In this new political climate the HOPWA program is hoping for best, but preparing for worst possible funding cuts. The program has unspent dollars that were supposed to go to purchasing new units, but will now be conserved for potential cuts.

10. UNFINISHED BUSINESS

None.

11. ANNOUNCEMENTS

a. AHF is working with Mt. Olive for National Black HIV Awareness Day on February 7th. The event starts with a march at New Hope Baptist Church, and will proceed past Sistrunk Blvd. to Mt. Olive. There will be a moderated panel and HIV/AIDS testing. The event will end with a concert by Yolonda Adams. Free admission.
b. Will Spencer thanked everyone who came to the HIVPC Retreat in December, and thanked PC Staff for their work. He said that he liked the speakers, activities and trainings. It was the best HIVPC Retreat in a decade!
c. Rick Siclari asked the members to check the Care Resource website for upcoming events. Their Miami-Dade agency headquarters will also be moving while they renovate their current building.
d. Lorenzo Robertson stated that the Pride Center will be hosting a Black Are Awakening event on February 9th at 7 p.m. The event is in honor of Black History Month and National Black HIV/AIDS Awareness Day.

12. PUBLIC COMMENT

a. Ebonni Bryant from AHF made an announcement about the Florida AIDS Walk being held on March 19th. She told the HIVPC members about her experiences with her roommate who had HIV, and how that has led to her advocacy.

13. REQUEST FOR DATA

None.

14. AGENDA ITEMS FOR NEXT MEETING: Feb 23, 2017 9:30 a.m. LOCATION: ArtServe

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

15. ADJOURNMENT

The meeting was adjourned at 11:38 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												
		0	**1**	Arenciaba, Y.	X												
		0	**2**	Bell, J.	X												
1	1	0	**3**	Bhrangger, R.	X												
1	1	0	**4**	Burgess, D.	X												
		0	**5**	DeSantis, M.	X												
	1	0	**6**	Gammell, B., *Chair*	X												
		0	**7**	Grant C.	X												
		0	**8**	Hayes, M.	X												

		1	**A**	Holness, D. V.C. (Comm)	A														
1	1	0	**9**	Huggins, L.M.	A														
1	1	0	**10**	Katz, H.B.	X														
		0	**11**	King, J.	X														
1	1	0	**12**	Lint, A.	X														
		0	**13**	Lopes, R., *V. Chair*	X														
1	1	0	**14**	Marcoviche, W.	X														
		1	**15**	Moragne, T.	A														
1	1	1	**16**	Parker, P.	A														
	1	0	**17**	Robertson, L.	X														
1	1	1	**18**	Robertson, P.	A														
1	1	0	**19**	Runkle, D.	X														
		0	**20**	Schweizer, M.	X														
1	1	0	**21**	Shamer, D.	X														
		0	**22**	Siclari, R.	X														
	1	0	**23**	Spencer, W.	X														
		0	**24**	Taylor-Bennett, C.	X														
		1	**25**	Thomas-Purcell, K.	A														
				Quorum = 14	20														

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - resigned

C - cancelled

W - warning letter

R - removal letter

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: February 15, 2017

Federal Funding Update

Appropriations

Congress is not making much progress on considering the Fiscal Year (FY) 2017 appropriations bills. They were waiting on the President's nominee for the Office of Management and Budget to be confirmed by the Senate. That will not happen soon, based on the Senate's schedule. It is becoming increasingly likely that they will continue continuing the current continuing resolution through the rest of the fiscal year. The current agreement will expire on April 28.

The emerging budget agreement would cut as much as $100 billion from federal discretionary expenditures over the coming 10 years, a proposal supported by the Trump Administration. This places health and human services programs like Ryan White and HOPWA in real jeopardy of being adequately funded.

These are educated assessments and predictions. The truth is that there are no approved spending plans or adopted budget blue prints supported by both Congress and the White House. This is not about competing plans. There are no real plans. We are in unknown territory.

FY 2018 Budget

President Trump is not expected to submit a FY 2018 budget to Congress. Rather, he is expected to submit a budget outline sometime in late April. He has publicly spoken about wanting to cut $100 billion, much of which would come from repeal of the Affordable Care Act and cuts to health and human services discretionary programs.

Summary

This is the most precarious political climate stakeholders have faced in over a decade. Pressures to cut spending, the lack of reauthorization, and a White House that did not make public promises about continued funding for supports for people living with HIV all conspire to possibly cut federal funding. Combine this with elimination of the Affordable Care Act and the block granting of Medicaid and you get a very hostile climate, especially to new interventions and system expansion.

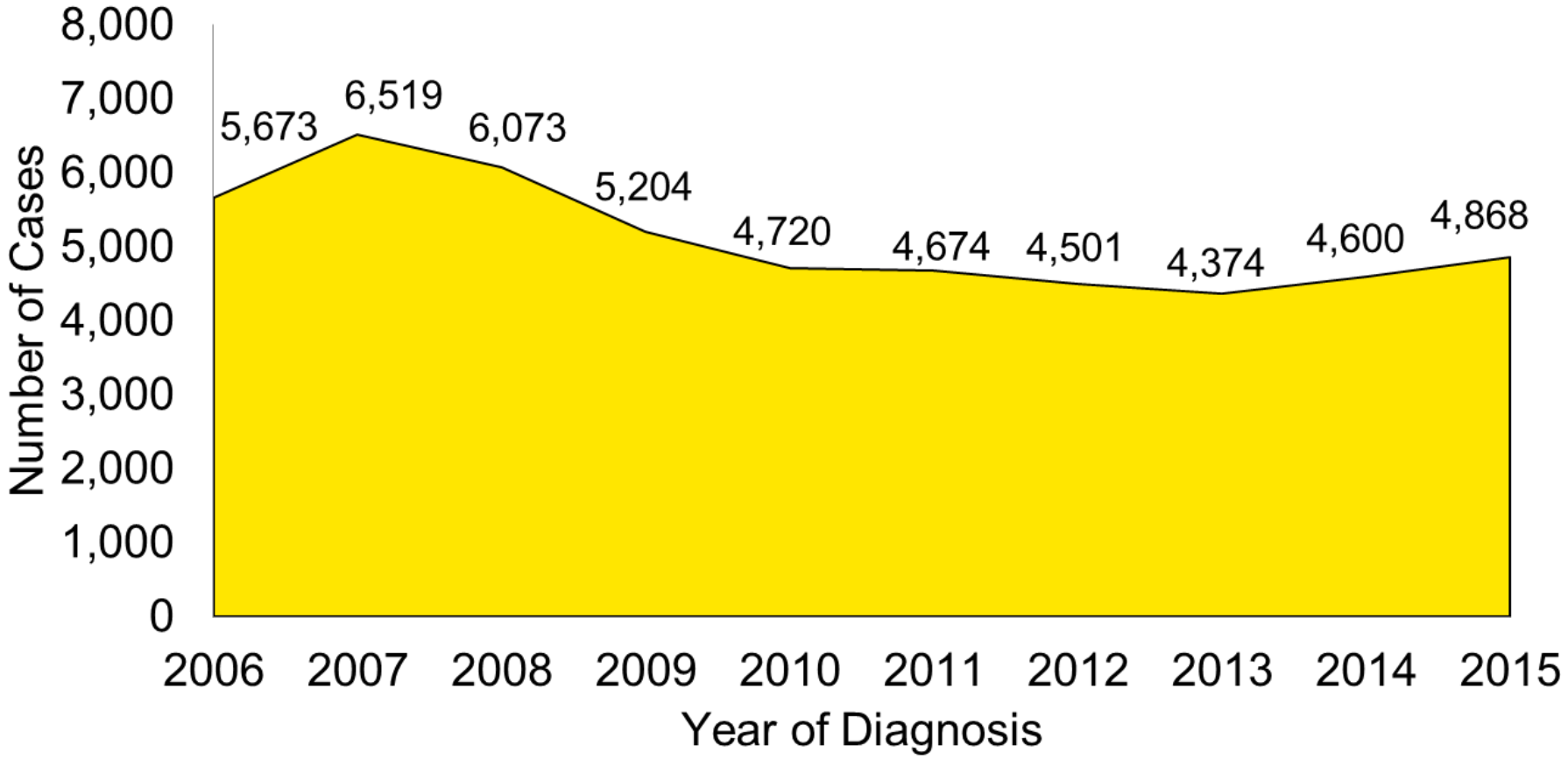
HANDOUT B

Broward Ryan White Part A Planning Meeting

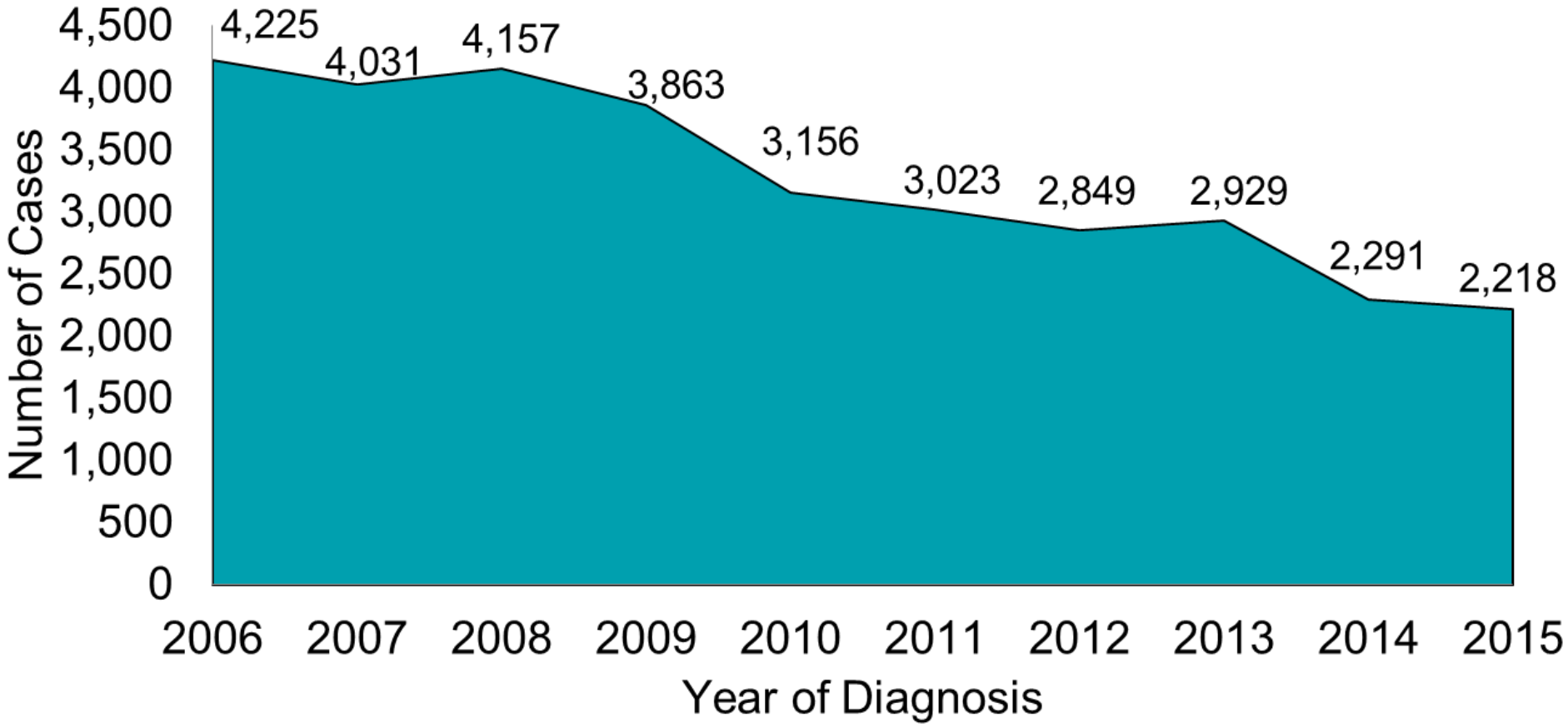
Laura Reeves, Section Administrator
Florida Department of Health
Bureau of Communicable Diseases
HIV/AIDS Section

February 23, 2017

HIV Infection Cases by Year of Diagnosis, Florida, 2006-2015

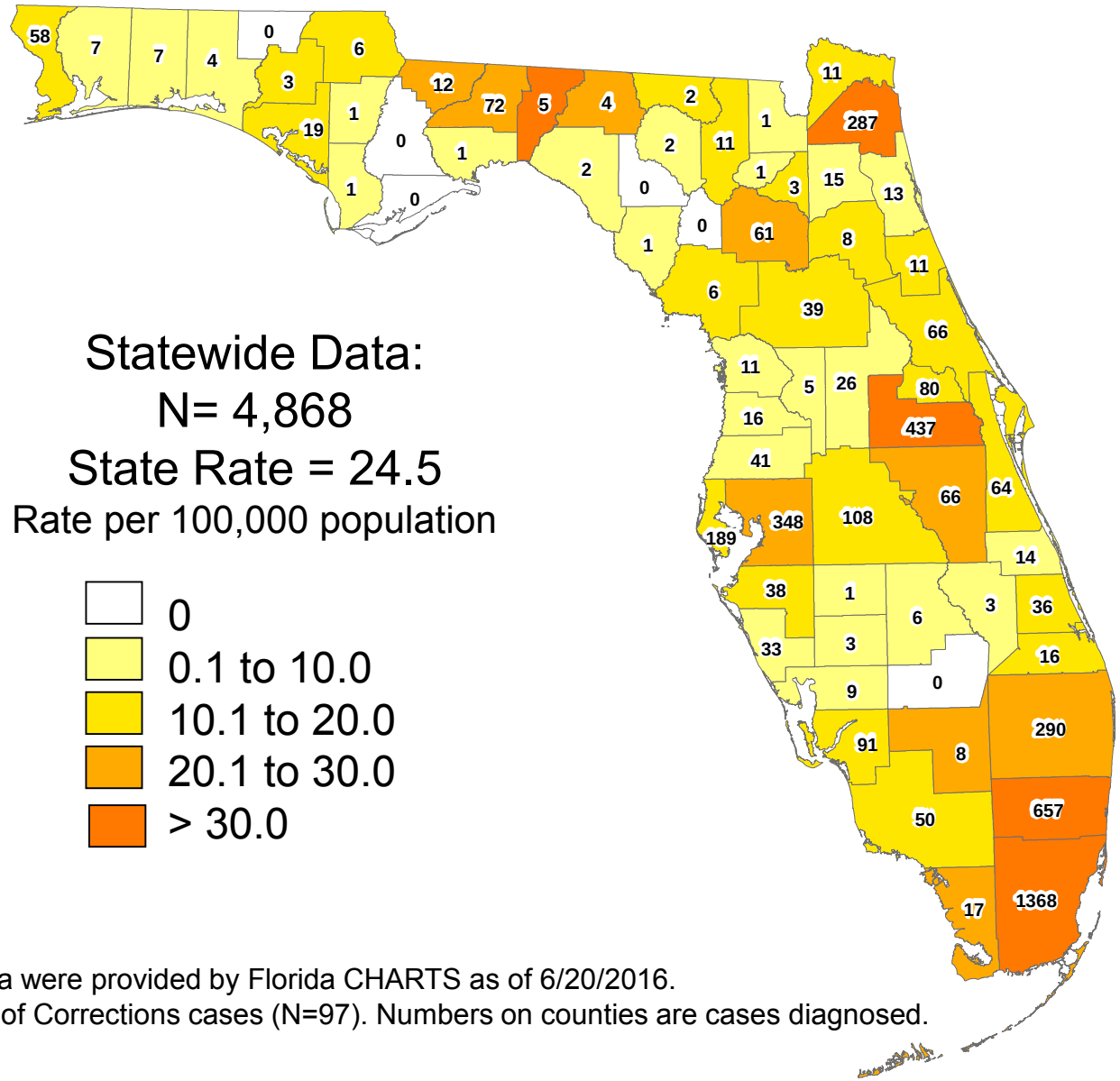


AIDS Cases by Year of Diagnosis, 2006-2015, Florida



HIV Infection Case Rates[1] by County of Residence[2] Diagnosed in 2015, Florida

HANDOUT B

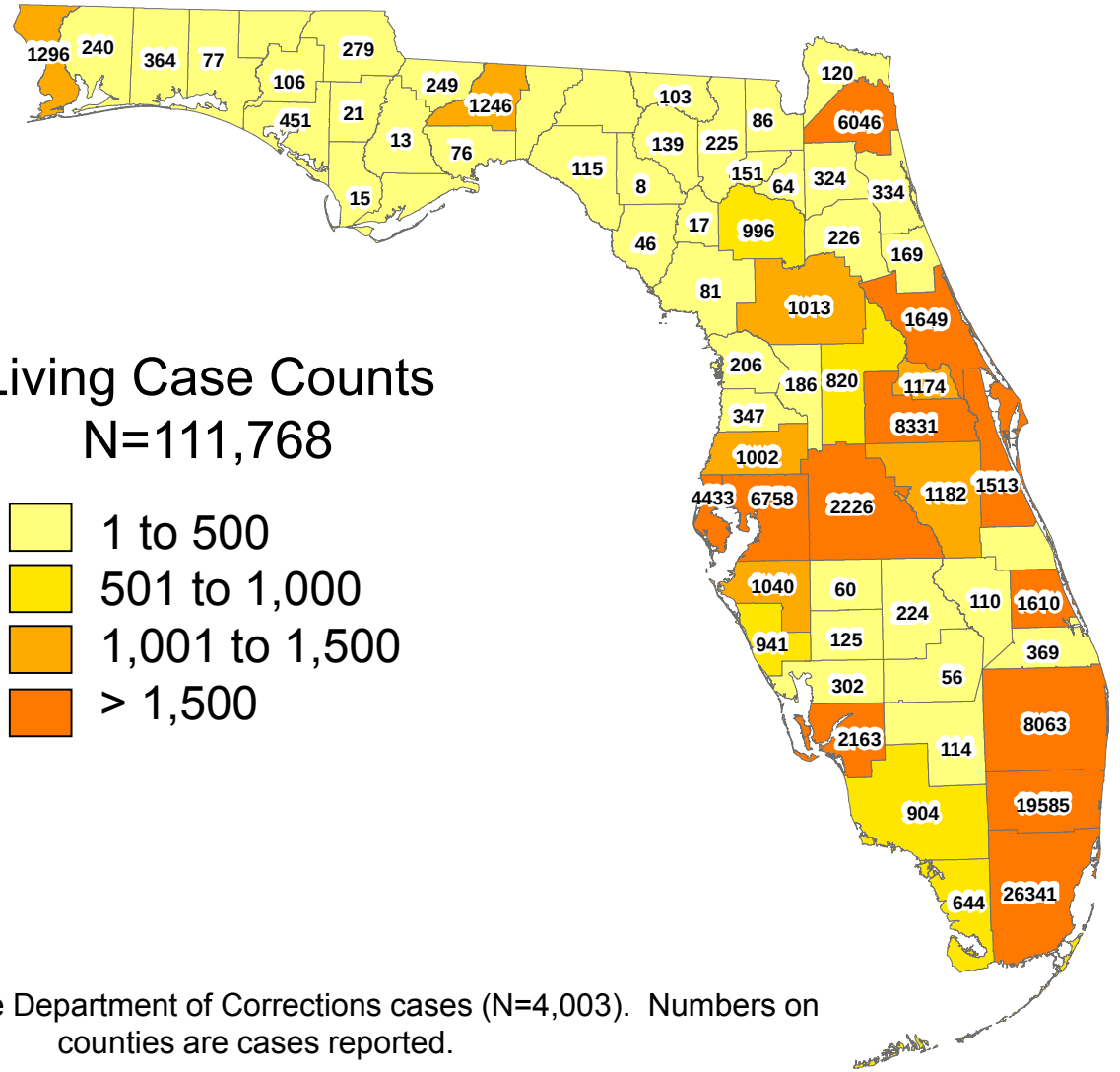


[1]Population data were provided by Florida CHARTS as of 6/20/2016.

[2]County totals exclude Department of Corrections cases (N=97). Numbers on counties are cases diagnosed.

HANDOUT B

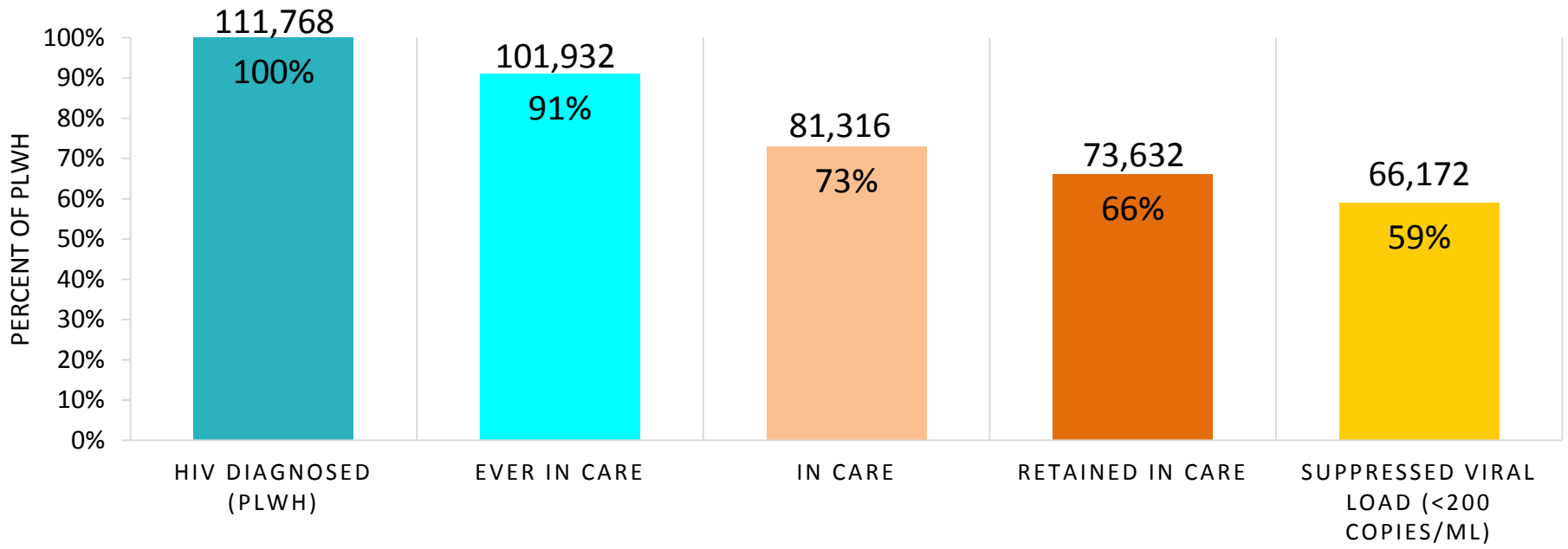
Persons Living with HIV Disease by County of Residence[1] Diagnosed through 2015



[1]County totals exclude Department of Corrections cases (N=4,003). Numbers on counties are cases reported.

HANDOUT B

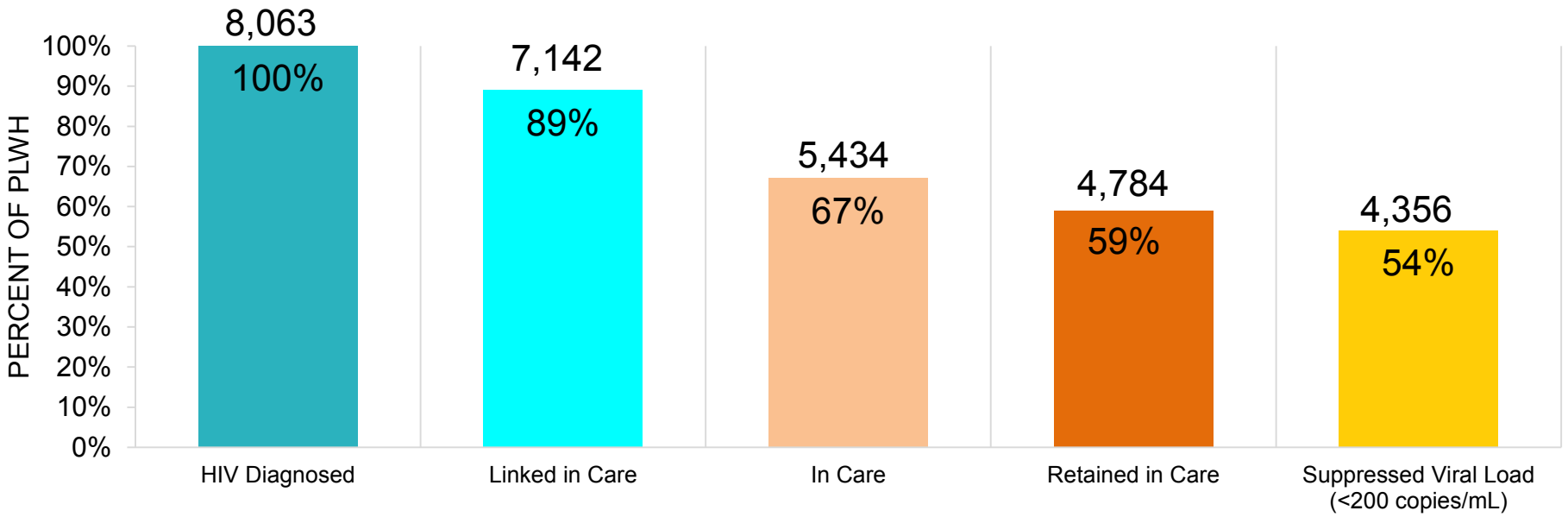
Persons Diagnosed and Living with HIV (PLWH) Along the HIV Care Continuum, Florida, 2015



- 127,589 are estimated to be living with HIV, accounting for 15,821 (12.4%) who are unware of their HIV status.
- 83% of the 4,868 diagnosed with HIV in 2015 had documented HIV-related care within 3 months of diagnosis.
- 81% of PLWH in care had a suppressed viral load in 2015.

HANDOUT B

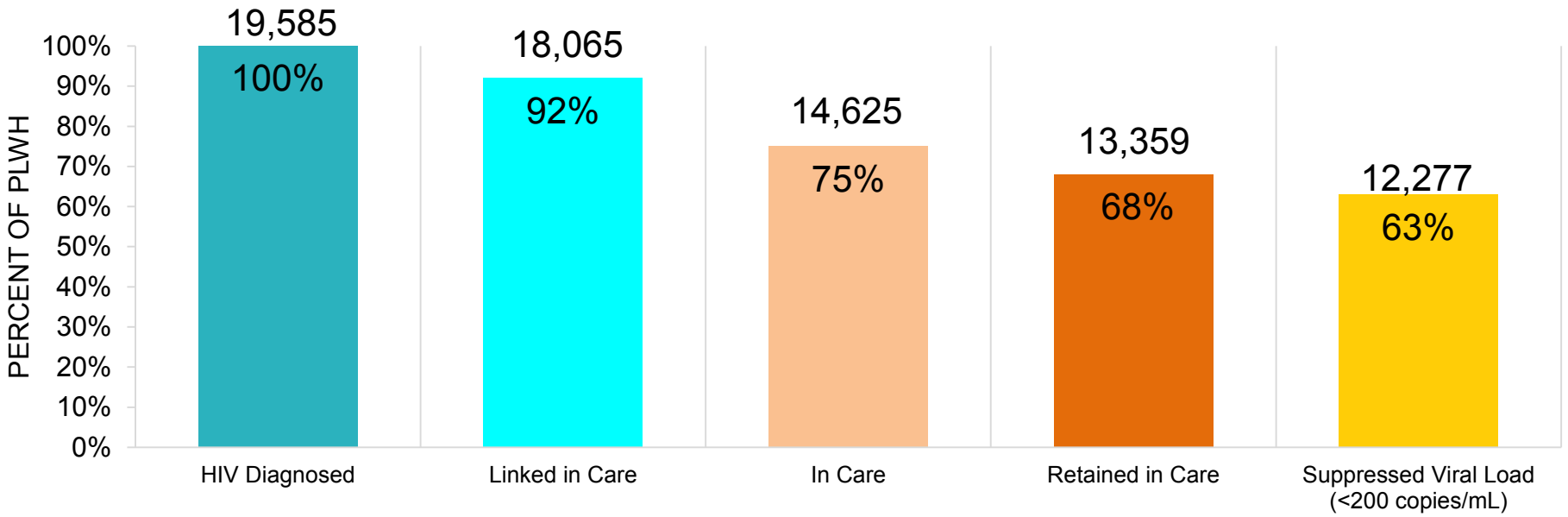
Persons Diagnosed and Living with HIV (PLWH) Along the HIV Care Continuum, Area 9, 2015



- 9,204 are estimated to be living with HIV, accounting for 1,141 (12.4%) who are unware of their HIV status.
- 81% of the 290 diagnosed with HIV in 2015 had documented HIV-related care within 3 months of diagnosis.
- 80% of PLWH in care had a suppressed viral load in 2015.

HANDOUT B

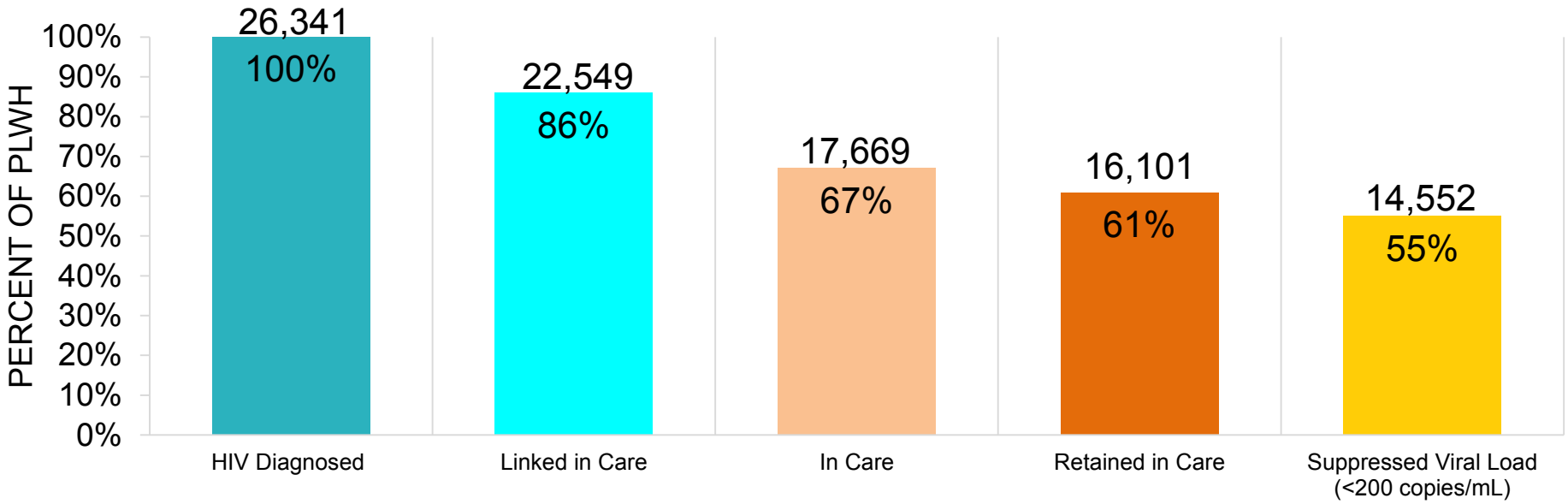
Persons Diagnosed and Living with HIV (PLWH) Along the HIV Care Continuum, Area 10, 2015



- 22,357 are estimated to be living with HIV, accounting for 2,772 (12.4%) who are unware of their HIV status.
- 87% of the 657 diagnosed with HIV in 2015 had documented HIV-related care within 3 months of diagnosis.
- 84% of PLWH in care had a suppressed viral load in 2015.

HANDOUT B

Persons Diagnosed and Living with HIV (PLWH) Along the HIV Care Continuum Area 11a, 2015



- 30,070 are estimated to be living with HIV, accounting for 3,729 (12.4%) who are unware of their HIV status.
- 83% of the 1,368 diagnosed with HIV in 2015 had documented HIV-related care within 3 months of diagnosis.
- 82% of PLWH in care had a suppressed viral load in 2015.

Florida's Plan to Eliminate HIV Transmission and Reduce HIV-related Deaths

HANDOUT B

1. Implement routine HIV and Sexually Transmitted Infection (STI) screening in healthcare settings/targeted testing in non-health care settings

2. Test and provide rapid access to treatment and retain in care

3. Improve access to antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP)

4. Increase community outreach and messaging

Florida's Plan to Eliminate HIV Transmission and Reduce HIV-related Deaths

HANDOUT B

Overarching Goal 2: Reduce new HIV infections in Florida through a coordinated response across public health system partners

Priorities	Inputs	Strategies	Participants	Short Term Outcomes 2017-2018	Medium Term Outcomes 2021	Long Term Outcomes 2027	Impact
HIV infection is a preventable disease. The use of prevention measures from behavior modification, biomedical interventions and suppressed viral load in HIV-positive persons can reduce and eliminate the transmission of this preventable disease.	Funding from CDC, HRSA, HUD and Legislature, Rebate funds Community-based organizations Faith-based organizations Licensed Health Care Providers FQHCs DOH staff RW Parts A, B, C, D, and F providers DATA FROM Elect Lab Reporting PRISM EHARS CAREWare and AIMS State and Private Labs Patient Assistance Programs Insurance entities DOC and jails Pharmacies	1.a. Conduct routine HIV screening and other interventions to reduce transmission of disease 1.b. Promote increased access to pre-exposure prophylaxis (PrEP) 1.c. Promote increased access to non-occupational post-exposure prophylaxis (nPEP)	Persons living in Florida; health care providers; rape crisis centers, hospitals, emergency room departments	1.a. Increased the proportion of HIV-infected persons who know their serostatus (through testing) 1.b. Established baseline inventory measurement to assess PrEP access 1.c. Established baseline inventory measurement to assess nPEP access	**By Dec. 31, 2021:** 1.a. Increased the proportion of HIV-infected persons who know their serostatus (through testing) 1.b. Increased the number of PrEP access sites by 5% over the 2017 baseline 1.c. Increased the number of nPEP access sites by 5% over the 2017 baseline	**By Dec. 31, 2027:** **Reduced the annual number of newly diagnosed HIV infections in Florida from 4,868 (2015) to 3,547.** **Reduced the annual number of newly diagnosed HIV infections in Florida's black population from 2,072 (2015) to 1,557.** **Reduced perinatal HIV infections to no more than 2 annually**	Reduction in new HIV infections in Florida through a coordinated response across public health system partners
		2.a. Support efforts to increase access and improve integration of medical and support services 2.b. Advance the use of sexual history taking techniques among health care providers	Health care providers; non-health care providers; persons living in Florida; persons living with HIV	2.a. Increased the proportion of HIV-positive persons linked to care 2.b. Increased first and third trimester HIV/STD testing of pregnant women 2.c. Increased bacterial STD testing	2.a. Increased the proportion of persons living with HIV (PLWH) retained in care 2.b. Reduced perinatal HIV infections to no more than 4 annually 2.c. By 12/31/21, the percent of bacterial STDs among HIV-positive persons will not exceed 5% of the total STD reports		
		3.a. Foster improved health outcomes for people living with HIV/AIDS (PLWHAs)	Persons at risk living with HIV; health care providers; behavioral health providers; other support service providers	3.a. Increased the proportion of ADAP clients with viral load (VL) suppression	3.a. Increased the proportion of persons living with HIV (PLWH) with VL suppression		

Florida's Plan to Eliminate HIV Transmission and Reduce HIV-related Deaths

Public Health System Collaboration

- State of Florida HIV/AIDS Integrated Plan
- State Health Improvement Plan
- Florida Department of Health Strategic Plan

Florida's Plan to Eliminate HIV Transmission and Reduce HIV-related Deaths

Public Health System Collaboration

Ryan White	Florida Funding GY 2016-2017
Part A	$76,394,819
Part B	$117,148,212
Part C	$9,591,766
Part D	$7,265,727
Part F	$1,262,128
Special HRSA	$1,104,770
HOPWA	$5,554,465
TOTAL	$218,321,887

Centers for Disease Control & Prevention	Florida Funding GY 2016
Prevention	$34,752,280
Surveillance	$5,788,686
TOTAL	$40,540,966

State Funding	FY 2016-2017
Prevention & Surveillance	$2,577,068
Patient Care (Program & Pharmacy)	$33,573,660
TOTAL	$36,150,728

Florida Department of Health HIV/AIDS Section

HANDOUT B

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