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, July 27, 2017, 9:30 a.m.
GC-430
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 (5 minutes)

a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
b. Council Member and Guest Introductions
c. Moment of Silence
d. Excused Absences and Appointment of Alternates
e. Approval of 7/27/17 Meeting Agenda
f. Approval of 6/22/17 Meeting Minutes

3. PHONE INTRODUCTIONS

4. FEDERAL LEGISLATIVE REPORT (Handout A) (5 minutes)

5. CONSENT ITEMS

#	MOTION	JUSTIFICATION	PROPOSED BY
1	To appoint Joshua Rodriguez to the HIVPC Planning Council in the Agency Administering Program under Part B seat	Mr. Rodriguez's role as the HIV/AIDS Program Coordinator for the Florida Department of Health in Broward County will allow him to provide detailed insight into Ryan White Part B, as well as provide the HIVPC with utilization and expenditure data about the Part B and ADAP programs.	Membership/Council Development Committee

6. EDUCATION AND TRAINING (Handout B) (Up to 30 minutes)- PSRA Training to prepare for Fiscal Year 2018-2019 Allocations

7. DISCUSSION ITEMS

#	MOTION	JUSTIFICATION	PROPOSED BY
1	To approve the FY 2018-2019 core and support service category rankings. (Handout C)	Rankings were conducted as part of the priority setting and resource allocation process.	Priority Setting & Resource Allocation Committee

Discussion Items #2 - #21 are the recommended allocations for each service category for FY 2018-2019:

#	FY 2018 Rank	Service	Factors to Consider	Recommended FY 2018 Allocation		Proposed By
				%	$	
PART A CORE SERVICES						
2	1	OAMC (5)	Integration of behavioral health screenings into primary care settings may require increased funding due additional staffing and provisions of services, as well as the implementation of Test and Treat may increase access to OAMC. Additionally, unknown impact of potential repeal of the ACA may increase client utilization and expenditures.	53%	$5,911,635	Priority Setting & Resource Allocation Committee
3	3	Pharmacy (3)	Decrease in expenditures due to potential saving based on changes in ADAP Formulary and elimination of Tier 3 on Part A Formulary.	6%	$639,921	
4	7	Oral Health (5)	Increase in client utilization and access to services based on expanded service locations.	26%	$2,944,564	
5	5	HICP (1)	Cost saving due to approximately 260 Part A clients 250-400% FPL premiums covered by ADAP.	5%	$525,000	
6	2	DCM (5)	Increased utilization of DCMs as Care Coordinators due to implementation of Test and Treat as well as Integrated Behavioral Health and Primary Care. Increased access due to expanded provider locations.	5%	$507,000	

7	6	Mental Health (4)	Increased utilization of MH services due to implementation of Integrated Behavioral Health and Primary Care. Accounts for increase in client access to service based on additional service locations.	3%	$386,860	
8	8	Substance Abuse (Outpatient) (1)	Increased utilization of SA services due to linkage through BH/OAMC screenings as well as emerging substance abuse issues in Broward.	3%	$280,512	
TOTAL PART A CORE				**76%**	**$11,195,492**	
PART A SUPPORT SERVICES						
9	4	CM (CIED) (1)	Increase in the number of programs requiring CIED certification (HOPWA, ADAP), Test and Treat, as well as increase utilization based on continuous rise of new HIV infections (approximately 660 in CY2015).	18%	$616,564	Priority Setting & Resource Allocation Committee
10	3	EFA	Increase utilization based on continuous rise of new HIV infections, (approximately 660 in CY2015). Also accounts for potential impact of Test and Treat.	4%	$128,872	
11	4	CM (Benefit Support) (1)	Newly implemented service in FY2017, will need to assess trends through current FY for future funding recommendations.	4%	$150,000	
12	4	CM (non-medical) (7)	5 year trends show continuous slight decreases in clients' utilization, however there may be an increase in client access due to additional service locations.	39%	$1,353,263	
13	1	Food Bank/Voucher (1)	Includes bulk purchases and increase in client utilization.	31%	$1,070,566	
14	3	Legal (1)	Legal services have fluctuated over the past several years, but the agency has been able to maintain expenditures.	4%	$139,640	
TOTAL PART A SUPPORT				**24%**	**$3,548,905**	
TOTAL PART A ALLOCATIONS				**100%**	**$14,654,397**	
MAI CORE SERVICES						
15	1	OAMC (1)	Potential MAI programs will be implemented to impact health outcomes in populations least likely to achieve viral load suppression: Black MSM, Black heterosexual females and Black heterosexual males	37%	$335,419	Priority Setting & Resource Allocation Committee
16	2	DCM (1)	Potential MAI programs will be implemented to impact health outcomes in populations least likely to achieve viral load suppression: Black MSM, Black heterosexual females and Black heterosexual males	6%	$50,956	
17	6	Mental Health (1)	Potential MAI programs will be implemented to impact health outcomes in populations least likely to achieve viral load suppression: Black MSM, Black heterosexual females and Black heterosexual males	3%	$27,861	
18	8	Substance Abuse (Outpatient) (1)	Potential MAI programs will be implemented to impact health outcomes in populations least likely to achieve viral load suppression: Black MSM, Black heterosexual females and Black heterosexual males	54%	$480,000	
MAI SUPPORT SERVICES						
19	1	CM (CIED) (1)	Potential MAI programs will be implemented to impact health outcomes in populations least likely to achieve viral load suppression: Black MSM, Black heterosexual females and Black heterosexual males	100%	$320,124	Priority Setting & Resource Allocation Committee
TOTAL MAI ALLOCATIONS				**100%**	**$1,214,360**	
TOTAL PART A AND MAI ALLOCATIONS					**$15,868,757**	

#	MOTION	JUSTIFICATION	PROPOSED BY
20	To reduce the initial FY2017 OAMC allocation of $5,140,552 by $50,000	Broward EMA received a $256,000 reduction in Part A in FY2017 funding.	Priority Setting & Resource Allocation Committee
21	To reduce the initial FY2017 DCM allocation of $507,000 by $50,000		
22	To reduce the initial FY2017 BISS allocation of $150,000 by $50,000		
23	To reduce the initial FY2017 Outreach allocation of $50,000 by $50,000		

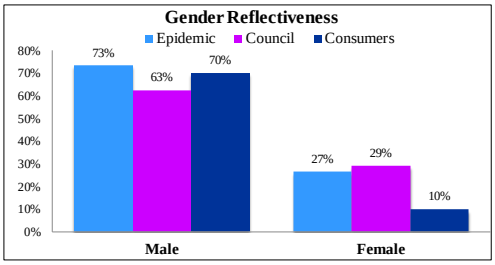
8. NEW BUSINESS
None.

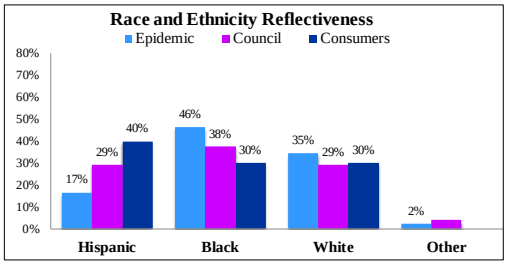
9. COMMITTEE REPORTS (10 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)
No July Meeting *Chair: L. Robertson, V. Chair: P. Fleurinord*

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)
July 13, 2017 *Chair: Vacant Vice Chair: V. Foster*

HIV Planning Council Membership Report
Current Through June 2017





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	14,372	73%	15	63%	-11%	7	70%	-3%
Female	5,213	27%	7	29%	3%	1	10%	-17%
Transgender	-	-	2	8%	-	2	20%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	3,253	17%	7	29%	13%	4	40%	23%
Black	9,100	46%	9	38%	-9%	3	30%	-16%
White	6,777	35%	7	29%	-5%	3	30%	-5%
Other	455	2%	1	4%	2%	0	0%	2%
Total	19,585	100%	24			10		

Current Members	24
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	42%

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%

A. Work Plan Item Update / Status Summary:

Review HIVPC Demographics: The Committee members reviewed the HIVPC and Standing Committee member demographics. 42% of HIVPC members are unaffiliated consumers. 2 potential candidates for the VA seat were identified and reached out to since the last MCDC meeting, but neither has followed up with Staff's communication. There has been increased interest in HIV Planning Council, especially since the Community Forum.

Current Applicants: Joshua Rodriguez is the HIV Program Coordinator for FLDOH-Broward, currently a member of SOC, and is applying for the Part B seat on the HIV Planning Council. The Committee reviewed Mr. Rodriguez's application and approved his application to be sent to HIVPC with the condition that he complete pre-appointment orientation.

Attendance: Since MCDC's last meeting, one member of the Committee who was also a member of HIVPC was removed due to lack of attendance. One member of the PSRA Committee and 3 members of HIVPC have received warnings due to lack of attendance.

Recruitment Materials: The MCDC Committee reviewed the palm card which has been updated by a graphic artist since the last meeting. Members discussed potential changes to this version which will be brought to the artist to redraft the palm card and emailed to the Committee for feedback and approval.

Training Plan: The Committee members reviewed the HIV Planning Council Training Plan which included topics such as the PSRA process, housing, Undoing Racism, and HIV & Aging. Committee members suggested that the training on aging include an HIV doctor, a gerontologist, and a nutritionist to better inform members of the different ways in which aging impacts their HIV treatment. This Training Plan will be sent to the Executive Committee for approval.

B. Rationale for Recommendations:

Current Applicants: The Part B seat was vacated by the previous representative in March.

Training Plan: The members reviewed and approved the proposed FY2017-2018 training plan for HIVPC membership

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Member Recognition Program and HIVPC Standing Committee Application *Next Meeting Date*: November 9, 2017 9:30 a.m. *Venue*: TBD

C. QUALITY MANAGEMENT COMMITTEE (QMC)

July 17, 2017 *Chair: C. Grant Vice Chair: A. Earp*

A. Work Plan Item Update / Status Summary:
Select QMC annual goals: Staff reviewed findings from the CEC's Community Forum regarding the Youth population as well as data requested on Youth Utilization of Services. *Make recommendations to Committees and QI Networks to address disparities in care and areas of improvement:* Sebrina James, the Instructional Facilitator for Sexual Health at Broward County Public Schools (BCPS), discussed the thought process of youth and how it relates to healthcare services. Staff presented research on understanding barriers to care for Youth as well as successful interventions and outcomes. *Identify accomplishments and challenges by reviewing progress in completing the CQM Work Plan:* Staff reviewed the QMC Work Plan In Progress and the CQM Program Accomplishments and Challenges.
B. Rationale for Recommendations:
The Committee requested more information regarding the Youth population in order to develop a useful plan to address this disparity.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
The Committee requested health outcome and utilization data by each age between the ages of 18-28.
E. Other Business Items:
The Recipient received notice of grant award and received a reduction of approximately $256,000.
F. Agenda Items for Next Meeting:
Agenda Items for Next Meeting: Review and analyze performance measures including HAB measures and locally adopted outcomes and indicators. Make recommendations to Committees and QI Networks to address disparities in care and areas of improvement. *Next Meeting Date*: August 21st, 2017, Governmental Center A-335

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

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

A. Work Plan Item Update / Status Summary:
Reallocations – The committee approved the reduction of $200,000 from Part A services in order to account for a $256,000 reduction in the final notice of grant award. The program budget will take the remaining $56,000 reduction. Review PSRA Data – The committee reviewed data on Broward's service categories including the number of providers, recommendations, factors to consider, and the committee's rankings. Allocations – The committee conducted allocations following the data review. The HIVPC staff presented the data provided and the other factors to consider to assist in the committees final recommendations for FY2018-2019 allocations. The committee made recommendations to allocate funds for both Part A and MAI services.
B. Rationale for Recommendations:
PSRA approved sweeps to account for the reduction in funding. The committee approved the allocations for FY 2018-2019 based on review of data and anticipated needs.
C. Data Reports / Data Review Updates:
The committee reviewed Part A client utilization trends, rankings, and recommendations to help inform the PSRA process.
D. Data Requests:
None
E. Other Business Items:
Agenda Items for Next Meeting: Next Meeting Date: August 17, 2017, Governmental Center Annex Room A-337

E. SYSTEM OF CARE COMMITTEE (SOC)

July 25, 2017 *Chair: M. Hayes Vice Chair: C. Edwards*

A. Work Plan Item Update / Status Summary:
Black Women Study– the SOC members reviewed the proposed survey questions for unsuppressed Black females in the Part A program. They divided the questions into categories of barriers, including emotional/stigma, health/medical, social and logistics. They edited questions regarding retention in care, demographics and primary needs of survey participants. They revised questions will be given to the Needs Assessment Consultant for final editing and study implementation. SOC will receive an update on study implementation at their next meeting.
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Agenda Items for Next Meeting: Update on implementation of Black Women Study *Next Meeting Date*: TBD- 1:00 p.m., Children's Diagnostic and Treatment Center

F. EXECUTIVE COMMITTEE

July 20, 2017 *Chair: B. Barnes Vice Chair: R. Lopes*

A. Work Plan Item Update / Status Summary:
Standard Committee Items–The committee members reviewed and approved the August calendar and July HIVPC agenda and meeting materials. Facilitated Meeting Follow-Up – PC Staff reached out to BCHPPC and SFAN members about the proposed follow-up meeting to May's facilitation. HIVPC and BCHPPC members have stated that the afternoon of August 9th works best for them, but Staff is still waiting for responses from SFAN (including SFAN Chair and Vice Chair). The members discussed the purpose of the meeting, and items they would like to resolve, including identification and delegation of resources/staff support, membership and work plan responsibilities. The group acknowledged the difficulty in revising an agreement that was made during the full day facilitation, but recognized that additional conditions need to be discussed before moving forward and getting the buy-in from the HIVPC. As both SFAN and BCHPPC fall under the jurisdiction of the Department of Health, the Executive members agreed that it may be acceptable to share seats equally between Part A and DOH, with division of SFAN and BCHPPC seats to be decided by the DOH and their bodies. Training Summary and Year-End HIVPC Calendar- PC Staff provided the Committee with a list of training topics for HIVPC members as recommended by the MCDC. The topics include emerging issues in HIV, suggestions from HIVPC members, HRSA mandated trainings, and items proposed by the CEC. The group then discussed the August to December calendar, and whether to host an All Committee Retreat. Staff suggested that instead of having a full retreat, the December HIVPC meeting can invite all Committee members as well, and can include selecting a member to recognize, an education component, and maybe a town hall. The members selected December 7th as the date for the All Committee HIVPC Meeting. Member Responsibilities- During the HIVPC members, Staff and leadership have noticed members passing notes, holding side conversations and coming in late to meetings. While notes and conversations are on the borderline of a Sunshine violation, they are most importantly disrespectful to the process and to the membership. The members agreed that leadership needs address the issues as they occur. Staff also note that there are issues also with members not confirming their attendance. This may have implications for quorum and meeting scheduling. It is important that members respond to Staff's correspondence and quorum calls.
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Agenda Items for Next Meeting: TBD *Next Meeting Date*: August 17, 2017

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

10. GRANTEE REPORTS (15 minutes)

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

11. UNFINISHED BUSINESS

None.

12. PUBLIC COMMENT (Up to 10 minutes)

13. ANNOUNCEMENTS (Up to 10 minutes)

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: August 24, 2017 9:30 a.m. **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

16. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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

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

June 22, 2017 Meeting Minutes

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

1. CALL TO ORDER

The Chair called the meeting to order at 9:32 a.m.

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

The HIVPC Vice 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: Runkle, D. **Seconded by:** Parker, P.
Action: Passed Unanimously

Motion #2: To approve the 4/27/17 meeting minutes
Proposed by: Robertson, L. **Seconded by:** Parker, P.
Action: Passed Unanimously

3. PHONE INTRODUCTIONS

Introductions were made by those on the phone.

4. FEDERAL LEGISLATIVE REPORT

Mr. Murphy gave his monthly update to the HIVPC regarding federal funding for Ryan White and HIV services. Congress is currently in the midst of their Fiscal Year (FY) 2018 appropriations process. Trump's presidential budget outlines funding cuts across most federal services, especially for Health and Human Services. Major cuts include CDC Prevention services (10% decreases), the Ryan White Program ($58.8 million decrease), including cuts to ADAP, Part B, and significant cuts to Part F's Special Projects of National Significance/ the elimination of the AETC. Minority AIDS Initiative would see fund cuts by $53.9 million, and HOPWA would experience cuts by $26 million. While these numbers are not final, they present a starting point for Congressional bill writing. There is a limited window for Congress to pass FY2018 appropriations, and the budget may be determined in an omnibus, a continuing resolution, or new appropriations. Mr. Murphy predicted some couple bills passing, although probably not HHS, in short term bills around the holidays. The Senate is also looking to repeal and replace the ACA with the AHCA. The new healthcare bill will not serve well for healthcare providers, HIV+ individuals, those with chronic diseases or those on Medicaid. Votes from the Senate could come as early as next week. In closing, Mr. Murphy encouraged the members to become engaged with entire the Florida delegation, and educate them on the impacts of funding cuts and repeal/replace of the ACA. The impact of any budget/program funding changes could be seen as early as October 1, 2017.

5. CONSENT ITEMS

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

Motion #3: To approve the Consent Items
Proposed by: Moragne, T. **Seconded by:** Hayes, M.
Action: Passed Unanimously

6. DISCUSSION ITEMS:

The PSRA Committee proposed to sweep funds from OAMC into HICP. The PSRA Chair explained that HICP needs additional funding to cover the transition of Part A clients onto ADAP ACA plans.

Motion #4: To sweep $250,000 from Outpatient Ambulatory Medical Care into the Health Insurance Continuation Program
Proposed by: Priority Setting and Resource Allocation **Seconded by:** Katz, H.B.
Action: Passed Unanimously

7. NEW BUSINESS

a. **FY2018 PSRA Process Overview**- The PSRA Chair gave the HIVPC members an update on the FY2018 PSRA process. The Committee has received multiple data presentations, including HIV Funders and Stakeholders, 2015 Broward HIV Epidemiology and the 2015-2016 Needs Assessment. During the June meeting they approved the FY2018 Overall Core and Support Service Category Rankings. The group discussed the differences between CEC and PSRA rankings, and how rankings of service may differ based on client or community perception. The PSRA Chair thought that the recent community forums were great in engaging Ryan White Consumers, and would to continue reaching out to community members. The PSRA Vice Chair agreed, and noted that the data presentations were more targeted and comprehensive than ever, but also led to the same conclusions and rankings by the members.

b. **Undoing Racism Training**- Suzanne Bundy, with the Broward County Human Services Department, is leading the Undoing Racism Training. First, she gave some background on the joint initiative: last summer Human Services and the Children Services Council started discuss about Broward Country outcomes. Broward has experienced increasing high school graduation rates, decreasing teen births, decreasing youth arrests, and decreasing domestic violence. However, there are many disparate outcomes associated with race. Black youth arrests are 5 times higher than whites, and there are many disparities associated with HIV in Broward. She explained that racism is huge determinate for health and well-being. Undoing Racism was also included in the goals and activities of the Integrated Plan. Initiative is to talk about racism, and identify it in policies, systems of care, data analysis, etc. The 3 day workshop are facilitated by national and international trainers, and are designed to challenge participants to analyze and acknowledge the structures of power, then to create intuitional change. HIVPC members, Ryan White providers and HIV stakeholders will be invited to participate in the training and to use the training to design ways to reduce and eliminate identified racial disparities. Sessions includes participants from local nonprofits, Broward Sheriff's Office, the Florida Department of Health and community participants. Staff will send out available dates.

8. MAY AND JUNE COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

May 2, 2017/ June 6, 2017 *Chair: L. Robertson, V. Chair: P. Fleurinord*

The report stands. Chill, Chat and Chew very successful was a great event, and the CEC Chair would like to host more.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

No May/ June Meetings *Chair: Vacant, V. Chair: V. Foster*

C. QUALITY MANAGEMENT COMMITTEE (QMC)

No May Meeting/ June 19, 2017 *Chair: C. Grant, V Chair: Vacant*

The QMC is starting to look at health data related to youth, 18-28, to identify further disparities. Looking at CEC forum as well to identify youth issues.

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

May 25, 2017/ June 14, 2017 *Chair: W. Spencer, Vice Chair: R. Siclari*

The report stands.

E. SYSTEM OF CARE COMMITTEE

May 31, 2017/ No June Meeting *Chair: M. Hayes, Vice Chair: C. Edwards*

The report stands. The SOC Chair recently spoke to the Positive Women's Network about their study on the health needs of HIV+ women of color. The survey was created by women living with HIV for women with HIV, and the SOC has talked to PWN about ways to utilize their survey tool, and they have also expressed interest in being involved in the Committee's upcoming Black Women Study.

F. EXECUTIVE COMMITTEE

No May Meeting/ June 14, 2017 *Chair: B. Gammell Vice Chair: R. Lopes*

The report stands.

9. GRANTEE REPORTS

a. **Part A:** The Recipient recently met with HRSA to discuss Broward's PSRA process. The Recipient's Office received the final notice of grant award on Monday, which included a $256,000 funding reduction. This included a decrease in formula and supplemental funding, even though the grant received a competitive score. The Tampa EMA got $8,000 reduction, and Orlando had a $90,000. The Recipient is reaching out to identify problems in scoring, and formula funding reductions even though Broward continues to have some of the highest incidence in the country. He will bring recommendation for program funding reductions to the PSRA Committee in July. However, most reduction will be offset by ADAP's formulary expansions and HICP clients moving to Part B for premium payments. Test & Treat launched May 1st, and so far 121 individuals have been enrolled in the program. Broward is being very aggressive in getting clients into care. 60% of those clients are newly identified HIV+ while 40% are clients who are reengaged in HIV care. Part A has run out of their ARV bulk purchase within 3 weeks, and they have requested that the State SOH cover the remaining drug costs. Miami has also piloted a TT program, but with only 1 provider.

b. **Part B/ADAP/Prevention:** Part B presented their expenditure report (on file), and state there is historically low spending in start of FY, and that the program is on track for full expenditures. Substance Abuse- Residential had contracting delays, which also influences low expenditures. The Florida ADAP formulary is on the State website, and includes Harvoni. The Part B representative deferred prevention report until next month. He also introduce the newly hired DOH Health Planner, Jersey Garcia.

c. **Part C:** The Part C representative stated that she has no updates at this time. HRSA has been conducting site visits this year, and there have been no Recipient calls.

d. **Part D:** The Part D Program's FY starts August 1, 2017. They are awaiting their notice of grant award.

e. **Part F:** The Oral Health program through Broward Community and Family Health Center has expanded their evening hours, has additional student dentists at their Cypress Creek site. If anyone has clients that run out of benefits or don't have access to Part A OHC, please refer them to the Cypress Creek facility.

f. **HOPWA:** The HOPWA Program is also waiting their grant award. All proposed funding has already been allocated, and will be adjusted when more information is available regarding potential funding cuts. The

HOPWA member will present to the HIVPC in July regarding their permanent housing placement and STRUMU programs, especially to clear up any misconceptions held by the community or HIVPC members. He is also working on a housing cascade for a presentation in Tampa, will work with the BRHPC CQM Manager. Finally, for anyone looking for online HOPWA information, please type "housing and community development Ft. Lauderdale" into their search engine. The link is where you can get the most up-to-date information regarding HOPWA services.

10. UNFINISHED BUSINESS

None.

11. ANNOUNCEMENTS

a. The Nova Southeastern University College of Dental Medicine will be posting several employment opportunities for the OHC Program. The jobs are posted under the NSU employment site.

12. PUBLIC COMMENT

None.

13. REQUEST FOR DATA

None.

14. AGENDA ITEMS FOR NEXT MEETING: July 27, 2017, 9:30 a.m. **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
Priority Rank & Allocate Funds	*PSRA, HIVPC*	ACTION ITEM: Review and approve recommended priority rankings and service allocations for FY2018-2019

15. ADJOURNMENT

The meeting was adjourned at 11:01 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	27	C	22							
		1	**1**	Arenciaba, Y.	X	X	X	A		E							
	1	1	**2**	Barnes B., *Chair*	X	X	X	X		A							
1			**3**	Barrientos, Y.	N-4/27			X		X							
		0		Bell, J.	X	X	Z- 3/14										
1	1	0	**4**	Bhrangger, R.	X	X	X	X		X							
1	1	0	**5**	Burgess, D.	X	X	X	X		E							
		1	**6**	DeSantis, M.	X	X	X	A		X							
		0	**7**	Grant C.	X	X	X	X		X							
		0	**8**	Hayes, M.	X	E	X	X		X							
		3	**A**	Holness, D. V.C. (Comm)	A	A	A	X		X							
		3		Huggins, L.M.	A	A	A	R-3/23									
1	1	0	**9**	Katz, H.B.	X	X	X	X		X							

	1	0	**10**	King, J.	X	X	X	X		X								
1	1	1	**11**	Lint, A.	X	X	X	X		A								
		1	**12**	Lopes, R., *V. Chair*	X	X	A	X		X								
1	1	0	**13**	Marcoviche, W.	X	X	X	X		X								
		1	**14**	Moragne, T.	A	X	X	X		X								
1	1	1	**15**	Parker, P.	A	X	X	X		X								
	1	0	**16**	Robertson, L.	X	X	X	X		X								
1	1	3	**17**	Robertson, P.	A	A	X	A		X								W-2/28, 5/3
1	1	0	**18**	Runkle, D.	X	X	X	X		X								
		0	**19**	Schweizer, M.	X	X	X	X		X								
1	1	0	**20**	Shamer, D.	X	X	X	X		X								
		1	**21**	Siclari, R.	X	A	X	X		X								
	1	0	**22**	Spencer, W.	X	X	X	X		X								
		2	**23**	Taylor-Bennett, C.	X	X	A	A		E								W-5/3
		3	**24**	Thomas-Purcell, K.	A	A	X	E		A								W-2/28, 6/26
				Quorum = 13	20	20	21	19		19								

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - resigned

C - cancelled

W - warning letter

R - removal letter

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: July 26, 2017

Appropriations Update

Work in Congress on the Fiscal Year (FY) 2018 appropriations process is in full swing. The House Appropriations Committee has adopted the Labor-HHS-Education and Housing and Urban Development-Transportation appropriations bills. Funding for key areas would remain the same.

- Aggregate funding for CDC prevention programs would be level funded at $1.117 billion, despite a strong case statement of need
- Ryan White overall would receive level funding at $2.319 billion
    - Ryan White Part B would be level funded at $414.7 million
    - ADAP would be level funded at 900.3 million
- Minority AIDS Initiative would be *eliminated*
- HOPWA would be level funded at $356 million

While this does not come close to meeting the current need, the President's budget request included cuts to these and other key areas. In that context, level funding can be seen as a win.

Congress still has little time on its calendar to finish the bills. The Senate is farther behind. This increased the possibility of a Continuing Resolution, which would fund FY 2018 at the current year's levels. This would result in no program cuts. House leadership is suggesting an openness to a series of "minibus" bills that would group bills funding key departments together in order to expedite the process. The bills funding HIV treatment, services, and prevention, would likely be among the last considered.

Affordable Care Act Repeal

All action on congressional efforts to repeal and replace the Affordable Care Act (ACA) are in the Senate currently. On Wednesday, Senate leaders cleared a major procedural hurdle to begin debate on ACA repeal/replace. Senators appear to lack majority support for a specific repeal/replace bill, so several are under consideration. They range from a full-scale repeal, to an elimination of the individual mandate and sunset of the medical device tax, to the ever-changing Better Care Reconciliation Act. This is a dynamic situation where other paths to passage could still emerge. One major challenge repeal/replace supporters face is whether the Senate Parliamentarian will rule that their bill only requires a 51-vote majority or if it will be subject to the 60-vote threshold. Key Senators are standing firm against major cuts to the Medicaid program and their opposition has stalled efforts to end Medicaid as an entitlement program as envisioned under the Better Care Reconciliation Act. The Senate is expected to work through this weekend on a repeal/replace bill before turning to other matters. If they fail to pass a measure, the issue will likely be tabled until the fall.

Ending Medicaid as an entitlement program would force states to determine how to reduce the scope of care and eligibility to align with less federal funding. Floridians whose HIV-related care and treatment is funded by Medicaid would face the prospect of reduced services.

HANDOUT B

FY2018-2019 PSRA PROCESS PRESENTATION TO HIVPC

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 B

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.
  - Both the **CEC** and **PSRA** Committees priority set or ***rank*** all service categories during the PSRA process.

RESOURCE ALLOCATION

- **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.

HANDOUT B

HIV FUNDER & STAKEHOLDER

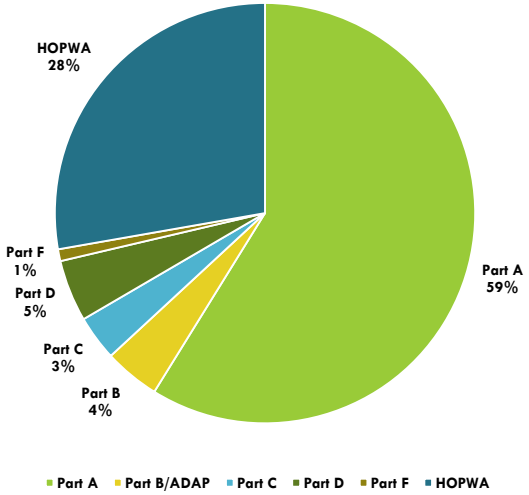
HIV FUNDER AND STAKEHOLDER PRESENTATIONS

- Ryan White Part B
- Ryan White Part C
- Ryan White Part D
- Ryan White Part F & AETC
- HOWPA
- PROACT & DIS

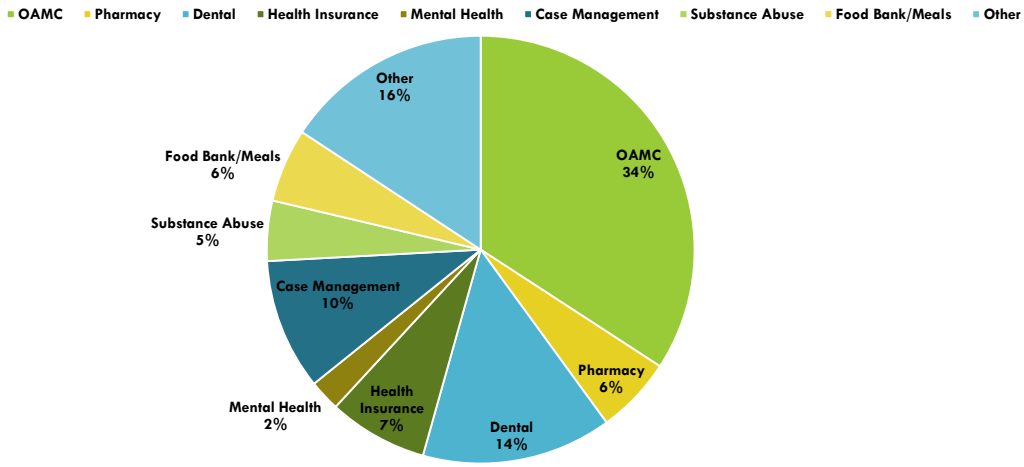
HANDOUT B

SOURCES OF PUBLIC FUNDING FOR HIV SERVICES IN BROWARD, FY 2016

Total FY2016 Funding-
$23,994,129



PUBLICLY FUNDED HIV CORE AND SUPPORT SERVICES, BROWARD FY 2016



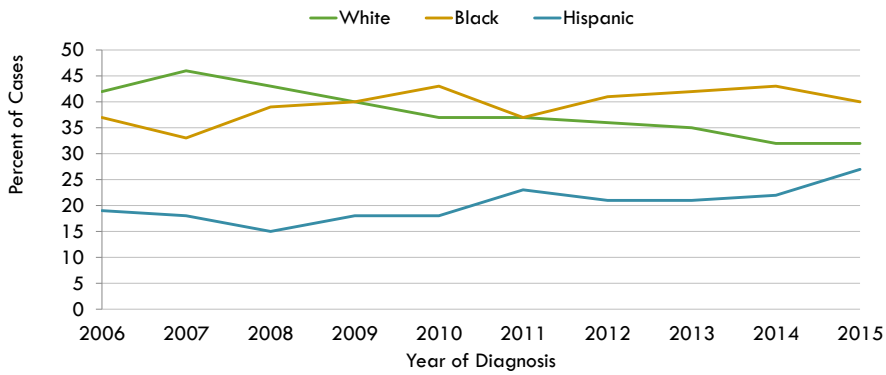
Exclusions: CIED, EIS, Home/Community Health, Medical Nutrition, DCM, EFA, Legal, Medical Transportation, Referral/Support Care, Treatment Adherence

HANDOUT B

CY2015 BROWARD HIV/AIDS EPIDEMIOLOGY

Florida Department of Health
HIV/AIDS Section
Data as of 06/30/2016

ADULT MALE HIV INFECTION CASES BY RACE/ETHNICITY AND YEAR OF DIAGNOSIS, AREA 10, 2006–2015

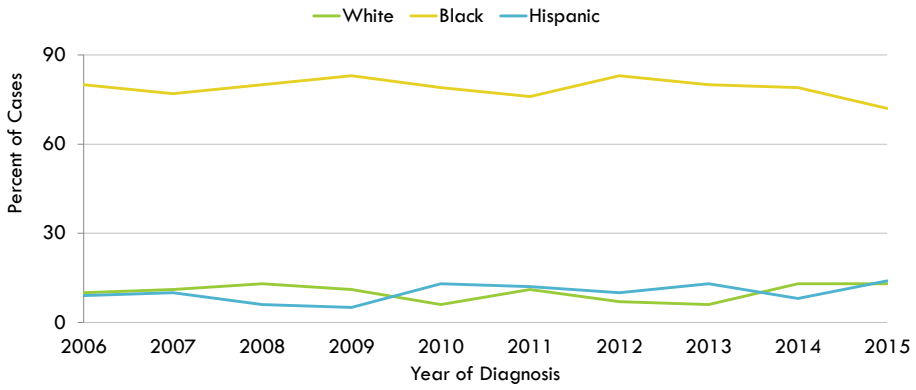


Source: Florida Department of Health HIV/AIDS Section; Data as of 06/30/2016

10

HANDOUT B

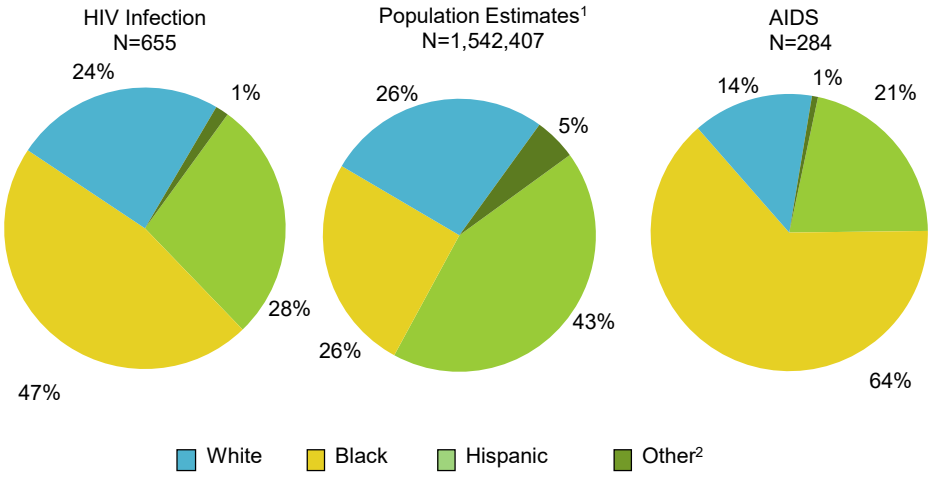
ADULT FEMALE HIV INFECTION CASES BY RACE/ETHNICITY AND YEAR OF DIAGNOSIS, AREA 10, 2006–2015



Source: Florida Department of Health HIV/AIDS Section; Data as of 06/30/2016

11

ADULT HIV AND AIDS CASES AND POPULATION DATA, BY RACE/ETHNICITY, AREA 10, DIAGNOSED IN 2015

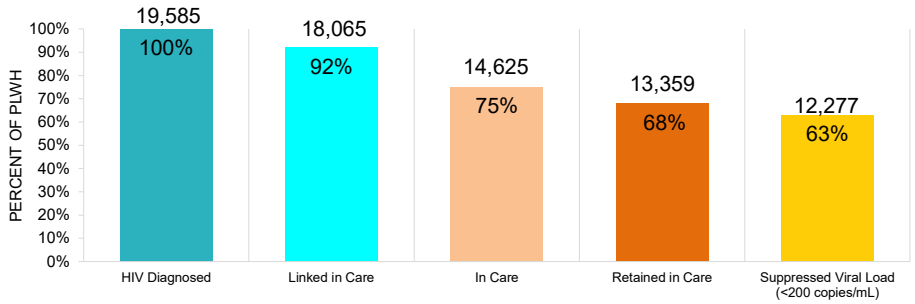


[1]Source: Population estimates are provided by Florida CHARTS as of 6/20/2016.
[2]Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and mixed races.

12

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.

Source: Florida Department of Health HIV/AIDS Section; Data as of 06/30/2016

13

KEY POINTS

What We Know:

- The Miami - **Ft. Lauderdale** - Palm Beach MSA continues to **lead the country in new HIV infections** in 2015
- Despite decreases in incidence, **Black males and females** have the **highest rates** of new HIV infections
- Both **Hispanic males and females** saw an **increase** in new HIV infections in 2015
- **4,960** HIV+ Broward residents **did not have an HIV-related primary care** service in 2015
- DOH estimates **2,772 (12.4%) people are unaware of their HIV+ status** in Broward

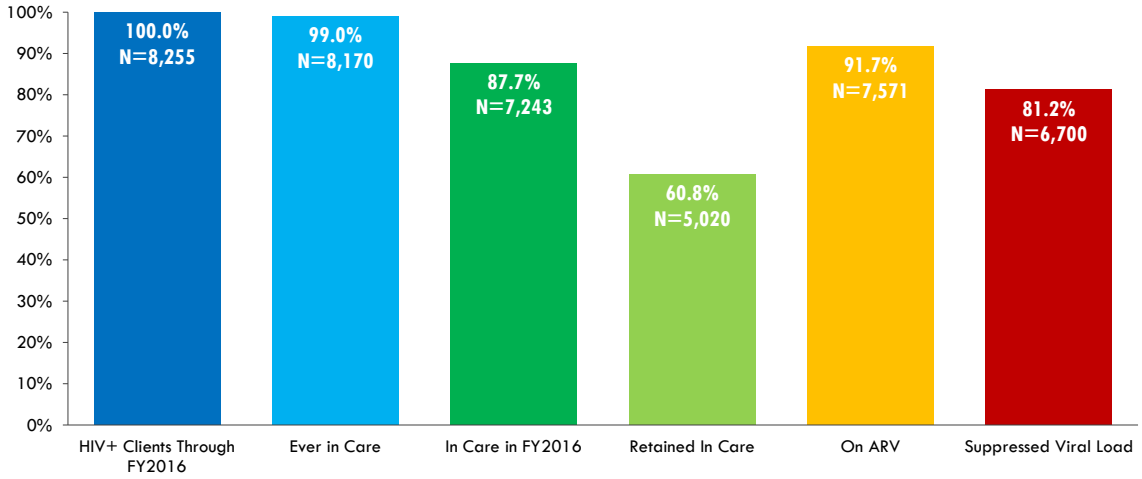
Factors to Consider:

- **7,732 HIV+** people in Broward (diagnosed and undiagnosed) are in **need of medical care and HIV treatment**
- Broward County **Test and Treat (T&T)** Initiative seeks in **link newly diagnosed and reengage** lost to care HIV+ clients
  - What percentage of these nearly 8,000 HIV+ residents will be engaged in T&T, and what is the **potential impact** on Part A service utilization?
  - What is the **potential impact** of T&T on the **Broward and Part A HIV Care Continuums** over the **next 5 years**?

HANDOUT B

FY2016 BROWARD PART A HEALTH OUTCOMES

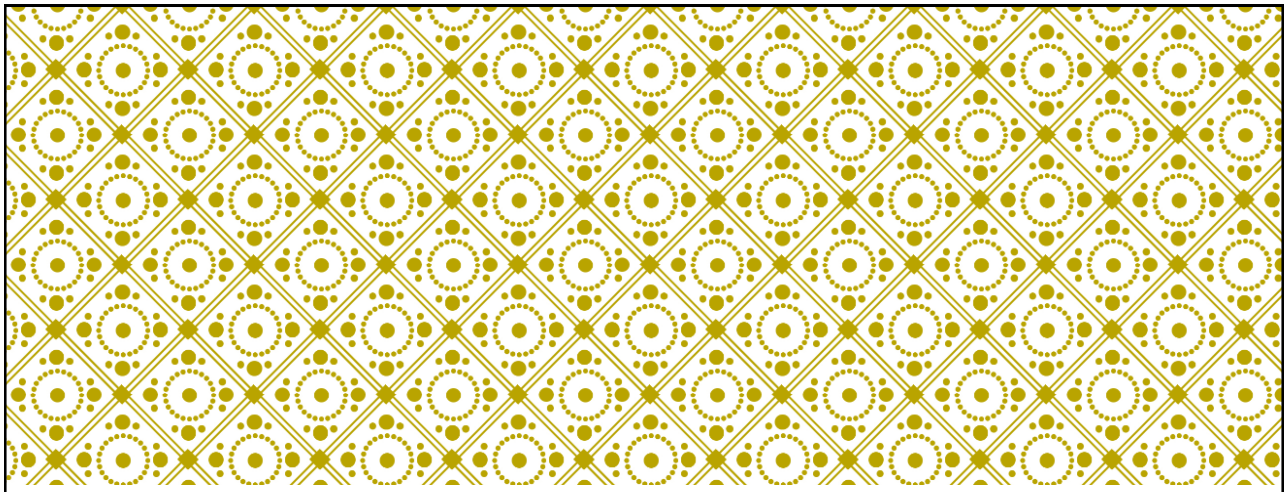
HIV CARE CONTINUUM FOR PART A CLIENTS SYSTEMWIDE FY 2016 (MARCH 1, 2016-FEBRUARY 28, 2017)



HANDOUT B

NOTABLE TREND DIFFERENCES BETWEEN VIRAL LOAD SUPPRESSION AND RETENTION IN CARE IN THE PART A

- **Gender**
  - Males are *most likely* to be virally suppressed but are *least likely* to be retained in care.
  - Females are *least likely* to be virally suppressed but are *most likely* to be retained in care.
- **Risk Factor**
  - MSM are *most likely* to be virally suppressed but are *least likely* to be retained in care.
  - Heterosexuals are *least likely* to be virally suppressed but are *most likely* to be retained in care.
- **What are potential causes of these differences?**
  - Factors that are affecting retention in care for *males* and *MSM* are not impacting their ability to maintain viral load suppression.
  - Similarly, factors exist that impact viral load suppression for *females* and *heterosexuals* that are not affecting their ability to be retained in care.
- **What next?**
  - Further analysis of these sub-populations to determine the correlation between barriers to being virally suppressed versus retained in care.



NEEDS ASSESSMENT AND COMMUNITY FEEDBACK

HANDOUT B

KEY STAKEHOLDER INTERVIEW THEMES & RECOMMENDATIONS

- **Collaboration:**
  - Part A and Part B (ADAP)
  - Streamlined **client education** regarding how to access Ryan White services
  - Meetings structure reorganized to better **engage providers**
- **Education:**
  - Medical professionals
  - Community
    - Testing
    - HIV disease
    - Available services
    - **Understanding Labs**
- **Funding:**
  - (Both local and federal funding) knowledge of what is available for the clients, community, and stakeholders
  - Easier access, understanding, and use of the RFP process
- **Peer support:**
  - **Peer support** is important (especially during first contact/newly diagnosed) to guide and support Clients
- **Stigma:**
  - Cultural context, i.e. language barriers and **varying cultural beliefs**
  - Changing the title of services ("Mental Health") may allow clients to be less stigmatized by the name and accept the need to access the service
  - Relating to the **Transgender** population and their unique service needs
- **ACA:**
  - Immigration

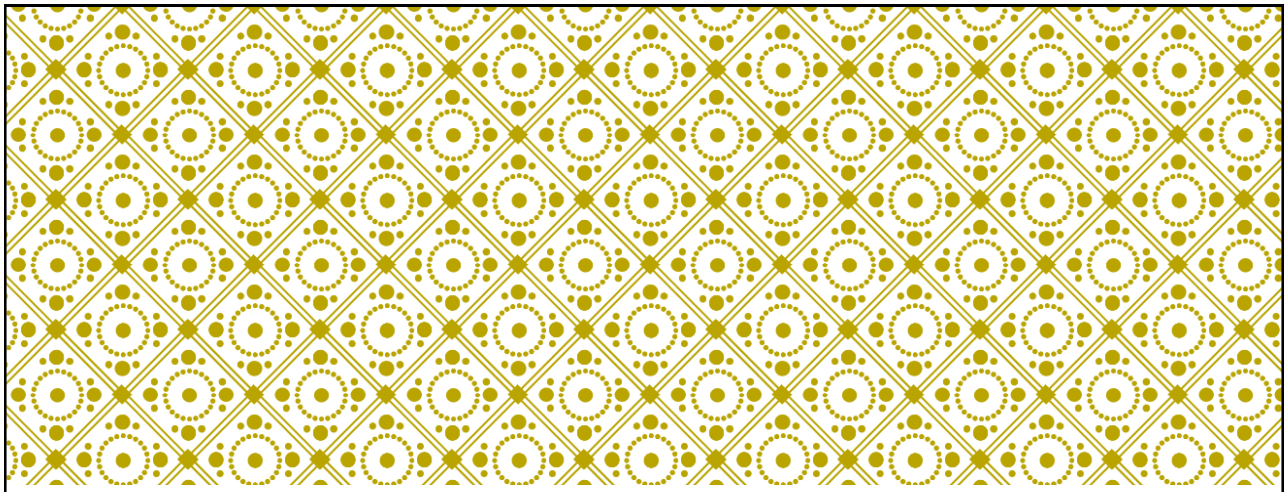
NEEDS ASSESSMENT PART A RECOMMENDATIONS

- **Evaluate Ryan White Part A mental health and substance use issues amongst clients:**
  - Determine if clients are receiving services from other providers outside the Ryan White system of care
  - Develop strategies to increase access these services
- **Determine if targeted interventions should be developed to address client needs:**
  - Assess more thoroughly the risk factors of Ryan White Part A clients
- **Strengthen the delivery of integrated services:**
  - Training, technical assistance, and access to community resources
- **Increase access to peer specialists and community health workers**
- **Support retention in care to achieve viral suppression:**
  - Maximize the benefits of early detection
  - Reduce increased risk of transmission
- **Develop a coordinated and integrated priority setting and resource allocation process and combined funding initiatives**

HANDOUT B

NEEDS & RECOMMENDATIONS: INTEGRATED PLAN

- Recommendations put forth by the 2015-2016 Needs Assessment mirror the goals, strategies and objectives in Broward County's Integrated HIV Prevention and Care Plan, 2017-2021 as well as the goals of the National HIV/AIDS Strategy (NHAS) 2020
- Recommendations have been **incorporated into the work plans of the Community Empowerment Committee, System of Care Committee and Priority Setting and Resource Allocation Committee**
- **Systemwide activities and strategies** will be addressed by the **Integrated Funder Collaborative** over the next 5-years as specified in the **Integrated Action Plan**



FY2016 PART A EXPENDITURES & UTILIZATION

HANDOUT B

CURRENTLY FUNDED PART A SERVICES

Core Services

- Outpatient/Ambulatory Medical Care (OAMC)
- Local Pharmaceutical Assistance Program (LPAP)
- Oral Health Care (OHC)
- Health Insurance Continuation Program (HICP)
- Disease Case Management (DCM)
- Mental Health (MH)
- Substance Abuse – Outpatient (SA)

Support Services

- Case Management (non-Medical) (CM)
- Case Management – Centralized Intake and Eligibility (CIED)
- Case Management – Benefit Insurance Support
- Emergency Financial Assistance (EFA)
- Food Bank
- Legal Services

PART A OVERALL – CLIENT UTILIZATION

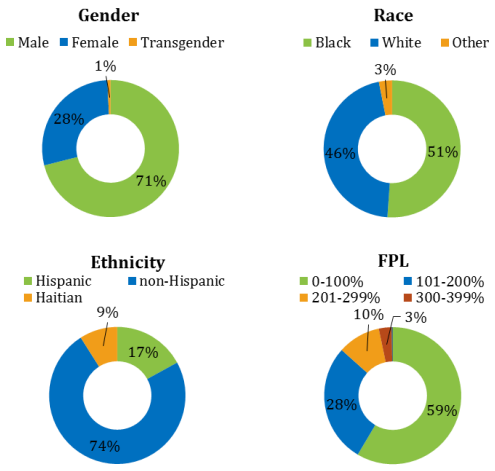
In FY 16-17 the Part A Program provided services to **8,124** clients, a **4.39% increase** in clients from the previous FY (7,782).

Over the past 5 years, Part A client utilization has increased 15.3%.

- Although Broward has experienced a downward trend in new HIV infections, clients are continuously accessing the Part A Program.

Based on a 5-year trend in client utilization, Part A can expect to see a **projected 8,549 clients in the upcoming FY.**

Part A Client Demographics



HANDOUT B

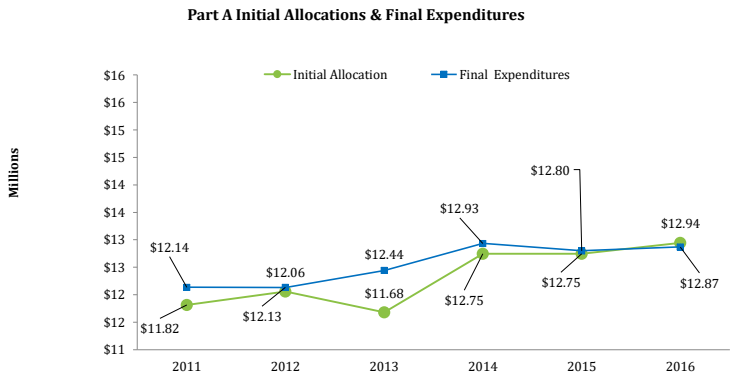
CLIENT DEMOGRAPHIC TRENDS

The majority of Part A Clients are

- Male 71% (5,784)
- Identify as Black 51.2% (4,160)
- Non-Hispanic 79.7% (6,476)
- Between 0-100% FPL 57.4% (4,666)
- Uninsured 45.4% (3,691)

These demographics are reflected throughout the majority of all service categories *(Legal, OHC, HICP serve more White, non-Hispanic, Males)*

PART A OVERALL – INITIAL ALLOCATIONS & FINAL EXPENDITURES



In FY 2016, Part A experienced a **2.4% increase in overall expenditures**

HANDOUT B

KEY POINTS

Although, several service categories are experiencing a decrease in overall client utilization, **new clients are continuously accessing Part A services.**

- MH/SA continue to be the most underutilized service categories

Part A may experience **significant cost savings due to the expansion of ADAP eligibility.** This expansion may allow for **expansion of existing Part A services** including:

- Benefits Support Services - to assist clients with insurance navigation
- Implementation of future MAI initiatives/interventions for underserved populations

ACA should be **continuously monitored** throughout the upcoming FY

FY2018-2019 HIVPC APPROVALS

HANDOUT B

RANKINGS TABLE: FY2018 OVERALL RANKINGS (CORE SERVICES)

	FY2018 Ranking
CORE SERVICES	
Outpatient Ambulatory Medical Care	1
Medical Case Management (Disease)	2
AIDS Pharmaceutical Assistance (Local)	3
AIDS Drugs Assistance Program Treatments (ADAP)	4
Health Insurance Premium & Cost-Sharing Assistance (HICP)	5
Mental Health Services	6
Oral Health Care (Dental)	7
Substance Abuse Services - Outpatient	8
Medical Nutrition Therapy	9
Early Intervention Services	10
Home and Community-Based Health Services	11
Home Health Care	12
Hospice Services	13

RANKINGS TABLE: FY2018 OVERALL RANKINGS (SUPPORT SERVICES)

	FY2018 Ranking
SUPPORT SERVICES	
Food Bank/Home-Delivered Meals	1
Emergency Financial Assistance	2
Legal Services	3
Non-Medical Case Management	4
Housing Services	5
Medical Transportation Services	6
Substance Abuse Services—Residential	7
Psychosocial Support Services	8
Outreach Services	9
Health Education/Risk Reduction	10
Referral for Health Care/Supportive Services	11
Linguistics Services (Interpretation and Translation)	12
Other Professional Services	13
Child Care Services	14
Rehabilitation Services	15
Permanency Planning	16
Respite Care	17

HANDOUT B

RECOMMENDATIONS FOR HOW BEST TO MEET THE NEED LANGUAGE

No recommended language for FY18-19

HRSA Language on PSRA Process (HBTMTN): *Priorities should be reviewed annually, though decisions may be a continuation of existing services.*

- HBTMTN language from FY17-18 still in the initial implementation phases
- Current Community/Consumer feedback strongly support need for FY17-18 HBTMTN Recommendations
  - Peers
  - Integration of services
  - Linkage/follow up/referrals
- Impact should be analyzed before additional directives are provided by PSRA Committee

FY2018 SERVICE CATEGORY ALLOCATIONS

Total FY2018-2019 Proposed **Part A and MAI Allocations:**

$15,868,757

Proposed FY2018-2019 **Part A Allocations:**

- $14,654,397
  - 76% Core Services- $11,195,492
  - 24% Support Services- $3,548,905

Proposed FY2018-2019 **MAI Allocations:**

- $1,214,360

HANDOUT C

RYAN WHITE PART A CORE AND SUPPORT SERVICE CATEGORY RANKINGS: FY2018 OVERALL

	FY2018 Ranking
CORE SERVICES	
Outpatient Ambulatory Medical Care	1
Medical Case Management (Disease)	2
AIDS Pharmaceutical Assistance (Local)	3
AIDS Drugs Assistance Program Treatments (ADAP)	4
Health Insurance Premium & Cost-Sharing Assistance (HICP)	5
Mental Health Services	6
Oral Health Care (Dental)	7
Substance Abuse Services - Outpatient	8
Medical Nutrition Therapy	9
Early Intervention Services	10
Home and Community-Based Health Services	11
Home Health Care	12
Hospice Services	13

HANDOUT C

RYAN WHITE PART A CORE AND SUPPORT SERVICE CATEGORY RANKINGS: FY2018 OVERALL

	FY2018 Ranking
SUPPORT SERVICES	
Food Bank/Home-Delivered Meals	1
Emergency Financial Assistance	2
Legal Services	3
Non-Medical Case Management	4
Housing Services	5
Medical Transportation Services	6
Substance Abuse Services – Residential	7
Psychosocial Support Services	8
Outreach Services	9
Health Education/Risk Reduction	10
Referral for Health Care/Supportive Services	11
Linguistics Services (Interpretation and Translation)	12
Other Professional Services	13
Child Care Services	14
Rehabilitation Services	15
Permanency Planning	16
Respite Care	17