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 26, 2018, 9:30 a.m.
GC-430
Chair: Requel Lopes **Vice Chair:** Vacant
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. **CALL TO ORDER** (10 minutes)
2. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Welcome and Introductions
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   c. Council Member and Guest Introductions
   d. Moment of Silence
   e. Excused Absences and Appointment of Alternates
   f. Approval of 7/26/18 Meeting Agenda
   g. Approval of 6/28/18 Meeting Minutes
3. **PHONE INTRODUCTIONS**
4. **PUBLIC COMMENT** (Up to 10 minutes)
5. **WRITTEN FEDERAL LEGISLATIVE REPORT HANDOUT** (Kareem Murphy) (Handout A)
6. **CONSENT ITEMS**
   None.
7. **NEW BUSINESS**
   a. Conduct and Ethics – Discuss conduct in meetings pertaining to the personal information of other members.
8. **DISCUSSION ITEMS**
   None.
9. **JULY COMMITTEE REPORTS (15 minutes)**
   A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)
   July 3, 2018 *Chair: Y. Barrientos, V. Chair: P. Fleurinord*

A. Agenda Item Update / Status Summary:
Chill, Chat & Chew BBQ: CEC finalized the date for the event, reviewed flyer designs, and chose video content for the Chill, Chat & Chew BBQ. The event will be held on Thursday, July 19th at C.W. Thomas Park in Dania Beach. The flyer will be simple so that the information stands out. The Committee chose three short videos to play as discussion starters, as well as a simple ice breaker to encourage attendees to mingle. The topics covered at the event will be long-term survival and PrEP and PEP. This will be a fun event for community members to attend, while also informing them about these HIV-related topics.
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Agenda Items for Next Meeting: TBD *Next Meeting Date:* TBD *Location:* A-337

F. Agenda Item Update / Status Summary:
Chill & Grill: CEC hosted its second Chill, Chat, and Chew Community Forum. The event was held at C.W. Thomas Park in Dania Beach and focused on HIV-related topics including PrEP, PEP, and living with HIV. 36 participants were in attendance and provided feedback on reaching the community with information on PrEP/PEP. The majority of the audience was aware of PrEP. Attendees stated that negative stigma associated with the use of PrEP, misconceptions about the cost of the medication, and disparities in awareness were areas of concern regarding PrEP. Suggestions for informing more community members about HIV and PrEP included having open discussions such as the one that took place at the Chill & Grill, focusing on forming small pockets of education and awareness within the community, social media, advertising, and "reach one, teach one" efforts.
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: TBD *Next Meeting Date:* TBD *Location:* TBD

B. AD-HOC NOMINATING COMMITTEE

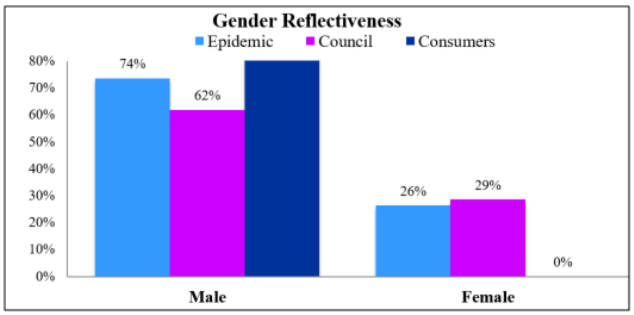
July 12, 2018 *Chair: Barnes, B.*

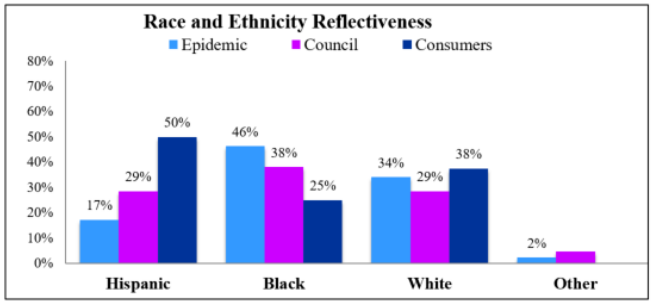
A. Work plan item update / Status Summary:
Nominee Questionnaire – After reviewing the proposed election timeline, the Committee approved the existing Nominee Questionnaire. Elections Timeline – Nominations will be accepted from the floor at the July HIVPC meeting and give Council members notice decided to accept that the process will take place in July. Nominations will close August 17th. At the September HIVPC meeting, speeches and votes will take place. Nominating Procedure – Candidates will have 2 minutes to give the HIVPC a brief overview of important issues. The HIVPC will then have 15 minutes for Question & Answers, with questions no longer than 30 seconds.
B. Rationale for Recommendations:
The ad-Hoc Nominating Committee chose to continue using the Nominee Questionnaire from the previous election. The Committee chose the timeline recognizing that most August meetings may be canceled. Election procedure was created to reflect the need for sufficient question and answer time.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.

C. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

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

HIV Planning Council Membership Report
Current Through July 2018





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	14,753	74%	13	62%	-12%	7	88%	14%
Female	5,288	26%	6	29%	2%	0	0%	-26%
Transgender	-	-	2	10%	-	2	25%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	3,455	17%	6	29%	11%	4	50%	33%
Black	9,283	46%	8	38%	-8%	2	25%	-21%
White	6,831	34%	6	29%	-6%	3	38%	3%
Other	472	2%	1	5%	2%	0	0%	2%
Total	20,041	100%	21			8		

Current Members	21
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	38%

Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. Federally Recognized Indian Tribe Members
3. ASO/CBO Serving Affected Populations
4. State Medicaid
5. Local Public Health Agency
6. Health Planning
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 providers.

% Part A-Funded Providers	*33%*

D. INTEGRATED WORKGROUP

No July Meeting *Chair: T. Pietrogallo, V. Chair: T. Williams*

E. QUALITY MANAGEMENT COMMITTEE (QMC)

Canceled no quorum *Chair: D. Shamer*

F. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

No July Meeting *Chair: L. Robertson, V. Chair: M. Hayes*

G. EXECUTIVE COMMITTEE

July 19, 2018 *Chair: R. Lopes, V. Chair: C. Taylor-Bennett*

A. Work Plan Item Update / Status Summary:

Standard Committee Items – The committee members reviewed the August meeting calendar, and reviewed and approved the July HIVPC agenda and meeting materials.

Conduct and Ethics – The Executive Committee discussed an incident which took place in a Committee meeting involving a member alluding to other attendees' statuses. This behavior was not in the spirit of the HIVPC, and information regarding member conduct will be included in pre-appointment materials.

HIVPC Vice Chair Election – The Committee discussed the special election for Vice Chair and chose to send the discussion item back to the ad-Hoc Nominating Committee for further discussion.

HRSA Site Visit Follow Up – The Chair of the Executive Committee thanked members for attending a lunch with HRSA as well as for the HIVPC meeting. There were 2 findings from HRSA's site visit, 1 of which was related to HIVPC by-Laws. The by-Laws must be updated to clearly state the minimum and maximum number of HIVPC members. Though this is outlined elsewhere, it must be reflected in the by-Laws. The Executive Committee discussed approving the change rather than convening an ad-Hoc by-Laws Committee.

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: Promotional items, ad-Hoc Nominating Committee update, and by-Laws changes

H. SYSTEM OF CARE COMMITTEE (SOC)

No July Meeting *V. Chair: C. Edwards*

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

10. GRANTEE REPORTS (20 minutes)

a. Part A
b. Part B (including March HIVPC data request)
c. Part C
d. Part D
e. Part F
f. HOPWA
g. Prevention

11. UNFINISHED BUSINESS

12. PUBLIC COMMENT (Up to 10 minutes)

13. ANNOUNCEMENTS

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: Sept 28, 2018 9:30 a.m. **LOCATION:** Gov't Center Room GC-430

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

16. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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

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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

June 28, 2018 Meeting Minutes

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Grantee Staff**
1	Arencibia, Y.	**X***			Jones, L.
2	Barnes, B.	**X**			**HIVPC Staff**
3	Barrientos, Y.	**X**			Johnson, B.
4	Bhrangger, R.	**X**			Oratien, V.
5	Burgess, D.	**X**			Ewart, L.
6	Fortune-Evans, B.	**X**			Powers, C.
7	Foster, V.	**X**			Holloman, K.
8	Grant, C.	**X**			Anyaduba, L.
9	Hayes, M.	**X**			**Guests**
10	Holness, Comm. D.V.C		**A**		Garcia, J.
11	Katz, H. B.	**X**			Sabatino, D.
12	Lint, A.		**A**		Moreno, V.
13	Lopes, R. *Vice Chair*	**X**			Tochtehagen, M.
14	Marcoviche, W.	**X**			Bray, H.
15	Moragne, T.	**X**			McCarthy, J.
16	Robertson, L.	**X**			Woodard, T.
17	Rodriguez, J.	**X**			Peppler, M.
18	Runkle, D.	**X**			Moreno, S.
19	Schweizer, M.	**X**			Morrero, T.
20	Shamer, D.		**A**		Ruffner, A.
21	Siclari, R.	**X**			Murphy, K. *
22	Williams, R.	**X**			
	Quorum=13	**19**			On Phone*

1. CALL TO ORDER

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

2. WELCOMES AND INTRODUCTIONS AND PUBLIC RECORD REQUIREMENTS

The HIVPC Chair welcomed everyone. Introductions were made by HIVPC members, PC and Recipient Staff, HRSA Staff and Guests. Introductions were then made by those on the phone. 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: Barnes, B. **Seconded by:** Hayes, M.
Action: Passed Unanimously

Motion #2: To approve the 5/24/18 meeting minutes
Proposed by: Marcoviche, W. **Seconded by:** Schweizer, M.
Action: Passed Unanimously

3. LEGISLATIVE REPORT

Mr. Murphy provided his legislative report over the phone (see Handout A). A member asked Mr. Murphy about the current Farm Bill with a provision about SNAP benefits that would require community service for recipients; the member wondered if the bill had a waiver for disabled people. Mr. Murphy replied that the House bill included work requirement, but the Senate bill did not. However, he was still concerned about a deal cut at the

end of the bargaining process to include the work requirement. While this is language regarding a carve out for people with disabilities, it is vague as it requires work for "able bodied" individuals. Each state gets to define what "able bodied" means beyond the basic tenants of the federal Americans with Disabilities Act, and may impact people with mental illnesses, etc.

4. CONSENT ITEMS

The Chair asked the members to approve the Consent Items.

Motion #3: To approve the consent items
Proposed by: Runkle, D. **Seconded by:** Foster, V.
Action: Passed Unanimously

5. NEW BUSINESS

a. Nominating Committee – The HIVPC Vice Chair has taken a took a job with Broward County, and can no longer serve as a member of the HIVPC due to County policies. According to the By-Laws line of succession, the former HIVPC Chair serves until the vacant position can be filled. The Nominating Committee will meet first in July, and then once or twice more before the election in September. The Committee should be representative of the Council with at least 5 members. Marie Hayes, Ronald Bhrangger, Devorn Burgess, Brad Barnes, Timothy Moragne and Yusi Arencibia volunteered as members.

b. FY2019-2020 PSRA Process Presentation – Lorenzo Robertson, the PSRA Committee Chair, gave the HIVPC an overview of the FY2019-2020 PSRA process, including 2016 Broward HIV Epidemiology, HIV Funder and Stakeholder presentations, Ryan White Part A service utilization and client health outcomes, and the PSRA Committee's recommendations from service category rankings and allocations (handout on file).

6. DISCUSSION ITEMS

Motion #4: To approve the Core Medical Service rankings
Proposed by: PSRA **Seconded by:** Siclari, R.
Action: Passed Unanimously

Motion #5: To approved the Support Service rankings
Proposed by: PSRA **Seconded by:** Foster, V.
Action: Passed Unanimously

Motion #6: To allocate $5,309,167 to Integrated Primary Care and Behavioral Health (OAMC)
Proposed by: PSRA **Seconded by**: Katz, H.B.
Action: Passed Unanimously

Motion #7: To allocate $625,165 to Pharmacy
Proposed by: PSRA **Seconded by**: Katz, H.B.
Action: Passed with 1 Abstention

Motion #8: To allocate $2,635,639 to Oral Health
Proposed by: PSRA **Seconded by**: Williams, R.
Action: Passed with 1 Abstention

Motion #9: To allocate $499,893 to HICP
Proposed by: PSRA **Seconded by**: Schweizer, M.
Action: Passed Unanimously

Motion #10: To allocate $455,802 to Medical Case Management- Disease Case Management (MCM-DCM)
Proposed by: PSRA **Seconded by**: Hayes, M.
Action: Passed Unanimously

Motion #11: To allocate $1,140,647 to Medical Case Management- Case Management (MCM-CM)
Proposed by: PSRA **Seconded by**: Katz, H.B.

Action: Passed Unanimously

Motion #12: To allocate $233,831 to Mental Health
Proposed by: PSRA **Seconded by**: Katz, H.B.
Action: Passed Unanimously

Motion #13: To allocate $205,714 to Substance Abuse- Outpatient
Proposed by: PSRA **Seconded by**: Katz, H.B.
Action: Passed with 2 Abstentions

Motion #14: To allocate $79,108 to Non-Medical Case Management- Benefit Insurance Support Services
Proposed by: PSRA **Seconded by**: Hayes, M.
Action: Passed Unanimously

Motion #15: To allocate $560,498 to Non-Medical Case Management- Centralized Intake and Eligibility Determination
Proposed by: PSRA **Seconded by**: Hayes, M.
Action: Passed with 1 Opposition

Motion #16: To allocate $101,744 to Emergency Financial Assistance (Emergency Drugs)
Proposed by: PSRA **Seconded by**: Hayes, M.
Action: Passed Unanimously

Motion #17: To allocate $929,103 to Food Bank/Food Voucher
Proposed by: PSRA **Seconded by**: Schweizer, M.
Action: Passed with 2 Abstentions and 1 Opposition

Motion #18: To allocate $121,393 to Legal
Proposed by: PSRA **Seconded by**: Hayes, M.
Action: Passed with 1 Abstention

Motion #19: To approve the total Part A Core and Support service category allocations of $12,897,704
Proposed by: PSRA **Seconded by:** Schweizer, M.
Action: Passed Unanimously

Motion #20: To allocate $291,669 to Minority AIDS Initiative (MAI) OAMC
Proposed by: PSRA **Seconded by**: Williams, R.
Action: Passed with 3 Abstentions

Motion #21: To allocate $50,956 to MAI MCM-CM
Proposed by: PSRA **Seconded by**: Lopes, R>
Action: Passed with 1 Abstention

Motion #22: To allocate $16,082 to MAI Mental Health
Proposed by: PSRA **Seconded by**: Rodriguez, J.
Action: Passed with 1 Abstention

Motion #23: To allocate $400,000 to MAI Substance Abuse- Outpatient
Proposed by: PSRA **Seconded by**: Lopes, R.
Action: Passed with 1 Abstention

Motion #24: To allocate $290,957 to MAI CM-CIED
Proposed by: PSRA **Seconded by**: Lopes, R.
Action: Passed with 1 Opposition

Motion #25: To approve the total MAI Core and Support service category allocations of $1,049,664

Proposed by: PSRA **Seconded by:** Williams, R. **Action:** Passes Unanimously

7. JUNE COMMITTEE REPORTS

A. INTEGRATED WORKGROUP

June 12, 2018 *Chair: T. Pietrogallo, V. Chair: T. Williams*

Report stands.

B. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

June 5, 2018 *Chair: Y. Barrientos, V. Chair: P. Fleurinord*

The next CEC meeting will be on July 3rd. They are working on the next Chill, Chat and Chew event, which has been postponed due to location scheduling conflicts.

C. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

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

The MCDC Committee is working on targeted recruitment to fill vacant seats. Unfortunately, they cannot meet because they do not have enough members to form a Committee. Brad Barnes volunteered to be a member of MCDC.

Motion #26: To appoint Brad Barnes to the MCDC **Proposed by:** Foster, V. **Seconded by:** Rodriguez **Action:** Passed Unanimously

D. QUALITY MANAGEMENT COMMITTEE (QMC)

No June Meeting Chair*: D. Shamer V. Chair: Fortune-Evans, B.*

The QMC did not meet in June. Their next meeting will be on July 16th.

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

June 21, 2018 *Chair: L. Robertson, V. Chair: M. Hayes*

Report stands.

F. EXECUTIVE COMMITTEE

June 21, 2018 *Chair: R. Lopes, V. Chair: C. Taylor-Bennett*

Report stands.

G. SYSTEM OF CARE COMMITTEE (SOC)

No June Meeting *Chair: Vacant V. Chair: C. Edwards*

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

8. RECIPIENT REPORTS

a. Part A: The Recipient's Office is entering contracts with providers selected through the recent FY18 RFP process. The selected providers have been approved by the Commissioners first, and contracts are being finalized now. The expected start date is September 1. The Commissioners have also approved a Peer Certification Training provider, which will be funded not with Part A dollars but from funding through the Community Foundation of Broward.
Monitoring season is almost over, with only 2 providers left to monitor.
Test and Treat: as of May 17th Ryan White saw 859 clients through TT. Clients were either reengaging in care or newly diagnosed HIV+ individuals.
The Part A Program recently received their FY18 Notice of Award (NOA), in which they received a reduction in MAI and Formula (based on local epidemiology) funding, and an increase in Supplemental Funding (based on grant score). The total funding amounts to a $56,000 reduction from FY17. When HRSA representatives were asked about the Formula funds, they were told that the funding distribution is relative to increases in other jurisdictions, and while Broward had a 20% increase in new HIV infections in 2016, other jurisdictions may have had higher increases. At this rate, even flat funding is a decrease for Broward, as more clients are coming into the program the average cost per client decreases. This means the HIVPC must be prudent on how the deliver their services with limited funding.

b. Part B: The Part B representative gave report on his program's April expenditure report and ADAP enrollment report for May (handout on file). The FDOH will soon start sending text reminders about eligibility appointments for consenting clients, which they are hoping will reduce client no-show rates and therefore retention in care. The representative also explained how no-shows for appointments increases client walk-ins and lobby wait time. Client can also recertify online from home or online at the Pompano location's computer lab. Finally, the hours at the Pompano location are changing to align with the other ADAP location's hours: Wednesdays 9:30-6:30 for ADAP and Pharmacy services.
c. Part C: The Part C Recipient, Claudette Grant from North Broward Hospital District, introduced herself to the group. The Part C Program has received their Notice of Partial Award. They also have a site visit scheduled for August 9th -10th, and are currently participating in the pre-HRSA visit calls with their project officer.
d. Part D: The Part D representative is from CDTC's Comprehensive Family AIDS Program. Her program is seeing an increase in retention in care and viral load suppression rates among her clients. They also have a new ANRP on staff, and are once more seeing Ryan White and Medicaid clients.
e. Part F: The Part F Recipient shared good news, his program has received a 5-year renewal notice. The notice provides level funding, however they are seeing increase in new clients, mostly Black/African Americans. The dental students are learning a lot, and patients are receiving great care.
f. HOPWA: The HOPWA budget has been approved by the Commissioner, with level funding for all current service providers. However, the program is experiencing increasing demand, and the staff are trying to find other ways to work with clients. HOPWA Program monitoring starts July 24th and will last through August.
g. Prevention: The PrEP Program started at the DOH's Wellness Center. The Prevention representative gave out the quarterly HIV/AIDS Program Report, which gave an overview of HIV testing events, community outreach and other DOH initiatives (handout on file). The BCHPPC meeting is scheduled for Jul 26th, and will focus on the implementation of the Integrated Plan. The Part C Recipient asked about Test and Treat, and whether the DOH and Part A Program will release data on the medical outcomes/viral load suppression rates of the program participants. The DOH is in the process of analyzing and cleaning the first year of TT data, and will provide a presentation on the program outcomes once it is available. The Part A Program will also provide a TT presentation on the clients who have entered into Part A through the TT program, and will use the data to determine if there are any changes to current Part A service delivery needed based on client/provider experiences. The members asked for the median age of TT clients both newly diagnosed and reengaged. Another member asked about transgender testing initiatives, and if PrEP and sexual health education is included in the program. All DOH contracted testing providers are required to provide PrEP/PEP, counseling and outreach in their programs, and the DOH is currently monitoring programs to ensure that these components are provided at all locations. Finally, the DOH will host a grant writing training on July 9th and 10th. Anyone interested in registering can email Jersey Garcia at Jersey.garcia@flhealth.gov.

9. HRSA SITE VISIT STAFF AND HIVPC QUESTION AND ANSWER SESSION

Mark Peppler, HRSA's Southern Services Branch Chief, addressed the HIVPC members and guests. He said that he appreciates conversation regarding the struggles of providing services with level funding. HRSA also gets level funding, and that unfortunately trickles down to each EMA's award. The challenge for Planning Council/Planning Bodies around the country is to figure out how to provide more with less. He recognized the importance of the PSRA process, as well as the difficulty in planning for service delivery with limited funded and increasing need. However, he thinks that HRSA will not see an increase in funding any time soon, and can only hope for level funds instead of cuts.

A member asked Mr. Peppler and HRSA to take budget limitations into considerations when requiring Recipients to take on new program initiatives. HRSA is looking to reduce the administrative burden on its programs, including streamlining reporting tools. A member asked about transportation issues that affect eligibility and service appointments. Mr. Peppler recognized the transportation struggles of EMAs across the South, and the challenge of transportation when trying to support linkage. Housing is also a challenge for many EMAs. Cost saving from ACA enrollment has helped some jurisdictions free up funding for support services. A member asked about the use of Uber of Lyft for clients, and the Part B representative said they were looking into the use of a third-party payer system for medical transportation for clients. The past HIVPC Chair spoke about the challenge in educating and training of members, especially recruiting new members and giving them the knowledge they need to participate in the process. Mr. Peppler believes all PCs have a similar problem, and

gave examples of resource or other EMAs to reach out to for guidance, including the Target Center's CHATT initiative and the Houston EMA with Project LEAP. Mentoring and training are vital to the PC process, so members can fully engage in meetings a decision making. The HIVPC Chair asked about the allocation of funding to each EMA, and whether other factors are taken into consideration, like if the state has expanded Medicaid, in-migration, and other local funding sources/revenue. HRSA does not take these factors into consideration because it would provide too many variables into the award methodology. But they do recognize the impact of in-migration (funding based on HIV testing data not HIV+ individual's residence) on funding allocations, and thinks the CDC is looking to residence data tools. If CDC changes their data methodology, HRSA will certainly use it.

10. PUBLIC COMMENT (Up to 10 minutes)

None.

11. ANNOUNCEMENTS

None.

12. REQUEST FOR DATA

None.

13. AGENDA ITEMS FOR NEXT MEETING: July 26, 2018, 9:30 a.m. **LOCATION:** GC-430

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

14. ADJOURNMENT

The meeting was adjourned at 11:58 a.m.

CY2018 HIVPC Attendance

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	25	C	22	26	24	28							
		0	**1**	Arenciaba, Y.	E		E	X	X	X							
	1	0	**2**	Barnes B.	X		X	X	X	X							
1		0	**3**	Barrientos, Y.	X		X	X	X	X							
1	1	0	**4**	Bhrangger, R.	X		X	X	X	X							
1	1	0	**5**	Burgess, D.	X		X	X	X	X							
		0		DeSantis, M.	Z-1/23												
		0	**6**	Fortune-Evans, B.	X		X	X	X	X							
		1	**7**	Foster, V.	X		A	X	X	X							
		1	**8**	Grant C.	X		A	X	X	X							
		2	**9**	Hayes, M.	A		X	X	A	X							
		5	**A**	Holness, D. V.C. (Comm)	A		A	A	A	A							
1	1	0	**10**	Katz, H.B.	X		X	X	X	X							
1	1	2	**11**	Lint, A.	X		A	X	X	A							
		0	**12**	Lopes, R., *Chair*	X		X	X	X	X							
1	1	0	**13**	Marcoviche, W.	X		E	E	X	X							
		0	**14**	Moragne, T.	X		X	X	X	X							
	1	1	**15**	Robertson, L.	X		X	A	X	X							
1	1	3	**16**	Robertson, P.	X		A	A	A	W-5/2, R-6/1							
		1	**17**	Rodriguez, J.	A		X	X	X	X							
1	1	0	**18**	Runkle, D.	X		E	E	X	X							
		0	**19**	Schweizer, M.	X		X	E	X	X							
1	1	2	**20**	Shamer, D.	E		X	X	A	A							W-7/9
		0	**21**	Siclari, R.	X		X	X	X	X							
	1	0		Spencer, W.	X		X	X	Z- 5/15								
		0	**22**	Taylor-Bennett, C.	X		X	X	X	Z - 5/25							
		1	**23**	Williams, R.	X		X	A	X	X							
				Quorum = 13	20		17	18	20	19							

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - resigned

C - cancelled

W - warning letter

R - removal letter

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Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: July 24, 2018

Federal Funding Update

Congress is making progress on moving its Fiscal Year 2019 appropriations bills. The House Appropriations Committee passed its Labor-Health and Human Services Appropriations bill on July 11. It would keep most HIV treatment programs level funded (including Ryan White, most of the Centers for Disease Control and Prevention, Minority AIDS Initiative, and Teen Pregnancy Prevention). Part A would receive $655.9 million, Part B would receive $414.7 million, and ADAP would receive $900.3 million. As previously reported, the House Appropriations Committee maintained committee report language that expresses concern about the epidemic in the black and Latinx communities, adding a note about the need for the Department to partner with community groups to address the high co-infection rates with Hepatitis C. The Senate's version of the bill, which still needs to be approved by that body's full Appropriations Committee, would provide the same funding for these programs. Neither the House or Senate cut the overall Ryan White program as requested by the White House.

Legislative Calendar

Senate Majority Leader Mitch McConnell announced the partial cancellation of the annual August recess to address the legislative backlog. The Senate is expected to move a package of spending bills this week to prepare for that work. Among them is the Transportation-Housing and Urban Development bill, which would fund HOPWA. The Senate's appropriations bill would level fund HOPWA, ignoring the President's recommendation of a $45 million cut. While there is still time to pass all the funding bills prior to the end of the federal fiscal year, that window continues to draw to a close.

Reprogramming Old Funds

Newly announced plans from the White House to rescind unspent Ryan White dollars from FY 2016 drew sharp concern among stakeholders. Using existing authority, HHS Secretary Azar announced a transfer of unobligated funding. Reports are that HHS would use this money to address funding shortfalls in its work to detain and process immigrants held in detention centers across the country. This type of transfer authority has been previously applied to funding public health crisis such as Zika. Stakeholders have reached out directly to HRSA petitioning an end to the transfer of Ryan White funds to non-HIV or AIDS related programs.

About Government in the Sunshine Law, s. 286.011, F.S.

Abridged from the Government-in-the-Sunshine-Manual 2018

What is "Sunshine?"

Florida's Sunshine Law provides a right of access to governmental proceedings of public boards or commissions at both the state and local levels. The law is equally applicable to elected and appointed boards, and applies to any gathering of two or more members of the same board to discuss some matter which will foreseeably come before that board for action. This includes ex-officio members. Members-elect to such boards or commissions are also subject to the Sunshine Law, even though they have not yet taken office.

There are three basic requirements for Sunshine Law:

(1) meetings of public boards or commissions must be open to the public;
(2) reasonable notice of such meetings must be given; and
(3) minutes of the meetings must be taken and promptly recorded.

How does Sunshine apply to the HIVPC?

Advisory boards and committees created by public agencies may be subject to the Sunshine Law, even though their recommendations are not binding upon the entities that create them. The Sunshine Law does not establish a lesser standard for members of advisory committees that are subject to the Sunshine Law. **Accordingly, any gathering of two or more members to discuss any matter on which foreseeable action may be taken must be open to the public, noticed to the public, and minutes kept.**

How does Sunshine Affect the Discussion of Confidential Records?

In a previous opinion (AGO 05-03), the Attorney General advised that a federal law prohibiting disclosure of certain identifying information did not authorize a state committee to close its meetings, although **the committee should take steps to ensure that identifying information is not disclosed at such meetings.**

Similar AGO:

(1) 96-75: since transcript of a closed attorney-client session is open to public inspection once the litigation is concluded, city and its attorney should be sensitive to any discussions of confidential medical reports during such a meeting and take precautions to protect the confidentiality of such medical reports so that when the transcript is opened for inspection, the privacy of the employee will not be breached.