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, June 28, 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 6/28/18 Meeting Agenda
   g. Approval of 5/24/18 Meeting Minutes

3. **PHONE INTRODUCTIONS**
4. **PUBLIC COMMENT** (Up to 10 minutes)
5. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A)

6. **CONSENT ITEMS**

#	Motion	Justification	Proposed By
1	To appoint Valery Moreno to the HIV Planning Council in a Health Care Provider seat.	Ms. Moreno is the Practice Manager at Memorial Health Systems and a member of the System of Care Committee as well as the Priority Setting and Resource Allocation Committee.	Executive Committee
2	To appoint Patricia Fleurinord to the HIV Planning Council in an AIDS Service Organization seat.	Ms. Fleurinord is the Vice Chair of the Community Empowerment Committee, a member of Black Treatment Advocacy Network (BTAN), and Prevention Specialist at Community AIDS Network (CAN).	
3	To appoint Emilio Apponte to the Community Empowerment Committee.	Mr. Apponte is the L.E.A. Government Co-Chair of BCHPPC.	Community Empowerment Committee

7. **NEW BUSINESS**
   a. Nominating Committee
   b. FY2019-2020 PSRA Presentation (Handout B)

8. **DISCUSSION ITEMS**

#	MOTION	JUSTIFICATION	PROPOSED BY
1	To approve the FY 2019-2020 core service category rankings. (Handout C)	Rankings were conducted as part of the priority setting and resource allocation process.	Priority Setting & Resource Allocation Committee
2	To approve the FY 2019-2020 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 #3 - #21 are the recommended allocations for each service category for FY 2019-2020:

#	FY 2019 Rank	Service	Factors to Consider	Recommended FY 2019 Allocation		Proposed By
				%	$	
PART A CORE SERVICES						
3	1	Integrated Primary Care and Behavioral Health (5)	With the implementation of T&T, 20% increase in 2016 new HIV infections and a rise in utilization, OAMC could benefit from increased funding in FY19	41%	$5,309,167	Priority Setting & Resource Allocation Committee
4	3	Pharmacy (3)	Expansion of ADAP formulary may provide potential cost savings in FY18 and onward. Recommending funding based on FY17 final expenditures	5%	$625,165	
5	5	Oral Health (5)	With increased provider locations, routine and specialty services and increase in client utilization, OHC could benefit from increased funding in FY19	20%	$2,635,639	
6	4	Health Insurance Continuation Program (1)	Continuous monitoring of expenditures throughout FY18 to determine impact of client copayments for Part A and Part B clients. Recommending funding based on FY17 final expenditures.	4%	$499,893	
7	2	Medical Case Management-Disease Case Management (5)	DCM service starting to reach full impact in year 4 of implementation. The EMA and stakeholders report increases in clients with co-morbidities, AIDS, and OI (as highlighted in other funder presentations). DCM could benefit from increased funding in FY19	3%	$455,802	
8	2	Medical Case Management-Case Management (7)	Funding recommended based on FY17 final expenditures.	9%	$1,140,647	
9	6	Mental Health (4)	Underutilized core service despite integration of BH and OAMC. Should continue to monitor client utilization to determine impact of integration. Recommending funding based on FY17 final expenditures.	2%	$233,831	
10	7	Substance Abuse-Outpatient (1)	Underutilized core service. Recommending funding based on FY17 final expenditures.	2%	$205,714	
TOTAL PART A CORE				**86%**	**$11,105,858**	
PART A SUPPORT SERVICES						
11	3	Non-Medical Case Management-CIED (1)	CIED serves as entry point and initial case management for all Part A clients. Experiences continuous 3-5% increase in new clients each year. Funding recommendation based on FY17 final expenditures.	4%	$560,498	Priority Setting & Resource Allocation Committee
12	3	Non-Medical Case Management-BISS (1)	BISS in second year of implementation. Continuous monitoring of client utilization is necessary to determine impact of service. Funding recommendation based on FY17 final expenditures.	1%	$79,108	
13	5	Emergency Financial Assistance (3)	Monitor impact of Test and Treat and number of clients accessing stop-gap and emergency medications. Funding recommendation based on FY17 final expenditures.	1%	$101,744	
14	2	Food Bank/Food Voucher (1)	New Food Bank/Voucher eligibility may decrease service expenditures in FY18. Funding recommendation based on FY17 final expenditures.	7%	$929,103	

15	7	Legal (1)	Legal expenditures and client utilization remain steady throughout service history. Funding recommendation based on FY17 final expenditures.	1%	$121,393	
TOTAL PART A SUPPORT				**14%**	**$1,791,846**	
TOTAL PART A ALLOCATIONS				**100%**	**$12,897,704**	
MAI CORE SERVICES						
16	1	MAI Integrated Primary Care and Behavioral Health (1)	Funding recommendation based on previous FY allocation.		$291,669	Priority Setting & Resource Allocation Committee
17	2	MAI Medical Case Management-CM (1)	Funding recommendation based on previous FY allocation.		$50,956	
18	6	MAI MH (1)	Funding recommendation based on previous FY allocation.		$16,082	
19	8	MAI Substance Abuse-Outpatient (1)	Funding recommendation based on previous FY allocation.		$400,000	
TOTAL MAI CORE					**$758,707**	
MAI SUPPORT SERVICES						
20	3	MAI Non-Medical CM-CIED (1)	Funding recommendation based on previous FY allocation.		$290,957	Priority Setting & Resource Allocation Committee
TOTAL MAI SUPPORT					**$290,957**	
TOTAL MAI ALLOCATIONS					**$1,049,664**	
TOTAL PART A AND MAI ALLOCATIONS					**$13,947,368**	

9. JUNE COMMITTEE REPORTS (15 minutes)

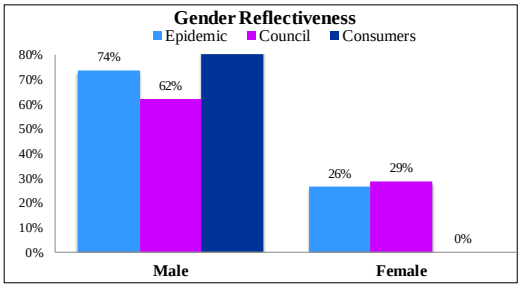
A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

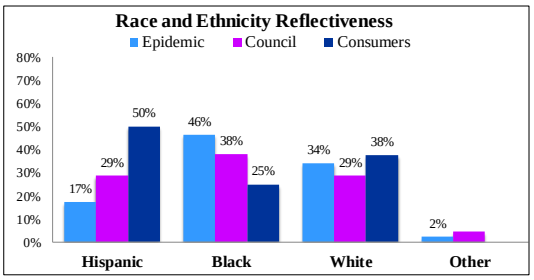
June 5, 2018 *Chair: Y. Barrientos, V. Chair: P. Fleurinord*

A. Agenda Item Update / Status Summary:
National HIV/AIDS Testing Day Event- PC Manager gave an overview of the last joint CEC/BTAN meeting to plan for an HIV Testing Day event. Originally the groups wanted to host an HIV-related forum, but the Part A Office is having a HRSA site visit that week which will interfere with Staff's planning and implementation of a forum. PC Staff proposed that instead of having a Chill, Chat & Chew 2 in June, to have a Chill, Chat & Chew BBQ right after 4th of July. The group discussed venues, entertainment, speakers, having short videos about PrEP and nPEP, and developing an agenda that provided entertainment as well as information for the guests. Joe Tolliver, the event facilitator, was present at the meeting as well. PC Staff will work to book a venue in the Hollywood area, and the members discussed various ways to market the event, including reaching out to prominent community members.
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Next Meeting Date: July 5th, 2018; Agenda Items: Participate in Chill, Chat and Chew BBQ, Location: TBD

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

HIV Planning Council Membership Report
Current Through June 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

% Part A-Funded Providers	*33%*

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

C. INTEGRATED WORKGROUP

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

A. Discussion Item:

Ad-Hoc Group for Stonewall Update: The HIVPC, Part A Program and DOH will have tables at Stonewall Pride Festival. Each table will have a one-page handout about the Integrated Plan, as well as a frame with a QR code to scan for more information.

Increasing Community Involvement: Jersey Garcia gave an update on the Integrated Plan to the HIVPC during their last meeting. However, the IW is still experiencing challenges engaging the community at large.

HIV Testing Day Event: BTAN Testing Concert will be held June 15th Testing Day Concert during Broward County's 'Summer Jam' to do edutainment. A proposal was made to integrate calendar meetings and events for community

Involvement in Integrated Planning: Who should be at the table? People Identified AHF as a potential planning partner. CAN (Community AIDS Network) has also been identified as someone who could be involved. Other agencies to reach out to: Latinos Salud, VA (LGBTQ Coordinators), Midland Medical, United Way, Urban League. Information can be disseminated to agencies; this planning meeting does not require membership on other planning bodies

July Meeting: Some questions to respond to:

- What goals have we accomplished?
- Current Status of the group?
- How often meeting should continue to take place?
- Expanding group?
- What goals do we want accomplished? And by what time?

B. Data Requests:

None.

C. Next Meeting Date:

Next Meeting Date: July 10, 2018 at 10:00 a.m., Central Broward Regional Park

D. QUALITY MANAGEMENT COMMITTEE (QMC)

No June Meeting *Chair: D. Shamer*

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

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

A. Work Plan Item Update / Status Summary:

Monthly Expenditure/Utilization Report by Category of Service: The Fiscal Administrator provided an overview of the current Part A expenditure and utilization data. In the first quarter, agencies should be at about a 33% utilization and expenditure rate. There was a breakdown of utilization and expenditures for each service category and explanations on why certain services were either under spent, over spent, or on target – keeping in mind there are still some outstanding invoices from agencies. He also provided an overview about the final NOA. There was a reduction in MAI and Formula funding. Members expressed their concerns with these reductions, as the Broward EMA is 2nd in the Nation with new infections, with the state being 3rd in the U.S.

Ryan White Part A Service Category Presentation: The CQM Manager presented on the EMA's health outcomes with emphasis on the HIV Care Continuum. Many Care Continuum outcomes for the Broward EMA are better than the National average. Based on some emerging populations and populations that are continuing to have less than favorable health outcomes, the QMC will drill down data to determine the true disparity. These populations include the mother mode of transmission, and individuals 18-28. Health outcomes for black females, a population which has been an area of focus, has seen small improvement in health outcomes over the last fiscal year.

Allocations, Expenditure, and Utilization Presentation – The PC Health Planner provided an overview of the service utilization and expenditures in FY17. She provided information regarding each service category and discussed the impact of the increase of new infections in the EMA and new Part A clients and how the continuous decrease in funds will impact the Part A system in the upcoming FY. For the allocations process, the committee utilized the funding cap issued by HRSA and allocated based on last year's final expenditures. Utilizing this method, the committee was able to conduct a streamlined allocations process with approximately $114,312 in additional dollars to add to the Oral Health and OAMC service categories and deducted $15,000 out of Pharmacy due to the recent expansion of the ADAP formulary. Final expenditures for Part A Core and Support services was $12,897,704, which meets the 75%/25% HRSA requirements, and $1,049,664 for MAI funding (Total Part A/MAI funding $13,947,368).

B. Rationale for Recommendations:

PSRA approved sweeps to account for the reduction in funding. The committee approved the allocations for FY 2019-2020 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: None. *Next Meeting Date*: TBD

F. EXECUTIVE COMMITTEE

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

A. Work Plan Item Update / Status Summary:

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

FY2019 PSRA Process at HIVPC – The HIVPC Health Planner discussed the PSRA process in advance of the upcoming Council meeting. A handout was provided which includes when and how to abstain from voting, the correct use of the voting conflict form, etc.

MCDC Member Appointments – Due to circumstances in which the MCDC has not been able to meet because of failure to meet quorum, the MCDC has forwarded prospective member applications to the Executive Committee for recommendations to the HIVPC for approval. There are currently 2 qualified applicants for HIVPC membership. Valery Moreno is the MHS RW Part A Practice Manager and will fill the Healthcare Provider seat. Patricia Fleurinord, the Vice Chair of CEC and a member of BTAN, a subcommittee of the Prevention Planning Council, will fill the ASO seat. The MCDC Chair also discussed his concerns that participation at the most recent outreach event was low. He challenged each chair to better commit themselves and encourage their committee members to be more involved in community events to fulfill the HIVPC goals of increasing membership and community participation in PC activities. PC Chairs and Vice Chairs further discussed marketing strategies, including materials that would better engage interested parties at future events.

HIVPC Vice Chair Vacancy - The HIVPC Vice Chair has stepped down from her role as she has accepted a position with Broward County's Emergency Management Services. County ordinances state Broward County employees cannot be appointed to County boards. Based on the order of succession in the HIVPC's bylaws, the past HIVPC Chair can act as Vice Chair until the vacancy is filled. For this reason, former Chair, Brad Barnes is currently serving as the

acting Vice Chair until a special election takes place. The Committee reviewed the bylaws, a timeline for the election, and the process for special elections. In the upcoming HIVPC meeting, the Chair will solicit members to convene a Nominating Committee with the goal to complete the nominations and elections process in the fall. HRSA Site Visit – The HRSA Site Visit which was rescheduled from the beginning of the year, will occur at the end of the month. Members of the Executive Committee have been invited to have lunch and participate in discussion with members of HRSA staff. The lunch will take place Tuesday, June 26th at noon.
B. Rationale for Recommendations:
Valery Moreno is the MHS Practice Manager and by joining she would be filling the vacant Healthcare Provider seat which has been vacant for 2 years. Patricia Fleurinord is the Vice Chair of CEC and a member of BTAN, which is part of BCHPPC. She works as the Prevention Specialist for Community AIDS Network (CAN). Both candidates are qualified and have completed the pre-appointment orientation
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Agenda Items for Next Meeting: Promotional Materials, Marketing Strategies.

G. SYSTEM OF CARE COMMITTEE (SOC)

No June 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: July 26, 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

May 24, 2018 Meeting Minutes

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Grantee Staff**
1	Arencibia, Y.	**X**			Jones, L.
2	Barnes, B.	**X**			Gold, L.
3	Barrientos, Y.	**X**			Anderson, T.
4	Bhrangger, R.	**X**			Robinson, J.
5	Burgess, D.	**X**			**HIVPC Staff**
6	Fortune-Evans, B.	**X**			Johnson, B.
7	Foster, V.	**X**			Oratien, V.
8	Grant, C.	**X**			Ewart, L.
9	Hayes, M.		**A**		Powers, C.
10	Holness, Comm. D.V.C		**A**		Holloman, K.
11	Katz, H. B.	**X**			**Guests**
12	Lint, A.	**X**			Cook, S.
13	Lopes, R. *Chair*	**X**			Zalnsky, M.
14	Marcoviche, W.	**X**			Sabatino, D.
15	Moragne, T.	**X**			Moreno, V.
16	Robertson, L.	**X**			Taimanglo, G.
17	Robertson, P.		**A**		Cius, W.
18	Rodriguez, J.	**X**			Garcia, J.
19	Runkle, D.	**X**			Tochtenhojen, M.
20	Schweizer, M.	**X**			McShee, S.
21	Shamer, D.		**A**		Simpson, R.
22	Siclari, R.	**X**			Edwards, C.
23	Taylor-Bennett, C. *Vice Chair*	**X**			Dennis, B.
24	Williams, R.	**X**			Rodriguez, P.
	Quorum=13	**20**			Wynn, J.

1. CALL TO ORDER

The Chair called the meeting to order at 6:07 p.m.

2. WELCOMES AND INTRODUCTIONS AND PUBLIC RECORD REQUIREMENTS

The HIVPC Chairs welcomed everyone and thanked them for community to the first of the quarterly evening community meetings. The HIVPC Chair spoke to the meeting participants about the mission of the HIV Planning Council, and the importance of becoming involved in the community. Introductions were then made by HIVPC members, PC and Recipient Staff and Guests. 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:** Schweizer, M.
Action: Passed Unanimously

Motion #2: To approve the 4/26/18 meeting minutes with T. Morgane's corrected initials
Proposed by: Runkle, D. **Seconded by:** Bhrangger, R.
Action: Passed Unanimously

3. CONSENT ITEMS

The Chair asked the members to approve the Consent Items.

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

4. DISCUSSION ITEMS

None.

5. NEW BUSINESS

a. ADAP Online Certification Presentation – Wismy Cius, the Ryan White Assistance Program Manager from the Florida Department of Health in Broward County, gave an overview of ADAP Program. He spoke about ADAP's expanded pharmaceutical formulary, which now offers both ARVs and medications for other uses. The ADAP Program has also begun distributing CVS Caremark Cards for uninsured ASAP clients to get ARVs during emergencies. The cards can be used at any pharmacy on the Caremark network, however clients will need to get a second prescription to keep on hand for those emergencies with 2 refills. A member asked how "emergencies" were defined, as clients will be denied if their regular location is open or the Rx is available. Emergencies include weekends, pharmacy closures, etc. Members asked if clients were given a list of qualifying events, and were told that would be a State decision however case managers will tell clients how and when to use the cards.
Next the Mr. Cius discussed the new procedures for ADAP recertification online. First time ADAP clients must complete their certification at the DOH ADAP offices (one in Ft. Lauderdale and one in Pompano), and have their case manager help them set up their online account for future recertification's. Clients must agree to having the State communicate with them via text or email to qualify. Mr. Cius then went through the login and uploading process step-by-step with the meeting participants (see meeting packet).

b. Zin Obelisk Game – The HIVPC members and guest participated in the Zin Obelisk Mystery: each table was given a set of cards to be divided between the players. The players had to share their clue to determine what day of the week the Obelisk was completed. The game was designed to show that no member of the team could complete the task themselves, but had to work together (the spirit of integration) to solve the mystery.

c. Integrated HIV Prevention and Care Plan Update – Jersey Garcia from the Integrated Workgroup gave the meeting participants an update on the Broward County Integrated HIV Prevention and Care Plan's implementation. The Plan is made up of 4 goals (modeled on NHAS 2020 Goals), 9 objectives, 30 strategies and 112 activities (over 20 derived from community feedback). In the Plan's first year of implementation the Funders Collaborative selected over 50 activities to implement and the Integrated Workgroup was formed to oversee the Plan and educate the community on the Plan's progress. As Year 2 of implementation starts, the Collaborative has selected more activities to begin implementing and will continue the engagement/outreach and education process.

6. MAY COMMITTEE REPORTS

In lieu of committee reports, the HIVPC committee chairs each gave an overview of their committee and explained why they are passionate about the work that they do through the HIVPC.

A. INTEGRATED WORKGROUP

May 8, 2018 *Chair: T. Pietrogallo, V. Chair: T. Williams*

Report stands

B. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

May 1, 2018 *Chair: Y. Barrientos, V. Chair: P. Fleurinord*

Report stands

C. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

Cancelled- No Quorum *Chair: V. Foster, V. Chair: Vacant*

D. QUALITY MANAGEMENT COMMITTEE (QMC)

May 21, 2018 Chair: *D. Shamer*

Report stands

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

May 17, 2018 *Chair: L. Robertson, V. Chair: M. Hayes*

Report stands

F. EXECUTIVE COMMITTEE

May 17, 2018 *Chair: R. Lopes, V. Chair: C. Taylor-Bennett*

Report stands

G. SYSTEM OF CARE COMMITTEE (SOC)

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

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

7. GRANTEE REPORTS

None

8. PUBLIC COMMENT (Up to 10 minutes)

A guest thought the HIVPC did a wonder job of putting the evening community meeting together. However, she wanted to know what kind of marketing the HIVPC used to get PLWHAs and the affected community to the meeting because she was upset that many of the meeting participants were from provider agencies. She especially thought the content of today's meeting (ADAP online recertification) was a very important topic for many PLWHAs. The MCDC Chair was also disappointed by the low community participation, and discussed the various reasons his clients do not participate in events like these even if they had received the flyers. The HIVPC leadership is making efforts to increase their visibility within the community, and will continue to have quarterly night meetings to involve PLWHAs in the planning process.

9. ANNOUNCEMENTS

None

10. REQUEST FOR DATA

None

11. AGENDA ITEMS FOR NEXT MEETING: June 28, 2018, 9:30 a.m. LOCATION: GC-430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
Priority Rank & Allocate Funds	*PSRA, HIVPC*	ACTION ITEM: Review and approve recommended priority rankings and service allocations for FY2019-2020

12. ADJOURNMENT

The meeting was adjourned at 8:05 p.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								
		0	**1**	Arenciaba, Y.	E		E	X	X								
	1	0	**2**	Barnes B.	X		X	X	X								
1		0	**3**	Barrientos, Y.	X		X	X	X								
1	1	0	**4**	Bhrangger, R.	X		X	X	X								
1	1	0	**5**	Burgess, D.	X		X	X	X								
		0		DeSantis, M.	Z-1/23												
		0	**6**	Fortune-Evans, B.	X		X	X	X								
		1	**7**	Foster, V.	X		A	X	X								
		1	**8**	Grant C.	X		A	X	X								
		2	**9**	Hayes, M.	A		X	X	A								
		3	**A**	Holness, D. V.C. (Comm)	A		A	A									
1	1	0	**10**	Katz, H.B.	X		X	X	X								
1	1	1	**11**	Lint, A.	X		A	X	X								
		0	**12**	Lopes, R., *V. Chair*	X		X	X	X								
1	1	0	**13**	Marcoviche, W.	X		E	E	X								
		0	**14**	Moragne, T.	X		X	X	X								
	1	1	**15**	Robertson, L.	X		X	A	X								
1	1	3	**16**	Robertson, P.	X		A	A	A								W-5/2
		1	**17**	Rodriguez, J.	A		X	X	X								
1	1	0	**18**	Runkle, D.	X		E	E	X								
		0	**19**	Schweizer, M.	X		X	E	X								
1	1	1	**20**	Shamer, D.	E		X	X	A								
		0	**21**	Siclari, R.	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								
				Quorum = 13	20		17	18	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

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HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: June 26, 2018

Federal Funding Update

Congress is attempting to move forward with its Fiscal Year 2019 appropriations bills, making meaningful progress compared to recent years. Today (June 26), the Senate Labor-Health and Human Services Appropriations Subcommittee approved its funding bill. 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). There is a small increase ($5 million) to the CDC to address injection drug use, HIV, and hepatitis. This is part of an overall proposed increase of $47 million for the CDC). The committee report is not publicly available; these totals were presented verbally. The detailed funding break out should be available by next week.

The House's Labor-HHS bill was marked up in subcommittee but awaits action by the full Appropriations Committee. The House would level fund the Ryan White total overall. The Administration sought to cut the program area by over $58 million. Part A and B would receive $1,970,880,000, and ADAP would get $900,313,000. In a new twist, the Committee included a statement of 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.

Whether the House and Senate will pass their respective appropriations bills is unknown. Senate Majority Leader Mitch McConnell cancelled a portion of the annual August recess to address the legislative backlog. It is possible they could include all of the appropriations bills. The House's schedule is not known, though the Speaker has publicly committed to passing all their bills as well. Given the November election and the thin margins in the Senate, it is plausible that both chambers may pass short-term bills, once again, and resolve all the final bills after the election.

HANDOUT B

FY2019-2020 Ryan White Allocations Presentation

To Broward HIV Health Services Planning Council- 6/28/2018

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.

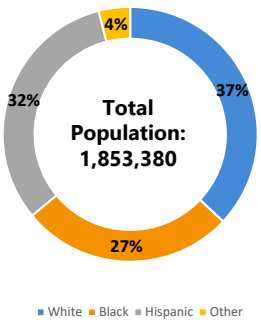
Reallocation is the process of moving program funds across service categories after the initial allocations are made. This may occur **right after grant award**, since the award is usually higher or lower than the amount requested in the application, and **during the program year**, when funds are underspent in some service categories and additional needs exist in other service categories. The planning council must approve such reallocations.

HANDOUT B

Presentations from Broward HIV Funders & Stakeholders

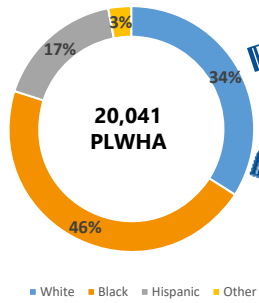
2016 Broward HIV Epidemiology- Florida Department of Health in Broward County

Population of Broward County in 2016



Broward County experienced a 20% increase in new HIV cases and a 2% increase in HIV prevalence from 2015 to 2016

People Living with HIV/AIDS (PLWHA) in Broward County in 2016



10,574 AIDS cases

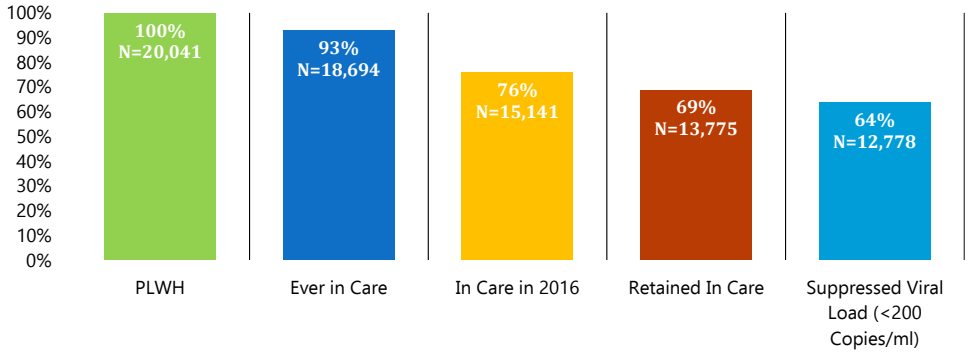
9,467 HIV cases

Newly reported HIV cases in the Broward Eligible Metropolitan Area (EMA) **increased at least 2x more** *than any other EMA in Florida.*

**Florida Department of Health HIV Epidemiology Broward County, 12/5/17*

HANDOUT B

Persons Living With HIV (PLWH) In Broward County Along The HIV Care Continuum In 2016*



86% of the **770** diagnosed with HIV in **2016** had documented HIV-related care within **3 months** of diagnosis.
84% of PLWH in care had a **suppressed viral load**.
88% of PLWH **retained in care** had a **suppressed viral load**.
24% of PLWH were **not** in care.

**Florida Department of Health HIV Epidemiology Broward County, 12/5/17*

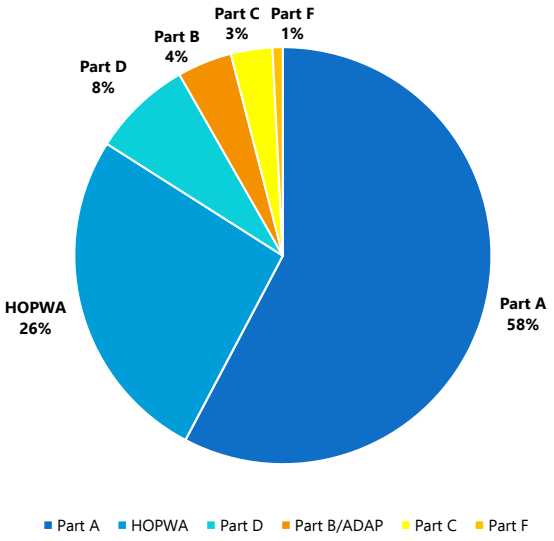
HIV Funders & Stakeholders Presentations

Funder/ Stakeholder	Funding Received FY 2017	Clients Served (Unduplicated)
Part A	$15,831,729	8,485
HOPWA	$7,204,649	1,791
Part D	$2,120,069	3,360
Part B/ADAP	$1,161,929	7,537
Part C	$883,372	838
Part F	$219,000	254

HANDOUT B

Sources Of Public Funding For HIV Services In Broward, FY 2017

Total FY2017 Funding-
$27,420,748



Key Points

What We Know:

- Broward County had a **20% increase** in new HIV infections in 2016
- The Miami - **Ft. Lauderdale** - Palm Beach MSA continues to **lead the country in new HIV infections** in 2016
- Despite decreases in incidence, **Black males and females** have the **highest rates** of new HIV infections
- **Hispanic males** continue to experience an **increase** in new HIV infections since 2013
- **4,900** HIV+ Broward residents **did not have an HIV-related primary care** service in 2016 (Unmet Need)
- DOH estimates **3,126 (16%)** people are **unaware of their HIV+ status** in Broward

Factors to Consider:

- **8,026 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 over 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**?
- What impact will **decreased funding** have on the Part A program already experiencing high client volume?

HANDOUT B

FY17 Needs Assessment Activities/PLHWA Input

2017-2018 Black Women's Study

The System of Care Committee commissioned an analysis of Black women receiving Ryan White services who had unsuppressed or high viral loads. A survey was then administered by CDTC staff over a two-month period (December 2017 through January 2018) to identify the population's unique barriers to care and viral load suppression.

- A total of **78 women completed the survey**.
- The average age of women completing the survey was **34.**
- Sixteen **(16) women were perinatally infected**
- The average age of **HIV diagnosis** for the remainder of the sample was **25.**
- 73% were employed full-time, employed part-time, or looking for employment
- 69% were single, never married

HANDOUT B

Themes: Black Women's Study

Challenges that contribute to feeling overwhelmed living with HIV:

- Tired of taking medication (49%)
- Not feeling comfortable going to the doctor or clinic. Not feeling like I am treated well there (32%)

Barriers to taking medication as prescribed:

- The pills are too big, too hard to swallow or make me gag (38%)
- I forget or can't remember to take me medicine (32%)
- Having anxiety, depression or other mental health issues that get in the way of me taking my medicine (27%)
- Having challenges with alcohol or substance use that get in the way of me taking my medicine (8%)

Challenges that make getting to HIV appointments and picking up medicine difficult:

- Not wanting anyone I live with to see me in the doctor's office (40%)
- Services not conveniently located (36%)
- Having to wait a long time at the clinic or doctor's office (36%)
- Problems with insurance (47%)

2018 Broward House Day Treatment Program Focus Group

A focus group was held with participants of Broward House's Day Treatment Program for HIV positive individuals who were also experiencing challenges with substance use and addiction. A total of **17 individuals** participated in this focus group.

Themes:

- Concurrent certification of Part A services and ADAP
- Interested in information regarding types of medications Ryan White covers, providers, and specialty care options
- A one-stop shop for all Part A and B medications
- Participants were not aware of legal services paid for by Ryan White and would like additional information about those services.
- Questions regarding the ACA-coverage, navigating insurance, Medicare, Medicaid, providers not accepting coverage, wait lists, etc.

HANDOUT B

FY2017 Ryan White Part A Health Outcomes

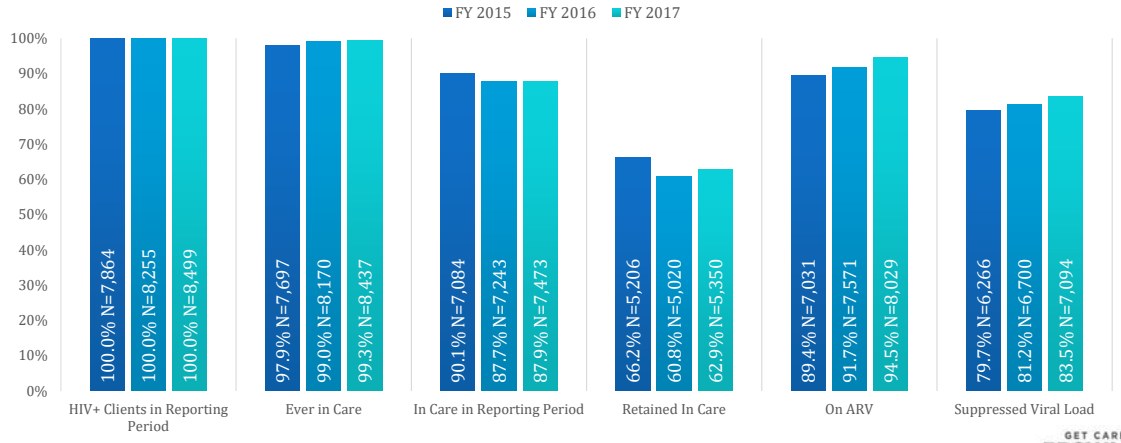
HIV Care Continuum Definitions

1. **Total HIV+ Clients**: Clients who are HIV+ and received at least one service from the selected service category(s) in the reporting period.
2. **Ever in Care:** HIV+ clients who ever had a medical care service documented.
3. **In Care:** HIV+ clients who had a medical care service within the reporting period.
4. **Retention in Care:** HIV+ clients who had two or more medical care services at least three months apart in the reporting period.
5. **On Antiretroviral Therapy (ART):** HIV+ clients who have a documented ART at any time during the reporting period within HIV history records.
6. **Virally Suppressed:** HIV+ clients with most recent viral load less than 200 copies/mL, as of end of the reporting period.

**Medical Care Service* = Medical Care Appointment, Viral Load or CD4 Count Test

HANDOUT B

HIV Care Continuum For Part A Clients Systemwide: FY 2015 – FY 2017



- Steady increases in *ever in care*, *on ARV*, and *suppressed viral load*
- Although *retention in care* has decreased since FY 2015, this may indicate an increase in Part A clients with private insurance.

Data Conclusions

- Since FY 2016, **viral load suppression** has **increased** across **all subpopulations and service categories**.
- Subpopulations who experienced the largest increase in viral load suppression include:
  - *Females:* **3.8%**
  - *Black Females:* **4.2%**
  - *Ages 18-28:* **5.5%**
- Since FY 2016, retention in care has decreased across the majority of subpopulations and service categories.
  - This year, the Part A Program will be working to improve the accuracy of this measure.
- Clients ages 18-28 remain a disparity in the Part A System, however they saw the largest increase in viral load suppression since FY 2016.

HANDOUT B

FY2017 Ryan White Part A Service Trends

Currently Funded Part A Services

Core Services

1. Integrated Primary Care and Behavioral Health (OAMC)
2. Local Pharmaceutical Assistance Program (LPAP)
3. Oral Health Care (OHC)
4. Health Insurance Continuation Program (HICP)
5. Medical Case Management- Disease Case Management (DCM)
6. Medical Case Management- Case Management*
7. Mental Health (MH)
8. Substance Abuse – Outpatient (SA)

Support Services

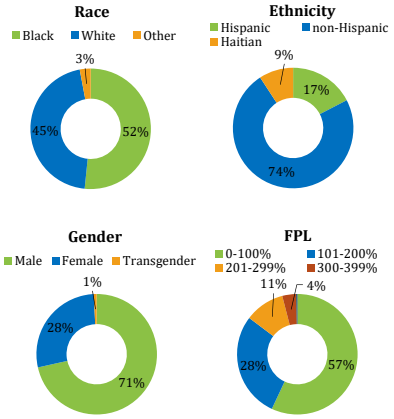
1. Non-Medical Case Management – Benefit Insurance Support Services (BISS)
2. Non-Medical Case Management – Centralized Intake and Eligibility (CIED)
3. Emergency Financial Assistance (EFA-Emergency Drugs)
4. Food Bank
5. Legal Services

HANDOUT B

Part A Overall – Client Utilization

- In FY 17-18 the Part A Program provided services to **8,485** clients, a **4.21% increase** in clients from the previous FY (8,142).
- **Over the past 5 years, Part A client utilization has increased 22.3%.**
  - Broward has also experienced an upward trend in:
    - New HIV infections (20% increase in 2016)
    - Clients reengaging in care
    - Clients accessing the Part A Program
- Based on a 5-year trend in client utilization, Part A can expect to see a **projected 8,671 clients in the upcoming FY19.**

Part A Client Demographics



Client Demographic Trends

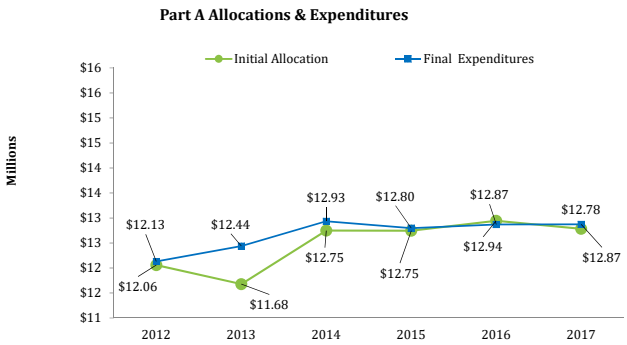
The majority of Part A Clients are:

- **Male** 71.5% (6,066)
- Identify as **Black** 51.6% (4,378)
- Non-Hispanic 79.4% (6,734)
- Between 0-100% FPL 55.8% (4,734)
- **Uninsured** 42.6% (3,614)

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

HANDOUT B

Part A Overall – Allocations & Expenditures



In FY 2017, Part A experienced a **1.6% decrease in overall funding**

Key Points

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

- DCM, OAMC, OHC are core medical services with increasing utilization with significant impact on viral load suppression and retention in care
- MH/SA continue to be most underutilized services in Part A system
- The Part A Program continues to experience a rise in client utilization with a decrease in Part A Award

HANDOUT B

FY2019-2020 PSRA Recommendations to HIVPC

FY2019-2020 Core Medical Service Rankings

	FY2019 PSRA Rankings
CORE SERVICES	
Outpatient Ambulatory Medical Care	1
Medical Case Management (Disease)	2
AIDS Pharmaceutical Assistance (Local)	3
AIDS Drugs Assistance Program Treatments (ADAP)	7
Health Insurance Premium & Cost-Sharing Assistance (HICP)	4
Mental Health Services	6
Oral Health Care (Dental)	5
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 B

FY2019-2020 Support Service Rankings

SUPPORT SERVICES	FY2019 PSRA Rankings
Food Bank/Home-Delivered Meals	2
Emergency Financial Assistance	5
Legal Services	7
Non-Medical Case Management	3
Housing Services	1
Medical Transportation Services	4
Substance Abuse Services – Residential	8
Psychosocial Support Services	6
Outreach Services	11
Health Education/Risk Reduction	9
Referral for Health Care/Supportive Services	10
Linguistics Services (Interpretation and Translation)	12
Other Professional Services	14
Child Care Services	13
Rehabilitation Services	15
Permanency Planning	16
Respite Care	17

Recommendations for FY19 Allocations

FY2019-2020 Grant Funding Ceiling- **$16,654,320** - 15% Administrative and Clinical Quality Management Costs

$ 14,156,172 for **Part A** and **MAI** Program

MAI Allocations based on FY18 Allocations- **$1,049,664**

FY19 Part A Allocations based on FY17 Final Expenditures- **$12,783,392**

$114,312 Additional Dollars to allocation to Part A Services in FY19=**$12,897,704 TOTAL Part A funds for FY19**

HANDOUT B

FY2019-2020 Part A and MAI Allocations

Proposed FY2019 **Part A Allocation**

- $12,897,704
  - $11,105,858 in Core Medical (86%)
  - $1,791,846 in Support (14%)

Proposed FY2019 **MAI Allocation**

- $1,049,664

Proposed Total FY2019 **Part A and MAI Allocation**

- $13,947,368

Next Steps: HIVPC Approval of FY2019-2020 Rankings & Allocations

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

	FY2019 PSRA Rankings
CORE SERVICES	
Outpatient Ambulatory Medical Care	1
Medical Case Management (Disease)	2
AIDS Pharmaceutical Assistance (Local)	3
AIDS Drugs Assistance Program Treatments (ADAP)	7
Health Insurance Premium & Cost-Sharing Assistance (HICP)	4
Mental Health Services	6
Oral Health Care (Dental)	5
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

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

SUPPORT SERVICES	FY2019 PSRA Rankings
Food Bank/Home-Delivered Meals	2
Emergency Financial Assistance	5
Legal Services	7
Non-Medical Case Management	3
Housing Services	1
Medical Transportation Services	4
Substance Abuse Services – Residential	8
Psychosocial Support Services	6
Outreach Services	11
Health Education/Risk Reduction	9
Referral for Health Care/Supportive Services	10
Linguistics Services (Interpretation and Translation)	12
Other Professional Services	14
Child Care Services	13
Rehabilitation Services	15
Permanency Planning	16
Respite Care	17