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 27, 2019 9:30 a.m.
GC-430
Chair: Réquel Lopes **Vice Chair:** Claudette Grant
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 6/27/19 Meeting Agenda
- g. Approval of 5/23/19 Meeting Minutes

3. PHONE INTRODUCTIONS

4. PUBLIC COMMENT (Up to 10 minutes)

5. FEDERAL LEGISLATIVE REPORT – Handout A (Kareem Murphy)

6. CONSENT ITEMS

#	Motion	Justification	Proposed By
1	To approve Natasha Markman for the Quality Management Committee.	Ms. Markman serves as CIED Manager at BRHPC and has extensive experience in coordination of services and quality assessments.	QMC Vice Chair
2	To approve Zulma Muneton for the Quality Management Committee.	Ms. Muneton is a Quality Improvement Manager at the Children's Diagnostic and Treatment Center and would be an asset to the committee given her career experience.	QMC Vice Chair

7. DISCUSSION ITEMS
None.

8. JUNE COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

June 4, 2019 *Chair: Vacant V. Chair: P. Fleurinord*

A. Work Plan Item Update / Status Summary:

Fashion Show Event Planning Update- The ad-Hoc Youth Advisory Chair discussed progress in setting up the event. All modeling slots for the modeling casting call have been filled. The committee is in search of more male models and more individuals from a variety of ethnicities, as the current models confirmed for the casting call are predominantly black female. Collaborations with local businesses and community-based organizations were shared with committee members.
An event email including event details and the model casting call flyer has been sent out, by HIVPC Support Staff and the ad-Hoc Youth Advisory Chair, to all interested parties. Members were encouraged by the ad-Hoc Chair to continue to share the event email to any suitable audiences, or potential collaborators.

PSRA Service Category Priority Rankings- The HIVPC Manager provided an overview of the rankings process. This presentation included the role of CEC and why it is important that they rank. CEC's recommendations will be given to PSRA for consideration before that Committee participates in ranking. Committee members who did not have direct conflicts with the ranking process were then directed to the CEC Ranking Recommendations Handout and were instructed to complete the rankings process on paper first. Once members completed the paper form, they were given electronic tablets to complete their PSRA rankings online via surveygizmo.com.

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: Fashion Show Update / Chat, Chill & Chew Planning *Next Meeting Date*: July 2, 2019 at 3:00pm

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

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

C. INTEGRATED WORKGROUP

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

D. QUALITY MANAGEMENT COMMITTEE (QMC)

No June Meeting *Chair: Vacant V. Chair: B. Fortune-Evans*

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

June 20, 2019 *Chair: L. Robertson, V. Chair: M. Hayes*

A. Work Plan Item Update / Status Summary:
Monthly Expenditure/Utilization Report: A copy of the utilization table was made available during the meeting. All service categories should be at 33% utilization. Overall, most service categories are around 20% utilization. Food Bank has outstanding invoices. There are no current numbers available for EFA, but updates will be made for the next meeting. Total utilization is 19%. Some providers just started billing along with outstanding invoices from other providers still coming in for the month. Once those are in, utilization will be on track. When invoices are submitted late the staff tries to work with the recipient as much as possible to get the invoices completed. It was brought to the grantee staff's attention that the numbers reflected on the sheet should be for 3 months as opposed to 4 months, which is listed on the utilization table. The current expended amount should be 25% not 33%. That would change a few of the numbers on the report. Part A Eligibility for Service Categories: The committee reviewed the Part A eligibility for the final three Service Categories; AIDS Pharmaceutical Assistance (Local), Food Services, and Trauma-Informed Mental Health Services. Committee members made decisions on each of the service categories and made suggestions for changes. Part B Funder's Presentation: The Part B Recipient presented funder information. At the close of the presentation, the Part B Recipient shared that all Ryan White Parts can collaborate to address these barriers to receiving care by discussing/suggesting other methods aside from Uber Medical to help improve their transportation plan and provide more options to clients. Services/resources outside of Part B available to clients to reduce gaps in services include Abbott Nutrition, a patient assistance program application and Broward County Bus Passes. (See handout). Part C Funder's Presentation: The Part C Recipient presented funder information. Barriers identified in Part C include substance abuse and denial of HIV infection. At the close of the presentation, the Part C Recipient did not provide any ways that all Ryan White Parts can collaborate to address these barriers to receiving care. Other barriers include not having gynecological oncologists or oncology services and psychiatric services available. Services/resources outside of Part C available to clients to reduce gaps in services were not shared. (see handout). Part D Funder's Presentation: The Part D Recipient presented funder information. At the close of the presentation, the Part D Recipient shared that all Ryan White Parts can collaborate to address these barriers to receiving care by strengthening their working relationship with Poverello and Part A Providers for specialty services. Services/resources outside of Part D available to clients to reduce gaps in services include HOPWA Services, outside medical and specialty providers, Residential Substance Abuse Programs, outreach efforts to identify at risk youth, and increased collaboration with RW dental services and Part D. (See handout).
B. Rationale for Recommendations:
None.

C. Data Reports/Data Review Updates:
• *HICP client numbers for FPL 200 – 250% & 250-300%* • How many clients in the Disease Case Management service category also received non-medical case management.
D. Data Requests:
Pull data for Test & Treat numbers; HIV; BARC; ACA by FPL
E. Other Business Items:
Agenda Items for Next Meeting: Funder Presentations (HOPWA), Health Outcomes Presentation, Service Category Rankings *Next Meeting Date*: July 18, 2019 at 9:00 a.m. *Location:* Governmental Center Annex Room: A-337

F. AD-HOC YOUTH ADVISORY COMMITTEE

June 11, 2019 *Chair: A. Ruffner*

F. Work Plan Item Update / Status Summary:
Member Event Prep Assignments Update: The Ad-Hoc Youth Advisory Committee and meeting guests discussed progress toward securing donations from previously determined organizations. A host has been confirmed as well as a stylist, photographer, and videographer. The Committee will speak with a potential DJ for the event to confirm availability. Event Planning Timeline: The Committee reviewed the show's agenda which included a detailed run-through of the event. Members would like to have available lighting in coordination with the color themed scenes (red, yellow, blue). Any organization who has donated will have the option to have a vending table during the social hour and fashion show event. Members want at home HIV/AIDS testing and on-site HIV testing to be made available for the day of the event. Prize donations were reviewed, and suggestions were made for additional prizes. At the show, "Thank You" slides will be displayed highlighting organizations that have donated to the event.
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: Event Program and Shopping & Fitting Plan. *Next Meeting Date*: July 9, 2019 at 3:00 p.m.

G. EXECUTIVE COMMITTEE

No June Meeting *Chair: R. Lopes, V. Chair: C. Grant*

H. SYSTEM OF CARE COMMITTEE (SOC)

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

**** For detailed discussion on any of the above items, please refer to the meeting minutes. ****
Meeting Packets are available at: http://www.brhpc.org/programs/hiv-planning-council/

9. NEW BUSINESS

a. Hepatitis A Presentation (Handout B) – Overview of Hepatitis A including transmission, prevention, and symptoms from the Florida Department of Health in Broward County.

10. RECIPIENT REPORTS (20 minutes)

a. Part A
b. Part B
c. Part C
d. Part D
e. Part F

f. HOPWA
g. Prevention – Quarterly Update (April, July, October, January)

11. UNFINISHED BUSINESS

12. PUBLIC COMMENT (Up to 10 minutes)

13. ANNOUNCEMENTS

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: July 25, 2019 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 FY2020-2021.

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

Thursday, May 23, 2019 Meeting Minutes

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Grantee Staff**
1	Arencibia, Y.	**X**			Garcia, E.
2	Barnes, B.	**X**			Drummond, K.
3	Bhrangger, R.	**X**			Robinson, J.
4	Burgess, D.		**A**		Jones, L.
5	Cutright, A.	**X**			Anderson, T.
6	Dennis, B.	**X**			Green, W.
7	Fortune-Evans, B.	**X**			Beebe, S.
8	Foster, V.		**A**		
9	Fleurinord, P		**A**		
10	Grant, C.	**X**			
11	Hayes, M.	**X**			
12	Holness, Comm. D.V.C		**A**		**HIVPC Staff**
13	Katz, H. B.		**E**		Oratien, V.
14	Leonard, C.	**X**			Jolly, J.
15	Lopes, R. *Chair*	**X**			Martinez, G.
16	Marcoviche, W.	**X**			Joseph, A.
17	Moragne, T.	**X**			Guice, M.
18	Moreno, V.	**X**			Cestaro-Seifer, D.
19	Riley-Gardiner, Y.		**E**		
20	Robertson, L.	**X**			**Guests**
21	Rodriguez, J.	**X**			Smith, C.
22	Ruffner, A.		**A**		Carter, J.
23	Schweizer, M.	**X**			Cook, S.
24	Siclari, R.		**A**		London, K.
	Quorum=13	**16**			Banchart, V.
					Lopez, R.

1. CALL TO ORDER

The Chair called the meeting to order at 9:42 a.m.

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

The HIVPC Chair welcomed everyone. Introductions were 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 meeting agenda with an update.
Proposed by: Moragne, T. **Seconded by:** Arencibia, Y.
Discussion: The Hepatitis presentation scheduled will not be provided at this meeting.
Action: Passed Unanimously

Motion # 3: To approve the 4/25/19 minutes.
Proposed by: Robertson, L. **Seconded by:** Grant, C.
Action: Passed Unanimously

3.PHONE INTRODUCTIONS

None.

4. PUBLIC COMMENT

None.

5. CONSENT ITEMS

Motion #3: To approve consent items
Proposed by: Arencibia, Y. **Seconded by:** Robertson, L.
Action: Passed Unanimously

6. DISCUSSION ITEMS

None.

7. NEW BUSINESS

a. "Fighting Stigma Through Fashion" Fashion Show– A Planning Council Health Planner presented the Council members with event updates for the July 19th "Fighting Stigma through Fashion" fashion show. Members reviewed the flyer and suggested revisions including providing the address of the event location.

ACTION ITEM: Add the event address to the "Fighting Stigma Through Fashion" flyer.

8. MAY COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

May 7, 2019 *Chair: Vacant V. Chair: P. Fleurinord*

The HIVPC Vice Chair chaired the May CEC meeting and shared her excitement for the Fashion Show which the Committee continued to plan.

A. Work Plan Item Update / Status Summary:

Testimonials: The testimonial question *(What was an event you have attended that pleasantly surprised you?)* was posed to membership and each member took a moment to share a story. One member shared his experience attending an event at the World AIDS Museum. The event focused on the transgender community and what was pleasant about this event was hearing people telling their stories; which were explicit, transparent and informative. A meeting guest attended the same event and was impressed with the turnout, the honest conversation and the food. Both individuals agreed that it was a good event because it continued and started new conversations specific to the transgender community in Broward County. A Recipient staff member shared her experience during her visit to Washington D.C. for AIDS Watch. Another member shared about a library event- Each One, Teach One.

Fashion Show Event Planning: The ad-Hoc Youth Advisory Chair gave committee members an update on the status of the fashion show event. The latest meeting for the ad-Hoc Committee was held during the last week of April. The event has been rescheduled to July 19th 7pm-10pm. The target audience is 18-38 years old; young adults are the biggest group of newly infected with HIV/AIDS in Broward County. CEC members were invited to attend this meeting to assist with the planning. One of the event goals is to make sure PLWHA are heavily included in this event, as this can be a great way to engage with people in the community and add more members to the Council.

Committee members and attendees were given samples of the model casting call and event flyers. Suggestions were made for both marketing materials. The ad-Hoc Chair shared the outreach efforts and points of contact to attract this age group: GSA, local high schools, ASO Providers and Case Managers. Social media access via Broward County's Twitter and Facebook will be provided through the Recipient Staff. Utilizing the social networks of the ad hoc CEC members, and reaching out to fashion schools and publications was another suggestion for garnering support.

Event Goal Setting: The PC staff reviewed the analytics from past events to gauge the goals that the committee would like to set for the upcoming fashion show event. The discussion started with the committee members being asked: *"What would you say is a successful event?"* Members referred to the past event analytics, and discussed the past event's page views, page traffic, RSVPs and attendance. Goals were set for event turn out, attendee percentage and preferred attendees. After goals were set, members continued to brainstorm on ways to cater to the younger audience to ensure high attendance.

B. Rationale for Recommendations:

None.

C. Data Reports/Data Review Updates:

None.

D. Data Requests:

None.

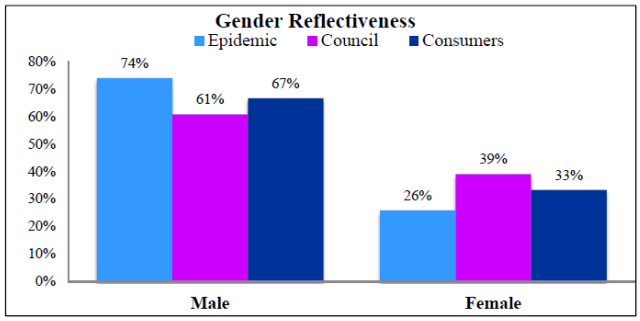
E. Other Business Items:

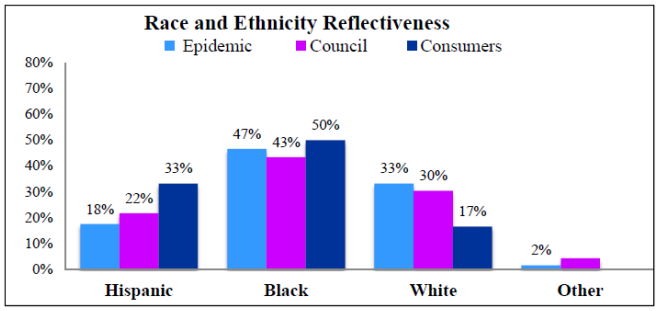
Agenda Items for Next Meeting: Event Planning / PSRA Service Categories N*ext Meeting Date*: June 4, 2019 at 3:00 p.m.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

May 9, 2019 *Chair: V. Foster, V. Chair: Vacant*

HIV Planning Council Membership Report
Current Through April 2019





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	15,309	74%	14	61%	-13%	4	67%	-7%
Female	5,352	26%	9	39%	13%	2	33%	7%
Transgender	-	-	0	0%	-	0	0%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	3,640	18%	5	22%	4%	2	33%	16%
Black	9,646	47%	10	43%	-3%	3	50%	3%
White	6,885	33%	7	30%	-3%	1	17%	-17%
Other	332	2%	1	4%	3%	0	0%	3%
Total	20,661	99%	23			6		

Current Members	23
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	26%

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

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	35%

A. Work Plan Item Update / Status Summary:

HIVPC Committee Vacancies: Since the last MCDC meeting, one (1) new member has been appointed to the HIVPC. One (1) black female consumer will be voted on by the HIVPC at its May meeting. There is still a need for consumer membership as the HIVPC remains below the 33% HRSA mandate for PLWHA participation.

Planning Council and Committee Attendance: The Committee reviewed Council and Committee attendance. No warnings or removals have been issued since MCDC's last meeting. Members discussed the need for Committee leadership, specifically for CEC which has not met consistently in CY2019 as a result of its open Chair position and its Vice-Chair being unavailable to meet.

Training Plan: The Committee reviewed and finalized its HIVPC Training Plan for FY19-20 and FY20-21. The plan will be reviewed and approved by the Executive Committee followed by the HIVPC.

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: Recruitment & Retention Plan. *Next Meeting Date*: August 8, 2019 at 9:30 a.m. *Room:* A-337

C. INTEGRATED WORKGROUP

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

D. QUALITY MANAGEMENT COMMITTEE (QMC)

Meeting Canceled-No Quorum *V. Chair: B. Fortune-Evans*

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

May 16, 2019 *Chair: L. Robertson, V. Chair: M. Hayes*

The PSRA Vice Chair stated that at this time the Committee is gathering information to complete its PSRA Process. The Committee is holding long but informative meetings at this time, so if members or guests are interested in attending they are welcome.

A. Work Plan Item Update / Status Summary:

Monthly Expenditure/Utilization Report by Category of Service: A copy of the utilization table was made available during the meeting. Budgets are still being approved and there is also a software issue that is delaying some of the budget approvals. Ambulatory Services is currently at 5%, which is well below 16%. This does not include two large providers, which have not yet submitted their invoices. Once small budget issues are resolved, all services will be at 16%. The Fiscal Manager explained that the committee budgets must meet HRSA requirements to be approved. If they don't meet the threshold, the Recipient is not able to approve them. Accordingly, the Food Bank service category budget was just approved this week, which shows them at 0% until their invoices are processed. Currently, Part A utilization is 9% but once the other invoices have been received, the percentage will be at or above the targeted 16%. It was noted that overutilization flat and reduced funding is being experienced across the state of Florida. It is not just Part A funding issue.

Part A Eligibility for Service Categories: The committee reviewed the Part A eligibility for four Service Categories; Legal Services, Substance Abuse Services, Health Insurance Continuation Program (HICP) and Integrated Primary Care and Behavioral Health Services (IPCBH). A suggestion for a correction to the identification of the Legal service category was made: "Legal Aid Services" to "Legal Services." This will be updated on the Recipient expenditure report and the scope of service document provided.

Part F Funder's Presentation: The Part F/AETC Recipient presented funder information. At the close of the presentation, the Part F/AETC Recipient shared that all Ryan White Parts can collaborate to address these barriers to receiving care by providing more innovative ways to provide transportation and better patient management by case managers. Services/resources outside of Part F available to clients to reduce gaps in services include increased level of knowledge and engagement in oral health care and increased funding (see handout).

B. Rationale for Recommendations:

None.

C. Data Reports/Data Review Updates:

None.

D. Data Requests:

Pull data for Test & Treat numbers; HIV; BARC; ACA by FPL

E. Other Business Items:

Agenda Items for Next Meeting: Review Part A Eligibility for Service Categories, Funder Presentations (Parts B,C,D), Service Category Rankings

Next Meeting Date: June 18, 2019 at 9:00 a.m. *Location:* Governmental Center Room: A-337

F. AD-HOC ADVISORY COMMITTEE

May 16, 2019 *Chair: A. Ruffner*

A. Work Plan Item Update / Status Summary:
Member Event Prep Assignments Update: The Ad-Hoc Youth Advisory Committee discussed its progress in securing sponsorships from the previously determined organizations. Goodwill, Poverello, and Walgreens expressed interest in donating and/or providing items on loan. AHF agreed to donate through Out of the Closet and AHF Pharmacy at the meeting. Members will reach out to previously identified parties who have not confirmed sponsorship to determine interest and availability. Event Marketing & Promotions: The Committee selected the 1-page version of the event flyer and suggested changes to the size of the Fashion Show title and creating space for sponsor logos. The flyer will be distributed to agencies to print and display digitally as well as emailed to interested parties. Event Program Outline: Members reviewed a draft agenda for the Fashion Show, a planning timeline, and selected specific roles for event management purposes. The timeframes outlined in the agenda were tabled until the Master of Ceremonies has been chosen, but members will review the proposed videos for the transitions between scenes and discuss them at the June meeting. A range of dates were selected and added to the planning timeline for rehearsals and fittings. Model Casting Call: The Committee reviewed the final draft of the Model Casting Call flyer. Aspiring models will register for a time slot of the casting through Eventbrite and complete an application prior to the audition. The Committee included demographic questions on the application to ensure the most diverse possible cast of models.
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: Member Assignment Updates, Event Planning Timeline, and Model Casting Call. *Next Meeting Date*: June 11, 2019 at 4:30 p.m.

A. EXECUTIVE COMMITTEE

May 21, 2019 *Chair: R. Lopes, V. Chair: C. Grant*

A. Work Plan Item Update / Status Summary:
a.) Executive Committee Leadership Training Plan: The Committee approved its training plan. The purpose of the plan is to provide training related to organizational development, leadership building, and coaching. The Executive Committee will review Planning CHATT webinars related to organizational leadership and recruitment strategies as well as consultant-led trainings for strategic thinking and frequency of leadership. b.) HIVPC Training Plan FY19-21: Members reviewed and approved the two-year HIVPC Training Plan put together by MCDC. c.) System of Care Committee: Executive reviewed the System of Care (SOC) Committee Work Plan and discussed its status. SOC has been on hiatus pending results of the Integrated Plan Workgroup meetings. The Executive Committee will continue its discussion of SOC at its next meeting. d.) HealthHIV Planning Body Assessment: Representatives for HealthHIV discussed their initiative to study and assess the effectiveness of planning bodies using an assessment tool. The Committee discussed the benefit to

the HIVPC of participating in the study and determined that it would not be best to move forward with the assessment as the HIVPC is currently utilizing similar assessments, resources, and tools.
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: System of Care Committee *Date:* July 18, 2019 at 1:30 p.m. *Venue:* Governmental Center Room A-337

A. SYSTEM OF CARE COMMITTEE (SOC)

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

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

9. RECIPIENT REPORTS (20 minutes)

a. Part A- The Recipient discussed the statewide Florida Prevention Patient Care meeting. ADAP client enrollment has increased every year over the past three years. The biggest increase is from individuals who are now acquiring insurance and ADAP is paying the premium. Everyone believes this is the most cost-effective model because ADAP receives rebates on premiums and co-payments for those premiums. The growth of the ADAP Program is similar to the growth of the RWPA Program. Ten years ago, Florida did not engage in rebates and now it is almost half of the ADAP Program's revenue. Part B had a ceiling on supplemental funding of $20 million and received on $15 million. The Recipient addressed this so that the HIVPC understands what is going on at the state level as Broward continues to look for ways to maximize service delivery without negatively impacting client service. The Recipient also stated that Part A Recipients from Florida jurisdictions will further discussions with Part Bs so that tier systems will not be developed without their input. Another point from the meeting was that $4.7 million of Florida's HOPWA funds will be provided to EMAs in a one-time allocation. The Part B Recipient will receive more information on that in the next couple of weeks and provide more detail at the next HIVPC meeting.
HOPWA dollars were left over because Part Bs require spending authority to be given by the legislature in Tallahassee in order to expend funds. Without spending authority, the money is rolled over until authority is received or the money is returned.
The eligibility information process is being piloted with case managers. The eligibility portal will be piloted in the next month or month and a half. Once the portal is open this information will be communicated and marketing materials and instructions will be provided.

b. Part B- The Part B Recipient discussed its final expenditures for FY2018, which closed on March 31, 2019. Part B expended 99% of its grant funding only having unexpended dollars in its Emergency Financial Assistance and Residential Substance Abuse categories. Its remaining funding will be returned to the state. In FY2019, which began April 1, 2019, Part B has expended 4% of its funding. This FY's includes the service category "Non-Medical Case Management." This service category's inclusion is based on guidance that all eligibility functions be under Non-Medical Case Managers. This service category only refers to Part B. These Case Managers will not do a plan for case management services. Those services were previously provided under "Referral for Health Care/Support Services."
The Recipient was asked about updates to Medical Transportation. This service category still provides bus passes and Part B is continuing to work to provide alternative transportation. The Recipient understands that some individuals require a higher level of care in terms of transportation. Part B has experienced an

issue working with Uber Medical due to business associate agreements and clauses. Part B will continue to work with Uber Medical to move past this issue and continues to examine taxi services.

There are now over 4,500 individuals enrolled in the ADAP Program, which is an increase. Viral load suppression remains between 89% - 90%. The program has a no-show rate of 30%. Reasons cited for no-shows include childcare and transportation. Individuals are not using the ADAP portal although 1,174 individuals are enrolled in ADAP and are able to utilize it. The Part B Recipient asked that members inform clients that this resource is available 24 hours a day 7 days a week and they do not have to go to the office.

The Recipient anticipates that people will lag a bit more because their ADAP eligibility may lapse while individuals still have enough medication for 1-2 months. Staff does investigate when individuals have not picked up their medication and that information is sent to the department responsible for bringing clients back into care.

On July 1st, the Emergency Fill Program will end. The program's budget is $7 million and $14 million was spent. Central pharmacy has had issues getting medication in a timely manner. The section has been transparent about the issue, and the program came from that. There is also an upcoming pilot with CVS. The pilot will employ the specialty care pharmacy model. This means they will send medication through the mail or individuals can pick up medications at the pharmacy. This will include the Kendall location as well as Orange.

c. Part C- The Accounting Services Department is working to close out its fiscal year at this time. Once this process has been completed, the Part C Recipient will be able to provide a report on the previous fiscal year.

d. Part D- The Part D Recipient notified the HIVPC that the Part D grant is normally released every 3 years, which would have meant that CDTC would be competing for its grant in 2020. They have received a 2-year extension meaning that the Part D grant will be released in 2022.

e. Part F- A dentist who is part of the Part F program is moving to Boston.

f. HOPWA- The HOPWA representative provided a report on the availability of units in Broward County (handout on file). A guest shared that West Palm Beach's HOPWA program will receive $3.2 million in this fiscal year and asked about Broward's funding. It was noted that Broward County's HOPWA program will receive $7 million.

g. Prevention- The Part B Recipient noted that the Broward County HIV Prevention Planning Council will hold a meeting on June 6th at 1:30 p.m. Additionally, the Test & Treat Program has gotten individuals into care rapidly. The previous CDC goal was to have newly diagnosed individual in care within 90 days. With the new funding announcement that engagement timeframe has been reduced to 30 days. In 2017, 40% of diagnosed individuals were linked to care, and in the first quarter of 2019, 90% of those diagnosed have been linked to care.

11. UNFINISHED BUSINESS

None.

12. PUBLIC COMMENT (Up to 10 minutes)

13. ANNOUNCEMENTS

- Legal Aid will be hosting an event for HIV Long-Term Survivors Awareness Day which Broward House will attend.
- Memorial Healthcare System (MHS) - Dr. Eckerd's program has moved to 5647 Hollywood Blvd. MHS is also expanding its opt-out HIV testing program. Currently at Memorial Regional Hospital, it is being implemented at Memorial West and Primary Care clinics. MHS is moving toward routine HIV testing. Over 20,000 patients have been informed of the hospital system's policy of HIV testing and less than 1% have opted out.

14. REQUEST FOR DATA

None.

15. AGENDA ITEMS FOR NEXT MEETING: June 27, 2019 9:30 a.m. LOCATION: GC-430

Tasks for next Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
Hepatitis A Presentation	ACTION ITEM: Receive an overview of Hepatitis A including transmission, prevention, and symptoms from the Florida Department of Health in Broward County.

16. ADJOURNMENT The meeting was adjourned at 11:05 am.

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 •

HIVPC ATTENDANCE CY 2019

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	24	28	28	25	23								
0	0	1	1	Arencibia, Y.	X	X	X	A	X								
0	1	1	2	Barnes, B.	A	X	E	X	X								
1	1	0	3	Bhrangger, R.	X	X	X	X	X								
1	1	1	4	Burgess, D.	X	X	X	X	A								
0	0	0	5	Cutright, A.	N - 5/23				X								
1	1	0	6	Dennis, B.	N-4/25			X	X								
0	0	3	7	Fleurinord, P.	A	E	E	A	A								
0	0	1	8	Fortune-Evans, B.	A	E	X	X	X								
0	0	2	9	Foster, V.	X	X	X	A	A								
0	0	0	10	Grant, C.	X	X	E	X	X								
0	0	0	11	Hayes, M.	X	X	E	X	X								
0	0	4	-	Holness, D.V.C. (Comm)	A	A	X	A	A								
1	1	0	12	Katz, H.B.	X	E	X	X	E								
0	0	0	13	Leonard, Christopher	N- 4/25			X	X								
0	0	0	14	Lopes, R. *Chair*	X	X	E	X	X								
1	1	0	15	Marcoviche, W.	X	X	X	X	X								
0	0	1	16	Moragne, T.	A	X	X	X	X								
0	0	1	17	Moreno, V.	A	X	E	X	X								
1	1	0	18	Riley- Gardiner, Y.	N- 4/25			X	E								
0	1	0	19	Robertson, L.	X	X	X	X	X								
0	0	0	20	Rodriguez, J.	X	X	X	X	X								
0	0	1	21	Ruffner, A.	X	X	X	X	A								
0	0	2	22	Schweizer, M.	A	X	X	A	X								
0	0	2	23	Siclari, R.	X	A	X	X	A								
				Quorum = 12	13	15	14	18	16	0	0	0	0	0	0	0	

Legend:	
X - present	N - newly appointed
A - absent	Z - resigned
E - excused	C - cancelled
NQA - no quorum absent	W - warning letter
NQX - no quorum present	Z - resigned
	R - removal letter

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: June 25, 2019

FY 2020 Appropriations Funding

The House has proposed a total of $1.335 billion in funding for treatment, care, and prevention, which would amount to a $203 million overall increase. This does not include funding totals for HOPWA and other HUD-based supportive services.

Ryan White/CDC

The House has packaged its Labor-Health and Human Services-Education appropriations bill with others for a "mini-bus" package that was approved by that body on June 18. Ryan White Parts A and B and ADAP would receive funding increases. Overall, there would be $2.43 billion, representing an $116.4 million increase). Part A would get $677.5 million (increase of $21.6 million), Part B would get $419.6 million (increase of $4.9 million), ADAP would get $912 million (increase of $11.7 million). The President's "Ending the HIV Epidemic" plan would receive $70 million (he requested $291 million). The Minority AIDS Fund would receive $65 million (increase of $11.1 million). SAMHSA's Minority AIDS Program would receive $121 million (increase of $5 million).

HOPWA

The full House Appropriation Committee has not yet approved the Housing-Transportation appropriations bill. The subcommittee mark includes $410 million, an increase of $17 million. proposes $63 million in spending reductions to the Housing Opportunities for People With AIDS program (HOPWA). PEPFAR would shrink by $1.3 billion. It comes with proposed cuts to HIV housing, global HIV aid, and health care and human services programs. The overall budget seeks 12% less in domestic spending than in 2019.

The Senate Appropriations Committee has not yet moved on its funding bills that cover Health and Human Services or Housing. Initial action is expected by the end of July.

Outlook

The House, Senate, and President do not currently have an agreement on total government-wide spending caps. Reaching an agreement before the end of the fiscal year will be difficult. Leaders met last week for a second time but without an agreement.

The fiscal year starts October 1. Without an agreement, a shut down is possible.

HANDOUT B

Hepatitis A virus (HAV) is a vaccine-preventable form of infectious hepatitis.

Florida Department of Health • FloridaHealth.gov

HAV is contagious & can harm your liver.

HAV usually spreads person-to-person through objects, food or drink that are contaminated by small amounts of stool from a person with HAV.

Symptoms

You can have HAV for up 2 weeks without feeling sick, but during that time you may be spreading HAV to others.

Symptoms usually start 2–6 weeks after infection and last less than 2 months. Some people can be sick for up to 6 months.

COMMON SYMPTOMS:

- Stomach pain.
- Nausea and vomiting.
- Yellow skin or eyes (jaundice).

OTHER SYMPTOMS:

- Diarrhea.
- Loss of appetite.
- Joint pain.
- Pale or clay colored stool.
- Fever.
- Tired.
- Dark-colored urine.

Think you're at risk? See your health care provider.

You're at risk if you:

- Are in close contact, care for or live with someone who has HAV.
- Have recently visited a country where HAV is common—or been in close contact with someone who has.
- Are having sex with someone who has HAV.
- Are a man who has had sex with other men.
- Use injection or non-injection drugs.
- Are homeless or in temporary housing.
- Have recently been incarcerated.

Your health care provider:

- Will talk to you about your risks and symptoms.
- May take a blood sample to test you for HAV.

If you have HAV, you will need to:

- Get lots of rest.
- Eat healthy food.
- Drink plenty of fluids.
- Keep all medical appointments with your health care provider.

Stay home from work if you have HAV.

If you have some symptoms and a close friend, relative or roommate who has been diagnosed with HAV in the past 30 days, see a health care provider immediately.

LET YOUR BOSS KNOW IF:

- You're seeing a health care provider because you have HAV symptoms.
- You've seen a health care provider and you have HAV.

Prevent the spread of HAV.

Talk to your health care provider about getting vaccinated.

HAV can spread person-to-person from any sexual activity with a person who has HAV—using a condom will not prevent the spread of the virus. People who are sick with HAV should avoid sexual contact. People who are at-risk should get vaccinated.

An additional way to help prevent the spread of HAV is to wash your hands with soap and warm water for at least 20 seconds:

BEFORE YOU

- Prepare food.
- Work with food that isn't already packaged.

AFTER YOU

- Touch people or public surfaces.
- Use the restroom.
- Change a diaper.
- Cough, sneeze or use a handkerchief or tissue.
- Use tobacco, eat or drink.

ALCOHOL-BASED HAND SANITIZERS DON'T KILL HAV GERMS!

DON'T SHARE:
Towels, toothbrushes or eating utensils.

DON'T TOUCH:
Food, drinks, drugs or cigarettes that have been handled by a person with HAV.

The HAV vaccine is safe & effective.

- If you're at risk, you should get vaccinated.
- The vaccine is given as 2 shots, 6 months apart. You need both shots for the vaccine to work long-term.
- Contact your local health department if you don't have health insurance at this time and you need help getting a vaccination.

Have questions? Like to learn more?

Contact the Florida Department of Health in Broward County
780 SW 24th Street
Fort Lauderdale, FL 33315

954-467-4705 **http://broward.floridahealth.gov**

Florida Health Office of Communications 12-13-18