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, March 28, 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 3/28/19 Meeting Agenda
- g. Approval of 2/28/19 Meeting Minutes

3. PHONE INTRODUCTIONS

4. PUBLIC COMMENT (Up to 10 minutes)

5. WRITTEN FEDERAL LEGISLATIVE REPORT (Handout A)

6. CONSENT ITEMS

#	Motion	Justification	Proposed By
1	To approve Aaron Cutright for HIVPC membership in the ASO/CBO seat.	Mr. Cutright is a healthcare provider committed to advocating for and serving the HIV/AIDS community. He has years of experience working with the AIDS Healthcare Foundation. He has volunteered in the community, but now wants to join the Planning Council to widen his reach of impact in Broward County.	Executive Committee
2	To approve the HIVPC Committee Workplans (Handout B).	The HIV Planning Council Committees have reviewed and updated the committee workplans for FY 2019-2020. Workplans have been approved by each committee, respectively.	All Committees
3	To approve Brad Barnes for membership on the Quality Management Committee.	Mr. Barnes has been a member of the HIVPC since 2015 and has served in leadership positions in that time.	Quality Management Committee Chair
4	To approve updates to the HIV Planning Council Membership Application (Handout C).	The application was updated to reflect current HIVPC Committees and include relevant questions regarding applicants' strengths.	Membership/Council Development Committee
5	To approve updates to the HIVPC Committee Membership Application (Handout D).	The application was updated to reflect current HIVPC Committees and include relevant questions regarding applicants' strengths.	Membership/Council Development Committee

7. DISCUSSION ITEMS

#	Motion	Justification	Proposed By
1	To approve AIDS Pharmaceutical Assistance and Emergency Financial Assistance Service Delivery Model (Handout E).	This service delivery model approval request complies to a recommendation from the HRSA HIV/AID Bureau's 2018 site visit to the Broward County EMA. It represents the creation of service delivery standards for Emergency Financial Assistance, which has been combined with the AIDS Pharmaceutical Assistance (Local) service delivery model.	Executive Committee

8. NEW BUSINESS

a. Administrative Mechanism Overview and Survey – Receive overview of the purpose of the Assessment of the Administrative Mechanism and take the survey.

9. MARCH COMMITTEE REPORTS (15 minutes)

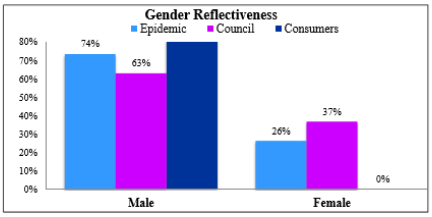
A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

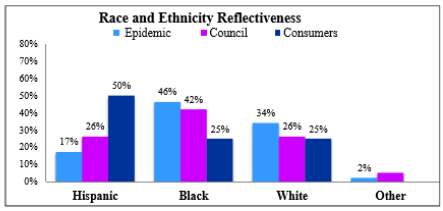
Meeting Canceled- No Quorum *Chair: Vacant V. Chair: P. Fleurinord*

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

March 14, 2019 *Chair: V. Foster, V. Chair: Vacant*

HIV Planning Council Membership Report
Current Through February 2019





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	14,753	74%	12	63%	-10%	4	100%	26%
Female	5,288	26%	7	37%	10%	0	0%	-26%
Transgender	-	-	0	0%	-	0	0%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	3,455	17%	5	26%	9%	2	50%	33%
Black	9,283	46%	8	42%	-4%	1	25%	-21%
White	6,831	34%	5	26%	-8%	1	25%	-9%
Other	472	2%	1	5%	3%	0	0%	3%
Total	20,041	100%	19			4		

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	42%

Current Members	19
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	21%

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)

A. Work Plan Item Update / Status Summary:

HIVPC Committee Vacancies: Since the last MCDC meeting 2 Black female consumers have been approved for membership by the HIVPC. There is still a need for consumers, particularly Black female consumers, as the HIVPC remains below the 33% HRSA mandate for PLWHA participation.
Current Applicants, Interested Parties, and Appointments: The Committee reviewed and approved an application for HIVPC membership. The applicant will fill an ASO/CBO seat.
Membership Application Update: Members reviewed updates to the HIVPC and Committee applications. MCDC agreed to include a suggestion from CEC, update the list of Committees, and include a question capturing members' age/ranges.
MCDC WP and Evaluation: The committee reviewed their previous year's work plan and updated the MCDC FY19-20 workplan based on previous year's activities and new committee goals. The committee also completed an evaluation and determined they would continue targeted recruitment, specifically for PLWHA, and plan for HIVPC trainings to ensure ongoing council education.

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: Welcome Packet and Training Plan. *Next Meeting Date*: April 11, 2019 at 9:30 a.m. *Room:* A-335

C. INTEGRATED WORKGROUP

No March 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)

March 21, 2019 *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 reviewed the expenditures and utilization through the previous FY. Overall, 98% of Part A and MAI funding was utilized and a limited number of invoices are expected to be submitted. The MAI program expended 83% of its funding, the remainder of which will be rolled into FY19-20 services. Part A funds were 100% expended.

FY2018 Work Plan/Evaluation: The Committee reviewed its progress on the FY18-19 PSRA Work Plan and completed its annual evaluation. After some discussion, the Committee approved its FY19-20 Work Plan choosing not to revise its goals and objectives.

Service Category Review: PSRA resumed the previous meeting's discussion regarding service categories. The Committee continued to discuss CIED and BSS. The Fiscal Administrator provided scope of service information for the service categories in addition to the eligibility requirements. After much discussion, PSRA voted to return to reviewing both service categories during the PSRA Process. The Committee will review all service categories before making decisions related to each.

PSRA Process: The Senior HIVPC Manager reviewed the timeline for the PSRA Process noting dates and locations of extended meetings along with meeting topics. The Committee motioned to approve the PSRA Process and Timeline.

FY2019 Assessment of the Administrative Mechanism: The HIV Planning Council is tasked with assessing the Recipient each year on how its work is done. The PSRA Committee reviewed and approved the Methodology as well as the survey which would be posed to the HIVPC.

B. Rationale for Recommendations:

None.

C. Data Reports/Data Review Updates:

The committee reviewed service category utilization by FPL as well as scope of service information to assess the categories before making changes.

D. Data Requests:

The committee will review information regarding service category utilization and expenditure to reduce the gap between funding and service provision.

E. Other Business Items:

Agenda Items for Next Meeting: PSRA Process, Part A Eligibility for Service Categories, and 2017 Part A Epidemiological Data Presentation. *Next Meeting Date*: April 18, 2019 at 9:00 a.m. *Location:* Secret Woods Nature Center.

F. AD-HOC ADVISORY COMMITTEE

No March Meeting *Chair: A. Ruffner*

G. EXECUTIVE COMMITTEE

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

F. Work Plan Item Update / Status Summary:

Executive Committee Work Plan: The Committee reviewed its progress on its FY18-19 Work Plan.

FY2018 Committee Evaluation: Executive completed its annual evaluation and used its responses and previous year's Work Plan progress to finalize its FY19-20 Work Plan.

Service Delivery Model (SDM) Approval: The Executive Committee reviewed and approved the AIDS Pharmaceutical Assistance (Local) & Emergency Financial Assistance SDM as QMC was unable to meet.

Executive Leadership Training: The Committee reviewed past leadership training topics and the Committee discussed utilizing webinars rather than meeting time. The Committee will review a leadership training plan at the next meeting.

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: Training Plan and Race Equity Institute Training *Date:* April 18, 2019 at 1:00 p.m. *Venue:* Secret Woods Nature Center

H. SYSTEM OF CARE COMMITTEE (SOC)

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

**** 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
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: April 25, 2019 9:30 a.m. **LOCATION:** GC-430

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, February 28, 2019 Meeting Minutes

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Grantee Staff**
1	Arencibia, Y.	**X**			Anderson, T.
2	Barnes, B.	**X**			Drummond, K.
3	Bhrangger, R.	**X**			Garcia, E.
4	Burgess, D.	**X**			Jones, L.
5	Fortune-Evans, B.		**A**		Green, W.E.
6	Foster, V.	**X**			
7	Fleurinord, P		**A**		
8	Grant, C.	**X**			**HIVPC Staff**
9	Hayes, M.	**X**			Johnson, B.
	Holness, Comm. D.V.C				Oratien, V.
10	Katz, H. B.		**A**		Jolly, J.
11	Lopes, R. *Chair*	**X**			Guice, M.
12	Marcoviche, W.	**X**			Joseph, A.
13	Moragne, T.	**X**			
14	Moreno, V.	**X**			**Guests**
15	Robertson, L.	**X**			Mester, B.
16	Rodriguez, J.	**X**			Gibbons, S.
17	Ruffner, A.	**X**			Roberts, G.
18	Schweizer, M.	**X**			Coll, H.
19	Siclari, R.		**A**		Infante, G.
	Quorum=11	**15**			Riley-Gardiner, Y.

1. CALL TO ORDER

The Chair called the meeting to order at 9:43 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
Proposed by: Grant, C. **Seconded by:** Foster, V.
Action: Passed Unanimously

Motion # 2: To approve the 1/24/19 minutes
Proposed by: Schweizer, M. **Seconded by:** Arencibia, Y.
Action: Passed Unanimously

3. PHONE INTRODUCTIONS

HIVPC Members Brad Barnes & Marie Hayes conferenced in for the meeting.

4. PUBLIC COMMENT

None.

5. WRITTEN FEDERAL LEGISLATIVE REPORT HANDOUT

A written report was provided by Mr. Murphy (Handout A on file).

6. CONSENT ITEMS

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

7. DISCUSSION ITEMS

None.

8. NEW BUSINESS

Membership Drive – In the month of January, all Planning Council Committee members visited different agencies to promote the HIVPC and to recruit new members. The CQM/PC Manager discussed the HIVPC Membership Drive and the goals that were accomplished by its members. The membership drive slideshow was used to recap highlights of the overall initiative. The Membership Drive garnered interest from 45 individuals. Committee members will work on ways to improve the process for the next drive which will be tentatively held summer of 2019. Next steps for the membership drive was for the committee members to reach out to all 45 potential members to encourage them to attend the meetings.

HIVPC Retreat- Details on the upcoming HIVPC Retreat was discussed. The retreat will be a continuation of the Undoing Racism trainings that most of the committee members have already attended. The retreat will include other community members who also have attended the racism training, who will participate in idea sharing forum regarding how racial equity initiatives can either be introduced or enhanced amongst participant agencies throughout Broward. The day of the retreat will be two-part. The first half of the training will be attended only by those who have attended the racism training. Part Two of the retreat will be held in the afternoon and is designated for individuals who have not participated in previous trainings. The retreat is MANDATORY for HIVPC members and will count towards attendance.

9. JANUARY / FEBRUARY COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

February 5, 2019- *Chair: Vacant Chair: P. Fleurinord*

A. Work Plan Item Update / Status Summary:
Membership Drive Recap: A summary presentation of the Membership Drive activities was provided to the committee. While the member attendance was low overall, the committee accomplished many goals identified prior to the drive. Next steps for the membership drive include correspondence from committee members to all potential members who signed up. Outreach Event Planning- The CEC ad-Hoc Advisory Chair gave an update on the progress made in preparation for the spring fashion show outreach event. The fashion show will be held at Art Serve on Friday, May 10th at 7pm. The target population is young adults. The event will include networking opportunities, with agencies tabling and sharing resources and information with the guests. Updates will be provided at March's CEC meeting. Committee members were encouraged to attend this event and spread the word. FY2018 Committee Work Plan- The committee members reviewed the work plan for the 2018 fiscal year. Both completed and pending objectives and activities were reviewed to determine overall progress of the committee goals. The committee reflected on past events that were successful and plan to revisit similar strategies in the future. It was decided that the goal of hosting 4 events will remain the same for the upcoming fiscal year. FY2018 Committee Evaluation- Members were given the opportunity to reflect on their productivity in the current fiscal year by completing the FY2018 Committee Evaluation. Each question was discussed collectively, and members added their feedback on ways to improve productivity. Members used their reflections to guide the creation of the committee work plan and goal setting for FY2019-20.
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: CEC FY19-20 Work Plan N*ext Meeting Date*: March 5, 2019 at 3:00pm

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

Meeting Canceled- No Quorum *Chair: V. Foster, V. Chair: Vacant*

C. INTEGRATED WORKGROUP

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

D. QUALITY MANAGEMENT COMMITTEE (QMC)

January 28, 2019-Membership Drive *V. Chair: B. Fortune-Evans*

No February Meeting *V. Chair: B. Fortune-Evans*

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

January 31, 2019-Membership Drive *Chair: L. Robertson, V. Chair: M. Hayes*

February 21, 2019 *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 reviewed the expenditures and utilization through 11 months of service. At this point, service categories should have expended 88% of their funding. The EMA's total Part A funds are 94% expended, and the Recipient's Office expects to expend the remainder of available funds by the end of the fiscal year. Service Category Review: The PSRA Committee began discussions on cost savings strategies for the all Part A service categories. The Committee reviewed current service category expenditure and utilization by FPL and reviewed different strategies to save costs while still providing services to clients. After much discussion, PSRA decided to approach the task of adjusting available services by making small changes where possible rather than large-scale changes to minimize the disruption of services to clients. The Committee chose to continue the review of services, beginning with CIED at its next meeting. PC support will provide information on the scope of services along with additional information on other service categories to help facilitate the discussion on cost savings strategies.
B. Rationale for Recommendations:
None.
C. Data Reports/Data Review Updates:
The committee reviewed service category utilization by FPL.
D. Data Requests:
The committee will review information regarding service category utilization and expenditure to reduce the gap between funding and service provision.
E. Other Business Items:
Agenda Items for Next Meeting: Review service category eligibility and FY19-20 Work Plan. *Next Meeting Date*: March 21, 2019 at 9:00 a.m.

F. AD-HOC ADVISORY COMMITTEE

January 24, 2019 *Chair: A. Ruffner*

A. Work Plan Item Update / Status Summary:
Member Event Prep Assignments Update- The committee discussed the preferred location; Art Serve. Currently, only 3 dates are available within the preferred time frame: 3/29, 5/10 and 5/24. These dates are not close to the dates that were originally suggested (around April 15th, which is Youth HIV/AIDS Awareness Day). Committee members finalized the location and Friday, May 10th as the event date with a proposed event time from 7-10pm.

Event Sponsorships & Marketing- Committee members gave an update on sponsorships. A committee member is in contact with the district manager for goodwill stores. Out of the Closet will also be contacted for clothing donations. Other sponsorship needs include: Makeup- MAC (has HIV/AIDS campaign)/Sephora; Walgreens/CVS (for donated makeup supplies if there is no makeup artist); Empire Beauty School students may be interested in helping with makeup application on the day of the show. Other agencies can be asked to table as well to provide information of services offered in the community.

Outreach Event Timeline:

The committee discussed a timeline of activities that will take place in preparation for the event. This includes remaining sponsors and talent to contact, flyer creation ideas, and securing the event location.

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: Program Outline, Model Casting Calls, Event Marketing *Next Meeting Date*: Tuesday, February 12th at 3pm at the World AIDS Museum

February 26, 2019- Meeting Canceled- No Quorum *Chair: A. Ruffner*

G. EXECUTIVE COMMITTEE

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

F. Work Plan Item Update / Status Summary:

Membership Drive Recap: The committee reviewed a slideshow to recap membership drive highlights. The Membership Drive was the most successful recruitment effort thus far; garnering interest for 45 individuals. Committee members will work on ways to improve the process for the next drive which will be tentatively held summer of 2019. Next steps for the membership drive include follow up from committee members to reach out to all 45 potential members to encourage them to attend upcoming meetings. PC support staff created a contact list of all membership drive participants. Committee members received this list with the understanding that he/she will reach out to the individuals that they signed up during the Membership Drive.

Member Approvals: The committee looked at the member reflectiveness to identify the underrepresented populations. Two individuals representing a critically unrepresented population on the HIVPC were presented to the committee for membership approval. The committee approved two black female applicants for HIVPC for membership in the absence of the standard MCDC process, as the committee has not been able to achieve quorum to meet and approve new applicants. The committee also discussed efforts to find more diverse representation on the council.

HRSA Site Visit Recommendations: The committee discussed an action plan for HRSA findings from the site visit conducted in June 2018. The committee determined they would further discuss and devise a plan relating to applying term limits for HIVPC membership as well as ongoing review of the PC budget. Additionally, HRSA recommended updating the Guiding Principles for the Planning Council. The Executive will review the current HIVPC Guiding Principles and make necessary updates in their upcoming meetings.

G. Rationale for Recommendations:

None.

H. Data Reports/Data Review Updates:

None.

I. Data Requests:

Prepare the Guiding Principles and HIVPC Budget for the next meeting

J. Other Business Items:

Agenda Items for Next Meeting: Review Committee Evaluations and FY2019 Work Plan, Leadership training topics.

A. SYSTEM OF CARE COMMITTEE (SOC)

No February Meeting _____ *V. Chair: C. Edward*

10. RECIPIENT REPORTS (20 minutes)

a. **Part A**- The Part A Recipient gave a handout to all attendees. Notice of Grant award has been received, and this is the first time in 15 years where a full grant award notice has been received. The grant award is broken up into three parts; formula award, supplemental award, MAI award. A total of $9,536,333 has been received for the formula award. There was an over $68k reduction in the formula award amount and is strictly based on the number of HIV cases the EMA has and the location of the diagnoses. The supplemental award is awarded based on the grant narrative submitted every year. When reviewing supplemental award trends over the past few years since FY16, the most recent supplemental award was not much of an increase and has continued to fluctuate. MAI dollars are based on the jurisdiction. A handout was provided, outlining the effects of in-migration; people who are tested in the county but are not residents of the county. As a result, 6,108 nonresidents are individuals who are living in other areas. Therefore, funding for these individuals is not considered when awarding funding to the Broward EMA. Broward County is number 1 in in-migration, almost double that of Miami -Dade county. A question was asked on whether there is a similar state or area that is dealing with similar issues of in-migration, insufficient formula/supplemental/MAI funding, etc. The recipient stated that Southern states seem to be experiencing the same, according to percentages. A guest asked for the racial breakdown for the in-migration stats, this information is not yet available. Another question was asked about the dollars being adjusted to reflect the need. CDC drives funding formulas in the nation. Going to DC to continuously inform Governmental Officials of the state of the epidemic in the EMA is one of the major ways to influence this formula. The allocations for FY19 were then reviewed. The Grantee ended their report with the announcement that the CQM/PS Manager, Brithney Johnson, has resigned from her position with BRHPC, with February's meeting being her last HIVPC meeting with the Planning Council.

b. **Part B**- January 2019 expenditures sheets were provided to attendees. Part B has received State Office funding in the amount of $1.1 million. Part B provided funding for the following services; Health insurance premium cost sharing, home delivered meals, residential substance abuse, emergency financial assistance, medical transport, Health care referrals, etc. (see handout). They are on track to expend the full budget amount, 75% has been spent thus far. ADAP funds are also carved out of Part B. There has been a slight increase in ADAP enrollments. A total of 4,422 clients have been enrolled through the month of January. The percentages drop in the re-enrollment and getting clients back into care stages. The 90 day dispense plans have changed. It will now be at the discretion of the physician to approve patients to receive these services. The specialty pharmacy will be serving the areas that don't have a pharmacy. The RFP Process will be phased out because they have overspent, as they are paying retail prices for the medications. More information about the timeline for sunsetting this program will be released soon.

d. **Part C**- The Part C program is in the process of preparing the RSR report that is due to the County next week and to HRSA on the 25th of March.

e. **Part D**- No report.

f. **Part F**- The Part F Recipient has received their grant award and will be funded through 2023. There is no competing bid, and this award should be received some time in July 2019. Providers who have clients that need dental services but aren't eligible for Ryan White, were encouraged to reach out to Nova Dental, as they provided services on a sliding scale. Preceptorships are also available through Part F.

g. **HOPWA**- No report.

h. **Prevention**- The Part B Recipient reviewed the Prevention Report, which will be provided every 3 months. In December they participated in a HIV/AIDS Awareness Fair held at the county office. A total of 250 condoms were distributed at this event and 12 individuals took home HIV test kits. Thirty individuals received a presentation on PrEP. Prevention staff also attended the PRIDE Ft. Lauderdale event, where a lot information was provided about PrEP.

11. UNFINISHED BUSINESS

None.

12. PUBLIC COMMENT (Up to 10 minutes)

None.

13. ANNOUNCEMENTS

- ADC does preceptorships, if agency has a consumer group, they also do 1-hour presentations.
- ADAP phone number will be changing- there will now be one number for ADAP. The fax number will stay the same.
- Ujima Men's Collective- Stonewall National Museum: Thursday, February 28, 2019, 7-9pm.
- Women in HIV- (flyer will be made available): Tuesday, March 12th, 7-9pm. Bilingual dialogue- Representatives from Amigas and Care Resource and World Aids Museum will be in attendance.

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: March 28, 2019 9:30 a.m. **LOCATION:** GC-430

Tasks for next Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
	ACTION ITEM:

16. ADJOURNMENT The meeting was adjourned at 10:47 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

PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
			Meeting Date	24	28											
0	0	**1**	Arencibia, Y.	X	X											
1	1	**2**	Barnes, B.	A	X											
1	0	**3**	Bhrangger, R.	X	X											
1	0	**4**	Burgess, D.	X	X											
0	1	**5**	Fleurinord, P.	A	A											
0	1	**6**	Fortune-Evans, B.	A	A											
0	0	**7**	Foster, V.	X	X											
0	0	**8**	Grant, C.	X	X											
0	0	**9**	Hayes, M.	X	X											
0	1	**-**	Holness, D.V.C.(Comm)	A	A											
1	0	**10**	Katz, H.B.	X	A											
0	0	**11**	Lopes, R. *Chair*	X	X											
1	0	**12**	Marcoviche, W.	X	X											
0	1	**13**	Moragne, T.	A	X											
0	1	**14**	Moreno, V.	A	X											
1	0	**15**	Robertson, L.	X	X											

0	0	**16**	Rodriguez, J.	X	X													
0	0	**17**	Ruffner, A.	X	X													
0	1	**18**	Schweizer, M.	A	X													
0	0	**19**	Siclari, R.	X	A													
			Quorum = 11	13	15	0	0	0	0	0	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: March 24, 2019

FY 2020 Budget

The President released his Fiscal Year (FY) 2020 budget earlier this month. Reflecting his "Ending the HIV Epidemic" plan, it includes $291 million in new domestic funding to address HIV and AIDS. Ryan White Parts A and B and ADAP would be level funded. Of the new funding, $140 million would support the CDC's HIV diagnosis and testing, connect patients to treatment, and provide PrEP. An additional $70 million would go to Ryan White Parts A and B jurisdictions targeted by the CDC as high-need regions. The budget would also add funding to primary care programs through HRSA, including $50 million for its Community Health Centers Program for HIV-specific care. Minority AIDS Initiative within the Office of the Secretary would be funded, but supplemented by and $116 million for the Minority AIDS program in SAMHSA.

Cuts

The budget 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.

Congressional Response

Congress has already begun its budget hearings but because of the lateness of the budget submission, detailed hearings are unlikely. There have been few HHS related budget hearings and they have not delved deep into the HIV and AIDS program requests. Messaging from leaders in both chambers suggest that the domestic cuts are unacceptable. We do not expect the double digit cuts the President proposes. It is too early to reliably estimate the funding targets Congress will set.

We can expect appropriations bills to be considered by May with floor action over the summer. It is at that time we will see the fuller response from Congress.

HANDOUT B

FY 2019-20 Community Empowerment Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Community Empowerment Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Enhance capacity in communities throughout the EMA through community mobilization, education/awareness, and resource and information sharing. Host at least 2 outreach activities & 2 education events in FY19.

Objective 1: Increase Consumer education and overall knowledge of the Committee's role in the HIVPC

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Participate in quarterly trainings on topics such as the HIV Care Continuum, viral load suppression, HIVPC 3 Guiding Principles, PLWHA advocacy and leadership	Quarterly	Staff/Facilitator	Educate CEC members and Consumers	Invite experts and HIV Community Partners to provide training and education sessions												
1.2 Priority rank Part A and MAI Service Categories and send recommendations to PSRA	Annually	Staff/Grantee	Data driven PSRA process	Receive presentation on Part A utilization and historical trends. Data: Part A Scorecards; Historical epi data												

Objective 2: Increase community engagement to promote education and awareness to affirm support for PLWHA (Integrated Plan Strategy 3.2.a)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Create forums for Community Summits to identify strengths, challenges, opportunities and barriers for individuals living with HIV in Broward County **(YEAR 1)**	Bi-Annually	IW/CEC	Achieve a more coordinated response to the local HIV epidemic	a. Coordinate with HIV stakeholders (e.g. BTAN, Latinos En Accion, SFAN) to hold Community Forums during significant HIV awareness days (e.g. National HIV Testing Day, Latino HIV Awareness Day, National Black HIV/AIDS Awareness Day) b. Provide presentations by HIV experts (AETC, NQC) to educate community members on emerging issues in HIV, including accessing Ryan White services c. Provide non traditional activities (not specific to "HIV") at Summit to better engage participants d. Request feedback from attendees regarding barriers and stigma in the HIV/AIDS community through surveys to document feedback and follow up with participants.												
2.2 Identify emerging leaders representative of the HIV community who are willing to participate in leadership activities (Integrated Plan Strategy 3.2.c) **(YEAR 2)**	Ongoing	IW/CEC/MCDC	Increase leadership opportunities for individuals living with HIV	Utilize continuous outreach through community forums and events to identify emerging leaders. Emphasize selection of Ryan White consumers who would be willing to participate in leadership activities.												
2.3 Promote opportunities for advocacy and leadership within the HIV Community (Integrated Plan Strategy 3.2.c) **(Year 2-5)**	Ongoing	IW/CEC	Increase leadership opportunities for individuals living with HIV	Develop Leadership Series for identified Ryan White consumers and leaders in the HIV Community. Series should be CEC/Consumer led and focus on topics such as advocacy, letter writing and leadership. Each Series should have a graduation ceremony or recognition program for participants, and such event should coincide with national HIV recognition days, if applicable.												
2.4 Analyze survey results for each community event, including outreach, trainings and community forums	Bi-Annually	Staff/CEC	Monitor progress of Network goal	Determine successes and failures of each event. Provide results in annual CEC Evaluation. Provide any relevant recommendations to PSRA that may inform the PSRA process. Data: survey results based on demographics, client self identified needs, and learning objectives												

Objective 3: Provide networking and communication opportunities to address the epidemic (Integrated Plan Strategy 4.1.d)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Use Needs Assessments, SOC, QM and PSRA recommendations to coordinate feedback mechanisms that address HIV prevention, stigma and treatment **(YEAR 1-5)**	Ongoing	CEC	Utilize feedback in PSRA process and other identifiers	Host events for target groups based on defined data collection focus												
3.2 Develop and implement education and awareness strategies that incorporate results from feedback mechanisms to increase HIV literacy **(YEAR 3)**	Ongoing	CEC	Reduce HIV-related health disparities and health inequities	Utilize community feedback to develop and implement education and awareness activities in the EMA												

FY 2019-20 Priority Setting/Resource Allocations Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Priority Setting/Resource Allocations Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Develop integrated PSRA process using data with input from stakeholders and consumer forums

Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review data relevant to the PSRA process (including recommendations from QM, SOC, and CEC)	Ongoing	Staff/PSRA	Data driven PSRA process	a. PSRA Service Category Scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need e. EIIHA f. Implementation Plan g. Cost data (other funders) h. QM Care Continuum measures i. NHAS j. Anticipated changes due to the ACA												
1.2 Review How Best to Meet the Need language recommendations from SOC committee.	Annually	PSRA/SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from SOC committee.												
1.3 Priority rank Part A and MAI service categories	Annually	PSRA/CEC	Complete PSRA process	Use data elements to inform priority ranking process.												
1.4 Allocate Part A and MAI funds by service category	Annually	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.												
1.5 Monitor expenditures and allocations	Bi-Annually	PSRA/ Grantee	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.												
1.6 Review and approve FY2019 PSRA Work Plan	Annually	PSRA	Process Planning		X											

Objective 2: Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage and retention (Integrated Plan Strategy 2.1.a)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care **(YEAR 1-2)**	As Needed/Recommended	PSRA	Increase access to care and improve health outcomes	Review recommendations from QMC, Integrated Work Group, SOC Committee and other relevant data sources to identify and develop strategies to address the needs of clients who may not seek care or who have fallen out of care. Implement identified strategies for MAI funded services in the EMA through Service Delivery Models, programs, interventions, enhanced service categories, and/or HBTMTN												

Objective 3: Assess the Administrative Mechanism

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative Mechanism training	Annually	Staff/PSRA	Ensure compliance	Receive training to review the required components and purpose of the assessment.												
3.2 Assessment of the Administrative Mechanism recommendations	Annually	PSRA	Ensure compliance	Make recommendations for activities to include in the assessment of the Administrative Mechanism.												

HANDOUT B

FY 2019-20 Membership/Council Development Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Membership/Council Development Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Ensure HIVPC membership reflects the HIV demographics of the Broward EMA including 33% representation of unaffiliated PLWHA

Objective 1: Ensure HIVPC is representative and reflective

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review Council demographics to ensure it reflects the Broward epidemic, including at least 33% of members are unaffiliated PLWHA	Quarterly	Staff/MCDC	HIVPC reflects epidemic	Review council demographics at each MCDC meeting. Review changes to council demographics according to each applicant, prior to committee approval for HIVPC membership. Prioritize unaffiliated consumer demographics in order to maintain minimum of 33% PLWHA representation.												
1.2 Review seat status and ensure mandated seats are filled	Quarterly	Staff/MCDC	Ensure compliance	Monitor current member affiliations; ask members to update their contact information annually. Actively recruit members for vacant federally mandated seats.												
1.3 Announce vacant positions at each Executive/HIVPC meeting	Monthly	MCDC Chair	Public Awareness	Announce vacant positions and mandated seats during committee reports at each Executive and HIVPC meeting.												

Objective 2: Develop application procedures and member selection process

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Review and update Recruitment & Retention Plan	Annually	Sub cmte/MCDC /Staff	Inform HIVPC of community identified barriers for further	Designate Recruitment and Retention subcommittee to finalize recruitment work plan. Data: Recruitment WP												
2.2 Develop recruitment and website materials	As Needed	Staff	Strategic recruitment of new members	Prioritize the development of HIVPC brochure and other marketing materials.												

Objective 3: Implement capacity/leadership development for Planning Council Members, Applicants and Interested Parties

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Schedule ongoing Orientations for prospective members on the scope of committees and expectations of new members	As Needed	MCDC	Strategic recruitment of new members	Train prospective members on topics including education about the 3 guiding ideas, the Ryan White Program, and the functions of the HIVPC Standing Committees.												
3.2 Conduct post-appontment training to educate newly appointed members on the HIVPC member roles and responsibilities	As Needed	MCDC Chair/ HIVPC Chair & Vice	Educated HIVPC	Train new members on topics including attendance policies, sunshine laws, grievance policies, service descriptions, mentor program, reimbursement policies, etc.												
3.3 Offer mentorship and buddy programs as necessary	As Needed	MCDC	Capacity building	Link new HIVPC and Committee members to experienced members to help facilitate understanding of the HIVPC processes												
3.4 Conduct ongoing member training	Quarterly/As Needed	MCDC Chair/ HIVPC Chair	Capacity building	Conduct member trainings based on MCDC Training Plan to further educate HIVPC members												

HANDOUT B

FY 2019-2020 Executive Work Plan

The work plan is intended to help guide the work of the committee and to assist the Executive Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Increase community engagement and participation by adding 10 new committee and HIVPC members by the end of FY2017

Objective 1: Oversee Planning Council Operations

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Conduct annual evaluation of HIVPC Self-Assessment Survey.	Annually	All Committees	Improved Process	Review Committee activities, challenges, and completion of work plan achievements.												
1.2 Review the need for reinstating the ad-Hoc By-Laws Committee.	Annually	Executive/By-Laws	Improved By-Laws	Reinstate the ad-Hoc By-Laws Committee based on pending parking lot items. Identify and appoint ad-Hoc By-Laws Chair.												
1.3 Review and approve work plans for upcoming FY	Annually	Executive	Identify goals and objectives for upcoming year	Review Committee activities, challenges, and achievement of goals to plan and prepare for upcoming work plan activities for FY starting March 1 .												
1.4 Monitor committee activities to ensure goals and objectives of work plans are met	Quarterly	Executive	HIVPC and Committee goals are met	Conduct quarterly review of Committee work plan status to be presented by committee chair. Determine Committee progress and make recommendations to Chairs to address unmet goals												

Objective 2: Establish and oversee planning activities and committee work plans to address integrated planning goals and objectives

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Maintain collaborative relationships with community partners through the Integrated Workgroup/Collaborative to monitor the 2017 Prevention and Care and Treatment Integrated Comprehensive Plan.	Quarterly	Executive/IC	EMA Goals are addressed	Receive updates from the IW membership regarding the progress of implementing the Integrated Plan. Hold meetings with the Executive Committee of the SFAN and BCHPPC as needed.												

Objective 3: Implement capacity/leadership development for Planning Council members and applicants

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Plan annual Planning Council Retreat.	Annually	Executive	HIVPC training/leadership	Schedule a retreat for all HIVPC members. Educate members on new/emerging Planning Council/RW Part A issues, HIVPC policies and procedures, leadership development, Integrated Comprehensive Plan.												
3.2 Appoint Nominating Committee Chair. Hold Council leadership Elections.	Biennial	Executive	HIVPC Leadership	Identify and appoint the Nominating Committee Chair.												
3.3 Leadership Training	Bi-annually	Executive	HIVPC Leadership	Conduct training for HIVPC Committee Chairs with topics addressing leadership, teambuilding, etc.												

Broward County HIV Health Services Planning Council
HIVPC MEMBERSHIP APPLICATION

Please be aware that this application and ~~all of~~all the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.

Dear Interested Party,

Please be aware that this application and ~~all of~~all the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

Note: This application expires six (6) months from date of submission.
Mail, fax, or email your completed application to:

HIVPC Staff
Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
FAX: 954-561-9685
EMAIL: HIVPC@BRHPC.ORG

If you have any questions, please call: 954-561-9681

Contact and Demographic Information

This is the application for membership on the Broward County HIV Health Services Planning Council (HIVPC). If you wish to apply for membership on the HIVPC, please complete the application below:

First Name:_____ **Last Name**:_____

Home Address:_____ **Home Phone**:_____

City, State, Zip Code:_____ **Cell Phone**:_____

Employer ((if applicable)):_____ **Occupation/Title**:_____

Business Address:_____ **Business Phone**: _____

City, State, Zip Code:_____ **Fax:** _____

Home Email:_____ **Business Email:**_____

Year of Birth: _____

- **I prefer to receive phone calls and messages at:** ❑ Home ❑ Work ❑ Cell
- **I prefer to receive mail at:** ❑ Home ❑ Work
- **I prefer to receive email at:** ❑ Home ❑ Work
- **I prefer to receive HIVPC documents:** ❑ Electronically (via ~~email)~~ email) ❑ Hard copy (via mail)
- **What sex were you assigned at birth? (check one):**

  ❑ Male ❑ Female ❑ Decline to state
- **What is the current gender you identify with? (check all that apply):**

  ❑ Male ❑ Female ❑ Transgender (Male to Female) ❑ Transgender (Female to Male)

  ❑ Unknown ❑ Decline to state
- **Race (check all that apply):** ❑White ❑Black ❑Asian ❑Native Hawaiian/Pacific Islander

  ❑American Indian/Alaska Native ❑Other (Specify)_____
- **Ethnicity (check one):**

  ❑Hispanic/Latino ❑Non-Hispanic ❑Other (Specify)_____
- **Hispanic Subgroup (check one if any):**

  ❑Mexican ❑Puerto Rican ❑Cuban ❑Other (Specify)
- **Asian Subgroup (check one if any):**

  ❑Asian Indian ❑Chinese ❑Filipino ❑Japanese ❑Korean ❑Vietnamese ❑Other (Specify)
- **Native Hawaiian/Pacific Islander Subgroup (check one):**

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❑Native Hawaiian ❑Guamanian ❑Samoan ❑Other (Specify)

- **Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency?** ❑Yes ❑No
- **Do you self-identify as HIV positive?*** ❑ Yes, and I am open about my status ❑ No ❑ I do not wish to disclose

**Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*

- **If you self-identify as HIV positive, do you self-identify with any of the following risk factors?**

  ❑ Hemophilia ❑ Heterosexual (Straight) ❑ Intravenous Drug User (IDU) ❑ Blood Transfusion
  ❑ Perinatal Transmission (Mother to Child) ❑ Man who has sex with Men (MSM) ❑ I don't know/Unsure
  ❑ I do not wish to disclose
- **Do you receive Ryan White Part A services?** ❑ Yes ❑ No ❑ I do not wish to disclose
- **If you self-identify as HIV positive, how old were you when you were diagnosed?**

  ❑0-12 years old ❑13-19 years old ❑20-29 years old ❑30-39 years old
  ❑40-49 years old ❑50-59 years old ❑60 years old or older ❑I do not wish to disclose

Recruitment Information

- **How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?**

  ❑ Through a service provider/agency

  ❑Email

  ❑Online/Facebook/Twitter

  ❑Friend/HIVPC member (HIVPC Member name): _____

Categories of Membership (check all that apply)

- ❑ Health care providers, including federally qualified health centers
- ❑ Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs)
- ❑ Social service providers (including housing and homeless-services providers)
- ❑ Mental health providers
- ❑ Substance abuse providers
- ❑ Local public health agencies
- ❑ Hospital planning agencies or health care planning agencies
- ❑ Affected communities (people living with HIV/AIDS and underserved communities)
- ❑ PLWHA Recently Released from Jail or Prison or their representatives
- ❑ Non-elected community leaders
- ❑ Members of a Federally recognized Indian tribe
- ❑ Individuals co-infected with Hepatitis B or C
- ❑ State Medicaid agency
- ❑ Ryan White HIV/AIDS Program (RWHAP) Part B State agency
- ❑ RWHAP Part C grantees
- ❑ RWHAP Part D grantees
- ❑ RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees)
- ❑ Housing Opportunities for Persons with AIDS (HOPWA) grantees
- ❑ Federally funded HIV prevention program grantees
- ❑ Veterans Health Administration representative

Committee Assessment

All HIVPC members are required to serve on at least one standing committee. Please rank the committees below to indicate your interest.

_____ **Community Empowerment Committee (CEC):** Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting, and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

_____ **Membership/Council Development Committee (MCDC):** Recruits and screens applications based on objective criteria for appointment to the Council ~~in order to~~to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

_____ ~~**Needs Assessment/Evaluation Committee (NAE):** Develops and updates annual needs assessment and other planning activities to ensure quality core medical services are integrated into Broward County's system of care. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.~~

_____ **Quality Management Committee (QMC):** Ensures highest quality HIV medical care and support services for PLWHA by developing client and ~~system based~~system-based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff and client training and education.

_____ **Priority Setting & Resource Allocation Committee (PSRA):** Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, and allocations.

_____ **System of Care Committee (SOC):** Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

General Information

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Describe the strengths, skills, resources, and community affiliations relating to serving underserved populations.

Describe your interest in becoming a member of the HIV Planning Council.

Describe how HIV/AIDS has impacted your life, either personally or professionally.

Please list any experiences you have related to community decision making or planning bodies.

Please review and initial, indicating your acknowledgement of the following:

_____I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Council and Committee meetings.

_____I understand that to qualify for nomination to the Planning Council I must be a member of a standing committee and attend a Pre-Appointment Orientation.

_____I understand that I must attend a post-appointment training within three (3) months of appointment to the Planning Council by the Broward County Board of County Commissioners. If I do not comply with this requirement, I could be removed from the Planning Council.

_____I understand that serving on the Council and at least one of its Committees will require at least five hours per month, and that excessive absence will result in my removal from the Council and/or Committees. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from the Council if he/she misses three (3) consecutive Planning Council meetings or four (4) Planning Council meetings in a year in accordance with the County Ordinance.

_____If appointed, I would be willing and able to fulfill the responsibilities and functions of a member of the Broward County HIV Health Services Planning Council.

_____I am not an appointed member of any other Council or Board appointed solely by the Broward County Board of County Commissioners.

_____I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.

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HANDOUT C

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Broward County HIV Health Services Planning Council
COMMITTEE MEMBERSHIP APPLICATION

Please be aware that this application and ~~all of~~all the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.

Dear Interested Party,

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Note: This application expires six (6) months from date of submission.
Mail, fax, or email your completed application to:

HIVPC Staff
Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
FAX: 954-561-9685
EMAIL: HIVPC@BRHPC.ORG

If you have any questions, please call: 954-561-9681

Contact and Demographic Information

This is the application for membership on the Broward County HIV Health Services Planning Council (HIVPC). If you wish to apply for membership on the HIVPC, please complete the application below:

First Name:_____ **Last Name**:_____

Home Address:_____ **Home Phone**:_____

City, State, Zip Code:_____ **Cell Phone**:_____

Employer (if applicable):_____ **Occupation/Title**:_____

Business Address:_____ **Business Phone**: _____

City, State, Zip Code:_____ **Fax:** _____

Home Email:_____ **Business Email:**_____

Year of Birth:_____

- **I prefer to receive phone calls and messages at:** ❑ Home ❑ Work ❑ Cell
- **I prefer to receive mail at:** ❑ Home ❑ Work
- **I prefer to receive email at:** ❑ Home ❑ Work
- **What sex were you assigned at birth? (check one):**

  ❑ Male ❑ Female ❑ Decline to state
- **What is the current gender you identify with? (check all that apply):**

  ❑ Male ❑ Female ❑ Transgender (Male to Female) ❑ Transgender (Female to Male)

  ❑ Unknown ❑ Decline to state
- **Race (check all that apply):** ❑White ❑Black ❑Asian ❑Native Hawaiian/Pacific Islander

  ❑American Indian/Alaska Native ❑Other (Specify)_____
- **Ethnicity (check one):**

  ❑Hispanic/Latino ❑Non-Hispanic ❑Other (Specify)_____
- **Hispanic Subgroup (check one if any):**

  ❑Mexican ❑Puerto Rican ❑Cuban ❑Other (Specify)
- **Asian Subgroup (check one if any):**

  ❑Asian Indian ❑Chinese ❑Filipino ❑Japanese ❑Korean ❑Vietnamese ❑Other (Specify)
- **Native Hawaiian/Pacific Islander Subgroup (check one):**

  ❑Native Hawaiian ❑Guamanian ❑Samoan ❑Other (Specify)

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- **Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency?** ❑Yes ❑No
- **Do you self-identify as HIV positive?*** ❑ Yes, and I am open about my status ❑ No ❑ I do not wish to disclose

  **Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*
- **If you self-identify as HIV positive, do you self-identify with any of the following risk factors?**

  ❑ Hemophilia ❑ Heterosexual (Straight) ❑ Intravenous Drug User (IDU) ❑ Perinatal Transmission (Mother to Child) ❑ Man who has sex with Men (MSM)~~(MSM)~~ ❑ MSM/IDU ❑ Blood Transfusion ❑ I don't know/Unsure ❑ I do not wish to disclose
- **Do you receive Ryan White Part A services?** ❑ Yes ❑ No ❑ I do not wish to disclose
- **If you self-identify as HIV positive, how old were you when you were diagnosed?**

  ❑0-12 years old ❑13-19 years old ❑20-29 years old~~d~~ ❑30-39 years old

  ❑40-49 years old ❑50-59 years old ❑60 years old or older ❑I do not wish to disclose

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Committees of the Broward County HIV Health Services Planning Council:

Community Empowerment Committee (CEC)
Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

Membership/Council Development Committee (MCDC)
Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

~~**Needs Assessment/Evaluation Committee (NAE)**~~
~~Develops and updates annual needs assessment and other planning activities to ensure quality core medical services are integrated into Broward County's system of care. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.~~

Priority Setting & Resource Allocation Committee (PSRA)
Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.'

Quality Management Committee (QMC)
Ensures highest quality HIV medical care and support services for PLWHA by developing client and system based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff and client training and education.

System of Care Committee (SOC)
Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

Which committee(s) are you interested in serving on? (See previous page for an explanation of committee responsibilities)

❑Community Empowerment Committee (CEC) ❑Membership/Council Development Committee (MCDC)

HANDOUT D

❑Quality Management Committee (QMC)

❑Priority Setting & Resource Allocation Committee (PSRA) ❑System of Care Committee (SOC)

~~**Which committee(s) are you interested in serving on? (See previous page for an explanation of committee responsibilities)**~~

~~❑Community Empowerment Committee (CEC)~~ ~~❑Membership/Council Development Committee (MCDC)~~

~~❑Needs Assessment/Evaluation Committee (NAE)~~ ~~❑Quality Management Committee (QMC)~~

~~❑Priority Setting & Resource Allocation Committee (PSRA)~~ ~~❑System of Care Committee (SOC)~~

Describe the strengths, skills, resources, and community affiliations relating to serving underserved populations.

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Provide a brief statement explaining your interest in the HIVPC and the HIV/AIDS planning process, including your background relative to HIV/AIDS (volunteer, professional, personal) and/or other relevant experience and expertise. You may also attach your resume or additional information.

Recruitment Information

- **How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?**

  ❑ Through a service provider/agency

  ❑Email

  ❑Online/Facebook/Twitter

  ❑Friend/HIVPC member (HIVPC Member name): _____

Please review and initial, indicating your acknowledgement of the following:

_____ I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Committee meetings.

_____ I understand that serving on a Committee will require at least three hours per month, and that excessive absence will result in my removal from a Committee. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from a Committee if he/she misses three (3) consecutive meetings or four (4) meetings in a year in accordance with the County Ordinance.

_____ I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.

Signature

Date

Approved ~~2.25.16~~3.14.19

Fort Lauderdale/Broward County EMA

Overview of a Service Delivery Model

This summary will serve as a guide for Quality Management Committee members to better understand Service Delivery Models (SDMs), their purpose, and application as they pertain to Broward County's Ryan White Part A program services.

What is a Service Delivery Model?

A SDM serves as a set of standards, constraints, and policies used to guide and define the design, location, scope and operation of service(s) delivered by a service provider. SDMs are developed and revised in accordance with the most recent clinical practice guidelines and research available. In the Broward EMA, each Ryan White Part A service category has a SDM and all providers of that service are contractually required to comply with the standards and protocol outlined in the model.

Elements of a SDM:

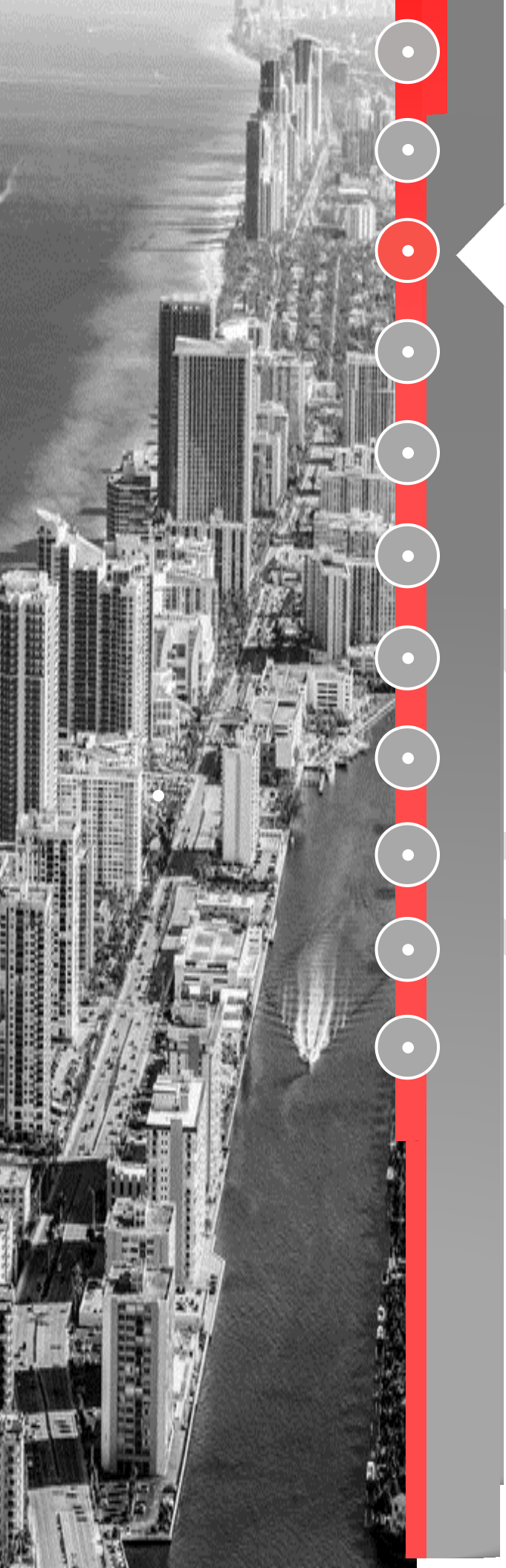
- Definition of the service**:** Explanation of what the service is and will provide to eligible clients.
- Client outcomes and outcome indicators:
  - *Client outcomes:* Expectations for clients that may occur during or after their participation in the service.
  - *Outcome indicators:* Specific measures used to monitor progress towards achieving client outcomes.
- Standards for service delivery: Guidelines that the service provider should follow to ensure service is delivered to clients as intended.
- Protocol: The code of procedure that the service provider should follow when delivering the service.

Purpose

The SDM outlines how the service can best be delivered to clients and allows for consistent service experiences. The SDM acts as a tool for clear communication between service providers and the Recipient and forms the basis for on-going monitoring and evaluation by the Recipient.

Application

After approval of each SDM, the model is disseminated to all service providers and used routinely to ensure the service is executed correctly. CQM staff measure service category client outcomes and indicators each quarter and the Recipient monitors compliance with standards of service delivery on an annual basis.



HANDOUT E2

AIDS Pharmaceutical Assistance (Local)
&
Emergency Financial Assistance
Service Delivery Model

The creation of this public document is fully funded by a federal Ryan White CARE Act Part A received by Broward County and sub-granted to Broward Regional Health Planning Council, Inc.

AIDS Pharmaceutical Assistance (Local)
&
Emergency Financial Assistance

Service Definitions

Broward County EMA Definition:
In Broward County, the AIDS Pharmaceutical Assistance (local) and Emergency Financial Assistance programs are operated by the Ryan White HIV/AIDS Program (RWHAP) Part A as supplemental means of providing medication assistance to clients when the AIDS Drug Assistance Program (ADAP) has a restricted formulary, waiting list, or restricted financial eligibility criteria.

AIDS Pharmaceutical Assistance (local) includes local pharmacy assistance programs implemented by Part A to provide HIV/AIDS medications to clients

Emergency Financial Assistance provides wrap around pharmaceutical assistance to individual clients with limited frequency and for limited periods of time. Assistance is provided only for medication.

The AIDS Pharmaceutical Assistance (local) and EFA programs are not funded by the AIDS Drug Assistance Program (ADAP) earmark funding; does not take the place of the ADAP program; may not be used to make direct payments of cash/vouchers to a client; and shall not impose charges on clients with incomes below 400% of the Federal Poverty Level (FPL).

Health Resources Services Administration (HRSA) definitions:

The services are defined as follows by the HIV/AIDS Bureau's Policy Clarification Notice (PCN) #16-02:

AIDS Pharmaceutical Assistance (Local) or LPAP: The AIDS Pharmaceutical Assistance (Local) or LPAP is a supplemental means of providing medication assistance for people living with HIV (PLWH) where there are various limits on the state ADAP; it is created and supported by the Ryan White HIV/AIDS Program (RWHAP) recipient.

Emergency Financial Assistance: Emergency Financial Assistance provides limited one-time or short-term payments to assist a RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes.

Service Description

The AIDS Pharmaceutical Assistance (local) and Emergency Financial Assistance programs are critical components in the maintenance and management of HIV infection. The Broward HIV Health Services Planning Council approves the Ryan White Part A Formulary, which lists medications necessary for clients to successfully manage symptoms and illnesses associated with their HIV and comorbid illnesses. The coordination of this service with other medical and support services can in many cases improve and maintain a client's quality of life over an extended period, which is consistent with the Public Health Services Guidelines and other treatment protocols.

These services are designed to supply physician-ordered, FDA-approved pharmaceuticals based on the approved Ryan White Formulary Listing and include medical supplies and/or devices needed to administer drugs. Drugs and medical supplies shall be dispensed routinely as prescribed, or as a short-term supply to assist with an emergency need. Participating agencies are to dispense generic drugs in lieu of prescription brand name drugs if commercially available, consistent with the dispensing pharmacist's professional judgment and state and federal law. Non-clinical administrative services must be performed as necessary to manage and coordinate client care. These services shall include, protocols, policy and/or procedures for engaging clients who have not picked up their medication as prescribed.

PROTOCOLS

AIDS Pharmaceutical Assistance (local) & Emergency Financial Assistance

The AIDS Pharmaceutical Assistance (local) and Emergency Financial Assistance Protocols identify the specific ways to implement the program standards and processes inherent to this service category. The delivery of these services shall be conducted by trained culturally competent service providers. Providers are also expected to comply with applicable standards and guidelines that are relevant to individual service categories (i.e., Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents[1]).

Standards for pharmaceutical services for persons living with HIV/AIDS (PLWHA) are defined by the following sources:

1. The Florida Board of Pharmacy[2]
2. The American Pharmacists Association Policy Manual[3]

Eligibility Requirements for AIDS Pharmaceutical Assistance (local) and Financial Assistance:

The targeted populations for these programs are persons diagnosed with HIV/AIDS who meet the Ryan White Part A medical and financial eligibility criteria of less than or equal to 400% of the federal poverty level to obtain medications. AIDS Pharmaceutical Assistance (local) provides long-term assistance while Emergency Financial Assistance is for short-term emergency medication. Pharmacist, or authorized designee, shall verify client's eligibility, which is established by reviewing the certification in the Provide Enterprise (PE) System. Pharmacist (or designee) shall perform an eligibility and financial assessment at each visit in addition to reviewing client's eligibility certification in the designated PE System. Pharmacist (or designee) will review client's eligibility for all funding streams and services for which client may qualify. The purpose of the assessment is to ensure that the client is provided with access to all eligible services and to verify that Ryan White is the payer of last resort.

Intake

The staff performing the intake shall explain the information below to the client and shall secure the client's initials, signature, and date as appropriate:

- Client Rights and Responsibilities
- Client confidentiality
- Client grievance process

[1] https://aidsinfo.nih.gov/guidelines
[2] https://floridaspharmacy.gov/
[3] https://www.pharmacist.com/policy-manual

The provider shall have the client grievance process posted in a visible location with copies of the client Grievance Report Form available upon request. Client Rights and Responsibilities shall also be displayed in a visible area.

Formulary

The Ryan White Drug Formulary is a working document for practitioners to reference, which lists the medications that are available for the treatment of Ryan White eligible patients. Tier I is a list of Ryan White Part A approved medications and Tier II is a list of the ADAP medications. The Broward County EMA Ryan White Part A Program provides financial assistance for short-term emergency medication assistance listed on Tier II of the Formulary[4].

It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, for limited amounts, uses, and periods of time. Continuous provision of allowable medications to a client should not be funded through emergency financial assistance.

Process for Additions of Medications to the Part A Formulary

The process for additions of medications to the Part A Formulary will be in accordance with the local pharmacy process.

Drug Utilization Review (DUR)

At a minimum, provider agencies are to ensure that an internal DUR process is in place that mirrors the following description: "Drug utilization review (DUR) is defined[5] as an authorized, structured, ongoing review of prescribing, dispensing and use of medication. It involves a comprehensive review of patients' prescription and medication data before, during and after dispensing to ensure appropriate medication decision-making and positive patient outcomes. As a quality assurance measure, DUR programs provide corrective action, prescriber feedback and further evaluations. DUR programs play a key role in helping managed health care systems understand, interpret, evaluate and improve the prescribing, administration and use of medications." DUR is classified in three categories: (1) Prospective - evaluation of a patient's drug therapy before medication is dispensed (2) Concurrent - ongoing monitoring of drug therapy during the course of treatment and (3) Retrospective - review of drug therapy after the patient has received the medication.

Prospective Drug Use Review

Provider agencies must have at a minimum the following procedures in place:

(1) A pharmacist shall review the patient record and each new and refill prescription presented for dispensing in order to promote therapeutic appropriateness by identifying:

[4] http://www.brhpc.org/hivpc/resources-important-links/formulary-by-drug-classification/
[5] http://amcp.org/WorkArea/DownloadAsset.aspx?id=9296

(a) Over-utilization or under-utilization;
(b) Therapeutic duplication;
(c) Drug-disease contraindications;
(d) Drug-drug interactions;
(e) Incorrect drug dosage or duration of drug treatment;
(f) Drug-allergy interactions;
(g) Clinical abuse/misuse.

(2) Upon recognizing any of the above, the pharmacist shall take appropriate steps to avoid or resolve the potential problems, which shall, if necessary, include consultation with the prescriber.

Patient & Medication Adherence Counseling

Providers shall offer clients medication counseling. Consenting clients shall receive counseling to assist them with their needs. Providers shall document counseling and/or other assistance (Prescription Counseling Log).

(1) Upon receipt of a new or refill prescription, the pharmacist shall ensure that a verbal and printed offer to counsel is made to the patient or the patient's agent when present. If the delivery of the drugs to the patient or the patient's agent is not made at the pharmacy, the offer shall be in writing and shall provide for toll-free telephone access to the pharmacist. If the patient does not refuse such counseling, the pharmacist, or the pharmacy intern, acting under the direct and immediate personal supervision of a licensed pharmacist, shall review the patient's record and personally discuss matters which will enhance or optimize drug therapy with each patient or agent of such patient. Such discussion shall be in person, whenever practicable, or by toll-free telephonic communication and shall include appropriate elements of patient counseling. Such elements may include, in the professional judgment of the pharmacist, the following:
(a) The name and description of the drug;
(b) The dosage form, dose, route of administration, and duration of drug therapy;
(c) Intended use of the drug and expected action (if indicated by the prescribing health care practitioner);
(d) Special directions and precautions for preparation, administration, and use by the patient;
(e) Common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur;
(f) Techniques for self-monitoring drug therapy;
(g) Proper storage;
(h) Prescription refill information;
(i) Action to be taken in the event of a missed dose; and
(j) Pharmacist comments relevant to the individual's drug therapy, including any other information peculiar to the specific patient or drug.

(2) Patient counseling as described herein shall not be required for inpatients of a hospital or institution where other licensed health care practitioners are authorized to administer the drug(s).

(3) A pharmacist shall not be required to counsel a patient or a patient's agent when the patient or patient's agent refuses such consultation.

Office of Pharmacy Affairs (OPA) Report[6]

Ryan White AIDS Pharmaceutical Assistance funded Providers are required to enroll and report annually discounted drugs purchased through the HRSA's 340B Drug Pricing Program. Providers include Federally Qualified Health Centers, Ryan White HIV/AIDS Program recipients, and certain types of hospitals and specialized clinics. Providers must certify in writing with each monthly invoice that medications distributed through their Agreement were purchased and invoiced to Broward County at the Florida Medicaid rate, 340B Pricing (Public Health Service Pricing), or lower drug pricing. Providers are also required to complete an annual certification upon notification of the due date from OPA by Community Partnership Division (CPD). The agency on file will receive notification by the Recipient Office of the annual report due date to OPA.

Professional Requirements

The objectives for establishing standards of care for program staff is to ensure that clients have access to the highest quality of services through trained, experienced staff members. Staff hired by provider agencies will possess skills and the ability to interact with clients in a culturally and linguistically competent manner; convey necessary information to clients; manage detailed, time-sensitive, and confidential information; and complete documentation as required by their position.

The *Program Director* or designee will possess experience in HIV/AIDS issues and the delivery of pharmaceutical services.

The *Provider* has a current Florida pharmacy license. Dispensing pharmacists have a current Florida pharmacist's license.

Pharmacy technician, student pharmacist, or pharmacist intern is supervised by licensed pharmacist.

Florida Board of Pharmacy Continuing Education (CE) and Training Requirements

Provider agencies are required to complying to the following minimum requirements:

According to the Florida Administrative Code (FAC), 30 hours of approved CE within the 24-month period prior to the expiration date of the license. 64B16-26.103, F.A.C. Licenses expire September 30 every two years with a one-month temporary extension.

[6] http://www.broward.org/HumanServices/CommunityPartnerships/Documents/ProviderHandbookFY19.GSRFP.final.10.29.18.pdf

- 1-hour board-approved course on HIV/AIDS (first renewal ONLY). Sections 381.004 and 384.25, Florida Statutes (F.S.).
- 2-hour board-approved course that relates to prevention of medication errors, including a study of root-cause analysis, error reduction and prevention, and patient safety. 64B16-26.103 (1) (c), F.A.C.
- 2-hour board-approved course on the validation of prescriptions for controlled substances. 64B16-27.831, F.A.C.
- 10 live hours required. 64B16-26.103 (1) (m), F.A.C.

All licensed pharmacists shall complete a Board-approved 2-hour continuing education course on the Validation of Prescriptions for Controlled Substances during the biennium ending on September 30th. A 2-hour course shall be taken every biennium thereafter. The course shall count towards the mandatory 30 hours of CE required for licensure renewal. All newly licensed pharmacists must complete the required course before the end of the first biennial renewal period. 64B16-27.831, F.A.C.

For more information visit The Florida Board of Pharmacy[7] or the Florida Pharmacy Continuing Education[8] websites.

[7] https://floridaspharmacy.gov/
[8] https://floridaspharmacy.gov/renewals/continuing-education-ce/

OUTCOMES, OUTCOME INDICATORS, STRATEGIES, DATA SOURCES

Outcomes	Indicators	Strategies	Data Sources
1. Improve access to medication.	1.1. Attempts will be made to contact 95% of clients who do not pick up medications within 7 to 14 days of filling the prescription. (Clients can call in a prescription up to 7 days early. The maximum window between filling and picking up a medication will not exceed 14 days as each pharmacy will conduct a review of the Return to Stock list once a week).	1.1.1. Prescriptions are prepared and made available to clients 1.1.2. Document date and time prescription filled 1.1.3. Document contact with client 1.1.4. Offer client medication counseling	1.1.1.1. Tracking Log 1.1.1.2. Return to Stock Log
2. Clients provided an opportunity to improve medication adherence.	2.1. 95% of those clients who were not successfully contacted and/or did not pick up medications will be referred to appropriate provider (i.e., medical case management, Clinical pharmacist, prescribing physicians, Treatment Adherence) (Identifying clients who have difficulty with adherence and referring to appropriate provider for intervention with a goal of improving adherence).	2.1.1. Document the referral 2.1.2. Laboratory Results 2.1.3. Documentation showing medication adherence counseling was offered to client	2.1.1.1. Referral Log 2.1.1.2. Provide Enterprise

STANDARDS FOR SERVICE DELIVERY

Standard	Measure
1. Client receives drug utilization review (DUR) which includes an evaluation for and documentation of: side effect management, drug interactions, potential drug allergies, contraindications, adherence strategies, food interactions, medication safety, etc.	1.1 Pharmacist Signature on back of Prescription - OR- within the Electronic Records
2. Agencies dispensing medications shall adhere to all local, state and federal regulations and maintain current facility licenses required to operate as a pharmacy in the State of Florida.	2.1 Documentation of current licensure
3. Clients are offered counseling on medication adherence.	3.1 Provider shall maintain a Prescription Counseling Log
4. Every prescription includes proper indications and dosing instructions.	4.1 Each dispensed prescription has the proper labeling according to agency guidelines.
5. Patient receives education and counseling including a review of drug interactions specific to antiretroviral therapy and the HIV disease state.	5.1 Provider shall maintain an outline for reviewing drug interactions and HIV education.
6. Confidentiality statement signed and dated by pharmacy employees.	6.1 Signed and dated confidentiality statements of staff on file (HIPAA compliance)
7. Storage of Medications	7.1 Pharmacy shall maintain appropriate, locked storage of medications and supplies (including refrigeration) according to the State Board of Pharmacy regulations. 7.2 Documentation of policies.
8. Only authorized personnel may dispense/provide prescription medication.	8.1 Licensed pharmacists authorized by the applicable Florida State Board 8.2 Pharmacy to dispense medications. 8.3 Pharmacy technicians and other personnel authorized to dispense medications are under the supervision of a licensed pharmacist.

Resources

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