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, Florida 33020 954-561-9681 • FAX 954-561-9685

Broward County HIV Health Services Planning Council Meeting

AGENDA

Date: June 24, 2021, at 9:30 a.m.
Location: WebEx Virtual Meeting Platform
Chair: Dr. Réquel Lopes **Vice Chair:** Claudette Grant

Facilitator: Planning Council Support Staff
hivpc@brhpc.org
(954) 561-9681 ext. 1250

HIVPC Purpose: To provide planning, promote the development of HIV/AIDS health services, personnel, and facilities that meet identified health needs cost-effectively, reduce inefficiencies, and develop HIV-related health plans.

1. **Call to Order**
2. **Welcome & Public Record Requirements**
   a. Welcome
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements (Statement of Sunshine)
   c. Council Member, Guest, and Phone Introductions
   d. Moment of Silence
3. **Approvals**
   a. Meeting Agenda 06/24/2021
   b. Last Meeting Minutes 05/27/2021
4. **Public Comment (10 minutes)**
5. **Federal Legislative Report** – Handout A (Kareem Murphy)
6. **Consent Items**
   None.
7. **Discussion Items**
   None.
8. **New Business**
   I. **2021 Elections Timeline (Handout B)**
   Action Item: Review the ad-Hoc Nominating Committee timeline which provides an outline of tasks for the Nominating Committee, as well as deadlines for the HIVPC Leadership nominations and elections process.

II. 2021 Nominating Procedure (Handout C)
Action Item: This document has been updated to reflect current Nominating Policies and Procedures.

III. Medication Dispensation And Retention In Care Presentation (Handout D)
Action Item: Receive a presentation with information about medication dispensation for 30, 60 and 90-day prescriptions.

9. Committee Reports (15 minutes)

I. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

June 1, 2021, *Chair: V. Biggs; V. Chair: A. Ruffner*

A. **Discussion Item:**

B. **Work Plan Item Update/Status Summary:**

FY21 CEC Work Plan: The committee reviewed progress made toward FY2021-22 work plan activities. The committee was able to identify workplans activities that have already been completed this fiscal year. PCS staff will update the work plan to reflect these accomplishments. There was also discussion around planning events in recognition of upcoming HIV/AIDS awareness days. The chair also floated the idea of partnering with MCDC on their upcoming outreach activities to satisfy workplan objectives. The committee also discussed their own roles and responsibilities, as well as support they can receive from PCS towards achieving work plan goals.

HIVPC Recruitment Opportunity: The committee was advised that at the May 2021 MCDC meeting, committee members had agreed that they should participate in the 2021 Wilson Manors Stonewall Pride Parade. They were also updated on plans to procure a HIVPC branded tent and flag for increased visibility at community events. The committee discussed their interest in participating in the event and members all agreed that this is something they should do. There was also discussion around the possible budget for a booth at the event slated for June 19th, 2021. PCS staff have called for committee members to volunteer to work at the event. PCS staff has been tasked with finalizing the details of the event and following up with committee members.

FY2022-2023 CEC Rankings Results: The Committee received a presentation from the PCS Staff Health Planner on the results of the FY2022-2023 CEC Priority ranking of Part A and MAI Service Categories. The committee was refreshed on the rationale behind priority ranking of services. The CEC is the first committee to priority rank services. There were no significant changes in the CEC priority rankings from FY2021-2022 compared to 2022-2023 CEC rankings. They were also advised that these results would be shared with the PSRA committee at their June meeting to inform their decisions before the committee does their own ranking of the Part A and MAI services.

C. **Data Requests:**
None.

D. **Rationale for Recommendations:**
None.

E. **Data Reports/ Data Review Updates:**

None.

F. **Other Business Items:**
None.

G. **Agenda Items for Next Meeting:**

H. **Next Meeting Date:**
July 6, 2021, at 3:00 p.m. Room: WebEx Videoconference

II. SYSTEM OF CARE COMMITTEE (SOC)

June 3, 2021, *Chair: A. Ruffner; V. Chair: J. Rodriguez*

A. **Discussion Item:**

B. **Work Plan Item Update/Status Summary:**
Service Delivery Model (SDM) Discussion**:** CQM Support Staff provided an overview of the most recent Service Delivery Models (SDM) completed by the Part A Program and CQM Team. The most recent SDMs, which the HIV Planning Council recently approved, included changes to the Oral Health SDM, Health Insurance Continuation Program SDM, Legal Services SDM, and the Universal SDM. The summary provided a comparison between the language from the previous and newest version of each SDM. Members and guests discussed the scope of services and the key features that identified within each SDM.

How Best to Meet the Need: The Committee reviewed How Best to Meet the Need (HBTMTN) language for FY2022-2023. Recommendations to the HBTMTN included the removal of language regarding the Benefits Insurance Support Services service category, which is no longer funded by the Ryan White Part A Program in Broward County. The addition of language to report no-show clients to case managers to determine if clients are not in care or have moved to a different payer source.

C. **Data Requests:**
None.

D. **Rationale for Recommendations:**
None.

E. **Data Reports/ Data Review Updates:**
None.

F. **Other Business Items:**
None.

G. **Agenda Items for Next Meeting:**
- *Service Delivery Model (SDM) Discussion*
- *How Best to Meet the Needs Recommendations/Update*

H. **Next Meeting Date:**
July 1, 2021, at 9:30 a.m. Room: WebEx Videoconference

III. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

No Meeting Held *Chair: V. Foster; V. Chair: T. Moragne*

A. **Discussion Item:**

B. **Work Plan Item Update/Status Summary:**

C. **Data Requests:**
None.

D. **Rationale for Recommendations:**

None.

E. **Data Reports/ Data Review Updates:**
None.

F. **Other Business Items:**
None.

G. **Agenda Items for Next Meeting:**

H. **Next Meeting Date:**
July 8, 2021, at 9:30 a.m. Room: WebEx Videoconference

IV. QUALITY MANAGEMENT COMMITTEE (QMC)

June 21, 2021, Chair: B. Fortune-Evans Seat; V. Chair: D. Shamer

A. **Discussion Item:**

B. **Work Plan Item Update/Status Summary:**
CQM Work Plan Progress Review: The FY2021 Clinical Quality Management (CQM) Work Plan was reviewed (Handout A on file). The Committee asked for additional information regarding the client satisfaction survey and service delivery models (SDMs). The Client Satisfaction Survey proposal was submitted to the Recipient and CQM Support Staff has received feedback. In the coming months, QMC will be updated on progress in developing the survey. SDMs are currently being reviewed by SOC and, should there be any feedback on service delivery from any Committee or the HIVPC, QMC will expedite its SDM review.

Network Update (Handout B on file): CQM Support Staff reviewed the activities conducted by networks in the first quarter of FY2021 and provided feedback for the Quality Network to consider as its members develop quality improvement projects.

Needs Assessment Presentation: PCS Support Staff reviewed the results of Needs Assessment activities completed in FY2020 (Handout C on file). QMC members discussed client and provider feedback regarding transportation, the need for a help line, and communication and customer service concerns related to oral health care.

Ryan White Part A Data Review: FY2020: The Committee reviewed program outcomes over the most recent fiscal year (Handout D on file). QMC asked for data to be drilled down by available insurance provider information. This request is to provide more insight regarding the relationship between reported retention in care and viral load suppression.

Recommendations to PSRA (Handout E on file): QMC discussed the presentations received in this meeting and recommendations it would make to PSRA as a result. Members were encouraged to consider what they learned at this meeting and share any thoughts with PCS Support Staff in advance of the PSRA meeting to be included in the Committee's discussion.

C. **Data Requests:**
Data drilldown by insurance provider.

D. **Rationale for Recommendations:**
None.

E. **Data Reports/ Data Review Updates:**
None.

F. **Other Business Items:**
None.
G. **Agenda Items for Next Meeting:**
H. **Next Meeting Date:**
July 19, 2021, at 12:00 p.m. Room: WebEx Videoconference

V. EXECUTIVE COMMITTEE

June 17, 2021, *Chair: R. Lopes; V. Chair: C. Grant*

A. **Discussion Item:**
B. **Work Plan Item Update/Status Summary:**
HIVPC Agenda: The Executive Committee voted to approve the HIVPC agenda for June 24, 2021, with amendments.

HIVPC Calendar: The Committee reviewed the July HIV Planning Council calendar. The calendar was updated to reflect the second Ad-Hoc Nominating Committee meeting on July 7th, 2021.

Quarterly Review of Meeting Evaluations: The committee discussed this item and chose to include it on the agendas of the HIVPC and each of its committees. The committee agreed that this item will be a great opportunity for reflection within each committee.

HIVPC and Committee Meetings: The committee discussed the possibility of transitioning back to face-to-face meetings with the option for WebEx. There was concern about the safety of in-person visits. There was also concern about quorum requirements if the committee were to implement a hybrid of face-to-face with the option for participation via WebEx. The committee chose to revisit this item each month until a final decision can be made.

C. **Data Requests:**
None.
D. **Rationale for Recommendations:**
None.
E. **Data Reports/ Data Review Updates:**
None.
F. **Other Business Items:**
None.
G. **Agenda Items for Next Meeting:**
H. **Next Meeting Date:**
July 15, 2021, at 11:30 a.m. Room: WebEx Videoconference

VI. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

June 17, 2021, *Chair: L. Robertson, Vice Chair: Vacant*

A. **Discussion Item:**

B. **Work Plan Item Update/Status Summary:**
Monthly Expenditures/Utilization report: A. Tareq, the Part A Recipient Fiscal Manager, reviewed expenditures and utilization through quarter 1 of FY2021. Part A service categories have expended 20% of their service category funding

at this point in the fiscal year, and MAI funds have been 45% utilized. Mr. Tareq provided a line-by-line breakdown of expenditures and utilization to date. The AIDS Pharmaceutical Assistance category has only expended 1% of its funding. Mr. Tareq provided the caveat that service utilization increases tremendously during the third and fourth quarters. He also noted that Food Voucher invoices are received during the 3rd and 4th quarters, and this explains why the report shows the category as utilizing 0% of funding.

COVID-19 Impact Report Presentation: Consultant Julia Hidalgo presented information on the impact of the COVID-19 pandemic on Broward County Ryan White clients Broward County. The presentation focused on client-level data as well as utilization of services during the COVID-19 pandemic. From calendar year 2019 to 2020, service utilization decreased from 2,133 to approximately 1,106. Members discussed trends of clients served per month by select core service categories, trends in unduplicated clients receiving care, and clinical outcome measures.

Part A Client Health Outcomes – PSRA Scorecards: The HIVPC Health Planner provided an overview of the most recently completed PSRA scorecards. The scorecards provided members with information regarding changes in service utilization, allocations, expenditures, and major themes impacting FY2020.

How Best to Meet the Needs: The Committee reviewed How Best to Meet the Need (HBTMTN) language for FY2022-2023. The discussion was tabled for the next PSRA meeting which will be held on July 15, 2021.

Priority Setting: PSRA received a presentation reviewing the importance of priority setting as well as the previous year's rankings. Members also reviewed rankings completed in this fiscal year by the Community Empowerment Committee (CEC). Following the review, members were instructed to complete the rankings process via electronic survey. Members completed their FY2022-2023 rankings and tabled the vote to approve the Committee's Core and Support Services until the results of the rankings were made available.

Voting Conflicts Presentation: The HIVPC Coordinator examined the parameters around service category voting in preparation for the upcoming Resource Allocations. In addition, members discussed abstaining from voting based on restrictive criteria such as relatives, employers, and business partners. Members also reviewed the number of voting PSRA members in relation to the number of abstentions for each service category.

C. **Data Requests:**
None.

D. **Rationale for Recommendations:**
None.

E. **Data Reports/ Data Review Updates:**
None.

F. **Other Business Items:**
None.

G. **Agenda Items for Next Meeting:**

H. **Next Meeting Date:**

VII. AD-HOC NOMINATING COMMITTEE

June 14, 2021, *Chair: B. Barnes*

A. **Discussion Item:**

B. **Work Plan Item Update/Status Summary:**

Elections Timeline: Members reviewed and updated the proposed elections timeline. The Committee chose to hold nominations from the floor at the June 24, 2021, HIV Planning Council meeting and to hold the next ad-Hoc Nominating Committee meeting on July 7, 2021, at 4:00 p.m. They also choose to close nominations on October 21, 2021. The deadline for nominees to submit Letters of Intent will be November 4, 2021. They will send out a copy of the letters of intent and voting instructions to members by January 3, 2022. The election will take place at the January 2022 HIVPC meeting.

Election Procedures and Logistics: The committee reviewed the nominating procedures for regular elections. They updated the document to reflect the new dates and deadlines proposed in the 2021 Election Timeline. Additionally, the committee agreed that nominated members should submit a Letter of Intent to the committee in place of the standard questionnaire. After review, PCS staff will send the Letters of Intent and voting instructions to HIVPC members by January 3, 2022. The questionnaires will be used as talking points for candidates to guide presentations during the January HIVPC election before members cast their votes. The committee was slated to discuss members roles for this election, however the chair suggested they table this agenda item until the next meeting.

Slate of Officers: The committee reviewed the Nominee Questionnaire. They agreed that instead of questionnaire, the document should be labeled 'Talking points' since this handout will be given to candidates to be used as prompts for their presentations at the January HIVPC meeting. The handout was updated to reflect the new dates/deadlines proposed in the 2021 election timeline. They also chose to add a section for candidates to add optional comments that may be relevant to their campaign. There was a discussion about the instruction to candidates for using the talking points. This will be finalized at the next committee meeting.

HIVPC Election Day Flyer: The committee reviewed the election flyer created by PCS Staff Health Planner. They agreed that the flyer was well done. They recommended having this flyer sent out with all HIVPC meeting packets until the close of nominations in October**.**

C. **Data Requests:**
None.

D. **Rationale for Recommendations:**
None.

E. **Data Reports/ Data Review Updates:**
None.

F. **Other Business Items:**
None.

G. **Agenda Items for Next Meeting:**
- *Determine member roles for the election (Handout B1).*
- *Discuss opportunities to recruit nominees.*
- *Discuss instructions to candidates for talking points.*

H. **Next Meeting Date:** July 7, 2021, at 4:00 p.m. via WebEx Videoconference

10. Recipient Reports

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
None.

12. Public Comment (10 minutes)

13. Agenda Items/Tasks for Next Meeting

a. Next Meeting Date: July 22, 2021, at 9:30 a.m.

14. Request for Data

15. Announcements

16. Adjournment

**FOR A DETAILED DISCUSSION ON ANY OF THE ABOVE ITEMS,
PLEASE REFER TO THE MEETING MINUTES.
Meeting Packets are available at: The HIV Planning Council Website
(http://www.brhpc.org/programs/hiv-planning-council/)**

Please complete your meeting evaluations here
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Revised 7/24/14

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Meeting of the

Broward County HIV Health Services Planning Council

Thursday, May 27, 2021
9:30-11:30 AM
By WebEx Videoconference

M I N U T E S

HIVPC Members Present: R. Lopes (HIVPC Chair), A. Cutright, A. Ruffner, B. Fortune-Evans, B. Barnes, Comm. D. Holness, D. Shamer, H.B. Katz, I. Wilson, J. Rodriguez, L. Robertson, M. Schweizer, R. Bhrangger, V. Foster, V. Biggs, W. Marcoviche, Y. Arencibia, V. Moreno

Members Absent: V. Lewis, R. Siclari

Members Excused: C. Grant, T. Moragne,

Ryan White Part A Recipient Staff Present: J. Bell, J. Gonzalez-Charlot, N. Walker, S. Scott, K. Giglioli, T. Thompson

Planning Council Support Staff Present: G. Berkeley-Martinez, V. Oratien, W. Saint-Fleur, F. Ukpai, T. Williams, J. Ramos

Guests Present: A. Rodriguez, B. Mester, A. Bonamy, J. Carter, S. McShee, S. Cook, E. Dsouza, K. Thomas, M. Naim

---

Agenda Item #1: Call to Order

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

Agenda Item #2: Welcome & Public Record Requirements

The *HIVPC Chair* welcomed all meeting attendees that were present. Attendees were notified that the HIVPC meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the *HIVPC Chair*, committee members, Recipient staff, PCS staff, and guests by roll call, and a moment of silence was observed.

Agenda Item #3: Meeting Approvals

The approval for the agenda of the May 27, 2021, HIV Planning Council meeting was proposed by *V. Biggs*, seconded by *V. Foster*, and passed unanimously. The approval for the minutes of the April 22, 2021, meeting was proposed by *Y. Arencibia*, seconded by *L. Robertson*, and approved with no further corrections.

Mr. Biggs, on behalf of the Broward County HIV Health Services Planning Council, made a motion to approve the May 27, 2021, HIVPC agenda as presented. The motion was adopted unanimously.

Ms. Arencibia, on behalf of the Broward County HIV Health Services Planning Council, made a motion to approve the April 22, 2021, HIVPC meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #4: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

Agenda Item #5: Federal Legislative Report

A written legislative report (Handout A on file) was provided to the Council by Kareem Murphy, Intergovernmental Relations Director (Hennepin County, Minnesota.) There was no update from last month due there being no updates from the Biden Administration. Further updates are expected to be released in June and the committee will be briefed on what that means for the Continuum of Care and Prevention services.

Agenda Item #6: Consent Items

There were no consent items on the agenda for this meeting.

Agenda Item #7: Discussion Items

There were no discussion items on the agenda for this meeting.

Agenda Item #8: Meeting Activities/New Business

Needs Assessment/Community Input Presentation: The HIVPC Health Planner provided an overview of the most recently completed needs assessment. The effort to elicit community feedback for this assessment included a series of focus group interviews with consumers and providers and an electronic survey disseminated to Ryan White Part A consumers. The survey focused on service utilization during the COVID-19 pandemic.

HIV Surveillance Epidemiological Data: A CQM Health Planner reviewed epidemiological data on behalf of the Florida Department of Health in Broward County (FDOH-BC). The presentation highlighted the -2.0% decrease in HIV diagnosis from 2018 to 2019.

Part A Client Health Outcomes Presentation: A CQM Health Planner reviewed health outcomes along the Ryan White Part A continuum of care.

Agenda Item #9: Committee Reports

I. Community Empowerment Committee – May 4*, 2021*
Chair: V. Biggs, Vice Chair: A. Ruffner

The report stands.

II. System of Care Committee – No Meeting Held
Chair: A. Ruffner, Vice Chair: J. Rodriguez

There was no meeting held this month.

III. Membership/Council Development Committee – May 13, 2021
Chair: V. Foster, Vice Chair: T. Moragne

The report stands. The chair presented the final designs for a new HIVPC branded tent, flag

and tablecloth to the council.

IV. Quality Management Committee – No Meeting Held
Chair: Vacant, Vice Chair: B. Fortune-Evans

There was no meeting held this month.

V. Priority Setting & Resource Allocation Committee – May 20*, 2021*
Chair: L. Robertson, Vice Chair: Vacant

The report stands.

VI. Executive Committee – May 20*, 2021*
Chair: R. Lopes, Vice Chair: C. Grant

The report stands.

Agenda Item #10: Recipient Reports

A. Part A: There was no report for this meeting.

B. Part B: *J. Rodriguez*, the Part B Recipient, reported on the final expenditure report for FY2020-2021 which ended in March 2021. They reported that 100% of grant funds were expended. The AIDS Drug Assistance Program (ADAP) currently has 5,145 total clients enrolled with 92% of clients virally suppressed. ADAP has processed 825 eligibility enrollments/re-enrollments. They also reported 3124 clients enrolled in direct dispense, 1694 clients enrolled in mail order delivery and 1705 total clients enrolled in online recertification. The Part B recipient also reported 22.9% in no show.

C. Part C: There was no report for this meeting.

D. Part D: There was no report for this meeting.

E. Part F: There was no update for the Part F Program. The program continues to be in full operation.

F. HOPWA: There was no report for this meeting.

G. Prevention: There was no report for this meeting.

Agenda Item #11: Unfinished Business

There was no unfinished business to discuss at this meeting.

Agenda Item #12: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

Agenda Item #13: Agenda Items/Tasks for Next Meeting

The next HIVPC meeting will be held on July 22, 2021, at 3:00 p.m. via WebEx Videoconference.

Agenda Item #14: Request for Data

There are no requests for data.

Agenda Item #15: Announcements

- The PCS staff Health Planner reminded council members about completing the Assessment of the Administrative Mechanism survey that had been sent out to them via email. Members experiencing issues accessing the survey were advised to reach out to PCS staff for assistance.

Agenda Item #16: Adjournment

There being no further business, the meeting was adjourned at 11:22 a.m.

HIVPC Attendance for CY 2021

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	28	25	25	22	27								
0	0	0	**1**	Arencibia, Y.	X	X	E	X	X								
0	1	1	**2**	Barnes, B.	A	X	X	X	X								
1	1	0	**3**	Bhrangger, R.	X	X	X	X	X								
0	1	0	**4**	Biggs, V.	N - 3/25			X	X								
0	0	0	**5**	Cutright, A.	X	X	X	X	X								
0	0	1	**6**	Fortune-Evans, B.	A	X	X	X	X								
0	0	0	**7**	Foster, V.	X	X	X	X	X								
0	0	0	**8**	Grant, C.	X	X	X	X	E								
0	0	0		Holness, Dale V.C. (Mayor)	X	X	X	X	X								
1	1	1	**9**	Katz, H.B.	A	X	X	X	X								
1	1	**4**	**10**	Lewis, V.	A	X	A	A	A								
0	0	0	**11**	Lopes, R. *Chair*	X	X	X	X	X								
1	1	0	**12**	Marcoviche, W.	X	X	X	X	X								
0	0	0	**13**	Moragne, T.	X	X	X	X	E								
0	0	0	**14**	Moreno, V.	X	X	X	E	X								
0	1	1	**15**	Robertson, L.	X	A	X	X	X								
0	0	1	**16**	Rodriguez, J.	A	X	X	X	X								
0	0	0	**17**	Ruffner, A.	X	X	X	X	X								
0	0	1	**18**	Schweizer, M.	A	X	X	X	X								
1	1	1	**19**	Shamer, D.	A	X	X	X	X								
0	0	**3**	**20**	Siclari, R.	A	X	X	A	A								
0	0	1	**21**	Wilson, I.	X	X	A	X	X								
				Quorum = 12	13	20	18	19	18	0	0	0	0	0	0	0	

Legend:

X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - canceled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**R - removal letter**
CX - canceled due to quorum	

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: June 21, 2021

Federal Funding Update

Budget Request
President Biden finally released his full budget for the upcoming fiscal year and it includes funding increased in key areas of the services continuum ($267 million). Targeted funding highlights are below

- $2.555 billion for all Ryan White Programs
  - $665.9 million for Part A ($10 million increase)
  - $990.3 million for ADAP (level funding)
  - $75.1 million for Part D (level funding)
  - $190 million for the Ending the Epidemic Plan ($85 million increase)
- $755.6 million for CDC's HIV Prevention Program (level funding)
- $19.5 million for CDC's opioid-related infectious diseases ($6.5 million increase)
- $450 million for HOPWA ($20 million increase)

These amounts reflect requested (not approved) funding amounts. They are subject to decisions made by the Congress.

House Moves to Mark Up Bills
The House Appropriations Committee just announced its schedule for marking up its FY 2022 appropriations bills. The Labor-Health and Human Services bill is scheduled for July 15. The Transportation-Housing and Urban Development bill is scheduled for July 16. The Senate Appropriations Committee has not announced a schedule, but it historically marks up bill several weeks after the House begins. The later than normal schedule, combined with an ambitious set of legislative priorities around infrastructure and social policy, will leave little extra time to adopt these spending bills ahead of the September 30 end of the fiscal year.

New Head of White House Office of National AIDS Policy
The Biden Administration recently named Harold Phillips as the Director of the White House Office of National AIDS Policy. You may remember Harold as the previous grant officer at the HIV/AIDS Bureau who oversaw Broward County's Part A program. He played many roles at HRSA. Harold proudly identifies as an out gay man who's lived with HIV for over 15 years.

2021 AD-HOC NOMINATING COMMITTEE ELECTION TIMELINE

Activity	Proposed Date
Request for Nominating members at HIVPC meeting	April 22, 2021
First ad-Hoc Nominating Committee meeting. Review & approve procedures and talking points document.	June
HIVPC Meeting: Procedure & Talking points document approved by HIVPC. Nominations accepted from the floor. Talking point document given to all eligible parties interested in running. Request for Letter of Intent.	June 24, 2021
Second Ad-Hoc Committee Meeting: Review instruction for talking points, member roles, nominee recruitment.	July 7, 2021
Nominations closed.	October 21, 2021
Deadline for submitting Letters of Intent.	November 4, 2021
Third Ad-Hoc Nominating Committee meeting. Review & approve slate of candidates, election process, and ballots.	November
Letters of Intent sent to members along with voting instructions.	January 3, 2022
HIVPC meeting: Q&A session for all candidates. Candidates presented and voting takes place. Votes read into record.	January
Start of new HIVPC Chair & Vice Chair terms	March 1, 2022

NOMINATING PROCEDURE

FOR REGULAR ELECTIONS

The Planning Council Chair will appoint a Nominating Committee composed of not less than five (5) Council members. At least one member shall be an unaffiliated person living with HIV/AIDS.

At the June HIVPC meeting (prior to the January election), a verbal call for nominations from the floor will take place. Council Members will be given a form to express their interest in running for Chair or Vice Chair. The form contains a set of questions about why they want to be an officer and their past leadership experience. The deadline for submitting responses will be January 10, 2022.

NOMINATIONS WILL THEN BE CLOSED.

The Nominating Committee will meet following the submission deadline to review the nominations received to date and prepare a slate of all candidates. Candidate questionnaire forms will be included in the January Planning Council mailing.

If a member calls in to the Planning Council meeting, the member can vote. The member calling in to the meeting will vote first so as not to be a tie-breaking vote.

At the beginning of the January Planning Council meeting, candidates will give presentations that should be limited to 10 minutes with an additional 2 minutes for clarification relevant to the responses. Then ballots will be distributed to members present. The ballots will include the candidates' names for Chair and Vice Chair. If there is only one candidate running for office, the ballot will include an option for members to either approve or reject the candidate. Planning Council members will receive a ballot with their name pre-printed for record-keeping purposes.

Election of Officers per Article V Section 2 shall utilize a majority vote double election system (primary election and a secondary run-off election). The double election system is a primary election where you vote for your first choice and then, when your first- choice candidate is eliminated in the primary, you go to the voting booth at the final election and vote your second choice.

Before the close of the January meeting, the Chair of the Nominating Committee will announce the new officers and read each vote into the record. Terms of office are effective as of March 1, 2022.

FOR SPECIAL ELECTIONS

In the event of the resignation or other reason for vacating the Chair or Vice Chair positions, a special election will be held following the procedures outlined above. Dates may vary based on the timing of the resignation.

HANDOUT D

MEDICATION DISPENSATION AND RETENTION IN CARE

Data from the Florida Department of Health

Presented by CQM Support Staff

CONTENTS

PSRA DATA REQUEST

Question:

Is there a correlation between retention in care & viral load suppression and the use of 30-day medication dispenses versus 60 or 90-day?

- In reference to FDOH data presented at the May PSRA meeting.

DATA REQUEST RESULTS: RETENTION IN CARE

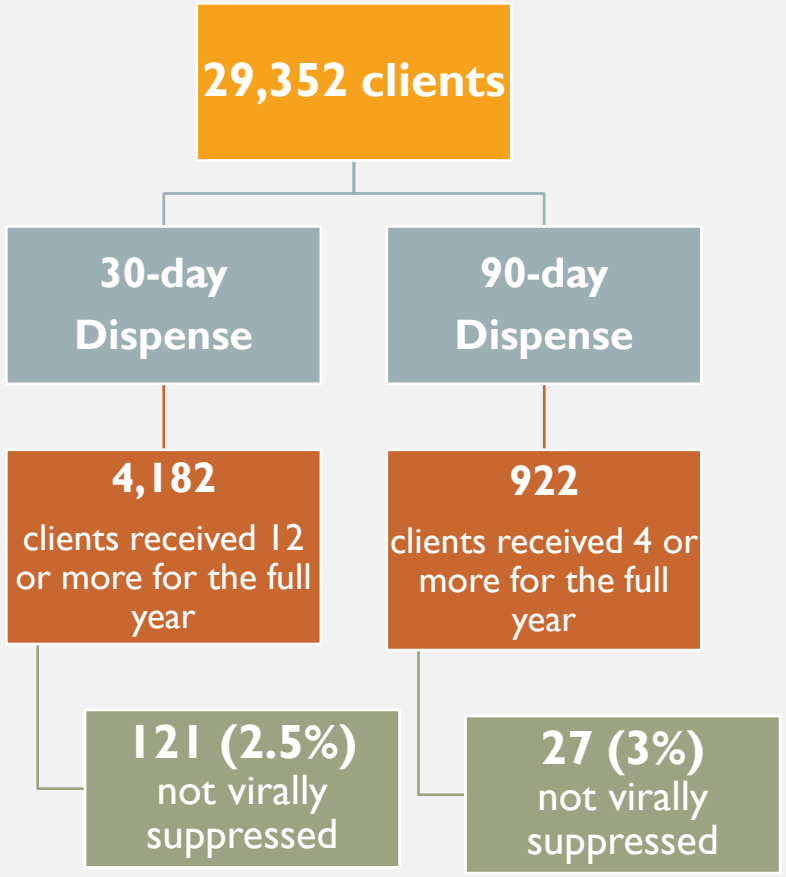
AVAILABLE RETENTION DATA

- FDOH was unable to make correlations to retention in care with the data received.
- Statewide on-time program recertification/re-enrollment rate has averaged between 46% and 64% in the last year.

CHANGES IMPLEMENTED

- Elimination of a viral load and CD4 count at the time of enrollment
- Expansion of online enrollment through the AIDS Information Management System and Provide Enterprise

DATA REQUEST RESULTS: VIRAL LOAD SUPPRESSION



COMMITTEE FEEDBACK

I. What do these data tell you?

II. How will these data inform your work?

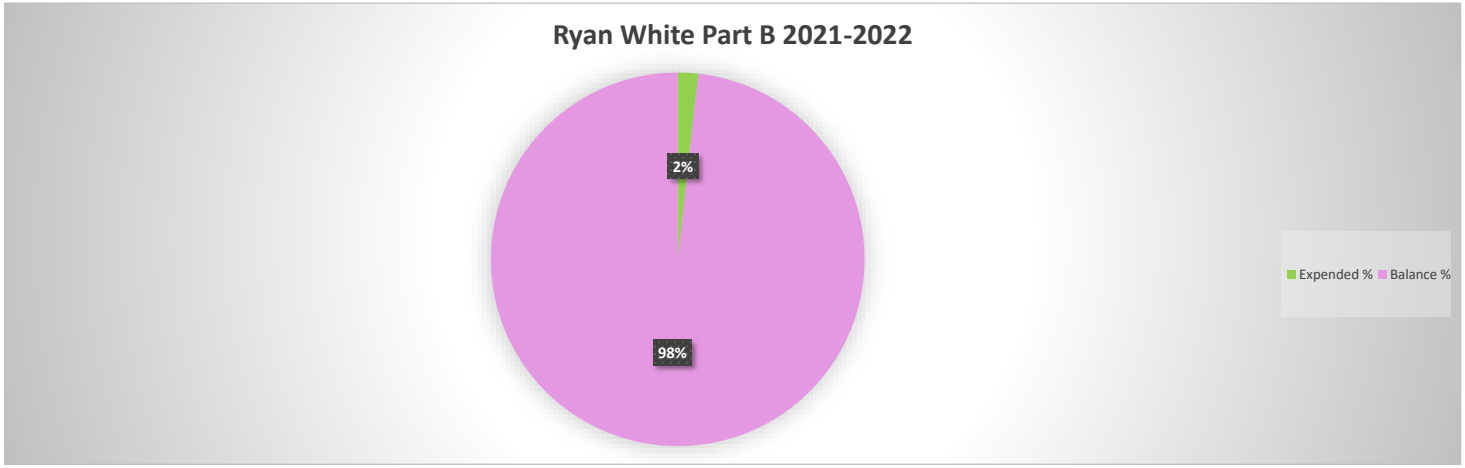
Ryan White Part B

PTC19: April 1, 2021 to March 31, 2022

Expenditures for April 2021

Service Category	*Allocated*	*Expended April 2021*	*Expended this Year*	*Clients Served*	*Clients Served YTD*	*Expended %*	*Balance %*	*Balance*
Administrative Services	$ 85,369	$ 3,639	$ 3,639			4%	96%	**$ 81,730.13**
Health Insurance Premium/Cost Sharing	$ 167,750	$ 3,122	$ 3,122			2%	98%	**$ 164,627.86**
Home & Community Based Health	$ 30,000	$ 1,029	$ 1,029			3%	97%	**$ 28,971.50**
Medical Nutritional Therapy	$ 10,000	$ -	$ -			0%	100%	**$ 10,000.00**
Emergency Financial Assistance	$ 150,654	$ -	$ -			0%	100%	**$ 150,654.00**
Home Delivered Meals	$ 30,000	$ -	$ -			0%	100%	**$ 30,000.00**
Medical Transportation	$ 135,476	$ 764	$ 764			1%	99%	**$ 134,712.11**
Non-Medical Case Management	$ 321,770	$ 11,752	$ 11,752			4%	96%	**$ 310,017.80**
Residential Substance Abuse **	$ 166,500	$ -	$ -			0%	100%	**$ 166,500.00**
Clinical Quality Management	$ 58,096	$ 241	$ 241			0%	100%	**$ 57,854.81**
Planning and Evaluation	$ 6,314	$ -	$ -			0%	100%	**$ 6,314.00**
TOTALS	**$ 1,161,929**	**$ 20,547**	**$ 20,547**	**0**	**0**	**2%**	**98%**	**$ 1,141,382.21**

**** The CAREWARE database in Broward was down for an extended period, resulting in backlog of data entry to update for demographic information.**



Serena R. Cook 954-412-7086

ADAP MAY 2021	
Total Enrolled	5,166
Total Virally Suppressed	4,741
Percentage of Virally Suppressed **(91.77%)**	92%
ADAP Enrollments and Re-enrollments Processed	803
Enrolled in Mail Order Delivery	1,694
Total Enrolled in Direct Dispense	3,149
Total Enrolled in Online Recertification	1,714
No Show Report	24.33%