Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020
Tel: 954-561-9681 / Fax: 954-561-9685

HIV PLANNING COUNCIL COORDINATION MEETING AGENDA

Wednesday, November 9, 2016 – 2:00 p.m.
Governmental Center – Room A-335
Chair: Brad Gammell **Vice Chair:** Requel Lopes

1. CALL TO ORDER

2. REVIEW STATEMENT OF SUNSHINE & PUBLIC COMMENT REQUIREMENTS

3. WELCOME AND INTRODUCTIONS

4. REVIEW:

- Meeting Agenda: 11/9/16
- Meeting Minutes: 10/12/16

5. STANDARD COMMITTEE ITEMS

- Committee Coordination (15-20 minutes):
  - PSRA Agenda Review
  - MCDC Follow-Up

6. EXECUTIVE COMMITTEE MATERIALS

Review the meeting materials for the 11/17/16 Executive Committee meeting and make any necessary changes.

7. HIVPC/BCHPPC INTEGRATED RETREAT AGENDA

8. NEXT MEETING DATE: TBD

9. ADJOURNMENT

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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HIV PLANNING COUNCIL COORDINATION MEETING AGENDA

Wednesday, October 12, 2016 – 2:00 p.m.
Governmental Center – A335
Chair: Brad Gammell **Vice Chair:** Requel Lopes

	ATTENDEES
1	Gammell, B. *HIVPC Chair*
2	Ewart, L. *HIVPC Staff*
3	Johnson, B. *HIVPC Manager*
4	Jones, L., *Part A Grantee*

1. CALL TO ORDER

The HIV Planning Council (HIVPC) Coordination meeting was called to order by the HIVPC Chair at 3:39 p.m.

2. REVIEW STATEMENT OF SUNSHINE & PUBLIC COMMENT REQUIREMENTS

The HIVPC Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised about the meeting ground rules.

3. WELCOME AND INTRODUCTIONS

Introductions were given by those in attendance.

4. REVIEW:

- Meeting Agenda: 10/12/16
- Meeting Minutes: 9/1/16

5. STANDARD COMMITTEE ITEMS

- Committee Coordination (15-20 minutes)- None

6. EXECUTIVE COMMITTEE MATERIALS

- Committee Leadership Changes- The HIVPC Chair will address recent leadership changes during both the Executive and PSRA Committee meetings. The group discussed potential Chairs for Membership.
- HIVPC Grievance Next Steps- At the next Executive meeting Staff will clarify that the grievance against Arianna Lint cannot continue as the HIVPC motioned. HIVPC By-Laws and Policies and Procedures state that as the HIVPC cannot grieve a person. A grievance is for an individual against an action taken by the HIVPC. The next step in the grievance process is for the Executive Committee to review the motion. Alternative options include a removal for cause or a conversation with the HIVPC.
- Leadership Training- The Executive meeting will start HIVPC business, then move to an hour and a half training with George Gadson. The Grantee encourage the HIVPC Chair to find a way to capitalize on the skills learned during the training by either continuing the training series or having refresher courses every six months or so. Staff has reached out to Sue Gallagher to speak at the HIVPC Retreat. Her presentation is on how race impacts the way people deliver and conceptualize services, and the need to understand the racial history of each community and bring community stakeholders into the decision making process. The group

discussed whether the BCHPPC be invited to the retreat. The Grantee and HIVPC Chair will talk to the BCHPPC Co-Chairs to see if they are interested. The HIVPC Chair stated that he know of a New York meeting where artists drew what was being discussed by the meeting participants, and that it was a fun way to keep people involved and engaged.

7. NEW BUSINESS

- HIVPC and Committee Work Plans- The HIVPC Chair would like new committee work plans to begin in January, and should last for 16 months so as to move beyond the next HIVPC leadership election. The Grantee suggested having a 3 year HIVPC work plan to incorporate the long-term goals and objectives of the Integrated Plan, with new goals each year. The work plans will be approved by the chairs, and each committee will review their plans in January.

8. NEXT MEETING DATE: November 9, 2016 at 2:00 p.m.

9. ADJOURNMENT

The meeting was adjourned at 5:00 p.m.

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

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HANDOUT A

MEETING AGENDA

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Wednesday, November 16, 2016, 12:30 p.m.
Location: Governmental Center Room A-337
Chair: Will Spencer **Vice Chair:** Rick Siclari

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 11/16/16 Agenda and 10/19/16 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Monthly Expenditure/Utilization Report by Category of Service
4. **UNFINISHED BUSINESS**
   a. MAI Strategies- Discuss MAI strategies that will be included in the MAI Service Delivery Model
5. **MEETING ACTIVITIES**

Goal/Work Plan Objective #:	*Accomplishments*
Part B Bus Passes	ACTION ITEM: Follow-up with changes to Part B Bus Pass program

6. **SUBCOMMITTEE REPORTS**
   None.
7. **GRANTEE REPORTS**
8. **PUBLIC COMMENT**
9. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** December 8, 2016 **Time:** 8:30 a.m. – 5 p.m. **Venue:** Secret Woods Nature Center

Goal/Work Plan Objective #:	*Accomplishments*
HIVPC and Committee Retreat	ACTION ITEM: All committee retreat

10. **ANNOUNCEMENTS**
11. **ADJOURNMENT**

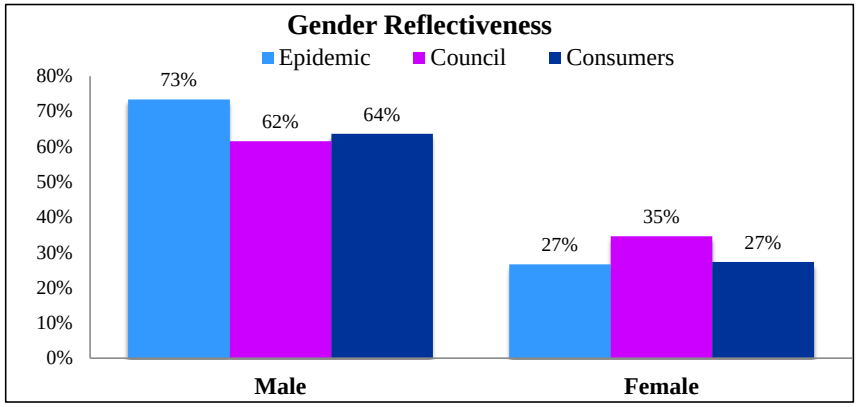
PLEASE COMPLETE YOUR MEETING EVALUATIONS

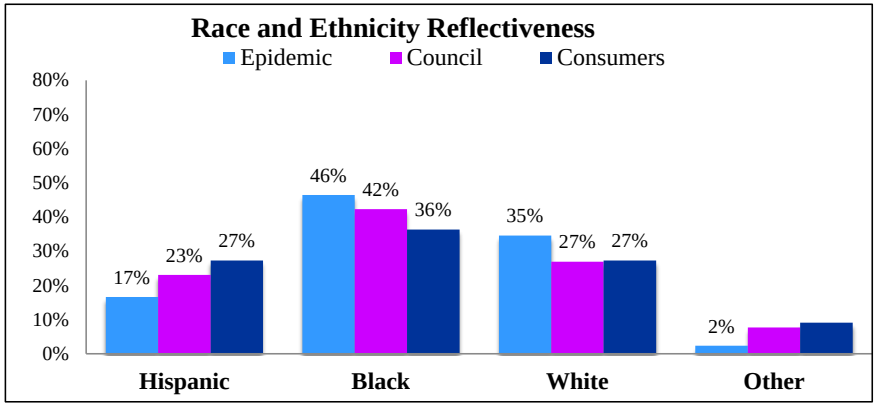
THREE PRINCIPLES IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

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

HANDOUT B

HIV Planning Council Membership Report
Current Through November 2016





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	14,372	73%	16	62%	**-12%**	7	64%	**-10%**
Female	5,213	27%	9	35%	**8%**	3	27%	**1%**
Transgender	-	-	1	4%	-	1	9%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	3,253	17%	6	23%	**6%**	3	27%	**11%**
Black	9,100	46%	11	42%	**-4%**	4	36%	**-10%**
White	6,777	35%	7	27%	**-8%**	3	27%	**-7%**
Other	455	2%	2	8%	5%	1	9%	5%
Total	**19,585**	**100%**	**26**			**11**		

Current Members	26
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	**42%**

Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. Federally Recognized Indian Tribe Members
3. State Medicaid
4. Individual co-infected with Hep B or Hep C
5. Local Public Health Agency
6. Substance Abuse Provider

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	*27%*

HANDOUT C

MAI PROGRAM CLIENT OUTCOMES

The Broward Part A Program's MAI model is designed to improve rates of viral load suppression in Black MSM, and Black heterosexual males and females. The model will utilize evidence-informed strategies to increase engagement and retention in HIV care through specialized outpatient ambulatory medical care, medical case management, mental health and substance abuse services specifically designed for the Part A MAI populations. To improve access to and retention in care, the MAI program will utilize a patient centered medical home model. Intensive coordination and direct intervention will be provided by the care teams to improve HIV treatment adherence, medical education and the patient's ability to effectively navigate the healthcare system.

To enter the MAI program, unsuppressed clients in the priority populations will be screened for eligibility. If clients choose to enter the program they will have their care coordinated across providers so as to receive streamlined services. Each participant will receive a baseline needs assessment within the first month of entering the MAI program, and must be screened for both MH and SA. The client will be referred to the appropriate services, and referring provider will document their follow-up with confirmation by the receiving provider. Each MAI participant will have an MAI MCM, who will conduct quarterly evaluations of client progress based on the issues documented in the client's needs assessment and individualized treatment plan. The MAI MCM will develop and maintain a care plan that teaches the client where, when and how to access all health services to assist clients with attaining self-sufficiency. Updates on the client's needs assessment will be communicated and coordinated with shared outcomes between providers in the client's Patient Care Team.

Patient Care Team members will receive annual training to further educate on advancement of developmental, behavioral, medical, psychiatric and social service needs for the targeted MAI populations. Scheduling staff will maintain on-demand medical appointment slots to accommodate clients, including those who are employed or have other scheduling barriers. Based on preference of the client, providers will send at least two reminders within two weeks prior to the appointment via text message or email in addition to contact by phone. The model will utilize trained and certified peers to assist with linkage/referrals, engagement and retention in services.

Newly enrolled MAI clients will take a survey to assess their baseline needs, gaps and barriers to care. To ensure the implementation of high quality services, MAI clients will participate in an annual Part A MAI Needs Assessment activity (survey, focus group, community forum, etc.). The comprehensive Part A MAI Needs Assessment will at minimum include: clients' demographics, barriers to care, service gaps, and satisfaction with received services. Upon completion of the MAI program, clients will participate in a completion evaluation of the program.

HANDOUT C

MAI PROGRAM CLIENT OUTCOMES

In the first 18 months, the client should achieve the following outcomes in each enrolled service:

MAI OAMC

- Maintained medication adherence for >95%
- Maintained a suppressed viral load for at least nine consecutive months
- Demonstrated improvement with other clinical criteria (decreased hospitalization, other medical conditions stabilized, no new opportunistic infection diagnoses)
- Resolved 60% of major issues in the needs assessments
- Kept 85% of all scheduled medical appointments

MAI MCM

- Resolved 60% of major issues in the needs assessments
- Demonstrate the ability to navigate the health care system
- Developed a sense of self-sufficiency
    - Kept 85% of all scheduled medical and social services appointments
    - Established tools and resources to assist with being able to keep appointments in the future
    - Obtained and maintained needed services (housing, entitlements, benefits, medical, social, etc.)

MAI MH

- Documented improvement in client's symptoms associated with primary metal health diagnosis
- Kept 85% of all scheduled service appointments

MAI SA

- Documented improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis
- Kept 85% of all scheduled service appointments

HANDOUT D

TARGET POPULATION FOR BROWARD MAI PROGRAMS

Unsuppressed Black MSM				
Service Category	**All Ages** Unsuppressed VL	**All Ages** % of Total	**18-38 Year Old** Unsuppressed VL	**18-38 Year Old** % of Total
LAPA	68/374	18%	28/127	22%
OAMC	110/512	21%	47/188	25%
CIED	165/813	20%	61/232	26%
DCM	18/58	31%	3/12	25%
Food Bank	50/264	19%	12/52	23%
HICP	4/33	12%	1/10	10%
Legal	1/15	7%	0/5	0%
CM	57/351	16%	22/99	22%
MH	7/52	13%	2/19	11%
OHC	41/341	12%	18/98	18%
SA	3/21	14%	1/11	9%

Unsuppressed Black Heterosexual Males				
Service Category	**All Ages** Unsuppressed VL	**All Ages** % of Total	**18-38 Year Old** Unsuppressed VL	**18-38 Year Old** % of Total
LAPA	96/541	18%	8/46	17%
OAMC	122/624	20%	18/64	28%
CIED	217/1143	19%	26/84	31%
DCM	43/184	23%	5/14	36%
Food Bank	72/440	16%	4/20	20%
HICP	2/31	6%	0/1	0%
Legal	2/23	9%	0/1	0%
CM	90/550	16%	6/30	20%
MH	8/36	22%	1/3	33%
OHC	53/437	12%	2/24	8%
SA	3/20	15%	0/5	0%

Unsuppressed Black Heterosexual Females				
Service Category	**All Ages** Unsuppressed VL	**All Ages** % of Total	**18-38 Year Old** Unsuppressed VL	**18-38 Year Old** % of Total
LAPA	90/590	15%	10/55	18%
OAMC	130/685	19%	21/76	28%
CIED	255/1423	18%	41/143	29%
DCM	29/173	17%	1/8	13%
Food Bank	99/593	17%	11/36	31%
HICP	4/54	7%	2/5	40%
Legal	0/15	0%	0/1	0%
CM	92/555	17%	14/52	27%
MH	10/51	20%	1/7	14%
OHC	72/581	12%	8/43	19%
SA	7/17	41%	2/3	67%

HANDOUT E

Integrated BCHPPC,

HIVPC and HIVPC Committee Retreat

December 8, 2016

8:30 a.m. – 5:00 p.m.

I.	**Breakfast**	8:30 - 9:00
II.	**Greetings and Introductions** *Participant Introductions*	9:05 - 9:35
III.	**Win As Much As You Can** *Game*	9:40 - 10:40
IV.	**Who Moved My Cheese?** *Dealing with Organizational Change*	10:45 - 12:45
V.	**Lunch**	12:50 - 1:25
VI.	**Integrated Jeopardy**	1:30 - 2:55
VII.	**Break**	3:00 – 3:15
VIII.	**Integrated Action Plan** *Discuss the Roles of HIVPC and BCHPPC in Accomplishing Goals of Integrated Plan*	3:20 – 4:35
IX.	**Closing** *Q&A, Next Steps*	4:35 – 5:00

HANDOUT F

HIVPC & BCHPPC

Integrated Retreat

Training | Games | Integration | Food | FUN!

For more information: 954-561-9681 x1343 hivpc@brhpc.org

RSVP by December 1, 2016

THURSDAY December 8, 2016

8:30 a.m. – 5:00 p.m.

Secret Woods Nature Center

2701 W State Road 84, Fort Lauderdale, FL 33312