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, July 28, 2016, 9:30 a.m.
GC-430
Chair: Brad Gammell **Vice Chair:** Requel Lopes
Reminder: *Meeting attendance confirmation required at least 48 hours prior to meeting date*

1. **CALL TO ORDER**
2. **WELCOME AND PUBLIC RECORD REQUIREMENTS** (5 minutes)
   a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   b. Council Member and Guest Introductions
   c. Moment of Silence
   d. Excused Absences and Appointment of Alternates
   e. Approval of 7/28/16 Meeting Agenda
   f. Approval of 6/23/16 Meeting Minutes
3. **PHONE INTRODUCTIONS**
4. **FEDERAL LEGISLATIVE REPORT** (Handout A) (5 minutes)
5. **CONSENT ITEMS**
   None.
6. **EDUCATION AND TRAINING** (Up to 45 minutes)- PSRA Training to prepare for Fiscal Year 2017-2018 Allocations
7. **DISCUSSION ITEMS**

#	MOTION	JUSTIFICATION	PROPOSED BY
1	To approve the FY 2017-2018 core and support service category rankings. (Handout B)	Rankings were conducted as part of the priority setting and resource allocation process.	Priority Setting & Resource Allocation Committee
2	To approve the FY17/l8 language on How Best to Meet the Need. (Handout C)	Language is developed to provide the Grantee with directives on how to best meet the needs of clients in various service categories.	Priority Setting & Resource Allocation Committee

Discussion Items #5 - #21 are the recommended allocations for each service category for FY 2017-2018:

#	FY 2017 Rank	Service	Factors to Consider	Recommended FY 2017 Allocation		Proposed By
				%	$	
PART A CORE SERVICES						
3	1	OAMC	Approx. 1,245 clients enrolled in ACA Marketplace plans through ADAP/HICP, with a potential 10% decrease for FY 2016 OAMC expenditures. In addition to a 20% increase in service utilization due to BH integration which equates to an overall 10% increase. Populations NOT achieving VL suppression in OAMC include BNHM (240), WMSM (188), & BNHF (152).	42%	$6,426,056	Priority Setting & Resource Allocation Committee
4	2	Pharmacy	Approx. 1,245 clients enrolled in ACA Marketplace plans through ADAP/HICP. FY 15 had a 6% decreases in Pharmacy utilization. Potential decrease in funding by the establishment of the Emergency Financial Assistance service for stop-gap medications should also be taken into account. Populations NOT achieving VL suppression in Pharmacy include BNHM (170), BMSM (68), & BNHF (102).	4%	$667,165	
5	3	Oral Health	Fully functioning Part F & one new community clinic may decrease number of clients seen through Part A. HBTMTN language expanding dental funding into 2 components: routine and specialty care may increase expenditures for clients in need may affected expenditures. Populations NOT achieving VL suppression in OHC include HF (11), BNHF (96), & BNHM (78).	18%	$2,687,049	
6	5	HICP	Part A will continue to pay for wrap-around for premiums and co-pays. $6,500 cap per client. Anticipate plan premiums will continue to increase for next year's enrollment. Projected clients includes ADAP clients that will use Part A for wrap-around. However, ADAP is currently considering increasing ADAP Premium Plus eligibility to 400% FPL, which will impact client premiums, not co-pays or wrap-arounds in the future.	5%	$760,000	
7	4	MCM (Disease)	The newly implemented DCM Program is new and client utilization increased 90% as the program became more established through FY 15.	3%	$523,900	

8	6	Mental Health	Approx. 1,245 clients enrolled in ACA Marketplace plans through ADAP/HICP. Will need to continue tracking expenditures to see true impact, but MH had a 3% decrease for FY 2015 expenditures. Increased need for mental health services, and a number of comorbidities with substance abuse. Integration of Behavioral Health screenings during primary care visits may increase MH referrals and utilization. Populations NOT achieving VL suppression in MH include BNHM (15), BNHF (10) & BMSM (7).	2%	$375,807	
9	8	Substance Abuse (outpatient)	Approx. 1,245 clients enrolled in ACA Marketplace plans through ADAP/HICP. Will need to continue tracking expenditures to see true impact, but Substance Abuse had a 12% decrease for FY 2015 expenditures. Projecting an increase in SA utilization as a result of BH/ Medical integration screenings in addition to the increasing use of drugs in South FL such as cocaine, meth, and heroine (IDU drugs on the rise). Populations NOT achieving VL suppression in SA include BNHM (7), BNHF (7) & BMSM (3).	2%	$338,010	
PART A SUPPORT SERVICES						
10	1	CM (CIED)	Almost 6% increase in new infections in 2015 (~1,200 new cases) calendar year in Broward, CIED had 18% new clients in FY 2015. Populations NOT achieving VL suppression include transgender (16), BNHF (323), BNHM (361), BMSM (172).	5%	$750,564	Priority Setting & Resource Allocation Committee
11	3	Emergency Financial Assistance	HRSA has mandated that emergency and stop-gaps medications be distributed to clients through EFA, not LAPA. Factors for funding allocation must include # of clients receiving emergency meds annually and dispensing fees.	1%	$67,500	
12	7	Outreach	Projected cost for new engagement program.	2%	$250,000	
13	1	CM (non-medical)	CM utilization has decreased over past several years, clients can also get CM services through Medicaid, some Marketplace plans. Clients also have access to MCM (Disease). HBTMTN language includes a stipulation for 30% increase in funded personnel dedicated to peers. HBTMTN also includes Benefits Support Service case managers to assist clients with insurance navigation. Will need to increase funding for hiring personnel and training. Populations NOT achieving VL suppression include Transgender (8), BNHM (169), BNHF (99), BMSM (83).	10%	$1,565,899	
14	4	Food Bank/Voucher	Changes to eligibility may be primary cause for the decreased number of clients utilizing service category. HBTMTN language includes delivery of workshops and trainings on healthy eating and nutrition as it relates to management of clients' health and should be considered during funding allocations. Populations NOT achieving VL suppression include Transgender (7), BNHF (131), & BMSM (63).	5%	$752,504	
15	5	Legal	Legal services have gone up and down over the past several years, but the agency has been able to maintain expenditures. Populations NOT achieving VL suppression include MSM (13) & Black non-Hispanic heterosexual (8).	1%	$130,260	
MAI CORE SERVICES						
16	1	OAMC	Populations NOT achieving VL suppression in OAMC include BNHM (240), WMSM (188), & BNHF (152).	27%	$323,345	Priority Setting & Resource Allocation Committee
17	4	MCM	Populations NOT achieving VL suppression in MCM include BNHM (61), Black heterosexual (76), Non-permanently housed (53)	7%	$82,602	
18	6	Mental Health	Populations NOT achieving VL suppression in MH include BNHM (15), BNHF (10) & BMSM (7).	5%	$58,180	
19	8	Substance Abuse (outpatient)	Populations NOT achieving VL suppression in SA include BNHM (7), BNHF (7) & BMSM (3).	41%	$503,418	
MAI SUPPORT SERVICES						
20	1	CM (CIED)	NOT achieving VL suppression include transgender (16), BNHF (323), BNHM (361), BMSM (172).	18%	$222,725	Priority Setting & Resource Allocation Committee
21	7	Outreach	Potential MAI programs would require DIS services for Part A clients not engaged in care	2%	$25,000	

8. NEW BUSINESS
None.

9. COMMITTEE REPORTS (10 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

July 5, 2016 *Chair: L. Robertson, V. Chair: P. Fleurinord*

A. Work Plan Item Update / Status Summary:

PSRA Service Category Priority Rankings Review: The PC Manager gave a follow-up and recap of the service category rankings process that was conducted during the last CEC meeting. She explained the PSRA Process for the guests in the room, and explained the ranking process and why the members rank all services even though some may not be funded by the Part A program. She compared the FY17-18 CEC and the PSRA rankings with the members, and pointed out the similarity of both the core and support rankings by both committees. The next PSRA meeting will include Part A allocations for the next fiscal year. The HIVPC will also receive a training on the PSRA process at this month's meeting, which will cover the FY17-18 rankings, allocations and How Best to Meet the Need language.

HIV Integrated Plan Community Feedback Session: The CEC members and guest participated in a Community Feedback session to speak on the goals and strategies of the HIV Integrated Comprehensive Plan. Joe Tolliver, the forum facilitator, helped the participants vote on different activities and strategies related to HIV, and facilitated a conversation about the viewpoints of the members and issues they see in their community.

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: TBD *Next Meeting Date*: August 2,2016 *Location*: Government Center Room A-337

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

No Meeting *Chair: K. Creary Vice Chair: V. Foster*

C. QUALITY MANAGEMENT COMMITTEE (QMC)

July 18, 2016 *Chair: C. Grant Vice Chair: A. Earp*

A. QM Retreat Pre-Test:

Committee members completed the QM retreat pre-test to test their knowledge of the QMC prior to the retreat.

B. QM Committee Overview:

Staff reminded the Network that today's meeting is a retreat for the Committee. The retreat will include: an introduction of the QM Program and Committee for new members, a review of performance measures and reporting requirements, ways to review and utilize data, developing directives to the QI Networks, and planning for collaboration across Committees. Staff presented these topics to the Committee using a PowerPoint presentation (on file). Staff stated there is a lot of information to cover in a short time but Committee members could ask questions at any time. Staff reviewed the definition of quality and quality management as stated by HRSA. The purpose of the Ryan White QM program was also reviewed as well as the different roles and responsibilities that fall under the QM program. The Grantee representative stated the QM Program has improved a lot in recent years and that was due to the effort of QMC members. Broward's QM program is ahead of schedule with the work plan that is required by HRSA and this is the first time that has happened in years. Staff then reviewed the objectives of the QMC and the role of QMC members. QI Networks fall under the QMC and staff reviewed the purpose of the Networks and what they do. A Committee member stated the presentation was presented very nicely and made this information easier to understand.

C. Review Data Measures:

Staff then reviewed data collection and reporting with the Committee (on file). Staff reviewed reports that the QM program are responsible for producing and what each of those reports entail. These reports include: HIV/AIDS Bureau (HAB) measures, Health and Human Services outcomes, viral load reports, In+Care Campaign, and Broward Outcomes and Indicators. Staff stated that some of these reports are required by HRSA and others are voluntary. HAB performance measures include three primary performance measures for our EMA including core measures, Medical Case Management measures, and Oral Health measures. A Committee member asked why mental health is not a required HAB performance measure and staff stated HAB does not measure that particular measure, but there is a mental health measure under the HAB core measures. The Broward EMA has outcome measures for mental health and substance abuse even though they are not measured by HRSA, so these measures are being tracked for Broward. Staff then reviewed examples of HAB outcome reports. A Committee member asked if these measures are self-reported by the client. For example, for the syphilis screening, was the client asked about this or was this reported by the doctor who completed the screening. The

Grantee representative stated that billed services, such as a syphilis screening, are reported using verification from the bill. However, demographics are self-reported by the client.
Staff then reviewed viral load reports. One member asked how viral load suppression is monitored if CIED does not require labs to be collected. Staff stated that providers are required to collect labs and bill for those labs. Requiring CIED to collect labs was discussed two years ago but was decided against because this could create a barrier to eligibility for clients. Unknown viral loads was an issue two years ago but since then the Grantee has included collecting this data in their standards of care and annual monitoring standards for providers. As a result, the number of unknown viral loads has decreased significantly. Another member asked why "Haitian" was a category on the viral load report and staff stated that this was a risk factor under general standards not too long ago. Staff stated that due to Haitian being a risk factor in the past, this measure is already programmed in the system. Standards for measures such as this are constantly changing, and although Haitian is not considered a risk factor as of recently, it is hard to keep our system updated with every change that is made.
Staff reviewed the details of the In+Care Campaign with the Committee. A member asked how Broward's performance in the In+Care Campaign compared to the performance of other EMA's. Staff stated Broward did as well as or better than others in all measures except patients newly enrolled.

D. Group Activity:

After reviewing data collection and reporting, Committee members completed a group activity to increase understanding of data trends. Members were divided into two groups and one group was given a viral load of analysis of FY 15-16 system wide data and the other group was given a viral load analysis of FY 15-16 Outpatient Ambulatory Medical Care data. The groups were instructed to review their datasets and answer the questions provided by staff (on file). Overall, Committee members felt that it would be helpful to include clients new to care/retained in care and to focus on clients receiving no HIV therapy in the future.

E. QM Retreat Pre-Test

After reviewing all materials prepared for the QM retreat, Committee members completed a post-test to assess how much they learned compared to what they knew before the retreat.

F. Other Business Items:

None.

G. Agenda Items for Next Meeting:

Agenda Items for Next Meeting: Quarterly data review (WP Item 1.1)
Next Meeting Date: August 15, 2016, 12:30 p.m. *Venue*: GC A-335

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

July 20, 2016 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

A. Work Plan Item Update / Status Summary:

Review PSRA Data – The committee reviewed data on other Broward HIV funders, including expenditures by service category and client demographics. The committee then review Part A client utilization trends and projections by service category.
Allocations – The committee conducted allocations following the data review. The HIVPC staff reviewed the data that was used and the factors to consider to develop a recommended allocation. The committee allocated funds for both Part A and MAI services, and will continue their discussion about MAI programming at the August meeting.

B. Rationale for Recommendations:

The committee approved the allocations for FY 2017-2018 based on review of data, HBTMTN language and anticipated needs.

C. Data Reports / Data Review Updates:

The committee reviewed All Funder data sources and Part A client utilization trends help inform the PSRA process.

D. Data Requests:

None

E. Other Business Items:

Agenda Items for Next Meeting: Next Meeting Date: August 17, 2016, Governmental Center Annex Room A-337

E. SYSTEM OF CARE COMMITTEE (SOC)

No Meeting *Chair: M. Hayes Vice Chair: C. Edwards*

F. INTEGRATED COMMITTEE

July 25, 2016 *Co-Chair: W. Spencer Vice Co-Chair: C. Taylor-Bennett*

Integrated Plan Timeline:

August 8th- Next IC meeting to review draft of the Integrated Plan
August 11th- HIVPC Coordination meeting. Will Spencer will provide a short presentation on the goals and objectives of the Integrated Plan and answer questions from members and meeting participants.
August 16th- Integrated Plan for review and approval by the HIVPC.

G. EXECUTIVE COMMITTEE

July 21, 2016 *Chair: B. Gammell Vice Chair: R. Lopes*

A. Work Plan Item Update / Status Summary:
Standard Committee Items–The committee members reviewed, edited and approved the August calendar, and July HIVPC agenda and meeting materials. Executive Training – The Executive members received a training from George Gadson on meeting planning and preparation. The members started a list of take away messages from their training, including: how to ensure members read the past meeting's minutes, member term limits and developing a common message for the HIVPC leadership. Their next training will focus on communication and meeting facilitation.
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: Executive Training *Next Meeting Date*: TBD

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

GRANTEE REPORTS (15 minutes)

a. Part A
b. Part B
c. Part C
d. Part D
e. Part F
f. HOPWA
g. Prevention

10. UNFINISHED BUSINESS

None.

11. PUBLIC COMMENT (Up to 10 minutes)

12. ANNOUNCEMENTS (Up to 10 minutes)

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: August 16, 2016 9:30 a.m. **LOCATION:** A-337

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*

15. 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

June 23, 2016 Meeting Minutes

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Bell, J.	**X**			Little, S.
2	Bhrangger, R.	**X**			Hamlet, L.
3	Burgess, D.	**X**			Gordon, K.
4	DeHoyos, F.	**X**			Murphy, K. (oh phone)
5	DeSantis, M.		**A**		Arencibia, Y.
6	Creary, K.		**A**		King, J.
7	Gammell, B. *Chair*	**X**			Anderson, S.
8	Grant, C.	**X**			Velez, R.
9	Hayes, M.	**X**			
	Holness, Comm. D.V.C.		**A**		
10	Huggins, L.	**X**			**Grantee Staff**
11	Katz, H. B.	**X**			Degraffenreidt, S.
12	Lint, A.	**X**			Green, W.
13	Lopes, R. *Vice Chair*	**X**			Card, W.
14	Marcoviche, W.	**X**			
15	Moragne, T.	**X**			**HIVPC Staff**
16	Parker, P.		**A**		Ewart, L.
17	Reed, Y.,	**X**			Holloman, K.
18	Robertson, L.	**X**			Beckford, R.
19	Runkle, D.	**X**			Johnson, B.
20	Schweizer, Dr. M.	**X**			
21	Siclari, R.		**A**		
22	Spencer, W.,	**X**			
23	Taylor-Bennett, C.		**A**		
24	Thomas-Purcell, K.	**X**			
A1	Robertson, P. (Alt)	**X**			
A2	Shamer, D. (Alt)		**A**		
	Quorum=13	**20**			

1. CALL TO ORDER

The Chair called the meeting to order 9:35 a.m.

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

The HIVPC Chair welcomed everyone and self-introductions were made. Attendees were notified of Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. A moment of silence was observed. The following motions were made:

Motion #1: To approve today's agenda
Proposed by: Katz, H.B. **Seconded by:** Bell, J.
Action: Passed unanimously

Motion #2: To approve the 5/26/16 meeting minutes
Proposed by: Katz, H.B. **Seconded by:** Bell, J.
Action: Passed unanimously

3. PHONE INTRODUCTIONS

4. FEDERAL LEGISLATIVE REPORT (Kareem Murphy)(Handout A)

Congress began more forward movement this month with consideration of the Fiscal Year (FY) 2017 Labor-Health and Human Services-Education appropriations bill in the Senate. The full Senate Appropriations Committee approved the bill on June 9th and it includes $2.293 million for Ryan White programs, a decrease of roughly $29 million. Of this, $655 million is for Part A grantees, $1.315 million for Part B, and $900.3 million for ADAP. These areas are level funded from FY 2016. The cuts come from a reduction to early intervention services, which fund competitively to primary healthcare providers to enhance healthcare services. A member asked about cuts to EIS funding, stating that she equates EIS with Part B, not healthcare services. It was explained that the EIS services she was referring to were usually covered under Part C, but this kind of early intervention services were competitive grants for states, regions and systems and are separate from Ryan White.

5. CONSENT ITEMS
None.

6. DISCUSSION ITEMS
None.

7. NEW BUSINESS
None.

8. COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)
June 9, 2016 *Chair: L. Robertson Vice Chair: P. Fleurinord*

The CEC Chair stated that his committee participated in a joint training with MCDC in June; report stands.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)
June 9, 2016 *Chair: K. Creary, Vice Chair: V. Foster*

No chair present, report stands.

C. LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)
June Cancelled: No Quorum *Chair: Vacant*

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)
June 15, 2016 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

No chair present, report stands.

E. QUALITY MANAGEMENT COMMITTEE (QMC)
June Cancelled: No Quorum *Chair: C. Grant, Vice Chair: A. Earp*

F. SYSTEM OF CARE COMMITTEE (SOC)
No June Meeting *Chair: M. Hayes, Vice Chair: C. Edwards*

SOC had a joint meeting with PSRA in May, and will participate in a joint meeting with QMC in July.

G. EXECUTIVE COMMITTEE
June 16, 2016 *Chair: B. Gammell, Vice Chair: R. Lopes*

Report stands

9. GRANTEE REPORTS
a. Part A: Shaundelyn Degraffenreidt gave the Part A update to the members. She stated that on August 4th the state will have a meeting to discuss expanding ADAP Premium Plus plans to clients making 400% FPL, which will certainly have an impact on Part A HICP services. August 15th is both the tentative date for the Part A RFP release, as well the date that HRSA will release the Part A grant guidance (which a scheduled due date for October 15th). The Ryan White All Titles conference will also be held from August 22nd -26th in Washington, DC. A member asked if the RFP may be pushed back due to many providers attending All Titles.

b. Part B: The Part B representative stated that they discovered that the county has a bus pass system that mails passes to residents making up to 225% FPL, and Part B is in the process of transferring clients who meet that criteria onto the county bus system.

ADAP is finalizing their Hepatitis C treatment procedures for clients, and will roll the program out soon. They are also putting up grievance posters around their offices. The Part B representative stated that he will provide financials to the HIVPC quarterly.

c. Part C: The Part C Grantee stated that her office has just completes their HRSA site visit, and overall she thought it was a good learning experience. The HRSA officers looked at their QM program, and thought that it was too close to a Part A program and needed updating for a Part C system. The officers also thought that employee HR files needed to include annual HIV training as a staff requirement; employees are currently receiving these trainings but now must record the trainings for their files. The Part C financials met HRSA criteria, although they needed to be more refined to include program incomes. Their Project Officer stated that this was a good report, with a stellar internal audit of sub-recipient that will use as best practice at the All Titles conference.

d. Part D: The Part D Grantee distributed a written report that included the number of patients served, new referrals, etc. The Grantee explained that while infants born to positive mothers are tested at birth, it takes 18 months for infants to officially test negative for HIV.

e. Part F: The Part F Grantee told the members that July 11th is the opening date for his new community based clinic in Pompano on Atlantic and Powerline Rd. They have already screened 60 patients, and have full staff of a dentist and hygienists. The clinic is a collaborative agreement with Nova and the Broward Community and Family Health Center that serves HIV+ clients for free or on a sliding payment scale. The clinic does not require proof of immigration status. A member stated that he's heard that people with private insurance cannot use the Nova clinic, and the Part F Grantee explained that the clinic is funded by Ryan White for Ryan White clients, but that they can go to Nova's main clinic in Davie for services. The Human Services Administrator stated that they do not restrict clients from accessing care at the Nova clinic, but Part F insisted they cannot use Ryan White funds for clients who do not have Ryan White OHC services. The Chair stated that PSRA has been talking about funding and changes in insurance and scope of services, and that anyone who is interested in the topic should attend the July PSRA meeting to discuss the matter.

f. HOPWA: No representative present.

g. Prevention: No report.

10. UNFINISHED BUSINESS

None.

11. Education: Will Spencer, Integrated Committee Part A Co-Chair presented an update on the progress of the Integrated Comprehensive Plan. The Plan is important for the HIVPC because it must be approved by the Planning Council in August and will guide their work for the next 5 years. The plan is still in its draft phase and has been edited and reviewed by the IC as portions are completed. This is the first time that a variety of stakeholders throughout the county are collaborating in this integrated plan, and each part is working together to make decisions and streamline activities. He explained that the IC is made up of 5 members from Prevention and 5 members selected by Part A. He reviewed the timeline for completion, and spoke about the creation of a shared lexicon and historical perspective. The historical perspective is not a graded section of the plan but was written to provide insight into the unique history and needs of Broward County which led Broward to write a plan separate from the State.

He updated the members on the Community Feedback sessions being held to gain community insight into the activities of the Plan. He further identified that they are not as well attended as the members would like, but the individuals participating are offering valuable insight. He asked the HIVPC members to please bring their HIV+ friends and neighbors to the last feedback session. There will be an interactive presentation that allows members to vote on activities they feel are most/least effective in educating the community on the disease, retaining them in care, and identifying barriers to care. A member spoke about her experience at the first meeting, and thought that the HIVPC logo and Council information needed to be displayed at the forum. The IC Co-Chair stated that the feedback sessions are not Council specific and therefore do not have HIVPC advertisements, although at the last sessions some people enquired about how to get involved with the Planning Council. Members gave their impression of the sessions that they attended, stating that they were surprised about how often stigma came up as a barrier to testing and care, or how they would have liked to participate in the interactive part of the sessions. Will stated that each question during the presentation is linked to strategies outlined in the Integrated Plan and NHAS goals. Participants are handing a clicker that they can use to vote on different questions throughout the presentation. After votes are tallied a facilitator helps the audience explore

the reasons they did or did not chose specific answers, allowing for an open conversation between participants. Staff explained that the presentations are open to all community members, providers and PC members, but that the community members are the priority for participating in the interactive clicker sessions of the presentation. A member stated that while only 25 participants receive clickers, he felt like there was dialogue between all participants and that everyone had an equal opportunity to speak.
The HIVPC will not review the entire plan, but will have a chance to look at the goals and objectives of the Plan in July, with an opportunity to ask questions about the Plan and its impact on the work of the HIVPC. The PC will vote to approve the plan during the July or August meeting. The Grantee representative stated that the focus of the plan are the goals and objectives, and that feedback from the sessions will be used to inform the Plan and add topics that are brought up by the community.
The Planning Council Vice Chair stated that she was at the forum held the previous night, and while she was that people came to participate, she was concerned with the lack of attendance from the HIVPC and the community. She encouraged the HIVPC members to do their part and get the community involved in the final session.

Members discussed marketing for the feedback sessions through social media outlets. They were informed the sessions are currently being marketed on the @GetCareBroward Facebook and Twitter social media pages and that members of the committee and guests are welcome to follow these pages and retweet any and all HIVPC related information to their followers and friends, encouraging participation. A guest also offered to provide information on how to advertise on their newspaper's website. There was further discussion regarding how there is still some responsibility on the Planning Council members to engage the community as well. There was a suggestion for a final feedback session at the upcoming CEC meeting in July. The Part B representative stated his concern about the length of the plan, and if there would be a modified version to provide to community members. The IC Chair stated that this has been discussed and the committee is in the process of determining how best to provide this information in brief. The Chair asked that any additional questions be sent to PC Staff and they will be addressed.

12. PUBLIC COMMENT

None.

13. ANNOUNCEMENTS

a. Arianna Lint shared that she considers herself homeless as her landlord will not renew her lease because 47 people claim her address because they need help. She feels there is a lack of assistance for the Transgender community. She is asking that individuals be more sensitive to the needs of the Transgender community. She explained that is transgender, living with HIV and has been denied housing by HOPWA, and wants to know what role is the HIVPC and other community stakeholders taking to end HIV.
b. The Part C Grantee announced there will be a Trick Daddy concert to promote HIV testing for the 18-38 age group who are most likely to be unsuppressed. Tickets are available for PLWHA and individuals who are tested for HIV. This concert will take place Friday night at the Lauderhill Performing Arts Center at 6 pm. A member informed the committee and guests that two individuals from the HIVPC will be hosting the event.
c. The Part F Grantee implored the meeting participants to do anything they can through their agencies to help people in need of housing services immediately.
d. The Part D Grantee announced a back to school drive at CDTC for individuals who are HIV+. There is also a Smart Ride fundraiser featuring Dixie Longate next Thursday.
e. There is a HOPWA community service board meeting every 2nd Monday of the month from 4-6 at Fort Lauderdale City Hall. This is the advisory board that guides the HOPWA housing program.
f. Please SAVE THE DATE for the December 8th full HIVPC retreat for council and committee members. This is an all-day retreat.

14. REQUEST FOR DATA

None.

15. NEXT MEETING: July 28, 2016 **LOCATION:**GC- 430

16. ADJOURNMENT The meeting was adjourned at 11:12 a.m.

HIVPC Attendance CY 2016

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	28	25	C	28	26	23							
			1	Bell, J.	X	X		X	X	X							
1	1	1	**2**	Bhrangger, R.	X	X		X	A	X							
1	1	0	**3**	Burgess, D.	X	X		X	X	X							
	1	2	**4**	Creary, K.	X	X		E	A	A							
	1		**5**	DeHoyos, F.	N-4/28			X	X	X							
		2	**6**	DeSantis, M.	X	X		X	A	A							
1	1	0	**7**	Gammell, B., *Chair*	X	X		X	X	X							
		1	**8**	Grant C.	X	X		X	A	X							
		3	**R**	Guttierrez, H.	A	A		A	W-3/10, R-5/10								
		0	**10**	Hayes, M.	X	X		X	X	X							
		4	**A**	Holness, D. V.C. (Comm)	A	X		A	A	A							
1	1	0	**11**	Huggins, L.M.	X	X		X	X	X							
1	1	0	**12**	Katz, H.B.	X	X		X	X	X							
		0	**Z**	Lewis, L.	X	Z-2/1/16											
1	1	0	**13**	Lint, A.	X	X		X	X	X							
		0	**14**	Lopes, R., *V. Chair*	X	X		X	X	X							
1	1	1	**15**	Marcoviche, W.	X	X		X	A	X							
		0	**16**	Moragne, T.	X	X		X	X	X							
		3	**R**	Myers-Culpepper, K.	A	A		A	W-3/10, R-5/10								
1	1	3	**18**	Parker, P.	A	E		X	A	A							
		1	**19**	Proulx, D.	X	A		X	Z- 5/1								
1	1	0	**20**	Reed, Y.	X	X		X	X	X							
	1	0	**21**	Robertson, L.	X	X		X	X	X							
1	1	0	**Alt**	Robertson, P. (Alt 1)	X	X		E	X	X							
1	1	0	**22**	Runkle, D.	X	X		E	X	X							
		1	**23**	Schweizer, M.	X	X		E	A	X							
1	1		**Alt**	Shamer, D. (Alt 2)	N-4/28			X	A	A							
		1	**24**	Siclari, R.	X	X		X	X	A							
	1	1	**25**	Spencer, W.	X	X		X	A	X							
		2	**26**	Taylor-Bennett, C.	X	A		X	X	A							
			27	Thomas-Purcell, K.	N-4/28			X	A	X							
		2	**28**	Tomlinson, K.	X	A		A	W-5/10, Z- 5/20								
				Quorum = 13	24	20		20	14	20							

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - resigned

C - cancelled

W - warning letter

R - removal letter

HANDOUT B

FISCAL YEAR 2017-2018 SERVICE CATEGORY RANKINGS

	FY 17-18 CEC Rankings	FY 17-18 PSRA Rankings
CORE SERVICES		
Outpatient Ambulatory Medical Care	1	1
AIDS Pharmaceutical Assistance (Local)	2	2
Oral Health (dental) Care	3	3
Early Intervention Services	4	7
Health Insurance Premium & Cost-Sharing Assistance	5	5
Home and Community-Based Health Services	10	11
Home Health Care	8	10
Hospice Services	12	12
Mental Health Services	7	6
Medical Nutrition Therapy	11	9
Medical Case Management (Disease Case Management)	6	4
Substance Abuse Services - Outpatient	9	8

HANDOUT B

FISCAL YEAR 2017-2018 SERVICE CATEGORY RANKINGS

	FY 17-18 CEC Rankings	FY 17-18 PSRA Rankings
SUPPORT SERVICES		
Case Management (Non-Medical)	3	1
Child Care Services	15	13
Emergency Financial Assistance	5	3
Food Bank/Home-Delivered Meals	6	4
Health Education/Risk Reduction	11	9
Housing Services	1	2
Legal Services	2	5
Linguistics Services (Interpretation and Translation)	16	16
Medical Transportation Services	4	6
Outreach Services	7	7
Psychosocial Support Services	10	10
Referral for Health Care/Supportive Services	9	11
Rehabilitation Services	14	14
Respite Care	13	15
Substance Abuse Services – Residential	12	12
Treatment Adherence Counseling	8	8

HANDOUT C

FY 2017/2018 HOW BEST TO MEET THE NEED LANGUAGE

All Services
Recommended Language
Ensure Part A Providers document collaborative agreements with all and other organizations within their continuum of care, and across systems to help clients get all their needs addressed.
Provide Care Coordination across multiple service categories.
Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, annual customer service trainings for staff, and provide follow up as needed.
Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care
Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression, including but not limited to: Black heterosexual men and women Black men who have sex with men (MSM) 18-38 years of age
Integrate care collaboration with members of the client's service providers.
Collect client level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care.
Implement formal policies addressing referrals amongst internal and external providers to maximize community resources.
Co-locate services where applicable, to facilitate medical home model for Part A clients.
Core Medical Services
Service Criteria: (<400% FPL)
Outpatient Ambulatory Health Services (OAMC)
Recommended Language
Integrate Primary Care & Behavioral Health Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.
Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care
Integrate Care provider collaboration with members of the client's treatment team outside of the organization.
Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
Care Coordinators will monitor delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involved departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.
Provide after-hours service availability to include Crisis Intervention.
Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services.
Ensure providers are knowledgeable regarding management of patients co-infected with HIV and HCV.
Incorporate prevention messages into the medical care of PLWHA.

FY 2017/2018 HOW BEST TO MEET THE NEED LANGUAGE

Report clients who have fallen out of care to DIS Outreach workers to determine if clients are really not in care or have moved away/to a different payer source.
AIDS Pharmaceuticals (Local)
Service Criteria: (<400% FPL)
Recommended Language
Report clients who have fallen out of care to DIS Outreach workers to determine if clients are really not in care or have moved to a different payer source.
Oral Health Care (OHC)
Service Criteria: (<400% FPL)
Recommended Language
Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals.
Increase Oral Health Care collaboration with mental health providers.
Expand and separate Oral Health Care (Dental Services) funding into two components: routine maintenance care and specialty care.
Health Insurance Continuation Program (HICP)
Service Criteria: (250%-400% FPL)
Recommended Language
Develop materials for clients to use as quick references.
Provide assistance with Prior authorizations and appeals process.
Maintain routinized payment systems to ensure timely payments of premiums, deductibles, and co-payments .
Mental Health Service (MH)
Service Criteria: (<300% FPL)
Recommended Language
Provide Trauma-Informed Mental Health Services referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma.
Provide after-hours availability to include Crisis Intervention.
Disease (Medical) Case Management
Service Criteria: (<400% FPL)
Recommended Language
Coordinate referrals with other services providers; conduct follow-ups with clients to ensure linkage to referred services.
Report change in viral load status as clients progress through the program.
Substance Abuse- Outpatient
Service Criteria: (<300% FPL)
Recommended Language

HANDOUT C

FY 2017/2018 HOW BEST TO MEET THE NEED LANGUAGE

NO RECOMMENDED LANGUAGE FOR THIS SERVICE CATEGORY
Support Services
Case Management (Non-Medical)
Service Criteria: (<400% FPL)
Recommended Language
Specially train personnel to ensure client education about transitioning to insurance plans, including medication pick up, co-payments, staying in network, etc.
Provide education to reduce fear and denial and promote entry into primary medical care.
Educate clients on the importance of remaining in primary medical care.
At least 30% of Non-Medical Case Management funded personnel be dedicated to Peers.
Incorporate prevention messages into the medical care of PLWHA.
Educate consumers on their role in the case management process.
Provide information about Ryan White programs to reduce financial concerns about seeking care.
Provide initial/ongoing training and development for HIV peer workers.
Provide Benefits Support Services to deliver information to about their health insurance coverage such as how they can navigate and utilize insurance effectively to achieve better health outcomes.
Overview of health care plan summary of benefits (coverage and limitations).
Educate the client on the different types of health care providers (i.e. Primary Care, Urgent Care, and Specialty Care).
Centralized Intake and Eligibility Determination (CIED)
Service Criteria: HIV+ Broward Resident
Recommended Language
Ensure the locations and service hours target historically underserved populations that are disproportionately impacted with HIV.
Maintain collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care.
Following up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.
Distribute client handbook to provide an overview of the purpose of Ryan White Part A services and includes the following: 1) Client rights and responsibilities, 2) Names of providers complete with addresses and phone numbers, and 3) Grievance procedures.
Offer dedicated live operator phone line at all times during normal business hours.
Ensure that intake data collected for transgender clients is sufficient to make full use of transgender related categories in PE.
Follow up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.
Emergency Financial Assistance
Service Criteria:
Recommended Language
Provide limited one-time or short-term pharmaceutical assistance for Ryan White Part A clients.
Outreach

HANDOUT C

FY 2017/2018 HOW BEST TO MEET THE NEED LANGUAGE

Service Criteria:
Recommended Language
Utilize DIS workers to locate clients who are “lost to care” to determine retention status and re-engage as necessary.
Track the barriers to care that caused clients to cease medical care, and provide an annual report to the HIVPC.
Food Services
Service Criteria: (<250% FPL)
Recommended Language
Increase communication with client primary care physicians and nutrition counselors to ensure client nutritional needs are being met.
Provide workshops and training forums focused on improving Clients’ knowledge of healthy eating and nutrition as related to management of their health.
Legal Services
Service Criteria: (<300% FPL)
Recommended Language
NO RECOMMENDED LANGUAGE FOR THIS SERVICE CATEGORY