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, May 26, 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 5/26/16 Meeting Agenda
   f. Approval of 4/28/16 Meeting Minutes
3. **PHONE INTRODUCTIONS**
4. **FEDERAL LEGISLATIVE REPORT** (5 minutes)
5. **CONSENT ITEMS** (5 minutes)

| # | MOTION | JUSTIFICATION | PROPOSED BY |
|---|---|---|---|
| 1. | To appoint Jason King to the HIVPC in the ASO/CBO seat | Jason King's application for Planning Council was reviewed and approved by the MCDC members based on the qualifications for membership as an ASO/CBO member. | MCDC |
| 2. | Appoint Bessie Dennis to the CEC | Members of the CEC appointed Bessie Dennis based on her community involvement. | CEC |
| 3. | Appoint Yusi Arencibia to the CEC | Members of the CEC appointed Yusi Arencibia based on her experience with inmates at BSO. | CEC |

6. **DISCUSSION ITEMS** (5 minutes)
   None.
7. **NEW BUSINESS** (10 minutes)
8. **COMMITTEE REPORTS** (10 minutes)
   **A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)**
   **May 3, 2016** *Chair: L. Robertson, V. Chair: P. Fleurinord*

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

PSRA Service Category Priority Rankings Overview: The Planning Council Manager gave an overview of the PSRA process for the CEC members (Handout A on file). The PC Manager explained that rankings are used to communicate service priorities, but that does not necessarily mean that the highest ranked services receive the most funding. Funding allocation is based on utilization and decided by a set formula.

PSRA Service Category Priority Rankings: The CEC members ranked the 13 core and 16 support services through a survey administered on IPads. Each member was asked to order the core and support services based on their importance to the community. Once the survey was completed, the PC Manager reviewed the rankings with the committee members. She stated that most of the services categories were split and/or ranked evenly. The final results will be presented at the next CEC meeting in June. The PC Manager encouraged members to participate in the next round of service category rankings at the May 25th PSRA meeting. While only PSRA committee members will be able to rank at the PSRA meeting, all meeting attendees are encouraged to participate in the process.

Community Events Follow-up: The CEC Chair conducted a discussion on community activities that had taken place since the last CEC meeting. The CEC Chair and Vice Chair reminded that CEC members that they were asked to participate in community events and participate in a feedback loop of information

between the community and the committee. The CEC is the community arm of the HIVPC, and should be informed of the needs and barriers of the community. PC Staff will bring a calendar of events for CEC members to review and determine goals for each quarter: education, recruitment, feedback, etc. The committee will then choose events that correspond with the goals selected by the committee.

CEC Goals: The CEC Chair stated that he would like the members to act as part of the community and participate in any type of community activity, church fairs, health fairs, etc. He asked the members to bring their suggestions to the committee so that they could decide as a group which events to attend or if there are enough volunteers to participate in numerous activities.

**B. Rationale for Recommendations:**

- Bessie Dennis' role as a community leader and her work as an HIV Testing Counselor make her an ideal member of the Community Empowerment Committee.
- Yusi Arencibia's role as the Inmate Healthcare Manager at BSO makes her an ideal member of the Community Empowerment Committee.

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

None.

**D. Data Requests:**

None.

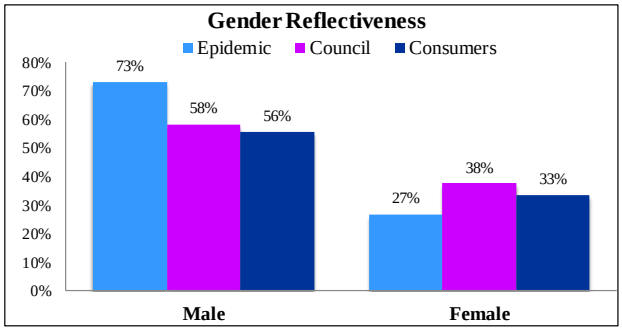
**E. Other Business Items:**

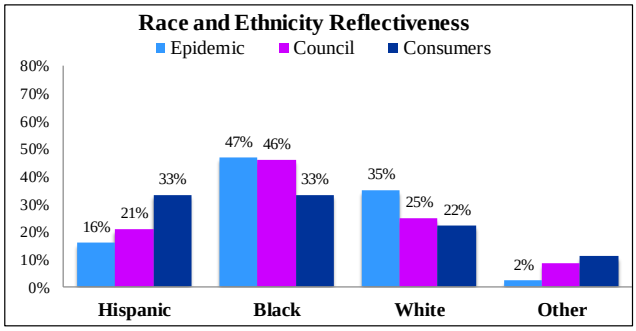
*Agenda Items for Next Meeting:* Turn The Curve *Next Meeting Date*: TBD *Location*: Government Center Room A-337

## B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

**May 12, 2016** *Chair: K. Creary Vice Chair: V. Foster*

**HIV Planning Council Membership Report**
**Current Through May 2016**




| Gender | Epidemic | | Council | | % Difference | Consumers | | % Difference |
|---|---|---|---|---|---|---|---|---|
| Male | 14,204 | 73% | 14 | 58% | -15% | 5 | 56% | -18% |
| Female | 5,187 | 27% | 9 | 38% | 11% | 3 | 33% | 7% |
| Transgender | - | - | 1 | 4% | - | 1 | 11% | - |
| **Race** | **Epidemic** | | **Council** | | **% Difference** | **Consumers** | | **% Difference** |
| Hispanic | 3,068 | 16% | 5 | 21% | 5% | 3 | 33% | 18% |
| Black | 9,063 | 47% | 11 | 46% | -1% | 3 | 33% | -13% |
| White | 6,811 | 35% | 6 | 25% | -10% | 2 | 22% | -13% |
| Other | 449 | 2% | 2 | 8% | 6% | 1 | 11% | 6% |
| Total | 19,391 | 100% | 24 | | | 9 | | |

| Current Members | 24 |
|---|---|
| Minimum (Per County Ordinance) | 20 |
| Maximum (Per County Ordinance) | 35 |
| % Unaffiliated Consumers | 38% |

| 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 |
| 7. Representative Formerly Incacerated |

*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*

| % Part A-Funded Providers | 25% |
|---|---|

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

Review HIVPC Demographics: The PC Manager reviewed the HIVPC and standing committee demographics with the committee members. She noted that committee demographics will only be presented when there is a change in committee membership, however there have been many additions and resignations from various committees in April that warrant review. The only committees with less than 33% consumer membership are PSRA and SOC. She also noted that while there are not consumers on the Executive Committee, there are PWLHAs serving as Chairs of 3 committees.

Review HIVPC Vacancies and Current Applicants, Interested Parties, and Appointments: The members discussed the 6 HRSA mandated seats that are currently vacant: VA, Medicaid, Substance Abuse Provider, and Representative of a Federally recognized Indian Tribe, Co-Infected with Hep B or C, and Local Public Health. A member identified he is co-infected with Hepatitis C, but was previously appointed to the HIVPC in an Affected Communities seat. The group discussed whether or his appointment would need to be approved by the HIVPC, or if he could transition to that seat at the committee level. The members next reviewed active applicants to the Planning Council. They interviewed Jason King, who is a qualified applicant for an ASO/CBO seat. The members looked at the potential demographic changes with Jason's appointment: the deficit for male reflectiveness would increase. They next reviewed the job description for an ASO/CBO, and reviewed the screening process as outlined in the MCDC P&Ps.

Review Attendance: The committee reviewed the members who had received warning and removal letters for non-compliance with attendance policies during the month of March. Two members have been removed from the HIVPC due to attendance.

Discuss Work Plan Subcommittee: This item was tabled.

Update MCDC P&Ps: The members discussed proposed changes to the Policies and Procedures as recommended by Staff. They talked about the need for Alternates, and the clarification in the P&Ps that Alternates must be Unaffiliated Consumers. Language that the members in the Local Public Health seat must be a member of a local governmental agency (as clarified by HRSA) was updated. The group discussed including language clarifying that Affected Communities seats are reserved for Unaffiliated Consumers.

By-Laws Recommendations: The MCDC has reviewed and discussed a parking lot list of needed clarifications that they thought were not reflected in the HIVPC By-Laws regarding membership, including the procedures for advancing Alternates to full PC members based on seniority and seat availability and adding limits to the number of people that can sit in one member category (e.g. NECL). The members discussed the difference between limits on the number of members employed by the same Part A provider or governmental agency, and the number of people that sit in one membership category regardless of employer. The Grantee representative asked about defining the term "active" when speaking about participation or recruitment. The PC Manager told the members that the By-Laws Committee will be active for approximately 6 months, and the committee can add items to the Parking Lot as they continue their work.

Joint CEC/MCDC Training: The PC Manager informed the members that in the next couple months the Planning Council and committees will be participating in trainings to prepare for the completion of the Integrated Plan. Marci Ronik will facilitate a joint "Turn the Curve" training with CEC and MCDC. CEC members have agreed to hold the joint training during the next MCDC meeting on June 9th at 9:30 a.m.

**B. Rationale for Recommendations:**

- To appoint Jason King to the HIVPC in the ASO/CBO seat- Jason King's application for Planning Council was reviewed and approved by the MCDC members based on the qualifications for membership as an ASO/CBO member.
- To appoint David Shamer to the HIVPC in the Co-Infected with Hepatitis B or C seat- David Shamer was formerly appointed to the HIVPC seat in an Affected Communities seat, but he stated that he is also co-infected with Hepatitis C and could fill the HRSA mandated seat.
- To approve changes to the MCDC Policies and Procedures to include clarification on appointment procedures and membership definitions.

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

None.

**D. Data Requests:**

None.

**E. Other Business Items:**

*Agenda Items for Next Meeting:* Turn the Curve Training *Next Meeting Date*: June 9, 2016, 9:30 a.m. *Venue*: A-337

### C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

**May Cancelled** *Chair: Vacant*

### D. LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

**May Cancelled: No Quorum** *Chair: Vacant*

### E. QUALITY MANAGEMENT COMMITTEE (QMC)

**May Cancelled: No Quorum** *Chair: C. Grant Vice Chair: A. Earp*

### F. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

**May 25, 2016** *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

| **F. Work Plan Item Update / Status Summary:** |
|---|
| PSRA Data Review Presentation – HIVPC staff gave a presentation of relevant data, much of which had been previously reviewed by the committee. Data reviewed included epidemiology, client demographics, allocation/expenditures, and utilization.<br><br>Review PSRA Data & Scorecards (WP Item 1.2) – HIVPC staff reviewed scorecards with the committee, which included all Part A Service Categories. Several subpopulations not achieving health outcomes were the same throughout service categories, and included Black men and women, and black MSM; populations also identified by the QMC VL data drill down (previously presented to PSRA).<br><br>Priority Rankings – The committee conducted priority rankings following the data presentation (*copy on file*). The priority rankings will be moved forward to the HIVPC together with the allocations after they are completed in June. |
| **G. Rationale for Recommendations:** |
| The committee approved the priority rankings for FY 2017-2018 based on review of data and anticipated needs. |
| **H. Data Reports / Data Review Updates:** |
| The committee reviewed data sources and scorecards to help inform the PSRA process. |
| **I. Data Requests:** |
| None. |
| **J. Other Business Items:** |
| *Agenda Items for Next Meeting:* Resource Allocations *Next Meeting Date*: June 15, 2016, Governmental Center Annex Room A-337 |

### G. SYSTEM OF CARE COMMITTEE (SOC)

**May 25, 2016: Combined meeting with PSRA** *Chair: M. Hayes Vice Chair: C. Edwards*

### H. EXECUTIVE COMMITTEE

**May Cancelled: No Quorum** *Chair: B. Gammell Vice Chair: R. Lopes*

****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

**9. UNFINISHED BUSINESS**

**10. PUBLIC COMMENT** (Up to 10 minutes)

**11. EDUCATION AND TRAINING** (45 minutes)

a. PrEP- Presentation by Dr. Robert Shore on Pre-Exposure Prophylaxis

**12. ANNOUNCEMENTS** (Up to 10 minutes)

**13. REQUEST FOR DATA**

**14. AGENDA ITEMS FOR NEXT MEETING:** June 23, 9:30 a.m. **LOCATION:** GC-430

| *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

April 28, 2016 Meeting Minutes

| ATTENDANCE | | | | | |
|---|---|---|---|---|---|
| # | **Members** | **Present** | **Absent** | | **Guests** |
| 1 | Bell, J. | **X** | | | McBurnie, B. |
| 2 | Bhrangger, R. | **X** | | | Arencibia, Y. |
| 3 | Burgess, D. | **X** | | | Little, S. |
| 4 | DeHoyos, F. | **X** | | | Defaria, H. |
| 5 | DeSantis, M. | **X** | | | Gluckman, M. |
| 6 | Creary, K. | | **E** | | Povoli, M. |
| 7 | Gammell, B. *Chair* | **X** | | | Wroblewski, J. |
| 8 | Grant, C. | **X** | | | Rubio, G. |
| 9 | Gutierrez, H. | | **A** | | Gabuly, J. |
| 10 | Hayes, M. | **X** | | | Stein, R. |
| | Holness, Comm. D.V.C. | | **A** | | King, J. |
| 11 | Huggins, L. | **X** | | | Rich, C. |
| 12 | Katz, H. B. | **X** | | | Estrell, M. |
| 13 | Lint, A. | **X** | | | Strum, N. |
| 14 | Lopes, R. *Vice Chair* | **X** | | | Geffe, J. |
| 15 | Marcoviche, W. | **X** | | | Dennis, B. |
| 16 | Moragne, T. | **X** | | | Rodriguez, R. |
| 17 | Myers-Culpepper, K. | | **A** | | Rodriguez, J. |
| 18 | Parker, P. | **X** | | | Sabatino, D. |
| 19 | Proulx, D. | **X** | | | Hyde, B. |
| 20 | Reed, Y., | **X** | | | |
| 21 | Robertson, L. | **X** | | | **Grantee Staff** |
| 22 | Runkle, D. | | **E** | | Degraffenreidt, S. |
| 23 | Schweizer, Dr. M. | | **E** | | Card, W. |
| 24 | Siclari, R. | **X** | | | Jones, L. |
| 25 | Spencer, W., | **X** | | | |
| 26 | Taylor-Bennett, C. | **X** | | | **HIVPC Staff** |
| 27 | Thomas-Purcell, K. | **X** | | | Ewart, L. |
| 28 | Tomlinson, K. | | **A** | | Johnson, B. |
| A1 | Robertson, P. (Alt) | | **E** | | Holloman, K. |
| A2 | Shamer, D. | **X** | | | Beckford, R. |
| | **Quorum=15** | **20** | **8** | | |

## 1. CALL TO ORDER

The Chair called the meeting to order 9:43 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:** Spencer, W. **Seconded by:** Grant, C.
**Action:** Passed unanimously
**Motion #2**: To approve the 2/25/16 meeting minutes
**Proposed by:** Spencer, W. **Seconded by:** Katz, H.B.
**Action:** Passed unanimously

**3. PHONE INTRODUCTIONS**

None.

**4. FEDERAL LEGISLATIVE REPORT** (Kareem Murphy)

None.

**5. CONSENT ITEMS**

The Chair asked the Council members to consider approving Consent Items in one motion. A member asked for Consent Item #2 to be pulled for discussion:

| |
|---|
| **Motion #3:** To approve Consent Items 1, 3-6<br>**Proposed by:** Spencer, W. **Seconded by:** Siclari, R.<br>**Action:** Passed unanimously |

A member asked about Yusi Arencibia's qualifications to represent the recently incarcerated. The PC Manager explained that Ms. Arencibia works as the Healthcare Manager for BSO's inmate population. As such, Ms. Arencibia will be able to represent the formerly incarcerated by assessing linkage to care after release, trends within the inmate population, numbers of HIV+ incarcerated individuals, and needs of the formerly incarcerated after release.

| |
|---|
| **Motion #4:** To approve Consent Item #2<br>**Proposed by:** Katz, H.B. **Seconded by:** Spencer, W.<br>**Action:** Passed with 1 objection |

**6. DISCUSSION ITEMS:**

None.

**7. NEW BUSINESS**

a. Integrated Committee Timeline (Handout A): The PC Manager presented the Integrated Prevention, Care and Treatment Comprehensive Plan work group structure, goals and timeline to the HIVPC members. The Plan is due in September, and will be implemented and monitored over the next 5 years. The HIVPC Chair stressed that it was important to understand the timeline and details of the comprehensive plan as it will need to be approved by the PC and will make up the objectives and activities of the committee work plans. The Integrated Committee reviewed the Historical Perspective section of the plan at the last meeting. Each section is written by the Planning Team, and will be reviewed by the IC for feedback and recommendations, and finally presented to both Planning Bodies and the community in various rollout sessions.

b. Integrated Committee Member Appointment: The Executive Committee has appointed Stacey Hyde from Broward House to represent Part A on the Integrated Committee. A member asked why Stacey Hyde was selected during an Executive meeting when the original IC members were selected by the HIVPC. The HIVPC Chair stated that during times of change in IC membership the Executive Committee may appoint members to the committee, as is the duty of the Chair. The seat in question needed to be filled before the next IC meeting, so the process was expedited. The member stated that while she did not agree with the way that the new member was appointed, she understood why.

**8. COMMITTEE REPORTS**

**A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)**

**March Cancelled: No Quorum** *Chair: A. Lint, Vice Chair: P. Fleurinord*

**April Cancelled** *Chair: L. Robertson Vice Chair: P. Fleurinord*

Lorenzo Robertson, the newly appointed CEC Chair, told the Council that his committee did not have a full meeting this month but held a coordination meeting with the Chairs, PC Staff and Grantee. Staff will be working with the CEC this month to facilitate consumer rankings for Ryan White service categories to provide a PLWHA perspective in the PSRA process.

**B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)**

**March 10, 2016** *Chair: H.B. Katz, Vice Chair: Vacant*

**April Cancelled** *Chair: K. Creary, Vice Chair: V. Foster*

No Chair present, report stands.

**C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)**

**March Cancelled** *Chair: K. Tomlinson*

**April Cancelled** *Chair: Vacant*

HIVPC Chair explained to the members that the Needs Assessment/Evaluations (NAE) committee is on a hiatus while the scope and objectives of the committee are reexamined. The NAE was originally tasked with monitoring the Comprehensive Plan, but the new Integrated Plan will be monitored by the Integrated Committee (IC). The Chair and Vice Chair positions on the NAE committee are also vacant. The HIVPC leadership will reevaluate the objectives of the committee after the plan is completed in either fall or winter.

### D. LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

**March Cancelled: No Quorum** *Chair: D. Proulx*
**April Cancelled: No Quorum** *Chair: D. Proulx*

### E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

**March 16, 2016** *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*
**April 20, 2016** *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

Reports stand as written. The PSRA Chair told the PC members that the PSRA ranking and allocations process starts next month (May-June). The committee is having a May training on how to interpret data, and she encouraged all interested members to come to the meeting and participate in the training.

### F. QUALITY MANAGEMENT COMMITTEE (QMC)

**March 21, 2016** *Chair: C. Grant*
**April Cancelled: No Quorum** *Chair: C. Grant, Vice Chair: A. Earp*

Report stands.

### G. SYSTEM OF CARE COMMITTEE (SOC)

**March 22, 2016** *Chair: M. Hayes*
**April Cancelled** *Chair: M. Hayes, Vice Chair: C. Edwards*

Report Stands. The SOC Chair told the members that SOC will attend the PSRA training in May instead of holding their regular meeting, and will have a full meeting again in June.

### H. EXECUTIVE COMMITTEE

**March 24, 2016** *Chair: B. Gammell, Vice Chair: R. Lopes*
**April 19, 2016** *Chair: B. Gammell, Vice Chair: R. Lopes*

The reports stand. The HIVPC Chair told the members that the upcoming summer will be very busy. The United States Conference on AIDS (USCA) is in September, Ryan White All Titles conference is in August, and submission of the Integrated Plan, community rollouts, and Part A grant application process will all take place during the summer months. Taking all of these factors into account, the Executive Committee will be scheduling 90-day calendars instead of full year meeting schedules. The leadership is also planning an all committee retreat in December to educate members of the Integrated Plan. Standing Committees will also be participating in trainings in May and June, as well as revising their work plans, agendas and meeting structures. The By-laws Committee will be reinstated in June, and Mr. Katz will Chair. The HIVPC Chair will ask for volunteer members at the next PC meeting, and volunteers should prepare for a 6 month commitment. The HIVPC Chair would like to shorten meeting business and Grantee report times during full PC meetings to allow for educational sessions.

## 9. GRANTEE REPORTS

a. Part A: The Part A Grantee told the members that the Request for Proposals (RFP) process will be postponed until mid to late August. HRSA has also postponed the original grant application release date from June until August, giving EMAs a 60 day turnaround for completion. The Grantee's Office is in the final stages of their monitoring process, where they are looking at provider agencies' compliance with service delivery models and contract deliverables. Monitoring is scheduled to be completed by early July. The Grantee is also in the process of closing out the 15/16 fiscal year. However, the County has just moved to new electronic accounting system with some glitches, and the Grantee will provide final expenditure reports to the Council next month. Also, HRSA has given 80% formulary and MAI funding award, and has notified the Grantee that the full notice of grant award is expected to be received in May/June. Broward should expect a small increase (only $6,000 increase last year). Finally, the Grantee's Office has launched their client/consumer survey. Surveys have been sent to any client who has agreed to receive emails from PE, provider agencies have also been requested to distribute to their clients, prevention partners and SFAN. A provider survey was also sent to Part A and Prevention provider agencies. The survey asks about barriers, strengths, community needs, etc. The PSRA Chair stressed the importance of client surveys, as

the data feeds into the PSRA process, and impacts the way services are ranked and funded. The Grantee asked everyone to link the survey to their social media pages and other networks. A member asked which providers are receiving surveys, and the Grantee responded that the survey was distributed to Part A funded providers. Another member ask how survey respondents will be guaranteed to be consumers, and while the survey asks about whether the participant receives Part A services it also asks prevention questions, so the survey is designed for both HIV+ and HIV- respondents.

ACTION ITEM: Staff will send to listserv once a week and link to the BRHPC website. The link will also be posted to Get Care Broward, Facebook, and twitter social media pages. Staff will send an email link out today, and providers can copy and post the link on any medium.

b. Part B: The Part B program is in the process of closing down grant invoices for the fiscal year. They are currently at 98% funding utilization, which is the highest utilization the program has seen in 5 years. The ADAP pick-up rate is also at the highest rate in the last 2 years, and there have been no client complaints in the last 3 months.

c. Part C: The Part C program is also coming to the close of their fiscal year, and are on target for full finding utilization, (Part C utilizes funding for staff rather than actual services). Every 4-6 years the Project Officer and her team does a site visit to do their audits, and this year the Broward Part C Program will receive their audit. That Part C Grantee also explained that Broward Health will stop reporting out testing services for Part C, and the practice will continue with the Broward DOH.

d. Part D: The Part D Program has hired a new Data Coordinator staff member, who starts next week. She expressed that she will be happy to report on any new occurrences and trends in her agency that people may want to know about, or just things that she finds interesting. CDTC is sending HIV+ kids to camp this summer. The past few years, the number of campers have decreased from 60 to 22, as less children are being born with HIV. Participants' ages range from 7-18 years, including campers, counselors, or camp leaders. Funds for campers were donated from Smart Ride, but CDTC is still accepting school and food donations.

e. Part F: No representative present. The HIVPC Chair would like a written report from the Part F Grantee about AETC conference he attended.

*f.* HOPWA: The HOPWA representative informed the Council that they have not received any of the expected funding cuts from federal government. The government must first pass legislation approving the new formula before decreases will take place. HOPWA is looking into the acquisition of more housing units with the goal to use the program income to run the program with the subsidies and client rent. This new model allows money to go back into the program instead of to the landlord. He explained that project based units are used to get clients stabilized and independent, while tenant based are reserved for long-term or SSDI clients. They are also trying to set aside units for emergencies because they are finding that many client are self-sufficient until they encounter a last minute emergency. A member stated that she is aware of services for people with HIV/AIDS, but asked if services exist for people who are negative. The HOPWA representative stated that there is a tenant based voucher program with a long waitlist, and project based housing applicants need to reach out to Broward House or MODCO. They can also enroll with SunServe or Care Resource's housing case management program to find places based on income and sustainability.

g. Prevention: The Part B representative told the Council that the Prevention program is doing well. Their HIV Testing/Training sessions have had 9-15 attendees per training, and participants meet all program managers to gain a better understanding of the full range of services/programs. The Beach Blitz is expanding. There will be a Transgender Medical Symposium on May 12-13th and a Perinatal Symposium on May 23rd.

**10. UNFINISHED BUSINESS**

None.

**11. PUBLIC COMMENT**

a. Ron Stein- He stated that he is a long-term HIV survivor of over 30 years. He is living on SSDI and previously had a plan with no co-pays for primary care or specialists. In 2016 his insurance changed with added co-pays: for specialty doctors $25, for CT scans $100, for follow-up appointments $25. His SSDI monthly payments all go to co-pays, and he finds that he does not have enough money the last for the month. He would like to see if Ryan White could supplement co-pays for Medicare patients like himself.

b. Mark Gluckman- He stated that he was recently assaulted and had to drive himself to the hospital because he did not have enough money to pay for an ambulance; his mental health is now deteriorating. He went from having no co-pays to now having to pay $5,000 out of pocket expenses for the year. He stated that he cannot afford to eat sometimes, and that his T-Cell count has dropped in half due to stress from finical

issues. He must choose between eating and seeing the doctor, and has come to the HIVPC to ask for help with his payments.

c. Helvio Defaria- He stated that while his situation is not as dire as the previous 2 speakers, he sees his problems as going down the same path eventually. Medicare payments are getting more expensive, with specialist payments, needed tests, more referrals and tests based on the previous referrals and tests.
d. Raul Rodriguez- He stated that he sees this as an issue of survival. He is having economic struggles and finds it hard to survive on a fixed income. He also must choose between food and doctors, and the price of co-payments makes it hard to see specialists. He already receives food stamps and food bank services, and stated that when you have to skip specialist visits it hurts their chances of survival.
e. Pete Povoli- He stated that he is here on behalf of the patients in his program. Medicare is part of CMS, and CMS is part of the ACA. The ACA had over 14 million people enroll in marketplace programs and start paying premiums. Medicare decided to revamp their program and start charging premiums as well, and starting on September 30 surprised clients received annual notices of changes to their plan. There are 32 Medicare Advantage Plans in Broward County, and 16 Special Need Plans. Many of these plans increased to a $6,700 out of pocket, while those with a $4,500 or $3,800 total out of pockets increased to $155 monthly premiums. He is asking Ryan White to find a way to help pay for Medicare clients' specialist visits.
f. Jason King- Is looking forward to a follow-up of these statements at the next PSRA meeting. He stated that if there is any data required from him to please let him know and he would be happy to provide it.
g. Bessie Dennis- Stated that her heart bleeds for the disparities that she sees within the community. She has witnessed and understand the struggles of the previous speakers. She thinks that care specialists are dropping off because they are not getting paid properly, and that there are limited numbers of podiatrists, gynecologists and other providers. She stated that people must pay attention to the needs of the community. She has issues with case management services, and said that she should not run into people and have to tell them about services that they should already know about through their case manager. She would like more monitoring and evaluation of the service.

The HIVPC Chair asked the speakers to see the Grantee about issues with referrals, and encouraged speakers to become involved in the various committees where most of the HIVPC's work is done.

**12. ANNOUNCEMENTS**

The HIVPC Chair thanked the previous HIVPC Chair (Will Spencer) and Vice-Chair (Yolonda Reed) for their service on the Planning Council. He presented them with a certificate from the Broward County Commissioners and Mayor's Office.

a. The Westside Gazette is hosting an exhibit called "Saving Grace" which including video presentations, spoken word, etc. all based on HIV/AIDS' impact on the Black community. The event will honor 5 Unsung Heroes, including Bessie Dennis and Pat Fleurinord.
b. "Dining Out for Life" will take place this evening; 22 restaurants are participating and proceeds go to HIV services.
c. Island City Stage is putting on a play called "Submission" on Sunday. The play is about race relations, and funds will contribute to the Pride Center's Men's Conference.
d. The client survey is accessible through Twitter and Facebook, @getcarebroward. They are also looking for USCA volunteers.
e. Please respond to PC Staff's quorum calls at least 48 hours before the meeting. Many meetings have been cancelled recently because of quorum. Response to calls and emails is greatly appreciated.

**13. REQUEST FOR DATA**

None.

**14. AGENDA ITEMS FOR NEXT MEETING:** May 26, 2016 **LOCATION:**GC- 430

**15. ADJOURNMENT** The meeting was adjourned at 11:18 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 | | | | | | | | | |
| | | | **1** | Bell, J. | X | X | | X | | | | | | | | | |
| 1 | 1 | 0 | **2** | Bhrangger, R. | X | X | | X | | | | | | | | | |
| 1 | 1 | 0 | **3** | Burgess, D. | X | X | | X | | | | | | | | | |
| | 1 | 0 | **4** | Creary, K. | X | X | | E | | | | | | | | | |
| | 1 | | **5** | DeHoyos, F. | N-4/28 | | | | | | | | | | | | |
| | | 0 | **6** | DeSantis, M. | X | X | | X | | | | | | | | | |
| 1 | 1 | 0 | **7** | Gammell, B., *Chair* | X | X | | X | | | | | | | | | |
| | | 0 | **8** | Grant C. | X | X | | X | | | | | | | | | |
| | | 3 | **9** | Guttierrez, H. | A | A | | A | | | | | | | | | W-3/10 |
| | | 0 | **10** | Hayes, M. | X | X | | X | | | | | | | | | |
| | | 2 | **A** | Holness, D. V.C. (Comm) | A | X | | A | | | | | | | | | |
| 1 | 1 | 0 | **11** | Huggins, L.M. | X | X | | X | | | | | | | | | |
| 1 | 1 | 0 | **12** | Katz, H.B. | X | X | | X | | | | | | | | | |
| | | 0 | **Z** | Lewis, L. | X | Z-2/1/16 | | | | | | | | | | | |
| 1 | 1 | 0 | **13** | Lint, A. | X | X | | X | | | | | | | | | |
| | | 0 | **14** | Lopes, R., *V. Chair* | X | X | | X | | | | | | | | | |
| 1 | 1 | 0 | **15** | Marcoviche, W. | X | X | | X | | | | | | | | | |
| | | 0 | **16** | Moragne, T. | X | X | | X | | | | | | | | | |
| | | 3 | **17** | Myers-Culpepper, K. | A | A | | A | | | | | | | | | W-3/10 |
| 1 | 1 | 1 | **18** | Parker, P. | A | E | | X | | | | | | | | | |
| | | 1 | **19** | Proulx, D. | X | A | | X | | | | | | | | | |
| 1 | 1 | 0 | **20** | Reed, Y. | X | X | | X | | | | | | | | | |
| | 1 | 0 | **21** | Robertson, L. | X | X | | X | | | | | | | | | |
| 1 | 1 | 0 | **Alt** | Robertson, P. (Alt 1) | X | X | | E | | | | | | | | | |
| 1 | 1 | 0 | **22** | Runkle, D. | X | X | | E | | | | | | | | | |
| | | 0 | **23** | Schweizer, M. | X | X | | E | | | | | | | | | |
| 1 | 1 | | **Alt** | Shamer, D. (Alt 2) | N-4/28 | | | X | | | | | | | | | |
| | | 0 | **24** | Siclari, R. | X | X | | X | | | | | | | | | |
| | 1 | 0 | **25** | Spencer, W. | X | X | | X | | | | | | | | | |
| | | 1 | **26** | Taylor-Bennett, C. | X | A | | X | | | | | | | | | |
| | | | **27** | Thomas-Purcell, K. | N-4/28 | | | X | | | | | | | | | |
| | | 2 | **28** | Tomlinson, K. | X | A | | A | | | | | | | | | |
| | | | | **Quorum = 15** | 24 | 20 | | 20 | | | | | | | | | |

**Legend:**

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