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, October 23, 2014, 9:30 a.m.
Governmental Center, Room 302
Chair: Brad Gammell **Vice Chair:** Vacant
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. **CALL TO ORDER**
2. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   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 10/23/14 Meeting Agenda
   f. Approval of 7/24/14 Meeting Minutes
3. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A)
4. **PUBLIC COMMENT** (Up to 10 minutes)
5. **CONSENT ITEMS** (Handouts B-1 & B-2, C-1 & C-2, and D-1 to D-3)

Consent Item #1:	To approve the Centralized Intake and Eligibility Determination (CIED) Service Delivery Model (Handout B-1).
Justification:	The service delivery model has been updated.
Proposed By:	Quality Management Committee

Consent Item #2:	To approve the Legal Services Service Delivery Model (Handout B-2).
Justification:	The service delivery model has been updated.
Proposed By:	Quality Management Committee

Consent Item #3:	To approve Arianna Lint as a member of the HIV Planning Council.
Justification:	Ms. Lint will fill the Social Services Provider mandated seat.
Proposed By:	Membership/Council Development Committee

Consent Item #4:	To approve David as a member of the HIV Planning Council.
Justification:	Mr. Runkle will fill an Affected Communities seat.
Proposed By:	Membership/Council Development Committee

Consent Item #5:	To approve David Runkle for Membership/Council Development Committee membership.
Justification:	Mr. Runkle will make an excellent contribution to the MCDC with his knowledge of the community and great advocacy skills for PLWHA.
Proposed By:	Membership/Council Development Committee

Consent Item #6:	To approve Phillip Robertson as an alternate member of the HIV Planning Council.
Justification:	Mr. Robertson will fill an alternate seat and help achieve mandated demographics.
Proposed by:	Membership/Council Development Committee

Consent Item #7:	To approve the updated HIVPC application and the Employer Commitment form as an optional part of the application (Handouts C-1 and C-2).
Justification:	The HIVPC application was updated to reflect recent By-Laws changes. The Employer Commitment form is an optional form to show an employer's commitment to their employee's participation on the HIVPC or its committees.

Proposed By:	Membership/Council Development Committee

Consent Item #8:	To approve the Nominating Procedure (Handout D-1).
Justification:	The Nominating procedure was updated to delineate between regular and special elections.
Proposed By:	Ad-Hoc Nominating Committee

Consent Item #9:	To approve the Nominee Questionnaire (Handout D-2).
Justification:	The questionnaire will help assess candidates during the election process.
Proposed By:	Ad-Hoc Nominating Committee

Consent Item #10:	To approve the ad Hoc-Nominating Committee timeline (Handout D-3).
Justification:	To approve the ad Hoc-Nominating Committee timeline of events.
Proposed By:	Ad-Hoc Nominating Committee

6. DISCUSSION ITEMS

7. NEW BUSINESS

8. OCTOBER COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

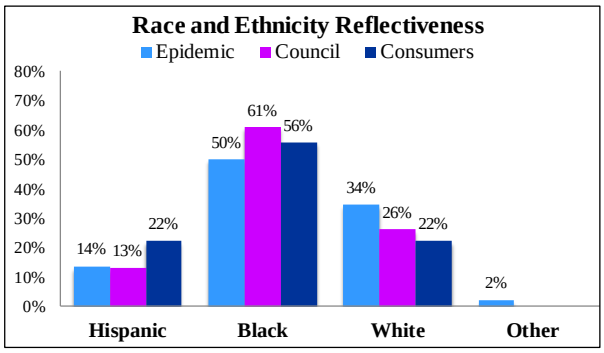
No October Meeting *Chair: Y. Reed, Vice Chair: A. Lint*

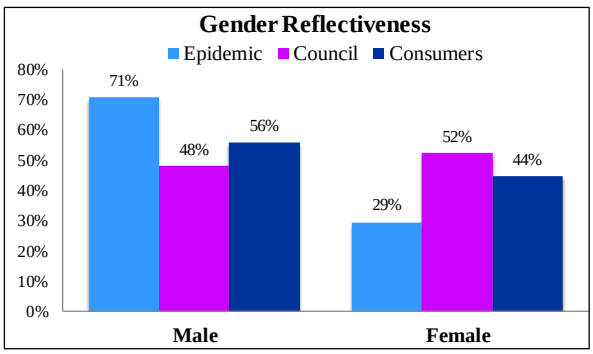
CEC will be holding a Transgender 101 event on Thursday, October 23rd from 6:00-8:00 p.m. at ArtServe. The event will feature ice breakers, presentations, and special guest Duane Cramer. Please join us!

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

October 2, 2014 *Chair: H.B. Katz, Vice Chair: T. Wilson*

HIV Planning Council Membership Report
9/9/2014





Gender	Epidemic		Council		Consumers		% Difference
Male	11,836	71%	11	48%	5	56%	-23%
Female	4,944	29%	12	52%	4	44%	23%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Council**		**Consumers**		**% Difference**
Hispanic	2,290	14%	3	13%	2	22%	-1%
Black	8,361	50%	14	61%	5	56%	11%
White	5,772	34%	6	26%	2	22%	-8%
Other	357	2%	0	0%	0	0%	-2%
Total	16,780		23		9		

Current Members	23
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35
% of Members That Are Unaffiliated Consumers	39%

Vacant Seats
1. Grantees of Other Fed HIV Programs - Prevention
2. Hospital/Health Care Planning Agencies
3. Local Public Health Agencies
4. Rep for Former Fed/State/Local Prisoners
5. State Government Administering Ryan White Part B
6. Social Services Providers

Council cannot be comprised of more than 40% of Ryan White Part A Providers. No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time.

A. Work Plan Item Update / Status Summary:

WP Item 1.1 – The committee reviewed the current demographics of the HIV Planning Council (HIVPC) vacant seats, and attendance. The Council currently consists of 39% consumers, which is higher than the mandated 33%.

WP Item 1.4 - The committee members reviewed vacant seats on the Planning Council. HIVPC Staff was asked to send a letter to agencies informing them of the HIVPC, its committees, and the importance of the agency's involvement on the council.

WP Item 1.2 – The Committee reviewed the list of current applicants. Arianna Lint was approved to sit on the Social Services Provider seat and David Runkle was approved as an Affected Communities member. Phillip Robertson will be added as an alternate. Each new member is currently active on HIVPC standing committees.

WP Item 3.1 – Attendance was also reviewed; there were no warning letters sent since the last review of HIVPC attendance. Staff received clarification from the Broward County Boards Administrator, and moving forward, HIVPC Members will not be penalized for attending less than 75% of a meeting.

MCDC Policies & Procedures – HIVPC Staff provided guidance for committee Chairs on how to mentor new HIVPC members and interested parties. The Chair suggested this guidance be presented at the next Executive meeting to ensure Chairs are fully knowledgeable of the procedures for mentor and mentee linkage in committees. Staff will create a new name for the interested parties "Mentorship" program for the next meeting.

HIVPC Application- Staff provided an updated version of the HIVPC application which included committee name changes due to the recent By-Laws changes. Staff presented an Employer Commitment form for individuals who become members of Committees/Planning Council. The committee determined that this will be an optional form for interested members.

18-month Work Plans – MCDC reviewed the 18 month workplan. Staff informed the Committee that they are already achieving many of their targets. Progress on work plan items will be included to ensure the committee is aware of their achievements.

WP Item 2.2 - MCDC members identified events that they would like to attend. The Committee requested HIVPC badges, and agreed to purchase badges that had the least cost and creation time.

WP Item 1.5- Members of the Committee agreed not to modify the Welcome Brunch flyer with the exception of the date and time. The agenda will include an icebreaker referencing common HIVPC acronyms/terms. The Committee agreed to have testimonials but to limit them to 3-5 minutes.

B. Rationale for Recommendations:

Arianna Lint will contribute to the council demographics as a Latino, Transgender female, and fill the Social Services Provider seat vacancy. Phillip will contribute as Alternate Consumer. David Runkle will fulfill the Affected Communities seat with extensive community involvement and activism and contribute to the council demographics as a White male.

C. Data Reports / Data Review Updates:

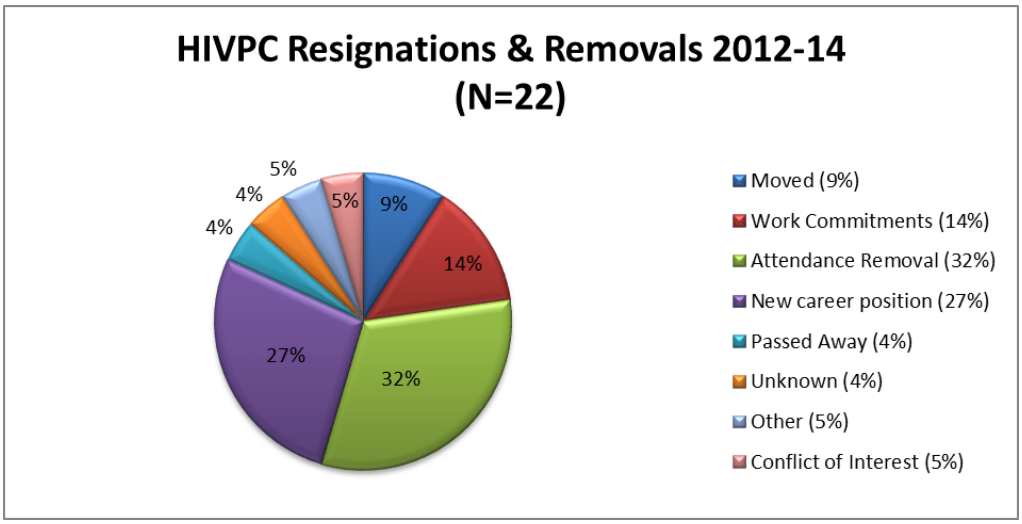
The Committee reviewed the demographics of the Council as it reflects the epidemic of Broward County.

D. Data Requests:

MCDC requested a tracking outline depicting the length mandated seats have been vacant and a draft letter to send agencies which include the illustration of the linkage of all HIVPC Committees.

E. Other Business Items:

Agenda Items for Next Meeting: Review and discuss the new title for the "Mentorship" program for interested parties. Host the Welcome Brunch for Interested Parties. *Next Meeting Date*: November 6, 2014 9:30 a.m. - Room A-335 at the Governmental Center.



C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

No October Meeting *Chair: K. Tomlinson, Vice Chair: W. Spencer*

The NAE Chair and Vice Chair met with the new needs assessment consultant to discuss the new process and will report back to their committee in November.

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

October 15, 2014 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

A. Work Plan Item Update / Status Summary:

Support Groups – The committee discussed the recommendation to have support groups that came from the *Voices* study. The committee discussed the groups available in the community and what the focus group participants really meant when they said they needed support. Several members and a guest brought up the idea of using social media and online groups, and noted that the issue may be with community awareness of groups, rather than the availability of groups. The committee asked staff to upload the list of available groups to the BRHPC website, with the disclaimer that the groups are not endorsed by the HIVPC, but the HIVPC wants the community to be aware of what is available. Three recommendations were made by the committee: for the CEC to identify more groups available in the community, for the NAE committee to add questions about support groups to the needs assessment (whether it is through survey questions or focus groups), and for the QMC to consider support groups as part of its service category study.

Policies & Procedures – The committee reviewed the Policies and Procedures which were updated to reflect recent By-Laws changes. The committee approved the changes.

18 Month Work Plans – Staff reviewed the 18 month work plans with the committee. Many activities were moved to other committees to lessen the work load of the PSRA committee. The Grantee began discussion on making changes to the PSRA timeline; data review should happen in small increments over a period of time so that the PSRA process flows better and the committee does not need to absorb a large amount of data at one time. Prolonging the process should help make the decision making process easier on the committee. Continued discussion was tabled until the next PSRA meeting.

B. Rationale for Recommendations:

CEC, NAE, and QMC will be able to provide additional information on support groups over the next several months before the PSRA committee makes a final recommendation or decision.
The policies and procedures were updated to reflect recent By-Laws changes.

C. Data Reports / Data Review Updates:

The Grantee will provide a handout at each PSRA meeting showing each service category's cost and utilization. The monthly update will help the committee see trends in utilization and will help avoid surprises during the reallocation process.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Reallocate Funds ("Sweeps"), Administrative Mechanism *Next Meeting Date*: November 19, 2014, Room A-337 at the Governmental Center Annex.

E. AD-HOC FOOD SERVICE ELIGIBILITY COMMITTEE

October 14, 2014 *Chair: M. DeSantis*

A. Work plan item update / Status Summary:
Service Category Definition – HIVPC Staff provided members with a handout outlining the food service category definitions and what can be funded under the service category. Members were informed that of the items listed, Part A offers the provision of actual food items and a voucher program to purchase food. Eligibility History - The Committee reviewed a history of eligibility changes and the utilization and expenditure data for the timeframe of each change. HIVPC Staff identified changes such as when food vouchers were added, when emergency provisions were no longer an eligibility requirement, and increases in allotments and FPL. A representative of the Grantee Staff provided a utilization report which depicted trends in both food bank and food voucher utilization (March-October 2013 and November 2013-August 2014). This report provided detailed usage and expenditure data relevant to changes such as a decline in allotments due to the shortage of voucher availability. Other EMA/TGAs - HIVPC Staff gave an overview of multiple food service programs in other EMAs. Members of the Committee inquired about the Atlanta and San Francisco EMA, as they provided Nutritional Services to eligible Food Service clients. The Committee noted that moving forward, they would like to consider nutritional needs of eligible clients to determine the allotments of food boxes verses vouchers. The goal of this modification in services is to aid the EMA in achieving overall health outcomes. For example, a member stated that he is diabetic, and the food provided in the boxes were not compatible with his diet because it contained items with high levels of carbohydrates. However, receiving a food voucher was ideal, because he had the opportunity to purchase foods that will fulfill his dietary needs. In the future, if a nutritional assessment is required to determine which clients receive boxes or vouchers, this can help sustain the program and lessen the risk of over utilization.
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
Send updated Food Bank/Voucher Utilization handout to committee
E. Other Business Items:
Items for Next Meeting: Review recommended models and eligibility from other EMAs *Next Meeting Date*: November 18, 2014, 12:30 p.m. at Governmental Center Room GC-318

C. AD-HOC MAI MEDICAL CASE MANAGEMENT COMMITTEE

No October Meeting *Chair: M. Hayes*

F. AD-HOC LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

No October Meeting *Chair: D. Proulx*

D. EXECUTIVE COMMITTEE

August 28, 2014 & October 16, 2014 *Chair: B. Gammell*

A. Work Plan Item Update / Status Summary:
Review 18 Month Work Plans – The committee started with an icebreaker, "Think Inside the Box." The icebreaker stressed the importance of creativity and team work in accomplishing a goal, which will be necessary to make the new work plans successful. Staff reviewed the 3 Guiding Ideas with the committees and how each idea relates to the work the committee. Staff also reviewed how each committee works together to complete activities such as recruitment and retention, the needs assessment, and the PSRA process. The committee reviewed the 18 month work plans and made several changes. Committee Chairs and Vice-Chairs were encouraged to review the work plans after the meeting and alert Staff of any additional changes to be made at the September 11th Executive meeting. Review September 2014 Calendar – The committee reviewed the September 2014 calendar and agreed to hold "mini retreats" for all the committees on September 15, 2014 instead of regular meetings. CEC will hold a regular meeting on September 2nd to prepare for the Transgender 101 event at the end of September. The September HIVPC meeting was cancelled. HIVPC Leadership Update – The HIVPC Vice Chair announced her resignation, effective September 1, 2014. The Vice Chair will continue to be active on the HIVPC and its committees. Several committee members thanked the

Vice Chair for her service to the HIVPC and strong leadership. The HIVPC Chair nominated Tara Wilson, MCDC Vice Chair, to Chair the ad-Hoc Nominations committee.

B. Rationale for Recommendations:

Tara Wilson will Chair the ad-Hoc Nominations Committee. Ms. Wilson's long time commitment to the HIVPC makes her an excellent candidate to Chair the committee.

C. Data Reports / Data Review Updates:

The committee reviewed the 18 month work plans and made changes.

D. Data Requests:

Committee members requested the 'How Committees Work Together' power point be sent to the Chairs and Vice Chairs for review.

E. Other Business Items:

Agenda Items for Next Meeting: Review 18 month Committee Work Plans, Plan for Annual HIVPC Retreat. *Next Meeting Date*: September 11, 2014. *Location:* A337

A. Work Plan Item Update / Status Summary:

Community Meetings – The Chair discussed the need to hold community meetings and invited the committee to brainstorm goals for the meetings. The committee felt that community meetings should be educational and focused on consumer empowerment and engagement. The meeting should also gather information about what the HIVPC can provide to the community and what information consumers can provide about their needs. The committee discussed arranging for a renowned individual to speak, which will encourage large community participation. The Chair of SOC and agreed to take the lead on this event which will take place during February or March 2015. The CEC will also be involved in the planning of the event. The Chairs of these committees will provide a survey to determine the concerns of both the community and HIVPC. The committee discussed possible themes for the event such as "Living with HIV Today" or "HIV Today in Broward County."

PSRA Process Assessment – HIVPC Staff gave an overview of the PSRA Process Self-Assessment Survey. The assessments revealed that many members say they completely understand the process, but the results of the survey suggest otherwise. The committee noted that although many respondents said they were knowledgeable, there are still some challenges and that there should be an action plan to educate the third of respondents who reported they were not completely clear on the PSRA process. The PSRA committee will discuss the results and next steps at the November meeting.

HIVPC Coordination Meetings – The HIVPC Chair discussed having committee chairs attend an HIVPC coordination meeting. HIVPC Staff provided a handout (on file) with projected dates for which Chairs can attend during the months of October, November, and December. Attending Coordination meetings will allow for Chairs to discuss any emerging issues and/or planning preparation for upcoming meetings.

Plan Annual HIVPC Retreat – This item was tabled until the next meeting.

State Legislative Package – The Grantee reviewed the package of action items that will be presented to the state legislature by the Broward County Commission. Most of the action items have been presented before, and only one or two items are new. The committee discussed the action items and approved them to be moved forward by the Broward County Commissioners.

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: Plan Annual HIVPC Retreat; Reallocations, Assessment of Administrative Mechanism, Needs Assessment, Community Event Survey *Next Meeting Date*: November 13, 2014, A-337

E. AD-HOC NOMINATING COMMITTEE

October 2, 2014 *Chair: T. Wilson*

A. Work plan item update / Status Summary:

Nominating Procedure - Members reviewed the nominating procedures. Staff presented minor changes to the document since the last nomination took place. Language was included to delineate both the regular elections process and special elections process. The committee determined it was necessary to send a notice of resignation of the Vice Chair to the full Council to inform and prepare them for the upcoming nominations process. The ad-Hoc Nominating Committee Chair agreed to present the slate of candidates and serve as a facilitator for the verbal Q & A at the November HIVPC meeting.

Nominee Questionnaires - The Committee reviewed the nominee questionnaire. Members voted to change the language under the Outlook section of the questionnaire to read "How will you help the HIVPC achieve its vision and mission" as opposed to "3 guiding ideas of linkage to care, retention in care, and viral load suppression."

Timeline - HIVPC Staff gave an overview of the projected timeline for the committee. The timeline was approved unanimously by the committee.

B. Rationale for Recommendations:

The committee voted to change the language under the "Outlook" section of the questionnaire to support the vision and mission of the HIVPC. The 3 guiding ideas have not been fully implemented and the committee felt these ideas were too narrow to elaborate on. The vision and mission encompass these ideas.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

Send a letter of resignation from the HIVPC Chair to inform HIVPC members of the upcoming nominations process.

E. Other Business Items:

Items for Next Meeting: Discuss election process and logistics. Review returned 2014 Nominee Questionnaires to prepare slate of officers. *Next Meeting Date*: January 8, 2014

F. QUALITY MANAGEMENT COMMITTEE (QMC)

October 20, 2014 *Chair: C. Grant*

A. Work Plan Item Update / Status Summary:

Service Category Study & PSRA Recommendation – The Grantee recommended that the mental health and substance abuse service categories be the focus of the annual service category study. Mental health and substance abuse are consistently underutilized and this study may help the EMA determine how to bring more clients into care. The Priority Setting and Resource Allocations Committee (PSRA) also made a recommendation to QMC to explore the need for support groups as part of their service category study. The need for support groups was highlighted in the *Voices* (MSM) study conducted earlier in 2014. After discussion on the importance of support groups throughout the HIV+/MSM population, current utilization, etc., the committee approved a motion to conduct a Mental Health and Substance Abuse service category study.

18 Month Work Plan – Members of the committee reviewed and discussed their new 18 month workplan. CQM Staff provided an overview of the changes made to the workplan and the implementation of collaboration amongst other HIVPC Committees. Members were informed that they will be thoroughly reviewing data and making recommendations to the PSRA, System of Care (SOC), and the Needs Assessment/Evaluation (NAE) committees to further identify utilization, trends, and the need for funding, if applicable. There were two revisions made to the workplan which include the date of the "mini retreat" and the start/due dates for this committee objective. CQM Staff will continue to update the committee on their progress as they achieve their outcomes throughout the next 18 months.

Quarterly Data Review – CQM Staff provided a summary of quarterly data which included In+Care data, HHS outcomes, and HAB measures. Members and guests inquired about the correlation between the gap measure and viral load suppression, as well as the drastic decrease in many HAB measures. A representative from the Grantee staff informed the committee that there are multiple variables that influence the data such as ACA enrollment, measurement period, and scheduling of medical appointments/certifications. The committee agreed to continue to review the data quarterly. However, they would like to wait until the end of the Ryan White Part A fiscal year to determine trends and areas for exploration related to linkage, retention, and viral load suppression to send to the PSRA, SOC, or NAE committees. The committee recommended that going forward, the NQC measures should include numerators and denominators as well as include the specific time frame for which the HAB and HHS data is being measured.

B. Rationale for Recommendations:

The recommendation for a mental health and substance abuse service category study is based from the *Voices* needs assessment report, which highlighted the need for specialized MSM services, including support groups.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
None.
F. Agenda Items for Next Meeting:
Conduct quarterly Network update; identify at least 2 areas for improvement and 2 potential QIPs; *Next Meeting Date*: November 17, 2014 from 12:30pm-2:30pm.

G. SYSTEM OF CARE COMMITTEE

October 27, 2014 *Chair: M. Schweizer. Vice Chair: D. Sabtino*

9. GRANTEE REPORTS

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

10. UNFINISHED BUSINESS

11. ANNOUNCEMENTS

12. PUBLIC COMMENT (Up to 10 minutes)

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: November 20, 2014, 9:30 a.m. **LOCATION:** Gov't Center Room 302

Tasks for next Meeting	*Party to Complete Task*	*Action to be taken, presentation, discussion, brainstorm etc.*
Reallocations ("Sweeps")	*PSRA, Exec, HIVPC*	ACTION ITEM: Review and approve recommended reallocations to ensure sufficient core funding.
Assessment of the Administrative Mechanism	*PSRA, Exec, HIVPC*	ACTION ITEM: Review the purpose of the administrative mechanism assessment and the activities that are required to be assessed. Review and approve at least 3 recommendations regarding the assessment methodology or activities to be assessed.
Needs Assessment	*NAE, Exec, HIVPC*	ACTION ITEM: Review and approve recommended needs assessment timeline, and at least 3 components, target populations, and target questions.
Community Event Survey	*CEC, Exec, HIVPC*	ACTION ITEM: Review and approve the recommended survey to be used at CEC community events.

15. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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

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An Advisory Board of the Broward County Board of County Commissioners
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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

July 24, 2014 Meeting Minutes

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Gammell, B. *Chair*	**X**			Alexander, J.
2	Kuryla, S. *Vice-Chair*	**X**			Arnoux, J.
3	Wilkins, D.	**X**			Culpepper, K.
4	DeSantis, M.	**X**			Henkel, B.
5	Grant, C.	**X**			King, J.
6	Hayes, M.	**X**			Lint, A.
7	Bhrangger, R.	**X**			Nolte, S.
8	Holness, Comm. D. V.C.		**A**		Runkle, D.
9	Katz, H. B.	**X**			Rodriguez J.
10	Marcoviche, W.	**X**			Sullivan, G.
11	McBain, M.	**X**			Murphy, K. (via phone)
12	Moragne, Dr. T.	**X**			
13	Proulx, D.	**X**			**Grantee Staff**
14	Schweizer, Dr. M.	**X**			Copa, R. (Part A)
15	Siclari, R.		**E**		Green, W.E. (Part A)
16	Spencer, W.	**X**			Jones, L. (Part A)
17	Taylor-Bennett, C.	**X**			Vargas, J. (Part A)
18	Tomlinson, K.	**X**			Degraffenreidt, S. (Part A)
19	Wilson, T.	**X**			
20	Parker-Maysonet, P.	**X**			**HIVPC Staff**
21	Reed, Y.	**X**			Johnson, B.
22	Creary, K.		**A**		Mendez, M.
23	Burgess, D.	**X**			Bente, A.
24	Mercer, A.		**A**		Sandler, C.
25	Baner, S.		**A**		
A1	Coscarelli, M. (Alt)		**A**		
	Quorum=13				

1. CALL TO ORDER

The Chair called the meeting to order at 9:37 a.m.

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

The 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 Chair reviewed excused absences. The following motions were made:

Motion #1: To approve today's meeting agenda.
Proposed by: Reed, Y.
Seconded by: Proulx, D.
Action: Passed Unanimously

Motion #2: To approve the 6/26/14 meeting minutes.
Proposed by: Kuryla, S.
Seconded by: Katz, H.B.
Action: Passed Unanimously

3. **FEDERAL LEGISLATIVE REPORT** (Handout A)

Kareem Murphy gave a report regarding the appropriations process. Mr. Murphy explained the appropriations process is grinding to a halt. Senate Majority Leader Harry Reid has not scheduled floor time for any appropriations bills for this month and it is unclear whether he will take time out of the September schedule to do so. .

Mr. Murphy explained his predictions are that Congress will produce an omnibus spending bill in a post-election, lame duck session or pass a year-long continuing resolution, depending on the outcome of the elections. Mr. Murphy explained that there has been no progress on reauthorization and he continues to expect no meaningful work to take place during this session of Congress. Several HIV/AIDS advocacy groups have been pushing the Ryan White Patient Equity and Choice Act introduced in the House by Representatives Renee Ellmers and Eddie Bernice Johnson but the legislation continues to receive no sign of support from House leaders.

4. **PUBLIC COMMENT**

None.

5. **CONSENT ITEMS** (Handouts B, C, & D)

All consent items are passed as one motion. The following motion was made:

Motion #3: To accept all the Consent Items.
Proposed by: Kuryla, S.
Seconded by: Katz, H.B.
Action: Passed Unanimously

6. **DISCUSSION ITEMS** (Handouts E1, E2, & E3)

The ad-hoc By-Laws Chair thanked the committee for working so quickly and efficiently to accomplish all of the committee's goals and objectives. The Chair reviewed the By-Laws changes, including committee name changes, planning council demographics, and alternate member requirements. The CCRC Chair asked for policies and procedures regarding her committee's grievance procedure. The Grantee stated that client grievances are handled by the Grantees Office and specific committee grievances are handled by the specific committees.

Action Item:

- Staff to provide grievance procedure to CEC Chair

Motion #4: To approve all By-Laws changes
Proposed by: Schweizer, Dr. M.
Seconded by: Katz, H.B.
Action: Passed Unanimously

7. **JULY COMMITTEE REPORTS**

A. Membership Committee/Development Committee (MCDC)

July 10, 2014 *Chair: H.B. Katz, Vice Chair: T. Wilson*

The MCDC Chair announced that the Welcome Brunch was successful and several new applications were submitted. The Committee reviewed recommendations from the Recruitment & Retention Subcommittee for the Mentoring Plan. The MCDC Chair reported approved changes to the Mentoring Plan and requested a document with guidance for committee Chairs on how to mentor interested parties.

B. Client Community Relations Committee (CCRC)

July 1, 2014 *Chair: Y. Reed, Vice Chair: A. Lint*

The CCRC Chair stated the July meeting was held at Poverello. The Committee has agreed to hold their next community event at SunServe in September and plans to have a "Transgender 101"

presentation with information provided by the transgender community from SunServe, Fusion, and Latinos Salud. This event will be open to the public in hopes of providing awareness on the emerging transgender population, the CCRC, and the services and opportunities of HIVPC membership.

C. Planning Committee

No July Meeting *Chair: K. Tomlinson, Vice Chair: W. Spencer*

The Planning Committee did not meet in July.

D. System of Care Committee (SOCC)

July Meeting Canceled *Chair: Dr. M. Schweizer, Vice Chair: D. Sabatino*

The SOCC meeting for July was cancelled.

E. Executive Committee

July 17, 2014 *Chair: B. Gammell, Vice Chair: S. Kuryla*

The Vice Chair announced that a PSRA process survey has been distributed and Committee Chair evaluations will be distributed to evaluate HIVPC effectiveness. The Vice Chair explained that most August meetings have been canceled due to the Part A Grant. She also stated that fall meetings have been rescheduled due to the end of the year holidays.

F. Quality Management Committee (QMC)

July 21, 2014 *Chair: C. Grant*

The QMC Chair stated the committee reviewed the MSM study outcomes and recommendations. The Chair also reviewed How Best to Meet the Need and viral load suppression scorecards. The Chair explained that viral load suppression was lowest among 18-25 year olds and transgender consumers.

G. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

No July Meeting *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

The PSRA Committee did not meet in July.

8. GRANTEE REPORTS

a. Part A: The Grantee reported that RFP deadline for Disease Management and HICP is Friday, July 25, 2014. The Grantee announced a media request from South Florida Gay News (SFGN) regarding recent HIVPC By-Laws changes. The Grantee stated that a response was drafted from the Grantee's office based on meeting minutes, and he hopes the article will not be biased. The PSRA Chair asked for the response that was provided to SFGN. The CCRC Chair recommended writing a rebuttal article to rectify any community concerns in the upcoming Part A newsletter. The Grantee instead recommended submitting a summary of HIVPC actions and future actions in the next newsletter issue; the current issue has just been approved for dissemination and no further changes can be made to it at this time. A member stated that disseminating the questions to the HIVPC is important for transparency. A motion was made by a member:

Motion #5: To disseminate the answer that was already provided to South Florida Gay News and to authorize the HIV Planning Council Chair to contact South Florida Gay News and offer to have an interview regarding the recent changes of the HIV Planning Council By-Laws.
Proposed by: Spencer, W.
Seconded by: Parker-Maysonet, P.
Action: Passed with three oppositions.

The Grantee announced the release of the Ryan White Part A grant application. The Part A grant is due September 19, 2014. The Grantee stated that the Grantee's office newsletter will be released soon. The Grantee stated that the last Prevention meeting included integration of Part A and Prevention activities. The meeting discussed integration from the administrative perspective. The Grantee stated that the HIVPC has legislative actions that must be changed to allow for integration. The Grantee's office received approval for technical assistance (TA) for integration of Part A and Prevention. EGMC Consulting will provide integration assistance. The Grantee announced that HRSA and CDC have met to layout guidelines and legislation for program integration.

Action Item:

- Staff to disseminate media request responses to HIVPC members by July 25, 2014.

b. Part B: The Part B Grantee was not present.

c. Part C: The Part C Grantee reported that a HRSA interview will take place on August 4, 2014, from 2:00 to 5:00 p.m. at CDTC and is open to the public. The interview will include ACA implementation procedures and patient feedback.

d. Part D: The Part D Grantee reported that the current funding cycle ends July 31, 2014. Several clients from CDTC are currently attending leadership camp. The Grantee stated that applications for training have been submitted to include motivational interviewing and continuum of care.

e. Part F: The Part F Grantee announced the Community Based Dental Partnership Program is now underway. He stated the intake and education process will take place at West Park Community Health Center and dental services will be provided at the Nova Southeastern University (NSU) College of Dental Medicine. The Part F Grantee stated that there are no program residency requirements and bus passes are available to clients.

f. HOPWA: The HOPWA representative announced that the Fort Lauderdale City Commission unanimously passed HOPWA funding. The HOPWA representative noted that a presentation on the Short-Term Rent, Mortgage, and Utility (STRMU) and Permanent Housing Placement (PHP) frequency and utilization changes will be given at the South Florida AIDS Network (SFAN) meeting on August 1, 2014. The HOPWA representative also explained there will be a HOPWA 101 training on August 11, 2014 at 4:00 p.m. at Fort Lauderdale City Chambers.

g. Prevention: The Prevention Grantee was not present.

9. UNFINISHED BUSINESS

None.

10. ANNOUNCEMENTS

Tomorrow's Rainbows, Inc. will present a Helpful TEARS Rainbow Retreat for children grieving from the death of a loved one. The retreat will take place on August 14, 2014 at CDTC, which is free. Continuing Education Units (CEUs) are available. There will be a SMART Ride fundraiser on July 24, 2014 at Italio from 4:00 to 10:00 pm. Half of proceeds will be donated to SMART Ride. The Vice Chair announced that most August meetings have been canceled due to the release of the Part A Grant. She also announced that fall meetings have been rescheduled due to the end of the year holidays.

11. PUBLIC COMMENT (Up to 10 minutes)

None.

12. REQUEST FOR DATA

None.

13. AGENDA ITEMS FOR NEXT MEETING: September 18, 2014, 9:30 a.m. **LOCATION:** TBD

Agenda Items / Tasks for next Meeting (Work Plan Item #)	*Party to Complete Task*	*Information requested (i.e. data, research, etc.)action to be taken, presentation, discussion, brainstorm etc.*
Reallocations ("Sweeps")	*PSRA, Exec, HIVPC*	ACTION ITEM: Review and approve recommended reallocations of funds.

14. ADJOURNMENT

The meeting was adjourned at 10:52 a.m.

PLANNING COUNCIL - ATTENDANCE 2014

Count	Member	1/23/14	2/27/14	3/27/14	4/24/14	5/22/14	6/26/14	7/24/14
1	Baner, Silvana	Appointed 4/24/14				A	A	A
2	Creary, Karen	1	1	1	1	1	1	A
4	Gammell, Brad	1	1	1	1	1	1	1
5	Grant Claudette	1	1	1	1	A	1	1
6	Hayes, Marie	1	1	A	1	A	1	1
7	Bhrangger, Ronald	1	1	1	1	E	1	1
8	Katz, Bradley	1	1	1	1	1	1	1
9	Kuryla, Samantha	1	1	1	1	1	1	1
10	Marcoviche, William	1	1	1	1	1	1	1
11	Moragne, Timothy	A	1	E	1	1	1	1
12	Siclari, Rick	1	1	E	1	A	A	E
13	Spencer, Will	1	1	1	A	1	A	1
14	Taylor-Bennett, Carla	1	A	1	1	1	1	1
15	Tomlinson, Karlene	A	1	1	A	1	1	1
16	Wilson, Tara	A	1	1	1	1	1	1
17	Proulx, Dionne	1	1	1	1	1	A	1
18	DeSantis, Mario	1	1	A	1	*E *Retroact. 7/24/14*	1	1
19	McBain, Marsha	*E *Retroact. 5/13/14*	1	A	1	*E *Retroact. 7/24/14*	1	1
20	Parker-Maysonet, Patricia	1	E	1	1	1	1	1
21	Reed, Yolonda	A	1	E	1	1	1	1
22	Schweizer, Mark	1	A	1	1	1	1	1
23	Burgess, Devorn	*Appointed 1/23/14*	1	1	E	1	1	1
24	Mercer, AnnMarie	*Appointed 1/23/14*	1	1	1	1	1	A
25	Wilkins, Debbie	1	1	A	1	1	1	1
	Quorum=13	19	21	13	19	17	20	20

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: October 21, 2014

Appropriations Update

The federal government is currently operating under a Continuing Resolution (CR), which has been the case at the start of each of the last several fiscal years. The current resolution will fund operations through mid-December. Congress will reconvene after the elections in a lame duck session. The outcome of the elections will determine which course of action they take. It is expected that if Democrats lose control of the Senate that they will pass an additional CR that would likely carry the government through January when the new Congress is seated. That might place appropriations on a track for major cuts for the remainder of FY 2015. If Democrats keep the Senate, it is expected that they reach an agreement that would level fund operations.

White House ONAP Director Signals Policy Priorities

The White House Office of National AIDS Policy (ONAP) Director Douglas Brooks has increasingly referenced the need for expanded care coordination to meaningfully impact health and wellness for people living with HIV. During the U.S. Conference on AIDS, the Addiction Health Services Research Conference, and a several other venues, Brooks has emphasized how unmet needs in mental health and behavioral health are major factors in increasing infection rates and AIDS-related deaths. Some believe this may be a preview of new areas of emphasis at the federal level for health-related programs targeted toward people living with HIV.

No Progress on Reauthorization

We continue to expect no meaningful work to take place this session of Congress toward the reauthorization of the Ryan White program. The President's budget argues for continuation of the program under its current methods for FY 2015, which is permissible under law. While some stakeholders may be pushing hard in this area, there is no traction among a critical mass of lawmakers, including Committee Chairs and leadership. Regardless of the outcome of the elections, every plausible scenario would involve continued funding (at some level) for Ryan White programs.

Fort Lauderdale/Broward County EMA

Service Delivery Model Request for Approval Form

The QI Network is responsible for completing the *Service Delivery Model Request for Approval Form* prior to submitting a Service Delivery Model for approval by the Quality Management Committee. This form will provide the Quality Management Committee & the HIV Planning Council with the necessary information to effectively evaluate the Service Delivery Models submitted for approval.

***Please attach Service Delivery Model and cite sources used (where applicable).*

Date	10/23/14
Service Delivery Model	Centralized Intake and Eligibility Determination

1. Please provide background/summary of original service delivery model and proposed changes.

2012
The Outcomes and Indicators were revised and approved on 12.13.12 by HIVPC.

2014
The service delivery model was developed to include all contractual requirements as well as intake and eligibility requirements stated in the HRSA/HAB Programming Monitoring Standards. Provider input was also solicited.

At its 6.16.14 meeting, the QM Committee approved the service delivery model.

2. Please discuss the ways in which the standards proposed in this Service Delivery Model relate to the Model's Service Definition.

Service Definition: Those services which include the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. It does not include coordination and follow up of medical treatment. Centralized Intake and Eligibility Determination (CIED) is a standalone intake which determines consumer eligibility for Ryan White Part A Services, recertifies Ryan White Part A clients, identifies Third-Party Payers for services, identifies other community resources, and provides information and referrals to clients for services which they may be eligible to receive.

Eligibility Verification
Staff determine the eligibility of a person for Ryan White services based upon the following criteria: HIV Diagnosis, Broward County Residency, Income, and Health Insurance Coverage.

Intake
During intake appointments, staff shall provide (as applicable): information regarding RW Part A services and eligibility requirements; assist clients with completing application documents; conduct an assessment of short and long term service needs; assess potential eligibility for Part A services available through 3rd party funders; identify available funders for needed services; and assist clients with 3rd party applications and enrollment processes.

Recertification
Clients will be re-determined every six (6) months or sooner if benefits status or income has changed. Appointment reminders for clients will be provided 24 hours prior to the scheduled re-certification time. Clients will be provided with current information especially as it relates to changes in income. Re-certification should not be performed for applicants who do not need Part A-funded services. Applicants may return at any point for eligibility determination when services are needed. A Notice of Eligibility or Ineligibility will be provided to clients upon completion of their intake.
Current Part A consumers shall be contacted by staff via telephone **30-60** days prior to their re-certification date to schedule an appointment and determine the location desired.

SDM Template Created 3/1/10; Revised 1/27/11;
Approved 1/27/11

3. How do the standards proposed in this Service Delivery Model address the vision, mission, goals, and objectives of the Broward EMA's Comprehensive Plan? Currently, these are:

Vision: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.
Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we:

- Foster the substantive involvement of the HIV-infected and affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care.
- Support local control of planning and service delivery, and build partnerships among service providers, private foundations, voluntary organizations, community organizations, and federal, state, and municipal governments.
- Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

The delivery of Centralized Intake and Eligibility Determination services shall be conducted by culturally competent service providers. Providers are also expected to comply with applicable standards and guidelines that are relevant to individual service categories (i.e. HAB HIV Performance Measures, etc.). Providers shall determine the eligibility of a person for Ryan White services based upon HIV Diagnosis, Broward County Residency, Income, and Health Insurance Coverage and assist the client to get primary medical care, if he/she is not in care, using information provided in the screening. Providers shall assist client to remain in primary medical care. Providers shall assess possible barriers to clients' continuation in primary medical care and assist in there removal.

4. How does this service delivery model address identifying, engaging, and retaining PLWHA in HIV core services? How does this service delivery model ensure integration of peers into treatment and care?

How does this service delivery model address identifying, engaging, and retaining PLWHA in HIV core services?
The overall purpose of centralized eligibility services is to provide a centralized intake, eligibility, enrollment and information/referral process for all Ryan White Part A services. Centralized eligibility intake and determination will serve as the single point of entry for Persons Living With HIV and AIDS into the EMA's HIV care continuum. The core functions include determining eligibility for Part A services and/or third party payers, and providing information and referrals for services. Staff will provide information and assistance in obtaining medical care, and other core and support services funded by Ryan White Part A. Providers assist clients in accessing primary medical care, and discuss barriers to retention in care if client is out of care. Providers also coordinate a primary medical care appointment for consenting clients and refer clients to other services as determined during the screening.

How does this service delivery model ensure integration of peers into treatment and care?
N/A. It is not mandated to use peers.

To be completed by the Quality Management Committee only:

Service Delivery Model Request for Approval Decision

☒ Approved
☐ Denied
Reason(s) for denial:

If denied, this form will be sent to the respective QI Network for review and resubmission.

To be completed by the HIV Planning Council only:

Service Delivery Model Request for Approval Decision

☐ Approved
☐ Denied
Reason(s) for denial:

If denied, this form will be sent to the Quality Management Committee and the respective QI Network (if necessary) for resubmission.

SDM Template Created 3/1/10; Revised 1/27/11;
Approved 1/27/11

Fort Lauderdale/Broward County EMA

Service Delivery Model Request for Approval Form

The QI Network is responsible for completing the *Service Delivery Model Request for Approval Form* prior to submitting a Service Delivery Model for approval by the Quality Management Committee. This form will provide the Quality Management Committee & the HIV Planning Council with the necessary information to effectively evaluate the Service Delivery Models submitted for approval.

***Please attach Service Delivery Model and cite sources used (where applicable).*

Date	10/23/14
Service Delivery Model	Legal Services

1. Please provide background/summary of original service delivery model and proposed changes.

The Legal Services Outcomes and Indicators were previously approved by the HIV Planning Council on 12.13.12.

The SDM for Legal Services was created based on the most recent research evidence and official guidelines available. The SDM was developed based on models from other Emerging Metropolitan Areas such as Houston, Los Angeles, and Miami. The Legal Network provider also reviewed and revised the model.

At its 6.16.14 meeting, the QM committee approved the Service Delivery Model for Legal Services.

2. Please discuss the ways in which the standards proposed in this Service Delivery Model relate to the Model's Service Definition.

Service Definition: People living with HIV/AIDS experience a range of issues including the lack of advance directives, denial of state and federal public benefits, housing discrimination relating to client's HIV status and a wide range of legal issues. Legal Services ensure client access to basic health and supportive services often denied as a result of their HIV status. Through coordination of the service with other core medical and support services, client's quality of life can in many cases be improved and maintained over an extended period consistent with Public Health Service's Guidelines and other treatment protocols. Legal Services provides legal representation to clients for preplanning activities including: durable powers of attorney documents; do not resuscitate orders; wills; and trusts. Legal Services shall provide interventions to ensure access to eligible benefits and to prevent an individual's denial of access to housing or eviction due to HIV status, discrimination or breach of confidentiality litigation as it relates to services eligible under the Ryan White HIV/AIDS Treatment Extension Act. This includes assistance with public benefits, which encompasses legal intervention following denial of Social Security benefits. The provision of Legal Services also includes the preparation of advance directives concerning guardianship of the eligible individual and the guardianship or adoption of the eligible person's children, but does not cover legal services or proceedings, which occur after the eligible person's death. This service is designed to provide legal services by/or under the supervision of an attorney licensed by the Florida Bar Association.

Funds may be used to support and complement pro bono activities. All legal assistance will be provided under the supervision of an attorney licensed by the Florida Bar Association. Only civil cases are covered under this Agreement. Therefore, the service provider will assist eligible Ryan White Program clients with civil legal HIV-related issues which will benefit the overall health of the client and/or the Ryan White care delivery system in the following areas:

- Preplanning activities including durable power of attorney documents; do not resuscitate orders; wills; and trusts.
- Public benefits assistance including legal interventions following denial of Social Security benefits.
- Discrimination or breach of confidentiality litigation as it relates to services eligible under the Ryan White HIV/AIDS Treatment Extension Act.
- Preparation of advance directives concerning the guardianship of the eligible individual and the guardianship or adoption of the eligible person's children.

Working with the client or guardian, the provider should develop a service agreement that includes the level or type of service and a signed consent form authorizing the provider to discuss the plan with other service providers as appropriate. Legal services staff, with the active participation of the client will determine the course of action of reach of the client's legal issues. Services are individualized and tailored to the needs expressed by the client. Client participation is maximized by being kept informed and working together with staff to determine the objective of the representation, to make decisions regarding the case and to achieve the goals in a timely fashion. Legal services staff will also undertake reasonable efforts to identify needs in addition to those specifically expressed by the client throughout the course of counseling and/or representation. Programs will conduct appropriate action on behalf of clients to meet their legal needs. Such action includes providing relevant legal advice and counseling, referrals to other providers/programs, referrals to pro bono attorneys and representing clients in court and

administrative proceedings where appropriate. Services will also assist clients with accessing, maintaining and adhering to primary health care and other support services. Documentation of these efforts shall be maintained in the client record. Legal service providers will inform clients fully about the nature of service offered, including their rights to engage in the generation and review of any legal goals and/or strategies, confidentiality and their ability to terminate services at any time.

3. How do the standards proposed in this Service Delivery Model address the vision, mission, goals, and objectives of the Broward EMA's Comprehensive Plan? Currently, these are:

Vision: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.
Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we:

- Foster the substantive involvement of the HIV-infected and affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care.
- Support local control of planning and service delivery, and build partnerships among service providers, private foundations, voluntary organizations, community organizations, and federal, state, and municipal governments.
- Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

Service delivery shall be conducted with cultural competency by culturally competent service providers. Providers are also expected to comply with applicable standards and guidelines that are relevant to individual service categories (i.e., HAB HIV Performance Measures, etc.). The legal service provider shall verify client's eligibility is established by reviewing the certification in the designated HIV MIS System. The legal staff shall perform an eligibility and financial assessment at each visit in addition to reviewing client's eligibility certification in the designated HIV MIS System. Legal staff will review client's eligibility for all funding streams and services for which client may qualify. The purpose of the assessment is to ensure 1) client's access to all services client may be eligible for and 2) the status of Ryan White as payer of last resort. Provider shall have a client grievance process that shall be discussed with client during intake. Provider shall explain that if a client is dissatisfied after completing the agency grievance process, the client has a right to present a grievance to the Broward County Ryan White Part A Program Office. Provider shall briefly explain the process for filing a grievance with the Ryan White Part A Program Office including posted grievance instructions. Service provider shall conduct quarterly chart reviews to ensure documentation of service, referrals, and follow-up.

4. How does this service delivery model address identifying, engaging, and retaining PLWHA in HIV core services? How does this service delivery model ensure integration of peers into treatment and care?

How does this service delivery model address identifying, engaging, and retaining PLWHA in HIV core services?
Providers shall assess if clients are receiving primary medical care. Clients not in primary medical care shall be offered a referral to Ryan White Part A Outpatient Ambulatory Medical Care. Programs will conduct appropriate action on behalf of clients to meet their legal needs. Such action includes providing relevant legal advice and counseling, referrals to other providers/programs, referrals to pro bono attorneys and representing clients in court and administrative proceedings where appropriate. Services will also assist clients with accessing, maintaining and adhering to primary health care and other support services. Documentation of these efforts shall be maintained in the client record.

How does this service delivery model ensure integration of peers into treatment and care?
N/A. It is not mandated to use peers.

To be completed by the Quality Management Committee only:

Service Delivery Model Request for Approval Decision

☒Approved

☐Denied

Reason(s) for denial:

If denied, this form will be sent to the respective QI Network for review and resubmission.

To be completed by the HIV Planning Council only:

Decision

☐Approved

☐Denied

Reason(s) for denial:

If denied, this form will be sent to the Quality Management Committee and the respective QI Network (if necessary) for resubmission.

Dear Interested Party,

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

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

Broward County HIV Health Services Planning Council Membership Application

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

Name: **Date:**

Contact Information

Home Telephone Number ( )

Cell Phone Number ( )

Home Mailing Address

Current Place of Employment (if applicable)

Work Telephone Number ( )

Work Mailing Address

Email Address

Gender

❑Male ❑ Female ❑Transgender

Do you self-identify as HIV+?*

❑Yes ❑ No ❑N/A

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

Are you affiliated as an employee, consultant, or board member with Ryan White Part A?

❑Yes ❑ No

Race/Ethnicity (Check all that apply)

- ❑ Black/non-Hispanic
- ❑ White/non-Hispanic
- ❑ Hispanic
- ❑ American Indian/Alaskan Native
- ❑ Asian/Pacific Islander
- ❑ More than One Race _____

Categories of Membership (check <u>all</u> that apply)

- ❑ Health care providers, including federally qualified health centers
- ❑ Community-Based Organizations serving affected populations/AIDS Service Organizations
- ❑ Social Service Providers (including housing and homeless-services providers)
- ❑ Non-elected Community Leaders
- ❑ Affected Communities (people living with HIV/AIDS and underserved communities)
- ❑ Unaffiliated Ryan White Consumer
- ❑ Individuals co-infected with HIV & Hepatitis B or C
- ❑ Members of a Federally Recognized Indian Tribe
- ❑ PLWHA Recently Released from Jail or Prison or their representatives
- ❑ Local Public Health Agencies
- ❑ Hospital Planning Agencies or Health Care Planning Agencies
- ❑ Grantees of Other Federal HIV programs (providers of HIV Prevention Services)
- ❑ Mental Health Providers
- ❑ State Medicaid Agency
- ❑ Substance Abuse Providers
- ❑ Part F Grantees
- ❑ Part C Grantees
- ❑ State Part B Agency
- ❑ Part D Grantees

Committee Assessment

All Planning Council Members are requested to serve on at least one Committee.
Please rank the Committees below to indicate your interest.

- ❑ **Membership/Council Development:** Ensures Council/committee membership meets HRSA mandates. Oversees ongoing training/mentoring of Council/committee members.

- ❑ **Community Empowerment Committee:** Encourages individuals living with HIV to be involved in Council activities. Helps people to learn about the Council and what it does. Listens to and tries to resolve complaints about how the Council operates (setting funding priorities, preparing plans, hearing from the HIV community, etc).

- ❑ **Needs Assessment/ Evaluation Committee:** Develops and updates the annual Needs Assessment, including determining focuses for the client survey, provider survey, and client focus groups. Evaluates and updates the Comprehensive Plan to determine progress.

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

- ❑ **Priorities Setting & Resource Allocation Committee:** Analyzes data and develops service priorities, funding recommendations and language on how best to meet priorities.

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

- ❑ **ad-Hoc Local Pharmacy Advisory Committee**: Makes recommendations to the Planning Council to improve the quality, cost effectiveness and allocation of resources to Pharmacy Services.

General Information

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

   _____
   _____
   _____
   _____

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

   _____
   _____
   _____
   _____

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

   _____
   _____
   _____

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

- ❑ I have received, read and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Council and Committee meetings.
- ❑ I understand that to qualify for nomination to the Planning Council I must attend three (3) Committee meetings **and** an Orientation.
- ❑ I understand that I must attend a post-appointment training within three (3) months of appointment to the Planning Council by the Broward County Board of County Commissioners. If I do not comply with this requirement, I could be removed from the Planning Council.
- ❑ I understand that serving on the Council and at least one of its Committees will require at least five hours per month, and that excessive absence will result in my removal from the Council and/or Committees. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from the Council if he/she misses three (3) consecutive Planning Council meetings or four (4) Planning Council meetings in a year in accordance with the County Ordinance.
- ❑ If appointed, I would be willing and able to fulfill the responsibilities and functions of a member of the Broward County HIV Health Services Planning Council.
- ❑ I am not an appointed member of any other Council or Board appointed solely by the Broward County Board of County Commissioners.

Preferred Method of Contact

To facilitate meetings, Planning Council Support Staff will contact Members via phone, email and mail.

I prefer to receive phone calls and messages at: ❑ Home ❑ Work ❑ Cell

Phone number ( )

I prefer to receive mail at _____ ❑ Home ❑ Work _____

My preferred email address is

_____

_____

Signature **Date**

Note: This application expires six (6) months from date of submission.

Mail or FAX your completed application to:

HIVPC Support Staff
Broward Regional Health Planning Council
200 Oakwood Lane,
Hollywood, Florida 33020

FAX: (954) 561 – 9685

If you have any questions, please call (954) 561 – 9681.

EMPLOYER COMMITMENT

I support my employee, _____ becoming a member of the Broward County HIV Health Services Planning Council (HIVPC). I understand the required commitment of my employee to attend meetings and that serving on the Council and at least one of its committees will require at least five hours per month.

- ❑ My organization will pay the employee's salary during their participation as an HIVPC member.
- ❑ My organization will not pay the employee's salary during their participation as an HIVPC member.
- ❑ My organization will allow the employee to utilize personal time during their participation as an HIVPC member.

_____

Original Employer Signature **Title**

_____

Date

This form is optional and will not affect consideration for HIVPC membership.

NOMINATING PROCEDURE

FOR REGULAR ELECTIONS

The Planning Council Chair will appoint a Nominating Committee (at least 4 months prior to the election date) composed of not less than five (5) Council members. At least one member shall be an unaffiliated person living with HIV/AIDS.

At the October HIVPC meeting (prior to the January election), Council Members will be given a form to express their interest in running for Chair or Vice Chair along with a form questionnaire containing a set of questions about why they want to be an officer and their past leadership experience. The deadline for submitting responses will be 2 weeks.

At the beginning of the next Planning Council meeting, the slate of all members that have indicated interest in running for office will be presented and a verbal call for nominations from the floor will take place. Those candidates nominated from the floor will be provided an opportunity to answer the questions on the questionnaire form. The presentation should be limited to 5 minutes with an additional 2 minutes for clarification relevant to the responses. The deadline for submitting responses will be 2 weeks from the verbal call for nominations.

NOMINATIONS WILL THEN BE CLOSED.

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

At the beginning of the following Planning Council meeting, ballots will be distributed to members present. The ballots will include the candidates' names for Chair and Vice Chair. Planning Council members will be required to write their name on the ballot for record-keeping purposes.

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

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

FOR SPECIAL ELECTIONS

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

Deleted:

Approved

NOMINEE QUESTIONNAIRE

Please return your questionnaire to HIVPC staff by 5:00 p.m. on Thursday, November 6, 2014.

Candidate Name	
Office Sought (Check ONE)	~~☐ CHAIR~~ *~~A separate application is required for each office.~~* ☐ **VICE CHAIR**
Affiliation	*Please state your affiliation as an employee, consultant or board member with Ryan White Part A, if any.*

Please answer each question as concisely as possible, using the space provided.

LEADERSHIP

Please describe your leadership style and how you might engage Council members and facilitate the meeting process.

MEMBERSHIP

How will you go about ensuring Council membership is compliant and reflective of the demographics of the HIV/AIDS epidemic in Broward County?

RELATIONSHIPS, COMMUNITY & OUTREACH

What will your strategies be to improve the relationship between the Council and the Broward County HIV/AIDS Community?

HEALTH DISPARITY

What initiatives should the Planning Council focus on to eliminate health disparities and improve access to services?

~~Candidate Name~~	
~~Office Sought (Check ONE)~~	☐ ~~CHAIR~~ ☐ ~~VICE CHAIR~~ ~~*A separate application is required for each office.*~~

Please answer each question as concisely as possible, using the space provided.

CONFLICT OF INTEREST

If elected, how will you avoid conflict of interest, real or perceived, while exercising your duties of office and that of your personal and professional life?

ADVOCACY

What currently unaddressed issues impacting the HIV/AIDS-community would you like the Council to address?

OUTLOOK

~~What are your 3 main goals while in office and how will you achieve them?~~How will you help the HIVPC achieve its vision and mission?

HANDOUT D-3

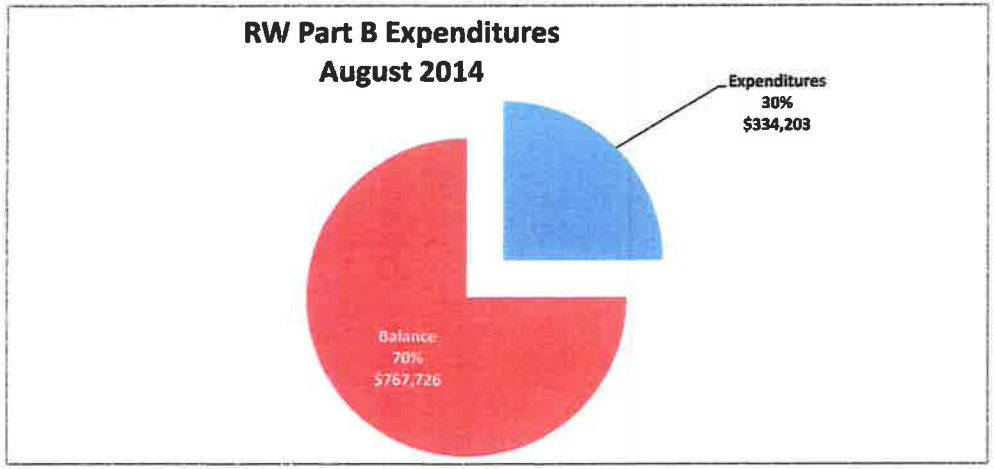
2014 AD-HOC NOMINATING COMMITTEE TIMELINE

Activity	Proposed Date
First ad-Hoc Nominating Committee meeting. Review & approve procedures and questionnaire.	October 2, 2014
HIVPC meeting. Procedure & questionnaire approved by HIVPC. Questionnaire given to all eligible parties interested in running. Candidates have two weeks to submit the questionnaire to HIVPC staff.	October 23, 2014
Deadline to return completed questionnaire to HIVPC staff.	November 6, 2014
HIVPC meeting. Present slate of candidates and ask for verbal call of nominations. Q&A session for all candidates. Candidates nominated from the floor have two weeks to submit questionnaire to HIVPC staff.	November 20, 2014
Deadline to return completed questionnaire to HIVPC staff for candidates nominated from the floor.	December 4, 2014
Nominations closed.	December 4, 2014
Second ad-Hoc Nominating Committee meeting. Review & approve slate of candidates, election process, and ballots.	January 8, 2015
HIVPC meeting. Candidates presented and voting takes place. Votes read into record. Candidate chosen becomes Vice Chair beginning February 1, 2015.	January 22, 2015

Ryan White Part B
Expenditure Report
August 2014

Service Category	Part B 2014-15 Allocated	Part B 2014-15 (Aug encumbered)	Part B 2014-15 Monthly Average Left	Part B 2014-15 (YTD Spent/ Encumbered)	Part B 2014-15 (% Encumbered)	Part B 2014-15 (% Left)	Part B 2014-15 (Balance)
Home Delivered Meals	$ 2,479	$ -	$ 54	$ 2,100	0%	15%	$ 379
Medication Co Pay	$ 315,000	$ 32,962	$ 29,115	$ 111,195	6%	65%	$ 203,805
Case Management (non-med)	$ 271,154	$ 31,726	$ 22,050	$ 116,806	43%	57%	$ 154,348
Residential Substance Abuse	$ 100,000	$ 16,995	$ 7,179	$ 49,748	50%	50%	$ 50,252
Home &Community Based Health	$ 6,000	$ 175	$ 681	$ 1,233	21%	79%	$ 4,767
Referral for Health Care/Supportive Svs	$ 174,582	$ 6,361	$ 23,050	$ 13,232	8%	92%	$ 161,350
Medical Transportation	$ 69,556	$ -	$ 9,937	$ -	0%	100%	$ 69,556
Administration	$ 110,192	$ 4,941	$ 10,466	$ 36,931	34%	66%	$ 73,261
Clinical Quality Management	$ 52,966	$ 1,949	$ 7,144	$ 2,958	6%	94%	$ 50,008
TOTALS	**$ 1,101,929**	**$ 95,108**	**$ 109,675**	**$ 334,203**	**30%**	**70%**	$ 767,726

Home Delivered Meals served 0 clients
Non-Medical Case Management served 751 clients in July
Medication Co Payment served 172 clients in July
165 Clients served in Medication Co Payment
7 Clients served in Mail Order
Medical Transportation (31) day passes were distributed in July
Residential Substance Abuse served 6 clients in August 2014 and a total 27 unduplicated clients to date.



Serena Cook 954-467-4700 ext 5648