



Committee Meeting Agenda: Executive Committee

Date/Time: Thursday, March 16, 2017, 9:00 a.m.

Location: Government Center Room GC-430

Chair: Barnes, B. Vice Chair: Lopes, R.

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 3/16/17 Executive Committee Agenda and 2/16/17 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
 - a) Review and Approve 3/23/17 HIVPC Agenda, Meeting Materials and Motions (Handout A)
 - b) April 2017 HIVPC Calendar (Handout B)
4. **UNFINISHED BUSINESS**
 - a) FY2017 Committee Work Plans- Develop goal for FY2017 Executive Committee (Handout C)
5. **MEETING ACTIVITIES/NEW BUSINESS**

<i>Agenda Items (Work Plan Item #)</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
Committee Application for Membership (Handout D-E)	ACTION ITEM: Determine the process for member appointment for standing committees.
Facilitated Planning Body Meeting	ACTION ITEM: Discuss plans for facilitated session for Broward’s Executive Planning Bodies.

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** April 20, 2017 **VENUE:** GC-430

<i>Agenda Items for next Meeting</i>	<i>Action to be taken, presentation, discussion, etc.</i>
Joint HIVPC/BCPPC Executive Meeting	ACTION ITEM: Update on joint Executive meeting with BCHPPC to discuss next steps in integration process

9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS
THREE GUIDING PRINCIPLES OF THE HIV PLANNING COUNCIL

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

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

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Meeting Minutes: Executive Committee
Date/Time: Thursday, February 16, 2017, 9:00 a.m.
Location: Government Center GC-430
Chair: Barnes, B. Vice-Chair: Lopes, R.

ATTENDANCE				
#	Members	Present	Absent	Grantee Staff
1	Edwards, C.	X		Jones, L.
2	Fleurinord, P.		A	
3	Foster, V.	X		HIVPC Staff
4	Barnes, B. <i>HIVPC Chair</i>	X		Ewart, L.
5	Grant, C.	X		Johnson, B.
6	Hayes, M.		A	Oratien, V.
7	Lopes, R. <i>HIVPC Vice Chair</i>	X		
8	Robertson, L.	X		Guest
9	Siclari, R*	X		Murphy, K.*
10	Spencer, W.	X		*On the phone
	Chair Quorum = 5	8		

1. CALL TO ORDER

The Chair called the meeting to order at 9:10 a.m. and welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, Grantee staff and HIV Planning Council (HIVPC) staff self-introductions were made. A moment of silence was observed.

2. STANDARD COMMITTEE ITEMS

a)

Motion #1: To approve 2/116/17 Meeting Agenda
Proposed by: Foster, V. **Seconded by:** Edwards, C.
Action: Passed Unanimously

b)

Motion #2: To approve 1/19/17 Meeting Minutes
Proposed by: Lopes, R. **Seconded by:** Spencer, W.
Action: Passed Unanimously

c)

Legislative Report: Mr. Murphy provided a legislative update on the prospects of Ryan White funding in the Trump Administration. While there has been no movement since the last report in January, Mr. Murphy discussed growing concerns for discretionary funding and the future of the ACA (handout on file). He explained that this is the most precarious political climate stakeholders have faced in over a decade. Pressures to cut spending, the lack of reauthorization, and a White House that did not make public promises about continued funding for supports for people living with HIV all conspire to possibly cut federal funding. Combine this with elimination of the Affordable Care Act and the block granting of Medicaid and you get a very hostile climate, especially to new interventions and system expansion. The HIVPC asked Mr. Murphy if there was an advocate for the Ryan White Program in the current Senate, much like Senator Kennedy was. While Patty Murray is a ranking member on the Senate Committee on Health, Education, Labor, and Pensions, and a friend of the Ryan White Program, Mr. Murphy thought that she did not have the expertise to champion the program like former advocates had. He also thought Senator

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Al Hastings was a strong backer of Ryan White, but he does not sit on the Committee tasked with reauthorization prospects.

- d) Approve 2/23/17 HIVPC Agenda: The HIVPC Chair discussed the order of the HIVPC Agenda, and how he would like to move the Public Comment to the top of the agenda. His reasoning was that the Public Comment could be used to guests to discuss an upcoming topic of the agenda before the members broached the subject was discussed and voted on. He also thought it would help better manage the meeting time. The PSRA Chair said public comment usually comes in 2 different forms: people who understand the HIVPC’s process and come to speak on an issue, or members of the public who may be at a disadvantage because they aren’t familiar with our process or have the agenda in advance and came to discuss a personal issue. The Grantee agreed, and thought that most people who come for public comment are not Ryan White consumers. The members discussed the need for 2 Public Comments on the agenda, 5 minutes at the start and toward the end.

Laura Reeves, Administrator for the HIV/AIDS Bureau, is coming to the February HIVPC meeting. The Grantee has asked her to speak about state initiatives, Broward specific initiatives, and anything else she wants to communicate. She will have approximately 30 minutes on the agenda, then the members will be encouraged to ask questions. The Broward Part A Program is trying to develop a relationship with the Bureau to help them understand how our local program works, as most of the time Laura works with SFAN and the DOH. The Grantee was the Bureau to see what happens in Broward instead of hearing about it from other people. Each Chair will be asked to highlight what they’ve been working on for the past year for Laura.

ACTION ITEMS: Add CEC’s participation in National Black HIV/AIDS Awareness Day to HIVPC Agenda. Develop February HIVPC flyer and send to list serve. Bring index cards questions for Laura Reeves. Add IC to Committee Reports. Take AAM off HIVPC agenda.

Motion #3: To approve the 2/23/17 HIVPC Agenda with proposed changes.
Proposed by: Spencer, W. **Seconded by:** Foster, V.
Action: Passed Unanimously

- e) Review March, 2017 Calendar (Handout B): The members reviewed the March, 2017 calendar.

3. UNFINISHED BUSINESS

- a) HIVPC Member Recognition (Handout C): The MCDC Vice Chair presented the MCDC’s revised Member Recognition Program handout. The Committee streamlined some of the criteria and took out “fundraisers.” The members liked the new handout, but wanted all mention of “Quarterly” taken out of the document.

ACTION ITEMS: Revise and return Member Recognition at March Executive meeting.

4. MEETING ACTIVITIES/NEW BUSINESS

- a) FY2017 Committee Work Plans (Handout D): The members collectively reviewed the Executive Committee’s FY2017 Work Plan. They asked to add Objective 3.3, leadership trainings every 6 months. They also requested to move the Nominating timeline up one month. The group discussed additional revisions to the Work Plan. The PC Manager informed the Committee that their Work Plan did not have a goal for the FY, and that she would like the members to come up with a goal at the next meeting in March. Each Committee Chair and Vice Chair received their Committee’s WP, and they will be approved by the committees in March.

Motion #4: To approve the FY2017 Executive Committee Work Plan with the proposed changes
Proposed by: Spencer, W. **Seconded by:** Grant, C.
Action: Passed Unanimously

- b) By-Laws Parking Lot (Handout E): The PC Manager reviewed the proposed By-Laws Parking Lot from the Executive Committee. The Parking Lot includes language regarding the dissolution of LPAC. The Committee

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has not met since early 2015, and their work can be done by the Medical Networks and approved by the PSRA Committee. The PSRA Chair explained LPAC was formed a long time ago because they had a lot of work reviewing the Part A Formulary. However, now they meet infrequently, and PSRA can overview the financial aspects of any Medical recommendations without the need for the ad-hoc.

The Parking Lot also has a recommendation for a revised HIVPC leadership succession process. The PSRA Chair thought that having a “Chair Elect” instead of Vice Chair would require the Chair to have input on who they is selected as a Vice Chair, and it would need input/team election process. He asked the By-Laws Committee consider what happens if they Vice Chair didn’t want to be HIVPC Chair, or if they leave before their term is up. HIVPC Chair asked Staff to contact previous chairs and vice chairs about their thoughts on the chair election process.

When considering HIVPC leadership’s affiliation with Part A providers, the Parking Lot item came from the PSRA to eliminate perceived bias in funding allocation. The current PSRA Chair had concerns that a requirement that the leadership was not affiliated with a provider would serve to limit the pool of chairs when the PSRA Committee really needs the right person to lead it. Perhaps this item may be solved with a statement in the PSRA P&P about the intention to have diversity in its leadership, etc.

5. GRANTEE REPORT

The Grantee stated that yesterday he a meeting with Dr. Beale and Dr. Thaqi to develop Broward’s “Test and Treat” protocol. The draft protocol will be sent to participating agencies for review. The program will be an aggressive undertaking, and different than other communities. The Grantee has insisted on a roll out of the new plan which will be slated from sometime in April for all the HIV Planning Bodies, then community rollout session. Florida’s Assistant Surgeon General wants to implement “Test and Treat” across the state, as it is proven to lower community viral load and reduce new infections.

The Grantee is also rolling out a customer service initiative, with secret shoppers to evaluated customer experience with training on improving customer service to follow based on the feedback. All Part A providers have agreed to participate.

The Part A Office has received a partial notice of grant award valued at 46% of last year’s funding. So far the federal government has not provided HRSA funding for the remainder of the year, and currently the Grantee is hoping for flat funding and not a significant reductions of funds. The head of HHS just got confirmed by Congress, and their first priority is to eliminate the ACA. The Part A Program will participate in Capital Hill visits in late spring, and they are looking to lobby and educate Republicans on the needs in Broward County.

Also, last week the Grantee received notice that ADAP expanded their formulary to their “pre-waitlist” days, with the changes effective on March 1st. The Part A Medical Network looking to add drugs to the Part A Formulary as well, and they will replace drugs to give more our system a robust formulary. The formulary contains some of the latest ARVs. Tier 2 of the Part A Formulary matches the ADAP Formulary, and “Test and Treat” clients be billed through the Part A EFA service, as well as for individuals who have fallen out of care and were recently reengaged. The Final Grant Notice is usually released sometime between April-June, depending on the political climate. The Part A Program currently has enough funding for 5 months of services.

6. PUBLIC COMMENT

None.

7. AGENDA ITEMS / TASKS FOR NEXT MEETING: VENUE: GC-430

<i>Agenda Items for next Meeting</i>	<i>Action to be taken, presentation, discussion, etc.</i>
Member Recognition Program	ACTION ITEM: Review and approve revised Member Recognition Program document
FY2017 Executive Committee Work Plan	ACTION ITEM: Develop goal for FY2017 Executive Committee

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8. ANNOUNCEMENTS

None.

9. ADJOURNMENT

The meeting adjourned at 10:51 a.m.

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Executive Committee Attendance 2017

Consumer
 PLWHA
 Absences
 Count

Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
Meeting Date:	19	16											
1	Z- 1/12												
0	2	X	X										
0	3	A	A										
2	4	X	X										
0	5	X	X										
0	6	X	X										
1	7	X	A										
0	8	X	X										
1	9	A	X										
0	10	X	X										
1	11	X	X										
	Quorum(Chairs)=5	8	8										

X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - Resigned
C - cancelled
W - warning letter
R - removal letter
QNA - quorum not achieved for entire mtg

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**BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
 MEETING AGENDA**

Thursday, March 23, 2017, 9:30 a.m.
 Government Center Room A-337

Chair: Brad Barnes **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

- 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 3/23/17 Meeting Agenda
- f. Approval of 2/23/17 Meeting Minutes

3. PHONE INTRODUCTIONS

4. FEDERAL LEGISLATIVE REPORT (Handout A)

5. PUBLIC COMMENT

6. CONSENT ITEMS

#	Motion	Justification	Proposed By
1	To approve the Integrated Primary Care & Behavioral Health Service Delivery Model (New)	Integrated Primary Care and Behavioral Health Service are any professional diagnostic and therapeutic services rendered by a physician, physician's assistant, or nurse practitioner, social worker, psychologist, addictions counselor or other behavioral health provider in an outpatient facility for the treatment of HIV/AIDS.	QMC
2	To approve the Disease Case Management (DCM) Service Delivery Model (New)	DCM refers to a system of coordinated health care interventions to help clients self-manage their HIV infection and prevent complications from other chronic health conditions through health coaching and disease-specific educational materials and care coordination. The goal of DCM is to improve the client's quality of care and health outcomes through services conducted by disease case managers.	QMC
3	To approve the Food Services Service Delivery Model (New)	This program is designed to provide Food Services to Clients who require supplemental nutritional assistance to enhance the efficacy and absorption of medication. Food Services are intended to provide a nutritious and well-balanced food supplement to a Client's diet.	QMC
4	To approve the Health Insurance Benefit Support Service Delivery Model (New)	Health Insurance Benefit Support Services are intended to educate and inform eligible Ryan White Part A Clients about health insurance benefits, requirements and open enrollment periods and how they can navigate and utilize insurance effectively to achieve better health outcomes. These services plays an essential role in helping Clients address their health care needs by educating them about the coverage options, plan limitations, Federal/State requirements, and understanding health insurance finances (i.e. copays, deductibles, tax credits/penalties, etc.).	QMC
5	To approve the Health Insurance Continuation Program (HICP) Service Delivery Model (New)	HICP provides financial assistance to eligible Ryan White Program clients to maintain or obtain medical benefits by way of timely insurance premium payments, copays, and deductibles. HICP services are limited to	QMC

		\$6,500 per year per client towards their in-network deductible and copays.	
6	To approve the Mental Health Service Delivery Model (Updated)	The Mental Health Services SDM was updated to reflect a Trauma-Informed strengths-based framework. Mental Health Services allows individuals with a diagnosed mental illness to receive psychological and psychiatric treatment and counseling services by a licensed/authorized mental health professional. Trauma-Informed Mental Health Services include an understanding of trauma and an awareness of the impact it can have across settings, services, and populations.	QMC
7	To approve the Clinical Quality Management Plan (Updated)	The Broward EMA CQM Plan is a written document that outlines the grantee-wide clinical quality management program, including a clear indication of responsibilities and accountability, performance measurement strategies and goals, and elaboration of processes for ongoing evaluation and assessment of the program. The CQM Plan is updated and approved by the Quality Management Committee every three years.	QMC
8	To approve the changes to the Membership/Council Development Committee's Policies & Procedures	The proposed changes to the MCDC P&Ps include language for the advancement of HIVPC Alternates to full members in the screening criteria.	MCDC
9	To appoint Yahaira Barrientos to the Priority Setting and Resource Allocation Committee	Ms. Barrientos serves as a Peer Specialist at Henderson Behavioral Health. Through her active involvement in the community and her daily work with clients, she will be able to provide information regarding the effects of PSRA decisions on the PLWHA community.	PSRA

HANDOUT A

7. DISCUSSION ITEMS

None.

8. NEW BUSINESS

None.

9. MARCH COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

March 7, 2017

Chair: L. Robertson V. Chair: P. Fleurinord

A. Work Plan Item Update / Status Summary:
<p><u>Work Plan:</u> Staff reviewed the FY2017-2018 CEC Work Plan with the committee. It is different from past CEC Work Plans, including a yearly goal and activities, as well as correlating document objectives with the Integrated Plan. A lot of those objectives are based around outreach and empowering community members to become community leaders. This committee will be out in the community providing education, and following up with summits and other activities, so that CEC is consistently visible. This committee will also be a part of the ranking process for PSRA.</p> <p><u>Community Forum:</u> CEC will collaborate with BTAN to get a group of approximately 25-50 people together. The group should be a mixture of front line people and PLWHA. The goal is to capture information on gaps, and give people a comfortable environment to express their feelings about services, referrals, and other aspects of accessing care. The planning process for the next year is upcoming, and should start with a forum. The Vice Chair provided an example of hearing consumers discuss their negative experiences of services with each other, and encouraging them to fill out a provider survey. Without that information, providers will not know what issues consumers are having with accessing services.</p> <p><u>CEC Survey:</u> The committee reviewed survey results from the National Black HIV/AIDS Awareness Day event held on February 7, 2017. 34 community members took the survey. Participant responses to the question "Have you heard about the Ryan White HIV Planning Council?" were exactly half yes and half no. For the question "Who do you think is most at risk for getting HIV?" most respondents indicated that all people are susceptible to the virus. The Vice Chair commented that people were more engaged when she went to them with the survey and started a conversation with them than when members wait for event-goers to come to the table.</p>
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
The members reviewed the CEC Work Plan as well as survey results.
D. Data Requests:
None.

E. Other Business Items:

Agenda Items for Next Meeting: Community Forum Next Meeting Date: April 4, 2017 Location: Governmental Center Annex Room A-337

HANDOUT A

B. AD-HOC BY LAWS COMMITTEE

March 8, 2017

Chair: H.B. Katz

F. Work Plan Item Update / Status Summary:

Purpose & Goals of the Committee: Planning Council staff reviewed the purpose of this committee as well as the expected length of commitment from members. The current ad-Hoc committee has a parking lot list of six items, and is expected to complete the process of making recommendations by September of 2017. Changes recommended to the By-Laws will be brought to the HIV Planning Council for approval.

Timeline for Completion of Work: The current committee timeline states that parking lot items #1-3 will be addressed in this meeting, item #4 at the April meeting, and #5 at the May meeting. The recommendations for those parking lot items will be voted on at the May HIV Planning Council meeting. Proposal #6 and any additional recommendations from standing committees, if proposed, will be addressed at the June By-Laws meeting. Those changes will be voted on at the July HIV Planning Council meeting.

By-Laws Parking Lot Items: The committee reviewed items #1-3. #1: Reconsider the HIVPC's need for a Needs Assessment/Evaluation (NAE) Committee as the work of this committee is will be done by various other committees. Language from the purpose of NAE was added into the Integrated Comprehensive Plan Work Group. Item #2: Reconsider the HIVPC's need for an ad-Hoc Local Pharmacy Advisory Committee (LPAC). The reasoning for this item is that the committee meets infrequently and PSRA can carry out the formulary reviews and other LPAC tasks when needed. #3: Include language for a standardized application process for Standing Committees. The committee decided to send the suggestion to the Executive Committee and add a description to the Policies & Procedures. The committee also decided to keep committee forms and possibly have the committees come up with their own forms.

G. Rationale for Recommendations:

#1: The work of the NAE will be carried out by various committees, including the System of Care Committee, Integrated Work Group, etc.

#2: LPAC is an ad-Hoc under the Priority Setting and Resource Allocation Committee (PSRA). LPAC meets infrequently and PSRA can carry out the formulary reviews and other LPAC tasks when needed.

#3: There are different processes to join each Standing Committee. By-Laws language should include completion of application and committee questionnaire.

H. Data Reports / Data Review Updates:

The members reviewed the Purpose & Goals of the committee, a Draft Timeline, the By-Laws proposed language, and Policies & Procedures language.

I. Data Requests:

None.

J. Other Business Items:

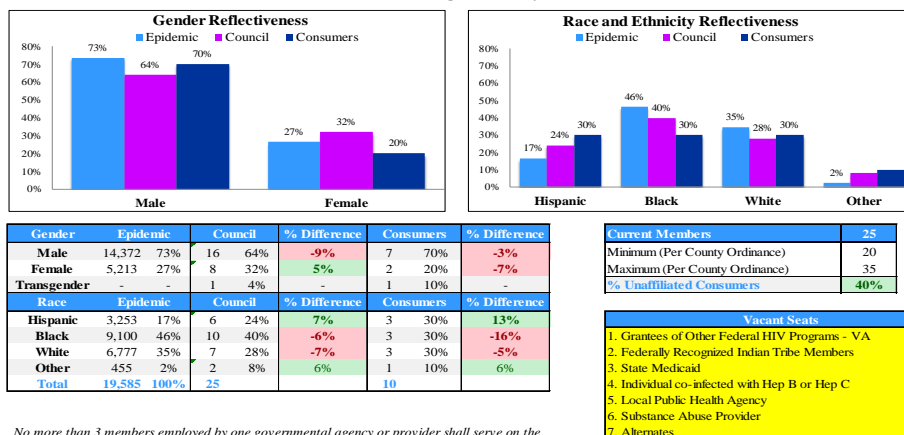
Agenda Items for Next Meeting: Parking lot item #4 Next Meeting Date: April 12, 2017 Location: Governmental Center Annex Room A-335

C. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

March 9, 2017

Chair: Vacant V. Chair: V. Foster

**HIV Planning Council Membership Report
Current Through February 2017**



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 28%

A. Work Plan Item Update / Status Summary:

Review HIVPC Demographics: The Committee members review the HIVPC and Standing Committee member demographics. The members noted that the HIVPC is underrepresented in males, Blacks and White (both Council members and Ryan White consumers). They also noted the shift in the membership of many committees, and the need to recruit qualified members to each Standing Committee.

Attendance: PC Staff noted that there were numerous warnings and removals of Committee and HIVPC members due to attendance in February. 2 MCDC members, 1 PSRA member, and 3 HIVPC members received warning letters, and 1 QMC member received a removal letter. If any of those members warned do not attend their March meetings they may be removed as well.

Year in Review: The Committee members discussed their 2016 Year in Review. The Committee added 7 new HIVPC members, filling 4 HRSA mandated seats. 2 of those seats, the Recently Incarcerated or Their Representative and the Hospital or Health Planning Agency seat were historically hard to fill. Challenges for the MCDC included limited participation in community events, outdated recruitment materials and a vacancy for the MCDC Chair, and waning MCDC membership. To address those issues in 2017, the Committee will focus on targeting recruitment for vacant positions at relevant events (like the upcoming CEC Community Forum). Moving to a quarterly meeting schedule will also help reinvigorate membership and give them more time to recruit new members.

MCDC Work Plan: The Committee members reviewed the FY2017 MCDC Work Plan (on file). The WP reflects the Committee's quarterly meeting schedule, with Post Appointment Trainings and Mentorship opportunities occurring the month after MCDC meets. The Committee discussed recruitment and the application process in between meeting dates, and Staff assured the Vice Chair and members that they will inform them of any applicant updates or relevant recruiting opportunities.

Recruitment Materials: PC Staff presented the Committee members with various samples of recruitment palm cards. The members agreed that they liked the first sample, the most colorful the best. They requested that the HIVPC logo, possibly in a watermark, be incorporated into the card. PC Staff will discuss printing of the recruitment materials with the Grantee, and expects that the materials will have to be approved by Executive and the HIVPC before they can be distributed. The groups discussed the use of a QR code on the palm cards to link to the HIVPC website. The MCDC will receive a status update on the recruitment materials during the next meeting in June.

MCDC P&Ps: PC Staff reminded the members that at the February meeting they discussed the By-Laws Parking Lot, and the opportunity to address some of the Parking Lot items in the MCDC P&Ps instead of making changes to By-Laws. The members reviewed the proposed language regarding the advancement of Alternates to full HIVPC members in the Alternates section as well as the Application Screening Criteria. The discussed capping membership categories, such as Non-Elected Community Leaders. PC Staff will research the membership composition of other EMAs and provide recommendations at the next MCDC meeting.

B. Rationale for Recommendations:

- Proposed changes to the MCDC P&Ps will include advancement of Alternates to full HIVPC members in the screening criteria to membership, ensuring that Alternates become full members when applicable

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: MCDC Policies and Procedures updates, Recruitment Materials *Next Meeting Date:* June 8, 2017 9:30 a.m. *Venue:* TBD

C. QUALITY MANAGEMENT COMMITTEE (QMC)

February 27, 2017

Chair: C. Grant, V. Chair: Vacant

A. Work Plan Item Update / Status Summary:	HANDOUT A
<p><u>Review and approve Service Delivery Models (SDMs) (WP 2.1):</u> The Integrated Primary Care and Behavioral Health SDM was reviewed and conditionally approved pending minor changes requested by the Committee.</p> <p><u>Review and Update Three-Year Clinical Quality Management (CQM) Plan (WP 2.4):</u> The three-year CQM Plan was reviewed and conditionally approved pending minor changes requested by the Committee.</p> <p><u>Conduct Quarterly Network Update (WP 3.1):</u> Staff did an overview of the QI Networks' activities. The Oral Health (OH) QI Network is currently working on a QIP to identify barriers to care for clients who consistently fail OH appointments. The Mental Health/Substance Abuse (MHSA) QI Network is developing a QIP to increase retention in MHSA care beginning with identifying clients who attended only one MHSA appointment. The Medical QI Network has been reviewing the Ryan White Part A Formulary and making recommendations for additions and changes. The review process will be completed in March. The Case Management (CM) Network completed a QIP looking at barriers to care for black women utilizing CM services. As a result, the Network is implementing an Intervention QIP to address identified barriers to care. The Network will review the complete data in March.</p> <p>Providers appreciated the recognition for their commitment at last year's Quality Awards so staff would like to hold one for this year in April. Committee members will vote for award winners at the next Committee meeting.</p>	
B. Rationale for Recommendations:	
<p>The Committee recommended minor changes to the Integrated Primary Care and Behavioral Health SDM and three-year CQM Plan to clarify processes outlined in the model.</p>	
C. Data Reports / Data Review Updates:	
<p>The Committee reviewed and analyzed annual measures and data.</p>	
D. Data Requests:	
<p>None.</p>	
E. Other Business Items:	
<p>None.</p>	
F. Agenda Items for Next Meeting:	
<p><i>Agenda Items for Next Meeting:</i> Nominate QI Networks for All Networks Awards and review the NQC end+disparities Campaign. <i>Next Meeting Date:</i> March 20, 2017, Governmental Center A-335</p>	

March 20, 2017

Chair: C. Grant, V. Chair: Vacant

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

Meeting Cancelled- No Quorum

Chair: W. Spencer, Vice Chair: R. Siclari

E. SYSTEM OF CARE COMMITTEE

March 28, 2017

Chair: M. Hayes, Chair: C. Edwards

F. EXECUTIVE COMMITTEE

March 16, 2017

Chair: B. Gammell Vice Chair: R. Lopes

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

10. GRANTEE REPORTS (20 minutes)

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

11. UNFINISHED BUSINESS

12. PUBLIC COMMENT

13. ANNOUNCEMENTS

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: April 27, 2017 LOCATION: GC-430

<i>Tasks for next Meeting</i>	<i>Responsible Party</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>

Ryan White Part A Formulary	<i>PSRA</i>	ACTION ITEM: Review changes to Ryan White Part A Pharmacy Formulary
Broward County Test and Treat	<i>Part A Grantee</i>	ACTION ITEM: Receive presentation on Test and Treat Initiative

HANDOUT A

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 •

April 2017

HANDOUT B

Broward County HIV Health Services Planning Council Calendar

Last Updated: 3/15/2017

Meeting dates & times are subject to change. Unless otherwise noted, meetings are held at: Governmental Center Annex, Ryan White Part A Program Office, 115 S. Andrews Ave.; Ft. Lauderdale, 33301. Please contact support staff at 954-561-9681 ext. 1343 or visit <http://www.brhpc.org> for updates.

Monday	Tuesday	Wednesday	Thursday	Friday
3	4 Community Empowerment Committee 3:00 p.m., A-337^	5	6	7 SFAN~
10	11	12 By-Laws Committee Meeting 12:30 p.m., A-335^	13	14
17 Quality Management Committee Meeting 12:30 p.m., A-335^	18	19 Priority Setting & Resource Allocation Committee Meeting 12:30 p.m., A-337^	20 Executive Committee Meeting 9:00 a.m., GC-430^	21
24	25 System of Care Committee 1:00 p.m.*	26	27 HIV Planning Council Meeting 9:30 a.m., GC-430^	28

^Governmental Center — 115 S Andrews Ave, Ft. Lauderdale, 33301
 ~Dorothy Mangurian Comp. Center—1000 NE 56th St, Ft. Lauderdale, 33334
 *Children's Diagnostic & Treatment Center—1401 S Federal Hwy, Ft. Lauderdale, FL 33316

Meetings in **Red** are cancelled.
 Meetings in **Blue** are for the HIV Planning Council Committees & QI Networks.
 Meetings in **Black** are not associated with the HIV Planning Council.

April 2017

Broward County HIV Health Services Planning Council Calendar

HANDOUT B

Last Updated: 3/15/2017

Dates and times are subject to change. Visit <http://www.brhpc.org/programs/hiv-planning-council/> for updates. For questions about the HIV Planning Council & Committees, please contact Adam Bente at 954-561-9681 ext. 1250. For questions about the QI Networks, please contact Brithney Johnson at 954-644-2774.

TODOS ESTAN BIENVENIDOS!

A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301

(Acceso de Downtown Bus Terminal y Tri-Rail/Broward County Transit)

Para confirmar información acerca de la reunión de Consejo de Planeación VIH, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.

ALL ARE WELCOME!

Unless otherwise noted on the calendar, all meetings are held at:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301

(Access from Downtown Bus Terminal and Tri-Rail/Broward County Transit)

To confirm HIV Planning Council meeting information, or reserve special needs services such as: Translation from English to Spanish or Creole; or, are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.

BON VINI!

Sòs si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fèt:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301

(Access from Downtown Bus Terminal and Tri-Rail/Broward County Transit)

Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyòl; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

Membership/Council Development Committee (MCDC) - Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Needs Assessment/Evaluation (NAE) 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 (QMC) - 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 QM staff/client training/education.

Priority Setting Resource Allocation (PSRA) Committee - Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.

System of Care (SOC) 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.

Executive Committee - Sets agenda for Council meetings. addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and services provided to all patients receiving Part A and MAI-funded services.

FY 2016-17 Executive Work Plan

The work plan is intended to help guide the work of the committee and to assist the Executive Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X"

GOAL:

Objective 1: Oversee Planning Council Operations

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Conduct annual evaluation of HIVPC Self-Assessment Survey.	Annually	All Committees	Improved Process	Review Committee activities, challenges, and completion of work plan achievements.											X	
1.2 Review the need for reinstating the ad-Hoc By-Laws Committee.	Annually	Executive/By-Laws	Improved By-Laws	Reinstate the ad-Hoc By-Laws Committee based on pending parking lot items. Identify and appoint ad-Hoc By-Laws Chair.	X											
1.3 Review and approve work plans for upcoming FY	Annually	Executive	Identify goals and objectives for upcoming year	Review Committee activities, challenges, and achievement of goals to plan and prepare for upcoming work plan activities for FY starting March 1 .												X
1.4 Review Standing Committee Work Plan updates	Quarterly	Executive		Determine Committee progress and make recommendations to Chairs to address unmet goals				X				X				X

Objective 2: Establish and oversee planning activities and committee work plans to address comprehensive planning goals and objectives

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Monitor committee activities to ensure objectives of work plans and the Integrated Comprehensive Plan are met.	Quarterly	Executive	EMA Goals are addressed	Conduct quarterly review of Committee work plan status to be presented by committee chair.	X			X			X			X		
2.2 Maintain collaborative relationships with community partners through the Integrated Committee/Collaborative to monitor the 2017 Prevention and Care and Treatment Integrated Comprehensive Plan.	Quarterly	Executive/IC	EMA Goals are addressed	Receive updates from the Integrated Committee Part A Co-Chairs regarding the development and progress of the Integrated Plan. Hold meetings with the Executive Committee of the BCHPPC as needed.				X			X			X		

Objective 3: Implement capacity/leadership development for Planning Council members and applicants

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Plan annual Planning Council Retreat.	Annually	Executive	HIVPC training/leadership	Schedule a retreat for all HIVPC members. Educate members on new/emerging Planning Council/RW Part A issues, HIVPC policies and procedures, leadership development, Integrated Comprehensive Plan.										X		
3.2 Appoint Nominating Committee Chair. Hold Council Leadership Elections.	Biennial	Executive	HIVPC Leadership	Identify and appoint the Nominating Committee Chair.									X		X	



COMMUNITY EMPOWERMENT COMMITTEE Policies and Procedures

Policies

The Community Empowerment Committee (CEC) shall inform and empower the community, and particularly individuals with HIV disease, to become involved in the decision making of HIV policies and processes, quality assurance programs and grievance procedures with Broward County.

The Committee shall actively recruit and encourage the public, and particularly people with HIV disease, to take a more active role in the decision making process of the Broward County HIV Health Services Planning Council (Council).

The Committee shall provide a forum for the discussion of Council agenda items and items of concern. This will provide an opportunity to gain a better understanding of issues.

The Committee will develop policies to encourage participation of consumers in Council activities.

Procedures

The Committee will utilize available resources to promote and market Council activities and events.

By utilizing the resources, the Committee will host community outreach meetings and community events as outlined in the annual work plan.

The Committee will also collaborate with various community partners to host outreach events and activities to enhance their presence in the community.

The Committee will review, and provide a consumer perspective to the Council on policies, processes, and documents.

Membership

Prospective members of the CEC shall complete a Standing Committee application to be returned to Planning Council Staff or the Committee Chair. Council Committee Chairs shall appoint, with the approval of the Council, the members of each committee. Committee membership should be based on the demographics of the epidemic and consideration shall be given to race, ethnicity, self-acknowledged HIV-positivity, and gender. Membership should include Ryan White consumers, community stakeholders and individuals infected and affected by the disease to ensure that diverse consumer input and participation are included in all Planning Council and committee activities.

Broward County HIV Health Services Planning Council COMMITTEE 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.



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.

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

Mail, fax, or email your completed application to:

*HIVPC Staff
Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
FAX: 954-561-9685
EMAIL: HIVPC@BRHPC.ORG*

If you have any questions, please call: 954-561-9681



Contact and Demographic Information

This is the application for membership on the Broward County HIV Health Services Planning Council (HIVPC). If you wish to apply for membership on the HIVPC, please complete the application below:

First Name: _____ Last Name: _____

Home Address: _____ Home Phone: _____

City, State, Zip Code: _____ Cell Phone: _____

Employer (if applicable): _____ Occupation/Title: _____

Business Address: _____ Business Phone: _____

City, State, Zip Code: _____ Fax: _____

Home Email: _____ Business Email: _____

- I prefer to receive phone calls and messages at: Home Work Cell
- I prefer to receive mail at: Home Work
- I prefer to receive email at: Home Work
- What sex were you assigned at birth? (check one):
 - Male Female Decline to state
- What is the current gender you identify with? (check all that apply):
 - Male Female Transgender (Male to Female) Transgender (Female to Male)
 - Unknown Decline to state
- Race (check all that apply): White Black Asian Native Hawaiian/Pacific Islander
 - American Indian/Alaska Native Other (Specify) _____
- Ethnicity (check one):
 - Hispanic/Latino Non-Hispanic Other (Specify) _____
- Hispanic Subgroup (check one if any):
 - Mexican Puerto Rican Cuban Other (Specify)
- Asian Subgroup (check one if any):
 - Asian Indian Chinese Filipino Japanese Korean Vietnamese Other (Specify)
- Native Hawaiian/Pacific Islander Subgroup (check one):
 - Native Hawaiian Guamanian Samoan Other (Specify)



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

➤ Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency? Yes No

➤ Do you self-identify as HIV positive?* Yes, and I am open about my status No I do not wish to disclose

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

➤ If you self-identify as HIV positive, do you self-identify with any of the following risk factors?

Hemophilia Heterosexual (Straight) Intravenous Drug User (IDU)

Perinatal Transm

Child) Man who has sex with Men (MSM)

MSM/IDU Blood Tra

I do not wish to disclose

➤ Do you receive Ryan White Part A services? Yes No I do not wish to disclose

➤ If you self-identify as HIV positive, how old were you when you were diagnosed?

0-12 years old

13-19 years old

20-29 years old

30-39 years old

40-49 years old

50-59 years old

60 years old or older

I do not wish to

disclose

Committees of the Broward County HIV Health Services Planning Council:

Community Empowerment Committee (CEC)

Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

Membership/Council Development Committee (MCDC)

Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Needs Assessment/Evaluation Committee (NAE)

Develops and updates annual needs assessment and other planning activities to ensure quality core medical services are integrated into Broward County's system of care. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

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Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.'

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System of Care Committee (SOC)

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.



Which committee(s) are you interested in serving on? (See previous page for an explanation of committee responsibilities)

- | | |
|--|--|
| <input type="checkbox"/> Community Empowerment Committee (CEC) | <input type="checkbox"/> Membership/Council Development Committee (MCDC) |
| <input type="checkbox"/> Needs Assessment/Evaluation Committee (NAE) | <input type="checkbox"/> Quality Management Committee (QMC) |
| <input type="checkbox"/> Priority Setting & Resource Allocation Committee (PSRA) | <input type="checkbox"/> System of Care Committee (SOC) |

Provide a brief statement explaining your interest in the HIVPC and the HIV/AIDS planning process, including your background relative to HIV/AIDS (volunteer, professional, personal) and/or other relevant experience and expertise. You may also attach your resume or additional information.

Recruitment Information

➤ **How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?**

- Through a service provider/agency
- Email
- Online/Facebook/Twitter
- Friend/HIVPC member (HIVPC Member name): _____

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 Committee meetings.

_____ I understand that serving on a Committee will require at least three hours per month, and that excessive absence will result in my removal from a Committee. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from a Committee if he/she misses three (3) consecutive meetings or four (4) meetings in a year in accordance with the County Ordinance.

_____ I understand 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.

Signature

Date