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

Committee Meeting Agenda: Executive Committee
Date/Time: Tuesday, March 17, 2015, 9:30 a.m.-12:00p.m. **Location:** Governmental Center Annex, A-337
Chair: Gammell, B. **Vice Chair**: Reed, Y.

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 3/17/15 Executive Committee Agenda and 2/17/15 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a) Committee Chair Reports
   b) Discuss Healthcare Reform Update on HIVPC Agenda
   c) Approve 3/26/15 HIVPC Meeting Materials and Motions (Handouts A-1 – A-6)
   d) Approve 3/26/15 HIVPC Agenda (Handout B)
   e) Review April HIVPC Calendar (Handout C)
4. **COLLECTIVE IMPACT TRAINING** (30 minutes)
   ACTION ITEM: Receive training and presentation on collective impact from the Ronik-Radlauer Group.
5. **UNFINISHED BUSINESS:**
   a) HIVPC Retreat (WP Item 2.3) (Handout D)
   ACTION ITEM: Continue planning for the HIVPC retreat. Solidify the theme, additional parties to invite, and a date.
   b) Annual Evaluation (WP Item 3.6) (Handout E)
   ACTION ITEM: Review the annual evaluation of the HIVPC. Identify accomplishments and challenges, and actions to mitigate challenges in 2015.
   c) Committee Reflectiveness (Handout F)
   ACTION ITEM: Discuss the reflectiveness of each committee and determine steps to improve reflectiveness.
   d) Update Planning Documents (WP Item 5.2) (Handouts G-1 & G-2)
   ACTION ITEM: Review the Executive purpose, mission statement, and policies and procedures. Make necessary updates.
   e) PCS Quarterly Report (Handout H)
   ACTION ITEM: Review the PCS Quarterly Report for the 3rd quarter of FY 14-15.
6. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items (Work Plan Item #)	*Action to be taken, presentation, discussion, brainstorm etc.*
Monitor Comprehensive Plan (WP Item 1.2) (Handout I)	ACTION ITEM: Review committee activities to ensure the objectives of the Comprehensive Plan are met. Identify successes and challenges.
Evaluation Report (Handout J)	ACTION ITEM: Review the evaluation report and make recommendations for action based on analysis.
Meeting Evaluations (Handout K) (WP Item 3.5)	ACTION ITEM: Review meeting evaluations to assess effectiveness of Council and committee meetings, including meeting efficiency and effectiveness.
Training Schedule (Handout L) (WP Item 2.2)	ACTION ITEM: Determine a training schedule for MCDC & Executive quarterly trainings to avoid overlap. Ensure trainings focus on topics that inform on the 3 Guiding Principles.

7. **GRANTEE REPORTS**
8. **PUBLIC COMMENT**
9. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** April 21, 2015, 9:30 a.m. **VENUE:** A-337

Agenda Items for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, etc.*
Service Quality Outcomes (WP Item 3.3)	*QMC, Exec*	ACTION ITEM: Review service quality outcomes. Ensure outcomes are focused on the 3 Guiding Principles.

10. **ANNOUNCEMENTS**
11. **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

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 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, 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

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200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

Meeting Minutes: Executive Committee
Date/Time: Tuesday, February 17, 2015, 9:30 a.m. **Location:** Governmental Center Annex, A337
Chair: Gammell, B. **Vice-Chair**: Reed, Y.

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Gammell, B., *Chair*	**X**			Hayes, M.
2	Grant, C.	**X**			Lewis, L.
3	Katz, H. B.	**X**			
4	Lint, A.	**X**			**Grantee Staff**
5	Reed, Y., *Vice Chair*	**X**			Degraffenreidt, S.
6	Sabatino, D.	**X***			Jones, L.
7	Schweizer, M.	**X**			Vargas, J.
8	Siclari, R.	**X**			Green, W.E.
9	Spencer, W.	**X**			
10	Taylor-Bennett, C.	**X***			**HIVPC Staff**
11	Tomlinson, K.		**A**		Bente, A.
12	Wilson, T.		**A**		Johnson, B.
					Sandler, C.
	Quorum = 7	**10**			*on phone

1. CALL TO ORDER

The Chair called the meeting to order at 9:43 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. APPROVALS

The following motions were made:

Motion #1: To approve today's meeting agenda
Proposed by: Katz, H.B. **Seconded by:** Grant, C.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 1/6/15
Proposed by: Katz, H.B. **Seconded by:** Grant, C.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a) Committee Chair Reports:

Community Empowerment Committee (CEC): The CEC Chair explained that at the last meeting the committee discussed discussed their 18-month work plan and Hot Topic presentations for the year. Staff explained the committee is working on event evaluations to gain greater feedback and the committee is currently looking for a Vice Chair.

Membership/Council Development Committee (MCDC): The MCDC Chair stated the committee is looking for venues to hold the next Welcome Brunch. He stated the committee is also working on a buddy system to help foster relationships among members and interested parties. The MCDC Chair also explained that the committee is revising their policies and procedures.

Needs Assessment/Evaluation (NAE) Committee: The NAE Vice Chair explained that there was not a February meeting due to failure to meet quorum.

Priority Setting & Resource Allocation (PSRA) Committee: The PSRA Chair stated the committee reviewed data relevant to the PSRA process. The committee will review utilization of three service categories at the next meeting. The PSRA Vice Chair stated that an availability survey will be disseminated to the Chair, Vice Chair, and Grantee staff regarding meeting coordination availability.

ad-Hoc Food Services Eligibility Committee: There was not a February meeting due to failure to meet quorum. The PSRA Chair recommended changing the committee into a work group rather than an ad-Hoc committee due to problems with achieving quorum. The HIVPC Chair stated that it may be a problem, due to Sunshine laws. The NAE Vice Chair recommended that the current ad-Hoc meetings be disbanded and have PSRA make decisions tasked by the ad-Hoc committees. The HIVPC Chair asked that the PSRA committee discuss the ad-Hoc Committee's progress at their next meeting.

Quality Management Committee (QMC): The QMC Chair stated that at the last meeting the committee reviewed HAB measures and focused on the purpose and goals of the committee.

System of Care (SOC) Committee: The SOC Chair announced that the January meeting was canceled due to failure to meeting quorum. The SOC Chair asked for weekly email blasts to call for new members. The HIVPC Chair recommended that the SOC Chair and Vice Chair attend the next HIVPC coordination meeting to discuss committee membership. The Grantee stated that HIVPC should look at various methods to recruit new members. The PSRA Chair stated most people have become members because of personal invitations and the email blast may not be the answer to new recruitment. The PSRA Vice Chair stated that Miami-Dade HIV Planning Council members have term limits which encourages new membership. The Grantee stated that in order to add term limits there needs to be changes to Broward County ordinances.

ad-Hoc By Laws Committee: The report stands.

b) Discuss Healthcare Reform Update on HIVPC Agenda
The Grantee stated that an ACA update will be included as part of the Grantee's report.

c) Approve 2-26-15 HIVPC Agenda & Meeting Materials (Handouts A-1 – A-9)
The committee reviewed the HIVPC agenda and meeting materials and made the following motion:

Motion #3: To approve the 1/22/15 HIVPC meeting agenda.
Proposed by: Spencer, W. **Seconded by:** Siclari, R.
Action: Passed Unanimously

d) Review March HIVPC Calendar (Handout B)
The committee reviewed the March calendar and no corrections were made.

4. UNFINISHED BUSINESS

a) Ad-Hoc MAI MCM Committee (Handouts C-1 – C-3)
The HIVPC Chair asked for the PSRA Chair and the ad-Hoc MAI Medical Case Management (MCM) Chair to provide background on the committee. The PSRA Chair stated that historically there have been quorum issues with this committee. The ad-Hoc MAI MCM Committee Chair stated that members resigned from the committee, and as a result there has been little progress. She explained that committee discussion included the implementation of the Anti-Retroviral Treatment and Access to Services (ARTAS) II model. The Grantee stated that sufficient prior research was not completed prior to implementation of this model. He stated that a service delivery model should have been developed before implementation, as it is very hard to implement a service without a model. The Grantee recommended researching best practices among other EMAs before

implementation occurs. The Grantee stated that all three levels of case management should complement each other. The PSRA Vice Chair stated that the ARTAS II model is a very efficient and effective model and does work for many of the clients. There was committee discussion that the ARTAS II model was not sufficient for this population due to the limited number of encounters; these clients are some of the hardest to reach and retain in care, and they may need more than six encounters. The SOC Chair stated that this issue should be discussed among the SOC Committee as this item is a system issue. The QMC Chair stated that utilization of the ARTAS II is not billable under the Part A system. The Grantee assured the committee that billing is not the issue. The Grantee reported that the service category was allocated less than $100,000, which limits the number of staff and clients that can be reached. The mechanism and approach needs to be changed for efficient change to be made. The PSRA Vice Chair stated that integration needs to be made among other case management service categories. The ad-Hoc MAI MCM Chair stated there needs to be greater integration among MCM and MAI case management, as well as integration with other case management and outreach efforts outside of the Part A system. The HIVPC Chair stated that other EMA models must be reviewed and used as a guide for implementation and recommended moving the work to the SOC Committee. The Grantee recommended looking at case management services comprehensively to ensure that all the case management services are complementary and not duplicative. There was discussion that each committee should incorporate into one committee to address all issues in the Part A system. The Grantee stated that they will commission a study to further discover how to move this service category forward. The following motion was made:

Motion #4: To recommend to the PSRA Committee to disband the ad-Hoc MAI MCM Committee
Proposed by: Reed, Y. **Seconded by:** Lint, A.
Action: Passed with one opposition.

The committee then made the following recommendation:

Recommendation: To have the Grantee's office and PSC staff do the background research and meet with providers, specifically to include front line staff, to determine the best practices and models for all case management services in general.

5. MEETING ACTIVITIES/NEW BUSINESS

a) Committee Reflectiveness (Handout F) – This item was tabled until the next meeting.
b) Monitor Comprehensive Plan (WP Item 1.2) – This item was tabled as NAE did not meet quorum in February.
c) Update Planning Documents (WP Item 5.2) (Handouts H-1-H-2) – This item was tabled until the next meeting.
d) PCS Report (Handout I) – This item was tabled until the next meeting.

6. GRANTEE REPORT

None.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS / TASKS FOR NEXT MEETING: March 17, 2015, 12:30 p.m. VENUE: Room A-337

Agenda Items for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, etc.*
Evaluation Report	*Exec*	ACTION ITEM: Review the evaluation report and make recommendations for action based on analysis.
Meeting Evaluations (WP Item 3.5)	*Exec*	ACTION ITEM: Review meeting evaluations to assess effectiveness of Council and committee meetings, including meeting efficiency and effectiveness.
Training Schedule (WP Item 2.2)	*MCDC, Exec*	ACTION ITEM: Determine a training schedule for MCDC & Executive quarterly trainings to avoid overlap. Ensure

		trainings focus on topics that inform on the 3 Guiding Principles.

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

Quorum was lost at 11:33 a.m.

Executive Committee Attendance 2015

Count	Meeting Month:	Jan	Feb
	Meeting Date:	6	17
1	Gammell, B, *Chair*	X	X
2	Grant, C.	X	X
3	Katz, H.B.	X	X
4	Lint, A.	A	X
5	Reed, Y., *Vice Chair*	A	X
6	Sabatino, D.	X	X
7	Schweizer, M.	X	X
8	Sicalari, R.	X	X
9	Spencer, W.	X	X
10	Taylor-Bennett, C.	X	X
11	Tomlinson, K.	X	A
12	Wilson, T.	X	A
	Quorum = 7	10	10

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.

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 or fax your completed application to:

HIVPC Staff
Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
FAX: 954-561-9685

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
- **I prefer to receive HIVPC documents:** ❑ Electronically (via email) ❑ Hard copy (via mail)
- **Gender:** ❑ Male ❑ Female ❑ Transgender Male ❑ Transgender Female
- **Race/Ethnicity (check all that apply):**

  ❑White/Non-Hispanic ❑Black/Non-Hispanic ❑Hispanic ❑Asian/Pacific Islander

  ❑American Indian/Alaska Native ❑Haitian ❑Other (Specify)__________

- **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 Transmission (Mother to Child) ❑ Man who has sex with Men (MSM) ❑ MSM/IDU ❑ Blood Transfusion ❑ I don't know/Unsure

- **Do you receive Ryan White Part A services?** ❑ Yes ❑ No ❑ Please do not contact
- **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

Categories of Membership (check all that apply)

- ❑ Health care providers, including federally qualified health centers
- ❑ Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs)
- ❑ Social service providers (including housing and homeless-services providers)
- ❑ Mental health providers
- ❑ Substance abuse providers
- ❑ Local public health agencies
- ❑ Hospital planning agencies or health care planning agencies
- ❑ Affected communities (people living with HIV/AIDS and underserved communities)
- ❑ PLWHA Recently Released from Jail or Prison or their representatives
- ❑ Non-elected community leaders
- ❑ Members of a Federally recognized Indian tribe
- ❑ Individuals co-infected with Hepatitis B or C
- ❑ State Medicaid agency
- ❑ Ryan White HIV/AIDS Program (RWHAP) Part B State agency
- ❑ RWHAP Part C grantees
- ❑ RWHAP Part D grantees
- ❑ RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees)
- ❑ Housing Opportunities for Persons with AIDS (HOPWA) grantees
- ❑ Federally funded HIV prevention program grantees
- ❑ Veterans Health Administration representative

Committee Assessment

All HIVPC members are required to serve on at least one standing committee. Please rank the committees below to indicate your interest.

_____ **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.

_____ **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 and client training and education.

_____ **Priority Setting & Resource Allocation Committee (PSRA):** 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, and allocations.

_____ **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.

General Information

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

____

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____

____

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

____

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____

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

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____

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 be a member of a standing committee and attend 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.

_____ 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

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 or fax your completed application to:

HIVPC Staff
Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
FAX: 954-561-9685

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

Committee Membership Application

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.

Priority Setting & Resource Allocation Committee (PSRA)
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.'

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 and client training and education.

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.

Contact and Demographic Information

This is the application for membership on the Broward County HIV Planning Council's committees. If you wish to apply for membership on the Broward County HIV Planning Council's Committees, please complete the application below:

First Name: ______________________ **Last Name**:______________________ **Date of Birth**:__________

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
- **Gender:** ❑ Male ❑ Female ❑ Transgender Male ❑ Transgender Female
- **Race/Ethnicity (check all that apply):**

  ❑White/Non-Hispanic ❑Black/Non-Hispanic ❑Hispanic ❑Asian/Pacific Islander

  ❑American Indian/Alaska Native ❑Haitian ❑Other (Specify)__________
- **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 Transmission (Mother to Child) ❑ Man who has sex with Men (MSM) ❑ MSM/IDU ❑ Blood Transfusion ❑ I don't know/Unsure
- **Do you receive Ryan White Part A services?** ❑ Yes ❑ No ❑ Please do not contact me
- **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

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

- ❑Community Empowerment Committee (CEC)
- ❑Membership/Council Development Committee (MCDC)
- ❑Needs Assessment/Evaluation Committee (NAE)
- ❑Quality Management Committee (QMC)
- ❑Priority Setting & Resource Allocation Committee (PSRA)
- ❑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.

____

____

____

____

______________________________ ________________

Signature Date

HIVPC & COMMITTEE UPDATE FORM
Contact and Demographic Information

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
- **I prefer to receive HIVPC documents:** ❑ Electronically (via email) ❑ Hard copy (via mail)
- **Gender:** ❑ Male ❑ Female ❑ Transgender Male ❑ Transgender Female
- **Race/Ethnicity (check all that apply):**

  ❑White/Non-Hispanic ❑Black/Non-Hispanic ❑Hispanic ❑Asian/Pacific Islander

  ❑American Indian/Alaska Native ❑Haitian ❑Other (Specify)__________
- **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 Transmission (Mother to Child) ❑ Man who has sex with Men (MSM) ❑ MSM/IDU ❑ Blood Transfusion ❑ I don't know/Unsure
- **Do you receive Ryan White Part A services?** ❑ Yes ❑ No ❑ Please do not contact me
- **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

Categories of Membership (check all that apply)

- ❑ Health care providers, including federally qualified health centers
- ❑ Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs)
- ❑ Social service providers (including housing and homeless-services providers)
- ❑ Mental health providers
- ❑ Substance abuse providers
- ❑ Local public health agencies
- ❑ Hospital planning agencies or health care planning agencies
- ❑ Affected communities (people living with HIV/AIDS and underserved communities)
- ❑ PLWHA Recently Released from Jail or Prison or their representatives
- ❑ Non-elected community leaders
- ❑ Members of a Federally recognized Indian tribe
- ❑ Individuals co-infected with Hepatitis B or C
- ❑ State Medicaid agency
- ❑ Ryan White HIV/AIDS Program (RWHAP) Part B State agency
- ❑ RWHAP Part C grantees
- ❑ RWHAP Part D grantees
- ❑ RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees)
- ❑ Housing Opportunities for Persons with AIDS (HOPWA) grantees
- ❑ Federally funded HIV prevention program grantees
- ❑ Veterans Health Administration representative

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

HANDOUT A4

BROWARD COUNTY FLORIDA

To: Broward County HIV Health Services Planning Council

From: ad-Hoc By-Laws Committee

Date: February 26, 2015

Subject: **Proposal for Recommended By-Laws Changes**

Summary of Changes

The recommended changes from the committee include:

- Updated language about the reimbursement policy to reflect current procedure.
- Language about participating on a standing committee, and alternates being subject to removal for cause clarified.

These changes will be voted on at the next Broward County HIV Health Services Planning Council. A meeting of the Broward County HIV Health Services Planning Council is scheduled for:

Date: **Thursday, March 26, 2015**

Time: **9:30 A.M.**

Place: **Governmental Center, Room GC-430**
115 S. Andrews Avenue
Fort Lauderdale, FL 33301

To confirm meeting information, reserve special needs services, or if you have questions, please call HIVPC Staff at 954-561-9681, ext. 1295 or 1345. If you have special needs such as translation from English to Creole or Spanish, or require other auxiliary aids or services because of a disability, please call at least 48 hours in advance.

Thank you.

HANDOUT A5

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL BY-LAWS

Last amended July 2014

By-Laws of the
Broward County HIV Health Services Planning Council

Adopted~~,~~ January 1992
as Amended April 1995, April 1996, November 1996, June 1998, March 1999, May 1999, February 2000, January 2002, September 2004, April 2006, January 2010, January 2012, May 2013, December 2013, May 2014, July 2014

ARTICLE I

NAME~~,~~AND AREA OF SERVICE

SECTION 1: The name of the Planning Council shall be “The Broward County HIV Health Services Planning Council” (Council) or such successor name as may be designated by the Broward County Board of County Commissioners.

SECTION 2: The area served by the Council shall be Broward County, Florida. The governing body of Broward County is the Broward County Board of County Commissioners.

SECTION 3: The Council is established by resolution of the Board of County Commissioners codified at Part X of Chapter 12 of the Broward County Administrative Code as amended by the Board of County Commissioners.

ARTICLE II

PURPOSE~~,~~ AND DUTIES

SECTION 1: The purpose of the Council is to provide planning, to promote development of HIV/AIDS health services, personnel, and facilities which meet identified health needs in a cost-effective manner, to reduce inefficiencies, and to develop HIV-related health plans.

SECTION 2: The duties of the Council shall be those specified by the Ryan White Act.

ARTICLE III

DEFINITIONS

1. *Ad-Hoc Committee* means a committee established for a limited time or limited and definite purpose.

2. *Alternate* means a person appointed by the Board that may called upon to participate as a voting member of the Council upon the occurrence of certain conditions.

3. *Board* means the Broward County Board of County Commissioners.

4. *Cause* means an action determined by the Council as a basis for discipline or removal from the Council or a Committee.

5. *Committee* means a committee established by the Council in furtherance of Council business.

6. *Community Stakeholder* means representatives from Ryan White Part B, C, D, or F, Prevention, or representatives of HIV/AIDS care in the community, including but not limited to consumers, providers, and regulators.

7. *Consumer* means a person who is an eligible recipient of services under the Ryan White Act.

8. *Council* means the Broward HIV Health Service Planning Council created in Chapter 21, Part X, Broward County Administrative Code, and mandated by the Ryan White Act, Part A.

9. *EMA* means Eligible Metropolitan Area.

10. *Ex officio* means a committee member who does not have a vote on that committee and does not count as quorum.

11. *Manual* means the Council's Local Policies and Procedures Manual.

12. *Member* means a person appointed to the Council by the Board.

13. *Non-Elected Community Leader* means someone active in the community not elected in formal governmental elections.

14. *PLWHA* means person living with HIV Disease or AIDS. (Also PWA)

15. *Part A* means the Ryan White Act, Part A, administered by the County with advice from the Council.

16. *Ryan White Act* means the Ryan White HIV/AIDS Treatment Extension Act of 2009.

17. *Unaffiliated Consumer* means individuals who are receiving HIV-related services from Ryan White-funded service providers and not compensated by, representative of, or employed by a provider funded under the Ryan White Act.

ARTICLE IV

MEMBERSHIP

SECTION 1: All Members and Alternates of the Council shall be appointed by the Broward County Board of County Commissioners. The process for forwarding recommendations to the Board is outlined in the Membership/Council Development Committee Section of the Manual.

SECTION 2: An individual may serve on the Council only if the individual agrees that if the individual has a financial interest in an entity, if the individual is an employee of a public or private entity, or if the individual is a member of a public or private organization, and such entity or organization is seeking amounts from a grant under the Ryan White Act, the individual will not, with respect to the purpose for which the entity seeks such amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purposes.

SECTION 3: The membership of the Council shall be as delineated in the Ryan White Act, as amended.

SECTION 4: Affirmative recruitment efforts shall be made to attract eligible candidates for membership on the Council and the committees with particular attention to gender balance and adequate representation from racial and ethnic minorities that is reflective of the EMA.

SECTION 5: As part of the Council's efforts to increase the percentage of persons living with HIV on the Council, it is recommended that the Council strive, whenever possible, to nominate persons living with HIV disease to vacancies in all other categories as appropriate.

SECTION 6: The term of office for members and alternates shall be at the pleasure of the Broward County Board of County Commissioners.

SECTION 7: Attendance. Attendance of Council meetings shall be in accordance with the Broward County Code of Ordinances section 1-233. The Council may recommend the reappointment of members who were removed pursuant to Broward County Code of Ordinances section 1-233. The committee attendance policy mirrors the Council attendance policy. The Chair of the Council shall, at his or her discretion, determine whether the member's absence meets any of the criteria for an excused absence as set forth in the ordinance. Excused absences for HIVPC-related business mean for business outside the regular time and place of HIVPC business. **Failure to adhere to attendance requirements shall be grounds for removal from the Council or committees.**

SECTION 8: Designation of Alternates. There shall be a minimum of at least three

persons living with HIV that reflect the demographics of the epidemic in the County who shall serve as Alternates, appointed and approved by the Broward County Board of County Commissioners. An Alternate may only serve as a voting member of the Council when a member with HIV is unable to serve due to HIV-related illness. In such case, the Chair shall appoint an alternate who, to the greatest extent possible, matches the gender, race and/or ethnic background of the individual with HIV that is absent. Thereafter, Alternates, as directed by the Chair, shall alternate their substitution for PLWHA members unable to serve due to HIV**-related illness**. ~~Alternates shall comply with attendance requirements at Council meetings.~~ Alternates may be appointed by the chair as a voting member only after Quorum has been established. **Alternates may be removed from their seats as described in Section 11 below.**

SECTION 9: Council members and Alternates shall be a member of at least one standing Committee. Failure to **participate on a standing committee** ~~adhere to attendance requirements~~ shall be grounds for removal from the Council.

SECTION 10: All persons in attendance of a meeting of the Council and/or Committee**s** shall comply with the meeting ground rules adopted by the Council.

SECTION 11: Removal of Members and Alternates~~.~~

A. Procedure for removal. If a member or alternate fails to comply with Paragraphs B or C, or for reasons documented in Paragraph ~~C~~**D**, the Council shall recommend to the Broward County Board of County Commissioners the removal of that Member or Alternate**. A recommendation of removal is based**~~,~~ upon **a majority** vote ~~of a majority~~ of the Council members in attendance at a meeting at which Staff has provided written notification to the member or alternate recommended for removal that such item will be on the meeting's agenda.

B. The Council shall recommend that a member **or alternate** be removed from service on the Council for refusing to cooperate in a conflict of interest review, or when it is determined that **the** member **or alternate** knowingly took action(s) intended to influence the conduct of the Council in a manner as defined in **ARTICLE IV, SECTION 2** of these By-laws. The Council shall terminate from service any committee member who is not also a Council member for refusing to cooperate in a conflict of interest review, or when it is determined that member knowingly took action(s) intended to influence the conduct of the Council in a manner as defined in **ARTICLE IV, SECTION 2** of these By-laws.

C. The Council shall recommend that a member **or alternate** be removed from the Council for, but not limited to, failure to comply with County regulations or the Council Local Procedures Manual, failure to comply with meeting

ground rules, or failure to maintain committee membership.

D. A Council Member, Council Chair, or Committee Chair may recommend removal for cause **of a member or alternate** by forwarding to the Membership Committee said recommendation, documenting the reasons for requesting removal. The Membership Committee will review the evidence and make recommendations to the Executive Committee. The Executive Committee will review the recommendation and forward the recommendation to the Council.

ARTICLE V

OFFICERS

SECTION 1: The officers of the Council shall be members of the Council and shall be a Chair and a Vice Chair.

SECTION 2: **ELCECTIONS**

A. ~~Elections.~~ Election of Officers shall utilize a majority vote double election system (primary election and a secondary run-off election). Officers shall be elected by the majority vote of those members or alternates serving as members of the Council present and voting at the meeting during which election is held.

B. Regular Biannual Elections. Regular biannual elections will take place every two years. The ad-Hoc Nominating Committee shall present a slate of candidates for consideration as described in the ad-Hoc Nominating Procedure. The Officers shall take office on March 1 or at the first meeting of the calendar year later than March 1. All Officers shall serve a two-year term and shall remain in office until a successor selected. No officers shall serve more than two consecutive terms in one office.

C. Special Elections. Special Elections will take place as needed. 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 in Section 2A above at the next Council meeting. Until the election is held, the Council will adhere to the line of succession outlined in Article VI, Section 8. **Individuals elected by virtue of special election will not be considered to have served a full term, and this service will not impact the individual's ability to run for two additional terms.**

SECTION 3: The duties of the Officers are those which usually apply to such officers and in addition thereto, such other duties as may be designated from time to time by the Council.

SECTION 4: The Chair of the Council will serve as the official liaison of the Council with the Broward County Board of County Commissioners and its designated

administrative entity. No other Member of the Council or its committees may speak for the Council.

SECTION 5: With the exception of the Executive Committee, the current Council officers may not serve as chair of any Council committee while holding office. Upon proper notice to the committee, the Council Chair or Vice Chair may sit as acting chair of the committee when the committee chair or Vice Chair are unable to attend a properly scheduled meeting of the committee. In the event the Council Chair or Council Vice Chair are serving as acting committee chairs, they count towards quorum and have a vote.

ARTICLE VI

MEETINGS

SECTION 1: The Council shall meet at least 9 times per fiscal year (Mar. 1 – Feb. 28). Special meetings may be called by the Chair or upon petition of one third of the membership of the Council. Written notice shall be given at least one week prior to each meeting. All HIV Planning Council meetings are open to the public. Attendance at mandatory Training Activities is also part of Council attendance requirements.

SECTION 2: Fifty percent (50%) of the members plus one shall constitute a quorum for the HIV Planning Council, and all standing and ad-Hoc Committees, but with no less than 3 members voting. A majority of those Members present and voting at any meeting at which a quorum is present shall be sufficient to take action on behalf of the Council. The number of Members needed to determine quorum shall be the total number of Members of the Council, but not including the Member representing the Broward County Board of County Commissioners.

SECTION 3: Only duly appointed Members of the Council and/or committee (or the appointed Alternate in their absence) may vote, and each Member (or Alternate) shall have one vote. Voting privileges are otherwise non-transferable. In the event of a tie vote, there shall be a roll call vote and the Chair shall vote last.

SECTION 4: Public notice of Council meetings shall be given in accordance with Florida Statutes and Broward County Ordinances. Meetings shall be open to the public. Records and data shall be made available to the public under the applicable laws. Minutes of each meeting of the Council or Committee shall be kept. The accuracy of all minutes shall be certified by the Chair of the Council and/or committees.

SECTION 5: COUNCIL AGENDAS

A. The Executive Committee shall meet at least five (5) working days prior to

the regularly-scheduled full Council meeting. The Executive Committee (or in the absence of Executive Meeting action, the Council's Designated Staff Member) shall prepare an agenda for full Council meetings based upon the following: Each committee chair, the Grantee, and/or the Council Support Staff will inform the Executive Committee (or Council Designated Staff Member) of committee recommendations and other actions to be presented for the full Council's approval. Motions passed by Committees may be sponsored by the Chair of the Committee on behalf of the committee and annotated on the Council Agenda as sponsored by the Committee. Individual Members of the Council may also request that action items be placed upon the agenda, by providing them in writing to the Council Designated Staff Member prior to the Executive Committee meeting. Members of the public who wish to bring matters before the full Council for consideration must obtain sponsorship of the item by a Member of the Council. Requesters of all full Council actions will also provide appropriate back-up documentation to explain the action being requested. The Executive Committee may refer proposed actions to the appropriate committee to examine and make a recommendation prior to presenting the matter to the full Council for action. Proposed motions requiring the full Council's vote shall be listed on the agenda which is sent out to members prior to the full Council meeting. At the Executive Committee's discretion, back-up documentation will be labeled and distributed with the Council's agenda. At the discretion of the Council Chair, action items requested at the Council meeting not on the published agenda may be added to the old/new business portion of the agenda, deferred until the next Council meeting, or referred to the appropriate committee.

B. The ordinary Council agenda shall include: Call to Order, Welcome and Self-introductions (includes explanation of Ground Rules, Sunshine Law and HIV self- disclosure), Moment of Silence, Excused Absences and Appointment of Alternates, Adoption of Agenda, Approval of Minutes, Consent Items, (no discussion required), Discussion Items (discussion required), Committee Reports, Grantee and Other Reports (including, but not limited to Part A , Part B, Part C, Part D, Part F, HOPWA, Prevention, etc.), Old/New Business, Public Comment, Announcements, Next Meeting Date, Agenda Items for the Next Meeting, Adjournment. The Executive Committee may order agenda items for the efficient and effective administration of the Council's business.

C. The Executive Committee (or Council Chair in the absence of Executive Committee action) will determine the order of decision action items.

SECTION 6: All persons in attendance of a meeting of the Council and/or Committee shall

comply with the meeting ground rules adopted by the Council.

SECTION 7: TIME LIMITS
The Executive Committee will establish time limits for each agenda item for each meeting. The Chair may use discretion to impose time limits on each speaker, to be consistently applied. Upon expiration of the time for discussion of a particular action item, the Chair shall close the debate and call for a vote. A person who has spoken once on a pending matter may not speak again on that matter until all others requesting the floor have been recognized.

SECTION 8: LINE OF SUCCESSION

A. In the event the Chair and the Vice Chair do not attend the Council Meeting and neither the Chair nor the Vice Chair has notified the Council that they are not attending the Council Meeting, the immediate past chair, if present and a member of the Council, shall chair the meeting.

B. In the absence of the immediate past chair the Council meeting may be chaired by Committee Chairs, in the following order:
   1. Chair of Priority Setting and Resource Allocation
   2. Chair of Membership/Council Development
   3. Chair of Needs Assessment/Evaluation
   4. Chair of Community Empowerment
   5. Chair of Quality Management
   6. Chair of System of Care

ARTICLE VII

CONFLICT OF INTEREST

SECTION 1: Members and Alternates of the Council and all committees established by the Council shall abide by the Florida Statutes, Broward County Ordinances and Administrative Code, as may be amended from time to time, regarding conflicts of interest for public officials and the Government in the Sunshine Law. Copies of these documents shall be furnished to all Council Members and Alternates.

SECTION 2: The Executive Committee of the Council shall be authorized to formulate Council policy, review all concerns, and make recommendations to the full Council regarding conflict of interest issues.

SECTION 3: All Council members and alternates must identify conflicts of interest, and are encouraged to request a review of a potential conflict of interest for themselves or of another Member or Alternate.

SECTION 4: All concerns regarding conflict of interest shall be recorded in the Council's meeting minutes and referred to the Executive Committee for review. The full Council shall take, based on the recommendations of the Executive Committee, whatever actions it deems appropriate and are in compliance with standing Council policies.

SECTION 5: In the event of a conflict of interest and/or during the period of review of said conflict of interest, Member(s) or Alternate(s) under review may participate in the discussion of the matter in conflict/question but shall abstain from voting on the matter.

SECTION 6: A Member or Alternate shall be recommended for termination from service on the Council and any of its committees for refusing to cooperate in a conflict of interest review, or when it is determined that she/he knowingly took action(s) intended to influence the conduct of the Council in a manner prohibited by the By-Laws or federal, state or local laws.

ARTICLE VIII

COMMITTEES

SECTION 1:

A. The Council shall establish standing and ad-Hoc committees necessary to fulfill the requirements of the Ryan White Act.

B. Committee Chairs and Vice Chairs. All Council committees shall be chaired by a Part A member of the Council. The Council Chair shall appoint the Committee Chairs and Vice Chairs of each Committee beginning with the date of the Council Chair's term of office. The current Committee Chairs and Vice Chairs shall continue to serve until the new Committee Chairs and Vice Chairs are appointed; the Council Chair may ask current Committee Chairs and Vice Chairs to remain in their positions. Committee Chairs and Vice Chairs may be appointed, removed, or replaced at the sole discretion of the Planning Council Chair.

C. Appointment of Committee membership. Council Committee Chairs shall appoint, with the approval of the Council, the members of each committee. Except as otherwise provided by the By-Laws, a standing or ad-Hoc Committee may include members of the Council, and community stakeholders. Committee membership should all be based on the demographics of the epidemic and consideration shall be given to race, ethnicity, self-acknowledged HIV-positivity, and gender.

D. Removal of Committee membership. The removal of Committee members

shall be that of Council members as provided for in Article 4, Section 11, where applicable.

E. Committee Policies and Procedures. The Council will approve written policies and procedures for all Committees which will be published in the "Local Procedures Manual." The policies and procedures of each committee must be periodically reviewed by that committee and subsequently approved by the Council.

SECTION 2: A standing committee of the Council is a committee which has a purpose that requires a standing membership and a regular meeting schedule. The standing committees of the Council are:

A. Executive
B. Community Empowerment
C. Membership/Council Development
D. Needs Assessment/Evaluation
E. Priority Setting and Resource Allocation
F. Quality Management
G. System of Care

SECTION 3: An ad-Hoc committee of the Council is a committee that has a purpose which does not require a standing membership and which may meet on a periodic but not regular schedule. The continuing ad-Hoc committees are the ad-Hoc Nominating Committee, the ad-Hoc By-Laws Committee and the ad-Hoc Local Pharmacy Advisory Committee. The Council may establish other ad-Hoc committees as necessary.

A. Ad-Hoc Nominating Committee.

1. Membership. The Nominating Committee shall be composed of not less than five (5) Council members who shall be appointed by the Chair. At least one member shall be a person living with HIV/AIDS.

2. Purpose. The Nominating Committee shall provide a slate of nominations for Members for Chair and Vice Chair of the Council from among current Council Members. The process utilized by the Nominating Committee to prepare and present the slate of officers for consideration for office is identified in that committee's written policies and procedures.

B. Ad-Hoc By-Laws Committee.

1. Membership. The members of the committee shall only include Council

members and alternates.

2. Purpose. The ad-Hoc By-Laws Committee shall have the responsibility of periodically reviewing, updating and maintaining the Council By-Laws.

C. Ad-Hoc Local Pharmacy Advisory Committee (LPAC).

1. Membership. The members of the committee shall include but is not limited to members with pharmacological and medical expertise as well as consumer members.

a. Purpose. The Broward County HIV Health Services Planning Council's Local Pharmacy Advisory Committee (LPAC) shall be representative of all stakeholders in HIV/AIDS care in the community. These stakeholders include consumers, providers, and regulators in the affected community. LPAC shall be dedicated to the ongoing review of the RW Part A Pharmacy Service Category.

b. LPAC's Mission shall be:
1. To make recommendations to the appropriate committees of the HIVPC to improve the quality, cost-effectiveness and allocation of resources to pharmacy services;
2. To develop and implement a standardized mechanism for pharmacy services (i.e., policies and procedures, drug access, formulary changes and cost/impact analysis);
3. To efficiently collect and evaluate current pharmacy data (i.e., utilization, cost, eligibility) for the impact on the Part A system of care;
4. To coordinate pharmacy services in collaboration with other funding streams (i.e., ADAP, Part B, Medicaid, private payers, including private insurance providers); and
5. To review current pharmacologic therapeutic regimes and federal guidelines.

SECTION 4: There shall be an Executive Committee.

A. Membership. The Executive Committee shall consist of the Council Chair, the Council Vice Chair and the Chair and Vice Chair of each of the standing committees. The immediate past Council Chair (if the past Chair is currently a member of the Council) will serve as an ex officio member of the Committee.

B. The Executive Committee meets to conduct business of the Council

(excluding priority setting and allocation decisions). The Executive Committee shall:

1. Set the agenda for Council meetings
2. Address Conflict of Interest issues
3. Review Membership/Council Development Committee Attendance report to identify Council members not in compliance with attendance requirements
4. Oversee the planning activities established in the comprehensive plan
5. Develop and oversee committee work plans which address comprehensive planning goals and objectives
6. Ratify recommendations for removal for cause from the Membership/Council Development Committee

C. The Committee shall have responsibility for oversight of the planning activities established in the comprehensive plan and development and oversight of committee work plans to address comprehensive planning goals and objectives.

SECTION 5: There shall be a Community Empowerment Committee.

A. Membership. The members of the committee shall include, but is not limited to, representatives of the Council and community stakeholders. No less than 51% of the Council committee members shall be unaffiliated individuals living with HIV.

B. Chair. The Council Committee Chair shall be an unaffiliated individual with HIV.

C. Purpose. The Committee shall inform and solicit the participation of individuals infected and affected with HIV/AIDS in the planning, priority setting and resource allocation processes.

SECTION 6: There shall be a Needs Assessment/Evaluation Committee.

A. Membership. The members of the committee shall include, representatives of Part A, as well as consumers and other community stakeholders.

B. Purpose. The Committee shall conduct activities to develop and update a Needs Assessment in accordance with the Ryan White HIV/AIDS Extension Act of 2009 and the Health Resources and Services Administration (HRSA) mandates. The Committee shall also be responsible for conducting an annual evaluation and update to the Broward County HIV Health Services Comprehensive Plan to reflect changing directions of the epidemic, as well as the results of the

assessment. The Committee is responsible for ensuring the Plan is relevant to the times and the needs of People Living with HIV/AIDS (PLWHA).

SECTION 7: There shall be a Priority Setting and Resource Allocation Committee.

A. Membership. The Members of the Committee shall include, but is not limited to, representatives of the Council and community stakeholders.

B. Purpose. The Committee shall recommend to the Council priorities and allocation of Ryan White Part A. The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for reallocation and/or possible reprioritization. The Committee will facilitate the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). The Committee will develop, review, and monitor eligibility, and service definitions.

SECTION 8: There shall be a Membership/Council Development Committee.

A. Membership. The Members of the Committee shall include, but ~~is~~ **are** not limited to, representatives of the Council and community stakeholders. At least two-thirds of committee members must be Planning Council members.

B. Purpose. The Committee shall solicit and screen applications based on objective criteria for appointment to the Council in order to ensure that the demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act and present its recommendations to the full Council. The Committee shall institute orientation and training programs for new and incumbent members. The Committee shall continue to educate the Council and committee members about their respective duties, and the Council's functions and roles in the organization and delivery of HIV/AIDS health and support services.

SECTION 9: There shall be a Quality Management Committee.

A. Membership. The members of the Committee shall include, but is not limited to, representatives of the Council and community stakeholders.

B. Purpose. The purpose of the Quality Management Program for Ryan White Part A in the Broward County EMA is to systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and MAI funded services in Broward County.

SECTION 10: There shall be a System of Care Committee

A. Membership. The members of the Committee shall include, representatives of Part A, consumers, community stakeholders, and health policy or health care system experts.

B. Purpose. The purpose of the System of Care Committee is to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people living with HIV in the Broward County EMA. The Committee will be responsible for advising the Planning Council on how these issues may impact the Broward County EMA and may recommend response strategies.

ARTICLE IX
~~BYLAWS:~~ ADOPTION AND AMENDMENTS OF BY-LAWS

SECTION 1: These By-Laws may be adopted, amended, or repealed by a majority vote of the Council.

SECTION 2: Notice of all proposed amendments, with amendments enclosed, shall be mailed or transmitted electronically to each Council member and Alternates at least ten (10) days prior to the meeting at which time such amendments are to be considered for adoption.

SECTION 3: DATE OF EFFECTIVENESS

Unless otherwise provided, these By-Laws and any amendments shall be effective immediately upon approval by the Council.

ARTICLE X
GENERAL PROVISIONS

SECTION 1: The fiscal year for the Council shall begin on March first and end on the last day of February.

SECTION 2: When procedures are not covered by law or these By-Laws, the latest edition of “Robert’s Rules of Order” shall prevail.

SECTION 3: Unless otherwise provided for in the Ryan White Act or other law or regulation, the relationship between the Council and the Grantee is described in the document entitled Guiding Principles. Relations between providers and clients are the responsibility of the Grantee.

SECTION 4: ~~The priority setting process and budget allocations~~**Funds from the Planning Council Support (PCS) budget** shall be available ~~for funds~~ to enable Council members **and alternates** who are individuals with HIV ~~and Alternates~~ to be reimbursed for their reasonable expenses for attending Council or Committee meetings which shall include, but not be limited to, the following: transportation, parking, mileage, child care not otherwise being regularly provided to the child, lost wages not including overtime or fringe benefits**,** and appropriate refreshments. The Council member **or alternate** shall execute an affidavit attesting to the validity of the reimbursement request.

BY-LAWS PARKING LOT ITEMS

No.	Proposal	By-Laws Location	Stated Reason	Recommendation
1	Need to update language about reimbursements procedures.	Article X, Section 4	Outdated.	Language updated to reflect current procedure.
2	Consider if HIVPC members also need to be members of a standing committee.	Article IV, Section 9	Member inquiry.	HIVPC members must be members of a standing committee. Language updated to add clarity.
3	Removal for cause for alternate HIVPC members.	Article IV, Section 11	There is currently no way to remove HIVPC alternates.	Language updated to clarify that HIVPC alternates may also be removed for cause. Removal procedures are in MCDC P&P.
4	Consider only having the Chair *or* Vice Chair count for quorum for the Executive Committee	Article VIII, Section 4	Having both Chairs and Vice Chairs count for quorum has created some issues for achieving quorum.	Language will remain the same, but the committee will continue to monitor attendance and may review the language again at a later date.

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

HANDOUT B

BROWARD COUNTY

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING AGENDA

Thursday, March 26, 2015, 9:30 a.m.
Governmental Center Annex, Room GC-430
Chair: Brad Gammell **Vice Chair:** Yolonda Reed
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 3/26/15 Meeting Agenda
   f. Approval of 2/26/15 Meeting Minutes

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

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

5. **CONSENT ITEMS** (Handouts B-1-B-5)

#	MOTION	JUSTIFICATION	PROPOSED BY
1	To move Brad Gammell to a non-elected community leader seat.	Mr. Gammell's seat change is reflective of a change in employment.	Membership/Council Development Committee
2	To approve the changes to the Membership/Council Development Committee Policies and Procedures.	The policies and procedures were updated to reflect the work of the committee.	
3	To approve the updated HIVPC Application, the new committee application, and the member update form.	The applications were streamlined and updated to better capture necessary data.	
4	To approve the priority setting and resource allocation timeline.	The priority setting and resource allocation process is an annual process conducted by the HIVPC.	Priority Setting & Resource Allocation Committee
5	To appoint Karen Creary to the ad-Hoc Food Services Eligibility Committee.	Ms. Creary is a dedicated HIVPC member that will bring her experience to the committee.	ad-Hoc Food Services Eligibility Committee

6. **DISCUSSION ITEMS** (Handouts C-1-C-3)

#	MOTION	JUSTIFICATION	PROPOSED BY
6	To approve the changes to the HIVPC by-laws.	The by-laws were updated to reflect the current procedures of the HIVPC.	ad-Hoc By-Laws Committee

7. **NEW BUSINESS**

HANDOUT B

8. MARCH COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

March 3, 2015 *Chair: A. Lint*

A. Work Plan Item Update / Status Summary:

Review & Approve Revised Event Survey (W.P. Item 1.4) – The committee reviewed the revised Event Survey which included items suggested in the previous meeting. Staff informed the Committee that they had worked with those members who volunteered to provide feedback to produce the final version of the survey. One member suggested adding a question regarding participants' preferred meeting topics for upcoming events. The committee approved the event survey with the final addition of the question regarding future meeting topics.

Hot Topic Community Meeting (W.P. Item 1.3) – Staff presented a list of locations for future community meetings to the committee. The committee chose the top 3 locations to be further researched to determine availability, accommodations, etc. Members of the committee also expressed their recommendation to host meetings in both the northern (i.e. Pompano) and southern (i.e. Hollywood/Miramar) areas of the county to reach clients who may not be knowledgeable of the HIV Planning Council, the Community Empowerment Committee (CEC), or other Ryan White services. Staff will contact the following locations: Broward House, Shadowood, Memorial, E. Pat Larkins, and possibly Care Resource to schedule future CEC meetings for events and Hot Topic Presentations.

Welcome Brunch– The committee discussed the upcoming Membership Council/Development Committee's (MCDC) Welcome Brunch. Staff informed the committee that it would be Cinco de Mayo themed, and that the anticipated location is Latinos Salud in Wilton Manors. Three members of the CEC volunteered to give testimonies at this event in May.

CEC Educational Series: "Got Data, Now What?" ***On File*** (W.P. Item 2.2) – Members of the committee were provided a presentation on how to look at data from the Consumer perspective. This presentation included the process for data interpretation, importance of data collection, data utilization, tips for reviewing data, types of data charts, how data is best used, and data follow-up with consumers.

Barriers to HIVPC & Committees Participation Survey – CEC members were given the Barriers to HIVPC & Committee Participation Survey. This survey will be used to help gather information for the MCDC committee on the barriers to being active on committees and the HIVPC. Five CEC members took the survey via iPads.

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: Hot Topic Community Meeting *Next Meeting Date*: April 7, 2015, Broward House ALF.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

March 5, 2015 *Chair: H.B. Katz, Vice Chair: T. Wilson*

A. Work Plan Item Update / Status Summary:

WP Item 1.1 – MCDC reviewed the demographics of the HIV Planning Council. Unaffiliated consumer membership continues to exceed the mandated 33%, and the Council is slightly over represented by females and black and Hispanic membership. The Council also has nine empty seats. MCDC also reviewed the demographics of each committee and the Chair asked that this be reviewed at the next Executive Committee meeting, so the leadership of each committee understands what their committee looks like and the types of members that they need.

WP Item 1.4 - MCDC reviewed interested parties for several of the vacant seats, including the Federally Recognized Indian Tribe seat. The committee requested a column be added to the handout showing how long the seat has been vacant, and also requested that this list be brought to the Executive Committee. MCDC also reviewed the certified letters that are to be sent out to the interested parties for vacant mandated seats. The committee agreed by unanimous consent to send certified letters to the parties.

WP Item 1.2 – The committee reviewed the current applicants. There are no current applicants who are ready to be approved to the Council. A current Council member submitted an updated application due to an employment change.

WP Item 3.1 – Attendance was reviewed and HIVPC staff noted that letters had been sent to parties who needed to receive warning or removal letters.

HIVPC Applications –MCDC reviewed the changes that were made, including to gender, and asking about identifying a risk factor instead of sexual orientation. The committee also discussed the question about the age of diagnosis, and what the information would be used for. Staff noted that it would help with demographic information and also to make sure that the perspectives of all persons are accounted for on the Council.

WP Item 5.3 – MCDC had previously made changes to the policies and procedures, but had requested that staff clarify the language for some of the changes. The committee reviewed and approved the changes to the MCDC policies and procedures, including the removal for cause and reinstatement policies. The committee also reviewed their 18 month work plan and the progress that has been made for each work plan item.

WP Item 1.5 – MCDC reviewed the Welcome Brunch materials for the upcoming Cinco de Mayo themed Welcome Brunch in May. The committee agreed to hold the next Welcome Brunch at Hispanic Unity on May 8, 2015. The committee also agreed that the remaining two Welcome Brunches will target men who have sex with men (MSM) and blacks. The Welcome Brunch targeting MSM will take place in October 2015, which can coincide with Fort Lauderdale's Pride Festival. The Welcome Brunch targeting the black population will take place in February 2016, which coincides with Black History Month and Black HIV/AIDS Awareness.

WP Item 1.8 – The committee reviewed the HIVPC training. Grantee staff suggested adding language from the Health Resources and Services Administration (HRSA) noting that the responsibility of MCDC is to educate the Council.

WP Item 4.2 – The committee requested that Staff add the HIVPC Reflectiveness training to the list of trainings to be presented to the Executive Committee for approval.

WP Item 2.1 – The committee reviewed the Buddy Program, to be implemented between interested parties and committee members. The buddy program will help keep interested parties who may have come to Welcome Brunches or events involved and in the process of joining a committee. The committee requested that Staff make changes to the Buddy Program to make it less formal than the Mentor and Coaching programs

B. Rationale for Recommendations:

Brad Gammell was moved to a non-elected community leader seat, due to an employment change. The policies and procedures were updated to better reflect the work of the committee.

C. Data Reports / Data Review Updates:

None.

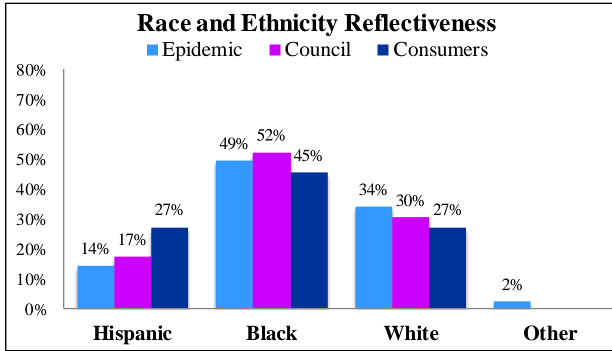
D. Data Requests:

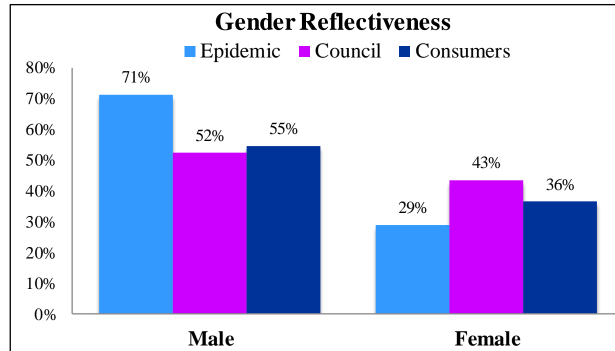
None.

E. Other Business Items:

Agenda Items for Next Meeting: Plan Welcome Brunch, Review HIVPC survey results, and Update Recruitment and Retention Plan *Next Meeting Date*: April 2, 2015, 9:30 a.m. *Venue*: A-335

HIV Planning Council Membership Report
As of 2/26/2015





Gender	Epidemic		Council		Consumers		% Difference
Male	12,275	71%	12	52%	6	55%	-19%
Female	4,973	29%	10	43%	4	36%	15%
Transgender	-	-	1	4%	1	9%	-
Race	**Epidemic**		**Council**		**Consumers**		**% Difference**
Hispanic	2,476	14%	4	17%	3	27%	3%
Black	8,521	49%	12	52%	5	45%	3%
White	5,856	34%	7	30%	3	27%	-4%
Other	395	2%	0	0%	0	0%	-2%
Total	17,248		23		11		

No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time.

Current Members	23
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35
% of Members That Are Unaffiliated Consumers	48%

Vacant Seats
1. Grantees of Other Federal HIV programs - Prevention
2. Grantees of Other Federal HIV programs - VA
3. Part B State agency
4. State Medicaid agency
5. Hospital/Health Care Planning Agencies
6. Local Public Health Agencies
7. PLWHA recently released from jail or their representative
8. Federally recognized Indian Tribe members
9. Individuals co-infected with Hepatitis B or C

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

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

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

March 18, 2015 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

E. AD-HOC FOOD SERVICE ELIGIBILITY COMMITTEE

March 10, 2015 *Chair: M. DeSantis*

A. Work plan item update / Status Summary:

Overview Presentation: The committee reviewed a presentation provided by the Chair and Grantee staff. The presentation included total clients served and food services utilization. The presentation included the present state of the food bank service category, the goal of the committee, and next steps were identified. There was robust discussion regarding the current eligibility model and funding.

Eligibility Model of other EMAs: The committee reviewed the eligibility model of other EMAs, including percentage of clients served and percentage of total grant award allocated towards food services. The committee would like to see exact figures related to total clients served and total allocations for food services among the Miami, New York City, and Hartford EMAs, as well as projections for Broward using the eligibility from those EMAs.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Items for Next Meeting: Review Other EMAs and Projections for Broward *Next Meeting Date*: April 14, 2015, Governmental Center Annex Room A-335

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

March 12, 2015 *Chair: D. Proulx*

A. Work Plan Item Update / Status Summary:
Pharmacy Scorecard - The committee reviewed the FY 2014-15 Pharmacy scorecard, which showed utilization and expenditures, in addition to the top ten medication expenditures and dispenses. The top ten medications were mostly for long term, chronic conditions, which may indicate an increase in expenses, since clients will have monthly medications over long periods of time. Conversely, the transition of clients onto insurance plans may decrease pharmacy expenditures, as clients will now have their medications covered by insurance. Current Pharmacy Formulary & Utilization - The committee reviewed the current formulary and utilization. All of the available medications on the formulary were used over the past FY, although some had very small utilization. The committee reviewed utilization by cost, number of clients, and number of dispenses. Formulary Additions & Deletions - Recommendations for additions to the formulary from the Medical QI Network were reviewed. Of the four recommendations, two were antiretrovirals that have not yet been approved by ADAP. Once they are added to the ADAP formulary, they will automatically be added to the Part A formulary, Tier 2. The committee discussed the recommendation for Keppra, which is under the formulary on Tier 3, but may need to be moved to Tier 1. The medication recently became generic and no longer has a PAP. The committee decided further clarification was needed on the generic price and the number of clients who would use the medication before making a final decision on changing the Tier. The committee reviewed Januvia, which is a diabetes medication. Januvia would be used in conjunction with other medications, and the doctor recommending the addition noted that it is unlikely that many clients will need Januvia, but another option is needed. Since there is not a diabetes medication on Tier 3 and there is a PAP available, the committee recommended Januvia be added to the formulary.
B. Rationale for Recommendations:
There is currently not a diabetes medication on Tier 3 and there is a PAP for the medication, meaning there will be a minimum cost.
C. Data Reports / Data Review Updates:
Recommendations for formulary additions.
D. Data Requests:
Pricing information for generic version of Keppra.
E. Other Business Items:
None.
F. Agenda Items for Next Meeting:
Agenda Items for Next Meeting: Review recommendations for formulary additions & deletions *Next Meeting Date*: April 9, 2015, Governmental Center Annex Room A-335

G. QUALITY MANAGEMENT COMMITTEE (QMC)
March 16, 2015 *Chair: C. Grant*

H. SYSTEM OF CARE COMMITTEE (SOC)
March 27, 2015 *Chair: M. Schweizer. Vice Chair: D. Sabatino*

I. EXECUTIVE COMMITTEE
March 17, 2015 *Chair: B. Gammell. Vice Chair: Y. Reed*

J. AD-HOC BY-LAWS COMMITTEE
No March Meeting *Chair: M. Schweizer*

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
a. Reminder: HIVPC Mentorship Program

12. PUBLIC COMMENT (Up to 10 minutes)

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: April 23, 2015, 9:30 a.m. **LOCATION:** GC-430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
Recruitment Events (WP Item 1.6)	*MCDC, HIVPC*	ACTION ITEM: Review and plan to recruit new HIVPC and committee members at events identified by MCDC.
Service Delivery Models (WP Item 6.2)	*QMC, HIVPC*	ACTION ITEM: Review and approve updated service delivery models.
Assessment of the Administrative Mechanism (WP Item 7.3)	*PSRA, HIVPC*	ACTION ITEM: Review Administrative Mechanism report. Make recommendations for change or improvements.

15. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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

April 2015

Broward County HIV Health Services Planning Council Calendar

HANDOUT C

Last Updated: 3/12/2015

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. 1250 or visit http://www.brhpc.org for updates.

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2 **Membership/Council Development Committee (MCDC)** 9:30 a.m., A-335^	3 **SFAN** 10:00 a.m.~
6	7 **Community Empowerment Committee (CEC)** 1:00 p.m., A-337^	8 **ad-Hoc By-Laws Committee** 9:30 a.m., A-337^ **HIVPC Coordination** 12:30 p.m., A-335^	9 **Local Pharmacy Advisory Committee (LPAC)** 9:30 a.m., A-335^	10
13 **Needs Assessment/ Evaluation Committee (NAE)** 1:00 p.m., A-335^	14 **ad-Hoc Food Services Eligibility Committee** 12:30 p.m., A-335^	15 **Priority Setting and Resource Allocation Committee (PSRA)** 12:30 p.m., A-337^	16	17
20 **Quality Management Committee (QMC)** 12:30 p.m., A-335^	21 **Executive Committee** 9:30 a.m., GC-302^	22 **HIVPC Coordination** 12:30 p.m., A-335^	23 **HIV Planning Council (HIVPC)** 9:30 a.m., GC-430^	24 **System of Care Committee (SOC)** 9:30 a.m., GC-302^
27	28	29	30	

^Governmental Center - 115 S Andrews Ave, Ft. Lauderdale, 33301
~Dorothy Mangurin Comp. Center–100 NE 56th St, Ft. Lauderdale, 33334

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.

HIVPC Broward County HIV Health Services Planning Council

April 2015

Broward County HIV Health Services Planning Council Calendar

Last Updated: 3/12/2015

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 Cady Sandler at 603-689-8899. 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!

Sòf 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 enfômasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; 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.

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

HANDOUT D

2015 RETREAT OF HIV PLANNING COUNCIL

Proposed Date: August 3-7, 2015
Proposed Location: Oak Ridge Hall at Tree Tops Park, 3900 Southwest 100th Ave Davie, FL
Oak Hammock Hall at Long Key Natural Area, 3501 S.W. 130th Ave., Davie, FL

Integrated HIVPC & BCHPPC Meeting: 9:30 a.m. – 12:30 p.m.
Hold integrated meeting with the HIVPC and Broward County HIV Prevention Planning Council (BCHPPC). Share data and information in preparation for the integrated Comprehensive Plan.

Integrated Retreat: 1:00 – 4:00 p.m.
Proposed Theme & Training Topic
Integrated Prevention and Care Comprehensive Plan: Focusing the retreat on the integrated Prevention and Care Comprehensive Plan will help prepare the HIVPC for the integrated plan that is due in 2016.

Additional Parties to Invite

a. Emily Gantz-McKay: Ms. Gantz McKay may be available for further Technical Assistance (TA) on the integrated Prevention and Care Comprehensive Plan that will be due in 2016.
b. BCHPPC: If the retreat is focused on the integrated Comprehensive Plan, the committee may want to consider inviting the Prevention Planning Council. The committee may want to limit the retreat to the Executive Committees if both the HIVPC and the BCHPPC will be present.
c. Houston EMA: Invite Houston EMA staff and/or Planning Council members, and Houston Prevention program members to discuss their experiences with integrating planning efforts

HANDOUT E

HIVPC 2014 ACCOMPLISHMENTS & CHALLENGES

Accomplishments:

- Based on a successful sweeps process, the EMA requested carryover for less than 1% (approximately 0.3%) of total grant funds for FY 2013-2014
- Implementing two new service categories, HICP and Medical Disease Case Management, in response to changes in the health care landscape. Close to 100 clients have been enrolled in ACA Marketplace plans, and a Medical Disease Case Management Work Group is in the process of developing a service delivery model
- Exceeding the mandated 33% rule for HIVPC consumer membership: at the end of 2014, unaffiliated consumers made up 38% of the HIVPC
- Making progress along the HIV care continuum by increasing the number of clients who are prescribed ART (89% to 92%) and virally suppressed (71% to 73%) between FY 2013-2014 and FY 2014, year to date
- Increasing visibility in the community by holding multiple committee meetings and community events throughout Broward County. As a result of these community meetings and events, HIVPC committees added two new members, and six new HIVPC applications were received
- Increasing opportunities for consumers to participate in training and advocacy events: in 2014, the CEC wrote a letter of support to HRSA, had two consumer members apply for scholarships to AIDSWatch 2015, had a consumer member attend the United States Conference on AIDS, and six consumer members attend the NQC's Training Consumers on Quality conference. Based on attendance at the NQC training, one consumer is on track to join the HIVPC's QMC

Challenges:

- Planning for the unknowns of the ACA implementation, such as the actual cost of enrollment into insurance plans, deductibles, and co-pays and the actions of other payers
- Filling empty mandated seats on the HIVPC with numerous employment changes and restructuring of agencies that are responsible for carrying out programs affiliated with mandated seats. The committees of the HIVPC also encountered some difficulties ensuring committees were reflective of the epidemic and all had adequate consumer membership

- Developing marketing techniques and new ways to reach out to target audiences for HIVPC membership and outreach in the community

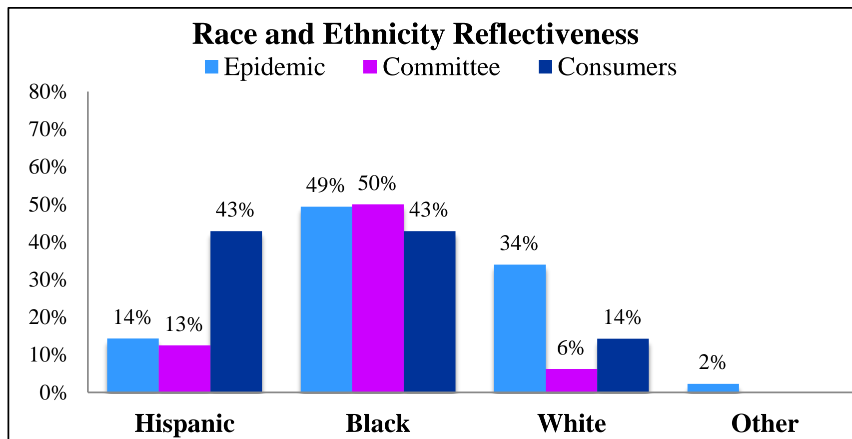
Evaluation

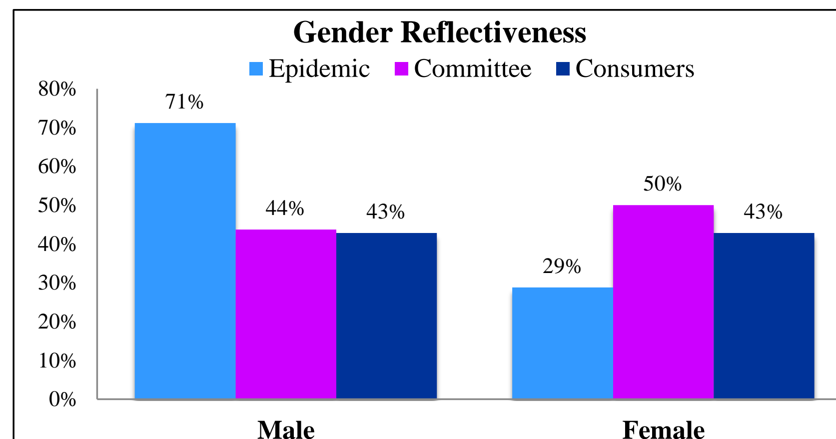
The HIVPC will continue to capitalize on its accomplishments in 2015 by continuing such work as communicating with other community stakeholders in preparation for 2016's integrated Comprehensive Plan, holding events and meeting in the community to increase the HIVPC's visibility, and engaging consumer members in advocacy and training opportunities. The HIVPC will also make efforts to make progress on some of its challenges by undertaking such work as convening work groups and ad-Hoc committees to update or develop service delivery models, increasing education for HIVPC and committee members to ensure understanding of key HIVPC processes, and working with outside organizations to fill as many of the vacant mandated seats as possible.

Committee Recommendations for 2015:

1. ______________________________
2. ______________________________
3. ______________________________

Community Empowerment Committee (CEC) Reflectiveness Report
Through February 2015

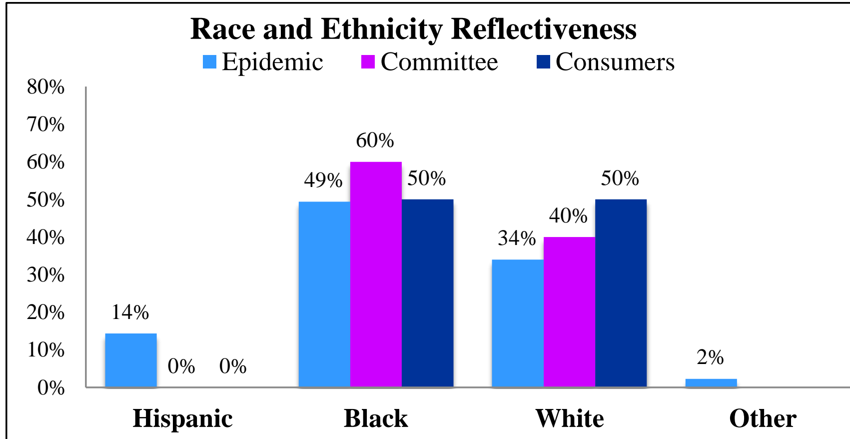


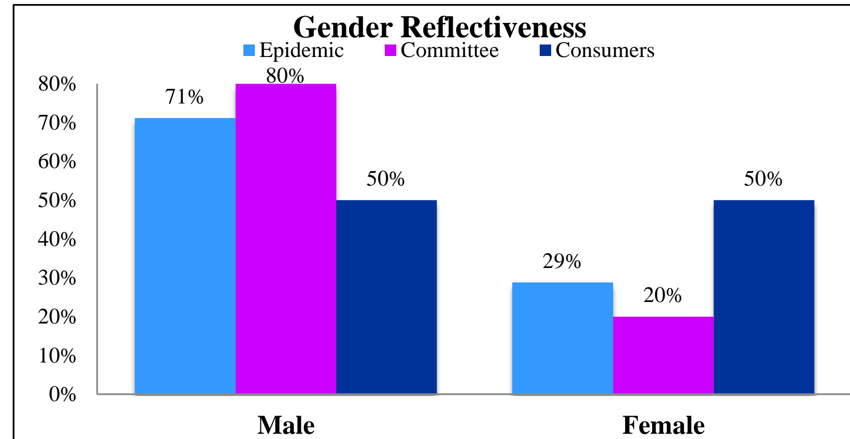


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	7	44%	3	43%	**-27%**
Female	4,973	29%	8	50%	3	43%	**21%**
Transgender	-	-	0	0%	1	14%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	2	13%	3	43%	-2%
Black	8,521	49%	8	50%	3	43%	1%
White	5,856	34%	1	6%	1	14%	**-28%**
Other	395	2%	0	0%	0	0%	-2%
Total	**17,248**		**16**		**7**		

Current Members	16
% of Members That Are Unaffiliated Consumers	**44%**

Membership/Council Development Committee (MCDC) Reflectiveness Report
Through February 2015

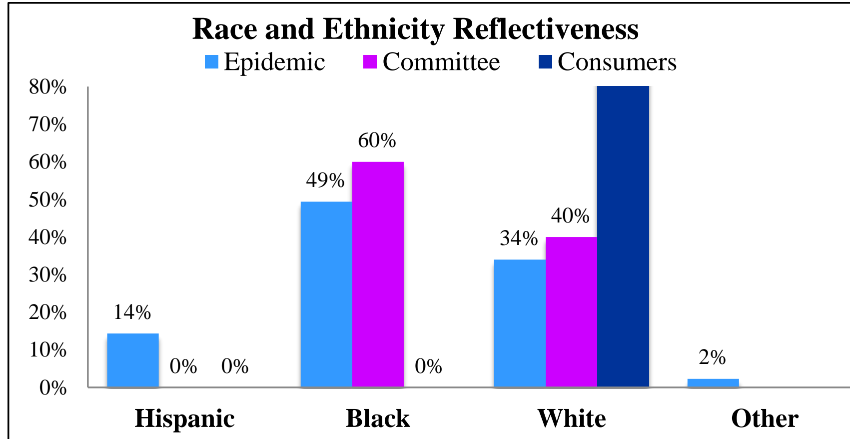


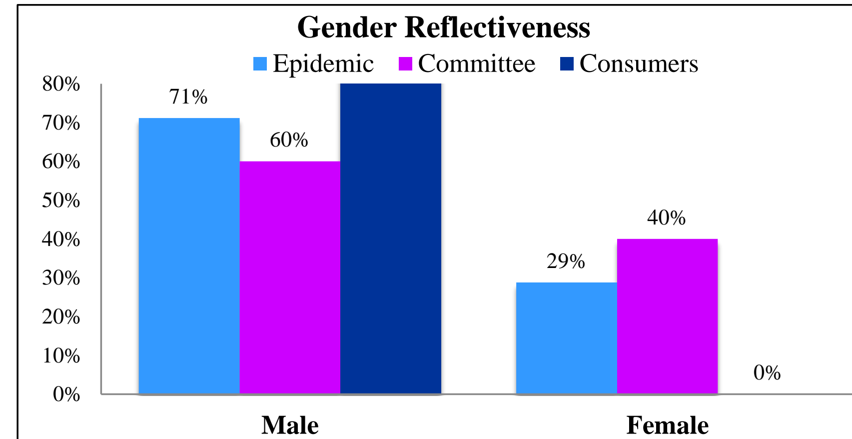


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	80%	1	50%	9%
Female	4,973	29%	1	20%	1	50%	-9%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	0	0%	0	0%	**-14%**
Black	8,521	49%	3	60%	1	50%	**11%**
White	5,856	34%	2	40%	1	50%	6%
Other	395	2%	0	0%	0	0%	-2%
Total	**17,248**		**5**		**2**		

Current Members	5
% of Members That Are Unaffiliated Consumers	**40%**

Needs Assessment/Evaluation (NAE) Committee Reflectiveness Report
Through February 2015





Gender	Epidemic		Committee		Consumers		% Difference
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Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
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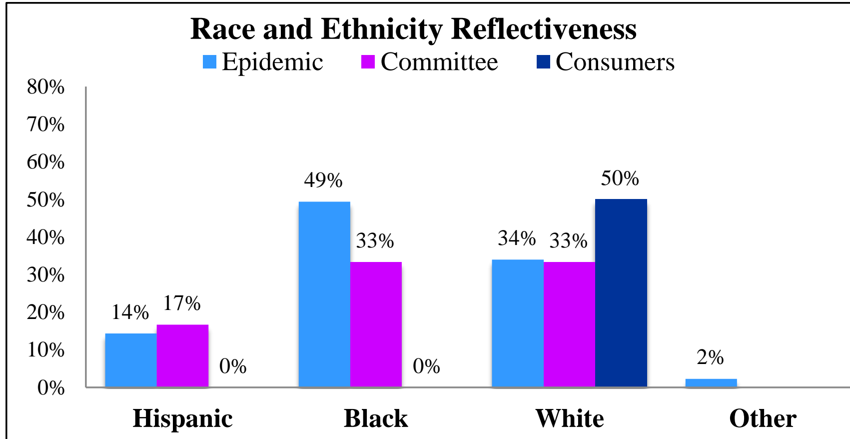
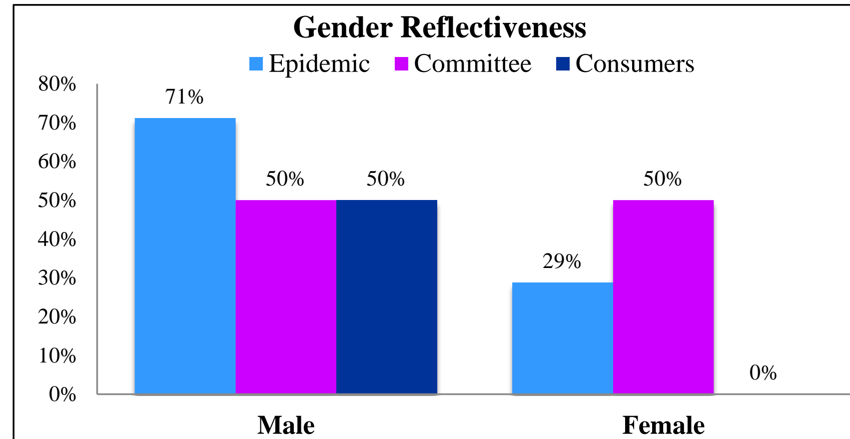
Black	8,521	49%	3	60%	0	0%	**11%**
White	5,856	34%	2	40%	1	100%	6%
Other	395	2%	0	0%	0	0%	-2%
Total	**17,248**		**5**		**1**		

Current Members	5
% of Members That Are Unaffiliated Consumers	**20%**

Quality Management Committee (QMC) Reflectiveness Report
Through February 2015

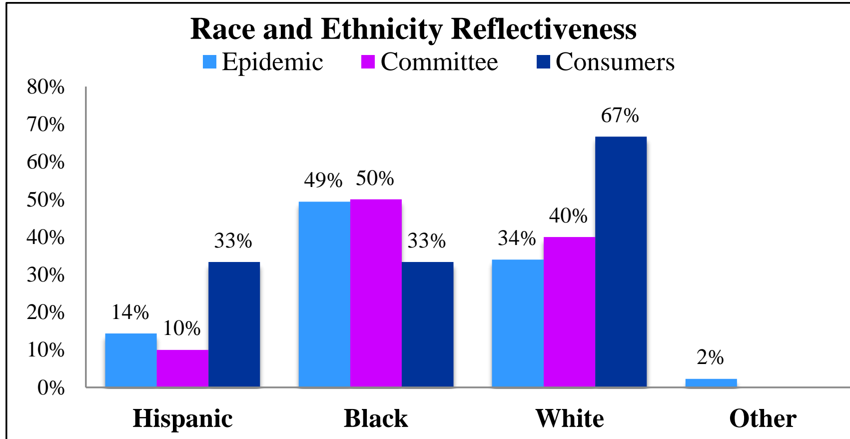


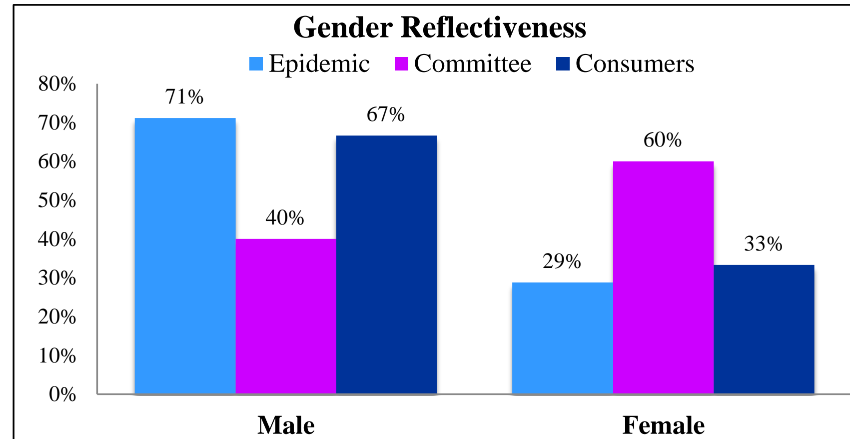


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	3	50%	1	50%	**-21%**
Female	4,973	29%	3	50%	0	0%	**21%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	17%	0	0%	**2%**
Black	8,521	49%	2	33%	0	0%	-16%
White	5,856	34%	2	33%	1	50%	-1%
Other	395	2%	0	0%	0	0%	-2%
Total	**17,248**		**6**		**2**		

Current Members	6
% of Members That Are Unaffiliated Consumers	**33%**

Priority Setting & Resource Allocation Committee (PSRA) Reflectiveness Report
Through February 2015

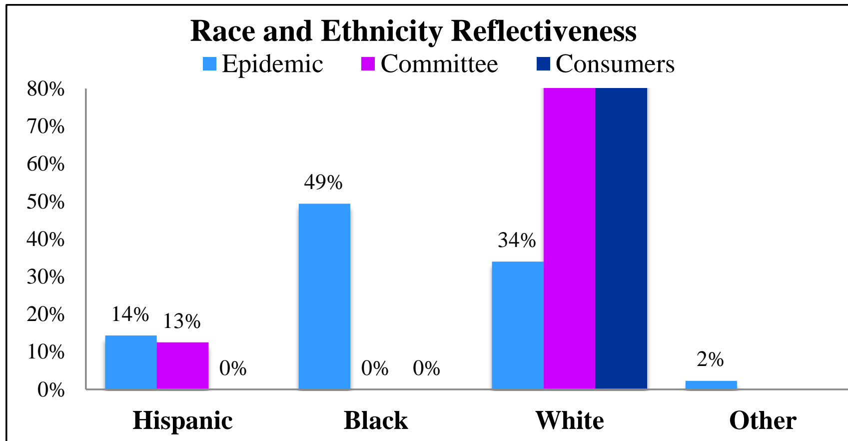


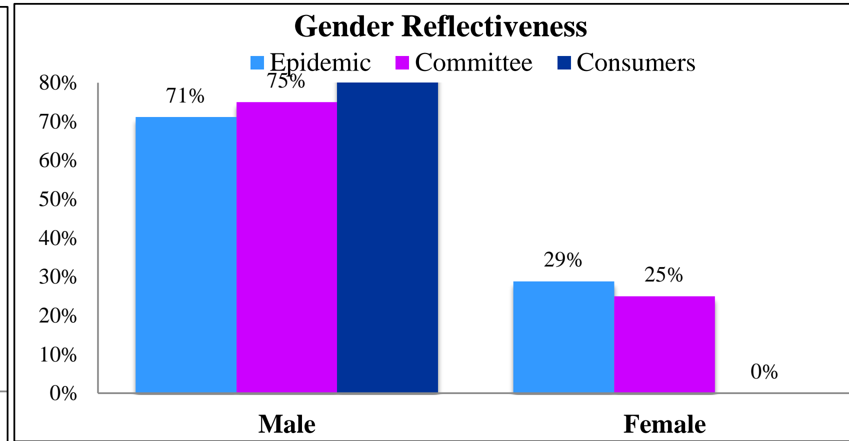


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	40%	2	67%	**-31%**
Female	4,973	29%	6	60%	1	33%	**31%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	10%	1	33%	-4%
Black	8,521	49%	5	50%	1	33%	1%
White	5,856	34%	4	40%	2	67%	6%
Other	395	2%	0	0%	0	0%	-2%
Total	**17,248**		**10**		**3**		

Current Members	10
% of Members That Are Unaffiliated Consumers	**30%**

System of Care (SOC) Committee Reflectiveness Report
Through February 2015





Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	6	75%	1	100%	4%
Female	4,973	29%	2	25%	0	0%	-4%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	13%	0	0%	-2%
Black	8,521	49%	0	0%	0	0%	**-49%**
White	5,856	34%	7	88%	1	100%	**54%**
Other	395	2%	0	0%	0	0%	-2%
Total	**17,248**		**8**		**1**		

Current Members	8
% of Members That Are Unaffiliated Consumers	**13%**

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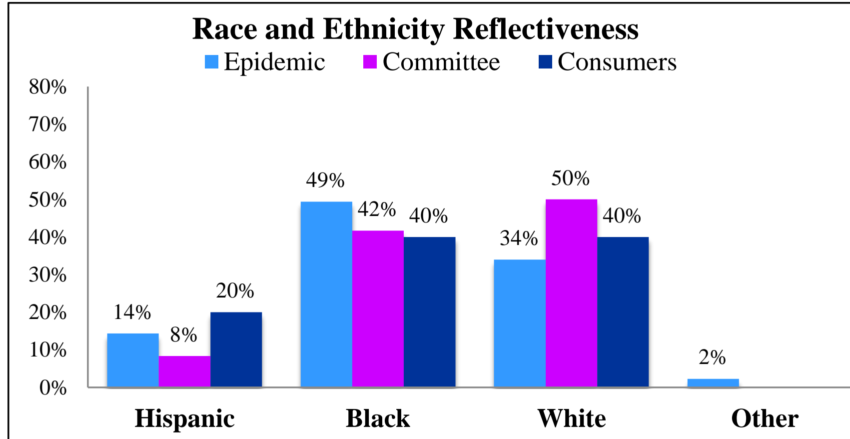
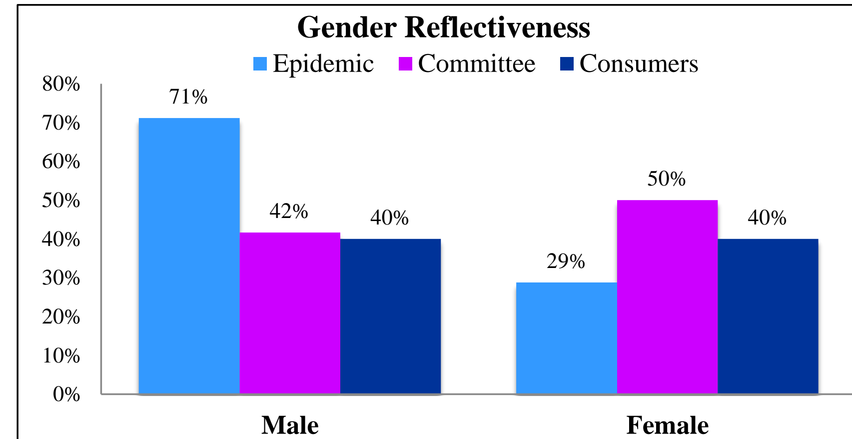
Executive Committee Reflectiveness Report
Through February 2015





Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	5	42%	2	40%	**-30%**
Female	4,973	29%	6	50%	2	40%	**21%**
Transgender	-	-	1	8%	1	20%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	8%	1	20%	-6%
Black	8,521	49%	5	42%	2	40%	-8%
White	5,856	34%	6	50%	2	40%	**16%**
Other	395	2%	0	0%	0	0%	-2%
Total	**17,248**		**12**		**5**		

Current Members	12
% of Members That Are Unaffiliated Consumers	42%

EXECUTIVE COMMITTEE
Policies and Procedures

Policies

The Committee shall have responsibility for oversight of the planning activities established in the comprehensive plan and development and oversight of committee work plans to address comprehensive planning goals and objectives.

The membership of the Executive Committee shall consist of the Broward County HIV Health Services Planning Council (Council) Chair, the Council Vice-Chair and the Chairs and Vice Chairs of each of the Standing Committees. Immediate past Council Chair (if the past Chair is currently a member of the Council) will serve as an ex-officio member of the Committee.

The Executive Committee may meet between regular Council meetings as needed, on an emergency basis, to conduct business of the Council (excluding priority-setting and allocation decisions). The Executive Committee shall:

- Set the agenda for Council meetings.
- Address Conflict of Interest issues.
- ~~Oversee the planning activities established in the Comprehensive Plan.~~
- Develop and oversee committee work plans which address comprehensive planning goals and objectives.
- Review Membership/Council Development Committee Attendance report to identify Council members not in compliance with attendance requirements.
- Review Committee recommendations to determine whether the items should be referred to the appropriate Committee.
- Ratify Membership/Council Development Committee recommendations for removal for cause.

The Committee shall be authorized to formulate Council policy, review all concerns, and make recommendations to the full Council regarding unresolved grievance issues as stated in the Council's Grievance Policy.

Procedures

Conflict of Interest
The Committee shall be authorized to formulate Council policy, review all concerns, and make recommendations to the full Council regarding conflict of interest issues.

Comprehensive Plan:
~~The Executive Committee shall be responsible for developing and maintaining a Comprehensive HIV/AIDS Plan.~~

The Committee shall have responsibility to develop and maintain a comprehensive plan for the organization and delivery of HIV health and support services that:

- Incorporates information from the needs assessment, continuous quality improvement activities, evaluation studies, etc.;
- Includes a strategy to coordinate the provision of services with programs for HIV prevention (including outreach and early intervention) and the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for substance abuse);
- establishes mechanisms to ensure participation in Statewide Coordinated Statement of Need (SCSN) activities to encourage CARE Act programs to address key HIV/AIDS care issues and enhance coordination;
- coordinates with Federal grantees that provide HIV-related services; and,
- Includes discrete goals and timetables.

The Committee will invite representatives from other planning bodies **and other community stakeholders** to participate in the preparation of all planning documents, coordinate and collaborate the funding available for services to HIV infected individuals.

The Committee will encourage a cooperative, non-duplicative relationship amongst all providers of HIV/AIDS services.

The Committee will ensure participation in SCSN activities.

The Committee shall develop work plans for HIVPC committees to respond to the goals and objectives of the Comprehensive Plan and oversee/manage accomplishment of work plan activities.

Council Meeting Agenda:
The Committee (or in the absence of Executive Meeting action, ~~the Council's Planner/Coordinator~~**Planning Council Support (PCS) staff**) shall prepare an agenda for full Council meetings.

The meeting agenda for the Council shall be based upon the following:

- Each committee chair, the grantee, and Council support staff will inform the Committee (or ~~Council Planner/Coordinator~~**PCS staff**) of committee recommendations and other actions to be presented for the Council's approval.
- Motions passed by Committees may be sponsored by the Chair of the Committee on behalf of the committee and annotated on the Council Agenda as sponsored by the Committee. Individual members of the Council may also request that action items be placed upon the agenda by providing them in writing to ~~the Council Planner/Coordinator~~**PCS staff** prior to the Executive Committee meeting.
- Members of the public who wish to bring matters before the Council for consideration must obtain sponsorship of the item by a member of the Council. Requesters of all Council actions will also provide appropriate back-up documentation to explain the action being requested.
- The Executive Committee may refer proposed actions to the appropriate committee to examine and make a recommendation prior to presenting the matter to the Council for action.
- Proposed motions requiring the Council's vote shall be listed on the agenda which is sent out to members prior to the Council meeting.
- At the Executive Committee's discretion, the back-up documentation will be labeled and distributed with the Council's agenda.
- At the discretion of the Council Chair, action items requested at the Council meeting not on the published agenda may be deferred to the old business or new business portion of the agenda, or until the next Council meeting, or may be assigned to an appropriate committee for recommendation.
- **The ordinary Council agenda shall include: Call to Order, Welcome and Self-introductions (includes explanation of Ground Rules, Sunshine Law and HIV self- disclosure), Moment of Silence, Excused Absences and Appointment of Alternates, Adoption of Agenda, Approval of Minutes, Consent Items, (no discussion required), Discussion Items (discussion required), Committee Reports, Grantee and Other Reports (including, but not limited to Part A , Part B, Part C, Part D, Part F, HOPWA, Prevention, etc.), Old/New Business, Public Comment, Announcements, Next Meeting Date, Agenda Items for the Next Meeting, Adjournment. The Executive Committee may order agenda items for the efficient and effective administration of the Council's business.**
- ~~The ordinary order of the Council's agenda shall be: 1, welcomes and introductions (including explanation of Government in the Sunshine Requirements for meeting attendees regarding attendees choice to disclose HIV status as disclosure in HIV Planning Council and/or Committee meetings would then become a matter of public record); 2, adoption of agenda; 3. approval of minutes; 4, moment of silence; 5, review meeting ground rules; 6. public comment; 7. action items, consent (no discussion required); 8, action items, regular (discussion required); 9, discussion items; 10, grantee report; 11, program support report; 12, committee reports; 13, legislative update; 14, old business; 15, new business; 16 public input; 17, announcements; 18, next meeting date, adjournment. The Executive Committee may re-order these items for particular meetings if necessary for the efficient~~

~~and effective administration of the Council's business.~~

- The Executive Committee (or Council Chair in the absence of Executive Committee action) will determine the order of decision action items.
- The Executive Committee will establish time limits for each agenda item for each meeting. The Chair may use discretion to impose time limits on each speaker, to be consistently applied. Upon expiration of the time for discussion of a particular action item, the Chair shall close the debate and call for a vote. A person who has spoken once on a pending matter may not speak again on that matter until all others requesting the floor have been recognized.

Grievances

The Executive Committee (Committee) will provide a clearinghouse and facilitate resolution of grievances in an open, inclusive, non-discriminatory and impartial manner. Pre-dispute activities (such as publicly announcing all Broward County HIV Health Services Planning Council (Council), and Committee meetings, encouraging participation and feedback from members of the community at all Council, and Committee meetings, establishment of policies for attendance-related expense reimbursement for the infected community, development and distribution of outreach materials, including Grievance and Membership flyers, offering technical assistance, and informing the public of decision making procedures) have been enacted which assist in preventing potential grievances. The Committee is responsible for ensuring that consumer groups, affected individuals with direct interest, service providers, and Council members are aware of and have access to operating procedures available to address grievances. The Committee operates in accordance with applicable State and County conflict of interest statutes and ordinances.

The Committee will address grievances by individuals, community groups, council members and Part A providers eligible to receive Ryan White Part A funding which have been adversely affected by any actions of the Council involving the following: the needs assessment process, the comprehensive planning process, the priority setting process (including language regarding how best to meet such priorities), the clinical outcome/cost effectiveness determination process and allocation (as well as any possible reallocation) of funds to service categories process. For a grievance to be eligible for consideration, deviation from established, written processes or policies must be stated within the claim. All appeals from an initial action must be filed within two weeks of any decision, deviation or incident, and all resolutions or remedies are meant to apply prospectively. To avoid conflict of interest, grievances relative to the process used to select Part A service providers shall be in accordance with the Broward County Administrative Code.

Broward County HIV Health Services Planning Council

Vision Statement

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 Statement

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.

HANDOUT H

Quarterly Planning and Evaluation Report

FY 2014-2015 Third Quarter Report: September 1-November 30, 2014

Prepared by Broward Regional Health Planning Council

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www.brhpc.org

Summary: FY 2014-2015 Third Quarter

The fiscal year (FY) 2014-2015 third quarter ran from September 1, 2014 until November 30, 2014. In the third quarter, the HIV Planning Council (HIVPC) began using new work plans that were focused on three guiding principles. The three guiding principles were developed at the recommendation of a consultant who determined that the Broward Eligible Metropolitan Area (EMA) had so much data available to it, that it sometimes had difficulty focusing its activities.

What are the three guiding principles?

The three guiding principles of the HIVPC are:

1. Linkage to care
2. Retention in care
3. Viral load suppression

How were the three guiding principles developed?

The three guiding principles were developed to reflect the National HIV/AIDS Strategy (NHAS) and the HIV Care Continuum. In 2010, the White House released NHAS. The four goals of NHAS were to reduce new infections, increase access to care and improve health outcomes for PLWHA, to decrease HIV-related health disparities and inequities, and to achieve a more coordinated response to the epidemic. The HIV Care Continuum was developed subsequently to NHAS, as a tool to be used to analyze the progress being made on NHAS goals. The HIV Care Continuum is most often shown as a bar graph made up of five bars (see Figure 1) showing the following percentages for people living in the United States: diagnosed with HIV, linked to care, retained in care, prescribed Antiretroviral Therapy (ART), and virally suppressed.

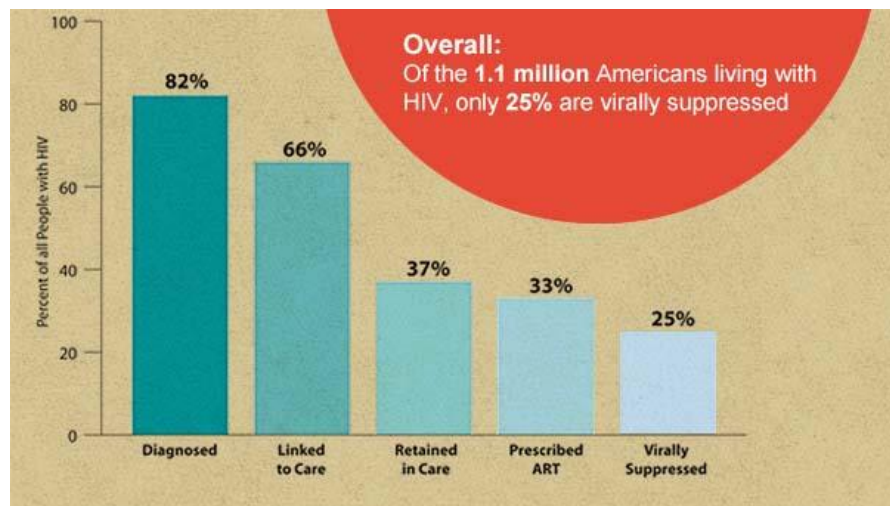

Figure 1. The HIV Care Continuum for the United States. Source: AIDS.gov

Of the five bars, the HIVPC felt that the three bars the HIVPC could have the most impact on were linkage to care, retention in care, and viral load suppression. The work of local prevention programs is predominantly focused on diagnosing HIV, and once an individual enters care, being prescribed ART is largely automatic. The HIV Care Continuum for Broward,

which compares people living with HIV and AIDS (PLWHA) in Broward to Part A clients, is shown as Figure 2 below. Unfortunately, PLWHA tend to drop off at each stage of the continuum. In Broward, this occurs especially between the linked to care stage and the retained in care stage. While 87% of people diagnosed with HIV in Broward are linked to care, only 52% are retained in care. According to Florida Department of Health (FLDOH) data, only 37% of diagnosed individuals living with HIV/AIDS in Broward achieved viral load suppression in 2013. The care continuum data strongly indicates that there is room for improvement across all stages of the continuum.

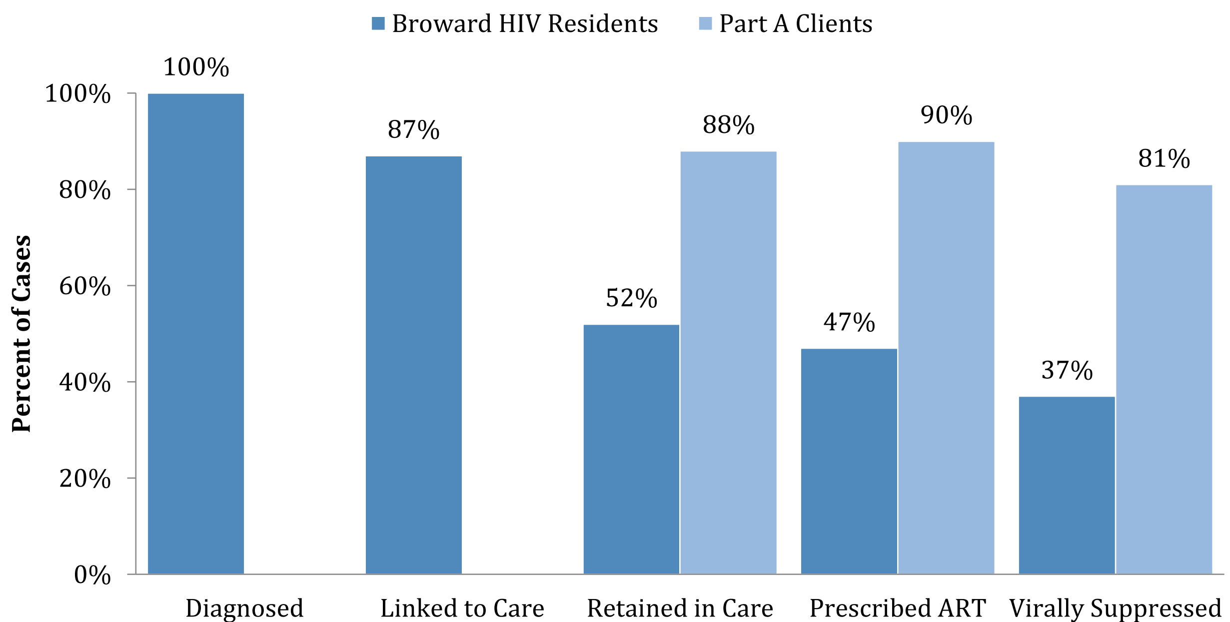

Figure 2. Outcomes along the HIV Care Continuum, Broward County Compared to the Broward EMA, FY 2013

Why are the three guiding principles important?

The Broward EMA's current Comprehensive Plan goals were developed to reflect the goals of NHAS and the HIV Care Continuum, and all of the committee work plans were developed using activities outlined in the Comprehensive Plan. The focusing HIVPC activities on the three guiding principles, the HIVPC can identify where gaps may exist in connecting individuals living with HIV to quality care and treatment. System improvements and service enhancements can be implemented to better support individuals as they move through the continuum of care. These efforts can help break the cycle of HIV transmission, reduce new infections, and improve the health of people living with HIV.

How are the three guiding principles being addressed?

The work plans are designed to relate activities of the HIVPC and committees to the three guiding principles and outcomes along the care continuum. For example, the Needs

Assessment & Evaluation (NAE) Committee is tasked with developing questions for the annual client survey to identify barriers to being retained in care or virally suppressed. The System of Care (SOC) Committee works to determine gaps in the Broward continuum of HIV services for linking clients to care after their initial HIV diagnosis. The Quality Management (QM) Committee ensures high quality HIV medical care and support services by identifying and monitoring client and system-based performance measures for linkage, retention, and viral load suppression. The Quality Improvement (QI) Networks also examine the HIV care continuum to assess where improvements in services are needed and target them accordingly. This report documents HIVPC activities that were conducted during the third quarter and how these activities help make progress on the HIVPC's goals and the three guiding principles.

Priority Setting & Resource Allocation (PSRA)

The reallocation of grant funds is conducted at least twice each fiscal year to ensure the effective and efficient use of grant funds and to meet priority needs. The first round of reallocations (hereafter referred to as sweeps) for FY 2014-2015 was conducted in November. During the sweeps process, providers are allowed to request additional funds or return funds that they anticipate will not be used. Requests for additional funding are reviewed by the Grantee to determine if requests are appropriate and will contribute to linking clients to care, retaining clients in care, or achieving viral load suppression.

The PSRA committee also reviews expenditure and utilization data, and takes into account emerging issues that may impact the reallocation of funds. In November, the PSRA committee had to take into account several issues that could impact the EMA. Historically, Outpatient Ambulatory Medical Care (OAMC) has been the largest funded, if not the most important service category. Funding OAMC appropriately so all clients have access to primary medical care is imperative to achieving outcomes related to retention in care and viral load suppression. As the EMA adjusts to a changing health care landscape and the impacts of implementing the Affordable Care Act (ACA), OAMC may cease to be the most important and largest funded service category. As clients move onto ACA Marketplace plans, services such as case management may become increasingly important to linking and retaining clients in care. Case managers are most often the personnel charged with enrolling clients in Marketplace plans, explaining to clients how a plan works, and following up with clients to make sure they are able to navigate the differences of having insurance compared to being a traditional Part A client.

The PSRA committee also had to account for dwindling funds for food services. Food services provides Part A clients with food in the form of a food box or food voucher. Ensuring the clients have adequate sources of food is important, since many clients on ART must take food when they take their medications. This could have an impact on viral load suppression for

those clients. Clients who do not have access to food and therefore cannot take their medication would be less likely to be virally suppressed.

A total of $1,016,055 was redistributed among service categories in November. Service categories receiving additional funds included OAMC and Minority AIDS Initiative (MAI) OAMC, pharmacy, case management, mental health, substance abuse, and food services. Service categories that returned funds included dental, medical case (disease) management, Health Insurance Continuation Program (HICP), and legal services. A large amount of funds was swept from both disease management and HICP in order to provide funds for food services. Both disease management and HICP had large sums of money available because they were newly funded service categories for FY 2014-2015 that had not been fully implemented. The Grantee also contributed $60,000 from available administrative funds to help provide funds for food services. Table 1 below shows all of the sweeps that were approved by the HIVPC in November:

SERVICE CATEGORY	Recommended TO	Recommended FROM
OAMC	$423,000	$321,315
MAI OAMC	$22,000	$0
Pharmaceuticals	$38,464	$8,000
Dental	$0	$38,464
Case Management	$78,445	$17,306
MAI Case Management	$0	$7,000
Disease Management	$0	$401,970
Mental Health	$18,590	$12,000
MAI Mental Health	$0	$15,000
Substance Abuse	$14,000	$0
Food Bank	$200,000	$0
Food Voucher	$221,556	$0
HICP	$0	$125,000
Legal Assistance	$0	$10,000
Unallocated Grant Funds		$60,000
Total Part A Funds	**$994,055**	**$994,055**
Total MAI Funds	**$22,000**	**$22,000**
Total Funds	**$1,016,055**	**$1,016,055**

Table 1. FY 2014-2015 Reallocations, Part 1

Outreach Report

The Community Empowerment Committee (CEC) strives to hold at least one meeting each quarter in the community in order to promote the HIVPC and provide outreach and education to community members. The CEC held its September meeting at Fusion in Wilton Manors. Fusion is an organization funded by FLDOH in Broward County (FLDOH-BC) that provides a safe space for gay and bisexual men to meet and learn. Fusion also works closely with the transgender population, which made the location a great choice for the meeting leading up to the CEC's *Transgender 101* event. When the CEC holds meetings in the community, interested parties from the venue are always invited to attend and participate in the meeting, and the committee always leaves HIVPC promotional materials for interested parties to spur interest in becoming involved with the HIVPC. Holding meetings in the community also allows the HIVPC to be more visible to community members who may be unfamiliar with the work of the Council, and also allows members the opportunity to educate community members about living with HIV and how and where to access services.

The two events sponsored by the HIVPC during the third quarter were the CEC's *Transgender 101* event and the Membership/Council Development Committee's (MCDC) Quarterly Welcome Brunch. The CEC's *Transgender 101* event was created to educate the community about the issues and challenges faced by the transgender community. Arianna Lint, the CEC Vice Chair and SunServe's Director of Transgender Services presented to attendees about various issues faced by the transgender population. Benjamin Di'Costa, the Youth and Transgender HIV/STD intervention and prevention specialist from Latinos Salud, presented to attendees on how HIV/AIDS affects the transgender community.

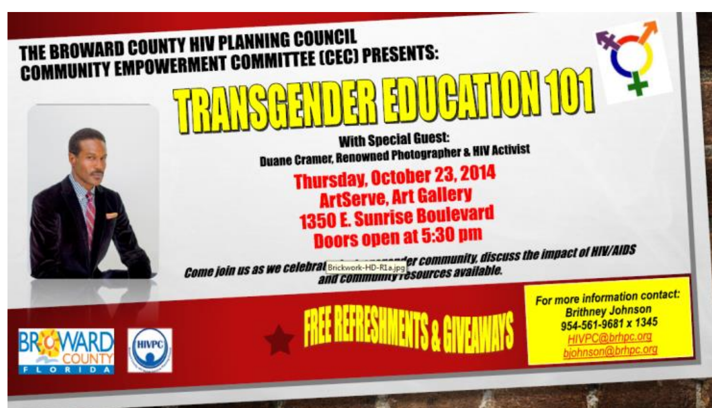

Figure 3. Transgender 101 flyer

Event attendees also participated in an icebreaker titled 'Stand-Up, Sit-Down' which was adapted to have an emphasis on lesbian, gay, bisexual, and transgender (LGBT) issues. A CEC member acted as the facilitator for the icebreaker. All participants were asked to stand, and to sit only if the facilitator read a statement that they agreed with. The facilitator read several statements such as "You identify as a feminist" and "You are a man and you wear jewelry." The facilitator continued reading statements until most of the participants were sitting. The facilitator noted that all of the statements were actual reasons given by perpetrators who have targeted LGBT people. Attendees also had an opportunity to meet renowned photographer and HIV activist Duane Cramer. Mr. Cramer shared his story with attendees and took photographs of participants.

The MCDC's Welcome Brunch is designed to promote the HIVPC and its committees to interested parties and community members. Attendees were educated about the importance of the HIVPC, as well as ensuring that their voice is heard when planning for Ryan White Part A services. The Welcome Brunch in November was well attended by the community, including five community agencies that provide HIV-related services throughout Broward County. The HIVPC received four applications from interested parties as a result of the Welcome Brunch. Future plans for the quarterly Welcome Brunch include holding the event at other community venues and targeting populations that are underrepresented on the HIVPC.

Training and Development Summary

The HIVPC's Executive Committee and MCDC determine quarterly trainings for HIVPC members, so members are well educated and informed about emerging issues. Training topics are focused on strategies and information that will inform the HIVPC about making progress towards the three guiding principles. The third quarter training occurred at the November HIVPC meeting and focused on the System of Care Committee (SOC), the HIVPC's newest standing committee. The SOC Chair presented the training, discussing the background of the committee and why it was formed and some of its roles and responsibilities.

The committee was formed after a recommendation from a consultant to have a committee whose responsibility would be to look at entire system in Broward County. Looking at the entire system will help identify any service gaps or needs in Broward, particularly linkage gaps, and the committee can make recommendations about how to address the gaps and needs. The committee will serve as a filter for data for several other committees, such as PSRA and the Quality Management Committee (QMC), and the committee will also receive information from other committees, such as the Needs Assessment/Evaluation Committee (NAE). Tasks assigned to the committee on the 18 month work plan include reviewing client health outcomes by payer and along the HIV Care Continuum, analyzing available funding in Broward County for all services, and developing language for How Best to Meet the Need (HBTMTN).

The SOC Chair encouraged interested parties to join the committee, noting that the committee could use more insight from consumers and experts in the HIV field. SOC committee meetings are held on the fourth Friday of every month at 9:30 a.m. at the Ryan White Part A Program Office.

Community Empowerment Committee (CEC) Survey Summary

The CEC's 18 month work plan includes the development of a survey to analyze the effectiveness of each community meeting or event. This survey will be distributed while the

event is taking place in an effort to attain full participant feedback. Surveying attendees about the event venue, time, or topic will aid the CEC in planning future events that best suit the community. The committee is still in the development stage of the survey, which is included on CEC's January meeting agenda for final review and approval.

Meeting Evaluation Summary

Meeting evaluations are distributed at all committee meetings to collect feedback about the effectiveness and efficiency of meetings. Evaluation respondents have the opportunity to identify themselves, or to complete the evaluation anonymously. The meeting evaluation consists of the following nine questions:

1. The meeting place was a good working environment.
2. The agenda was clear and was supported by the necessary documents.
3. The Chair guided the meeting effectively.
4. All Council/committee members were prepared to participate in the agenda.
5. Reports were clear and contained needed information.
6. Next steps for future tasks were identified and responsibility was assigned.
7. The agenda was followed without spending too much time on non-agenda items.
8. It was possible to express my opinion if I wanted to.
9. Meeting participants conducted themselves appropriately.

Respondents can answer "Yes" or "Needs Improvement" and can also leave comments or suggestions for each statement. Historically, return rates for meeting evaluations have been low. Measures have been implemented to improve return rates, such as a verbal reminder at the end of meetings and a written reminder at the bottom of each agenda. Despite these efforts, meeting evaluation return rates remain low. From July to December 2014, the highest average rate of return for a standing committee was 57%. The rates of return for most other standing committees were much lower, ranging from 9% to 43%. As such, responses may not be truly representative of meeting attendees.

The majority of meeting evaluations received have "Yes" checked for all of the statements, but some evaluations do indicate "Needs Improvement." Statement four, "All Council/committee members were prepared to participate in the agenda" was the statement most frequently indicated as needing improvement, but had almost no comments about the issues that may have arisen or how to improve. Comments were most frequently left for statement nine, "Meeting participants conducted themselves appropriately" and statement three, "The Chair guided the meeting effectively." Comments for statement nine indicated that side conversations in meetings can be a distraction, and meeting participants may comment on topics that are irrelevant. Comments for statement three noted that while some chairs are able to guide the agenda and committee discussion effectively, other chairs are perceived as being overzealous and in control of the discussion, rather than guiding it.

Other comments suggest that meeting agendas need to be streamlined so the work is not overwhelming for the two hour time frame, and to take more care to clearly explain agenda items and discussion topics when guests or new members are present.

Epidemiology

Understanding epidemiology and analyzing data to determine its impact on a system has become increasingly important. The Broward EMA uses epidemiology and surveillance data provided by FLDOH to track trends and changes in Broward may impact the types of services needed or how services are delivered. Two basic data points are especially vital: prevalence and incidence. Prevalence and incidence both measure HIV, but have important differences:

- **Prevalence** measures the *total* number of living cases of HIV and AIDS as of the date specified. Prevalence can be expressed as a number (for example, 8,362 living HIV cases through calendar year 2013) or as a proportion (for example, 475.4 living HIV cases per 100,000 population).
- **Incidence** measures *new* cases of HIV and AIDS during a specific period of time. Incidence can also be expressed as a number (for example, 498 new AIDS cases during calendar year 2013) or as a proportion (for example, 28.3 AIDS cases per 100,000 population).

Measures of incidence and prevalence can also be broken down by subpopulations to track trends for target populations or MAI populations. Being able to see the data by subpopulation is important for making progress on Care Continuum outcomes; although 81% of Part A clients were virally suppressed in FY 2013, there may be certain subpopulations with lower rates of viral suppression. In order to increase the rate of viral suppression for all clients, improvements must be made in the viral load suppression rates for subpopulations. The most recent complete incidence and prevalence data for Broward are shown in the tables below.

	HIV				AIDS			
	2012	2013	2014	%Δ (2012-14)	2012	2013	2014	%Δ (2012-14)
White	214	298	175	**-18%**	72	119	99	**38%**
Black	326	453	418	**28%**	224	288	247	**10%**
Hispanic	116	178	381	**228%**	54	63	42	**-22%**
Other	11	10	19	**73%**	7	10	15	**114%**
Total	667	939	993	**49%**	357	480	403	**13%**

Table 2. HIV and AIDS Incidence in Broward County, 2012-2014

	2012	% of total	2013	% of total
Race/Ethnicity				
White	5,677	34.1%	5,856	34.0%
Black	8,233	49.5%	8,521	49.4%
Hispanic	2,331	14.0%	2,476	14.4%
Other/Unknown	391	2.4%	398	2.2%
Gender				
Male	11,772	70.8%	12,275	71.2%
Female	4,860	29.2%	4,973	28.8%
Age				
<13 years	39	0.2%	34	0.2%
13 - 24 years	560	3.4%	552	3.2%
25 - 44 years	5,573	33.5%	5,562	32.3%
45 - 60 years	8,388	50.4%	8,745	50.7%
60+ years	2,072	12.5%	2,355	13.7%
Exposure Category				
Men who have sex with men (MSM)	8,030	48.3%	8,468	49.1%
Injection drug users (IDU)	1,225	7.4%	1,241	7.2%
MSM IDU	474	2.8%	474	2.7%
Heterosexuals	6,630	39.9%	6,794	
Other/Unknown	273	1.6%	271	
Total	**16,632**	**100%**	**17,248**	**100%**

Table 3. HIV and AIDS Prevalence in Broward County, 2012-2013

Broward County 2012-2015 Comprehensive Plan Master Chart					
Goals, Objectives, Tasks, & Activities	**Responsibility**	**Timeline**	**Performance/Outcome Measures**	**Progress as of 12/31/2014**	**Notes**
Broward EMA Goal: Improve health, reduce HIV transmission, and reduce community viral load • Improved access to and retention in HIV care for target populations[1] • Timely entry into HIV care • Prevention of vulnerable clients from dropping out of care					
NHAS Goal 1 - Reduce the number of people who become infected with HIV By 2015: 1. Lead efforts to lower the number of new infections by 25% 2. Reduce the HIV transmission rate by 30% 3. Increase the number of people who know their serostatus from 79% to 90%					Very difficult to measure/ estimate at a regional level
Objective 1.5 Expand prevention with HIV- positive individuals	Ryan White Part A Quality Management and QI Networks				

[1] A number of different but overlapping target populations are identified in the comprehensive plan. The primary target population for the NHAS and EIIHA is individuals unaware of their status, defined as: "any individual who has not been tested for HIV in the past 12 months, or any individual who has not been informed of their HIV test result (HIV positive or HIV negative), or any HIV positive individual who has not been informed of their confirmatory HIV test result," while "Secondary target populations include individuals aware of HIV status but not in care, individuals receiving medical care but not HIV care, individuals lost to follow-up, and sporadic users of HIV care" (p 91). HRSA identified the following target populations in the most recent Comprehensive Plan Guidance: Adolescents, Homeless, IDU, and Transgender. Task 1.1.1 of the work plan lists gay/bisexual men, transgenders, Blacks, Latinos, and substance users. The comprehensive plan also lists five emerging populations with special needs (p 94): Homeless adults, Black non-Hispanic women, White non-Hispanic MSM, Black non-Hispanic MSM, and Hispanic MSM.

Broward County 2012-2015 Comprehensive Plan Master Chart					
Goals, Objectives, Tasks, & Activities	**Responsibility**	**Timeline**	**Performance/Outcome Measures**	**Progress as of 12/31/2014**	**Notes**
1.5.1 Expand prevention with HIV+ individuals for avoidance of transmitting HIV to others 1. Educate and counsel patients about risk reduction and encourage safer-sex practices 2. Continue AETC Operation HOPEFUL pilot to assist risk and prevention assessments with patients 3. Implement AETC Prevention with Positives trainings (Core Medical QI Networks) 4. Identify available prevention with positives services and document in client services inventory 5. Become familiar with the prevention interventions that are offered at community-based organizations (CBOs) so that patients' referrals to these interventions are properly matched according to specific patient risks 6. Promote adherence to ART treatment to ensure maximal viral suppression and reduce transmission risk 7. Identify women who wish to become pregnant and provide preconception counseling 8. Refer HIV-infected pregnant women for early prenatal care and antiretroviral therapy (ART) 9. Screen for, diagnose, and treat other	Part A Grantee, Integrated Care and Prevention Coordination (ICPC) Work Group, Quality Management Committee (QMC), QI Networks	FY 2012-2013	• Percent of Part A clients who received HIV risk counseling within the measurement year • Percent of clients on ARVs assessed and counseled for adherence 2 or more times in measurement year • Documentation of training provided for MCM, Mental Health Provider Networks • Percent of MCM clients who receive treatment adherence counseling • Percent of adult clients who had a test for syphilis performed in the measurement year • Percent of clients at risk of STIs who had a test for chlamydia in the measurement year • Number of women in Part A care who received family planning counseling in the measurement year • Number of women who indicated during the measurement year that they wished to become pregnant; percent of these	1-3: HOPEFUL (uses flash cards to provide points for discussion and contracting for change) • Successfully piloted with physicians and Medical Case Managers (MCMs); challenge for physicians identified: it is hard to do counseling in the 15 minutes allocated to each patient • Want to continue use of HOPEFUL, focusing on MCMs or non-physician clinical staff 3: Training: some providers attended CDC boot camp; AETC training has not yet occurred 4-5: Inventory to be prepared as first task of the new ICPC Work Group 6-11: QI networks working to ensure full implementation of these tasks/standards	ICPC not established – this task may need to be moved to the Needs Assessment/Evaluation Committee (NAE), System of Care Committee (SOC), or QMC. Community Empowerment Committee (CEC) may want to consider having 'Hot Topic' presentations or community events focused on prevention for positives.

Broward County 2012-2015 Comprehensive Plan Master Chart					
Goals, Objectives, Tasks, & Activities	**Responsibility**	**Timeline**	**Performance/Outcome Measures**	**Progress as of 12/31/2014**	**Notes**
STIs 10. Ensure substance abuse screening and make appropriate referrals to treatment 11. Ensure mental health screening and make referrals to treatment			women who received preconception counseling • Percent of HIV-infected pregnant women in care who were referred for and received early prenatal care and ART • Percent of clients at risk of STIs who had a test for gonorrhea in the measurement year • Percent of clients with Hepatitis B or C infection who received alcohol counseling in measurement year • Percent of new clients with HIV infection who have had a mental health screening • Percent of new clients screened for substance abuse (alcohol & drugs) in measurement year		
NHAS Goal 2 - Increase access to care and improve health outcomes for PLWHA By 2015: 1. Increase to 85% the number of newly diagnosed receiving clinical care within 3 months of diagnosis 2. Increase to 80% the proportion of Ryan White clients in continuous care			• Percent of newly diagnosed [through public testing sites] receiving clinical care within 3 months following diagnosis • Percent of Part A clients in continuous care [defined as 2 routine HIV medical care visits a year, with one visit	• 98% linkage to medical care • 42% of clients retained in care • 77% virally suppressed • 17% homeless or unstable housed	HAB and HHS performance measures that are already being reported

Broward County 2012-2015 Comprehensive Plan Master Chart					
Goals, Objectives, Tasks, & Activities	**Responsibility**	**Timeline**	**Performance/Outcome Measures**	**Progress as of 12/31/2014**	**Notes**
3. Increase the number of PLWHA in permanent housing to 86%			taking place during the first 6 months and one during the last 6 months of the year] • Percent of Part A clients in stable housing • Percent of Part A clients with viral suppression and with undetectable viral loads		
Objective 2.1 Establish seamless system to immediately link PLWHA to continuous/ coordinated quality care					
2.1.1 Facilitate linkages to care (including coordination in health and social services settings)				CIED Services are out posted at 12 accessible sites throughout Broward County	CIED works closely with CTS staff to get clients into care ASAP
2.1.1.1 Implement Ryan White/Prevention Grantees Collaborative Work Group to Ensure Seamless Care System 1. Design client flow processes to ensure seamless system from test sites to Part A OAMC engagement 2. Define and provide training regarding linkage roles and responsibilities 3. Design and/or modify reporting and MIS to track HIV+ individuals receiving their diagnosis at confidential testing sites to linkage to care (LTC), and engagement and retention in OAMC	Grantee, Ryan White QMC, QI Networks, ICPC, Central Intake and Eligibility Determination (CIED)	FY 2012/2013	• Documentation that processes and system were developed • Documentation that all appropriate staff received training on linkage roles and responsibilities • Data system able to track HIV+ individuals as specified • Format for aggregate reporting developed and reporting implemented	1-2: Not yet completed 3-4: QM can track data for Part A; CIED obtains self-reports from clients; more complete data requires data sharing with area and State Part B and Prevention; data sharing agreements in process	ICPC not established – this task may need to be moved to the Needs Assessment/Evaluation Committee (NAE), System of Care Committee (SOC), or QMC

Broward County 2012-2015 Comprehensive Plan Master Chart					
Goals, Objectives, Tasks, & Activities	**Responsibility**	**Timeline**	**Performance/Outcome Measures**	**Progress as of 12/31/2014**	**Notes**
4. Develop aggregate reports regarding key processes, performance measures and outcomes					
2.1.1.2 Ensure the following strategies are incorporated into Outreach through Service Delivery Model (SDM) revisions and training 1. Mobilize Part A-funded CIED personnel including peer community health workers (CHWs) to provide services at CDC and FDOH test sites and to facilitate linkage to care 2. Ensure motivational techniques to engage newly diagnosed and encourage immediate care 3. Ensure orientation about available services, and eligibility documentation assistance 4. Compute OAMC engagement >/= 3 month rates following HIV+ test and long-term retention	Ryan White QMC, QI Networks		• Documentation that outreach workers are providing services at CDC and FDOH test sites • Documentation of use of motivational techniques to encourage immediate LTC for newly diagnosed clients • Percent of newly diagnosed who received orientation about available services and/or eligibility documentation assistance within 48 hours after diagnosis • Percent of newly diagnosed from public testing sites who are linked to Ryan White Part A care within 3 months • Percent of individuals who remain in care [2 routine HIV medical care visits a year, with one visit taking place during the first 6 months and one during the last 6 months of the year]	1: Funding for Outreach has been eliminated but every provider expected to bring clients into the system; linkage responsibility now shared by CIED and other service providers, using peer CHWs and the ARTAS and PROACT models 2: Such techniques in use by MAI Case Managers using CDC's ARTAS model; focus more on retention than initial engagement in care 3: Done by CIED and by prevention and counseling & testing personnel 4: Data collected for individuals tested at public sites and linked to Ryan White services; most HAB performance measures being tracked; new or revised measures added at the beginning of each program year	Continuous care definition different from and more demanding than HRSA/HAB in-care definition (one VL test or one CD4 count or prescription for ART) All case management models to be reviewed by Priority Setting & Resource Allocation Committee (PSRA) to ensure effective and efficient services QMC and QI Networks

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					review HAB measures on a quarterly basis. Updated HAB measures added to 3-year plan and built into PE for FY 15-16.
2.1.1.3 Utilize engagement reports to identify areas of improvement [Reports include sub-analyses to assess EIIHA strategy impact on rates of racial, ethnic, and sexual minorities, and WICY] 1. Compute time from initial HIV+ test to the first OAMC visit with a physician; engagement and retention in OAMC in the first year following initial HIV testing 2. Apply quality management (QM) methods to identify areas of improvement and modify processes 3. Tailor linkage and retention methods to unique needs of racial, ethnic, and sexual minority men and women **4.** Develop Quality Improvement Plans (QIPs) by Outreach QI Network to design, test, and implement the new Linkage to Care (LTC) model	QMC; QI Networks	FY 2013/2014	• Areas of improvement identified and made a part of QIPs • Percent of newly diagnosed who have their first OAMC appointment with a physician within 3 months following diagnosis • Percent of newly diagnosed who have 2 VL and CD4 tests annually and at least 3 medical visits with the first year following initial HIV testing, overall and by racial/ethnic group and sexual orientation • Documentation that QIPs developed by the Outreach QI Network call for design, testing, and implementation of the new LTC model	1: Performance measures specified collected on Ryan White Part A clients and can be reported by demographics, including risk factors 2: QI Networks and QM Committee are reviewing data and determining needed service refinements 3: Providers can run their own data by demographics and service category in order to identify and address areas for improvement 4: Outreach QI Network no longer in existence due to Outreach not being funded; QIPs being developed for other Networks may include LTC improvements	• CIED ensures an appointment is made with a physician within 48 hours of intake. Linkage to care is defined as an appointment within 3 months of diagnosis. We may want to refine our definitions further.

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Goals, Objectives, Tasks, & Activities	**Responsibility**	**Timeline**	**Performance/Outcome Measures**	**Progress as of 12/31/2014**	**Notes**
			• Documentation that model has been designed, tested, and implemented		
Objective 2.2 Support PLWHA with co-occurring conditions and challenges to meet basic needs, such as housing					
2.2.1 Enhance client assessment tools and measurement of health outcomes 1. Develop tools to measure impact of all Part A Services on client level health outcomes 2. Program revised client level outcomes in Provider Enterprise (PE) MIS 3. Monitor the impact of non-medical services on retention in medical care 4. Integrate the 2 HAB core group 1 VL performance measures into PE system and SDMs	Ryan White QMC, QI Networks		• Documentation that tools have been developed • Revised client-level outcomes programmed into PE MIS • Plan in place for monitoring impact of non-medical services on retention in care • Network reports include measures of impact of non-medical services on retention in care • Specified performance measures integrated into PE system and SDMs	Tools to measure clinical outcomes have been developed as part of the PE MIS and are revised to include new/updated performance measures • Data reports are broken down by service categories and used to produced category-specific scorecards • Part A providers can generate data reports on their own clients by service category • PE to be updated to include all 2013 HAB performance measures for the 2015-16 program year • Requirement to use revised Broward client-Level outcomes and indicators, which are to be included in provider contracts as of June 2014	SOC will also be reviewing outcomes by payer, EMA/TGA, and along the HIV care continuum to determine strategies that can be used to improve outcomes in Broward

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				• Measures of impact on retention and care developed for all service categories as of end of 2014 and will be collected and analyzed along with other performance and outcomes data • Impact data reported by QI Networks • QM staff and QI networks reviewing data to determine the extent to which participation in non-medical services contributes to retention in medical care	
2.2.2 Provide MCM and clinical services that contribute to improving health outcomes 1. Ensure Part A/MAI service allocations are sufficient to serve all eligible PLWH 2. Ensure core services allocations for Oral Health, AIDS Pharmaceutical Assistance Program, Mental Health, Substance Abuse, and Medical Case Management (MCM) are sufficient to serve all eligible PLWHA 3. Develop QIPs based on review of HAB Measures 4. Analyze client level data to develop strategies to improve retention	Ryan White HIVPC, PSRA, QMC, QI Networks		• Documentation of existence of waiting lists and average wait times for Part A/MAI-funded services • Documentation of existence of waiting lists and wait times of less than 2 weeks, 4 weeks, and 6 weeks or more for Part A funded core medical-related services • Documentation that allocations for Part A/MAI and specified Part A services consider number of clients served through other funding streams and	1-4: Data on service access obtained, analyzed, and used in allocations and re-allocations where needed • Baseline data on service access and gaps obtained from 2011 and prior PLWHA surveys • Provider reports on waiting lists and wait times for specific services and populations (e.g., language minorities) obtained via monthly e-mail blasts	PSRA allocated funds to oral health, pharmacy, mental health, substance abuse, and MCM for FY15-16. The new Disease Management (MCM) model began implementation in late 2014, and a Disease

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Goals, Objectives, Tasks, & Activities	**Responsibility**	**Timeline**	**Performance/Outcome Measures**	**Progress as of 12/31/2014**	**Notes**
5. Develop a baseline measure of client Health Literacy levels			through Part A during previous year and projected number of new clients needing each service in the upcoming year • QIPs developed • Regular analysis of client-level data • Evidence of use of analysis for retention improvement strategies • Baseline measures of client Health Literacy Levels developed and obtained	• HIVPC and PSRA Committee review access data and use it in the allocations process 5: PE tracks client education and self-reported literacy levels • CQM staff conducted review of materials and health literacy competency at all funded agencies • Pilot completed with the Combined Network's providers and a sample of clients • QIPs in development	Management Work Group will meet beginning in early 2015 to ensure effective implementation of the new model
2.2.3 Increase access to non-medical services as critical elements of an effective HIV care continuum [Includes CIED, Food bank/vouchers, Legal services] 1. Maximize access to support services for PLWHA that need them, through Ryan White or other sources 2. Develop QIPs that address identified access barriers and limitations	Ryan White PSRA, QMC, QI Networks		• Evidence of increased funding for specified non-medical services through Part A, Part A/MAI, and/or other funding streams • Evidence of increased utilization of specified services compared to baseline level as measured • QIPs developed	• Data already reported on number receiving specified support services and frequency • Questions included in PLWHA survey • Providers to report number of PLWHA indicating a need for specific services • Transportation funded and tracked by Part B and in PE • Grantee provides information on resources available through other funding streams	• NAE to focus on questions pertaining to the HIVPC's 3 guiding principles (linkage, retention, VL suppression) • Updates to food services

Broward County 2012-2015 Comprehensive Plan Master Chart					
Goals, Objectives, Tasks, & Activities	**Responsibility**	**Timeline**	**Performance/Outcome Measures**	**Progress as of 12/31/2014**	**Notes**
				• Data used to help determine Part A allocations • EMA will obtain baseline data and monitor changes in use of such services	eligibility and model in process • Benchmarking report of all services due in early 2015 and will be used to identify areas for improvement
2.2.4 Provide housing assistance and other services that enable access and adhere to treatment 1. Continue to provide joint Medical Case Management (MCM) trainings to Ryan White and HOPWA case managers 2. Increase proportion of Part A clients who are stably housed 3. Identify barriers to care related to housing and other supportive services and develop QIPs to address barriers	Part A Grantee, PSRA, QMC, QI Networks, HOPWA	2012-2015	• Documentation of number of joint trainings on use of MIS to share eligibility information and number of Ryan White and HOPWA case managers participating in each • Percentage of Part A clients who are stably housed in each measurement year, compared to the baseline percentage • Barriers to care related to housing identified • QIPs developed to address barriers	1: Training for all case managers and HOPWA staff mandatory and always joint; quarterly sessions have addressed CIED, Part A, Part C, Part D, housing issues, and motivational interviewing 2 & 3: Data on unstably housed used by PSRA Committee in setting allocations • Case managers report percent of clients who are unstably housed (HIV performance measure) • Data available from HOPWA due to its use of PE	• Questions included in the 2015 needs assessment will likely include questions about housing • Clients alerted of changes to STRMU and PHP programs

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				• Additional data on housing needs and barriers obtained through PLWHA survey and annual PIT survey • QM Committee and QI Networks explore ways to address housing and other identified supportive service gaps and barriers • Helping PLWHA obtain and maintain stable housing always a challenge • QIPs being developed to address barriers for FY 15-16	in August 2014
2.2.5 Promote collaboration among providers 1. Continue efforts to recruit Prevention Grantee to join the HIV Planning Council 2. Assess feasibility of combining HIV planning efforts required by prevention and care grants including: Client/Provider Needs (surveys, focus groups, community forums); Funding/Services Inventories/Directories 3. Increase linkage collaboration activities between Part A, testing, mental health, substance abuse and housing	Part A Grantee and Providers, Prevention, ADAP, Jail Linkage Staff, Re-Entry Coordinator, HIVPC	FY 2012/2013	• Prevention Grantee serving on HIV Planning Council • Discussions held regarding combined HIV planning efforts including shared needs assessment and service inventories/directory • Shared needs assessment implemented • Combined service inventory/directory prepared • MOUs between testing and other specified entities in place	1: HIVPC succeeded in obtaining Prevention representation, but individual changed jobs; Health Department asked to identify a new representative 2: In process: • 2014 needs assessment developed with Prevention • Combined inventory in development as of early 2014 3: Progress continuing: • Collaboration with HOPWA facilitated by use of same data system	• Prevention staff participate on HIVPC committee and is often in attendance at HIVP meetings to give reports • Inventory development may need to be moved to the NAE,

Broward County 2012-2015 Comprehensive Plan Master Chart					
Goals, Objectives, Tasks, & Activities	**Responsibility**	**Timeline**	**Performance/Outcome Measures**	**Progress as of 12/31/2014**	**Notes**
4. Ensure MOUs between testing and Part A-funded CIED and OAMC are implemented 5. Arrange quarterly calls between grantee and other funders			• Quarterly linkage updates received from all funders	• Providers knowledgeable about mental health and substance abuse; QI Mental Health and Substance Abuse Network playing a lead role in providing information and facilitating collaboration 4: MOUs in place 5: Quarterly calls have been implemented	SOC, or QMC • Mental health/substance abuse service category study in progress
Objective 2.3 Ensure PLWHA access to and maintenance on anti-retroviral therapy					
2.3.1 Ensure that all eligible HIV-positive persons have access to antiretroviral therapy 1. Create a system to obtain real time information for all ADAP clients 2. Ensure linkage to pharmacy programs • Educate MCMs, pharmacists, and Part A clinicians on pharmacy program requirements and eligibility guidelines to ensure that barriers to ART access are addressed • Educate MCMs, pharmacists, and Part A clinicians about emergency ART • Continue to provide emergency ART through Part A LPAC and other community resources to ensure	Ryan White QMC, QI Networks	Ongoing	• Percentage of all Ryan White Part A clients receiving ART • Documentation of education/training sessions and types of individuals trained • Documentation of regular monitoring by Medical Network • Documentation that clinicians' recommendations for formulary additions are brought before the LPAC for consideration at its biannual meetings	1: Grantee receives quarterly reports on all ADAP clients that allows for client matching; real-time data system not yet feasible • Focus on filling data gaps; Ryan White Part A serves about 7,000 clients and has viral load data on about 5,500; ADAP serves provides medications to about 4,000 2: Tasks being implemented; continuous process required: • Education provided about pharmacy program requirements and eligibility and about emergency ART	No recent recommendations for LPAC review

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clients do not experience interruption in treatment 3. Continue to monitor changing program guidelines through the Medical Network and ensure clinicians' recommendations for additions to Part A Formulary are brought before Local Pharmacy Advisory Committee (LPAC) for consideration 4. Ensure that MCMs and clinicians discuss importance of ADAP 6-month recertification			• Documentation of provision of emergency ART and any interruptions in treatment • Documentation of grantee materials and/or sessions used to educate MCMs, pharmacists, and Part A clinicians about emergency ART • Grantee documentation of discussion of importance of ADAP recertification with MCMs and clinicians	• Emergency ART continuing, usually as a bridge while ADAP eligibility is being determined • Access to emergency ART facilitated by the Medical Exception Form, which a doctor can fax to indicate a client is applying for ADAP but needs specified medications as a bridge; 10-day supply provided, with another 10 days added when necessary. Providers are continuously being educated about the form to ensure access to medications. • Includes any drug in the ADAP formulary as well as emergency access to maintenance medications and others while client waits for PAP application approval 3: Monitoring of program guidelines and recommendations to LPAC in place LPAC meets at least 1-2 times a year, to determine needed changes in guidelines	

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				regarding particular drugs, add new ARVs or other drugs, and decide whether to remove drugs that are not being use 4: ADAP Recertification discussed in QI Networks	
2.3.2 Ensure PLWHA who start therapy are maintained on regimen, per HHS guidelines 1. Increase the percentage of clients with a viral load less than 200 copies/mL by monitoring NQC viral load suppression and developing strategies to improve suppression rates	Part A Grantee, QMC, QI Networks	Ongoing	• Percentage of Ryan White clients with viral suppression, defined as a viral load of less than 200 copies/mL • Documentation of use of data to develop strategies to improve viral suppression rates	• PROACT used to improve retention • QMC, Mental Health and Substance Abuse, and Combined Networks looking at viral load data by variables and reporting trends and disparities by population group • Focus on determining what groups are most likely to drop out of care, then exploring and adopting strategies to improve retention • Barriers to adherence assessed to some degree in client surveys, focus groups, and the MSM study	Target populations recommended to NAE for inclusion in upcoming needs assessment
Objective 2.4 Increase proportion of newly diagnosed and lost-to-care patients linked to care within three months by 10% each year	Part A		Proportion of newly diagnosed and lost-to-care patients linked to care within 3 months		
Objective 2.5 Assist and support PLWH eligible for ACA health plans to ensure enrollment, use of services, retention in care, and viral suppression					Added in 2014

Broward County 2012-2015 Comprehensive Plan Master Chart					
Goals, Objectives, Tasks, & Activities	**Responsibility**	**Timeline**	**Performance/Outcome Measures**	**Progress as of 12/31/2014**	**Notes**
2.5.1 Meet HIV/AIDS Bureau (HAB) guidelines for outreach and enrollment support for PLWH eligible for participation through use of Ryan White funds and personnel	Grantee and Planning Council, including PSRA Committee	2014-2015, before and during open enrollment periods	• Number and percent of eligible PLWH who enroll in ACA plans • Documentation of enrollment assistance provided by providers to Ryan White clients	• Health Insurance Continuation Program (HICP) to cover 250-400% FPL clients up to $4500 per year for premium & cost sharing assistance. • Part A collaboration with ADAP to identify appropriate plans for clients and advertise enrollment. • HIV-specific Navigators available through a collaboration with the Epilepsy Foundation and are out posted at several provider locations, working with Part A clients to encourage enrollment onto ACA health plans. • Part A & ADAP clients eligible for enrollment have appointments set up with specific navigators who know and understand the appropriate plans for HIV clients.	Enrollment in progress for coverage in 2015
2.5.2 Ensure Ryan White capacity to provide post-enrollment assistance to Part A clients to help them identify providers within the health plan network who have HIV expertise and	Grantee and Planning Council, including SOC, NAE, CEC, and	2014-2015	• Documentation of adjustments in Ryan White service model to establish and maintain post-enrollment		

Broward County 2012-2015 Comprehensive Plan Master Chart					
Goals, Objectives, Tasks, & Activities	**Responsibility**	**Timeline**	**Performance/Outcome Measures**	**Progress as of 12/31/2014**	**Notes**
offer culturally appropriate services	PSRA Committee		assistance • Documentation of policies and procedures in subcontracts that clarify provider roles and responsibilities • PLWH satisfaction or survey data indicating receipt of needed post-enrollment services		
2.5.3 Refine the Ryan White system of care as needed to ensure retention in care for enrolled PLWH: • Ensure coordination of care, through appropriate case management models • Provide for care completion, including access to both core medical-related and support services that are not covered or not fully covered through insurance plans	Grantee, Planning Council, including SOC, and providers, including QI Networks and QMC	2014-2015	• Documentation of refinements in EMA's system of care, including roles of case managers • Retention and viral suppression rates for Ryan White clients enrolled in health plans that are comparable to those for other clients	• SOC to review outcomes along the HIV Care continuum • HIVPC's 3 guiding principles (linkage, retention, & VL suppression) focus activities • Barriers to retention to be included on 2015 needs assessment	HICP client data not yet available
NHAS Goal 3 - Reduce HIV-related health disparities By 2015: 1. Increase access to prevention and care services 2. Increase the number of gay and bisexual men, Blacks, and Latinos who have an undetectable viral load by 20%			• Percent of gay and bisexual men, Blacks, and Latinos who have viral suppression [≤ 200 copies/mL] by 2015, compared with baseline year (2012)		

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Goals, Objectives, Tasks, & Activities	**Responsibility**	**Timeline**	**Performance/Outcome Measures**	**Progress as of 12/31/2014**	**Notes**
Objective 3.1 Reduce HIV-related mortality in communities with high risk of HIV infection by 10%		2012-2015	• Number of HIV-related deaths reported annually, by race/ethnicity and sexual orientation		Based on surveillance data
3.1.3 Ensure high-risk groups have access to regular viral load and CD4 tests 1. Ensure access to and retention in high quality HIV-related OAMC, including regular VL and CD4 tests 2. Ensure OAMC meets or exceed HHS guidelines as measured by HAB measures 3. Ensure continuous collection, analysis, and use of viral load and CD4 data to strengthen services • Apply HAB measurement model to QI Networks • Conduct PM quality assessment to ensure data are accurate and meet goals • Address data quality/reporting issues and performance deficiencies • Review progress annually; identify remediation steps and key action steps	Ryan White Part A Grantee, CIED, QMC, QI Networks	FY 2012/2013 FY 2012/2014 FY2012/2015	• Documentation of in-care campaigns implemented • Linkage to care: percent of newly diagnosed PLWHA who are linked to care within 3 months • Viral Load Monitoring: percent of Ryan White patients with a viral load test performed at least every six months • CD4 Monitoring: percent of Ryan White patients with a CD4 count performed at least every six months • OAMC: percent of Ryan White Part A patients whose OAMC meets or exceeds HHS clinical guidelines, based on use of HAB measures • Quarterly review by QM Committee to ensure data integrity and determine performance • Reports reviewed and remediation and key action steps documented by QI	• Documenting linkage to care through CIED • Continuous collection of Viral Load and CD4 data by providers • Data on VL and CD4 monitoring and HHS clinical standards collected as part of ongoing reporting of performance measures • Regular review of VL and CD4 data by population group being done by grantee, OAMC QI Network, and QM Committee – comparisons made with baseline data for 2011, just before the In-Care Campaign was started, and with annual data for 2012 and 2013 • Issues of access and retention including VL and CD4 testing being explored through PLWHA survey and focus groups	Includes HAB HIV System-wide Clinical Performance Measures

Broward County 2012-2015 Comprehensive Plan Master Chart					
Goals, Objectives, Tasks, & Activities	**Responsibility**	**Timeline**	**Performance/Outcome Measures**	**Progress as of 12/31/2014**	**Notes**
			Networks and QM Committee	• MSM study completed in early 2014, data used for 2015 needs assessment and identification of research items/QIPs • Have found and are exploring ways to address very high levels of stigma and denial, which serve as barriers to access to and retention in care among high-risk populations	
3.1.4 Measure Ryan White Part A program viral load as a measure of program quality **1.** Measure suppressed and undetectable viral load baselines for Part A program and subpopulations 2. Assess Ryan White viral load data for reliability, accuracy, completeness, and quality, based on proportion of cases with known viral load 3. Ensure OAMC and MCM (regardless of funder) electronically document VL and CD4 at least every 6 months 4. Request VL/CD4 documentation for recertification for those not in Part A OAMC 5. Develop a QIP for improving incomplete or inaccurate Ryan White data	Ryan White Part A Grantee, Support Staff, NAE, QMC, all QI Networks		• Viral Load suppression: percent of Part A patients with suppressed viral load [<200 copies/mL] and with undetectable viral load [<50 copies/mL]; biannual comparisons • Changes in Viral Load: percent of patients with reduced viral load over time, based on baseline and biannual comparisons • Population-specific data: Analysis of Viral Load by race/ethnicity and sexual orientation • Documentation of review of VL data accuracy, completeness, and quality • QIP plans developed	1: Baselines obtained in 2013; can be broken down by subpopulations; have run data for past three years but changes have been made in the reporting system; further demographic breakdowns (for ex. MSM by race) in development in PE 2: VL data now reported on about 5,500 clients out of about 7,000 enrolled in Part A; most data reported by OAMC provider and are of high quality 3-5:QM staff working to increase reporting of VL test results for PLWHA, including those receiving some services	

Broward County 2012-2015 Comprehensive Plan Master Chart					
Goals, Objectives, Tasks, & Activities	**Responsibility**	**Timeline**	**Performance/Outcome Measures**	**Progress as of 12/31/2014**	**Notes**
				– but not OAMC – through Part A • Data regularly reported for most clients who receive OAMC through Part A • MCM trained to request and record VL data from clients not receiving OAMC through Part A • MCMs seek lab data for other clients • CIED requests copies of both VL and CD4 count from clients at recertification; grantee considering requiring such documentation for recertification but fear this might become a barrier to care • Part B data periodically shared and can be matched to obtain some lab data missing from PE • Alerts built into PE system to remind physicians to enter VL data • Efforts under way to resolve data entry problems; some providers say the Viral Loads are showing up in the system but a PE alert	

Broward County 2012-2015 Comprehensive Plan Master Chart					
Goals, Objectives, Tasks, & Activities	**Responsibility**	**Timeline**	**Performance/Outcome Measures**	**Progress as of 12/31/2014**	**Notes**
				indicates there are no current results in the system	
Objective 3.2 Reduce stigma and discrimination against PLWH					
3.2.1 Engage communities to affirm support for people living with HIV 1. Engage communities and affirm PLWH support through HIVPC planning efforts, materials and events	Ryan White Part A Grantee, HIVPC, QI Networks, QMC, CEC		• Documentation of materials developed • Documentation of community engagement activities • Documentation of number of individuals reached through community engagement activities	• Importance of such efforts confirmed by MSM study findings of high levels of stigma and denial in the community • CEC serving as liaison between consumers and the Planning Council • CEC regularly hold meetings at varying community locations, has increase committee membership, and organizes several community events with a special focus or educational 'Hot Topic'	
3.2.2 Promote public leadership of people living with HIV 1. Promote public leadership of PLWHA through actively recruiting PLWHA to serve as HIVPC members and council leadership positions; training; and disseminating national opportunities 2. Integrate Part A and Part B Orientation Manuals	HIVPC, including Membership/Council Development Committee (MCDC) and CEC, NAE		• Number of PLWHA recruited and selected as HIVPC members annually • Number of PLWHA in leadership positions at end of each program year • Documentation of training provided • Number of national opportunities provided and used by PLWHA	1: Recruitment and Training • MCDC holds quarterly Welcome Brunches and works with CEC to identify and recruit PLWHA to serve on the HIVPC • MCDC provides training for consumer members of the HIVPC, helping to prepare them for leadership	

Broward County 2012-2015 Comprehensive Plan Master Chart					
Goals, Objectives, Tasks, & Activities	**Responsibility**	**Timeline**	**Performance/Outcome Measures**	**Progress as of 12/31/2014**	**Notes**
				• HIVPC support staff and grantee provide information on national opportunities for training and leadership development • Consumers have attended USCA and NQC trainings, and two HIVPC consumer members have submitted applications to AIDSWatch 2015	

EVALUATION REPORT

In 2014, the HIVPC developed and implemented a number of surveys to evaluate processes and areas for improvement. Surveys included:

- Committee Chair Assessment
- PSRA Self-Assessment
- Community Event Surveys (*Transgender 101*, Welcome Brunch, Mini Retreat)
- HIVPC Self-Assessment Survey

Committee Chair Assessment

The Committee Chair Assessment was developed after Vice Chairs were added to each committee. In addition to opening leadership opportunities on the HIVPC's committees to community stakeholders, Vice Chair positions presented an opportunity for leadership development, so that there are leaders ready and willing to take on more responsibility should a committee Chair resign. The Committee Chair Assessment was developed in the Executive Committee and was distributed via email to all committee members. The survey asked about member demographics (how long they had served on the committee, if the respondent was a Part A consumer), organizational matters (if the Chair follows the policies and procedures, or encourages open communication), leadership (if the Chair creates a culture of respect and high morale), and personal characteristics (if the Chair is respectful of other opinions, and if the Chair encourages individual member growth).

Twenty eight committee members responded to the survey, and responses were overall positive, with 56% of respondents rating the performance of their Chair as excellent. Almost all Chairs were evaluated positively for organizational matters and personal characteristics, but some committee members did not agree with their Chair's leadership or communication style. Most respondents served on two committees and 40% of respondents had served on a committee for five or more years. There was strong feedback from consumers - 70% of respondents reported being a consumer of Part A services - and also strong feedback from HIVPC members. Of the twenty eight responses received, twenty five were also HIVPC members.

The largest number of evaluations were received for the CEC Chair, which is also the largest committee. This was followed by the PSRA Committee, and the QMC. The only committee Chair

not evaluated was the SOC Chair, since the SOC was a brand new committee, and members had not been to enough meetings to fairly evaluate the Chair. There were few differences in response by Chair; no respondents strongly disagreed with any of the survey statements, and there were very few that disagreed with a survey statement.

There were no responses received that indicated Chairs did not follow the HIVPC by-laws or committee's policies and procedures, but only 52% of respondents strongly agreed that their Chair follows the HIVPC by-laws and only 56% strongly agreed that the Chair follows the committee's Policies & Procedures. Communication between the Chairs and their committees was strong: 56% of respondents strongly agree that their Chair kept the committee up to date on important matters relating to the HIVPC, 52% strongly agreed that their Chair works effectively with committee members to complete work plan objectives, and 63% strongly agreed that their Chair encourages open communication among members.

Approximately half of respondents agreed that Chairs communicated a clear direction for their committees and encouraged an environment supportive of individual initiatives. Fifteen percent of respondents, however, reported being neutral or unsure that the Chair encouraged an environment that rewarded teamwork within the committee. Chairs were reported as creating a climate of respect and high morale for the committee, and for representing a positive image of the committee.

PSRA Self-Assessment

The PSRA Process Self-Assessment Survey was distributed to HIVPC and PSRA members in July 2014, following the completion of the PSRA process for FY 2015-2016. The survey was comprised of 10 questions and asked for member understanding of the purpose, process, and data sources. Respondents reported that they understood the purpose of the PSRA process, however, not all respondents understood the details of the PSRA process or data sources. Half of respondents reported being an HIVPC or PSRA member for 5-10 years, and 92% of respondents reported their knowledge of the PSRA process had increased a lot since becoming a member. Length of membership did not seem to have a large impact on responses, especially given the small number of respondents. Respondents who reported being an HIVPC or PSRA member for three to five years, however, were more likely to respond to a question with "I mostly understand" or "I understand some" in comparison to other lengths of membership.

While survey respondents overwhelmingly understood the purpose of the PSRA process (92%) only 75% reported completely understanding the process (Figure 1). Respondents were asked to answer questions about their understanding of important data sources, and responses were a little disheartening. As shown in Table 1, cost data was the data source least understood by respondents, with only 64% of respondents completely understanding the data. Additionally, only 75% of respondents reported completely understanding needs assessment and service utilization data.

		I COMPLETELY UNDERSTAND	I MOSTLY UNDERSTAND	I UNDERSTAND SOME
Needs assessment	n	9	2	1
	%	75.0%	16.7%	8.3%
Service utilization	n	9	2	1
	%	75.0%	16.7%	8.3%
Cost data	n	7	3	1
	%	63.6%	27.3%	9.1%
Priority setting	n	10	1	1
	%	83.3%	8.3%	8.3%
Resource allocation	n	10	1	1
	%	83.3%	8.3%	8.3%
Conflict of interest	n	8	2	1
	%	72.7%	18.2%	9.1%
Data used to create rankings	n	10	1	1
	%	83.3%	8.3%	8.3%

Table 1. Respondents were asked to indicate their understanding of the data sources

Only two-thirds of respondents reported completely understanding service category definitions, meaning a third of respondents either mostly understood or only understood some of the service category definitions. A quarter of respondents did not completely understand how each service category was ranked, nor did they understand why all of the service categories were ranked for FY 2015. Seventy five percent of respondents said they completely understood how allocations were made, which is surprising given that only 64% of respondents indicated understanding cost data.

Upon review of the survey findings, the PSRA committee decided to put measure in to place to improve understanding of the priority setting and resource allocation process. In 2015, the committee plans to spend a portion of each meeting reviewing a data source, which will include an explanation of where the data comes from, how it is used, and why it is important to the prioritization or allocation of funds. The Grantee's office will also provide the committee with a

monthly snapshot of expenditures and utilization for each service category, in order to help the committee better understand cost data, and to note expenditure trends before sweeps.

Transgender 101

The CEC held a community event at Art Serve in October 2014 titled Transgender 101, the purpose of which was to raise awareness of transgender issues, especially for transgender individuals who are HIV positive. A brief, nine question survey was distributed to participants to gain feedback about the event and what the community would like to see in the future. Responses were received by approximately 40% of attendees and were overwhelmingly positive. Ninety one percent of respondents rated the event as good or very good, noted that the event provided them with helpful resources, and would be willing to attend a similar event in the future.

Forty five percent of survey respondents were Part A clients, and respondents were mostly not affiliated with an agency (82% of respondents). Attendees largely heard about the event through word of mouth (90%), followed by seeing a flyer for the event (30%). All respondents agreed the event was held at a convenient location, but made suggestions that other events be held in Wilton Manors or at a Broward County library.

The CEC is in the process of developing a final survey to be used at all of its community events. The survey should be finalized in early 2015.

Welcome Brunch

The MCDC held two welcome brunches in 2014, one in July and one in November. Very few evaluations were received following the July welcome brunch, but close to half of attendees filled out an evaluation following the November brunch. Responses for completed evaluations were largely positive. Respondents felt that the event was easily accessible and well guided, and that the icebreaker and member testimonials were effective. Approximately 22% of respondents felt neutrally about whether HIVPC functions and duties were explained clearly and concisely; the MCDC may want to consider spending more time explaining the roles and responsibilities of the HIVPC in the future.

Mini Retreat

A brief, five question evaluation was sent to mini retreat attendees in the week following the retreat. Questions were asked about the event location, date and time, and the benefits of attending the mini retreat. A total of nine responses were received, although close to fifty people attended the event. Of the responses received, one respondent indicated that they were not able to attend the mini retreat due to a scheduling conflict. The remaining eight respondents were able to attend the retreat. Responses about the location were split, with half of respondents saying the location was excellent, and half rating the location average or good. Comments indicated that the location was difficult to find. A majority of respondents rated the time as good and said the mini retreat was beneficial to them. Based on the success of the mini retreat in December, the HIVPC plans to hold another mini retreat in the late summer of 2015.

HIVPC Self-Assessment

The HIVPC Self-Assessment was a three party survey distributed to HIVPC members over the course of three months in 2014. The parts were distributed to HIVPC members via email (part one in September, part two in October, and part three in November) and iPads were also available at HIVPC meetings to encourage additional responses. Of the three parts, part one had the most responses (about 57% of HIVPC members), part two had slightly less (43% of HIVPC members), and part three had very few responses (17% of HIVPC members).

Part one asked respondents questions about the HIVPC mission statement, work plans, and representation and diversity of HIVPC members. Respondents were tremendously aware that the HIVPC had a mission statement (92% of respondents reported knowing the HIVPC had a mission statement), but 30% of respondents were unaware of what the mission statement says. Some respondents knew where the mission statement could be found, identifying the training and orientation packet for new members (46%) and the HIVPC's written documents (39%) as the two most likely places to find the mission statement. Interestingly, although less than three quarters of respondents knew the text of the mission statement, 46% of respondents felt the mission statement influenced major decisions of the HIVPC a lot.

Respondents were much more aware of the work plans used to conduct activities. Ninety two percent of respondents were aware of the work plans, and 85% felt the work plans set adequate goals and objectives, provided specific activities for completion, and could be used to monitor

the HIVPC's effectiveness. Slightly over three quarters of respondents (77%) agreed that the work plans contained reasonable timelines and 92% agreed that work plans identified the responsible party of each activity. Respondents also largely understood the process for becoming an HIVPC member, and the procedures that are followed to approve an applicant for the HIVPC. Although respondents were well aware of the process and procedures for adding new members, respondents were not as aware of written policies for adding new HIVPC members. The HIVPC by-laws and policies and procedures were both cited by 69% of respondents as including the policy, but only 31% cited the Local Procedures Manual. Around three quarter (77%) knew of a written policy with criteria for HIVPC membership, but less than two thirds (62%) of respondents reported being aware of written job descriptions for members, and 15% of respondents indicated there were no written procedures at all for the application process.

Part two asked questions about the PSRA process and the needs assessment, and responses were similar to responses for the PSRA self-assessment. Less than three quarter of respondents (70%) identified that priorities are set annually, although all respondents were aware that allocations are set annually, with adjustments made as necessary throughout the fiscal year. Similar to the PSRA self-assessment responses, respondents to part two of the HIVPC self-assessment were aware of how and why the PSRA process was conducted; data sources used to make decisions were less familiar with respondents, particularly cost effectiveness data (only 70% of respondents identified that it was used as part of the PSRA process).

Both the needs assessment and Comprehensive Plan were less understood by respondents than the PSRA process. When asked which committee was responsible for the needs assessment, no committee emerged as a clear leader. Though it is true that all committees contributed to all HIVPC processes in some part, respondents clearly identified the PSRA committee as the lead committee for the PSRA process. Subsequent questions about the needs assessment indicate that respondents are not well aware of the methodology used in the needs assessment, or how the needs assessment is implemented. More clarity and education may be necessary about the methods used to conduct the needs assessment and the persons responsible for implementing the needs assessment. Respondents also had difficulty understanding the needs assessment report; only 50% of respondents agreed that it was easy to understand, and only 50% agreed that the report addressed the need for further study.

Part three was focused on the Comprehensive Plan and the continuum of services in Broward County. With only 17% of HIVPC members responding to part three of the self-assessment, it is difficult to say whether or not responses are significant and representative of HIVPC members as

a whole. Similarly to the needs assessment, confusion existed among respondents about which committee was responsible for the Comprehensive Plan. Half of respondents cited the Executive Committee as the responsible committee, and only 25% of respondents cited the NAE. This may be due in part to the changing of work plan activities over the past several years, which included the changing of most of the Comprehensive Plan responsibilities from the Executive Committee to the NAE. All respondents were are that the Comprehensive Plan contained goals and objectives, and respondents were familiar with the contents of the Plan, but 25% of respondents were unsure if the Plan is being implemented as intended and 25% of respondent were unaware if the Plan assigned responsibility for activities or if there was a mechanism to monitor the plan. Questions about the continuum of services in Broward indicated a good understanding among respondents about core services, the coordination of services, and the announcement of available services to the community.

Committee Meeting Evaluation Report – January-June 2015

HIV Planning Council and committee meeting attendees (members and guests) are asked to complete a meeting evaluation following each meeting.

Participants can check **Yes** or **Needs Improvement** to the following Evaluation Statements:

1. The meeting place was a good working environment.
2. The agenda was clear and was supported by the necessary documents.
3. The chair guided the meeting effectively.
4. All Council/Committee members were prepared to participate in the agenda.
5. Reports were clear and contained needed information.
6. Next steps for future tasks were identified and responsibility was assigned.
7. The agenda was followed without spending too much time on non-agenda items.
8. It was possible to express my opinion if I wanted to.
9. Meeting participants conducted themselves appropriately.

Additional space is provided for comments.

Responses to statements are 100% "Yes" unless otherwise indicated. Needs Improvement = NI. No Response = NR.

COMMUNITY EMPOWERMENT COMMITTEE (CEC)

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
January 6, 2015	14/15 (93%)	#1	NR (1)	Focus more on time than the committee members understandingrf
		#2	NR (1)	
		#3	NR (2)	
		#4	NI (1), NR(1)	Who order the pizza it bad? Bad veggies spoil! Nasty!
		#5	NR (2)	
		#6	NR (1)	
		#7	NR (1)	
		#8	NR (1)	
		#9	NR (1)	
February 3, 2015	0/14 (0%)	None.		None.
March 3, 2015	8/9 (89%)	#4	NI (1),	Started Late

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
January 8, 2015	5/5 (100%)	None.	None.
February 5, 2015	3/5 (60%)	None.	None.

NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
January 12, 2015	4/8 (50%)	None.	None.

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

Committee Meeting Evaluation Report – January-June 2015

PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE (PSRA)

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
January 21, 2014	0/12 (0%)	None.	No comments.
February 18, 2014	0/10 (0%)	None.	No comments.

QUALITY MANAGEMENT COMMITTEE (QMC)

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
January 26, 2015	3/6 (50%)	None.		No comments.
February 23, 2015	4/6 (67%)	#5	NI (5)	Data tables could be made easier to read & understand.
			NI (5)	Statistics needed more clarification.
		#6	NI (6)	Break down info more in data.

SYSTEM OF CARE COMMITTEE (SOC)

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
This Committee has not met in 2015			

EXECUTIVE COMMITTEE

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
January 6, 2015	6/9 (66%)	#3	NI (1)	"Spent too much time on some items, very long meeting"
		#5	NR (1)	
		#6	NI (1)	"sometimes we procrastinate"
		#7	NI (1)	
February 17, 2015	0/10 (0%)	None.		No comments.

HIV PLANNING COUNCIL

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
January 22, 2015	/26 (%)	#1		"Aesthetic & Spacious"
		#2		"Great visual board & audio as well"
		#4		"Reported well their plan & goal on committee's activities"
		#7	NI (1)	
		#9		"Very Professional""
February 26, 2015	0/28 (0%)	None.		No comments.

AD-HOC LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
This Committee has not met in 2015			

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

Committee Meeting Evaluation Report – January-June 2015

AD-HOC MAI MEDICAL CASE MANAGEMENT COMMITTEE

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
This Committee has not met in 2015			

AD-HOC FOOD SERVICES ELIGIBILITY COMMITTEE

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
This Committee has not met in 2015			

AD-HOC NOMINATING COMMITTEE

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
January 8, 2015	3/4 (75%)	None.	No comments.

AD-HOC BY-LAWS COMMITTEE

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
January 14, 2015	2/4 (50%)	None.	No comments.
February 11, 2015	3/4 (75%)	None.	No comments.

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

FY 2014-16 HIVPC Trainings

Past

Comprehensive Plan (March 2014): (Ryan White legislation and implementation process)
Update of the 2012-2015 Comprehensive Plan for the Broward Part A program was developed by EGM Consulting, LLC (EGMC). The update was designed to provide a mid-term review and assessment of task completion and progress towards comprehensive plan goals and objectives, and to recommend updates in the work plan as needed.

Priority Setting and Resource Allocation (PSRA) Process (May 2014): (Specific skills related to particular planning and related tasks)
The Priority Setting and Resource Allocation (PSRA) Committee Chair conducted a brief presentation about the priority setting process. The process begins with the collection of data and a data presentation to the PSRA committee. The PSRA Chair reviewed the data presentation given by consultant Emily Gantz-McKay; Ms. Gantz-McKay was responsible for analyzing the data from the Needs Assessment, which included a client survey, a provider survey, and focus groups. Utilization and financial data from Part A, as well as other Ryan White parts and other community funders was used to create scorecards.

HIV Prevention Planning Council Presentation (May 2014): (Specific skills related to particular planning and related tasks)
Christopher Bates, a member of the Florida Department of Health in Broward County gave a presentation on the structure of Broward County's HIV Prevention Council. The council is broken into four teams and six advisory groups. The full council is comprised of approximately 15-21 members, with two appointed seats. One of the appointed seats belongs to the Broward County school district and the other is a research seat; the Council felt these were critical elements that needed to be a part of the Council.

System of Care Committee training (November 2014): (Service delivery system and provider profiles)
This training will allow the System of Care (SOC) committee Chair to discuss the main functions of the committee. This training will include: unmet need research, identifying gaps in care, and evaluation of community needs.

National Quality Center: Training of Consumers on Quality (TCQ) (January 2015): (Importance and sources of data)
This training will increase the number of consumers actively participating in local quality management committees or regional quality improvement activities. The rigorous TCQ Program includes extensive pre-work activities and a 2-day face-to-face TCQ session.

How Best to Meet the Need language and how it impacts services (February 2015): (Importance and sources of data)
The Ryan White legislation gives Planning Councils the responsibility not only to set priorities, but also to establish how best to meet those priorities. This training will highlight the legislative provision which includes establishing a role for the Planning Council in guiding the Grantee in identifying the types of organizations and service delivery mechanisms that best meet each service priority established by the Council (e.g.,

outpatient clinics, community-based organizations that serve affected populations and historically underserved communities).

Future

HIVPC Reflectiveness and Mandated Seats (April 2015): (Specific skills related to particular planning and related tasks) This training will focus on HIVPC membership requirements, reflectiveness, and mandated membership categories.

HIV Biomedical Interventions (May 2015): (Specific skills related to particular planning and related tasks)
This training will focus on current HIV biomedical medical interventions. This training will explore interventions such as Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), both utilized to prevent HIV infection.

Affordable Care Act Update (August 2015): (Ryan White legislation and implementation process)
Prior to the start of enrollment, this training will provide an update to the Affordable Care Act (ACA) and Health Insurance Marketplace. This training will include: an overview of the ACA marketplace, and Florida specific resources, and consumer feedback.

2016 Comprehensive Plan with Prevention (August 2015): (Ryan White legislation and implementation process)
Beginning in 2016, Ryan White Part A and Prevention will be responsible for a joint comprehensive plan. This training will include strategies to form an effective collaboration between the HIVPC and Broward County's HIV Prevention Council.

Self-Assessment Findings (February 2016): (Specific skills related to particular planning and related tasks)
Evaluation data from the HIVPC Self-Assessments will be presented. Self-Assessment findings will provide training opportunities that will benefit all committees as well as the HIVPC.