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: Thursday. June 16, 2016, 9:30 a.m.-11:30 a.m.
Location: Governmental Center Annex GC-301
Chair: Gammell, B. **Vice Chair**: Lopes, R.

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 7/21/16 Executive Committee Agenda and 6/16/16 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a) Review 7/28/16 HIVPC Meeting Materials and Motions (Handouts A-C)
   b) Approve 7/28/16 HIVPC Agenda
   c) Review August 2016 and August-December 2016 HIVPC Calendar (Handout D-E)
4. **UNFINISHED BUSINESS**
5. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items (Work Plan Item #)	*Action to be taken, presentation, discussion, brainstorm etc.*
Leadership Training	ACTION ITEM: Learn how to plan meetings to maximize participation and achieve desired outcomes.

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** August 11, 2016 **VENUE:** A-337

Agenda Items for next Meeting	*Action to be taken, presentation, discussion, etc.*

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

PLEASE COMPLETE YOUR MEETING EVALUATIONS
THREE GUIDING PRINCIPLES OF THE HIV PLANNING COUNCIL
• Linkage to Care • Retention in Care • Viral Load Suppression •

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Meeting Minutes: Executive Committee

Date/Time: Thursday, June 16, 2016, 9:30 a.m. **Location:** Governmental Center A-337

Chair: Gammell, B. **Vice-Chair**: Lopes, R.

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Creary, K.		**A**		Katz, H.B.
2	Earp, A.		**A**		
3	Edwards, C.	**X**			**Grantee Staff**
4	Fleurinord, P.		**A**		Jones, L.
5	Foster, V.	**X**			Green, W.
6	Gammell, B. *HIVPC Chair*	**X**			Degraffenreidt, S.
7	Grant, C.	**X**			
8	Hayes, M.	**X**			
9	Lopes, R. *HIVPC Vice Chair*	**X**			**HIVPC Staff**
10	Robertson, L.		**A**		Ewart, L.
11	Taylor-Bennett, C.		**A**		Johnson, B.
12	Siclari, R		**A**		
13	Spencer, W. *Ex-Officio*	**X**			
	Chair Quorum = 5	**7**			

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: Spencer, W. **Seconded by:** Lopes, R.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 4/19/16 with changes stating that Chair Quorum is 5 members, not 7, and marking Will Spencer as absent
Proposed by: Hayes, M. **Seconded by:** Grant, C.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a) Committee Chair Reports
None.

b) Approve 6/23/16 HIVPC Meeting Materials and Motions (Handouts A-B): The members discussed adding the Integrated Plan to the HIVPC June Agenda, or utilizing the Committee Report section to present the Plan. After a thorough discussion, the committee decided instead of a PSRA education session there will be a presentation from Mario DeSantis from HOPWA, as housing has been an issue mentioned numerous

times in various meeting forums, as well as during the Public Comment section of the May HIVPC. The HIVPC will not review the PSRA How Best to Meet the Need Language until they approve the entire PSRA process in July. Will Spencer will present a 20 minute update of the Integrated Plan to the HIVPC during new business. Staff will develop a one page synopsis of the Integrated Plan, timeline, and work to date for the members,

ACTION ITEM: Add PSRA rollout to HIVPC Coordination agenda in July; allow 40 mins to the July HIVPC agenda for the IC's update as well as 40 mins for training on the PSRA process

c) Approve 6/23/16 HIVPC Agenda

Motion #3: To approve 6/23/16 HIVPC Agenda **Proposed by**: Lopes, R. **Seconded by**: Spencer, W. **Action:** Passed Unanimously

d) Review HIVPC/Committee Warning and Removal Letters: the PC Manager informed the members that one warning letter was sent last month to a CEC member for attendance; as the same member did not attend the June CEC meeting she will receive a removal letter next month.

e) Approve July, 2016 Calendar (Handout C): The members reviewed the July Calendar and made appropriate edits.

ACTION ITEM: Add Integrated Committee to July Calendar and move Executive from 3rd Tuesday to 3rd Thursday

4. UNFINISHED BUSINESS

None.

5. MEETING ACTIVITIES/NEW BUSINESS

a) Executive Training Update: The Vice Chair told the members that they are looking to have a training during the next meeting on meeting facilitation, Robert's rules, sunshine, ground rules, etc. She asked the committee chairs if they had recommendations for further trainings to be held through December's full HIVPC Retreat. Suggestions included: effective communication; handling complex situations and anger; engaging with Staff and the Grantee; leadership support and collaboration, etc. They discussed topics for the December retreat, focusing on the need to train the members on HIVPC history, communication, how committees work together and member responsibilities. The Human Services Administrator suggested hosting community forums a few times a year to encourage the kind of community feedback that generally comes up during the HIVPC's public comment. The members also asked Staff for their opinions on training topics, as the Staff members are at every meeting and see group dynamics and issues that others may not; it was suggested the Staff add a section to the Quarterly Report to the County on possible training needs. The MCDC Vice Chair spoke about the need to identify potential leaders and self-motivators to train and develop through their membership. The Vice Chair asked that members who have any further training suggestions to please email her.

b) By-Laws (Handout D): The PC Chair asked the members to review the Parking Lot, make recommendations from the committee, and also think about members for the By-Laws committee and forward all member recommendations to Staff and the PC Chair. The committee and the Human Services Administrator discussed considering term-limits for Planning Council members, and setting qualifications/standards for selecting committee chairs.

The Ex-Officio addressed a recommendation on the parking lot handout, stating the Integrated Committee is not a committee but a work group, which does not have minutes or agendas and therefore cannot have

attendance requirements as suggested in the Parking Lot. The members also talked about wording of IC membership: split 50-50 or having a set number of members representing of each side. They also discussed the succession plan for Chairs and Vice Chairs, and the consequences it may have for the open elections process, nominating committee and other HIVPC processes.

c) Integrated Plan Rollout for HIVPC: Will Spencer, the Part A Co-Chair to the IC gave an overview of the progress of the Integrated Plan. The committee is in the process of holding Community Feedback sessions: one was held yesterday, and there are 2 more scheduled on the 22nd and 28th of June. The presentations will review the goals and strategies of the Plan; participants will vote on strategies they think are most effective and the facilitator will engage the participants in a follow-up conversation. Each question is linked to one of the 4 NHAS goals. Will asked the Executive members to encourage participation in the sessions. He explained that he would like to start presenting key aspects of the Plan to the HIVPC in June, gearing up toward PC ratification of the Plan in August. June's presentation will focus on the Integrated Plan timeline, the process of the plan, and accomplishments to date. July's presentation will focus on the goals and objectives of the Plan. The HIVPC members will receive a copy of the plan before the vote in August, however the Grantee reminded the committee that the Plan will not be available for edits from members.

6. GRANTEE REPORT

The Part A Grantee (otherwise known as the Recipient) was on a recent ADAP call; the state of Florida has had a HRSA site visit which had determined that the state has misinterpreted ACA enrollment legislation as more restrictive than it actually is. ADAP is not changing their ADAP Premium Plus criteria to potentially cover up to 400% FPL. However, they will not cover co-pays as of yet. They are also requesting that ADAP improve their QM system, that they become more involved with their providers, and that they receive technical assistance to look at their consortium model.

He also discussed quorum as a directive from the Commissioners. If quorum is lost during the meeting, it is advised that a recess is taken until quorum is achieved. Members discussed that quorum is not lost if a voting member excuses themselves to go to the restroom. It was mentioned that according to Robert's Rules, if someone leaves, for this purpose, there is still quorum unless someone presents a "call for quorum The Grantee advised he would follow up with this topic with an individual from the Commissioner's office.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS / TASKS FOR NEXT MEETING: July 21, 9:30 a.m. VENUE: Room A-337

Agenda Items for next Meeting	*Action to be taken, presentation, discussion, etc.*

9. ANNOUNCEMENTS

a. On June 24th in Honor of National HIV Testing Day, there will be a Trick Daddy concert at the Lauderhill Performing Arts Center. The event is an attempt to reach the 18-28 age group, and is free for all HIV+ people who hold a ticket, and to those who get HIV testing. Testing sites with be at Broward Health on Friday from 2 p.m.-7 p.m., and on Saturday from 10 a.m. - 3 p.m.
b. The Smart Ride is having upcoming fundraisers with Dixie Longate and at the Lips' Gospel Brunch.

10. ADJOURNMENT

The meeting adjourned at 11:36 a.m.

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Executive Committee Attendance 2016

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:		CX	24	C	C	16							
		1	1	Creary, K.	N- 4/16			X	NQA	A							
		1	2	Earp, A.	N- 4/16			X	NQA	A							
		0	3	Edwards, C.	N- 4/16			X	NQX	X							
		4	**4**	Fleurinord, P.	A		A	A	NQA	A							
		1	**5**	Foster, V.	N- 4/16			X	NQA	X							
1		0	**6**	Gammell, B *Chair* (Chair effective 3/1)	X		X	X	NQX	X							
		0	**7**	Grant, C.	X		X	X	NQA	X							
		0	**8**	Hayes, M.	N- 2/16		X	X	NQX	X							
1		0		Katz, H.B.	X		X	Z- 4/16									
1		1		Lint, A.	A		X	Z- 4/16									
		0	**9**	Lopes, R., *Vice Chair*	N- 3/1		X	X	NQX	X							
		0	**10**	Robertson, L.	N- 4/16			X	NQX	A							
1		1		Reed, Y.,	A	(V. Chair ended 3/1)											
		2	**11**	Siclari, R.	X		A	X	NQA	A							
	1	3	**12**	Spencer, W. (Ex-Officio 3/1)	X		A	A	NQA	X							
		1	**13**	Taylor-Bennett, C.	X		X	X	NQA	A							
		0		Tomlinson, K.	X	Z- 2/16											
		0		**Quorum (Chairs)= 5**	7		8	11		7							

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

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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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL MEETING AGENDA

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

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

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

Discussion Items #5 - #20 are the recommended allocations for each service category for FY 2017-2018:

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

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

8. NEW BUSINESS
None.

9. COMMITTEE REPORTS (10 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

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

A. Work Plan Item Update / Status Summary:

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

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

B. Rationale for Recommendations:

None

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

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

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)
No Meeting *Chair: K. Creary Vice Chair: V. Foster*

C. QUALITY MANAGEMENT COMMITTEE (QMC)
July 18, 2016 *Chair: C. Grant Vice Chair: A. Earp*

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)
July 20, 2016 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

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

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

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

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

GRANTEE REPORTS (15 minutes)

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

10. UNFINISHED BUSINESS

None.

11. PUBLIC COMMENT (Up to 10 minutes)

12. ANNOUNCEMENTS (Up to 10 minutes)

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: August 18, 9:30 a.m. **LOCATION:** TBD

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

15. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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

HANDOUT B

CEC SERVICE CATEGORY RANKINGS

	FY 16-17 CEC Rankings	FY 16-17 PSRA Rankings	FY 17-18 CEC Rankings	FY 17-18 PSRA Rankings
CORE SERVICES				
Outpatient Ambulatory Medical Care	2	1	1	1
AIDS Pharmaceutical Assistance (Local)	4	2	2	2
Oral Health (dental) Care	3	3	3	3
Early Intervention Services	5	6	4	7
Health Insurance Premium & Cost-Sharing Assistance	1	4	5	5
Home and Community-Based Health Services	10	10	10	11
Home Health Care	12	12	8	10
Hospice Services	8	11	12	12
Mental Health Services	6	7	7	6
Medical Nutrition Therapy	11	9	11	9
Medical Case Management (Disease Case Management)	9	5	6	4
Substance Abuse Services - Outpatient	7	8	9	8

HANDOUT B

CEC SERVICE CATEGORY RANKINGS

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

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

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

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

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

HANDOUT D

August 2016
Broward County HIV Health Services Planning Council Calendar
Last Updated: 7/20/2016

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 **Case Management** 9:30 a.m., A-337^ **Community Empowerment Committee (CEC)** 3:00 p.m., A-337^	3 **Oral Health QI Network** 3:00 p.m., A-337^	4 **PSRA Coordination** 11:30 a.m., A-335^	5 **SFAN** 10:00 a.m.~
8 **Integrated Committee (IC)** 12:00 p.m., #	9	10 **HIVPC Coordination** 2:00 p.m., A-335^	11 **Executive Committee** 9:30 a.m., A-337^	12
15 **Quality Management Committee (QMC)** 12:30 p.m., A-335^	16	17 **Priority Setting and Resource Allocation Committee (PSRA)** 12:30 p.m., A-337^	18 **HIV Planning Council (HIVPC)** 9:30 a.m., GC 430^	19 **Mental Health/Substance Abuse QI Network** 2:30 p.m., A-337^
22 **Ryan White Conference** Washington, D.C.	23 **Ryan White Conference** Washington, D.C.	24 **Ryan White Conference** Washington, D.C.	25 **Ryan White Conference** Washington, D.C.	26 **Ryan White Conference** Washington, D.C.
29	30	31		

^Governmental Center —115 S Andrews Ave, Ft. Lauderdale, 33301
~Dorothy Mangurian Comp. Center—1000 NE 56th St, Ft. Lauderdale, 33334
#KID — 819 NE 26th St. Wilton Manors, 33305

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.

August 2016

Broward County HIV Health Services Planning Council Calendar

HANDOUT D

Last Updated: 7/20/2016

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

TODOS ESTAN BIENVENIDOS!

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

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Acceso de Downtown Bus Terminal y Tri-Rail/Broward County Transit)

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

ALL ARE WELCOME!

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

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit)

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

BON VINI!

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 enfòmasyon 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.

August-October 2016 Committee Meeting Calendar

HANDOUT E

Slashes reflect holidays

AUGUST

m	t	w	t	f
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

SEPTEMBER

m	t	w	t	f
			1	2
~~5~~	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

OCTOBER

m	t	w	t	f
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

NOVEMBER

m	t	w	t	f
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	~~24~~	25
28	29	30		

DECEMBER

m	t	w	t	f
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

- Community Empowerment Committee (Every 1st Tuesday at 3:00 p.m.)
- Membership/Council Development Committee (Every 2nd Thursday at 9:30 a.m.)
- Priority Setting and Resource Allocation Committee (Every 3rd Wednesday at 12:30 p.m.)
- Executive Committee (Every 3rd Thursday at 9:30 a.m.)
- Quality Management Committee (Every 3rd Monday at 12:30 p.m.)
- HIV Health Services Planning Council (Every 4th Thursday at 9:30 a.m.)
- System of Care Committee (Every 4th Tuesday at 1:00 p.m.)

IMPORTANT DATES

August:
15th Ryan White Part A Grant Released
22nd-26th Ryan White Conference in Washington D.C.

September:
5th Labor Day
15th-18th USCA

October:
3rd Rosh Hashana
12th Yom Kippur

November:
24th Thanksgiving

December:
8th HIVPC All Committee Mandatory Retreat

SAVE THE DATE: THURSDAY, DECEMBER 8th HIVPC & COMMITTEE ALL DAY MANDATORY RETREAT

Pre-Assignment

How important do you feel an agenda is? _____

_____

_____

How long is too long for a meeting? _____

_____

Worksheet: Agenda Template

Meeting called by:	**Type of meeting:**
Facilitator:	**Note taker:**
Timekeeper:	
Attendees:	

Agenda Items

Topic	Presenter	Time allotted

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

Other Information

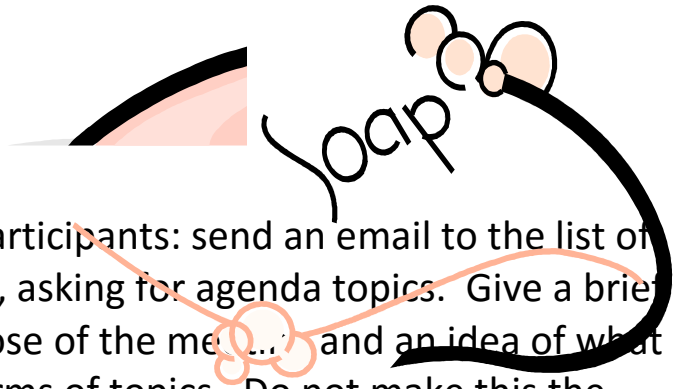
Observers:

Resources:

Special notes:

GeoPhil Enterprises, Inc.

SOAP AID IN AGENDA PLANNING



topics from your participants: send an email to the list of cipants you created, asking for agenda topics. Give a brief nation of the purpose of the me... and an idea of what re looking for in terms of topics. Do not make this the al invitation. When you make the request, make sure you he participants for the time they need to discuss their topic, rovide a deadline to get their topic to you so it can be ded on the agenda.

nize topics into a list: once you receive the topics, organize into a list along with the time and the name of the nter. This will give you the ability to scan through the list, wing it down to the topics you will select for the agenda.

s which topics are relevant to the meeting purpose: with ist organized, determine which topics are the most relevant e purpose of the meeting. Scratch out those topics you do ntend to use.

he number of relevant topics that will fit into your meeting Next, review the time of the remaining topics. Select the gh topics to fill the time of your meeting minus ten minutes. yourself ten minutes for meeting overrun. If you go over, vill end on time. If you do not, then you get to adjourn your ting early, making everyone happy.

GeoPhil Enterprises, Inc.