BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS

HIV PLANNING COUNCIL
Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100
Hollywood, Florida 33020

HIVPC

T (954) 561.9681
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HIV Planning Council Meeting Agenda

Thursday, April 26, 2012 at 9:00 A.M.

Samantha Kuryla, Chair **Brad Gammell, Vice Chair**

1. **Call to Order**
2. **Moment of Silence**
3. **Welcome and Public Record Requirements**
   a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   b. Council Member and Guest Introductions
   c. Excused Absences and Appointment of Alternates
   d. Approval of Today's Agenda
   e. Approval of 3/22/12 Meeting Minutes
4. **Public Comment** (Up to 10 minutes)
5. **Federal Legislative Report** (via teleconference)
6. **Consent Items**

Consent Item #1: To "accept the vote for the new members (*Kristopher Kenny, Kathleen Myers, Patricia Parker-Maysnet and Debbie Wilkins*) to the committee"
Proposed by: Joint Client/Community Relations Committee

Consent Item #2: To "recommend that a Client Survey be completed by December 31, 2012 the data to be used at next fiscal year's PSRA process"
Proposed by: Joint Planning Committee

Consent Item #3*:* To "change the eligibility requirements for Outpatient Ambulatory Medical Care from 300% to 400%" *(Effective after ratification by the HIVPC)*
Proposed by: Joint Priorities Committee

Consent Item #4: To "change the eligibility requirements for Part A Pharmacy from 300% to 400%" *(Effective after ratification by the HIVPC)*
Proposed by: Joint Priorities Committee

7. **March Committee Reports**

   a. **Joint Client Community Relations Committee Meeting (4/3/12)** *Part A Co-Chair: K. Creary, Part B Co-Chair: L. Washington.* The Committee met and reviewed the Work Plan. With reference to community outreach, four special population groups were identified: MSM, Youth, Women and Latinos. Members chose their target population and are to report at the May 2012 meeting as to their needs, what they would like to see change in their communities with respect to social media, awareness events or educational forums. It was agreed to invite Lisa Agate (ARCH) to the next meeting to ensure the committee is aware of all available community resources. *Next Meeting Agenda Items:* Standing Items, Newsletter Topic Request, Special Populations, Community Outreach Event. *Next Meeting: 5/1/12.*

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b. Joint Planning Committee Meeting (4/9/12) *Part A Co-Chair: K. Tomlinson, Part B Co-Chair: K. Saiswick.* The Committee met with quorum. Senior Epidemiologist from the Department of Health's Bureau of HIV/AIDS in Tallahassee conducted her presentation on HIV Community Viral Load in Florida, via video conference. The representative from the BCHD presented the National HIV Surveillance Card showing cases that went from HIV diagnosis to AIDS diagnosis in the last six months of 2011. In the interest of time the three-year EPI trend presentation was postponed to present at the next meeting. With regards to the PE training that had taken place at the Grantee's office in March 2012 a member noted the PE system was a robust one. The committee made a motion recommending that a Client Survey be completed by December 31, 2012 the data from which will be used at next fiscal year's PSRA process. *Agenda Items for Next Meeting*: Standing Agenda Items, Three-Year EPI Trend (BCHD), Comprehensive Plan Discussion. *Next Meeting*: May 14, 2012.

c. ad Hoc Local Pharmacy Advisory Committee Meeting (4/9/12) *Chair: Dr. S. Abel.* An ADAP representative was not present; however, information was given from the recent ADAP workgroup's meeting. The ADAP waitlist is expected to be eliminated by July 2012. LPAC reviewed drug utilization between 3/11 and 1/12 as well as recommendations made by Medical Network members for additions to the Part A Formulary. It was noted the Formulary was updated to include a notation that Aspirin may be dispensed only with Plavix as secondary prevention for cardiovascular illnesses. LPAC recommended that utilization data be reviewed by the Medical Network. The Network submitted the following recommendations for additions to the Formulary: 1) Megace as an option for clients who fail Periactin; 2) Statins (currently on Tier Three); 3) oral Diabetes medications (removed); and 4) Ensure. The Health Department will provide a summary of historical data on the cost and utilization of Statins and Diabetes medications dispensed through the ADAP program. Further research regarding nutritional supplements was requested in response to the recommendation to add Ensure. The recommendation was made as a result of new restrictions made by the Patient Assistance Program providing the supplement. The cost of Ensure was noted as a concern. A summary of the previous work done by the Nutrition Network regarding nutritional supplements and alternatives to Ensure will be reviewed at the next meeting. The Committee reviewed a report of the NQC In + Care Campaign retention measures. LPAC members agreed to meet on a quarterly basis. *Agenda Items for Next Meeting:* Standing Items, Review of Medical Network Formulary recommendations, Discussion of nutritional supplements. *Next Meeting:* 5/14/12.

d. Part A Executive Committee Meeting (3/15/12) *Chair: S. Kuryla, Vice Chair: B. Gammell***.** The committee reviewed and approved the HIVPC 04/26/12 Agenda and May 2012 meeting calendar and provided individual committee reports. Discussion topics included time management within an HIVPC or committee meeting, attendance tracking, excused absence criteria, warning and removal letters, and the LPAC Chair's presence at Joint Priorities Committee meetings when required. *Agenda Items for Next Meeting:* Standing Agenda Items. *Next Meeting*: 4/19/12.

e. Quality Management Committee (4/16/12) *Chair: M. Rajner.* This meeting was canceled by the Chair due to the advertised agenda items not being fully prepared for committee discussion. *Next Meeting*: 5/21/12.

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f. Joint Priorities Committee Meeting (4/18/12) *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: K. Cannon* The Committee held a half-day retreat. Part B Allocations were conducted. Motions were made to change eligibility required for Part A Pharmacy and OAMC from 300% to 400%. In addition, a motion was made to add a guiding principle to the Policies and Procedures for Ryan White Part A Services to allow all eligible clients access at a minimum to OAMC, Part A Pharmacy and Oral Healthcare effective upon ratification by the HIVPC. The Committee will continue this work at the next meeting. The meeting also marked the last meeting for the Part B Co Chair. *Agenda Items for Next Meeting:* Standing Agenda Items, Mapping the PSRA Process, PSRA Funding Policy and follow up to HIVPC and Joint Executive retreats. *Next Meeting:* 5/16/12.

8. Grantee Reports (Part A, Part B, ADAP)

9. Other Reports (Part C, Part D, HOPWA)

10. Old Business

- Retreat Follow Up – Handout B

11. New Business

12. Announcements

13. Public Comment (Up to 10 minutes)

14. Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date

15. Request for Information/Directives Form

16. Next Meeting Date: Thursday, May 24, 2012 at 9:00 a.m. **VENUE**: BRHPC

17. Agenda Items for Next Meeting

18. Adjournment

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING MINUTES
200 Oakwood Lane, Suite 100, Hollywood FL 33020
March 22, 2012
Meeting Minutes

Attendance					
#	**Members**	**Present**	**Absent**		**Guests**
1	Kuryla, S. Chair	X			Charria, R.
2	Gammell, B., Vice-Chair	X			Ferrer, M.
3	Abel, Dr. S.		X		Jackson, R.
4	Bush, A.		X		Johnson, K.
5	Crawford, L.		X		Kenny , K.
6	Creary, K.		X		Markman, N.
7	Dyer, L.	X			Murphy, K. *
8	Grant, C.	X			Panton, L.
9	Hanson-Evans, B.	X			Greenwood, J.
10	Hayes, M.	X			Schikowski, K.
11	Hernandez, R.	X			
12	Holness, Comm. D. V.C.		X		
13	Jordan, V.	X			
14	Katz, B.	X			
15	Marcoviche, W.	X			**Grantee Staff**
16	Moore, P.	X			**Part A**
17	Moragne, Dr. T.		X		Clarke, V.
18	Pearl, J.	X			Green, W.E.
19	Perigny, W. J.	X			Jones, L.
20	Pryor, J.	X			Strong, K.
21	Rajner, M.	X			**Part B**
22	Reed, Y.	X			Moore , P. presented
23	Roberson, C.	X			
24	Siclari, R.	X			
25	Spencer, W	X*			
26	Stoakley, M.	X			**HIVPC Support Staff**
27	Taylor-Bennett, C.		X		Eshel, A.
28	Tomlinson, K.	X			Desa, G.
29	Wilson, T.	X			Hosein, F.
30	Wynn, J.	X			Rosiere, M.
A1	Coscarelli, M. (Alt)		X		
	Quorum=16	**23**	**8**		***Present Via Phone**

1. **Call to Order**
   The Chair called the meeting to order at 9:14 a.m.

2. **Moment of Silence**
   A moment of silence was observed.

3. **Welcome and Introductions**
   The Chair welcomed everyone and self-introductions were made. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. The Chair reviewed excused absences.

4. **Public Comment** (up to 10 minutes)
   Former Council member informed of his removal from the Council and looks forward to rejoining in the future.

Approval of 03/22/12 Agenda

Motion #1	To "approve the 03/22/12 Meeting Agenda"
Proposed by	Michal Rajner
Seconded by	Paul Moore
Action	Passed Unanimously

Approval of the 02/23/12 Meeting Minutes

Motion #2	To "approve the 02/23/12 Meeting Minutes"
Proposed by	Michael Rajner
Seconded by	Will Spencer *(phone)*
Action	Passed Unanimously

5. Federal Legislative Report – Kareem Murphy, The Ferguson Group

The following report was provided via teleconference:

FY 2012 Ryan White Funding Update:

The HIV/AIDS Bureau of the U.S. Department of Health and Human Services made 2012 awards for the Ryan White Program and the County received roughly a $300,000 increase in combined award compared to the FY 2011 award.

Future Funding

The President released his Fiscal Year 2013 federal budget on February 13th, and it included major increases for the Ryan White Program. The Budget includes $2,093,555,000 for Parts A and B (compared with $1995 billion for the FY 2012 enacted level). It also includes $1 billion for ADAP, reflecting the $25 million set aside within the Public Health Services Emergency Fund. These funds are still subject to funding that Congress ultimately provides.

Congress began hearings on the budget request from the President in early March. The discussions on the Ryan White program were largely positive. However, the House government-wide budget resolution that passed out of the Budget Committee could impose major across the board reductions in federal spending. That might have an impact on final funding in the House-passed appropriations bill for the Department of Health and Human Services, which funds the Ryan White Program. Final funding levels will likely not be known until after the November elections when Congress is expected to return for a lame duck session.

6. Consent Items:

#1: To recommend Claudette Grant to the Part C Seat - Proposed by MCDC.
#2: To recommend Khia Johnson to the Medicaid Seat - Proposed by MCDC.

Motion #3	To "approve all Consent Items"
Proposed by	Michael Rajner
Seconded by	Rick Siclari
Action	Passed Unanimously

7. Discussion Items

There were no items pulled for Discussion.

8. March Committee Reports

Membership/Council Development Committee (MCDC) – March 1, 2012

Chair: H. Bradley Katz

The Committee reviewed the HIVPC and Committee attendance rosters. The Committee discussed the attendance policy as it pertains to excused and unexcused absences, the removal process, and the application process. The Committee noted the resignation of the MCDC Chair and subsequent removal from the Executive Committee. The Committee requested a review of: 1) The attendance policy as it is outlined in the Broward County Administrative Code, 2) The history of the current HIVPC attendance policy and, 3) The Part B attendance policy regarding participation in Joint meetings. It was agreed that attendance matters must be addressed per the current attendance policy. The Committee voted in new members to the Part C and Medicaid seats. The Committee discussed representation in various membership categories: Mandated Membership Categories, Legislatively Mandated Organizational Seats, and Other Categories (Non-Mandated) and agreed that consideration must be taken before

adding new HICPC members. Recruitment of a representative of the VA was discussed. The Committee agreed to nominate a new member to the role of MCDC Vice Chair. The Committee agreed to keep its meeting schedule as is. *Next Meeting*: May 3, 2012. *Agenda Items for Next Meeting:* Standing business items, Review Planning Council Demographics and Vacancies, Review Current Applicants and Interested Parties, Review Attendance Policy.

Joint Client Community Relations Committee (JCCR) – March 6, 2012 Meeting

Part A Co-Chair: K. Creary, Part B Co-Chair: L. Washington

The JCCR Committee met on 3/6/12. The committee discussed how their work could better tie into the EMA's Comprehensive Plan and corresponding work-plan including the National HIV and AIDS Strategy (NHAS) and the EMA's Early Identification of HIV and AIDS (EIIHA) efforts. The committee agreed to develop and implement targeted strategies focusing on the EMA's special populations to ensure persons living with HIV and AIDS (PLWHA) in the EMA are informed about the HIV Planning Council and Ryan White Part A services. The committee agreed on:

- Holding multiple joint Part A/B community meetings prior to PSRA (May and June) to gather input on service priorities and needs.
- Identifying special populations to target at each community meeting.
- Identifying and implementing targeted recruitment and engagement strategies specific to each targeted population.
- Invite members of the EMA's special populations who were not currently represented by on JCCR.
- Gathering information regarding community events, resources, venues and activities to be utilized to develop targeted strategies.
- Recruitment of targeted special populations by JCCR Members (rather than staff) through social marketing including media campaigns, outreach at HIV community events and advertisement at non-traditional venues.
- *Agenda Items for Next Meeting:* Standing business items, Grievance Forms Review, By-Laws, Policies and Procedures, Social Marketing *Next Meeting:* April 3, 2012.

Joint Planning Committee – March 12, 2012 Meeting *(No Quorum)*

Part A Co-Chair: K. Tomlinson, Part B Co-Chair: K. Saiswick

The committee met without quorum. A representative from the health department provided surveillance and epidemiology and prevention reports and these were reviewed and discussed at length. The Comprehensive Plan discussion entailed whether there will be a client needs survey this year and whether CIED intake process can be part of data capture from clients. Member commented on the surveying results being able to be generalized to all clients and thus being very useful. The Part A grantee suggested a WebEx with Groupware Technologies Inc. (GTI) and two committee members along with CIED will do a quick PE 101 in order to get a starting point with establishing a timeline, identifying resources and prioritizing and managing resources being key to the process. The committee also reviewed the Ryan White Part A Planning Council Handout - Planning Process Evaluation document, an assessment sponsored by HRSA which identifies and documents consumer needs in the EMA. The committee would like PSRA Committee's input on not doing a new client survey this year, but to use last year's data and this year's EPI and do more of an update. Without quorum, this could not be put into a motion and the Part A grantee requested a subcommittee (or a few members) to create a data profile to map out elements that would be useful in documenting client needs and also suggested it be sent as a recommendation to PSRA Committee for data sets, data trends and data parameters at the next meeting with quorum. The committee agreed to talk to the PSRA committee to inform of the direction in which Joint Planning is headed. It was reported that the oral health assessment is expected to be completed by April. Some components of the original assessment were postponed due to the late grant award. The EMA ranks second largest in the nation for oral/dental expenditures. *Agenda Items for Next Meeting*: Standing Agenda Items, Committee Work Plan Status (Comprehensive Plan Discussion, Three year EPI trend request from BCHD, Surveillance data that ties into funding, Recommendations to PSRA Committee. *Next Meeting*: April 9, 2012.

Ad Hoc Local Pharmacy Advisory Committee – March 12, 2012 Meeting *(No quorum)*

Chair: Dr. S. Abel

This meeting was canceled due to lack of quorum.

Next Meeting: April 9, 2012.

Joint Executive Committee – March 15, 2012 *(No quorum)*
Chair: S. Kuryla Co Chair: Kim Saiswick
This meeting was canceled due to lack of quorum.
Next Meeting: May 17, 2012.

Part A Executive Committee/– March 15, 2012 Meeting *(No quorum)*
Chair: S. Kuryla, Vice Chair: B. Gammell
This meeting was canceled due to lack of quorum.
Next Meeting: April 19, 2012.

Quality Management Committee (QMC) – February 27 and March 19, 2012 Meeting
Chair: Michael Rajner
February 27, 2012: The committee reviewed its annual and three-year (2011-2013) Work Plans focusing specifically on the status of the following: Performance measurement, capacity development, evaluation, annual QM Plan update, QI Networks activities, and services pending development of Service Delivery Models. A presentation comparing the findings from the 2010 and 2011 Consumer Surveys was provided. The QMC discussed the findings and next steps including potential changes to the Needs Assessment process that may be forthcoming as a result of the development of the 2012-2014 Comprehensive Plan. Finally, the committee reviewed the NQC In+Care retention rates submitted on February 1, 2012. *Agenda Items for Next Meeting:* Standing Agenda Items, Revise outcomes and indicators for Medical Case Management, Pharmacy, and CIED *Next Meeting*: March 19, 2012

March 19, 2012: The committee did not achieve quorum. The committee heard a report from the Part A Grantee; the notice of grant award was received on March 2, 2012 reflecting an increase of $384,000 for the Broward County EMA. AETC's tool "Operation H.O.P.E.F.U.L" was presented to Networks and at the Case Manager Training. The program will be piloted with Medical and Medical Case Management providers for four (4) months. The committee reviewed and discussed changes made to the Work plan; there are two Quality Improvement Projects (QIP's) in the planning stages: OAMC will be reviewing Client Level Cervical Screening Data and MH/SA will be reviewing reasons for discharge from care. The NQC In+Care Retention Rate Report was reviewed and improvement was shown in the Gap Measure and in Patients Newly Enrolled in Medical Care. The next data submission to NQC will be in April. The committee received a status update on Client Level Outcomes and Indicators for all service categories and recommended changes to the Pharmacy and CIED indicators during the meeting. The following recommendations were made to the AIDS Pharmaceutical Assistance Indicator: 100% of clients who do not pick up medications within 7 days of filling the prescription will be contacted. The committee recommended the following revisions to the CIED outcomes and indictors: 1.1 95% of clients eligible for Part A Outpatient Ambulatory Medical Care (OAMC) who have not had a Part A OAMC appointment within the last 6 months shall have an OAMC or Medical Case Management appointment scheduled within 1 business day. 2.1 95% of clients who meet eligibility criteria for 3rd party benefits will receive assistance in completing applications for those benefits. The recommended revisions will go back to the Networks for discussion. *Next Meeting:* April 16, 2012. *Agenda Items for Next Meeting:* Review and Update Committee Work Plan; Review the Partners in Care Campaign requirements; Review Client Level Outcomes/Indicators – Pharmacy, CIED, Food Bank, and Medical Case Management.

The Chair of the Quality Management Committee recognized and thanked HIVPC Support Staff member Gladria Desa and wished her well on her maternity leave.

Priority Setting Resource Allocation (PSRA) Committee – March 21, 2012 Meeting
Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: K. Cannon
The committee met for the first time under the new name, Priority Setting Resource Allocation (PSRA) Committee. The committee expressed concern at the Part B Grantee's report that for the last fiscal year there was $240,000.00 cost savings from which $123,000.00 will go back to Tallahassee. The FY 2012-2013 Ryan White Part A Eligibility Criteria for core services and support services were reviewed and referred to during the Continuum of Care discussion. The PSRA Process Timeline was briefly discussed, The Committee's 2012/2013 meeting dates were reviewed. The committee identified the need for a retreat day to allow more time to come up with a more comprehensive strategy addressing all necessary items leading up to the PSRA process without the tweaking. *Next Meeting:* April 18, 2012.

The former Joint Priorities Committee name change the Part A Grantee noted that there must be a By-Law amendment in order put the change into effect. The immediate past HIVPC Chair noted if there is to be a vote for By-Laws change there must be at least ten (10) days public notice prior to the next regularly scheduled HIVPC meeting. The (current) HIVPC Chair decided that the Chair of ad Hoc By-Laws committee will address this issue. The Part A Grantee advised that before a motion is made to amend this single By-Law, to look at any/all By-Laws that need changing.

9. Grantee Reports

Part A

The Part A Grantee reported the receipt of Grant Award of $15,390,658 million, an increase of $384,397.00 (2.6%). There was an $11,168 reduction in formula (number of HIV cases in EMA) and the Grantee has requested funding formula from HRSA to figure out from their perspective why the Broward County EMA formula decreased. The Supplemental Award increased by $383,771 based on the Grant Application. There was an increase of $12, 786 for the Minority AIDS Initiative (MAI). A comparison with the FY 2012 Award and the FY 2010, we are about $5,00 less than we were funded in FY 2010 which was considered the peak. The Minority AIDS Initiative (MAI) Request for Proposal (RFP) was released on February 27, 2012 and submissions to the Grantee's office are due by March 30, 2012. If the budget process is going at the current speed it is likely that our (next) Notice of Grant Award may be late and as a planning body we need to take this into consideration so there is no interruption in services.

The AIDS Education Training Center (AETC) staff, headed by Dr. Beal, visited early in March 2012 and meetings were held with the grantee and Quality Management Committee (QMC) staff about the initiatives for the upcoming year. One initiative is a prevention message with flash cards (Operation HOPEFUL). The EMA agreed to implement as a pilot project with the hopes of integrating into our service delivery system. This card project is an attempt to standardize goals for patient care that allows practitioners and case manager to facilitate frank dialogue about prevention issues. There will be a review in four months. The HOPWA grantee asked how HOPWA can be integrated into HOPEFUL. The grantee reported the recent case management training included housing case managers and the cards were well received by case managers and medical providers who were very excited and requested additional sets. The grantee also reported that during the medical network the physicians were very pleased. The QMC Chair suggested that this be presented to JCCR with a recommendation as how to involve client input.

Part B

The Part B Grantee provided a report on Part B expenditures through January 31, 2012: Non Medical Case Management conducted 399 eligibility interviews in January of which 104 were new clients. Medication co-payment served 279 clients of which 7 were new to the program. There were 265 clients served in January for Med Co-Pay and 14 clients served in January for mail orders. Cost avoidance for Med Co-Pay program is $35,744.14. Total cost avoidance from April-January is $174,077. Bus passes have been purchased for next fiscal year and are being distributed. Part B is working with Part A with regards to eligibility as once Part A bus passes are depleted, all bus passes will be under Part B and clients complete Part B eligibility certification to be eligible. There are many bus passes to cover clients through the transition period. Cost avoidance savings have increased. At end of the year there are unspent funds which are going back to the state Part B program.

ADAP

The ADAP report through February 29 was provided: Total ADAP "Open" Enrollment: 2,227; Total ADAP Clients Served in Last 30 Days*:1,436; Total ADAP Waitlist Enrollment: 228; Total ADAP/Medicare Part D Enrollment: 187; Number of Appointments in January: 676; Number of Missed Appointment in January: 258; Percentage of January Appointments Missed: 38%. "Clients Served" are defined as having at least one "pickup" in the period. The category definitions are as follows:

2 clients: Category A - CD4 < 200 cells/mm3 and/or CD4% < 14%: A diagnosis of AIDS and/or diagnosis of active opportunistic infection and/or diagnosis of HIV-associated nephropathy (HIVAN)

45 clients: Category B - CD4 cell count between 201-350 cells/ mm3: Persons who are currently on ARV therapy, persons who were previously on ARV therapy but therapy was interrupted and treatment naïve clients

172 clients: Category C - Treatment naïve clients with CD4 cell count > 350 cells/mm3

9 clients: Category D - Unknown/Other

Clients are removed from the Wait List by medical category in the order they were placed on it.

This serves as a reminder to people that if they are on the wait list they MUST recertify at 6 months or they will lose their position on the Wait List.

Joey Wynn announced that Michele Rosiere was awarded an "Above and Beyond" award for her outstanding contribution to the Statewide Coordinated Statement of Need Task Force and the Part A Comprehensive Plan work group. The award was distributed at the statewide Part B meeting and presented to Ms. Rosiere during the HIV Planning Council meeting.

10. Other Reports

Part C

The Grantee reported the grant application was submitted and are hoping for a favorable award. If the Grant Award does not reflect a decrease, Part C intends to open the clinics at Broward House full time.

Part D

The Grantee expressed gratitude for assistance in retrieving data for the Part D FY 12/13 Grant Application recently submitted. The Grantee is hopeful to get a favorable award. In putting the grant application together, 118 pregnancies were identified within the organization last year, from which 97 births occurred (some still pregnant, some terminated, some miscarried). From the 97 births, there were 0 babies infected. The Grantee further explained the testing process for newborns up to 18 months: the DNA, PCR (Polymerase Chain Reaction) test is used for testing newborn babies born to HIV positive mothers. Both tests can be used to measure the amount of virus that is present within a person's body (when they will usually be referred to as 'viral load' tests), is done at the age of 2 weeks and again at 4 and 12 weeks. There are no false positives for the DNA PCR test. It is not stated that a child is HIV negative until the age of 18 months when a western blot is done.

HOPWA

The HOPWA report was provided: There has not been notification of Grant Award. It is hopeful that the Request for Proposal (RFP) will be released in April 2012 (for about $9.3 million).
H. Bradley Katz was congratulated for being confirmed to the HOPWA Community Services Board (CSB).

11. Old Business/New Business

- The HIVPC Agenda is set up in the present manner so that the work of the Council will be done before any grantee reports were given.
- Member asked that future Agendas contain "Old Business and New Business" which are standing HIVPC Agenda items.
- Attendance Policy as written in the Administrative Code was reviewed. The policy states: "*appointees shall notify the board coordinator at least two (2) business days prior to the scheduled meeting date as to whether they will or will not attend the meeting. Failure to notify the board coordinator within that time period shall be considered an absence*." Meeting confirmation is necessary and this needs to be adhered to the way that it is written. This was discussed at length and the following motions were made:

Motion # 4	To "recommend that the restatement of the Ordinance referring to attendance be forwarded to the Membership Council Development Committee and the By Laws Committee for review."
Proposed by	Carl Robeson
Seconded by	Marie Hayes
Action	None

Stacked Motion # 1	To "table the motion and forward the restatement of the Ordinance referring to attendance to the Executive Committee for further direction."
Proposed by	Michael Rajner
Seconded by	Leroy Dyer
Action	16 approved / 2 opposed

12. Retreat Follow Up

Following the two recent retreats (Joint Executive 01/19/12 and HIVPC 02/23/12) a comprehensive report was circulated to members for their review. Members were asked to review prior to next meeting and send any comments or recommendations to staff.

13. Announcements

- There is a National Quality Center (NQC) technical assistance call today, issues of which may intersect with the Quality of Care discussion. The four objectives for the call are:
  i. Ryan White Legislation requirements
  ii. Program Expectation for Quality Management
  iii. Identification of Quality Management initiatives recently released by HRSA, and
  iv. Future direction the HRSA HIV/AIDS Bureau will undertake for Clinical Quality Management.

- There will be an ADAP workgroup meeting on March 29, 2012 at 10:30 a.m. Venue TBD.
- Member requested for the Joint Priorities retreat that basic information on Pre-existing Conditions Insurance Plan (PCIP) and Plan Analysis is provided as the conversation needs to be started as to what it looks like for the EMA to cover insurance premiums as opposed to direct care.

14. Public Comment (up to 10 minutes)
There was no public comment.

15. Next Meeting Date
Thursday, April 26, 2012 at 9:00 a.m. **VENUE:** BRHPC, 200 Oakwood Lane, Suite 100, Hollywood, 33020.

16. Agenda Items for Next Meeting

- Standing Agenda Items
- Vote to Amend By-Laws
- Retreat Follow Up Items: Joint Executive, HIVPC, Priorities Committee

17. Adjournment
The meeting was adjourned at 11:02 a.m.

FY 2012 HIVPC and Joint Executive Retreat Action Items Summary

Address Identified Comprehensive Plan Challenges — Potential Committee: Part A/Joint Executive

- Define Chair's Roles: Respectful collaborative relationship with support staff, articulate goals for meeting, contact staff prior to meetings to review minutes, agenda
- Define Role of Members: Information sharing/reporting responsibilities based on membership categories
- Implement Mentoring by PC Chair/Vice Chair: New members can be intimidated and could benefit from having a mentor assigned. Identify a vehicle to address recommendations, details and tasks.
- Create Joint Executive and Part A Executive Work-Plan
- Identify Committee Work Products and Timeframes and Develop Recommendations
- Develop Comprehensive Plan Oversight and Evaluation Strategy: Need Ownership of the Comprehensive Plan from a functional standpoint to ensure consistent review and evaluation of how goals are being met. Joint Executive is possibly appropriate committee to monitor Plan by reviewing committees reports on the Plan's progress
- Identify how committees are interwoven through common themes
- Develop a parking lot item, on Executive Agenda to ensure issues have follow-up
- Ensure Comprehensive Plan Goals are woven into committees' work and work-plans
- Consider Committee Planning Cycles (Less meetings but more efficient and productive)
- Add work plans as a standing agenda item at the beginning of the agenda/meeting as opposed to the end
- Make work plan, including all Comp Plan activities, a priority. Reviewing work plan goals & activities are a core of the work plan not a list of checkbox items
- Comp Plan will be the ideal focus of each committee.
- Make Comprehensive Plan more modular, tailor aspects to each committee so that committee knows what part of Comp Plan intersects with their committee work, and a standing agenda item for that committee to reflect that part of the plan.

Health care reform; Insurance vs. Direct Care — Potential Committee: HIVPC

- Capacity Assessments: the "what if's" when "what happens" needs to be closely watched as the health care continuum changes.
- Are those identified groups/ASOs/CBOs prepared and able to provide services after changes to health care are implemented?
- Look at an "insurance program" vs. Ryan White.
- Add Standing **Healthcare Reform** Agenda Item at HIV Planning Council level
- HIVPC to appoint a committee to focus on Healthcare Reform as it impacts HIV care and treatment.
- Regular updates to the HIVPC (similar to the monthly legislative report)
- Expectations of CARE Act providers: What is needed to be successful and looking forward to major transitions in 2014 including Medicare, Medicaid, and Private Insurance Enrollment –Need to get providers ready for a major transition
- Summarized info must be sent to committees to facilitate discussion regarding items relevant to each committee's work
- Educate community about **Healthcare Reform,** what it means, what changes to expect, how to get ready
- Request from grantee detailed service utilization data for the last 1-2 years
- Determine whether a Standing Committee or an ad Hoc of a Standing Committee, should be created to address possibility of Part A buying **insurance plans** for clients as a cost savings measure. This function will take a lot of time, detail and data analysis. HIVPC will have to determine the best method to address
- Review other EMA's: Which EMA's have already begun purchasing **insurance plans?** How is it being done?
- Ad Hoc or Standing Committee developed to address insurance.
- Need to review current cost utilizations, current existing **insurance plans** in Florida, cost avoidance, cost savings, provider networks for these insurance plans. An intense cost-benefit analysis by Grantee and staff or RFP conducted to determine which tier of clients would most likely save money for the system.

Funding Data — Potential Committee: PSRA

- Improve Utilization and Funding Data
- Design a "Grantee Data Request Form" indicating types of data is needed and how often.
- Quarterly data updates from Part C, D & F programs (including oral services)
- VA Baseline data needed. How many currently in RW system? VA data needed regarding utilization by HIV+ Broward County residents.
- Request County Commissioners invite all other funders to participate in HIV Planning.

Address Identified Comprehensive Plan Challenges — **Potential Committee: Planning**

- Recommend relevant work items for each Committee
- Look at Needs Assessment data and carefully select most important and useful data sets early in the calendar year. Preferably complete by April. May and June would be used to ensure the data are organized in "user-friendly" formats. Planning Committee's focus should be making sure HIVPC has best data possible for use in PSRA
- Formulate recommendations based on data findings and provide in user-friendly format for PSRA

Address Identified Comprehensive Plan Challenges — **Potential Committee: JCCR**

- Change structure of Joint Client/Community Relations (JCCR) Committee
- Communication → Consumers → Community events
- Rebuild trust in system by providing information (difference between Parts & ADAP etc.) to improve navigation
- Review legislation pertaining to disclosure of status
- Broaden committees' peer approach by using consumers' education & experience.

JCCR Committee – Special Population Related Activities (3/6/12)

- Discussed how JCCR could better tie into the EMA's Comp Plan and corresponding work-plan including NHAS & EIIHA.
- Develop/implement targeted strategies focusing on special pops to ensure PLWHA are informed about HIVPC and Part A services.
- Hold multiple Part A/B community meetings prior to PSRA (May/June) Identify populations to target at each community meeting.
- Identify and implement targeted recruitment and engagement strategies specific to each targeted population.
- Invite members of the EMA's special populations who were not currently represented by on JCCR.
- Gathering information regarding community events, resources, venues and activities to be utilized to develop targeted strategies.
- Recruitment of targeted special populations by JCCR Members (rather than staff) through social marketing including media campaigns, outreach at HIV community events and advertisement at non-traditional venues.

Marketing and Social Marketing Recommendations — **Potential Committee: JCCR**

- Identify better ways to market the system of care to ensure all consumers know what are resources are available to them.
- Complicated system could benefit from culturally competent marketing
- Recommendation to use some unspent direct services funds for social marketing.

Peers and Consumer Education — **Potential Committee: JCCR**

- All categories could be utilized by Peers.
- **Prevention**: Using linkage specialists, navigators and peers to find those who have fallen out of care (PE Data)
- Reach out to CBOs to promote HIV message (Boys & Girls Club, School Board & Senior Centers)
- True CBO/Non Governmental Organization (NGO) Involvement
- P & P Involvement – To get Peers involved into making system work.

Coordination and Linkage

- Coordination w/ Private Docs. HRSA working w/ 2 Broward health centers to coordinate Quality of Care & expanding to blood banks.
- Reinstate Outreach (EBIs/72 hours/ARTAS) – Some linkage was lost due loss of Outreach
- PE field for tracking all points of entry to track when and where clients first enter system. (Grantee/PE Field)
- The group would like for the providers to acknowledge that they are giving private information to individuals who are getting tested.
- Resource Information Accountability: providers in and out of Ryan White program.
- Identify and Remove barriers to all Special Populations.
- Need for more 1:1 outreach which worked well in the past.
- Need for on-going support for individuals as they deal with initial diagnosis.
- Continue efforts of 1:1 interactions with clients. Increase Outreach efforts at "mainstream events".

➲ Track and improve levels of screening; Apply for Medicaid at all access points
➲ Case Managers need to revisit client needs based on their care plans.
➲ Identify needs of clients and know which funders provide which services.

EIIHA **Potential Committee: Planning**

- Ensure HIVPC prevention seat is filled; have BCPP representation on HIVPC and vice versa
- Prevention and Testing Barriers (EIIHA Plan)
- Build a high risk negative data system –additional data needed on this subject.
- Need to ensure that medical screening occurs at all levels.
- Request ER's increase HIV testing – create a taskforce to work specifically on this issue.
- Increase communication between prevention & treatment related to EIIHA and overall 'quality of care. Research EMA models.
- Identify resources for those who test negative. Where do they go after getting n result? How are they encouraged to stay negative?
- Locate those who tested positive and have not yet been linked to care including those tested at private clinics

Needs Assessment **Potential Committee: Planning**

- Resource list changes often. Part A has the most current list; there are several documents in circulation with partial information -creating a master list of resources.
- Create and maintain a resource matrix.
- Jail Release: issue with inmates being released prior to being notified of HIV+ test result. Inmate name often incorrect, making them difficult to find after release Group recommended taking a different approach to the traditional Focus Group by inviting the people involved in client care (*Contract Manager, Rapid Tester, and Surveillance*) who are aware of the problem.
- Reduce the number of data sets
- Needs Assessment and Consumer Satisfaction:→ Surveyors – both the surveyor and the survey reflect the PIR (*Peri Inclusion Representation*) and that we pay attention to language, literacy and cultural sensitivity.
- How do we rise above a low level of satisfaction with regards to surveys/surveyors?
- How do we ensure that we look at our own collection? Being proactive/collecting more surveys.
- How do we know that we really captured data requested? What is the impact on the overall process?
- Conduct Client Needs Assessment Survey every 2 or 3 years (vs. annually) with annual data assessment reports. Also conduct a baseline Needs Assessment on everyone once they have gone through CIED. This would create a foundation that could identify gaps in the program from the beginning.
- Look at current system of information sharing and links.
- Identified four mandated large groups with several subgroups: noting a theme throughout all of the special populations that linked them together…

Needs Assessment Follow-Up - Joint Planning Committee March 12, 2012

- It was suggested that the Client Survey be done every two to three years rather than annually as (i) there is no time to 'digest' the report and (ii) similar information is gathered during intake at Centralized Intake and Eligibility (CIED). CIED will not be doing the client survey for the county but that CIED captures valuable data. A member remarked that the survey is not a "convenience sample" and the results are a true picture of the population and can be generalized into what's happening in the county adding that qualitative information can be captured with focus groups to be statistically analyzed from any angle e.g. age group, gender, race/ethnicity, cultural background.. It was agreed that more specific questions e.g. "what was your special population at the time of diagnosis" and "where were you tested" ,"did you know this service was available", "were you eligible" and if so, "what prevented you from using the service (transportation, childcare etc)" will help Part A with the specific categories of special populations and data. It was noted that the survey does not capture the PSRA process.
- Grantee suggested that a PE profile report can be developed on a monthly/quarterly basis and proposed that a small workgroup be established to develop a general client profile to generate reports. The Part A grantee suggested that this group could participate in a PE 101(Provide Enterprise) WebEx with Groupware GTI. Two members along with the CIED manager will participate establishing a timeline, identifying, prioritizing and managing resources. The committee also reviewed the Ryan White Part A Planning Council Handout - Planning Process Evaluation document. What are the questions to ask and what is the plan for analyzing results? Member noted the resources needed to accomplish such a task from a "group of volunteer citizens". The committee agreed to obtain PSRA Committee's input on not doing a client survey this year, but to use last year's report along with current EPI utilization data. With lack of quorum, this could not be put into motion form but the Part A grantee suggested it be sent as a recommendation to PSRA Committee for data sets, data trends and data parameters at the next meeting It was requested from the BCHD representative for a three year EPI trend to give the committee a starting point to send recommendations to Priorities (PSRA) Committee.
- PSRA committee chairs will be informed of the direction the committee is headed with regards to (data sets, data trends)