



Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council

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**HIV PLANNING COUNCIL COORDINATION
MEETING AGENDA**

Thursday, August 11, 2016 – 9:30 a.m.

Governmental Center – Room A-337

Chair: Brad Gammell **Vice Chair:** Requel Lopes

1. CALL TO ORDER

2. REVIEW STATEMENT OF SUNSHINE & PUBLIC COMMENT REQUIREMENTS

3. WELCOME AND INTRODUCTIONS

4. REVIEW:

- Meeting Agenda: 8/11/16
- Meeting Minutes: 7/14/16

5. NEW BUSINESS

Integrated HIV Prevention, Care and Treatment Plan Discussion (Handout A)

6. STANDARD COMMITTEE ITEMS

- Committee Coordination (15-20 minutes): Review any issues or concerns from committee Chairs and Vice Chairs in attendance.

7. HIV PLANNING COUNCIL MATERIALS

- Review the meeting materials for the 8/16/16 HIV Planning Council meeting and make any necessary changes. (Handout B)
- Discuss Warning and Removal Letters
- Discuss date for next Executive Training

8. NEXT MEETING DATE: TBD

9. ADJOURNMENT

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

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



**HIV PLANNING COUNCIL COORDINATION
 MEETING AGENDA**

Tuesday, July 14, 2016 – 2:00 p.m.
 Governmental Center – Room A-335

Chair: Brad Gammell **Vice Chair:** Requel Lopes

ATTENDEES	
1	Gammell, B. <i>HIVPC Chair</i>
2	Lopes, R. <i>HIVPC Vice Chair</i>
3	Ewart, L. <i>HIVPC Staff</i>
4	Johnson, B. <i>HIVPC Manager</i>
5	Jones, L., <i>Part A Grantee</i>
6	Gadson, G. <i>GeoPhil Consulting</i>

1. CALL TO ORDER

The HIV Planning Council (HIVPC) Coordination meeting was called to order by the HIVPC Chair at 2:05 p.m.

2. REVIEW STATEMENT OF SUNSHINE & PUBLIC COMMENT REQUIREMENTS

The HIVPC Chair 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 about the meeting ground rules.

3. WELCOME AND INTRODUCTIONS

Introductions were given by those in attendance.

4. REVIEW:

- Meeting Agenda: 7/14/16
- Meeting Minutes: 6/14/16

5. STANDARD COMMITTEE ITEMS

None.

6. EXECUTIVE COMMITTEE MATERIALS

- Discuss Executive Leadership training with facilitator George Gadson: Mr. Gadson first gave an overview of his experience and credentials as a meeting and training facilitator. The group then discussed potential objectives for the Executive Training, including meeting planning and pre-work/prep, especially reading the minutes from the previous meeting. They spoke about how to develop language around process, support of the committee chair in the process, and following set process. The Grantee gave Mr. Gadson a little perspective on the members, HIVPC history, and the need to manage both community and personal biases. The members spoke about the need to identify rules of conduct and address reoccurring issues experienced by the chairs and vice chairs. The HIVPC Vice Chair stated that she wants the members to find trust in each other and be able to move forward to work for the bigger picture. She would like the trainings to help identify the parameters in which the committees can work and help stop conversations about things that cannot be controlled. They also spoke about meeting structure and frequency. They agreed that the topics they would like the Executive Committee to be trained on would work best in a series that gives each topic ample time to be reviewed.

Meeting topics: meeting preparation and planning; communication and meeting facilitation; how to deal with disruptions and personality conflicts; meeting conclusion.

Grantee reiterated the need to limit their focus, need to make thorough accomplishments with small but important tasks: essential tools of running an effective meeting. The training will last 1:45 minutes with a 15 min business meeting before the facilitator takes over. The first topic will be on meeting planning preparation. If the committee members like the training they will ask Mr. Gadson to prepare a proposal for an ongoing training series.

7. NEW BUSINESS

- HIVPC 3 Month (Aug-Oct) Calendar: The members discussed the upcoming HIVPC committee schedule, and decided to schedule the HIVPC and committee meetings until December for distribution at Planning Council.
- Integrated Planning: The Grantee stated that there some delays in the completion of the Plan due to the incorporation of Community and Workforce feedback into the Plan's strategies and activities. The Planning Team is negotiating activities between Prevention and Care and Treatment for realistic goals and objectives for the 5 year process, and trying to finalize the Plan's goals, which are the main component of the Plan. Activities should be tangible, realistic, can be accomplished through work plans. The Leadership and Planning Teams are trying to reach out to the IC Co-Chairs to push their meeting back until the goals and objectives are complete. The Grantee will be attending the August 4th ADAP meeting in Orlando to discuss ADAP Premium Plus plan increasing client eligibility to 400% FPL. The Part A office will also sponsor all unaffiliated PWAs on the HIVPC to go to USCA.

8. NEXT MEETING DATE: August 10, 2016 at 2:00 PM

9. ADJOURNMENT

The meeting was adjourned at 4:30.

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

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

Integrated HIV Prevention and Care Plan

Goal 1: Reduce New Infections

Objective 1.1: By 2021, reduce the rate/number of annual new infections by 25%

- Strategy 1.1.a: Provide education to medical providers and community based organizations to promote HIV routine testing.
 - Establish a partnership with the Broward County Medical Association to promote HIV testing as part of routine medical care.
 - Provide professional development and technical assistance to build skills and increase knowledge to promote routine HIV screening and testing in clinical and non-clinical settings.
 - Develop and disseminate Provider Toolkits to enable effective implementation of routine HIV testing, including state and local “Dear Colleague” letter referencing the new Florida HIV testing law.
 - Recruit and retain physician ambassadors from Prevention and Ryan White providers, medical associations and AETC to promote routine HIV/STI/HCV screening and testing in clinical settings.
 - Conduct education and testing events each year that screen for HIV/STIs/HCV in conjunction with medical providers and community-based organizations.
 - Provide outreach and education to healthcare providers about innovations in funding HIV testing in clinical settings and third party billing reimbursement.
 - Develop and support culturally sensitive and linguistically appropriate social marketing and media campaigns for effective messaging and interventions, for example, CDC Campaign “Razones”
 - Implement “Test and Treat” immediately following a positive HIV test result to reduce transmission and improve morbidity and mortality in all stages of infection.
 - Develop aggregate reports to include provider score cards regarding key processes, performance measures and outcomes.
 - Increase the availability, accessibility, and acceptability of condoms.
- Strategy 1.1.b: Increase education and access to PrEP/nPEP for persons at highest risk of HIV acquisition.
 - *Conduct a demonstration project involving the direct provision of PrEP/nPEP through STD clinics or with community clinical partners with specific emphasis on minority communities.*
 - Create social marketing and social media campaigns to inform individuals living with HIV and the general community about the appropriate use of PrEP/nPEP.
 - Develop and implement PrEP community ambassadors program and marketing materials to disseminate information and available PrEP resources to individuals who are at-risk of new HIV infections.
 - Conduct public health detailing and companion workshops to support implementation of PrEP throughout Broward County.

- Strategy 1.1.c: Increase provider knowledge of and familiarity with PrEP and other bio medical interventions.
 - Include PrEP/nPEP as a core competency in provider-focused HIV prevention education and training with special emphasis on clinical settings and emergency departments.
 - Develop a PrEP/nPEP toolkit for dissemination to the provider community.
 - Increase provider web-based content about PrEP/nPEP on the www.BrowardGreaterthanAIDS.org website with links to clinical guidelines.
 - Develop a Broward PrEP/nPEP Referral Network and provide technical assistance to sites wishing to participate.
 - Monitor the implementation of PrEP/PEP in Broward County through the use of surveys, provider report forms, databases, etc. to assess the uptake of PrEP/nPEP and the impact of their use to further guide program implementation.

Objective 1.2: Reduce to zero the number of pediatric HIV transmission rates

- Strategy 1.2.a: Engage and educate medical providers.⁹
 - Provide education and training to birthing centers and venues that support alternative birthing methods to provide rapid HIV testing.
 - Distribute Perinatal HIV toolkits to all delivery hospitals, OB/GYN, and Pediatrician offices in Broward County.
 - Provide perinatal symposium to the medical provider community on emerging issues and trends facing positive pregnant women.
- Strategy 1.2.b: Provide effective case management services to positive pregnant women to ensure compliance with medication and monitoring of viral load.
 - Expand visits to birthing centers, venues that support alternative birthing methods and OB/GYN offices to foster collaboration and communication.
 - Conduct prenatal “Mommy and Me” classes to help prepare women for childbirth.
 - Provide education and training to partners as appropriate to promote healthy pregnancy and birth outcomes.
 - Maintain and document contact with positive pregnant women to ensure compliance with treatment and medication adherence.
- Strategy 1.2.c: Provide timely follow-up to positive delivering women and exposed newborns immediately upon delivery.
 - Conduct follow-up post-delivery to ensure mother and child are continuing with treatment and medication as prescribed.
 - Expand postnatal “Mommy and Me” classes to provide education and support for mothers and their partners.

Objective 1.3: By 2021, increase the number of PLWHA who know their status to 90%.

- Strategy 1.3.a: Increase the number of routine testing sites in publicly funded healthcare, and non-healthcare settings and Correctional Healthcare.

- Provide education and promote adherence to operate under the guidance of the new Florida HIV Testing Law (Statute 381.004).
- Identify a facility to establish a collaborative agreement to model routine testing in accordance with the new Florida HIV Testing Law (Statute 381.004).
- Coordinate testing activities using geo mapping to identify areas that are not frequently visited by HIV/STI/HCV testers.
- *Expand the number of community providers for the delivery of key sexual health services, with a focus on HIV/STIs/HCV testing and treatment for vulnerable populations (i.e. adults over 50, youth, transgender, etc.)*
- Develop education strategies for testing and treating vulnerable populations.
- Strategy 1.3.b: Inform 100% of positive individuals of their diagnosis within 30 days of testing.
 - Provide expanded opportunities for rapid testing on-site, with access to timely results and counseling.
 - Identify individuals testing positive who have not returned for their results, engage them through outreach efforts to inform them of their diagnosis and provide linkage to care and follow-up services.
 - Monitor and evaluate the numbers of individuals testing positive who have not returned for their results and track activities to engage.
- Strategy 1.3.c: Identify opportunities to expand HIV testing efforts in non-traditional settings.
 - Develop and implement concierge in-home HIV testing.
 - *Identify and collaborate with agencies to create and promote social marketing platforms on HIV testing.*
 - Conduct geo mapping and ethnographic methodologies to identify underserved areas.

Goal 2: Increase Access to Care and Improve Health Outcomes

Objective 2.1.: By 2021, increase the percentage of newly diagnosed individuals who are linked to care within 1 month of diagnosis to 85%.

- Strategy 2.1.a: Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage.
 - **Create a Ryan White/Prevention Collaborative to design a model that ensures a seamless continuum for HIV+ individuals to transition from testing and counseling sites to linkage, treatment and retention in Medical Care.**
 - Design and/or modify reporting and data reporting systems to track PLWHA along the HIV Care Continuum from time of diagnosis.
 - **Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may fall out of care.**
 - Establish pilot project for integrated electronic medical record for sharing across providers.

- Identify access barriers and limitations to HIV medical care related to other support services, such as housing, transportation, employment, education, behavioral health, intimate partner violence, incarceration, and childcare.
- Ensure MOUs between testing and Ryan White funded medical care and treatment providers are implemented effectively.
- Strategy 2.1.b: Strengthen the delivery of integrated services through the provision of training, technical assistance, and access to community resources.
 - Refine roles and responsibilities and develop competencies for linkage providers, peer education, eligibility, non-medical/medical case management, clinical, and ancillary personnel.
 - Provide training and coaching in culturally sensitive and linguistically appropriate competencies with pre and post testing to assess knowledge acquisition and skill development.
 - Develop and maintain a Community Resource Guide inclusive of all available services by priority population and geographic location.
- Strategy 2.1.c: Support retention in care to achieve viral suppression that can maximize the benefits of early detection and reduce transmission risk.
 - Develop and implement standardized Patient Navigator tool.
 - Explore the development of a Patient Assistance mobile device app.

Objective 2.2: By 2021, increase the percentage of PLWHA who are retained in medical care to 90%.

- Strategy 2.2.a: Increase retention in care and viral load suppression through coordinated and integrated activities between and among prevention and care and treatment providers.
 - Utilize engagement reports to identify areas of improvement, including characteristics of individuals who are not retained in care as well as those who have unsuppressed viral loads.
 - Conduct utilization focused evaluation of the HIV Care Continuum to identify and address the drop-offs along the stages specific to testing site, service provider, geographic location, and individual characteristics.
 - Develop data sharing agreements among all HIV prevention, care and treatment providers for designated MIS system.
- Strategy 2.2.b: Identify individuals who have fallen out of care and develop strategic interventions to re-engage.
 - Create a system to obtain real-time client level data for all ADAP clients.
 - *Develop and implement a plan to provide simultaneous certification for ADAP and Ryan White Part A services.*
 - Provide emergency ART through Part A and other community resources to ensure clients do not experience disruption in treatment.
 - Educate MCMs, pharmacists, and Part A clinicians about the availability of emergency ART.

- Develop feedback mechanisms with individuals who have fallen out of care as well as those with unsuppressed viral loads to determine root causes.
 - Provide funding to enhance and expand the linkage and retention program (PROACT) module in the MIS system to allow data sharing and develop aggregate reports of Ryan White Part A clients and for referral mechanisms.
 - Monitor and evaluate the use of linkage and retention services and conduct analysis of the services to identify trends, challenges with data reporting, and areas for improvement.
 - Expand the use of Disease Intervention Specialists to re-engage individuals who have fallen out of care.
 - *Enhance Peer Network to provide outreach and engagement activities through case management services.*
 - *Implement Community Health Worker certification and Peer Specialist certification opportunities for individuals working with PLWHA.*
 - Design and implement a Ryan White System of Care training modules for local case managers, peers, and community health workers.
- Strategy 2.2.c: Expand collaborative partnerships with support service providers to reduce the risks associated with social determinants of health.
 - Refine the Ryan White system of care to ensure retention of care and ensure coordination with support services providers through case management models to establish and maintain post enrollment status.
 - Develop a strategy to provide comprehensive care including access to both medical and support services not covered by insurance plans
 - Identify barriers through satisfaction surveys and develop strategies to address those barriers.
 - Develop relationships and MOUs with ancillary providers-housing, transportation, correctional health, education, employment, behavioral health, domestic violence, childcare, faith-based communities.

Goal 3: Reduce HIV-related health disparities and health inequities

Objective 3.1: By 2021, reduce HIV-related mortality disparities in communities with high risk of HIV infection by 10%.

- Strategy 3.1.a: Provide targeted interventions to populations and geographic locations identified as high risk for HIV.
 - **Develop strategies specific to the needs, attitudes, and behaviors of the identified priority populations.**
 - Develop a recruitment plan to increase the number of individuals applying for certification as Community Health Workers/Peer Specialists who may represent the people being served.
- Strategy 3.1.b: Provide culturally sensitive and relevant training to healthcare providers in the provision of scientifically proven, evidence-based care.

- Continue education for all Care and Treatment Providers on HAB/Public Health standards.
- Provide training to medical providers to address sexual health history, gender identification, and social determinants of health.
- Expand the Partnership for Health (PFH) model to train medical providers and contracted HIP medical providers to engage patients in discussions on sexual history, health, and disclosure.
- Strategy 3.1.c: Increase access to community resources that support the reduction of risk due to social determinants of health in areas of greatest disparity.
 - Develop pilot projects to address critical social and structural determinants of health.
 - Provide training to increase awareness and develop a response to structural and institutional racism in Broward County to medical and non-medical providers.

Objective 3.2: By 2021, reduce stigma and discrimination against PLWHA through implementation of at least 75% of identified strategies and activities.

- Strategy 3.2.a: Increase community engagement to promote education and awareness to affirm support for PLWHA.
 - Coordinate feedback mechanisms that address HIV prevention, stigma, and treatment to assess HIV literacy.
 - Develop and implement education and awareness strategies that incorporate results from feedback mechanisms to increase HIV literacy.
 - Coordinate and train peer specialists and community ambassadors to educate and disseminate messaging to combat HIV-related stigma.
 - Develop social media and marketing strategies to target priority populations.
- Strategy 3.2.b: Identify priorities related to legislation, regulations, and funding to promote opportunities for advocacy efforts to support individuals living with HIV.
 - Work with local, state, and federal leaders to identify legislative priorities.
 - Develop training opportunities for PLWHA to learn how to become effective advocates for change.
 - *Identify funding opportunities to enhance the existing system and to develop collaborative partnerships with ancillary providers.*
- Strategy 3.2.c: Increase leadership opportunities for individuals living with HIV.
 - Identify emerging leaders representative of the HIV community who are willing to participate in leadership activities.
 - Develop and implement an HIV Leadership Academy for these individuals to support capacity building.
 - Promote opportunities for advocacy and leadership within the HIV community.

Goal 4: Achieve a More Coordinated Response to the Local HIV Epidemic

Objective 4.1: By 2021, establish mechanisms for integration of cross-sector collaboration by implementing at least 50% of the identified strategies and activities.

- Strategy 4.1.a: Develop a coordinated and integrated priority setting and resource allocation process and combined funding initiatives.
 - Establish formalized collaborative structure with stakeholders to ensure the community is meeting the needs of individuals and families.
 - Develop a combined data review process specific to integrated services and utilization.
 - Establish integrated priority setting and resource allocation protocols.
- Strategy 4.1.b: Create a system for standardized data collection and reporting.
 - Develop strategies to streamline reporting requirements for funders of prevention, care, and HOPWA.
 - Develop and implement shared data agreements between funders and providers to collect and analyze data in a more comprehensive manner.
- Strategy 4.1.c: Develop a streamlined process for program monitoring and evaluation.
 - *Develop strategy for coordinated RFP response.*
 - *Develop comprehensive monitoring tool across funders to reduce duplication and increase efficiency.*
 - *Develop shared outcomes across funders.*
- Strategy 4.1.d: Provide networking and communication opportunities to address the epidemic.
 - *Create forums for Community Summits to identify strengths, challenges, opportunities and barriers for individuals living with HIV in Broward County.*
 - *Develop and disseminate multi-lingual and culturally sensitive information and forums to address the Latino community and other targeted populations.*
 - *Establish a multi-lingual Broward County Prevention Care and Treatment Services website and social media strategy to comprehensively address the epidemic with consistent messaging across media outlets.*

Objective 4.2: By 2021, establish a structure for integrated continuity of care by implementing at least 50% of the identified strategies and activities.

- Strategy 4.2.a: Develop opportunities for an integrated electronic healthcare record that is shared across providers.
 - *Create an Ad Hoc Task Force to identify essential elements to include in integrated healthcare record.*
 - *Seek funding opportunities to support integrated healthcare record model.*
 - *Identify vendor to create integrated healthcare record and opportunities to share across providers.*
- Strategy 4.2.b: Create career paths for peer advocates and peer leaders.
 - *Define roles for peers that include both specific responsibilities and follow-up to case managers.*
 - *Develop and implement peer training sessions to equip individuals with the needed skills to serve in the capacity on health care teams.*
- Strategy 4.2.c.: Establish competency standards for all levels of providers.

- *Identify competency standards for all levels of staff.*
- *Develop training curriculum with pre and post testing to assess increase in knowledge and skills.*
- *Assess the need for training and coaching follow-up sessions for all levels of providers.*
- *Strategy 4.2.d: Provide opportunities for workforce development and cross-system, cross-sector collaboration.*
 - *Strengthen coordination across data systems and the use of data to inform decision making among grantees and local organizations.*
 - *Establish ongoing networking and communication opportunities with HIV and ancillary providers to identify prospects for collaboration and challenges related to barriers.*

DRAFT



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING AGENDA

Tuesday, August 16, 2016, 9:30 a.m.
 A-337

Chair: Brad Gammell **Vice Chair:** Requel Lopes

*Reminder: Meeting attendance confirmation required at least 48 hours prior to meeting date
 The 8/16/16 HIVPC Agenda was approved by HIVPC Support Staff*

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 8/16/16 Meeting Agenda
- f. Approval of 7/28/16 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) HIV Prevention, Care and Treatment Integrated Plan Overview

7. DISCUSSION ITEMS

#	MOTION	JUSTIFICATION
1	To approve the 5-Year HIV Prevention, Care and Treatment Integrated Plan	The Integrated Plan will be submitted to HRSA and the CDC in September 2016. It will be used as a guidance for Prevention, Care and Treatment in Broward County for the next 5 years. The HIVPC and its Committees' work plans and activities will come from the Plan.

8. NEW BUSINESS

Discuss the Florida Sunshine Law as it pertains to Social Media.

9. COMMITTEE REPORTS (10 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

August 2, 2016

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

A. Work Plan Item Update / Status Summary:

CEC Meeting Time: The committee discussed whether the meeting time was still accommodating to the members of the committee. The former meeting time for the CEC was at 1:00 p.m., but the times were changed to accommodate the CEC Chair and Vice Chair who are both members of the Black Treatment Advocates Network (BTAN), whose meetings are held at 1:00 p.m. The members discussed their individual scheduling conflicts, determined the meeting date and time will remain at 3:00 p.m. on the first Tuesday of each month, but will discuss potential time changes at a later date if necessary.

Assessment of the Administrative Mechanism: Members of the committee were provided an overview of the importance of the Assessment of the Administrative Mechanism Survey. The HIVPC AAM Survey will be used to assess the efficiency of the Grantees Office in terms of planning, resource allocation, timely updates and taking the recommendations of the HIVPC. CEC members who were also members of the HIVPC took the 2016 Assessment of the Administrative Mechanism HIVPC Survey on iPads.

Meeting Events and Topics: Members discussed a meeting and events calendar for the remainder of the year. Topics included ideas for community training and education sessions, as well as potential events at which to table and participate. The members discussed holding educational sessions about PrEP and PEP, or an overall medication training that explains the different kind of HIV prevention and treatment pharmaceuticals. Other ideas included training on epidemiology, with an emphasis on how and why some areas of Broward

County are more affected than others and a community feedback forum for the Haitian community to discuss Ryan White services, health practices and outreach.

The members identified upcoming events, including: National Gay Men’s HIV Awareness Day, Latino HIV Awareness month, a PRIDE Center Town Hall meeting (“Safer sex practices in a sex positive world”), a Back to School Health Fair, and World AIDS Day events. They discussed developing a simple survey to collect information at every event. The committee also agreed that each CEC member to bring their friends, neighbors, or interested parties to each upcoming event going forward.

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: TBD 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)

August 15, 2016

Chair: C. Grant Vice Chair: A. Earp

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

August 17, 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

August 8, 2016

Co-Chair: W. Spencer Vice Co-Chair: C. Taylor-Bennett

Integrated Plan Timeline:

August 8th- Committee reviewed the Integrated HIV Prevention Care and Treatment Plan goals, objectives, and activities.

August 11th- HIVPC Coordination meeting. Will Spencer provided a short presentation on the goals and objectives of the Integrated Plan and answer questions from members and meeting participants.

August 16th- Integrated Plan for review and approval by the HIVPC.

G. EXECUTIVE COMMITTEE

No Meeting

Chair: B. Gammell Vice Chair: R. Lopes

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

10. GRANTEE REPORTS (15 minutes)

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

11. UNFINISHED BUSINESS

None.

12. PUBLIC COMMENT (Up to 10 minutes)

13. ANNOUNCEMENTS (Up to 10 minutes)

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: October 27, 2016 9:30 a.m. LOCATION: GC-430

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

16. 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 •