



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

Thursday, July 25, 2019 9:30 a.m.  
 GC-430

**Chair:** Réquel Lopes **Vice Chair:** Claudette Grant

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

- 1. CALL TO ORDER** (10 minutes)
- 2. WELCOME AND PUBLIC RECORD REQUIREMENTS**
  - a. Welcome and Introductions
  - b. Review Meeting Ground Rules, Public Comment and Public Record Requirements
  - c. Council Member and Guest Introductions
  - d. Moment of Silence
  - e. Excused Absences and Appointment of Alternates
  - f. Approval of 7/25/19 Meeting Agenda
  - g. Approval of 6/27/19 Meeting Minutes
- 3. PHONE INTRODUCTIONS**
- 4. PUBLIC COMMENT** (Up to 10 minutes)
- 5. FEDERAL LEGISLATIVE REPORT** – Handout A (Kareem Murphy)
- 6. CONSENT ITEMS**  
None.

**7. DISCUSSION ITEMS**

No.	MOTION	JUSTIFICATION	PROPOSED BY
1	To finalize and ratify the FY 2020-2021 core 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 finalize and ratify the FY 2020-2021 support service category rankings. (Handout B)	Rankings were conducted as part of the priority setting and resource allocation process.	Priority Setting & Resource Allocation Committee

Discussion Items No. 3 – No. 20 are the recommended allocations for each service category for FY 2020-2021:

No.	FY 2020 Rank	Service	Factors to Consider	Recommended FY 2020 Allocation		Proposed By
				%	\$	
<b>PART A CORE SERVICES</b>						
3	1	Outpatient Ambulatory Healthcare Services (5)	Test and treat as well as the integration of behavioral health screenings into primary care increase access to OAMC and may require increased funding due additional staffing and provisions of services.	47%	\$5,436,528	Priority Setting & Resource Allocation Committee
4	3	Pharmacy (3)	Possible additional ADAP expansion. Drugs used for Test and Treat.	4%	\$481,267	
5	7	Oral Health (5)	Increase in demand for services over recent years due to increase in service locations.	24%	\$2,736,489	
6	5	Health Insurance Continuation Program (1)	Increase in clients with access to health insurance.	6%	\$739,641	
7	2	Medical Case Management-Disease Case Management (5)	Funding recommended based on FY18 final expenditures.	4%	\$410,023	

8	2	Medical Case Management-Case Management (7)	Implementation of test and treat increases demand for more services.	10%	\$1,198,830	
9	4	Mental Health (4)	Integrated service may be impacting utilization in this service category.	2%	\$182,052	
10	8	Substance Abuse-Outpatient (1)	Underutilized core service. Recommending funding based on FY18 final expenditures.	2%	\$285,030	
<b>TOTAL PART A CORE</b>				<b>87%</b>	<b>\$11,469,860</b>	
<b>PART A SUPPORT SERVICES</b>						
11	2	Non-Medical Case Management-CIED (1)	CIED serves as entry point and initial case management for all Part A clients. Experiences continuous 3-5% increase in new clients each year. Funding recommendation based on FY18 final expenditures. Dual eligibility determination between Part A and Part B may affect utilization in the future.	35%	\$582,689	Priority Setting & Resource Allocation Committee
12	2	Non-Medical Case Management-BISS (1)	Recommended to defund this category which provides service for client navigation of selected plans.	0%	\$0	
13	4	Emergency Financial Assistance (3)	EFA supplies medications used for Test and Treat. Funding recommendation based on FY18 final expenditures.	7%	\$121,979	
14	3	Food Bank/Food Voucher (1)	Funding recommendation based on FY18 final expenditures.	50%	\$839,479	
15	5	Legal (1)	Funding recommendation based on FY18 final expenditures.	8%	\$129,151	
<b>TOTAL PART A SUPPORT</b>				<b>13%</b>	<b>\$1,673,298</b>	
<b>TOTAL PART A ALLOCATIONS</b>				<b>100%</b>	<b>\$13,143,158</b>	

<b>MAI CORE SERVICES</b>						
16	1	MAI Outpatient Ambulatory Healthcare Services (1)	Funding recommendation based on previous FY allocation.		\$290,957	
17	2	MAI Medical Case Management-CM (1)	Funding recommendation based on previous FY allocation.		\$45,792	
18	4	MAI Mental Health (1)	Funding recommendation based on previous FY allocation.		\$39,276	
19	8	MAI Substance Abuse-Outpatient (1)	Funding recommendation based on previous FY allocation.		\$400,000	
<b>TOTAL MAI CORE</b>					<b>\$776,025</b>	
<b>MAI SUPPORT SERVICES</b>						
20	2	MAI Non-Medical CM-CIED (1)	Funding recommendation based on previous FY allocation.		\$278,658	
<b>TOTAL MAI SUPPORT</b>					<b>\$278,658</b>	
<b>TOTAL MAI ALLOCATIONS</b>					<b>\$1,054,683</b>	
<b>TOTAL PART A AND MAI ALLOCATIONS</b>					<b>\$14,197,841</b>	

## 8. NEW BUSINESS

- a. Fighting Stigma through Fashion – Review (Handout C)

**9. JULY COMMITTEE REPORTS (15 minutes)**

**A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)**

**No July Meeting - No Chair or Vice Chair**

*Chair: Vacant V. Chair: Vacant*

**B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)**

**No July Meeting – Quarterly Meeting**

*Chair: V. Foster, V. Chair: Vacant*

**C. INTEGRATED WORKGROUP**

**No July Meeting – Not Scheduled**

*Chair: T. Pietrogallo, V. Chair: T. Williams*

**D. QUALITY MANAGEMENT COMMITTEE (QMC)**

**July 15, 2019 – No Quorum**

*Chair: Vacant V. Chair: B. Fortune-Evans*

**E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)**

**July 18, 2019**

*Chair: L. Robertson, V. Chair: M. Hayes*

<p><b>A. Work Plan Item Update / Status Summary:</b></p> <p><u>Monthly Expenditure/Utilization Report:</u> All service categories should be at 33% utilization. Some services are behind because they have not yet submitted invoices.</p> <p><u>HOPWA Funder’s Presentation:</u> The HOPWA Recipient presented information regarding the program. The Recipient reviewed programs and eligibility as well as client demographics. The need for short-term assistance has decreased recently because of the currently provided services.</p> <p><u>Part A Service Category and Health Outcomes Presentation:</u> Consultant Julia Hidalgo reviewed information regarding the HIV epidemic in Broward County over time and how service provision has changed. Mrs. Hidalgo noted that at one time, Broward provided more support services but has streamlined to focus on non-medical Case Management, Food Bank, and Legal Services. These services are absolutely needed by clients.</p> <p><u>Final Service Category Review:</u> The Committee reviewed its service category recommendations from the previous meetings. The Committee voted to defund BISS and discussed other options to lessen the cost of providing services to Broward’s Part A clients.</p> <p><u>Priority Setting:</u> PSRA ranked core and support service categories after receiving information throughout the PSRA process. The Committee also received a presentation on ranking including the rankings from the previous FY and CEC’s recommendations. The Committee completed this work but was not able to finalize and ratify its decision at the meeting.</p> <p><u>FY2020 Service Category Allocations:</u> The Committee conducted allocations for FY2020 Part A Core and Support Services. PSRA utilized funding information from the previous FY along with the factors considered as part of the PSRA process to make its funding decisions. The Non-Medical Case Management – BISS category was defunded for the upcoming FY. The Committee lost quorum after completing the Part A allocations, and MAI was not completed as a result.</p>
<p><b>B. Rationale for Recommendations:</b></p> <p>None.</p>
<p><b>C. Data Reports/Data Review Updates:</b></p> <p>None.</p>
<p><b>D. Data Requests:</b></p> <p>None.</p>
<p><b>E. Other Business Items:</b></p> <p><i>Agenda Items for Next Meeting:</i> How Best to Meet the Need (HBTMTN) language <i>Next Meeting Date:</i> August 15, 2019 at 9:00 a.m. <i>Location:</i> Governmental Center Room: A-337</p>

**F. AD-HOC YOUTH ADVISORY COMMITTEE**

**July 9, 2019**

*Chair: A. Ruffner*

**F. Work Plan Item Update / Status Summary:**

Member Event Prep Assignments Update: The Committee reviewed its progress in securing and finalizing assistance with the Fashion Show. As a thank you gift to models, it was discussed that models would each receive a headshot photo. The committee completed the reviewing of the assignment sheet and discussed assignments for the day of the event.

Event Planning Outline: Upon review of the most recent version of the event outline, members did not provide any immediate suggestions for changes. The committee chair also said that he would like for the fashion show to include a HIVPC member speaking with the audience about the HIVPC and how attendees can get involved. The idea of models walking to recorded statements about fighting stigma should be played during the last scene was revisited. Members liked the idea of having the models record their own statements about stigma while holding a paper banner with stigmatizing language to be shredded while on the runway.

Event Program: The program draft was reviewed by committee members and suggestions were made to expand the program from a half-page front and back to a full page folded in half. The additional room would make it easier to fit information regarding the HIV as well as the event onto a single document.

Shopping and Fitting Plan: Most of the shopping for the models has been completed. Committee members and support staff have also been able to donate their own clothing to fill in any gaps that the models may need. It was decided that all committee members will be wearing all black with red accents on the day of the event.

Event Donations & Tabling: The committee reviewed the list of donations and participating organizations/businesses for the event. The list was adjusted based on Committee recommendations.

**G. Rationale for Recommendations:**

None.

**H. Data Reports/Data Review Updates:**

None.

**I. Data Requests:**

None.

**J. Other Business Items:**

None.

**G. EXECUTIVE COMMITTEE**

**July 18, 2019 – Not Scheduled**

*Chair: R. Lopes, V. Chair: C. Grant*

**H. SYSTEM OF CARE COMMITTEE (SOC)**

**No July Meeting – Not Scheduled**

*Chair: Vacant V. Chair: Vacant*

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

**Meeting Packets are available at: <http://www.brhpc.org/programs/hiv-planning-council/>**

**10. RECIPIENT REPORTS (20 minutes)**

- a. Part A
- b. Part B
- c. Part C
- d. Part D
- e. Part F
- f. HOPWA
- g. Prevention – Quarterly Update (April, July, October, January)

**11. UNFINISHED BUSINESS**

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

**13. ANNOUNCEMENTS**

**14. REQUEST FOR DATA**

**15. AGENDA ITEMS FOR NEXT MEETING:** August 22, 2019 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 •





**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

**BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL**

Thursday, June 27, 2019 Meeting Minutes

<b>ATTENDANCE</b>			
#	Members	Present	Absent
1	Arencibia, Y.	X	
2	Barnes, B.	X	
3	Bhrangger, R.	X	
4	Burgess, D.		A
5	Cutright, A.	X	
6	Dennis, B.	X	
7	Fortune-Evans, B.	X	
8	Foster, V.		A
9	Fleurinord, P		A
10	Grant, C.	X	
11	Hayes, M.	X	
12	Holness, Comm. D.V.C		A
13	Katz, H. B.	X	
14	Leonard, C.	X	
15	Lopes, R. <i>Chair</i>		A
16	Marcoviche, W.	X	
17	Moragne, T.	X	
18	Moreno, V.	X	
19	Riley-Gardiner, Y.	X	
20	Robertson, L.	X	
21	Rodriguez, J.	X	
22	Ruffner, A.	X	
23	Schweizer, M.	X	
24	Siclari, R.		A
	<b>Quorum=13</b>	<b>18</b>	

  

<b>Grantee Staff</b>
Garcia, E.
Jones, L.
Anderson, T.
Green, W.
Robinson, J.
Fender, T.
<b>HIVPC Staff</b>
Oratien, V.
Jolly, J.
Martinez, G.
Joseph, A.
Guice, M.
<b>Guests</b>
Role, V.
Sinclair, D.
Smith, C.
Carter, J.
Cook, S.
London, K.
Lewis, V.
Casanova, R.
Smikle, P.
Mester, B.
Burger, R.

**1. CALL TO ORDER**

The Chair called the meeting to order at 9:32 a.m.

**2. WELCOME AND PUBLIC RECORD REQUIREMENTS**

The HIVPC Chair welcomed everyone. Introductions were made by HIVPC members, PC and Recipient Staff, and Guests. Attendees were notified of 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. A moment of silence was observed. The following motions were made:

**Motion #1:** To approve today's meeting agenda  
**Proposed by:** Arencibia, Y. **Seconded by:** Hayes, M.  
**Action:** Passed Unanimously

**Motion # 3:** To approve the 5/23/19 minutes.  
**Proposed by:** Barnes, B. **Seconded by:** Arencibia, Y.  
**Action:** Passed Unanimously

**3. PHONE INTRODUCTIONS** None.

**4. PUBLIC COMMENT** None.

**5. WRITTEN LEGISLATIVE REPORT**

The House has proposed a total of \$1.335 billion in funding for treatment, care and prevention, which would amount to a \$203 million increase. This does not include funding totals for HOPWA and other HUD- based supportive services. There is a new request for a new HIV intervention program; Ending the Epidemic Plan. This plan will target areas with the highest prevalence of new infections. Congress is partially funding this plan. Ryan White Parts A and B will receive funding increase of \$116.3 million under the new appropriations bill. Part A would receive a total of \$677.5 million (\$21.6 million increase), Part B \$419.6 (\$4.9 million increase), and ADAP \$912 million (11.7 million increase). The President's Ending the Epidemic program would receive \$70 million, MIA \$65 million, 11.1 increase, SAMHSA- 121 million, 5 million increase.

Regarding HOPWA, the Housing-Transportation appropriations bill has not been approved yet. HOPWA will be receiving a \$17 million increase. In the past, level funding was a huge victory, so it is good that more funding has been given. Senate has not moved on its appropriations bill, while the House is making progress. Things have moved very far even if things are at a standstill for a while, which is better than it has been in several years. There have been no talks of a Ryan White Reauthorization. A question was asked about funding approval and distribution. Will distribution change this go around? Will the process remain the same? Mr. Murphy answered that the process will pretty much stay the same, but representatives and HIV/AIDS advocates have been and will continue to carry messages from EMAs across the country. Meeting attendees were advised to keep pressing HRSA on their funding formulas. Rules for the Epidemic plan funding have not been determined as this was a white paper proposal; the idea is to send money into areas in the sunbelt. It is not clear whether this will be funded through the Senate or not.

**6. CONSENT ITEMS**

**Motion #3:** To approve consent items  
**Proposed by:** Barnes, B. **Seconded by:** Schweizer, M.  
**Action:** Passed Unanimously

**7. DISCUSSION ITEMS**

None.



## 8. JUNE COMMITTEE REPORTS (15 minutes)

### A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

June 4, 2019

Chair: Vacant V. Chair: P. Fleurinord

The Acting HIVPC Vice Chair chaired the June CEC meeting and shared her excitement for the Fashion Show which the Committee continued to plan. She encouraged HIVPC members to support the event though the target audience is young adults ages 18-34.

#### A. Work Plan Item Update / Status Summary:

Fashion Show Event Planning Update- The ad-Hoc Youth Advisory Chair discussed progress in setting up the event. All modeling slots for the modeling casting call have been filled. The committee is in search of more male models and more individuals from a variety of ethnicities, as the current models confirmed for the casting call are predominantly black female. Collaborations with local businesses and community-based organizations were shared with committee members.

An event email including event details and the model casting call flyer has been sent out, by HIVPC Support Staff and the ad-Hoc Youth Advisory Chair, to all interested parties. Members were encouraged by the ad-Hoc Chair to continue to share the event email to any suitable audiences, or potential collaborators.

PSRA Service Category Priority Rankings- The HIVPC Manager provided an overview of the rankings process. This presentation included the role of CEC and why it is important that they rank. CEC's recommendations will be given to PSRA for consideration before that Committee participates in ranking. Committee members who did not have direct conflicts with the ranking process were then directed to the CEC Ranking Recommendations Handout and were instructed to complete the rankings process on paper first. Once members completed the paper form, they were given electronic

#### 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:* Fashion Show Update / Chat, Chill & Chew Planning

*Next Meeting Date:* July 2, 2019 at 3:00pm

### B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

No June Meeting

Chair: V. Foster,

V. Chair: Vacant

### C. INTEGRATED WORKGROUP

No June Meeting

Chair: T. Pietrogallo, V.

Chair: T. Williams

### D. QUALITY MANAGEMENT COMMITTEE (QMC)

No June Meeting

V. Chair: B. Fortune-Evans

**E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)**

**June 20, 2019**

*Chair: L. Robertson, V. Chair: M. Hayes*

The PSRA Chair stated that the Committee is gathering information to complete its PSRA Process. If members or guests are interested in attending, they are welcome. The Chair also informed members to really pay close attention to the information that is being distributed during and between meetings as some very tough decisions will have to be made in the next couple of months. Being up to date on all discussion items and distributed materials will ensure that the decisions being made by members are informed decisions.

<p><b>A. Work Plan Item Update / Status Summary:</b></p> <p><u>Monthly Expenditure/Utilization Report:</u> A copy of the utilization table was made available during the meeting. All service categories should be at 33% utilization. Overall, most service categories are around 20% utilization. Food Bank has outstanding invoices. There are no current numbers available for EFA, but updates will be made for the next meeting. Total utilization is 19%. Some providers just started billing along with outstanding invoices from other providers still coming in for the month. Once those are in, utilization will be on track. When invoices are submitted late the staff tries to work with the recipient as much as possible to get the invoices completed. It was brought to the grantee staff’s attention that the numbers reflected on the sheet should be for 3 months as opposed to 4 months, which is listed on the utilization table. The current expended amount should be 25% not 33%. That would change a few of the numbers on the report.</p> <p><u>Part A Eligibility for Service Categories:</u> The committee reviewed the Part A eligibility for the final three Service Categories; AIDS Pharmaceutical Assistance (Local), Food Services, and Trauma-Informed Mental Health Services. Committee members made decisions on each of the service categories and made suggestions for changes.</p> <p><u>Part B Funder’s Presentation:</u> The Part B Recipient presented funder information. At the close of the presentation, the Part B Recipient shared that all Ryan White Parts can collaborate to address these barriers to receiving care by discussing/suggesting other methods aside from Uber Medical to help improve their transportation plan and provide more options to clients. Services/resources outside of Part B available to clients to reduce gaps in services include Abbott Nutrition, a patient assistance program application and Broward County Bus Passes. (See handout).</p> <p><u>Part C Funder’s Presentation:</u> The Part C Recipient presented funder information. Barriers identified in Part C include substance abuse and denial of HIV infection. At the close of the presentation, the Part C Recipient did not provide any ways that all Ryan White Parts can collaborate to address these barriers to receiving care. Other barriers include not having gynecological oncologists or oncology services and psychiatric services available. Services/resources outside of Part C available to clients to reduce gaps in services were not shared. (see handout).</p> <p><u>Part D Funder’s Presentation:</u> The Part D Recipient presented funder information. At the close of the presentation, the Part D Recipient shared that all Ryan White Parts can collaborate to address these barriers to receiving care by strengthening their working relationship with Poverello and Part A Providers for specialty services. Services/resources outside of Part D available to clients to reduce gaps in services include HOPWA Services, outside medical and specialty providers, Residential Substance Abuse Programs, outreach efforts to identify at risk youth, and increased collaboration with RW dental services and Part D. (See handout).</p>
<p><b>B. Rationale for Recommendations:</b></p> <p>None.</p>

<b>C. Data Reports/Data Review Updates:</b>
<ul style="list-style-type: none"> <li>• <i>HICP client numbers for FPL 200 – 250% &amp; 250-300%</i></li> <li>• How many clients in the Disease Case Management service category also received non-medical case management?</li> </ul>
<b>D. Data Requests:</b>
Pull data for Test & Treat numbers; HIV; BARC; ACA by FPL
<b>E. Other Business Items:</b>
<i>Agenda Items for Next Meeting:</i> Funder Presentations (HOPWA), Health Outcomes Presentation, Service Category Rankings
<i>Next Meeting Date:</i> July 18, 2019 at 9:00 a.m. <i>Location:</i> Governmental Center Annex Room: A-337

**F. AD-HOC ADVISORY COMMITTEE**

**June 11, 2019**

*Chair: A. Ruffner*

The Committee Chair gave updates on the Fighting Stigma Through Fashion Show. A committee member also shared details on the event’s media and promotions plans for advertising. Press releases have been sent out as well.

<b>F. Work Plan Item Update / Status Summary:</b>
<u>Member Event Prep Assignments Update:</u> The Ad-Hoc Youth Advisory Committee and meeting guests discussed progress toward securing donations from previously determined organizations. A host has been confirmed as well as a stylist, photographer, and videographer. The Committee will speak with a potential DJ for the event to confirm availability.
<u>Event Planning Timeline:</u> The Committee reviewed the show’s agenda which included a detailed run-through of the event. Members would like to have available lighting in coordination with the color themed scenes (red, yellow, blue). Any organization who has donated will have the option to have a vending table during the social hour and fashion show event. Members want at home HIV/AIDS testing and on-site HIV testing to be made available for the day of the event. Prize donations were reviewed, and suggestions were made for additional prizes. At the show, “Thank You” slides will be displayed highlighting organizations that have donated to the event.
<b>G. Rationale for Recommendations:</b>
None.
<b>H. Data Reports/Data Review Updates:</b>
None.
<b>I. Data Requests:</b>
None.
<b>J. Other Business Items:</b>
<i>Agenda Items for Next Meeting:</i> Event Program and Shopping & Fitting Plan. <i>Next Meeting Date:</i> July 9, 2019 at 3:00 p.m.

**G. EXECUTIVE COMMITTEE**

**No June Meeting**

*Chair: R. Lopes, V. Chair: C. Grant*

## H. SYSTEM OF CARE COMMITTEE (SOC)

No June Meeting

*Chair: Vacant V. Chair: Vacant*

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

### 9. NEW BUSINESS

a. Hepatitis A Presentation– Between 2014 and 2016, 351 cases of Hep A were reported in the state of Florida. In 2017 those cases increased to 276, and 548 in 2018. Cases continue to increase every year, following trends in other states around the US; as an outbreak is happening. Hep A is an acute infection, the person can/ will clear the virus in 6 months. To contract Hep A, a person must consume fecal matter in some manner; not washing hands properly, sexual contact, drinking contaminated water, shellfish. Hep A can cause liver damage. When a person contracts Hep A, they may experience symptoms, but some may not. Those who do not show symptoms can still pass it on.

The infection is self-clearing, lasting from 2 to 6 months. After this period, the immune response is built for the virus. More people have been hospitalized and can also die from this virus. Who are at increased risk? People in close contact with infected individuals, traveling to places where water is contaminated, homeless population, MSM, intravenous drug users. This virus is 100% preventable through vaccination. Two shots equal 40 years of protection. To lower risks for contracting Hep A, washing hands, nail beds, forefinger and thumb, washing for 20 seconds with soap and water and rise. So far in 2019, there have been 1718 reported cases in the state of Florida (24 cases in Broward County). Average incidence range is 30-39. Ten percent are coinfecting with Hep A and Hep C. A highlights report will be sent to the support staff to distribute to the meeting attendees.

First initiative on Hep vaccinations started in December 2018. Since February 2019, over 3,000 individuals have been vaccinated. To increase the success of outreach efforts, specific groups were targeted. Jails, Homeless, Temporary Housing population, Drug Treatment Programs, and Men who have Sex with Men (MSM). Those HIV positive MSMs that are in care receive the appropriate Hepatitis vaccinations; as a result, outreach to the MSM population has been curtailed.

The Presenter explained that Hep A is a reportable disease and shared that weekly outreach events were initiated to educate targeted populations resulting in vaccinations for those at high risk for Hepatitis A. The outreach activities will continue until December 2019. Individuals can call 954.467.4705 for more information. The presenter shared the addresses for the walk-in clinics offering Hepatitis vaccinations: 2421 SW 6<sup>th</sup> Avenue Fort Lauderdale 33315; 205 NW 6<sup>th</sup> Ave Pompano Beach 33069; and Edgar Mills Health Center. Vaccines are free under this directive. The combined vaccinations (Hep A and B) are still in use but not being provided through this initiative. Clients can walk into clinics for the combo vaccinations. Handouts and palm cards were provided at the end of the presentation.

### 10. RECIPIENT REPORTS (20 minutes)

a. **Part A-** The Recipient shared with members that all Part A recipients had a call with HRSA on Monday about strengthening communications with the Florida Department of Health's state office because communication with Tallahassee could have a greater impact and help achieve the economies of scale. In order to establish a more structured planning process, HRSA will speak to state-side counterparts on creating a more collaborative process. Recipients have been proactive in addressing this issue to curve the epidemic and plan effectively. The Ryan White Part A grant notice is expected to be released in July. If this happens before the PSRA meeting, allocations would be based on the established ceiling.

The Recipient expounded on the new Trump Administration initiative “Ending the Epidemic plan.” This Plan supplements the National HIV/AIDS Strategy and the Integrated Plan. The new initiative seeks to reduce the number of new HIV infections in the United States by 75 percent within five years, and then by at least 90 percent within 10 years, for an estimated 250,000 total HIV infections averted. This initiative will work to accelerate progress and end the HIV epidemic by directing new funds to those communities affected by HIV in a phased approach, starting with the areas with the highest burden. The multi-year program will infuse 48 counties, Washington, D.C., San Juan, Puerto Rico, as well as 7 states that have a substantial rural HIV burden, with the additional expertise, technology, and resources needed to end the HIV epidemic in the United States. The Plan will focus on four key strategies that together can end the HIV epidemic in the U.S.: 1.) *Diagnose all individuals with HIV as early as possible*; 2.) *Treat people with HIV rapidly and effectively to reach sustained viral suppression*; 3.) *Prevent new HIV transmissions by using proven interventions, including PrEP and syringe services programs (SSPs)*; and 4.) *Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them*. The Recipient indicated that Broward County is already doing three of the four key strategies. Under the Prevent New HIV transmissions strategy, Gilead Sciences pharmaceutical company has agreed to donate PrEP medication for up to 200,000 individuals each year for up to 11 years. The U.S. Department of Health and Human Services will make the medication available to individuals who are at risk for HIV and who are uninsured and might otherwise not be able to access or afford this powerful HIV prevention tool. Specific areas where increased transmissions are happening will be identified. A total of \$120 million is being allocated, with \$70 million going directly to HRSA. This means that there is potential for new dollars for the EMA, also a requirement for additional grant apps to get these dollars. The key factor in the bill is that local, state or federal dollars cannot be used to fund the program.

- b. Part B-** The Part B Recipient discussed the gaps that their funding covers, and the services categories funded by Part B. The recipient shared that non-medical case management services are not provided at the office; this line item is used for RW eligibility purposes only. Emergency Financial Assistance is usually for people who are not currently eligible for ADAP. Part B also covers individuals that have housing issues, transitional housing. Hotel vouchers are available, and they also help individuals who are going into a unit and don't have deposits. For this fiscal year, Part B is on track to spend funding allocations. The first months of the year are usually slow. December, January and February are the busier months.

For ADAP, over 4470 individuals were enrolled in May; 90% virally suppressed. A notice was sent out by central office outlining other areas of the state that serve out of the central pharmacy. An agreement is currently in the works with CVS to provide the central pharmacy services; this does not affect Broward County. A program has been put in place to allow individuals to pick up medications. Anyone who wants to be enrolled in the mail order program, will continue to be enrolled. A question was asked about the viral suppression rate of those who are not on ADAP. It is difficult to track these numbers as the only data available to look at is the Broward County Care Continuum.

- c. Part C-** The Part C Recipient shared that the grant year ended April 30th, so they are going through the closing process. Part C reported 1,539 clients, 119 new clients, a viral load suppression rate of 86.2%, and 84% of patients were noted to be on ART medications. A colposcopy machine has been purchased for clients who need cervical exams and/or other colposcopy services on site. The new Part C grant cycle ends in 2021.

- d. Part D-** The Part D Recipient notified the HIVPC that their late-night youth and adult clinic has been deemed as very successful. T&T program is going into its second year. This year, over 30 clients in this program, re-engaging with clients who have fallen out of care, and there are 10 newly diagnosed. Part D has also been reengaging WICY clients (woman infant children youth). Same day medication and retention in care is happening. Case management from them and the Health Department has been successful as well. A great byproduct of the Women's Retreat is the 50 and Fabulous Exercise Group. Starting with 4 women and is focusing on nutrition, stress test. Each participant will have a personal trainer and more women will be added the future. You must be a CDTC client to participate in the 50 and Fab program; which is 12 weeks long.
- e. Part F-** Still operating at the Pompano Beach Broward Community & Family Health Center. Due to the success at this location, they have had to hire a new full-time dentist who is a recent grad now giving back to the HIV community. No other news to report.
- f. HOPWA-** The HOPWA representative provided a written report showing available units in Broward County. The representative reviewed all housing agencies and each agency's housing availability. A question was asked about transgender men and the ability to apply for ModCo housing. Trans men can apply at all male facilities at ModCo. The HOPWA representative reported that an application was submitted on June 14<sup>th</sup> for of a one-time grant of \$785,000, which will provide an opportunity for a 12-month housing assistance program. A focus group of 10 community members was convened to determine how best to utilize the funds. Members of the group recommended that the grant should prioritize assisting newly diagnosed individuals with housing needs. The representative indicated that a tenant based rental voucher portion was also added to the application request as well.
- g. Prevention-** The Recipient noted that attendees will receive a full report at the next meeting, as they are distributed quarterly. The Ending the Epidemic (ETE) Initiative was briefly discussed. The State is creating the application for the rapid planning process. Jurisdictions will be providing some of the recommendations and writing the application. July 12<sup>th</sup> is the deadline for the application submission. Short term outcomes include increased engagement of HIV partners, inclusion of community members, PLWHA, increased understanding of Epi profile for each jurisdiction, increase understanding of HIV care, overall improving ability to implement activities once funding is made available. How this will happen has not been clearly identified, but this does not change any current plans that are in place. Not about recreating the wheel, more so about re-engaging individuals who are not at the table and bringing them into these planning activities. A meeting was held with CDC Director Dr. Robert Redfield recently. Dr. Redfield believes the tools needed to end the epidemic are available, but things can only change if the county is innovative. It is important to find out why do some people in the community not want to be reached? Not just for HIV, but for a lot of other community concerns. How do they want to be reached? One of the most powerful things said by Dr. Redfield was that there needs to be an end to stripping the joy out of people's lives. Public Health Professionals are encouraged to think about their own use of terms/language that may stigmatize individuals (risky behaviors, etc.) Let people be who they are instead of stripping joy away from people by labeling. Give people the tools to remain negative. To change the language, the media needs to get on board as well.

**11. UNFINISHED BUSINESS** None.

**12. PUBLIC COMMENT** (Up to 10 minutes) None.

### **13. ANNOUNCEMENTS**

- **June 27<sup>th</sup> Happy National HIV/AIDS Testing Day!**
- **HIV Movie Screening, Friday, July 12<sup>th</sup>:** hosted by BTAN at Merrell United Methodist Church, 3900 N. State Road 7

- **HIV/AIDS Testing Day Events** – visit [Getprepbroward.com](http://Getprepbroward.com) for a list of events in the county

**14. REQUEST FOR DATA** None.

**15. AGENDA ITEMS FOR NEXT MEETING:** July 25, 2019 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>
<b>Priority Rank &amp; Allocate Funds</b>	<i>PSRA, HIVPC</i>	<b>ACTION ITEM:</b> Review and approve recommended priority rankings and service allocations for FY2020-2021.

**16. ADJOURNMENT** The meeting was adjourned at 11:10 am.

**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 •

**HIVPC ATTENDANCE CY 2019**

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters	
				Meeting Date	24	28	28	25	23	27								
0	0	1	1	Arencibia, Y.	X	X	X	A	X	X								
0	1	1	2	Barnes, B.	A	X	E	X	X	X								
1	1	0	3	Bhrangger, R.	X	X	X	X	X	X								
1	1	2	4	Burgess, D.	X	X	X	X	A	A								
0	0	0	5	Cutright, A.	N - 5/23				X	X								
1	1	0	6	Dennis, B.	N-4/25				X	X	X							
0	0	4	7	Fleurinord, P.	A	E	E	A	A	A								
0	0	1	8	Fortune-Evans, B.	A	E	X	X	X	X								
0	0	3	9	Foster, V.	X	X	X	A	A	A								
0	0	0	10	Grant, C.	X	X	E	X	X	X								
0	0	0	11	Hayes, M.	X	X	E	X	X	X								
0	0	5	-	Holness, D.V.C. (Comm)	A	A	X	A	A	A								
1	1	0	12	Katz, H.B.	X	E	X	X	E	X								
0	0	0	13	Leonard, Christopher	N- 4/25				X	X	X							
0	0	1	14	Lopes, R. <i>Chair</i>	X	X	E	X	X	A								
1	1	0	15	Marcoviche, W.	X	X	X	X	X	X								
0	0	1	16	Moragne, T.	A	X	X	X	X	X								
0	0	1	17	Moreno, V.	A	X	E	X	X	X								
1	1	0	18	Riley- Gardiner, Y.	N- 4/25				X	E	X							
0	1	0	19	Robertson, L.	X	X	X	X	X	X								
0	0	0	20	Rodriguez, J.	X	X	X	X	X	X								
0	0	1	21	Ruffner, A.	X	X	X	X	A	X								
0	0	2	22	Schweizer, M.	A	X	X	A	X	X								
0	0	3	23	Siclari, R.	X	A	X	X	A	A								
<b>Quorum = 12</b>					13	15	14	18	16	18	0	0	0	0	0	0		

<b>Legend:</b>	
X - present	N - newly appointed
A - absent	Z - resigned
E - excused	C - cancelled
NQA - no quorum absent	W - warning letter
NQX - no quorum present	Z - resigned
	R - removal letter





## Update for Broward County HIV Health Services Planning Council

**From:** Kareem Murphy

**Date:** July 22, 2019

---

### **FY 2020 Appropriations Funding**

Further progress on the Fiscal Year (FY) 2020 appropriations process has stalled, pending the outcome of larger budget negotiations among the congressional chambers and the White House. Leaders are working on a global deal that could raise current budget caps on domestic spending for the year two fiscal years. Additional spending on military and non-military items could grow by as much as \$200 billion. The downside is that such an agreement could include provisions to lower spending in third and subsequent year. It could also mean that \$200 billion would be a net increase, suggesting that some programs could grow substantially but be offset by cuts to other programs. Entitlement, safety net, and human services programs tend to fair poorly in these scenarios. It is too early to predict an outcome. These are merely possibilities.

### *Status in the House*

The House approved legislation that would provide a total of \$1.335 billion in funding for treatment, care, and prevention, which would amount to a \$203 million overall increase. HOPWA and other HUD-based supportive services would receive \$410 million on top of that. Ryan White Parts A and B and ADAP would receive funding increases. Overall, there would be \$2.43 billion, (representing an \$116.4 million increase). Part A would get \$677.5 million (increase of \$21.6 million), Part B would get \$419.6 million (increase of \$4.9 million), ADAP would get \$912 million (increase of \$11.7 million).

### *Status in the Senate*

The Senate Appropriations Committee has not yet moved on its funding bills that cover Health and Human Services or Housing. Senate Majority Leader Mitch McConnell said that he wants to wait the outcome of a global budget deal before moving on that chamber's funding bills.

### **Outlook**

The House, Senate, and President still lack an agreement on total government-wide spending caps. Reaching an agreement before the end of the fiscal year will be difficult. Several weeks have passed since the last leadership meeting on 2020 appropriations.

The fiscal year starts October 1. Without an agreement, a shutdown is possible.



**RYAN WHITE PART A CORE AND SUPPORT SERVICE CATEGORY RANKINGS: FY2019 OVERALL**

<b>CORE SERVICES</b>	<b>FY2020 PSRA Rankings</b>
Outpatient Ambulatory Medical Care	1
Medical Case Management (Disease)	2
AIDS Pharmaceutical Assistance (Local)	3
Mental Health Services	4
Health Insurance Premium & Cost-Sharing Assistance (HICP)	5
AIDS Drugs Assistance Program Treatments (ADAP)	6
Oral Health Care (Dental)	7
Substance Abuse Services - Outpatient	8
Medical Nutrition Therapy	9
Early Intervention Services	10
Home and Community-Based Health Services	11
Home Health Care	12
Hospice Services	13

## RYAN WHITE PART A CORE AND SUPPORT SERVICE CATEGORY RANKINGS: FY2019 OVERALL

	<b>FY2020 PSRA Rankings</b>
<b>SUPPORT SERVICES</b>	
Housing Services	1
Non-Medical Case Management	2
Food Bank/Home-Delivered Meals	3
Emergency Financial Assistance	4
Legal Services	5
Medical Transportation Services	6
Substance Abuse Services – Residential	7
Psychosocial Support Services	8
Outreach Services	9
Referral for Health Care/Supportive Services	10
Health Education/Risk Reduction	11
Rehabilitation Services	12
Respite Care	13
Child Care Services	14
Linguistics Services (Interpretation and Translation)	15
Permanency Planning	16
Other Professional Services	17

## Fighting Stigma through Fashion Friday, July 19, 2019

87 Total Attendees of 150 Registrants

### 58% Attendance

CEC had two measures for the success of the event:

**1. Half (50%) of attendees should be between the ages of 18 and 38.**

**Reasoning:** This event was geared toward a younger audience with the intention to reach community members who were not typically engaged in or aware of the work of the HIVPC. At the last CEC event, the *Chill and Grill*, the majority of respondents were aged 51 and over (65%).

**Result:** Ages were self-reported by registrants who had the option not to report. 72 of 150 registrants provided their ages. 51 of the 72 respondents were between the ages of 18 and 39. Of those, 3 were aged 39.

Age	Number of Registrants
18-29	12
30-39	39
40-49	18
50-59	2
60-69	1
<b>Total Responses</b>	<b>72</b>

# 71%

Of registrants were aged 18-39

**2. Half (50%) of attendees should be community members unaffiliated with organizations working in HIV.**

**Reasoning:** This event represented an effort to engage community members who were not aware of the impact of HIV stigma or the role of the HIVPC.

**Result:** Attendees self-reported their affiliations on the registration form and had the option not to report. 26 of 150 registrants reported working for an organization represented on the HIVPC and its Committees.

Organization	Number of Registrants
Broward House	13
Broward Health	4
BRHPC	1
Legal Aid	1
Pride Center	1
AHF	1
FDOH-BC	1
BSO	4
<b>Total</b>	<b>26</b>

# 83%

Of registrants did not report an agency affiliation represented on the HIVPC and its Committees