



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING AGENDA

Thursday, March 23, 2017, 9:30 a.m.
 Government Center Room A-337

Chair: Brad Barnes **Vice Chair:** Requel Lopes

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

1. CALL TO ORDER

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

- a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
- b. Council Member and Guest Introductions
- c. Moment of Silence
- d. Excused Absences and Appointment of Alternates
- e. Approval of 3/23/17 Meeting Agenda
- f. Approval of 2/23/17 Meeting Minutes

3. PHONE INTRODUCTIONS

4. FEDERAL LEGISLATIVE REPORT (Handout A)

5. PUBLIC COMMENT

6. CONSENT ITEMS

#	Motion	Justification	Proposed By
1	To approve the Integrated Primary Care & Behavioral Health Service Delivery Model (New) Handout C	Integrated Primary Care and Behavioral Health Service are any professional diagnostic and therapeutic services rendered by a physician, physician’s assistant, or nurse practitioner, social worker, psychologist, addictions counselor or other behavioral health provider in an outpatient facility for the treatment of HIV/AIDS.	QMC
2	To approve the Disease Case Management (DCM) Service Delivery Model (New) Handout D	DCM refers to a system of coordinated health care interventions to help clients self-manage their HIV infection and prevent complications from other chronic health conditions through health coaching and disease-specific educational materials and care coordination. The goal of DCM is to improve the client’s quality of care and health outcomes through services conducted by disease case managers.	QMC
3	To approve the Food Services Service Delivery Model (New) Handout E	This program is designed to provide Food Services to Clients who require supplemental nutritional assistance to enhance the efficacy and absorption of medication. Food Services are intended to provide a nutritious and well-balanced food supplement to a Client’s diet.	QMC
4	To approve the Health Insurance Benefit Support Service Delivery Model (New) Handout F	Health Insurance Benefit Support Services are intended to educate and inform eligible Ryan White Part A Clients about health insurance benefits, requirements and open enrollment periods and how they can navigate and utilize insurance effectively to achieve better health outcomes. These services plays an essential role in helping Clients address their health care needs by educating them about the coverage options, plan limitations, Federal/State requirements, and understanding health insurance finances (i.e. copays, deductibles, tax credits/penalties, etc.).	QMC
5	To approve the Health Insurance Continuation Program (HICP) Service Delivery Model (New) Handout G	HICP provides financial assistance to eligible Ryan White Program clients to maintain or obtain medical benefits by way of timely insurance premium payments, copays, and deductibles. HICP services are limited to \$6,500 per year per client towards their in-network deductible and copays.	QMC

6	To approve the Mental Health Service Delivery Model (Updated) Handout H	The Mental Health Services SDM was updated to reflect a Trauma-Informed strengths-based framework. Mental Health Services allows individuals with a diagnosed mental illness to receive psychological and psychiatric treatment and counseling services by a licensed/authorized mental health professional. Trauma-Informed Mental Health Services include an understanding of trauma and an awareness of the impact it can have across settings, services, and populations.	QMC
7	To approve the Clinical Quality Management Plan (Updated) Handout I	The Broward EMA CQM Plan is a written document that outlines the grantee-wide clinical quality management program, including a clear indication of responsibilities and accountability, performance measurement strategies and goals, and elaboration of processes for ongoing evaluation and assessment of the program. The CQM Plan is updated and approved by the Quality Management Committee every three years.	QMC
8	To approve the changes to the Membership/Council Development Committee's Policies & Procedures Handout J	The proposed changes to the MCDC P&Ps include language for the advancement of HIVPC Alternates to full members in the screening criteria.	MCDC
9	To appoint Yahaira Barrientos to the Priority Setting and Resource Allocation Committee	Ms. Barrientos serves as a Peer Specialist at Henderson Behavioral Health. Through her active involvement in the community and her daily work with clients, she will be able to provide information regarding the effects of PSRA decisions on the PLWHA community.	PSRA

7. DISCUSSION ITEMS

None

8. NEW BUSINESS

None

9. MARCH COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

March 7, 2017

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

A. Work Plan Item Update / Status Summary:
<u>Work Plan:</u> Staff reviewed the FY2017-2018 CEC Work Plan with the committee. It is different from past CEC Work Plans, including a yearly goal and activities, as well as correlating document objectives with the Integrated Plan. A lot of those objectives are based around outreach and empowering community members to become community leaders. This committee will be out in the community providing education, and following up with summits and other activities, so that CEC is consistently visible. This committee will also be a part of the ranking process for PSRA.
<u>Community Forum:</u> CEC will collaborate with BTAN to get a group of approximately 25-50 people together. The group should be a mixture of front line people and PLWHA. The goal is to capture information on gaps, and give people a comfortable environment to express their feelings about services, referrals, and other aspects of accessing care. The planning process for the next year is upcoming, and should start with a forum. The Vice Chair provided an example of hearing consumers discuss their negative experiences of services with each other, and encouraging them to fill out a provider survey. Without that information, providers will not know what issues consumers are having with accessing services.
<u>CEC Survey:</u> The committee reviewed survey results from the National Black HIV/AIDS Awareness Day event held on February 7, 2017. 34 community members took the survey. Participant responses to the question "Have you heard about the Ryan White HIV Planning Council?" were exactly half yes and half no. For the question "Who do you think is most at risk for getting HIV?" most respondents indicated that all people are susceptible to the virus. The Vice Chair commented that people were more engaged when she went to them with the survey and started a conversation with them than when members wait for event-goers to come to the table.
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
The members reviewed the CEC Work Plan as well as survey results.
D. Data Requests:
None.
E. Other Business Items:

B. AD-HOC BY LAWS COMMITTEE

March 8, 2017

Chair: H.B. Katz

A. Work Plan Item Update / Status Summary:

Purpose & Goals of the Committee: Planning Council staff reviewed the purpose of this committee as well as the expected length of commitment from members. The current ad-Hoc committee has a parking lot list of six items, and is expected to complete the process of making recommendations by September of 2017. Changes recommended to the By-Laws will be brought to the HIV Planning Council for approval.

Timeline for Completion of Work: The current committee timeline states that parking lot items #1-3 will be addressed in this meeting, item #4 at the April meeting, and #5 at the May meeting. The recommendations for those parking lot items will be voted on at the May HIV Planning Council meeting. Proposal #6 and any additional recommendations from standing committees, if proposed, will be addressed at the June By-Laws meeting. Those changes will be voted on at the July HIV Planning Council meeting.

By-Laws Parking Lot Items: The committee reviewed items #1-3. #1: Reconsider the HIVPC's need for a Needs Assessment/Evaluation (NAE) Committee as the work of this committee is will be done by various other committees. Language from the purpose of NAE was added into the Integrated Comprehensive Plan Work Group. Item #2: Reconsider the HIVPC's need for an ad-Hoc Local Pharmacy Advisory Committee (LPAC). The reasoning for this item is that the committee meets infrequently and PSRA can carry out the formulary reviews and other LPAC tasks when needed. #3: Include language for a standardized application process for Standing Committees. The committee decided to send the suggestion to the Executive Committee for Chairs and Vice Chairs to have committee members create descriptions and procedures to be added to the Policies & Procedures. The committee also decided to utilize the committee application form.

B. Rationale for Recommendations:

#1: Disband the Needs Assessment/Evaluation Committee (NAE). The work of the NAE will be carried out by various committees, including the System of Care Committee, Integrated Work Group, etc.

#2: Disband Local Pharmacy Advisory ad-Hoc Committee (LPAC). LPAC is an ad-Hoc under the Priority Setting and Resource Allocation Committee (PSRA). LPAC meets infrequently and PSRA can carry out the formulary reviews and other LPAC tasks when needed.

#3: Include language for a standardized application process for Standing Committees. There are different processes and requirements for joining each Standing Committee. By-Laws language should only include completion of an application (which will included a questionnaire identifying suggested qualifications for each committee). By-Laws recommends each standing committee address the standardized application process for prospective members in their Policies and Procedures.

C. Data Reports / Data Review Updates:

The members reviewed the Purpose & Goals of the committee, a Draft Timeline, the By-Laws proposed language, and Policies & Procedures language.

D. Data Requests:

None.

E. Other Business Items:

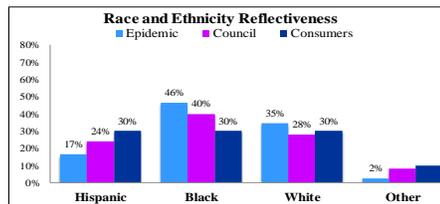
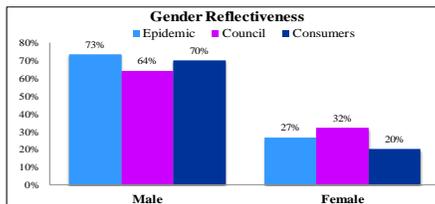
Agenda Items for Next Meeting: Parking lot item #4 Next Meeting Date: April 12, 2017 Location: Governmental Center Annex Room A-335

C. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

March 9, 2017

Chair: Vacant V. Chair: V. Foster

**HIV Planning Council Membership Report
Current Through February 2017**



Gender	Epidemic	Council	% Difference	Consumers	% Difference
Male	14,372 73%	16 64%	-9%	7 70%	-3%
Female	5,213 27%	8 32%	5%	2 20%	-7%
Transgender	- -	1 4%	-	1 10%	-

Race	Epidemic	Council	% Difference	Consumers	% Difference
Hispanic	3,253 17%	6 24%	7%	3 30%	13%
Black	9,100 46%	10 40%	-6%	3 30%	-16%
White	6,777 35%	7 28%	-7%	3 30%	-5%
Other	455 2%	2 8%	6%	1 10%	6%
Total	19,585 100%	25		10	

Current Members	25
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	40%

- | Vacant Seats |
|--|
| 1. Grantees of Other Federal HIV Programs - VA |
| 2. Federally Recognized Indian Tribe Members |
| 3. State Medicaid |
| 4. Individual co-infected with Hep B or Hep C |
| 5. Local Public Health Agency |
| 6. Substance Abuse Provider |
| 7. Alternates |

No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time, and no more than 40% of HIVPC members shall be Part A-funded
 % Part A-Funded Providers 28%

A. Work Plan Item Update / Status Summary:
<p><u>Review HIVPC Demographics:</u> The Committee members review the HIVPC and Standing Committee member demographics. The members noted that the HIVPC is underrepresented in males, Blacks and White (both Council members and Ryan White consumers). They also noted the shift in the membership of many committees, and the need to recruit qualified members to each Standing Committee.</p> <p><u>Attendance:</u> PC Staff noted that there were numerous warnings and removals of Committee and HIVPC members due to attendance in February. 2 MCDC members, 1 PSRA member, and 3 HIVPC members received warning letters, and 1 QMC member received a removal letter. If any of those members warned do not attend their March meetings they may be removed as well.</p> <p><u>Year in Review:</u> The Committee members discussed their 2016 Year in Review. The Committee added 7 new HIVPC members, filling 4 HRSA mandated seats. 2 of those seats, the Recently Incarcerated or Their Representative and the Hospital or Health Planning Agency seat were historically hard to fill. Challenges for the MCDC included limited participation in community events, outdated recruitment materials and a vacancy for the MCDC Chair, and waning MCDC membership. To address those issues in 2017, the Committee will focus on targeting recruitment for vacant positions at relevant events (like the upcoming CEC Community Forum). Moving to a quarterly meeting schedule will also help reinvigorate membership and give them more time to recruit new members.</p> <p><u>MCDC Work Plan:</u> The Committee members reviewed the FY2017 MCDC Work Plan (on file). The WP reflects the Committee’s quarterly meeting schedule, with Post Appointment Trainings and Mentorship opportunities occurring the month after MCDC meets. The Committee discussed recruitment and the application process in between meeting dates, and Staff assured the Vice Chair and members that they will inform them of any applicant updates or relevant recruiting opportunities.</p> <p><u>Recruitment Materials:</u> PC Staff presented the Committee members with various samples of recruitment palm cards. The members agreed that they liked the first sample, the most colorful the best. They requested that the HIVPC logo, possibly in a watermark, be incorporated into the card. PC Staff will discuss printing of the recruitment materials with the Grantee, and expects that the materials will have to be approved by Executive and the HIVPC before they can be distributed. The groups discussed the use of a QR code on the palm cards to link to the HIVPC website. The MCDC will receive a status update on the recruitment materials during the next meeting in June.</p> <p><u>MCDC P&Ps:</u> PC Staff reminded the members that at the February meeting they discussed the By-Laws Parking Lot, and the opportunity to address some of the Parking Lot items in the MCDC P&Ps instead of making changes to By-Laws. The members reviewed the proposed language regarding the advancement of Alternates to full HIVPC members in the Alternates section as well as the Application Screening Criteria. The discussed capping membership categories, such as Non-Elected Community Leaders. PC Staff will research the membership composition of other EMAs and provide recommendations at the next MCDC meeting.</p>
B. Rationale for Recommendations:
Proposed changes to the MCDC P&Ps will include advancement of Alternates to full HIVPC members in the screening criteria to membership, ensuring that Alternates become full members when applicable
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
<i>Agenda Items for Next Meeting:</i> MCDC Policies and Procedures updates, Recruitment Materials <i>Next Meeting Date:</i> June 8, 2017 9:30 a.m. <i>Venue:</i> TBD

C. QUALITY MANAGEMENT COMMITTEE (QMC)

February 27, 2017

Chair: C. Grant, V. Chair: Vacant

A. Work Plan Item Update / Status Summary:
<p><u>Review and approve Service Delivery Models (SDMs) (WP 2.1):</u> The Integrated Primary Care and Behavioral Health SDM was reviewed and conditionally approved pending minor changes requested by the Committee.</p> <p><u>Review and Update Three-Year Clinical Quality Management (CQM) Plan (WP 2.4):</u> The three-year CQM Plan was reviewed and conditionally approved pending minor changes requested by the Committee.</p> <p><u>Conduct Quarterly Network Update (WP 3.1):</u> Staff did an overview of the QI Networks’ activities. The Oral Health (OH) QI Network is currently working on a QIP to identify barriers to care for clients who consistently fail OH appointments. The Mental Health/Substance Abuse (MHSA) QI Network is developing a QIP to increase retention in MHSA care beginning with identifying clients who attended only one MHSA appointment. The Medical QI Network has been reviewing the Ryan White Part A Formulary and making recommendations for additions and changes. The review process will be completed in March. The Case Management (CM) Network completed a QIP looking at barriers to care for black women utilizing CM services. As a result, the Network is implementing an Intervention QIP to address identified barriers to care. The Network will review the complete data in March.</p> <p>Providers appreciated the recognition for their commitment at last year’s Quality Awards so staff would like to hold one for this year in April. Committee members will vote for award winners at the next Committee meeting.</p>

B. Rationale for Recommendations:
The Committee recommended minor changes to the Integrated Primary Care and Behavioral Health SDM and three-year CQM Plan to clarify processes outlined in the model.
C. Data Reports / Data Review Updates:
The Committee reviewed and analyzed annual measures and data.
D. Data Requests:
None.
E. Other Business Items:
None.
F. Agenda Items for Next Meeting:
<i>Agenda Items for Next Meeting:</i> Nominate QI Networks for All Networks Awards and review the NQC end+disparities Campaign. <i>Next Meeting Date:</i> March 20, 2017, Governmental Center A-335

March 20, 2017

Chair: C. Grant, V. Chair: Vacant

A. Work Plan Item Update / Status Summary:
<u><i>Introduce the end+disparities National Quality Center (NQC) Initiative:</i></u> Staff presented the NQC end+disparities Campaign that is an NQC initiative. The Campaign correlates with the recently updated National HIV/AIDS Strategy (NHAS). One NHAS goal is to reduce HIV-related disparities in communities at high risk for HIV infection and this Campaign directly targets this goal. NQC has made several resources available to all involved in the Campaign that can be used to identify and address disparities. Staff also presented a disparity calculator that NQC has created as a resource for the Campaign. Staff demonstrated how the calculator works using data from Provide Enterprise. The Committee is interested in using the Campaign to select projects for this Fiscal Year.
<u><i>Committee Member Appointment Process:</i></u> Staff stated the Committee needs to discuss how they would like the appointment process to be and what kind of members the Committee is in search of. The Recipient stated this is a complex Committee and very data focused so the Committee needs people who will have an interest and basic understanding of data. A member suggested adding qualities/skills the Committee is looking for to the Committee application. Another member suggested adding questions to the application to gather more information on the applicant. A member suggested providing an attachment summarizing each Committee to the application so the applicant knows they are joining the Committee they are best suited for. A member also suggested asking applicants to provide their availability to attend meetings. The chair asked staff to draft a process based on the Committee's suggestions to be approved at the next meeting.
<u><i>Identify Potential OMC Members:</i></u> The Committee has recently lost several members and needs to discuss potential ideas for recruitment. Staff presented the Committee's current demographics as it relates to the epidemic. The Committee is underrepresented on males and blacks, and overrepresented on females, Hispanics, and whites. One member stated the Committee should look at agencies and see if anyone would be available to join. Another member stated he has connections with the School of Public Health at Nova Southeastern University and will see if anyone from the program would be interested in joining. Another member suggested reaching out to the Stempel College of Public Health at Florida International University as well. All recommendations for new Committee members should be sent to staff.
<u><i>Review Updated Clinical Quality Management (CQM) Work Plan:</i></u> Staff reviewed the Committee Work Plan. The Work Plan was created in conjunction with the CQM Plan that was reviewed at the last meeting. Staff stated activities on the Work Plan will be tracked and updated each month. The Committee will also use the Work Plan as a tool to evaluate the progress of goals and tasks.
B. Rationale for Recommendations:
The Committee recommended changes to the Committee's Policies and Procedures to include language about what the Committee is looking for in new Committee members.
C. Data Reports / Data Review Updates:
The Committee reviewed the NQC end+disparities Campaign to utilize when developing Committee activities for this Fiscal Year.
D. Data Requests:
None.
E. Other Business Items:
None.
F. Agenda Items for Next Meeting:
<i>Agenda Items for Next Meeting:</i> Review Fiscal Year 2016 data and Nominate QI Networks for All Networks Awards. <i>Next Meeting Date:</i> April 17, 2017, Governmental Center A-335

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

Meeting Cancelled- No Quorum

Chair: W. Spencer, Vice Chair: R. Siclari

E. SYSTEM OF CARE COMMITTEE

March 28, 2017

Chair: M. Hayes, Chair: C. Edwards

F. EXECUTIVE COMMITTEE

March 16, 2017

Chair: B. Gammell Vice Chair: R. Lopes

A. Work Plan Item Update / Status Summary:
<p><u>Standard Committee Items</u>—The committee members reviewed, edited and approved the April calendar, and March HIVPC agenda and meeting materials. The PSRA Chair proposed moving the PSRA meeting to the 3rd Thursday at 9:00 a.m. before the Executive Committee. The change would allow for members on both committees to streamline their schedules, and hopefully reduce quorum issues. The meeting would have an 8:30 breakfast, meet from 9-11 a.m., and Executive would proceed from 11-1 p.m.</p> <p><u>FY2017 Executive Work Plan</u> – The Committee members review and approved their FY2017 Executive Work Plan during their last meeting in February, and the members agreed to develop a goal for the Committee at their March meeting. The PSRA Chair suggested that their goal focus on new and different feedback mechanisms for reaching out to the community, consumers, and other HIV+ individuals to get them involved in the HIVPC process. The members discussed how many people each HIVPC member should bring to a meeting, and what a target goal for increased membership on the HIVPC and committees should be. The SOC Chair suggested that the focus should be on recruiting new committee members, as the committee meetings can be less formal and more engaging for newcomers than HIVPC meetings. The PC Manager stated that CEC does outreach at community events, that Committee Chairs should focus on recruitment for their committees and that the MCDC should be tasked will recruitment for vacant mandated seats.</p> <p>The FY2017 Executive Committee Goal- “Increase community engagement and participation by adding 10 new committee and HIVPC members by the end of FY2017.”</p> <p><u>Committee Membership Application</u> – The PC Manager discussed the By-Laws recommendation for each committee to standardize their application process for new members in each Committee’s Policies & Procedures. While there currently is a Committee Application and overall process, the By-Laws Committee believed that adding specific language would help streamline a process for membership. It would serve as a tracking system with reflectiveness, contact info, and help Staff with documentation required on their end. The Committee Chairs agreed to discuss a committee membership process with their committees, including revising their P&PS and thinking about the traits needed for potential committee members.</p> <p><u>Facilitated Planning Body Meeting</u> – There are 3 HIV planning bodies in Broward: BCHPPC (Prevention), SFAN (Ryan White Part B Advisory Board), and the HIVPC (Ryan White Part A Advisory Board). The Broward County Integrated HIV Prevention and Care Plan was submitted in September, 2016, and it is time for the Planning Bodies to figure out how to implement and monitor the Plan. The Grantee has suggested that the 3 Planning Bodies participate in a facilitated meeting to discuss how to move forward. The Grantee hopes that a facilitated meeting would be able to get to the heart of the issues between the bodies, and hopefully help everyone come to a resolution. The Executive members thought it was important for everyone to have an opportunity to air their grievances, and insisted that there should be some summary documentation about the topics and conclusions of the meeting for distribution to the bodies. The group decided that May 2nd was the best date, then April 24th or 28th. Staff will book ArtServe for the meeting, and will ask the IC Part A Vice Chair, Carla Taylor-Bennett, to attend.</p>
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
<i>Agenda Items for Next Meeting: Committee Membership Process Next Meeting Date: April 20, 2017</i>

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

10. GRANTEE REPORTS (20 minutes)

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

11. UNFINISHED BUSINESS

12. PUBLIC COMMENT

13. ANNOUNCEMENTS

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: April 27, 2017 **LOCATION:** GC-430

<i>Tasks for next Meeting</i>	<i>Responsible Party</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
Ryan White Part A Formulary	<i>PSRA</i>	ACTION ITEM: Review changes to Ryan White Part A Pharmacy Formulary
Broward County Test and Treat	<i>Part A Grantee</i>	ACTION ITEM: Receive presentation on Test and Treat Initiative

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 •