



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

Thursday, April 23, 2015, 9:30 a.m.

Governmental Center Annex, Room GC-430

Chair: Vacant **Vice Chair:** Yolonda Reed

*Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date
 The Executive Committee did not take action on this agenda. It was developed in accordance with the
 Planning Council By-Laws.*

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 4/23/15 Meeting Agenda
- f. Approval of 3/26/15 Meeting Minutes

3. PHONE INTRODUCTIONS

4. FEDERAL LEGISLATIVE REPORT (Kareem Murphy) (Handout A)

5. CONSENT ITEMS (Handouts B-1 – B-4)

#	MOTION	JUSTIFICATION	PROPOSED BY
1	To approve the Recruitment and Retention Plan.	The MCDC has updated the recruitment and retention plan to be more succinct and in line with recruitment activities.	Membership/Council Development Committee
2	To approve the mentoring, coaching, and buddy programs.	The MCDC has developed three related programs to help new HIVPC and committee members, as well as interested parties become educated with the work and processes of the HIVPC.	
3	To add Angie Maharaj to the ad-Hoc Local Pharmacy Advisory Committee (LPAC).	Ms. Maharaj works closely with clients as a pharmacist at a Part A provider agency and has actively participated on LPAC.	ad-Hoc Local Pharmacy Advisory Committee
4	To approve the updated Needs Assessment/Evaluation Committee policies and procedures.	The policies and procedures were updated to reflect the work of the committee and the committee's name change.	Needs Assessment/Evaluation Committee
5	To approved the updated Executive Committee policies and procedures.	The policies and procedures were updated to reflect the work of the committee.	Executive Committee

6. DISCUSSION ITEMS (Handout C)

#	MOTION	JUSTIFICATION	PROPOSED BY
6	To move Keppra (Levetiracetam) from Tier 3 to Tier 1.	Unlike currently available anti-epileptic medications, Keppra is an anti-seizure medication that is the safest choice for patients on antiretroviral therapy; it does not have interactions with any antiretroviral classes and can be safely co-administered to all clients. There is a generic version of Keppra available, and therefore no PAP exists.	Priority Setting & Resource Allocation Committee
7	To move Tricor (Fenofibrate) from Tier 3 to Tier 1.	There is not a PAP available for Tricor. For patients with hypertriglyceridemia and very high triglycerides (over 500), Tricor has the least interactions and side effects. There is	

	currently not a Tier 1 medication that is effective for clients with very high triglycerides.	
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7. NEW BUSINESS

- a. HIVPC Study Update, Dr. James Agbodzakey
- b. HIVPC Special Election

8. APRIL COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

April 7, 2015

Chair: A. Lint

A. Work Plan Item Update / Status Summary:

CEC 18 Month Work Plan (WP Item 4.3) – The committee received an update on the status of their 18-month workplan. HIVPC Staff provided a detailed explanation on the changes reflected on the workplan (*on file*) as well as pending and completed tasks. A member gave an overview regarding an upcoming Community Empowerment Committee (CEC) event scheduled to take place in June 2015 on PrEP. This includes the System of Care Committee’s participation as vendors and the opportunity for panel discussions with physicians and other experts on the topic. Additional information regarding the event will be forthcoming.

Hot Topic Locations – Staff presented an updated list of locations for future community meetings to the committee. The following locations were contacted: Broward House, Shadowood, Memorial, E. Pat Larkins, FLDOH Paul Hughes Center, and Care Resource to schedule future CEC meetings for events and Hot Topic Presentations. Members were informed that Shadowood and the FLDOH Paul Hughes Center would not be able to accommodate a Hot Topic meeting at their location. Although Care Resource informed Staff that they are available to host a meeting, CEC members discussed and unanimously decided that the parking, meeting room, and other amenities were not fully accommodating and that they will not have a meeting at this location.

Hot Topic Presentation (W.P. Item 1.3) - Jamie Powers, Clinical Manager at Broward House gave a presentation highlighting the work and impact of the Broward House. She provided an overview of the substance abuse program, as well as other services offered by Broward House. She distributed handouts and palm cards with information about the many programs Broward House offers, including support groups, safe sex education, at-risk programs, outreach, and homeless services. She provided flyers and palm cards which further explains Broward House programs and services offered.

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: Priority Rankings; train CEC members on how to be peer educators *Next Meeting Date:* May 5, 2015, Governmental Center Annex Room A337.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

April 2, 2015

Chair: H.B. Katz

A. Work Plan Item Update / Status Summary:

WP Item 1.1 – MCDC reviewed the demographics of the HIV Planning Council. Unaffiliated consumer membership continues to exceed the mandated 33%, and the Council is slightly over represented by females and black and Hispanic membership. The Council also has nine empty seats. The committee also reviewed the demographics of each committee, CEC is the biggest committee, and MCDC is in need of new members with the resignation of the MCDC Vice Chair.

WP Item 1.4 - MCDC reviewed interested parties for several of the vacant seats. The Part B coordinator position has been filled by the Florida Department of Health in Broward County (FLDOH-BC), and an application was given to the Part B coordinator at the HIVPC meeting. HIVPC staff will follow up in another week if an application has not been received. An interested party has also been identified for the Prevention seat, and has started attending QMC committee meetings.

WP Item 1.2 – The committee reviewed the current applicants. There are no current applicants who are ready to be approved to the Council. HIVPC Staff made follow up phone calls to parties who have submitted applications, to

ensure that they are still interested in participating and coming to the committees they have identified as the committee they would like to join.

WP Item 3.1 – Attendance was reviewed and HIVPC staff noted that letters had been sent to parties who needed to receive warning or removal letters.

HIVPC Applications – The committee reviewed the applications with the recommended changes that were made based on the discussion from the last Executive Committee meeting. The committee reviewed the changes that were made, including to gender, and asking about identifying a risk factor instead of sexual orientation. Staff noted that it would help with demographic information and also to make sure that the perspectives of all persons are accounted for on the Council. HIVPC staff also did research on the applications of other EMAs and how the information is used; this research can be presented to the Executive Committee to show the background for changes made to the applications.

WP Item 1.5 – HIVPC staff reviewed the changes made to the Welcome Brunch agenda and the poster versions of the flyers, in both English and Spanish. Members who had agreed to give testimonials have been emailed and asked to spend part of their time discussing their growth as an HIVPC or committee member. Members also suggested having a translator available during the Welcome Brunch.

WP Item 2.1 – The committee reviewed and approved the updated Recruitment and Retention plan; goals and strategies were clarified and made succinct. Members made additional suggestions, including distributing materials to case managers and other planning bodies. The committee also reviewed and approved the updated mentoring, coaching, and buddy programs. The three programs were condensed to have one set of policies, rather than three separate sets of policies, since they all have similarities.

WP Item 1.6 – HIVPC staff reviewed the responses from the Barriers to Participation survey. Employment was cited as the greatest barrier to attending meetings, but transportation was cited as the greatest barrier to consumer members. Members felt that the feedback was good, but since it focused on people who were already participating, the responses were somewhat biased. Members would like to continue with the survey by asking Welcome Brunch attendees and past HIVPC members to gain feedback. HIVPC staff will make small changes to the survey tailor it to community members and past members.

WP Item 1.7 – Previously, the committee decided to have an HIVPC Member of the Month as a way to recognize members for their service. HIVPC Staff will conduct additional research to see if other EMAs have similar recognition processes and bring research back next month.

B. Rationale for Recommendations:

The applications were updated and based on best practices and research of other EMAs. The Recruitment and Retention plan was made more succinct and the goals and strategies were updated. All of the mentoring programs were condensed, with a program geared towards HIVPC members, committee members, and interested parties.

C. Data Reports / Data Review Updates:

None.

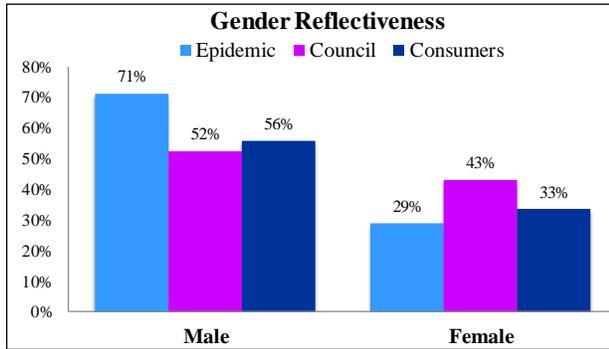
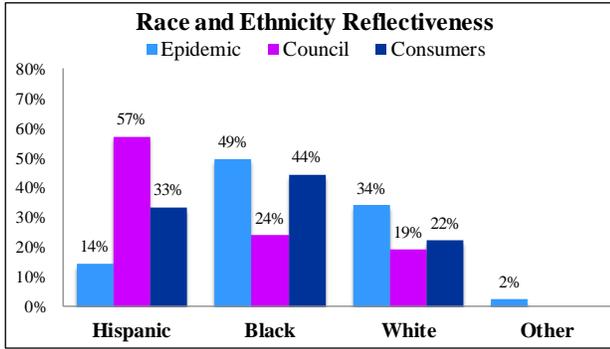
D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Hold Welcome Brunch, Review updated HIVPC survey, and review position descriptions *Next Meeting Date:* May 15, 2015, 9:30 a.m. *Venue:* Hispanic Unity

**HIV Planning Council Membership Report
As of 4/20/2015**



Gender	Epidemic	Council	Consumers	% Difference
Male	12,275 71%	11 52%	5 56%	-19%
Female	4,973 29%	9 43%	3 33%	14%
Transgender	-	1 5%	1 11%	-

Race	Epidemic	Council	Consumers	% Difference
Hispanic	2,476 14%	12 57%	3 33%	43%
Black	8,521 49%	5 24%	4 44%	-26%
White	5,856 34%	4 19%	2 22%	-15%
Other	395 2%	0 0%	0 0%	-2%
Total	17,248	21	9	

Current Members	21
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35
% of Members That Are Unaffiliated Consumers	43%

Vacant Seats
1. Grantees of Other Federal HIV programs - Prevention
2. Grantees of Other Federal HIV programs - VA
3. Part B State agency
4. State Medicaid agency
5. Hospital/Health Care Planning Agencies
6. Local Public Health Agencies
7. PLWHA recently released from jail or their representative
8. Federally recognized Indian Tribe members
9. Individuals co-infected with Hepatitis B or C

No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time.

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

April 13, 2015

Chair: K. Tomlinson, Vice Chair: W. Spencer

A. Work Plan Item Update / Status Summary:

Review HIV/AIDS Surveillance – The committee reviewed the HIV/AIDS surveillance data. The data shows decreases in new AIDS infections, but increases in new HIV infections, with several subpopulations, such as MSM, black men and women, and younger individuals (ages 20-29), more likely to be newly infected. The committee requested further data about deaths due to AIDS, and what the primary cause of death for those cases are.

WP Items 3.1 & 3.2 – The committee reviewed Comprehensive Plan goals that have not achieved progress, and the recommendations for how to successfully achieve goals. The committee recommended that the new Integrated Work Group take on the responsibility of several tasks. HIVPC staff will update the master chart and bring it back to the committee.

Data Collection Methods – The needs assessment consultants reviewed the process being conducted to collect data through focus groups and key informant interviews. The consultants also conducted a thorough literature review on different key areas related to HIV care, and are in the process of developing a survey to help identify unmet need. Focus groups and key informant interviews have begun, and will continue over the next month. Findings from the needs assessment will be communicated to the committee.

Committee Members – The committee is under represented by females and Hispanic membership; members suggested several parties who may be interested and willing to participate on the committee. HIVPC staff will draft a letter similar to the letter used by the Quality Management Committee to help recruit new members.

Review Data: Unmet Need – The committee reviewed unmet need: what it is, how it is measured, and why it is important to the committee. Unmet need data will be important in determining how to better serve clients and keep them in care.

WP Item 4.3 – The committee reviewed the policies and procedures and the work plan. The policies and procedures were approved and will be added to the HIVPC agenda for approval.

B. Rationale for Recommendations:

Having representation from both Prevention and Care will allow the Integrated Work Group to achieve progress on goals that are both Prevention and Care oriented; it is the only group that will have representation and data from both sides.

The updated policies and procedures reflect the work of the committee, as well as its updated name.

C. Data Reports / Data Review Updates:

The committee reviewed the HIV/AIDS surveillance data and noted the populations that are increasing for new infections, as well as disparities in deaths and HIV versus AIDS diagnoses.

D. Data Requests:

More demographic information about death data, including the primary cause of death.

E. Other Business Items:

Agenda Items for Next Meeting: Review Needs Assessment Data and Make Recommendations Next Meeting Date: TBD

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

April 15, 2015

Chair: C. Taylor-Bennett, Vice Chair: R. Siclari

A. Work Plan Item Update / Status Summary:

Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1) – Grantee staff explained the expenditure and utilization spreadsheet, which contains final expenditures through the end of FY 2014. Only 2.6% of total funds were unexpended; the largest portion of unexpended funds were for Disease Case Management and HICP. Grantee staff anticipates that HICP spending will be low for the first several months of FY 2015, since client premiums were paid for several months in advance.

Review PSRA Data & Scorecards (WP Item 1.2) – HIVPC staff informed the committee that the scorecards and narratives were updated to mirror one another, and the colors were changed to make the scorecards easier to read. The CIED, pharmacy, and legal services scorecards were available, but the committee chose to spend most of the time reviewing the Case Management, Outpatient Ambulatory Medical Care (OAMC), and Oral Health Care (OHC) scorecards. A common theme was noted among the committee members: that disparities still exist in the clients who are not achieving health outcomes. Certain subpopulations were more likely not to be virally suppressed, even if they were not the biggest population of clients being served; for example, OHC served mostly white, male clients, yet the subpopulations least likely to be virally suppressed were black non-Hispanic women and Hispanic women.

Subcommittee Report: ad-Hoc Local Pharmacy Advisory Committee (LPAC) - The ad-Hoc LPAC Chair informed PSRA that two recommendations for changes to tiers were being brought forward. Keppra, an anti-seizure medication, is the safest medication with the least interactions and side effects for clients on ARVs. Tricor is used for patients with hypertriglyceridemia and very high triglycerides (over 500); it is the best medication available for patients with these conditions. PSRA approved tier changes for both medications.

Subcommittee Report: ad-Hoc Food Services Eligibility – The ad-Hoc Food Service Eligibility Chair gave an overview of the last meeting. The Chair noted that the whole committee had an epiphany, and realized that the amount of funding that is available for food services cannot accommodate the number of clients and the number of service units currently being provided. At the next meeting the committee plans to use a cost spreadsheet to determine the number of clients and number of service units that the EMA can realistically serve.

B. Rationale for Recommendations:

The committee approved the recommendation to change both Keppra and Tricor to Tier 1 medications. Both medications have recently gone generic, and no longer have a PAP. They are also the safest and most effective medications for their respective uses.

C. Data Reports / Data Review Updates:

The committee requested clarified definitions about the different measures on the OAMC scorecard.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Review PSRA Data & Scorecards, How Best to Meet the Need, PSRA Data Presentation, Priority Ranking Next Meeting Date: May 20, 2015, Governmental Center Annex Room A-337

E. AD-HOC FOOD SERVICE ELIGIBILITY COMMITTEE

April 14, 2015

Chair: M. DeSantis

A. Work plan item update / Status Summary:

March PSRA Discussion: The committee reviewed the discussion from the Priority Setting and Resource Allocation (PSRA) Committee meeting in March. The PSRA Committee had discussed the purpose of the ad-Hoc Food Services Eligibility Committee and what they expected to see from the committee.

Review Draft Model and Flow Chart: The committee reviewed the draft model for food services, which included two parts: part one is for clients who are low socioeconomic status, and part two is an emergency service for clients who have experienced a life transition (such as losing a job). The committee discussed the different FPL levels for the emergency provision, including limiting the number of service units allowed instead of only those who have had an emergency. Grantee staff noted that for the next meeting, it would be possible to put together an excel spreadsheet that would show the number of clients per FPL and the cost per food service unit, so the committee can see the different scenarios as it relates to budget and expenditures.

Review other EMA Eligibility Models: The committee reviewed Handout C, and noted it needed to be clearer that most of the models included on the handout were emergency provisions only, and had to be referred by a medical or nutrition professional.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

The committee liked the idea of the tier model, but may need to change the model based on the expected budget and resources available.

D. Data Requests:

Data about the number of clients per FPL level, and the costs associated with each type of service unit.

E. Other Business Items:

Items for Next Meeting: FPL Scenarios and Model Review *Next Meeting Date:* May 12, 2015, Governmental Center Annex Room A-335

F. AD-HOC LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

April 9, 2015

Chair: D. Proulx

A. Work Plan Item Update / Status Summary:

Formulary Additions & Deletions – The committee continued their discussion about Keppra; the committee was waiting to approve the change from Tier 3 to Tier 1 until cost data was obtained for the generic version. Some revisions were made to the wording of the motion and the justification, and the committee voted to approve the change in tiers for Keppra. The committee also discussed the recommendation for Tricor, which is under the formulary on Tier 3, but may need to be moved to Tier 1. The medication recently became generic and no longer has a PAP, and it is also the medication with the least interaction and side effects in its drug classification. The cost of the medication is also minimal. The committee voted to approve the change in tiers for Tricor. Both recommendations will be forward to the PSRA Committee. The committee began to review ibuprofen, but it was noted that ibuprofen was previously on the formulary and removed. A request was made to provide more historical and background research on ibuprofen before making a decision.

B. Rationale for Recommendations:

- Keppra is the safest anti-seizure medication available, and since it has gone generic, there is no longer a PAP available which is required for Tier 3 medications.
- Tricor is the hyperlipidemia medication with the least interaction and side effects, and since it has gone generic, there is no longer a PAP available which is required for Tier 3 medications.

C. Data Reports / Data Review Updates:

Recommendations for formulary additions.

D. Data Requests:

Historical and background data on ibuprofen; it was previously on the formulary and removed.

E. Other Business Items:

None.

F. Agenda Items for Next Meeting:

Agenda Items for Next Meeting: Review recommendations for formulary additions & deletions *Next Meeting Date:* July 14, 2014, Governmental Center Annex Room A-337

G. QUALITY MANAGEMENT COMMITTEE (QMC)

April 20, 2015

Chair: C. Grant

A. Work Plan Item Update / Status Summary:

Update/Data Review – CQM Staff provided an update on the data request for clients who are not retained in care for at least a year broken down by subpopulations including payer source, ethnicity, and country of origin. Staff is in the process of retrieving and analyzing the data from Provide Enterprise. If there are any significant findings, members will be informed at an upcoming meeting.

PSRA Recommendation (WP 1.1) – The Priority Setting/Resource Allocations Committee (PSRA) made a recommendation that the Quality Management Committee (QMC) direct the Medical QI Network to review the outcomes which were last reviewed in 2011. The Committee discussed procedures for making recommendations to PSRA throughout the year regarding data findings as well as appropriate data to be included on the scorecards in preparation for the PSRA process. The committee agreed to focus on core retention and viral load suppression among core medical services. Findings will include written narrative (in bullet form) to show QMC's recommendation, explain back up data, and the approach used to determine the recommendation. This narrative will also include data limitations and exclusions.

QM New Member/Refresher Training-CQM Staff presented an overview of the Clinical Quality Management (CQM) Program (*on file*). The presentation included information on the roles and responsibilities of the Grantee, CQM Support Staff, and QMC and QI Network members; QMC and QI Network activities; Consumer participation; data collection; and major CQM accomplishments. Members also received a FAQ handout summarizing the CQM program and explaining commonly used acronyms and terms.

B. Rationale for Recommendations:

To recommend to the OAMC QI network to change the Broward Outcome 1.2 to <200 copies/mL, which is in line with the NQC measures.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

None.

F. Agenda Items for Next Meeting:

Agenda Items for Next Meeting Review and determine specific population trends, etc. for OAMC service category.

Next Meeting Date: May 18, 2015 from 12:30pm-2:30pm.

H. SYSTEM OF CARE COMMITTEE (SOC)

March 27, 2015

Chair: M. Schweizer. Vice Chair: D. Sabatino

A. Work Plan Item Update / Status Summary:

SOC Meeting Date – The committee discussed meeting dates and times, and if changing the date and time would be helpful to committee members and parties who are interested in joining. After some discussion, the committee decided to stay with the current meeting date and time.

Review Data Sources (WP Item 1.2) – The committee reviewed the previous year's needs assessment as well as the epidemiology surveillance data that was recently released from the FLDOH. The surveillance data showed an increase in new HIV infections and a decrease in AIDS infections. Disparities still exist in who is getting infected, and although AIDS-related deaths have decreased dramatically, disparities still exist in who is dying from AIDS-related causes.

Community Forum – The committee discussed the community forum, and holding the forum in collaboration with the CEC. CEC will be holding a panel on PrEP and PEP, which they hope will bring in new faces and interest; SOC will have information about services and talk to people in order to gain feedback outside the room where the panel is being held. The forum will be held in early June at The Pride Center.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

The committee reviewed the previous year's needs assessment data and epidemiology surveillance data. Further information was requested about Department of Corrections data.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting Client Health Outcomes, Funding Sources, How Best to Meet the Need *Next Meeting Date:* April 24, 2015- 9:30 a.m., Governmental Center Annex, A-337.

I. EXECUTIVE COMMITTEE

April 21, 2015

Chair: B. Gammell. Vice Chair: Y. Reed

A. Work Plan Item Update / Status Summary:

HIVPC Retreat (WP Item 2.3) – The committee reviewed the proposed HIVPC retreat, which is being planned as an integrated retreat with the Broward County HIV Prevention Planning Council, in preparation for the integrated Comprehensive Plan. The retreat will be held the first week in August, and may include additional guests from the Houston EMA who have a similarly styled integrated work group and Comprehensive Plan.

Annual Evaluation (WP Item 3.6) – The committee reviewed the accomplishments and challenges. The evaluation was updated to include tangible accomplishments and challenges, such as the percentage of consumer membership and the percentage of funds requested for carryover. No further accomplishments and challenges were identified.

Committee Reflectiveness – The committee reviewed the reflectiveness of each committee, and discussed idea for increasing committee and HIVPC membership. The committee also reviewed the HIVPC roster, and noted that male membership was down, and to bring the HIVPC closer to demographics would require at least two new black male members and one white male member; any of those members could be an unaffiliated consumer.

Updated Planning Documents (WP Item 5.2) – The committee approved the policies and procedures, but tabled the review of the HIVPC Vision and Mission until the next meeting.

PCS Quarterly Report – The committee reviewed the PCS Quarterly Reports for FY 2014’s 3rd and 4th quarters. Changes were suggested about how best to present the data regarding the continuum of care in Broward versus Part A.

HIVPC Chair – HIVPC staff noted the resignation of the HIVPC Chair due to a new job which made the Chair an affiliated member; per the Broward County ordinance, members who become affiliated must be automatically removed. A special election will be held for the Chair and Vice Chair positions (in the event that the current Vice Chair decides to run for Chair) at the May HIVPC meeting.

By-Laws Changes – The committee reviewed the succession plan as proposed by the ad-Hoc By-Laws Committee. A minor change was made to the language clarifying the difference between the succession plan for a meeting and the succession plan for assumption of duties.

Community Data Presentation – The committee briefly discussed the community data presentation. SOC is planning to hold a joint event with CEC in order to improve attendance. The event is being planned for the beginning of June, and will feature a “living with HIV” segment conducted by CEC and a data presentation and feedback opportunity for consumers conducted by SOC.

B. Rationale for Recommendations:

The policies and procedures were updated to reflect the work of the committee.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: HIVPC Vision & Mission, Monitor Comprehensive Plan Evaluation Report, Meeting Evaluations, Training Schedule, SOC Recommendations for PSRA. *Next Meeting Date:* May 19, 2015, A-337

J. AD-HOC BY-LAWS COMMITTEE

No April Meeting

Chair: M. Schweizer

K. EXPLORATORY SUBCOMMITTEE

No April Meeting

Chair: C. Taylor-Bennett

9. GRANTEE REPORTS

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

10. UNFINISHED BUSINESS

11. ANNOUNCEMENTS

- a. Reminder: HIVPC Mentorship Program

12. PUBLIC COMMENT (Up to 10 minutes)

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: May 21, 2015, 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>
How Best to Meet the Need (WP Item 6.4)	<i>SOC, PSRA, HIVPC</i>	ACTION ITEM: Review and approve language for How Best to Meet the Need.

15. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
 March 26, 2015 Meeting Minutes

ATTENDANCE				
#	Members	Present	Absent	Guests
1	Bhrangger, R.	X		Bell, J.
2	Burgess, D.	X		Balestra, C.
3	DeSantis, M.	X		Lewis, L.
4	Creary, K.	X		Lovera, E.
5	Gammell, B. <i>Chair</i>	X		Myers-Culpepper, K.
6	Grant, C.		A	Myers, J.
7	Hayes, M.		A	Myers, L.
8	Holness, Comm. D.V.C.		A	Rodriguez, J.
9	Katz, H. B.	X		Soto, T.
10	Lint, A.	X*		Shamer, D.
11	Marcoviche, W.	X		Shu, S.
12	Moragne, T.	X		Viera, L.
13	Parker, P.	X		Ueross, T.
14	Proulx, D.	X		
15	Reed, Y.	X		Grantee Staff
16	Runkle, D.	X		Copa, R.
17	Schweizer, Dr. M.	X		Degraffenreidt, S.
18	Siclari, R.	X		Green, W.E.
19	Spencer, W.	X*		Jones, L.
20	Taylor-Bennett, C.	X		Vargas, J.
21	Tomlinson, K.	X		
22	Wilkins, D.	X		HIVPC Staff
A1	Coscarelli, M. (Alt)		A	Beckford, R.
A2	Robertson, P. (Alt)	X		Bente, A.
				Johnson, B.
				Sandler, C.
	Quorum=12	19		*on phone

1. CALL TO ORDER

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

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

The Chair welcomed everyone and self-introductions were made. 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 Chair reviewed excused absences. The following motions were made:

Motion #1: To approve today's meeting agenda with one amendment.

Amendment: To move Consent Item #4 to Discussion Item #8.

Proposed by: Creary, K.

Seconded by: Runkle, D.

Action: Passed Unanimously

Motion #2: To approve the 2/26/15 meeting minutes.

Proposed by: Creary, K.

Seconded by: Runkle, D.

Action: Passed Unanimously

3. FEDERAL LEGISLATIVE REPORT (Kareem Murphy) (Handout A)

The Chair explained that Mr. Murphy was not available to attend. He asked that all questions be forwarded to HIVPC staff.

4. CONSENT ITEMS (Handouts B-1 & B-2)

All consent items are approved together. The following motion was made:

Motion #3: To approve Consent Items #1-3

Proposed by: Creary, K.

Seconded by: Moragne, T.

Action: Passed Unanimously

5. DISCUSSION ITEMS (Handouts C-1-C-4)

a. To approve the changes to the HIVPC By-Laws

The ad-Hoc By-Laws Committee Chair explained the proposed changes to the HIVPC By-Laws. He explained all parking lot items. The Vice Chair asked for clarification regarding item #2. HIVPC staff explained that section 9 redirects further explanation to section 11 below. The ad-Hoc By-Laws Committee Chair further explained the recommended by-laws changes. The following motion was made:

Motion #4: To approve the proposed changes to the HIVPC By-Laws

Proposed by: Schweizer, M.

Seconded by: Creary, K.

Action: Passed Unanimously

b. To add Januvia to Tier 3 of the Ryan White Part A Formulary

The LPAC Chair explained the recommendation for adding Januvia to Tier 3 of the formulary. She explained there is a Patient Assistance Program available and there would be minimal financial impact on the service category. The following motion was made:

Motion #5: To add Januvia to Tier 3 of the Ryan White Part A formulary

Proposed by: Proulx, D.

Seconded by: Moragne, T.

Action: Passed Unanimously

c. To increase the annual HICP allocation from \$4,500 to \$6,500

The PSRA Chair explained the recommended increase in allocations for the HICP service category. She stated that in order to cover more clients the PSRA Committee is recommending that the allocation be increased to \$6,500 per client. The following motion was made:

Motion #6: To increase the annual HICP allocation from \$4,500 to \$6,500

Proposed by: Taylor-Bennett, C.

Seconded by: Creary, K.

Action: Passed Unanimously

A member asked how many clients are currently utilizing HICP service category. The Grantee stated that 224 clients are currently enrolled and this figure will likely decrease to 75 clients, as most clients are eligible for ADAP plans.

d. To appoint David Runkle to the System of Care (SOC) Committee

This item was pulled from consent items to add an additional name for appointments. The SOC Chair asked to appoint David Runkle and Karen Creary to the SOC Committee. The following motion was made:

Motion #7: To appoint Karen Creary and David Runkle to the SOC Committee

Proposed by: Schweizer, Dr. M.

Seconded by: Parker, P.

Action: Passed Unanimously

6. NEW BUSINESS

None.

7. FEBRUARY COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

March 3, 2015

Chair: A. Lint

The CEC Chair announced the April meeting will be at Broward House Assisted Living Facility.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

March 5, 2015

Chair: H.B. Katz, Vice Chair: T. Wilson

The MCDC Chair announced the May Welcome Brunch will be held on May 15, 2015 at Hispanic Unity. He stated that future Welcome Brunches will take place in the community, instead of at the Governmental Center.

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

March 9, 2015

Chair: K. Tomlinson, Vice Chair: W. Spencer

The NAE Chair explained the committee did not meet due to failure to achieve quorum.

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

March 18, 2015

Chair: C. Taylor-Bennett, Vice Chair: R. Siclari

The PSRA Chair explained the HICP motion, PSRA timeline, and timeline of data review. She explained that new scorecards will identify clients that are not virally suppressed and not in care. She explained the ad-Hoc Food Services Eligibility Committee will develop an eligibility model that will increase health outcomes among consumers. She explained that LPAC is still reviewing an additional medication to add to the formulary and a motion may be coming forward to add the medication. She also explained the future PSRA trainings.

E. AD-HOC FOOD SERVICES ELIGIBILITY COMMITTEE

March 10, 2015

Chair: M. DeSantis

The ad-Hoc Food Services Eligibility Committee Chair explained that report stands and that a presentation will be given at the next HIVPC meeting regarding the progress of the committee.

F. AD-HOC LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

March 12, 2015

Chair: D. Proulx

The LPAC Chair explained the committee reviewed the top 10 utilized medications. She stated the committee looked at several medications, including two ARVs and one anti-seizure medication. She explained the two ARV cannot be added to the formulary as they have not been added to the FL ADAP formulary. The anti-seizure medication may be added as further research is completed.

G. QUALITY MANAGEMENT COMMITTEE (QMC)

March 23, 2015

Chair: C. Grant

The report stands.

H. SYSTEM OF CARE COMMITTEE (SOC)

February 27, 2015

Chair: M. Schweizer, Vice Chair: D. Sabatino

The SOC Chair stated the February meeting was canceled due to failure to achieve quorum. He explained that there was a record turnout of guests but not members at the last meeting. The SOC Chair stated the committee will review at all system data, not just Part A. He also explained that the committee will partner with CEC to educate the community about HIV services.

I. EXECUTIVE COMMITTEE

March 17, 2015

Chair: B. Gammell, Vice Chair: Y. Reed

The report stands.

J. AD-HOC BY-LAWS COMMITTEE

No March Meeting

Chair: M. Schweizer

K. EXPLORATORY COMMITTEE

March 18, 2015

Chair: C. Taylor-Bennett

The Exploratory Committee Chair explained the committee defined recommendations for integration. She explained the committee recommended that the group be a work group, and consist of eight members from both Part A and Prevention. She stated that recommendations will be presented to both Executive Committees for review. The Exploratory Committee Chair also explained that representation from targeted populations will be represented in the work group. Once recommendations are made then HIVPC By-Laws changes will be made. A member stated that Part A and Prevention are completely different planning bodies and that education will be incorporated into the integration process.

8. GRANTEE REPORTS

- a. Part A: The Part A Grantee explained the CBS4 and My33 media campaign. The Grantee presented the first media campaign targets the MSM population. He explained that as of March 1st, there is a new HRSA project officer, Adeola Fawehinmi, for Broward County. She will manage the Tampa, Orlando, and Broward EMAs. He explained the final notice of grant award will be announced in April, and FY 2014-2015 closeout is currently taking place and final invoices are being received. The Grantee's office is deeply engaged in the monitoring process including adherence to National Monitoring Standards for sub-grantees.
- b. Part B: The Part B Grantee explained that expenditures for January as February invoices have not been received. He explained the service category expenditures and client utilization data, including transportation. A member asked if all funding will be expended by the end of the FY. The Part B Grantee stated that 96% will be expended once final invoices are received. A member asked for clarification regarding AICP transition. The Part B Grantee stated that as of April 1, 2015 the FL Department of Health (FLDOH) will now facilitate the AICP program. He announced that 3,375 clients enrolled into new ACA plans and 83% of clients are virally suppressed. A member asked if clients on ACA plans can use CVS Pharmacy. He stated that clients must use CVS Pharmacy if they would like their medication expenses and premiums covered. A member asked what kind of assistance is available for Coventry Insurance clients that need to transition onto new ACA plans. He stated that when clients come in with any questions they are connected with a case manager. A member asked for the definition regarding viral load suppression. He stated that the state of Florida currently defines viral load suppression as <200 copies/ml.
- c. Part C: The Part C Grantee was not present.
- d. Part D: The Part D Grantee was not present.
- e. Part F: The Part F Grantee stated that many clients continue to receive a variety of dental services. The capacity to treat more clients is available. The only requirement is that the client is HIV positive. The HIVPC Vice Chair and a member recognized the Part F Grantee for everything that he does done.
- f. HOPWA: The HOPWA Grantee stated the Request for Proposal will be released on April 2, 2015. The pre-bid conference is scheduled April 9, 2015 and will close on April 20, 2015. Total award will be \$6.9 million and \$6.45 million will be going out for bid. A reduction for \$440,000 will continue over the next several years, based on the CDC and Ryan White formulary. Administration cost and the tenant based voucher program will be capped at 15%. A member asked if consumers are being notified to apply for Section 8 housing as HOPWA funds are being depleted. The Grantee stated that all clients have been notified in writing. A member asked if clients must apply to different Section 8 locations throughout Broward County when applications become available. The Grantee stated he will disseminate that information once it is ascertained. There was further discussion regarding the future of HOPWA. The Grantee stated that short term housing and HOPWA services will be drastically reduced in the future.
- g. Prevention: The Prevention Grantee discussed the FLDOH community mobilization efforts. He also explained that linkage program and rates of linking clients into care. The HIVPC Vice Chair asked that the HIVPC be included in future planning of prevention activities and events. He recommended that members become part of Black Treatment Advocates Network/Black AIDS Advocacy Network (BTAN-BAAG) to plan future prevention activities. The HIVPC Chair stated that once integration continues, collaboration will become simplified. A member stated that prevention does not target minority populations. A member asked if the Broward County Prevention Planning Council is accepting new members. The Prevention Grantee stated that anyone who is interested in becoming a member contact Robert Alvarez at FLDOH-Broward County.

9. UNFINISHED BUSINESS

None.

10. ANNOUNCEMENTS

- The HIVPC Chair announced that long standing member, Tara Wilson has resigned from the HIVPC and Karen Creary will be the new ad-Hoc Nominating Committee Chair
- A CEC member invited all interested parties to attend the April CEC meeting that will be held at Broward House Assisted Living Facility on April 7, 2015 at 1:00 p.m.

11. PUBLIC COMMENT

A guest from Navarro Pharmacy introduced herself as the new pharmacy manager at the Memorial Hospital that will accept ADAP Premium Plus clients. She encouraged case managers or anyone who sees clients to get in touch with her if they are experiencing issues with clients getting their medications.

A guest explained she is in FL to galvanize support to modernize HIV criminalization laws and is building a task force of advocates. She asked that interested parties supply their name and email address to her.

12. REQUEST FOR DATA

None.

13. AGENDA ITEMS FOR NEXT MEETING: April 23, 2015, 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>
Service Delivery Models (WP Item 6.2)	<i>QMC, HIVPC</i>	ACTION ITEM: Review and approve updated service delivery models.
Assessment of the Administrative Mechanism (WP Item 7.3)	<i>PSRA, HIVPC</i>	ACTION ITEM: Review Administrative Mechanism report. Make recommendations for change or improvements.

14. ADJOURNMENT

The meeting was adjourned at 11:26 a.m.

HIVPC Attendance CY 2015

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Atten. Letters
	Meeting Date:	22	26	26										
1	Bhrangger, R.	X	A	X										
2	Burgess, D.	X	X	X										
A	Coscarelli, M. (Alt 1)	A	A	A										
3	Creary, K.	X	X	X										
4	DeSantis, M.	X	X	X										
5	Gammell, B., <i>Chair</i>	X	X	X										
6	Grant C.	X	X	A										
7	Hayes, M.	X	X	A										
A	Holness, D. V.C. (Comm)	X	X	A										
8	Katz, H.B.	X	X	X										
	Kuryla, S.	Z - 1/21												
9	Lint, A.	X	X	X										
10	Marcoviche, W.	X	A	X										
11	Moragne, T.	A	X	X										
12	Parker, P.	X	X	X										
13	Proulx, D.	A	X	X										W - 1/27
14	Reed, Y., <i>V. Chair</i>	X	X	X										
A	Robertson, P. (Alt 2)	A	A	X										
15	Runkle, D.	X	X	X										
16	Schweizer, M.	X	X	X										
17	Siclari, R.	X	X	X										
18	Spencer, W.	X	A	X										
19	Taylor-Bennett, C.	X	X	X										
20	Tomlinson, K.	X	X	X										
21	Wilkins, D.	A	X	X										
	Wilson, T.	X			X			Z-3/24						
	Quorum = 12	19	20	20										

Update for Broward County HIV Health Services Planning Council

From: Kareem Murphy

Date: April 21, 2015

Federal Funding Update

The House and Senate are moving quickly to begin work on the FY 2016 appropriations bills. The Labor-HHS-Education bills are expected to be among the last considered at both the subcommittee and full committee level. Budget resolutions adopted in March by both chambers *called for steep cuts* to the Health and Human Services budget. The actual allocation for the department is forthcoming and will determine the “cap” for spending for FY 2016. Stakeholders in Washington have been meeting with Members of Congress to press for level funding for Ryan White programs, HOPWA, and other supportive services and prevention programs. They are leveraging attention around the 25th anniversary of the death of Ryan White. As of now, we expect that the House and Senate will write their FY 2015 Labor-HHS-Education appropriations bills between late May and mid-June.

Reauthorization Prospects

There is little prospect of a reauthorization of the Ryan White program this year. Chairs of the House and Senate health subcommittees have not shown any interest in informational hearings on this either.

Broward County HIV Health Services Planning Council Recruitment and Retention Plan

PURPOSE

This Recruitment and Retention Plan is designed to ensure that the Broward County HIV Health Services Planning Council (HIVPC) has strong representation by people living with HIV/AIDS, vulnerable populations throughout our Eligible Metropolitan Area (EMA), experts in the field of HIV/AIDS Disease and HRSA-required categories of representation.

POLICY

This Recruitment and Retention Plan shall be reviewed by the Membership/Council Development Committee (MCDC) on an annual basis. All amendments and/or revisions shall be discussed by the MCDC and approved by the full HIV Planning Council HIVPC.

HRSA-REQUIRED PLANNING COUNCIL MEMBERSHIP CATEGORIES

- At least 33% are People Living with HIV/AIDS (PLWHA) who receive Part A-funded services
 - Health care providers, including federally qualified health centers
 - Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs)
 - Social service providers (including housing and homeless-services providers)
 - Mental health providers
 - Substance abuse providers
 - Local public health agencies
 - Hospital planning agencies or health care planning agencies
 - Affected communities (people living with HIV/AIDS and underserved communities)
 - PLWHA Recently Released from Jail or Prison or their representatives
 - Non-elected community leaders
 - Members of a Federally recognized Indian tribe
 - Individuals co-infected with Hepatitis B or C
 - State Medicaid agency
 - Ryan White HIV/AIDS Program (RWHAP) Part B State agency
 - RWHAP Part C grantees
 - RWHAP Part D grantees
 - RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees)
 - Housing Opportunities for Persons with AIDS (HOPWA) grantees
 - Federally funded HIV prevention program grantees
 - Veterans Health Administration representative
-
- ~~Health care providers, including federally qualified health centers.~~
 - ~~Community-based organizations serving affected populations and AIDS service organizations.~~
 - ~~Social service providers (including housing and homeless service providers).~~
 - ~~Mental health providers.~~
 - ~~Substance abuse providers.~~
 - ~~Local public health agencies.~~
 - ~~Hospital planning agencies or health care planning agencies.~~
 - ~~Affected communities, including individuals with HIV disease or AIDS, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations.~~
 - ~~Non-elected community leaders.~~
 - ~~State Medicaid agency.~~
 - ~~State agency administering the Part B program.~~
 - ~~Ryan white grantees under Part C, Part D and Part F.~~
 - ~~Grantees under other Federal HIV/AIDS programs (including HOPWA and HIV prevention programs).~~
 - ~~Formerly incarcerated PLWHA or their representatives.~~

RECRUITMENT

Goal: To ensure that the HIVPC is reflective and representative of the Broward HIV/AIDS epidemic and aligned with HRSA membership policies.

~~has a pool of applicants to fill and maintain all categories with qualified members.~~

Strategy 1 - Involve ~~all the Planning Council~~ HIVPC Members stakeholders in recruitment efforts

- Announce vacant positions at each meeting of the HIVPC, ~~the MCDC Committee and, if possible, South Florida AIDS Network. not occurring at this time;~~ Chair will announce during report at HIVPC meetings
- Ask HIVPC and committee members (especially MCDC and Community Empowerment Committee (CEC) members) to reach out to potential interested parties and encourage them to participate
- Display recruitment and application materials at each meeting of the HIVPC and, if possible, SFAN ~~meetings and Broward County HIV Prevention Planning Council meetings.~~
- ~~Set up a table with recruitment materials when the HIVPC, MCDC or Client/Community Relations Committee holds meetings in the community. Committee member will take recruiting brochure, HIVPC applications, and HIVPC Calendar to SFAN & Re-Entry Meetings~~
- ~~Council members and HIVPC staff greet visitors at meetings of the Council and its Committees. Ask if they wish to speak at the meeting and get involved in the HIVPC.~~
- ~~Offer HIVPC members training (such as CAEAR Coalition Tool) on identifying potential applicants, soliciting their participation and eliminating barriers to participation. possible training on how to recruit new members~~

Strategy 2 – Involve providers and community partners

- Post HIVPC calendars and event flyers at provider agencies, especially Part A provider agencies
- Supply case managers and outreach networks with recruitment materials, ~~fact sheets~~ event flyers, and committee meeting schedules they can share with interested clients.
- Ask community partners to post meeting and event notices to their websites and social media pages

Strategy 2-3 - Use the Internet as a recruitment tool Marketing

- Use the HIVPC website to post recruitment messages, materials, and notices about meetings and events
~~Develop and post a recruitment message on the HIVPC website.~~
- Advertise meetings and events through HIVPC email blasts, posted materials on the HIVPC website, and advertisements in local community newspapers and magazines
- Set up a table with recruitment materials when the HIVPC, MCDC or Client/Community Relations Committee holds meetings in the community. ~~Committee member will take recruiting brochure, HIVPC applications, and HIVPC Calendar to SFAN & Re-Entry Meetings~~ at community events or meetings in the community
- Develop hard copy recruitment materials, such as flyers, info sheets, ~~and~~ brochures, and membership applications to be displayed at community meetings and events
- Provide HIVPC members with marketing materials (such as t-shirts and lanyards) to be worn in the community to help publicize the HIVPC
- Provide HIVPC giveaways and recruitment materials at community events to help publicize the HIVPC
- ~~Seek to post a recruitment message and application materials on the Broward County government website.~~

Strategy 3 - Use printed recruitment materials throughout the year

- ~~Develop and distribute recruitment brochures redesign/change pictures before mailing out.~~
- ~~Distribute materials at community events that attract populations strongly affected by HIV/AIDS. Members of the HIVPC, MCDC and/or HIVPC staff will attend at least two events per year.~~
- ~~Issue press releases encouraging people to apply for vacant positions. Include data showing the epidemic transcends race, income, ethnicity, gender and age.~~

Strategy 4 - Use Service Providers and the community to help recruit

- ~~Encourage networking among providers as a way to seek providers as applicants.~~
- ~~Supply case managers and outreach networks with recruitment materials, fact sheets and committee meeting schedules they can share with interested clients.~~
- ~~Supply recruitment materials, fact sheets and committee meeting schedules to community organizations involved with HIV/AIDS and affected populations, so they can share with interested clients.~~

- ~~MCDC members and HIVPC staff can call organizations receiving materials to encourage the posting of fliers that explain the importance of HIVPC activities and participation.~~

Strategy 5 – Encourage interested people

- ~~MCDC members or HIVPC staff will send potential applicants email or letters to explain the process. Note the requirement to attend three committee meetings and orientation in order to qualify for HIVPC nomination.~~
- ~~If necessary, follow up by phone to answer questions, explain reimbursement policies or identify barriers to participation.~~

RETENTION

Goal: Ensure the HIVPC takes all feasible steps to retain ~~PLWHA and other members who want to participate~~ **members, especially PLWHA**

Strategy 1 - ~~Ensure that the HIVPC s~~Supports cultural diversity and diverse members

- ~~Include a cultural diversity segment at Council meetings and/or retreats, as needed.~~
- Provide written materials in appropriate languages upon request.

Strategy 2 – Support HIVPC members

- ~~Conduct regular Council orientations.~~ **Make mentoring programs available for members**
- Seek feedback from members regarding Council and Committee meetings and eliminate potential barriers to participation.
- **Ensure meetings are held in locations that are easy to access**
- **Reimburse PLWHA for travel, child care, and lost wages**

Strategy 3 – ~~Ensure easy access to all Council and Committee meetings~~

- ~~Location, public transportation, Americans with Disabilities Act~~
- ~~Reimburse HIV positive members for travel, child care costs or other Council associated expenses~~

Strategy 4-3 - Reward Planning Council Members for their work

- ~~Annual holiday recognition~~ **Pick a 'Member of the Month' to be featured on the HIVPC website**
- ~~Celebrate accomplishments~~ **Thank members for service with a certificate of appreciation**

MCDC Mentoring, Coaching, & Buddy Programs

The MCDC will make available a series of voluntary programs for HIVPC members, committee members, and interested parties. These programs will serve to educate members and interested parties about the HIVPC, its committees, and becoming involved in the planning process. All of the programs will help new members and interested parties feel welcome, learn individual member perspectives, and become comfortable with HIVPC processes and interaction. The programs also ensure that the new member or interested party understands the background and context of discussions and actions, and gets an explanation of the many acronyms used in meetings.

The MCDC will make available three programs:

1. A Mentoring Program – for new HIVPC members and alternates
The mentoring program will take place between a veteran HIVPC member (the mentor) and a new HIVPC member or alternate (the mentee)
2. A Coaching Program – for new committee members
The coaching program will take place between a veteran committee member (the coach) and a new committee member
3. A Buddy Program – for interested parties
The buddy program will take place between a veteran HIVPC or committee member (the buddy) and the interested party

These programs are intended for new HIVPC and committee members and interested parties, but are also available to members and interested parties who would like further education or a refresher on the HIVPC and the planning process. The MCDC will develop a list of volunteer HIVPC and committee members to participate in each of the programs.

MCDC Mentoring Program (Approved 7/24/14 by HIVPC)

~~In order to increase new members' knowledge of the HIV Planning Council and retain membership participation in Council meetings, the MCDC Committee will institute mandatory orientation, training and voluntary mentoring programs. An important segment of this training is the Mentoring Program, which will be offered to all new Council members and alternates. Mentoring helps new members feel welcome, learn individual member perspectives, and become comfortable with Council processes and interaction. Mentoring also ensures that the new member understands the background and context of discussions and actions, and gets an explanation of the many acronyms used in meetings.~~

~~A-Letters introducing the Mentoring Program programs will be sent to new Council members and interested parties.-The MCDC Chair will assign a mentor, coach, or buddy from the list of available volunteers. Preferences of new members and interested parties about who will be their mentor/coach/buddy will also be taken into account.~~

~~Council members who have volunteered their time to be Mentors will be assigned by the MCDC Chair. Interested Parties who are interested in becoming involved in a particular committee will be assigned a mentor by the Chair of the Committee the party is interested in.~~

The new member, ~~and~~ alternate, or interested party should, when possible, sit near his/her ~~Mentor~~ mentor/coach/buddy during all meetings. (Non-voting alternates are reminded they may sit near their mentor, but not at the table.) This will allow the ~~Mentor~~ mentor/coach/buddy to easily answer any questions the new member might have.

Volunteer ~~Mentors~~ mentors/coaches/buddies will receive training according to the schedule set forth in the ~~Committee Work Plan~~. ~~Mentors~~ should strive to educate new members, alternates, and interested parties on the following points:

1. Review of Orientation Manual
2. Reminders of ~~Meetings~~ meetings
3. Reimbursement opportunities for HIV+ members, including ~~Availability of T~~ transportation,

child care, and lost wages

4. ~~Day care reimbursement benefit~~
5. ~~Reimbursement of lost wages~~
- 6.4. Explanation of complex language
- 7.5. Empowerment and respect for individual opinions and ideas-
- 8.6. A summary of Robert's Rules of Order

~~If needed and requested by the new member/alternate, the Mentor may also remind the new member of upcoming meetings which might be of interest to that person.~~

Note on the Florida Sunshine Law: ~~Members~~ **Volunteer mentors** and ~~Mentors-coaches~~ should be careful to follow the Sunshine Law, which forbids ~~Members-members~~ from discussing ~~Council-HIVPC~~ or ~~Committee-committee~~ business outside of official meetings.- The County definition is as follows:

"Except at a public meeting, there shall be no communication between any two members of the same collegial body on any matter which they may foreseeably be required to address jointly in an advisory or decision-making capacity."

Below are example situations prohibited by law for ~~Members~~ **members**:

1. Discussing ~~Council-HIVPC~~ or ~~Committee-committee~~ business on the phone;
2. Discussing ~~HIVPC Council~~ or ~~cCommittee~~ business at a gathering that is not an official meeting;
3. Discussing ~~HIVPC Council~~ or ~~Ccommittee~~ business indirectly, such as by passing information through an intermediary;
4. Meeting at a restaurant or someone's home to discuss ~~Council-HIVPC~~ or committee business;

Mentor, Coach, and Buddy Responsibilities and Program Components ~~Mentoring Components of HIV Planning Council Members:~~

Provides support of new members (within the guidelines of the Florida Sunshine Law) on the following:

- a. Help new members, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interaction
- b. Provide strong and informed feedback about the effect ~~of Planning Council~~ **of HIVPC** actions and decisions on Ryan White clients and PLWHAs.
- c. Take special responsibility for making sure the new member understands the background and context of discussions and actions.
- d. Increase new members' knowledge of the ~~HIV Planning Council~~ **HIVPC** and retain attendance and membership participation in Council meetings.
- e. Complete ~~the Mentor/Mentee~~ **an** evaluation at the conclusion of the mentorship period.

HIVPC Coaching Program for Interested Parties

*Guidance for Committee Chairs
(Approved 11/20/14 by HIVPC)*

~~In order to increase interested party's knowledge of HIV Planning Council Committees and retain membership participation in meetings, the MCDC will institute a voluntary coaching programs. Committee members who have volunteered their time to be a Coach will be assigned by the Committee Chair. The MCDC Chair will notify Committee Chairs of interested parties that would like to be assigned a Committee Coach. The assigned Coach should be a Committee member and may also be a Planning Council member. The interested party should, when possible, sit near his/her Coach during meetings. This will allow the Coach to easily answer any questions the interested party might have.~~

~~Committee Chairs will instruct Coaches to educate interested parties on the following points:~~

1. ~~Review of Committee FAQ's~~
2. ~~Reminders of Meetings~~
3. ~~Reimbursement benefits~~
4. ~~Explanation of complex language~~

- ~~5. Empowerment and respect for individual opinions and ideas.~~
- ~~6. A summary of Robert's Rules of Order~~
- ~~7. Committee Policies and Procedures~~

~~If needed and requested by the interested party, the Coach may also remind the interested party of upcoming meetings which might be of interest to that person.~~

~~If the interested party expresses interest in becoming a full Planning Council member, then the Committee Chair will assign a Mentor who is a member of the Planning Council.~~

~~Coaches provide support to interested parties on the following:~~

- ~~1. Help interested parties, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interactions.~~
- ~~2. Provide strong and informed feedback about the effect of Committee actions and decisions on Ryan White clients and PLWHAs.~~
- ~~3. Take special responsibility for making sure the interested party understands the background and context of discussions and actions.~~
- ~~4. Increase interested party's knowledge of the Committee and retain attendance and membership participation in Committee meetings.~~
- ~~5. Complete the Coach/Interested Party evaluation at the conclusion of the coaching period (conclusion will be upon mutual agreement between the coach and the interested party).~~

HIVPC Buddy System for Interested Parties

Guidance for Committee Chairs

~~In order to increase interested party's knowledge of HIV Planning Council Committees and retain membership participation in meetings, the MCDC will institute a voluntary buddy system.~~

~~Committee members who have volunteered their time to be a Buddy will be assigned by the Committee Chair. The MCDC Chair will notify Committee Chairs of interested parties that would like to be assigned a Buddy. The assigned Buddy should be a Committee member and may also be a Planning Council member.~~

~~The interested party should, when possible, sit near his/her Buddy during meetings. This will allow the Buddy to easily answer any questions the interested party might have.~~

~~Committee Chairs will instruct Buddies to educate interested parties on the following points:~~

- ~~1. Review of Committee Descriptions~~
- ~~2. Reminders of Meetings and Events~~
- ~~3. Reimbursement benefits~~
- ~~4. Explanation of complex language~~
- ~~5. Empowerment and respect for individual opinions and ideas.~~
- ~~6. A summary of Robert's Rules of Order~~
- ~~7. Committee Policies and Procedures~~

~~If the interested party expresses interest in becoming a full Planning Council member, then the Committee Chair will assign a Mentor who is a member of the Planning Council.~~

~~**Buddies provide support to interested parties on the following:**~~

- ~~1. Help interested parties, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interactions.~~
- ~~2. Provide strong and informed feedback about the effect of Committee actions and decisions on Ryan White clients and PLWHAs.~~
- ~~3. Take special responsibility for making sure the interested party understands the background and context of discussions and actions.~~

- ~~4. Increase interested party's knowledge of the Committee and retain attendance and membership participation in Committee meetings.~~
- ~~5. Complete the Buddy/Interested Party evaluation at the conclusion of the coaching period (conclusion will be upon mutual agreement between the coach and the interested party).~~



JOINT PLANNING NEEDS ASSESSMENT/EVALUATION COMMITTEE



Policies and Procedures

Policies

The ~~Joint Planning~~ **Needs Assessment/Evaluation** Committee membership shall include representatives of Part A ~~and Part B and will strive to include representatives from Part C, Part D, and Part F,~~ as well as ~~Consumers~~ **consumers and other community stakeholders.**

The Committee shall conduct activities to develop and update a Needs Assessment in accordance with the Ryan White HIV/AIDS Extension Act of 2009 and the Health Resources and Services Administration (HRSA) mandates. At a minimum, the Needs Assessment development and update will include activities to:

- Determine the size and demographics of the population with HIV disease;
- Determine the needs of that population with special attention to:
 - ❖ Identifying the needs of those who know their HIV status and are not in care;
 - ❖ Early Identification of Individuals with HIV/AIDS (EIIHA); and
 - ❖ Identifying disparities in access and services among affected subpopulations and historically underserved populations.

The Committee shall also be responsible for conducting an annual evaluation and update to the Broward County HIV Health Services Comprehensive Plan to reflect changing directions of the epidemic, as well as the results of the assessment. The Committee is responsible for ensuring the Plan is relevant to the times and the needs of People Living with HIV/AIDS (PLWHA).

Procedures

The Committee shall be responsible for assessing clients' needs through collection of both qualitative and quantitative data.

The Committee will coordinate the gathering of public comments in conjunction with other Broward County HIV Health Services Planning Council (HIVPC) committees and activities including public outreach meetings.

~~The Committee will invite representatives from other planning bodies to participate in the preparation of all planning documents coordinate and collaborate the funding available for services to HIV infected individuals.~~

~~The Committee will encourage a cooperative, non-duplicative relationship amongst all providers of HIV/AIDS services.~~

Needs Assessment Components:

- **Take the lead responsibility for working with staff/consultants in the development and coordination of the Needs Assessment process;**
- **Work jointly, where possible, with Prevention on Needs Assessment, including:**
 - An annual ~~Epidemiological Profile~~ **review of an epidemiological profile** which includes estimates of the size and demographics of the population with HIV disease; estimates of individuals in care and not in care; co-morbidity factors; and other severe need factors which impact the cost and complexity of service delivery;
 - ~~• An annual analysis of utilization trends for the HIV population in the Ryan White Part A system of care;~~
 - ~~• An annual analysis of Ryan White Part A funding in the context of other sources of funding;~~
- A review of Client Satisfaction reporting;
 - An annual review of Client and Provider perceptions including but not limited to:
 - ❖ Client and Provider perceived needs surveying activities; and
 - ❖ Focus Groups and Key Informant Interviewing
- ~~• The committee will identify capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.~~

Comprehensive Plan Evaluation Components:

- Take the lead responsibility for working with staff/consultants in the development and updating of the Comprehensive Plan, and ensuring input from other committees, especially System of Care

Work Plan Components:

- Assist in the Priority Setting and Resource Allocation **process**;
- ~~Maintain a~~ **Evaluate and update the** Comprehensive Plan for the organization and delivery of HIV services in Broward County;
- Analyze ~~Impact of~~ the local HIV/AIDS epidemic to identify trends, disparities, and barriers to care;
- ~~Conduct annual service category assessment;~~
- Review and Revise ~~Joint-Planning~~ **Needs Assessment/Evaluation** Committee Policies and Procedures;
- ~~Coordinate and collaborate the various funding sources available to HIV-infected individuals in Broward County;~~
- ~~Assist Ad Hoc Broward Re-Entry Committee; and~~
- ~~Maintain~~ **Review** Early Identification of Individuals with HIV/AIDS (EIIHA) Work Plan-



EXECUTIVE COMMITTEE Policies and Procedures



Policies

The Committee shall have responsibility for oversight of the planning activities established in the comprehensive plan and development and oversight of committee work plans to address comprehensive planning goals and objectives.

The membership of the Executive Committee shall consist of the Broward County HIV Health Services Planning Council (Council) Chair, the Council Vice-Chair and the Chairs and Vice Chairs of each of the Standing Committees. Immediate past Council Chair (if the past Chair is currently a member of the Council) will serve as an ex-officio member of the Committee.

The Executive Committee may meet between regular Council meetings as needed, on an emergency basis, to conduct business of the Council (excluding priority-setting and allocation decisions). The Executive Committee shall:

- Set the agenda for Council meetings.
- Address Conflict of Interest issues.
- ~~Oversee the planning activities established in the Comprehensive Plan.~~
- Develop and oversee committee work plans which address comprehensive planning goals and objectives.
- Review Membership/Council Development Committee Attendance report to identify Council members not in compliance with attendance requirements.
- Review Committee recommendations to determine whether the items should be referred to the appropriate Committee.
- Ratify Membership/Council Development Committee recommendations for removal for cause.

The Committee shall be authorized to formulate Council policy, review all concerns, and make recommendations to the full Council regarding unresolved grievance issues as stated in the Council's Grievance Policy.

Procedures

Conflict of Interest

The Committee shall be authorized to formulate Council policy, review all concerns, and make recommendations to the full Council regarding conflict of interest issues.

Comprehensive Plan:

~~The Executive Committee shall be responsible for developing and maintaining a Comprehensive HIV/AIDS Plan.~~

The Committee shall have responsibility to develop and maintain a comprehensive plan for the organization and delivery of HIV health and support services that:

- Incorporates information from the needs assessment, continuous quality improvement activities, evaluation studies, etc.;
- Includes a strategy to coordinate the provision of services with programs for HIV prevention (including outreach and early intervention) and the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for substance abuse);
- establishes mechanisms to ensure participation in Statewide Coordinated Statement of Need (SCSN) activities to encourage CARE Act programs to address key HIV/AIDS care issues and enhance coordination;
- coordinates with Federal grantees that provide HIV-related services; and,
- Includes discrete goals and timetables.

The Committee will invite representatives from other planning bodies **and other community stakeholders** to participate in the preparation of all planning documents, coordinate and collaborate the funding available for services to HIV infected individuals.

The Committee will encourage a cooperative, non-duplicative relationship amongst all providers of HIV/AIDS services.

The Committee will ensure participation in SCSN activities.

The Committee shall develop work plans for HIVPC committees to respond to the goals and objectives of the Comprehensive Plan and oversee/manage accomplishment of work plan activities.

Council Meeting Agenda:

The Committee (or in the absence of Executive Meeting action, ~~the Council's Planner/Coordinator~~ **Planning Council Support (PCS) staff**) shall prepare an agenda for full Council meetings.

The meeting agenda for the Council shall be based upon the following:

- Each committee chair, the grantee, and Council support staff will inform the Committee (or ~~Council Planner/Coordinator~~ **PCS staff**) of committee recommendations and other actions to be presented for the Council's approval.
- Motions passed by Committees may be sponsored by the Chair of the Committee on behalf of the committee and annotated on the Council Agenda as sponsored by the Committee. Individual members of the Council may also request that action items be placed upon the agenda by providing them in writing to ~~the Council Planner/Coordinator~~ **PCS staff** prior to the Executive Committee meeting.
- Members of the public who wish to bring matters before the Council for consideration must obtain sponsorship of the item by a member of the Council. Requesters of all Council actions will also provide appropriate back-up documentation to explain the action being requested.
- The Executive Committee may refer proposed actions to the appropriate committee to examine and make a recommendation prior to presenting the matter to the Council for action.
- Proposed motions requiring the Council's vote shall be listed on the agenda which is sent out to members prior to the Council meeting.
- At the Executive Committee's discretion, the back-up documentation will be labeled and distributed with the Council's agenda.
- At the discretion of the Council Chair, action items requested at the Council meeting not on the published agenda may be deferred to the old business or new business portion of the agenda, or until the next Council meeting, or may be assigned to an appropriate committee for recommendation.
- **The ordinary Council agenda shall include: Call to Order, Welcome and Self-introductions (includes explanation of Ground Rules, Sunshine Law and HIV self- disclosure), Moment of Silence, Excused Absences and Appointment of Alternates, Adoption of Agenda, Approval of Minutes, Consent Items, (no discussion required), Discussion Items (discussion required), Committee Reports, Grantee and Other Reports (including, but not limited to Part A , Part B, Part C, Part D, Part F, HOPWA, Prevention, etc.), Old/New Business, Public Comment, Announcements, Next Meeting Date, Agenda Items for the Next Meeting, Adjournment. The Executive Committee may order agenda items for the efficient and effective administration of the Council's business.**
- ~~The ordinary order of the Council's agenda shall be: 1, welcomes and introductions (including explanation of Government in the Sunshine Requirements for meeting attendees regarding attendees choice to disclose HIV status as disclosure in HIV Planning Council and/or Committee meetings would then become a matter of public record); 2, adoption of agenda; 3, approval of minutes; 4, moment of silence; 5, review meeting ground rules; 6, public comment; 7, action items, consent (no discussion required); 8, action items, regular (discussion required); 9, discussion items; 10, grantee report; 11, program support report; 12, committee reports; 13, legislative update; 14, old business; 15, new business; 16 public input; 17, announcements; 18, next meeting date, adjournment. The Executive Committee may re-order these items for particular meetings if necessary for the efficient~~

~~and effective administration of the Council's business.~~

- The Executive Committee (or Council Chair in the absence of Executive Committee action) will determine the order of decision action items.
- The Executive Committee will establish time limits for each agenda item for each meeting. The Chair may use discretion to impose time limits on each speaker, to be consistently applied. Upon expiration of the time for discussion of a particular action item, the Chair shall close the debate and call for a vote. A person who has spoken once on a pending matter may not speak again on that matter until all others requesting the floor have been recognized.

Grievances

The Executive Committee (Committee) will provide a clearinghouse and facilitate resolution of grievances in an open, inclusive, non-discriminatory and impartial manner. Pre-dispute activities (such as publicly announcing all Broward County HIV Health Services Planning Council (Council), and Committee meetings, encouraging participation and feedback from members of the community at all Council, and Committee meetings, establishment of policies for attendance-related expense reimbursement for the infected community, development and distribution of outreach materials, including Grievance and Membership flyers, offering technical assistance, and informing the public of decision making procedures) have been enacted which assist in preventing potential grievances. The Committee is responsible for ensuring that consumer groups, affected individuals with direct interest, service providers, and Council members are aware of and have access to operating procedures available to address grievances. The Committee operates in accordance with applicable State and County conflict of interest statutes and ordinances.

The Committee will address grievances by individuals, community groups, council members and Part A providers eligible to receive Ryan White Part A funding which have been adversely affected by any actions of the Council involving the following: the needs assessment process, the comprehensive planning process, the priority setting process (including language regarding how best to meet such priorities), the clinical outcome/cost effectiveness determination process and allocation (as well as any possible reallocation) of funds to service categories process. For a grievance to be eligible for consideration, deviation from established, written processes or policies must be stated within the claim. All appeals from an initial action must be filed within two weeks of any decision, deviation or incident, and all resolutions or remedies are meant to apply prospectively. To avoid conflict of interest, grievances relative to the process used to select Part A service providers shall be in accordance with the Broward County Administrative Code.

Recommendations for Formulary Additions and Deletions

The Committee reviewed recommendations for changes to the formulary. The recommendations were: Move - Keppra (Levetiracetam) and Tricor (Fenofibrate) from Tier 3 to Tier 1.

Keppra (Levetiracetam) by UCB

Keppra (levetiracetam) is an anti-epileptic drug, also called an anticonvulsant. Levetiracetam is used to treat partial onset seizures in adults and children who are at least 1 month old. Levetiracetam is also used to treat tonic-clonic seizures in adults and children who are at least 6 years old, and myoclonic seizures in adults and children who are at least 12 years old.

Tricor (Fenofibrate) by Abbott Laboratories

Fenofibrate is used to reduce the amounts of fatty substances such as cholesterol and triglycerides in the blood and to increase the amount of HDL (high-density lipoprotein) in the blood, and treat hypertriglyceridemia, or mixed dyslipidemia. Fenofibrate is in a class of medications called antilipemic agents. It works by speeding the natural processes that remove cholesterol from the body. Fenofibrate comes as a capsule, a delayed-release (long-acting) capsule, and a tablet to take by mouth. It is usually taken once a day. Some fenofibrate products should be taken with a meal. Other brands (Tricor) may be taken with or without food.

LPAC Motions

Motion #1:	To move Keppra (Levetiracetam) from Tier 3 to Tier 1.		
Justification:	<p>Unlike currently available anti-epileptic medications, Keppra (Levetiracetam) is an anti-seizure medication that is the safest choice for patients on antiretroviral therapy; it does not have interactions with any antiretroviral classes and can be safely co-administered to all clients.</p> <p>DHHS recommends the use of Levetiracetam over other anticonvulsant medications in their Guidelines for the Use of Antiretroviral Agents. Phenytoin, Carbamazepine (including extended release and regular formulations), Lamotrigine, and Neurontin are all on Tier 1, and are also used as anti-seizure medication. There is a generic version of Keppra available, and therefore no PAP exists.</p> <p>FY 2014 pharmacy expenditures were lower than anticipated, which means adding Keppra to Tier 1 may not have a large impact on expenditures; extra funds not expended would be available to cover the increased cost of Keppra, if necessary. In addition, extra funds may now be available due to clients getting coverage through the ACA Marketplace and having their medications paid for by insurance.</p>		
Estimation of Cost:	<p>Estimate that all clients currently using Phenytoin and Caramazepine would start using Levetiracetam (17 clients) would switch to Keppra, and 33% of clients using Neurontin/Gabapentin would begin using Levetiracetam (65 clients). Clients currently using Levetiracetam would continue using it.</p> <p>\$11.07 (per 500mg dose) * 12 doses = \$132.84 per year \$16.77 (per 750mg dose) * 12 doses = \$201.24 per year</p> <p>\$132.84 (per 500mg dose) * approx. 83 clients = \$11,025.72 \$201.24 (per 750mg dose) * approx. 83 clients = \$16,702.92</p> <p>The cost of the current prescriptions utilized by clients who would likely switch to Levetiracetam is approximately \$4,727.13.</p> <p style="margin-left: 20px;">Carbamezapine \$168.04 → on Levetiracetam \$797.04-\$1,207.44 Neurontin/Gabapentin \$3,392.53 → on Levetiracetam \$8,634.60-\$13,080.60 Phenytoin \$1,150.48 → on Levetiracetam \$1,461.24-\$2,213.64 Lamotrigine \$16.08 → on Levetiracetam \$132.84-\$201.24</p>		
Proposed by:	Leverence, S.	Seconded by:	Ehren, M.

Action:	Passed Unanimously		
Motion #2:	To move Tricor from Tier 3 to Tier 1.		
Justification:	There is not a PAP available for Tricor. For patients with hypertriglyceridemia and very high triglycerides (over 500), Tricor has the least interactions and side effects. There is currently not a Tier 1 medication that is effective for clients with very high triglycerides.		
Estimation of Cost:	<p>Estimate that less than 1% of clients would need Tricor (approx. 30 clients)</p> <p><u>Tricor</u> \$1.99 (per 48mg dose) * 12 doses = \$23.88 per year \$3.94 (per 145mg dose) * 12 doses = \$47.28 per year</p> <p>\$23.88 (per 48mg dose) * approx. 30 clients = \$716.40 \$47.28 (per 145mg dose) * approx. 30 clients = \$1,418.40</p> <p><u>Fenofibrate (generic)</u> \$3.28 (per 48mg dose) * 12 doses = \$39.40 per year \$10.98 (per 145mg dose) * 12 doses = \$131.76 per year</p> <p>\$132.84 (per 48mg dose) * approx. 30 clients = \$3,985.20 \$201.24 (per 145mg dose) * approx. 30 clients = \$6,037.20</p>		
Proposed by:	Leverence, S.	Seconded by:	Ehren, M.
Action:	Passed Unanimously		