



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING AGENDA

Thursday, July 27, 2017, 9:30 a.m.
 GC-430

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 (5 minutes)**
 - a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
 - b. Council Member and Guest Introductions
 - c. Moment of Silence
 - d. Excused Absences and Appointment of Alternates
 - e. Approval of 7/27/17 Meeting Agenda
 - f. Approval of 6/22/17 Meeting Minutes

3. PHONE INTRODUCTIONS

4. FEDERAL LEGISLATIVE REPORT (Handout A) (5 minutes)

5. CONSENT ITEMS

#	MOTION	JUSTIFICATION	PROPOSED BY
1	To appoint Joshua Rodriguez to the HIVPC Planning Council in the Agency Administering Program under Part B seat	Mr. Rodriguez's role as the HIV/AIDS Program Coordinator for the Florida Department of Health in Broward County will allow him to provide detailed insight into Ryan White Part B, as well as provide the HIVPC with utilization and expenditure data about the Part B and ADAP programs.	Membership/Council Development Committee

6. EDUCATION AND TRAINING (Handout B) (Up to 30 minutes)- PSRA Training to prepare for Fiscal Year 2018-2019 Allocations

7. DISCUSSION ITEMS

#	MOTION	JUSTIFICATION	PROPOSED BY
1	To approve the FY 2018-2019 core and support service category rankings. (Handout C)	Rankings were conducted as part of the priority setting and resource allocation process.	Priority Setting & Resource Allocation Committee

Discussion Items #2 - #21 are the recommended allocations for each service category for FY 2018-2019:

#	FY 2018 Rank	Service	Factors to Consider	Recommended FY 2018 Allocation		Proposed By
				%	\$	
PART A CORE SERVICES						
2	1	OAMC (5)	Integration of behavioral health screenings into primary care settings may require increased funding due additional staffing and provisions of services, as well as the implementation of Test and Treat may increase access to OAMC. Additionally, unknown impact of potential repeal of the ACA may increase client utilization and expenditures.	53%	\$5,911,635	Priority Setting & Resource Allocation Committee
3	3	Pharmacy (3)	Decrease in expenditures due to potential saving based on changes in ADAP Formulary and elimination of Tier 3 on Part A Formulary.	6%	\$639,921	
4	7	Oral Health (5)	Increase in client utilization and access to services based on expanded service locations.	26%	\$2,944,564	
5	5	HICP (1)	Cost saving due to approximately 260 Part A clients 250-400% FPL premiums covered by ADAP.	5%	\$525,000	
6	2	DCM (5)	Increased utilization of DCMs as Care Coordinators due to implementation of Test and Treat as well as Integrated Behavioral Health and Primary Care. Increased access due to expanded provider locations.	5%	\$507,000	

7	6	Mental Health (4)	Increased utilization of MH services due to implementation of Integrated Behavioral Health and Primary Care. Accounts for increase in client access to service based on additional service locations.	3%	\$386,860	
8	8	Substance Abuse (Outpatient) (1)	Increased utilization of SA services due to linkage through BH/OAMC screenings as well as emerging substance abuse issues in Broward.	3%	\$280,512	
TOTAL PART A CORE				76%	\$11,195,492	
PART A SUPPORT SERVICES						
9	4	CM (CIED) (1)	Increase in the number of programs requiring CIED certification (HOPWA, ADAP), Test and Treat, as well as increase utilization based on continuous rise of new HIV infections (approximately 660 in CY2015).	18%	\$616,564	Priority Setting & Resource Allocation Committee
10	3	EFA	Increase utilization based on continuous rise of new HIV infections, (approximately 660 in CY2015). Also accounts for potential impact of Test and Treat.	4%	\$128,872	
11	4	CM (Benefit Support) (1)	Newly implemented service in FY2017, will need to assess trends through current FY for future funding recommendations.	4%	\$150,000	
12	4	CM (non-medical) (7)	5 year trends show continuous slight decreases in clients' utilization, however there may be an increase in client access due to additional service locations.	39%	\$1,353,263	
13	1	Food Bank/Voucher (1)	Includes bulk purchases and increase in client utilization.	31%	\$1,070,566	
14	3	Legal (1)	Legal services have fluctuated over the past several years, but the agency has been able to maintain expenditures.	4%	\$139,640	
TOTAL PART A SUPPORT				24%	\$3,548,905	
TOTAL PART A ALLOCATIONS				100%	\$14,654,397	
MAI CORE SERVICES						
15	1	OAMC (1)	Potential MAI programs will be implemented to impact health outcomes in populations least likely to achieve viral load suppression: Black MSM, Black heterosexual females and Black heterosexual males	37%	\$335,419	Priority Setting & Resource Allocation Committee
16	2	DCM (1)	Potential MAI programs will be implemented to impact health outcomes in populations least likely to achieve viral load suppression: Black MSM, Black heterosexual females and Black heterosexual males	6%	\$50,956	
17	6	Mental Health (1)	Potential MAI programs will be implemented to impact health outcomes in populations least likely to achieve viral load suppression: Black MSM, Black heterosexual females and Black heterosexual males	3%	\$27,861	
18	8	Substance Abuse (Outpatient) (1)	Potential MAI programs will be implemented to impact health outcomes in populations least likely to achieve viral load suppression: Black MSM, Black heterosexual females and Black heterosexual males	54%	\$480,000	
MAI SUPPORT SERVICES						
19	1	CM (CIED) (1)	Potential MAI programs will be implemented to impact health outcomes in populations least likely to achieve viral load suppression: Black MSM, Black heterosexual females and Black heterosexual males	100%	\$320,124	Priority Setting & Resource Allocation Committee
TOTAL MAI ALLOCATIONS				100%	\$1,214,360	
TOTAL PART A AND MAI ALLOCATIONS						\$15,868,757

#	MOTION	JUSTIFICATION	PROPOSED BY
20	To reduce the initial FY2017 OAMC allocation of \$5,140,552 by \$50,000	Broward EMA received a \$256,000 reduction in Part A in FY2017 funding.	Priority Setting & Resource Allocation Committee
21	To reduce the initial FY2017 DCM allocation of \$507,000 by \$50,000		
22	To reduce the initial FY2017 BISS allocation of \$150,000 by \$50,000		
23	To reduce the initial FY2017 Outreach allocation of \$50,000 by \$50,000		

8. NEW BUSINESS

None.

9. COMMITTEE REPORTS (10 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

No July Meeting

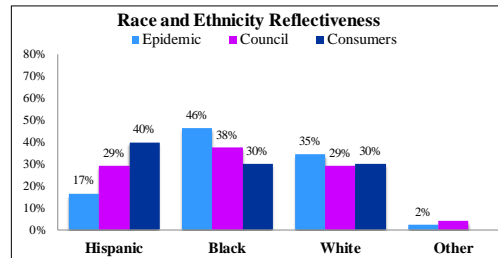
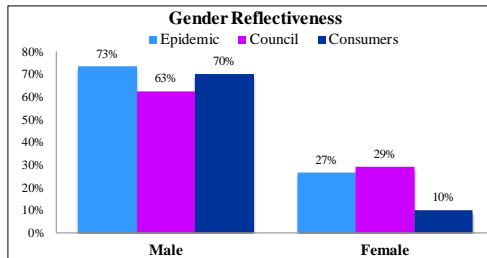
Chair: L. Robertson, V. Chair: P. Fleurinord

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

July 13, 2017

Chair: Vacant Vice Chair: V. Foster

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



Gender	Epidemic	Council	% Difference	Consumers	% Difference
Male	14,372 73%	15 63%	-11%	7 70%	-3%
Female	5,213 27%	7 29%	3%	1 10%	-17%
Transgender	- -	2 8%	-	2 20%	-
Race	Epidemic	Council	% Difference	Consumers	% Difference
Hispanic	3,253 17%	7 29%	13%	4 40%	-23%
Black	9,100 46%	9 38%	-9%	3 30%	-16%
White	6,777 35%	7 29%	-5%	3 30%	-5%
Other	455 2%	1 4%	2%	0 0%	2%
Total	19,585 100%	24		10	

Current Members	24
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	42%

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 (3)

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 29%

A. Work Plan Item Update / Status Summary:

Review HIVPC Demographics: The Committee members reviewed the HIVPC and Standing Committee member demographics. 42% of HIVPC members are unaffiliated consumers. 2 potential candidates for the VA seat were identified and reached out to since the last MCDC meeting, but neither has followed up with Staff's communication. There has been increased interest in HIV Planning Council, especially since the Community Forum.

Current Applicants: Joshua Rodriguez is the HIV Program Coordinator for FLDOH-Broward, currently a member of SOC, and is applying for the Part B seat on the HIV Planning Council. The Committee reviewed Mr. Rodriguez's application and approved his application to be sent to HIVPC with the condition that he complete pre-appointment orientation.

Attendance: Since MCDC's last meeting, one member of the Committee who was also a member of HIVPC was removed due to lack of attendance. One member of the PSRA Committee and 3 members of HIVPC have received warnings due to lack of attendance.

Recruitment Materials: The MCDC Committee reviewed the palm card which has been updated by a graphic artist since the last meeting. Members discussed potential changes to this version which will be brought to the artist to redraft the palm card and emailed to the Committee for feedback and approval.

Training Plan: The Committee members reviewed the HIV Planning Council Training Plan which included topics such as the PSRA process, housing, Undoing Racism, and HIV & Aging. Committee members suggested that the training on aging include an HIV doctor, a gerontologist, and a nutritionist to better inform members of the different ways in which aging impacts their HIV treatment. This Training Plan will be sent to the Executive Committee for approval.

B. Rationale for Recommendations:

Current Applicants: The Part B seat was vacated by the previous representative in March.

Training Plan: The members reviewed and approved the proposed FY2017-2018 training plan for HIVPC membership

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Member Recognition Program and HIVPC Standing Committee Application *Next Meeting Date:* November 9, 2017 9:30 a.m. *Venue:* TBD

C. QUALITY MANAGEMENT COMMITTEE (QMC)

July 17, 2017

Chair: C. Grant Vice Chair: A. Earp

A. Work Plan Item Update / Status Summary:
<p><u>Select QMC annual goals:</u> Staff reviewed findings from the CEC's Community Forum regarding the Youth population as well as data requested on Youth Utilization of Services.</p> <p><u>Make recommendations to Committees and QI Networks to address disparities in care and areas of improvement:</u> Sebrina James, the Instructional Facilitator for Sexual Health at Broward County Public Schools (BCPS), discussed the thought process of youth and how it relates to healthcare services. Staff presented research on understanding barriers to care for Youth as well as successful interventions and outcomes.</p> <p><u>Identify accomplishments and challenges by reviewing progress in completing the COM Work Plan:</u> Staff reviewed the QMC Work Plan In Progress and the CQM Program Accomplishments and Challenges.</p>
B. Rationale for Recommendations:
<p>The Committee requested more information regarding the Youth population in order to develop a useful plan to address this disparity.</p>
C. Data Reports / Data Review Updates:
<p>None.</p>
D. Data Requests:
<p>The Committee requested health outcome and utilization data by each age between the ages of 18-28.</p>
E. Other Business Items:
<p>The Recipient received notice of grant award and received a reduction of approximately \$256,000.</p>
F. Agenda Items for Next Meeting:
<p><u>Agenda Items for Next Meeting:</u> Review and analyze performance measures including HAB measures and locally adopted outcomes and indicators.</p> <p>Make recommendations to Committees and QI Networks to address disparities in care and areas of improvement.</p> <p><u>Next Meeting Date:</u> August 21st, 2017, Governmental Center A-335</p>

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

July 20, 2017

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

A. Work Plan Item Update / Status Summary:
<p><u>Reallocations</u> – The committee approved the reduction of \$200,000 from Part A services in order to account for a \$256,000 reduction in the final notice of grant award. The program budget will take the remaining \$56,000 reduction.</p> <p><u>Review PSRA Data</u> – The committee reviewed data on Broward's service categories including the number of providers, recommendations, factors to consider, and the committee's rankings.</p> <p><u>Allocations</u> – The committee conducted allocations following the data review. The HIVPC staff presented the data provided and the other factors to consider to assist in the committees final recommendations for FY2018-2019 allocations. The committee made recommendations to allocate funds for both Part A and MAI services.</p>
B. Rationale for Recommendations:
<p>PSRA approved sweeps to account for the reduction in funding. The committee approved the allocations for FY 2018-2019 based on review of data and anticipated needs.</p>
C. Data Reports / Data Review Updates:
<p>The committee reviewed Part A client utilization trends, rankings, and recommendations to help inform the PSRA process.</p>
D. Data Requests:
<p>None</p>
E. Other Business Items:
<p><u>Agenda Items for Next Meeting:</u> <u>Next Meeting Date:</u> August 17, 2017, Governmental Center Annex Room A-337</p>

E. SYSTEM OF CARE COMMITTEE (SOC)

July 25, 2017

Chair: M. Hayes Vice Chair: C. Edwards

A. Work Plan Item Update / Status Summary:
<u>Black Women Study</u> – the SOC members reviewed the proposed survey questions for unsuppressed Black females in the Part A program. They divided the questions into categories of barriers, including emotional/stigma, health/medical, social and logistics. They edited questions regarding retention in care, demographics and primary needs of survey participants. They revised questions will be given to the Needs Assessment Consultant for final editing and study implementation. SOC will receive an update on study implementation at their next meeting.
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: Update on implementation of Black Women Study Next Meeting Date: TBD- 1:00 p.m., Children’s Diagnostic and Treatment Center</i>

F. EXECUTIVE COMMITTEE

July 20, 2017

Chair: B. Barnes Vice Chair: R. Lopes

A. Work Plan Item Update / Status Summary:
<u>Standard Committee Items</u> –The committee members reviewed and approved the August calendar and July HIVPC agenda and meeting materials.
<u>Facilitated Meeting Follow-Up</u> – PC Staff reached out to BCHPPC and SFAN members about the proposed follow-up meeting to May’s facilitation. HIVPC and BCHPPC members have stated that the afternoon of August 9th works best for them, but Staff is still waiting for responses from SFAN (including SFAN Chair and Vice Chair). The members discussed the purpose of the meeting, and items they would like to resolve, including identification and delegation of resources/staff support, membership and work plan responsibilities. The group acknowledged the difficulty in revising an agreement that was made during the full day facilitation, but recognized that additional conditions need to be discussed before moving forward and getting the buy-in from the HIVPC. As both SFAN and BCHPPC fall under the jurisdiction of the Department of Health, the Executive members agreed that it may be acceptable to share seats equally between Part A and DOH, with division of SFAN and BCHPPC seats to be decided by the DOH and their bodies.
<u>Training Summary and Year-End HIVPC Calendar</u> - PC Staff provided the Committee with a list of training topics for HIVPC members as recommended by the MCDC. The topics include emerging issues in HIV, suggestions from HIVPC members, HRSA mandated trainings, and items proposed by the CEC.
The group then discussed the August to December calendar, and whether to host an All Committee Retreat. Staff suggested that instead of having a full retreat, the December HIVPC meeting can invite all Committee members as well, and can include selecting a member to recognize, an education component, and maybe a town hall. The members selected December 7th as the date for the All Committee HIVPC Meeting.
<u>Member Responsibilities</u> - During the HIVPC members, Staff and leadership have noticed members passing notes, holding side conversations and coming in late to meetings. While notes and conversations are on the borderline of a Sunshine violation, they are most importantly disrespectful to the process and to the membership. The members agreed that leadership needs address the issues as they occur. Staff also note that there are issues also with members not confirming their attendance. This may have implications for quorum and meeting scheduling. It is important that members respond to Staff’s correspondence and quorum calls.
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: TBD Next Meeting Date: August 17, 2017</i>

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

10. GRANTEE REPORTS (15 minutes)

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

11. UNFINISHED BUSINESS

None.

12. PUBLIC COMMENT (Up to 10 minutes)

13. ANNOUNCEMENTS (Up to 10 minutes)

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: August 24, 2017 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>
HOPWA Presentation	<i>HOPWA</i>	ACTION ITEM: Receive a presentation regarding HOPWA funding and services in the EMA

16. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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