



**Ft. Lauderdale/Broward County EMA
Broward County HIV Health Services Planning Council**

200 Oakwood Lane, Suite 100, Hollywood, FL, 33020
Tel: 954-561-9681 / Fax: 954-561-9685

HIV PLANNING COUNCIL COORDINATION

Governmental Center Annex, Room A-335
Ryan White Part A Program Office, 115 S. Andrews Avenue, Ft. Lauderdale, FL 33311
June 1, 2013 – 10:00 a.m.

Meeting Minutes

	ATTENDEES
1	Kuryla, S., HIVPC Chair
2	Gammell, B., HIVPC Vice Chair
3	Jones, L., Part A Grantee
4	Rosiere, M., BRHPC HIVPC Division Director
5	Crawford, T., Support Staff

1. CALL TO ORDER

The HIVPC Chair called the meeting to order at 10:11 a.m.

2. REVIEW GROUND RULES, STATEMENT OF SUNSHINE & PUBLIC COMMENT REQUIREMENTS

The HIVPC Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised about the meeting ground rules. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.

3. WELCOME AND INTRODUCTIONS

4. REVIEW: Meeting Agenda: 6/03/13. Meeting Minutes: 4/15/13

5. PURPOSE OF COORDINATION MEETINGS

The HIVPC Chair mentioned that the HIVPC Coordination meetings were designed to have Executive and any members of the community come together to discuss whether the Council is on track to meet the goals. The Chair stated that the coordination meetings have gone well so far because there has been insight on how to move forward.

6. HRSA SITE VISIT

There will be a HRSA site visit meeting from June 17-20, 2013. The grantee invited the HIVPC Chair and Vice Chair to attend the scheduled events. It was mentioned that there is a draft schedule, which will be finalized. It was mentioned that the Project Officer may review how the Planning Council is achieving their goals as it relates to the Comprehensive Plan. Therefore, it would be a good idea for the members to have a robust conversation on this topic at the upcoming Part A Executive meeting on June 18, 2013. It was mentioned that the Executive members should discuss the overall plan and where the Council is in the process of achieving the goals of the set plan. The HIVPC Vice Chair stated that members may need to also discuss benchmarks.

7. HIVPC APPOINTMENTS

The following four individuals are scheduled to be appointed to the HIV Planning Council on June 4th.

1. **Marsha McBain** –State Medicaid Agency seat.
2. **Mario DeSantis** –Grantees of other Federal HIV programs: HOPWA seat.
3. **Rosemarrie Williams** -Formerly Incarcerated PLWHA or their Representatives seat.
4. **Patricia Parker-Maysonet**- Unaffiliated Consumer seat. She formerly held the alternate seat.

8. PRE-EXISTING CONDITION INSURANCE PLAN (PCIP)

The PCIP Subcommittee had two lingering issues: 1) not meeting quorum and 2) not knowing the true direction of the Subcommittee. Therefore, it was proposed that the work of the Subcommittee be disseminated into the Joint Executive Committee because it affects Part A, Part B, and other community players, which are all seated on that Committee. The original goal of PCIP was to figure out how we can purchase insurance while assessing if it was appropriate and affordable. Currently, the work was shifted to look at how the Ryan White Program will move and adapt services based on the implementation of the Affordable Care Act. The group discussed the difficulties associated with this shift such as many people struggling to pick the correct insurance plan. The Chair and Vice Chair will mention this change to the Executive Committee in order to prepare for the next Joint Committee meeting. It was mentioned that it is important to have a conversation about this change with the Part B representative before the Executive meeting.

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

Dionne Proulx is the new Chair of LPAC; she agreed on a 6 month term. The group discussed whether it was necessary to bring the committee together at this time. The Vice Chair mentioned that it would be good to coach the new LPAC Chair so that she has guidance in her new role. It was determined that the existing LPAC members will still be utilized. The HIVPC Chair mentioned polling the LPAC Chair as well as the Committee members in order to establish a meeting time, allowing them to hold a meeting by August. The Vice Chair asked that staff review old meeting agendas and minutes to see if there are any outstanding issues that need to be addressed. The HIVPC Chair stated that staff should provide the LPAC Chair with previous meeting minutes. The grantee reiterated the purpose of the Committee, which is to review the formulary to determine if there are any additions or deletions. If this is completed twice a year, the committee should be on track. The key strategy that has worked in the past is polling the Medical QI Network to see if there are any gaps in pharmacy coverage. The Vice Chair asked if the Committee should think of any pharmaceuticals that would be added that would not be covered due to the implementation of the ACA. It was mentioned that ADAP would adjust before Part A since the program obtains ancillary drugs.

10. EXECUTIVE COMMITTEE AGENDA ITEMS (6.18.13)

- a. **Discussion on Affordable Care Act:** The Executive members will discuss how the ACA impacts Ryan White Part A services and how to develop a training to educate Planning Council and Committee members on this issue. The HIVPC Chair will also mention the restructuring of the former Pre-Existing Condition Insurance Plan (PCIP) Subcommittee and how the work will be integrated moving forward to address the adjustment of Part A RW program services based on the implementation of the ACA.
- b. **Discussion of Legislative Update:** The discussion of the legislative update was removed since Kareem Murphy will continue to provide these updates until further notice.
- c. **Mentoring Plan:** The group initially decided that it may be necessary to send the mentoring plan out to the Executive members before the meeting in order for them to review and become familiar with the document. After further discussion, the group decided to defer the mentoring plan due to all the work associated with the upcoming PSRA process in June and July. The Vice Chair asked that staff send the Membership Chair an email explaining this situation and asking that the mentoring plan be deferred until the August Executive meeting. This will allow the Committee to give their full attention to the document; this will also allow the Membership Committee extra time to develop it. The HIVPC Chair also asked to review other EMAs' mentoring plan in order to compare.
- d. **Comprehensive Plan:** The group decided to add the discussion of the Comprehensive Plan into the June meeting in order to assess progress and identify emerging needs. The Committee will have a robust conversation

It was noted that the work of the Committee should always go through Executive before it goes to the full body.

11. ADDITIONAL ITEMS

Nominating Committee: It was discussed that the HIVPC Chair appoints the Chair of the Nominating Committee during the August meeting. The group discussed that it would be good to appoint individuals that

are certain that they do not want to run for Chair of the Planning Council; therefore, there will be no controversy with the decision.

Early Identification of Individuals with HIV/AIDS (EIIHA) Strategy: The group discussed the status of the crosswalk. It was mentioned that going forward, there should be more meaning to it on both entities. It is necessary to look at other jurisdictions to see what has and hasn't worked. There was a meeting with prevention to discuss how the parts can be more joint in their efforts. For example, a joint needs assessment was discussed in order to be more inclusive in the care and prevention side. It was stated that the EIIHA strategy is something that Part A has no control over. A meeting will be set to further discuss what should be done in order to move this process forward. It was also stated that EIIHA is a requirement for Part A and it is a difficult process. The group brainstormed how to present this to the Executive members.

12. MISREPRESENTATION OF THE HIV PLANNING COUNCIL

The group discussed that members may be speaking on behalf of the HIV Planning Council even though the By-Laws state that only the HIVPC Chair can represent this body. It was mentioned that a member may have done this at a previous meeting held out of town. The HIVPC Chair mentioned that a reminder could be drafted for HIV Planning Council members. After further discussion, it was stated that this should be reiterated in orientation for new members in order to increase awareness to this issue.

13. CARE AND PREVENTION SURVEY

The group reviewed the draft care and prevention survey and discussed the reason why it was established. This survey was developed based on the retreat. However, it was determined that this may not be a good time to bring this forward to HIV Planning Council members.

14. REVIEW COORDINATION MEETING TIMES

The group reviewed that all meetings beginning in June will be held in room A-335. However, meetings on the following dates (all on the third Monday of the month) will be held at 9:30-11:30 a.m. due to scheduling conflicts with QM. 7/15, 8/19, 9/16, 10/21, 11/18, 12/16. The group decided that future HIVPC Coordination meetings will all be held at 9:30 a.m.

15. NEXT MEETING/AGENDA ITEMS: Next Meeting: Monday, July 1, 2013 at 9:30 a.m. Room: A-335

16. ADJOURNMENT: The meeting was adjourned at 11:27 a.m.