



**BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL**  
 Thursday, September 27, 2018 Meeting Minutes

ATTENDANCE					
#	Members	Present	Absent		Grantee Staff
1	Arencibia, Y.	X			Anderson, T.
2	Barnes, B.	X			Fender, T.
3	Barrientos, Y.	X			Garcia, E.
4	Bhrangger, R.	X			
5	Burgess, D.		E		<b>HIVPC Staff</b>
6	Fortune-Evans, B.	X			Johnson, B.
7	Foster, V.	X			Oratien, V.
8	Fleurinord, P	X			Martinez, G.
9	Grant, C.	X			Jolly, J.
10	Hayes, M.	X			Guice, M.
	Holness, Comm. D.V.C		A		Joseph, A.
11	Katz, H. B.	X			
12	Lint, A.		A		<b>Guests</b>
13	Lopes, R. <i>Chair</i>	X			Ruffner, A.
14	Marcoviche, W.	X			Garcia, J.
15	Moragne, T.	X			Murphy, K.
16	Moreno, V.	X			
17	Robertson, L.		A		
18	Rodriguez, J.	X			
19	Runkle, D.		A		
20	Schweizer, M.	X			
21	Shamer, D.	X			
22	Siclari, R.	X			
23	Williams, R.	X			
	<b>Quorum=12</b>	<b>17</b>			

**1. CALL TO ORDER**

The Chair called the meeting to order at 9:44 a.m.

**2. WELCOME AND INTRODUCTIONS AND PUBLIC RECORD REQUIREMENTS**

The HIVPC Chair welcomed everyone. Introductions were made by HIVPC members, PC and Recipient Staff, HRSA Staff and Guests. Attendees were notified of Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. A moment of silence was observed. The following motions were made:

<p><b>Motion #1:</b> To approve today's meeting agenda  <b>Proposed by:</b> Schweizer, M. <b>Seconded by:</b> Arencibia, Y  <b>Action:</b> Passed Unanimously</p> <p><b>Motion #2:</b> To approve the 7/26/18 minutes  <b>Proposed by:</b> Arencibia, Y. <b>Seconded by:</b> Grant, C.  <b>Action:</b> Passed Unanimously</p>
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**3. PHONE INTRODUCTIONS**

Kareem Murphy- Legislative Representative, Pat Fleurinord- HIVPC member

**4. PUBLIC COMMENT**

None.

**5. WRITTEN FEDERAL LEGISLATIVE REPORT HANDOUT (Kareem Murphy)**

Congress is on the verge of reviewing and approving a temporary funding bill which includes services that need the most funding. This proposed bill would level funds, without cutting any current dollars. This amount doesn't meet the need for services, but totals to around \$2.319 Billion; with Part A receiving \$656 million, ADAP \$900.3 million. Administrative cuts were also proposed by the House. There is no status on HOPWA or housing at this time. It's possible that a housing deal will be cut but is not confident this will be the outcome. A question was asked about ACA and the SNAP program; to which Kareem could not immediately answer. As of today, there has not been any changes to any of the Part A programs, and there has not been any information released regarding changes at this time.

**6. CONSENT ITEMS**

#	Motion	Justification	Proposed By
1	To appoint Andrew Ruffner to the HIV Planning Council.	Mr. Ruffner is a longstanding member of the HIV/AIDS community, with experience working in the field at both the local and state level. He has also been involved in our HIVPC events and meetings over the past few months.	MCDC
2	To appoint Ebonni Bryant to the HIV Planning Council.	Ms. Bryant is a 10-year advocate for HIV/AIDS. She serves on her community board in Wilton Manors. Professionally, Ebonni works as the Community Engagement Liaison at the AIDS Healthcare Foundation and will fill the currently vacant ASO/CBO HRSA Mandated seat.	MCDC
3	To approve Ad-Hoc Nominating Committee election procedures timeline	To finalize the elections process and commence the HIVPC Vice Chair election process.	Ad-Hoc Nominating Committee

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

**7. NEW BUSINESS**

- a. Elections Procedures Overview- Election timeline/procedures were reviewed and approved.

**8. DISCUSSION ITEMS**

- a. Sweeps- We are finding more people and getting them into care through the Test and Treat initiative, but there is no new money to accommodate new patients. The Recipient is working to find ways to shift money, to help ensure not gaps in services are experienced by our clients. The Recipient contributed an additional \$164,000 from the Admin budget to help with the continuation of services to the community. Abstention forms and the declaration of voting conflicts procedures was provided.

**Motion #4:** To reallocate \$38 from MAI Outpatient Ambulatory Health Services  
**Proposed by:** PSRA **Seconded by:** Schweizer, M.  
**Action:** Passed with 1 Abstention

**Motion #5:** To reallocate \$415,872 from Pharmaceuticals  
**Proposed by:** PSRA **Seconded by:** Schweizer, M.  
**Action:** Passed Unanimously

**Motion #6:** To reallocate \$100,000 from Oral Health Care – Routine  
**Proposed by:** PSRA **Seconded by:** Grant. C.  
**Action:** Passed Unanimously

**Motion #7:** To reallocate \$13,365 from MAI Medical Case Management  
**Proposed by:** PSRA **Seconded by:** Schweizer, M.

**Action:** Passed with 1 Abstention

**Motion #8:** To reallocate \$21,000 from Mental Health  
**Proposed by:** PSRA **Seconded by:** Moragne, T.  
**Action:** Passed Unanimously

**Motion #9:** To reallocate \$12,321 from MAI Mental Health  
**Proposed by:** PSRA **Seconded by:** Schweizer, M.  
**Action:** Passed Unanimously

**Motion #10:** To reallocate \$ 341,872 to Ambulatory-Integrated Primary Care and Behavioral Health Services  
**Proposed by:** PSRA **Seconded by:** Schweizer, M.  
**Action:** Passed Unanimously

**Motion #11:** To reallocate \$50,000 to Oral Health Care – Routine  
**Proposed by:** PSRA **Seconded by:** Lopes, R.  
**Action:** Passed with 2 Abstentions

**Motion #12:** To reallocate \$55,000 to Oral Health Care – Specialty  
**Proposed by:** PSRA **Seconded by:** Schweizer, M.  
**Action:** Passed Unanimously

**Motion #13:** To reallocate \$35,000 to Medical Case Management  
**Proposed by:** PSRA **Seconded by:** Schweizer, M.  
**Action:** Passed Unanimously

**Motion #14:** To reallocate \$65,000 to Substance Abuse – Outpatient  
**Proposed by:** PSRA **Seconded by:** Schweizer, M.  
**Action:** Passed with 1 Abstention

**Motion #15:** To reallocate \$25,724 to MAI Substance Abuse – Outpatient  
**Proposed by:** PSRA **Seconded by:** Schweizer, M.  
**Action:** Passed with 1 Abstention

**Motion #16:** To reallocate \$154,000 to Emergency Financial Assistance  
**Proposed by:** PSRA **Seconded by:** Schweizer, M.  
**Action:** Passed with 1 Opposed

**9. AUGUST/SEPTEMBER COMMITTEE REPORTS (15 minutes)**

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

**September 4, 2018 - Canceled; No Quorum** *Chair: Y. Barrientos, V. Chair: P. Fleurinord*

**B. AD-HOC NOMINATING COMMITTEE**

**August 20, 2018: Special Meeting** *Chair: Barnes, B.*

<p><b>A. Agenda Item Update / Status Summary:</b></p> <p><u>Remote Voting Procedures</u> – Committee members will be allowed to vote remotely, via phone conference, with prior approval to call in.</p> <p><u>Single Candidate Procedures</u> – It was determined that if there is a single candidate, he/she will run unopposed. Members are welcome to nominate another candidate from the floor on October 25<sup>th</sup>.</p> <p><u>Nominating Procedure</u> – Candidates have until 5pm on October 24<sup>th</sup> to submit nominations. Nominations will then be closed at the end of the HIVPC meeting on October 25<sup>th</sup>.</p> <p><u>Elections Timeline</u>- Updates were made to the timeline to reflect the update in the election process.</p>
<p><b>B. Rationale for Recommendations:</b></p> <p>The ad-Hoc Nominating Committee chose to continue using the election process from the previous election cycle. The Committee updated the timeline to reflect the modification in the election process. Election procedures were updated to reflect the need for sufficient question and answer time and to generalize the timeline of election activities.</p>
<p><b>C. Data Reports / Data Review Updates:</b></p>

None.

**D. Data Requests:**

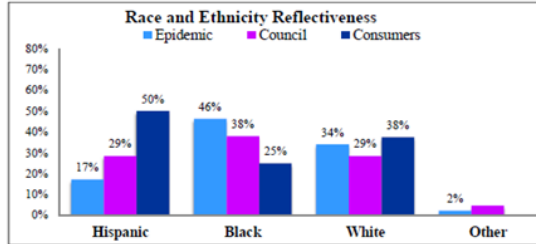
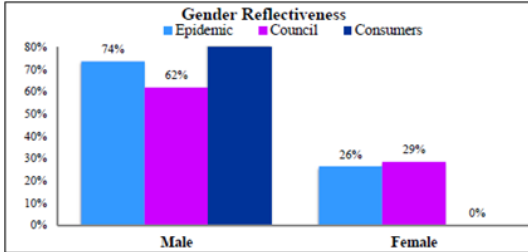
None.

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

**September 13, 2018**

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

**HIV Planning Council Membership Report  
Current Through August 2018**



Gender	Epidemic	Council	% Difference	Consumers	% Difference
Male	14,753 74%	13 62%	-12%	7 88%	14%
Female	5,288 26%	6 29%	2%	0 0%	-26%
Transgender	-	2 10%	-	2 25%	-
Race	Epidemic	Council	% Difference	Consumers	% Difference
Hispanic	3,455 17%	6 29%	11%	4 50%	33%
Black	9,283 46%	8 38%	-8%	2 25%	-21%
White	6,831 34%	6 29%	-6%	3 38%	3%
Other	472 2%	1 5%	2%	0 0%	2%
<b>Total</b>	<b>20,041 100%</b>	<b>21</b>		<b>8</b>	

Current Members	21
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	38%

Vacant Seats	
1. Grantees of Other Federal HIV Programs - VA	
2. Federally Recognized Indian Tribe Members	
3. ASO/CBO Serving Affected Populations	
4. State Medicaid	
5. Local Public Health Agency	
6. Health Planning	
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 providers.*

*% Part A-Funded Providers 33%*

**A. Agenda Item Update / Status Summary:**

Review HIVPC Demographics: The Committee members reviewed the HIVPC and Standing Committee member demographics. 38% of HIVPC members are unaffiliated consumers. We are currently below 12% for male membership and there are no Black female consumers on the HIVPC. The group discussed ways to enhance member recruitment. The HIVPC currently has 7 vacancies. The MCDC discussed each vacancy and brainstormed on ways to fill them.

HIVPC and Committee Attendance: The group reviewed the HIVPC attendance, and all committee meetings held in the month of July 2018.

Current Applicants, Interested Parties, and Appointments: The HIVPC currently has two candidates for membership. Both candidates were present at the meeting and had the opportunity to speak with committee members about their interest in HIVPC and their background work. Their applications will now be brought to the HIVPC committee for final approval at this month's meeting.

Branding Exercise: BRHPC Communications Specialist shared branding ideas and advice for us as it pertains to our marketing and recruitment materials. The committee will take this information to influence the next direction for promotional materials.

**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:* HIVPC Committee Vacancies, Pre/Post Appointment Orientation, Member Conduct  
*Next Meeting Date:* October 11, 2018 9:30 a.m. *Venue:* A-337

**D. INTEGRATED WORKGROUP**

**No September Meeting**

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

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

**September 17, 2018**

*Chair: D. Shamer*

<b>A. Work Plan Item Update / Status Summary:</b>
Review HIV Care Continuum Analysis, Broward Outcomes and Indicators, QI Network Updates for Q1 & Q2, and demographic breakdown of “mother” risk factor and breakdown of Transgender clients in Part A. Clarification was provided regarding how the categories of “Retention in Care” and “In Care” are defined within the Care Continuum. Additionally, there was a discussion regarding scenarios where providers encourage clients to utilize services less often than the service delivery models dictate. A member noted that there is a discrepancy at the patient-provider level when compared to the system level in terms of the frequency of doctor visits promoted by physicians and care providers. The updated service delivery models will be presented to the council members at the appropriate meeting and will include comments and recommendations from QM committee members. One member noted, in regards to mental health services, that clients often have lifelong diagnosis and varying levels of severity to consider. If a plan of care is based around symptoms, then clients with lifelong symptoms will skew outcome. There should be further evaluations of outcomes during the service delivery model development process. Specifically, symptom-based outcomes should be evaluated in order to reflect a tangible measure to be used for monitoring. Recipient staff noted that these outcomes are up for review during the Service Delivery Model review process. Although service delivery model guidelines require providers to make contact for a follow-up appointment, the technical component of the system does not have the capacity to schedule CIED recertification appointments 6 to 9 months out. There was a recommendation from the
<b>B. Rationale for Recommendations:</b>
None.
<b>C. Data Reports / Data Review Updates:</b>
The Committee reviewed data requested from the 5.21.18 meeting, including: a demographic breakdown of Transgender clients and mother to child risk factor clients in Part A, FY 17-18 & FY 18 Q1 Broward Outcomes and Indicators. Staff also provided a copy of FY 2018 Q1 & Q2 Network Updates.
<b>D. Data Requests:</b>
A Member requested to look at an analysis of test & treat demographics, “in care”, “retained in care”, and “virally suppressed” data for cycles 1 & 2.
<b>E. Other Business Items:</b>
None.
<b>F. Agenda Items for Next Meeting:</b>
<i>Provide the updated QMC Work Plan; Follow up on Motion #3 to the CEC committee “To create a standard for next CIED appointment to be established at the time of current CIED appointment”.</i>

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

**September 20, 2018**

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

<b>A. Work Plan Item Update / Status Summary:</b>
<u>Monthly Expenditure/Utilization Report by Category of Service:</u> The Fiscal Administrator provided an overview of the current Part A expenditure and utilization data. Agencies should be at about a 50% utilization and expenditure rate at this time. There was a breakdown of utilization and expenditures for each service category and explanations on why certain services were either under spent, over spent, or on target. <u>Reallocations:</u> The PSRA Committee conducted “Sweeps” to reallocate funds to and from service categories. Though over \$2 million worth of requests were received, only \$700,000 was available. Recipient recommendations were made based on priority and uniqueness of each service category.
<b>B. Rationale for Recommendations:</b>
PSRA approved sweeps to allocate returned funds to requesting service categories.
<b>C. Data Reports/Data Review Updates:</b>
The committee reviewed the monthly expenditure/utilization report as well as Recipient recommendations for reallocations.

<b>D. Data Requests:</b>
None.
<b>E. Other Business Items:</b>
<i>Agenda Items for Next Meeting:</i> Review FY18 PSRA process, identify areas for improvement, and make recommendations for next year's process. <i>Next Meeting Date:</i> October 18, 2018 at 9:00 a.m.

**G. EXECUTIVE COMMITTEE**

**September 20, 2018**

*Chair: R. Lopes, Acting V. Chair: B. Barnes*

<b>A. Agenda Item Update / Status Summary:</b>
<u>Standard Committee Items</u> – The committee members reviewed the October meeting calendar, and reviewed and approved the September HIVPC agenda and meeting materials. <u>HIVPC Vice Chair Election</u> — The Executive Committee reviewed and approved the ad-Hoc Nominating Committee timeline for the Vice Chair election, as well as Policies and Procedures. The election will take place at the November HIVPC meeting and the term will begin in December. <u>HIVPC Evening Meeting/Retreat</u> — The committee discussed topic ideas for future evening HIVPC meetings, emphasizing community education about available resources. The next evening meeting was tentatively scheduled to be held in January 2019.
<b>B. Rationale for Recommendations:</b>
The Committee approved the election date as well as the timeline for the Vice Chair.
<b>C. Data Reports / Data Review Updates:</b>
None.
<b>D. Data Requests:</b>
None.
<b>E. Other Business Items:</b>
<i>Agenda Items for Next Meeting:</i> Conduct and Ethics, Committee Work Plan Review <i>Next Meeting Date:</i> October 18, 2018 at 11:30 a.m.

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

**No September Meeting**

*V. Chair: C. Edwards*

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

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

- a. **Part A-** The Recipient has submitted the final grant application for \$16.654 million, which was the maximum for which we could apply. The rebranded version of the Ryan White Part A newsletter was relaunched this month. The new version was created to highlight people in the community and to showcase the diversity in the EMA. Council members were encouraged to take as many copies of the publications that they needed; to make sure this publication gets out across the county. The Recipient Communications Specialist, Loren Gold was key in creating the first edition. The Recipient's office hopes to make this the advocate publication for the community with up to 4 issues a year. There is also an online version available. Peer Training- The Recipient's office is very close to initiating this program. There have been some contractual delays that postponing the initial start date, but look forward to launching and distributing materials in the next couple of weeks. As far as recruitment, information regarding the application process for the peer certification training will be sending through email blasts to get the word out to our networks. Network members will also assist in finding good applicants for this certification program, as there are current peers in the agencies. First class will be 30 enrolled. ACA- The enrollment period is a month away. The navigator budget was reduced by 93% across the country. The Recipient has reached out to the Epilepsy foundation to see how they can have the same type of system to enroll or re-enroll individuals into ACA as they did before the funding reduction. As with previous enrollment periods, there are challenges of not knowing the plans and/or what they cover in a reasonable timeframe prior to Open Enrollment. With the funding reduction, there has also been a reduction in the enrollment period, with only get 6 weeks.
- b. **Part B-** (Handout was provided). Currently, 4617 individuals enrolled in ADAP this month. 807 clients certified. Recertification is now online and there is also a virtual office in pompano with 3 stations. Emergency pickup for clients who are not insured is still going on. There is now a new 90 day dispense program. After meeting identified criteria (1. has to have had 11 pick-ups out of the last 12 months; 2. Viral load (viral suppression) of less than 200 mL/copy in last 24 months). FDOH is also looking to allow spouse or partner to be a part of the program as well. You can also receive 90 days of medication instead of having to come and pick up every 30

days. They have already started to identify people who may be eligible based on the criteria. Selection criteria will be provided and to list serve.

- c. **Part C-** The Part C Representative informed the committee of their HRSA site visit in August. HRSA came which was the second in two years. There were 22 findings in 2016. The second visit there were no findings in all but quality and medical. Recommendation to provide oral swabs and rectal swabs for gonorrhea and chlamydia. CDC also recommends this process. Additionally, a quality management specialist has been hired.
- d. **Part D-** CDTC has also hired a new doctor from Harlem hospital (Dr. Vanessa Rojas) who is seeing Ryan White and Medicaid patients. The Part D program is seeing an increase in test and treat patients of clients born exposed. Coming back pregnant in 20's and 30's diagnosing as HIV positive. Working on identifying these clients and getting them into care.
- e. **Part F-**The Part F Grant was renewed for another 5 years with level funding. Recently, there has been diagnosis of HIV through oral health manifestations in 2 cases.
- f. **HOPWA-** N/A
- g. **Prevention-** PrEP clinic numbers include 711 visits / 552 enrolled / 241 paid for by private insurance/ 311 received pay assistance. The program has seen an increase in people coming in from WPB and Dade counties to receive treatment. However, they can only provide services for Broward county residents.

**11. UNFINISHED BUSINESS**

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

**13. ANNOUNCEMENTS**

- Care Resource was awarded funding to open an IOP unit, a substance use program in Broward county. They also purchased property near their office to provide these services. Also, HRSA awarded \$330k to the Havana office for emergency preparedness.
- Memorial Healthcare has a new Opt out HIV testing focus program that has been operating for the past 2 months. There is also a telehealth visits for Ryan White patients to keep them engaged and retained in care.
- Yahaira Barrientos, current CEC Chair will be leaving the HIVPC due to her change in employment. She thanks everyone for the support and help that has been provided while she served as a Non-Elected Community Leader and committee chair.

**14. REQUEST FOR DATA**

**15. AGENDA ITEMS FOR NEXT MEETING:** October 25, 2018 9:30 a.m. **LOCATION:** GC-430

<i>Tasks for next Meeting</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
<b>HIVPC Vice Chair Elections Nominations</b>	<b>ACTION ITEM: Final Vice Chair Nominations (from the floor)</b>

**16. ADJOURNMENT 11:21am**

**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 •



Consumer PLWHA Absences Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	25	C	22	26	24	28	26	C	27				
0 1	Arenciaba, Y.	E		E	X	X	X	X		X				
1 0	Barnes B.	X		X	X	X	X	X		X				
1 0	Barrientos, Y.	X		X	X	X	X	X		X				
1 1	Bhrangger, R.	X		X	X	X	X	X		X				
1 1	Burgess, D.	X		X	X	X	X	X		E				
0	DeSantis, M.	Z-1/23												
0 6	Fortune-Evans, B.	X		X	X	X	X	X		X				
1 7	Foster, V.	X		A	X	X	X	X		X				
1 8	Grant C.	X		A	X	X	X	X		X				
2 9	Hayes, M.	A		X	X	A	X	X		X				
5 A	Holness, D. V.C. (Comm)	A		A	A	A	A	A		A				
1 1	0 10	Katz, H.B.	X		X	X	X	X		X				
1 1	2 11	Lint, A.	X		A	X	X	A	X		A			
	0 12	Lopes, R., <i>Chair</i>	X		X	X	X	X		X				
1 1	0 13	Marcoviche, W.	X		E	E	X	X	X		E			
	0 14	Moragne, T.	X		X	X	X	X		X				
1 1	1 15	Robertson, L.	X		X	A	X	X	A		A			
1 1	3 16	Robertson, P.	X		A	A	A	W-5/2, R-6/1						
	1 17	Rodriguez, J.	A		X	X	X	X	A		X			
1 1	0 18	Runkle, D.	X		E	E	X	X	A		E			
	0 19	Schweizer, M.	X		X	E	X	X	X		X			
1 1	2 20	Shamer, D.	E		X	X	A	A	X		X			W-7/9
	0 21	Siclari, R.	X		X	X	X	X	X		X			
1 0		Spencer, W.	X		X	X	Z- 5/15							
0 22		Taylor-Bennett, C.	X		X	X	X	Z - 5/25						
1 23		Williams, R.	X		X	A	X	X	X		X			
<b>Quorum = 13</b>		20		17	18	20	19							

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