



Fort 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
MEETING AGENDA**

Monday, April 28, 2014 – 9:30 a.m.
Governmental Center Annex – Room A-335
Ryan White Part A Program Office
115 S. Andrews Ave, Ft. Lauderdale 33311

Chair: Brad Gammell

Vice Chair: Samantha Kuryla

- 1. CALL TO ORDER**
- 2. REVIEW STATEMENT OF SUNSHINE & PUBLIC COMMENT REQUIREMENTS**
- 3. WELCOME AND INTRODUCTIONS**
- 4. REVIEW:**
 - ❖ Meeting Agenda: 4/28/14
 - ❖ Meeting Minutes: 4/7/14
- 5. WRAP-UP FROM HIVPC MEETING**
- 6. REVIEW DIRECTIVES LISTS (Handout A)**
Review separate directives lists: Committee directives and Grantee Directives.
- 7. REVIEW BY-LAWS AND P&P FAQs (Handout B)**
Review FAQ sheets to hand out to HIVPC members.
- 8. SYSTEM OF CARE AND JOINT PLANNING WORK PLANS (Handouts C, D, E, & F)**
Review new work plans for Joint Planning and ad-Hoc System of Care committee.
- 9. HIVPC 3 GUIDING QUESTIONS & 18 MONTH WORK PLANS**
Discuss plan to roll out new 18 month committee work plans and the 3 guiding questions for the HIVPC to follow in FY14-15.
- 10. NEXT MEETING DATE /AGENDA ITEMS:** Monday, May 5, 2014 at 9:30 a.m. Room: A-335
- 11. ADJOURNMENT**



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HIV PLANNING COUNCIL COORDINATION

Monday, April 7, 2014 – 9:30 a.m.

Governmental Center Annex – Room A-335

Ryan White Part A Program Office, 115 S. Andrews Ave, Ft. Lauderdale 33311

Meeting Minutes

	ATTENDEES
1	Gammell, B., HIVPC Chair
2	Jones, L., Part A Grantee
3	Vargas, J. Part A Grantee Staff
4	Katz, H.B., Guest
5	Reed, Y., Guest
6	Rosiere, M., BRHPC Staff
7	Johnson, B., HIVPC Staff
8	Sandler, C., HIVPC Staff

1. CALL TO ORDER

The HIVPC Chair called the meeting to order at 9:37 a.m.

2. REVIEW 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.

3. WELCOME AND INTRODUCTIONS

Self-introductions were made.

4. REVIEW

- ❖ Meeting Agenda: 4/7/14
- ❖ Meeting Minutes: 3/17/14

5. HIVPC & PART A EXECUTIVE WRAP-UP (Handouts A&B)

The Chair reviewed the motion that was made at the HIVPC meeting about the joint language in the By-Laws. The members discussed making sure that Part B members remain involved, especially for the Joint Client Community Relations Committee (JCCR), by changing JCCR to a community caucus. A guest liked the Positive Empowerment Committee (Hartford) and The People’s Caucus (San Antonio) as options for JCCR. The guest also discussed that there is a clear need in the community for more support groups. The Grantee noted that although he agreed, the work done under Part A is probably too formal for support groups, and support groups should be more community-based; support groups should spread awareness of their services through word of mouth and also operate much more informally than a Planning Council meeting. The community aspect of care that includes support groups has become less prevalent and it is clear there needs to be more community coordination to help with support groups and other types of community involvement activities. Isolation is one of the greatest deterrents to health, and bringing back the community network and community involvement is really important in helping people keep healthy.

There was further discussion about moving JCCR to one of the community caucus models. The Grantee noted that there would not be a lot of change in the By-Laws language necessarily, but there would need to be a change in the actions that committee takes. A guest stressed that the committee needs to be in the community, and the more that the committee makes themselves visible and accessible, the more successful they will be at education and outreach. Another guest noted that it has been difficult in the past to get committee members out to events. A Staff member noted that it is important to define what success is; JCCR in the past has been very good at recruiting new members and bringing them to meetings. The Grantee noted that although JCCR does not have a lot of formal business, they are required to attend formal

business meetings, which impedes their objective of getting out into the community and engaging community members. Taking the steps to become less formalized and focusing on being out in the community will help JCCR do what they are best at. The Grantee suggested doing a series of presentations (such as the Hot Topics) out in the community. The HIVPC Chair stressed the need to do a 'town hall' type community event that will be to truly listen to consumers and get feedback on issues that the community is facing.

Action Items

- Advertise Hot Topic presentations when announcements are sent out for JCCR

6. MEMBERSHIP/COUNCIL DEVELOPMENT

The MCDC Chair reviewed some of the issues that the committee is currently facing. The committee currently has only four members, and is having difficulty recruiting new people for the committee. The Retention & Recruitment Subcommittee will also be holding their first meeting on April 9, 2014, and the MCDC Chair would like to ask that the time for the subcommittee be extended, since the startup time for the subcommittee took longer than expected.

The MCDC Chair also shared that the job descriptions for many seats may not be able to be fulfilled by HIVPC members serving on those seats. HIVPC members that come from certain agencies are supposed to be able to provide information to the Council, and if the members holding the seats cannot provide this information, perhaps it would be better for someone else to hold the seat. The Grantee suggested that before seeing if a new member is needed for that seat, trying to ask the seats for information or changing the way reports are set up so all seats are providing information to the Council. The HIVPC Chair suggested that the non-Grantee mandated seats give a quarterly update. The Grantee suggested that not every mandated seat give a report, but that they start small and work up toward getting information from all seats; this would include non-elected community leaders who also work at agencies that work with clients (unofficially they would be able to provide information from two perspectives).

The Grantee noted that the HIVPC needs to work on selling itself in order to recruit new members, especially those mandated seats that continue to be vacant. The HIVPC needs to provide something to these seats that is beneficial beyond just having to go to another meeting. There are also many Community-Based Organizations (CBOs) and AIDS Service Organizations (ASOs) that are not participating because their schedules do not allow for participation. A guest suggested holding meetings at different places (every other meeting, or every couple of meetings) to try and make it easier for people from other agencies who are very busy to attend the meetings.

There was also a discussion about adding a new health insurance seat to the HIVPC. The Grantee noted that the seat needs to be defined and the HIVPC needs to know exactly what they want from that seat before they can begin looking for someone to fill the seat. A guest noted that they will probably need someone higher up than an insurance broker, who understands the whole system and the impact of the Affordable Care Act; another guest suggested a health administrator that works with insurance companies. The Grantee noted that rather than search for someone who is an ACA expert, the HIVPC really needs someone who is an insurance expert, because no matter who is paying for the insurance, it is still insurance. This person would be able to provide information about the insurance trends coming forward (ex. such as cutting reimbursements which is leading to a loss of providers). A guest suggested looking at an insurance company such as Positive Health Care that is used to dealing with insurance issues that affect People Living With HIV/AIDS (PLWHA). The HIVPC may need to create two seats that give different perspectives, or may need to have people on committees instead of being full Council members.

The MCDC Chair discussed the problem of recruiting new members to the committee, and suggested that JCCR members who are also HIVPC members may be good candidates to join MCDC, since there is a lot of overlap.

Action Items

- Ask the Medicaid seat to give a brief update (15-20 minutes) on Medicaid changes that will be taking place in the near future at the May HIVPC meeting
- Ask Lisa Agate about getting in touch with someone for the VA seat

- Ask Emily Gantz-McKay about insurance seat and what that seat looks like in other EMAs and bring recommendations to MCDC to put in their P&P
 - Look at Boston EMA By-Laws to see if they have an insurance seat
- Orientation for new applicants
- Add to By-Laws Parking Lot: change By-Laws language to state MCDC members must be full HIVPC members

7. REVIEW DIRECTIVES LIST

The Grantee requested that Staff differentiate between requests that come from HIVPC committees and requests that come from the Grantee. The Grantee also noted that it may be helpful to create a By-Laws or Policies and Procedures Frequently Asked Questions sheet to bring to meetings to help with repeat questions about what the By-Laws or Policies and Procedures say.

Action Items

- Create two lists of action items for Staff: directives from HIVPC and requests from Grantee
- Create list of By-Laws/Policies & Procedures FAQs

8. BY-LAWS

Staff presented a template of recommended changes to the By-Laws. The HIVPC Chair noted that although Vice Chairs can participate on the Executive committee, they may not necessarily need to count towards quorum. The Grantee noted that Vice Chairs are the second in command, and Vice Chairs really need to know what is going on with the entire Council, so they should have to come to Council meetings. The template that Staff developed is a suggestion only – the By-Laws Committee is the one who will end up making the decisions and doing the work.

Action Items

- Add to By-Laws Parking Lot: clarify the procedure for new chairs being chosen by a new HIVPC Chair (Art. 8, Sec 1B) → look at Robert's Rules for language
- Ask Dr. Schweizer if he would be willing to hold the first meeting before the Part A Executive meeting see if any Executive members will attend
- Hold the May Part A Executive meeting a week earlier than normal so Part A Executive can approve By-Laws changes to fit with 10 day timeframe for notice

9. NEXT MEETING DATE /AGENDA ITEMS: Monday, April 28, 2014 a.m. Room: A-335

10. ADJOURNMENT The meeting was adjourned at 11:32 a.m.

COMMITTEE DIRECTIVES - EXECUTIVE

DUE DATE	TASK	DONE	STAFF	NOTES
April 25	Letter to Nicolette Solan (HAP-C) from Brad on behalf of HIVPC <ul style="list-style-type: none"> Welcome to the community, looking forward to working together with her & Part B 	<input checked="" type="checkbox"/>	CS	In progress: letter drafted, waiting for approval
April 25	Letter to SFAN/Joey Wynn about Joint Executive Committee meeting <ul style="list-style-type: none"> Invitation to discuss By-Laws recommended changes at Jt Exec mtg on 5/15 Discuss how two bodies will form a working relationship moving forward 	<input checked="" type="checkbox"/>	CS	In progress: letter drafted, waiting for approval
May 8	New HIVPC Meeting locations – additional locations	<input type="checkbox"/>	CS	
May 8	Dates, times, & locations for town hall meeting <ul style="list-style-type: none"> December & January, 4 options (day & night), 2-3 hours (maybe 4 hours for set up) 	<input type="checkbox"/>	CS	

COMMITTEE DIRECTIVES – PSRA

DUE DATE	TASK	DONE	STAFF	NOTES
May 21	Poll PSRA members during meeting about moving meeting location to Gov't Center	<input type="checkbox"/>	CS	
May 21	Get clarification on Form 8B & bring highlighted form to mtg	<input type="checkbox"/>	CS	
May 21	Update scorecards & send to Chairs/cmte members to review	<input type="checkbox"/>	CS/AN	

COMMITTEE DIRECTIVES – BY-LAWS

DUE DATE	TASK	DONE	STAFF	NOTES
May 15	Make quick/easy updates to By-Laws in track changes & highlight to bring to cmte	<input type="checkbox"/>	CS	
May 15	Bring System of Care research to cmte	<input type="checkbox"/>	CS	

COMMITTEE DIRECTIVES – MEMBERSHIP

DUE DATE	TASK	DONE	STAFF	NOTES
May 1	Follow up on HIVPC membership applications: Amalio Neives, Philip Greenberg, Josh Rodriguez, and Atensia Earp	<input checked="" type="checkbox"/>	BJ	In Progress: Application received from A. Earp
May 1	Provide a list of service agencies for HRSA mandated seat categories	<input type="checkbox"/>	BJ	
May 1	Add P&P regarding excused absences to MCDC Agenda and include history of why it is being brought back to the committee	<input checked="" type="checkbox"/>	BJ	Complete: it was sent to BL and it was determined that it was not contained in BL, but a Membership Policies and Procedures issue.
May 1	Discuss 75% rule with committee (modify, eliminate, etc) and bring back recommendations to the next Executive Meeting. and provide	<input type="checkbox"/>	BJ	

COMMITTEE DIRECTIVES –JCCR

DUE DATE	TASK	DONE	STAFF	NOTES
June 3	BRHPC social media policy and create a social media plan	<input type="checkbox"/>	BJ	
July 1	Confirm Hot Topic speaker for next JCCR committee meeting	<input checked="" type="checkbox"/>	BJ	Complete: Marsha McBain informed she will be available to present in August

COMMITTEE DIRECTIVES –QUALITY MANAGEMENT

DUE DATE	TASK	DONE	STAFF	NOTES
May 19	Feedback from all QI Networks regarding the advantages and challenges for requiring clients to provide Viral Load and CD4 Count data every 6 months for CIED.	<input type="checkbox"/>	BJ/TM	
May 19	Provide historical documentation in reference to the “Asses Effectiveness of Services Offered” section of the Quality Management Committee’s Policies and Procedures.	<input type="checkbox"/>	BJ	
May 19	Pull numbers of clients from the FY 12-13 and FY 13-14 who were eligible for each measure of the NQC In+Care Retention Measures summary in order to further examine statistical trends.	<input type="checkbox"/>	BJ/TM	

COMMITTEE DIRECTIVES –RECRUITMENT AND RETENTION

DUE DATE	TASK	DONE	STAFF	NOTES
May 7	Contact colleges/universities' marketing and media arts departments for student interns to assist in the creation of a new HIVPC brochure for consumers and regular HIVPC interested parties	<input checked="" type="checkbox"/>	BJ	Complete: contacted Ambit Marketing with brochure change information
May 7	Provide a list of recruitment agencies for vacant PC seats	<input type="checkbox"/>	BJ	In Progress

HIVPC BY-LAWS AND POLICY & PROCEDURES FAQs

Q: Where does the attendance policy state 75%?

A: A member and/or alternate shall be deemed absent from a meeting when the member and/or alternate is not present at the meeting at least seventy-five (75) percent of the time.

Q: How many unexcused absences can I have before I am removed from the Planning Council?

A: A member will automatically be removed from the Planning Council or committee that meets more frequently than quarterly if he/she:

- Has three (3) consecutive unexcused absences regardless of year, or
- Misses four (4) meetings in one (1) calendar year (January-December) because of unexcused absences.

A member will automatically be removed from the committee that meets on a quarterly or less frequent basis if he/she:

- Has two (2) consecutive unexcused absences regardless of year, or
- Misses two (2) meetings in one (1) calendar year (January-December) because of unexcused absences.

Attendance records are based on the sign-in sheet. **Members must sign in to be considered present at the meeting.**

Q: What qualifies for an excused absence?

A: The Planning Council or Committee Chair reviews all requests for an excused absence. The absence of a member shall be deemed excused under the following circumstances:

1. HIV-related illness;
2. When member is performing an authorized alternative activity relating to outside Planning Council business that directly conflicts with the properly noticed meeting;
3. Death of member's domestic partner or immediate family member (spouse, father, mother, one who has stood in the place of a parent [in loco parentis], child, and stepchild, domiciled in the employee's household); or
4. Member's hospitalization.
5. When the member is summoned to jury duty

6. When the member is issued a subpoena by a court of competent jurisdiction

Q: How will the ACA impact Ryan White services?



JOINT PLANNING COMMITTEE Policies and Procedures



Policies

The ~~Joint~~ Planning Committee membership shall include representatives of Part A ~~and Part B~~ and will strive to include representatives from Part B, Part C, Part D, and Part F, as well as 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 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:

- ~~• An annual 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.~~

Work Plan Components:

- Assist in the Priority Setting and Resource Allocation;
- ~~Maintain-Evaluate and update thea~~ 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 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 Early Identification of Individuals with HIV/AIDS (EIIHA) Work Plan.

FY 2014- 2015 Broward County HIV Health Services Planning Council **Joint Planning Committee** Work Plan

Objective 1. Needs Assessment: Obtain Client Input, Assess Client Needs	Responsible	Outcome	Start	Due	Progress
1.1 Decide if FY142/153 Focus Group needed. Identify questions, populations, recruitment	JPC, Staff	Assess needs of clients	3/13	3/13	
1.2 Review results of FY132/143 Client Survey	JPC, (Data: Staff)	Analyze clients input	4/13	4/13	
1.3 Review draft of Language How Best to Meet the Need. Recommend changes, if any	JPC, (Data: Staff)	Ensure adequate services	5/13	6/13	
1.4 Make recommendations to Priorities Committee on Priority Setting data to use, and Service Category priorities	JPC, (Data: Staff)	Priorities reflect needs	4/13	5/13	
1.5 Prepare for FY20143/154 Needs Assessment to inform PSRA process. Identify components and timelines (Client Survey, Provider Survey, Focus Groups, Key Informant Interviews). Set objectives. Make client revisions. Identify focus groups. Develop questions for focus groups, providers	JPC, Staff	Assess needs of clients	7/13	7/13	
Objective 2. Analyze Impact Local HIV/AIDS Epidemic To Identify Trends, Disparities And Barriers To Care and Strategies to Address					
2.1 Review surveillance data quarterly	JPC, Staff, BCHD	Analyze trends	3/13	12/13	
2.2 Review Epidemiologic Profile by demographics and exposure a. Document disproportionate impact and develop recommendations b. Assess PLWHA populations underrepresented in Ryan White primary care system c. Estimate service gaps among PLWHA and document recommendations	JPC, Grantee, Data: DOH via Staff, Grantee)	Reduce disparities, gaps in service	4/13	4/13	
2.3. Review Unmet Need Estimate a. Develop strategies and activities to address unmet need b. Document completed activities c. Develop recommendations to address unmet need	JPC, Grantee, Staff Data: Staff, Grantee	Reduce unmet need	5/13	5/13	
2.4 Assess Needs of Special Populations a. Identify and study PLWHA populations with special service needs b. Identify cultural barriers to delivering services and recommend actions c. Develop strategy to increase the number of people in medical care d. Identify challenges each population poses for service delivery systems e. Estimate service gaps and costs to address them	JPC, Grantee, Staff Data: Grantee, Staff	Increase patients in care, reduce service gaps	6/13	6/13	
2.5 Assess the impact of co-morbidities on service costs and complexity of providing care to PLWHA: 1) STI rates, 2) prevalence of homelessness, 3) # and % of persons without private insurance or public coverage, 4) # and % of persons \leq 300% FPL, and 5) other disease states	JPC, Grantee, Staff (Data: DOH, Staff)	Impact of Co-morbidities on providing care documented	7/13	7/13	
2.6 Discuss prevention, testing linkage barriers. Recommend actions to QM & PSRA	JPC, Staff,	Remove barriers	10/13	10/13	
2.7 Collect and analyze new data: a. Analyze quarterly data from Part A, ADAP on client viral load. Make recommendations b. Collect HHS indicators from Parts A-D c. Identify methodology to measure Community Viral Load (with QM Committee)	JPC, QM, Grantee, Staff (Data: Staff, Grantees, DOH)	Establish baseline and track progress on meeting goals of NHAS	3/13 8/13 12/13	12/13 12/13 12/13	
Objective 3. Review And Revise Three Year Comprehensive Plan Committee Work Plan, Policies And Procedures					
3.1 Review and update Comprehensive Plan to reflect epidemic trends	JPC, Grantee, Staff	Monitor progress	8/13	8/13	
3.2 Review and Update Committee Work Plans <u>and</u> , P&P, EHHA work plan	Exec, Staff, HIVPC	Work Plans Developed	2/14	2/14	
3.3 Annual Evaluation: Assess past year and recommend improvements	Exec, Staff, HIVPC	Improved process	2/14	2/14	

20143-154 Work Plan Calendar for **Joint** Planning

	March	April	May	June	July	Aug
Joint Planning	<ul style="list-style-type: none"> 1 Quarterly epi, viral load 2 Discuss focus group surveys 3 Recommend how to recruit for focus group 	<ul style="list-style-type: none"> 1 FY12 Client survey results 2 Review Grant app data, Epi profile 3 Review PSRA data list 	<ul style="list-style-type: none"> 1 Make PSRA recommendations 2 Unmet Need Strategy, recommendations 3 Review draft Language How Best Meet Need 	<ul style="list-style-type: none"> 1 Quarterly epi, viral load 2 Develop special populations strategy 3 Approve Language How Best Meet Need 	<ul style="list-style-type: none"> 1 Prepare for FY13 Client Survey 2 Data on impact of co-morbidities 	<ul style="list-style-type: none"> 1 Review HHS indicator data

	Sep	Oct	Nov	Dec	Jan	Feb	
Joint Planning	<ul style="list-style-type: none"> 1 Quarterly epi, viral load 2 Develop Linkage to Care Plan 	<ul style="list-style-type: none"> 1 View data on prevention, testing barriers. Make recommendations to QM, PSRA 2 Request HHS data 		<ul style="list-style-type: none"> 1 Quarterly epi, viral load 2 Review HHS data on viral load, treatment adherence. Make recommendations 			<ul style="list-style-type: none"> 1 Update Work Plan, P&P 2 Annual Evaluation



SYSTEM OF CARE COMMITTEE Policies and Procedures



Policies

The System of Care Committee membership shall include representatives of Part A and will strive to include representatives from Part B, Part C, Part D, and Part F, as well as Consumers, other community stakeholders, and health insurance or Affordable Care Act experts.

The Committee shall conduct activities to evaluate the system of care in Broward County and the impact of the Affordable Care Act on Broward County's system of care. At a minimum, analyzing and evaluating the system of care 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.

Procedures

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

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

System of Care Components:

- An annual 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;
- The committee will identify capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.

Work Plan Components:

- Analyze Impact of the local HIV/AIDS epidemic to identify trends, disparities and barriers to care;
- Analyze Impact of the Affordable Care Act on the local system of care;
- Review and Revise System of Care Committee Policies and Procedures;
- Coordinate and collaborate the various funding sources available to HIV-infected individuals in Broward County

FY 2014- 2015 Broward County HIV Health Services Planning Council **System of Care Work Plan**

Objective 1. Analyze Impact Local HIV/AIDS Epidemic To Identify Trends, Disparities And Barriers To Care and Strategies to Address					
1.1 Review surveillance data quarterly	SCC, Staff, BCHD	Analyze trends			
1.2 Review Epidemiologic Profile by demographics and exposure a. Document disproportionate impact and develop recommendations b. Assess PLWHA populations underrepresented in Ryan White primary care system c. Estimate service gaps among PLWHA and document recommendations	SCC, Grantee, Data: DOH via Staff, Grantee)	Reduce disparities, gaps in service			
1.3 Review draft of Language How Best to Meet the Need. Recommend changes, if any	SCC, (Data: Staff)	Ensure adequate services			
1.4. Review Unmet Need Estimate a. Develop strategies and activities to address unmet need b. Document completed activities c. Develop recommendations to address unmet need	SCC, Grantee, Staff Data: Staff, Grantee	Reduce unmet need			
1.5 Assess Needs of Special Populations a. Identify and study PLWHA populations with special service needs b. Identify cultural barriers to delivering services and recommend actions c. Develop strategy to increase the number of people in medical care d. Identify challenges each population poses for service delivery systems e. Estimate service gaps and costs to address them	SCC, Grantee, Staff Data: Grantee, Staff	Increase patients in care, reduce service gaps			
1.6 Assess the impact of co-morbidities on service costs and complexity of providing care to PLWHA: 1) STI rates, 2) prevalence of homelessness, 3) # and % of persons without private insurance or public coverage, 4) # and % of persons <= 300% FPL, and 5) other disease states	SCC, Grantee, Staff (Data: DOH, Staff)	Impact of Co-morbidities on providing care documented			
1.7 Discuss prevention, testing linkage barriers. Recommend actions to QM & PSRA	SCC, Staff,	Remove barriers			
1.8 Collect and analyze new data: a. Analyze quarterly data from Part A, ADAP on client viral load. Make recommendations b. Collect HHS indicators from Parts A-D c. Identify methodology to measure Community Viral Load (with QM Committee)	SCC, QM, Grantee, Staff (Data: Staff, Grantees, DOH)	Establish baseline and track progress on meeting goals of NHAS			
Objective 2. Analyze Impact of the Affordable Care Act on Local System of Care					

2014-15 Work Plan Calendar for System of Care

	March	April	May	June	July	Aug
System of Care	1 Quarterly epi, viral load	1 Review Grant app data, Epi profile	1 Unmet Need Strategy, recommendations 2 Review draft Language How Best Meet Need	1 Quarterly epi, viral load 2 Develop special populations strategy 3 Approve Language How Best Meet Need	1 Data on impact of co-morbidities	1 Review HHS indicator data

	Sep	Oct	Nov	Dec	Jan	Feb
System of Care	1 Quarterly epi, viral load 2 Develop Linkage to Care Plan	1 View data on prevention, testing barriers. Make recommendations to QM, PSRA 2 Request HHS data		1 Quarterly epi, viral load 2 Review HHS data on viral load, treatment adherence. Make recommendations		