Tuesday, November 19, 2019

Welcome, Roll Call and Moment of Silence

The meeting was called to order at 1:03 PM by Kim Saiswick. Roll Call was conducted by Kim Saiswick and quorum was established. Community members and guests introduced themselves.

Ken Bargar requested a moment of silence for Charlie Hughes, the former Area 5/6/14 Patient Care Alternate and Co-Chair of the Consumer Advisory Group (CAG) and Ron Henderson, Statewide Minority HIV/AIDS Coordinator. Ken announced that there would be a memorial service for Ron at 6PM in the Sierra Ballroom.

Ken Bargar read a letter from the Executive Committee regarding comments on the meeting evaluation form.

The action items from the Spring 2019 Patient Care and Prevention Planning Group (PCPPG) Meeting were reviewed and discussed. Laura Reeves provided a late breaking update with regard to the Transgender Workgroup. She announced that all of the documents for the Workgroup had been approved and that recruitment would soon begin.

Laura also announced that the State Surgeon General had issued a “Dear Colleague” letter regarding syphilis and other bacterial sexually transmitted infections (STIs) and birthing. He encouraged all healthcare providers to screen for syphilis, HIV, and hepatitis C, especially in pregnant women. The letter goes on to encourage all practitioners to be on heightened alert and screen all patients for syphilis, and other STIs, if there is an indication of symptoms or high-risk behavior.

HIV/AIDS Section Update
Laura Reeves, HIV/AIDS Section Administrator

Laura Reeves provided the following updates:

DOH Leadership Update and Section Staffing

Key Highlights
- State Surgeon General, Dr. Scott Rivkees has begun to name his executive leadership staff: Chief of Staff, Courtney Coppola; Communications Director, Alberto Moscoso; currently advertising for the Deputy Secretary of Health position. Jennifer Johnson continues to be the Interim Deputy Secretary for Health.
- The Chief of Staff will put into place the processes the Department will operate under with this new leadership based on the preferences of the Surgeon General and her own management style. There will also be new processes put into place by the new Deputy Secretary of Health. Implementation of these new processes have resulted in some noted delays with regards to communications and information being disseminated from the Department.
- Laura announced the key managers in the HIV/AIDS Section. Laura next reviewed the vacant positions within the Section.
The Section has conducted interviews for both the Interventions Team Leader and Statewide MSM Coordinator positions and are expected to make hiring decisions soon.

Other key vacancies noted were: Statewide PrEP Coordinator, Perinatal Linkage Coordinator, Statewide Minority AIDS Coordinator, and Planning Coordinator. It was noted that the vacant Data Management Team Leader position was currently being reclassified to become a Linkage Coordinator.

The Statewide Minority AIDS Coordinator position is being repurposed. The HIV/AIDS Section will be conducting listening sessions around the state, especially around the black and Hispanic communities. Community input on the skill set a person serving as the Statewide Minority AIDS Coordinator should possess will be sought.

The vacant Planning Coordinator will focus specifically on the Ending the Epidemic (EHE) efforts.

**Infectious Disease Elimination Act (IDEA) – CS/CS/SB 366 – Effective July 1, 2019**

- County commissions can authorize sterile needle and syringe exchange programs.
- Exchanges must be one-to-one.
- Programs must be funded through grants and private donations (no state, county, or local funds)
- County commission must contract with:
  - A hospital licensed under chapter 395
  - A health care clinic licensed under part X of Chapter 400
  - A medical school in this state accredited by the Liaison Committee on Medical Education or Commission on Osteopathic College Accreditation
  - A licensed addiction receiving facility as defined in s. 397.311
  - A 501(c)(3) HIV/AIDS service organization.

Laura announced that Palm Beach County had recently passed an ordinance to allow sterile needle and syringe exchange programs and that Leon County had approved a public hearing to have further discussions. Hillsborough and Pinellas County have also had discussions with their respective County Commissioners.

From a public health perspective, syringe exchange programs are a harm reduction service. It has been proven to demonstrate a reduction in the transmission of infectious diseases.

The IDEA Exchange roles are as follows:

- County Commission
  - Establish a county ordinance
  - Sign a letter of agreement with the Department of Health
  - Execute contract with an exchange program

- Syringe Exchange Program
  - 1-to-1 exchange
  - Offer/Refer for HIV, viral hepatitis testing
  - Counseling/referrals for drug abuse treatment
  - Naloxone kits
  - Educational materials
  - Collect and Report Data

- Department of Health
  - Letter of agreement with the county commission
Ending the HIV Epidemic
Laura provided a brief overview of the Ending the HIV Epidemic: A Plan for America (EHE). The plan goals include a 75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years. The plan consists of four pillars:

- **Pillar One – Diagnose** all people with HIV as early as possible
- **Pillar Two – Treat** people with HIV rapidly and effectively to reach sustained viral suppression
- **Pillar Three – Prevent** new HIV transmissions by using proven intervention, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)
- **Pillar Four – Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Utilizing 2016-2017 data, there were 48 counties, plus Washington, DC, and San Juan, PR, where >50% of HIV diagnoses occurred in 2016 and 2017, and an additional seven states with a substantial number of HIV diagnoses in rural areas identified as “geographical hotspots”. Seven (7) counties were identified for Florida: Broward, Duval, Hillsborough, Miami-Dade, Orange, Palm Beach, and Pinellas.

Key milestones for Florida were discussed:

- **July 2019**
  - DOH applied for CDC EHE Planning Grant*
- **September 2019**
  - DOH received the CDC EHE Planning Grant
- **October 2019**
  - Ryan White Part A applied for HRSA EHE Implementation Grant**
- **November 2019**
  - CDC Notice of Funding Opportunity (NOFO) for the EHE Implementation
  - Submit application for CDC Implementation Grant
- **December 2019**
  - Seven Phase 1 counties submit local plan to HIV/AIDS Section
  - Submit DRAFT Florida EHE Plan to CDC (12/30)
- **January 2020**
  - Funds awarded for CDC EHE Implementation Activities
- **March 2020**
  - Funds awarded for HRSA EHE Implementation Grant (Part A recipients)
- **June 2020**
  - Final unified EHE Plan with Concurrence of FCPN
- **September 2020**
  - Final EHE Plan due

* Only HIV/AIDS Section eligible to apply
** Only Part A recipients eligible to apply

Laura emphasized that meaningful community engagement is essential for plan development. For the plan that will be submitted on 12/30/19, the CDC will allow some activities to be listed as “will be further developed after conducting meaningful community engagement”. Due to time
constraints, it is anticipated that the majority of community engagement sessions will occur in the months of January-March 2020. Local level discussions should be occurring in the development of the DRAFT of individual county plans. Laura urged interested parties to contact their local HIV/AIDS Program Coordinators (HAPCs) to get information on county-specific plans.

The EHE plan for Florida will be inclusive of the ideas generated through the state’s Integrated HIV Prevention and Care Plan. The EHE plan will focus on gaps that were not identified in the Integrated Plan and be disruptively innovative.

Laura announced that a communication plan is being developed to ensure that the community is kept informed on the development of the statewide EHE plan.

**Workgroups Update**
During the Spring 2019 Patient Care and Prevention Planning Group Meeting workgroups were formed to address the Patient Care network maps and cost-effectiveness. Several calls were held by both workgroups and feedback was provided. Based on the feedback the HIV/AIDS Section has decided to take a step-back and approach the issues from a quality improvement perspective. Efforts will be shifted to drafting an EHE plan. Once the plan is written there will be discussions on how the plan will be funded and how the workgroups can be utilized to assist in those efforts.

**Other Topics**
The final report for the 2019 HIV Care Needs Assessment Survey is being routed for approval. The estimated time of release is anticipated in the Spring of 2020. Final approval may be delayed due to the recent change in leadership within the Department of Health and changes in processes that are taking place.

*The HIV/AIDS Section agreed to provide raw data from the 2019 HIV Care Needs Assessment Survey for distribution to local areas. The raw data will be sent to HIV/AIDS Program Coordinators and Lead Agencies.*

Concerns were raised that the bureaucracy that occurs above the level of the HIV/AIDS Section will continue to have a negative effect on the EHE for Florida. Laura announced that the Surgeon General will meet with the HIV/AIDS Section weekly. The HIV/AIDS Section will meet every other week with the seven Florida jurisdictions (Part A and local health representatives) that are included in Phase 1 of the EHE Plan.

Laura announced that the next Ryan White Part B site visit will occur in April 2020.

**Upcoming Meetings**
Laura announced two upcoming meetings:
- **Lead Agency Meeting**
  January 27-29, 2020
  Orlando, FL
  Topics will include statewide services standards.
- **HOPWA Training Symposium**
  January 29-31, 2020
  Orlando, FL
Jimmy LLaque, Director, AIDS Drug Assistance Program

Jimmy LLaque joined the meeting by phone. Jimmy announced that the AIDS Drug Assistance Program (ADAP) Office had entered into an agreement with CVS Specialty Pharmacy to move non-insured direct-dispense clients from the Central Pharmacy (Tallahassee) and Orange County Health Department into a specialty pharmacy model. This program had no impact on insured clients or those enrolled in the direct dispense program of the other five county health department pharmacies (Broward, Duval, Hillsborough, Miami-Dade, and Sarasota). The program went into effect on August 19, 2019 and will be in place through March 31, 2021. Approximately 5,500 clients have already transitioned to the program.

The program is being evaluated using several performance indicators:

- Impact on client’s viral load suppression overall
- Impact on medication adherence
- Impact on prescription processing turnaround time
- Impact on on-time recertification
- Client satisfaction

From August 19-October 31, 2019 the CVS Specialty Pharmacy filled approximately 20,000 prescriptions. That is roughly 2.6 prescriptions per client per month. 12% of clients received medications for 90 days. Prior to implementation, the percentage rate was only 7-8%.

52% of all clients utilizing the CVS Specialty Pharmacy Program are picking up their prescriptions at brick and mortar CVS stores. 41% are receiving their medication at home or at another secured address (e.g. medical provider, case management agency, or any other address provided by the client). The remaining 7% of clients are picking up their medications at county health departments. There are considerations underway of eliminating the CHD pick-up options as CVS will not allow medications to be returned when a client does not pick them up (i.e. the medications must be destroyed). This is a concern in terms of increased costs to the ADAP program. There are programs in place to accept returns from shipment carriers and brick and mortar locations. Those returns will result in a credit being applied to ADAP.

The program is also looking at on-time recertification of ADAP clients. In 2019, roughly 53% of clients were recertified on time. “On-time recertification” is defined as clients recertifying before their eligibility has expired. It is the goal of ADAP to increase this percentage to ensure that there is no interruption of services for clients. A challenge of the CVS Specialty Pharmacy model is that clients are visiting their county health department less often and thereby decreasing contact with clients, effecting on-time recertification.

Members expressed concerns that prescriptions have to go to both the CVS Specialty Pharmacy and the local ADAP coordinator. It was noted that ADAP staff are working to address this particular issue.

Open Enrollment began on November 1, 2019 and will continue through December 15, 2019. Currently 9,000 clients receive some level of insurance assistance from ADAP. Of the 9,000, 5,500 clients have received premium assistance with an ADAP-supported policy purchase through the federally facilitated marketplace. There are approximately 3,600 direct dispense clients who are eligible for insurance enrollment.
Jimmy announced that Broward Regional Health Planning Council (BRHPC) has been awarded the contract to serve as the Insurance Benefits Manager. The contract was finalized just weeks before the open enrollment period began. It was noted that Michele Rosiere, Vice President of Programs, from BRHPC was present at the meeting and Jimmy encouraged individuals with questions to discuss with Michele.

The State of Florida contracted with Broward Regional Health Planning Council (BRHPC) to provide insurance enrollment assistance and payment of premiums beginning November 1, 2019. The contract requires the provider to act as an agent/broker on behalf of enrollees to ensure that clients have their insurance payments applied accurately. In order to receive premium assistance for 2020 clients must complete an enrollment questionnaire. Clients requiring assistance can call 1-844-441-4422. Jimmy noted that Michelle Rosiere, Vice President of Programs for BRHPC was present. Michelle introduced herself to the group and announced that she was available for questions at 954-401-5694.

Overall, plan premiums remained stable, with a few plans decreasing in cost. It was emphasized that clients should actively reenroll into insurance plans. If a client does not, they may be placed in an insurance plan that would not be their first option or the most cost effective for the client.

The final point of discussion was the process map for adding medications to the ADAP formulary. Jimmy noted that the process was cumbersome and was often dependent on actions outside of the HIV/AIDS Section. For additional information, a copy of the process map can be found by clicking here.

Concerns were raised regarding the composition of Pharmacy and Therapeutics Committee and the lack of local area and community/PLWH involvement. Members asked that ADAP provide written rationale in the event that addition of a medication is denied. Jimmy asked that feedback on the process map be emailed directly to him at jimmy.llaque@flhealth.gov, ADAP staff will work to incorporate feedback into an updated process map for distribution and review.

State and Federal Update

Michael Ruppal, Executive Director, The AIDS Institute

Michael Ruppal provided an update on HIV/AIDS, Hepatitis and other related topics. Michael provided the following summaries:

- Federal Policy Update
  - Federal Budget
  - Affordable Care Act/Insurance/Co-pay Accumulators
  - 340B Impact
  - Drug Pricing Legislation
  - Hepatitis/STDs
  Additional details for each topic can be found by clicking here.

- State Policy Update
  - HIV Prevention Justice Act (HB 427/SB 626)
    - Makes numerous changes in the criminal law and public health law related to the transmission or potential transmission of HIV. The bills replace the undefined phrase “sexual intercourse” with the defined phrase “sexual conduct” and reduces the offense of engaging in sex while knowingly HIV positive without the informed consent of the other party from a third-degree felony to a first-degree misdemeanor. This change makes non-disclosure of HIV the same offense level as non-disclosure of other enumerated STIs. However, the bills make a second or subsequent non-disclosure offense a
third-degree felony. The bills specify that a person does not act with the intent to transmit HIV or a specified STI if he or she in good faith complies with a prescribed treatment regimen or with the behavioral recommendations of a health care provider or public health officials to limit the risk of transmission, or offers to comply with such behavioral recommendations, but the sexual partner rejects the offer.

- **Conversion Therapy (HB 41/SB 180)**
  - Prohibit a person who is licensed to provide professional counseling or a practitioner who is licensed as a physician, osteopathic physician, psychologist, clinical social worker, marriage and family therapist, or mental health counselor from practicing or performing conversion therapy with an individual who is younger than 18 years of age. Under the legislation, such licensees or practitioners are subject to disciplinary action by DOH and the appropriate regulatory board.

- **Prior Authorization for Opioid Alternatives (SB 298)**
  - Prohibits health insurance policies from requiring that treatment with an opioid analgesic drug product be attempted and have failed before authorizing the use of a nonopioid-based analgesic drug product.

- **Access to Treatment (SB 820/HB 373)**
  - Prohibits insurance companies from excluding coverage for certain cancer treatment drugs and provides additional requirements and procedures around step-therapy protocols. SB 820 also prohibits health insurers from retroactively denying a claim if the insurance company verified the subscriber’s eligibility at the time of treatment or provided an authorization number.

- **Automated Pharmacy Systems (HB 59/SB 708)**
  - Authorize a community pharmacy to provide outpatient dispensing through the use of an automated pharmacy system. The bills establish criteria for such systems and a community pharmacy’s responsibilities when using this system. An automated pharmacy system is a mechanical system that dispenses prescription drugs received from a Florida-permitted pharmacy and maintains related transaction information. Florida law currently authorizes the use of automated pharmacy systems in long-term care facilities, hospices, and state correctional institutions.
    - On November 6, 2019 HB 59 passed the Health Quality Subcommittee by a vote of 13 to 0.

- **Dispensing Medicinal Drugs (SB 100/HB 57)**
  - Authorize individuals licensed to prescribe medicinal drugs in an institutional pharmacy to dispense a 48-hour supply, rather than a 24-hour supply. The legislation also authorizes these individuals to dispense a 72-hour supply of drugs if a state of emergency has been declared in the area.
    - On October 15th, SB 100 passed the Health Policy Committee by a vote of 10 to 0. On November 6th, HB 57 passed the Health Quality Subcommittee by a vote of 11 to 0. Next week on November 13th, SB 100 will be heard in the Appropriations Subcommittee on Health and Human Services.

- **Prescription Drug Donation Repository Program (SB 58/HB 177) - House Bill Clears Two Committee Hurdles**
  - Create the “Prescription Drug Donation Repository Program Act” within the DOH, authorizes the department or a third-party contractor to establish, maintain, and publish a registry of participating local repositories and
available donated prescription drugs and supplies. The legislation also authorizes the Governor to waive the program’s patient eligibility requirements during a declared state of emergency in Florida.

- On October 23rd, HB 177 passed the Health Quality Subcommittee by a vote of 14 to 0 and on November 6th, it passed the Health Care Appropriations Subcommittee by a vote of 10 to 0.

  - Florida Drug and Cosmetic Act (HB 113/SB 172) - House & Senate Bills on Fasttrack
    - Preempt regulation of over-the-counter proprietary drugs or cosmetics, such as sunscreens, to the state.
    - On October 14th, SB 172 passed the Community Affairs Committee by a vote of 3 to 1 and on November 4th, it passed the Innovation, Industry, and Technology Committee by a vote of 8 to 2. On November 6th, HB 113 passed the Health Quality Subcommittee by a vote of 8 to 5

  - Prescription Insulin Drugs (HB 109/SB 116)
    - Require individual and group health insurance policies and health maintenance contracts to cap an insured’s monthly cost-sharing obligation for covered prescription insulin drugs at an amount not to exceed $100 per 30-day supply of the insulin drug, regardless of the prescription’s amount or type of insulin.

  - DOH Legislative Package (SB 230)
    - Updates numerous provisions relating to health care practitioners and facilities regulated by the Department of Health (DOH), Division of Medical Quality Assurance (MQA).

  - Medicaid Expansion & Coverage
    - SJR 224/HJR 247
      - Propose an amendment to the State Constitution to provide Medicaid coverage to persons under age 65 who have an income equal to or below 138 percent of the federal poverty level.
    - HB 219/SB 164
      - Extend Medicaid eligibility to adults who are under 65 years of age whose income does not exceed 133 percent of the federal poverty level.

Additional information and links to all Bills can be found by clicking here.

**Face-to-Face Committee Meetings**

Members were provided with a brief summary of each committee's purpose and current projects. The Florida Comprehensive Planning Network (FCPN) and Statewide Quality Management Advisory committees then met face-to-face to discuss key committee issues and confirm standing committee call dates/times.

**Public Comments**

Q: What is the status of having Descovy® available in County Health Departments?

A: Because Descovy® is only approved for men, DOH is considering whether or not to have the medication available through the program. That is not to say that if a provider has a patient for whom Descovy® would be a preferred option due to renal function or bone-density issues, that the providers should not prescribe and have systems in place to access Patient Assistance Programs (PAPs).
A comment was made that FCPN members should be adequately informed about the HIV decriminalization laws and educate others on why the laws need to be updated.

A guest made the following statement: “Ending the HIV Epidemic is a chance for a new start, in a new decade to reboot our alliances and recommit to being a team (for the agencies that provide services, the Department of Health, and the communities that exists with it.” It was requested that the HIV/AIDS Section provide in writing the expectations, roles and responsibilities, timelines, and a mechanism for evaluating the process. There was also a request that the HIV/AIDS Section provide clear expectations of what local areas should be doing in the way of meaningful community engagement.

Kim Saiswick asked members to review the Spring 2019 Patient Care and Prevention Planning Group Meeting Minutes Summary and Proposed Changes to the Florida Comprehensive Planning Network Meeting Bylaws. A vote on both items would occur on Wednesday, November 20, 2019.

Ken Bargar invited new FCPN members to stay in the meeting room for a 15 minute debrief of day one of the meeting. He also announced that the FCPN Executive Co-Chair’s Committee meeting that was scheduled to take place at 5:30PM had been postponed until Wednesday, November 20, 2019 at 5:30PM.

Laura Reeves announced that a memorial service for Ron Henderson would be held in the Sierra Ballroom at 6PM.

Day one of the meeting adjourned at 5:03PM.
Welcome, Roll Call and Moment of Silence
The meeting was called to order at 8:35 AM by Jim Roth. Roll Call was conducted by Jim Roth and quorum was established.

Kim Saiswick requested a moment of silence for those who have passed from and continue to be affected by HIV/AIDS.

Approval of the Meeting Minutes from the Spring 2019 Meeting
Ken Bargar made a motion to approve the Meeting Minutes from the Spring 2019 Meeting and David Brakebill seconded the motion. Motion unanimously approved.

In recognition of Transgender Day of Remembrance (TDOR), Riley Johnson and Jen Laws read the names of individuals who have passed in 2019 as a result of murder or suicide. A moment of silence was requested in memory of those individuals.

Committee Report Out
Membership, Nominations and Bylaws (Ken Bargar and David Brakebill, Co-Chairs)
David Brakebill reviewed the proposed changes the Florida Comprehensive Planning Network (FCPN) Bylaws.

Dan Wall made a motion to approve the proposed changes and Riley Johnson seconded.

Discussion: Concerns were raised that the addition of all Part A recipients would provide the larger areas with additional votes at the table meaning that rural areas would have less of a voice.

The motion was passed unanimously.

The committee is awaiting the results of the HealthHIV planning body assessment. The committee is also working to finalize the FCPN Frequently Asked Questions document. The FAQ sheet will be finalized during the December 2019 committee call.

Members were reminded that they must actively participate in a standing committee. Monthly notifications of meeting dates are distributed by The AIDS Institute.

Coordination of Efforts (Timothy Dean and Joey Wynn)
The committee has been working with the HIV/AIDS Section to streamline the State of Florida’s Integrated HIV Prevention and Care Plan Activity Table. A revised document with an Executive Summary will be presented during the Integrated Planning session of the meeting.

The HIV/AIDS Section agreed to create a web platform to serve as a central repository for the State of Florida’s Integrated HIV Prevention and Care Plan and Ending the HIV Epidemic documents.

Medication Access Committee (Sharon Murphy and Dan Wall)
The committee made and approved three motions:
- The HIV/AIDS Section to provide an update during the next Medication Access Committee call the shipment of non-ARV drugs from the CVS Specialty Pharmacy in Scottsdale, AZ and rather than from Monroeville, PA.
- The HIV/AIDS Section send a letter to all county health departments reminding them that there is no prohibition with regard to accepting drug samples provided by pharmaceutical manufacturing companies. The request also includes sending a copy of the letter to the local planning bodies.
- The HIV/AIDS Section coordinate a provider driven needs assessment regarding the new long-lasting injectable HIV treatment option.

In addition, it was reported that Dr. Jeffrey Beal, Medical Director, HIV/AIDS Section was served with requests for additions to the ADAP Formulary related to drugs related to the trans community and medication-assisted treatments for opioid addiction.

No updates were provided by the Needs Assessment Committee or Statewide Quality Management Advisory Committee.

**Updates and Discussion of Activities from Statewide Advisory Groups**

**Community HIV/AIDS Advisory Group (Ken Bargar)**
The Community HIV/AIDS Advisory Group (CHAG) met on November 18, 2019. The CHAG is currently developing its annual workplan.

**Florida Gay Men’s Workgroup (Michael Greene)**
The Co-Chair of the workgroup announced that they are anxious to work with the Department of Health on the development of the Ending the HIV Epidemic Plan. The group is also working to create plans to increase the uptake of PrEP. Standing workgroup calls occur on the 3rd Wednesday of each month from 11am-noon. All interested parties are encouraged to contact Michael Greene.

**Transgender Workgroup (Laura Reeves)**
Laura announced that the Transgender Workgroup documents had recently been approved and that recruitment for the workgroup would begin shortly. Laura asked that FCPN members help in the recruitment of members to participate. Ideas were solicited on additional recruitment efforts. It was suggested that the HIV/AIDS Section contact Arianna Lynn in Fort Lauderdale to help assist in recruitment efforts. Laura asked that the recruitment documents that are distributed that they be distributed as widely as possible.

**Integrate Plan**
**Brandi Knight, MPH, HIV/AIDS Section Performance and Quality Manager**
Brandi Knight facilitated a discussion regarding proposed changes to the activities table included in the State of Florida’s Integrated HIV Prevention and Care Plan. Since the Spring 2019 Patient Care and Prevention Planning Group (PCPPG) Meeting, the HIV/AIDS Section has been working to streamline the original table to remove items that were routine or duplicative. An Executive Summary was shared with the group that contained a color-coded document detailing the rationale for the each of the changes.

*The HIV/AIDS Section to add “people of trans experience” to the list of target populations for each activity listed.*

Working with the FCPN membership, the activities table was further updated. For updates and suggested edits that took place during the meeting, please see Attachment 1.

*The HIV/AIDS Section will work with the Florida Gay Men’s Workgroup to update the remaining strategies and share the fully updated table with the entire FCPN membership.*
Finally, Brandi shared the Integrated Plan Progress Report from the Vision, Mission, Services, and Goals (VMSG) System.

PS 19-1906 Accelerating State and Local HIV Planning to End the HIV Epidemic (EHE) Parts 1-3
Mara Michniewicz, M.P.H., Prevention Program Manager; Emma Spencer, Ph.D., M.P.H., HIV/AIDS Surveillance Program Manager, and Brandi Knight, M.P.H., HIV/AIDS Performance and Quality Manager

The presenters led a discussion on the guidance received from the Centers of Disease Control and Prevention PS 19-1906 Accelerating State and Local HIV Planning to End the HIV Epidemic (EHE). The following is an outline of Florida’s Unified EHE plan:

- **Section I: Community Engagement**
  - Florida’s community engagement process must be clearly outlined. Specifically, the plan should indicate how planning bodies throughout the state, community partners, and service providers. Must submit agendas, descriptions of attendees, outreach activities, and brief summaries.

- **Section II: Epidemiological Profile**
  - Snapshot summary of current epi profile
  - Most currently available local data
  - Include descriptions of key characteristics relevant to planning from any recent or active cluster investigations

- **Section III: Situational Analysis**
  - Includes strength, challenges, and identified needs
  - Groundwork for proposed strategies
  - Social determinants of health
  - Synthesize information from:
    - Local epidemiological data
    - Engagement with local planning bodies
    - Other local partners and local community engagement efforts

- **Section IV: EHE Planning and HIV Workforce**
  - Discuss planning for each Pillar and discuss HIV workforce development

- **Sections V-X – Seven County Local Strategies**

- **Section XI: Monitoring and Evaluation**
  - Concurrence steps

Brandi explained that strategies are the broad concepts that will be implemented to achieve the project objectives and activities are the action steps that will be undertaken to address the strategies to meet the objectives.

The group answered the following questions through Mentimeter:

- What does authentic community engagement mean to you?
- Who is not at our unified table?
- How do we get them to the table?

Responses to the questions can be found here (insert link to Mentimeter slides)

Additional comments included the fact that not everyone feels welcome at the planning table. Changes need to be made in the overall structure and composition of the FCPN group. The Co-
Chair for the Membership, Nominations, and Bylaws Committee asked that the FCPN Membership Composition Report be distributed to local areas to allow them to make more informed decisions with regard to who their nominees should be.

Q: What can be done to engage individuals and ensure the proper representation at the FCPN table?

- Get involved at the local level
- Make the meetings more interesting and show how participation impacts services provided (e.g., medication)
- Real financial composition for participation for those who have to take time off of work to attend
- Sharing power and decision making
- Build trusting relationships

Next, a brief overview of the EHE pillars and key strategies developed by the HIV/AIDS Section was presented.

**Pillar 1: Diagnose**

- Test high risk communities in nonconventional venues
- Use peers and partners to help identify persons at risk for HIV in their social network
  - More training
- Encourage routine opt-out HIV testing in health care settings
  - FQHC collaboration
  - DOH/CHD routinizing
  - Association of Free Clinics – Health Council of South Florida
- Sexual health education
- Implement universal HIV testing in Emergency Departments and Primary Healthcare Settings for HCV, HIV, and STI
- Use of dating apps as awareness and/or partner notification
- Strengthen DIS workforce

**Pillar 2: Treat**

- Increase rapid access to treatment (Test & Treat), to include STI
- Universal outbreak response team
- U=U message adoption
  - Use Communicable Disease program council?
  - HIV Section is drafting a brief for executive leadership
- Housing is health
- Expanding access points
  - Expand hours of operation at current access points
- Stronger and improved peer networks
- Telehealth
  - Initial visit/re-engagement/medication adherence
- Starting treatment in hospital settings
- Trauma Informed Care
  - Train providers (CEUs, etc.)
- Improving transportation –Uber/Lyft as options
- Linkage to care in the ER
- Hepatitis patient navigation
- Data-2-Care strategies
- ADAP/HCV Treatment
Pillar 3: Protect
- Tele-PrEP
  - Current DOH
  - Address the comfort level of provider
- PrEP in non-traditional settings (e.g. clinics, big box stores, apps)
  - Increasing access points
- Exploring the non-prescription furnishing of PrEP
  - Legislative change
- PrEP provision for 13-17-year-olds
  - Current DOH policy – involves Florida Administrative Code change
- Detailing and education of healthcare providers
  - Educate health care professional students (up and coming providers) about sexual health history taking (collaborate with universities with health professional programs)
- Support Syringe Exchange Programs implementation
  - County Commission approval
  - Naloxone access (harm reduction strategy)

Pillar 4: Respond
- Molecular cluster response (HCV & HIV)
  - Decriminalization of HIV – legislation
    - Increase the number of genotype tests ordered and received for new diagnosis
      - Educate providers on the importance of genotype testing
- Engaging the community in developing response framework
  - Social networking strategies
  - Use data to implement targeted interventions at aggregate level
    - Replicate University of Miami project?
    - Use community to be advocates if onboard with response plan

Meeting participants divided into four groups to help develop key activities for each of the four pillars and corresponding strategies. *The HIV/AIDS Section will work to summarize the feedback received from FCPN members and guests. The summary will be distributed to the group once finalized.*

Public Comments
Ken Bargar publicly thanked Brandi Knight for her work with the Community HIV/AIDS Advisory Group.

Dan Wall thanked Laura Reeves for her efforts on increasing communication with the Part A Recipients. Dan also thanked The AIDS Institute for all of their efforts.

Day two of the meeting was adjourned at 5:15PM.
Thursday, November 21, 2019
Welcome, Roll Call and Moment of Silence
The meeting was called to order at 8:37 AM by Riley Johnson. Roll Call was conducted by Riley Johnson and quorum was established.

Ken Bargar requested a moment of silence for those who have passed from and continue to be affected by HIV/AIDS. Ken Bargar also acknowledged the 30th Anniversary for the Northeast Florida AIDS Network, Jacksonville; 30th Anniversary for BASIC, Inc, Panama City; and 20th Anniversary for The McGregor Clinic, Fort Myers.

Jim Roth presented a plaque to Kim Saiswick for her dedicated work as the Patient Care Community Co-Chair. Kim will remain an active member of FCPN by serving as the Area 10 Patient Care Representative.

Dan Wall made a motion that the HIV/AIDS Section issue a letter of clarification regarding the Ending the HIV Epidemic Plan that would be shared with the directors of health departments, the Lead Agencies, as well as all of the local planning bodies. The letter should state that the Plan has NOT been written, provide a timeline, and express how critically important it is that everyone to be involved in this process going forward, statewide. Ken Bargar seconded the motion. The motion was unanimously approved.

HealthHIV Planning Body Assessment Presentation
Marissa Tonelli, Director of Health Systems Capacity Building, HealthHIV and Eve Kelly, Capacity Building Intern, HealthHIV
Representatives from HealthHIV discussed the results from the recent assessment of the current practices, structure, and engagement efforts of the FCPN. The purpose of the assessment was to better understand how to ensure and improve the FCPN’s effectiveness and role in ending the HIV epidemic. They presented findings and implications from the assessment with full FCPN membership to encourage consideration, adaptation and/or implementation of recommendations.

For the assessment of the FCPN 33 anonymous surveys were completed and six 60-minute key informant interviews were also conducted.

Key findings from the assessment included the following:

- **Successes**
  - Producing the plan
  - Disseminating information
  - Collecting the needs assessment surveys
  - Ability to work as a group
  - Sending out information prior to the meeting
  - Bringing together a very diverse state with a large HIV+ population
  - Successfully organizing meetings

- **Areas for Improvement**
  - Monitoring, evaluating, and learning
  - Finding efficient ways to track the results of the work
  - Recruiting to get more representation of the infected population
  - Orientation/mentoring of new members
  - Keeping people informed
Updating target dates and goals
- Modernizing HIV laws that lead to stigma
- Improving communication between the health department and members
- Encouraging trust between the community and state
- Understanding Data to Care use, collection, and analysis

HealthHIV indicated that there were common themes found between all the planning bodies that they have assessed. For example, member recruitment and diversity are universal challenges.

For a breakdown of individual survey questions, please refer to the full slide set by clicking here.

Based on the feedback and comments received, HealthHIV will update and incorporate changes into the narrative report of the FCPN assessment. It was requested that the FCPN Membership Composition Report be sent to HealthHIV by The AIDS Institute. In that report, suggestions and practical strategies for improvement will be included. Once the report has been finalized, it will be shared with the full FCPN membership.

Local Area Highlights
Florida Comprehensive Planning Network Members
Representatives from Areas 1, 3/13, 7, 9, 11A, 11B and 15 provided updates on key local innovations and challenges as they relate to the goals and objectives outlined in the State of Florida Integrated HIV Prevention and Care Plan (2017-2021). Click here for additional details on local area activities.

Public Comments
- Bobby Davis invited individuals who are interested in participating in peer programs to contact him 352-538-6366.
- It was requested that a membership roster, member map, bylaws, list of acronyms, and committee descriptions be included in the meeting packets for every face-to-face meeting.
- For those individuals who are seated at the table, alternate methods should be available to make comments (e.g. text messaging to co-chairs, other technology, note cards)
- Eric Martinez requested that members share their local consortia/planning body membership composition. Eric is particularly interested in the number of PLWH who participate.
- Need to utilize community members more effectively
- Thank you to AIDS Healthcare Foundation for providing the AIDS memorial quilts.

Next Steps, Future Meeting Topics, and Proposed Dates
The following items were suggested as topics for the Spring meeting:
- Discussion of Molecular Surveillance.
  - A pre-meeting webinar
- Ending the HIV Epidemic Plan Concurrence
- ADAP Update
  - CVS Specialty Pharmacy Model Successes/Challenges
  - ADAP Utilization (Quarterly Data)
  - Insurance Benefits Manager Update
- Integrated Plan Review and Further Development (1-2 hours)
  - May be in the form of a pre-meeting webinar
• HIV Criminalization (Sero Project)
• Community Engagement Strategies

Members were asked to include additional detailed agenda items for the Spring meeting through the meeting evaluation form.

Suggested meeting dates are May 4-8, 2020. The AIDS Institute will work with the HIV/AIDS Section to determine the meeting dates and location of the Spring 2020 Florida Comprehensive Planning Network (FCPN) Meeting.

The FCPN meeting concluded at 11:50am.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Action Items</th>
<th>Person(s) Responsible</th>
<th>Time Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 HIV Care Needs Assessment Survey</td>
<td>Distribute raw data from the survey to FCPN Members.</td>
<td>HIV/AIDS Section/The AIDS Institute</td>
<td>Post Meeting</td>
</tr>
<tr>
<td>Central Repository for all HIV-related Planning Documents</td>
<td>Create a web platform to serve as a central repository for the State of Florida’s Integrated HIV Prevention and Care Plan and Ending the HIV Epidemic documents.</td>
<td>HIV/AIDS Section</td>
<td>Post Meeting</td>
</tr>
<tr>
<td>CVS Specialty Pharmacy</td>
<td>Provide update to Medication Access Committee on non-ARVs being shipped from CVS Specialty Pharmacy in Scottsdale, AZ</td>
<td>ADAP Staff/Medications Access Committee.</td>
<td>January 2020 Medication Access Committee Call</td>
</tr>
<tr>
<td>Drug Sampling</td>
<td>Distribute letter to all county health departments stating that there is no prohibition against accepting drug samples from pharmaceutical manufacturers</td>
<td>HIV/AIDS Section</td>
<td>Post Meeting</td>
</tr>
<tr>
<td>Provider Needs Assessment</td>
<td>Section coordinate a provider driven needs assessment regarding the new long-lasting injectable HIV treatment option and</td>
<td>HIV/AIDS Section</td>
<td>Post Meeting</td>
</tr>
</tbody>
</table>
| Integrated Plan                                | • Add “people of trans experience” to the list of target populations for each activity listed.  
  • Work with Florida Gay Men’s Workgroup to update remaining strategies (Objective 3.2 and beyond).  
  • Update Activities Table based on all feedback and distribute to full FCPN membership. | HIV/AIDS Section/The AIDS Institute                | Post Meeting                |
| FCPN Membership Composition | • Distribute membership composition report to the local areas as part of the nominations process.  
• Post report to the Fall 2019 FCPN Meeting website  
• Send report to HealthHIV for inclusion in their final report. | HIV/AIDS Section/Co-Chairs of the Membership, Nominations, and Bylaws Committee/The AIDS Institute/ | Post Meeting |
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<tr>
<td>Ending the HIV Epidemic</td>
<td>Issue a letter of clarification regarding the Ending the HIV Epidemic Plan that would be shared with the health department directors, the Lead Agencies, as well as all of the local planning bodies. The letter should state that the Plan has NOT been written, provide a timeline, and express how critically important it is that everyone to be involved in this process going forward, statewide.</td>
<td>HIV/AIDS Section</td>
<td>Post Meeting</td>
</tr>
<tr>
<td>Member Meeting Materials</td>
<td>Include membership roster, member map, bylaws, list of acronyms, and committee descriptions in the meeting packet for each face-to-face meeting.</td>
<td>HIV/AIDS Section/The AIDS Institute</td>
<td>All future meetings</td>
</tr>
<tr>
<td>FCPN Standing Committee calls</td>
<td>Distribute call schedule and registration information to representatives, alternates and guests.</td>
<td>The AIDS Institute/HIV/AIDS Section Staff/FCPN Executive Committee</td>
<td>Post Meeting</td>
</tr>
<tr>
<td>Local Area Consortia/Planning Body Member Composition</td>
<td>Provide information on local area consortia/planning body member composition. Specifically, how many PLWH participate.</td>
<td>FCPN Representatives</td>
<td>Post Meeting</td>
</tr>
</tbody>
</table>
| Agenda Items for Future Meetings | • Discussion of Molecular Surveillance.  
  o A pre-meeting webinar  
• Ending the HIV Epidemic Plan Concurrence  
• ADAP Update | PCPPG Executive Committee/ HIV/AIDS Section | Post Meeting |
<table>
<thead>
<tr>
<th>Dates for Spring 2020 FCPN Meeting</th>
<th>Secure dates and location for the Spring FCPN Meeting.</th>
<th>The AIDS Institute/HIV/AIDS Section</th>
<th>Post Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation follow-up/Red Ribbon Report</td>
<td>Distribute approved PowerPoint presentations and handouts from the meeting to the members.</td>
<td>The AIDS Institute/HIV/AIDS Section</td>
<td>Post Meeting</td>
</tr>
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