Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

Committee Meeting Agenda: Part A Executive Committee

Date/Time: THURSDAY, February 20, 2014, 12:30 p.m. **Location:** Governmental Center Annex, GC318

Chair: KURYLA, S. **Vice-Chair**: GAMMELL, B.

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*

2. **APPROVALS:** 2-20-14 Executive Committee Agenda and 1-16-14 Meeting Minutes.

3. **STANDARD COMMITTEE ITEMS**
   a) Committee Chair Reports – Activities and Progress on Work Plans
   b) Discuss Healthcare Reform Update on HIVPC Agenda
   c) Approve 2-27-14 HIVPC Agenda
   d) Review March 2014 HIVPC Calendar

4. **UNFINISHED BUSINESS**
   a. Review of Executive purpose, mission statement, Committee workplans and Policies and Procedures (WP item 4.2)

5. **MEETING ACTIVITIES / NEW BUSINESS**

Goal / Work Plan Objective #:	*Accomplishments*
Recruitment and Retention	Discuss committee membership and develop ideas on how to build leadership of committee members. Recommend ways to recruit new members to committees.
Evaluations (WP Item 2.5)	Assess the effectiveness of Council and Committee meetings in the context of leadership through the meeting evaluation reports
Annual Evaluation (WP Item 3.7)	Assess the effectiveness of Planning Council operations throughout FY 2013-2014. Complete the committee self-assessment.

6. **GRANTEE REPORTS**

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS / TASKS FOR NEXT MEETING, 12:30 p.m. March 20, 2014**

Agenda Items / Tasks for next Meeting (Work Plan Item #)	*Party to Complete Task*	*Information requested (i.e. data, research, etc.)action to be taken, presentation, discussion, brainstorm etc.*
Discussion of Roles	Executive	Discuss the roles of Planning Council Support Staff and Committee Chairs

9. **ANNOUNCEMENTS**

10. **ADJOURNMENT**

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MEETING MINUTES

COMMITTEE: Part A Executive Committee

Date/Time: Thursday, January 16, 2014, 2:30 p.m. **Location:** Broward Health Auditorium

KURYLA, S. **Part A Chair** GAMMELL, B. **Part A Vice Chair**

Attendance					
#	**Members**	**Present**	**Absent**		**Guests**
1	Kuryla, S. Chair (*Chair*)		**X**		Agbodzakey, J.
2	Gammell, B. (*Vice Chair*)	**X**			
3	Taylor-Bennett, C.	**X**			**Part A Grantee**
4	Reed, Y.		**E**		Jones, L.
5	Katz, H. B.	**X**			Degraffenreidt, S.
6	Grant, C.	**X**			
7	Tomlinson, K.	**X**			**HIVPC Support Staff**
	Quorum = 4	**5**			Eshel, A.
	Spencer, W. (ex oficio)		**X**		Sandler, C.
					McEachrane, T.
					Banks, L.

1. CALL TO ORDER:

The Vice Chair called the meeting to order at 2:55 p.m.

The Vice 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 that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, staff and support staff self-introductions were made.

A moment of silence was observed.

2. APPROVALS:

Motion #1	To approve today's meeting agenda		
Proposed by:	Tomlinson, K.	**Seconded by:**	Katz, H.B.
Action:	Passed Unanimously		

Motion #2	To approve meeting minutes of 12/5/13		
Proposed by:	Katz, H.B.	**Seconded by:**	Tomlinson, K.
Action:	Passed Unanimously		

3. STANDARD COMMITTEE ITEMS

a) Committee Chair Reports – Activities and Progress on Work Plans

Joint Client/Community Relations (JCCR): There was no JCCR meeting for the month of January.

Quality Management Committee (QMC): The Chair of QMC imparted to the Committee the accomplishments of QMC during the January meeting. QMC reviewed and approved their three-year work plan and also heard a

quarterly QI Network Update. The Chair also noted that there was a lot of discussion about the different definitions used to report viral loads; measures used by the South Florida AIDS Network (SFAN) and the National Quality Center (NQC) In+Care Campaign are different, which makes it difficult to compare between the two. The Committee will look at the revised HAB performance measures and determine which to modify or adopt.

Priority Setting and Resource Allocation (PSRA): A representative from the Grantee's office explained why reallocations are swept to and from each service category separately during the reallocation process at the last meeting. The Vice Chair requested that Mr. Copa repeat this message, for clarity, during the upcoming HIV Planning Council (HIVPC) meeting.

Joint Planning Committee: There was no Joint Planning Committee meeting for the month of January.

Membership/Council Development Committee (MCDC): The MCDC Chair relayed to the Committee that MCDC approved two new members to HIVPC; one member will fill the *Ryan White Part B* seat, and one member will fill an additional consumer seat, bringing the percentage of unaffiliated consumer members on the Council to 36%. The Chair will give a further report on the change in HIVPC demographics at the HIVPC meeting. The Chair also noted that MCDC is in the process of finalizing their mentoring program, and they already have some topics planned for discussion at the Planning Council Retreat. Council training will begin with the new fiscal year (FY2014-2015), and training will take place during the month following the end of each quarter. The first training will take place in June.

Ad-Hoc Nominating: There was no Ad-Hoc Nominating meeting for the month of January. HIVPC Chair and Vice Chair nominations will take place at the upcoming Planning Council meeting.

Ad-Hoc By-Laws**:** This committee has been disbanded until further notice.

b) Discuss Healthcare Reform Update on HIVPC Agenda

The Committee discussed the current climate regarding Marketplace enrollment. The Chair of QMC stated that there has been a drop in patient census of insurance enrollment. The Part A Grantee representative noted that only 50 Part A clients have enrolled, but this does not mean that they have paid their premiums to begin coverage. Members discussed the Health Insurance Continuation Program (HICP) service category. It was noted that at the last PSRA meeting, allocations for FY 14-15 were based on flat funding and funding for Outreach has been removed due to assessment of the effectiveness of funding this service category.

The Grantee suggested that the Healthcare Reform Update be removed from the agenda due to a number of other time consuming activities that will be taking place during the next HIVPC meeting. The next HIVPC meeting will include a number of consent and discussion items from the PSRA meeting, as well as elections, which could take some time. Committee members decided it would be best to remove the Healthcare Reform Update from the agenda.

c) Approve 1-23-14 HIVPC Agenda

The HIVPC agenda was approved with the amendment to remove the Healthcare Reform Update.

Motion #3	To approve 1-23-14 HIVPC agenda		
Amendment:	To remove the Healthcare Reform Update from the meeting agenda		
Proposed by:	Grant, C.	**Seconded by:**	Katz, H.B.
Action:	Passed Unanimously		

d) Review February 2014 HIVPC Calendar

The Committee reviewed the February 2014 Calendar and made several changes. Staff shared with the Committee that on Thursday, February 6th, Emily Gantz-McKay will be conducting training about work plans, and making sure they are manageable and actionable and designed to help achieve the goals of the 2012-2015 Comprehensive Plan. The training will be held at BRHPC from 1:00-5:00pm and is not mandatory; however, Executive Committee members are highly encouraged to attend. The MCDC Chair decided to reschedule the MCDC meeting on February 6th, in order to ensure that interested Committee members were able to attend Ms. Gantz-McKay's training session. The MCDC meeting was rescheduled for February 20th, and the Part A Executive Committee meeting location for the meeting on February 20th was changed to the Grantee's office.

The Committee discussed the restructuring of the Joint Planning Committee. The HIVPC Vice Chair invited the Joint Planning Part A Co-Chair to the upcoming HIVPC Coordination meeting. The Part A Grantee noted that, in its site visit report, HRSA recommended the formation of an integrated care and prevention body that was charged with joint planning. The Grantee noted that true integration should include all funding streams actively involved in the planning process. Ultimately, Committee members must ensure that the responsibilities charged to the Committee by the Council are being met. Members discussed the duties of Joint Planning and Executive Committee. According to the HIVPC By-Laws, the Joint Planning Committee is responsible for developing and updating annual needs assessment and other planning activities to ensure quality core medical services are integrated in the Broward County EMA System of Care.

The Grantee representative suggested that there be a PSRA subcommittee that works with the Joint Planning Committee to ensure that allocations are meeting the needs as determined by the Joint Planning Committee.

It was stated that the responsibility of Prevention and Care and Treatment planning activities should be shared among all Ryan White funding streams and other grantees participating in the integration process. Members discussed making other funding streams feel welcome when joining the Part A process.

After discussion regarding the role of the Committee in the process of integrating HIV Prevention into Care and Treatment planning, the Committee agreed to suspend the Joint Planning Committee temporarily until a decision is made at a later time. It was noted that membership requirements will not change for Joint Planning Committee members.

The Committee discussed the upcoming HIVPC Retreat scheduled for March 27, 2014. The Committee agreed that instead of the HIVPC retreat originally scheduled for March 27, 2014 there will be a meeting covering HIVPC business and a presentation on the evaluation of the 2012-2015 Part A Comprehensive Plan by Ms. Gantz-McKay. The meeting will be followed by a Joint Executive meeting which will focus on planning and work plan development; the consultant will be asked to attend the meeting and provide input as needed. It was noted by the Vice Chair that the evaluation of work plans by the Executive Committee will be tabled until each committee reviews its work plans and the consultant provides her evaluation of the work plans in March.

Members discussed a Council member's request to join the Joint Planning Committee. The HIVPC Vice-Chair noted that an HIVPC member resigned from the committee she was a member of and asked to join the Joint Planning Committee to fulfill HIVPC membership obligations. However, since the Joint Planning Committee will be suspending its meetings, the member will technically not be able to fulfill membership obligations. The MCDC Chair noted that MCDC developed a policy (pending HIVPC approval) to address such situations. The policy allows a member 30 days to select a committee to become a member of. It was

agreed that the member will be notified that the Joint Planning Committee will not be accepting new members until it is restructured. As such, the member will receive 30 days (from the date of approval of the MCDC policy by HIVPC) to select another committee that matches her interests. It was noted that should the member select the PSRA Committee, she will need to fulfill the requirement of attending three meetings before being appointed as a member. The following motion was made and later withdrawn:

Motion #4	~~To approve Karen Creary to the Joint Planning Committee~~		
Proposed by:	~~Grant, C.~~	**Seconded by:**	~~Katz, H.B.~~
Action:	Withdrawn		

Members discussed Planning Council support retention. The Grantee noted that consistent coverage is the only requirement of the subcontracted agency. The act of retention itself is not an expectation. One member expressed concern regarding this issue. The Vice Chair requested that Planning Council support retention be added to the HIVPC Coordination agenda for further discussion. The Part A Grantee suggested that a quarterly survey be created to ensure that the roles and responsibilities of Planning Council support be met. Trends can then be documented.

4. UNFINISHED BUSINESS

None

5. MEETING ACTIVITIES / NEW BUSINESS

Goal / Work Plan Objective #:	*Accomplishments*
Recruitment and Retention	Discuss committee membership and develop ideas on how to build leadership of committee members. Recommend ways to recruit new members to committees.
Evaluations (WP Item 2.5)	Assess the effectiveness of Council and Committee meetings through the meeting evaluation reports.

6. GRANTEE REPORTS

The Grantee shared with the Committee that a Request For Proposal (RFP) is out for Planning Council, Clinical Quality Management, Service Category Population Evaluation, Comprehensive Plan, and Needs Assessment service categories. The RFP applications will close on Friday, January 24, 2014. The Part A Grantee noted that the EMA has been given a partial award. The Grantee noted that there was an increase of $30 million to the National Part A budget allocation and was hopeful that there will be no funding reductions. A call among Florida Part A Grantees and HRSA took place in response to HRSA's request to all Ryan White Parts to pursue client enrollment in the Marketplace. The Florida Grantees asked for clarification, and possibly a waiver, in the context of the State's lack of response regarding ACA implementation. The Grantees expressed concern that Part A's may be required to cover primarily AICP-type services (premiums, co-pays, and deductibles) as opposed to direct services. The Grantee is awaiting further guidance from HRSA regarding Marketplace plans and also an announcement from the state on a possible AICP coordinated structure.

7. PUBLIC COMMENT

None

8. AGENDA ITEMS / TASKS FOR NEXT MEETING, 12:30 p.m. February 20, 2014

Goal / Work Plan Objective #:	*Party to Complete Task*	*Accomplishments*
Recruitment and Retention	Executive	Discuss committee membership and develop ideas on how to build leadership of committee members. Recommend ways to recruit new members to committees.
Evaluations (WP Item 2.5)	Executive	Assess the effectiveness of Council and Committee meetings through the meeting evaluation reports.
Annual Evaluation (WP Item 3.7)	All Committee, Staff	Assess the effectiveness of Planning Council operations throughout FY 2013-2014

9. ANNOUNCEMENTS

None

10. ADJOURNMENT

Without objection the meeting was adjourned at 4:32 p.m.

Member	1/16/14
Kuryla, S., (*Chair)*	A
Gammell, B, (*V. Chair)*	**1**
Taylor-Bennett, C.	**1**
H. Bradley Katz	**1**
Grant, C.	**1**
Reed, Y.	E
Tomlinson, K.	**1**
Quorum =4	**Yes**

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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

MEETING AGENDA
Thursday, February 27, 2014 at 9:00 a.m.

Samantha Kuryla, Chair **Brad Gammell, Vice Chair**

Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. **CALL TO ORDER**
2. **MOMENT OF SILENCE**
3. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   b. Council Member and Guest Introductions
   c. Excused Absences and Appointment of Alternates
   d. Approval of 2/27/14 Meeting Agenda
   e. Approval of 1/23/14 Meeting Minutes
4. **PUBLIC COMMENT** (Up to 10 minutes)
5. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A)
6. **CONSENT ITEMS**

Consent # 1	To remove Joey Wynn, representing Social Service Providers, including Providers of Housing and Homeless Services, from membership of the HIV Health Services Planning Council.
Justification	HRSA Policy Notice-11-03: "to qualify for organizational representation on a Council, the representative from the organization listed below ***must provide services within the geographic boundaries of the EMA***/TGA:" c. Social service providers, including providers of housing and homeless services;
Proposed by:	Membership Council Development Committee

7. **DISCUSSION ITEMS**

Discussion # 1	To create an ad-hoc committee to look at proposed rule changes and eligibility as it pertains to ADAP Part B.
Justification	Assess proposed Part B ADAP eligibility rule changes
Proposed by:	HIV Health Services Planning Council

Discussion # 2	To appoint Lakytia Clayton to the Joint Client/Community Relations Committee
Justification	Ms. Clayton has shown commitment to attending meetings and dedication to attending and helping with JCCR's community events.
Proposed by:	Joint Client/Community Relations Committee

Discussion # 3	To appoint Karen Creary to the Joint Client/Community Relations Committee
Justification	Ms. Creary has a longstanding commitment to the committee.
Proposed by:	Joint Client/Community Relations Committee

8. JANUARY COMMITTEE REPORTS

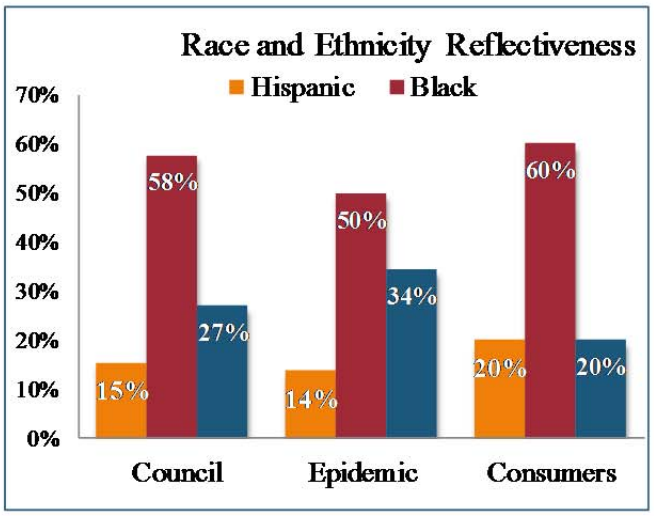
a. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

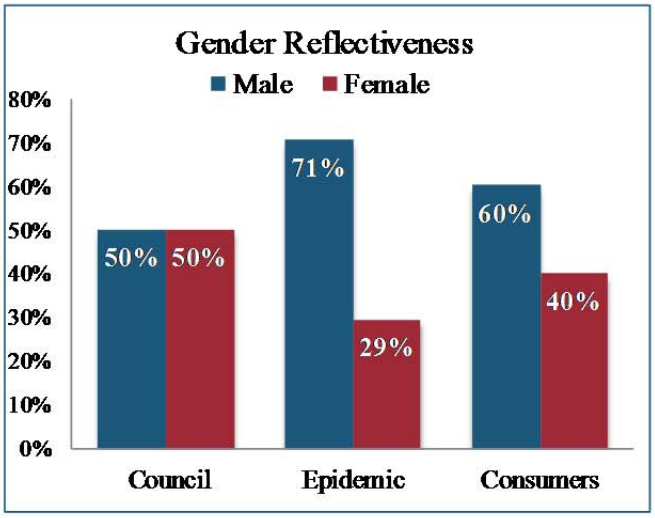
February 20, 2014 *Chair: H.B. Katz, Vice Chair: T. Wilson*

HIV Planning Council Membership Report for February 20, 2014

Gender	Council	Epidemic	Consumers		Council	Epidemic	Consumers
Male	13	11,836	6	Male	50%	71%	60%
Female	13	4,944	4	Female	50%	29%	40%
	26	16,780	10		100%	100%	100%
Race	**Council**	**Epidemic**	**Consumers**		**Council**	**Epidemic**	**Consumers**
Hispanic	4	2,290	2	Hispanic	15%	14%	20%
Black	15	8,361	6	Black	58%	50%	60%
White	7	5,772	2	White	27%	34%	20%
Other	0	357	0	Other	0	2%	0
	26	16,780	10		100%	100%	100%

Percent of Planning Council Members That Are Unaffiliated Consumers
38%





Current Members	26
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35

Vacant Seats
Grantees of Other Fed HIV Programs - Prevention
Hospital/Health Care Planning Agencies
Local Public Health Agencies
Rep for Former Fed/State/Local Prisoners

Council cannot be comprised of more than 40% of Ryan White Part A Providers
No more than 3 members employed by one governmental agency or provider shall serve on the Planning Council at one time

The following HIV Planning Council (HIVPC) seats are currently vacant:

- Grantees of Other Federal HIV Programs – Prevention
- Hospital/Healthcare Planning Agencies
- Local Public Health Agencies
- Representative for Former Federal/State/Local Prisoners

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**

February 4, 2014 *Part A Co-Chair: Y. Reed, Part B Co-Chair: L. Washington*

A. Work plan item update / Status Summary:
Work plan item 1.2 – Members recapped the last Hot Topic on the Housing Opportunities for Persons with HIV/AIDS (HOPWA) program and the Affordable Care Act (ACA). Members noted that conducting more than one Hot Topic presentation in a meeting does not allow enough time for each topic. All presenters will be invited back to present upcoming meetings. Members discussed potential Hot Topics. One member mentioned that there should be more information regarding the Affordable Care Act. Members discussed AIDS Drug Assistance Program (ADAP) changes to the administrative rule. Members requested that the Part B Grantee present the new ADAP Eligibility information once administrative documentation has been released. It was also suggested that a representative from the Broward County Prevention Planning Council present at an upcoming meeting. The Committee requested that a representative from Legal Aid conduct the next "Hot Topic" presentation at the March meeting. Work plan item 2.3 – Members discussed client turnout at the World AIDS Day event held on December 3, 2013 and Consumer Forum held on December 4, 2013. It was suggested that members consider different recruiting strategies including social marketing platforms to advertise for events. Members felt there should be greater collaboration between organizations when developing a World AIDS Day event. There was also discussion regarding the Consumer Forum. Members found that participation was good and the forum was informative in exposing needs in client education. Work plan item 2.2 –The Committee discussed targeting the Hispanic community at the next community event. There was also discussion regarding the reasons some clients might not want to attend events focused only on HIV/AIDS or Ryan White. Barriers to attending the events were also discussed, including transportation, food, and stigma. It was requested that information be given about Medicaid PAC Waiver. Members were requested to bring ideas of the venue and target population for the next community event. Further discussion regarding the 1st community event for FY14-15 will continue at the next meeting. Work plan 4.1 – This item was tabled due to potential changes to the FY 2014-2015 work plan.
B. Rationale for Recommendations:
Members unanimously voted to add Lakytia Clayton as a member of the JCCR committee due to her commitment to attending meetings as well as her dedication to attending and helping with JCCR's community events. Members also unanimously voted to add Karen Creary as a member of the JCCR Committee due to her longstanding commitment to the committee.
C. Data Reports / Data Review Updates:
None
D. Data Requests:
Staff requested to: 1) research BTAN work and potential for collaboration, 2) research a venue location for the 1st community event, 3) send a user-friendly surveillance report to community members highlighting race/ethnicity by zip code as well as trends in HIV incidence, and 4) provide any information regarding planning for the community event as requested by members.
E. Other Business Items:
Agenda Items for Next Meeting: Client participation; Hot Topic Presentation; Update on FY 14-15 workplan; 1st Community Event; Annual Evaluation *Next Meeting Date*: March 4, 2014.

c. **JOINT PLANNING COMMITTEE**

Meeting cancelled *Part A Co-Chair: K. Tomlinson, Part B Co-Chair: K. Saiswick*

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

Meeting cancelled *Chair: C. Grant*

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

February 19, 2014 *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Vacant*

f. **LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)**

February 12, 2014 *Chair: D. Proulx*

F. Work Plan Item Update / Status Summary:

The LPAC held a follow-up meeting to the joint LPAC/Medical Network meeting held on January 22, 2014. During the joint meeting, members made a motion to add Gardasil to the Part A Formulary. However, LPAC asked to review the cost-effectiveness of adding Gardasil to the Part A Formulary before presenting a final decision to the PSRA Committee.

A presentation was made highlighting the following: the Medical Network's original recommendation to add the vaccine considering the rates of HPV among men and women, the rates of cervical cancer, and the low rates of cervical screening; overview of HPV including rates in the general population and in HIV+ men and women; Centers for Disease Control and Prevention HPV vaccine recommendations; cervical cancer screening benchmarks and rates among Part A clients; barriers to cervical cancer screenings among HIV+ women; number of cervical screenings and colposcopies between 2.11.12-2.11.14; findings from a review of HPV cost-effectiveness studies.

The LPAC agreed that: 1) HPV is a significant health concern for PLWHA; 2) the cost of HPV vaccine is less expensive than repeat Pap Smears and Colposcopies; 3) Part A cervical screening rates are low and if women are not getting screened it is logical to protect them against the 4 HPV strains they may not have been exposed to; 4) anal Pap Smears for men are not a current medical standard and routine procedure; 5) there is a significant rate of colposcopy procedures among those Part A clients who had a cervical screening done. The LPAC also considered: 1) the fact that the impact of age on vaccine effectiveness is not certain and 2) the potential barrier to HPV vaccine series completion as a result of it being administered in 3 doses that require clients to follow-up.

Since the cost of all 3 doses of the vaccine is estimated at $414, and the medical recommendation would be to vaccinate all clients, discussion took place regarding the cost and likelihood of vaccinating all clients. The current low rates of vaccine utilization suggest that only a fraction of clients would be vaccinated for HPV. Additionally, the many barriers to vaccine series completion, such as the need to pick up the vaccine at the pharmacy and deliver it to the physician for administration, were discussed. A member suggested a pilot study that allowed for a sample of clients to be vaccinated with one dose through Part A and the last 2 through a Patient Assistance Program; all delivered and administered at the physician's office. Another suggestion was to have the vaccine be part of the medical budget. The vaccine would then be delivered to, and administered by medical providers, bypassing the need for pick up at the pharmacy.

G. Rationale for Recommendations:

LPAC decided to table the recommendation to approve Zostavax until more research is done on the feasibility of incorporating the vaccine in the medical budget.

H. Data Reports / Data Review Updates:

- Gardasil Cost-Effectiveness.

I. Data Requests:

- Effectiveness of Gardasil- if entire series not completed- 1 of 3 doses; 2 of 3 doses.
- Studies/Stats on compliance with completion of entire series (males and females) - including time intervals for each dose.
- Studies/stats on client refusal or resistance to take vaccine when offered (males and females).
- Research Part A clients' compliance with Hepatitis B series and rates of completion.

J. Other Business Items:

There was no other business.

K. Agenda Items for Next Meeting:

Standing Agenda Items. *Next Meeting Date*: TBD

g. **JOINT EXECUTIVE COMMITTEE**

No Meeting Scheduled *Part A Chair: S. Kuryla, Part B Chair: J. Wynn*

h. **PART A EXECUTIVE COMMITTEE**
February 20, 2014 *Chair: S. Kuryla, Vice Chair: B. Gammell*

9. GRANTEE REPORTS (up to 10 minutes)
a) Part A
b) Part B (Handout C)

10. OTHER REPORTS (up to 10 minutes)
a) Part C
b) Part D (Handout D)
c) Part F
d) HOPWA
e) Prevention

11. UNFINISHED BUSINESS

12. NEW BUSINESS

13. ANNOUNCEMENTS

14. PUBLIC COMMENT (Up to 10 minutes)

15. REQUEST FOR DATA

16. AGENDA ITEMS FOR NEXT MEETING: March 27, 2014 at 9:00 a.m. **VENUE:** BRHPC

17. ADJOURNMENT

MARCH 2014

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

DRAFT MEETING SCHEDULE

Meeting dates and times are subject to change, please contact support staff at 954-561-9681 or visit http://www.brhpc.org/RW_calendar.aspx for updates

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3 HIV Planning Council Coordination, 9:30 a.m. Governmental Center Annex^ – A335	4 **Joint Client/Community Relations Committee, 1:00 p.m., BRHPC*** Medical Case Management QI Network, 9:30 a.m.	5 SFAN Executive Committee 9:00 a.m. Holy Cross Healthplex#	6 **Membership/Council Development Committee, 9:00 a.m., TBD** **Care/Prevention Meeting 12:30 p.m. TBD**	7 *SFAN* *10:00 a.m.* Holy Cross Healthplex#
10 **Joint Planning Committee, 2:00 p.m. BRHPC***	11	12 SFAN's Re-entry HIV/AIDS Committee, 2:00 p.m. Broward Sheriff Office+	13	14
17 HIV Planning Council Coordination, 9:30 a.m. Governmental Center Annex^ – A335 **Quality Management Committee, 12:30 p.m., Governmental Center Annex^ – A335**	18	19 **Priority Setting Resource Allocation Committee, 12:30 p.m. BRHPC***	20 **Joint Executive Committee 12:30 p.m.** BRHPC* **Part A Executive Committee 2:00 p.m.** BRHPC*	21 Mental Health QI Network, 2:30 p.m.
24	25	26	27 **HIV Planning Council 9:00 a.m. BRHPC*** **Joint Executive Retreat 12:30 p.m.**	28

*BRHPC=Broward Regional Health Planning Council, 200 Oakwood Lane, Suite 100, Hollywood, 33020
^Governmental Center Annex Room, Ryan White Part A Program Office, 115 S. Andrews Ave., Ft. Lauderdale, 33301
#Holy Cross Healthplex, 1000 NE 56th Street, Ft. Lauderdale, FL 33334
+Broward Sherriff Office, Day Reporting Re-entry Division, 4200 N.W. 16th Street, Suite 101 Lauderhill, 33313
MEETINGS IN RED TYPE REFLECTS CHANGES / NEW MEETING DATES & TIMES

Updated: 2/19/2014 3:51 PM

MARCH 2014

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

DRAFT MEETING SCHEDULE

Meeting dates and times are subject to change, please contact support staff at 954-561-9681 or visit http://www.brhpc.org/RW_calendar.aspx for updates

TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en: Oakwood Plaza 200 Oakwood Lane, Suite 100 Hollywood, FL 33020 (Broward Transit # 6 & 12 Bus Route: Sheridan St.) Por favor tome nota del tipo de letra imprenta utilizado para las reuniones: HIV Planning Council Soporte al Programa ("Imprenta Resaltada) Para confirmar información acerca de la reunión de Consejo de Planeación VIH, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios. Llame al Broward Regional Health Planning Council al: (954) 561- 9681 [HIVPC Support Staff, para Información.]	Unless otherwise noted on the calendar, all meetings are held at: Oakwood Plaza 200 Oakwood Lane, Suite 100 Hollywood, FL 33020 (Broward Transit # 6 & 12 Bus Route: Sheridan St.) Note the print type for meetings: HIV Planning Council Program Support ("BOLD" type print) To confirm HIV Planning Council meeting information, or reserve special needs services such as: Translation from English to Spanish or Creole; or, are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you. Call the Broward Regional Health Planning Council at: (954) 561- 9681 [HIVPC Support Staff for HIV Planning Council information and for Program Support information.]	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fèt: Oakwood Plaza 200 Oakwood Lane, Suite 100 Hollywood, FL 33020 (Broward Transit # 6 & 12 Bus Route: Sheridan St.) Gade byen tip enpresyon rankont-yo: Konsèy Planifikasyon HIV Sipò Pwogram (tip enpresyon-an"FONSE") Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou. Rele Konsèy Rejyonal Planifikasyon Sante Broward-la nan: (954) 561- 9681 [HIVPC Support Staff pou Sipò Konsèy ak pou enfòmasyon sou Pwogram Sipò-a.]

Updated: 2/19/2014 3:51 PM

EXECUTIVE COMMITTEE
Policies and Procedures

Policies

The Committee shall have responsibility for oversight of the planning activities established in the comprehensive plan and development and oversight of committee work plans to address comprehensive planning goals and objectives.

Periodic meetings with Consortium Executive Committee

The Committee shall meet jointly with the Consortium Executive Committee on quarterly basis to discuss mutual planning issues and to plan how the two bodies can work together to meet Approved 8/24/09, 11/18/09 (Article VII, Section 1B), 1/28/10 (Article VII, Section 1D) 12 the needs of the EMA. Any consensus recommendations from this Joint Executive Committee shall be brought to the respective planning bodies by their corresponding Chairs for discussion and/or action.

The membership of the Executive Committee shall consist of the Broward County HIV Health Services Planning Council (Council) Chair, the Council Vice-Chair and the Chairs of each of the Standing Committees. Immediate past Council Chair (if the past Chair is currently a member of the Council)
will serve as an ex-officio member of the Committee.

The Executive Committee may meet between regular Council meetings as needed, on an emergency basis, to conduct business of the Council (excluding priority-setting and allocation decisions). The Executive Committee shall:

- Set the agenda for Council meetings.
- Address Conflict of Interest issues.
- Oversee the planning activities established in the Comprehensive Plan.
- Develop and oversee committee work plans which address comprehensive planning goals and objectives.
- Review Membership/Council Development Committee Attendance report to identify Council members not in compliance with attendance requirements.
- Review Committee recommendations to determine whether the items should be referred to the appropriate Committee.
- Ratify Membership/Council Development Committee recommendations for removal for cause.

The Committee shall be authorized to formulate Council policy, review all concerns, and make recommendations to the full Council regarding unresolved grievance issues as stated in the Council's Grievance Policy.

Procedures

Conflict of Interest

The Committee shall be authorized to formulate Council policy, review all concerns, and make recommendations to the full Council regarding conflict of interest issues.

Comprehensive Plan:
The Executive Committee shall be responsible for developing and maintaining a Comprehensive HIV/AIDS Plan.

The Committee shall have responsibility to develop and maintain a comprehensive plan for the organization and delivery of HIV health and support services that:

- Incorporates information from the needs assessment, continuous quality improvement activities, evaluation studies, etc.;
- Includes a strategy to coordinate the provision of services with programs for HIV prevention (including outreach and early intervention) and the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for substance abuse);
- establishes mechanisms to ensure participation in Statewide Coordinated Statement of Need (SCSN) activities to encourage CARE Act programs to address key HIV/AIDS care issues and enhance coordination;
- coordinates with Federal grantees that provide HIV-related services; and,
- includes discrete goals and timetables.

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.

The Committee shall meet jointly with the Part B Executive Committee on a quarterly basis to discuss mutual planning issues and to plan how the two bodies can work together to meet the needs of the EMA.

The Committee will ensure participation in SCSN activities.

The Committee shall develop work plans for HIVPC committees to respond to the goals and objectives of the Comprehensive Plan and oversee/manage accomplishment of work plan activities.

Council Meeting Agenda:
The Committee (or in the absence of Executive Meeting action, the Council's Planner/Coordinator) shall prepare an agenda for full Council meetings.

The meeting agenda for the Council shall be based upon the following:

- Each committee chair, the grantee, and Council support staff will inform the Committee (or Council Planner/Coordinator) of committee recommendations and other actions to be presented for the Council's approval.
- Motions passed by Committees may be sponsored by the Chair of the Committee on behalf of the committee and annotated on the Council Agenda as sponsored by the Committee. Individual members of the Council may also request that action items be placed upon the agenda by providing them in writing to the Council Planner/Coordinator prior to the Executive Committee meeting.
- Members of the public who wish to bring matters before the Council for consideration must obtain sponsorship of the item by a member of the Council. Requesters of all Council actions will also provide appropriate back-up documentation to explain the action being requested.
- The Executive Committee may refer proposed actions to the appropriate committee to examine and make a recommendation prior to presenting the matter to the Council for action.
- Proposed motions requiring the Council's vote shall be listed on the agenda which is sent out to members prior to the Council meeting.
- At the Executive Committee's discretion, the back-up documentation will be labeled and distributed with the Council's agenda.
- At the discretion of the Council Chair, action items requested at the Council meeting not on the published agenda may be deferred to the old business or new business portion of the agenda, or until the next Council meeting, or may be assigned to an appropriate committee for recommendation.
- The ordinary order of the Council's agenda shall be: 1, welcomes and introductions (including explanation of Government in the Sunshine Requirements for meeting attendees regarding attendees choice to disclose HIV status as disclosure in HIV Planning Council and/or Committee meetings would then become a matter of public record); 2, adoption of agenda; 3. approval of minutes; 4, moment of silence; 5, review meeting ground rules; 6. public comment; 7. action items, consent (no discussion required); 8, action items, regular (discussion required); 9, discussion items; 10, grantee report; 11, program support report; 12, committee reports; 13, legislative update; 14, old business; 15,

new business; 16 public input; 17, announcements; 18, next meeting date, adjournment. The Executive Committee may re-order these items for particular meetings if necessary for the efficient and effective administration of the Council's business.

- The Executive Committee (or Council Chair in the absence of Executive Committee action) will determine the order of decision action items.
- The Executive Committee will establish time limits for each agenda item for each meeting. The Chair may use discretion to impose time limits on each speaker, to be consistently applied. Upon expiration of the time for discussion of a particular action item, the Chair shall close the debate and call for a vote. A person who has spoken once on a pending matter may not speak again on that matter until all others requesting the floor have been recognized.

Committee Meeting Evaluation Report

January 2013 through June 2013

HIV Planning Council and Committee meeting attendees (members and guests) are asked to complete a meeting evaluation. The results are to be reported to the Executive Committee.

Participants can check **Yes** or **Needs Improvement**; to the following Evaluation Statements:

1. The meeting place was a good working environment.
2. The agenda was clear and was supported by the necessary documents.
3. The chair guided the meeting effectively.
4. All Council/Committee members were prepared to participate in the agenda.
5. Reports were clear and contained needed information.
6. Next steps for future tasks were identified and responsibility was assigned.
7. The agenda was followed without spending too much time on non-agenda items.
8. It was possible to express my opinion if I wanted to.
9. Meeting participants conducted themselves appropriately.

Additional space is provided for comments.

Joint Client/Community Relations Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

January 8, 2013
Evaluations from 7 of 10 attendees (70%)

- Statement 2: NI (1); Statement 4: NI (1) NR (1); Statement 5: NI (1); Statement 6: NI (2); Statement 7: NI (2); Statement 8: NI (3); Statement 9: NI (1)
- Comment: (4) "Need more input on this"; (8) "Need more"

February 5, 2013
Evaluations from 7 of 14 attendees (64%)

- Statement 6: NI (1)
- No comments

April 2, 2013
Evaluations from 4 of 14 attendees (29%)

- No statements
- No comments

May 7, 2013
Evaluations from 4 of 10 attendees (40%)

- Statement 4: NI (1)
- No comments

June 4, 2013
Evaluations from 5 of 6 attendees (83%)

- No statements
- No comments

Membership/Council Development Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

January 3, 2013
Evaluations from 2 of 6 attendees (33%)

- Statement 3: NI (1); Statement 5: NI (1); Statement 6: NI (1); Statement 7: (NI); Statement 9: (NI)
- No comments

March 7, 2013
Evaluations from 1 of 6 attendees (17%)

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

- No statements
- No comments

April 4, 2013
Evaluations from 4 of 14 attendees (29%)
- Statement 5: NI (1), NR (1); Statement 6: NI (2), NR (1); Statement 7: NI (1); Statement 8: NI (1), NR (1)
- No comments

May 2, 2013
Evaluations from 4 of 8 attendees (50%)
- Statement 2: NR (1); Statement 5: NR (1); Statement 6: NR (1); Statement 7: NR (1); Statement 8: NR (1); Statement 9: NI (1)
- No comments

Joint Planning Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

January 14, 2013
Evaluations from 1 of 9 attendees (11%)
- No statements
- No comments

February 11, 2013
Evaluations from 5 of 12 attendees (42%)
- No statements
- No comments

March 11, 2013
Evaluations from 3 of 7 attendees (43%)
- No statements
- No comments

April 8, 2013
Evaluations from 2 of 9 attendees (22%)
- No statements
- No comments

June 10, 2013
Evaluations from 1 of 10 attendees (10%)
- No statements
- No comments

Local Pharmacy Advisory Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

Part A Executive Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

January 10, 2013

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

Evaluations from 1 of 6 attendees (17%)
- No Statements
- No Comments

February 21, 2013
Evaluations from 2 of 6 attendees (33%)
- No Statements
- "Great organizational skills"

April 18, 2013
Evaluations from 2 of 9 attendees (22%)
- No Statements
- "This is going very well. Keep up the good work."

May 16, 2013
Evaluations from 1 of 5 attendees (20%)
- No Statements
- No comments

June 18, 2013
Evaluations from 3 of 11 attendees (27%)
- No Statements
- No comments

Joint Executive Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

Joint Priorities Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

January 16, 2013
Evaluations from 3 of 12 attendees (25%)
- No Statements
- Comment: (8) "Excellent Debates"

April 17, 2013
Evaluations from 1 of 13 attendees (8%)
- No Statements
- No Comments

June 12, 2013
Evaluations from 1 of 9 attendees (11%)
- No Statements
- No Comments

Quality Management Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

March 18, 2013
Evaluations from 5 of 6 attendees (83%)
- Statement 4: NI (1), NR (1)
- Comments: (4) "No quorum", (5) "Would prefer to review all materials in advance-may not be possible as guest"

April 15, 2013
Evaluations from 8 of 9 attendees (89%)
- Statement 1: NI (1)
- Comments: (1) "A little warm towards end of meeting"; It's been a little warm but fan helps" (3) "Done well" (9) "Very good meeting"

May 20, 2013
Evaluations from 3 of 7 attendees (43%)
- No Statements
- Comments: (G) Excellent Mtg. Thank you Staff! Best Eva!

HIV Planning Council

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

January 24, 2013
Evaluations from 6 of 23 attendees (26%)
- Statement 3: NR (1); Statement 4: NI (1); Statement 5: NI (1); Statement 6: NR (1)
- Comments: (2) "Excellent organization;" (5) "Excellent data & reports;" (General) "Very informative meeting, I am excited to be a part of the organization."

February 28, 2013
Evaluations from 3 of 35 attendees (9%)
- Statement 3: NR (1); Statement 4: NI (1); Statement 5:NI (1); Statement 6: NR (1)
- Comments: (7) "Tea Drinkers are discriminated against" (General) "BCHD slides were very dark and hard to see."

March 28, 2013
Evaluations from 6 of 24 attendees (25%)
- Statement 7: NI (1)
- No comments

April 25, 2013
Evaluations from 2 of 30 attendees (6.7%)
- Statement 4: NI (1)
- No comments

May 23, 2013
Evaluations from 5 of 20 attendees (20%)
- Statement 3: NI (1)
- "Need more input"

June 27, 2013
Evaluations from 6 of 31 attendees (19%)
- Statement 5: NI (1); Statement 8: (NI)
- "Much improved, needs clarification on items discussed, overall all is well."

Ad Hoc By-Laws Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

March 21, 2013
Evaluations from 2 of 6 attendees (33%)
- No Statements
- No Comments

April 18, 2013
Evaluations from 2 of 8 attendees (25%)
- No Statements
- No Comments

Ad Hoc PCIP Subcommittee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

April 17, 2013
Evaluations from 1 of 9 attendees (11%)
- Statement 3: NI (1)
- Statement 4: NI (1)
- Statement 5: NI (1)
- Statement 6: NR (1)
- No Comments

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

Committee Meeting Evaluation Report

July 2013 through December 2013

HIV Planning Council and Committee meeting attendees (members and guests) are asked to complete a meeting evaluation. The results are to be reported to the Executive Committee.

Participants can check **Yes** or **Needs Improvement**; to the following Evaluation Statements:

1. The meeting place was a good working environment.
2. The agenda was clear and was supported by the necessary documents.
3. The chair guided the meeting effectively.
4. All Council/Committee members were prepared to participate in the agenda.
5. Reports were clear and contained needed information.
6. Next steps for future tasks were identified and responsibility was assigned.
7. The agenda was followed without spending too much time on non-agenda items.
8. It was possible to express my opinion if I wanted to.
9. Meeting participants conducted themselves appropriately.

Additional space is provided for comments.

Joint Client/Community Relations Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

August 6, 2013
Evaluations from 8 of 11 attendees (73%)
- Statement 5: NI (1); Statement 9: NI (1)\

September 4, 2013
Evaluations from 8 of 13 attendees (62%)
- No statements

October 1, 2013
Evaluations from 8 of 12 attendees (67%)
- No statements
- "grateful to have a place to voice my concerns"

November 12, 2013
Evaluations from 3 of 14 attendees (21%)
- No statements

Membership/Council Development Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

July 11, 2013
Evaluations from 4 of 6 attendees (67%)
- Statement 2: NI (1); Statement 3: NR (1); Statement 7: NI (2); Statement 8: NI (1)
- "Need more input on this"

August 1, 2013
Evaluations from 5 of 7 attendees (71%)
- Statement 3: NI (2); Statement 5: NI (1)
- "We need more to talk about"

October 3, 2013
Evaluations from 5 of 5 attendees (100%)
- Statement 3: NI (1)
- "Tara did a very good job"

November 7, 2013
Evaluations from 3 of 4 attendees (75%)
- No statements

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

Joint Planning Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

July 8, 2013
Evaluations from 4 of 9 attendees (67%)
- No statements
- "Thanks!"

October 14, 2013
Evaluations from 4 of 10 attendees (40%)
- No statements

Local Pharmacy Advisory Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

July 30, 2013
Evaluations from 0 of 8 attendees (0%)
- No statements
- No comments

November 6, 2013
Evaluations from 0 of 6 attendees (0%)
- No statements
- No comments

Part A Executive Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

August 15, 2013
Evaluations from 1 of 7 attendees (14%)
- No statements
- No comments

September 19, 2013
Evaluations from 0 of 11 attendees (0%)
- No statements
- No comments

October 17, 2013
Evaluations from 1 of 4 attendees (25%)
- No statements
- No comments

November 21, 2013
Evaluations from 1 of 5 attendees (20%)
- No statements
- "The meeting after the meeting was the most effective we've had in years"

December 5, 2013
Evaluations from 2 of 7 attendees (29%)
- Statement 3:(NI)1
- No comments

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

Joint Executive Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

July 18, 2013
Evaluations from 2 of 9 attendees (22%)
- No statements

October 17, 2013
Evaluations from 2 of 21 attendees (22%)
- Statement 3:NI(1); Statement 8:NI(1)
- "Chair was rude to public and gave inaccurate information"
- "Questions from members were not answered but rather glossed over"

November 21, 2013
Evaluations from 2 of 11 attendees (20%)
- No statements
- "The meeting after the meeting was the most effective we've had in years"

Joint Priorities Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

July 10, 2013
Evaluations from 2 of 13 attendees (15%)
- No statements
- No comments

July 17, 2013
Evaluations from 3 of 11 attendees (27%)
- Statement 4: NI (1); Statement 7: NR (1)
- "Re-hashed many items that were already approved"
- "To much excess talking"
- "While all discussion is important, alot of time was spent on off-agenda items"

September 18, 2013
Evaluations from 4 of 13 attendees (31%)
- No statements
- No comments

November 20, 2013
Evaluations from 2 of 12 attendees (17%)
- Statement 5: NI (1)
- No comments

Quality Management Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

July 15, 2013
Evaluations from 7 of 12 attendees (58%)
- No statements

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

- "TY Excellent work BRHPC Staff!"

August 19, 2013
Evaluations from 3 of 7 attendees (43%)
- No statements
- No comments

November 18, 2013 (Retreat)
Evaluations from 9 of 10 attendees (90%)
** Used a different evaluation form because it was a retreat
- "Great locale"
- " This was a great event recommend every four to six months for all committee's"
- "Very well organized, as well as presentations were very detailed"
- "Nice idea and useful purpose. Everyone participated"

HIV Planning Council

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

July 15, 2013
Evaluations from 6 of 17 attendees (35%)
- Statement 5: NI (1)
- "The chair does an excellent job on keeping the board on task"

September 26, 2013
Evaluations from 8 of 23 attendees (35%)
- Statement 2: NI (2); Statement 3:NI (2) Statement 5: NR (2); Statement 7: NI (5); Statement 9: NR (1)
- "BRAD-sorry about "the process" taking so much time"
- "too much unrelated conversation"
- "excellent data"
- "1 hour 45 minutes before we started our business agenda"
- "we need time limits
- "Too much time spent on individual items

October 24, 2013
Evaluations from 8 of 23 attendees (34%)
- Statement 7: NI (1)
- "Great meeting: 1) Productive-on task and 2) Efficient"
- "Need more input"
- "excellent documentation, highly organized"
- "Best, most efficient meeting in years"

December 12, 2013
Evaluations from 6 of 27 attendees (22%)
- Statement 5: NR (1); Statement 7: NI (1)
- "But we need more"
- "Need more input"
- "too many side conversating guests and council members"

Ad Hoc By-Laws Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

September 19, 2013
Evaluations from 2 of 4 attendees (50%)
- No statement
- No comments

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

October 17, 2013
Evaluations from 1 of 4 attendees (25%)
- No statement
- No comments

Ad Hoc Nominating Committee

The response is 100% "Yes" to all statements unless otherwise indicated:
Needs Improvement = NI; No Response = NR

October 16, 2013
Evaluations from 1 of 6 attendees (17%)
- No statement
- No comments

November 20, 2013
Evaluations from 0 of 7 attendees (0%)
- No statement
- No comments

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

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
www.brhpc.org

EXECUTIVE COMMITTEE:
FY 2013-2014

COMMITTEE ACCOMPLISHMENTS

- Annually review and update Comprehensive Plan to ensure continued appropriateness (WP Item 1.1) **Note:** Considering having this item state that the Committee is actually "updating" the Comprehensive Plan.
- Monitor activities of standing and ad Hoc Committees to ensure objectives of Comp Plan are met (WP Item 1.2)
- Review Mentoring Plan (WP Item 2.1)
- Appoint Nominating Committee Chair (WP Item 2.4)
- Monitor adherence to Planning Council attendance policy (WP Item 3.1)
- Organize and approve Planning Council meeting agenda every month (WP Item 3.2)
- Review and revise HIVPC grievance process (WP Item 3.4)
- Assess JCCR community educational sessions (WP Item 3.5)
- Review recommended changes to By-Laws (WP Item 4.1)
- Review reports from Committee chairs on accomplishing work plan items (WP Item 4.4)
- Review and revise EIIHA Strategy (WP Item 5.5) **Note:** EIIHA strategy reviewed. Perhaps reconsider making this Committee responsible for revising the strategy)
- Review recommended FY14/15 Allocations (WP Item 5.7)
- Review recommended FY13/14 reallocations (Sweeps) (WP Item 5.8)

WORK PLAN CHALLENGES

- Review results of Council training survey to recommend training sessions (WP Item 2.2) **Note:** No training survey was conducted this fiscal year.
- Conduct mini-Retreat for Joint Executive (WP Item 4.3) **Note:** Perhaps this agenda item can state "as needed" as opposed to having a set date. There may not be a Joint Executive Committee retreat within FY13-14.
- Meet bi-monthly with Part B to ensure coordination of funders and policies (WP Item 5.3) **Note:** The Committee did meet with Part B; however, there were times when there was no specified purpose/business to conduct jointly. Perhaps there should be a true Joint Executive work plan.
- Review plans for FY13 Client Survey to inform PSRA process (WP Item 5.4) **Note:** The Committee reviewed the populations identified for the focus groups; however, there was a different process for the client survey this fiscal year.
- HIVPC Self-Assessment Survey. Complete Assessment of Administrative Mechanism (WP Item 5.6) **Note:** Committee reviewed the results of the Assessment of the Administrative Mechanism presentation conducted with the PSRA Committee.