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

MEETING AGENDA

Committee: Executive Committee
Date/Time: Thursday, July 16, 2020, 1:30 p.m.
Location: Virtual Meeting Room
Chair: Lopes, R. **Vice Chair**: Grant, C.

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 07/16/20 Executive Committee Agenda, 06/18/20 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   - I. Review and Approve 07/23/20 HIVPC Agenda, Meeting Materials and Motions (Handouts A)
   - II. Review August 2020 HIVPC Calendar (Handout B)
4. **UNFINISHED BUSINESS**
   None.
5. **MEETING ACTIVITIES/NEW BUSINESS**
   - I. **Integrated EHE Discussion (Handout C)**
     Activity 2.1: Maintain collaborative relationships with community partners
     ACTION ITEM:
     - Update on moving forward with Executive Meeting between SFAN, BCHPPC, and HIVPC
     - Discuss the request made by Joey Wynn to integrate the HIVPC and SFAN.
   - II. **Leadership Training (Handout D)**
     Activity 3.3: Leadership training
     ACTION ITEM:
     - Discuss Robert's Rules of Order Virtual training
     - Discussion Leadership training activities
     - Delegate member tasks for August
6. **RECIPIENT'S REPORT**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** TBD **VENUE:** TBD
9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS
THREE GUIDING PRINCIPLES OF THE HIV PLANNING COUNCIL
• Linkage to Care •Retention in Care • Viral Load Suppression •

FY 2020-2021 Executive Work Plan

The work plan is intended to help guide the work of the committee and to assist the Executive Committee in achieving its objectives in the coming year.
For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Increase community engagement and participation by adding 10 new Committee and HIVPC members by the end of FY2020

Objective 1: Oversee Planning Council Operations

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Conduct annual evaluationof HIVPC Self-Assessment Survey.	Annually	Executive	Improved Process	Review Committee activities, challenges, and completion of work plan achievements.												
1.2 Review the need for reinstating the ad-Hoc By-Laws Committee.	Annually	Executive/By-Laws	Improved By-Laws	Reinstate the ad-Hoc By-Laws Committee based on pending parking lot items. Identify and appoint ad-Hoc By-Laws Chair.												
1.3 Review and approve work plans for upcoming FY.	Annually	Executive	Identify goals and objectives for upcoming year	Review Committee activities, challenges, and achievement of goals to plan and prepare for upcoming work plan activities for FY starting March 1.												
1.4 Monitor committee activities to ensure goals and objectives of work plans are met.	Quarterly	Executive	HIVPC and Committee goals are met	Conduct quarterly review of Committee work plan status to be presented by committee chair. Determine Committee progress and make recommendations to Chairs to address unmet goals.			X									
1.5 Monitor HIVPC membership and discuss strategies to improve reflectiveness.	Quarterly	MCDC Chair/ Vice Chair	HIVPC and Committee goals are met	Conduct quarterly review of HIVPC and Committee reflectiveness. Determine any needed interventions to address Council and Committee membership needs.			X									

Objective 2: Establish and oversee planning activities and committee work plans to address integrated planning goals and objectives

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Maintain collaborative relationships with community partners through the Integrated Workgroup/Collaborative to monitor the 2017 Prevention and Care and Treatment Integrated Comprehensive Plan.	Quarterly	Executive/IC	EMA Goals are addressed	Receive updates from the IW membership regarding the progress of implementing the Integrated Plan. Hold meetings with the Executive Committee of the SFAN and BCHPPC as needed.												
2.2 Monitor Ending the HIV Epidemic Planprogress.	Quarterly	Executive/Recipient/Part B Representative/FQHC Representative	EMA Goals are addressed	Receive updates from the responsible parties regarding the progress of implementing the Ending the HIV Epidemic Plan.												

Objective 3: Implement capacity/leadership development for Planning Council members and applicants

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Plan annual Planning Council Retreat.	Annually	Executive	HIVPC training/leadership	Schedule a retreat for all HIVPC members. Educate members on new/emerging Planning Council/RW Part A issues, HIVPC policies and procedures, leadership development, Integrated Comprehensive Plan.												
3.2 Appoint Nominating Committee Chair. Hold Council leadership Elections.	Biennial	Executive	HIVPC Leadership	Identify and appoint the Nominating Committee Chair.												
3.3 Leadership Training	Per Executive Training Plan	Executive	HIVPC Leadership	Conduct training for HIVPC Committee Chairs with topics addressing leadership, teambuilding, etc.												

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Meeting Minutes: Executive Committee Meeting
Date/Time: Thursday, June 18, 2020, 1:30 p.m.
Location: Virtual Meeting Room
Chair: Lopes, R. **Vice-Chair**: Grant, C.

ATTENDANCE

#	Member	Present	Absent	Recipient Staff
1	Barnes, B., *Ex Officio*	X		Walker, N.
2	Dennis, Bessie		A	Garcia, E.
3	Fortune-Evans, B.	X		Drummond, K.
4	Foster, V.	X		Giglioli, K.
5	Grant, C., Vice-Chair	X		Gonzalez-Charlot, J.
6	Lopes, R., Chair	X		
7	Moragne, T.	X		**HIVPC Staff**
8	Robertson, L.	X		Oratien, V.
9	Rodriguez, J.	X		Martinez, G.
10	Ruffner, A.	X		Ukpai, F.
				GUESTS
				Rosiere, M.
				Samplin-Salgado, M.
				Wiley, E.
	Quorum = 5	**9**		Shamer, D.

1. CALL TO ORDER:

The Chair called the meeting to order at 1:34 p.m. and welcomed all present. Attendees were notified of information regarding 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 acknowledgment of HIV status is not required but is subject to public record if it is disclosed. The Chair, Vice Chair, Committee members, Recipient staff, and support staff were made by roll call. Guest self-introductions were made. A moment of silence was observed. There were no public comments.

2. APPROVALS:

Motion #1: To approve the 06/18/2020 meeting agenda
Proposed by: Robertson, L. **Seconded by:** Fortune-Evans, B.
Action: Passed Unanimously

Motion #2: To approve the 05/21/2020 meeting minutes
Proposed by: Robertson, L. **Seconded by:** Fortune-Evans, B.
Action: Passed Unanimously

3. STANDARDS COMMITTEE ITEMS:

HIVPC Agenda (Handout A): The Executive Committee reviewed the HIV Planning Council agenda for the 06/25/2020 meeting. The Committee voted to approve the agenda with no amendments made during the meeting.

Motion #3: To approve the HIVPC agenda for the 06/25/2020 meeting.
Proposed by: Robertson, L. **Seconded by:** Rodriguez, J.
Action: Passed Unanimously

July HIVPC Calendar (Handout B): The Committee reviewed the July HIV Planning Council calendar. No amendments were made to the calendar during the meeting.

4. UNFINISHED BUSINESS:

None.

5. MEETING ACTIVITIES/NEW BUSINESS:

Get Care Broward Video Launch Update: The Committee received an update about the Get Care Broward video launch which was previously scheduled for March 26, 2020. PCS Staff informed members that the Community Empowerment Committee (CEC) voted to host the video launch event. Details of the launch will be spearheaded by the CEC in the coming month.

HIVPC & Committee Member Survey Results: The Committee reviewed the results of the HIVPC & Committee Member Survey. The survey was administered to all HIVPC and Standing Committee members and included questions to assess members' experiences anonymously. PCS Staff received 21 survey submissions out of 28 administered surveys. Overall, the results yielded positive feedback from members. Committee members briefly discussed low response rates, responses that showed neutrality, and implementing training that will assist new members with understanding the processes of the HIVPC.

6. RECIPIENT REPORT:

The Recipient's Office will be scheduling virtual meet and greets between Juanita Gonzalez-Charlot, the Ryan White Part A Healthcare Services Administrator, local service providers, and community partners. Mrs. Gonzalez-Charlot announced the successful submission of its Ending the HIV Epidemic (EHE) budget to the Health Resources & Services Administration (HRSA) and that the office will be moving forwarded with the implementation phase of the program. The Recipient also announced that one June 11, 2020, HRSA issued the Notice of Funding Opportunity for the Ryan White HIV/AIDS Program Part A. The application is due for submission to HRSA on October 7, 2020.

7. PUBLIC COMMENT

None.

8. ANNOUNCEMENTS

HIVPC members shared information related to upcoming events.

- Live Well will be starting a summer series for consumers to assist with navigating the services provided at the Foodbank. The series will take place Friday afternoons at 1:00 pm and will engage clients in community dialogue around how to live well in the summer.

- The World AIDS Museum (WAM) has relaunched its film series. The next event will be on June 25th from 5-6 p.m., which will include excerpts from the Normal Heart followed by a discussion. WAM will also be premiering a series of workshops to include a workshop for parent and how to effectively communicate with their teenagers about sexual health, as well as one on how to work with LGBTQ youth around sexual health and HIV prevention. The museum will also be hosting a community dialogue with Dr. William Darrow, an Epidemiologist in the Public Health Program at Florida International University, on June 30th at 7 p.m. where Dr. Darrow will talk about the original contact tracing process and Patient Zero. There will also be an Intervention Specialist from Ohio who will discuss the contact tracing process in today's sexual health world.

- Broward Health will be doing mobile testing in observance of National HIV Testing Day on June 27th from 11 a.m. – 4:00 p.m. Testing site location is West Oakland Park Boulevard and NW 56th Avenue.

- Ujima Men's Collective has its Protégé Project, which is a mentoring program for Black, same-gender loving men, and is looking to engage more of the demographic in meaningful mentorship.

- FLDOH has launched a new program under Get Care Broward where individuals can use an app to request a home testing kit which will include, an HIV test, condoms, information on how to get on PrEP, and if positive, how to get linked to care through the Test & Treat Program.

9. AGENDA ITEMS / TASKS FOR NEXT MEETING: July 16, 2020, 1:30 p.m. **VENUE**: WebEx Virtual Meeting Room

10. ADJOURNMENT The meeting adjourned at 2:23 p.m.

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Executive Committee Attendance CY 2020

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Feb	Mar	Apr	May	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	16	20	27	C	C	8	21								
0	1	1	**1**	Barnes, B. *Ex Officio*	X	X	A			X	X								
1	1	1	**2**	Dennis, B.	X	X	X			A	X								
0	0	0	**3**	Fortune-Evans, B.	X	X	X			X	X								
0	0	1	**4**	Foster, V.	X	A	X			X	X								
0	0	1	**5**	Grant, C. *Vice Chair*	X	X	X			A	X								
0	0	0		Hayes, M.	X	X	X			X	Z - 5/21								
0	0	1	**6**	Lopes, R. *Chair*	X	A	X			X	X								
0	0	5	**7**	Moragne, T.	A	A	A			A	A								
0	1	0	**8**	Robertson, L.	X	X	X			X	X								
0	0	1	**9**	Rodriguez, J.	N - 1/16						A								
0	0	1	**10**	Ruffner, A.	X	A	X			X	X								
				Quorum = 5	9	6	8	0	0	7	8	0	0	0	0	0	0	0	

Legend:

X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - canceled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**Z - resigned**
CX - canceled due to quorum	**R - removal letter**

VISION: To ensure the delivery of high-quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

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HANDOUT A

MEETING AGENDA

Committee: Broward County HIV Health Services Planning Council
Date/Time: July 23, 2020, 9:30 a.m. **Location:** WebEx Meeting Room
Chair: Dr. Réquel Lopes, AP **Vice-Chair:** Claudette Grant
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. CALL TO ORDER (10 minutes)

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

a. Welcome and Introductions
b. Review Meeting Ground Rules, Public Comment and Public Record Requirements
c. Council Member and Guest Introductions
d. Moment of Silence
e. Excused Absences and Appointment of Alternates
f. Approval of 07/23/20 Meeting Agenda
g. Approval of 06/25/20 Meeting Minutes

3. PUBLIC COMMENT (Up to 10 minutes)

4. FEDERAL LEGISLATIVE REPORT – Handout A (Kareem Murphy)

5. CONSENT ITEMS

I. Motion to approve Carolyn Chandler to join the HIV Planning Council
Justification: Ms. Chandler is an unaffiliated consumer with experience serving on boards and an interest in being on the HIVPC.
PROPOSED BY: Membership/Council Development Committee

II. Motion to approve the Health Insurance Continuation Program (HICP) Service Delivery Model (Handout B)
Justification: The HICP Service Delivery Model was updated and approved by the Quality Management Committee.
PROPOSED BY: Quality Management Committee

III. Motion to approve the Legal Services Service Delivery Model (Handout C)
Justification: The Legal Services Service Delivery Model was updated and approved by the Quality Management Committee.
PROPOSED BY: Quality Management Committee

IV. Motion to approve the Oral Health Service Delivery Model (Handout D)
Justification: The Oral Health Service Delivery Model was updated and approved by the Quality Management Committee.
PROPOSED BY: Quality Management Committee

V. Motion to approve the Universal Service Delivery Model (Handout E)
Justification: The Universal Service Delivery Model was updated and approved by the Quality Management Committee.
PROPOSED BY: Quality Management Committee

6. DISCUSSION ITEMS

Part A Core Services

I. Motion to approve the allocation of $_____ to Outpatient Ambulatory Healthcare Services for FY 2021-2022
FY2021 Ranking:
Factors to Consider:

Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

II. **Motion to approve the allocation of $_____ to Pharmacy for FY 2021-2022**
FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

III. **Motion to approve the allocation of $_____ to Oral Health for FY 2021-2022**
FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

IV. **Motion to approve the allocation of $_____ to Health Insurance Continuation Program for FY 2021-2022**
FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

V. **Motion to approve the allocation of $_____ to Medical Case Management – Disease Case Management for FY 2021-2022**
FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

VI. **Motion to approve the allocation of $_____ to Medical Case Management – Case Management for FY 2021-2022**
FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

VII. **Motion to approve the allocation of $_____ to Mental Health for FY 2021-2022**
FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

VIII. **Motion to approve the allocation of $_____ to Substance Abuse – Outpatient for FY 2021-2022**
FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

Total Part A Core Services: _____%; $_____

Part A Support Services:

IX. **Motion to approve the allocation of $_____ to Non-Medical Case Management – CIED for FY 2021-2022**
FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

X. **Motion to approve the allocation of $_____ to Substance Abuse – Outpatient for FY 2021-**

2022
FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

XI. Motion to approve the allocation of $_____ to Emergency Financial Assistance for FY 2021-2022
FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

XII. Motion to approve the allocation of $_____ to Food Bank/Food Voucher for FY 2021-2022
FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

XIII. Motion to approve the allocation of $_____ to Legal Services for FY 2021-2022
FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

Total Part A Support Services: _____%; $_____
Total Part A Allocations: _____%; $_____

MAI Core Services:

XIV. Motion to approve the allocation of $_____ to MAI Outpatient Ambulatory Healthcare Services for FY 2021-2022
FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

XV. Motion to approve the allocation of $_____ to MAI Medical Case Management – Case Management for FY 2021-2022
FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

XVI. Motion to approve the allocation of $_____ to MAI Mental Health for FY 2021-2022
FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

XVII. Motion to approve the allocation of $_____ to MAI Substance Abuse – Outpatient for FY 2021-2022
FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

Total MAI Core Services: _____%; $_____

MAI Support Services:

XVIII. Motion to approve the allocation of $_____ to MAI Non-Medical Case Management – CIED for FY 2021-2022

FY2021 Ranking:
Factors to Consider:
Recommended percentage of FY2021 Allocation:
PROPOSED BY: Priority Setting & Resource Allocation Committee

Total MAI Support Services: _____%; $_____
Total MAI Allocations: $_____
Total Part A and MAI Allocations: $_____

7. NEW BUSINESS

I. Discussion of HIV Planning Council & Committee Membership and Protocols
Justification: To discuss existing protocols for joining Committees

II. Discussion of Ending the HIV Epidemic & the HIV Planning Council
Justification: To discuss collaborative relationships with community partners and its impact on Broward County's Ending the HIV Epidemic programming.
PROPOSED BY: Executive Committee

8. COMMITTEE REPORTS (15 minutes)

I. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

July 7, 2020 *Chair: Dennis, B. V. Chair: A. Ruffner*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

CEC Development: Planning Council Support (PCS) Team began the meeting with a presentation on Government-in-the-Sunshine Law (Handout A on file). The Committee discussed the difficulty in working between meetings because of the inability to communicate outside of public meetings.

Needs Assessment Presentation: A CQM Health Planner reviewed the qualitative data in the most recently completed Needs Assessment (Handout B on file). The full Needs Assessment can be accessed on the HIV Planning Council Website.

Virtual Event Planning: Committee members resumed planning its video launch event. This event will be hosted virtually to celebrate the launch of the Broward Ryan White Part A Office's *Ryan White & You: The Simple Facts* video series. This event is scheduled for Tuesday, July 21, 2020 at 7:00 p.m. It will be hosted on the Zoom meeting platform and shared via Facebook Live and/or additional streaming options. After much discussion, the Committee opted to hold another meeting to plan the event.

C. Data Requests:
None.

D. Rationale for Recommendations:
Members voted to approve the event date and time and will continue to plan the event at its next meeting.

E. Data Reports/ Data Review Updates:
None.

F. Other Business Items:
None.

G. Agenda Items for Next Meeting:
- *Finalize Event Planning*

H. Next Meeting Date:

July 14, 2020 at 3:00 p.m. Location: WebEx Meeting Room

July 14, 2020 *Chair: Vacant, V. Chair: A. Ruffner*

II. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE

July 9, 2020 *Chair: V. Foster; V. Chair: T. Moragne*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

Current Applicants, Interested Parties, and Appointments: The Planning Council Support (PCS) Team reviewed the application of an interested party with the Committee. MCDC reviewed Carolyn Chandler's application as well as the impact of Ms. Chandler's membership on the Council's demographics. The new applicant will increase unaffiliated consumer membership to 35%. This would put the HIVPC above the HRSA mandated 33% minimum. The Committee voted to approve Ms. Chandler's application pending completion of pre-appointment requirements.

Needs Assessment Presentation: A CQM Health Planner reviewed the qualitative data in the most recently completed Needs Assessment (Handout A on file). The full Needs Assessment can be accessed on the HIV Planning Council Website.

C. Data Requests:

None.

D. Rationale for Recommendations:

Members voted to approve the application of Carolyn Chandler to join the HIV Planning Council.

E. Data Reports/ Data Review Updates:

None.

F. Other Business Items:

None.

G. Agenda Items for Next Meeting:

H. Next Meeting Date:

TBD

III. QUALITY MANAGEMENT COMMITTEE (QMC)

June 15, 2020 *Chair: Vacant, V. Chair: B. Fortune-Evans*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

3 Year CQM Plan FY 2020-2022: The Committee voted to approve the 3 Year CQM Plan.

CQM Workplan for FY2020: The Committee reviewed and approved the FY2020 CQM Workplan.

Service Delivery Model Review- Universal Service Delivery Model: The Committee reviewed and approved the proposed changes to the Universal SDM.

Service Delivery Model Review- Health Insurance Continuation Program (HICP) Service Delivery Model: The Committee reviewed and approved the proposed HICP SDM.

Service Delivery Model Review- Legal Services Service Delivery Model: The Committee reviewed and approved the proposed Legal Services SDM.

Service Delivery Model Review- Oral Health Service Delivery Model: The Committee reviewed and approved the proposed Oral Health SDM.

C. Data Requests:

None**.**

D. Rationale for Recommendations:
None.

E. Data Reports/ Data Review Updates:
FY 2019-2020 Broward EMA Data Overview Presentation: The CQM support staff provided a brief overview of the FY 2019-2020 Broward EMA Data.

F. Other Business Items:
None*.*

G. Agenda Items for Next Meeting:
- Housing Status Definitions
- Clients with Highly Detectable Viral Loads Follow-Up (Discussion of key takeaways from Dr. Hidalgo's presentation of clients with highly detectable viral loads on 2/24/20)
- Setting the Aim for FY2020 QI Activities (Determine the overall QI goal for viral suppression within the EMA for FY2020)

H. Next Meeting Date:
July 20, 2020 at 12:30 p.m. Location: WebEx Meeting Room

July 20, 2020 *Chair: Vacant, V. Chair: B. Fortune-Evans*

IV. EXECUTIVE COMMITTEE

June 18, 2020 *Chair: R. Lopes, V. Chair: C. Grant*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:
HIVPC Agenda: The Executive Committee voted to approve the HIVPC agenda.

June HIVPC Calendar: The Committee reviewed and approved the July HIV Planning Council calendar.

Get Care Broward Video Launch Update: The Committee received an update about the Get Care Broward video launch which will be hosted by the Community Empowerment Committee (CEC) within the coming months.

HIVPC & Committee Member Survey Results: The Committee reviewed the results of the HIVPC & Committee Member Survey. The survey included questions to assess members' experiences anonymously. Overall, the results yielded positive feedback from members. Committee members briefly discussed low response rates, responses that showed neutrality, and implementing training that will assist new members with understanding the processes of the HIVPC.

C. Data Requests:
None.

D. Rationale for Recommendations:
None.

E. Data Reports/ Data Review Updates:
None.

F. Other Business Items:
None*.*

G. Agenda Items for Next Meeting:
None.

H. Next Meeting Date:
July 16, 2020 at 9:00 a.m. Location: WebEx Meeting Room

July 16, 2020 *Chair: R. Lopes, V. Chair: C. Grant*

V. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

June 18, 2020 *Chair: L. Robertson, V. Chair: Vacant*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

Monthly Expenditures/Utilization Report: A representative of the Recipient's Office reviewed current expenditures and utilization by service category. At this point in the fiscal year, service funding is expected to be 25% expended. Many services have been underutilized in the current fiscal year, likely a result of the impact of COVID-19.

Ryan White Funder & Stakeholder Presentations: The Committee received presentations from the Part D Representative and the HOPWA Program (Handouts A1-A2).

HIV Surveillance Epidemiological Data: A representative of the Florida Department of Health in Broward County (FDOH-BC) reviewed epidemiological data (Handout B on file). The representative highlighted the 11.2% decrease in HIV-related deaths from 2017 to 2018.

Needs Assessment/Community Input Presentation: A CQM Health Planner provided an overview of the most recently completed needs assessment (Handout C on file). The effort to elicit community feedback for this assessment included a shortened survey that was dissemination electronically.

Part A Client Health Outcomes Presentation: A CQM Health Planner reviewed health outcomes along the Ryan White Part A continuum of care (Handout D on file).

Priority Setting: PSRA received a presentation reviewing the importance of priority setting as well as the previous year's rankings (Handout E1 on file). Following the review, members were instructed to complete the rankings process using Handout E2 (on file) before completing rankings via electronic survey. Members completed their FY2021-2022 rankings and voted to approve the Committee's Core and Support Services.

C. Data Requests:

None.

D. Rationale for Recommendations:

Members voted to approve the rankings completed by Committee members to be utilized in the allocations process.

E. Data Reports/ Data Review Updates:

None.

F. Other Business Items:

None.

G. Agenda Items for Next Meeting:

FY2021-2022 Resource Allocation

H. Next Meeting Date:

July 16, 2020 at 9:00 a.m. Location: WebEx Meeting Room

July 16, 2020 *Chair: L. Robertson, V. Chair: Vacant*

VI. SYSTEM OF CARE (SOC)

No July Meeting *Chair: A. Ruffner, V. Chair: J. Rodriguez*

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

Meeting Packets are available at: The HIV Planning Council Website

9. **RECIPIENT REPORTS** (20 minutes)
   a. Part A
   b. Part B
   c. Part C
   d. Part D
   e. Part F
   f. HOPWA
   g. Prevention – Quarterly Update (January, April, July, October)

10. **UNFINISHED BUSINESS**

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

12. **ANNOUNCEMENTS**

13. **REQUEST FOR DATA**

14. **AGENDA ITEMS FOR NEXT MEETING:** TBD **LOCATION:** TBD

15. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

HANDOUT A

CY2020 HIVPC Attendance

HANDOUT B

AUGUST

Broward County HIV Health Services Planning Council Calendar
Last Updated: 05/2020

Meeting dates & times are subject to change. Meetings will be held remotely until further notice. Please contact the Planning Council Support Team at 954-561-9681 ext. 1343 or visit http://www.brhpc.org for updates.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Meetings in ~~RED~~ are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees.
Meetings in **GREEN** are for QI Network. Meetings outside of the HIV Planning Council are in **BLACK**.

HANDOUT C

To the members of the HIVPC, Broward County HIV Health Services Planning Council:

February 27th, 2020

Requel Lopes, Chair:

This is a formal request for all 3 planning bodies to join in solidarity for the "Ending the Epidemic Initiative" (EtHE) and participate in a much needed summit on the state of affairs for HIV in Broward County. We're asking for you to vote for your support of the attached letter to commit to work together for the EtHE efforts.

Attached you will find the Letter sent to the DOH Administrator 2/13/20 as voted by the Consortia (SFAN), and ratified by the Prevention Council (BCHPPC) regarding the existing situation, as we are consistently in the top 3 in new infections nationwide. We desperately need to improve what, how, when, & for whom all services are provided in Broward County. We have growing support from the community at large, and over 50 signatures from various community members in support of this effort.

5 essential actions we need to agree to do so we can break the cycle:

1) Create an "annual State of HIV in Broward County Summit"
2) Reconnect the (former) "Joint committees" for a more comprehensive approach to their topics (add BCHPPC & or HOPWA committees where relevant) understanding the DOH must contribute their fair share of the costs of this required administrative function
3) Support one "Comprehensive plan" – including all HIV funds for Broward County
    a. Update from the Hospital Districts on their HIV strategy
4) Reconstitute the Integrated committee with a new & improved process
5) Join in creating "HIV Score Cards" for all 3 planning bodies: Survey input on Grantees, Services offered, and a county wide Client satisfaction survey / process
6) Create a "Getting to Zero campaign" that will aid in our unifying efforts and showcase broad support from the community to review everything funded for HIV and how well it is working in our County.

We hope you will join us in pushing for change, breaking down the status quo, and getting more meaningful engagement of the community by more inclusive decision making & more transparency. Together we can achieve success!

Sincerely,

Joey Wynn,

Immediate Past Chairman, SFAN and Current Co-Chair, FHAAN

ORIGINAL

Paula Thaqi, Administrator
Florida Department of Health in Broward County
2421 SW 6th Ave, Fort Lauderdale, FL 33315

HANDOUT C

February 13th, 2020

Re: Announcement CDC-RFA-PS20-2010: Integrated HIV Programs for Health Departments to Support EHE.

The purpose of PS20-2010 is to implement comprehensive HIV programs that complement existing programs, designed to support ending the HIV epidemic in America by leveraging powerful data, tools, and resources to reduce new HIV infections by 75% in 5 years. CDC strongly encourages applicants to propose **disruptively innovative activities** unique to their jurisdiction's local context.

It should be highlighted that the RFA states that community engagement processes involve the collaboration of key stakeholders and communities who collaboratively identify strategies for increased coordination of HIV programs throughout the state and local health jurisdictions. ***Strategy C5***: Facilitate the development of partnerships with other community HIV clinical providers and health department and community-based organizations providing HIV prevention services and collaborating in the implementation of the EHE.

The recipient must **devise a process and allocate resources**, to assist the jurisdictions with the use of epidemiologic and social determinants data to identify communities within their jurisdictions disproportionately affected by HIV and related diseases and conditions.

Strategy 1: Diagnose all people with HIV as early as possible

Strategy 1A: Expand or implement routine opt-out HIV screening in healthcare and other institutional settings located in high prevalence communities

Strategy 1B: Develop locally tailored HIV testing programs in non-healthcare settings

Strategy 1C: Increase at least yearly re-screening of persons at elevated risk for HIV per CDC testing guidelines, in healthcare and non-healthcare settings

Strategy 2: Treat people with HIV rapidly and effectively to reach viral suppression

Strategy 3: Prevent new transmission by using proven interventions, including PrEP & syringe services programs (SSPs)

Strategy 3A: Accelerate efforts to increase PrEP use, particularly for populations with the highest rates of new HIV diagnoses and low PrEP use among those with indications for PrEP.

- ✓ **Fund more than one external provider in this county, in addition to the DOH providers.**

Strategy 3B: Increase availability, & access to and quality of comprehensive Syringe Services Programs (SSPs)

Strategy 4: Respond quickly to potential HIV outbreaks to get prevention and treatment services to people in need.

Strategy 4A: Develop partnerships, processes, data systems, and policies to facilitate robust, real-time cluster detection and response

- ✓ **Create an education intervention for the community as well as the service delivery system's staff to reduce fear & opposition to molecular surveillance.**

Strategy 4C: Identify and address gaps in programs and services revealed by cluster detection and response.

COPY

HANDOUT C

We the community members of the Broward County Jurisdiction strongly urge, and expect the local Florida Department of Health in Broward County to rapidly deploy the following solutions to improve the impact of our EHE efforts ongoing and begin to effectively manage the epidemic locally:

- **Establish a baseline to measure from for the EHE state of the epidemic in Broward County:**
  - Initiate a countywide "**state of the epidemic all day Summit**" with community partners, key stakeholders, all 3 HIV planning bodies (then annually) to foster improved networking, transparency based on progress with metrics & regularly scheduled quarterly update calls.
  - Select key metrics to see if we are on track, outcomes are in alignment with the EHE plan, the integrated plan, and local Ryan White applications to Federal Grantees.
- **Restructure the Broward County HIV Prevention Planning Council (BCHPPC) to reflect the severity of the epidemic:**
  - Dissolve & restructure the group into an HIV Prevention Action Council that meets monthly (as it was previously structured 10 years ago) with less complex bylaws, policies & procedures to allow for community participation, flexibility and a less intimidating environment; this ensures members of communities aren't discouraged from participating.
- **Improve prevention meeting accessibility**:
  - Move the monthly meetings away from governmental institutions, with an emphasis on being near the heart of the epidemic in Zip code 33311.
  - Provide refreshments, microphones so all can be heard & additional materials for community members that attend.
- **Remove local Dept. of Health Conflict of Interest at Prevention meeting:**
  - Have all DOH voting representation removed, leaving only the DOH Co Chair. The perceived and actual conflict of interest we have experienced over the past 10 years is hindering progress and hampering community involvement by stifling open thought & community opportunity to participate. DOH totally dominating the meeting & pressuring people that ask questions has made many people, and agencies, stop attending.
- **Improve attendance at the Prevention planning body**:
  - Allow the community to set some of the agenda, with room for DOH required tasks afterward, not the entire meeting; fostering meaningful engagement.
  - Make the length reasonable, 4 hours is not conducive for community participation. Many cannot take a half day off for a meeting. Meet monthly, for 2 hours; this is best practice as SFAN has enjoyed tremendous turn out with this model for 3 decades.
- **Improve the ability of the community to participate in decision making:**
  - Make the meeting a conversation, not didactic.
  - Provide time for response after each topic, record how each person votes.
  - Provide a list of action items, to be first on next meeting to measure progress
- **Improve Transparency & Meaningful engagement:**
  - Require open, transparent, and readily accessible meeting dates, locations & agenda schedules. Have them **easily** available to the public, through monthly email updates, share with SFAN, Part A, School Board & other community based list serves to remove the cloak of uncertainty about what is going on. Simply embedding information on difficult to navigate websites is not a partnership; local staff should be more proactive in providing information the community members & groups are asking for.

- **Improve the community's ability to engage in meaningful conversation & decision making (MIPA) & provide Leadership in the innovative change required for a successful response:**
  - Delegate the required community advisory board function to the already existing advisory board, the South Florida AIDS Network – Broward, BCHD's legally recognized local advisory board; SFAN has for the past 30 years proven vast community representation, attention & discussion regarding all aspects of the HIV service delivery system, and at one point, housed the prevention committee before the change to the current BCHPPC model. The group has the knowledge, skills, expertise & ability to add these duties immediately.
  - Have standing meeting reports emailed to the members and interested parties a week **before** meetings so the members may come prepared, with questions already formalized, and proposed solutions based on sound facts.
- **Improve Coordination & Collaboration with Key Stakeholders:**
  - Provide monthly utilization reports so the community can see how the funds are being spent (Utilize Patient Care Budget models used by Part A & Part B planning bodies)
  - Require attendance from DOH at other planning bodies, provide a written report & offer to allow them to reciprocate.
  - Require sign off from all planning bodies on quarterly HAPC reports to the state on activities & evaluation of progress to foster & confirm communication, coordination, accuracy & accountability.
- **Remove bottle neck in service delivery system**:
  - Procure functions requiring community contact, as the priority populations disproportionately affected by HIV needing to be reached the most have historical barriers with the local DOH; the agency must fund medium & smaller CBOs with critical historical experience working with these communities; they are essential to do the job effectively.
  - Use the Purchase order process rather than the restrictive contracting process to allow for smaller agencies to do what they do best and promote active community-level engagement.
- **Institute Community feedback for the administrative mechanism:** for CDC and RW Part B Programs to ensure accountability – The local HAPC rarely appears at the advisory body for Part B. The BCHPPC sees the HAPC, but only occasionally, but the Administrator never attends either group. We need to hear from them, their intent, and provide feedback to course correct the plan.
  - Require an annual presentation & update from the Administrator to both groups.
  - Require monthly meeting attendance from the HAPC at the advisory groups.
  - Require semiannual written feedback to the HIV Section in Tallahassee with community satisfaction report cards of the HAPC Role, and the overall administration of the Grants (CDC & RW). Part A's "Evaluation of the Administrative entity" is a great template to use.
- **Reset the relationship with the local Consortia & improve cooperation with community:**
  - Provide information without having to have formal votes to get it.
  - Rejoin committees (split apart 6 years ago) to ensure productivity & increased coordination for optimal planning centered in community engagement.
  - Refrain from comments such as "Why do we even need SFAN?" What is the necessity of the local consortia? Stop reporting "it is difficult to reach the community" when it meets monthly, and is trying to provide input. Over 75 members, 45 agencies & decades of experience reside in this group. They should be your go to source for engagement.

HANDOUT D

Executive Leadership Training Plan

FY19-20 Training Topics and Projected Timeline

Objective Statement: To train the HIV Planning Council Leadership on topics directly related to Organizational Development, Leadership Skill Building and Coaching.

Determine Topics → Outline Training Goal → Contact Appropriate Parties → Schedule & Plan → Provide Training to Executive Committee

FY 2019-2020 Training Topics

☐	Projected Month: August 2019	**Organizational Leadership & Personal Growth (Planning CHATT):** This presentation will include characteristics of successful leadership and their application to ASOs/CBOs. Essential elements to cultivate a culture of excellence through good leadership, core leadership qualities and traits that lead to positive results, factors that distinguish successful leaders from the rest, key practices for building influence and persuasion among team members, customers, and stakeholders and will end with a process map to help identify one's own personal style, challenges and obstacles.
☐	Projected Month: September 2019	**Recruitment & Retention (Planning CHATT):** The presentation will include strategies to improve recruitment and retention of new HIVPC members. Speakers provided insights into the legislatively required membership categories, presented a recommended process for bringing on new members, and shared best and promising practices such as establishing consumer trust and effective, ongoing orientation throughout the year.
☐	Projected Month: TBD	**Strategic Thinking Workshop:** The presentation will include methods on how to acquire the mindset and skills for longer-term and higher-level thinking, learning and applying a thought process for strategic thinking, understanding key concepts of strategic thinking and how to apply them for better result, learning how to crystallize and clarify outcomes and visions, learning how to get everyone on the team on-board, and working together in a concerted effort.
☐	Projected Month:	**Frequency of Leadership Training:** This presentation looks at leadership frequency; passive leadership, disengaged leaders, getting caught in thoughts, managing leadership responsibilities and stress. Part of being a good leader is managing your energy frequency at a place in the middle of the scale –engaged, communicative, listening, and responding to challenges verses reacting. These traits allow you to be proactive and inspire others to step into more of their potential. The more you stretch, the more your team stretches, and the more your committee/council grows.
☐	Projected Month: TBD	**Robert's Rules:** A consultant will provide a presentation on Robert's Rules to detail the parliamentary procedure utilized by the HIV Planning Council to conduct meetings.