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, September 17, 2020, 11:30 a.m.
Location: Virtual Meeting Room
Chair: Lopes, R. **Vice Chair**: Grant, C.

Meeting Purpose: To increase community engagement and participation by adding new Committee and HIVPC members by the end of each fiscal year.

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 09/17/20 Executive Committee Agenda, 07/16/20 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   - **I.** Review and Approve 09/24/20 HIVPC Agenda, Meeting Materials and Motions (Handouts A)
   - **II.** Review October 2020 HIVPC Calendar (Handout B)
4. **UNFINISHED BUSINESS**
   None.
5. **MEETING ACTIVITIES/NEW BUSINESS**
   - **I. HIVPC Demographics (Handout C)**
     Activity 1.5: Monitor HIVPC membership and discuss strategies to improve reflectiveness ACTION ITEM: Review HIVPC & Committee reflectiveness and discuss HRSA findings.
   - **II. Executive Bodies Meeting (Handout D)**
     Objective 1: Oversee Planning Council Operations
     ACTION ITEM: Discuss outcomes of SFAN, BCHPPC, and HIVPC meeting and develop next steps.
6. **RECIPIENT'S REPORT**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** TBD **VENUE:** WebEx Meeting Room
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 evaluation of 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 Plan progress.	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.												

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Revised 7/24/14

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Meeting Minutes: Executive Committee Meeting
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:

The Chair called the meeting to order at 1:36 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 07/16/20 meeting agenda
Proposed by: Foster, V. **Seconded by:** Grant, C.
Action: Passed Unanimously

Motion #2: To approve the 06/18/2020 meeting minutes
Proposed by: Foster, V. **Seconded by:** Grant, C.
Action: Passed Unanimously

3. STANDARDS COMMITTEE ITEMS:

HIVPC Agenda (Handout A): The Executive Committee reviewed the HIV Planning Council agenda for the 07/23/2020 meeting. The Committee voted to approve the agenda with no amendments made during the meeting.

Motion #3: To approve the HIVPC agenda for the 07/23/2020 meeting.
Proposed by: Fortune-Evans, B. **Seconded by:** Grant, C.
Discussion: PSRA's allocations did not take place prior to the Executive Committee meeting. The PSRA meeting will be rescheduled and allocations will be entered into the HIVPC agenda prior to the Council meeting.
Action: Passed Unanimously

August HIVPC Calendar (Handout B): The Committee reviewed the August HIV Planning Council calendar. Committee and Council meetings were canceled for the month. It was noted that the Executive Order which has allowed HIVPC to conduct business utilizing virtual meeting platforms expires on August 1, 2020. The Part A Office will follow up with next steps regarding HIVPC meetings.

4. UNFINISHED BUSINESS:

None.

5. MEETING ACTIVITIES/NEW BUSINESS:

Integrated EHE Discussion (Handout C): At the February HIVPC meeting, a guest proposed a reunion of the Planning Council and South Florida AIDS Network (SFAN). The two bodies previously operated as joint Committees. The bodies have different tasks and responsibilities which was part of the decision to split the bodies. The split also occurred due to leadership dynamics and a lack of SFAN participation. There are also differences in operative guidelines that would have to be considered if the two bodies were to be reconnected.

The Executive Committee voted to hold a meeting with the Executive body of Broward County HIV Prevention Planning Council (BCHPPC) & SFAN regarding working together moving forward. This meeting would not be one in which decisions would be made, but rather a continuance of the conversation begun by the request for reunion. A poll to determine date and time will be sent to participants.

Motion #4: To hold a meeting with the Executive bodies of BCHPPC & SFAN to discuss how best to work together moving forward.
Proposed by: Ruffner, A. **Seconded by:** Foster, V.
Action: Passed Unanimously

Leadership Training: The Committee discussed the recent Robert's Rules training. Members had a positive experience and found it helpful in clarifying how to use parliamentary procedure simply as a tool. Members expressed their appreciation of the HIVPC Chair's meeting facilitation style and their hope that the training would not change that.

The Executive Committee was asked to review the FY2019 Leadership Training plan (Handout D on file) and carefully consider which types of trainings would be most beneficial and supportive in members' leadership efforts. One suggestion was to have training on critical thinking. This would entail understanding how the Committees work together and the big picture role of the Council's work and its impact on the community. It was noted that the Council's technical assistance with HRSA contractors John Snow, Inc (JSI) will likely involve recruitment and retention training.

Members also noted the need to rotate leadership among Committee members to instill the facilitation skills in members so that they can be comfortable in leadership roles.

ACTION ITEM: Send Executive Committee members a poll to select the most beneficial training topics.

6. RECIPIENT REPORT:

The HCS Administrator stated that the Ending the HIV Epidemic (EHE) budget and work plan have been submitted to HRSA. EHE funding opportunity presentations have been conducted for Part A subrecipients of Disease Case Management, Food Services, and Evaluation. A Program Project Coordinator has been hired to work with the EHE initiative. Finally, Recipient Staff member Shackera Scott has been promoted to Program Project Coordinator, Senior.

7. PUBLIC COMMENT

None.

8. ANNOUNCEMENTS

World AIDS Museum (WAM): On July 23, 2020 at 6:30 p.m., WAM will be hosting a viewing and discussion of the documentary Deep South. The film is about fighting HIV in rural Southern communities. WAM will also be moving in the month of August from its current location to a space in ArtServe.

9. AGENDA ITEMS / TASKS FOR NEXT MEETING: TBD **VENUE**: TBD

10. ADJOURNMENT The meeting adjourned at 2:24 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	18	16						
0	1	1	**1**	Barnes, B. *Ex Officio*	X	X	A			X	X	X	X						
1	1	2		Dennis, B.	X	X	X			A	X	A	Z - 7/13						
0	0	0	**2**	Fortune-Evans, B.	X	X	X			X	X	X	X						
0	0	1	**3**	Foster, V.	X	A	X			X	X	X	X						
0	0	1	**4**	Grant, C. *Vice Chair*	X	X	X			A	X	X	X						
0	0	0		Hayes, M.	X	X	X			X	Z - 5/21								
0	0	1	**5**	Lopes, R. *Chair*	X	A	X			X	X	X	X						
0	0	6	**6**	Moragne, T.	A	A	A			A	A	X	A						
0	1	1	**7**	Robertson, L.	X	X	X			X	X	X	A						
0	0	2	**8**	Rodriguez, J.	N - 1/16						A	X	A						
0	0	1	**9**	Ruffner, A.	X	A	X			X	X	X	X						
				Quorum = 5	9	6	8	0	0	7	8	9	6	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: September 24, 2020, 9:30 a.m. **Location:** WebEx Meeting Room
Chair: Dr. Réguel 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 09/24/20 Meeting Agenda
g. Approval of 07/23/20 Meeting Minutes

3. PUBLIC COMMENT (Up to 10 minutes)

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

5. CONSENT ITEMS

I. Motion to approve the Food Services Service Delivery Model (Handout B)
Justification: The model has been reviewed and approved by the Quality Management Committee.
PROPOSED BY: QMC Committee

II. Motion to approve the Mental Health Service Delivery Model (Handout C)
Justification: The model has been reviewed and approved by the Quality Management Committee.
PROPOSED BY: QMC Committee

III. Motion to approve the Non-Medical Case Management Service Delivery Model (Handout D)
Justification: The model has been reviewed and approved by the Quality Management Committee.
PROPOSED BY: QMC Committee

IV. Motion to approve the Substance Abuse Service Delivery Model (Handout E)
Justification: The model has been reviewed and approved by the Quality Management Committee.
PROPOSED BY: QMC Committee

6. DISCUSSION ITEMS

None.

7. NEW BUSINESS

I. Planning Body Collaboration
Justification: To discuss the outcomes and next steps from the BCHPPC, HIVPC, and SFAN leadership meeting.

II. HIVPC Membership
Justification: To discuss the current state of HIVPC membership.

III. **Youth & Young Adult Presentation**
Justification: To learn strategies for engaging younger unaffiliated consumers.

8. COMMITTEE REPORTS (15 minutes)

I. **COMMUNITY EMPOWERMENT COMMITTEE (CEC)**
No September Meeting Held – No Quorum *Chair: Vacant, V. Chair: A. Ruffner*

II. **MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE**
September 10, 2020 *Chair: V. Foster; V. Chair: T. Moragne*

III. **QUALITY MANAGEMENT COMMITTEE (QMC)**
September 21, 2020 *Chair: Vacant, V. Chair: B. Fortune-Evans*

IV. **EXECUTIVE COMMITTEE**
September 17, 2020 *Chair: R. Lopes, V. Chair: C. Grant*

V. **PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)**
No September Meeting Held - Canceled Chair: L. Robertson, V. Chair: Vacant

VI. **SYSTEM OF CARE (SOC)**
September 10, 2020 *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: October 22, 2020 at 9:30 a.m. 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

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	23	27	C	C	28	25	23	C	24				
0	0	0	**1**	Arencibia, Y.	X	X			X	X	X						
0	1	0	**2**	Barnes, B.	X	X			X	X	X						
1	1	0	**3**	Bhrangger, R.	E	X			X	X	X						
1	1	0	**4**	Biggs, V.	N - 6/19					X	X						
0	0	1	**5**	Cutright, A.	X	A			X	X	X						
1	1	0		Dennis, B.	X	X			X	X	Z - 7/13						
0	0	0	**6**	Fortune-Evans, B.	X	X			X	X	X						
0	0	0	**7**	Foster, V.	X	X			X	X	X						
0	0	0	**8**	Grant, C.	X	X			X	X	X						
0	0	0		Hayes, M.	X	X			Z - 5/28								
0	0	**4**		Holness, Dale V.C. (Mayor)	N - 02/11	A			A	A	A						
1	1	0	**9**	Katz, H.B.	X	X			X	X	X						
1	1	0	**10**	Lewis, V.	X	X			X	X	X						
0	0	0	**11**	Lopes, R. *Chair*	X	X			X	X	X						
1	1	0	**12**	Marcoviche, W.	E	X			X	X	X						
0	0	**3**	**13**	Moragne, T.	A	X			A	X	A						
0	0	1	**14**	Moreno, V.	X	A			E	E	X						
0	1	0	**15**	Robertson, L.	X	X			X	X	X						
0	0	0	**16**	Rodriguez, J.	E	X			X	X	X						
0	0	0	**17**	Ruffner, A.	X	X			X	X	X						
0	0	0	**18**	Schweizer, M.	X	X			X	X	X						
1	1	0	**19**	Shamer, D.	N - 6/19					X	X						
0	0	1		Sharief, B. (Comm)	A	Z - 2/11											
0	0	1	**20**	Siclari, R.	A	X			X	X	X						
0	0	0	**21**	Wilson, I.	N - 6/19					X	X						
				Quorum = 12	15	18	0	0	17	21	20	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	**R - removal letter**
CX - canceled due to quorum	

HANDOUT B

OCTOBER

Broward County HIV Health Services Planning Council Calendar
Last Updated: 09/14/2020

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 **System of Care Committee Meeting** 9:30 a.m., WebEx	2	3
4	5	6 **Community Empowerment Committee Meeting** 3:00 p.m., WebEx	7	8 **Membership/Council Development Committee Meeting** 9:30 a.m., WebEx	9	10
11	12	13	14	National Latinx AIDS Awareness Day15 **Priority Setting & Resource Allocation Committee Meeting** 9:00 a.m., WebEx **Executive Committee Meeting** 11:30 a.m., WebEx	16	17
18	19 **Quality Management Committee Meeting** 12:30 p.m., WebEx	20	21	22 **HIV Planning Council** 9:30 a.m., WebEx	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 B

OCTOBER

Broward County HIV Health Services Planning Council Calendar
Last Updated: 9/14/2020

Dates and times are subject to change. Visit http://www.brhpc.org/programs/hiv-planning-council/ for updates. For questions about the HIV Planning Council & Committees, please contact Vanessa Oratien at 954-561-9681 ext. 1343. For questions about the QI Networks, please contact Marcus Guice at 954-561-9681 ext. 1219.

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: WebEx 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.	Unless otherwise noted on the calendar, all meetings are held at: WebEx 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.	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fét: WebEx 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.

HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and ser- vices provided to all patients receiving Part A and MAI-funded services.

Executive Committee - Sets agenda for Council meetings, addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

Priority Setting Resource Allocation (PSRA) Committee - Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.

Quality Management Committee (QMC) - Ensures highest quality HIV medical care and support services for PLWHA by developing client and system based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff/client training/education.

Membership/Council Development Committee (MCDC) - Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

System of Care (SOC) Committee - Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

HIV Planning Council & Committee Demographics Report

It is the work of the Membership/Council Development Committee to ensure the HIV Planning Council is representative of the HIV epidemic in Broward County. One way that MCDC accomplishes this task is by reviewing the Council and Committees' demographics, identifying over and underrepresented populations.

HIV in Broward County

The following table shows HIV in Broward by Race/Ethnicity and by Gender. These data are provided by the Florida Department of Health.

Race	**Population**	**Percentage**
White	6,472	33%
Black	9,577	47%
Hispanic	3,957	18%
Other	359	2%
Total	20, 507	100%
Gender	**Population**	**Percentage**
Male	15,255	74%
Female	5,189	26%
Transgender	63	0%
Total	20, 507	100%

Totals updated as of September 2020

How This Information is Compared

The Council and each of its Committees are compared to the epidemic to determine where representation can be improved.

Key Terms

Epidemic – refers to the information in the table above. This is how HIV is distributed throughout Broward County.

Consumers – Council and Committee members who access Ryan White Part A services.

Unaffiliated Consumers – Council and Committee members who access Ryan White Part A services and have no relationship to an agency which provides these services. This means the consumer does not work for a provider agency or otherwise benefit financially from the agency's success.

Mandated Seats – HIVPC positions (seats) required by the Health Resources & Services Administration (HRSA).

Key Points for Reflectiveness through August 2020

HIV Planning Council (HIVPC): The Council remains below the HRSA mandated 33% unaffiliated consumer involvement. HIVPC's consumer membership decreased during the 2nd quarter due to a member's resignation. Overall membership is 21 and 1 new consumer member was provisionally approved by the HIVPC at its July meeting.

Community Empowerment Committee (CEC): CEC membership has increased in the 2nd quarter, but unaffiliated consumer membership has decreased from 44% to 40%. CEC's Policies & Procedures state that membership must be at least 51% consumers.

Membership/Council Development Committee (MCDC): MCDC has gained a member since the last meeting but remains under-representative of the epidemic.

Priority Setting & Resource Allocation (PSRA): The Committee's unaffiliated consumer membership has increased from 10% to 23%. Despite this increase, PSRA still has no Black, Hispanic, or female consumer representation.

Executive Committee: Due to a Chair's resignation from the HIVPC, there are no longer any unaffiliated consumer members serving in leadership positions. Improving this percentage is of particular focus in the 3rd Quarter.

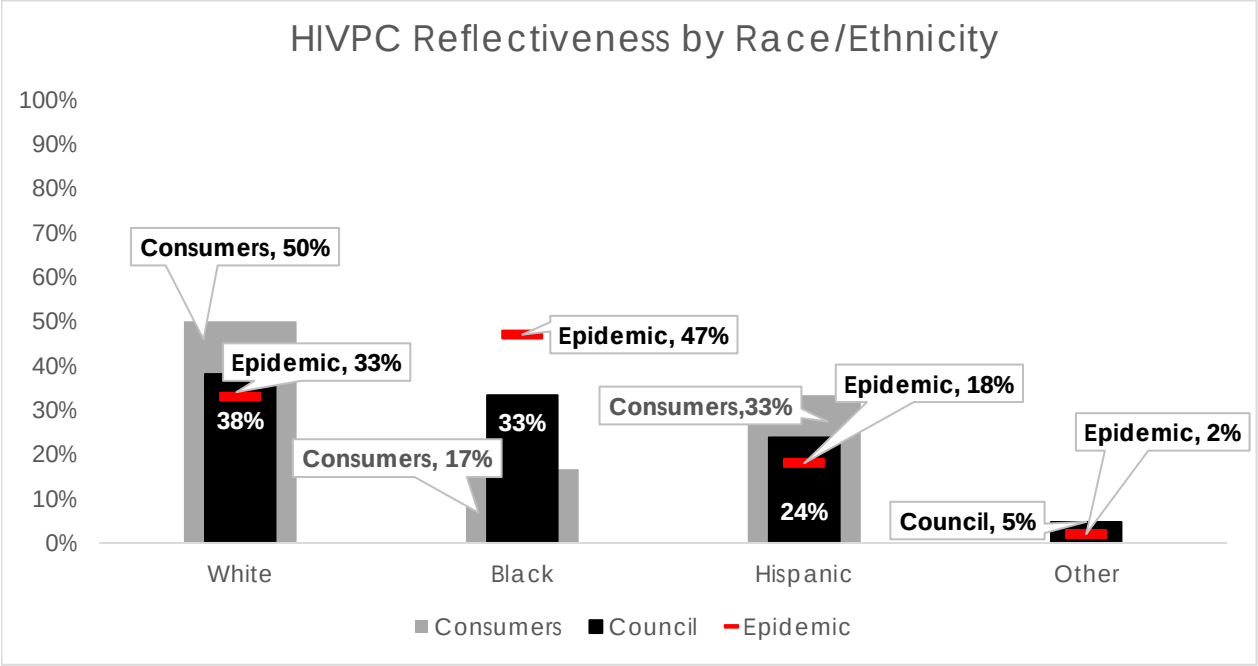
Quality Management Committee (QMC): QMC has gained 2 consumer members but remains unrepresentative of Black, Hispanic, and female consumers.

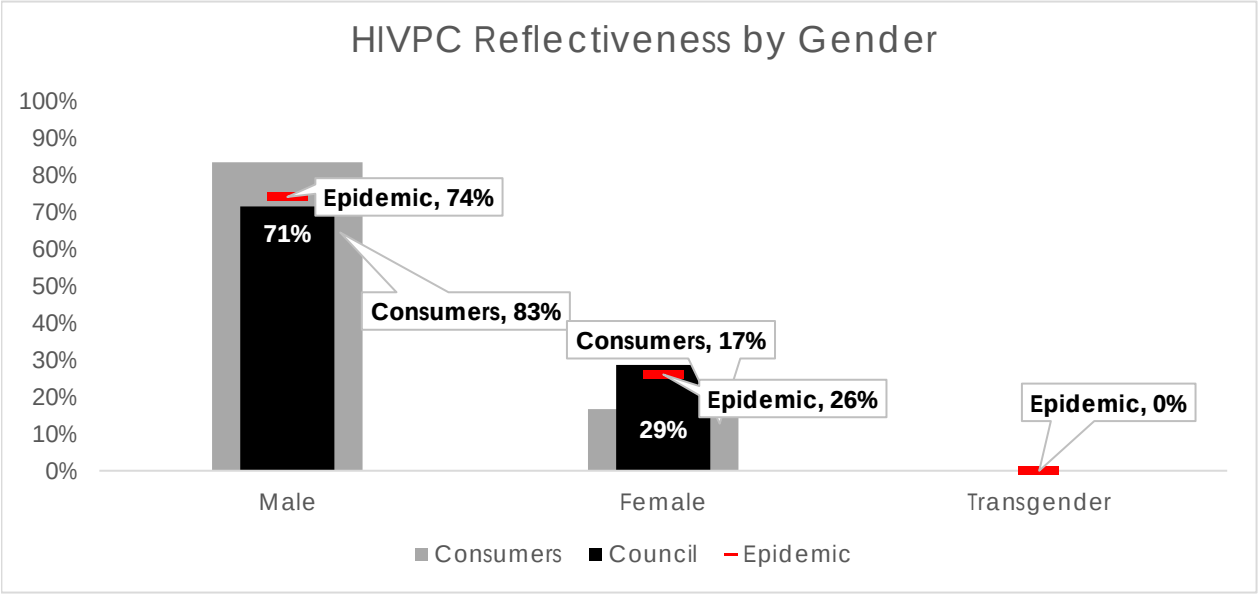
System of Care (SOC): SOC currently has 6 members, 2 of whom are consumers. The Committee will begin meeting in September of 2020 and will continue efforts to increase its membership.

HANDOUT C

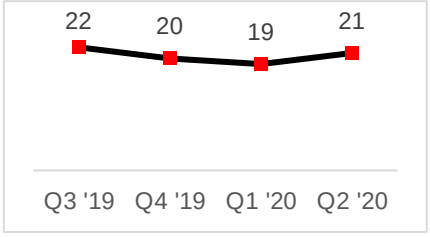
HIV Planning Council Reflectiveness Report

Current Through August 2020

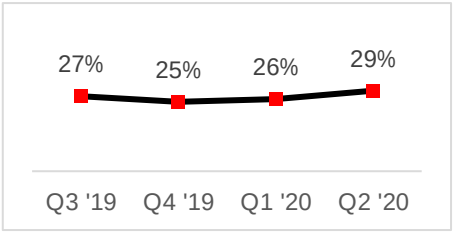




HIVPC Membership over 1 CY



Unaffiliated Consumer Membership over 1 CY



Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	15,255	74%	15	71%	-3%	5	83%	9%
Female	5,189	25%	6	29%	3%	1	17%	-9%
Transgender	63	0%	0	0%	0%	0	0%	0%
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	3,957	19%	5	24%	5%	2	33%	14%
Black	9,577	47%	7	33%	-13%	1	17%	-30%
White	6,472	32%	8	38%	7%	3	50%	18%
Other	359	2%	1	5%	3%	0	0%	3%
Age	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
0-12	15	0.1%	0	0%	0%	0	0%	0%
13-19	70	0.3%	0	0%	0%	0	0%	0%
20-29	1,277	6.2%	0	0%	-6%	0	0%	-6%
30-39	3,068	15.0%	2	10%	-5%	0	0%	-15%
40-49	4,062	19.8%	3	14%	-6%	0	0%	-20%
50-59	6,828	33.3%	7	33%	0%	3	50%	17%
60+	5,187	25.3%	9	43%	18%	4	67%	41%
Total	20,507	99.3%	21	100%		6	100%	

No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time, and no more than 40% of HIVPC members shall be Part A-funded providers.

% Part A-Funded Providers	*33%*

Current Members	21
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	29%

Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. Federally Recognized Indian Tribe Members
3. State Medicaid
4. Local Public Health Agency
5. Health Planning
6. Alternates (3)
7. Co-infected with Hepatitis B or C
8. Substance Abuse Provider

HANDOUT D

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

HANDOUT D

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

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

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.