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, Florida 33020 954-561-9681 • FAX 954-561-9685

Executive Committee Meeting

AGENDA

Date: July 15, 2021, at 11:30 a.m.
Location: WebEx Virtual Meeting Platform
Chair: Réquel Lopes **Vice Chair:** Claudette Grant

Facilitator: Planning Council Staff
hivpc@brhpc.org
(954) 561-9681 ext. 1250

Executive Committee 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**
2. **Welcome & Public Record Requirements**
   a. Welcome
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements (Statement of Sunshine)
   c. Council Member, Guest, and Phone Introductions
   d. Moment of Silence
3. **Approvals**
   a. Meeting Agenda 07/15/2021
   b. Last Meeting Minutes 06/17/2021
4. **Public Comment (10 minutes)**
5. **Standard Committee Items**
   I. Review and Approve 07/22/2021 HIVPC Agenda, Meeting Materials and Motions (Handout A)
   II. Review August 2021 HIVPC Calendar (Handout B)
   III. Quarterly Review of Meeting Evaluations (Quarter 1: March-May) (Handout C)
   Action Item: Discuss meeting evaluation results.
6. **Unfinished Business**
   None.
7. **Meeting Activities/New Business**
8. **Recipient's Report**

9. **Public Comment (10 minutes)**

10. **Agenda Items/Tasks for Next Meeting**

    a. Next Meeting Date: September 19, 2021, at 11:30 a.m. via WebEx Videoconference

    b. Next Meeting Agenda Items

11. **Announcements**

12. **Adjournment**

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
(http://www.brhpc.org/programs/hiv-planning-council/)

Please complete your meeting evaluations here
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

FREQUENTLY USED TERMS

Recipient: Government department designated to administer Ryan white Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/ 'Staff': Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient's care, health outcomes and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.

Meeting of the
Executive Committee

Thursday, June 17, 2021
1:30-3:30 PM
By WebEx Videoconference

M I N U T E S

Executive Committee Members Present: R. Lopes (HIVPC Chair), A. Ruffner (SOC Chair & CEC Vice-Chair), T. Moragne (MCDC Vice-Chair), B. Fortune-Evans (QMC Vice-Chair), V. Biggs (CEC Chair), L. Robertson (PSRA Chair), J. Rodriguez (SOC Vice-Chair), V. Foster (MCDC Vice-Chair), D. Shamer (QMC Vice-chair).

Members Excused: C. Grant (HIVPC Vice-Chair)

Members Absent: Brad Barnes (Ex Officio),

Ryan White Part A Recipient Staff Present: G. James, S. Scott, N. Walker

Planning Council Support Staff Present: G. Martinez, F. Ukpai, T. Williams.

Guests Present: B. Mester

Agenda Item #1: Call to Order

The *Exec. Chair* called the meeting to order at 1:33 p.m.

Agenda Item #2: Welcome & Public Record Requirements

The *Exec. Chair* welcomed all meeting attendees that were present. Attendees were notified that the Exec. meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the *Exec. Chair*, committee members, Recipient staff, PCS staff, and guests by roll call, and a moment of silence was observed.

Agenda Item #3: Meeting Approvals

The approval for the agenda of the June 17, 2021, Executive Committee meeting was proposed by *V. Biggs*, seconded by *L. Robertson*, and passed unanimously. The approval for the minutes of the May 20, 2021, meeting was proposed by *L. Robertson*, seconded by *V. Foster*, and approved with no further corrections.

Mr. Biggs, on behalf of the Executive Committee, made a motion to approve the June 17, 2021, Executive Committee agenda as presented. The motion was adopted unanimously.

Mr. Robertson, on behalf of the Executive Committee, made a motion to approve the May 20,

2021, Executive Committee meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #4: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

Agenda Item #5: Standard Committee Items

The Executive Committee reviewed the HIV Planning Council agenda for the 06/24/2021 meeting. The Committee voted to approve the agenda with amendments.

The approval for the agenda of the June 24, 2021, HIV Planning Council meeting with amendments was proposed by *V. Biggs*, seconded by *V. Foster*, and passed unanimously.

Mr. Biggs, on behalf of the Executive Committee, made a motion to approve the June 24, 2021, HIV Planning Council meeting agenda with amendments. The motion was adopted unanimously.

The Committee reviewed the July 2021 HIV Planning Council calendar of activities. The calendar will be updated to reflect the second Ad-Hoc Nominating Committee meeting on July 7th, 2021.

PCS Staff proposed a new standard committee item which would be a Quarterly review of meeting evaluations with the Executive Committee Members. The committee discussed this item and agreed that this activity would be better suited on the agenda for each of the HIVPC committees. The committee agreed that this item will be a great opportunity for reflection within each committee.

Agenda Item #6: Unfinished Business

There was no unfinished business for committee members to discuss.

Agenda Item #7: Meeting Activities/New Business

The committee discussed the possibility of transitioning back to face-to-face meetings with the option for WebEx. There was concern about the safety of in person visits. There was also concern about quorum requirements if the committee were to do a hybrid of face to face with the option for WebEx. The committee concluded that they would revisit this item each month until a final decision can be made.

Agenda Item #8: Recipient Report

The Ryan White Part A Recipient reported that they received the notice of funding application, due by October 7, 2021. The recipient advised that HRSA has transitioned to a new application process that will allow the grant to be applicable for the next three years. As a part of their continued outreach efforts, they will be participating in the 2021 Stonewall Pride Parade on June 19, 2021, in Wilton Manors, Florida, and at the National HIV Testing Day 2021 Event on June 26, 2021, hosted by Black Treatment Advocate Network (BTAN). The recipient reported that their newest provider network, Community Rightful Center, will be hosting an event at their Miami location on July 10, 2021.

Agenda Item #9: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

Agenda Item #10: Agenda Items/Tasks for Next Meeting

The next Executive Committee meeting will be held on July 15, 2021, at 1:30 p.m. via WebEx Videoconference.

Agenda Item #11: Announcements

- The MCDC Chair announced that HIVPC will be engaging in recruitment efforts at the 2021 Wilton Manors Stonewall Pride Parade on June 19, 2021, from 3:00 – 7:00 p.m., in Wilton Manors, Florida. He is inviting members who are interested in volunteer to reach out to staff for more information.

- PCS Staff announced that the council and its committees will not host any meetings in August as staff work to complete the grant application. Once the July meetings have been completed, meetings will resume in September.

Agenda Item #12: Adjournment

There being no further business, the meeting was adjourned at 2:29 p.m.

Exec. Attendance for CY 2021

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	18	18	15	20	17							
0	1	5	**1**	Barnes, B. *Ex Officio*		A	A	A	A	A							
0	1	0	**2**	Biggs, V.		N - 4/18			X	X							
0	0	0	**3**	Fortune-Evans, B.		X	X	X	X	X							
0	0	0	**4**	Foster, V.		X	X	X	E	X							
0	0	0	**5**	Grant, C. *Vice Chair*		X	X	X	E	E							
0	0	0	**6**	Lopes, R. *Chair*		X	X	X	X	X							
0	0	0	**7**	Moragne, T.		X	X	X	X	X							
0	1	0	**8**	Robertson, L.		X	X	X	X	X							
0	0	**4**	**9**	Rodriguez, J.		A	A	A	A	X							
0	0	1	**10**	Ruffner, A.		X	A	X	X	X							
1	1	1	**11**	Shamer, D.		N - 4/18			A	X							
				Quorum = 5	0	7	6	7	6	9	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**

HANDOUT A

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, Florida 33020 954-561-9681 • FAX 954-561-9685

Broward County HIV Health Services Planning Council Meeting

AGENDA

Date: July 22, 2021, at 9:30 a.m.
Location: WebEx Virtual Meeting Platform
Chair: Dr. Réquel Lopes **Vice Chair:** Claudette Grant

Facilitator: Planning Council Support Staff
hivpc@brhpc.org
(954) 561-9681 ext. 1250

HIVPC Purpose: To provide planning, promote the development of HIV/AIDS health services, personnel, and facilities that meet identified health needs cost-effectively, reduce inefficiencies, and develop HIV-related health plans.

1. **Call to Order**
2. **Welcome & Public Record Requirements**
   a. Welcome
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements (Statement of Sunshine)
   c. Council Member, Guest, and Phone Introductions
   d. Moment of Silence
3. **Approvals**
   a. Meeting Agenda 07/22/2021
   b. Last Meeting Minutes 06/24/2021
4. **Public Comment (10 minutes)**
5. **Federal Legislative Report** – Handout A (Kareem Murphy)
6. **Consent Items**
   I. **Motion to approve the 2021 Elections Timeline (Handout B).**

   Justification: The Timeline provides meeting dates and tasks for the Nominating Committee, as well as deadlines for the HIVPC Leadership nominations and elections process.

   PROPOSED BY: ad-Hoc Nominating Committee

   II. **Motion to approve the Nominating Procedures 2021 (Handout C).**

   Justification: This document has been updated to reflect current Nominating Policies and Procedures.

PROPOSED BY: ad-Hoc Nominating Committee

III. **Motion to approve the Letter to Nominees (Handout D).**

Justification: The Letter to Nominees acknowledges Candidates and provides instructions for the Nominee Talking Points document.

PROPOSED BY: ad-Hoc Nominating Committee

IV. **Motion to approve the Nominee Talking Point document (Handout E).**

Justification: The Nominee Talking Points document will guide Nominees as they prepare to present their candidacy to the members of the HIVPC.

PROPOSED BY: ad-Hoc Nominating Committee

V. **Motion to approve How Best to Meet the Need Language (Handout F)**
Justification: The How Best to Meet the Need Language for FY2022-2023 was reviewed and approved by the priority Setting & Resource Allocation Committee.
PROPOSED BY: Priority Setting & Resource Allocation Committee

VI. **Motion to approve the PSRA Ranking of Part A and MAI Service Categories (Handout G).**
Justification: Rankings were conducted as a part of the priority setting and resource allocation process.

PROPOSED BY: Priority Setting & Resource Allocation Committee

7. Discussion Items
Part A Core Services

I. **Motion to approve the allocation of _____ to Outpatient Ambulatory Health Services for FY2022-2023.**
FY2022 Ranking 1
Factors to Consider: Integration of behavioral health screenings into primary care settings may require increased funding due additional staffing and provisions of services, as well as implementation of Test and Treat may increase access to OAHS. Additionally, unknown impact of potential repeal of the ACA may increase client utilization and expenditures. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic and implementation of the Ending of the HIV Epidemic services.
Recommended percentage of FY2022 Allocation: __

PROPOSED BY: Priority Setting & Resource Allocation Committee

II. **Motion to approve the allocation of _____ to AIDS Pharmacy Assistance (LPAP) for FY2022-2023.**
FY2022 Ranking 3
Factors to Consider: Increase in client utilization and access to services based on impact of COVID-19 pandemic
Recommended percentage of FY2022 Allocation: __

PROPOSED BY: Priority Setting & Resource Allocation Committee

III. **Motion to approve the allocation of _____ to Oral Health Services for FY2022-2023.**
FY2022 Ranking 5
Factors to Consider: Decrease in expenditures due to the COVID-19 pandemic and physical restrictions in place.
Recommended percentage of FY2022 Allocation: __

PROPOSED BY: Priority Setting & Resource Allocation Committee

IV. **Motion to approve the allocation of _____ to Health Insurance Premium & Cost Sharing FY2022-2023.**
FY2022 Ranking 4
Factors to Consider: Cost saving due to approximately 260 Part A clients 250-400% FPL premiums covered by ADAP.
Recommended percentage of FY2022 Allocation: __
PROPOSED BY: Priority Setting & Resource Allocation Committee

V. **Motion to approve the allocation of _____ to Medical Case Management/ Treatment adherence for FY2022-2023.**
FY2022 Ranking 6
Factors to Consider: Increased utilization of DCMs as Care Coordinators due to implementation of Test and Treat, and the Ending of the HIV Epidemic services along with services for Integrated Behavioral Health and Primary Care. Increased access due to expanded programs and services. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2022 Allocation: __

PROPOSED BY: Priority Setting & Resource Allocation Committee

VI. **Motion to approve the allocation of _____ to Medical Case Management (Case Management) for FY2022-2023.**
FY2022 Ranking 6
Factors to Consider: Increase in client utilization and access to services based on impact of COVID-19 pandemic.
Recommended percentage of FY2022 Allocation: __

PROPOSED BY: Priority Setting & Resource Allocation Committee

VII. **Motion to approve the allocation of _____ to Mental Health for FY2022-2023.**
FY2022 Ranking 7
Factors to Consider: Increased utilization of MH services due to implementation of Integrated Behavioral Health and Primary Care and the Ending of the HIV Epidemic. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2022 Allocation: __

PROPOSED BY: Priority Setting & Resource Allocation Committee

VIII. **Motion to approve the allocation of _____ to Substance Abuse (outpatient) for FY2022-2023.**
FY2022 Ranking 8
Factors to Consider: Increased utilization of SA services due to implementation of the Ending of the HIV Epidemic Initiative. Additionally, we expect to have an

increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2022 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 Services- Centralized Intake & Eligibility Determination (CIED) (Case Management) for FY2022-2023.**
FY2022 Ranking 3
Factors to Consider: Increase in the number of programs requiring CIED certification (HOPWA, ADAP), Test and Treat, as well as increase utilization based on continuous rise of new HIV infections. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2022 Allocation: __

PROPOSED BY: Priority Setting & Resource Allocation Committee

X. **Motion to approve the allocation of _____ to Emergency Financial Assistance for FY2022-2023.**
FY2022 Ranking 4
Factors to Consider: Increase utilization based on continuous rise of new HIV infections. Also accounts for potential impact of Test and Treat. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2022 Allocation: __

PROPOSED BY: Priority Setting & Resource Allocation Committee

XI. **Motion to approve the allocation of _____ to Food Bank/ Food Voucher for FY2022-2023.**
FY2022 Ranking 1
Factors to Consider: Increase utilization based on continuous rise of new HIV infections. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2022 Allocation: __

PROPOSED BY: Priority Setting & Resource Allocation Committee

XII. **Motion to approve the allocation of _____ to Legal Services for FY2022-2023.**
FY2022 Ranking 6
Factors to Consider: Legal services have fluctuated over the past several years, but the agency has been able to maintain expenditures.
Recommended percentage of FY2022 Allocation: __

PROPOSED BY: Priority Setting & Resource Allocation Committee

Total Part A Support Services: __

Total Part A Allocations: __

MAI Core Services:

XIII. **Motion to approve the allocation of _____ to Outpatient Ambulatory Health Services (OAHS) for FY2022-2023.**
FY2022 Ranking 1
Factors to Consider: Integration of behavioral health screenings into primary care settings may require increased funding due additional staffing and provisions of services, as well as implementation of Test and Treat may increase access to OAHS. Additionally, unknown impact of potential repeal of the ACA may increase client utilization and expenditures. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic and implementation of the Ending of the HIV Epidemic services.
Recommended percentage of FY2022 Allocation: __

PROPOSED BY: Priority Setting & Resource Allocation Committee

XIV. **Motion to approve the allocation of _____ to Non-Medical Case Management Services for FY2022-2023.**
FY2022 Ranking 3
Factors to Consider: Increase in the number of programs requiring CIED certification (HOPWA, ADAP), Test and Treat, as well as increase utilization based on continuous rise of new HIV infections. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2022 Allocation: __

PROPOSED BY: Priority Setting & Resource Allocation Committee

XV. **Motion to approve the allocation of _____ to Mental Health FY2022-2023.**
FY2022 Ranking 7
Factors to Consider: Increased utilization of MH services due to implementation of Integrated Behavioral Health and Primary Care and the Ending of the HIV Epidemic. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2022 Allocation: __

PROPOSED BY: Priority Setting & Resource Allocation Committee

XVI. **Motion to approve the allocation of _____ to Substance Abuse (Outpatient) for FY2022-2023.**
FY2022 Ranking 8
Factors to Consider: Increased utilization of SA services due to implementation of the Ending of the HIV Epidemic Initiative. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2022 Allocation: __

PROPOSED BY: Priority Setting & Resource Allocation Committee

Total MAI Core Services: __

MAI Support Services:

XVII. **Motion to approve the allocation of _____ to Non-Medical Case Management - Centralized Intake & Eligibility Determination (CIED) for FY2022-2023.**
FY2022 Ranking 3
Factors to Consider: Increase in the number of programs requiring CIED

certification (HOPWA, ADAP), Test and Treat, as well as increase utilization based on continuous rise of new HIV infections. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2022 Allocation: __

PROPOSED BY: Priority Setting & Resource Allocation Committee

Total MAI Support Services: __

Total Mai Allocations: __

Total Part A and MAI Allocations: __

8. New Business

I. Quarterly Review of Meeting Evaluations (Q1: March-May) (Handout H)
Action Item: Discuss meeting evaluation results.

II. HIVPC Chair/Vice-Chair Presentations:
Action Item: Receive a presentation from a past HIVPC Chair/Vice-chair on the experience as a Planning Council Chair/Vice-chair.

9. Committee Reports (15 minutes)

I. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

July 6, 2021, *Chair: V. Biggs; V. Chair: A. Ruffner*

A. **Discussion Item:**
B. **Work Plan Item Update/Status Summary:**
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:**
H. **Next Meeting Date:**
September 3, 2021, at 3:00 p.m. Room: WebEx Videoconference

II. SYSTEM OF CARE COMMITTEE (SOC)

July 1, 2021, *Chair: A. Ruffner; V. Chair: J. Rodriguez*

A. **Discussion Item:**
B. **Work Plan Item Update/Status Summary:**
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:**
H. **Next Meeting Date:**
September 5, 2021, at 9:30 a.m. Room: WebEx Videoconference

III. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

July 8, 2021, *Chair: V. Foster; V. Chair: T. Moragne*

A. **Discussion Item:**
B. **Work Plan Item Update/Status Summary:**
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:**
H. **Next Meeting Date:**
September 12, 2021, at 9:30 a.m. Room: WebEx Videoconference

IV. QUALITY MANAGEMENT COMMITTEE (QMC)

July 19, 2021, Chair: B. Fortune-Evans Seat; V. Chair: D. Shamer

A. **Discussion Item:**
B. **Work Plan Item Update/Status Summary:**
C. **Data Requests:**
D. **Rationale for Recommendations:**
None.
E. **Data Reports/ Data Review Updates:**
None.
F. **Other Business Items:**
None.
G. **Agenda Items for Next Meeting:**
H. **Next Meeting Date:**
September 16, 2021, at 12:00 p.m. Room: WebEx Videoconference

V. EXECUTIVE COMMITTEE

July 15, 2021, *Chair: R. Lopes; V. Chair: C. Grant*

A. **Discussion Item:**
B. **Work Plan Item Update/Status Summary:**
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:**

H. **Next Meeting Date:**
September 19, 2021, at 11:30 a.m. Room: WebEx Videoconference

VI. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

July 15, 2021, *Chair: L. Robertson, Vice Chair: Vacant*

A. **Discussion Item:**

B. **Work Plan Item Update/Status Summary:**

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:**

H. **Next Meeting Date:**
September 16, 2021, at 9:00 a.m. via WebEx Videoconference

VII. AD-HOC NOMINATING COMMITTEE

July 7, 2021, *Chair: B. Barnes*

A. **Discussion Item:**

B. **Work Plan Item Update/Status Summary:**

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:**

H. **Next Meeting Date:** November 10, 2021, at 4:00 p.m. via WebEx Videoconference

10. Recipient Reports

a. Part A

b. Part B

c. Part C

d. Part D

e. Part F

f. HOPWA

g. Prevention – Quarterly Update (April, July, October, January)

11. Unfinished Business
None.

12. Public Comment (10 minutes)

13. Agenda Items/Tasks for Next Meeting

a. Next Meeting Date: September 26, 2021, at 9:30 a.m.

14. Request for Data

15. Announcements

16. Adjournment

**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
(http://www.brhpc.org/programs/hiv-planning-council/)**

Please complete your meeting evaluations here
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

HANDOUT B

August 2021

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Unless otherwise noted, meetings will be held via WebEx. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1295. Visit http://www.brhpc.org for updates.					
1	2	3	4	5	6 Disease Case Management Network Meeting 2:30 PM – 3:45 PM WebEx Video-Conference	7
8	9	10	11	12		14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Version 04/28/21 Information on this calendar is subject to change.

Meetings in **RED** are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees. Meetings in **GREEN** are for Provider Network. Holidays and meetings outside of the HIV Planning Council are in **BLACK**.

HANDOUT C

Executive Committee Meeting Evaluation Report

Quarter 1: March 1, 2021-May 31, 2021

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

Presented as of June 24, 2021.

Purpose

- The Planning Council Meeting Evaluation Form is utilized for all meetings of the Broward County HIV Health Services Planning Council (Planning Council) and its committees to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of its meetings.
- This tool will be utilized by the HIVPC and its committees to identify strengths and challenges and/or deficiencies and potential Council Development/Training needs.

Process

1. The Planning Council Meeting Evaluation Form will be shared with members and interested parties after the adjournment of all meetings of the Planning Council and its committees.
2. At this time completed Evaluation forms will be collected electronically on a rolling basis.
3. Council Support staff will aggregate the results of each meeting's evaluation forms and provide this data to the respective committee chairs and vice-chairs at the end of each quarter.
4. Council Support staff will provide aggregate totals of each meeting to all members at the Committee meetings at the end of each quarter.
5. "Meeting Evaluation" will be a standing item on the Committee agenda.
6. The Committees will discuss meeting evaluation findings to identify areas for improvement and suggest possible solutions to Planning Council/Committee Chairs.
7. The Committees will recommend training activities to the Membership/Council Development Committee, as necessary.

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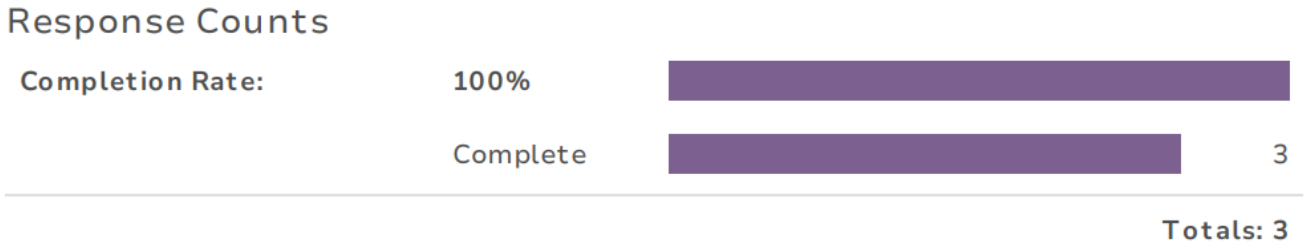
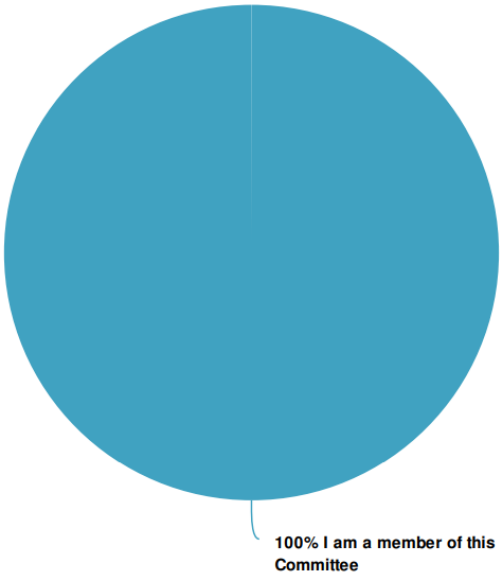
Completion Rate

- 3 meeting evaluations were received out of a potential total of 23.
- There was a 100% completion rate observed for the evaluations that were received.



Affiliation



Value	Percent	Responses
I am a member of this Committee	100.0%	3
	Totals: 3	

Logistics

- 100% of respondents ‘strongly agreed’ that the meeting location and times were convenient, and meetings were frequent enough to achieve progress towards workplan goals.
- All respondents ‘strongly agreed’ that the meeting space was comfortable, accessible and appropriate.

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Meeting Content

- All respondents ‘strongly agreed’ that the purpose and objectives of meetings are clearly outlined.
- Similarly, all respondents ‘strongly agreed’ that not only are meeting material informative and useful, but materials align well with workplan goals and activities to advance the work of the planning council in a meaningful way.
- All respondents ‘strongly agreed’ that they left the meeting knowing exactly what is expected of them.

Preparation

- Respondents ‘strongly agreed’ that pre-meeting materials were well put together and useful and delivered sufficiently in advance of the meeting date.
- All respondent also ‘strongly agreed’ that the committee was well prepared to facilitate meetings. This includes themselves as well as other meeting participants.

Process/Team-Work

- 100% of respondents ‘strongly agreed’ that all attendees were encouraged to participate in meetings discourse.

Meeting Efficiency

- 100% of respondents ‘strongly agreed’ that meetings are being ran efficiently and meetings were a good use of their time and would recommend them to prospective members, funders and other guests.

Strengths

- Diversity
- Inclusion

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Suggestions for Improvement

- Recruit more members from the HIV community

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QUESTIONS?

DISCUSSION

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