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

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL MEETING AGENDA

Thursday, January 25, 2018, 9:30 a.m.
GC-430
Chair: Brad Barnes **Vice Chair:** Requel Lopes
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. Review Meeting Ground Rules, Public Comment and Public Record Requirements
- b. Council Member and Guest Introductions
- c. Moment of Silence
- d. Excused Absences and Appointment of Alternates
- e. Approval of 1/25/18 Meeting Agenda
- f. Approval of 12/7/17 Meeting Minutes

3. PHONE INTRODUCTIONS

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

5. NEW BUSINESS
- a. HIVPC Chair and Vice Chair Nominee Speeches (Handout B): Receive 5 minute presentations from Chair and Vice Chair candidates, with 2 additional minutes per candidate to receive and answer member's questions.
- b. HIVPC Leadership Elections: Vote for HIVPC Chair and Vice Chair.

6. CONSENT ITEMS
None.

7. DISCUSSION ITEMS

#	SERVICE CATEGORY	Recommended TO	Recommended FROM	PROPOSED BY
1	Ambulatory (5)	$78,000		Priority Setting & Resource Allocation Committee
2	MAI Ambulatory (1)			
3	Pharmaceuticals (3)			
4	Oral Health Care-Routine (5)			
5	Oral Health Care- Specialty (1)			
6	Case Management (7)		$30,000	
7	Medical Case (Disease) Management (5)		$17,000	
8	MAI Medical Case (Disease) Management (1)			
9	Mental Health (4)		$2,000	
10	MAI Mental Health (1)			
11	Substance Abuse (1)		$28,000	
12	MAI Substance Abuse (1)			
13	Food Bank (1)			
14	Food Voucher (1)			
15	Centralized Intake and Eligibility Determination (1)			
16	MAI CIED (1)			
17	HICP (1)			
18	Legal Assistance (1)		$1,000	
19	EFA (1)			
20	BISS (1)			
	Total Part A Funds	$78,000	$78,000	
	Total MAI Funds			
	Total Funds	$78,000	$78,000	

8. DECEMBER AND JANUARY COMMITTEE REPORTS (15 minutes)
- **A. INTEGRATED WORKGROUP**

A. Work plan item update / Status Summary:

Workgroup Leadership – The group discussed the responsibilities of being chair and vice chair of this workgroup. The group nominated Tom Pietrogallo for chair and Tatiana Braxton for vice chair. These individuals will be responsible for facilitating the meeting, for setting the monthly agendas, and to move the group forward on presented action items.

Member Commitment Letters – The group agreed that each workgroup member has a responsibility of attending the meetings and if they are unable to their identified alternate should be in attendance. Present members signed the agreement.

Additional Discussion – The group discussed the purpose of the workgroup and part of the responsibilities is to look at the activities that have not met the target. Another member mentioned that we should use the objectives of the workgroup (monitor, support, and provide feedback) as guidance in what are the primary responsibilities of this group. The workgroup will review targets and address what have been done and provide feedback on the activities that may not be working to ensure we are meeting objectives. A community plan will need to be developed to identify strategies on how this information will be communicated back to community. The group agreed this should be a standing item in the agenda as this is one of the proposed activities in Goal 4.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

2016 Part 10 Epidemiology slides; HIV testing for transgender individuals

E. Other Business Items:

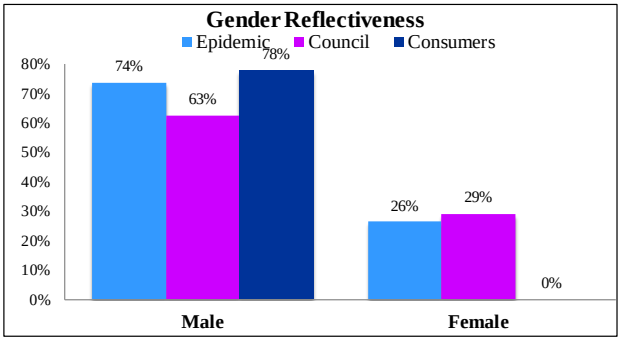
Agenda Items for Next Meeting: Review of Integrated Plan Year 1 Activities Next Meeting Date: January 30, 2018 9:00 a.m. Venue: Government Center GC-430

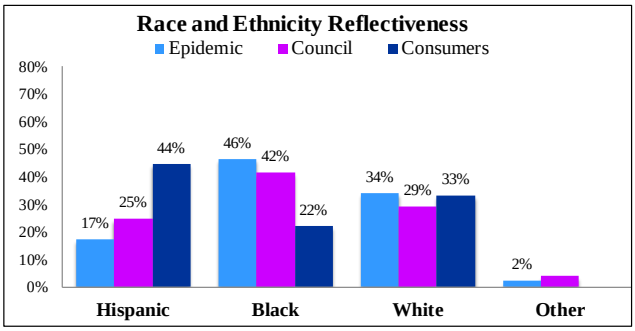
B. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

No January Meeting *Chair: L. Robertson, V. Chair: P. Fleurinord*

C. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

HIV Planning Council Membership Report
Current Through January 23, 2018





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	14,753	74%	15	63%	-11%	7	78%	4%
Female	5,288	26%	7	29%	3%	0	0%	-26%
Transgender	-	-	2	8%	-	2	22%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	3,455	17%	6	25%	8%	4	44%	27%
Black	9,283	46%	10	42%	-5%	2	22%	-24%
White	6,831	34%	7	29%	-5%	3	33%	-1%
Other	472	2%	1	4%	2%	0	0%	2%
Total	20,041	100%	24			9		

Current Members	24
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	38%

Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. Federally Recognized Indian Tribe Members
3. ASO/CBO Serving Affected Populations
4. State Medicaid
5. Local Public Health Agency
6. Health Planning
7. Alternates (3)

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

% Part A-Funded Providers	29%

No January Meeting *Chair: Vacant, V. Chair: V. Foster*

D. AD-HOC NOMINATING COMMITTEE

January 4, 2018 Chair*: L. Robertson*

A. Work plan item update / Status Summary:
Nominating Procedure – The group reviewed the nominating procedures that were developed and approved at the last meeting in October. They also reviewed Robert's Rules regarding elections, and discussed potential issues that might arise during the meeting. Staff have all necessary documents on hand, and will provide the HIVPC and Nominating Chairs all materials and rules relevant to the election should they need to reference them during the meeting. During the elections members must maintain quorum, need a motion and vote to reopen the voting should a member arrive late, and must address any questions or irregularities in a timely manner (during that meeting). Slate of Candidates and Questionnaires: – The members reviewed the official slate of candidates and their submitted Candidate Questionnaires. Staff noted that a Vice Chair nominee had later decided not to run, and there are now only 2 Vice Chair candidates. The completed questionnaires will be sent to members in the meeting notice and reminders, as well as included in the HIVPC meeting packets. During the HIVPC meeting each candidate will be given 5 minutes to discuss their qualifications, and then 2 minutes for questions and response relevant to their speech/questionnaire. The group stressed the need for the Chairs to maintain order and be mindful of timing during the question and answer sections, as there is limited time per candidate and the questions should be direct and relevant. Ballot and Elections Logistics – The committee members reviewed the proposed ballot and elections logistics. PC Staff will distribute the ballots to each member, and log its return. After all ballots have been collected, the PC Manager and Nominating Chair will go to another room to count the ballots and log the results. If the Vice Chair election requires a run-off, Staff will be prepared with additional ballots. The HIVPC members will continue with the meeting agenda, including "Sweeps" until the Nominating Chair returns with the election results.
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.

E. QUALITY MANAGEMENT COMMITTEE (QMC)

No January Meeting *Chair: D. Shamer*

F. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

January 18, 2018 *Chair: W. Spencer, V. Chair: R. Siclari*

A. Work Plan Item Update / Status Summary:
Reallocations "Sweeps": The PSRA Committee reviewed service category expenditures as well as provider requests in order to Sweep funding. They approve Recipient recommendations for the reallocation of funding out of several services and into OAMC. FY2017 PSRA Work Plan: The Committee reviewed the FY2017 Work Plan, and discussed the status of each objective and activity. They discussed successes of developing an integrated PSRA process with presentation from various HIV Funders and Community Stakeholders, as well as the challenges of completing and approving the Administrative Mechanism.
B. Rationale for Recommendations:
Funding reallocations were based on an analysis of expenditure and utilization trends, as well as Recipient recommendations regarding the funding needs of core services to complete the FY.
C.
The Committee reviewed FY17-18 Allocations, expenditures, and requests for reallocations. They also reviewed their FY2017 PSRA Work Plan.
D. Data Requests:

None.
E. Other Business Items:
Agenda Items for Next Meeting: FY2017 Evaluations, FY2018 Work Plans, PSRA Process Timeline *Next Meeting Date*: March 15, 2018, Governmental Center Annex Room A-337

G. EXECUTIVE COMMITTEE

January 18, 2018 *Chair: B. Barnes, V. Chair: R. Lopes*

A. Work Plan Item Update / Status Summary:
Standard Committee Items – The committee members reviewed the February meeting calendars, and revised and approved the January HIVPC agenda and meeting materials. 2018 Leadership Elections – The ad-Hoc Nominating Committee reviewed candidates' information and election procedure. In order to adhere to timeframes, members have been given the candidates' completed questionnaires in advance of the meeting. The Chair stressed the importance of keeping the question and answer period of the election short by having HIVPC members provide written questions specific to the candidate. The meeting reminder will include a reminder about the election and a comment that the election process stops when quorum is lost. Because there have been changes to the Committee's membership, the Chair of the ad-Hoc Nominating Committee will introduce the Committee members to the HIVPC Once the Chair of the ad-Hoc Nominating Committee has tallied the results of the election, polls are officially closed. Integrated Workgroup Update –At its last meeting, the Integrated Workgroup decided its leadership. Tom Pietrogallo is the Workgroup Chair and Tatiana Williams is Vice Chair. The Integrated Workgroup will meet again on January 30th, this time with the HIV Funders Collaborative. The Collaborative will review its successes and challenges in implementing the Integrated Plan in Year 1. The report will be disseminated to the planning bodies and consortia, as well as the community. Committee Work Plans – The HIVPC Chair stated that with new leadership starting in March, it would be helpful for Work Plans to have at least been started. The Committee reviewed its goal of adding 10 new Committee members, which was accomplished with the reinstatement of the System of Care Committee, but did not translate to new Planning Council members.
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Agenda Items for Next Meeting: TBD *Next Meeting Date*: March 15, 2018

H. SYSTEM OF CARE COMMITTEE (SOC)

No January Meeting *Chair: M. Hayes V. Chair: C. Edwards*

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

9. 2018-2020 HIVPC CHAIR/ VICE CHAIR ELECTION RESULTS

10. GRANTEE REPORTS (20 minutes)

a. Part A
b. Part B
c. Part C
d. Part D
e. Part F
f. HOPWA
g. Prevention

11. UNFINISHED BUSINESS

12. PUBLIC COMMENT (Up to 10 minutes)

13. ANNOUNCEMENTS

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: February 22, 9:30 a.m. **LOCATION:** TBD

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*

16. 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 •

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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

December 7, 2017 Meeting Minutes

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Grantee Staff**
1	Arencibia, Y.		**E**		Jones, L.
2	Barrientos, Y.	**X**			Fender, T.
3	Bhrangger, R.	**X**			
4	Burgess, D.	**X**			**HIVPC Staff**
5	DeSantis, M.	**X**			Holloman, K.
6	Barnes, B. *Chair*	**X**			Oratien, V.
7	Grant, C.	**X**			Ewart, L.
8	Holness, Comm. D.V.C.		**A**		
9	Katz, H. B.	**X**			**Guests**
10	Lint, A.	**X**			Murphy, K.*
11	Lopes, R. *Vice Chair*	**X**			Carter, J.
12	Marcoviche, W.		**E**		Fortune-Evans, B.
13	Moragne, T.	**X**			Laing, L.
14	Robertson, L.	**X**			McJin, M.
15	Robertson, P.	**X**			
16	Rodriguez, J.		**A**		
17	Runkle, D.	**X**			
18	Schweizer, Dr. M.	**X**			
19	Shamer, D.	**X**			
20	Siclari, R.	**X**			
21	Spencer, W.	**X**			
22	Taylor-Bennett, C.	**X**			
	Quorum=12	**18**			*On phone

1. CALL TO ORDER

The Chair called the meeting to order at 9:37 a.m.

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

The HIVPC Chair welcomed everyone and self-introductions were made. Attendees were notified of Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. A moment of silence was observed. The following motions were made:

Motion #1: To approve today's agenda
Proposed by: Spencer, W. **Seconded by:** Runkle, D.
Action: Passed Unanimously

Motion #2: To approve the 10/30/17 meeting minutes
Proposed by: Lopes, R. **Seconded by:** Lint, A.
Action: Passed Unanimously

3. PHONE INTRODUCTIONS

Introductions were made by those on the phone.

4. FEDERAL LEGISLATIVE REPORT

Mr. Murphy informed the HIVPC that Congress is currently at a standstill on FY2018 appropriations. While Republicans remain the majority, Democrats are needed to pass legislation. Because of this funding is at an

impasse. The CBO estimates the Tax Bill will add between $1.1 trillion and $1.5 trillion to the federal deficit. Also, the CHIP was cut. Mr. Murphy is not sure how this will play out.

5. CONSENT ITEMS

The Chair asked the members to approve the Consent Items.

Motion #3: To approve the Consent Items. **Proposed by:** Spencer **Seconded by:** Schweizer **Action:** Passed Unanimously

6. DISCUSSION ITEMS:

Food Bank Eligibility: PSRA was challenged to revise their recommendation at the previous HIVPC meeting. The Committee reviewed data from the past three fiscal years. The Committee's recommendation was explained (Handout C on file) to the HIVPC. The recommendation reduces overall cost of services by $700k. PSRA tried to look at client need by poverty level since that's how clients use the service. The Committee decided on the allotted units after much discussion about value of food boxes and vouchers. The PSRA Committee discussed other local resources, but know that CIED and other social service providers should be able to share information alternative resources with clients. It was noted that the recommendation cuts resources drastically for those in the 151-200% FPL range. A member recognized that while FPL is one way to make these decisions, they also believed that health outcomes should be tied to the decision. While most HIV+ individuals cannot take their medication without food, food is nevertheless a supportive service and cannot be directly tied to medical outcomes. The Committee recognizes that this recommendation will impact people at all levels. The PSRA Chair then called the question.

Motion #4: To call the question to bring forward the vote on Food Bank eligibility. **Proposed by:** Spencer, W. **Seconded by:** Barrientos, Y. **Action:** 12 approved, 2 opposed, 2 abstain **Motion #5:** To revise FY2018 Food Bank eligibility criteria to: 12 units total per year, with up to 50% of the units as vouchers for clients making 0-150% FPL. To 6 units total per year, with up to 50% of the units as vouchers for clients making 151-250% FPL. To 3 units per year, either box or voucher, as emergency food bank assistance for clients making 251-300% FPL. **Proposed by:** Priority Setting & Resource Allocation Committee **Seconded by:** Barrientos, Y. **Action:** 13 approved, 3 opposed, 2 abstain

7. NEW BUSINESS

a. HIVPC Member Recognition Program: H.B. Katz was recognized as the HIVPC Outstanding Member of 2017. He has served as a member of Planning Council since 2008, and has been on nearly every committee. Mr. Katz has also been the Chair of various committees, and has served various HIVPC Chairs. The current HIVPC Chair thanked Mr. Katz for stepping up to the plate every time, and noted that he has attended different events including USCA and the NQC's Consumer Training. The Chair also thanked the MCDC and Executive Committees for their work on this project.

b. 2018 HIVPC Leadership Elections: Nominations were opened at the October HIVPC meeting. At the time of December meeting, no applications had been received by HIVPC Staff. Nominations were accepted from the floor at this meeting. The following members were nominated for Chair: Requel Lopes, H.B. Katz, and Carla Taylor-Bennett. Requel Lopes accepted the nomination, the rest declined. The following members were nominated for Vice Chair: H.B. Katz, Carla Taylor-Bennett, and David Shamer. All nominees accepted. The nominees' applications are due by December 28th.

8. NOVEMBER COMMITTEE REPORTS

A. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

November Meetings *Chair: Vacant, V. Chair: V. Foster*

The HIVPC Chair mentioned that the membership is low. Members noted the need for members who will attend regularly and participate.

B. AD-HOC NOMINATING COMMITTEE

No November Meeting *Chair: L. Robertson*

C. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

November 7, 2017 *Chair: L. Robertson, V. Chair: P. Fleurinord*

The report stands.

D. QUALITY MANAGEMENT COMMITTEE (QMC)

No November Meeting *Chair: C. Grant, V Chair: Vacant*

The report stands. The QMC Chair, Claudette Grant has stepped down from her position. She thanked everyone for their work on the Committee. David Shamer will be the new QMC Chair.

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

November 16, 2017 *Chair: W. Spencer, Vice Chair: R. Siclari*

The report stands.

F. SYSTEM OF CARE COMMITTEE

No November Meeting *Chair: M. Hayes, Vice Chair: C. Edwards*

The report stands.

G. EXECUTIVE COMMITTEE

November 16, 2017 *Chair: B. Gammell Vice Chair: R. Lopes*

The HIVPC Chair noted that the Executive Committee meeting focused heavily on bringing new members onto committees and HIVPC. This will continue to be a large focus of the committee in 2018.

9. GRANTEE REPORTS

a. **Part A:** HRSA will be making a site visit to Broward County in January, and will be attending the HIVPC meeting to observe. They are looking to see how different councils operate and interact. They do not compile best practices from these visits, but the Recipient will talk to them about what this PC does well.

Currently, 500 people have been enrolled in ACA. Many plans roll over automatically, but that information will not be known until after December 15th (when the marketplace closes). This is an intricate system, and the information shared with the Recipient is dependent on mechanism used to enroll. Anyone who does not sign up for insurance through the marketplace will remain on Ryan White, meaning the client does not have health insurance and will use the Ryan White system of care. This year has been challenging because the Republican designed the Open Enrollment Period to limit access and enrollment. Part A has the biggest financial incentive, because ADAP pays client premiums. Ongoing efforts are in place to contact eligible individuals to get in to see a navigator, broker, etc. Those appointments are being scheduled PE. There are also weekly phone calls with Navigators and DOH ADAP staff. Documentation is being done in PE so that progress can be tracked. Currently 50% eligible clients have been enrolled. Once the Marketplace closes final numbers can be tallied.

The Recipient attended a meeting on 12/6/17 between Florida's Part As and the state HIV section bureau staff. The Part A Programs informed the State that as of the next calendar year they will not provide ACA wrap-around payments for clients. This conversation got the parties on a timeline for data sharing. Their focus is currently on Part B and ADAP, but data sharing needs to happen throughout the entire system of care. Another topic of conversation was a universal consent form to be used by Part A, Part B, and ADAP. There is also a plan for an annual meeting about strategic planning so they can all talk about the vision for care, rather than just being told what one party wants. Finally, meeting attendees talked about streamlining eligibility for Part A and Part B. Once data sharing is in place, they agree to

the same eligibility from and electronic standpoint. Got them to commit to specific dates and timeframes. Clients should be the main focus of these negotiations.

b. **Part B:** No representative present.
c. **Part C:** No report at this time.
d. **Part D:** Bisiola Fortune-Evans strongly committed to the Part D role.
e. **Part F:** No report at this time.
f. **HOPWA:** HOPWA is postponing the upcoming RFP due to the modernization act. Broward is in really good shape to get through this with, hopefully, minimal disruption in 5 years. Broward is ratcheting back through attrition, rather than taking services away from people. There has been an influx of people from Puerto Rico displaced by Hurricanes. Finally, Rachel Williams will be taking over Mario DeSantis' seat once officially appointed to the HIVPC.
g. **Prevention:** No representative present.

10. UNFINISHED BUSINESS

None.

11. PUBLIC COMMENT

None.

12. ANNOUNCEMENTS

Committee members honored Bishop S.F. Makalani-Mahee, a member of the HIV community who passed away. The HIVPC Chair and Vice Chair thanked everyone for a great year.

13. REQUEST FOR DATA

None.

14. AGENDA ITEMS FOR NEXT MEETING: December 7, 2017, 9:30 a.m. **LOCATION:** TBD

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
2017-2018 Elections	*Nominating*	ACTION ITEM: Members will vote for HIVPC Chair and Vice Chair.

15. ADJOURNMENT

The meeting was adjourned at 11:09 a.m.

HIVPC Attendance CY2017

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	26	23	23	27	C	22	27	31	C	CX-26	30	C	7	
		2	**1**	Arenciaba, Y.	X	X	X	A		E	X	A		NQE	E		E	
	1	2	**2**	Barnes B., *Chair*	X	X	X	X		A	A	X		NQX	X		X	W-8/1
1		0	**3**	Barrientos, Y.	N-4/27			X		X	X	X		NQX	X		X	
		0		Bell, J.	X	X	Z- 3/14											
1	1	0	**4**	Bhrangger, R.	X	X	X	X		X	E	X		NQX	X		X	
1	1	0	**5**	Burgess, D.	X	X	X	X		E	E	X		NQX	X		X	
		3	**6**	DeSantis, M.	X	X	X	A		X	X	A		NQA	X		X	W- 11/8
		2	**7**	Grant C.	X	X	X	X		X	A	X		NQA	X		X	
		0		Hayes, M.	X	E	X	X		X	X	X		Z-10/27				
		7	**A**	Holness, D. V.C. (Comm)	A	A	A	X		X	X	A		NQA	A		A	
		3		Huggins, L.M.	A	A	A	R-3/23										
1	1	0	**8**	Katz, H.B.	X	X	X	X		X	X	X		NQX	X		X	
	1	2	**9**	King, J.	X	X	X	X		X	A	X		NQE	A		Z- 11/21	
1	1	1	**10**	Lint, A.	X	X	X	X		A	X	X		NQX	X		X	
		1	**11**	Lopes, R., *V. Chair*	X	X	A	X		X	X	X		NQX	X		X	
1	1	0	**12**	Marcoviche, W.	X	X	X	X		X	X	X		NQE	X		E	
		1	**13**	Moragne, T.	A	X	X	X		X	X	X		NQX	X		X	
1	1	1		Parker, P.	A	X	X	X		X	E	E	Member Passed Away 9/9					
	1	0	**14**	Robertson, L.	X	X	X	X		X	X	X		NQX	X		X	
1	1	3	**15**	Robertson, P.	A	A	X	A		X	X	E		NQX	X		X	W-2/28, 5/3
		1	**16**	Rodriguez, J.	N-8/31							X		NQX	X		A	
1	1	1	**17**	Runkle, D.	X	X	X	X		X	X	X		NQA	X		X	
		2	**18**	Schweizer, M.	X	X	X	X		X	A	E		NQA	X		X	
1	1	0	**19**	Shamer, D.	X	X	X	X		X	X	X		NQX	X		X	
		2	**20**	Siclari, R.	X	A	X	X		X	X	X		NQA	X		X	
	1	2	**21**	Spencer, W.	X	X	X	X		X	X	A		NQA	X		X	
		3	**22**	Taylor-Bennett, C.	X	X	A	A		E	A	X		NQE	X		X	W-5/3, W-8/1
		4	**23**	Thomas-Purcell, K.	A	A	X	E		A	X	X		NQE	A		W-2/28, 6/26, R 1	
				Quorum = 13	20	20	21	19		19	17	19		12	20		18	

Legend:

X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - resigned
C - cancelled
W - warning letter
R - removal letter

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: January 23, 2018

Appropriations Update

Late yesterday, the President signed into law yet another Continuing Resolution (CR) to reopen all federal agencies and keep operations funded through February 8. Negotiations over the Fiscal Year (FY) 2018 appropriations broke down several weeks ago. They remain at an impasse despite the end to the government shut down. The political parties and their legislative caucuses remain far apart in spending goals. Because of the uncertainty in how negotiations will go, federal agencies, such as the Health Resources and Services Administration, have been reluctant to make long-term (year or partial year) funding commitments. At this point, the best possible scenario would be a CR that would carry the government through the end of the fiscal year.

The level of uncertainty as to how this will play out cannot be understated. Senate Democrats have been loudly criticized by key constituent groups for agreeing to reopen the government after the most recent shutdown. It is unclear how cooperative Senate Democrats may be in further negotiations, and House Democratic leaders have said they will not abide by any budget cuts or a deal that does not include legal status for the Deferred Action for Childhood Arrivals program. House Republicans also remain divided over budget priorities. The path to approval remains murky.

HANDOUT B

NOMINEE QUESTIONNAIRE

Please return your questionnaire to HIVPC staff by 5:00 p.m. on Thursday, December 28, 2017.

Candidate Name	**Réquel Lopes**
Office Sought (Check ONE)	**X CHAIR** **☐ VICE CHAIR** *A separate application is required for each office.*
Affiliation	*Please state your affiliation as an employee, consultant or board member with Ryan White Part A, if any.* *On the Board of Directors for Poverello*

Please answer each question as concisely as possible, using the space provided.

LEADERSHIP

Please describe your leadership style and how you might engage Council members and facilitate the meeting process.

I find my style of leadership is participative in nature. I value the input of others. The input from the team is essential to the decision making process. Not everyone will always like the decision, but rest assured as the chair, I did get the contributions from others before making decisions necessary to move the Council along in its duties. My leadership behaviors can be illustrated this way:

- *Putting service to others before self-interest*
- *Includes the whole team in decision making*
- *Helps provide tools to get the job done*
- *Stays out of limelight, lets team accept credit for results*

MEMBERSHIP

How will you go about ensuring Council membership is compliant and reflective of the demographics of the HIV/AIDS epidemic in Broward County?

As the council member it is really necessary to recruit. Each and every member is responsible for this task. New marking efforts are needed to help us with this effort. It is also necessary to be cohesive in our message about the function of the Council. There are some key people out in the community that could be very instrumental in the challenging work ahead.

RELATIONSHIPS, COMMUNITY & OUTREACH

What will your strategies be to improve the relationship between the Council and the Broward County HIV/AIDS Community?

I think the above answer helps frame my strategies as it relates to this effort. I will get out and attend events in the community. Quite simply there is no "I" in team. I will work with and assist current members with reaching and recruiting new participants to this extraordinary group of people. The derisive nature that has continued to plague collaboration has to be redirected. It is not "us" against them. It is US together moving forward and making changes in the lives of people who benefit from the services offered by the Ryan White Part A funding.

HEALTH DISPARITY

What initiatives should the Planning Council focus on to eliminate health disparities and improve access to services?

I think the council has the mechanisms in place to look and recommend needed change. We must continue to stream lining of the process. Utilizing the "secret shopper" to help fetter the problems in the system. We must always continue to ask and engage diverse group of consumers in the process.

Candidate Name	**Réquel Lopes**
Office Sought (Check ONE)	**X CHAIR** **☐ VICE CHAIR** *A separate application is required for each office.*

Please answer each question as concisely as possible, using the space provided.

CONFLICT OF INTEREST

If elected, how will you avoid conflict of interest, real or perceived, while exercising your duties of office and that of your personal and professional life?

My simple answer it to be transparent.

ADVOCACY

What current unaddressed issues impacting the HIV/AIDS-community would you like the Council to address?

I will summit it this way we need in ways to affectively reach out, engage and optimize care in:

- *People of color community*
- *Transgender community*
- *Women and children*
- *Nutritional based service*

OUTLOOK

How will you help the HIVPC achieve the goals of the Broward County Integrated HIV Prevention and Care Plan, CY2017-2021?

We must stay focused on our mission – to help to the best of our ability All the people who utilize the Ryan White Part A funding offered through Broward County. This is no easy undertaking. We must work together to gain the trust and respect of the community as well as each other. We must work towards this goal without ego; without malice. We are about the work of the people who have no other services. In the climate we currently live in where funds are shrinking, we must work together to help to ensure we are doing our appointed tasks. Here is a quote I strive to live by:

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed it is the only thing that ever has." ~ Margaret Mead

HANDOUT B

NOMINEE QUESTIONNAIRE

Please return your questionnaire to HIVPC staff by 5:00 p.m. on Thursday, December 28, 2017.

Candidate Name	Carla A. Taylor-Bennett
Office Sought (Check ONE)	☐ **CHAIR** ☒ **VICE CHAIR** *A separate application is required for each office.*
Affiliation	*Please state your affiliation as an employee, consultant or board member with Ryan White Part A, if any.* Unaffiliated

Please answer each question as concisely as possible, using the space provided.

LEADERSHIP

Please describe your leadership style and how you might engage Council members and facilitate the meeting process.

I would like to believe that I have an inclusive leadership style. I find ways to engage members by identifying strengths and interests that may be helpful to the process. As a conflict resolutionist, I make a vigorous effort to channel problematic behaviors in away that makes them advantageous to the process. I lead by example and would never ask anyone to do anything that I would not be willing to do myself. My Chairs would know that they have my support and that I would be willing to co-labor with them when needed.

MEMBERSHIP

How will you go about ensuring Council membership is compliant and reflective of the demographics of the HIV/AIDS epidemic in Broward County?

I believe that Council membership should come from the community it serves, I also believe that not only the Membership committee should be identifying and recruiting council membership. Each planning council member should have a role in identifying and recruiting new members. I personally believe that there are far too few PWA's on the council and will be working with the council to increase participation among PWA's.

RELATIONSHIPS, COMMUNITY & OUTREACH

What will your strategies be to improve the relationship between the Council and the Broward County HIV/AIDS Community?

For may years the Council has been this extraneous body that operates outside of the HIV Community. I would like to see that changed. Some strategies could include moving meetings into the community. Increasing attendance within the target populations, recruiting members for both council and committees from the community as well as holding focus groups and town hall style meetings to better understand the needs of the community.

HEALTH DISPARITY

What initiatives should the Planning Council focus on to eliminate health disparities and improve access to services?

There continues to be significant health disparities among certain communities. With input from members of those communities, the provider network and other similarly situated EMA's the Council should develop and fully fund strategies that can address the pervasive health disparities that exist for African-American men and women, and MSM's.

Candidate Name	Carla A. Taylor-Bennett
Office Sought (Check ONE)	☐ CHAIR X☐ VICE CHAIR *A separate application is required for each office.*

Please answer each question as concisely as possible, using the space provided.

CONFLICT OF INTEREST

If elected, how will you avoid conflict of interest, real or perceived, while exercising your duties of office and that of your personal and professional life?

I am fortunate that I do not work for a Ryan White provider agency and have no conflicts. Conflicts of interest can almost always be resolved through transparency. Conducting all council business out in the open where it can be heard and documented alleviates any perceptions of conflict, favoritism or bias. My intent if elected is to conduct the business of the council in an open, honest and transparent manner.

ADVOCACY

What current unaddressed issues impacting the HIV/AIDS-community would you like the Council to address?

That question could best be answered by the impacted community members. The Council should not decide in isolation what is impacting the community. Thus town hall and focus groups are a critical element in the overall advocacy however it must be driven by the community.

OUTLOOK

How will you help the HIVPC achieve the goals of the Broward County Integrated HIV Prevention and Care Plan, CY2017-2021?

The attainment of those goals of the Broward County Integrated HIV Prevention and Care Plan, CY 2017-21 largely rests with the work of the Council's committees. As the prior Vice Chair of the Integrated Committee that developed the integrated plan, I am intimately familiar with what is in the plan as well as the intent. I would like to ensure that Committee chairs are appointed who are committed to the plan. As Vice Chair I would work with the committees so that they can be focused on the parts of the plan that can enhance the committee's work. Those components would need to be integrated into the committee work plans and progress would be evaluated at each Executive Committee meeting. Additionally, committee chairs would be challenged to develop innovative ways to attain the goals and not just check items off as completed. The plan is just that a plan and is a dynamic document which requires feedback from all parties in order to be successful.