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, March 22, 2018, 9:30 a.m.
GC-430
Chair: Requel Lopes **Vice Chair:** Carla Taylor-Bennett
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 Introduction from Outgoing HIVPC Chair
   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 3/22/18 Meeting Agenda
   g. Approval of 1/25/18 Meeting Minutes
3. **PHONE INTRODUCTIONS**
4. **PUBLIC COMMENT** (Up to 10 minutes)
5. **CONSENT ITEMS**

#	Motion	Justification	Proposed By
1	To appoint Rachel Williams to the Priority Setting and Resource Allocations Committee.	Ms. Williams is the Acting Grants Administrator for the City of Ft. Lauderdale's HOWPA Program which will enable her to provide information on expenditures, trends and utilization of federally funded HOPWA services.	PSRA
2	To appoint Kara Schickowski to the Integrated Workgroup as a Full Member.	An Integrated Workgroup member resigned from the position and Ms. Schickowski has been an Alternate on the Integrated Workgroup since November 2017.	Executive Committee

6. **DISCUSSION ITEMS**
   None.
7. **NEW BUSINESS**
   a. PSRA Process Overview- Receive a presentation on the FY2019 Priority Setting and Resource Allocation Process
   b. Assessment of the Administrative Mechanism (FY 2016-2017) – Overview (Handout A)
   c. Integrated Workgroup Alternate Replacement
8. **FEBRUARY AND MARCH COMMITTEE REPORTS (15 minutes)**
   A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)
   February 6, 2018 *Chair: L. Robertson, V. Chair: P. Fleurinord*

A. Agenda Item Update / Status Summary:

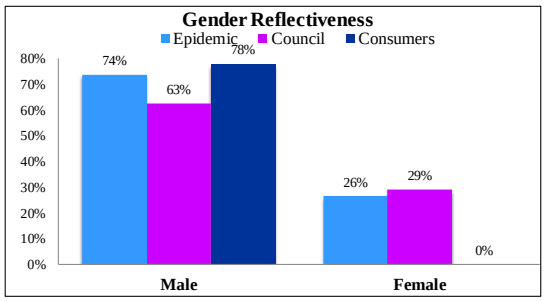
FY2017 Work Plan and FY2017 Committee Activities Overview: The members reviewed the Committee's progress toward completing the FY2017 CEC work plan. They discussed the completion of ranking Part A services in June, the Chill, Chat and Chew community forum in May, and the use of the outreach survey at World AIDS Day and other events. However, not the CEC did not hold any education or training sessions in FY2017. While the committee planned to host trainings, and began work on some topics, the logistics of events hinders their implementation. The group talked about ways to increase community participation in outreach and education events, including increasing collaboration with the HIVPC's Membership/Council Development Committee (MCDC) and other community organizations. Outreach events can be held on HIV Awareness Days, and leverage the captive audience and activities already occurring around Broward. FY2017 CEC Evaluation and FY2018 CEC Goals: The CEC members completed a FY2017 CEC committee evaluation, and discussed their goals for FY2018. Goals include: (1) Community Training and Education: Educate clients on Part A services and the HIV system of care. Educate CEC members on HIV specific subject matter and Part A system workings. Host quarterly education sessions for on hot topics for CEC members. (2) Host a minimum of 2 outreach and 2 educational activities in FY2018.

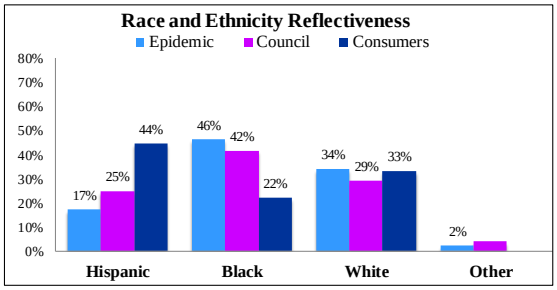
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Agenda Items for Next Meeting: Next Meeting Date: April 3, 2018 *Location:* A-337

March 6, 2018- No Quorum *Chair: L. Robertson, V. Chair: P. Fleurinord*

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

HIV Planning Council Membership Report
Current Through March, 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%*

March 8, 2018 *Chair: Vacant, V. Chair: V. Foster*

A. Work Plan Item Update / Status Summary:
Review HIVPC Demographics: The Committee members reviewed the HIVPC and Standing Committee member demographics. 38% of HIVPC members are unaffiliated consumers. There are no Black female consumers on the HIVPC, and the group discussed ways to enhance member recruitment. 6 members were appointed in 2017, and 6 members resigned or were removed in 2017. HIVPC and Committee Attendance: The group reviewed the 2017 HIVPC attendance, 2017 committee meetings held by month, and the January/February 2018 attendance. FY2017 Work Plan, Committee Evaluation and FY2018 WP: The members reviewed the status of their 2017 MCDC WP items. The committee routinely reviewed membership demographics and attendance, but agreed that the members should engage the HIVPC members in announcing and recruiting for vacant HIVPC seats. The group discussed barriers to participation in the HIVPC and standing committees, and the need for increased visibility within the community. PC Staff has ordered new HIVPC recruitment items, including shirts, water bottles, and a new tent. The members then filled out a FY2017 Committee Evaluation, and discussed ways they could become more actives, and goals for the upcoming fiscal year. They then approved their FY2018 WP.
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: Review Demographics, Applicants and Recruitment *Next Meeting Date*: May 10, 2018 9:30 a.m. *Venue*: A-337

C. INTEGRATED WORKGROUP

February 13, 2018 *Chair: T. Pietrogallo, V. Chair: T. Williams*

A. Discussion Item:

HRSA/CDC Feedback – The group discussed the comments included in the HRSA/CDC Integrated Plan feedback. The Part A Recipient reported that a conference call meeting to further discuss feedback about the plan with HRSA and CDC is currently being scheduled to occur sometime in the week of 2/19-23/18. If the meeting occurs, Leonard Jones will report back to the IW members about the meeting outcome.

Communication Plan – The members discussed a plan for communicating with the Funders Collaborative; HIVPC, SFAN and BCHPPC; HIV Workforce; and Community at Large. Recommendation made that meeting invites should be sent to the community at large through various list serves. The use of social media was suggested as a method for informing the Broward Community on Integrated Plan activities. An annual town hall-like meeting has been considered as an avenue to reach the community with information regarding the implementation of the Integrated Plan as a well as to solicit feedback. Consideration should be made in securing a non-traditional host/provider to officiate the event in order to draw a larger audience. Information regarding the implementation of the Integrated Plan will focus on presenting information on reporting around the indicators and set targets included in the Integrated Plan.

B. Data Requests:

DOH priority populations for HIV Testing and for HIV linkage to care

C. Next Meeting Date:

March 13, 2018, 10:00 a.m. at Central Broward Regional Park

March 13, 2018 *Chair: T. Pietrogallo, V. Chair: T. Williams*

A. Discussion Item:

HRSA/CDC Feedback – The Part A Recipient reported that a conference call meeting with HRSA and CDC occurred. Mr. Jones reported that no specific guidance as to how tom move forward with jurisdictional plan implementation, monitoring or reported was provided during the call. Mr. Jones, will request further support from HRSA Project Officer.

Communication Plan – After review of the proposed groups to be addressed by the communication plan, the group agreed to keep the ones included in the communication plan template. These groups are as follows: Funders Collaborative; Planning and Advisory bodies; HIV Workforce; and Community. The group discussed how to engage Black heterosexual men and women, as they are number one on Broward County's Top Nine Priority Populations for Primary HIV Prevention. After discussing the lack of services for Black heterosexual men and women as well as inquiring regarding what the Florida Department of Health in Broward County is currently doing to address the need of the aforementioned population. The IW committee recommended: (1) Reconvening the Black Elected Official's summit coordinated by BTAN three years ago. (2) Collaborate with popular community events as well as community leaders to disseminate HIV prevention messages in the Back community. (3) Identify and coordinate on event occurring where the priority population live and play, too much focus on Wilton Manors.

B. Data Requests:

Test and Treat update, Goal 1 update

C. Next Meeting Date:

April 10, 2018, 10:00 a.m. at Central Broward Regional Park

D. AD-HOC NOMINATING COMMITTEE

February 1, 2018 Chair*: L. Robertson*

A. Work plan item update / Status Summary:

2018 HIVPC Leadership Elections Process – PC Staff asked the Nominating Committee members how they felt about the recent HIVPC elections. The members noted that the elections were unusual as there was only one candidate per position, and the voting process did not necessarily fit the circumstances. The members discussed the need to revise the ballot or voting procedures if there is only one candidate, allowing for members to either approve or reject the candidate. During the election, members noted that the ballot did not give them an opportunity to reject a candidate, and since they are required to vote they felt as though they had little options. They also wanted more time to ask questions to the candidates.

2020 HIVPC Leadership Elections Process – The members proposed recommendations for the next elections cycle (Handout A on file). Recommendations included changing the timeline to space out the elections process and allow for more time for candidate question and answer sessions. They discussed having members send additional questions for candidates to PC Staff if they were not present during the HIVPC meeting, and the need to revise the questionnaire to ask

about the candidate's background and reason for seeking a leadership position. All suggestions were included in Handout A, and will be presented to the next Nominating Committee before the 2020 HIVPC elections.

B. Rationale for Recommendations:

Recommendations for the 2020 HIVPC Leadership Elections will be presented to the 2019 Nominating Committee.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. QUALITY MANAGEMENT COMMITTEE (QMC)

No February Meeting *Chair: D. Shamer*

No March Meeting *Chair: D. Shamer*

F. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

No February Meeting *Chair: W. Spencer, V. Chair: R. Siclari*

March 15, 2018 *Chair: W. Spencer, V. Chair: R. Siclari*

A. Work Plan Item Update / Status Summary:

FY2017 PSRA Committee Evaluations: The Committee discussed its progress toward FY2017 Committee goals and completed an annual evaluation. Other than the Assessment of the Administrative Mechanism, PSRA completed all proposed items for the fiscal year. The Committee then evaluated its performance in FY2017. Member recommendations included bringing new members onboard, improving audio quality for members attending via phone, having meeting documents available further in advance of the meeting, and new member training.
FY2018 PSRA Committee Work Plan: Members reviewed and approved the Work Plan for the current fiscal year.
FY2019 PSRA Process: The PSRA Committee reviewed and approved the proposed timeline. PSRA members signed a Member Agreement Form. The Committee reviewed the PSRA Manual and had no changes.
FY2016 Assessment of the Administrative Mechanism: The HIVPC Manager reviewed the Assessment of the Administrative Mechanism. One goal for this year's assessment is to ensure member responsiveness so that the needed information can be obtained in a timely manner. Overall, the Administrative Mechanism is functioning effectively and efficiently. There was a short-lived concern when the Recipient's Office got a new payments system.

B. Rationale for Recommendations:

PSRA approved Rachel Williams to join the Committee by consensus vote. Ms. Williams is the Acting Grants Administrator for the City of Ft. Lauderdale's HOWPA Program which will enable her to provide information on expenditures, trends and utilization of federally funded HOPWA services.

C. Data Reports/Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: 2016 Broward Epi Presentation, Ryan White Funder/Stakeholder Presentations *Next Meeting Date*: April 19, 2018, Governmental Center Annex Room A-337

G. EXECUTIVE COMMITTEE

No February Meeting *Chair: B. Barnes, V. Chair: R. Lopes*

March 15, 2018 *Chair: R. Lopes, V. Chair: C. Taylor-Bennett*

A. Work Plan Item Update / Status Summary:

Standard Committee Items – The committee members reviewed the April meeting calendar, and revised and approved the March HIVPC agenda and meeting materials.
FY2018 Committee Work Plans – The Executive Committee reviewed the Standing Committees' Work Plans as well as that of the Executive Committee. Executive chose to keep the previous FY Work Plan Goal of adding 10 new members to the HIVPC and its Committees.
HIVPC Meeting Times – Executive reviewed the results of the poll regarding member availability for an evening HIVPC meeting. Not enough members were available to achieve quorum, so the evening meetings cannot be held on a monthly basis. The Committee instead is looking to implement a quarterly evening meeting schedule, potentially beginning in May.

Integrated Workgroup Update –At its last meeting, the Integrated Workgroup decided to have a presentation on one Integrated Plan goal at each meeting in order to drill down data and recommend IP activities if needed. The IW will start with Goal 1 which will help in moving it forward in terms of agenda structure. An important takeaway from the meeting was the need for common priority setting so that the continuum's activities are streamlined to better address gaps. An HIVPC member of the IW resigned, so the Executive Committee created a slate of candidates to appoint to the IW.
B. Rationale for Recommendations:
The Executive Committee approved its FY2018 Work Plan with the goal to bring in 10 new Committee and HIVPC members. The Work Plan is in place to set the HIVPC up to best serve the community. The Executive Committee appointed Kara Schickowski as a full IW member, and proposed a slate of candidates for an IW Alternate.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Agenda Items for Next Meeting: TBD *Next Meeting Date*: April 19, 2018

H. SYSTEM OF CARE COMMITTEE (SOC)

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

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

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

9. GRANTEE REPORTS (20 minutes)

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

10. UNFINISHED BUSINESS

11. PUBLIC COMMENT (Up to 10 minutes)

12. ANNOUNCEMENTS

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: April 26, 2018 9:30 a.m. **LOCATION:** GC-430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
PSRA Process Update	PSRA	ACTION ITEM: Receive update on PSRA process, including presentations and take-away

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 •

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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

January 25, 2018 Meeting Minutes

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Grantee Staff**
1	Arencibia, Y.		**E**		Jones, L.
2	Barnes, B. *Chair*	**X**			Fender, T.
3	Barrientos, Y.	**X**			Anderson, T.
4	Bhrangger, R.	**X**			
5	Burgess, D.	**X**			**HIVPC Staff**
6	Fortune-Evans, B.	**X**			Johnson, B.
7	Foster, V.	**X**			Powers, C.
8	Grant, C.	**X**			Akiti, D.
9	Hayes, M.		**A**		Holloman, K.
10	Holness, Comm. D.V.C		**A**		
11	Katz, H. B.	**X**			**Guests**
12	Lint, A.	**X***			McShee, S.
13	Lopes, R. *Vice Chair*	**X**			Hyde, A.
14	Marcoviche, W.	**X**			Laing, L.
15	Moragne, T.	**X**			Sabatino, D.
16	Robertson, L.	**X**			
17	Robertson, P.	**X**			
18	Rodriguez, J.		**A**		
19	Runkle, D.	**X**			
20	Schweizer, Mark	**X**			
21	Shamer, D.		**A**		
22	Siclari, R.	**X**			
23	Spencer, W.	**X**			
24	Taylor-Bennett, C.	**X**			
25	Williams, R.	**X**			
	Quorum=13	**20**			*On phone

1. CALL TO ORDER

The Chair called the meeting to order at 9:30 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: Moragne, T. **Seconded by:** Schweizer, M.
Action: Passed Unanimously

Motion #2: To approve the 12/07/17 meeting minutes
Proposed by: Robertson, L. **Seconded by:** Schweizer, M.
Action: Passed Unanimously

3. PHONE INTRODUCTIONS

Introductions were made by those on the phone.

4. FEDERAL LEGISLATIVE REPORT

Mr. Murphy provided a written report (Handout A on file).

5. NEW BUSINESS

The HIVPC opened its elections for Chair and Vice Chair. It was noted that one of the candidates for Vice Chair rescinded his nomination since the last communication went out regarding the election. Given this change, a member suggested changing the election process for this election.

Motion #3: To dispense with the paper ballot and conduct the HIVPC Chair and Vice Chair elections using roll call.
Proposed by: Moragne, T. **Seconded by:** Grant, C.
Friendly Amendment: To use roll call for this meeting only.
Discussion: A member stated that he understood the reasoning behind the motion, but the HIVPC should follow its Policies and Procedures regarding elections. Following the routine process would not slow down the meeting and if the procedure works it should not be changed.
Action: Failed with 5 in favor

The ad-Hoc Nominating Committee Chair explained how the nature of the speeches and questions would change because both candidates were now running unopposed. Instead of making a case for themselves as Chair and Vice Chair, the candidates used their respective five minutes to explain their vision for the HIVPC and how their leadership would facilitate that. After this, members would have a total of two minutes per candidate to ask questions.

a. HIVPC Chair and Vice Chair Nominee Speeches: The candidate for HIVPC Chair, Requel Lopes, talked about her previous experience on the Planning Council. She expressed that she provides a way to communicate so that everyone is heard. She also stated that, ultimately, HIVPC members need to become aligned. While members may not always agree, all are at the table in service of Broward County's HIV community. She stressed that she is an approachable person. The candidate went on to say that the Council has people's lives in its hands and the services provided through Ryan White are limited but necessary. One of the things the candidate for Chair would like to do is have members speak the same language about what the HIVPC does. So with an aligned mission—to take care of the people of Broward County—the HIVPC will bring in more people. Each member does something in the community every day to further the HIVPC's cause, and one way for members to do that is to speak the same language.
   During the question and answer period, the candidate was asked to elaborate on her comments regarding reaching the community. Asked if she had an idea for an approach to outreach, Ms. Lopes replied that each member of the HIVPC needs to bring someone into this. Recruitment must be done by all members, rather than MCDC. Shifting blame does not serve the HIVPC. Materials are being created so that members can hand interested parties something. The best thing to do is to bring people into committees. Committees need to be filled with people who are focused and committed.
   The candidate for HIVPC Vice Chair, Carla Taylor-Bennett, talked about why and when she joined the HIVPC. Ms. Taylor-Bennett came to the HIVPC 15 years ago with passionate people, focused on solving issues for people infected and affected by HIV. It was a volatile time and, as the epidemic has evolved, the HIVPC has done amazing things to improve people's quality of life. The candidate for Vice Chair would like to really infuse the passion that brought her here back into the Planning Council, and reinvigorate it. Ms. Taylor-Bennett stated that sometimes members become duty-bound to the HIVPC, rather than passionate members. The candidate noted that the Council consists of knowledgeable members. Many times the HIVPC simply goes through the process and needs to be engaged in thinking outside the box.
   During the question and answer period, a member asked Ms. Taylor-Bennett what she would do to assure the HIVPC that she would actually be present given her attendance over the past year. In response, the candidate acknowledged that she disconnected last year. Another member asked the candidate to elaborate on a comment regarding problematic members. Ms. Taylor-Bennett responded by saying that there are people who feel passionate but behave disrespectfully, and become a hindrance to the process.
b. HIVPC Leadership Elections: One member attended over the phone and voted vocally rather than by ballot. The member voted in favor of the Chair and voted for the Vice Chair under protest. Afterward, each of the votes cast by HIVPC members were read into the record.

For the record, members Yusimir Arencibia, Marie Hayes, Joshua Rodriguez, and David Shamer were not present for the meeting meeting and did not cast a ballot.

The HIVPC Chair acknowledged and thanked the ad-Hoc Nominating Committee and congratulated the winners. The HIVPC Chair and Vice Chair begin their terms March 1st. A lot of committees are cancelling February meetings. The HIVPC Chair noted that, given the lack of Committee meetings in February, the HIVPC meeting may not be necessary. Without meeting in February, the HIVPC will not meet the mandated 9 meetings for FY17-18 so it cannot be cancelled due to the discretion of the Chair. The meeting can, however, be cancelled by consensus.

Motion #10: To cancel the February HIVPC meeting by consensus.
Proposed by: Spencer, W. **Seconded by:** Robertson, L.
Action: Passed Unanimously

6. CONSENT ITEMS

None.

7. DISCUSSION ITEMS

The Chair of PSRA reviewed the Sweeps motioned by the Committee.

Motion #4: To sweep $30,000 from Case Management
Proposed by: Priority Setting & Resource Allocation Committee **Seconded by:** Moragne, T.
Action: Passed Unanimously

Motion #5: To sweep $17,000 from Medical Case Management
Proposed by: Priority Setting & Resource Allocation Committee **Seconded by:** Moragne, T.
Action: Passed Unanimously

Motion #6: To sweep $2,000 from Mental Health
Proposed by: Priority Setting & Resource Allocation Committee **Seconded by:** Moragne, T.
Action: Passed Unanimously

Motion #7: To sweep $28,000 from Substance Abuse
Proposed by: Priority Setting & Resource Allocation Committee **Seconded by:** Moragne, T.
Action: Passed Unanimously

Motion #8: To sweep $1,000 from Legal Assistance
Proposed by: Priority Setting & Resource Allocation Committee **Seconded by:** Katz, H.B.
Action: Passed Unanimously

Motion #9: To sweep $78,000 to Ambulatory
Proposed by: Priority Setting & Resource Allocation Committee **Seconded by:** Moragne, T.
Action: Passed Unanimously

8. NOVEMBER COMMITTEE REPORTS

A. INTEGRATED WORKGROUP

December 12, 2017 *Chair: T. Pietrogallo, V. Chair: T. Williams*

A member of the Integrated Workgroup explained what was agreed upon by the members. The group decided that its purpose is to review work that has been done and make recommendations. One example of recommendations is to get more specific with data. A guest who was a member of the Integrated Workgroup expressed excitement that the group is trying to break down silos to meet the needs of people with Broward County with HIV.

B. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

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

The report stands.

C. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

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

The Vice Chair noted that materials will hopefully be approved so that recruitment can move forward by the Committee's next meeting. The slow motion of the process can be frustrating. Another member suggested the use of a more formal invitation for providers to better entice them to attend meetings. The Vice Chair responded that the Committee works with HIVPC Staff in that regard and the biggest thing is consistency. Sometimes processes are slow and members have to be patient and diligent.

D. AD-HOC NOMINATING COMMITTEE

January 4, 2018 Chair*: L. Robertson*

A Committee member stated that the 2 minute time limit for the question and answer period was not clear when it was discussed by the group. It was suggested that for the next Election process, that timeframe needed to be extended. The Committee Chair understood the feedback, but noted that the idea behind the short timeframe was to keep questions succinct. One of the candidates stated that, while she understood the process as it was laid out, she did not want to have any HIVPC members leave the room without clarity. The HIVPC Chair recommended a motion to allocate an additional 15 minutes of the meeting to answering questions.

E. QUALITY MANAGEMENT COMMITTEE (QMC)

No January Meeting *Chair: D. Shamer*

The report stands.

F. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

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

The Committee met and voted on reallocations. There will not be a PSRA meeting in February.

G. EXECUTIVE COMMITTEE

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

The report stands.

H. SYSTEM OF CARE COMMITTEE (SOC)

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

The report stands.

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

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

The results of the elections were as follows:

	CANDIDATE FOR CHAIR		CANDIDATE FOR VICE CHAIR	
MEMBER	**RL**		**CTB**	
1. Yusi Arencibia				
2. Brad Barnes	X		X	
3. Yahaira Barrientos	X		X	
4. Ronald Bhrangger	X		X	
5. Devorn Burgess	X		X	
6. Bisiola Fortune-Evans	X		X	
7. Vincent Foster	X		X	
8. Claudette Grant	X		X	
9. Marie Hayes				
10. H. Bradley Katz	X		X	
11. Arianna Lint	X		X	under protest
12. Requel Lopes	X		X	

13. William Marcoviche	X		X
14. Tim Moragne	X		X
15. Lorenzo Robertson	X		X
16. Phillip Robertson	X		X
17. Joshua Rodriguez			
18. David Runkle	X		X
19. Mark Schweizer	X		X
20. David Shamer			
21. Rick Siclari	X		X
22. Will Spencer	X		X
23. Carla Taylor-Bennett	X		X
24. Rachel Williams	X		X
TOTAL	**20**		**20**
2018 HIVPC Chair/V. Chair Winners:	RL		CTB

Legend
RL- Requel Lopes
CTB- Carla Taylor-Bennett

10. GRANTEE REPORTS

a. Part A: The Recipient's Office was expecting a HRSA site visit this week, but because of the government shutdown it did not occur. The site visit may be rescheduled for June depending on other contingencies. The government shutdown did not have much impact on the Ryan White program, but it affected the process of passing the budget. The program does not have full funding yet, because Congress has not appropriated the funding. Around February 1st, the Recipient will receive a partial grant award. The award will be 31.5% of formula funding, which is about $3 million, and 20.6% of MAI funds, which is roughly $260,000. That amount of money represents about 4 months of services. One thing to keep in mind when monitoring the government shutdown is that continuing resolution means level funding for domestic programs.

The Recipient's Office will be releasing an RFP within the next few weeks, consistent with the Priority Setting which was done by PSRA and the HIVPC over the summer. The service categories for this RFP are HICP and MAI services not including CIED (which went through the RFP process the previous year). The MAI RFP will be different for Medical, Mental Health, and Case Management. The categories' RFP will be consistent with PSRA's vision of being specific to Black men and women 18-38 who are not meeting outcomes. There is a little over $300,000 allocated which is not much funding for PSRA's vision, but as time goes on the HIVPC will see the results and may implement changes across the board. Substance Abuse will continue on as dictated. The key is to enhance service delivery, creating concierge services as agreed on by the HIVPC based on its research.

HRSA reviewed budgets immediately this year when the grant was submitted. The Recipient stated that the previously available line item for lost wages is no longer allowable, and there cannot be any direct cash payments to clients. This change may also impact how unaffiliated consumers on the HIVPC are reimbursed. Reimbursement may be in the form of gas cards and bus passes.

Finally, the Recipient mentioned at a previous meeting that an award of $600,000 was received for a peer certification program. This award could not be accepted due to contractual issues. The Recipient is waiting for written confirmation that the money may be used to cover Dental services, Food Vouchers, and Reimbursement of copays. These dollars can supplement funding requests that remained unfulfilled by the Sweeps process. The Recipient's Office was also awarded $60,000 for the Community Foundation of Broward to start a Peer Certification Program which is part of the Integrated Plan. The RFP will include a Consultant for the program, which should be up and running in the next 6-7 months.

b. Part B: No representative present.

c. Part C: The Part C Recipient is waiting to hear from the Project Officer regarding funding for the next fiscal year.

d. Part D: The Part D Recipient is working on a 2017 non-compete partnership report as well as the Projected Work Plan 2018-2020. The Recipient will submit an RSR report in February, and has a TOPWA monitoring visit next week.
e. Part F: The Part F Recipient's RSR report is due in March. The Recipient stated that if anyone had patients in need of dental care that isn't covered, Nova has a sliding fee scale.
f. HOPWA: The HOPWA recipient stated that the program is stable this fiscal year, and that the government shutdown will not cause an interruption in services.
g. Prevention: No representative present.

11. UNFINISHED BUSINESS

Motion #11: To provide an additional 15 minutes for questions from Council for the HIVPC Chair and Vice Chair candidates.
Proposed by: Taylor-Bennett, C. **Seconded by:** Spencer, W.
Action: Passed with 2 opposed

A member first thanked the current HIVPC Chair for his years of service and Chairing, stating that he had done a fantastic job.
At this point the PSRA Chair began to Chair the meeting, and asked everyone to state their questions before the candidates could begin asking.
Both candidates were asked how they would include PLWHA in the process, as this is the first time he is aware of that neither leader was a PLWHA. The candidate for Vice Chair was asked to elaborate on a statement made in her questionnaire regarding thinking outside the box in terms of populations. Finally, a member asked the candidate for HIVPC Chair how she intends to work with the Vice Chair candidate.
In response to the question of PLWHA representation, the candidates highlighted their history of serving the HIV community. The candidate for Chair stated that status is not what makes her part of the fight. The candidate for Vice Chair said that she also recognized that this was an unprecedented election. She came to the HIVPC because of her mother-in-law for whom she was a caregiver. She understands what that means and can lead with that perspective in mind. Further, she hopes that this result influences PLWHA to come to the table and bring more PLWHA to the table. Ms. Taylor-Bennett stated that she does not intend to overlook the PLWHA perspective, but understands that there are things that will only be known if shared.
Regarding her statement about thinking outside of the box, Ms. Taylor-Bennett explained that special populations have special needs and the Ryan White Program needs to address all clients who are not meeting their health outcomes. In her time as the PSRA Chair, the candidate lamented that the HIVPC needed to be trying to meet the needs of the community. She tried as much as she could to drill down to the nitty-gritty of the matter to improve the outcomes for people falling through the cracks. Until the intricate drill down happens, individuals will continue to fall through the cracks.
Finally, regarding the question of how Ms. Lopes will work with others, she stated that part of her position was to gain alignment, not always agreement. Doing the work of the council is doing what it takes to get the work down.

12. PUBLIC COMMENT (Up to 10 minutes)

None.

13. ANNOUNCEMENTS

The Pride Center will be hosting a town hall on U=U on January 25, 2018 at 7:00 p.m. Also, on February 6, 2018 at 6:00 p.m. they will be hosting a Meth & HIV talk. Finally, on February 8, 2018 at 7:00 p.m. there will be an Art Awakening event in celebration of National HIV/AIDs Awareness Day.

The Poverello Live Well Center (Gym) is hosting an Open House on February 8, 2018 from 9:00 a.m. to 5:00 p.m. which will include educational workshops. Poverello will also be holding its second annual Art with a Heart event on February 10, 2018 at 6:00 p.m. at the Kiwanis Club of Wilton Manors.

A member thanked everyone who participated in Smart Ride.

Finally, CAN (Community AIDS Network), a Community Healthcare Provider from Sarasota is now providing services in Fort Lauderdale.

14. REQUEST FOR DATA

None.

15. AGENDA ITEMS FOR NEXT MEETING: March 22, 9:30 a.m. **LOCATION:** Governmental Center Room GC-430

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

16. ADJOURNMENT

The meeting was adjourned at 11:33 a.m.

HIVPC Attendance CY2018

Consumer	PLWHA	Absences Count		Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	25	C											
		0	**1**	Arenciaba, Y.	E												
	1	0	**2**	Barnes B., *Chair*	X												
1		0	**3**	Barrientos, Y.	X												
1	1	0	**4**	Bhrangger, R.	X												
1	1	0	**5**	Burgess, D.	X												
		0		DeSantis, M.	Z-1/23												
		0	**6**	Fortune-Evans, B.	X												
		0	**7**	Foster, V.	X												
		0	**8**	Grant C.	X												
		1	**9**	Hayes, M.	A												
		1	**A**	Holness, D. V.C. (Comm)	A												
1	1	0	**10**	Katz, H.B.	X												
1	1	0	**11**	Lint, A.	X												
		0	**12**	Lopes, R., *V. Chair*	X												
1	1	0	**13**	Marcoviche, W.	X												
		0	**14**	Moragne, T.	X												
	1	0	**15**	Robertson, L.	X												
1	1	0	**16**	Robertson, P.	X												
		1	**17**	Rodriguez, J.	A												
1	1	0	**18**	Runkle, D.	X												
		0	**19**	Schweizer, M.	X												
1	1	0	**20**	Shamer, D.	E												
		0	**21**	Siclari, R.	X												
	1	0	**22**	Spencer, W.	X												
		0	**23**	Taylor-Bennett, C.	X												
		0	**24**	Williams, R.	X												
				Quorum = 13	20												

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

2016-2017 Assessment of the Administrative Mechanism

Report for the Broward/Fort Lauderdale EMA

Table of Contents

Frequently Used Acronyms

- **CQM** - Clinical Quality Management
- **EMA** – Eligible Metropolitan Area
- **FY** – Fiscal Year
- **HIVPC** – Broward County HIV Health Services Planning Council
- **HRSA** – Health Resources and Services Administration
- **MAI** - Minority AIDS Initiative
- **NOA** - Notice of Award
- **PCS** – Planning Council Support
- **PSRA** – Priority Setting and Resource Allocation
- **TA** – Technical Assistance
- **TGA** – Transitional Grant Area

HANDOUT A

2016-2017 Assessment of the Administrative Mechanism

Report for the Broward/Fort Lauderdale EMA

The Administrative Mechanism

The term 'Administrative Mechanism' refers to the process by which the Ryan White Part A Recipient executes contracts and reimburses providers for services rendered. Assessing the administrative mechanism is a mandated responsibility of planning councils that must be conducted at least annually.

Assessing the administrative mechanism helps ensure that contracts are executed and providers are reimbursed efficiently and in a timely manner. With the exception of this assessment, contract management and reimbursement are solely the responsibility of the Recipient.

2016-2017 Assessment Methodology

Methodology

The methodology for the FY 2016-2017 assessment of the administrative mechanism for the Broward/Fort Lauderdale EMA was developed based on research conducted by PCS staff on best practices and the methodologies used in other EMAs and TGAs across the country. The Priority Setting/Resource Allocations (PSRA) Committee of the Broward/Fort Lauderdale EMA HIV Health Services Planning Council (HIVPC) has the responsibility of ensuring that an Assessment of the Administrative Mechanism is

Legislative Mandate for the Assessment of the Administrative Mechanism

The legislation that governs the Ryan White Part A Program states that planning councils are required to *"assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs."*

completed each year. Planning Council Support Staff (PCS) works with the committee to review survey responses and develop or modify the surveys that will be provided to the Part A Recipient and HIVPC Members as well as the timeline for evaluation.

Timeline

Planning Council Support Staff works with the PSRA committee to review survey responses and develop or modify the surveys that will be provided to the Part A Recipient and HIVPC Members as well as the timeline for evaluation.

**See limitations identified below*

Activity	*Proposed Date*
HIVPC and Recipient Surveys approved by PSRA and Executive Committees.	June 2016
Surveys Distributed to HIVPC and Recipient Staff.	July 1, 2016
Deadline to return surveys.	July 15, 2016
Assessment of the Administrative Mechanism Report due to PSRA and HIVPC.	July 20 & 27, 2017
PSRA to review report for any glaring issues. Survey developed to obtain quarterly updates on glaring issues, if needed.	August 17, 2017
Quarterly update survey distributed, if needed.	November 1, 2017 February 1, 2018
Deadline to return quarterly update surveys, if needed.	November 15, 2017 February 15, 2018
Quarterly update report due.	November 30, 2017 February 28, 2018

Data Collection Process

PCS utilized the following process to complete the stated scope of work, divided into three components:

i. Documentation Review/Analysis
ii. Survey Distribution/Analysis
iii. Production of Draft and Final Reports

Documentation Review/Analysis

Documentation was requested for deeper analysis, as appropriate. The documents requested represented three (3) key areas: (1) Grant Award Documentation; (2) Allocation/Reallocation information; (3) Recipient's monthly Service Provider tracking of invoices received, processed, and funding issued.

The list of additional documents reviewed exhibits the comprehensiveness of the analysis and the efficiency of tracking and processing monthly invoices:

- Notice of Grant Award
- Detailed Spreadsheets for Ryan White Part A Provider invoices for FY15
- Monthly expenditure reports for Ryan White Part A
- 2015 Final Allocations
- 2015 Reallocation Itemization per service provider per category
- 2015 Unallocated Funds Report

Data Collection/Analysis

The primary data collection method involved the utilization of an electronic surveying methodology. PCS staff developed a survey and timeline which was pre-approved by the PSRA and Executive Committees prior to implementation. The surveys are as follows:

1. A survey for the HIVPC
2. A survey for the Recipient

Note: See attachments for master copies of all monitoring tools.

The HIVPC survey was brief and focused on communication between the HIVPC and Recipient regarding the allocation of funds, reallocation of funds, and HRSA policies which can affect funding. The Recipient survey included questions regarding notification of award, executed contract dates, average reimbursement time, and communication and technical assistance.

Surveys were distributed throughout the months of July 2016 through February 2017. The HIVPC survey was distributed through electronic format and the availability of the survey on SurveyGizmo was announced at the June HIVPC meeting. The Recipient surveys were distributed via email and could also be accessed through SurveyGizmo. The email sent to the Recipient included a link to SurveyGizmo that allowed respondents to take the survey in an electronic format. PCS staff collected and analyzed survey responses in order to develop a comprehensive report.

The following table represents the total number of individual participants, their respected affiliations, and the methodology used to gather data:

PARTICIPANT	*# OF PARTICIPANTS*	*SURVEY GIZMO/PAPER*
HIVPC	*24*	*SG: iPads, Personal Computers*
Recipient	*1*	*Survey Gizmo*
Total	*25*	

i. Limitations

One major limitation identified was the ability to attain timely survey responses from all HIVPC members in order to develop a comprehensive report based on their feedback. PCS Staff had to make several attempts as acquiring the information from members over several months. To address the limitation, PCS staff provided iPads to at an HIVPC meeting in which all members were present. At this endeavor, 24 surveys were attained, and the final report was produced.

ii. Final Report & Quarterly Updates

The first draft of the Assessment of the Administrative Mechanism Report was provided to Recipient staff on July 1, 2016 for review. The final copy of the report was presented to the PSRA committee in July 2017 and a final presentation to the HIVPC will be given at the July 2017 meeting. Any identified issues or areas for improvement will be used as the basis for quarterly progress updates.

Updates on the Administrative Mechanism will be provided quarterly to ensure the Recipient is fulfilling its responsibility of executing contracts and reimbursing providers in an efficient and in a timely manner. The Part A Recipient will be assessed based on the results of the surveys and the recommendations from the HIVPC and PCS. If the HIVPC requires additional information such as follow up surveys from providers, this component will be provided and included through quarterly reporting. If no additional information is required, quarterly reports will be generated based on the reimbursement schedule currently established between the Recipient and Part A Providers to indicate contracts and reimbursements are being efficiently executed.

Quantitative and Qualitative Results

Overall, the administrative mechanism is functioning effectively and efficiently, and no substantial problems were identified through its assessment. The implementation of a new payments system at the beginning of FY 16-17 created some difficulties in the prompt payment of invoices, but was remedied by the Recipient's unique ability to create an efficient payment system to ensure invoices were paid in a timely manner thereafter and that overall services remained uninterrupted. The ability to do this made it much easier to ensure the continuation of services in the EMA through final NOA which was received in May 2016.

Results broken down by response group are included below.

HIVPC Survey

The HIVPC survey was completed by twenty four of the HIVPC's twenty four members – a return rate of nearly 100%, increasing the response rate by 13 percentage points since the last submission of the Assessment of the Administrative Mechanism. Reponses to the survey were positive overall and indicate a good working relationship between the HIVPC and Recipient; the majority of respondents 'agreed' or 'strongly agreed' with the Recipient's Office ability to respond to the needs and inquiries of the HIVPC.

Almost half (42.9%) of HIVPC respondents 'strongly agreed' the Recipient followed service priorities and allocations, while 53.6% of respondents 'agreed.' A higher percentage of respondents (60%) 'strongly agreed' the Recipient provided utilization and expenditure reports on a regular basis to the HIVPC and committees. Since 2014, the Recipient's Office has provided monthly utilization and expenditure report for the PSRA Committee. This report has allowed the committee to ensure that funds are being expended to meet needs, and any changes or trends in utilization can be tracked and understood prior to the PSRA Committee making recommendations for the reallocation of funds. This monthly report has provided clarity about utilization and expenditures, and has been well received by committee members. The thorough explanation of the report and Recipient staff's ability to answer questions related to the report led 57% of HIVPC respondents to 'strongly agree' Recipient staff has done an excellent job in responding to requests and questions, a 2% increase since the last submission of the Assessment of the Administrative Mechanism.

The majority of HIVPC respondents 'agreed' or 'strongly agreed' Recipient staff has clearly communicated the reallocations process (89.3% combined rating of 'agree' or 'strongly agree'), but one respondent disagreed, and two other respondents 'strongly disagreed.' Recipient staff provides an explanation of the process for reallocating funds, the requests for additional funds from providers, and how the Recipient's recommended reallocations help meet the needs of Part A clients each time funds are reallocated. The reallocations process can be difficult to understand, so continuing to provide this explanation will play a key role in ensuring that HIVPC members are knowledgeable of the reallocations process.

Recipient Survey

Recipient staff was also provided a survey, which included some questions pertaining to the execution of contracts, provider reimbursements, expenditures for FY 2015 (expenditures for FY 2016 were not yet available at the time of this report), and allocations for FY 2016.

The Recipient response confirmed that providers were alerted of funding and contracts through several means of correspondence, including an email with an electronic version of the funding letter and a hard copy of the funding letter. As noted earlier, implementation of a new payments system at the beginning of FY 16-17 created some difficulties in the prompt payment of invoices. Additionally, a partial NOA for FY 2016 was received at the end of January 2016. This was 80% of the previous year's final award. A final NOA was received at the end of May 2016. The Recipient follows the procedures and policies outlined in the Local Government Prompt Payment Act (Florida Statute 218.70) and the accompanying Broward County Ordinance (sections 1-51.6) to guide provider payments and reimbursements. The statute and accompanying ordinance state that reimbursements must be made within 30 days of receipt of a clean invoice. Invoices are tracked when a clean invoice is received until a reimbursement check is mailed via USPS. The Recipient's office has worked to decrease the turnaround time between submission of an invoice and receipt of reimbursement, and the average turnaround time is now between 22-28 days. The Recipient also reported in FY16, there had not been any discrepancies in reimbursement of checks (checks were more or less than amount due).

All legislative requirements were met for FY 2015 and funds were expended efficiently. Legislative requirements for funds include:

- 75% of the total award must be spent on core medical services
    - This requirement may be waived if recipients request and HRSA approves a Part A Core Medical Services Waiver; the Broward/Fort Lauderdale EMA did not request a waiver for FY 2015
- No more than 5% or $3 million (whichever is smaller) of the total award may be spent on CQM
- No more than 10% of the total award may be spent on recipient administration
    - PCS is part of the recipient administration budget

For FY 2015, the Broward/Fort Lauderdale EMA was able to meet all of the legislative requirements. Exactly 75% of the total award was spent on core medical services, and less than the maximum allowed amounts were spent on both CQM and recipient administration. Of the combined 15% of the total award that is allowed to be spent on CQM and recipient administration, only 13.2% was spent.

The Recipient made a request to HSRA, approved by a vote of the HIVPC, that the unexpended Part A funds be used as carryover for FY 2016. Any unexpended funds were to be used to make a food voucher bulk purchase and the purchase of ARVs through the emergency financial assistance service category.

The HIVPC approved the funding of eleven services for FY16, including:

- Outpatient Ambulatory Medical Care
- Pharmacy
- Oral Health
- Medical Case Management
- Mental Health
- Substance Abuse
- Health Insurance Premium and Cost Sharing Assistance
- Non-Medical Case Management (two types)
- Food Services
- Legal Services
- Emergency Financial Assistance

The receipt of the final NOA for FY 2016 included an increase in funding over FY 2015. In the event of a funding increase, the policies and procedures of the PSRA Committee allow for the Recipient to exercise discretion in applying increases to services. The increases are based on service category rankings and needs. Increases were applied to outpatient ambulatory medical care, pharmacy, oral health care, non-medical case management, food services, and the introduction of a new service category, emergency financial assistance. All of the services receiving extra funding were ranked highly by the committee, or were highly utilized by clients.

FY 2016-2017 Conclusions and Recommendations

Comments from the HIVPC and recipient surveys spurred some recommendations for future actions to make the HIVPC funding process even more effective. These recommendations include:

- Presenting the utilization and expenditure report to both the PSRA Committee and HIVPC. Though a majority of the PSRA Committee is also on the HIVPC, not all HIVPC members are PSRA members, and all could benefit from the explanation of the report.
- Continue with the explanation of the reallocations process each time reallocations are completed. The process can be complicated and hard to understand, and continuing to emphasize how and why reallocations are conducted will only increase member knowledge and understanding of the process.
- Continue to provide training on the overall PSRA process with more of an emphasis on the reallocations process, its importance, and the parameters of the HIVPC's roll in the process. Many HIVPC members indicated although they were provided with information pertaining to monthly utilization and expenditures, they were unaware of the purpose and how it related to their role in the overall process.

Appendix A – HIVPC Survey

The HIVPC survey was distributed to HIVPC members via an email SurveyGizmo link in June 2016 and a final survey was provided via iPads at the March 2017 meeting.

PLANNING

1. Community needs were evaluated on an ongoing basis effectively:
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

2. I was given enough notice of HIVPC planned activities and meetings:
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

3. In terms of structure and process, the Ryan White Part A HIVPC is effective as a planning body:
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

4. I have been given enough training/education to understand the structure and process of the Ryan White Part A HIVPC:
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

PRIORITY SETTING/RESOURCE ALLOCATIONS

5. The Recipient's Office followed the HIVPC's recommendations for service priorities, resource allocations, and reallocations ("sweeps"):
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

6. The Recipient's Office followed the HIVPC's recommendations for How Best to Meet the Need:
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

7. The Recipient staff provided utilization and expenditure reports to the HIVPC and appropriate committees on a regular basis:
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

8. The Recipient's Office has responded to questions and requests for information about allocations, reallocations, and expenditures in FY 2015-2016
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

9. The Recipient staff clearly communicated the reallocation process to the HIVPC and appropriate committees:
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

OVERALL ASSESSMENT

10. In terms of structure and process, the Ryan White Part A Recipient effectively supported the goals of the HIVPC as an administrative agent:
    - ☐ Strongly Disagree
    - ☐ Disagree
    - ☐ Agree
    - ☐ Strongly Agree

    Comments: _____

Appendix B – Recipient Survey

The Recipient survey was distributed via email, which contained a link to SurveyGizmo for the Recipient to complete the survey.

CONTRACTS

1. On what date did the Broward EMA receive its notice of grant award for FY 2015 funding?
2. On what date were award letters sent to funded agencies for FY 2015?
3. How were agencies notified of their award? Please select all that apply.
   - ☐ Award Letter (hard copy)
   - ☐ Award Letter (electronic)
   - ☐ Email
   - ☐ Other (please explain)
4. On what date were contracts with funded agencies fully executed? Please note multiple dates for different contracts.
5. List/describe any obstacles contributing to the delay in executing provider contracts.

SERVICE PROVIDER REIMBURSEMENTS

6. What procedures, documents, and policies are used to guide the payment of invoices/reimbursements?
7. Over the past year, what is the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of a reimbursement check?
   - ☐ 0-7 days
   - ☐ 8-14 days
   - ☐ 15-21 days
   - ☐ 22-28 days
   - ☐ 29-35 days
   - ☐ 36-42 days
   - ☐ 42+ days
8. List/describe any obstacles contributing to the delay in reimbursement to providers.
9. Have there ever been discrepancies in reimbursement checks (checks were more or less than amount due)?
   - ☐ Yes
   - ☐ No
10. If so, how were those discrepancies resolved?
11. Over the past year, has the Recipient's office contacted agencies to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures?)
    - ☐ Yes
    - ☐ No
12. If so, did the Recipient provide feedback or solutions to help agencies get back to target utilization and expenditures?
    - ☐ Yes

- ☐ No
- ☐ Comments:

RECIPIENT COMMUNICATION & TECHNICAL ASSISTANCE/TRAINING

13. Over the past 12 months, how would you rate the communication between the Recipient's Office and funded agencies?
    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Poor
    - ☐ Very Poor
    - ☐ Comments:
14. How would you rate the Recipient's Office in responding to questions and requests for information over the past year?
    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Poor
    - ☐ Very Poor
    - ☐ Comments:
15. Please rate the timeliness of the Recipient's Office in responding to questions or requests for information.
    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Poor
    - ☐ Very Poor
    - ☐ Comments:
16. How would you rate the Recipient's Office in providing agencies with programmatic and/or fiscal technical assistance or training over the past 12 months?
    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Poor
    - ☐ Very Poor
    - ☐ Comments:

PROCUREMENT AND ALLOCATION

17. What percent of the overall award for the last fiscal year was used for recipient support, planning council support, and quality management?
18. What percent of formula funds were unexpended at the end of FY 2015? Please explain.
19. What percent of supplemental funds were unexpended at the end of FY 2015? Please explain.
20. Please provide the following:

- ☐ Final spending report for FY 2015
- ☐ Final allocation report for FY 2015
- ☐ A list of all Part A-funded service providers in the Broward EMA for FY 2015 (including contact information), as well as the categories for which each provider is contracted

Acknowledgements

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For more information about the Broward County HIV Health Services Planning Council, including how to become involved:

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

Mailing address: Attn: HIV Planning Council

200 Oakwood Lane, Suite 100

Hollywood, FL 33020

Phone: (954) 561-9681

Fax: (954) 5691-9685

Email: HIVPC@brhpc.org