



**BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING AGENDA**

Thursday, April 25, 2019 9:30 a.m.
GC-430

Chair: Réquel Lopes **Vice Chair:** Claudette Grant

***Reminder:** Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. CALL TO ORDER (10 minutes)

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

- a. Welcome and Introductions
- b. Review Meeting Ground Rules, Public Comment and Public Record Requirements
- c. Council Member and Guest Introductions
- d. Moment of Silence
- e. Excused Absences and Appointment of Alternates
- f. Approval of 4/25/19 Meeting Agenda
- g. Approval of 3/28/19 Meeting Minutes

3. PHONE INTRODUCTIONS

4. PUBLIC COMMENT (Up to 10 minutes)

5. FEDERAL LEGISLATIVE REPORT (Kareem Murphy)

6. CONSENT ITEMS

#	Motion	Justification	Proposed By
1	To approve the adoption of a Member Handbook (Handout A).	The Membership/Council Development Committee has reviewed the membership pre and post-appointment orientation process and created an onboarding manual that contains resources and useful documents for new and existing members.	Membership/ Council Development Committee
2	To approve Christopher Leonard for the Priority Setting & Resource Allocation Committee.	Mr. Leonard works for the City of Ft. Lauderdale's HOWPA Program. He will provide information on expenditures, trends and utilization of federally funded HOPWA services.	Priority Setting & Resource Allocation Committee
3	To approve Bessie Dennis for the Priority Setting & Resource Allocation Committee.	Ms. Dennis is a PLWH who is committed to advocating for and serving the HIV/AIDS community by improving the quality of life of those affected and diagnosed.	Priority Setting & Resource Allocation Committee
4	To approve the HIV Planning Council FY19-20 Work Plan (Handout B).	The Executive Committee has reviewed and updated the HIVPC workplan for FY 2019-2020.	Executive Committee

7. DISCUSSION ITEMS

None.

8. NEW BUSINESS

- a. PSRA Process Presentation (Handout C) - Receive PSRA Process overview.

9. MARCH COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

Meeting Canceled- No Quorum

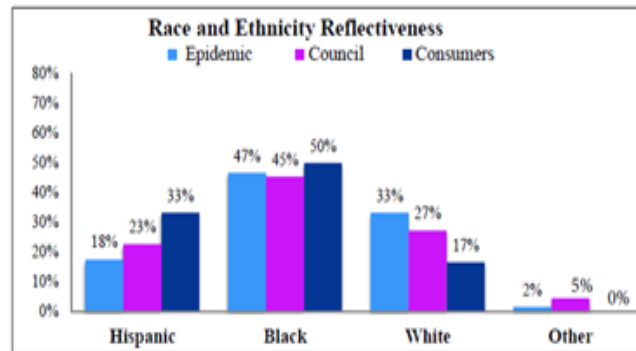
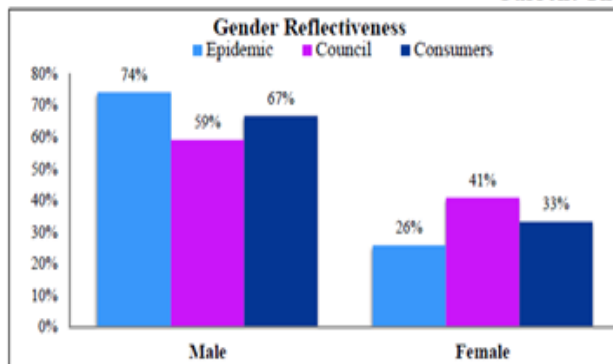
Chair: Vacant V. Chair: P. Fleurinord

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

April 11, 2019

Chair: V. Foster, V. Chair: Vacant

HIV Planning Council Membership Report Current Through March 2019



Gender	Epidemic	Council	% Difference	Consumers	% Difference
Male	15,309 74%	13 59%	-15%	4 67%	-7%
Female	5,352 26%	9 41%	15%	2 33%	7%
Transgender	- -	0 0%	-	0 0%	-
Race	Epidemic	Council	% Difference	Consumers	% Difference
Hispanic	3,640 18%	5 23%	5%	2 33%	16%
Black	9,646 47%	10 45%	-1%	3 50%	3%
White	6,885 33%	6 27%	-6%	1 17%	-17%
Other	332 2%	1 5%	3%	0 0%	3%
Total	20,661 99%	22		6	

Current Members	22
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	27%

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

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

% Part A-Funded Providers 36%

A. Work Plan Item Update / Status Summary:

HIVPC Committee Vacancies: Since the last MCDC meeting, three (3) members have been appointed to the HIVPC. Two (2) of those new members are Black female consumers, which has been a demographic of focus. There is still a need for consumer membership as the HIVPC remains below the 33% HRSA mandate for PLWHA participation.

Current Applicants, Interested Parties, and Appointments: The Committee reviewed and approved an application for HIVPC membership pending the completion of pre-appointment training and meeting attendance.

Welcome Packet: Members reviewed the welcome packet, which was created for new members. Members made suggestions for updates. Once approved by the HIVPC, the manual will be distributed to all HIVPC members in binders.

Training Plan: The Committee reviewed their previous training plan and made suggestions for topics to review with the HIVPC. MCDC chose topics to be presented quarterly to the HIVPC for FY19-20 and FY20-21. The Committee will review the topics at its next meeting to finalize the training plan.

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: Finalize Training Plan, Post-Appointment Orientation. **Next Meeting Date:** May 9, 2019 at 9:30 a.m. Room: A-337

C. INTEGRATED WORKGROUP

No April Meeting

Chair: T. Pietrogallo, V. Chair: T. Williams

D. QUALITY MANAGEMENT COMMITTEE (QMC)

Meeting Canceled

V. Chair: B. Fortune-Evans

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

April 18, 2019

Chair: L. Robertson, V. Chair: M. Hayes

A. Work Plan Item Update / Status Summary:

Monthly Expenditure/Utilization Report by Category of Service: There is no current utilization data to report. A utilization report will be prepared after the invoice submission date (April 15th) .

PSRA Presentation and Member Agreement: Members were given personalized PSRA reference Binders which include all documents reviewed during committee meetings. Requirements and expectations for the PSRA Process which included the purpose of PSRA, what to expect, and the 4-month timeline of meetings were reviewed and members then signed the PSRA member agreement. Data-based decision-making components involved in the PSRA Process were emphasized, as there will be several presentations of data to help inform prioritizing of services and allocation of resources. Key participants such as RW funders and stakeholders will also provide valuable information that is important to the process. Final review and approval of all priorities, allocations and how best to meet the need language will take place with the HIV Planning Council.

Part A Eligibility for Service Categories: The committee chair presented the Part A eligibility for Service Categories, and the committee members reviewed the scope of services, comparable EMA eligibility and previous utilization of services for all services provided through Ryan White Part A. The committee reviewed Disease Case Management, Oral Health Care Services and Case Management Services. Members suggested the examination of the DCM and Case Management Services to determine any overlap or duplication in services and requested data regarding health outcomes, specifically VLS rates, from initiation of the DCM service category compared to current DCM VLS rates. The committee also discussed ways to utilize peers that would provide the maximum support to the clients through other service categories. Oral Health Services have been making efforts to implement cost savings initiatives, while still offering the same or improved services to the clients. Ongoing review of service category eligibility will continue throughout the PSRA process to determine any modifications, enhancements, or streamlining of services.

2017 Epidemiology Data Presentation: The presentation, provided by Part A consultant, Dr. Julia Hidalgo, reviewed the 2017 Epidemiology data, covered incidents/new Cases, HIV prevalence, AIDS incidents, in-migration data, HIV/AIDS death rates, HIV linkage continuum, the HIV Care Continuum, Part A funding and new clients (the presentation was emailed to all Committee members).

B. Rationale for Recommendations:

None.

C. Data Reports/Data Review Updates:

None.

D. Data Requests:

The committee requested the DCM / SDM.

E. Other Business Items:

Agenda Items for Next Meeting: Review Part A Eligibility for Service Categories, Discuss Cost Containment Strategies and Develop Language for HBTMTN Next Meeting Date: May 16, 2019 at 9:00 a.m. Location: Governmental Center Room: A-337

F. AD-HOC ADVISORY COMMITTEE

April 23, 2019

Chair: A. Ruffner

A. Work Plan Item Update / Status Summary:

Member Event Prep Assignments Update – The Ad-Hoc Youth Advisory Committee is planning a Fashion Show for July 2019. The purpose of this event and outreach method is to build awareness and reach a more diverse and younger population. This is a way to engage those 18 to 30 years of age who are not typically reached through the Council’s standard methods of communication. Members reviewed progress toward previously determined goals and were assigned tasks to complete before the next Committee meeting in May.

Event Marketing & Promotions - The Committee reviewed sample flyers for the Fashion Show and selected one as a template for the event flyer. The chosen flyer has a colorful foreground image that appears to be inclusive of multiple ethnicities and is gender-fluid. A member will provide an appropriate image and HIVPC Staff will work on the flyer draft to be finalized at the next Committee meeting.

Event Program Timeline/Logistics - Members first agreed to a new date for the event. The Fashion Show will take place on Friday, July 19th. The Committee also developed a timeline with a schedule of action steps towards the execution of the event.

Model Casting Call - Members also discussed the language for the Model Casting Call flyer. The language will be finalized by HIVPC Staff and the final flyer will be approved by Committee membership. The casting call is proposed for June and will coincide with the Committee meeting scheduled for 4:30 p.m.

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: Progress Update, Program Outline *Next Meeting Date:* Thursday, May 16th at 3pm at the World AIDS Museum

G. EXECUTIVE COMMITTEE

April 18, 2019

Chair: R. Lopes, V. Chair: C. Grant

A. Work Plan Item Update / Status Summary:

Executive Committee Leadership Training Plan: The Committee reviewed topics from the previous Executive Committee leadership training plan as well as Planning Council-related webinar topics from the Community HIV/AIDS Technical Assistance and Training for Planning project (Planning CHATT). After much discussion, the Committee planned to include webinars in two (2) of its upcoming meetings and continue discussing its Training Plan. The first webinar the Committee will watch is Organizational Leadership & Personal Growth. The following month, members will view a Recruitment & Retention webinar. The Committee will also plan for its next recruitment initiative at its next meeting.

Racial Equity Institute Training: Suzanne Bundy of the Broward County Human Services Department joined the Executive Committee to discuss next steps for continuing the HIVPC’s discussion of racial equity. The Committee voted to implement a racial equity self-assessment tool for the HIV Planning Council in addition to receiving a presentation on racial equity. The goal of engaging in self-assessment and receiving the presentation is to encourage more people to have these conversations. This will bring race relations to the

forefront of more people's minds and allow the HIVPC to remain proximate to the problem of institutional racism.
B. Rationale for Recommendations:
None.
C. Data Reports/Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
<i>Agenda Items for Next Meeting:</i> Guiding Principles, Membership Recruitment Event, Executive Committee Webinar <i>Date:</i> May 16, 2019 at 1:30 p.m. <i>Venue:</i> Governmental Center Room A-335

F. SYSTEM OF CARE COMMITTEE (SOC)

No April Meeting

Chair: Vacant V. Chair: Vacant

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

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: May 23, 2019 9:30 a.m. LOCATION: GC-430

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 •

**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

Thursday, March 28, 2019 Meeting Minutes

ATTENDANCE					
#	Members	Present	Absent		Grantee Staff
1	Arencibia, Y.	X			Anderson, T.
2	Barnes, B.		E		Drummond, K.
3	Bhrangger, R.	X			Garcia, E.
4	Burgess, D.	X			Jones, L.
5	Fortune-Evans, B.	X			Robinson, J.
6	Foster, V.	X			HIVPC Staff
7	Fleurinord, P		E		Guice, M.
8	Grant, C.		E		Oratien, V.
9	Hayes, M.		E		Jolly, J.
	Holness, Comm. D.V.C	X			Martinez, G.
10	Katz, H. B.	X			Guests
11	Lopes, R. <i>Chair</i>		E		Mester, B.
12	Marcoviche, W.	X			Shore, R.
13	Moragne, T.	X			Benjamin, T.
14	Moreno, V.		E		Infante, G.
15	Robertson, L.	X			Cook, S.
16	Rodriguez, J.	X			Hudson, L.
17	Ruffner, A.	X			Brown, P.
18	Schweizer, M.	X			Hyde, B.
19	Siclari, R.	X			Sabatino, D.
	Quorum=11	13			

1. CALL TO ORDER

The Chair called the meeting to order at 9:39 a.m.

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

The Acting HIVPC Chair welcomed everyone. Introductions were made by HIVPC members, PC and Recipient Staff, and Guests. 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 meeting agenda

Proposed by: Arencibia, Y. **Seconded by:** Katz, H.B.

Action: Passed Unanimously

Motion # 2: To approve the 2/28/19 minutes

Proposed by: Katz, H.B. **Seconded by:** Foster, V.

Action: Passed Unanimously

3. PHONE INTRODUCTIONS

There were no phone introductions made.

4. PUBLIC COMMENT

None.

5. WRITTEN FEDERAL LEGISLATIVE REPORT HANDOUT

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

6. CONSENT ITEMS

Motion #3: To approve consent items

Proposed by: Arencibia, Y. **Seconded by:** Moragne, T.

Action: Passed Unanimously

7. DISCUSSION ITEMS

a. Approval of AIDS Pharmaceutical Assistance and Emergency Financial Assistance SDM – This service delivery model approval request complies with recommendations from HRSA's 2018 site visit. It represents creation of service delivery standards for Emergency Financial Assistance, which has been combined with the AIDS Pharmaceutical Assistance (Local) service delivery model.

Motion #4: To approve AIDS Pharmaceutical Assistance and Emergency Financial Assistance Service Delivery Model

Proposed by: Fortune-Evans, B. **Seconded by:** Rodriguez, J.

Action: Passed Unanimously

8. NEW BUSINESS

a. Assessment of Administrative Mechanism– The HIV Planning Council members are tasked by the Ryan White Administrators to capture the results for the administrative mechanism. The survey asks how community needs are assessed, whether services are being delivered in a timely manner, the fidelity of support staff correspondence, structuring of the allocation process and the Grantee's support as an administrative agent. Members were given time to complete the surveys during the meeting. Support staff collected all surveys and absent HIVPC members were emailed a link for the survey to be completed online.

9. MARCH COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

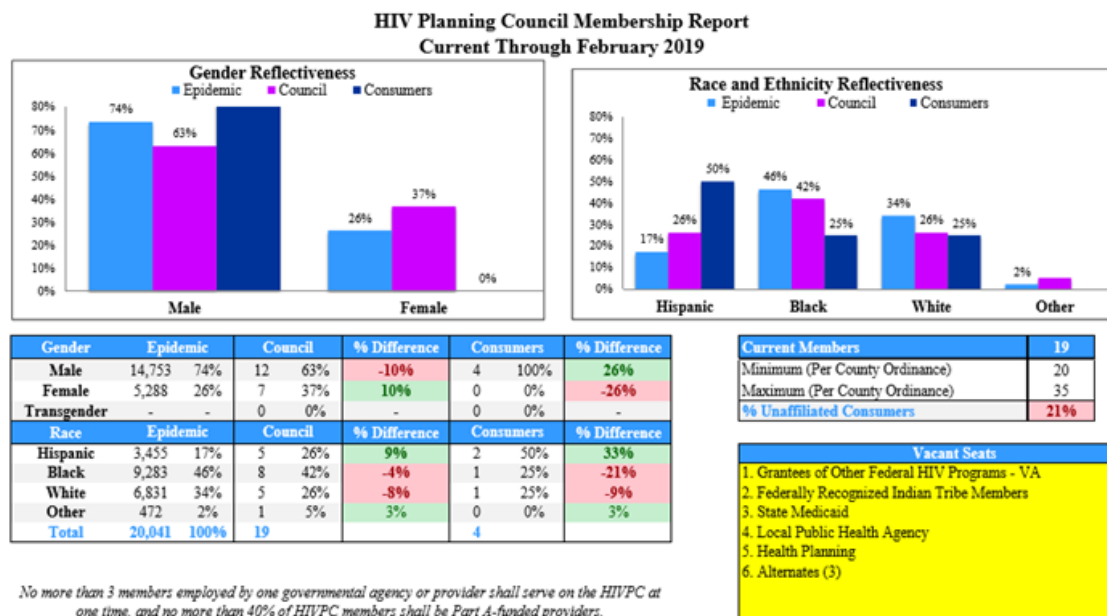
Meeting Canceled- No Quorum

Chair: Vacant Chair: P. Fleurinord

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

March 14, 2019

Chair: V. Foster, V. Chair: Vacant



A. Work Plan Item Update / Status Summary:
<u>HIVPC Committee Vacancies:</u> Since the last MCDC meeting 2 Black female consumers have been approved for membership by the HIVPC. There is still a need for consumers, particularly Black female consumers, as the HIVPC remains below the 33% HRSA mandate for PLWHA participation. <u>Current Applicants, Interested Parties, and Appointments:</u> The Committee reviewed and approved an application for HIVPC membership. The applicant will fill an ASO/CBO seat. <u>Membership Application Update:</u> Members reviewed updates to the HIVPC and Committee applications. MCDC agreed to include a suggestion from CEC, update the list of Committees, and include a question capturing members' age/ranges. <u>MCDC WP and Evaluation:</u> The committee reviewed their previous year's work plan and updated the MCDC FY19-20 workplan based on previous year's activities and new committee goals. The committee also completed an evaluation and determined they would continue targeted recruitment, specifically for PLWHA, and plan for HIVPC trainings to ensure ongoing council education.
B. Rationale for Recommendations:
None.
C. Data Reports/Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
<i>Agenda Items for Next Meeting:</i> Welcome Packet and Training Plan. <i>Next Meeting Date:</i> April 11, 2019 at 9:30 a.m. <i>Room:</i> A-335

The Committee and HIVPC member application have been changed to reflect the suggestions made by the CEC. Community members were encouraged to apply to join. In the last month, new members were approved but black female consumers are still needed as the council is still below the 33% target. The MCDC Chair asked Planning Council members to think about what they can do, by way of membership, to help with the quorum issue that the council has been experiencing lately. The chair also reminded members that MCDC meets quarterly.

A suggestion was made that there could be a more fluid process for membership considering the MCDC meets quarterly. The member approval timeline draws out the process and does not allow for new members to join with a quick turnaround time if the committee is only meeting 4 times a year. The recipient stated that although the process includes the chair recommending members to attend two meetings before joining a committee, this is not mandatory. Comments were made stating that the membership removal process also makes it challenging to meet and/or make quorum. Getting more people from the community involved and having more planning council members join more committees is MCDC's mission. Other committees have also been unable to meet because of quorum issues. A suggestion was made to do a survey to determine why the members are not showing up to meetings. **ACTION ITEM:** Create survey for current committee members to gauge factors that determine their absence from meetings.

The MCDC workplans have been updated for the current fiscal year.

C. INTEGRATED WORKGROUP

No March Meeting

Chair: T. Pietrogallo, V. Chair: T. Williams

D. QUALITY MANAGEMENT COMMITTEE (QMC)

Meeting Canceled- No Quorum

V. Chair: B. Fortune-Evans

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

March 21, 2019

Chair: L. Robertson, V. Chair: M. Hayes

A. Work Plan Item Update / Status Summary:
<u>Monthly Expenditure/Utilization Report by Category of Service:</u> The Fiscal Administrator reviewed the expenditures and utilization through the previous FY. Overall, 98% of Part A and MAI funding was utilized and a limited number of invoices are expected to be submitted. The MAI program expended 83% of its funding, the remainder of which will be rolled into FY19-20 services. Part A funds were 100% expended. <u>FY2018 Work Plan/Evaluation:</u> The Committee reviewed its progress on the FY18-19 PSRA Work Plan and completed its annual evaluation. After some discussion, the Committee approved its FY19-20 Work Plan choosing not to revise its goals and objectives. <u>Service Category Review:</u> PSRA resumed the previous meeting's discussion regarding service categories. The Committee continued to discuss CIED and BSS. The Fiscal Administrator provided scope of service information for the service categories in addition to the eligibility requirements. After much discussion, PSRA voted to return to reviewing both service categories during the PSRA Process. The Committee will review all service categories before making decisions related to each. <u>PSRA Process:</u> The Senior HIVPC Manager reviewed the timeline for the PSRA Process noting dates and locations of extended meetings along with meeting topics. The Committee motioned to approve the PSRA Process and Timeline. <u>FY2019 Assessment of the Administrative Mechanism:</u> The HIV Planning Council is tasked with assessing the Recipient each year on how its work is done. The PSRA Committee reviewed and approved the Methodology as well as the survey which would be posed to the HIVPC.
B. Rationale for Recommendations:
None.
C. Data Reports/Data Review Updates:
The committee reviewed service category utilization by FPL as well as scope of service information to assess the categories before making changes.
D. Data Requests:
The committee will review information regarding service category utilization and expenditure to reduce the gap between funding and service provision.
E. Other Business Items:
<i>Agenda Items for Next Meeting:</i> PSRA Process, Part A Eligibility for Service Categories, and 2017 Part A Epidemiological Data Presentation. <i>Next Meeting Date:</i> April 18, 2019 at 9:00 a.m. <i>Location:</i> Secret Woods Nature Center.

The committee chair share with the Planning Council that the PSRA process is wrapping up and that the committee is now looking at how the consumers can be hurt the least based on the allocations and recommended service cuts. The cuts are inevitable due to the amount of the grant award. The chair made clear that there needs to be a deep look at the data to make decisions based on the information as opposed to personal motives. The committee will also think about other resources that can be brought to the table.

F. AD-HOC ADVISORY COMMITTEE

No March meeting

Chair: A. Ruffner

G. EXECUTIVE COMMITTEE

March 21, 2019

Chair: R. Lopes, V. Chair: C. Grant

F. Work Plan Item Update / Status Summary:

Membership Drive Recap: The committee reviewed a slideshow to recap membership drive highlights. The Membership Drive was the most successful recruitment effort thus far; garnering interest for 45 individuals. Committee members will work on ways to improve the process for the next drive which will be tentatively held summer of 2019. Next steps for the membership drive include follow up from committee members to reach out to all 45 potential members to encourage them to attend upcoming meetings. PC support staff created a contact list of all membership drive participants. Committee members received this list with the understanding that he/she will reach out to the individuals that they signed up during the Membership Drive.

Member Approvals: The committee looked at the member reflectiveness to identify the underrepresented populations. Two individuals representing a critically unrepresented population on the HIVPC were presented to the committee for membership approval. The committee approved two black female applicants for HIVPC for membership in the absence of the standard MCDC process, as the committee has not been able to achieve quorum to meet and approve new applicants. The committee also discussed efforts to find more diverse representation on the council.

HRSA Site Visit Recommendations: The committee discussed an action plan for HRSA findings from the site visit conducted in June 2018. The committee determined they would further discuss and devise a plan relating to applying term limits for HIVPC membership as well as ongoing review of the PC budget. Additionally, HRSA recommended updating the Guiding Principles for the Planning Council. The Executive will review the current HIVPC Guiding Principles and make necessary updates in their upcoming meetings.

G. Rationale for Recommendations:

None.

H. Data Reports/Data Review Updates:

None.

I. Data Requests:

Prepare the Guiding Principles and HIVPC Budget for the next meeting

J. Other Business Items:

Agenda Items for Next Meeting: Review Committee Evaluations and FY2019 Work Plan, Leadership training topics.

No representative present to give in depth report.

H. SYSTEM OF CARE COMMITTEE (SOC)

No February Meeting

V. Chair: C. Edward

10. RECIPIENT REPORTS (20 minutes)

- a. **Part A-** The Recipient shared details about Peer Training Program. The first 12-week session has been completed with a total of 22 individuals. All new peers have been placed at supporting agencies, for the practicum phase of training, to get real life experiences. The hope is that these agencies will hire the peers as full-time staff once the practicum is completed. The recipient's office is now looking to have a second round of training for peers. Within the next 3-4 months there will be a decision made on the second round of training. Late last week, the state signed a bill to allow provider enterprises to do data sharing which is important for a lot of things like quality management, eligibility, and dual eligibility between ADAP and Part A. Broward County is the only EMA that has been allowed to do this. This approval allows for comprehensive use of the online eligibility portal. The portal will allow clients to apply for both ADAP and Part A at the same time. It will take a couple of months to work out this process. The system will be tested with a few providers first and then be made available to more. Data sharing is a big leap towards viral suppression. Updates will be provided at every meeting to inform everyone on how the process is going. Parts A & B representatives were commended for the work they have done to make data sharing possible.

Next week, Recipient Office staff will be attending AIDS Watch in DC. This is new because they have not participating in an organized lobbying event before. There will be 500+ consumers going to Capitol Hill to discuss the issues of HIV/AIDS. Representatives from Broward County will make a more impact when there are very specific and personal stories to tell on Capitol Hill. A call to action was made for members. If any HIVPC members have clients who come and talk about what the Ryan White Program means to them and how it has helped them, or why the county needs more money, please share these stories. Conversations about shifting funds will be had as well. As the epidemic grows there is less money and more consumers.

A \$2 million appropriation bill has been submitted for Test and Treat. This funding could be useful for the gap that is coming down the line. A syringe exchange program is happening in Miami-Dade as a safety/harm reduction initiative. This program has the possibility of expanding statewide, at least to Broward County. This year there is movement with this program as it stalled in the past.

Medicaid Expansion- if this were approved in the state of Florida, then it could free up more dollars for Ryan White. This bill is ideal however. Medicaid work requirements is on the move, but it creates another barrier for people to get access to healthcare.

The latest edition of the Positively Speaking Newsletter is now available. Copies were made available at the meeting. More copies are available for agencies if requested.

- b. **Part B-** Expenditure report is the same as last month. The new report is not done yet. Providers have until the 15th to turn in. Expected to spend the entire grant amount, or 98% of funding. Representative wanted to remind members of the Council that when people lose the insurance that they have, they can always be put into insurance through the Marketplace Plan. ADAP covers cobra plans, and/or a marketplace. Employer sponsor plans are available as well if the employer allows Part B to make the 3rd party payments.

Changes have been made to pharmaceutical services that will affect the rest of the state. An exemption is currently being used to partner with specialty pharmacies; not all counties have a pharmacy so Central Pharmacy delivers their medications. The emergency fill program was being used and allowed up to a twice a year pick-up (CVS), but this program is too expensive and not sustainable as medications are paid at full price. Central Pharmacy had logistical issues and delivery was not as great. The state will now be putting a bid out for the process to apply, once they determine if using a specialty pharmacy is successful. Broward county clients are a part of the direct dispense program. The mail order program is also available- agency employees were encouraged to tell their clients to take advantage of this; 700 clients have enrolled so far. The 90-day dispense requirements have been suspended so the physician and patient alone can now determine if this program works best for them. Clients can be mail order and 90-day dispense at the same time. If any clients are having issues, please let the Part B Representative know.

- d. **Part C-** No report.
- e. **Part D-** Doctor Vanessa Rojas is now a full-time doctor on site starting this month. Clients are slowly moving back in; working on goal of virally suppressed clients.
- f. **Part F-** Community-Based Dental Partnership Program has started. The annual Dental Services Report has been completed, a 3 time increase in clients served this year has been reported. An additional dentist has been hired, evening hours have been extended and Saturday hours have been added. These services are provided at the Broward Community and Family Health Center. All ineligible clients can go to Nova Dental and pay for services on a sliding scale based on income. Nova Dental has same day services. No requirement other than proof of HIV status. The clinic also provides services for non-HIV as well.
- g. **HOPWA-** No report.
- h. **Prevention-** This report will be done quarterly. No information this month. Next month this report will be provided to the group. A new HIV planner has been hired in place of Jersey. Ernest Brown is the new planner working with the committee to look at the integrated plan. Test & Treat Update: 1765 individuals enrolled; 1074

are positive individuals who were previously out of care or who's therapy was interrupted. Broward Wellness Center (BWC) provides testing free of charge and prEP services are provided as well. Fifteen hundred and eighty clients have been serviced at the BWC, around 1215 of those clients are from Broward County. The address is 700 NE 3rd Avenue in downtown Fort Lauderdale. There is also a hotline that individuals can call. The Sexual Assault Treatment Center will now be doing HIV testing and NPEP.

11. UNFINISHED BUSINESS

None.

12. PUBLIC COMMENT (Up to 10 minutes)

None.

13. ANNOUNCEMENTS

- CDTC hosting Smart Ride Beginners event – UM to Key West 165 miles – beginning rides for anyone who wants to test out riding a bike for the smart ride. Location: Hugh Taylor Birch State Park- Saturdays at 8:15am. 2, 4, 6, 13 miles. Teaching riding skills, different bike testing, free event, pay for admission to the park.
- UJIMA Men's Collective- Spoken Word/ Poetry Event - Thursday, March 28th at 7pm at the Stonewall National Museum.
- DOH- Prep Navigator Program – If agency needs navigators to attend their events, they are willing to collaborate. The navigators can be helpful in many ways as some are bilingual, transgender, etc, and can meet specific event needs.

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: April 28, 2019 9:30 a.m. LOCATION: GC-430

<i>Tasks for next Meeting</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
	ACTION ITEM:

16. ADJOURNMENT The meeting was adjourned at 11:00 am.

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 •

HIVPC Attendance CY 2019

PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
			Meeting Date	24	28	28										
0	0	1	Arencibia, Y.	X	X	X										
1	1	2	Barnes, B.	A	X	E										
1	0	3	Bhrangger, R.	X	X	X										
1	0	4	Burgess, D.	X	X	X										
0	1	5	Fleurinord, P.	A	A	E										
0	1	6	Fortune-Evans, B.	A	A	X										
0	0	7	Foster, V.	X	X	X										
0	0	8	Grant, C.	X	X	E										
0	0	9	Hayes, M.	X	X	E										
0	1	-	Holness, D.V.C.(Comm)	A	A	A										
1	0	10	Katz, H.B.	X	A	X										
0	0	11	Lopes, R. <i>Chair</i>	X	X	E										
1	0	12	Marcoviche, W.	X	X	X										
0	1	13	Moragne, T.	A	X	X										
0	1	14	Moreno, V.	A	X	E										
1	0	15	Robertson, L.	X	X	X										
0	0	16	Rodriguez, J.	X	X	X										
0	0	17	Ruffner, A.	X	X	X										
0	1	18	Schweizer, M.	A	X	X										
0	0	19	Siclari, R.	X	A	X										
Quorum = 11				13	15	13	0	0	0	0	0	0	0	0	0	

Legend:

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

HIVPC Member Handbook

Broward County HIV Health Services
Planning Council

PREPARED BY Membership/Council Development Committee

PRESENTED ON April 25, 2019

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Consumer Reimbursement Form;
Meeting Ground Rules;
HIVPC By-Laws;
Committee Policies & Procedures;
Planning Council Primer

An Introduction

28 Years and counting

On November 27, 1990 Broward County established the HIV Health Services Planning Council (HIVPC). The HIVPC serves as a Community Advisory Board informing the work of the Recipient of Ryan White HIV/AIDS Part A funding. The mission of the Planning Council is as follows:

We direct and coordinate effective responses to the HIV epidemic in Broward County in order to ensure quality, comprehensive care and positively impact the health of people with HIV at all stages of illness. In so doing, we:

- *Foster substantive involvement of HIV-infected and affected communities in assuring consumer satisfaction, identifying priority needs and planning a responsive system of care*
- *Support local control of planning and service delivery, and build partnerships among service providers, private foundations, voluntary organizations, community organizations and federal, state and municipal governments.*
- *Monitor and report progress within the continuum of care to assure fiscal responsibility and increase community support and commitment.*

An Overview of the Ryan White HIV/AIDS Program HRSA:

One of the important aspects of the Ryan White HIV/AIDS Program (RWHAP) is its focus on community health planning for HIV care and treatment. Community health planning is a deliberate effort to involve diverse community members in “an open public process designed to improve the availability, accessibility, and quality of healthcare services in their community.” The process involves “identifying community needs, assessing capacity to meet those needs, allocating resources, and resolving conflicts.” For RWHAP Part A, planning councils/planning bodies play that role.

RWHAP planning councils are unique. No other federal health or human services program has a legislatively required planning body that is the decision maker about how funds will be used, has such defined membership composition, and requires such a high level of consumer participation (at least 33 percent).

Planning Council Basics

Operative Guidelines

Code of Ethics

The Council and its Committees are governed by the *2013 Florida Commission on Ethics Guide* and the *Code of Ethics for Public Officers and Employees*, which are sent to all new members by the Board of County Commissioners.

Government in Sunshine Law

The State of Florida and Broward County are governed by Florida's Sunshine Law. This requires that all meetings held by the Planning Council or its Committees are open to the public, audio-recorded and with written minutes. Anything said at any Council or Committee meeting is a matter of public record, including disclosure of HIV status. Members of the Council may not talk about Council business outside of Council meetings.

Ground Rules

All persons in attendance of a meeting of the Council and/or Committee shall comply with the meeting Ground Rules adopted by the Council (**Resource C**).

Robert's Rules

Governs the flow of Council and Committee meetings and provides common rules and procedures for deliberation and debate in order to place the whole membership on the same footing and speaking the same language.

Planning Council Basics

Culture & Expectations

Trust and Respect

The Council operates in the Sunshine, but with respect for members' and guests' privacy. Personal information shared outside the meeting should not be brought into meetings and vice versa. Behave ethically with the sensitive information of others.

On the Record

Because the Council operates in the Sunshine, meetings are audio-recorded and minutes are written. Both are available to the public. The use of social media is not prohibited but the privacy of guests and members should be respected when sharing information.

Communication

Plans cannot be made in a timely manner without member correspondence. The more timely information provided, the better the HIVPC and PCS Staff can act.

Preparation & Participation

Members do the work of the Council. The role of members is to make informed decisions to benefit the community. Come prepared, ask questions, make suggestions, and share thoughts.

Ambassadorship

HIVPC members serve as visible and vocal champions of the Council. Be a passionate advocate for the work of this Council in the community.

No Fundraising

The HIVPC explicitly is not a fundraising body. The Ryan White HIV/AIDS Part A Program operates on HRSA funding obtained through an annual grant. HIVPC members will be asked to raise awareness and community involvement.

Who's Who?

Support Staff Contact Information

HIV Planning Council Staff hivpc@brhpc.org

Gritell Berkeley Martinez, PhD
HIVPC Manager
(954) 561-9681 ext. 1345
gmartinez@brhpc.org

Jessica Jolly, MST
HIVPC Health Planner
(954) 561-9681 ext. 1295
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Vanessa Oratien, MPH
HIVPC Health Planner
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Clinical Quality Management Staff quality@brhpc.org

Debbie Cestaro-Seifer, MS, RN, NC-BC
CQM Manager
(954) 561-9681 ext. 1219/1244
quality@brhpc.org

Anitha Joseph, MPH
CQM Health Planner
(954) 561-9681 ext. 1244
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Marcus Guice, MPH
CQM Health Planner
(954) 561-9681 ext. 1219
mguice@brhpc.org

HIVPC Members

- Lopes, Réquel
HIVPC Chair
- Grant, Claudette
HIVPC Vice Chair
- Arencibia, Yusi
- Barnes, Brad
- Bhrangger, Ronald
- Burgess, Devorn
- Dennis, Bessie
- Fleurinord, Patricia
- Fortune-Evans,
Bisiola
- Foster, Vincent
- Hayes, Marie
- Katz, H. Bradley
- Leonard,
Christopher
- Marcoviche, William
- Moreno, Valery
- Riley-Gardiner, Yvette
- Robertson, Lorenzo
- Rodriguez, Joshua
- Ruffner, Andy
- Schweizer, Mark
- Siclari, Rick

Current as of March 28, 2019

Supporting Our Community

A look at our community presence in 2018

2ND ANNUAL CHILL & GRILL

The Community Empowerment Committee (CEC) and the Black Treatment Advocates Network (BTAN) hosted their 2nd Chill, Chat & Chew event: Chill & Grill. Organizations who tabled at the event included the Community AIDS Network (CAN), Department of Health (FLDOH-BC) and Ryan White Part A. Community members engaged in discussions about PrEP. Testimonies from PLWHA on their experiences within the Ryan White system of care in Broward County were also heard. This year's Chill & Grill was hosted at C.W. Thomas Park in Dania Beach, FL.

WILTON MANORS STONEWALL PRIDE FESTIVAL

The HIV Planning Council (HIVPC) participated in the Stonewall Pride event located on Wilton Drive in Wilton Manors, FL 33305. The HIVPC booth was met with high traffic from community members interested in knowing more about HIVPC.

NATIONAL TRANSGENDER HIV TESTING DAY

HIVPC attended an event held by the Pride Center in honor of National Transgender HIV Testing Day. The panel discussion centered on HIV/AIDS within the Transgender Community. HIVPC members participated in the discussion and shared information about the HIV Planning Council with event attendees.

HEALTHY BROWARD RUN AND WALK

Presented by the Florida Department of Health in Broward County, this event brought many local sponsors and partners together. The run and walk took place at Markham Park in Sunrise, and HIVPC members spoke to attendees and shared information/promotional materials.

AIDS Walk

HIVPC members attended the AIDS Walk on Fort Lauderdale Beach. This event, hosted by AIDS Healthcare Foundation (AHF), brought 3,000 people together to participate in a walk and attend a music festival to support a fundraising effort benefiting many organizations in South Florida. HIVPC tabled at the event and engaged community members in conversations about the Planning Council's work.

Ryan White Part A HIVPC Committees

Committee Roles

COMMUNITY EMPOWERMENT COMMITTEE

Provides outreach, community education, and collects feedback on the needs of HIV+ Broward County residents.

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE

Recruits and trains members of the HIV Planning Council to ensure the membership is diverse and made of members of the community.

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Establish priorities and funding for Ryan White Part A HIV services to ensure services meet the needs of those who are most effected by HIV/AIDS in Broward County.

QUALITY MANAGEMENT COMMITTEE

Ensures that access to high-quality HIV services are provided to HIV+ Broward County residents through the development and review of health outcomes data and service delivery standards.

SYSTEM OF CARE COMMITTEE

Conducts activities to evaluate and improve the system of HIV care and treatment in Broward County.

Roles & Responsibilities

Recipient, Support Staff, and Planning Council

Recipient

1. Government department designated to administer Ryan White Part A funds and monitor contracts.
2. Coordinate writing of annual grant request for Ryan White Part A funding.
3. Participate in Planning Council and Committee activities.

Support Staff

1. **PCS Support Staff** - provides professional staff support to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.
2. **CQM Support Staff** - provides professional support, meeting coordination, and technical assistance to the service category Quality Improvement (QI) Networks and Recipient.

Roles & Responsibilities

Recipient, Support Staff, and Planning Council

Planning Council

1. Conducts Needs Assessments
2. Establishes priorities for the allocation of funds
3. Collaborates to develop an Integrated Plan
4. Assesses the Administrative Mechanism
5. Coordinates with other services or service providers
6. Establishes methods to obtain community input

Membership Requirements

Requirements for HIV Planning Council Membership

Be a member of at least one (1) standing committee

1. Community Empowerment Committee (CEC)
2. Membership/Council Development Committee (MCDC)
3. Executive Committee (HIVPC Chairs and Co-Chairs ONLY)
4. Quality Management Committee (QM)
5. Priority Setting & Resource Allocations Committee (PSRA)
6. System of Care (SOC)

Attend meetings/trainings

Provide up-to-date contact information to the HIVPC Support Staff

Notify PCS Support Staff of changes that require resignation. At such time as a member's professional responsibilities changes such that he/she no longer represents the constituency for which he/she was originally appointed, that member shall immediately resign and his/her seat shall be filled in accordance with the provisions contained in the membership policies and procedures. The member shall have the ability to reapply for membership to the council.

Meeting Attendance

Attendance Requirements for HIVPC/Committee Meetings

Quorum

- By Broward County Ordinance, meetings can not be held until quorum has been established: **Quorum = half of HIVPC or Committee Membership + 1**
- Quorum must be established in the room before call-in members are counted. If quorum is not established in the room, call in members will be considered absent.
- If quorum has not been established 15 minutes after meeting start time, the meeting will be canceled due to lack of quorum.
- Quorum is necessary for the Planning Council to take affirmative action on any matter.

Excused Absences

- Members are allowed 3 consecutive unexcused absences or 4 meeting absences in a calendar year. *Committees who meet quarterly or less have an annual 2-meeting minimum attendance policy.*
- A member must request an excused absence.
- HIVPC or Committee Chair reviews all excused absence requests.
- An absence shall be deemed excused under the following circumstances:
 1. HIV-related illness
 2. Member Hospitalization
 3. Jury Duty
 4. Planning Council-related business
 5. Subpoenaed by Court
 6. Death of member's domestic partner or immediate family member

*Attendance Records are based on the meeting sign-in sheets.
Members MUST sign in to be considered present at the meeting.*

Resources

A

Calendar

Upcoming meetings, events, and HIV Awareness Days

B

HIVPC By-Laws

Last amended October 2018

C

Policies & Procedures

Outlines each Committee's Responsibilities

D

Planning Council Primer

A guide from HRSA

E

Additional Materials

Reimbursement Form for Consumers;
Mentorship Program Information;
Grievance Form

Consumer Reimbursement

Reimbursement Policy

- Unaffiliated Consumers on the Planning Council can be reimbursed for reasonable and necessary costs incurred as a result of their participation on the Planning Council and in the conduct of their required Planning Council activities, which covers such items as reimbursement of reasonable and actual out-of-pocket costs incurred solely as a result of attending a scheduled meeting, including:
 - Transportation mileage (state mileage rate allowance)
 - Broward County Transit expenses
 - Child Care service fees - reasonable costs associated with child care services
- Reimbursement for expenses shall be limited to those expenses that are not reimbursable through other funding sources.
- Expense reimbursement shall be limited to HIV infected Council, Committee and Alternate members.

Mentorship Program

In order to increase new members' knowledge of the HIV Planning Council and retain membership, the MCDC Committee will institute a voluntary mentoring program. Mentors provide support for new members on:

- Helping new members, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with Planning Council processes and interaction.
- Providing strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHA.
- Taking special responsibility for making sure the new member understands the background and context of discussions and actions.
- Increasing new members' knowledge of HIVPC and retain attendance and membership participation in Council meetings.

Grievances

Grievance Process

The executive committee will provide a clearinghouse and facilitate resolution of grievances in an open, inclusive, non-discriminatory and impartial manner.

Steps to Filing a Grievance

- The Executive Committee will address grievances by individuals, community groups and providers eligible to receive Ryan White Part A funding which have been adversely affected by any actions of the Council involving the following:
 1. Needs assessment process
 2. Integrated planning process
 3. Priority setting process (including language regarding how best to meet such priorities)
 4. Clinical outcome/cost effectiveness determination process
 5. Allocation (as well as any possible reallocation) of funds to service categories process.
- For a grievance to be eligible for consideration, deviation from established, written processes or policies must be stated within the claim.
- All appeals from an initial action must be filed within two weeks of any decision, deviation or incident, and all resolutions or remedies are meant to apply prospectively.

FY 2019-2020 WORK PLAN OF PLANNING COUNCIL SUPPORT (PCS) ACTIVITIES

ACRONYM KEY

HIV Planning Council - **HIVPC**
 Executive Committee - **Exec**
 Priority Setting & Resource Allocation Committee - **PSRA**
 System of Care Committee - **SOC**
 Quality Management Committee - **QMC**
 Membership/Council Development Committee - **MCDC**
 Community Empowerment Committee – **CEC**
 Integrated Committee - **IC**

Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
OBJECTIVE 1. POLICIES & PROCEDURES					
PCS Staff	1.1 Conduct research of at least five (5) other EMAs about committee policies and procedures based on committee directives or identified changes to determine best practices (if applicable).	Data & Research	December 2019-February 2020	All Committees	
PCS Staff	1.2 Present recommendations to each committee for changes to the policies and procedures based on committee directives and best practice research.	Committee Policies & Procedures	As Necessary		
PCS Staff	1.3 Maintain a current list of by-laws parking lot items based on member inquiries or directives.	By-Laws Parking Lot	As Necessary	ad-Hoc By-Laws Committee	
PCS Staff	1.4 Review by-laws for additional changes beyond member inquiries or directives based on HIVPC data or needs.		As Necessary		
PCS Staff	1.5 Conduct research on by-laws of at least ten (10) other EMAs and determine best practices (if applicable).	Data & Research	As Necessary		
PCS Staff	1.6 Present recommendation to Executive Committee about reconvening ad-Hoc By-Laws Committee based on parking lot items and necessary changes, with recommended timeline for completion.	Presentation to Executive	As Necessary	Executive Committee	

Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
PCS Staff	1.7 Present recommendations for changes to by-laws and accompanying research about best practices to ad-Hoc By-Laws Committee.	Updated By-Laws	As Necessary	ad-Hoc By-Laws Committee	
PCS Staff	1.8 Conduct research on work plans, especially pertaining to the activities and timelines of the Integrated Plan, and determine best practices for implementation, per committee.	Data & Research	October 2019–January 2020	All Committees	
PCS Staff	1.9 Update committee work plans for FY 2019-2020 based on HRSA- required activities, research of other EMAs, Integrated Plan Activities, and committee needs.	Updated Work Plans	January - February 2020		
PCS Staff	1.10 Present recommendations for changes and updates to work plans to each committee, based on committee needs, Integrated Plan Activities, and directives.		February – March 2020		
OBJECTIVE 2. MEMBERSHIP					
PCS Staff, MCDC	2.1 Review membership documents and application process for necessary changes based on HIVPC needs.	Membership & Application Process Documents	Quarterly	MCDC	
PCS Staff	2.2 Present recommendations for changes to membership documents or the application process to MCDC.		Quarterly		
PCS Staff, MCDC	2.3 Keep current data on HIVPC and committee demographics, including percentage of unaffiliated consumers to ensure HIVPC and committee reflectiveness.	HIVPC & Committee Rosters	Monthly	MCDC, HIVPC	
PCS Staff, MCDC	2.4 Identify populations that are underrepresented on the HIVPC and committees and conduct research on best practices for engaging those populations, including methods of engagement and target locations and events in Broward.	Data & Research	Quarterly	MCDC	
PCS Staff	2.5 Make recommendations to MCDC for targeted activities/events to recruit underrepresented populations and/or HRSA	MCDC Recruitment Plan	Bi-Annual		

Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
	mandated seats based on research conducted in Objective 2.5				
PCS Staff, MCDC	2.6 Keep current data on mandated seats, including vacant seats, to ensure a representative HIVPC with diverse perspectives.	HIVPC Roster	Monthly	MCDC, HIVPC	
PCS Staff, HIVPC, All Committees	2.7 Work in collaboration with HIVPC and committee members to identify potential candidates to fill vacant seats.	Applications for Mandated Seats	Monthly	MCDC	
PCS Staff	2.8 Develop at least four topics for the FY 2019-2020 training plan based on HRSA requirements, emerging issues, and HIVPC needs (including HIVPC leadership training) or directives.	HIVPC Training Plan	Quarterly	MCDC, Exec	
PCS Staff	2.9 Present the training plan to MCDC & Executive Committee for approval.		April 2019		
PCS Staff	2.10 Conduct research on recruitment and retention plans and materials of at least five (5) other EMAs, focusing on consumers, hard to reach populations, and vacant mandated seats.	Recruitment & Retention Plan	As Needed	MCDC	
PCS Staff	2.11 Present recommendations for changes and updates to Recruitment and Retention plan, including materials (printed and digital), to MCDC.		Annually		
OBJECTIVE 3. NEEDS ASSESSMENT					
PCS Staff	3.1 Use results of needs assessment to inform PSRA process, determine issues in the system of care for further research, and topics for community presentations and forums.	Research & Analysis	April – July 2019	SOC, PSRA, QM	
PCS Staff, NA Consultant	3.2 Use previous needs assessment analyses to determine priority populations, target questions, and methodologies for the needs assessment.	Needs Assessment Components, Methodology, and Focus Areas	As Needed	PSRA, SOC	
OBJECTIVE 4. INTEGRATED PLAN					

Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
PCS Staff, IC, Integrated Plan “Champions”	4.1 Review the Integrated Comprehensive Plan to determine progress, and identify successful or underperforming activities.		Ongoing	IW, HIVPC	
OBJECTIVE 5. PRIORITY SETTING & RESOURCE ALLOCATION					
PSRA, Recipient	5.1 Monitor expenditures and allocations and note any trends in expenditures.	Expenditure & Utilization Report	Monthly	PSRA	
PSRA, HIVPC, Recipient	5.2 Recommend reallocations (“Sweeps”) to ensure sufficient core funding and the effective use of funds.	Reallocation of Funds	November 2019 - January 2020	PSRA, HIVPC	
PCS Staff	5.3 Develop PSRA timeline to include a review of all necessary data points, presentations, and ranking and allocations.	PSRA Timeline	March 2019		
PCS Staff	5.4 Review important data sources, including, but not limited to EIIHA, epidemiology surveillance, unmet need, and service category scorecards focused on clients not achieving health outcomes.	Data & Analysis	April – July 2019	PSRA	
PCS Staff, NA Consultant	5.5 Develop a PSRA report and presentation with research including, but not limited to, service needs and gaps, cost effectiveness, and priorities and allocations in similar EMAs.	Presentation to PSRA	June-July 2019	PSRA, HIVPC	
PCS Staff, NA Consultant	5.6 Present PSRA report to committee to assist in establishing priorities and allocating resources.		June-July 2019	PSRA	
PCS Staff, SOC	5.7 Develop directives for 'How Best to Meet the Need.'	How Best to Meet the Need	As Necessary		
PSRA, CEC, HIVPC	5.8 Priority rank service categories, using research and information from data points, scorecards, and the PSRA presentation and report.	Priority Rankings	June 2019	HIVPC, Recipient	
PSRA, HIVPC	5.9 Allocate Part A & MAI funds by service category using research and information from data points, scorecards, and the PSRA presentation and report.	Service Allocations	July 2019		
OBJECTIVE 6. ASSESSMENT OF THE ADMINISTRATIVE MECHANISM					

Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
PCS Staff	6.1 Conduct research on administrative mechanism methodologies of at least five other EMAs.	Annual Methodology	November 2019 - January 2020	HIVPC, Recipient	
PCS Staff	6.2 Develop a methodology to assess the efficiency of the administrative mechanism.		January 2020		
PCS Staff	6.3 Collect resulting data from Assessment of the Administrative Mechanism analysis.	Data	March 2019	PCS Staff	
PCS Staff	6.4 Develop a full narrative report, including identified areas for improvement, with supporting documentation.	Assessment of the Administrative Mechanism Report	March 2019	HIVPC, Recipient	
PCS Staff	6.5 Distribute the narrative report, including identified areas for improvement, and any necessary steps for action.		July - August 2019	PSRA, HIVPC, Recipient	
PCS Staff	6.6 Develop methodology to measure progress on identified areas for improvement. Distribute progress updates, including identified areas for improvement, with supporting documentation.	Quarterly Methodology	June, September, December 2019	Recipient	
OBJECTIVE 7. COMMUNICATION & LEADERSHIP SUPPORT					
PCS Staff, HIVPC & Committee Leadership, Recipient	7.1 Hold coordination meetings with HIVPC and committee leadership prior to monthly meetings to review and make changes to meeting documents and discuss any emerging issues.	Coordination Meeting	Monthly	HIVPC & Committee Leadership, Recipient	
PCS Staff	7.2 Develop a communication plan for timely and effective communication between PCS Staff, the HIVPC, and the Recipient.	Communication Plan	April 2019	Recipient	
PCS Staff	7.3 Develop a marketing plan containing HIVPC meetings and activities with timelines for activities.	Marketing Plan	June 2019	HIVPC, Recipient	
OBJECTIVE 8. PART A GRANT APPLICATION					
HIVPC, PCS Staff, FLDOH-BC	8.1 Review and revise EIIHA Strategy in preparation for Part A grant application.	Grant Application Narrative	July 2019	Recipient	
PCS Staff	8.2 Develop a work plan of responsibilities and timelines within specific grant application deadlines.	Work Plan and Timeline	Within 7 days of application release		

Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
PCS Staff	8.3 Conduct research and assist with writing the grant application as directed by grant application work plan.	Grant Application Narrative	Annually		
Recipient, PCS Staff, HIVPC Chair	8.4 Draft the 'Letter of Assurance' assuring the HIVPC is reflective of the epidemic and ensure it is signed by the HIVPC Chair.	Letter of Assurance	30 days prior to Application due date		
Recipient, PCS Staff, HIVPC Chair	8.5 Draft the 'Letter of Endorsement' containing funding allocations and ensure it is signed by the HIVPC Chair.	Letter of Endorsement	60 Days Post Award (Based on Program Terms)		
OBJECTIVE 9. REPORTS, PRESENTATIONS, & OTHER DELIVERABLES					
PCS Staff	9.1 Develop an annual work plan of PCS activities outlining the projects, reports, presentations, research, and/or activities required to be completed to support the HIVPC, its committees, chair, and Recipient for the fiscal year.	PCS Work Plan	March 2019	HIVPC, Recipient	
PCS Staff	9.2 Develop monthly updates on progress of the PCS work plan.	Work Plan Report	Monthly	Recipient	
PCS Staff	9.3 Develop a yearly inventory, benchmarking, and comparison analysis of all funded Part A services in Broward County.	Benchmarking Report	March 2019		
PCS Staff	9.4 Develop a monthly report of HIVPC and committee meetings and activities.	Monthly Report	Monthly		
PCS Staff	9.5 Develop quarterly reports containing priorities and outreach efforts, a training and development summary, community empowerment survey summary, and meeting evaluation summary.	Quarterly Report	Quarterly	HIVPC, Recipient	

Priority Setting & Resource Allocation Process Presentation

4/25/2019

Overview

- **HRSA Requirements:** Planning Council's are required by HRSA to "set priorities and allocate resources for service categories, and provide guidance (directives) to the Part A Recipient on how best to meet these priorities."
 - The Priority Setting & Resource Allocation (PSRA) Committee shall **recommend priorities** and **resource allocations** to the Broward County HIV Health Services Planning Council (HIVPC) for the **disbursement of Ryan White Part A funds** in Broward County.
 - Priority Setting and Resource Allocation to service categories **involves all members of the HIVPC.**

What is PSRA?:

Priority setting:

- **Deciding** which HIV/AIDS services are the most important **according to the criteria your EMA/TGA has established.**

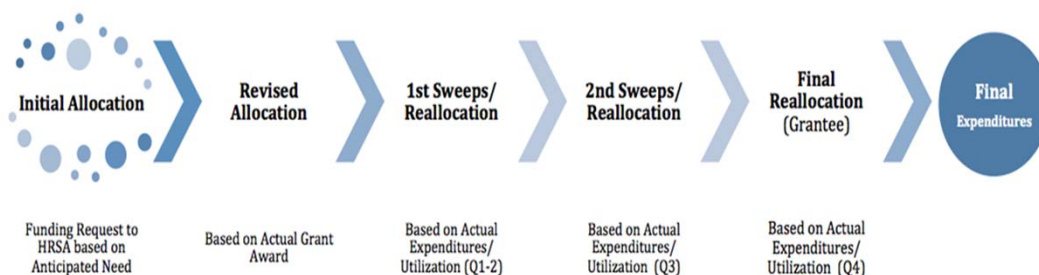
Resource allocation:

- **Distributing available Ryan White Part A program funds** for your EMA/TGA across the prioritized service categories.
- **Instructing the Part A Recipient on how to distribute the funds** in contracting for different types of services.

Reallocation:

- **Moving program funds across service categories** after the initial allocations are made.
 - **Post grant award** – if the award is higher or lower than the amount requested in the application
 - **During the program year** - when funds are underspent in some service categories and additional needs exist in other service categories.

Fort Lauderdale/Broward County Annual Resource Allocation/Reallocation Cycle



What is PSRA?: The PSRA Process



- Develop PSRA Principles and Criteria
- Clarify Committee, Consumer & Staff Roles and Responsibilities
- Develop PSRA Timeline

- Review HRSA Mandates and Part A PSRA Grant Guidance
- Identify HRSA Identified and Additional Data Sources
- Create User Friendly Data Sets

- Committee and Community Data Presentations
- Develop Language On How Best To Meet The Need
- Committee Reviews Data/Factors to Consider & Sets Priorities
- Committee Reviews Data/Factors to Consider & Allocates Resources

PSRA Goals and Guiding Principles

- Provide access to high quality HIV services for PLWHA in Broward County
- Optimize the HIV Care Continuum's impact
- Develop an integrated PSRA process using data with input from stakeholders and consumer forums
- Maintain a commitment to ending health disparities
- Provide client centered and coordinated services
- Integrate Prevention and Care
- Maintain and require collaborative partnerships among service providers
- Encourage early and meaningful involvement from PLWHA in the development, implementation, and evaluation of service delivery
- Engage continuous training, capacity building, and leadership development
- Provide culturally and linguistically appropriate services

Required Part A Grant PSRA Documentation

Each year, the **Part A Grant Application** requires documentation regarding the **PSRA process**, including **how the process was conducted** and specifically addressing **how the needs of those not in care and those from historically underserved populations were considered in this process**. Additional documentation of the process includes:

- How **PLWHA were involved in the PSRA process** and how their priorities are considered in the process
- How **data were used in the PSRA processes to increase access** to core medical services and to **reduce disparities in access** to the continuum of HIV/AIDS care
- How **changes and trends in HIV/AIDS epidemiology data** were used in the PSRA process
- How **cost data were used** by the Planning Council in making funding allocation decisions
- How **unmet need data** were used by the Planning Council in making **priority and allocation decisions**
- How the Planning Council's process will prospectively **address any funding increases or decreases** in the Part A award

PSRA Data Sources

Priorities and allocations are data based. **Decisions are based on the data**, not on personal preferences. The PSRA Committee will have access to information to enhance their efforts in the decision making process.

The data collected includes:

- Epidemiological Data
- Fiscal and Service Utilization Data
- Needs Assessment Data
- Others Funder's Data/Presentation

PSRA Data Sources (cont'd)

Priorities and allocations are data based. **Decisions are based on the data**, not on personal preferences. The PSRA Committee will have access to information to enhance their efforts in the decision making process.

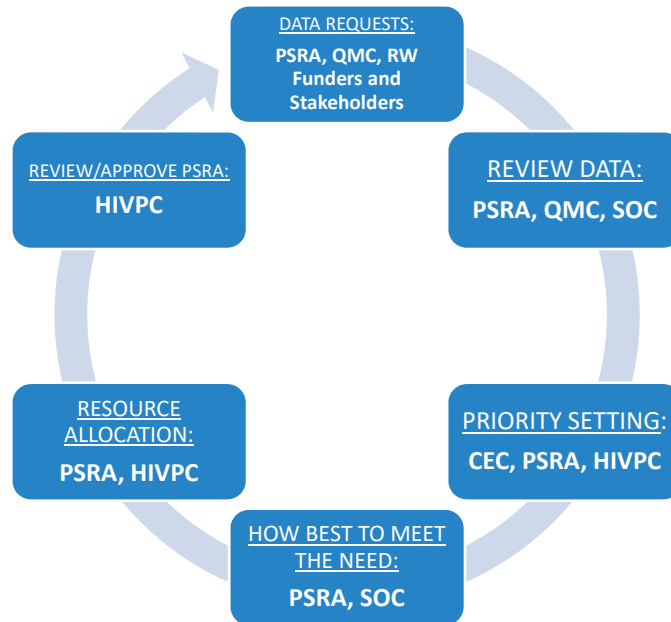
Other factors to consider are:

- Funding from other sources such as Medicaid and Medicare
- Developing capacity for HIV services in historically underserved communities
- Priorities of Ryan White Consumers
- Changes in legislative requirements
- National HIV/AIDS Strategy
- Affordable Care Act

Other Resources

- PSRA Policies and Procedures
- FDOH HIV/AIDS Partnership 10 Epidemiological Profile, 2017
- FY2018 Other Funders Table
- FY2018 Part A Scorecards, Expenditures Spreadsheet, and Projections Table
- Needs Assessment Activities Report
- FY2020 CEC Rankings Table
- FY2020 Part A Allocations Table

Who's Involved?



PLWHA Involvement in the PSRA Process

Community Feedback Through Needs Assessment Activities:

2017-2018 Needs Assessment
 2017 Consumer Health Experience Report
 2017-2018 Black Women's Study & Focus Groups

PLWHA Serve as Committee Members:

CEC

- Data Collection (focus groups/feedback forums) & Presentation
- Rank Core & Support Service Priorities

PSRA

- Priority Setting & Resource Allocation

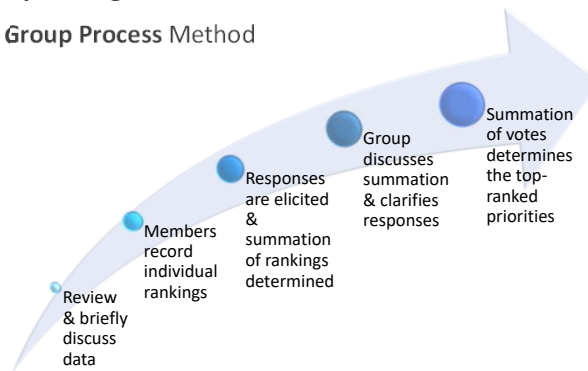
HIVPC

- Approves All PSRA Decisions

PSRA Process: Step-By-Step

Priority Setting

- **Prioritize** all service categories included in Legislation
- Utilize **CEC priority rankings, consumer feedback, and other PLWHA data** provided
- Utilize **Nominal Group Process Method**



Priority Setting: Core Services

- | | |
|---|--|
| 1. Outpatient/Ambulatory Health Services | 9. Medical Nutrition Therapy |
| 2. AIDS Pharmaceutical Assistance (Local) | 10. Early Intervention Services |
| 3. Health Insurance Premium & Cost-Sharing Assistance (HICP) | 11. Home and Community-Based Health Services |
| 4. Medical Case Management (Disease) | 12. Home Health Care |
| 5. Mental Health Services | 13. Hospice Services |
| 6. Oral Health Care (Dental) | |
| 7. Substance Abuse Services - Outpatient | |
| 8. AIDS Drugs Assistance Program Treatments (ADAP) | |

Priority Setting: Support Services

- | | |
|--|--|
| 1. Food Bank/Home-Delivered Meals | 11. Referral for Health Care/Supportive Services |
| 2. Emergency Financial Assistance | 12. Linguistics Services (Integration and Translation) |
| 3. Legal Services | 13. Other Professional Services |
| 4. Non-Medical Case Management (CIED, BISS) | 14. Child Care Services |
| 5. Housing Services | 15. Rehabilitation Services |
| 6. Medical Transportation Services | 16. Permanency Planning |
| 7. Substance Abuse Services - Residential | 17. Respite Care |
| 8. Psychosocial Support Services | |
| 9. Outreach Services | |
| 10. Health Education/Risk Reduction | |

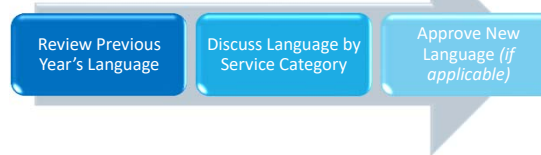
How Best to Meet the Need (HBTMTN)

Directives to the Part A Recipient on how best to meet the service priorities identified include:

- Where geographically to fund services
- Specific models to use
- Identify target populations for which to implement new/improved services or interventions

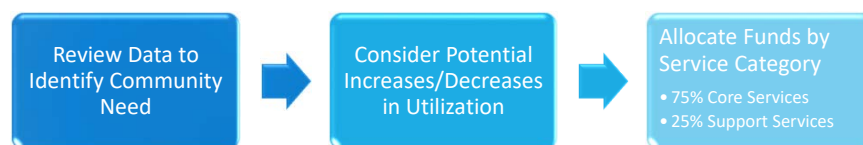
Priorities and HBTMTN Language should be based on:

- Documented need
- Cost and Outcome Effectiveness
- Priorities of PLWHA
- Availability of other resources



Resource Allocations

- Decide how much funding will be used for each service category



Resource Allocations & Reallocations (Sweeps)

Through resource allocation, the PSRA committee determines how much funding will be used per service category based on factors such as community need, potential increases/decreases in service utilization, and expenditure trends.

The PSRA Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Recipient.

Periodic Reallocation: The Part A Recipient will present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. The funding should be maintained within the service category if possible.

Final Reallocation: In order to fully expend funds at the end of the fiscal year, the PSRA Committee authorizes the Part A Recipient to move funds between categories within a service provider's contract. This authority is given with the understanding that the reallocation process has occurred prior to this shifting of funds, that the amount of dollars involved would be less than 10% of the funding award and that there are less than 120 days left in the fiscal year.

PSRA Approval & 2020 PSRA Process

PSRA Approval

- The PSRA Committee forwards all recommendations to the HIV Planning Council for approval.
- The Grant Administrator (Part A Recipient) submits the Planning Council's PSRA recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards them to the Broward County Board of County Commissioners for its approval.

2020 PSRA Process

- The Planning Council support staff will provide you with the essential materials needed for all activities. **All Committee members will be given a PSRA resource book, guided by HRSA PSRA standards, that will provide background and support to all presentations as it pertains to an informed decision making process.**
- **An immense amount of information will be distributed and presented within a short period of time:** Since a tremendous amount of information needs to be considered in order for members to prioritize services and allocate funds, each member is obligated to familiarize him- or herself with how to read the data being presented and to use the information to make informed decisions.

Ground Rules

- Every member will treat every other member with the **courtesy and respect** resulting from his or her legitimate right to be part of discussions and decision making. All members/participants in meetings will have the opportunity to speak and be listened to without interruptions.
- There will be **no personal attacks and disagreements will focus on issues, not upon individuals**.
- Once decisions are made, **every member of the Committee will support the decision**, regardless of his or her personal position.
- A member will behave in a manner that reflects recognition of his or her responsibility to present and consider the concerns of specific communities, or population groups, while **considering the overall needs of PLWHA**, and act on their behalf, not to benefit him- or herself.
- Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. **Specific concerns regarding service providers should be directed towards the Recipient outside of the meeting.**
- Every member will take responsibility not only for abiding by these rules of conduct personally, but also for speaking out to assure that **all members abide by them**.

Questions?

Discussion

