Fort Lauderdale/Broward County EMA
Broward County HIV Health Services Planning Council
An advisory board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100 • Hollywood, Florida 33020 954-561-9681 • FAX 954-561-9685

Broward County HIV Health Services Planning Council Meeting

AGENDA

Date: August 4, 2021, at 1:00 p.m.
Location: WebEx Virtual Meeting Platform
Chair: Dr. Réquel Lopes **Vice Chair:** Claudette Grant

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

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

1. **Call to Order**
2. **Welcome & Public Record Requirements**
   a. Welcome
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements (Statement of Sunshine)
   c. Council Member, Guest, and Phone Introductions
   d. Moment of Silence
3. **Approvals**
   a. Meeting Agenda 08/04/2021
   b. Last Meeting Minutes 07/22/2021
4. **Public Comment (10 minutes)**
5. **Federal Legislative Report** – None
6. **Consent Items**
   None.
7. **Discussion Items**
   Part A Core Services
   I. **Motion to approve the allocation of $5,436,529 to Outpatient Ambulatory Health Services for FY2022-2023.**
   FY2022 Ranking 1
   Factors to Consider: Funding recommendation based on current year utilization and FY19 expenditures. We continue to monitor the impact of Integration of Primary Care and Behavioral Health (IPCBH), COVID-19, and the implementation

of the Ending the HIV Epidemic (EHE) on the Part A system of care.
Recommended percentage of FY2022 Allocation: 47%

PROPOSED BY: Priority Setting & Resource Allocation Committee

II. **Motion to approve the allocation of $349,916 to AIDS Pharmacy Assistance (LPAP) for FY2022-2023.**
FY2022 Ranking 3
Factors to Consider: Client utilization consistently decreased by an average of 13% from FY17 - FY19. Expansion of ADAP formulary may provide potential cost savings in FY22 and onward.
Recommended percentage of FY2022 Allocation: 3%

PROPOSED BY: Priority Setting & Resource Allocation Committee

III. **Motion to approve the allocation of $2,646,964 to Oral Health Services for FY2022-2023.**
FY2022 Ranking 5
Factors to Consider: Funding recommendation is to increase due to the COVID-19 pandemic that caused a gap in service delivery from FY19. Client utilization is expected to increase as vaccination rates increase.
Recommended percentage of FY2022 Allocation: 23%

PROPOSED BY: Priority Setting & Resource Allocation Committee

IV. **Motion to approve the allocation of $779,279 to Health Insurance Premium & Cost Sharing FY2022-2023.**
FY2022 Ranking 4
Factors to Consider: Funding recommendation based on an average of 24% increase in client utilization from FY17 - FY19.
Recommended percentage of FY2022 Allocation: 7%
PROPOSED BY: Priority Setting & Resource Allocation Committee

V. **Motion to approve the allocation of $512,117 to Medical Case Management/ Treatment adherence for FY2022-2023.**
FY2022 Ranking 6
Factors to Consider: Trends in client utilization varied from FY17 - FY19. Recommended increase due to updated service delivery to address client needs using a scaled methodology and the implementation of EHE and clients who graduate to the Part A system of care.

Recommended percentage of FY2022 Allocation: 4%

PROPOSED BY: Priority Setting & Resource Allocation Committee

VI. **Motion to approve the allocation of $1,239,359 to Medical Case Management (Case Management) for FY2022-2023.**
FY2022 Ranking 6
Factors to Consider: Funding recommendation based on client utilization from FY17 - FY19 and the identified need for the service with clients requiring additional units as a result of the ongoing COVID-19 pandemic and other factors. .
Recommended percentage of FY2022 Allocation: 11%

PROPOSED BY: Priority Setting & Resource Allocation Committee

VII. **Motion to approve the allocation of $159,939 to Mental Health for FY2022-2023.**
FY2022 Ranking 7
Factors to Consider: Increased utilization of MH services due to implementation of Integrated Behavioral Health and Primary Care and the Ending of the HIV Epidemic. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2022 Allocation: 1%

PROPOSED BY: Priority Setting & Resource Allocation Committee

VIII. **Motion to approve the allocation of $337,498 to Substance Abuse (outpatient) for FY2022-2023.**
FY2022 Ranking 8
Factors to Consider: Funding recommendation is to decrease but monitor the service utilization as we anticipate factors such as EHE will re-engage clients causing potential increase in service utilization. Services are also available through IPCBH.
Recommended percentage of FY2022 Allocation: 3%

PROPOSED BY: Priority Setting & Resource Allocation Committee

Total Part A Core Services: $11,461,601

Part A Support Services:

IX. **Motion to approve the allocation of $582,488 to Non-Medical Case Management Services- Centralized Intake & Eligibility Determination (CIED) (Case Management) for FY2022-2023.**
FY2022 Ranking 3
Factors to Consider: Funding recommendation is based on FY19 expenditure and client utilization. The service category will be monitored for client utilization of service.
Recommended percentage of FY2022 Allocation: 36%

PROPOSED BY: Priority Setting & Resource Allocation Committee

X. **Motion to approve the allocation of $115,872 to Emergency Financial Assistance for FY2022-2023.**
FY2022 Ranking 4
Factors to Consider: Funding recommendation based on current utilization and projected expenditure. Monitor number of clients accessing stop-gap and emergency medications through the Test and Treat Program."
Recommended percentage of FY2022 Allocation: 7%

PROPOSED BY: Priority Setting & Resource Allocation Committee

XI. **Motion to approve the allocation of $782,586 to Food Bank/ Food Voucher for FY2022-2023.**
FY2022 Ranking 1
Factors to Consider: Funding recommendation based on current utilization and the implementation of EHE which funds Food Services as a service category.
Recommended percentage of FY2022 Allocation: 49%

PROPOSED BY: Priority Setting & Resource Allocation Committee

XII. **Motion to approve the allocation of $129.151 to Legal Services for FY2022-2023.**
FY2022 Ranking 6
Factors to Consider: Utilization has remained consistent over the last three fiscal years.
Recommended percentage of FY2022 Allocation: 8%

PROPOSED BY: Priority Setting & Resource Allocation Committee

Total Part A Support Services: $1,610,097

Total Part A Allocations: $12,071,698

MAI Core Services:

XIII. **Motion to approve the allocation of $116,092 to Outpatient Ambulatory Health Services (OAHS) for FY2022-2023.**
FY2022 Ranking 1
Factors to Consider: Funding recommendation based on current year utilization and FY19 expenditures. We continue to monitor the impact of Integration of Primary Care and Behavioral Health (IPCBH), COVID-19, and the implementation of the Ending the HIV Epidemic (EHE) on the Part A system of care.
Recommended percentage of FY2022 Allocation: 17%

PROPOSED BY: Priority Setting & Resource Allocation Committee

XIV. **Motion to approve the allocation of $93,212 to Non-Medical Case Management Services for FY2022-2023.**
FY2022 Ranking 3
Factors to Consider: Funding recommendation is based on FY19 expenditure and client utilization. The service category will be monitored for client utilization of service.
Recommended percentage of FY2022 Allocation: 14%

PROPOSED BY: Priority Setting & Resource Allocation Committee

XV. **Motion to approve the allocation of $62,469 to Mental Health FY2022-2023.**
FY2022 Ranking 7
Factors to Consider: Funding recommendation is to decrease but monitor the service utilization as we anticipate factors such as EHE will re-engage clients causing potential increase in service utilization. Services are also available through IPCBH.
Recommended percentage of FY2022 Allocation: 9%

PROPOSED BY: Priority Setting & Resource Allocation Committee

XVI. **Motion to approve the allocation of $400,000 to Substance Abuse (Outpatient) for FY2022-2023.**
FY2022 Ranking 8
Factors to Consider: Funding recommendation due to increase in client utilization due to COVID-19 pandemic and other socio-economic factors and increasing

trend in client utilization from FY17 - FY19.
Recommended percentage of FY2022 Allocation: 60%

PROPOSED BY: Priority Setting & Resource Allocation Committee

Total MAI Core Services: $671,773

MAI Support Services:

XVII. **Motion to approve the allocation of $290,956 to Non-Medical Case Management - Centralized Intake & Eligibility Determination (CIED) for FY2022-2023.**
FY2022 Ranking 3
Factors to Consider: Funding recommendation is based on FY19 expenditure and client utilization. The service category will be monitored for client utilization of service.
Recommended percentage of FY2022 Allocation: 100%

PROPOSED BY: Priority Setting & Resource Allocation Committee

Total MAI Support Services: $290,956

Total Mai Allocations: $962,729

Total Part A and MAI Allocations: $14,034,427

8. New Business

I. HIVPC Chair/Vice-Chair Presentations:
ACTION ITEM: Receive a presentation from a past HIVPC Chair/Vice-chair on the experience as a Planning Council Chair/Vice-chair.

9. Committee Reports (15 minutes)

None.

10. Recipient Reports

None.

11. Unfinished Business
None.

12. Public Comment (10 minutes)

13. Agenda Items/Tasks for Next Meeting

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

14. Request for Data

15. Announcements

16. Adjournment

FOR A DETAILED DISCUSSION ON ANY OF THE ABOVE ITEMS,
PLEASE REFER TO THE MEETING MINUTES.
Meeting Packets are available at: The HIV Planning Council Website
(http://www.brhpc.org/programs/hiv-planning-council/)

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

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

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

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

FREQUENTLY USED TERMS

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

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

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

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

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

Meeting of the

Broward County HIV Health Services Planning Council

Thursday, July 22, 2021
9:30-11:30 AM
By WebEx Videoconference

M I N U T E S

HIVPC Members Present: R. Lopes (HIVPC Chair), A. Cutright, A. Ruffner, B. Fortune-Evans, B. Barnes, H.B. Katz, I. Wilson, J. Rodriguez, L. Robertson, M. Schweizer, R. Bhrangger, T. Moragne, V. Moreno, V. Foster, V. Biggs, W. Marcoviche, Y. Arencibia

Members Absent: V. Lewis, R. Siclari, D. Shamer

Members Excused: C. Grant

Ryan White Part A Recipient Staff Present: K. Bostick, D. Cunningham, K. Giglioli, N. Walker, S. Scott, T. Thompson, W. Cius

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

Guests Present: A. Carron, K. Murphy, B. Mester, S. Cook, J. Castillo

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Agenda Item #1: Call to Order

The *HIVPC Chair* called the meeting to order at 9:33 a.m.

Agenda Item #2: Welcome & Public Record Requirements

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

Agenda Item #3: Meeting Approvals

The approval for the agenda of the July 22, 2021, HIV Planning Council meeting was proposed by *B. Barnes*, seconded by *Y. Arencibia*, and passed unanimously with a friendly amendment to move the 2021 Elections Timeline from Consent Items to Discussion Items. The approval for the minutes of the June 24, 2021, meeting was proposed by *V. Foster*, seconded by *V. Biggs*, and approved with no further corrections.

Mr. Barnes, on behalf of the Broward County HIV Health Services Planning Council, made a motion to approve the July 22, 2021, HIVPC agenda with a friendly amendment to move the 2021 Election Timeline from Consent Items to Discussion Items. The motion was adopted unanimously.

Mr. Foster, on behalf of the Broward County HIV Health Services Planning Council, made a motion to approve the June 24, 2021, HIVPC meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #4: Public Comment

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

Agenda Item #5: Federal Legislative Report

A written legislative report (Handout A on file) was provided to the Council by *Kareem Murphy, Intergovernmental Relations Director* (Hennepin County, Minnesota.) *Mr. Murphy* noted that the House Appropriations Committee had commenced its schedule for marking up its FY2022 appropriations bills. The Labor-Health and Human Services bill was approved in the subcommittee on July 15, with funding for its portion of the continuum totaling $1.501 billion. This represents an increase of $187.5 million. Below are funding total highlights for areas of the prevention, treatment, and care continuum:

- CDC Prevention Total - $1.065 billion
- Ending the Epidemic Plan (CDC portion)- $275 million (a $100 million increase)
- Ryan White Total $2.655 billion (a $231 million increase)
- Ryan White Part A - $700.9 million (a $45 million increase)
- ADAP - $900.3 million (level funding)
- Ending the Epidemic Plan (HRSA portion)- $190 million (an $85 million increase)
- Minority AIDS Initiative (combined) - $177.7 million (a $6.3 million increase)

Agenda Item #6: Consent Items

The approval of the Consent Items was proposed by *B. Barnes*, seconded by *L. Robertson*, and passed unanimously.

Agenda Item #7: Discussion Items

The approval of the 2021 Elections Timeline was proposed by *B. Barnes* and seconded by *Y. Arencibia* with a friendly amendment to change the date of nomination closure to October 28, 2021. The motion was passed unanimously.

Agenda Item #8: Meeting Activities/New Business

The PCS Health Planner presented the HIVPC meeting evaluation results from the first quarter. Meeting evaluations are used as a tool to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of meetings, and they identify strengths, deficiencies, and potential training/development needs. The HIV Planning Council had 17 completed surveys out of a potential total of 109, with a 94.1% completion rate for the surveys received.

The Council received a presentation from *Dr. Timothy Moragne, MCDC Vice-Chair*, detailing his experience as a past Planning Council Chair. *Dr. Moragne* discussed the progress of the HIVPC and issued a call to action for current members to strongly consider taking on one of the leadership positions. Members commended Dr. Moragne for his courage and riveting address to Council members.

The PCS Health Planner summarized the Broward HIV Integrated Planning Workgroup meeting held on July 12, 2021. During the July 12th meeting, BRHPC staff presented a brief overview of the 2017-2021 Integrated HIV Prevention and Care Plan. The Broward Integrated Plan is evaluated on an ongoing basis for several indicators to measure progress. Members of the consortium reviewed each indicator alongside the 2014 targets, 2019 targets, and the anticipated targets for 2021. There was also an overview of the current Integrated Planning process where information was shared about the HIV Funders Collaborative Integrated Workgroup, comprised of representatives from BCHPPC (Broward County HIV Prevention Planning Council), HIVPC, and SFAN (South Florida AIDS Network). Findings from key informant interviews showed some strengths and weaknesses at each step of the process. They provided insight for members in determining the trajectory of the future processes. Recommendations for the next steps included streamlining to only one integrated planning body that consists of the executive committees of each planning body, holding a retreat to review the new guidance, discuss the planning and preparation process, and consider preparing a report on the state of the HIV Epidemic in the County and developing a centralized repository for data to be made available to the entire community.

Agenda Item #9: Committee Reports

I. Community Empowerment Committee – *June 1, 2021*
Chair: V. Biggs, Vice Chair: A. Ruffner

The report stands.

II. System of Care Committee – *June 3, 2021*
Chair: A. Ruffner, Vice Chair: J. Rodriguez

The report stands.

III. Membership/Council Development Committee – *No Meeting Held*
Chair: V. Foster, Vice Chair: T. Moragne

The report stands. The MCDC Chair reminded members that they can request HIVPC marketing materials from staff to distribute at their respective agencies.

IV. Quality Management Committee – *June 21, 2021*
Chair: Vacant, Vice Chair: B. Fortune-Evans

The report stands.

V. Priority Setting & Resource Allocation Committee – *June 17, 2021*
Chair: L. Robertson, Vice Chair: Vacant

The report stands.

VI. Executive Committee – *June 17, 2021*
Chair: R. Lopes, Vice Chair: C. Grant

The report stands.

VII. Ad-Hoc Nominating Committee – *June 14, 2021*
Chair: B. Barnes

The report stands. The Chair urged members to review the nominations materials and encouraged them to consider running for office.

Agenda Item #10: Recipient Reports

A. Part A: The Part A Recipient announced that the FY2022 Part A Notice of Funding

Opportunity had been released. This year's funding opportunity launches the program's inaugural 3-year period of performance, a multi-year funding cycle. The funding ceiling for the Fort Lauderdale/Broward EMA is $16,511,090, and the application deadline is October 6, 2021. The Representative also announced that the current Part A Administrator has resigned and department will be seeking to fill the vacancy.

B. Part B: The report stands.

C. Part C: There was no Part C representative present.

D. Part D: The Part D program has hired a Nutritionist that will start seeing RW and Medicare patients. Due to rising COVID cases, Part D continues to work with clients that need to get vaccinated. The Part D Representative also announced that the program is looking to increase telehealth services for clients in response to limited restrictions in the clinic.

E. Part F: The Part F Representative announced that the Part F Program's community partner is Care Resource in Broward County. It was noted that individuals in need of care who are ineligible for insurance could be seen under this new initiative.

F. HOPWA: There was no HOPWA representative present.

G. Prevention: The Part B representative noted that the Prevention update will be provided upon completion.

Agenda Item #11: Unfinished Business

There was no unfinished business to discuss at this meeting.

Agenda Item #12: Public Comment

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

Agenda Item #13: Agenda Items/Tasks for Next Meeting

The next HIVPC meeting will be held on September 23, 2021, at 9:30 a.m. via WebEx Videoconference.

Agenda Item #14: Request for Data

There are no requests for data.

Agenda Item #15: Announcements

- The World AIDS Museum (WAM) will be collaborating with the CEC to host a panel discussion with HIVPC and Ken Williams about engaging the community in planning. The event is scheduled for Tuesday, July 27, 2021, at 7 PM via Zoom and Facebook live. To register, individuals can visit: https://us02web.zoom.us/meeting/register/tZcocGrqzIoEtK7OfkozDb7ykw9RnO2Ze1Z

Agenda Item #16: Adjournment

There being no further business, the meeting was adjourned at 10:40 a.m.

HIVPC Attendance for CY 2021

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	28	25	25	22	27	24	22						
0	0	0	**1**	Arencibia, Y.	X	X	E	X	X	X	X						
0	1	1	**2**	Barnes, B.	A	X	X	X	X	X	X						
1	1	0	**3**	Bhrangger, R.	X	X	X	X	X	X	X						
0	1	0	**4**	Biggs, V.	N - 3/25			X	X	X	X						
0	0	0	**5**	Cutright, A.	X	X	X	X	X	X	X						
0	0	1	**6**	Fortune-Evans, B.	A	X	X	X	X	X	X						
0	0	0	**7**	Foster, V.	X	X	X	X	X	X	X						
0	0	0	**8**	Grant, C.	X	X	X	X	E	E	E						
0	0	**2**		Holness, Dale V.C. (Mayor)	X	X	X	X	X	A	A						
1	1	1	**9**	Katz, H.B.	A	X	X	X	X	X	X						
1	1	6	**10**	Lewis, V.	A	X	A	A	A	A	A						
0	0	0	**11**	Lopes, R. *Chair*	X	X	X	X	X	X	X						
1	1	0	**12**	Marcoviche, W.	X	X	X	X	X	X	X						
0	0	1	**13**	Moragne, T.	X	X	X	X	E	A	X						
0	0	0	**14**	Moreno, V.	X	X	X	E	X	X	X						
0	1	1	**15**	Robertson, L.	X	A	X	X	X	X	X						
0	0	1	**16**	Rodriguez, J.	A	X	X	X	X	X	X						
0	0	0	**17**	Ruffner, A.	X	X	X	X	X	X	X						
0	0	1	**18**	Schweizer, M.	A	X	X	X	X	X	X						
1	1	**2**	**19**	Shamer, D.	A	X	X	X	X	X	A						
0	0	5	**20**	Siclari, R.	A	X	X	A	A	A	A						
0	0	**2**	**21**	Wilson, I.	X	X	A	X	X	A	X						
				Quorum = 12	13	20	18	19	18	16	17	0	0	0	0	0	

Legend:

X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - canceled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**R - removal letter**
CX - canceled due to quorum	