FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Broward County HIV Health Services Planning Council Meeting

Thursday, December 2, 2021 - 9:30 AM
Meeting via WebEx Videoconference
Chair: Dr. Réquel Lopes • Vice Chair: Vacant

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 132 007 3138)

This meeting is audio and video recorded.

Quorum for this meeting is 11

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for December 2, 2021
5. **ACTION:** Approval of Minutes from October 28, 2021
6. Federal Legislative Report – Kareem Murphy (Handout A)
7. Consent Items
   a. Motion to approve Chris Dumas to join the Priority Setting and Resource Allocation Committee.
   Justification: Mr. Dumas has with years of experience with the Ryan White HIV/AIDS Program by way of St. Louis, Missouri, where he served as the Chair of the Policies and Procedures Committee.
   Proposed By: PSRA Chair
8. Discussion Items

   None.
9. New Business
   a. **Action Item**: FY21-22 HIVPC Chair/Vice Chair Nominee Q&A –Receive the slate of Candidates for the Chair and Vice Chair election for the FY 2022-2024 cycle and participate in a Question-and-Answer session.

Workplan Activity 1.8 Convene the ad-Hoc Nominating Committee for the Chair and Vice Chair election for the FY 2022-2024 cycle.

b. **Action Item:** Memorandum of Understanding (MOU) (Handout B)- Review the most recent Memorandum of Understanding (MOU).

c. **Harm Reduction Update-** Receive an update on the Broward County Safe Syringe Exchange Program. (Handout C)

10. Committee Reports

a. Community Empowerment Committee (CEC)
Chair: Von Biggs • Vice Chair: Andrew Ruffner
November 2, 2021

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

The CEC continued the discussion on the CEC Engagement Survey. Members made edits to the survey and proposed questions to better engage the community about HIVPC and future 'Planning Council events. PCS staff drafted edits to the survey based on the members recommendations.

ii. Data Requests:
iii. Rationale for Recommendations:
iv. Data Reports/ Data Review Updates:
v. Other Business Items:
vi. Agenda Items for Next Meeting:
vii. **Next Meeting date:** January 4, 2022, at 3:00 PM via WebEx Videoconference

b. System of Care Committee (SOC)
Chair: Andrew Ruffner • Vice Chair: Joshua Rodriguez
No Meeting Held
Work Plan Item Update/Status Summary:

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

ii. Data Requests:
iii. Rationale for Recommendations:
iv. Data Reports/ Data Review Updates:
v. Other Business Items:
vi. Agenda Items for Next Meeting:
vii. **Next Meeting date:** January 6, 2022, at 3:00 PM via WebEx Videoconference

c. Membership/Council Development Committee (MCDC)
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
No Meeting Held

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

ii. Data Requests:
iii. Rationale for Recommendations:
iv. Data Reports/ Data Review Updates:
v. Other Business Items:
vi. Agenda Items for Next Meeting:
vii. **Next Meeting date:** January 13, 2022, at 3:00 PM via WebEx Videoconference

d. Quality Management Committee (QMC)
Chair: Bisiola Fortune-Evans • Vice Chair: David Shamer
No Meeting Held

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

ii. Data Requests:
iii. Rationale for Recommendations:
iv. Data Reports/ Data Review Updates:

v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** January 17, 2022, at 3:00 PM via WebEx Videoconference

e. Executive Committee
Chair: Dr. Réquel Lopes • Vice Chair:
November 18, 2021
Work Plan Item Update/Status Summary:

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

The Executive Committee reviewed the HIV Planning Council agenda for the 12/2/2021 meeting. The Committee voted to approve the agenda as presented.

Motion #3: Mr. Biggs on behalf of the Executive Committee, made a motion to approve the December 2, 2021, HIV Planning Council meeting agenda as presented. The motion was adopted unanimously.

The Committee also reviewed the December 2021 HIV Planning Council calendar of activities. There were no amendments to the calendar. The Committee also reviewed the December 2021 HIV Planning Council calendar of activities. There were no amendments to the calendar. Members also discussed the possibility of transitioning back to face-to-face meetings. D. Cunningham noted that the executive order that allows for virtual meetings is still in place, and the HIVPC & its Committees can therefore continue with virtual meetings. The County Attorney advised that in-person meetings must occur in a central, physical location to establish quorum. The room would have to be large enough to accommodate all members and follow CDC social distancing guidelines. Possible locations were discussed for in-person meetings and details will be finalized later.
The Committee then reviewed the HIVPC Self-Assessment Survey. PCS Staff added additional questions to the survey, and drafted edits based on the members recommendations from the previous meeting. The Committee made further edits to the survey. The Committee approved the survey with amendments.
Lastly, members discussed the Annual HIVPC Member Retreat scheduled for February 2022. The Committee was asked to review the proposal and provide feedback for any suggestions they would like to include for the upcoming retreat. The Committee would like for this retreat to be engaging and interactive for Council members. Members also discussed the retreat taking place in one day and a date being voted upon through a survey sent out by PCS Staff. It was also mentioned that it would be beneficial to have a representative from the Broward County Board of Commissioners be a part of February's retreat, or future Planning Council meetings. Committee members included that they would like to recruit a person receiving Ryan White services to provide a testimony during the retreat

ii. **Data Requests:**
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** January 20, 2022, at 3:00 PM via WebEx Videoconference

f. Priority Setting & Resource Allocation Committee (PSRA)
Chair: Lorenzo Robertson • Vice Chair: Valery Moreno
No Meeting Held

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

ii. **Data Requests:**
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**

vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** January 20, 2022, at 3:00 PM via WebEx Videoconference

g. Ad-Hoc Nominating Committee
Chair: Brad Barnes
November 10, 2021
Work Plan Item Update/Status Summary:

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

Committee members reviewed and discussed member duties for the upcoming election.
Lastly, the Committee reviewed the slate of candidates. Von Biggs was nominated for HIVPC Chair and Vice-Chair. Lorenzo Robertson was also nominated for HIVPC Chair and Vice-Chair. After some discussion, the Committee voted to approve the slate of candidates.

ii. **Data Requests:**
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**

- Recommendations for future Ad-Hoc Nominating Committees.

vii. **Next Meeting date:** February 8, 2022, at 4:00 PM via WebEx Videoconference

11. Recipient Reports
    a. Part A
    b. Part B
    c. Part C
    d. Part D
    e. Part F
    f. HOPWA
    g. Prevention – Quarterly Update (April, July, October, January)
12. Public Comment
13. Agenda Items for Next Meeting
    a. Next Meeting Date: January 27, 2022, at 9:30 a.m. via Microsoft Teams
14. Announcements
15. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at:
HIV Planning Council Website

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

Vision: To ensure the delivery of high quality, comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community

organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

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.

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(954) 561-9681 • FAX (954) 561-9685

HIV Health Services Planning Council

Thursday, October 28, 2021 - 9:30 AM
Meeting via WebEx

DRAFT MINUTES

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

Members Absent: M. Schweizer

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

Planning Council Support Staff Present: G. Berkley-Martinez, F. Ukpai, T. Williams, W. Rolle, J. Rohoman

Guests Present: R. Jimenez, J. Castillo, B. Mester, C. Dumas, K. Thomas, K. Murphy, R. Shore, A. Rodriguez, E. Dsouza

1. Call to Order, Welcome from the Chair & Public Record Requirements

   The HIVPC Chair called the meeting to order at 9:30 a.m. 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 committee members, Recipient staff, PCS/CQM staff, and guests by roll call, and a moment of silence was observed.

2. 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.

3. Meeting Approvals

   The approval for the agenda of the October 28, 2021, HIVPC meeting was proposed by L. Robertson, seconded by V. Biggs, and passed unanimously with a friendly amendment to move the consent items to discussion. The approval for the minutes of the September 30, 2021, meeting as presented, meeting was proposed by L. Robertson, seconded by B. Barnes, and passed unanimously.

Motion #1: Mr. Robertson, on behalf of HIVPC, made a motion to approve the October 28, 2021, HIV Health Services Planning Council agenda with a friendly amendment to move the consent items to discussion. The motion was adopted unanimously.

Motion #2: Mr. Biggs, on behalf of HIVPC, made a motion to approve the September 30, 2021, HIV Health Services Planning Council meeting minutes as presented. The motion was adopted unanimously.

4. 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 Senate Appropriations Committee released drafts of their remaining FY 2022 appropriations bills. Total funding for the Ryan White title of the continuum is $2.555 billion, representing a significant increase over the previous year. Additionally, Ryan White Parts A and B would receive a combined total of $2.005 billion, and ADAP would receive $900.3 million. The appropriation bill also includes $190 million for the Ending the Epidemic program. In the Transportation-Housing and Urban Development bill, HOPWA is slated for$450 million. Mr. Murphy noted that it is unclear precisely when the Senate Appropriations Committee will formally approve the bills. He advised the Council that the federal government currently operates under a temporary funding authorization, which expires December 3rd. The House and Senate continue to work on a larger agreement for FY 2022 appropriations and reconciliation, which would fund President Biden's Build Back Better agenda, especially the human services side of infrastructure.

   Lastly, he noted that while earlier versions of the House's reconciliation package included an additional $150 million for the Ryan White continuum in FY 2022 funding, it is unclear that those investments remain on the table as they seek to wrap up the bill.
   B. Barnes inquired about any directive from HRSA related to vaccine mandates for the federally funded provider agencies under the Ryan White Part A Program. Mr. Murphy noted that the inquiry was beyond his scope, and he was unable to provide an answer

5. Standard Committee Items
   There were no standard committee items for this meeting.

6. Consent Items

   There were no consent items for this meeting.

7. Discussion Items

   The Part A Recipient's Office provided an overview of the recommended reallocations for FY2021-2022. The members voted on the proposed "sweeps" for fiscal year.

   Motion #3: PSRA Committee made a motion to reallocate $256,860 from AIDS Pharmaceutical Assistance (LPAP) for FY2021-2022. B. Barnes seconded the motion. The motion was adopted with four abstentions.

   Motion #4: PSRA Committee made a motion to reallocate $50,000 from Oral Health care for FY2021-2022. V. Biggs seconded the motion. The motion was adopted unanimously.

   Motion #5: PSRA Committee made a motion to reallocate $444 from

Disease Case Management for FY2021-2022. V. Biggs seconded the motion, The motion was adopted unanimously.

Motion #6: PSRA Committee made a motion to reallocation $40,000 from Mental Health-Trauma Informed for FY2021-2022. A. Ruffner seconded the motion. The motion was adopted with two abstentions.

Motion #7: PSRA Committee made a motion to reallocate $30,000 from Health Insurance & Cost-sharing Premium Assistance for FY2021-2022. A. Ruffner seconded the motion. The motion was adopted with one abstention.

Motion #8: PSRA Committee made a motion to reallocate $376,304 from Total Part A Funds for FY2021-2022. V. Foster seconded the motion. The motion was adopted unanimously.

Motion #9: PSRA Committee made a motion to reallocate $50,000 to Outpatient Ambulatory Health Services for FY2021-2022. V. Biggs seconded the motion. The motion was adopted unanimously.

Motion #10: PSRA Committee made a motion to reallocate $450,000 to Medical Case Management- Case Management for FY2021-2022. V. Biggs seconded the motion. The motion was adopted unanimously.

Motion #11: PSRA Committee made a motion to reallocate $24,754 to Substance Abuse- Outpatient for FY2021-2022. A. Ruffner seconded the motion. The motion was adopted with one abstention.

Motion #12: PSRA Committee made a motion to reallocate $355,000 from FY20-21 MAI Carryover and unallocated funding to MAI Core and Support Services for FY2021-2022. Y. Arencibia seconded this motion. The motion was adopted unanimously.

Motion #13: PSRA Committee made a motion to reallocate $80,000 to MAI- Medical Case Management FY2021-2022. Y. Arencibia seconded the motion. The motion was adopted with one abstention.

Motion #14: PSRA Committee made a motion to reallocate $175,000 to MAI Substance Abuse- Outpatient FY2021-2022. V. Biggs seconded the motion. The motion was adopted with one abstention.

Motion #15: PSRA Committee made a motion to reallocate $100,000 to MAI Centralized Intake and Eligibility Determination FY2021-2022. B. Fortune-Evans seconded the motion. The motion was adopted with one abstention.

The Council reviewed the current HIVPC applications approved by MCDC. After some discussion, the Council voted to allow the Chairs of the respective Committees to approve the applicants for membership to the standing committee of their choice before they approve them for Planning Council membership.

Motion #16: Mr. Katz, on behalf of the HIVPC, made a motion to allow the Chairs of the respective Committees approve the applicants for membership to the standing committee of their choice before they approve them for Planning Council membership. V. Biggs seconded the motion. The motion passed unanimously.

The SOC Chair approved Jose Castillo to join the System of Care Committee.

The CEC Chair approved Jose Castillo to join the Community Empowerment Committee.

The CEC Chair approved Shawn Jackson to join the Community Empowerment Committee.

The PSRA Chair approved Eveline D'Souza to join the Priority Setting and Resource Allocation Committee.

The PSRA Chair approved Rafael Jimenez to join the Priority Setting and Resource Allocation Committee.

The QMC Chair approved Rafael Jimenez to join the Quality Management Committee.

Members voted to approve these the applicants to the HIVPC and the standing committees the applicants' indicated of choice with approval from the Chairs of the respective Committees

Motion #17: Mr. Katz, on behalf of HIVPC, made a motion to approve Jose Castillo's application to fill the Non-Elected Community Leader seat and serve on the SOC and CEC; Shawn Jackson's application to fill the non-affiliated Consumer seat and serve on the CEC; Eveline Dsouza's application to fill the mandated HOPWA seat and serve on the PSRA Committee; Rafael Jimenez's application to fill the Federally Qualified Health Centers/Health Care Provider seat and serve on the PSRA Committee and QMC. V. Biggs seconded the motion. The motion was adopted unanimously.

8. New Business

   The Council received a presentation from Dr. Requel Lopes, the current HIVPC Chair, detailing her experience as the Planning Council Chair. The HIVPC Chair issued a call to action for current members to strongly consider taking on one of the leadership positions.

   Members also discussed social media access for the HIVPC. The MCDC Chair and the PCS Health Planner advised the Committee that the HRSA Part A manual indicates that Planning Councils can use social media as a recruitment tool. There was no indication that special permissions are required from the Recipient, as members were previously advised. After some discussion, the Council voted for PCS staff to establish social media on behalf of the HIVPC. Social media will be used primarily as a tool for recruitment and marketing.

   Motion #18: H. Bradley Katz made the motion for PCS Staff in conjunction with MCDC and CEC to create HIVPC specific social media accounts to be used as a tool for recruitment and marketing. V. Foster seconded the motion. The motion was adopted unanimously

9. Committee Reports

   a. Community Empowerment Committee – October 5, *2021*
   Chair: V. Biggs, Vice Chair: A. Ruffner

   The report stands.

   b. System of Care Committee – No meeting Held
   Chair: A. Ruffner, Vice Chair: J. Rodriguez

   The report stands.

   c. Membership/Council Development Committee – October 14, 2021

   Chair: V. Foster, Vice Chair: T. Moragne

   The report stands.

d. **Quality Management Committee – October 18*, 2021***
Chair: B. Fortune-Evans, Vice Chair: D. Shamer

The report stands.

e. **Priority Setting & Resource Allocation Committee – October 21*, 2021***
Chair: L. Robertson, Vice Chair: Vacant
The report stands.

f. **Executive Committee – October 21*, 2021***
Chair: R. Lopes, Vice Chair:

The report stands. The Executive Committee's Chair announced that the Vice-Chair seat is vacant and that a special election will not be called as the election for a new Chair and Vice Chair will occur in January 2022. In the absence of the Chair, the Council will follow the line of succession as outlined in the By-laws.

g. **Ad-Hoc Nominating Committee – September 10, 2*021***
Chair: B. Barnes

The report stands. The Chair provided a brief overview of the updated Election Timeline and called for nominations from the floor.

B. Fortune Evans nominated L. Robertson for HIVPC Chair

V. Foster nominated L. Robertson for HIVPC Chair.

R. Lopes nominated V. Biggs for HIVPC Chair

R. Lopes nominated V. Biggs for HIVPC Vice-chair

R. Lopes nominated L. Robertson for HIVPC Chair.

R. Lopes Nominated L. Robertson for HIVPC Vice-chair

V. Foster nominated V. Biggs for HIVPC Vice-Chair

10. Recipient's Report

a. **Part A:** The Part A Recipient reported that Part A funds are currently 51% expended. This is an improvement from last year's 35%. The Recipient acknowledged the service providers and staff for their hard work. The Part A representative announced that open enrollment will begin from November 1, 2021, until January 15, 2022. They will provide additional updates regarding open enrollment at future meetings. It was announced that they have been successful in launching their social media platforms. The Part A Office has several social media activities planned for December in line with World AIDS Day. The Part A representative announced that community events have restarted, and they will be participating in the upcoming Pride Fort Lauderdale event, which is a two-day festival on Fort Lauderdale Beach.
The Recipient provided an update on the Integrated Plan. Their next scheduled activity is a collaborative meeting with the other Ryan White HIV programs and HIV Funders. Lastly, it was noted that the Part A Office is progressing with the Needs Assessment activities. They are working with a consultant to ensure that they represent the HIV epidemic in Broward County and that this needs assessment exceeds what has been done in the past. B. Barnes inquired about any directive from HRSA

related to vaccine mandates for the federally funded provider agencies under the Ryan White Part A Program. The Recipient stated that they have not received any directive at this time.

b. **Part B:** The Part B report stands as presented.
c. **Part C:** There was no Part C representative to provide a report.
d. **Part D**: The representative for Part D announced that they have hired a Nutritionist to assist clients with nutrition-specific services. Clients have reported satisfaction with these services thus far.
e. **Part F:** There was no Part F representative to provide a report.
f. **HOPWA:** The HOWPA representative provided a brief overview of the HOPWA FY21-22 expenditure report. They have expended 70% of their total funding for housing and 53% of the total CARES Act funding. The representative noted that there is one year remaining for the CARES Act funding. The HOPWA contract for the previous fiscal year ended on September 30th, and they are still awaiting the final expenditure report.
g. **Prevention:** This prevention report is as stands. The Prevention representative provided an overview of their HAPC report. The report included data on the Test and Treat Program, the PrEP Program, the Perinatal Prevention Program and community outreach and messaging activities.

11. 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.

12. Agenda Items for Next Meeting

The next HIVPC meeting will be held on December 2, 2021, at 9:30 a.m. via WebEx Videoconference.
Agenda Items for Next meeting:

- Memorandum of Understanding (MOU)

13. Announcements

- The Planning Council will be tabling at Pride Fort Lauderdale, which is a two-day festival on Fort Lauderdale Beach from November 20-21, 2021. Interested persons were encouraged to volunteer to work a shift at this tabling opportunity.

14. Adjournment

There being no further business, the meeting was adjourned at 11:35 a.m.

15. 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	4	30	28			
0	0	1	**1**	Arencibia, Y.	X	X	E	X	X	X	X	X	A	X			
0	1	1	**2**	Barnes, B.	A	X	X	X	X	X	X	X	X	X			
1	1	0	**3**	Bhrangger, R.	X	X	X	X	X	X	X	X	X	X			
0	1	0	**4**	Biggs, V.	N - 3/25			X	X	X	X	X	X	X			
0	0	0	**5**	Cutright, A.	X	X	X	X	X	X	X	X	X	X			
0	0	**2**	**6**	Fortune-Evans, B.	A	X	X	X	X	X	X	A	X	X			
0	0	0	**7**	Foster, V.	X	X	X	X	X	X	X	X	X	X			
0	0	0		Grant, C.	X	X	X	X	E	E	E	X	Z- 9/30				
0	0	**5**		Holness, Dale V.C. (Mayor)	X	X	X	X	X	A	A	A	A	A			
1	1	1	**8**	Katz, H.B.	A	X	X	X	X	X	X	X	X	X			
1	1	**7**		Lewis, V.	A	X	A	A	A	A	A	A	R - 8/1				
0	0	1	**9**	Lopes, R. *Chair*	X	X	X	X	X	X	X	X	A	X			
1	1	0	**10**	Marcoviche, W.	X	X	X	X	X	X	X	X	X	X			
0	0	1	**11**	Moragne, T.	X	X	X	X	E	A	X	X	X	X			
0	0	0	**12**	Moreno, V.	X	X	X	E	X	X	X	X	X	X			
0	1	1	**13**	Robertson, L.	X	A	X	X	X	X	X	X	X	X			
0	0	**2**	**14**	Rodriguez, J.	A	X	X	X	X	X	X	A	X	X			
0	0	0	**15**	Ruffner, A.	X	X	X	X	X	X	X	X	X	X			
0	0	**3**	**16**	Schweizer, M.	A	X	X	X	X	X	X	X	A	A			
1	1	**2**	**17**	Shamer, D.	A	X	X	X	X	X	A	X	X	X			
0	0	**5**		Siclari, R.	A	X	X	A	A	A	A	X	R - 8/1				
0	0	**3**	**18**	Wilson, I.	X	X	A	X	X	A	X	A	X	X			
	8			**Quorum = 10**	13	20	18	19	18	16	17	17	15	17	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	

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: November 22, 2021

Federal Funding Update

House/Senate on hold in advancing appropriations bills
Last month, the Senate Appropriations Committee released drafts of their remaining FY 2022 appropriations bills. That chamber included modest though still significant increases in the Ryan White care continuum. Parts A and B combined total $2.005 billion and ADAP would receive $900.3 million. It also includes $190 million for the Ending the Epidemic program. In the Transportation-Housing and Urban Development bill, HOPWA is slated for $450 million. Formal consideration at the committee or floor level has not since occurred as stakeholders had hoped. The House passed its bills late last summer and they also included year-over-year increases.

It is unclear precisely when Congress will complete work on the fiscal year. The federal government currently operates under a temporary funding authorization that expires December 3. It is likely that it will be extended to right before Christmas. The House and Senate continue to work on a larger agreement for FY 2022 appropriations and reconciliation (a larger spending authorization that would fund President Biden's Build Back Better agenda, especially the human services side of infrastructure).

Build Back Better
While earlier versions of the House's reconciliation package included an additional $150 million for the Ryan White continuum in FY 2022 funding, it is unclear that those investments will remain on the table as the Senate largely shaped the final scope of the bill.

Memorandum of Understanding
between
Broward County, Human Services Department, Community Partnerships Division,
and the
Broward County HIV Health Services Planning Council.

I. Purpose Statement

A. The Broward County, Human Services Department, Community Partnerships Division, hereinafter referred to as the RECIPIENT, and the Broward County HIV Health Services Planning Council (HIVPC), hereinafter referred to as the PLANNING COUNCIL(PC), have individual and shared responsibilities under Part A of the Ryan White Ryan Comprehensive AIDS Resources Emergency (CARE) Act of 2009 and need to discharge these responsibilities in the most efficient and effective manner possible. This Memorandum of Understanding (MOU) is designed to:

i) Create a shared understanding of the relationship between the Recipient and the Planning Council.
ii) Delineate the roles and responsibilities of each entity.
iii) Encourage a mutually beneficial relationship between these important partners.
iv) Describe the legislated responsibilities and roles of each party, the locally defined roles, and expectations for how these roles and responsibilities will be carried out. The MOU will help ensure positive and appropriate communication, information sharing, and cooperation that will help ensure the effective and efficient delivery of Ryan White Part A and MAI core and support services for persons living with HIV in the Fort Lauderdale EMA.

II. Roles and Responsibilities of the Planning Council, Planning Council Support, and the Recipient.

A. The Planning Council is solely responsible for the following tasks as specified in the Ryan White Program legislation:

i) Planning Council Operations: Establish and follow Planning Council operating procedures and policies to ensure smooth, efficient, and fair operations. This includes adherence to established bylaws, revising them as needed, orienting and training members, follow the established grievance policy and procedures conduct open meetings, and abide by conflict-of-interest standards.
ii) Priority Setting and Resource Allocation: Set priorities among service categories, allocate funds to those service categories, and provide directives to the Recipient on How Best to Meet the Need (HBTMTN). This includes acting upon Recipient recommendations for reallocation of funds as required during the program year and allocation of carryover funds.
iii) Assessment of the Administrative Mechanism: Assess the efficiency of the administrative mechanism, which entails the evaluation of how rapidly funds are allocated. The purpose is to ensure that funds are being contracted quickly in an open process, and that providers are paid in a timely manner. The assessment is to be done annually. The Planning Council and the Recipient may establish, before the procurement process beings, a written memorandum of understanding outlining a process and timeline for sharing data necessary

to evaluate the administrative mechanism. The Recipient must communicate back to the Planning Council the results of the procurement process. The Planning Council may then assess the consistency of the procurement process with the stated service priorities and allocations. The assessment should provide anonymous information only, without identification of individual providers. If the Planning Council finds that the existing mechanism is not working effectively, it is responsible for making formal recommendations for improvement and change. The assessment of the administrative mechanism is not an evaluation of service providers. Evaluation and monitoring of individual service providers is a Recipient responsibility.

iv) Conditions of Award and Grant Application Documents: The Planning Council Chair will submit the following letters to the Recipient staff as required to meet Ryan White Program Part A grant conditions of award and application requirements:
   (1) Letter from PC Chair that provides assurance that the PC has met the legislative responsibilities including Planning, PSRA, Training, and Assessment of Administrative Mechanism. Includes the year of the most recent comprehensive needs assessment and the date of annual membership training.
   (2) Ryan White Part A and MAI Planned Allocations Table and Planning Council Chair Endorsement Letter: this table reports the priority areas established by the Planning Council and the dollar amount of Ryan White Part A and MAI funds allocated to each prioritized core medical and support services categories. The letter from the Planning Council Chair indicates the Council's endorsement of the allocations and program priorities.

B. PCS staff is responsible for supporting the work of the Planning Council and its committees, enabling the Planning Council to meet its responsibilities under the Ryan White Program Part A Legislation.
   i) PCS provides logistical support, research and coordination for all Planning Council meetings and authorized committee meetings.
   ii) PCS works with the Planning Council to ensure that data needed for the members to make data driven health planning decisions are available.
   iii) PCS assists the Planning Council with implementing the annual Assessment of the Administrative Mechanism.
   iv) PCS works in coordination with the Planning Council to update membership reflectiveness, representation, and attendance records.
   v) PCS ensures member orientation and training, including development and implementation of a training plan.
   vi) PCS provides expert advice to the Planning Council regarding Ryan White legislation and guidelines including Planning Council roles and responsibilities.
   vii) PCS prepares formal correspondence on behalf of Planning Council, its committees, and committee chairs as requested and in accordance with the Recipient and Planning Council policies and procedures.
   viii) PCS will analyze the impact of policy changes made by Planning Council and its committees and report any findings to Planning Council and Grantee as identified in the Annual Work Plan of PCS Activities.

ix) PCS will research best practices to ensure that Planning Council's by-laws, governance policies, and procedures are amended as needed.
x) PCS will conduct administrative responsibilities of maintaining copies of all written and electronic records, including meeting notices, monthly calendars, minutes, attendance sheets, and all documents or reports distributed to, written by, or produced on behalf of the Recipient and Planning Council.
xi) PCS will develop and maintain Planning Council's website and social media accounts.
xii) PCS will manage activities pertaining to grievance resolution in accordance with Planning Council's grievance procedures.

C. The Recipient is solely responsible for the following tasks as set forth in the Ryan White Program legislation:
   i) Procurement: Manage the process for awarding contracts to specific service providers.
   ii) Contracting: Distribute funds according to the priorities, allocations, and directives of the Planning Council.
   iii) Contract monitoring: Monitor contracts to be sure that providers are meeting their contracted responsibilities in compliance with established standards of care. Recommend re-allocations during the grant year based on service category performance.
   iv) Grant Application: Prepare and submit the Ryan White Program Part A grant application for the EMA.
   v) Expenditure Reporting: Report Ryan White Part A and MAI expenditures monthly to the Planning Council.
   vi) Response to the Assessment of the Administrative Mechanism: Provide information in response to the measurement objectives developed by the Planning Council for the Recipient evaluation component of the Assessment of the Administrative Mechanism.
   vii) Requests for Technical Assistance: Submit requests for Technical Assistance to HRSA. When the Planning Council desires Technical Assistance, the Recipient will work with the Planning Council to submit the request on behalf of the planning Council. Provide technical Assistance to service providers on as as0need basis to build capacity and to improve contract compliance and service delivery.
   viii) Relay communications from HRSA: Provide the Planning Council with HRSA Ryan White Program policy and guidance communications.
   ix) Consumer Grievances: Establish and carry out a mechanism to assist consumers with grievances about the services they receive.

D. The Recipient and the Planning Council share the following legislative responsibilities with one entity having the lead role for each as stated below:
   i) Needs Assessment: Determine the size and demographics of the population of persons with HIV in the EMA, and their service needs. The Planning Council has primary responsibility for needs assessment, with the Recipient assisting with the process and providing the Planning Council with information such as service utilization data and expenditures by service category.

ii) Comprehensive Planning: Develop an Integrated HIV Prevention and Care plan for the organization and delivery of core and support service within the EMA. The Planning Council takes the lead in developing the Plan, with the Recipient providing information, input, and other assistance. The Recipient can review and suggest changes to the draft plan. The plan is developed every three to five years or as specified by the funding agency, the Health Resources and Services Administration's HIV/AIDS bureau (HRSA/HAB).

iii) Evaluation: The Recipient is responsible for measuring the program's success in meeting performance measures provided by HRSA. Determination of the impact services are having on overall client health outcomes and cost effectiveness of services are shared responsibilities with the Recipient taking the lead. In addition, both parties assess the effectiveness of the services offered in meeting the identified needs via aggregate data provided by the Recipient, which may incorporate the findings of special studies.

iv) Standards of Care: Develop and maintain standards of care and indicators in accordance with best practice standards where available for the relevant service categories. Recommendations from a committee of experts will be sought in the development of the standards of care. The Planning Council takes the lead in this effort, with extensive Recipient involvement and final approval. The Recipient is responsible for ensuring that these Standards of Care are implemented.

E. Administrative Responsibilities- In addition to these legislative roles, the Planning Council will share the following responsibilities related to Part A planning and Management with the recipient:

i) Fiscal Management of PCS Funds: The Recipient provides fiscal management of PCS funds. The Planning Council works with the Recipient to develop, and when necessary to modify, the annual PCS budget which is a part of the allocation of up to 10% of the total grant that may be used for administrative costs. The PCS staff and the Priority Setting and Resource Allocation (PSRA) Committee share responsibility for monitoring Planning Council expenditures, based on reports provided by PCS staff. The Recipient is responsible for ensuring that all expenditures meet Ryan White guidelines as well as Broward County financial management regulations.

ii) Office Space: Where possible, the Recipient and the PCS will maintain separate distinct office space. The Recipient takes the lead in providing appropriate office space for both entities. Office space for PCS must meet all Americans with Disabilities Act (ADA) requirements.

iii) Operational Support: The Recipient and PCS staff will provide operational support for the planning Council including, but not limited to office space, computers, software, telephones, copier, printing services, fax machine, and office supplies; meeting space for Planning Council meetings.

iv) Hiring of Planning Council Support Staff: PCS staff are hired by the provider agency contracted by the Ryan White Part A program to maintain the independence of Planning Council activities based on legislative responsibilities. Broward County procedures should be followed when PCS positions are advertised.

v) Application Process: The Recipient has primary responsibility for preparation and submission of the Part A application. PCS staff provides information for the application sections related to Planning Council membership and responsibilities (such as PSRA). The Planning Council approves action by the Chair to sign a letter of assurance accompanying the application that indicates whether the Recipient has expended funds in accordance with Planning Council priorities, allocations, and directives.

III. Information/Document Sharing and Reports/Deliverables

A. Overview: It is the intent of this MOU to encourage regular sharing of information and materials throughout the year. This section specifies a set of materials to be provided and information to be shared through meetings. Parties to the MOU may request and receive additional materials or information, except for those that should not be shared for reasons of sensitivity or confidentiality. The responsibilities of the Planning Council are used as the framework for structuring section three (3) of this MOU. This section is intended to clarify the deliverables of both parties as they relate to the roles and responsibilities defined in the previous section. Further, the Recipient in its role as Grantee recognizes that the Planning Council has sole responsibility for determining priorities and allocations during the priority setting process. During the grants administration process, the Recipient also recognizes that any potential deviation from the Planning Council allocations, directives or changes in the current process must be brought to the HIVPC for approval ninety (90) days prior to implementation.

B. The Planning Council with provide the Recipient with the following information and materials:
   i) A dated list of Council members and their terms of office, with primary affiliations as appropriate to be provided annually and updated as need throughout the year, in accordance with current Notice of Grant Award (NGA) guidelines.
   ii) Notification of the Planning Council's monthly meetings, retreats, orientation and training sessions, and other Planning Council events, at the same time notification goes to Planning Council members.
   iii) The meeting notice, agenda, and meeting packet for each Planning Council meeting, to be provided at the same time they are provided to Planning Council members.
   iv) The annual list of service priorities and resource allocations, along with the process used to establish them and directives to the Recipient or edits to existing directives on how best to meet these priorities- the same information that is submitted to HRSA/HAB as part of the part A application. This information will be provided within two weeks after the Planning Council has approved these priorities, allocations, and directives.
   v) Information or documents needed by the Recipient to complete sections of the Part A grant application related to the Planning Council and its functions, to be provided on a mutually agreed upon schedule.

C. The Recipient will provide the PCS Coordinator the following reports and information. These will be the minimum requirements. Additional or different

information needs will be discussed and agreed upon at the beginning of each year.

i) A copy of any Conditions of Award pertaining to the Planning Council within five days of receipt.
ii) Utilization data by service category, including client numbers and demographics to be provided monthly.
iii) An oral and written financial report to the PSRA Committee providing information on contracted amounts by service category, amount spent to date, over- and under- expenditures and any unobligated balances by service category and suggested reallocations, will be provided on an as need basis by the Recipient. Any suggested reallocations will be presented to the PSRA Committee when the Recipient determines that a reallocation of funds between categories is necessary.
iv) Information and recommendations requested as need by the Planning Council to carry out its responsibility in setting priorities among service categories, allocating funds to those service categories, and providing HBTMTN language to the Recipient. The content and format for this information will be mutually agreed upon each year, but it will typically include epidemiologic data, cost and utilization data, and an estimate of unmet need for primary health care among people with HIV in Broward County. In addition to providing the information in written form, the Recipient will attend data presentations with the Planning Council at the mutually agreed upon dates and times.
v) Information requested by the Planning Council to meet its responsibility for assessing the efficiency of the Administrative Mechanism. The content and format for this information will be mutually agreed upon each year, but it will typically include information from the Recipient on the procurement and grants award process; statistics (such as number of applications received, number of awards made, and number of new providers funded), and reimbursement procedures and timelines.
vi) Carryover information as it becomes available. This includes the actual carryover from the Financial Status Report, and the approved carryover plan submitted to HRSA/HAB. Each document will be provided to the Planning Council the next business meeting following submission or receipt.
vii) The Final Allocations report, as submitted to HRSA/HAB in the final progress report each year. The Planning Council will receive this information at the business meeting following submission.
viii) When the Planning Council or a Committee request special or additional information from the Recipient, the request will always be in writing to the PCS Office. If the request comes from a subcommittee of the Planning Council, the request must come from the Chair of the committee.

D. Reports/Deliverables: PCS staff on behalf of the Planning Council is responsible for submitting reports and deliverables to the Recipient as follows:
   i) Monthly Progress Report: Prepare a detailed monthly report of Planning Council and sub-committee meetings and activities, including a detailed Annual Work Plan of PCS Activities.

ii) Quarterly Reports: Prepare a detailed update on all Planning Council meetings, the attendance, the work plan, and the data points that affect the Broward County Ryan White system of care. The quarterly reports should include Quarterly Planning and Evaluation Report, Priorities Report, Outreach Report, Survey Summary, Training and Development Summary, Community Empowerment Survey Summary, and Evaluation of Meetings Summary Report. Program Evaluation: Prepare the Planning Council Annual Report with a comparison analysis of all funded services utilizing the results of clinical quality management activities, outcome information, and client satisfaction survey results. Report should be presented to the Recipient and the Planning Council.

iii) Marketing Plan: Develop an annual marketing plan for Planning Council meetings and activities with timelines for activities. Communication Plan: Prepare a plan for timely and effective communication between PCS Staff, Planning Council, and Recipient.

iv) EMA Benchmarking Report: Develop an annual report using HIV/AIDS population data from Broward County and other comparable eligible metropolitan areas to access and develop benchmarks. This report must include demographic data, service utilization, and service delivery methods.

v) Program Evaluation: Prepare the Planning Council Annual Report with a comparison analysis of all funded services utilizing the results of clinical quality management activities, outcome information, and client satisfaction survey results. Report should be presented to the Recipient and the Planning Council.

vi) Recipient's Annual Progress Report: Prepare a client-level data report that includes an analysis of health outcomes of clients. This report must, at a minimum:

(1) Assess the capacity and determine the impact of the Broward County Ryan White system of care.

vii) Communication Plan: Prepare a plan for timely and effective communication between PCS Staff, Planning Council, and Recipient.

viii) Provide a calendar of the monthly PC meetings and activities by the 15th of each month for the upcoming month.

IV. Communication

A. In working together, the Recipient and the Planning Council will establish and maintain open and regular communications and a mutually respectful and efficient working relationship. The Planning Council and the Recipient are committed to the following principles of communication:

i) Establish and maintain open communication: Recipient staff, PCS Staff and Planning Council members will share information in a timely fashion and review shared information when it is received.

ii) Recipient attendance at planning Council meetings: At least one Recipient staff member will attend all full Planning Council and Committee meetings. Every Planning Council standing committee will have an assigned Recipient staff member who attends meetings regularly. Recipient staff attending meetings will be responsible for all communications and information requests related to their assigned committee. Request for information from the Planning Council to the

Recipient and vice versa, along with a timeline for producing the information will be recorded in the meeting minutes.

iii) Designated Liaisons: The Recipient and Planning Council will have designated liaisons for information request, questions or concerns that arise outside of the Planning Council meetings. The Ryan White Administrator will be the designated liaison for the Recipient and the Planning Council Chair, or their designee will be the liaisons for the Planning Council. In the absence of the Ryan White Administrator, the Recipient will designate a representative to act as the liaison.

B. Information not to be shared:

i) To maintain the confidentiality of sensitive information, the Planning Council will not share the HIV status of Planning Council members who have not publicly disclose that they are living with HIV. The HIV status of Planning Council members will not be shared with Recipient staff or with other Planning Council members except with those who are involved in the member nomination process and monitor Planning Council membership reflectiveness.

ii) The Recipient will not disclose information about applicants for funding to provide services or the performance of individual vendors contracted to provide services.

iii) Information will be provided only by service area and activity. Information about the individual salaries of Recipient and PCS staff will not be shared. The Planning Council will not have access to the Recipient's detailed budget. The Part A Administrator will have access the Planning Council's detailed budget.

iv) Planning Council and Committee meetings are operated under Florida's Government-in-the-Sunshine Law. This means that meetings and any information shared at meetings are open to the public and recorded so that members of the public can access information about meetings.

C. Clarification: The Planning Council and the Recipient will work together to clarify, and revise policies and procedures that are confusing or problematic.

V. Special Requests

A. All parties agree that all non-routine special requests other than those identified within this MOU must be in writing and submitted by the Recipient's office or a Planning Council Committee Chair. Each party shall have five (5) business days from the date of request to notify the requestor if it can or cannot respond to the request and when they can fulfill the request. During the five (5) business day period, the party to whom the request is being made will consider the following factors when deciding whether to respond to a request; the amount of information, the financial costs of gathering the information, how the request relates to the committee workplans, and how the request affects the operations of the Planning Council.

B. Where a Planning Council Committee does not agree with a decision not to respond to a request may be appealed through the Executive Committee, which will then decide whether the issue should be brought before the full Planning Council for a vote.

VI. Settling Disputes of Conflicts

A. If conflicts or disputes arise regarding the roles and responsibilities specified in section two (2) of the MOU, the signatories will pursue the following procedures to resolve them:
   i) Begin with a meeting between the signatories to attempt to resolve the situation, within five working days after the issue or dispute arises.
   ii) If the situation cannot be resolved, hold a meeting of representatives of the signatories with the Chief Elected Official (CEO) or his/her representative within five working days after the issues arises. The decision of the CEO will be final unless the conflict arises from legislative responsibility issues.
   iii) If the meeting with the CEO does not result in resolution, the parties involved will identify a mutually acceptable independent mediator who will attempt to facilitate a resolution between the parties. The meeting with the mediator will occur within 10 working days of the meeting with the CEO.
   iv) If the meeting with the mediator does not result in resolution of the dispute or conflict, the parties may begin a process of binding arbitration. The parties will select and retain an arbitrator who is acceptable to all those involved and agree to accept the arbitrator's decision as final. The parties will select the arbitrator within 10 working days of the meeting with the mediator and the first arbitration meeting will be held within 20 working days after selection. The costs of the mediation and arbitration processes will be split equally between the Planning Council and the Recipient administration budgets.
   v) The time for each of the above steps used to settle disagreements may be extended by mutual agreement of the parties involved.

VII. Responsible Parties and Contact Information

A. Following are the responsible parties to this MOU, along with the names of the individuals in these positions are the time the MOU was adopted, and their contact information, including the individual within their office who should receive all communications related to this MOU and the Ryan White Part A program.
   i) For the Planning Council,
   Planning Council Chair
   c/o Planning Council Support Provider currently:
   Broward Regional Health Planning Council, Inc.
   200 Oakwood Lane, Suite 100,
   Fort Lauderdale, FL 33020
   Tel: 954-561-9681
   Fax: 954-564-1885
   E-mail: hivpc@brhpc.org
   ii) For the Ryan White Administrative Agency,
   currently: Darrel Cunningham, MPPA
   Director Community Partnerships Division
   Broward County Human Services department
   115 S. Andrews Ave,
   Fort Lauderdale, FL 33301
   Tel: 954-357-6390

Fax: 954-357-5897
E-mail: dacunningham@broward.org

VIII. MOU Duration and Review

A. Effective Date: The MOU will become effective once signed by all the authorized individuals representing the Recipient and Planning Council.
B. Duration: The MOU will remain in effect unless or until the parties take action to end it or the Recipient is no longer the recipient of part A finding for the EMA.
C. Process for reviewing and revising the MOU: The MOU will be review periodically, with the involvement and approval of app parties. Reviews will occur:
   i) Following each reauthorization or legislation revision of the Ryan White legislation by the U.S. Congress, to ensure that the MOU remains fully appropriate, updated, and reflective of the Act.
   ii) At least once every year, at the first meeting of the parties to this MOU.
D. When the MOU has been reviewed and revised, the amended version will be signed and dated by all parties. The revised version will become effective once signed.

IX. Signatures

_____ _____

Ryan White Part A Representative Date

_____ _____

Planning Council Chair Date

_____ _____

Planning Council Support Date

HANDOUT C

THE SPOT™
Special Purpose Outreach Team

SAFE SYRINGE EXCHANGE PROGRAM

United Way
United Way of Broward County

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GILEAD
Creating Possible

BROWARD COUNTY
FLORIDA

CARE RESOURCE COMMUNITY HEALTH CENTERS, INC.

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CARE RESOURCE COMMUNITY HEALTH CENTERS, INC.

Care Resource

501(c) (3) non-profit, multi-cultural community-based organization since 1983 and federally qualified health center since 2009

Mission

Through education, research, care, treatment, and support services, Care Resource improves upon the health and overall quality of life of our diverse South Florida communities in need.

Vision

To expand our continuum of health services and care in response to the growing needs of the underserved and hard-to-reach populations of South Florida.

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CARE RESOURCE COMMUNITY HEALTH CENTERS, INC.

Primary Medical Care	Mental Health Services
HIV Primary Care and Related Support Services	Substance Use Disorder Services including MAT
STI screenings	COVID testing/vaccination
PrEP and PEP	Pharmacy
Transgender Health	Dental Services
Gynecological Care	Case Management
Podiatry	Nutrition Services
Infectious Disease	Diagnostic Laboratory
Family Planning	Eligibility Assistance
Well Child Services	Outreach
Immunizations	Health Education

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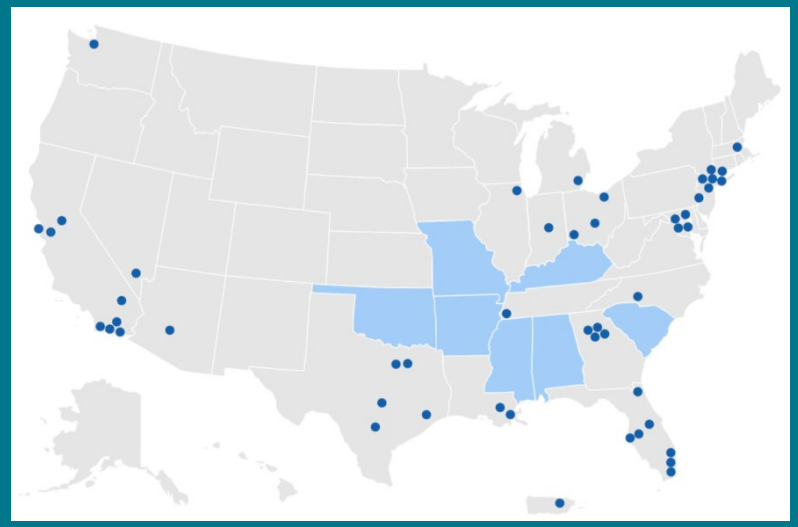
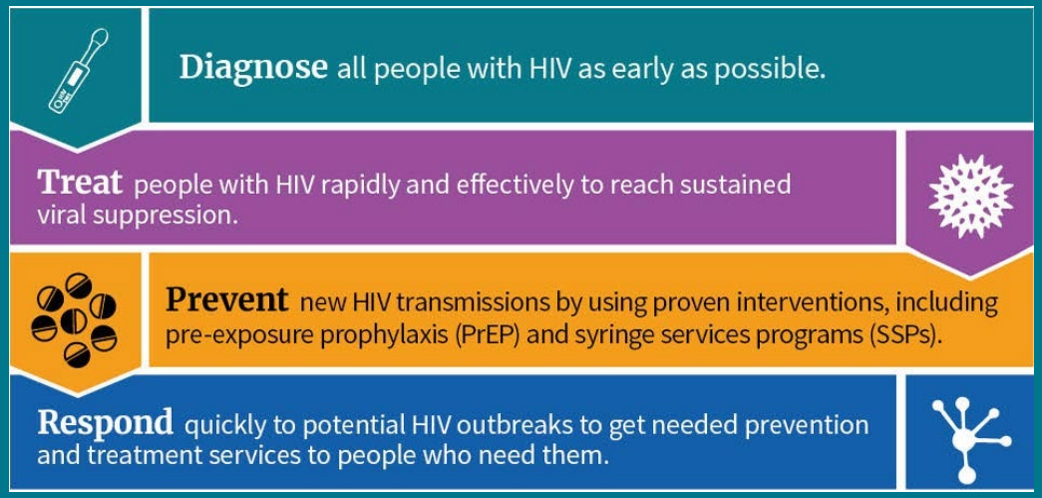
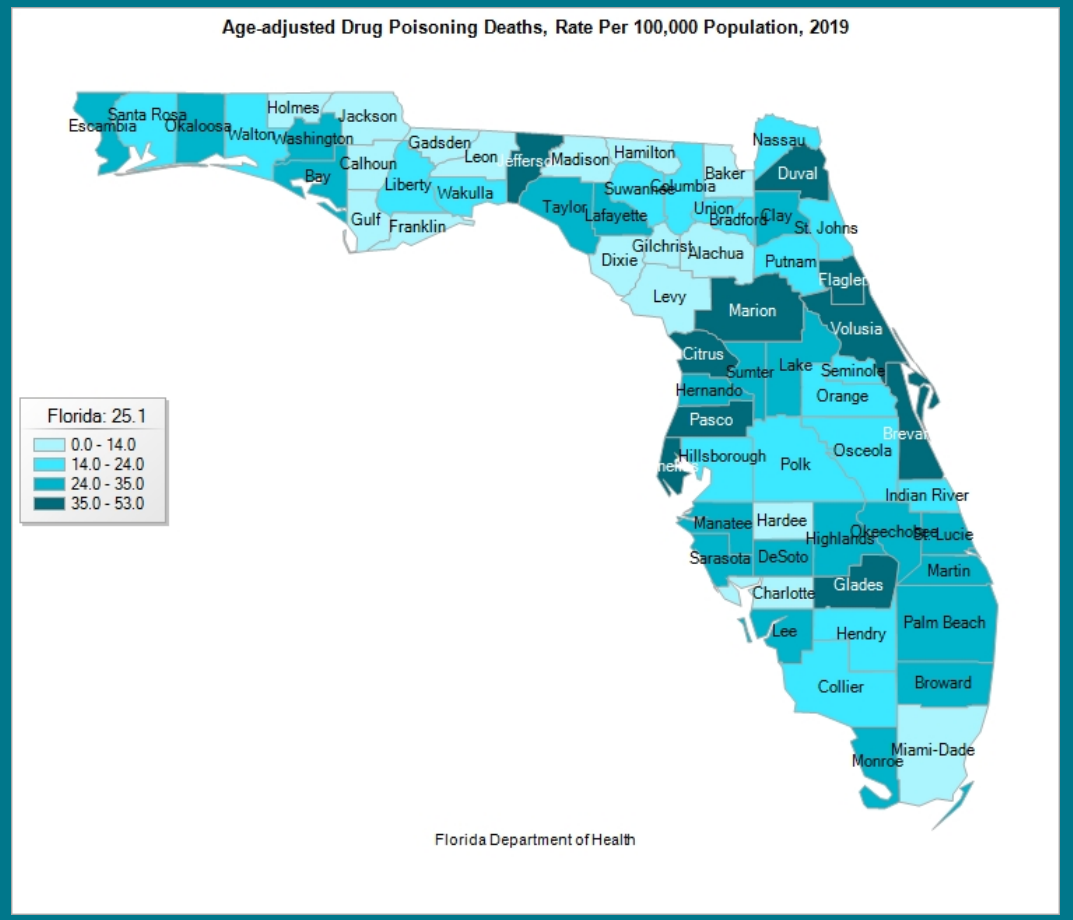
ENDING THE HIV EPIDEMIC/ ADDRESSING THE OPIOID CRISIS

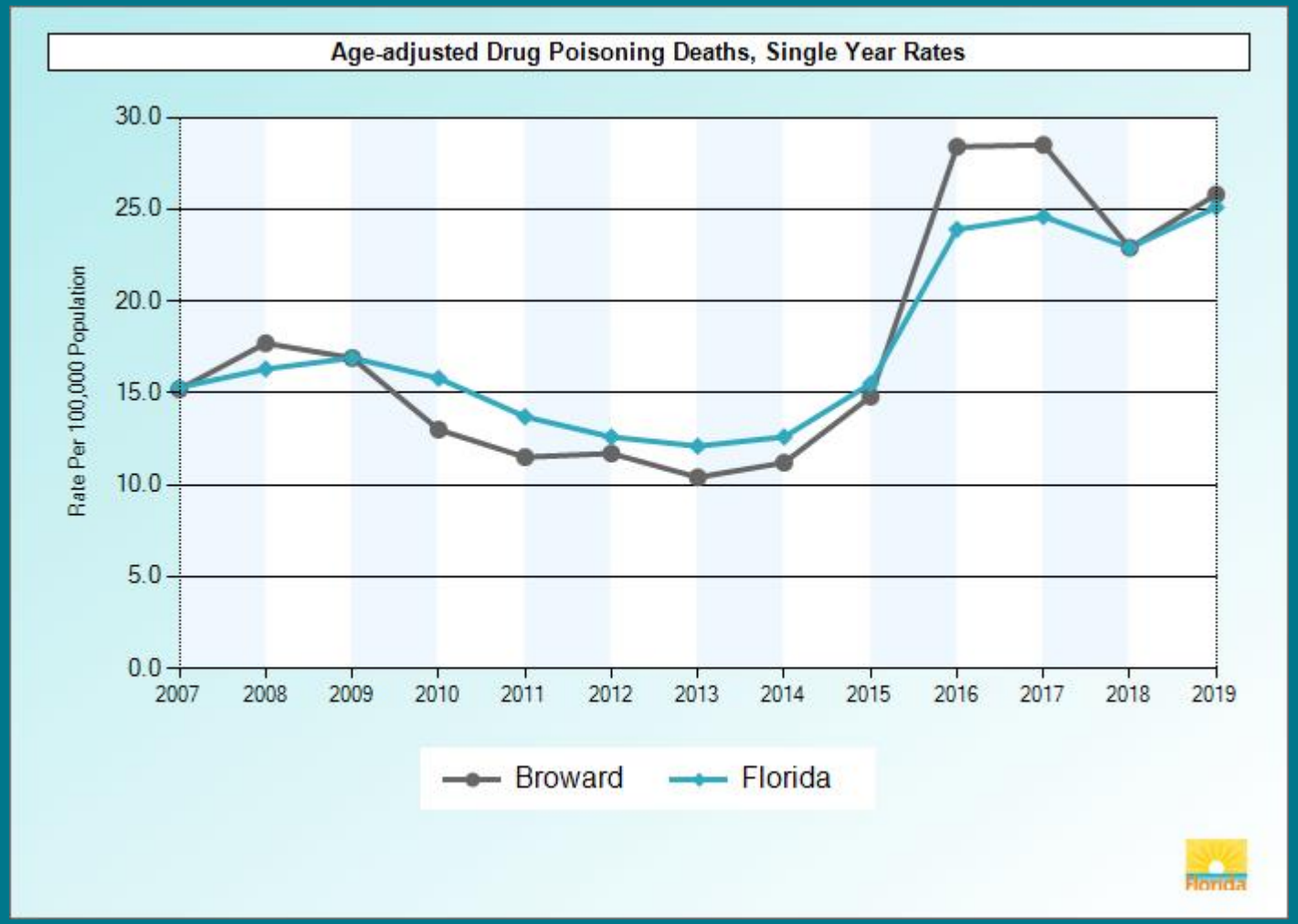
Ending the HIV Epidemic Targeted Locations

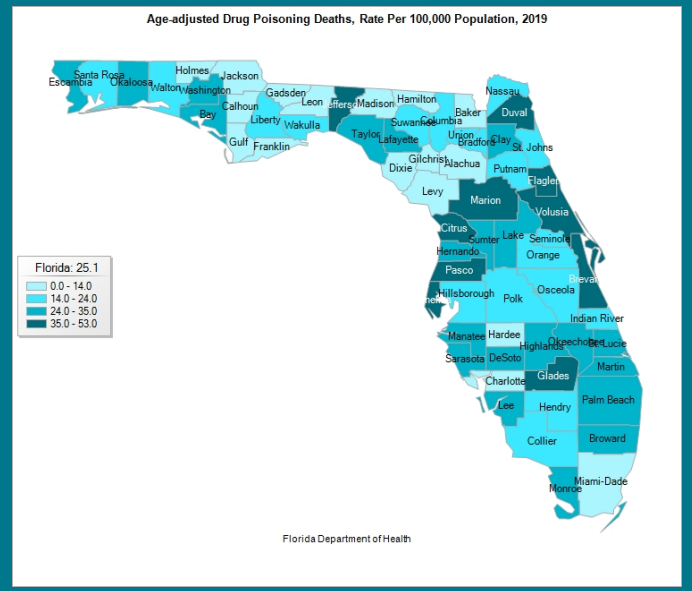






ENDING THE HIV EPIDEMIC/ ADDRESSING THE OPIOID CRISIS





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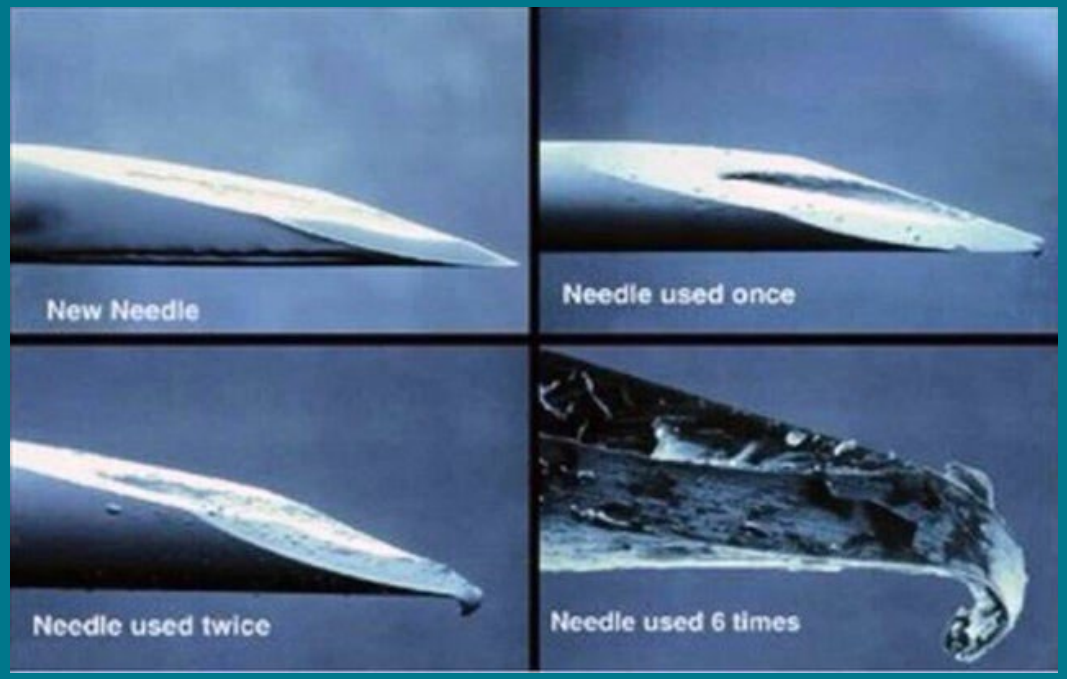
SYRINGE EXCHANGE SERVICES



- Free one-to-one exchange of syringes and safe disposal of used equipment
- Free provision of Naloxone/Narcan to prevent overdose
- Anonymous HCV and HIV testing
- Educational materials about HIV, HCV and other Blood-borne pathogens
- Linkage
  - Follow up confirmatory testing, social, behavioral health and medical services, including wound care, Hepatitis vaccination and PrEP

BILL 242
INFECTIOUS DISEASE ELIMINATION ACT, 2016

EFFECTIVE 07/01/2016

AUTHORIZES THE UNIVERSITY OF MIAMI AND ITS AFFILIATES TO ESTABLISH A STERILE NEEDLE AND SYRINGE EXCHANGE PILOT PROGRAM IN MIAMI-DADE COUNTY; PROVIDING THAT THE POSSESSION, DISTRIBUTION, OR EXCHANGE OF NEEDLES AND SYRINGES UNDER THE PILOT PROGRAM IS NOT A VIOLATION OF THE FLORIDA COMPREHENSIVE DRUG ABUSE PREVENTION AND CONTROL ACT OR ANY OTHER LAW.

THE POSSESSION, DISTRIBUTION, OR EXCHANGE OF NEEDLES OR SYRINGES AS PART OF THE PILOT PROGRAM ESTABLISHED UNDER THIS SUBSECTION IS NOT A VIOLATION OF ANY PART OF CHAPTER 893 OR ANY OTHER LAW.

INFECTIOUS DISEASE ELIMINATION PROGRAMS (IDEA)

CS/CS/SP SENATE BILL 366 EFFECTIVE JULY 1, 2019

THIS ACT MAY BE CITED AS THE “INFECTIOUS DISEASE ELIMINATION ACT (IDEA).”

7(C) THE POSSESSION, DISTRIBUTION, OR EXCHANGE OF NEEDLES OR SYRINGES AS PART OF AN EXCHANGE PROGRAM ESTABLISHED UNDER SUBSECTION IS NOT A VIOLATION OF ANY PART OF CHAPTER 893 OR ANY OTHER LAW.

THE SPOT (SPECIAL PURPOSE OUTREACH TEAM)

- Syringe exchange
- HIV/HCV testing
- Mobile medical
- COVID vaccines
- COVID testing

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IMPACT SINCE LAUNCH

First Outreach Event – October 11, 2021
Data 10/11/21 – 11/29/21

- 46 people enrolled
- 146 exchanges
- HIV
  - 45 tested for HIV
  - 10 reactive for HIV (4 new) (22%)
  - 10 referred – 4 linked to care
- HCV
  - 45 tested for HCV
  - 40 positive (89%)
- 128 Narcan kits distributed (75 reversals)
- 20 tested for COVID – (0 positives)
- 5 referred to MAT – 2 have been linked

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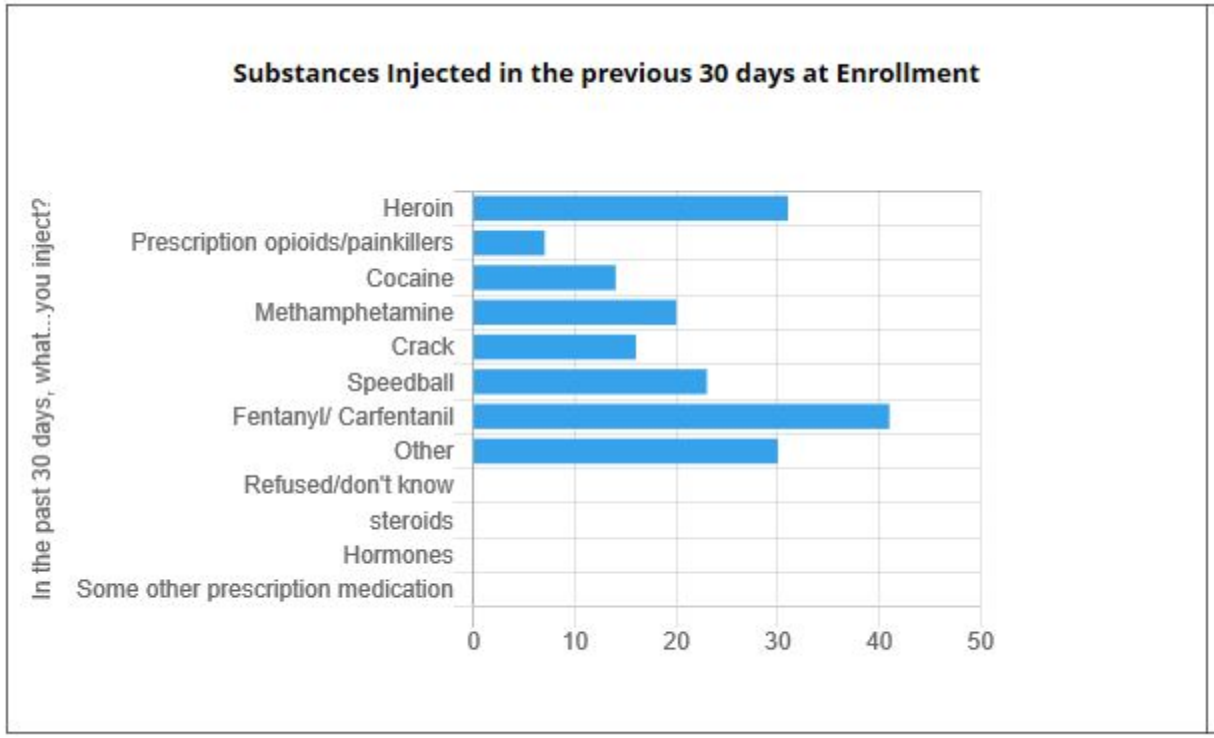
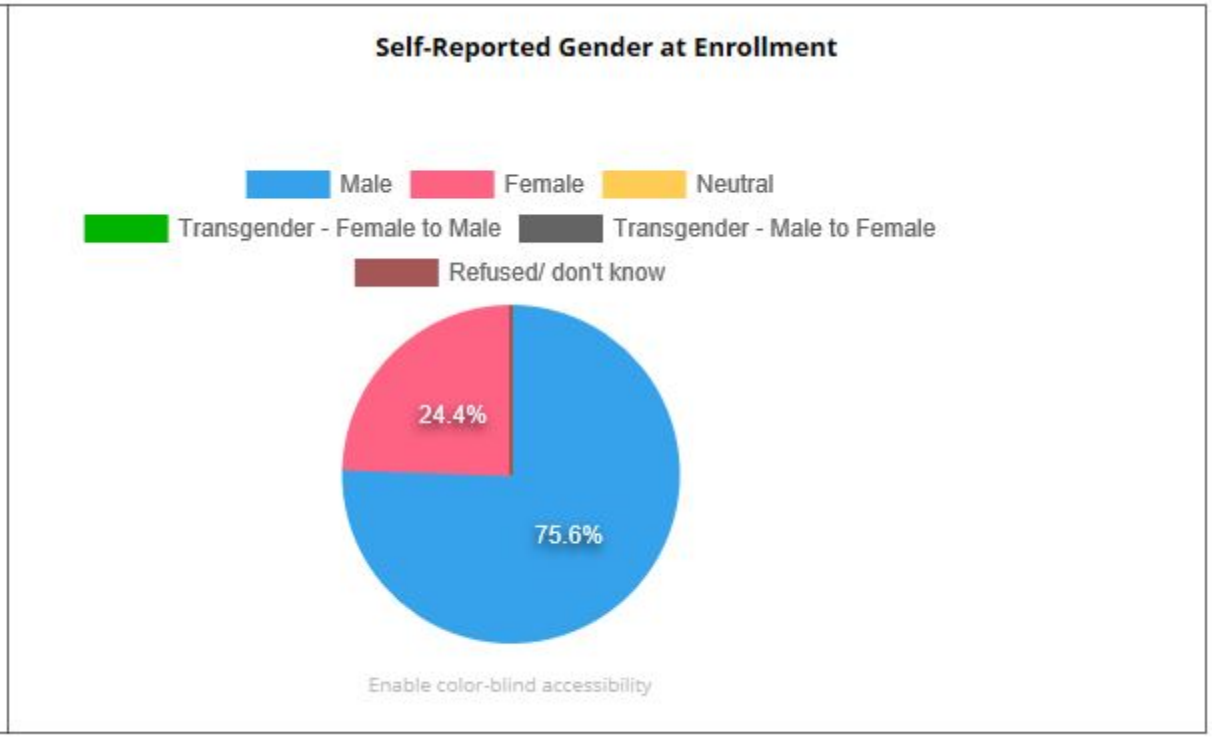
ENROLLMENT





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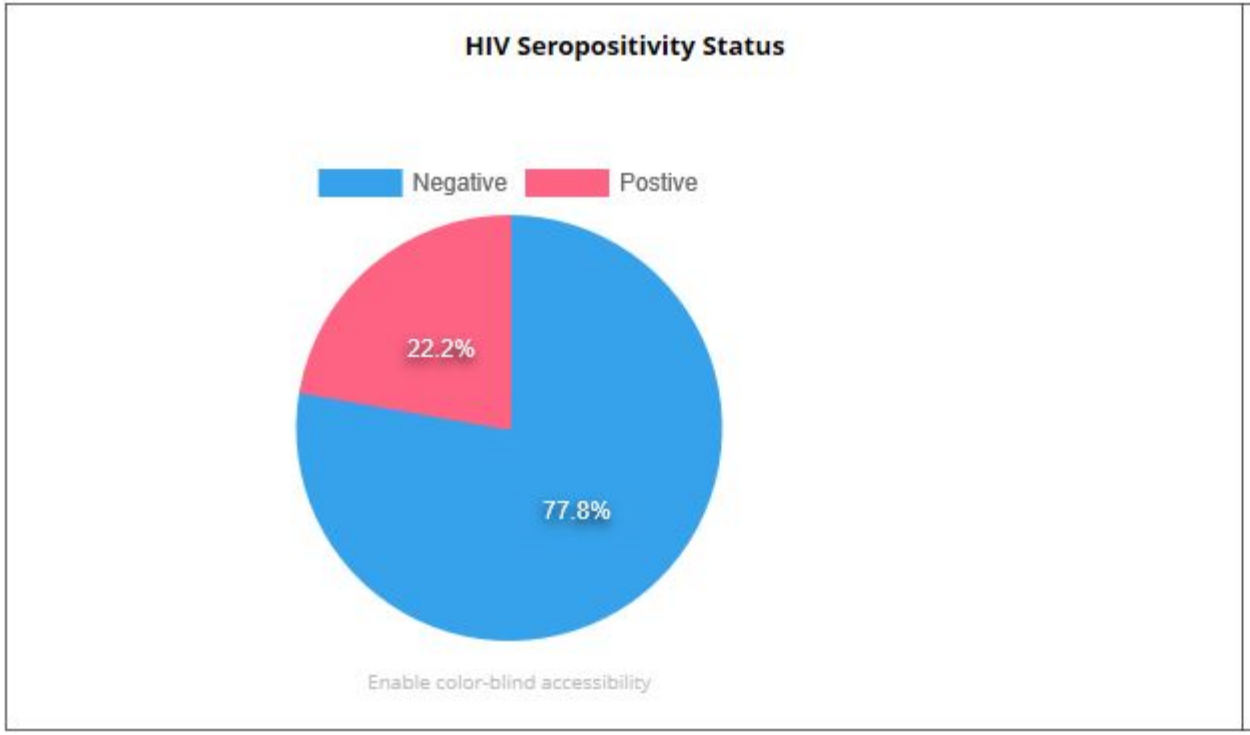
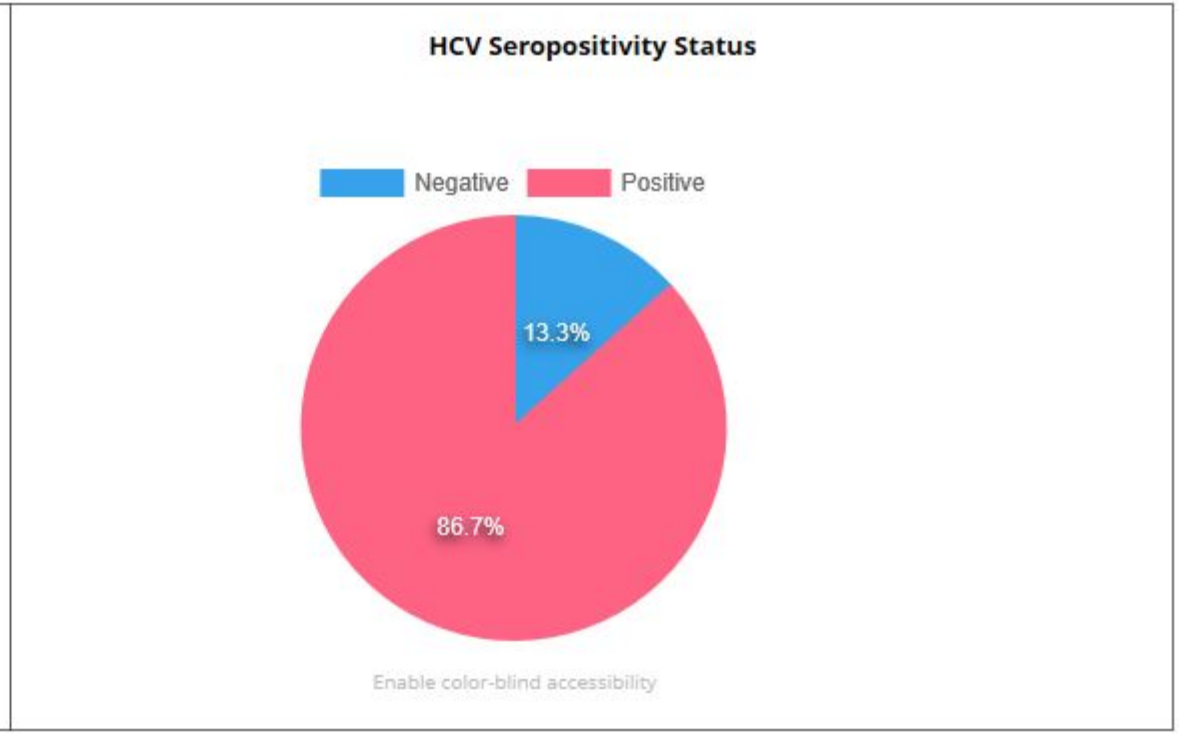
HIV AND HCV TESTING





CHALLENGES AND GAPS IN CARE

Linkage to care

HCV diagnosis and treatment

- Ultrasound
- Medication adherence
- Medical and labs costs

Housing

Treatment (MAT)

Staffing

PARTICIPANT QUOTES

- “Nobody has died in three weeks since you all started. Now we all have Narcan and can save each other.”
- “Thank you with the Narcan you gave me I was able to save my wife's life…twice.”
- “You guys have been really good to us.”
- “You all are a true miracle for us.”
- “You guys can really help me?”
- “No one has ever asked me if I wanted help before.” (young man to Dr. Zayas)

United Way of Broward County

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BROWARD COUNTY FLORIDA

Thank You!

TheSPOTBroward.org

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emmartinez@careresource.org

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BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS

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