Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

MEETING AGENDA

Committee: Broward County HIV Health Services Planning Council
Date/Time: Thursday, February 25, 2021, 9:30 a.m.
Location: Virtual Meeting Room
Chair: Réquel Lopes **Vice Chair**: Claudette Grant
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

HIVPC Purpose: To provide planning, to promote development of HIV/AIDS health services, personnel, and facilities which meet identified health needs in a cost-effective manner, to reduce inefficiencies, and to develop HIV-related health plans.

1. **CALL TO ORDER** (10 minutes)

2. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Welcome and Introductions
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   c. Council Member and Guest Introductions
   d. Moment of Silence
   e. Excused Absences and Appointment of Alternates
   f. Approval of 02/25/21 Meeting Agenda
   g. Approval of 10/22/20 Meeting Minutes

3. **PUBLIC COMMENT** (Up to 10 minutes)

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

5. **CONSENT ITEMS**

   I. **Motion to approve Von Biggs to join the HIV Planning Council in the Local Public Health Agency seat.**

   Justification: Mr. Biggs has an interest in bringing strong awareness to benefits and what can be done to get everyone to undetectable status.
   PROPOSED BY: MCDC Committee

   II. **Motion to approve Valery Moreno being moved from the Health Care Provider seat to the Hospital/Healthcare Planning Agency seat (Handout B)**
   Justification: Mrs. Moreno's seat change fills an empty seat on the Council without affecting the unaffiliated consumer membership percentage.
   PROPOSED BY: MCDC Committee

   III. **Motion to approve the PSRA FY 2021 Work Plan (Handout C)**
   PROPOSED BY: PSRA Committee

   IV. **Approve Exec Comm FY 21 Work Plan (Handout D)**
   PROPOSED BY: Executive Committee

6. DISCUSSION ITEMS

None.

7. NEW BUSINESS

I. Membership Strategy Discussion (Handout E)

Justification: To explain the strategy for recruiting members as approved by the Membership/Council Development Committee.

8. COMMITTEE REPORTS (15 minutes)

I. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC) & COMMUNITY EMPOWERMENT COMMITTEE (CEC)

February 11, 2021 — *MCDC Chair: V. Foster, MCDC V. Chair: T. Moragne*
CEC Chair: Vacant, CEC V. Chair: A. Ruffner

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

MCDC & CEC Joint Meeting: The JSI representative began the meeting with an update on the status of the HIVPC Recruitment video. The recruitment video will begin production on Tuesday, February 16, 2021, and will capture Planning Council and Committee members' testimonies. Ken Williams, who is working in collaboration with JSI, will create a montage of the testimonies to start a more robust discussion around the Planning Council and its members.

MCDC Membership Strategy (Handout A): Planning Council Support (PCS) staff presented the HIVPC membership strategy to determine the best course of action to address vacancies. Several work-related seats have been vacant on the Planning Council, and staff has developed a strategy to reconstruct seats to fill these vacancies.

Current Applicants, Interested Parties, and Appointments: The Planning Council Support (PCS) Team reviewed the application of an interested party with the Committee. MCDC reviewed Von Biggs's application as well as the impact of Mr. Biggs's membership on the Council's demographics. The new applicant will increase overall membership and fill a HRSA mandated seat vacancy. The Committee voted to approve Mr. Biggs's application.

C. Data Requests:
None.

D. Rationale for Recommendations:
None.

E. Data Reports/ Data Review Updates:
None.

F. Other Business Items:
None.

G. Agenda Items for Next Meeting:

H. Next Meeting Date:

MCDC – March 11, 2021 at 9:30 a.m.
CEC – March 2, 2021 at 3:00 p.m.

II. QUALITY MANAGEMENT COMMITTEE (QMC)

No Meeting Held in February *Chair: Vacant, V. Chair: B. Fortune-Evans*

III. EXECUTIVE COMMITTEE

February 18, 2021 *Chair: R. Lopes, V. Chair: C. Grant*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

HIVPC Agenda: The Executive Committee voted to approve the HIVPC agenda with the addendum of the FY2021 PSRA Work Plan.

HIVPC Calendar: The Committee reviewed the March HIV Planning Council calendar.

HIV Planning Council Retreat Planning Council Support (PCS) staff reviewed the HIV Planning Council Retreat agenda. Elements of the retreat include the board book icebreaker, team building, and expanding on personal strengths to contribute to the work of the HIV Planning Council. During the retreat, members will examine the elements of story and how members can use their story as an advocate for the HIV Planning Council and for HIV awareness, care, and treatment. The HIVPC Board Retreat is scheduled for Friday, February 26, 2021 from 9 a.m. – 1 p.m. via WebEx Videoconference.

Executive Committee Work Plan Review: The Executive Committee reviewed the FY2020 Work Plan and discussed what changes, if any, should be made to the work plan for FY2021 based on what was accomplished in the fiscal year. After much discussion, the Committee approved the FY2021 Executive Committee Work Plan with the addendum of developing a recruitment tool.

Ad-Hoc Nominating Committee: The Exec. Chair announced the Ad-Hoc Nominating Committee would be reconvening as the HIVPC will be gearing up for FY2022-2024 HIVPC Chair & Vice-Chair elections. Members interested in participating on this Committee should reach out to staff for more information.

C. Data Requests:
None.

D. Rationale for Recommendations:
None.

E. Data Reports/ Data Review Updates:
None.

F. Other Business Items:
None.

G. Agenda Items for Next Meeting:

H. Next Meeting Date:
March 18, 2021 at 11:30 a.m. via WebEx Videoconference

IV. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

February 18, 2021 *Chair: L. Robertson, V. Chair: Vacant*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

Monthly Expenditures/Utilization Report: At this point in the fiscal year, service category funding has been mostly underutilized, likely due to the impact of COVID-19. The only categories that have been fully expended are the MAI Substance Abuse-Outpatient and MAI Centralized Intake and Eligibility Determination service categories. Overall, funds are reported to be 71% expended.

FY2020 Work Plan Review (HANDOUT A): The Planning Council Support (PCS) Team reviewed the FY2020 Work Plan for the PSRA (Handout A on file). The Committee was able to accomplish all work plan activities. There were no recommendations to change the FY2021 Work Plan, and it was subsequently approved.

FY2022 PSRA Process Timeline (HANDOUT B): The Planning Council Support (PCS) Team reviewed the timeline for the FY2022 PSRA Process (Handout B on file), noting dates and locations of extended meetings along with meeting topics. The Committee motioned to approve the PSRA Process and Timeline.

PSRA Leadership: The Committee Chair announced the vacancy of the PSRA Vice-Chair position. The Chair encouraged members to take on the leadership role and shared his own experiences since stepping into the Chair position. He noted coordination meetings organized and facilitated by PCS staff as being helpful in preparing for upcoming Committee meetings.

C. Data Requests:

- A comparison of client service utilization during COVID-19 and service utilization during regular periods.
- A cost-savings analysis to highlight the benefits of enrolling Ryan White clients into Affordable Care Act health insurance plans to analyze its impact on service categories.

D. Rationale for Recommendations:
None.

E. Data Reports/ Data Review Updates:
None.

F. Other Business Items:
None.

G. Agenda Items for Next Meeting:

H. Next Meeting Date:
March 18, 2021 at 9:00 a.m. via WebEx Videoconference

V. SYSTEM OF CARE (SOC)

February 4, 2021 *Chair: A. Ruffner, V. Chair: J. Rodriguez*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

Von Biggs: Mr. Biggs shared his experience of receiving care from the Ryan White HIV AIDS Programs (RWHAP) in Broward County with the Committee.

Customer Health Experience Initiatives Presentation: Ms. Debbie Cestaro-Seifer provided an overview of the secret shopper initiative previously completed by the Part A Program (Handout A on file). Members and guests discussed the importance of the client's perception of care. The Chair requested that SOC discuss this presentation further at its March meeting.

C. Data Requests:
None.

D. Rationale for Recommendations:
None.

E. Data Reports/ Data Review Updates:
None.

F. Other Business Items:
None.

G. Agenda Items for Next Meeting:

- *FY2021 SOC Work Plan*
- *EHE Needs Assessment Presentations*
- *Customer Health Experiences Initiative Discussion*

H. Next Meeting Date:
March 4, 2021 at 9:30 a.m. via WebEx Videoconference

9. RECIPIENT REPORTS (20 minutes)

a. Part A
b. Part B
c. Part C
d. Part D
e. Part F
f. HOPWA
g. Prevention – Quarterly Update (January, April, July, October)

10. UNFINISHED BUSINESS

11. PUBLIC COMMENT (Up to 10 minutes)

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12. ANNOUNCEMENTS

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: **Date:** March 25, 2021 at 9:30 a.m. **Venue:** WebEx

15. 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
THREE GUIDING IDEAS 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

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MEETING MINUTES

Committee: Broward County HIV Health Services Planning Council
Date/Time: October 22, 2020, 9:30 a.m. **Location:** WebEx Meeting Room
Chair: Dr. Réquel Lopes, AP **Vice Chair:** Claudette Grant

ATTENDANCE

#	Member	Present	Absent
1	Arencibia, Y.	X	
2	Barnes, B.	X	
3	Bhrangger, R.	X	
4	Biggs, V.	X	
5	Cutright, A.	X	
6	Fortune-Evans, B.	X	
7	Foster, V.	X	
8	Grant, C.	X	
	Holness, D.V.C.		
9	Katz, H. B.	X	
10	Lewis, V.	X	
11	Lopes, R. Chair	X	
12	Marcoviche, W.	X	
13	Moragne, T.	X	
14	Moreno, V.	X	
15	Robertson, L.	X	
16	Rodriguez, J.	X	
17	Ruffner, A.	X	
18	Schweizer, M.	X	
19	Shamer, D.	X	
20	Siclari, R.		A
21	Wilson, I.		A
	Quorum = 12	**19**	

Recipient Staff
Giglioli, K.
Thompson, T.
Scott, S.
Cunningham, D.
Cius, W.
HIVPC Staff
Martinez, G.
Oratien, V.
Ukpai, F.
Guice, M.
Guests
Louis, C.
Rodriguez, A.
Cook, S.
Bergert, J.
Dsouza, E.
Mcshee, S.
Pabon, N.

1. CALL TO ORDER

The Chair called the meeting to order at 9:31 a.m.

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

The HIVPC Chair welcomed everyone. Introductions were made via roll call by HIVPC members, PCS and Recipient Staff. Guests and those not previously able to state their presence were able to write-in using the chat function or speak their names into the record. Attendees were notified of Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. A moment of silence was observed. The following motions were made:

Motion #1: To approve today's meeting agenda with changes
Proposed by: Robertson, L. **Seconded by:** Grant, C.
Action: Passed Unanimously

Motion #2: To approve the 09/24/20 minutes
Proposed by: Grant, C. **Seconded by:** Robertson, L.
Action: Passed Unanimously

3. PUBLIC COMMENT (Up to 10 minutes)

None.

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

Kareem Murphy was not present for the meeting but provided a written legislative report to the Council (Handout A on file). Members were advised by the Chair to email any questions to the PCS staff, which will be forwarded to Mr. Murphy.

5. CONSENT ITEMS

Motion #3: To approve the consent items
Proposed by: Barnes, B. **Seconded by:** Moragne, T.
Action: Passed Unanimously

6. DISCUSSION ITEMS

None.

7. NEW BUSINESS

I. HIV Planning Council & Committee Meetings (Handouts C1-C2)

The HIVPC discussed Executive Order 20-246, which has excused groups from in-person meeting requirements. The order is anticipated to lapse on November 1st. At its meeting, the Executive Committee voted to write a letter to Mayor Holness to grant the HIVPC an exemption to the in-person meeting requirement (Handout C2 on file). The letter was presented to the HIVPC and approved to be sent to the Mayor.

Motion #4: To grant permission to the HIVPC Chair to write a letter to the Mayor of Broward County requesting an exemption from in-person meetings.
Proposed by: Barnes, B. **Seconded by:** Moragne, T.
Action: Passed Unanimously

The Council also discussed its meeting requirements as outlined in the HIVPC by-Laws (Handout C1 on file). The by-Laws state that the Council must meet nine times in a calendar year, including mandatory training activities. The Council has lost two meeting months in response to the coronavirus pandemic and one month for grant writing activities. Because the HIVPC held a -part Robert's Rules training, it will meet its by-Laws requirement in calendar year 2020.

8. COMMITTEE REPORTS (15 minutes)

I. Community Empowerment Committee & Membership/Council Development Committee

October 6, 2020 — *Chair: Biggs, V. Chair: A. Ruffner*
Chair: V. Foster, V. Chair: T. Moragne

The report stands.

II. Quality Management Committee

No October Meeting – Meeting Canceled — *Chair: Vacant, V. Chair: B. Fortune-Evans*

III. Executive Committee

October 15, 2020 *Chair: R. Lopes, V. Chair: C. Grant*

The report stands.

IV. Priority Setting & Resource Allocation Committee

October 15, 2020 *Chair: L. Robertson, V. Chair: Vacant*

The PSRA Chair noted that Sweeps did not take place at the October meeting, and the experience inspired the Chair to suggest that a Parliamentarian be appointed to each Council & Committee meeting.

V. System of Care Committee

October 1st, 2020 *Chair: A. Ruffner, V. Chair: J. Rodriguez*

The report stands. The SOC Chair encouraged any interested parties to join the Committee.

9. RECIPIENT REPORTS

A. Part A: The Part A Recipient's contracts are with the CAO and are anticipated to be disseminated in the next two weeks. Providers were informed that they would be able to invoice for services provided within the last month. The Recipient's CARES Act report will be due in November. A recommendation was made by the HRSA Project Officer to reach out to Miami-Dade regarding the HIVPC's challenges in reaching membership compliance. The Miami-Dade EMA has been able to overcome a similar challenge, and its insight will be valuable. Finally, the Recipient is closing out fiscal year 2020 activities.

It was also noted that the Recipient discussed meeting challenges with the Project Officer. Florida's Government-in-the-Sunshine Law is the prohibiting factor to virtual meetings once the Executive Order expires. Other Broward County boards are planning to meet by bringing enough members together in one room to establish quorum and allowing everyone else to participate remotely. The Recipient's Office will meet with PCS Staff to discuss this option.

B. Part B: The Part B Recipient's report stands (Handout D on file).

C. Part C: The Part C Program is currently, stable and has been providing monthly COVID-19 reports to its project officer. Part C has reported 23 cases of COVID-19 and two deaths.

D. Part D: The Part D Program is currently stable. Part D reported an increase in mental health services and psychiatric referrals.

E. Part F: The Part F Recipient stated that the community partner clinic is not currently operational. Clients are being seen at Nova Southeastern University.

F. HOPWA: The HOPWA Program representative reported on HOPWA outcomes for FY19-20. A total of 1,955 clients have been housed in the fiscal year. Through the program's CARES Act funding, HOPWA has assisted 87 clients.

G. Prevention: The Part B Recipient reported that 229 individuals have been enrolled in the Test & Treat program, with 70 newly diagnosed and 159 re-engaged. Through the PrEP program, a total of 398 individuals have been enrolled. Under perinatal, the program follows 66 expecting mothers and 72 infants and reports zero perinatal transmission for 2020.

10. UNFINISHED BUSINESS

None.

11. PUBLIC COMMENT (Up to 10 minutes)

None.

12. ANNOUNCEMENTS

- The Director of the Community Partnerships Division announced that other Broward County advisory boards are planning to meet by bringing enough members together in one room to establish quorum and allowing everyone else to participate remotely. The Recipient's Office will coordinate with PCS staff and provide recommendations for November meetings once a decision has been made.
- The Children's Diagnostic & Treatment Center (CDTC) will be hosting their annual Thanksgiving Basket Brigade. Staff will be assembling boxes of Thanksgiving food items to be delivered to client's homes. Individuals interested in volunteering should visit https://childrensdiagnostic.com/basket-brigade/.
- The World AIDS Museum (WAM) will be showcasing the *Colors of HIV Exhibit* by Toby Gotesman Schneier. The exhibit includes a collection of 17 paintings and covers a range of topics of interest. The paintings will be for sale and are part of WAM's 40 Days of Giving Campaign, which kicks off on Friday, November 13th, 2020.
- The Recipient's Office has submitted a proclamation for World AIDS Day (December 1st) and will be providing a copy of the proclamation to all interested parties.

13. REQUEST FOR DATA

- Request for age and demographic information to be included in the Part A report

14. AGENDA ITEMS FOR NEXT MEETING: November 19th, 2020 9:30 a.m. LOCATION: TBD

15. ADJOURNMENT The meeting was adjourned at 10:45 a.m.

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
THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
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HIV Planning Council Attendance CY2020

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	23	27	C	C	28	25	23	C	24	22			
0	0	0	**1**	Arencibia, Y.	X	X			X	X	X		X	X			
0	1	0	**2**	Barnes, B.	X	X			X	X	X		X	X			
1	1	0	**3**	Bhrangger, R.	E	X			X	X	X		X	X			
1	1	0	**4**	Biggs, V.	N - 6/19					X	X		X	X			
0	0	1	**5**	Cutright, A.	X	A			X	X	X		X	X			
1	1	0		Dennis, B.	X	X			X	X	Z - 7/13						
0	0	0	**6**	Fortune-Evans, B.	X	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	X		X	X			
0	0	0		Hayes, M.	X	X			Z - 5/28								
0	0	6		Holness, Dale V.C. (Mayor)	N - 02/11	A			A	A	A		A	A			
1	1	0	**9**	Katz, H.B.	X	X			X	X	X		X	X			
1	1	0	**10**	Lewis, V.	X	X			X	X	X		X	X			
0	0	0	**11**	Lopes, R. *Chair*	X	X			X	X	X		X	X			
1	1	0	**12**	Marcoviche, W.	E	X			X	X	X		X	X			
0	0	**2**	**13**	Moragne, T.	A	X			A	X	E		X	X			
0	0	1	**14**	Moreno, V.	X	A			E	E	X		X	X			
0	1	0	**15**	Robertson, L.	X	X			X	X	X		X	X			
0	0	0	**16**	Rodriguez, J.	E	X			X	X	X		X	X			
0	0	0	**17**	Ruffner, A.	X	X			X	X	X		X	X			
0	0	0	**18**	Schweizer, M.	X	X			X	X	X		X	X			
1	1	0	**19**	Shamer, D.	N - 6/19					X	X		X	X			
0	0	1		Sharief, B. (Comm)	A	Z - 2/11											
0	0	**3**	**20**	Siclari, R.	A	X			X	X	X		A	A			
0	0	1	**21**	Wilson, I.	N - 6/19					X	X		X	A			
				Quorum = 12	15	18	0	0	17	21	20	0	20	19	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: February 25, 2021

Federal Funding Update

Skinny Budget
With a little over a month into the new Biden Administration, it is the tradition and expectation that they will release a "skinny budget" that highlights key priorities. Given the current White House focus on passage of the *American Rescue Plan* (the legislative package designed to fund the response to the COVID-19 pandemic), few details about the actual budget are known. Commitments made during the campaign and the nomination of Dr. Rachel Levine as the Assistant Secretary for Health lead stakeholders to expect in the least level funding for the HIV/AIDS prevention, treatment, and care continuum.

Appropriations
The introduction and mark up of the annual funding bills will not commence until after the budget submission, which might be May at the earliest, given the start of this new Administration. However, Rep. Barbara Lee has circulated a letter among her colleagues in the House (asking them to co-sign) that is addressed to the President and Vice President calling on increased investment in the HIV/AIDS continuum. The deadline for co-signers was last week. It's unknown whether any of the South Florida delegation members signed on, although several have done so in the past.

Expected passage of the *American Rescue Plan* may put additional budget pressures on legislators to hold the line on increased funding. Despite Democratic control of the House, Senate, and White House, budget pressures and concerns about a nearly $2 trillion in additional emergency funding on top of annual appropriations may lead appropriators to level fund the continuum. It is too early to make accurate predictions however.

Spend Down Challenges
Appropriators are aware of challenges several Part A grantees face in obligating FY 2021 funding because of pandemic. They are aware of requests for policy riders for the FY 2022 bills that would hold grantees harmless for the spend down challenge.

Implementation of Membership Requirements

Representation, reflectiveness, and consumer membership are essential to fulfilling legislative requirements on planning council membership. They are to be addressed as follows.

Representation is the extent to which the planning council includes individuals from the legislatively defined categories of membership. Requirements are as follows:

The planning council must include at least one member to separately represent each of the designated membership categories (unless no entity from that category exists in the EMA/TGA). (See exceptions to this rule, below.) *Separate representation means that each planning council member can fill only one legislatively required membership category at any given time, even if qualified to fill more than one*. As membership on the planning council changes, an individual member may be moved from one representation category to another to meet legislative requirements. The planning council may choose to include additional representatives within any category to achieve what it considers adequate community representation.

The category "grantees under other Federal HIV programs" is to include, at a minimum, a representative from each of the following:

- Federally-funded HIV prevention services.
- A grantee providing services in the EMA/TGA that is funded under Part F's Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and/or Ryan White Dental Programs.
- The Housing Opportunities for Persons With AIDS (HOPWA) program of the U.S. Department of Housing and Urban Development (HUD).
- Other Federal programs that provide treatment for HIV/AIDS, such as the Veterans Health Administration.

There are three exceptions to the rule on separate representation:

- One person may represent both the substance abuse provider and the mental health provider categories if his/her agency provides both types of services and the person is familiar with both programs.
- A single planning council member may represent both the Ryan White Part B program and the State Medicaid agency if that person is in a position of responsibility for both programs.
- One person can represent any combination of Ryan White Part F grantees (SPNS, AETCs, and Dental Programs) and HOPWA, if the agency represented by the member receives grants from some combination of those four funding streams (e.g., a provider that receives both HOPWA and SPNS funding), and the individual is familiar with all these programs.

Local grantees of, or participants in, other Federal categorical HIV and STD programs should be considered for representation on the planning council, but they are not specifically required.

ARTICLE IV

MEMBERSHIP

SECTION 1: All Members and Alternates of the Council shall be appointed by the Broward County Board of County Commissioners. The Council shall consist of not less than twenty (20) members nor more than thirty-five (35) members. The process for forwarding recommendations to the Board is outlined in the Membership/Council Development Committee Section of the Manual.

SECTION 2: An individual may serve on the Council only if the individual agrees that if the individual has a financial interest in an entity, if the individual is an employee of a public or private entity, or if the individual is a member of a public or private organization, and such entity or organization is seeking amounts from a grant under the Ryan White Act, the individual will not, with respect to the purpose for which the entity seeks such amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purposes.

SECTION 3: The membership of the Council shall be as delineated in the Ryan White Act, as amended.

SECTION 4: Affirmative recruitment efforts shall be made to attract eligible candidates for membership on the Council and the committees with particular attention to gender balance and adequate representation from racial and ethnic minorities that is reflective of the EMA.

SECTION 5: As part of the Council's efforts to increase the percentage of persons living with HIV on the Council, it is recommended that the Council strive, whenever possible, to nominate persons living with HIV disease to vacancies in all other categories as appropriate.

SECTION 6: The term of office for members and alternates shall be at the pleasure of the Broward County Board of County Commissioners.

SECTION 7: Attendance. Attendance of Council meetings shall be in accordance with the Broward County Code of Ordinances section 1-233. The Council may recommend the reappointment of members who were removed pursuant to Broward County Code of Ordinances section 1-233. The committee attendance policy mirrors the Council attendance policy. The Chair of the Council shall, at his or her discretion, determine whether the member's absence meets any of the criteria for an excused absence as set forth in the ordinance. Excused absences for HIVPC-related business mean for

Approved 8/24/09, 11/18/09 (Article VII, Section 1B), 1/28/10 (Article VII, Section 1D), 1/26/12 (Article V, Section 2), 5/23/13 (Article III, Section 15, 18; Article IV, Section 7, 8, 11A,B; Article VI, Section 1, 2, 5A, 8B; Article VIII, Section 1B, 1C, 4A), 12/12/13 (Article IV, Section 11; Article VI, Section 5; Article VIII, Section 4, 5, 7), 5/22/14 (Article III; Article VI, Section 8; Article VIII, Section 1,2,4,5,6,7,8,9), 7/24/14 (Article IV, Section 9; Article V, Section 2; Article VI, Section 5, 8; Article VIII, Section 1,2,5,6,8,10), 3/26/15 (Article IV, Section 9, 11; Article VIII, Section 4; Article X, Section 4), 4/17/17 (Article VIII, Section 2; Article VIII, Section 3, C; Article VIII, Section 6; Article VIII, Section 7, B), 8/31/17 (Article VIII, Section 11); 10/25/18 (Article IV, Section 1; Article X, Section4)

12.108. - Membership.

a. The Council shall consist of not less than twenty (20) members nor more than thirty-five (35) members, to be appointed by the Board of County Commissioners. Pursuant to the Ryan White Act, nominations for membership on the Council shall be identified through an open process and candidates shall be selected based on locally delineated and publicized criteria, and the membership of the Council shall reflect the demographics of the population of individuals with HIV disease in Broward County, with particular consideration given to representing disproportionately affected and historically underserved groups and subpopulations. The nomination process shall include a review of candidates by the membership committee of the Council. The Council shall recommend candidates to the Board of County Commissioners who fulfill the descriptions of the individuals and representatives of entities that the Ryan White Act requires in the Council membership.

b. The Council shall also include a member of the Board of County Commissioners, to be appointed by the Mayor of the Board.

c. Not less than 33 percent of the Council shall be individuals who are receiving HIV-related services from Part A funded providers, are not officers (paid or unpaid), board members (paid or unpaid), employees, or consultants (paid or unpaid), to any entity that receives amounts from such grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV disease in the County. For purposes of the preceding sentence, an individual shall be considered to be receiving services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services. Members appointed to maintain the requirements of this subsection must report any change in affiliation status to the Council and shall be automatically removed from the Council upon becoming affiliated with a provider.

d. At least three (3) individuals who can fulfill the requirements of paragraph "c" may be recommended for appointment as alternate members who may serve in place of a member when the member is unable to attend the Council meeting due to illness arising from that member's HIV status. The Council shall make best efforts to recommend individuals as alternate members who reflect the demographics of individuals with HIV disease. Alternate members shall not count for the purpose of determining the total number of Council members mandated by the Act. An alternate member shall not count towards a quorum at a Council meeting.

e. An individual may serve on the Council only if the individual agrees that if the individual has a financial interest in an entity, if the individual is an employee of a public or private entity, or if the individual is a member of a public or private organization, and such entity or organization is seeking amounts from a grant under the Act, the individual will not, with respect to the purpose for which the entity seeks such amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purpose.

f. The Council may recommend to the Board of County Commissioners the removal of a Council member. A recommendation for removal may only be initiated for cause and must be accompanied by a description of the actions of the member necessitating the recommendation for removal.

(1997-0759, 6-24-97; Ord. No. 2002-966, 11-4-02; 2007-729, 10-23-07; 2008-531, 8-12-08)

Reference:
https://library.municode.com/fl/broward_county/codes/administrative_code?nodeId=CH12ORCOBOCO_PTXBRCOHIHESEPLCO

HANDOUT C

FY 2020-21 Priority Setting/Resource Allocations Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Priority Setting/Resource Allocations Committee in achieving its objectives in the coming year.

For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Develop integrated PSRA process using data with input from stakeholders and consumer forums

Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review data relevant to the PSRA process (including recommendations from QM, SOC, and CEC)	Ongoing	Staff/ PSRA	Data driven PSRA process	a. PSRA Service Category Scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need e. EIIHA f. Implementation Plan g. Cost data (other funders) h. QM Care Continuum measures i. NHAS j. Anticipated changes due to the ACA			X	X	X							
1.2 Review How Best to Meet the Need language recommendations from SOC committee.	Annually	PSRA/ SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from SOC committee.					X							
1.3 Priority rank Part A and MAI service categories	Annually	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.				X								
1.4 Allocate Part A and MAI funds by service category	Annually	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.					X							
1.5 Monitor expenditures and allocations	Bi-Annually	PSRA/ Recipient	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.								X*			X*	
1.6 Review and approve FY2020 PSRA Work Plan	Annually	PSRA	Process Planning													

Objective 2: Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage and retention (Integrated Plan Strategy 2.1.a)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care **(YEAR 1-2)**	As Needed/ Recommended	PSRA	Increase access to care and improve health outcomes	Review recommendations from QMC, Integrated Work Group, SOC Committee and other relevant data sources to identify and develop strategies to address the needs of clients who may not seek care or who have fallen out of care. Implement identified strategies for MAI funded services in the EMA through Service Delivery Models, programs, interventions, enhanced service categories, and/or HBTMTN												

Objective 3: Assess the Administrative Mechanism

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative Mechanism training	Annually	Staff/ PSRA	Ensure compliance	Receive training to review the required components and purpose of the assessment.			X									
3.2 Assessment of the Administrative Mechanism recommendations	Annually	PSRA	Ensure compliance	Make recommendations for activities to include in the assessment of the Administrative Mechanism.			X					X				

HANDOUT D

FY 2021-2022 Executive Work Plan

The work plan is intended to help guide the work of the committee and to assist the Executive Committee in achieving its objectives in the coming year.
For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Increase community engagement and participation by adding 10 new Committee and HIVPC members by the end of FY2021

Objective 1: Oversee Planning Council Operations

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Conduct annual evaluation of HIVPC Self-Assessment Survey.	Annually	Executive	Improved Process	Review Committee activities, challenges, and completion of work plan achievements.												
1.2 Review the need for reinstating the ad-Hoc By-Laws Committee.	Annually	Executive/By-Laws	Improved By-Laws	Reinstate the ad-Hoc By-Laws Committee based on pending parking lot items. Identify and appoint ad-Hoc By-Laws Chair.												
1.3 Review and approve work plans for upcoming FY.	Annually	Executive	Identify goals and objectives for upcoming year	Review Committee activities, challenges, and achievement of goals to plan and prepare for upcoming work plan activities for FY starting March 1.												
1.4 Monitor committee activities to ensure goals and objectives of work plans are met.	Quarterly	Executive	HIVPC and Committee goals are met	Conduct quarterly review of Committee work plan status to be presented by committee chair. Determine Committee progress and make recommendations to Chairs to address unmet goals.												
1.5 Monitor HIVPC membership and discuss strategies to improve reflectiveness.	Quarterly	MCDC Chair/ Vice Chair	HIVPC and Committee goals are met	Conduct quarterly review of HIVPC and Committee reflectiveness. Determine any needed interventions to address Council and Committee membership needs.												
1.6 Develop a recruitment tool.	Annually	Executive	HIVPC and Committee goals are met	At each meeting, Executive members will review a recruitment or retention tool utilized by other jurisdictions. This will facilitate discussion of potential new strategies for the HIVPC.												

Objective 2: Establish and oversee planning activities and committee work plans to address integrated planning goals and objectives

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Maintain collaborative relationships with community partners through the Integrated Workgroup/Collaborative to monitor the 2017 Prevention and Care and Treatment Integrated Comprehensive Plan.	Quarterly	Executive/IC	EMA Goals are addressed	Receive updates from the IW membership regarding the progress of implementing the Integrated Plan. Hold meetings with the Executive Committee of the SFAN and BCHPPC as needed.												
2.2 Monitor Ending the HIV Epidemic Plan progress.	Quarterly	Executive/Recipient/Part B	EMA Goals are addressed	Receive updates from the responsible parties regarding the progress of implementing the Ending the HIV Epidemic												

Objective 3: Implement capacity/leadership development for Planning Council members and applicants

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Plan annual Planning Council Retreat.	Annually	Executive	HIVPC training/leadership	Schedule a retreat for all HIVPC members. Educate members on new/emerging Planning Council/RW Part A issues, HIVPC policies and procedures, leadership												
3.2 Appoint Nominating Committee Chair. Hold Council leadership Elections.	Biennial	Executive	HIVPC Leadership	Identify and appoint the Nominating Committee Chair.												
3.3 Leadership Training	Per Executive Training Plan	Executive	HIVPC Leadership	Conduct training for HIVPC Committee Chairs with topics addressing leadership, teambuilding, etc.												

HANDOUT E

MCDC Membership Strategy

Member Budget

Member Mix	Current	Goal
Job-Based Seat*	13	18
Consumer Seat	4	14
NECL Seat**	3	3
Total Membership	20	35
Unaffiliated Consumers (%)	27%	37%
Alternates	0	3

*Job-based seats are those seats filled based on the basis of employment
**NECL is the Non-Elected Community Leader seat and here only represents those members who are not unaffiliated consumers

Seats Currently Filled:

- Affected Communities (Consumers)
- Board of County Commissioners member
  (per Broward County Ordinance 12.108.b.)
- Prevention
- Part B
- Part C
- Part D
- Part F
- Health Care Providers/FQHCs
- ASO/CBO
- Mental Health
- Local Prison
- NECL
- *Hospital or Health Care Planning Agency*
  - *Valery Moreno pending Commissioner approval*
- *Local Public Health Agency*
  - *Von Biggs pending Commissioner approval*

Open Job-Based Seats:

- VA or other federally funded program providing treatment for HIV
  - follow-up is taking place with VA representatives
- HOPWA
  - recruit identified
- Medicaid
  - recruit identified
- Substance Abuse
  - recruit identified
- Social Services incl. Housing & Homeless
  - recruit identified

HANDOUT E

MCDC Membership Strategy

Open Consumer Seats:

- **Affected Communities (Consumers)**
- **Alternates**

Seats to Sunset:

- **Hepatitis B or C**
- **Indian Tribe**

Recommended Course of Action:

- **Include the Board of County Commissioners representative in the member count. This seat has been filled on the Council but has not been counted toward the total number of members.**
- **Bring job-based members on slowly to coincide with new unaffiliated consumer members. If all the currently recruits for job-based seats came on at the next meeting, consumer representation would decrease from (6 of 22) 27% to (6 of 26) 23%.**
- **Focus on bringing unaffiliated consumers onto the HIV Planning Council. The Council must increase consumer representation to reach and exceed the mandated 33%.**

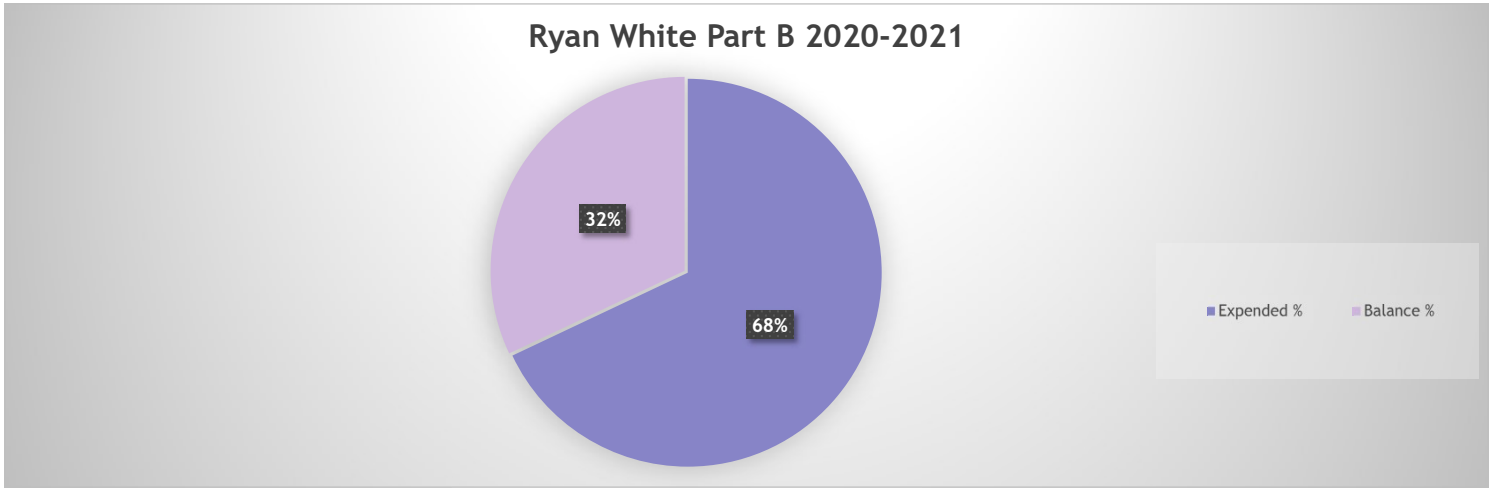
Ryan White Part B

PTC19: April 1, 2020 to March 31, 2021

Expenditures for January 2021

Service Category	Allocated	Expended January 2021	Expended this Year	Clients Served YTD	Expended %	Balance %	Balance
Administrative Services	$ 75,535	$ 2,859	$ 73,371		97%	3%	**$ 2,164.12**
Health Insurance Premium/Cost Sharing	$ 167,750	$ 4,324	$ 82,088	30	49%	51%	**$ 85,661.52**
Home & Community Based Health	$ 17,852	$ 707	$ 15,097	61	85%	15%	**$ 2,754.55**
Medical Nutritional Therapy	$ 16,000	$ -	$ 9,896	28	62%	38%	**$ 6,104.09**
Emergency Financial Assistance	$ 313,950	$ 94,630	$ 162,879	298	52%	48%	**$ 151,070.67**
Home Delivered Meals	$ 10,000	$ -	$ 5,406	76	54%	46%	**$ 4,594.03**
Medical Transportation	$ 64,476	$ 2,159	$ 37,201	1	58%	42%	**$ 27,274.86**
Non-Medical Case Management	$ 321,770	$ 47,503	$ 265,511	5346	83%	17%	**$ 56,258.94**
Residential Substance Abuse **	$ 116,500	$ 21,902	$ 81,027	22	70%	30%	**$ 35,473.16**
Clinical Quality Management	$ 58,096	$ 1,585	$ 57,532		99%	1%	**$ 564.37**
Planning and Evaluation			$ -				**$ -**
TOTALS	**$ 1,161,929**	**$ 175,668**	**$ 790,009**	**5862**	**68%**	**32%**	**$ 371,920.31**

****Clients were served; however delayed invoicing impacted timely posting.**



Serena R. Cook 954-412-7086

ADAP JANUARY 2021

Total Enrolled	5,048
Total Virally Suppressed	4,640
Percentage of Virally Suppressed **(91.92%)**	92%
ADAP Enrollments and Re-enrollments Processe	792
Enrolled in Mail Order Delivery	1,681
Total Enrolled in Direct Dispense	3,124
Total Enrolled in Online Recertification	1,705
No Show Report	23.04%