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

Broward County HIV Health Services Planning Council Meeting

AGENDA

Date: July 22, 2021, at 9:30 a.m.
Location: WebEx Virtual Meeting Platform
Chair: Dr. Réquel Lopes **Vice Chair:** Claudette Grant

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

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

1. **Call to Order**
2. **Welcome & Public Record Requirements**
   a. Welcome
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements (Statement of Sunshine)
   c. Council Member, Guest, and Phone Introductions
   d. Moment of Silence
3. **Approvals**
   a. Meeting Agenda 07/22/2021
   b. Last Meeting Minutes 06/24/2021
4. **Public Comment (10 minutes)**
5. **Federal Legislative Report** – Handout A (Kareem Murphy)
6. **Consent Items**
   I. **Motion to approve the 2021 Elections Timeline (Handout B).**

   Justification: The Timeline provides meeting dates and tasks for the Nominating Committee, as well as deadlines for the HIVPC Leadership nominations and elections process.

   PROPOSED BY: ad-Hoc Nominating Committee

   II. **Motion to approve the Nominating Procedures 2021 (Handout C).**

   Justification: This document has been updated to reflect current Nominating Policies and Procedures.

PROPOSED BY: ad-Hoc Nominating Committee

III. **Motion to approve the Letter to Nominees (Handout D).**

Justification: The Letter to Nominees acknowledges Candidates and provides instructions for the Nominee Talking Points document.

PROPOSED BY: ad-Hoc Nominating Committee

IV. **Motion to approve the Nominee Talking Point document (Handout E).**

Justification: The Nominee Talking Points document will guide Nominees as they prepare to present their candidacy to the members of the HIVPC.

PROPOSED BY: ad-Hoc Nominating Committee

V. **Motion to approve How Best to Meet the Need Language (Handout F)**
Justification: The How Best to Meet the Need Language for FY2022-2023 was reviewed and approved by the priority Setting & Resource Allocation Committee.
PROPOSED BY: Priority Setting & Resource Allocation Committee

VI. **Motion to approve the PSRA Ranking of Part A and MAI Service Categories (Handout G).**
Justification: Rankings were conducted as a part of the priority setting and resource allocation process.
PROPOSED BY: Priority Setting & Resource Allocation Committee

7. Discussion Items

None.

8. New Business

I. Quarterly Review of Meeting Evaluations (Q1: March-May) (Handout H)
Action Item: Discuss meeting evaluation results.

II. HIVPC Chair/Vice-Chair Presentations:
Action Item: Receive a presentation from a past HIVPC Chair/Vice-chair on the experience as a Planning Council Chair/Vice-chair.

III. Broward HIV Integrated Planning Workgroup Update
Action Item: Receive a summary on the Broward HIV Integrated Planning Workgroup meeting from July 12, 2021.

9. Committee Reports (15 minutes)

I. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

July 6, 2021, *Chair: V. Biggs; V. Chair: A. Ruffner*

A. **Discussion Item:**
B. **Work Plan Item Update/Status Summary:**
Meeting Evaluation Results: The PCS Staff Health Planner presented the CEC meeting evaluation results from the first quarter to the committee. The CEC had five completed surveys out of a potential total of 16, with a 100% completion rate for the surveys received. Members were concerned that the response rate for surveys is relatively low. The chair suggested that staff send out an email reminder to complete surveys in addition to the prompt at the end of virtual meetings. The chair was also asked to encourage members to complete the surveys at the end of each meeting.

This advice will be shared across the Planning Council and its committees. Members were also concerned that not all attendees were privy to all the terms used in discourse, as revealed by the comments left on the meeting evaluations. It was recommended that staff define the terms and include this information in all the meeting packets. Lastly, the committee was concerned that more data could be collected from the surveys. It was recommended that staff redesign sections of the survey allowing for additional comments from respondents.

FY21 CEC Work Plan: The committee reviewed the progress made toward FY2021-22 work plan activities. PCS Staff showed the updated work plan, which reflects completed activities. The committee also discussed their roles and responsibilities and support they can receive from PCS towards achieving work plan goals.

FY2022-2023 PSRA Ranking Results: The committee received a presentation from the PCS Staff Health Planner on the results of the FY2022-2023 PSRA Priority ranking of Part A and MAI Service Categories. The committee noted that there were no significant differences from the FY2021-2022 CEC rankings.

HIVPC Promotional Opportunity: The committee discussed possible opportunities to partner with HIV stakeholders. Representatives from Community Rightful Center extended an invitation to the CEC to partner with them on their first annual community summer event on July 10, 2021. The PCS Staff Health Planner advised the committee that this will be an excellent opportunity to engage the community and recruit new members. Interested persons were asked to reach out to staff.

FY2022-20223 CEC Ranking Results: The committee discussed the World AIDS Museum's community dialogue series as a potential CEC and WAM collaborated event. The committee agreed that this event would be an excellent way to engage and educate the community on the HIV epidemic. Committee members, PCS Staff and the Recipient have agreed to be a part of the panel for this virtual event.

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:**
September 7, 2021, at 3:00 p.m. Room: WebEx Videoconference

II. SYSTEM OF CARE COMMITTEE (SOC)

July 1, 2021, *Chair: A. Ruffner; V. Chair: J. Rodriguez*

A. **Discussion Item:**
B. **Work Plan Item Update/Status Summary:**

Service Delivery Model (SDM): CQM Support Staff provided an overview of the most recent Service Delivery Models (SDM) completed by the Part A Program and CQM Team. The most recent SDMs, which the HIV Planning Council recently approved, included changes to the Oral Health SDM, Food Services SDM, Mental Health SDM, and the Substance Abuse – Outpatient SDM. The summary provided a comparison between the language from the previous and newest version of each SDM. Members and guests discussed the scope of services and the key features that identified within each SDM.

How Best to Meet the Need: The Committee reviewed How Best to Meet the Need (HBTMTN) language for FY2022-2023. For FY2022-2023, amended language recommendations to the HBTMTN included language for reporting clients who have fallen out of care when there is a missed mental health appointment to reengage the client in care for mental health services. Members discussed the underlying implications of approving language under the Oral Health service category, leading to service providers seeking reimbursement for follow-up of clients who miss appointments in care or have moved to a different payer source. After much discussion, there was a motion to reject the recommended language as presented under the Oral Health service category and approve the recommended language under the Mental Health service category. The Committee will continue to investigate the overall system to identify opportunities for improvement.

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:**
September 2, 2021, at 9:30 a.m. Room: WebEx Videoconference

III. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

July 8, 2021, *Chair: V. Foster; V. Chair: T. Moragne*

A. **Discussion Item:**

B. **Work Plan Item Update/Status Summary:**
MCDC Membership Strategy: The Planning Council currently has 21 members. Individuals have been identified to fill the open job-based seats. However, PCS staff recommended that open consumer seats be filled first since the council is currently well under the HRSA mandated percentage of 33% unaffiliated consumers serving on the planning council. Members collected four completed Get Involved cards and four completed applications from the council's latest recruitment efforts at the Stonewall Pride Parade. At the time of the meeting, staff had sent emails to those who completed an application and were awaiting their response. PCS staff advised that they would contact the other interested parties via telephone to gauge their interest in joining the council. The committee agreed.

Review HIVPC Demographics: The committee reviewed the HIVPC and Committee Demographics report. PCS staff highlighted the importance of representation of the epidemic on the council. The chair expressed the importance of engaging consumers and providing information on the planning council as much as possible.

Quarterly Review of Meeting Evaluations (Q1: March-May): The PCS Staff Health Planner presented the MCDC meeting evaluation results from the first quarter to the committee. The MCDC received two completed surveys out of a potential total of 5 with a 100% completion rate for the surveys received. The Chair voiced his concern for the low response rate and encouraged members to complete the surveys at the end of each meeting. In terms of recruitment efforts, members requested electronic copies of promotional materials None.

FY21 MCDC Work Plan: The committee reviewed progress made toward FY2021 work plan activities. The MCDC chair acknowledged that the committee was right on target with their work plan activities.

Marketing the HIVPC Recruitment Video: The committee discussed recruitment strategies with the marketing agency. A representative from the marketing agency spoke with the committee on suggestions for improving the impact of the HIVPC recruitment video that was filmed in February. The main concern was that the video did not include a call to action or voices from unaffiliated consumers. Additionally, the video did not explain what was expected of interested parties. The committee agreed that this revision would improve the video. The representative also introduced the committee to the idea of creating new promotional material equipped with QR codes to facilitate ease of information dissemination.

Outreach Event: The committee discussed the World AIDS Museum's community dialogue series as a potential HIVPC, and WAM collaborated event. The committee agreed that this event would be an excellent way to engage and educate the community on the HIV epidemic. The Committee members were encouraged to notify staff of their interest in being a part of the panel for the event. In addition, a committee member discussed ways to make information about the Planning Council available to inmates who will be released with access to a toll-free number through a Kiosk.

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:**
   September 9, 2021, at 9:30 a.m. Room: WebEx Videoconference

IV. QUALITY MANAGEMENT COMMITTEE (QMC)

July 19, 2021, Chair: B. Fortune-Evans Seat; V. Chair: D. Shamer

A. **Discussion Item:**
B. **Work Plan Item Update/Status Summary:**
CQM Work Plan Progress Review: CQM Support Staff provided an overview of progress completed through this point in the fiscal year (Handout A on file).

Ryan White Part A Data Review: FY2021 Quarter 1: CQM Support Staff shared Ryan White Part A program outcome data spanning March 2021 through May 2021. Attendees discussed many related topics including population sizes, Provide Enterprise (PE) reporting, and potential ways in which data becomes skewed.

Ryan White Part A Program Update: Recipient Staff reviewed the Program Office's involvement in community events, ongoing activities with providers, efforts to improve reporting, and the ongoing updates being made to the RWPA formulary.

QMC Orientation Videos: Orientation videos for new QMC members have been made available via the HIVPC website and YouTube. CQM Support Staff provided a handout showing the location of the videos on the HIVPC website and linking directly to the videos on YouTube.

C. **Data Requests:**
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:**
September 20, 2021, at 12:00 p.m. Room: WebEx Videoconference

V. EXECUTIVE COMMITTEE

July 15, 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 for July 22, 2021, with amendments.

HIVPC Calendar: The Committee reviewed the August HIV Planning Council calendar. The calendar was updated to reflect the special PSRA and HIVPC meetings to be held in August.

Quarterly Review of Meeting Evaluations: The PCS Staff Health Planner presented the Exec meeting evaluation results from the first quarter to the committee. The Exec committee had 3 completed surveys out of a potential total of 33, with a 100% completion rate for the surveys received. Members were concerned that the

response rate for surveys is relatively low. The chair encouraged members to complete the surveys at the end of each 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:**

H. **Next Meeting Date:**
September 16, 2021, at 11:30 a.m. Room: WebEx Videoconference

VI. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

July 15, 2021, *Chair: L. Robertson, Vice Chair: Vacant*

A. **Discussion Item:**

B. **Work Plan Item Update/Status Summary:**
Monthly Expenditures/Utilization report: A. Tareq, the Part A Recipient Fiscal Manager, reviewed expenditures and utilization through quarter 1 of FY2021. Part A service categories have expended 28% of their service category funding at this point in the fiscal year, and MAI funds have been 57% utilized. Mr. Tareq provided a line-by-line breakdown of expenditures and utilization to date. The committee was concerned about the high service utilization for Food Voucher services (100%) and MAI CIED (98%) so soon into the contract year. Mr. Tareq assured the committee that there is no need for concern and reallocations can be done to facilitate services with high utilization.

Quarterly Review of Meeting Evaluations: The PCS Staff Health Planner presented the PSRA committee meeting evaluation results from the first quarter to the committee. The PSRA committee had nine completed surveys out of a potential total of 44, with an 88.9% completion rate for the surveys received. However, members were concerned that the response rate for surveys is relatively low. The chair encouraged members to complete the surveys at the end of each meeting. Based on the survey responses, a guest questioned whether the committee would offer an in-person/online hybrid option for meetings. The committee was advised that the Executive committee is having ongoing discussions about how best hybrid meetings can be facilitated. There was still concern for the safety and comfortability of all attendees. This discussion will be revisited at the next Executive committee meeting and the HIVPC and its committees will be updated on any decisions made.

How Best to Meet the Needs: The Committee reviewed How Best to Meet the Need (HBTMTN) language for FY2022-2023. The amended language recommendations to the HBTMTN included language for reporting clients who have fallen out of care when there is a missed mental health appointment to reengage the client in care for mental health services. There were also updates

to the FPL guidelines for each service category. The committee voted to approve the recommended How Best to Meet the Need (HBTMTN) language for FY2022-2023 by roll call. The vote concluded with six for and one against and the motion was adopted with some opposition.

FY2022-2023 PSRA Priority Ranking Results: The committee received a presentation from the PCS Staff Health Planner on the results of the FY2022-2023 PSRA Priority ranking of Part A and MAI Service Categories. Committee members voted to accept the FY2022-2023 priority rankings as presented. The vote concluded with eight for and none against. The rankings were accepted unanimously.

QMC Recommendations: The committee received a presentation from the CQM Coordinator on recommendations from the QMC for PSRA. QMC reviewed RWPA data and based on the information presented to the Committee, it shared feedback in preparation for resource allocation.

Resource Allocations: The Committee was slated to complete Resource Allocations at this meeting. However, after much discussion the committee agreed to table this item for a special meeting to be held in August. At that meeting, The Recipient will provide the Committee with additional information on the basis for the recommended FY22 Allocations.

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:**
- Resource Allocations

H. **Next Meeting Date:**
August 2, 2021, at 1:00 p.m. via WebEx Videoconference

VII. AD-HOC NOMINATING COMMITTEE

July 7, 2021, *Chair: B. Barnes*

A. **Discussion Item:**

B. **Work Plan Item Update/Status Summary:**
Review Election Procedures and Logistics: The committee was slated to discuss members roles for this election, however the chair suggested they table this agenda item until the next meeting.

Slate of Officers: The committee discussed their instructions to Nominees regarding the Nominee talking points. The committee decided that they will require Nominees to cover a minimum of four of the eight questions/topics listed on the talking points

document, to include the question about membership and any three other topics. The committee also agreed that Nominees will be asked to still prepare to speak on the other topics for the question-and-answer portion of the meeting.

Recruitment Efforts: The committee discussed possible recruitment strategies to encourage individuals to run for the HIVPC chair or vice-chair position. The committee agreed that one of the first steps in encouraging individuals to run for the open positions is to highlight their abilities as members of the HIVPC. Dr. Moragne recommended that members me encouraged/allowed to self-nominate if they wish to run for the chair and vice-chair positions. The chair recommended that past Chairs or vice-chairs could address council members to boost morale for nominations. The chair also recommended that the committee create a flyer showcase past HIVPC chairs and vice-chairs along with their accomplishment towards the mission of the council as a means of recruiting Nominees The committee agreed to move forward with all the ideas brought forward.

Letter to Nominees: The committee reviewed the Letter to Nominees document. The committee agreed that this letter should be updated to include the instructions to Nominees regarding the Nominee talking points. The committee also agreed that this letter should come from the committee as a whole and not just the chair.

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:** November 10, 2021, at 4:00 p.m. via WebEx Videoconference

10. 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)

11. Unfinished Business
None.

12. Public Comment (10 minutes)

13. Agenda Items/Tasks for Next Meeting

a. Next Meeting Date: TBD

14. Request for Data

15. Announcements

16. Adjournment

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

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

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

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

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

FREQUENTLY USED TERMS

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

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

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

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

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

Meeting of the

Broward County HIV Health Services Planning Council

Thursday, June 24, 2021
9:30-11:30 AM
By WebEx Videoconference

M I N U T E S

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

Members Absent: T. Moragne, V. Lewis, I. Wilson, R. Siclari

Members Excused: C. Grant

Ryan White Part A Recipient Staff Present: K. Bostick, J. Gonzalez-Charlot, J. Bell, N. Walker, S. Scott, G. James, T. Thompson, W. Cius

Planning Council Support Staff Present: F. Ukpai, T. Williams, W. Saint-Fleur, V. Oratien, J. Ramos

Guests Present: K. Murphy, A. Rodriguez, S. Cook, J. Castillo

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Agenda Item #1: Call to Order

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

Agenda Item #2: Welcome & Public Record Requirements

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

Agenda Item #3: Meeting Approvals

The approval for the agenda of the June 24, 2021, HIV Planning Council meeting was proposed by *B. Barnes*, seconded by *L. Robertson*, and passed unanimously with a friendly amendment to move the ad-Hoc Nominating Committee agenda items from New Business to the ad-Hoc Nominating Committee report section. The approval for the minutes of the May 27, 2021, meeting was proposed by *V. Foster*, seconded by *H. Bradley Katz*, and approved with no further corrections.

Mr. Barnes, on behalf of the Broward County HIV Health Services Planning Council, made a motion to approve the June 24, 2021, HIVPC agenda with a friendly amendment to move the ad-Hoc Nominating Committee agenda items from New Business to the ad-Hoc Nominating

Committee report section. The motion was adopted unanimously.

Mr. Foster, on behalf of the Broward County HIV Health Services Planning Council, made a motion to approve the May 27, 2021, HIVPC meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #4: Public Comment

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

Agenda Item #5: Federal Legislative Report

A written legislative report (Handout A on file) was provided to the Council by *Kareem Murphy, Intergovernmental Relations Director* (Hennepin County, Minnesota.) *Mr. Murphy* noted that President Biden had released its entire budget for the upcoming fiscal year, with categorical funding increases for key areas of the Continuum of Care and Prevention. The requested funding includes $2.555 billion for all Ryan White Programs, $665.9 million of which will be awarded for Part A, a $10 million increase. In addition, Mr. Murphy announced that the Biden Administration recently named Harold Phillips as the White House Office of National AIDS Policy Director. Mr. Phillips was previously the Director of the Office of HIV/AIDS Training and Capacity Development and once served as the Grant Officer at the HIV/AIDS Bureau, where he oversaw Broward County's Part A Program.

Agenda Item #6: Consent Items

There were no consent items on the agenda for this meeting.

Agenda Item #7: Discussion Items

There were no discussion items on the agenda for this meeting.

Agenda Item #8: Meeting Activities/New Business

The CQM Coordinator reviewed information about medication dispensation for 30, 60, and 90-day prescriptions (Handout D on file). Council members discussed whether there was a correlation between retention in care & viral load suppression and the use of 30-day medication dispenses versus 60 or 90-day. The Florida Department of Health was unable to make correlations to retention in care with the data received.

Agenda Item #9: Committee Reports

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

The report stands.

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

The report stands.

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

There was no meeting held this month. The MCDC Chair announced the presence of the

HIVPC at the Stonewall Pride Parade. The event was utilized as a membership recruitment drive to engage community members to share information relevant to the HIVPC. HIVPC volunteers engaged with community members and received four HIVPC applications in addition to six member interest cards.

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

The report stands.

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

The report stands.

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

The report stands.

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

The report stands. The Chair noted that the ad-Hoc Nominating Committee discussed adjusting the nominating process to attract Council members to leadership positions. The significant change will be the Nominee Questionnaire typically completed by nominees, shared with ad-Hoc Nominating Committee members, and followed up by a Q & A session with nominees on the day of the election. The ad-Hoc Nominating Committee proposes a Letter of Intent detailing the nominee's interest in the leadership role. The Committee has also proposed changing the questionnaire format to 'Talking Points', where nominees will address many talking points during a designated time. The Chair noted that the Committee would prepare the motions to come forward for the next Council meeting.

Agenda Item #10: Recipient Reports

A. Part A: The Part A Recipient announced that the FY2022 Part A Notice of Funding Opportunity had been released. This year's funding opportunity launches the program's inaugural 3-year period of performance, a multi-year funding cycle. The funding ceiling for the Fort Lauderdale/Broward EMA is $16,511,090, and the application deadline is October 6, 2021.

B. Part B: The report stands.

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

D. Part D: The Part D Program is operating at 50% capacity but is looking to increase the number of in-person client visits. Broward Health is still enforcing the mask mandate to ensure the safety of personnel, clients, and physicians. The Part D mental health counseling has increased, and in return, viral load suppression of clients has improved to 87% for the quarter as clients have prioritized their health more.

E. Part F: There was no Part F representative present.

F. HOPWA: There was no HOPWA representative present.

G. Prevention: The Part B representative noted that Prevention had increased its Ending the

HIV Epidemic (EHE) efforts. Social marketing campaigns specific to PrEP are being used in communities with Women of Color. Prevention is continuing to collaborate with community partners to ensure that the Broward community meets the EHE goals.

Agenda Item #11: Unfinished Business

There was no unfinished business to discuss at this meeting.

Agenda Item #12: Public Comment

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

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

The next HIVPC meeting will be held on July 22, 2021, at 3:00 p.m. via WebEx Videoconference.

Agenda Item #14: Request for Data

There are no requests for data.

Agenda Item #15: Announcements

- The PCS staff Health Planner reminded council members about completing the Assessment of the Administrative Mechanism survey sent out to them via e-mail. Members experiencing issues accessing the survey were advised to reach out to PCS staff for assistance.

- The World AIDS Museum (WAM) is kicking off its *Night at the Museum* program, which will occur on the last Thursday of each month, where the museum will remain open until 7:00 pm to make the gallery space more accessible to the community. WAM will partner with J. Mark's Restaurant, located at 1245 N Federal Hwy, Fort Lauderdale, FL 33304. Individuals who attend the open house on Thursday, June 24, 2021, will receive a coupon for a free appetizer with the purchase of an entrée at the restaurant. The World AIDS Museum and Educational Center is located inside the Art Serve building at 1350 E Sunrise Blvd, Fort Lauderdale, FL 33304.

- The Pride Center is preparing for its next LIFE Cycle. The LIFE Program is a 12-week holistic health program designed for gay, bisexual, MSM, and other people who identify as male and live with HIV. The Pride Center will be starting its next LIFE Program Cycle, July 20, 2021. Interested individuals should contact us at life@pridecenterflorida.org or 954-463-9005, ext. 306.

- The Pride Center's Ujima Men's Collective Protege Project is designed for Black same-gender-loving men to address social determinants that impact Black same-gender-loving men. This mentoring program is for men between the ages of 18 and 34 as proteges and mentors are 35 and older. The program is to build a network of Black Same Gender Loving men to uplift each other. The program has added an incentivized feature where protégé's will receive a $350 stipend. For more information, individuals should contact Lorenzo Robertson at 813-391-6710 or via e-mail: ujimamen@gmail.com.

- Broward Regional Health Planning Council: The Health Insurance Premium Assistance

Program has a special enrollment period open through August 15, 2021. Part A clients are encouraged to enroll and obtain insurance as well as premium payment. From the ADAP perspective, the Florida Department of Health saw an increased number of ACA enrollments, but not a substantial one. It is very important to discuss this with clients because there are benefits to clients to having insurance.

- The Part A Recipient's Office will participate in the National HIV Testing Day 2021 event at the African-American Research Library and Cultural Center. Members can submit materials for the event to the Recipient's office by Friday, June 25, 2021.

- The Live Well Center is expanding services. Services now include haircuts, massage therapy, chiropractic services, and the gym are available to community members with a chronic illness. The Poverello has open positions, ideal for clients and consumers. Interested individuals should visit the Poverello website at https://poverello.org/ and call 954-561-3663 for services.

Agenda Item #16: Adjournment

There being no further business, the meeting was adjourned at 10:14 a.m.

HIVPC Attendance for CY 2021

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

Legend:

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

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: July 19, 2021

Federal Funding Update

House Marks Up Appropriations Bills
The House Appropriations Committee moved full speed into its schedule for marking up its FY 2022 appropriations bills. The Labor-Health and Human Services bill was approved in subcommittee on July 15. Total funding for its portion of the continuum is $1.501 billion, representing an increase of $187.5 million over the previous year. The Transportation-Housing and Urban Development bill was approved the next day. Below are funding total highlights for areas of the prevention, treatment, and care continuum:

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

The Senate Appropriations Committee has not announced a schedule, but it historically marks up bill several weeks after the House begins. The later than normal schedule, combined with an ambitious set of legislative priorities around infrastructure and social policy, will leave little extra time to adopt these spending bills ahead of the September 30 end of the fiscal year.

2021 AD-HOC NOMINATING COMMITTEE ELECTION TIMELINE

Activity	Proposed Date
Request for Nominating members at HIVPC meeting	April 22, 2021
First ad-Hoc Nominating Committee meeting. Review & approve procedures and talking points document.	June 14, 2021
HIVPC Meeting: Procedure & Talking points document approved by HIVPC. Nominations accepted from the floor. Talking point document given to all eligible parties interested in running. Request for Letter of Intent.	June 24, 2021
Second Ad-Hoc Committee Meeting: Review instruction for talking points, member roles, nominee recruitment.	July 7, 2021
Nominations closed.	October 21, 2021
Deadline for submitting Letters of Intent.	November 4, 2021
Third Ad-Hoc Nominating Committee meeting. Review & approve slate of candidates, election process, and ballots.	November 10, 2021
Letters of Intent sent to members along with voting instructions.	January 3, 2022
HIVPC meeting: Q&A session for all candidates. Candidates presented and voting takes place. Votes read into record.	January
Start of new HIVPC Chair & Vice Chair terms	March 1, 2022

NOMINATING PROCEDURE

FOR REGULAR ELECTIONS

The Planning Council Chair will appoint a Nominating Committee composed of not less than five (5) Council members. At least one member shall be an unaffiliated person living with HIV/AIDS.

At the July HIVPC meeting (prior to the January election), a verbal call for nominations from the floor will take place. Nominees will be given a list of talking points of which they will be required to speak on at least four (4) during their allotted ten (10) minutes at the January HIVPC meeting before voting takes place. Nominees will also be required to submit a letter of intent to express their interest in running for Chair or Vice Chair. The deadline for submitting responses will be November 4, 2021.

NOMINATIONS WILL THEN BE CLOSED.

The Nominating Committee will meet following the submission deadline to review the nominations received to date and prepare a slate of all candidates. The Letters of Intent from each candidate will be shared with committee members along with voting instructions before the January HIVPC meeting.

If a member calls in to the Planning Council meeting, the member can vote. The member calling in to the meeting will vote first so as not to be a tie-breaking vote.

At the beginning of the January Planning Council meeting, candidates will give presentations that should be limited to 10 minutes with an additional 2 minutes for clarification relevant to the responses. Then ballots will be distributed to members present. The ballots will include the candidates' names for Chair and Vice Chair. If there is only one candidate running for office, the ballot will include an option for members to either approve or reject the candidate. Planning Council members will receive a ballot with their name pre-printed for record-keeping purposes.

Election of Officers per Article V Section 2 shall utilize a majority vote double election system (primary election and a secondary run-off election). The double election system is a primary election where you vote for your first choice and then, when your first- choice candidate is eliminated in the primary, you go to the voting booth at the final election and vote your second choice.

Before the close of the January meeting, the Chair of the Nominating Committee will announce the new officers and read each vote into the record. Terms of office are effective as of March 1, 2022.

FOR SPECIAL ELECTIONS

In the event of the resignation or other reason for vacating the Chair or Vice Chair positions, a special election will be held following the procedures outlined above. Dates may vary based on the timing of the resignation.

Approved [insert date] by HIVPC

Dear Nominee,

Thank you for taking the time to submit your Letter of Intent for the position of HIV Health Services Planning Council Chair or Vice-Chair. The Council was created to provide planning, promote the development of HIV/AIDS health services, personnel, and facilities that meet identified health needs in a cost-effective manner, reduce inefficiencies, and develop HIV-related health plans.

Through this letter, we acknowledge your dedication to the mission of the HIVPC. Your contributions are greatly appreciated by your fellow committee members and People Living with HIV/AIDS in Broward County. As such, we are confident of your ability to serve as HIVPC Chair or Vice-Chair and wish you success in your endeavors.

Along with this letter, we have provided you with talking points. These talking points will guide you as you prepare to present your candidacy to the members of the HIVPC. At minimum we ask that you cover four of the eight questions listed on the talking points document to include membership along with at least three other topics of your choice. Please bear in mind that you may be asked to speak on the other questions during the question-and-answer portion of the meeting. As such we ask that you prepare adequately.

For more information about the role of the HIVPC Chair or Vice-Chair positions, please contact Planning Council Support Staff via email at hivpc@brhpc.org or by phone at 954-561-9681 ext. 1295/1292.

Sincerely,

The Ad-Hoc Nominating Committee

HANDOUT E

NOMINEE TALKING POINTS

Candidate Name: _____

Office Sought: _____

Affiliation: _____

Please state your affiliation as an employee, consultant, or board member with Ryan White Part A, if any.

Please answer each question as concisely as possible, using the space provided.

Leadership

Please describe your leadership style and how you might engage Council members and facilitate the meting process.

Membership

How will you go about ensuring Council membership is compliant and reflective of the demographics of the HIV/AIDS epidemic in Broward County?

Relationships, Community, & Outreach

What will your strategies be to improve the relationship between the Council and the Broward County HIV/AIDS Community?

Health Disparity

What initiatives should the Planning Council focus on to eliminate health disparities and improve access to services?

NOMINEE TALKING POINTS

Conflict of Interest

If elected, how will you avoid conflict of interest, real or perceived, while exercising your duties of office and that of your personal and professional life?

Advocacy

What current issues impacting the HIV/AIDS community would you like the Council to address?

Outlook

How will you help the HIVPC achieve the goals of the Broward County Integrated HIV Prevention and Care Plan, CY2017-2021 and the Ending the HIV Epidemic pillars? *(The goals are to increase access to care, improve health outcomes, reduce HIV-related health disparities; and reduce the number of new HIV infections in the United States by 75 percent by 2025, and then by at least 90 percent by 2030, for an estimated 250,000 total HIV infections averted.)*

NOMINEE TALKING POINTS

Other (optional)

Approved [insert date]

Approved by the HIV Health Services Planning Council on 7/23/2020

Broward County Ryan White Part A
HIV Health Services Planning Council
HOW BEST TO MEET THE NEED LANGUAGE
FY 2022-2023

Recommended Language from System of Care Committee during the July 1, 2021, Meeting

ALL SERVICES
Recommended Language
1. **No Recommended Language for FY2022-2023.** 2. Ensure Part A Providers document collaborative agreements with all and other organizations within their continuum of care, an across systems to help clients get all their needs addressed. 3. Provide Care Coordination across multiple service categories. 4. Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, annual customer service trainings for staff, and provide follow-up as needed. 5. Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who fallen out care. 6. Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppress, including but not limited to: a. Black heterosexual men and women b. Black men who have sex with men (MSM) 18-38 years of age 7. Integrate care collaboration with members of the client's service providers. 8. Collect client level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care. 9. Implement formal policies addressing referrals amongst internal and external providers to maximize community resources. 10. Co-locate services where applicable, to facilitate medical home for Part A clients.
CORE MEDICAL SERVICES
Outpatient Ambulatory Health Services (OAHS)
Services Criteria: (≤ 400% FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023.** 2. Test and treat as well as the integration of behavioral health screenings into primary care increase access to OAHS and may require increased funding due to additional staffing and provisions of services. 3. Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services. 4. Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care.

5. Integrate care provider collaboration with members of the client's treatment team outside of the organization.
6. Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
7. Care Coordinators will monitor delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involvement departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.
8. Provide after-hours services availability to include Crisis Intervention.
9. Coordinate referrals with other service providers; conduct follows with clients to ensure linkage to referred services.
10. Ensure providers are knowledgeable regarding management of patients co-infected with HIV and Hepatitis C Virus (HCV).
11. Incorporate prevention messages into the medical care of PLWHA.
12. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved away/to a different payer source.

AIDS Pharmaceuticals (Local)

Services Criteria: (≤ 400% FPL)

Recommended Language

1. **No Recommended Language for FY2022-2023.**
2. Drugs used for Test and Treat.
3. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved to a different payer source.

Oral Health Care (OHC)

Services Criteria: (≤ 400% FPL)

Recommended Language

1. **No Recommended Language for FY2022-2023.**
2. Make provision for the increased demand for services due to increase in service locations.
3. Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals.
4. Increase Oral Health Care collaboration with mental Health providers.
5. Expand and separate Oral Health Care services funding into two components: Routine maintenance care and Specialty Care.

Health Insurance Continuation Program (HICP)

Services Criteria: (≤ 400% FPL)

Recommended Language

1. **No Recommended Language for FY2022-2023**
2. Increase in clients with access to health insurance.
3. Develop materials for clients to use as quick references.
4. Provide assistance with prior authorizations and appeals process.
5. Maintain routinized payment systems to ensure timely payments of premiums, deductible, and co-payments.

Mental Health Service (MH)

Services Criteria: (≤ 300% FPL)
Recommended Language
1. **Report clients who have fallen out of care to medical team when there is a missed mental health appointment to quickly reengage the client in care for mental health services.** 2. Integrated service may be impacting utilization in this service category. 3. Provide Trauma-Informed Mental Health Services referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma. 4. Provide after-hours availability to include Crisis Intervention.
Medical Case Management (Disease Case Management)
Services Criteria: (≤ 400% FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023.** 2. Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services. 3. Report change in viral load status as clients progress through the program.
Substance Abuse/Outpatient
Services Criteria: (≤ 300% FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023.**
SUPPORT SERVICES
Case Management (Non-Medical)
Services Criteria: (≤ 400% FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023.** 2. Implementation of test and treat increases demand for more services. 3. Specially train personnel to ensure client education about transitioning to insurance plans, including medication pick up, co-payments, staying in network, etc. 4. Provide education to reduce fear and denial and promote entry into primary medical care. 5. Educate clients on the importance of remaining in primary medical care. 6. At least 30% on Non-Medical Case Management funded personnel be dedicated to Peers. 7. Incorporate prevention messages into the medical care of PLWHA. 8. Educate consumers on their role in the case management process. 9. Provide initial/ongoing training and development for HIV peer workers. 10. Overview of health care plan summary benefits (coverage and limitations). 11. Educate the client on the different types of health care providers (i.e. Primary Care, Urgent Care, and Specialty Care).

Centralized Intake and Eligibility Determination (CIED)
Services Criteria: HIV+ Broward County Resident (All Clients)
Recommended Language
1. **No Recommended Language for FY2022-2023.** 2. Participate in future Part A/B dual eligibility determination. 3. Ensure the locations and service hours target historically underserved populations that are disproportionately impacted with HIV. 4. Maintain collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care. 5. Distribute client handbook to provide an overview of the purpose of Ryan White Part A services and includes the following: 1) Client rights and responsibilities, 2) Names of providers complete with addresses and phone numbers, and a. 3) Grievance procedures. 6. Always offer dedicated live operator phone line during normal business hours. 7. Ensure that intake data collected for transgender clients is sufficient to make full use of transgender related categories in PE. 8. Follow-up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.
Emergency Financial Assistance
Services Criteria: (≤ 400% FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023** 2. Drugs used for Test and Treat. 3. Provide limited one-time or short-term pharmaceutical assistance for Ryan Part A clients.
Food Services
Services Criteria: (≤ 400% FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023** 2. Increase communication with client primary care physicians and nutrition counselors to ensure client nutrition needs are being met. 3. Provide workshop and training forums focused on improving Clients' knowledge of healthy eating and nutrition as related to management of their health.
Legal Services
Services Criteria: (≤ 300% FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023**

HANDOUT G

PSRA PROCESS FY2022-2023

PRIORITY SETTING/RANKING

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

Presented as of July 15, 2021

PART A CORE SERVICE CATEGORIES

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

HIVPC
Broward County HIV Health Services Planning Council

CORE MEDICAL SERVICES	FY2022 PSRA Rankings
Outpatient Ambulatory Health Services (OAHS)	1
AIDS Drugs Assistance Program Treatments (ADAP)	2
AIDS Pharmaceutical Assistance (Local)	3
Health Insurance Premium & Cost-Sharing Assistance (HICP)	4
Oral Health Care (Dental)	5
Medical Case Management (Disease)	6
Mental Health Services	7
Substance Abuse Services - Outpatient	8
Early Intervention Services (EIS)	9
Medical Nutrition Therapy	10
Home and Community-Based Health Services	11
Home Health Care	12
Hospice Services	13

PART A SUPPORT SERVICE CATEGORIES

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

* No community/needs assessment input provided

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SUPPORT SERVICES	FY2022 PSRA Rankings
Food Bank/Home-Delivered Meals	1
Housing Services	2
Non-Medical Case Management	3
Emergency Financial Assistance	4
Medical Transportation Services	5
Legal Services	6
Health Education/Risk Reduction	7
Psychosocial Support Services	8
Outreach Services	9
Substance Abuse Services – Residential	10
Child Care Services	11
Permanency Planning	12
Referral for Health Care/Supportive Services	13
Rehabilitation Services	14
Linguistics Services (Interpretation and Translation)	15
Other Professional Services	16
Respite Care	17

WRAP UP/DISCUSSION

- Have there been any significant changes or trends since last year/over time that impacts your outlook on service priorities?
- Has there been any new information presented this year that may impact your official FY2022 priority rankings?
- What information informed your final decision-making process?

QUESTIONS?

DISCUSSION

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HANDOUT H

Broward County HIV Health Services Planning Council Meeting Evaluation Report

Quarter 1: March 1, 2021-May 31, 2021

Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Broward County Board of County Commissioners
Presented as of June 24, 2021.

Purpose

- The Planning Council Meeting Evaluation Form is utilized for all meetings of the Broward County HIV Health Services Planning Council (Planning Council) and its committees to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of its meetings.
- This tool will be utilized by the HIVPC and its committees to identify strengths and challenges and/or deficiencies and potential Council Development/Training needs.

Process

1. The Planning Council Meeting Evaluation Form will be shared with members and interested parties after the adjournment of all meetings of the Planning Council and its committees.
2. At this time completed Evaluation forms will be collected electronically on a rolling basis.
3. Council Support staff will aggregate the results of each meeting's evaluation forms and provide this data to the respective committee chairs and vice-chairs at the end of each quarter.
4. Council Support staff will provide aggregate totals of each meeting to all members at the Committee meetings at the end of each quarter.
5. "Meeting Evaluation" will be a standing item on the Committee agenda.
6. The Committees will discuss meeting evaluation findings to identify areas for improvement and suggest possible solutions to Planning Council/Committee Chairs.
7. The Committees will recommend training activities to the Membership/Council Development Committee, as necessary.

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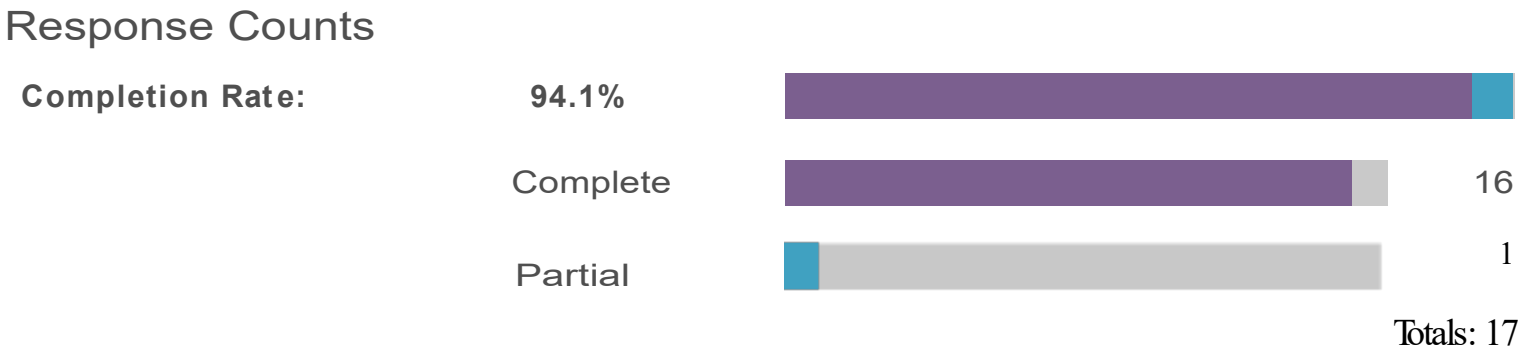
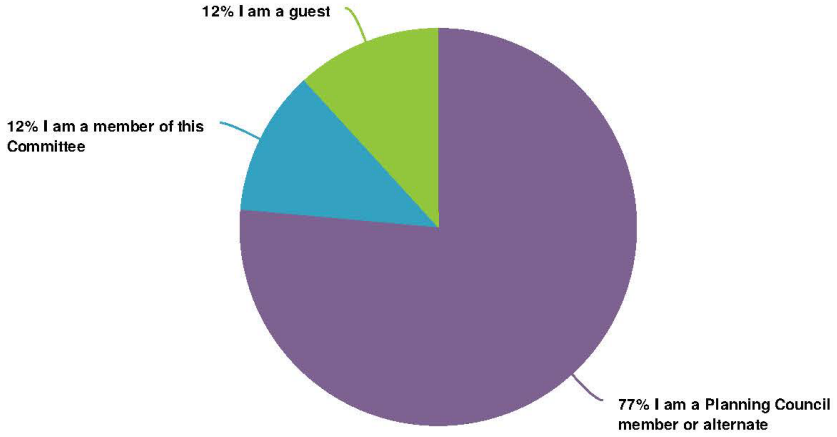
Completion Rate

- 17 meeting evaluations were received out of a potential total of 109.
- There was a 94.1% completion rate observed for the evaluations that were received.



Affiliation



Value	Percent	Responses
I am a Planning Council member or alternate	76.5%	13
I am a member of this Committee	11.8%	2
I am a guest	11.8%	2

Totals: 17

Logistics

- 100% of respondents agreed that the meeting location was convenient
- 94.1% of respondents agreed that the meeting times were convenient, and meetings were frequent enough to achieve progress towards workplan goals.
- 94.2% of respondents agreed that the meeting space was comfortable, accessible and appropriate.

Meeting Content

- Most respondents agreed that the purpose and objectives of meetings are clearly outlined.
- Similarly, most respondents agreed that not only are meeting material informative and useful, but materials align well with workplan goals and activities to advance the work of the planning council in a meaningful way.
- Most respondents agreed that they left the meeting knowing exactly what is expected of them.

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Preparation

- Respondents agreed that pre-meeting materials were well put together and useful and delivered sufficiently in advance of the meeting date.
- Most of the respondent agreed that the committee was well prepared to facilitate meetings. This includes themselves as well as other meeting participants.

Process/Team-Work

- Most respondents agreed that all attendees were encouraged to participate in meetings discourse.
- Conversely some respondents did not feel like the meeting space allowed for healthy debate or purposeful discussions for all attendees.

Meeting Efficiency

- More than 90% of respondents agree that meetings are being ran efficiently.
- 6.3% of respondents do not agree that the meetings are being ran efficiently.
- Most respondents believe that the meetings were a good use of their time and would recommend them to prospective members, funders and other guests.

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Strengths

- Informative
- Respectful
- Focused
- Unity
- Co-operation

Suggestions for Improvement

- Shorten meeting evaluations
- Continue member recruitment effort to improve diversity.
- Hard copy of meeting materials.
- Be proactive
- Look at different times for the meeting because it is a virtual meeting

Suggestions for Improvement

- Each committee should give a presentation about what they do and how it fits into the over all council.
- Review presentations and information sooner than later.
- Narrow the data to eliminate questions during the presentation.
- For presentations that are presented to several committees, ensure that questions that are asked are answered before the presentation is given again at another committee meeting.

QUESTIONS?

DISCUSSION

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