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

HIV Health Services Planning Council Meeting

Thursday, September 30, 2021 - 9:30 AM
Meeting via WebEx Videoconference
Chair: Requel Lopes • Vice Chair: Claudette Grant

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 132 916 3211)

This meeting is audio and video recorded.

Quorum for this meeting is 11

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for September 30, 2021
5. **ACTION:** Approval of Minutes from August 4, 2021
6. Federal Legislative Report- Kareem Murphy (Handout A)
7. Standard Committee Items
   a. Quarterly Review of Meeting Evaluations (Quarter 2: June – August) (Handout B)
8. Consent Items
   a. Motion to approve Christopher Dumas to join the HIV Planning Council in a non-elected community leader. (Handout C).
   Justification: Mr. Dumas has an interest in bringing strong awareness to community public health, MSM, HIV and addiction as well as five years' experience with Ryan White Programs.
   Proposed by: MCDC Committee
   b. Motion to approve updates to the 2021 Election Timeline (Handout D).
   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

9. Discussion Items

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

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

10. New Business

   a. **Action Item**: FY2020 Assessment of the Administrative Mechanism- Review the results of the FY 2002 Assessment of the Administrative Mechanism and make recommendations. (Handout E).
   Workplan Activity 6.4 Distribute the narrative report, including identified areas for improvement, and any necessary steps for action by September 2021.

11. Committee Reports

   a. COMMUNITY EMPOWERMENT COMMITTEE (CEC)
   CEC Chair: V. Biggs, CEC V. Chair: A. Ruffner
   September 7, 2021

      i. **Discussion Item:**
      ii. **Work Plan Update/ Status Summary:** The Committee reviewed the progress made toward FY2021-2022 work plan activities. PCS Staff presented the updated work plan, which reflects completed activities through the first half of the fiscal year. To date, the Committee has achieved about 40% of their work plan with upcoming scheduled activities. PCS staff continues to actively update the work plan to reflect completed activities. Members discussed potential community engagement opportunities for the Committee to include hosting a red table talk styled listening session specific for Consumers to discuss their experiences navigating the Fort Lauderdale/Broward EMA's system of care and partnering with the World AIDS Museum to cohost Steering the Ship, a part of the World AIDS Museum's community dialogue series. The event, which was originally scheduled for Tuesday, July 27, 2021, was postponed to Tuesday, October 19, 2021. Lastly, the Committee reviewed current HIVPC recruitment materials and provided insightful feedback on how best to improve on the materials currently being used.
      iii. **Data Requests:**
      iv. **Rationale for Recommendations:**
      v. **Data Reports/ Data Review Updates:**
      vi. **Other Business Items:**
      vii. **Agenda Items for Next Meeting:**
         - CEC Listening Session Event Planning
      viii. **Next Meeting date:** October 5, 2021, at 3:00 PM via WebEx Videoconference

   b. SYSTEM OF CARE COMMITTEE (SOC)
   SOC Chair: A. Ruffner, SOC V. Chair: J. Rodriguez
   No Meeting Held

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

iii. **Data Requests:**
iv. **Rationale for Recommendations:**
v. **Data Reports/ Data Review Updates:**
vi. **Other Business Items:**
vii. **Agenda Items for Next Meeting:**
viii. **Next Meeting date:** October 7, 2021, at 9:30 AM via WebEx Video Conference

c. MEMBERSHIP/COUNCIL DEVLOPMENT COMMITTTEE (MCDC)
MCDC Chair: V. Foster, MCDC V. Chair: T. Moragne
September 9, 2021

i. **Discussion Item:**
ii. **Work Plan Update/ Status Summary:** The Committee reviewed standard Committee items to include the HIVPC member budget, HIVPC and Committee Demographics report, current member applications, and the quarterly evaluation results. The HIVPC currently has 19 members and is currently well under the HRSA mandated percentage of 33% unaffiliated consumers serving on the Council. PCS staff noted that individuals have been identified and contacted to fill several of the open job-based seats and are awaiting a response. The Committee also discussed a social media proposal submitted on behalf of the HIVPC to allow the Council to use social media platforms to engage with the community and communicate HIVPC specific information to the public. The Committee reviewed a pending HIVPC application. Members interviewed the candidate and inquired about why he was interested in joining the Planning Council. After some discussion, the MCDC approved the applicant for membership, and their application will move to the HIVPC for approval and recommendation to the Broward Board of County Commissioners. The PCS Health Planner presented the MCDC meeting evaluation results from the second quarter to the Committee. Meeting evaluations are used as a tool to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of meetings, and they identify strengths, deficiencies, and potential training/development needs. The MCDC had three completed surveys out of a potential total of four, with a 100% completion rate for the surveys received. Members discussed the FY21-22 and FY22-23 HIVPC Training Plan and agreed that it would be beneficial to receive trainings/presentations on systems outside of the presented items. The MCDC will revisit the training plan on an ongoing basis to recommend other training topics based on current issues or topics beneficial to the Council. Lastly, the Committee discussed the HIVPC Succession Planning Guide which will be used to identify future needs of the HIVPC and the skillsets necessary to assume leadership roles. Members will complete the toolkit and return it to PCS staff to draft a formal succession plan.
iii. **Data Requests:**
iv. **Rationale for Recommendations:**
v. **Data Reports/ Data Review Updates:**
vi. **Other Business Items:**
vii. **Agenda Items for Next Meeting:**
viii. **Next Meeting date:** October 14, 2021, at 9:30 AM via WebEx Videoconference

d. QUALITY MANAGEMENT COMMITTEE (QMC)
QMC Chair: B. Fortune- Evans, QMC V. Chair: D. Shamer
September 20, 2021

i. **Discussion Item:**
ii. **Work Plan Update/ Status Summary:** CQM Support Staff provided an overview of progress completed through this point in the fiscal year and of Network activities during the second quarter of FY2021. Attendees discussed potential topics for Provider Appreciation Week and QMC trainings or discussions. The Committee also received an overview of the Oral Health No-Show Tracking

Report. This project was conducted in FY2019, and the report produced in FY2020. Meeting attendees discussed the project and shared feedback & questions regarding the report. Lastly, CQM Support Staff announced changes to current staffing on the CQM & PCS Teams. Vanessa Oratien has stepped down from her position as CQM Coordinator. Florence Ukpai, PCS Coordinator will be the Manager overseeing both programs.

iii. **Data Requests:**
iv. **Rationale for Recommendations:**
v. **Data Reports/ Data Review Updates:**
vi. **Other Business Items:**
vii. **Agenda Items for Next Meeting:**
- Client Satisfaction Survey Discussion
- FY2021 Q2 Ryan White Part A Data
- Ryan White Part A Data Drilled Down by Insurance

viii. **Next Meeting date:** October 18, 2021, at 12:20 PM via WebEx Videoconference

e. EXECUTIVE COMMITTEE
Exec Chair: R. Lopes, Exec V. Chair: C. Grant
September 23, 2021

i. **Discussion Item:**
ii. **Work Plan Update/ Status Summary:** The Executive Committee reviewed and approved the HIV Planning Council agenda for the 09/30/2021 meeting. The PCS Staff Health Planner presented the Executive meeting evaluation results from the second quarter. Meeting evaluations are used as a tool to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of meetings, and they identify strengths, deficiencies, and potential training/development needs. The Executive Committee had five completed surveys out of a potential total of 19, with a 100% completion rate for the surveys received. The anticipated total number of surveys is based on the number of attendees for the quarter being reported on. Members discussed the lack of participation from members and the Chair strongly encouraged members to complete meeting evaluations so that the data to be collected and analyzed can be more impactful. There was also discussion about including additional questions to garner further information about meeting quality and efficacy. Members had a robust discussion related to transitioning back to in-person meetings with the option of WebEx. This hybrid option will allow members interested in moving back to in-person meetings while still offering the option of virtual attendance. The Committee voted to table the discussion until the next meeting as PCS staff follows up with the Intergovernmental Affairs liaison for more information. Finally, the PCS Staff Health Planner reviewed progress toward each Committees FY2021-2022 work plan activities. Members examined updated work plans which reflected completed activities through the second quarter of the fiscal year. The Executive Chair recommended that this item remain on the agenda for the October Executive Committee meeting to provide Subcommittee Chairs an opportunity to convene within their respective committees to assess where they expect to be, in terms of progress, by the end of the fiscal year. Members then discussed planning for the Annual HIVPC Member Retreat and proposed February 2022 as the month to host the retreat. The Committee proposed that topics of the retreat should be related to the Integrated HIV Prevention and Care Plan, Robert's Rules, new member recruitment, Ryan White HIV/AIDS Program Compass dashboard, and the Memorandum of Understanding.
iii. **Data Requests:**
iv. **Rationale for Recommendations:**
v. **Data Reports/ Data Review Updates:**
vi. **Other Business Items:**

vii. **Agenda Items for Next Meeting:**
viii. **Next Meeting date:** October 21, 2021, at 11:30 AM via WebEx Videoconference

f. PRIORITY SETTING & REAOURCE ALLOCATION COMMITTEE (PSRA)
PSRA Chair: L. Robertson, PSRA V. Chair: V. Moreno
September 23, 2021

i. **Discussion Item:**
ii. **Work Plan Update/ Status Summary:** The Part A Fiscal Manager reviewed expenditures, and utilization through Quarter 2 of FY2021. Part A service categories have expended 48% of their service category funding at this point in the fiscal year, and MAI funds have been 71% utilized. PSRA members inquired about the MAI CIED and Food Voucher service categories which appear to be 100% expended. Participants wanted clarification on whether clients would still be able to access those services despite it being fully expended. A Part A representative confirmed that agencies will continue to provide service for MAI clients using regular Part A funds after all MAI funds have been expended. The PCS Staff Health Planner presented the PSRA meeting evaluation results from the second quarter to the committee. Meeting evaluations are used as a tool to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of meetings, and the evaluations identify strengths, deficiencies, and potential training/development needs. The PSRA had 14 completed surveys out of a potential total of 41, with a 100% completion rate for the surveys received. A presentation was provided on the results of the FY2020 Assessment of the Administrative Mechanism. The purpose of the Assessment of the Administrative Mechanism is to assess the efficiency of administrative mechanism in allocating funds to the areas of greatest need within the HIV community. The survey is distributed annually to the Recipient, subrecipients and the HIVPC and covers topic related to the procurement process, contracts, reimbursements of subrecipients, use of fund as well as engagement with the HIVPC in the planning process. For FY2020, 19 out of 21 HIVPC members participated, 8 out of 11 providers participated and the Part A Recipient also completed the survey. Overall, the administrative mechanism functions effectively and efficiently with no substantial problems identified through its assessment. Members voted to approve the recommendations from the Assessment of the Administrative Mechanism as presented.
iii. **Data Requests:**
iv. **Rationale for Recommendations:**
v. **Data Reports/ Data Review Updates:**
vi. **Other Business Items:**
vii. **Agenda Items for Next Meeting:**
viii. **Next Meeting date:** October 21, 2021, at 9:00 AM via WebEx Videoconference

g. AD- HOC NOMINATING COMMITTEE
Ad-Hoc Chair: B. Barnes
September 10, 2021

ix. **Discussion Item:**
x. **Work Plan Update/ Status Summary:**
The Committee reviewed and discussed potential changes to the 2021 Ad-Hoc Nominating Committee Election Timeline. Members discussed the possible guidelines for online voting for the upcoming HIVPC Chair elections and agreed that voting will be open between January 18, 2021 and January 25, 2021. To ensure that there is 100% participation in the voting process, the Committee decided that members who have not voted by end of business on January 25, 2021 will be contacted by PCS staff on January 26, 2021, to assist them with the voting process. Members agreed that the votes will be read into the record at the January 27, 2021, HIVPC meeting. In consideration of the potential challenges of

hosting elections in a virtual meeting environment, the committee agreed to host a dry run of the voting procedures at the October HIVPC meeting to assist members with navigating the voting systems. Lastly, the committee reached an agreement to accept members' vote via one of four options: email, text, call in to PCS Staff or through the online survey platform.

xi. **Data Requests:**
xii. **Rationale for Recommendations:**
xiii. **Data Reports/ Data Review Updates:**
xiv. **Other Business Items:**
xv. **Agenda Items for Next Meeting:**
xvi. **Next Meeting date:** November 10, 2021, at 4:00 PM via WebEx Videoconference

12. Recipient's Report
13. Public Comment
14. Agenda Items for Next Meeting
    a. Next Meeting Date: October 28, 2021, at 9:30 a.m. via WebEx Videoconference
15. Announcements
16. Adjournment

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

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

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

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

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

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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

Meeting of the

Broward County HIV Health Services Planning Council

Wednesday August 4, 2021
1:00-3:00 PM
By WebEx Videoconference

M I N U T E S

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

Members Absent: V. Lewis, B. Fortune-Evans, I. Wilson, J. Rodriguez

Members Excused: None.

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

Planning Council Support Staff Present: G. Berkley-Martinez, F. Ukpai, T. Williams, V. Oratien, W. Saint Fleur

Guests Present: W. Spencer, B. Mester, A. Rodriguez, Sam. Q, G. Roberts, S. McShee

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Agenda Item #1: Call to Order

The *HIVPC Chair* called the meeting to order at 1:04 p.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 August 04, 2021, HIV Planning Council meeting was proposed by *L. Robertson*, seconded by *Y. Arencibia*, and passed unanimously. The approval for the minutes of the July 22, 2021, meeting was proposed by *L. Robertson*, seconded by *Y. Arencibia*, and approved with no further corrections.

Mr. Robertson, on behalf of the Broward County HIV Health Services Planning Council, made a motion to approve the August 04, 2021, HIVPC agenda as presented. The motion was adopted unanimously.

Mr. Robertson, on behalf of the Broward County HIV Health Services Planning Council, made a motion to approve the July 22, 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

There was no Federal Legislative Report on the agenda for this meeting.

Agenda Item #6: Consent Items

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

Agenda Item #7: Discussion Items

HIVPC members reviewed the discussion items and voted to approve the Core and Support Services allocations proposed by the PSRA Committee.

M. Schweizer made a motion to allocate $5,436,529 to Outpatient Ambulatory Healthcare Services for FY2022-2023. R. Lopes seconded the motion. The motion was adopted with one opposition and one abstention.

R. Siclari made a motion to allocate $349,916 to AIDS Pharmaceutical Assistance (LPAP) for FY2022-2023. V. Moreno seconded the motion. The motion was adopted with one abstention.

R. Lopes made a motion to allocate $2,646,964 to Oral Health Care for FY2022-2023. R. Siclari seconded the motion. The motion was adopted with one opposition.

M. Schweizer made a motion to allocate $779,279 to Health Insurance Premium & Cost Sharing (HICP) for FY2022-2023. R. Lopes seconded the motion. The motion was adopted with one opposition and one abstention.

M. Schweizer made a motion to allocate $512,117 to Medical Case Management – Disease Case Management for FY2022-2023. R. Lopes seconded the motion. The motion was adopted with one opposition.

Y. Arencibia made a motion to allocate $1,239,359 to Medical Case Management – Case Management for FY2022-2023. V. Foster seconded the motion. The motion was adopted with one opposition.

***R. Lopes made a motion to allocate $159,939 to Mental Health for FY2022-2023. M. Schweizer seconded the motion. The motion was adopted with one opposition and three abstentions.**

*Note: Please note that a revote will take place on Thursday, September 30, 2021 at the HIV Health Services Planning Council meeting as this motion was incorrect and is being corrected for the record.

A. Ruffner made a motion to allocate $337,498 to Substance Abuse – Outpatient for FY2022-2023. V. Foster seconded the motion. The motion was adopted with one opposition and one abstention.

R. Lopes made a motion to allocate $582,488 to Non-Medical Case Management (Centralized Intake & Eligibility Determination [CIED]) for FY2022-2023. R. Siclari seconded the motion. The motion was adopted with one opposition and one abstention.

R. Lopes made a motion to allocate $115,872 to Emergency Financial Assistance for FY2022-2023. R. Siclari seconded the motion. The motion was adopted with one opposition.

***R. Lopes made a motion to allocate $782,586 to Food Bank/Food Voucher for FY2022-2023. V. Biggs seconded the motion. The motion was adopted with three abstentions.**

*Note: Please note that a revote will take place on Thursday, September 30, 2021 at the HIV Health Services Planning Council meeting as this motion was incorrect and is being corrected for the record.

R. Siclari made a motion to allocate $129,151 to Legal Services for FY2022-2023. Y. Arencibia seconded the motion. The motion was adopted with one opposition.

Total Part A Core & Support Services: $13,071,698

M. Schweizer made a motion to allocate $116,092 to MAI Outpatient Ambulatory Healthcare Services for FY2022-2023. Y. Arencibia seconded the motion. The motion was adopted with one rejection and one opposition and one abstention.

R. Siclari made a motion to allocate $93,212 to MAI Medical Case Management – Case Management for FY2022-2023. R. Lopes seconded the motion. The motion was adopted with one opposition and one abstention.

M. Schweizer made a motion to allocate $62,469 to MAI Mental Health for FY2022-2023. Y. Arencibia seconded the motion. The motion was adopted with one opposition and one abstention.

A. Ruffner made a motion to allocate $400,000 to MAI Substance Abuse – Outpatient for FY2022-2023. M. Schweizer seconded the motion. The motion was adopted with one opposition and one abstention.

Y. Arencibia made a motion to allocate $290,956 to MAI Non-Medical Case Management (Centralized Intake & Eligibility Determination [CIED]) for FY2022-2023. M. Schweizer seconded the motion. The motion was adopted with one opposition and one abstention.

Total MAI: $962,729

Total Core, Support and MAI: $14,034,427

Agenda Item #8: Meeting Activities/New Business

The Council received a presentation from *Will Spencer*, Past HIVPC Chair, detailing his experience as a past Planning Council Chair. *Mr. Spencer* discussed the progress of the HIVPC and issued a call to action for current members to strongly consider taking on one of the leadership positions. Members commended Mr. Spencer for his address to Council members.

Agenda Item #9: Committee Reports

There were no committee reports on the agenda for this meeting.

Agenda Item #10: Recipient Reports

There was no Recipient Report on the Agenda for this meeting.

Agenda Item #11: Unfinished Business

There was no unfinished business to discuss at this meeting.

Agenda Item #12: Public Comment

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

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

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

Agenda Item #14: Request for Data

There are no requests for data.

Agenda Item #15: Announcements

There were no announcements for this meeting.

Agenda Item #16: Adjournment

There being no further business, the meeting was adjourned at 2:20 p.m.

HIVPC Attendance for CY 2021

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

Earlier this week, the Senate Appropriations Committee cancelled a series of mark ups due to disagreements among committee leaders. The Senate will join the House in trying to pass a temporary spending package to keep all government programs operating and funded past the September 30 end of the fiscal year. The current package would extend that through December 3. The House and Senate continue to work on a larger agreement for FY 2022 appropriations and reconciliation (a larger spending authorization that would fund President Biden's Build Back Better agenda, especially the human services side of infrastructure).

Reconciliation
The House version of the reconciliation package includes an additional $150 million for the Ryan White continuum in FY 2022 funding. This would be a major increase and possibly set a new highwater mark for future level funding. Several HIV/AIDS coalitions sent letters of support to congressional leaders.

HANDOUT B

Broward County HIV Health Services Planning Council Meeting Evaluation Report

Quarter 2: June 1, 2021- August 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 September 23, 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.

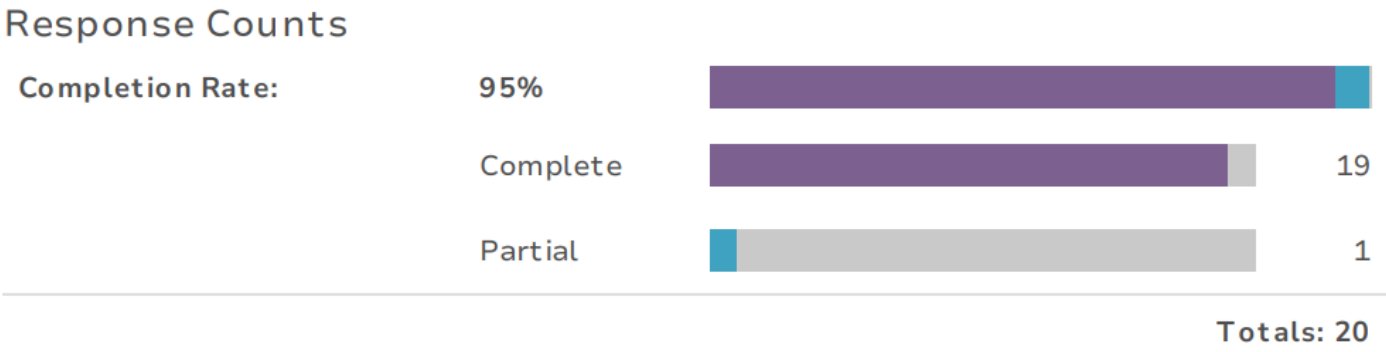
Process

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.

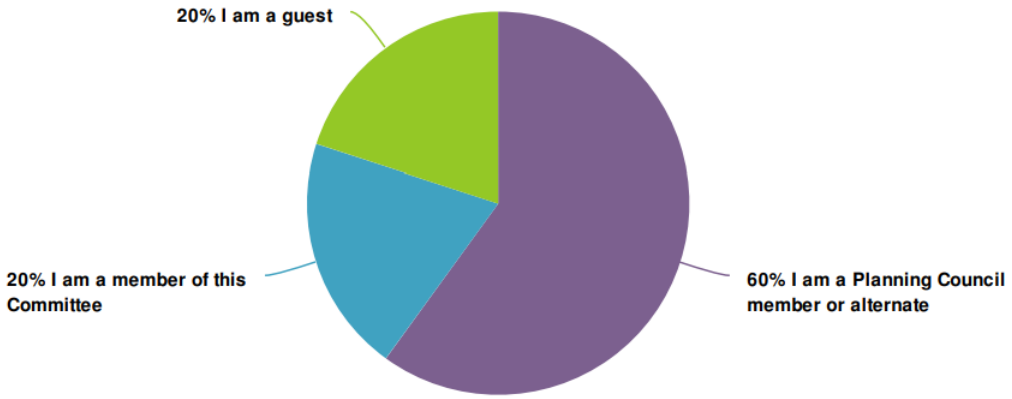
HIVPC
Broward County HIV Health Services Planning Council

Completion Rate

- 20 meeting evaluations were received out of a potential total of 65.
- There was a 95% completion rate observed for the evaluations that were received.



Affiliation



Value	Percent	Responses
I am a Planning Council member or alternate	60.0%	12
I am a member of this Committee	20.0%	4
I am a guest	20.0%	4
	Totals:	20

HIVPC
Broward County HIV Health Services Planning Council

Logistics

- Most respondents ‘strongly agree’ (70%) or ‘agree’ (20%) that the meeting location was convenient
- Most respondents also ‘strongly agree’ (73.7%) or ‘agree’ (26.3) that the meeting times were convenient, and meetings were frequent enough to achieve progress towards workplan goals.
- Most respondents also ‘strongly agree’ (65%) or ‘agree’ (25%) 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.
- Some respondents had neutral feelings toward the meeting content. (5%)

HIVPC
Broward County HIV Health Services Planning Council

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.
- A few respondents (15.8%) were neutral about whether other participants were prepared to participate and engage in meaningful discussions. However, they majority either ‘agree’ or ‘strongly agree’.

Process/Team-Work

- Most respondents agreed that all attendees were encouraged to participate in healthy meeting discourse.
- Most respondents believe that meetings are an effective use of their time, and they are leaving the meeting with a clear understanding of what is expected of the m before the next meeting.
- A few participants (≤ 21.1%) had neutral feelings towards the process/teamwork.

HIVPC
Broward County HIV Health Services Planning Council

Meeting Efficiency

- Most respondents believe that the meetings are being ran efficiently and are a good use of their time and would recommend them to prospective members, funders and other guests.

Strengths

- Attendees are all knowledgeable in their respective fields.
- Strong cohesive work relationships.
- Planning and organization.
- The passion people have for the HIV community.
- Time efficient.
- Diverse experiences.
- Respectful

Suggestions for Improvement

- Members need to work to recruit consumers to the council.
- Share ideas and suggestions.
- Be more engaged in conversation.

QUESTIONS?

DISCUSSION

HIVPC

Broward County HIV Health Services Planning Council

HANDOUT C

Broward County HIV Health Services Planning Council COMMITTEE MEMBERSHIP APPLICATION

Please be aware that this application and all the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.

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

Dear Interested Party,

Please be aware that this application and all the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

Note: This application expires six (6) months from date of submission.
Mail, fax, or email your completed application to:

HIVPC Staff
Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
FAX: 954-561-9685
EMAIL: HIVPC@BRHPC.ORG

If you have any questions, please call: 954-561-9681

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

Contact and Demographic Information

This is the application for membership on the Broward County HIV Health Services Planning Council (HIVPC). If you wish to apply for membership on the HIVPC, please complete the application below:

First Name: Christopher **Last Name:** DUMAS

Home Address: **Home Phone:**

City, State, Zip Code: **Cell Phone:**

Employer (if applicable): Freedom Health Foundation **Occupation/Title:** Director

Business Address: **Business Phone:**

City, State, Zip Code: **Fax:**

Home Email: **Business Email:**

Year of Birth: _____ (yyyy)

- **I prefer to receive phone calls and messages at:** ☒ Home ☒ Work ☒ Cell
- **I prefer to receive mail at:** ☐ Home ☒ Work
- **I prefer to receive email at:** ☐ Home ☒ Work
- **I prefer to receive HIVPC documents:** ☒ Electronically (via email) ☐ Hard copy (via mail)
- **What sex were you assigned at birth? (check one):** ☒ Male ☐ Female ☐ Decline to state
- **What is the current gender you identify with? (check all that apply)**
  ☒ Male ☐ Female ☐ Transgender (Male to Female) ☐ Transgender (Female to Male)
  ☐ Unknown ☐ Decline to state
- **Race (check all that apply):** ☒ White ☐ Black ☐ Asian ☐ Native Hawaiian/Pacific Islander
  ☐ American Indian/Alaska Native ☐ Other (specify)_____
- **Ethnicity (check one):** ☐ Hispanic/Latino ☒ Non-Hispanic ☐ Other (specify)_____
- **Hispanic Subgroup (check one if any):**
  ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other (specify)_____
- **Asian Subgroup (check one if any):**
  ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other (specify)_____
- **Native Hawaiian/Pacific Islander Subgroup (check one):**
  ☐ Native Hawaiian ☐ Guamanian ☐ Samoan ☐ Other (specify)_____

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

- **Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency?** ❑ Yes ❑ No
- **Do you self-identify as HIV positive?*** ☒ Yes, and I am open about my status ❑ No ❑ I do not wish to disclose
  **Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of public record.*
- **If you self-identify as HIV positive, do you self-identify with any of the following risk factors?**
  ❑ Hemophilia ❑ Heterosexual (straight) ❑ Intravenous Drug User (IDU) ❑ Blood Transfusion
  ❑ Perinatal Transmission (mother-to-child) ☒ Man who has sex with Men (MSM) ❑ I don't know/Unsure
  ❑ I do not wish to disclose
- **Do you receive Ryan White Part A services?** ❑ Yes ☒ No ❑ I do not wish to disclose
- **If you self-identify as HIV positive, how old were you when you were diagnosed?**
  ❑ 0-12 years old ❑ 13-19 years old ❑ 20-29 years old ☒ 30-39 years old
  ❑ 40-49 years old ❑ 50-59 years old ❑ 60 years old or older ❑ I do not wish to disclose

Committees of the Broward County HIV Health Services Planning Council:

Community Empowerment Committee (CEC)
Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

Membership/Council Development Committee (MCDC)
Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Priority Setting & Resource Allocation Committee (PSRA)
Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.'

Quality Management Committee (QMC)
Ensures highest quality HIV medical care and support services for PLWHA by developing client and system based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff and client training and education.

System of Care Committee (SOC)
Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

Which committee(s) are you interested in serving on? (See previous page for an explanation of committee responsibilities)

❑ Community Empowerment Committee (CEC)
☒ Quality Management Committee (QMC)
☒ Priority Setting & Resource Allocation Committee (PSRA)
☒ System of Care Committee (SOC)
❑ Membership/Council Development Committee (MCDC)

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Describe the strengths, skills, and resources you have.

DrPH(c) - dissertation pending on MSM/chemsex

Provide a brief statement explaining your interest in the HIVPC and the HIV/AIDS planning process, including your background relative to HIV/AIDS (volunteer, professional, personal) and/or other relevant experience and expertise. You may also attach your resume or additional information.

5yr exp STL Ryan White program Chair policies and procedure PH training focus on community public health, MSM, HIV, addiction

Recruitment Information

- **How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?**

  - ❑ Through a service provider/agency
  - ❑ Email
  - ❑ Online/Facebook/Twitter
  - ❑ Friend/HIVPC member (HIVPC Member name):_____

Please review and initial, indicating your acknowledgement of the following:

_____ I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Committee meetings.

_____ I understand that serving on a Committee will require at least three hours per month, and that excessive absence will result in my removal from a Committee. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from a Committee if he/she misses three (3) consecutive meetings or four (4) meetings in a year in accordance with the County Ordinance.

_____ I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.

Chris Dumas

Signature

6/2/2024

Date

Approved 3.14.19

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
Third Ad-Hoc Nominating Committee meeting. Discuss online voting procedures.	September 10, 2021
HIVPC Meeting. Speaker: Requel Lopes Opening the 2023 -2025 Election of officers.	September 23, 2021
HIVPC Meeting. Nominations from the Floor. Nominations closed.	October 28, 2021
Deadline for submitting Letters of Intent.	November 4, 2021
Fourth Ad-Hoc Nominating Committee meeting. Review & approve slate of candidates, election process, and ballots.	November 10, 2021
HIVPC Meeting. Q&A nominees up to 5 minutes each (A recording of the Q&A session will be made available to members prior to the opening of voting). Remind members about sunshine.	December 2021
Letters of Intent sent to members along with voting instructions.	January 3, 2022
Early voting opens: E mail out Voting cards like survey monkey/ google docs.	January 18, 2021
Voting Closed	January 25, 2021
Elections results read to the Council.	January 27, 2021
Start of new HIVPC Chair & Vice Chair terms	March 1, 2022

HANDOUT E

FY2020-2021 ASSESSMENT OF THE EFFICIENCY OF THE ADMINISTRATIVE MECHANISM

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 September 23, 2021

PURPOSE

- The Assessment of the Part A Administrative Mechanism for FY 2020-2021 is to fulfill the federal mandate of the Ryan White Part A program.
- This requirement is summarized in the HRSA/HAB Ryan White CARE Act Part A Manual:
  - "Assessment of the Administrative Mechanism and Effectiveness of Services 2602(b)(4)(E) requires planning councils to "assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs."

HIVPC
Broward County HIV Health Services Planning Council

Topics Covered

THE PROCUREMENT PROCESS

CONTRACTING

REIMBURSEMENT OF SUBRECIPIENTS

USE OF FUNDS

ENGAGEMENT WITH THE HIVPC IN THE PLANNING PROCESS

How Does the Assessment of the Administrative Mechanism Affects the HIVPC?

- The HIVPC is required to complete the assessment annually.
- The HIVPC is responsible for evaluating how rapidly Part A funds are allocated and made available to care.
- Results of the assessment will be used to improve the administration of Ryan White Part-A funds locally.

Participation

PARTICIPANTS	# OF ACTUAL PARTICIPANTS	# OF POTENTIAL PARTICIPANTS
HIVPC Members	19	21
Recipient	1	1
Providers	8	11
	28	33

HIVPC Survey Results

The HIVPC Survey focused on communication between the HIVPC and Recipient regarding the allocation and reallocation of funds, and HRSA policies which can affect funding.

1) The majority of HIVPC respondents 'agreed' or "strongly agreed" that the **community needs were evaluated** on an ongoing basis effectively. In comparison, 5.3% (1) of respondents 'disagreed.'
2) Most HIVPC respondents rated the level of participation of PWH as either 'good' (42.1%) or 'fair' (31.6%). On the other hand, 21.1% of respondents reported that participation from PWH was 'poor.' As of September 2021, (37%) of the HIVPC was made up of PWH. Committee members and staff continue to explore new strategies to increase PWH membership within the Council.
3) When assessing the HIVPC as a **planning body concerning structure and process**, 57.9% (11) of HIVPC respondents 'strongly agreed' that it was effective and 31.6% (6) of respondents who 'agreed.' A relatively small fraction (5.3%) of respondents 'disagreed' (1) or 'strongly disagreed' (1).
4) The majority of HIVPC respondents 'agreed' (8) or 'strongly agreed' (11) that enough **training/education** to understand the structure and process of the Ryan White Part A HIVPC was provided. However, respondents noted that training on an ongoing basis would be more beneficial for all members.
5) Most HIVPC respondents rated the level of communication between the Ryan White Part A Office and the Planning Council as either 'excellent' (15.8%) or 'good' (26.3%). Conversely, 15.8% of respondents rated the communication as 'fair,' citing understaffing and staff turnover as the reason.

- However, respondents noted that the available staff worked diligently to provide efficient and effective communication about the federal notice of awards for the FY2020-2021, as well as funding information and updates.

Recipient Survey Results

The Part A Recipient's survey, included questions pertaining to the execution of contracts, provider reimbursements, communication and technical assistance expenditures and allocations for FY 2020-2021.

1) The **Recipient informed providers of funding and contracts** through a hard copy of the award letter. Due to barriers from the COVID-19 pandemic, there were delays in executing provider contracts which resulted in the Recipient issuing a six-month extension on contracts. Contracts that were extended were executed between March 1-5, 2020, and new contracts were executed between November 2020 and February 2021.

2) The Recipient's office **decreased the turnaround time between submission of an invoice and receipt of reimbursement,** and the average turnaround time is now between 15-21 days.
   - The pandemic brought on delays in turnaround time as the Recipient's office transitioned to a completely electronic submission system for FY2020.
   - The Recipient also reported in FY20 a discrepancy in reimbursement of checks. This discrepancy resulted from providers submitting duplicate invoices resulting in overpayment. This error was accounted for by retracting from the next invoice and updating internal fiscal processes to prevent this from happening in the future

3) Throughout FY20, the Recipient's Office maintained **communication** with provider agencies to review utilization and expenditures that were not on target and provided extensive technical assistance to ensure that not only were agencies reimbursed for services, but clients were able to have their needs met.

4) At the end of FY20, 15% of the overall award was used for Recipient Support, Planning Council Support, and Quality Management, 3% of formula funds were unexpended, and 9% of supplemental funds were also unexpended

Provider Survey Results

The Provider's survey, included questions pertaining to the execution of contracts, provider reimbursements, communication between the Recipient and Providers regarding utilization and expenditures, technical assistance and requestions for information and other questions.

1) Over the past year, 37.5% (3) of respondents received reimbursement within 22-28 days, 25% (2) within 15-21 days. Within this time, only one respondent reported a discrepancy with reimbursement checks which was easily resolved.
2) Only one respondent reported contact from the Recipient's Office regarding **utilization and expenditures**. However, the respondent stated that the Recipient did not provide feedback or solutions to help their agency return to target utilization and expenditures until the end of the contract year. At that time, some restrictions were lifted, and they were able to return to target utilization and expenditures.
3) Overall, 37.5% (3) of respondents rated the **communication** between their agency and the Recipients' Office as 'fully informed' and 50% (4) as 'fairly well informed,' with 62.5% of respondents reporting that they received responses to questions and requests for data within one day.
4) However, 12.5% (1) of respondents reported below-average **communication** between the Recipient's office and their agency. Respondents were concerned that responses from the Recipient would take months and sometimes go without any follow-up.

- Lastly, respondents were asked to rate the Recipients' Office in providing their agency with **programmatic and/or fiscal, technical assistance or training.** Most respondents rated the Recipients' office as 'excellent' or 'good.' However, as like before, 12.5% (1) of respondents rated the Recipients' Office as poor in that regard.

Limitations

- The inability to attain timely survey responses from all Provider Agencies.
- PCS Staff had to make several attempts at acquiring the information from agencies over several months. To address the limitation, PCS staff extended the deadline to submit surveys from April 17, 2021, to June 30, 2021, which resulted in eight surveys being completed.

HIVPC
Broward County HIV Health Services Planning Council

FY 2020-2021 CONCLUSIONS & RECOMMENDATIONS

- Continue to provide training, emphasizing the structure and process of the Ryan White Part A HIVPC. HIVPC members indicated continuous training would be beneficial for all members.
- Evaluate the structure and process of the HIVPC to ensure meetings continue to meet on their scheduled basis. Meetings are only canceled due to a lack of quorum. These cancelations stall the work of the HIVPC and negatively impact the funding process.
- Elicit more community input to better assess and understand the needs of the community. The HIVPC guides the Part A office in determining how best to meet the needs of the community and prioritizing services to address those needs.
- Maintain clear communication between the Recipient's Office and Subrecipients to ensure the concerted coordination of services for Broward County’s HIV+ community.
- Develop staff onboarding and routine training updates that highlight the HIV continuum of care and its expansion that will assist with transitions when there is staff turnover within the Recipient’s Office.

QUESTIONS?

DISCUSSION

HIVPC

Broward County HIV Health Services Planning Council