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

Broward County HIV Health Services Planning Council Meeting

Thursday, March 24, 2022 - 9:30 AM
Meeting via WebEx Videoconference
Chair: Lorenzo Robertson • Vice Chair: Von Biggs

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

This meeting is audio and video recorded.

Quorum for this meeting is 12

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 March 24, 2022
5. **ACTION:** Approval of Minutes from February 24, 2022
6. Federal Legislative Report – Kareem Murphy (Handout A)
7. Consent Items
   a. Assessment of the Administrative Mechanism Survey (Handout B)
   Justification: The survey has been approved by the Priority Setting & Resource Allocation Committee.
   Proposed by: PSRA Committee
   b. Motion to approve Stephanie Magula to join the Community Empowerment Committee.
   Justification: Ms. Magula has years of experience as an HIV peer educator. She is advocate for the HIV community dedicated to helping those in need.
   Proposed By: CEC Chair
   c. Motion to approve Andrea Lanear to join the Community Empowerment Committee.
   Justification: Ms. Lanear is a PWH who is committed to advocating for and serving the HIV/AIDS community to improve the quality of life of those affected by HIV. Proposed By: CEC Chair
   d. Motion to approve Semi Spencer to join the Community Empowerment Committee.

Justification: Mr. Spencer is a PWH who has a vested interest in serving the HIV/AIDS community to improve the quality of life of those affected by HIV.
Proposed By: CEC Chair

8. Discussion Items

   None.

9. New Business

   a. **Action Item:** HIVPC Demographics – Review demographics and identify populations that are over or under-represented. (Handout C)
   Work Plan Activity 2.1 Review Council demographics to ensure it reflects the Broward epidemic, including at least 33% of members are unaffiliated PLWHA quarterly.

   b. **Action Item:** PSRA Process Presentation (Handout D)- Receive an overview of the PSRA Process.

10. Committee Reports

    a. Community Empowerment Committee (CEC)
    Chair: Shawn Jackson • Vice Chair: Andrew Ruffner
    March 1, 2022

       i. **Work Plan Item Update/Status Summary:**
       Members continued the CEC Listening Session discussion and reviewed the Community Listening Session's promotional materials edited by PCS Staff. Members also wanted to rename the event to Community Conversations rather than Listening Session to make this an engaging event for the community. HIVPC members will distribute the promotional materials during the Florida AIDS Walks on March 19, 2022, to gain a larger audience and maximize participation in the Listening Sessions. Members decided they wanted to host a hybrid, virtual and in-person event. After discussing possible hosting venues, the Vice-Chair suggested that the Ft. Lauderdale Downtown AIDS Healthcare Foundation (AHF) location would make an ideal location as the facility is at the mid-way point in Broward. Members also suggested hosting sessions in different locations to eliminate possible barriers for participants.
       Members also reviewed an outline of topics and discussions for the listening sessions. Members plan to host the listening sessions for an hour and collaborate with other organizations and the Prevention Planning Council. J. Castillo suggested partnering with ViiV Healthcare Limited organization asking a representative to join the May listening session to inform the community of the new biomedical advances with PrEP and the development of the HIV vaccine. The Committee voted to approve the first two listening sessions, and the promotional flyer with the necessary edits.
       Lastly, members reviewed the HIVPC recruitment materials and discussed necessary edits. The QR codes on the flyers will direct persons to a list of the different RWPA agencies and services that they each provide. After edits are made, the recruitment materials will be presented to MCDC.
       The committee decided to table the PSRA Service Category Presentation for next meeting, April 5, 2022

       ii. **Data Requests:**
       iii. **Rationale for Recommendations:**
       iv. **Data Reports/ Data Review Updates:**
       v. **Other Business Items:**
       vi. **Agenda Items for Next Meeting:**
           a. CEC Listening Session
           b. PSRA Service Category Presentation

vii. **Next Meeting date:** April 5, 2022, at 3:00 PM via WebEx Videoconference

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

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

ii. Data Requests:
iii. Rationale for Recommendations:
iv. Data Reports/ Data Review Updates:
v. Other Business Items:
vi. Agenda Items for Next Meeting:
a. HIV Care Continuum
b. FY21-22/22-23 Quality Improvement Project Presentation

vii. **Next Meeting date:** April 7, 2022, at 9:30 AM via WebEx Videoconference

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

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

ii. Data Requests:
iii. Rationale for Recommendations:
iv. Data Reports/ Data Review Updates:
v. Other Business Items:
vi. Agenda Items for Next Meeting:
a. MCDC Membership Strategy
b. HIVPC Demographics
c. Current Applicants, Interested Parties, and Appointments
d. HIVPC Social Media Update
e. Review HIVPC recruitment materials
f. HIVPC Member of the Year
g. MCDC Work Plan Review

vii. **Next Meeting date:** April 14, 2022, at 9:30 AM via WebEx Videoconference

d. Quality Management Committee (QMC)
Chair: Bisiola Fortune-Evans • Vice Chair: David Shamer
March 21, 2022

i. **Work Plan Item Update/Status Summary:**
CQM Support Staff reviewed the progress made in beginning the new FY2022-2023 CQM Annual Work Plan. The CQM Support Staff will continue to update the deliverables as they work through the new workplan.

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

vii. **Next Meeting date:** April 18, 2022, at 12:30 PM via WebEx Videoconference

e. Executive Committee
Chair: Lorenzo Robertson • Vice Chair: Von Biggs
March 17, 2022
Work Plan Item Update/Status Summary:

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

The Executive Committee reviewed and approved the HIV Planning Council agenda for the 3/24/2022 meeting. The Committee also reviewed and approved

the April 2022 HIV Planning Council calendar of activities with amendments.

Members discussed the possibility of transitioning back to face-to-face meetings. PCS Staff reminded the Committee that there is an executive order that is updated weekly. The Chair requested that the committee receive the weekly updates to add to the conversation. Quorum is still required to be established in the room even if there is a hybrid option. B. Barnes suggested for the Chair and Vice Chair write a letter to the Commissioner to amend this requirement, so that quorum can be establish in person and through virtual platform.

The Committee continued the conversation to convene an ad-Hoc Memorandum of Understanding (MOU) committee. It was recommended that for any person who is interested in joining this ad-Hoc Committee should contact PCS Staff. Additionally, the Committee discussed reinstating the ad-Hoc By-Laws Committee. The By-laws were last updated three years ago. It was recommended that for any person who is interested in joining this ad-Hoc Committee should contact PCS Staff.

Lastly, the Committee reviewed the HIVPC member reflectiveness. There are currently 21 members, 14% of which are unaffiliated consumers which is below the HRSA mandate of 33%. The Committee discussed strategies to improve member recruitment.

ii. **Data Requests:**
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** April 21, 2022, at 11:30 AM via WebEx Videoconference

f. Priority Setting & Resource Allocation Committee (PSRA)
Chair: Brad Barnes • Vice Chair: Valery Moreno
March 17, 2022

i. **Work Plan Item Update/Status Summary:**
A. Tareq, the Part A Recipient Fiscal Manager, reviewed expenditures, and utilization through February of FY2021 (handout A). Part A service categories have expended 90% of service category funding, and MAI funds have been 89% utilized. The Committee was advised that there are still outstanding invoices for February which, once received, will expend most of the remaining funds.
The HIVPC Health Planner reviewed the Assessment of the Assessment of the Administrative Mechanism Survey. The Committee reviewed the proposed surveys and voted to approve them.
PCS Staff examined the requirements and expectations for the PSRA Process, which included the purpose of PSRA, what to expect, the 4-month timeline of meetings, the allocations process flow chart, and the data-based decision-making.
PCS Staff reviewed the scope of service for each service category (Handout C on file). Members examined the Part A eligibility for all core medical and support services categories (to include Disease Case Management, Mental Health, and Oral Health), the scope of services, EMA eligibility.

ii.

iii. **Data Requests:**
iv. **Rationale for Recommendations:**
v. **Data Reports/ Data Review Updates:**
vi. **Other Business Items:**
vii. **Agenda Items for Next Meeting:**
    a. Ryan White Funder and Stakeholder Presentations (Part B, C, D, F, and HOPWA)
    b. Broward EHE Activities Presentation
viii. **Next Meeting date:** April 21, 2022, at 9:00 AM via WebEx Videoconference

11. Recipient Reports
    a. Part A
    b. Part B (Handout E)
    c. Part C
    d. Part D
    e. Part F
    f. HOPWA
    g. Prevention – Quarterly Update (April, July, October, January)
12. Public Comment
13. Agenda Items for Next Meeting
    a. Next Meeting Date: April 28, 2022, at 9:30 a.m. via WebEx
    b. Agenda Items for next meeting
        - Ryan White Funder and Stakeholder Presentations (Part B, C, D, F, and HOPWA)
        - Broward EHE Activities Presentation
14. Announcements
15. Adjournment

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

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

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

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

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

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

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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

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(954) 561-9681 • FAX (954) 561-9685

HIV Health Services Planning Council

Thursday, February 24, 2022 - 9:30 AM
Meeting via WebEx

DRAFT MINUTES

HIVPC Members Present: R. Lopes (HIVPC Chair), L. Robertson, B. Barnes, R. Bhrangger, W. Marcoviche, A. Cutright, V. Foster, T. Moragne, I Wilson, A. Ruffner. Y. Arencibia, M. Schweizer, R. Jimenez, J. Castillo, S. Jackson, C. Dumas, B. Fortune-Evans, J. Rodriguez, E. Dsouza, V. Biggs.

Members Absent: V. Moreno, D. Shamer.

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

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

Guests Present: S. Cook, B. Mester, K. Thomas, K. Murphy, Q. Cowan, R. Barnhill, L. Jones, B. Rentas, G. Beltran, D. DePass, K. Kirkland-Mobley, J. Wynn.

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

   The PSRA Chair called the meeting to order at 9:32 a.m. The HIVPC Chair welcomed all meeting attendees that were present. Attendees were notified that the HIVPC meeting is based on Florida's "Government-in-the-Sunshine Law" and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by committee members, Recipient staff, PCS/CQM staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

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

3. Meeting Approvals

   The approval for the agenda of the February 24, 2022, HIVPC meeting was proposed by L. Robertson, seconded by V. Biggs, and passed unanimously. The approval for the minutes of the January 27, 2022, meeting as presented, meeting was proposed by V. Biggs, seconded by L. Robertson, and passed unanimously.

Motion #1: Mr. Robertson, on behalf of HIVPC, made a motion to approve the February 24, 2022, HIV Health Services Planning Council agenda as presented. The motion was adopted unanimously.

Motion #2: Mr. Biggs, on behalf of HIVPC, made a motion to approve the January 27, 2022, HIV Health Services Planning Council meeting minutes as presented. The motion was adopted unanimously.

4. Federal Legislative Report

   An oral legislative report was provided to the Council by Kareem Murphy, Intergovernmental Relations Director (Hennepin County, Minnesota). Mr. Murphy noted that there had been no substantive movement in the House/Senate in advancing the appropriations bills. The February 18th deadline to pass the full appropriations bill has been extended to March 4, 2022. There has been no discussion of substantive cuts in social safety nets or the HIV Prevention, Treatment, and Services Continuum.

   Mr. Murphy also noted that the Bill Back Better Framework is not likely to pass based on comments from President Biden.

   B. Barnes noted that the Part A recipient announced that they have received a partial award and questioned whether Mr. Murphy believed the full award would be coming shortly. Mr. Murphy advised that council that without the approved full-year appropriations bill, HRSA has no authority to issue the full award and the prior bill is not structured in such a way to give agencies the authority to do so. However, if the appropriation bill is passed soon, the full award will follow shortly.

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

6. Consent Items

   The Council voted to approve the consent items as presented. The motion to approve the consent items was proposed by B. Barnes, seconded by V. Foster, and passed unanimously

   Motion #3: Mr. Barnes, on behalf of the HIVPC, made a motion to approve the consent items as presented. The motion passed unanimously.

7. Discussion Items

   There were no discussion items for this meeting.

8. New Business

   The Council received the results of the FY21-22 HIVPC Self-Assessment Survey, which survey is a tool utilized by the HIVPC to identify key strengths and areas for improvement related to the effectiveness of an HIV planning body's:

   - Operating structure,
   - Policies and procedures,
   - Membership, and
   - Stakeholder/consumer engagement

   The response rate was less than 50% with 10 responses out of 22 Planning Council members. As the PCS Team continues to guide the HIVPC and its Committees through virtual meetings, steps will be taken to improve the

member experience. The PCS Team strives to assist Chairs & Vice-Chairs in holding productive and efficient meetings throughout the fiscal year. The PCS will collaborate with the MCDC and Executive Committees to work diligently to create/update training and recruitment plans to address members' concerns, as highlighted with the results of this survey. C. Dumas questioned the age range for individuals to join the Planning Council based on the lack of youth representation on the council. K. Bostick, Deputy Director of the Human Services Department, advised the Council that as per County Policy, advisory board members are required to be registered voters, i.e., at least 18 years of age.

Further, he has reached out to the Intergovernmental Office to determine with the County Attorneys the provisions for youth involvement/engagement on advisory boards. Mr. Bostick will provide the Council with an update by the March planning council meeting. There was also a suggestion to create a committee dedicated to youth.

Additionally, G. Beltran questioned the operational steps to implement the changes suggested by the survey. The HIVPC Chair advised that it is an ongoing process, and many of the suggestions have already been implemented, such as the use of social media and a new member manual. V. Biggs queried how the Council can increase participation in these types of surveys based on the low response rate. The Chair advised that it is up to the Council and the new leadership; the work of the Council is ongoing, and there is always room for improvement. After some additional discussion, the Chair closed out this action item.

Lastly, the Council received an overview of the Annual HIVPC Member Retreat held virtually on February 10, 2022. There were approximately 12 members in attendance. The retreat featured presentations from Susan Leahy on recruitment and retention and Robert's Rules of Order; Dr. Gritell Berkley-Martinez provided an update on the HIV Integrated Prevention and Care. In addition, Susan Boyne Brown gave a mental health presentation. There was positive feedback from the members in attendance; however, more participation is needed from members for future retreats. The HIVPC Chair suggested that the Mental Health and HIV Integrated Prevention and Care Plan speakers from the retreat present to the full Planning Council so that everyone can have that information.

9. Committee Reports

   a. Community Empowerment Committee – February 1, 2022
   Chair: V. Biggs, Vice Chair: A. Ruffner

   The report stands. The CEC Chair noted that the Chair position will be vacant at beginning in FY22

   b. System of Care Committee – February 3. 2022
   Chair: A. Ruffner, Vice Chair: J. Rodriguez

   The report stands. The SOC Chair commended Poverello on their PHQ-9 Presentation

   c. Membership/Council Development Committee – No Meeting Held

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

   The report stands.

   d. Quality Management Committee – February 17, 2022
   Chair: B. Fortune-Evans, Vice Chair: D. Shamer

The report stands.

e. **Priority Setting & Resource Allocation Committee – February 17, 2022**
Chair: L. Robertson, Vice Chair: V. Moreno
The report stands.

f. **Executive Committee – February 17, 2022**
Chair: R. Lopes, Vice Chair: Vacant

The report stands.

g. **Ad-Hoc Nominating Committee – No Meeting Held**
Chair: B. Barnes

The report stands. The Ad-Hoc Nominating Committee Chair announced that the Committee will be distributing a survey on the election process and thanked everyone involved in the process.

10. Recipient's Report

a. **Part A:** The Part A Representative reported that they had their Part A and EHE agenda items approved by the Broward County Board of County Commissioners at the February 22, 2022 meeting. Additionally, they have received the partial award for Part A and EHE.
The Part A Representative also reported leadership changes within the Community Partnerships Division. Mr. Darrell Cunningham, Broward County Human Services CPD Director, is no longer with Broward County. Please direct all communications pertaining to Community Partnerships Division to Mr. Keith D. Bostick, Deputy Director, Human Services Department and Ms. Silvia Beebe, CPD Assistant Director.
Effective Monday, Broward County will have a new health care services administrator who will be focused on the work of health care as it pertains to the Planning Council.
Lastly, the Part A Representative reported that every seven days, the County Administrator signs an updated Emergency order dependent on the COVID-19 status in Broward County. The Council was encouraged to continue virtual meetings as the orders may change frequently. B. Barnes asked if a commissioner was assigned the Planning Council. The Part A Representative advised the Council that they will review and provide a response. Lastly, J. Wynn questioned whether the County remain committed to the virtual component? The Council was advised that the County will work along with the Council to ensure a seamless process whether it is decided to do in-person, virtual, or hybrid meetings with the understanding that quorum must be established in the room for a hybrid meeting.
b. **Part B:** The Part B report stands as presented.
c. **Part C:** The Part C Representative reported that restructuring at Broward Health has impacted the Part C program. Broward Health has 10 health centers across Broward County, and they have made the Site Manager position at all their health center clinics redundant. Instead, they have decided to incorporate business manager operations that split the county in half and created a Director of External programs and Services position, which will be responsible for all grant programs and the Community Health Services Division. Mr. Leonard Jones will be providing the Part C reports going forward. However, Mr. Vincent Foster will be the Part C representative to the Planning Council.
The Part C Representative also reported that they are finalizing the RSR Recipient report submission due in less than two weeks. They will provide

more programmatic information at the next Planning Council meeting.

d. **Part D**: The Part D representative reported that they have submitted their complete triennial grant for Part D services to be renewed.
   Additionally, the RSR Recipient report is due in March. It will be a collection of all the services provided to clients throughout the part D program.
   Lastly, Broward Health is now under green designation, which means it has increased visitation and will hopefully resume in person visits as opposed to Telehealth services.
e. **Part F:** The Part F representative reported that they in full operation with Care Resource in Oakland Park. Additionally, they are having their Federal Site visit early in April.
f. **HOPWA:** The HOWPA report stands as presented. V. Biggs questioned if the budgeted amount of $6,709,391 was for the first quarter of FY21-22 or the FY21-22. The HOPWA representative advised that it was for the full year.
   The HOPWA representative also reported that they have received 292 unduplicated applicants for the tenant base rental voucher waitlist. They are in the process of randomizing 100 applicants from the wait list. Broward House and Broward Regional have been founded $100,000 each and will have the opportunity to review the randomized applicants and begin the intake process. B. Barnes requested that the Council be provided with the number of waitlist applicants that were counted the last time the waitlist was open. This request is based on the low number of applicants for the current term relative to the known need for these services.
g. **Prevention:** The Prevention report stands as presented.

11. Public Comment

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

12. Agenda Items for Next Meeting

    The next HIVPC meeting will be held on March 24, 2022, at 9:30 a.m. via WebEx Videoconference.
    Agenda Items for Next meeting:
    - Assessment of the Administrative Mechanism Survey
    - PSRA Presentation
    - Monitor EHE Plan progress
    - Review Council Demographics

13. Announcements

    - The HIVPC Chair announced that this will be her last meeting as Chair of the Planning Council. Dr. Lopes thanked the Council for their hard work and dedication and expressed that it has been an honor to serve, and she looks forward to the new leadership.
    - The Worlds AIDS Museum will be hosting a Keith Herring remembrance exhibit at the Island City Cultural Center on the Wilson Manor City Hall Complex. The exhibit will open on February 19, 2022, until March 5, 2022, on Thursdays, Fridays, and Saturdays from 5:00 p.m. to 8:00 p.m.
    - The HIVPC has an opportunity to table at the Florida AIDS Walk on March 19, 2022. Persons interested in volunteering are asked to contact PCS Staff.

- Dr. Gritell Berkeley Martinez, on behalf of the Planning Council and PCS, announced the Appreciation Award presented to Dr. Réquel Lopes, HIV Planning Council Chair 2018-2022 in recognition of her outstanding dedication and leadership to the Broward County HIV Health Services Planning Council.

14. Adjournment

There being no further business, the meeting was adjourned at 10:57 a.m.

HIVPC Attendance for CY 2022

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	27	24											
0	0	0	**1**	Arencibia, Y.	X	X											
0	1	0	**2**	Barnes, B.	X	X											
1	1	0	**3**	Bhrangger, R.	X	X											
0	1	0	**4**	Biggs, V.	X	X											
0	0	0	**5**	Cutright, A.	X	X											
0	1	0	**6**	Dumas, C.	X	X											
0	0	0	**7**	Fortune-Evans, B.	E	X											
0	0	0	**8**	Foster, V.	X	X											
0	0	0		Alston, Torey													
0	0	0	**9**	Lopes, R. *Chair*	E	X											
1	1	0	**10**	Marcoviche, W.	X	X											
0	0	0	**11**	Moragne, T.	X	X											
0	0	1	**12**	Moreno, V.	X	A											
0	1	0	**13**	Robertson, L.	X	X											
0	0	0	**14**	Rodriguez, J.	E	X											
0	0	0	**15**	Ruffner, A.	X	X											
0	0	0	**16**	Schweizer, M.	X	X											
1	1	0	**17**	Shamer, D.	X	X											
0	0	0	**18**	Wilson, I.	X	X											
1	1	0	**19**	Jackson, S.	X	X											
0	1	0	**20**	Castillo, J.	X	X											
0	0	0	**21**	Dsouza, E.	E	X											
0	0	0	**22**	Jimenez, R.	X	X											
4	9			**Quorum = 12**	18	21	0	0	0	0	0	0	0	0	0	0	
18%	41%																

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	

Broward County HIV Health Services Planning Council

COMMUNITY CONVERSATIONS

Uplifting Community Voices

The aim of these open listening sessions is for people living with and affected by HIV/AIDS, community advocates, providers, and staff at HIV care organizations to:

- Share their experiences about the health needs of people living with HIV/AIDS.
- Describe what types of HIV Core and Support services are provided by the Broward County Ryan White HIV/AIDS Part A Program.
- Discuss the training and capacity building support needed to serve the HIV community.

Need more information?
Contact us at hivpc@brhpc.org
or
954-561-9681 ext. 1292/1343

BrowardHIVPC BrowardHIVPC Broward HIV Planning Council

BRHPC

HIVPC Broward County HIV Health Services Planning Council

Register Now!

April

Reaching Youth about HIV

Optimizing HIV Prevention and Care for Transgender Adults

May

Be the Generation to end the HIV/AIDS Epidemic

June

We've Come So Far

Know Your Status

July

Ryan White Program Eligibility

August

Ryan White and You

September

Meeting the Needs of People Aging with HIV

HIV/AIDS in the Gay Community

October

The HIV Crisis in the Latinx Community

December

Ending the HIV Epidemic (EHE)

National Transgender HIV/AIDS Testing Day

Community Conversations

PLEASE JOIN US!

Come celebrate the day to recognize the importance of routine HIV testing, status awareness, & continued focus on HIV prevention and treatment efforts among transgender & gender non-binary people

The aim of this open-listening session is for people living with and affected by HIV/AIDS, community advocates, providers, and staff at HIV care organizations to gather, share their experiences, describe services, and discuss training and capacity-building needs for the HIV community.

5:30-8:00 pm | Monday, April 18th, 2022

United Church of Christ Fort Lauderdale
2501 NE 30th, Fort Lauderdale, FL 33306

Arianna Lint
Executive Director of Arianna's Center

Tatiana Williams
Executive Director of TransInclusive

954.952.3655 INFO@ARIANNASCENTER.COM WWW.ARIANNAS-CENTER.ORG

Kindly hosted by: United Church of Christ Fort Lauderdale

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: March 22, 2022

Federal Funding Update

Congress finally completes the Fiscal Year 2022 appropriations bills
Congress passed and the President signed into law the 2022 omnibus appropriations bill last week. The package includes $513 million for the Ending the AIDS Epidemic initiative, which is $70 million above the previous year's level (spread across several federal agencies). Within that total is $247 million (HRSA) specifically for Community Health Centers to collaborate with Ryan White programs for PrEP for high-risk populations.

Other highlights include:

- $450 million for the Housing Opportunities for Persons with AIDS Program (HOPWA), a $20 million increase
- $18 million for the CDC's Eliminating Opioid-Related Infectious Diseases programs, which fund syringe services programs and other harm reduction services (a $5 million increase)
- $1.114 billion for Ryan White Parts A & B
- $900.3 million for ADAP
- $56.9 million for Minority AIDS Initiative

These include only a few program increases, reflecting both the difficulty in reaching agreement between the chambers and the impact of funding both the COVID pandemic and the war in Ukraine.

President's Budget Expected Soon
President Biden is expected to release his Fiscal Year 2023 budget request before the end of the month. The latest estimate is on or around March 28.

HANDOUT B

Assessment of the Administrative Mechanism FY 2021 – HIVPC Survey

---

Background Information

1) **Your Name**

2) **Community needs were evaluated on an ongoing basis effectively:**

   - Strongly Disagree
   - Disagree
   - Agree
   - Strongly Agree

   Comments:

3) **I was given enough notice of HIVPC planned activities and meetings:**

   - Strongly Disagree
   - Disagree
   - Agree
   - Strongly Agree

   Comments:

4) **In general, how would you rate the work of the Planning Council during FY 2021?**

   - Excellent
   - Good
   - Average
   - Fair
   - Poor

   Comments:

5) **In terms of structure and process, the Ryan White Part A HIVPC is effective as a planning body:**

   - Strongly Disagree
   - Disagree
   - Agree
   - Strongly Agree

   Comments:

HANDOUT B

6) **I have been given enough training/education to understand the structure and process of the Ryan White Part A HIVPC:**

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Comments:

7) **Rate how well the Ryan White Part A Office provided the planning council with funding information and updates.**

- Don't Know
- Poor
- Fair
- Good
- Excellent

Comments:

8) **Rate how well the Ryan White Part A Office informed the planning council of federal notice of award (s) for Fiscal Year 2021-2022.**

- Don't Know
- Poor
- Fair
- Good
- Excellent

Comments:

9) **How would you rate Planning Council's FY 2021 Priority Setting and Resource Allocation (PSRA) Process which sets priorities and allocations for each service category for FY22?**

- Excellent
- Good
- Average
- Fair
- Poor
- I am not familiar enough to rate it

10) **Do you have any suggestions for improving future Priority Setting and Resource Allocation (PSRA) processes?**

11) **Rate the level of participation by Persons Living with HIV (PLWH) in the planning process.**

- Don't Know
- Poor

- Fair
- Good
- Excellent

Comments:

12) Rate how well the planning council received information it requested on a timely basis to make informed decisions.

- Don't Know
- Poor
- Fair
- Good
- Excellent

Comments:

13) Rate the level of communication between the Ryan White Part A Office and the Planning Council.

- Don't Know
- Poor
- Fair
- Good
- Excellent

Comments:

14) What other comments do you have on the Planning Council's work? Feel free to comment on the Council's service standards, opportunity for consumer/public input at meetings and needs assessments/integrated health plan, timing/location of meetings, or anything else relevant to the Planning Council's work.

Thank You!

HANDOUT B

Assessment of the Administrative Mechanism FY 2021 – Provider Survey

---

Background Information

1) **Please provide the following contact information:**
   Agency: _____
   Phone Number: _____
   Email: _____

2) **How did your agency learn that Ryan White Part-A Request for Proposals (RFP) was available?**

3) **Did the RFP? (Answer yes or no):**

   - Clearly describe application requirements. Yes____ No____
   - Clearly describe eligibility requirements. Yes____ No____
   - Describe the purpose and objectives of the entire Part-A program? Yes____ No____
   - Describe the criteria and procedures for reviewing proposals? Yes____ No____
   - What comments do you have on this year's RFP document (e.g., strengths and weaknesses particularly in comparison to previous year's documents or other organizations' RFPs and RFP process)?

4) **Last year the RFP was available starting on ___ and the proposals were due on ____. Was this enough time to prepare and submit your proposal?** Yes____ No____
   What suggestions do you have?

5) **Were the RFP page limitations appropriate?** Yes____ No____
   COMMENTS:

6) **Was your agency provided with feedback on reasons for selection/non-selection or the amount of funding awarded?** Yes____ No____
   COMMENTS:

7) **My agency was contracted to provide the following Ryan White Part A services (select all that apply):**

   - Outpatient Ambulatory Health Services (OAHS)
   - Minority AIDS Initiative (MAI) OAHS
   - Pharmacy
   - Oral Health Care
   - Health Insurance Continuation Program (HICP)
   - Disease Case Management
   - Mental Health
   - MAI Mental Health
   - MAI Substance Abuse
   - Substance Abuse
   - Centralized Intake and Eligibility Determination (CIED)
   - MAI CIED
   - Case Management
   - Food Services
   - Legal Services
   - MAI Medical Case Management

HANDOUT B

8) **How long has your agency been a Ryan White Part A provider?**

- This is my agency's first year as a provider
- 2-3 years
- 4-9 years
- 10-15 years
- 16+ years

Contracts

9) For the last fiscal year (beginning March 1, 2021), on approximately what date was your agency notified that you would be receiving funding for [question ("piped value")]?

_____

10) How were you notified of your award? Please select all that apply.

- Award Letter (hard copy)
- Award Letter (electronic/e-mail)
- Other (please explain): _____

11) On approximately what date was your agency notified that the contract(s) were uploaded into Provide Enterprise [question ("piped value")]? _____

12) On approximately what date did you receive a fully executed contract for the [question ("piped value")]?
_____

13) What additional comments do you have about the Ryan White Part A contracting process?
_____

Service Provider Reimbursements

14) Over the past year, what is the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of a reimbursement check?

- 0-7 days
- 8-14 days
- 15-21 days
- 22-28 days
- 29-35 days
- 36-42 days
- 42+ days

15) When (date or month) did your agency receive your first reimbursement check for FY2021 services?

16) **Have there ever been discrepancies in your reimbursement checks (checks were more or less than amount due)?** Yes__ No __

17) **How were those discrepancies resolved? _____**

HANDOUT B

18) **Over the past year, has the Recipients' Office contacted your agency to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures?** Yes__ No __

19) **Did the Recipient provide feedback or solutions to help your agency get back to target utilization and expenditures?** Yes__ No__
Comments:

20) **What additional comments do you have about the reimbursement process?**

Recipient Communication & Technical Assistance/Training

21) In your experience over the past 12 months, how would you rate the communication between your agency and the Recipients' Office?

- Keeps agency fully informed
- Keeps agency fairly well informed
- Keeps agency adequately informed
- Gives out only a limited amount of information
- Doesn't communicate much at all about what is going on
- Comments: _____

22) How would you rate the Recipients' Office in responding to questions and requests for information over the past year?

- Excellent (within one day)
- Good (within two days)
- Average (within three days)
- Poor (more than five days)
- Comments_____

23) How would you rate the Ryan White Unit in providing your agency with (1) programmatic, (2) fiscal, (3) Quality Management technical assistance (TA) or training during FY 2021 (this may include recommendations from the site visit or a special technical assistance training? For each of the following.

	Excellent	Good	Average	Fair	Poor	N/A Agency has not required TA in FY21	N/A Requests for TA during FY21 have not been met	N/A (No site visits/TA during FY21
Programmatic TA								
Fiscal TA								
Quality Management TA								

Comments: _____

Challenges due to COVID-10 pandemic

24) Please describe any specific challenges you faced in service delivery during the COVID-19 pandemic.

25) Effective April of 2020 the Planning Council meetings were moved to virtual meetings due to the COVID-19 Pandemic. How did this change affect your agency?

26) What other comments due you have regarding the administration of the Broward County Ryan White Part A program during the COVID-19 pandemic.

HANDOUT B

Thank you for taking the time to complete this survey! Your assistance and honesty are very much appreciated.

HANDOUT B

FY2021 Administrative Mechanism- Recipient Survey

RFP Process and Selection of Providers

1) **In FY21, what work was undertaken by the Recipient to encourage new providers to apply for Ryan White HIV/AIDS Program (RWHAP) Part A funds? _____**

2) **How many proposals were received for the current fiscal year (FY 2021)?**

3) **Of these proposals how many were awarded contracts for Ryan White Part A funds?**

4) **Please describe the process used to review proposals requesting FY 2021 Ryan White Part A funds; including the external review panel (including a demographic description of peer reviewers, number of peer reviewers, where they are from geographically, professional background and HIV status), criteria used to assess proposals and how peer reviewers' comments are considered in the final determinations.**

5) **Did the selection process for FY 2021 identify new providers? If so, please identify the services of the new provider.**

6) **Did the selection process for FY 2021 address the needs of the selected priority populations? If so, how?**

Contracts

7) **On what date did the Broward EMA receive its notice of grant award for FY2021 funding to begin the procurement process? _____**

8) **Were there any Partial Notifications of Award issued by HRSA/HAB for FY2021**

9) **If yes, how did that affect the procurement process?**

10) **On what date did the Broward EMA receive its final Notification of Award from the federal government for FY 2021 funding?**

11) **On what date were award letters sent to funded agencies for FY2021?**

12) **How were agencies notified of their award? Please select all that apply.**

    - Award Letter (hard copy)
    - Award Letter (electronic/e-mail)
    - Other (please explain): _____

13) **On what date were contracts uploaded into Provide Enterprise for funded agencies? Please note multiple dates for multiple contracts.**

HANDOUT B

14) On what date were contracts with funded agencies fully executed? Please note multiple dates for multiple contracts.

15) What was the due date for agencies to submit contract documents for processing?

16) Describe any Recipient obstacles contributing to delay in executive provider contracts (excluding any COVID-19 related delays)/

17) Describe any agency/provider obstacles contributing to the delay in executive provider contracts (excluding any COVID-19 related delays).

Service Provider Reimbursements

18) What procedures, documents and policies are used to guide the payment of invoices/reimbursements?

19) Please provide policies and procedures regarding the payment of invoices/reimbursements, if available.

20) When (month/date) were providers first able to submit invoices for reimbursement in FY2021

21) Over the past year, what is the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of a reimbursement check?

- 0-7 days
- 8-14 days
- 15-21 days
- 22-28 days
- 29-35 days
- 36-42 days
- 42+ days

22) List/describe any obstacle contributing to the delay in reimbursement to providers.

23) Have there ever been discrepancies in reimbursement checks (checks were more or less than amount due)? Yes___ No__

24) If yes, how were those discrepancies resolved?

25) Over the past year, has the Recipient's Office contacted agencies to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures)? Yes__ No__

26) If yes, did the Recipient's Office provide feedback or solutions to help agencies get back to target utilization and expenditures? Please explain.

HANDOUT B

Recipient Communication and Technical Assistance/Training

27) What is the policy regarding programmatic and fiscal monitoring site visits to service providers? That is, how many site visits are required for a service provider and what is the scope of those visits?

28) Over the past 12 months, how would you rate the communication between the Recipient's Office and funded agencies?

- Keeps agencies fully informed
- Keeps agencies fairly well informed
- Keeps agencies adequately informed
- Gives out only a limited amount of information
- Doesn't communicate much at all about what is going on
- Comments: _____

29) How would you rate the Recipient's timeliness in responding to questions and requests for information over the past year?

- Excellent (within one day)
- Good (within two days)
- Average (within three days)
- Poor (more than five days)
- Comments: _____

30) How would you rate the Recipient's Office in providing agencies with programmatic and/or fiscal technical assistance or training over the last 12 months?

- Excellent
- Good
- Average
- Poor
- Very Poor
- Comments: _____

31) In the last fiscal year (FY 2021), how many Programmatic site visits did each service provider receive? (Please give range and average)

32) In the last fiscal year (FY 2021), how many fiscal site visits did each service provider receive? (Please give range and average)

33) What measures are taken to ensure that service providers act on recommendations offered during the monitoring visit (e.g., corrective action plans, additional site visits, requests for reports, funding reductions, etc.)?

34) In addition to the monitoring, what other technical assistance is provided?

HANDOUT B

Procurement and Allocation

35) **What percent of the overall award for the last fiscal year was used for Recipient Support, Planning Council Support and Quality Management?**

36) **What percent of formula funds were unexpended at the end of FY 2021? Please explain.**

37) **What percent of supplemental funds were unexpended at the end of FY2021? Please explain.**

38) **Please provide a final expenditure report for FY2021.**

39) **Please provide a final allocation report for FY2021.**

40) **Please provide a list of all Part A-funded service providers in the Broward EMA for FY2021 (including contract information), as well as the categories for which each provider is contacted.**

Impact of COVID-19 On FY2021 Procurement and Contracting

41) **Please describe any changes in workplace policies, and any other COVID-19 policies impacting FY 2021 contracting.**

42) **How did these COVID-19 policies impact (delay, expedite, etc.) the contracting process for FY 2021? What steps took longer or were completed faster?**

43) **Do you have any other comments on the impact of the COVID-19 policies on future contracting, either positive or negative?**

Thank You!

HANDOUT C

MCDC Membership Strategy
Member Budget

Member Mix	Current	Goal
Job-Based Seat*	13	18
Consumer Seat	4	14
NECL Seat**	5	3
Total Membership	22	35
Unaffiliated Consumers (%)	18%	37%
Alternates	0	3

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

Seats Currently Filled:

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

Open Job-Based Seats:

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

Open Consumer Seats:

- Affected Communities (Consumers)
- Alternates

Recommended Course of Action:

- **Bring job-based members on slowly** to coincide with new unaffiliated consumer members.
- **MCDC must focus on bringing unaffiliated consumers onto the HIV Planning Council.** The Committee must implement its Recruitment & Retention Plan and increase consumer representation to reach the mandated 33%.

HANDOUT C

HIV Planning Council & Committee Demographics Report

It is the work of the Membership/Council Development Committee to ensure the HIV Planning Council is representative of the HIV epidemic in Broward County. One way that MCDC accomplishes this task is by reviewing the Council and Committees' demographics, identifying over and underrepresented populations.

HIV in Broward County
The following table shows HIV in Broward by Race/Ethnicity and by Gender. These data are provided by the Florida Department of Health.

Race	**Population**	**Percentage**
White	6,878	38%
Black	9,815	33%
Hispanic	3,855	24%
Other	500	5%
Total	21,048	100%
Gender	**Population**	**Percentage**
Male	15,689	71%
Female	5,359	29%
Transgender	0	0%
Total	21,048	100%

How This Information is Compared
The Council and each of its Committees are compared to the epidemic to determine where representation can be improved.

Key Terms
Epidemic – refers to the information in the table above. This is how HIV is distributed throughout Broward County.

Consumers – Council and Committee members who access Ryan White Part A services.

Unaffiliated Consumers – Council and Committee members who access Ryan White Part A services and have no relationship to an agency which provides these services. This means the consumer does not work for a provider agency or otherwise benefit financially from the agency's success.

Mandated Seats – HIVPC positions (seats) required by the Health Resources & Services Administration (HRSA).

Key Points for Reflectiveness through March 2022

HIV Planning Council (HIVPC): The Council is currently at 22 members and 18% consumer membership. This percentage remains below the HRSA-mandated 33% and efforts must be

directed towards increasing unaffiliated consumer member participation. The Council is under-representative of female, black, and white consumers as well as youth consumers.

Community Empowerment Committee (CEC): CEC remains under-representative of Black membership and is also still under-representative of male consumers despite significant male representation on the Committee. The Committee is also under-representative of female consumers. CEC remains below its 51% consumer membership requirement stated in the Committee's Policies & Procedures.

Membership/Council Development Committee (MCDC): The Committee's size has decreased by one since the last meeting. There is no consumer representation on the committee.

Priority Setting & Resource Allocation (PSRA): The Committee's membership has remained constant. However, this committee is under-representative of Black and, female consumers.

Executive Committee: The Executive Committee membership has remained consistent. There two unaffiliated consumers in a leadership position on the Council.

Quality Management Committee (QMC): QMC is under-representative of Black members. Black, Hispanic, and female consumers are not represented on the Committee. QMC's membership has remained consistent.

System of Care (SOC): SOC's membership has remained consistent. Black, Hispanic, and female consumers are not represented on the Committee

HANDOUT D

PRIORITY SETTING & RESOURCE ALLOCATION PROCESS PRESENTATION

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 March 17, 2022

PRESENTATION OUTLINE

- Overview
- What is PSRA?
- PSRA Goals and Guiding Principles
- Who's Involved?
- PSRA Process
- Required Grant PSRA Documentation
- PSRA Data Resources
- PRSA Process: Step-By-Step
- Ground Rules
- What to Expect

HIVPC
Broward County HIV Health Services Planning Council

OVERVIEW

- **HRSA Requirements:** The Planning Council is required by HRSA to "set priorities and allocate resources for service categories and provide guidance (directives) to the Part A Recipient on how best to meet these priorities."
  - The Priority Setting & Resource Allocation (PSRA) Committee shall **recommend priorities** and **resource allocations** to the Broward County HIV Health Services Planning Council (HIVPC) to **disburse Ryan White Part A funds** in Broward County.
  - Priority Setting and Resource Allocation to service categories **involves all members of the HIVPC**.

PRIORITY SETTING

- **Priority setting** is the process of deciding which HIV/AIDS services are the most important according to the criteria your EMA/TGA has established.

RESOURCE ALLOCATIONS

- **Resource allocation** is the process of distributing available Ryan White Part A program funds for your EMA/TGA across the prioritized service categories.
- **Reallocation** is the process of moving program funds across service categories after the initial allocations are made. This may occur **right after grant award** and **during the program year** when funds are underspent in some service categories and additional needs exist in other service categories.
- *The planning council must approve such reallocations.*

PSRA GOALS AND GUIDING PRINCIPLES

- Provide access to high quality HIV services for PLWHA in Broward County
- Optimize the HIV Care Continuum's impact
- Develop an integrated PSRA process using data with input from stakeholders and consumer forums
- Maintain a commitment to ending health disparities
- Provide client centered and coordinated services
- Integrate Prevention and Care
- Maintain and require collaborative partnerships among service providers
- Encourage early and meaningful involvement from PLWHA in the development, implementation, and evaluation of service delivery
- Engage continuous training, capacity building, and leadership development
- Provide culturally and linguistically appropriate services

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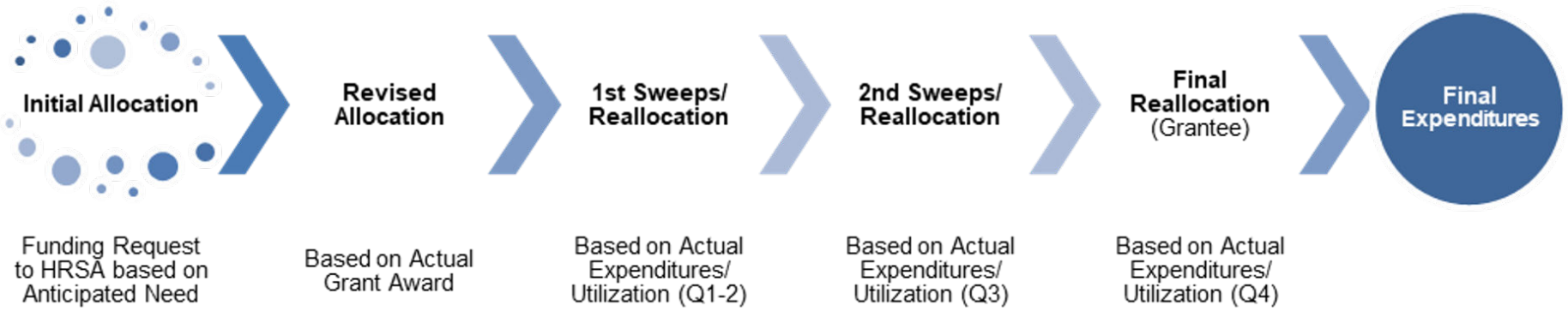
FORT LAUDERDALE/BROWARD COUNTY ANNUAL RESOURCE ALLOCATION/REALLOCATION CYCLE



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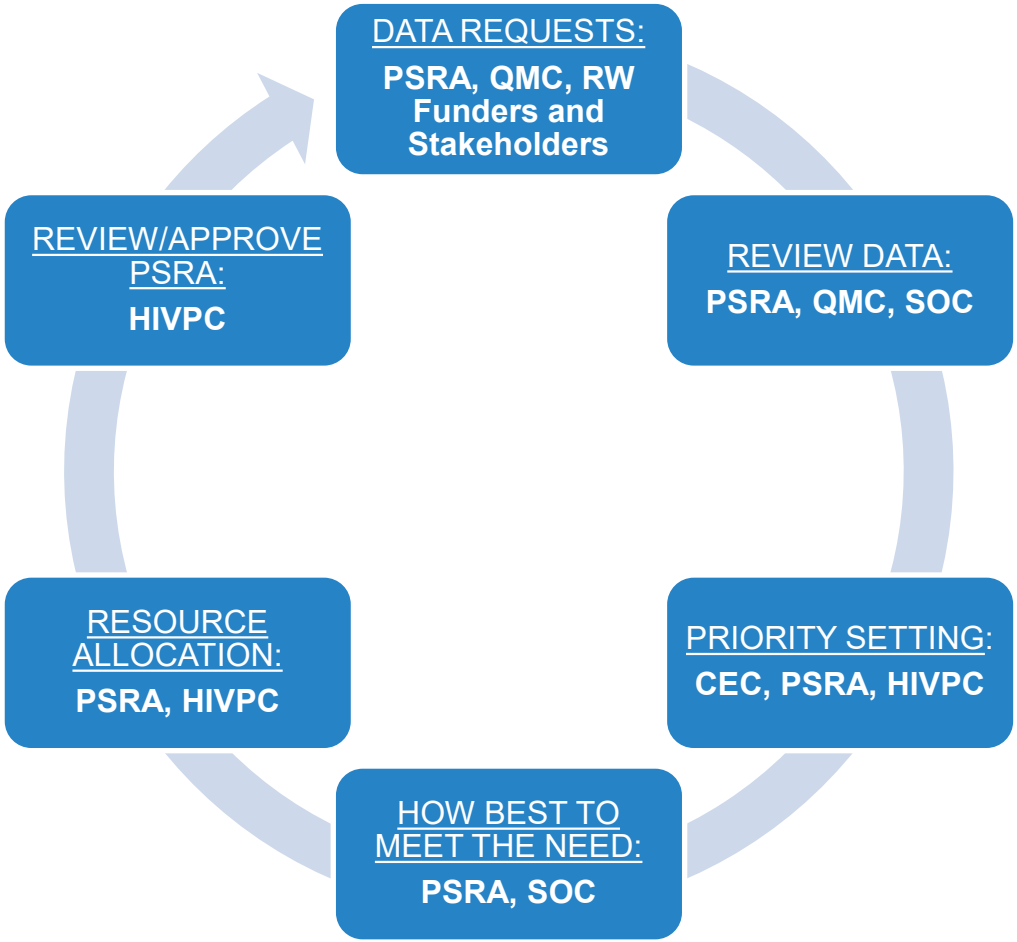
WHO IS INVOLVED?



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PLWHA INVOLVEMENT IN THE PSRA PROCESS

- **PLWHA Serve as Committee Members:**
  - **Community Empowerment Committee - CEC**
    - Data Collection (focus groups/feedback forums) & Presentation
    - Rank Core Services Priorities
    - Rank Support Service Priorities
  - **System of Care Committee – SOC**
    - How Best to Meet the Need
  - **PSRA**
    - Priority Setting & Resource Allocation
  - **HIVPC**
    - Approves All PSRA Decisions
- **Community Feedback Through Needs Assessment Activities:**
  - 2021 Needs Assessment
    - (Considers the needs of PLWHA from differing populations and geographic locations, including those in and out of care.)

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THE PSRA PROCESS

Principles

- Develop PSRA Principles and Criteria
- Clarify Committee, Consumer & Staff Roles and Responsibilities
- Develop PSRA Timeline

Data

- Review HRSA Mandates and Part A PSRA Grant Guidance
- Identify HRSA Identified and Additional Data Sources
- Create User Friendly Data Sets

Decisions

- Committee and Community Data Presentations
- Develop Language On How Best To Meet The Need
- Committee Reviews Data/Factors to Consider & Sets Priorities
- Committee Reviews Data/Factors to Consider & Allocates Resources

REQUIRED PART A GRANT PSRA DOCUMENTATION

The Part A Grant Application requires documentation about the PSRA process annually.

- Questions to be aware of includes:
  - How PLWHA were involved in the PSRA process and how their priorities are considered in the process
  - How data were used in the PSRA processes to increase access to core medical services and to reduce disparities in access to the continuum of HIV/AIDS care
  - How the HIVPC used changes and trends in HIV/AIDS epidemiology data in the PSRA process
  - How the Planning Council used cost data in making funding allocation decisions
  - How the Planning Council used unmet need data in making priority and allocation decisions
  - How the Planning Council's process will prospectively address any funding increases or decreases in the Part A award

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PSRA DATA SOURCE

Priorities and allocations are data based. **Decisions are based on the data**, not on personal preferences.

The PSRA Committee will have access to information to enhance their efforts in the decision-making process.

The data collected includes:

- Epidemiological Data
- Fiscal and Service Utilization Data
- Needs Assessment Data
- Others Funder's Data/Presentation

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PSRA DATA SOURCES (CONT'D)

Other factors to consider are:

- Funding from other sources such as Medicaid and Medicare
- Developing capacity for HIV services in historically underserved communities
- Priorities of Ryan White Consumers
- Changes in legislative requirements
- National HIV/AIDS Strategy
- Affordable Care Act

OTHER RESOURCES

- PSRA Policies and Procedures
- FDOH HIV/AIDS Partnership 10 Epidemiological Profile, 2020
- FY2021 Other Funders Table
- FY2021 Part A Scorecards, Expenditures Spreadsheet, and Projections Table
- Needs Assessment Activities Report
- FY2022 CEC Rankings Table
- FY2022 Part A Allocations Table

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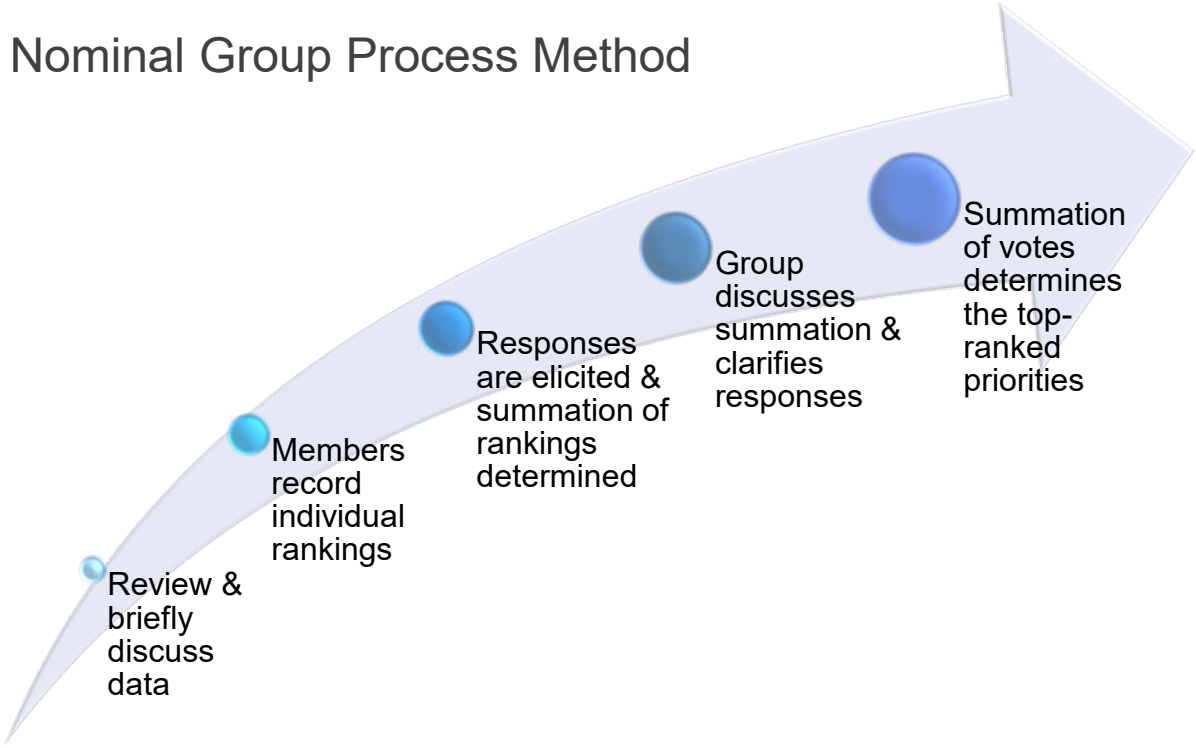
PSRA PROCESS: STEP-BY-STEP

PRIORITY SETTING

- Prioritize all service categories included in Legislation
- Utilize CEC priority rankings, consumer feedback, and other PLWHA data provided
- Utilize Nominal Group Process Method



PRIORITY SETTING: CORE SERVICES

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

*Note: **Bolded** Services are funded by RWPA*

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PRIORITY SETTING: SUPPORT SERVICES

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

*Note: **Bolded** Services are funded by RWPA*

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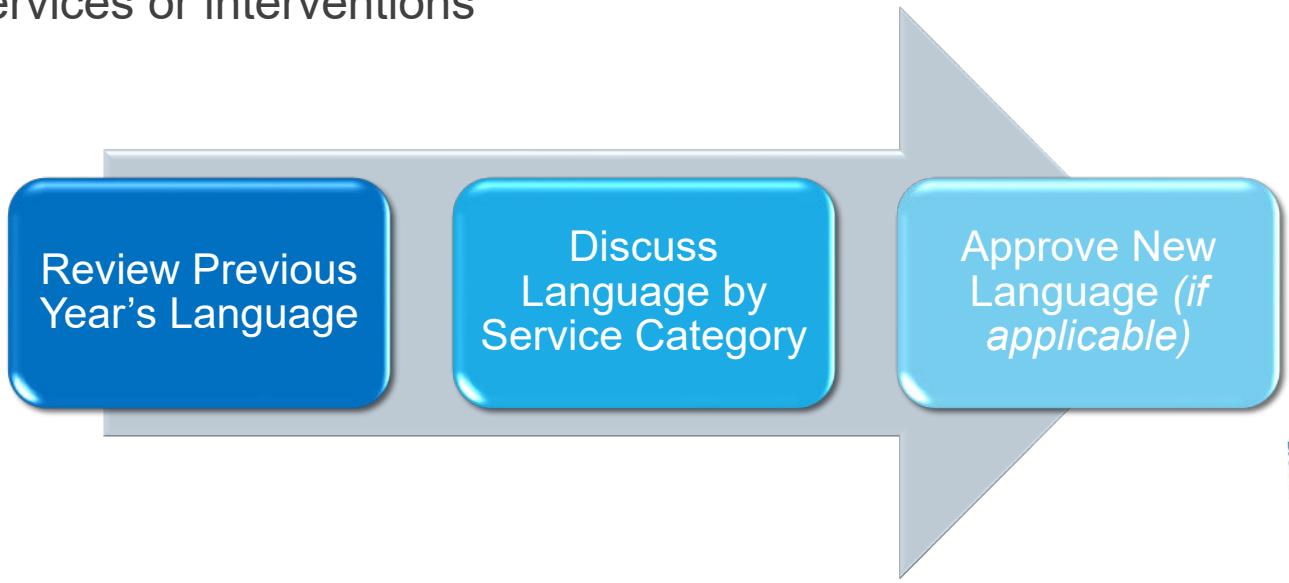
LANGUAGE ON HOW BEST TO MEET THE NEED

Directives to the Part A Recipient on how best to meet the service priorities identified, such as:

- Where geographically to fund services
- Specific models to use
- Identify target populations for which to implement new/improved services or interventions



ADDITIONAL PRIORITIES & LANGUAGE CONSIDERATIONS

Priorities and HBTMTN Language should be based on:

- Documented need
- Cost and Outcome Effectiveness
- Priorities of PLWHA
- Availability of other resources

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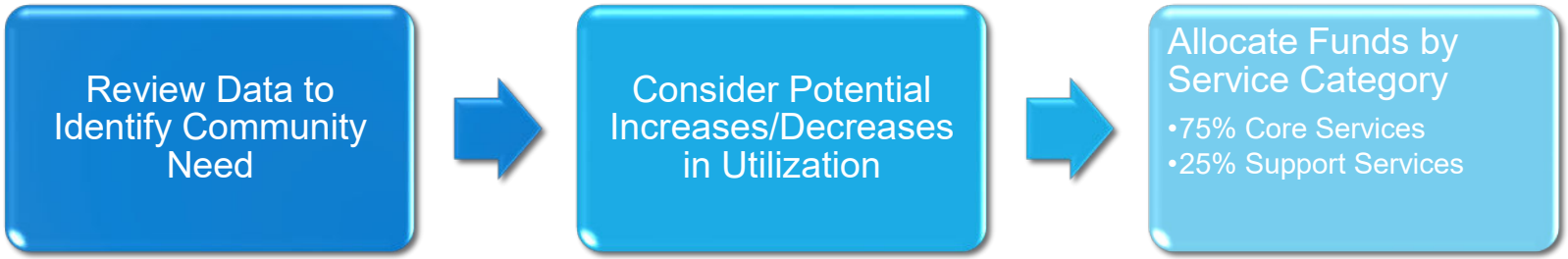
RESOURCE ALLOCATIONS

- Decide how much funding will be used for each service category



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REALLOCATIONS (SWEEPS)

- **Reallocation** is the process of moving program funds across service categories after the initial allocations are made. The PSRA Committee shall **review, at least quarterly, any deviations in planned expenditures exceeding 10%* in any given funding category for possible reallocation and/or reprioritization.**
  - **Periodic Reallocation:** The Part A Recipient will present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. The funding should be maintained within the service category if possible.
  - **Final Reallocation:** To fully expend funds at the end of the fiscal year, the PSRA Committee authorizes the Part A Recipient to move funds between categories within a service provider's contract. This authority is given to understand that the reallocation process has occurred before this shifting of funds. The number of dollars involved should be less than 10% of the funding award, and that there are less than 120 days left in the fiscal year.**

**Source: HIVPC Bylaws (October 2018)*
***Source: HIVPC Local Procedure Manual (June 2017)*

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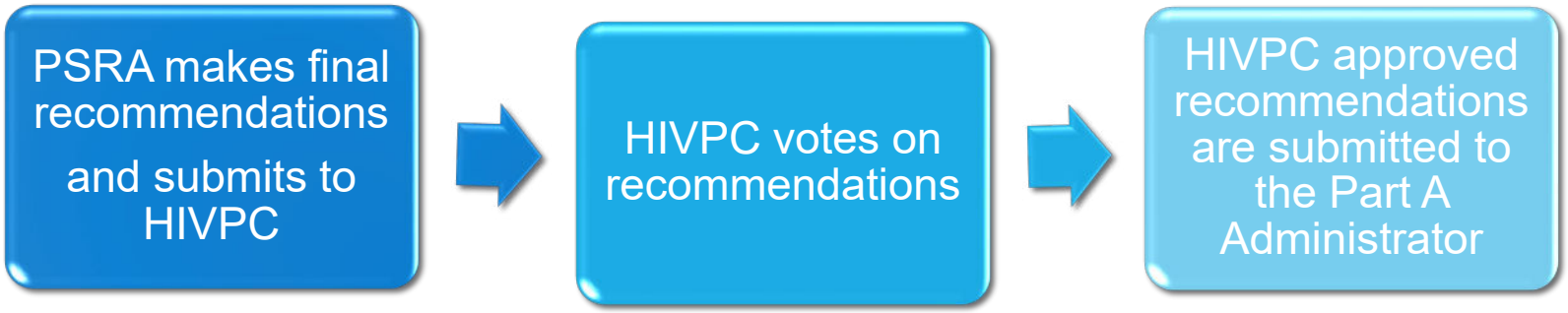
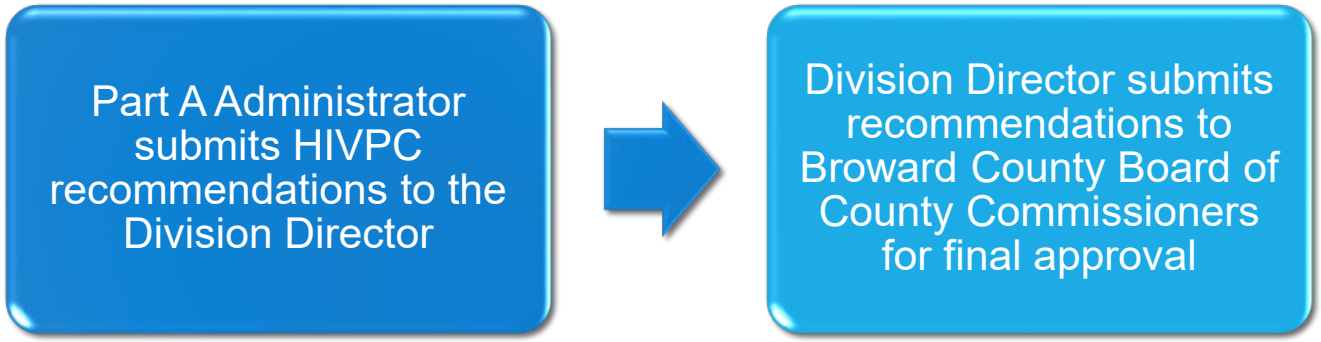
PSRA APPROVAL

- The PSRA Committee forwards all recommendations to the HIV Planning Council for approval.



PSRA APPROVAL

- The Grant Administrator (Part A Recipient) submits the Planning Council's PSRA recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards them to the Broward County Board of County Commissioners for its approval.



GROUND RULES

- Every member will treat every other member with the courtesy and respect resulting from their legitimate right to be part of discussions and decision making. All members/participants in meetings will have the opportunity to speak and be listened to without interruptions.
- There will be no personal attacks, and disagreements will focus on issues, not upon individuals.
- Once decisions are made, every member of the Committee will support the decision, regardless of their personal position.
- A member will behave in a manner that reflects recognition of their responsibility to present and consider the concerns of specific communities or population groups while considering the overall needs of PLWHA and acting on their behalf, not to for personal benefit.
- 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 Recipient outside of the meeting.
- Every member will take responsibility for abiding by these rules of conduct personally and for speaking out to assure that all members abide by them.

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PSRA COMMITTEE: WHAT TO EXPECT

- The Planning Council support staff will provide the essential materials needed for all activities. All Committee members will be given a**PSRA resource manual, guided by HRSA PSRA standards, to provide background and support to all presentations for an informed decision-making process.**

- **An immense amount of information will be distributed and presented within a short period of time:** Since a tremendous amount of information needs to be considered for members to prioritize services and allocate funds, each member is obligated to become familiar with how to read the data being presented and to use the information to make informed decisions.

QUESTIONS?
DISCUSSION

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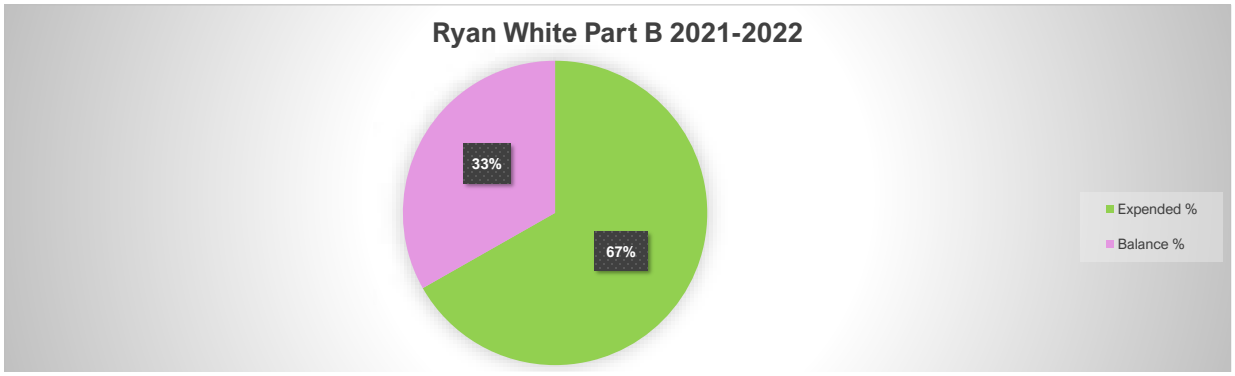
Ryan White Part B

PTC19: April 1, 2021 to March 31, 2022

HANDOUT E

Expenditures for January 2022

Service Category	*Allocated*	*Expended Janaury 2022*	*Expended Year-to-Date*	*Expended %*	*Balance %*	*Balance*
Administrative Services	$ 85,369	$ 5,874	$ 85,369	100%	0%	**$ -**
Health Insurance Premium/Cost Sharing	$ 167,750	$ 15,625	$ 104,599	62%	38%	**$ 63,150.98**
Home & Community Based Health	$ 20,000	$ 178	$ 5,873	29%	71%	**$ 14,126.60**
Medical Nutritional Therapy	$ 5,000	$ -	$ 3,451	69%	31%	**$ 1,548.93**
Emergency Financial Assistance	$ 280,654	$ 80,484	$ 118,577	42%	58%	**$ 162,076.90**
Home Delivered Meals	$ 20,000	$ 462	$ 2,657	13%	87%	**$ 17,343.50**
Medical Transportation	$ 135,476	$ 10,711	$ 81,604	60%	40%	**$ 53,871.95**
Non-Medical Case Management	$ 354,770	$ 13,411	$ 321,770	91%	9%	**$ 33,000.00**
Residential Substance Abuse	$ 36,500	$ -	$ 13,860	38%	62%	**$ 22,640.00**
Clinical Quality Management	$ 56,096	$ 6,442	$ 38,093	68%	32%	**$ 18,002.87**
Planning and Evaluation	$ 314	$ -	$ -	0%	100%	**$ 314.00**
TOTALS	**$ 1,161,929**	**$ 133,187**	**$ 775,853**	**67%**	**33%**	**$ 386,075.73**



Serena R. Cook 954-412-7086

HANDOUT E

ADAP REPORT FEBRUARY 2022	
Total Enrolled	5,161
Total Virally Suppressed	4,706
Percentage of Virally Suppressed (91%)	91%
ADAP Enrollments and Re-enrollments Processed	802
Enrolled in Mail Order Delivery	1,229
Total Enrolled in Direct Dispense	2,392
Total Enrolled in Online Recertification	1,644
No Show Report	18.54%