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

Priority Setting & Resource Allocation Committee Meeting

Thursday, September 23, 2021 - 9:00 AM
Meeting via WebEx Videoconference
Chair: Lorenzo Robertson • Vice Chair: Valery Moreno

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 132 814 9177)

This meeting is audio and video recorded.

Quorum for this meeting is 7

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 23, 2021
5. **ACTION:** Approval of Minutes from August 2, 2021
6. Standard Committee Items
    a. Monthly Expenditure/Utilization Report – by service category (Handout A)
    b. Quarterly Review of Meeting Evaluations (Quarter 2: June – August) (Handout B)
7. New Business
    a. **Action Item**: FY2020 Assessment of the Administrative Mechanism – Review the results of the FY2020 Assessment of the Administrative Mechanism and make recommendations. (Handout C)
    Work Plan Activity 3.2: Assessment of the Administrative Mechanism recommendations.
8. Recipient's Report
9. Public Comment
10. Agenda Items for Next Meeting
    a. Next Meeting Date: October 21, 2021, at 9:00 a.m. via WebEx Videoconference

11. Announcements
12. Adjournment

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

Please complete your 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

Priority Setting & Resource Allocations Committee

Thursday, August 2, 2021
1:00-3:00 PM
By WebEx Videoconference

M I N U T E S

PSRA Members Present: L. Robertson (Committee Chair), B. Fortune-Evans, B. Barnes, B. Mester, D. Shamer, H. B. Katz, M. Schweizer, R. Lopes, R. Siclari, V. Moreno

PSRA Members Excused: C. Grant

PSRA Members Absent: K. Schickowski

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

Planning Council Support Staff Present: G. Berkeley-Martinez, F. Ukpai, T. Williams, V. Oratien

Guests Present: K. Drummond, J. Rodriguez

Agenda Item #1: Call to Order

The *PSRA Chair* called the meeting to order at 1:03 p.m.

Agenda Item #2: Welcome & Public Record Requirements

The *PSRA Chair* welcomed all meeting attendees that were present. Attendees were notified that the PSRA 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 *PSRA 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 2, 2021, Priority Setting & Resource Allocation Committee meeting was proposed by *B. Barnes*, seconded by *B. Mester*, and passed unanimously. The approval for the minutes of the July 15, 2021, meeting with amendments was proposed by *R. Lopes*, seconded by *B. Barnes*, and approved with no further corrections.

Mr. Barnes, on behalf of PSRA, made a motion to approve the August 2, 2021, Priority Setting & Resource Allocation Committee agenda as presented. The motion was adopted unanimously.

Dr. Lopes, on behalf of PSRA, made a motion to approve the July 15, 2021, Priority Setting

& Resource Allocation Committee meeting minutes with amendments. 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: Standard Committee Items

There were no standard committee items on the agenda for this meeting.

Agenda Item #6: Unfinished Business

FY2022-2023 Resource Allocations: PSRA received allocation data for FY2022-2023 based on a review of data and anticipated needs. Members reviewed Part A client utilization trends, FY2022-2023 Committee rankings completed for Core and Support Services, and recommendations to help inform the PSRA process. Following the review, members completed their FY2022-2023 allocations and voted to approve the Committee's Core and Support Services allocations.

M. Schweizer made a motion to allocate $5,436,529 to Outpatient Ambulatory Healthcare Services for FY2022-2023. R. Siclari seconded the motion. The motion was adopted unanimously.

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

D. Shamer made a motion to allocate $2,646,964 to Oral Health Care for FY2022-2023. B. Mester seconded the motion. The motion was adopted unanimously.

R. Lopes made a motion to allocate $779,279 to Health Insurance Premium & Cost Sharing (HICP) for FY2022-2023. B. Fortune-Evans seconded the motion. The motion was adopted unanimously.

R. Siclari made a motion to allocate $512,117 to Medical Case Management – Disease Case Management for FY2022-2023. B. Mester seconded the motion. The motion was adopted unanimously.

B. Fortune-Evans made a motion to allocate $1,239,359 to Medical Case Management – Case Management for FY2022-2023. R. Siclari seconded the motion. The motion was adopted with one abstention.

R. Lopes made a motion to allocate $159,939 to Mental Health for FY2022-2023. D. Shamer seconded the motion. The motion was adopted with two abstentions.

R. Lopes made a motion to allocate $337,498 to Substance Abuse – Outpatient for FY2022-2023. B. Fortune Evans seconded the motion. The motion was adopted with one abstention.

R. Siclari made a motion to allocate $582,488 to Non-Medical Case Management (Centralized Intake & Eligibility Determination [CIED]) for FY2022-2023. V. Moreno seconded the motion. The motion was adopted unanimously.

R. Siclari made a motion to allocate $115,872 to Emergency Financial Assistance for FY2022-2023. B. Fortune-Evans seconded the motion. The motion was adopted unanimously.

D. Shamer made a motion to allocate $782,586 to Food Bank/Food Voucher for FY2022-2023. B. Mester seconded the motion. The motion was adopted with two abstentions.

M. Schweizer made a motion to allocate $129,151 to Legal Services for FY2022-2023. D. Shamer seconded the motion. The motion was adopted unanimously.

R. Siclari made a motion to approve the $13,071,698 Part A Core and Support Services allocations for FY2022-2023. B. Fortune-Evans seconded the motion. The motion was adopted unanimously.

D. Shamer made a motion to allocate $116,092 to MAI Outpatient Ambulatory Healthcare Services for FY2022-2023. V. Moreno seconded the motion. The motion was adopted with one rejection and one abstention.

R. Siclari made a motion to allocate $93,212 to MAI Medical Case Management – Case Management for FY2022-2023. V. Moreno seconded the motion. The motion was adopted unanimously.

D. Shamer made a motion to allocate $62,469 to MAI Mental Health for FY2022-2023. B. Fortune-Evans seconded the motion. The motion was adopted with one abstention.

D. Shamer made a motion to allocate $400,000 to MAI Substance Abuse – Outpatient for FY2022-2023. R. Siclari seconded the motion. The motion was adopted with one abstention.

B. Mester made a motion to allocate $290,956 to MAI Non-Medical Case Management (Centralized Intake & Eligibility Determination [CIED]) for FY2022-2023. V. Moreno seconded the motion. The motion was adopted unanimously.

D. Shamer made a motion to approve the $962,729 MAI Core and Support Services allocations for FY2022-2023. V. Moreno seconded the motion. The motion was adopted unanimously.

Agenda Item #7: Meeting Activities/New Business

There was no new business on the agenda for this meeting.

Agenda Item #8: Recipient's Report

There was no report from the Recipient's Office for this meeting.

Agenda Item #9: 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 #10: Agenda Items/Tasks for Next Meeting

The next PSRA meeting will be held on September 16, 2021, at 9:00 a.m. via WebEx Videoconference.

Agenda Item #11: Announcements

There were no announcements at this meeting.

Agenda Item #12: Adjournment

There being no further business, the meeting was adjourned at 2:27 p.m.

PSRA 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	C	18	18	15	20	17	15	2					
0	1	0	**1**	Barnes, B.		X	X	X	X	X	X	X					
0	0	0	**2**	Fortune-Evans, B.		X	X	X	X	X	X	X					
0	0	0	**3**	Grant, C.		X	X	X	E	E	E	E					
1	1	0	**4**	Katz, H.B.		X	E	X	X	X	X	X					
0	0	1	**5**	Lopes, R.		X	A	X	X	X	X	X					
0	0	1	**6**	Mester, B.		X	X	X	A	X	X	X					
0	0	1	**7**	Moreno, V.		X	X	X	X	X	A	X					
0	1	0	**8**	Robertson, L. *Chair*		X	X	X	X	X	X	X					
0	0	1	**9**	Schickowski, K.		X	X	X	X	X	X	A					
0	0	1	**10**	Schweizer, M.		X	X	X	A	X	X	X					
1	1	1	**11**	Shamer, D.		X	X	X	E	X	A	X					
0	0	1	**12**	Siclari, R.		X	X	A	E	X	X	X					
				Quorum = 7	0	12	10	11	7	11	9	10	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	**Z - resigned**
CX - canceled due to quorum	**R - removal letter**

HANDOUT A

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 21-22 Allocations

	Service Category		Allocations	Expended Amount As of May Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2021-22 Projected Expenditures
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)		5,436,529	3,271,578	60%	2,164,951	467,368	5,608,419
	MAI Ambulatory (1)		116,092	30,141	26%	85,951	4,306	51,670
	AIDS Pharmaceutical Assistance (3)		357,057	108,587	30%	248,470	15,512	186,149
	Oral Health Care	*Routine (4)*	1,856,437	596,196	32%	1,260,241	85,171	1,022,050
		Specialty (1)	736,489	347,205	47%	389,284	49,601	595,209
	Medical Case Management	*MAI Medical Case Management (2)*	55,997	27,628	49%	28,369	3,947	47,362
		Case Management (7)	1,198,830	681,898	57%	516,932	97,414	1,168,967
		Disease Case Management (5)	410,022	227,683	56%	182,339	32,526	390,313
	Mental Health- Trauma-Informed (2)		182,052	49,887	27%	132,165	7,127	85,521
	MAI Mental Health (1)		62,469	13,567	22%	48,902	1,938	23,258
	Health Insurance Premium & Cost Sharing Assistance		739,641	282,912	38%	456,729	40,416	484,992
	Substance Abuse-Outpatient (1)		285,030	107,360	38%	177,670	15,337	184,046
	MAI Substance Abuse-Outpatient (1)		400,000	297,346	74%	102,654	42,478	509,737
Support Services	*Case Management*	*Centralized Intake and Eligibility Determination (1)*	582,488	187,810	19%	394,678	26,830	321,959
		MAI Centralized Intake and Eligibility Determination (1)	290,956	290,954	100%	2	41,565	498,779
	Food Services	*Food Bank (1)*	700,000	125,220	18%	574,780	17,889	214,664
		Food Voucher (1)	82,586	82,573	100%	13	11,796	82,586
	Legal Assistance (1)		129,151	65,791	51%	63,360	9,399	112,785
	Emergency Financial Assistance (1)		115,872	-	0%	115,872	-	115,872
	Total Part A Funds		**12,812,184**	**6,134,699**	**48%**	**6,677,485**	**876,386**	**10,516,627**
	FY20-21 Carryover MAI Fund		**-**					
	Total MAI Funds		**925,514**	**659,636**	**71%**	**265,878**	**94,234**	**1,130,805**
	Total Funds		**13,737,698**	**6,794,335**	**49%**	**6,943,363**	**970,619**	**11,647,432**

HANDOUT B

Priority Setting & Resource Allocation Committee 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 16, 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.

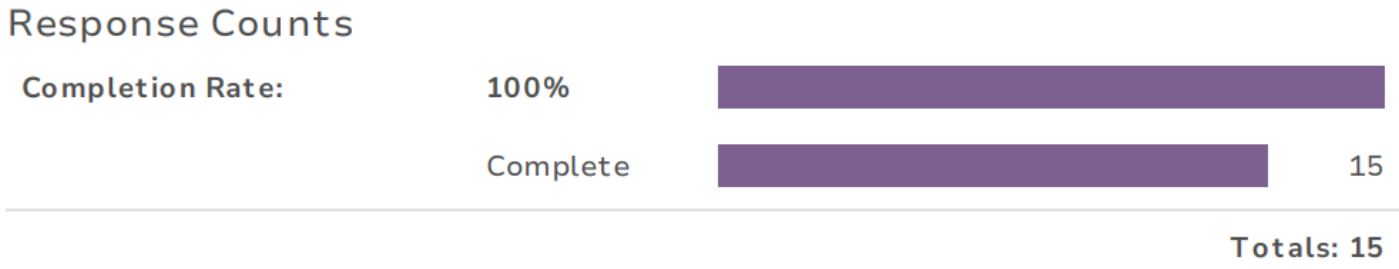
Process

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.

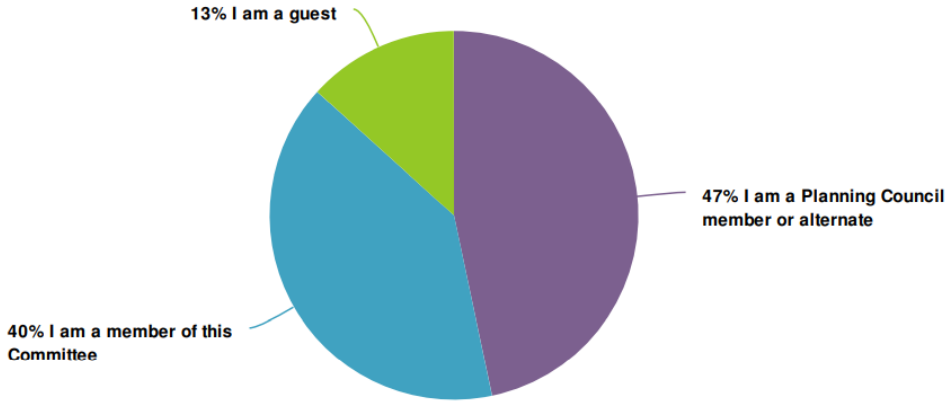
HIVPC
Broward County HIV Health Services Planning Council

Completion Rate

- 15 meeting evaluations were received out of a potential total of 41.
- There was a 100% completion rate observed for the evaluations that were received.



Affiliation



Value	Percent	Responses
I am a Planning Council member or alternate	46.7%	7
I am a member of this Committee	40.0%	6
I am a guest	13.3%	2
	Totals: 15	

Logistics

- The majority of respondents ‘strongly agreed’ or ‘agreed’ that the meeting location and time were convenient, and meetings were frequent enough to achieve progress towards workplan goals.
- Most respondents also ‘agreed’ or ‘strongly agreed’ that the meeting space was comfortable, accessible and appropriate.
- A few respondents(≤2) ‘strongly disagree’ that the meeting location and time were convenient, meeting space was comfortable, accessible and appropriate, and meetings were frequent enough to achieve progress towards workplan goals.

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Meeting Content

- Most respondents ‘agree’ (8) or ‘strongly agree’ (5) that the purpose and objectives of meetings are clearly outlined.
- Similarly, most respondents ‘agree’ or ‘strongly agree’ 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.
- A few respondents did not agree (1) or ‘strongly disagree” (≤3) that the purpose and objectives of meetings are clearly outlined. They also stated that meeting materials are neither informative and useful nor align well with workplan goals and activities to advance the work of the planning council in a meaningful way.

Preparation

- Most 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 (3) had neutral feelings towards meeting preparation.
- Some respondents (4 or less) did not agree that pre-meeting materials were well put together or provide appropriate information for the purpose of the meeting. They also did not agree that the committee was well prepared to facilitate meetings (including themselves as well as other participants.)

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Process/Team-Work

- Most respondents ‘agreed’ or ‘strongly agreed’ that all attendees were encouraged to participate in meetings discourse.
- Most respondents also ‘agree’ or ‘strongly agree’ that discussions were purposeful, and the meeting was an effective use of time.
- The majority also ‘agree’ or ‘strongly agree’ that they are leaving this meeting with a clear understanding of what is expected of them before the next meeting.
- However, some respondents strongly disagree (≤ 4) or disagree(1) that the discussions were purposeful, and that the meetings were an effective use of time. The also did not agree that they left the meeting with a clear understanding of what is expected of them before the net meeting.
- Less than 3 participants had neutral feelings toward the meeting process/teamwork.

Meeting Efficiency

- Most respondents either ‘agree’ or ‘strongly agree’ that meetings are being ran efficiently.
- Most respondents believe that the meetings were a good use of their time and would recommend them to prospective members, funders and other guests.
- Some respondents strongly disagree (≤4) strongly disagree or disagree (≤3) that meetings are being ran efficiently or that meetings were a good use of their time and would not recommend them to prospective members, funders or guests.

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Strengths

- Ability to ask questions and get meaningful answers.
- Opportunities to make decisions based on informed presentations
- Empowered.
- Focused.
- Collaboration.
- Transparency.
- Open discussion.
- Effective in identifying concerns.
- This committee has seemed to fine tune the virtual meeting process to make it work effectively.

Suggestions for Improvement

- Increase community/resident participation in meetings.
- Increase representation from minorities or population of focus so they can be a part of the decision-making process.
- Send meeting materials out to members sooner.
- Fine tune data so that it is ready to be “worked on”
- Come to meetings prepared by reading materials prior to the meeting to adequately participate in the meeting.
- The Recipient's office should have been more prepared regarding the justification of the proposed budget/recommendations for allocations.

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Suggestions for Improvement

- Continue to demand a high level of respect from all members.
- What is the methodology used in the Funding Allocation?
- Role of the CQM staff in the preparation of the Funding Allocation Spreadsheet?

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QUESTIONS?

DISCUSSION

HIVPC

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HANDOUT C

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."

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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.

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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

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