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

MEETING AGENDA

Committee: Executive Committee
Date/Time: Thursday, October 17, 2019, 11:30 a.m.
Location: Government Center Room GC-301
Chair: Lopes, R. **Vice Chair**: Grant, C.

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 10/17/19 Executive Committee Agenda and 5/21/19 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a) Review and Approve 10/24/19 HIVPC Agenda, Meeting Materials and Motions (Handouts A)
   b) Review November 2019 HIVPC Calendar (Handout B)
4. **UNFINISHED BUSINESS**
   None.
5. **MEETING ACTIVITIES/NEW BUSINESS**
   - **I. System of Care Committee Status (Handouts C1-C3)**
     ACTION ITEM: Review SOC workplan and discuss the status of the committee.
   - **II. Executive Leadership Training Planning FY19-20 (Handout D)**
     ACTION ITEM: Review Executive Leadership Training Plan and decide next steps.
   - **III. Membership Recruitment (Handout E)**
     ACTION ITEM: Review recruitment strategies developed by MCDC and discuss what the Executive Committee will implement.
   - **IV. HIVPC Recipient Reports (Handout F)**
     ACTION ITEM: Discuss standardization of Recipient Reports provided to the HIVPC.
   - **V. HIVPC Member Handbook (Handout G)**
     ACTION ITEM: Review changes to HIVPC Member Handbook
6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** November 21, 2019 11:30 a.m. **VENUE:** A-337
9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS
THREE GUIDING PRINCIPLES OF THE HIV 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: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

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Meeting Minutes: Executive Committee
Date/Time: Tuesday, May 21, 2019, 11:30 a.m.
Location: Governmental Center - Room 430
Chair: Lopes, R. **Vice-Chair**: Grant, C.

ATTENDANCE

#	Members	Present	Absent		Recipient Staff
1	Barnes, B. *Ex Officio*		**A**		Anderson, T.
2	Fleurinord, P.		**A**		Jones, L.
3	Foster, V.	**X**			
4	Hayes, M.	**X**			**HIVPC Staff**
5	Lopes, R., *Chair*	**X**			Martinez, G.
6	Robertson, L.	**X**			Jolly, J.
7	Fortune-Evans, B.	**X**			Oratien, V.
8	Grant, C., *Vice-Chair*	**X**			
					Guest
					Belo, B.*
					Tonelli, M.*
	Chair Quorum = 5	**6**			*on phone

1. CALL TO ORDER

The Chair called the meeting to order at 11:51 p.m. and welcomed all present. Attendees were notified of information regarding the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, Committee members, guests, Recipient staff and support staff self-introductions were made. A moment of silence was observed. There were no public comments.

2. APPROVALS

Motion #1: To approve the Executive Committee 5/21/19 Meeting Agenda
Proposed by: Hayes, M. **Seconded by**: Foster, V.
Action: Passed Unanimously

Motion #2: To approve the Executive Committee 4/18/19 Meeting Minutes
Proposed by: Hayes, M. **Seconded by:** Foster, V.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a) Review and Approve 5/23/2019 HIVPC Agenda, Meeting Materials and Motions (Handouts A): The Committee reviewed and approved the HIVPC agenda. There was a discussion regarding a future HIVPC member who is seeking employment, which may affect her membership status. The applicant's potential seat will be discussed with her and adjusted if needed.

Motion #3: To approve the HIVPC 5/23/19 Meeting Agenda (with adjustments)
Proposed by: Hayes, M. **Seconded by:** Lopes, R.
Action: Passed Unanimously

b) Review June 2019 Calendar (Handout B): The Chairs reviewed the draft June HIVPC Committee Calendar. A committee requested that the National HIV Testing Day be included on the June calendar.

ACTION ITEM: Include National HIV Testing Day on June 2019 calendar.

4. UNFINISHED BUSINESS

a) Executive Committee Leadership Training Plan: The Committee reviewed the revised list of topics for the 2019-2020 Executive Committee leadership training plan. Members chose to remove Robert's Rules Training from the training plan because it is on the HIVPC Training Plan and would be repetitive.

Motion #4: To approve the revised 2019-2020 Executive Committee Leadership Training Plan with an amendment.
Proposed by: Hayes, M. **Seconded by:** Foster, V.
Action: Passed Unanimously

5. MEETING ACTIVITIES/NEW BUSINESS

b) HIVPC Training Plan 2019-2021: Committee members reviewed the finalized training topics for the HIV Planning Council for the next two years. The plan was proposed by MCDC. One suggestion was to include discussion of community resources for Drugs and Substance Abuse in the 2020-2021 Systems Outside of HIV: Drug Use & Substance Abuse training. Homeless, Mental Health and Case Management was suggested as an alternate or adjusted training topic. Members discussed changing the Affordable Care Act training to a Legislative Update to be provided as needed.

ACTION ITEM: Update HIVPC Training Plan 2019-2021 to include Legislative Update and remove Affordable Care Act training.

Motion #5: To approve the amended HIV Planning Council two-year training plan with a Friendly Amendment.
Proposed by: Hayes, M. **Seconded by:** Foster, V.
Discussion: Members chose to change the ACA Update training topic to Legislative Update.

Action: Passed Unanimously

c.) System of Care Committee Status: Members discussed the status of the System of Care Committee. The Recipient provided an update regarding the Committee's hiatus. Part of the reason has been the hiatus of the Integrated Workgroup. The group paused its meeting schedule because revisions to the Integrated Plan were needed. Disruption also occurred related to employment changes further stalling HIV Funders Collaborative Goal Group meetings. The Recipient has met with the Chairs of the Integrated Workgroup and will provide an update when the Workgroup resumes meeting. The roster for the System of Care committee was requested. Knowing that the committee has not done anything, something needs to be figured out, most importantly, who will take the leadership role for SOC, as the Chair and Vice Chair seats are currently vacant.

ACTION ITEM: Provide the Executive Committee Chair with the membership roster for the SOC.

The conversation was tabled to move to the next agenda item: Discussion with HealthHIV representatives.

Resuming the SOC conversation, the Executive Committee discussed how to move forward. Whichever way the Committee is reconvened, this will be the third iteration of SOC. The purpose and goals of the Committee must be made clear and understood by all participants to be effective. Members discussed including Part B in the decision-making process because the Committee is meant to review the entire system of care and involved parties should be cognizant of the Committee's activities and expected outcomes. The SOC discussion was and an invitation will be extended to the Part B representative to join the conversation during the next Executive Committee meeting.

ACTION ITEM: Invite the Part B representative to the July Executive Committee meeting to discuss SOC.

d.) HealthHIV Planning Body Assessment: Marissa Tonelli and Briana Belo are TA Capacity Building Providers for HealthHIV. They are working on a pilot project with the HIV Prevention Planning Center to assess the effectiveness of HIV Planning Bodies. The study takes place over three (3) months with key activities such as information gathering. This includes reviewing orientation documents and by-laws, conducting anonymous surveys adapted based on conversations with planning body leadership and stakeholders. The study would also include hour-long key-informant interviews to learn about diverse experiences within the planning body including new members, veteran members, health department representatives, and agency representatives. After conducting these interviews, HealthHIV will develop a report. They will also present findings to the HIVPC, which includes explaining and sharing data, and guiding the Planning Body as they prioritize next steps and develop ways to make the structure more effective. HealthHIV's goal is to determine if the pilot study can be replicated across Planning Bodies and Councils similarly to its implementation at the North Dakota Health Department's Planning Body.

Rather than initially assessing the HIV Prevention Planning Body process, HealthHIV will focus on the Ryan White HIVPC. The representatives want to field assessments with a group who only focuses on Ryan White Care and Treatment. Members asked how HealthHIV would help the Planning Council with structure. Marissa

stated that they want to provide the HIVPC with a snapshot report that outlines structure, membership and other criteria related to demonstrating effectiveness. The most common concern among Committee members was determining the value of the assessment to the HIVPC. The assessment team was asked what other resources the HIVPC would receive for participating. Deliverables would include a slide presentation of the data with facilitated exercises for the Council to determine areas for improvement. HealthHIV has assisted other Planning Bodies like North Dakota Health Department with a membership matrix to diversify their membership and offered best practices for their bylaws. HealthHIV would work with the HIVPC to provide support based on specific areas of need. Ultimately, the Executive Committee preferred to participate in a higher-level assessment than HealthHIV can provide as the HIVPC has and continues to utilize many of HealthHIV's proposed tools and resources.

6. RECIPIENT REPORT

The Recipient discussed information gleaned from the state meeting held in Tampa, FL. In the meeting, FLDOH (state office) reported that they are currently fiscally sound, but it anticipates financial challenges there will be a projected 6% increase in the number of individuals on ADAP. Last year, the state had expenses of $213 million and Recipients were given a ceiling of $20 million. This year, however, the ceiling has been set at $15 million with a $1.9 million reduction in ADAP formula dollars. Part A Recipients will continue to converse with the state office to clarify that Part A cannot absorb costs as changes are made to ADAP. The Recipient will make plans to address the expected fiscal changes.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS / TASKS FOR NEXT MEETING: July 18, 2019 1:30 p.m. VENUE: A-337

Agenda Items for next Meeting	*Action to be taken, presentation, discussion, etc.*
Membership Recruitment Event	ACTION ITEM: Develop next recruitment event.
System of Care Status	ACTION ITEM: Finalize the status of the System of Care Committee

9. ANNOUNCEMENTS None.

10. ADJOURNMENT The meeting adjourned at 1:27 p.m.

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Executive Committee Attendance CY 2019

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	21	21	18	21								
0	1	4	1	Barnes, B. *Ex Officio*		A	A	A	A								
1	1	2	2	Fleurinord, P.		X	E	A	A								
0	0	0	3	Fortune-Evans, B.		X	X	X	X								
0	0	0	4	Foster, V.		X	X	X	X								
0	0	0	5	Grant, C. *Vice Chair*		X	X	X	X								
1	0	0	6	Hayes, M.		X	X	X	X								
1	1	0	7	Lopes, R. *Chair*		X	E	X	X								
0	1	0	8	Robertson, L.		X	X	X	X								
				Quorum = 5	0	7	5	6	6	0	0	0	0	0	0	0	

Legend:

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

HANDOUT A

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200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

MEETING AGENDA

Committee: Broward County HIV Health Services Planning Council
Date/Time: October 24, 2019, 9:30 a.m. **Location:** Governmental Center GC-430
Chair: Réquel Lopes **Vice Chair:** Claudette Grant
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. CALL TO ORDER (10 minutes)

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

a. Welcome and Introductions
b. Review Meeting Ground Rules, Public Comment and Public Record Requirements
c. Council Member and Guest Introductions
d. Moment of Silence
e. Excused Absences and Appointment of Alternates
f. Approval of 10/24/19 Meeting Agenda
g. Approval of 8/22/19 Meeting Minutes

3. PHONE INTRODUCTIONS

4. PUBLIC COMMENT (Up to 10 minutes)

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

6. CONSENT ITEMS

I. Motion to approve Robert Shore to join the Community Empowerment Committee.
Justification: Mr. Shore has been involved in HIV-related work in South Florida for 5 years and is interested in contributing to HIV treatment & prevention in Broward County.
PROPOSED BY: CEC Vice Chair

II. Motion to approve David Gunion to join the Community Empowerment Committee.
Justification: Mr. Gunion has expressed interest in strengthening the community's knowledge of the HIV Planning Council's mission and activities and will make a strong addition to the CEC.
PROPOSED BY: CEC Vice Chair

7. DISCUSSION ITEMS

I. FY2019-2020 Reallocations
Justification: To approve reallocations ("Sweeps") recommended by the Priority Setting & Resource Allocation Committee
PROPOSED BY: PSRA

HANDOUT A

#	SERVICE CATEGORY	Recommended TO	Recommended FROM	PROPOSED BY
1	Ambulatory Health Services (5)	-	-	Priority Setting & Resource Allocation Committee
2	MAI Ambulatory (1)	-	-	
3	Pharmaceuticals (3)	-	-	
4	Oral Health Care-Routine (5)	-	-	
5	Oral Health Care- Specialty (1)	-	-	
6	Case Management (7)	-	-	
7	Medical Case (Disease) Management (5)	-	-	
8	MAI Medical Case (Disease) Management (1)	-	-	
9	Mental Health (4)	-	-	
10	MAI Mental Health (1)	-	-	
11	Substance Abuse (1)	-	-	
12	MAI Substance Abuse (1)	-	-	
13	Food Bank (1)	-	-	
14	Food Voucher (1)	-	-	
15	Centralized Intake and Eligibility Determination (1)	-	-	
16	MAI CIED (1)	-	-	
17	HICP (1)	-	-	
18	Legal Assistance (1)	-	-	
19	EFA (1)	-	-	
20	BISS (1)	-	-	
	Total Part A Funds	-	-	
	Total MAI Funds	-	-	
	Total Funds	-	-	

II. System of Care Committee

Justification: To discuss changes to the System of Care Committee

PROPOSED BY: Executive Committee

8. NEW BUSINESS

I. Robert's Rules Presentation

9. COMMITTEE REPORTS (15 minutes)

I. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

September 17, 2019 *Chair: Vacant, V. Chair: A. Ruffner*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

FY2019-2020 Community Empowerment Committee Work Plan – The committee members reviewed the FY2019-2020 CEC work plan (Handout A on file). The Vice Chair read through the objectives and activities set to determine whether the committee met these objectives. The goal of hosting at least 2 outreach events and 2 education events has not yet been met, however, committee members discussed working harder to meet the remaining goals. The Vice Chair discussed community participation and emphasized the importance of reaching community members unaffiliated with an agency working in HIV when hosting future events.

Planning Council and Committee Attendance – The Committee reviewed and discussed the results of the fashion show (Handout B on file). The results indicated that the measures for success, which were set prior to the event, were all met. A Recipient staff member shared her experience during her time at the show and applauded the work done by the Committee and support staff.

Chill, Chat, & Chew Planning – PCS Staff presented Chill, Chat, & Chew ideas to the Committee to help guide them in selecting their next community event. Members were provided with a brief description of each idea, a potential flyer draft and a timeframe to host the event, then voted on their next Chill, Chat & Chew. Planning for the event will take place at the next CEC meeting.

C. Data Requests:

None.

D. Rationale for Recommendations:

None.

E. Data Reports/ Data Review Updates:

CEC reviewed Fighting Stigma through Fashion outcomes as part of its ongoing effort to host community events for target groups based on defined data collection focus.

F. Other Business Items:
Agenda Items for Next Meeting: Chill, Chat, & Chew Planning, plan the logistics of the next community event.

G. Agenda Items for Next Meeting:

H. Next Meeting Date:
November 5, 2019

II. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

September 12, 2019 *Chair: V. Foster, V. Chair: Vacant*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:
Review HIVPC Demographics: Members reviewed Council and Committee demographics (Handout A on file). The Planning Council currently has 23 members. Although the total percentage of unaffiliated consumers for the Planning Council remains as 30% which is below the HRSA-mandated 33%, the Planning Council added one new member in the month of August.
Planning Council and Committee Attendance: Members reviewed the Committee and HIVPC attendance report and discussed new members and any changes that have occurred across committees (Handout B on file). There have been 4 warning letters issued, 2 resignations, and no removals since the last MCDC meeting.
MCDC Work Plan: Members reviewed the FY2019-2020 MCDC work plan (Handout C on file). Thus far, members have consistently looked at reflectiveness and are working towards the completion of other work plan activities.
HIVPC Training & Presentation Plan: Members reviewed the HIVPC Training & Presentation Plan (Handout D on file). The Committee chose tentative dates for presentations to take place through FY19-20.
Recruitment & Retention Plan: MCDC reviewed its Recruitment & Retention Plan and updated it for FY19-20. As a part of the Committee's recruitment strategy, members will develop a recruitment message, request technical assistance from HRSA to increase recruitment and retention, create a Committee specific recruitment initiative, create meeting packets to include a Creole version, supply case managers and outreach networks with recruitment kits, and update 'Get Involved!' cards.

C. Data Requests:
None.

D. Rationale for Recommendations:
None.

E. Data Reports/ Data Review Updates:
MCDC reviewed HIVPC & Committee demographics as part of its ongoing effort to ensure membership reflects the HIV epidemic in Broward County.

F. Other Business Items:
Agenda Items for Next Meeting: Recruitment messaging, MCDC-specific recruitment.

G. Agenda Items for Next Meeting:

H. Next Meeting Date:
November 14, 2019

III. QUALITY MANAGEMENT COMMITTEE (QMC)

September 16, 2019 *Chair: Vacant, V. Chair: B. Fortune-Evans*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:
QMC Member Reference Notebooks: CQM program staff explained changes to the QMC member reference notebooks. Items changed were as followed: QMC Workplan was updated; attendance policy was included; frequently asked questions (FAQs) were updated; emergency financial assistance (EFA) service delivery model (SDM) was updated to reflect the current approved version. CQM staff explained that this notebook will be updated as needed and is provided as a reference for Committee members. Committee members are able to check-out notebook from CQM staff or request copies of included documents by emailing quality@brhpc.org.

Quality Improvement in HIV Care: Responsive, Team Based and Data Powered Presentation: CQM team presented slideshow regarding quality improvement. Key take-aways from this presentation are as follows: quality Improvement is about learning, measuring progress, and sustaining improvements through continuous cycles of changes; focus on the Triple Aim "end goal" to avoid complacency and create a culture of continuous improvement to ultimately support person-centered HIV treatment and care; each QI goal and project is connected to the aim of improving the health of people with HIV; partner with consumers to develop, inform and evaluate Quality Improvement Projects (QIPs). A previously recorded version of the presentation can be found at: https://www.seaetc.com/quality-improvement-in-hiv-care-responsive-team-based-and-data-powered-course/. Committee members discussed the importance of creating a culture of improvement in addition to utilizing paperwork and procedures to conduct quality improvement. One member suggested a resource for learning more about creating a culture of quality improvement. This book is titled *Primed to Perform: How to Build the Highest Performing Cultures Through the Science of Total Motivation*.

Presentation of Broward EMA Quality Improvement for the Broward RW EMA 2018-2019: CQM Support Staff presented information regarding the 2019-2020 Broward EMA Quality Improvement project. This Project is the Dental-No Show Tracking Tool. Work on the Project began in the Spring of 2019. The Dental Network members have served as advisors and contributors to the Project. Currently all of the Broward Ryan White Part A EMA Oral Health Providers are using the No Show Tracking Tool to Collect Data for the Project. CQM support staff presented an overview of the Project, aims, and timeline for Project execution. Committee members provided feedback on the Project and asked questions of CQM support staff.

C. Data Requests:
None.

D. Rationale for Recommendations:
None.

E. Data Reports/ Data Review Updates:

F. Other Business Items:

G. Agenda Items for Next Meeting:

H. Next Meeting Date:
October 21, 2019 Room: A-337

IV. EXECUTIVE COMMITTEE
No September Meeting — *Chair: R. Lopes, V. Chair: C. Grant*

V. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)
No September Meeting — *Chair: L. Robertson, V. Chair: M. Hayes*

VI. SYSTEM OF CARE (SOC)
No September Meeting — *Chair: Vacant, V. Chair: Vacant*

**** For detailed discussion on any of the above items, please refer to the meeting minutes. ****
Meeting Packets are available at: http://www.brhpc.org/programs/hiv-planning-council/

10. RECIPIENT REPORTS (20 minutes)

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

11. UNFINISHED BUSINESS

12. PUBLIC COMMENT (Up to 10 minutes)

HANDOUT A

13. ANNOUNCEMENTS

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: November 28, 2019 9:30 a.m. **LOCATION:** GC-430

16. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

HANDOUT B

NOVEMBER

Broward County HIV Health Services Planning Council Calendar
Last Updated: 9/10/2019

Meeting dates & times are subject to change. Unless otherwise noted, meetings are held at: Governmental Center Annex, Ryan White Part A Program Office, 115 S. Andrews Ave., Ft. Lauderdale, 33301. Please contact support staff at 954-561-9681 ext. 1343 or visit http://www.brhpc.org for updates.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 **SFAN Meeting** 10:00 a.m. Comprehensive Women's Center 1000 NE 56th St., Fort Lauderdale, FL 33334	2
3	4	5 **Community Empowerment Committee Meeting** 3:00 p.m., Room A-337 Governmental Center 115 S. Andrews Ave. Fort Lauderdale, FL 33301	6	7 **Behavioral Health Meeting** 2:00 p.m., Room A-337 Governmental Center 115 S. Andrews Ave. Fort Lauderdale, FL 33301	8	9
10	11	12 **Integrated Workgroup Meeting** 3:00 p.m., Julia Hall Secret Woods Nature Center 2701 W State Rd 84, Fort Lauderdale, FL 33312	13	14	15	16
17	18 **Quality Management Committee Meeting** 12:30 p.m., Room A-337 Governmental Center 115 S. Andrews Ave. Fort Lauderdale, FL 33301	19	20	21 **Priority Setting & Resource Allocation** 9:00 a.m., Room GC-301 **Executive Committee Meeting** 11:30 p.m., Room GC-301 115 S. Andrews Ave. Fort Lauderdale, FL 33301	22	23
24	25	26	27	28	29	30

Meetings in ~~**RED**~~ are cancelled. Meetings in **BLUE** are for the HIV Planning Council Committees.
Meetings in **GREEN** are for QI Network. Meetings outside of the HIV Planning Council are in **BLACK**.

HANDOUT B

NOVEMBER

Broward County HIV Health Services Planning Council Calendar
Last Updated: 8/30/2019

Dates and times are subject to change. Visit http://www.brhpc.org/programs/hiv-planning-council/ for updates. For questions about the HIV Planning Council & Committees, please contact Vanessa Oratien at 954-561-9681 ext. 1343. For questions about the QI Networks, please contact Marcus Guice at 954-561-9681 ext. 1219.

TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en: Governmental Center 115 S. Andrews Ave. Ft. Lauderdale, FL 33301 (Acceso de Downtown Bus Terminal y Tri-Rail/Broward County Transit) Para confirmar información acerca de la reunión de Consejo de Planeación VIH, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos	Unless otherwise noted on the calendar, all meetings are held at: Governmental Center 115 S. Andrews Ave. Ft. Lauderdale, FL 33301 (Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit) To confirm HIV Planning Council meeting information, or reserve special needs services such as: Translation from English to Spanish or Creole; or, are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fét: Governmental Center 115 S. Andrews Ave. Ft. Lauderdale, FL 33301 (Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit) Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and services provided to all patients receiving Part A and MAI-funded services.

Executive Committee - Sets agenda for Council meetings. addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

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

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

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

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

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

FY 2019-20 System of Care Committee Work Plan

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

GOAL: By February 2018, increase overall engagement in last 3 stages of the HIV Care Continuum by 2%

Objective 1: Improving engagement at each stage of the HIV Care Continuum

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug
1.1 Collaborate with community partners to evaluate the Broward County Ryan White Part A Program's HIV Care Continuum	Ongoing	SOC	Establish an Integrated System of Care to evaluate Broward's HIV Care Continuum	Invite community partners to discuss HIV testing, linkage, care and treatment and adherence, etc. Analyze systems, successes and failures along the bars of the Continuum.						
1.2 Conduct utilization focused evaluation of the HIV Care Continuum to identify and address the drop-offs along the stages specific to testing site, service provider, geographic location and individual characteristics (Integrated Plan Strategy 2.2.a) **(YEAR 1-2)**	Ongoing	SOC/QM	Increase access to care and improve health outcomes	Compare qualitative and quantitative data (QM, focus groups, community forums) to identify trends in utilizations. Develop recommendations to address identified trends and send to PSRA.						
1.3 Develop strategies specific to the needs, attitudes and behaviors of the identified priority/MAI populations (Integrated Plan Strategy 3.1.a) **(YEAR 1)**	As Needed	SOC/PSRA/QMC	Address and reduce HIV-related health disparities and health inequities	Review QMC and Needs Assessment data and send the PSRA Committee recommendations for MAI models and other relevant strategies that address barrier reduction and identified needs of identified minority populations.						
1.4 Design a Ryan White/Prevention Collaborative to create a model that ensures a seamless continuum for HIV+ individuals to transition from testing and counseling sites to linkage, treatment and retention in Medical Care (Integrated Plan Strategy 2.1.a) **(YEAR 1-2)**	Integration Year 2	SOC	Increase access to care and improve health outcomes	Involve community stakeholders in the process. Develop a process map of the HIV Care Continuum.						

Objective 2: Develop a coordinated and integrated priority setting and resource allocation process and combined funding initiatives (Integrated Plan Strategy 4.1.a)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug
2.1 Review needs assessment data to guide the development of How Best to Meet the Need (HBTMTN) language.	Annually	Staff/SOC/ PSRA	Data driven PSRA process	Develop language for HBTMTN and send recommendations to PSRA						
2.2 Make recommendations for eligibility changes and service categories to be funded	Annually	Staff/SOC/IC	Integrated System of Care	Review data and make recommendations for an integrated System of Care						

Current Members of System of Care Committee:

#	Name	Consumer	Race/Ethnic	W	B	H	O	Gender	F	M	T
1	Arrencibia, Yusi		H			1		F	1		
1	Gonzalez, Yvette		H			1		F	1		
1	Ivey, Lisette		H			1		F	1		
1	Katz, H. Bradley	1	W	1				M		1	
1	Moreno, Valery		H			1		F	1		
1	Pietrogallo, Tom		W	1				M		1	
1	Rodriguez, Joshua		H			1		M		1	
1	Rolle, Vanice		B		1			F	1		
1	Vargas, Daisha		W	1				F	1		
9	**Total**	**1**		**3**	**1**	**5**	**0**		**6**	**3**	**0**
		11%		33%	11%	56%	0%		67%	33%	0%

Meeting Minutes: Executive Committee
Date/Time: Tuesday, May 21, 2019, 11:30 a.m.
Location: Governmental Center - Room 430
Chair: Lopes, R. **Vice-Chair**: Grant, C.

System of Care Committee Status: Members discussed the status of the System of Care Committee. The Recipient provided an update regarding the Committee's hiatus. Part of the reason has been the hiatus of the Integrated Workgroup. The group paused its meeting schedule because revisions to the Integrated Plan were needed. Disruption also occurred related to employment changes further stalling HIV Funders Collaborative Goal Group meetings. The Recipient has met with the Chairs of the Integrated Workgroup and will provide an update when the Workgroup resumes meeting. The roster for the System of Care committee was requested. Knowing that the committee has not done anything, something needs to be figured out, most importantly, who will take the leadership role for SOC, as the Chair and Vice Chair seats are currently vacant.

ACTION ITEM: Provide the Executive Committee Chair with the membership roster for the SOC.

The conversation was tabled to move to the next agenda item: Discussion with HealthHIV representatives.

Resuming the SOC conversation, the Executive Committee discussed how to move forward. Whichever way the Committee is reconvened, this will be the third iteration of SOC. The purpose and goals of the Committee must be made clear and understood by all participants to be effective. Members discussed including Part B in the decision-making process because the Committee is meant to review the entire system of care and involved parties should be cognizant of the Committee's activities and expected outcomes. The SOC discussion was and an invitation will be extended to the Part B representative to join the conversation during the next Executive Committee meeting.

ACTION ITEM: Invite the Part B representative to the July Executive Committee meeting to discuss SOC.

HANDOUT D

Executive Leadership Training Plan

FY19-20 Training Topics and Projected Timeline

Objective Statement: To train the HIV Planning Council Leadership on topics directly related to Organizational Development, Leadership Skill Building and Coaching.

Determine Topics → Outline Training Goal → Contact Appropriate Parties → Schedule & Plan → Provide Training to Executive Committee

FY 2019-2020 Training Topics

☐	Projected Month: August 2019	**Organizational Leadership & Personal Growth (Planning CHATT):** This presentation will include characteristics of successful leadership and their application to ASOs/CBOs. Essential elements to cultivate a culture of excellence through good leadership, core leadership qualities and traits that lead to positive results, factors that distinguish successful leaders from the rest, key practices for building influence and persuasion among team members, customers, and stakeholders and will end with a process map to help identify one's own personal style, challenges and obstacles.
☐	Projected Month: September 2019	**Recruitment & Retention (Planning CHATT):** The presentation will include strategies to improve recruitment and retention of new HIVPC members. Speakers provided insights into the legislatively required membership categories, presented a recommended process for bringing on new members, and shared best and promising practices such as establishing consumer trust and effective, ongoing orientation throughout the year.
☐	Projected Month: TBD	**Strategic Thinking Workshop:** The presentation will include methods on how to acquire the mindset and skills for longer-term and higher-level thinking, learning and applying a thought process for strategic thinking, understanding key concepts of strategic thinking and how to apply them for better result, learning how to crystallize and clarify outcomes and visions, learning how to get everyone on the team on-board, and working together in a concerted effort.
☐	Projected Month: TBD	**Frequency of Leadership Training:** This presentation looks at leadership frequency; passive leadership, disengaged leaders, getting caught in thoughts, managing leadership responsibilities and stress. Part of being a good leader is managing your energy frequency at a place in the middle of the scale –engaged, communicative, listening, and responding to challenges verses reacting. These traits allow you to be proactive and inspire others to step into more of their potential. The more you stretch, the more your team stretches, and the more your committee/council grows.
☐	Projected Month: TBD	**Robert's Rules:** A consultant will provide a presentation on Robert's Rules to detail the parliamentary procedure utilized by the HIV Planning Council to conduct meetings.

RECRUITMENT

Goal: Ensure that the HIVPC has a pool of applicants to fill and maintain all categories with qualified members.

Strategy 1 – Involve all Planning Council stakeholders in recruitment efforts

- Announce vacant positions at each meeting of the HIVPC, the MCDC Committee and, if possible, South Florida AIDS Network (SFAN).
- Display recruitment and application materials at each meeting of the HIVPC and, if possible, SFAN.
- Set up a table with recruitment materials when the HIVPC, MCDC or Joint Client/Community Relations Committee holds meetings in the community.
- Council members and HIVPC staff greet visitors at meetings of the Council and its Committees. Ask if they wish to speak at the meeting and get involved in the HIVPC.
- Offer HIVPC members training on identifying potential applicants, soliciting their participation and eliminating barriers to participation.

Strategy 2 – Use the Internet as a recruitment tool

- Develop and post a recruitment message on the HIVPC website.
- Seek to post a recruitment message and application materials on the Broward County government message board.

Strategy 3 – Use printed recruitment materials throughout the year

- Develop and distribute recruitment brochures (such as the Get Involved! card).
- Distribute materials at community events that attract populations strongly affected by HIV/AIDS. Members of the HIVPC, MCDC, and/or HIVPC staff will attend at least two events per year.
- Issue press releases encouraging people to apply for vacant positions. Include data showing the epidemic transcends race, income, ethnicity, gender and age.

Strategy 4 – Use Service Providers and the community to help recruit

- Encourage networking among providers as a way to seek providers as applicants.
- Supply case managers and outreach networks with recruitment kits to include fact sheets and committee meeting schedules they can share with interested clients.
- Supply recruitment kits, including fact sheets and committee meeting schedules to community organizations involved with HIV/AIDS and affected populations, so they can share with interested clients.

- MCDC members and HIVPC staff can email or call organizations receiving materials to encourage the posting of fliers that explain the importance of HIVPC activities and participation.

Strategy 5 – Encourage interested people

- MCDC members or HIVPC staff will send potential applicants email or letters to explain the process. Note the requirement to attend three (3) committee meetings and orientation in order to qualify for HIVPC nomination.
- If necessary, follow up by phone to answer questions, explain reimbursement policies or identify barriers to participation.

HANDOUT F

Recipient Reports to the HIV Planning Council

PART ___ RECIPIENT

Recipient/Organization Information

Organization Summary

Client Information

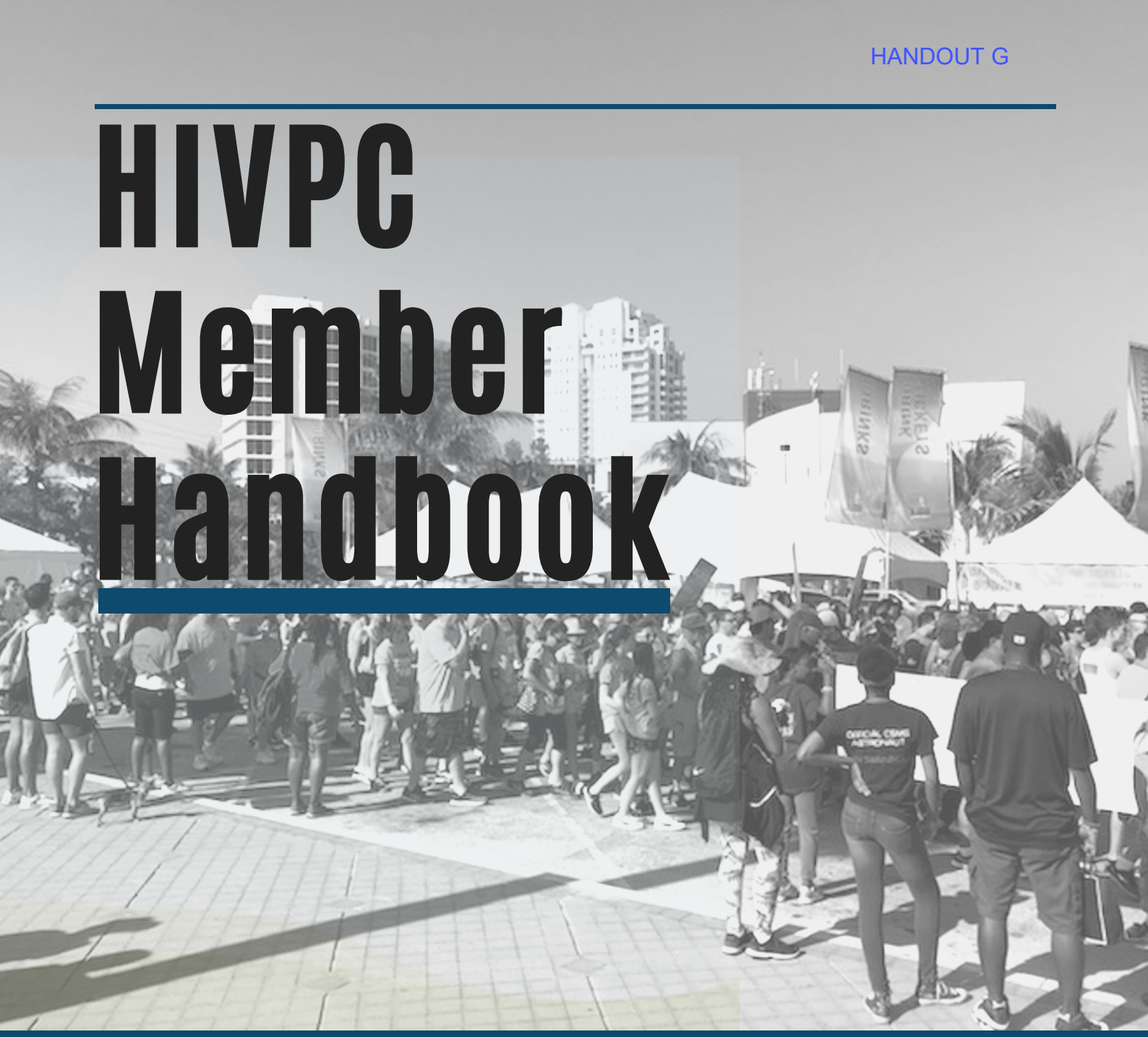
Number of:	Current Month	Year to Date
Clients Served		
Clients in Care		
Lost to Care or Service Currently		
Clients Pending Service		
Clients Complete Eligibility but Not in Care		

Accomplishments

Challenges Encountered

HANDOUT G

HIVPC Member Handbook



Broward County HIV Health Services Planning Council

PREPARED BY Membership/Council Development Committee

UPDATED ON October 11, 2019

Contents

Contents

An Introduction

On November 27, 1990 Broward County established the HIV Health Services Planning Council (HIVPC). The HIVPC informs the work of the Recipient (Section 4) of Ryan White HIV/AIDS Part A funding.

The purpose of the Council is to provide planning, to promote development of HIV/AIDS health services, personnel, and facilities which meet identified health needs in a cost-effective manner, to reduce inefficiencies, and to develop HIV-related health plans. We achieve this purpose by:

- *Bringing people together who live with HIV or are otherwise connected to the HIV community to participate meaningfully in the planning process. By involving the people who most closely interact with the Ryan White HIV/AIDS Program, the Council improves consumer satisfaction, identifies priority needs, and plans a responsive care system.*
- *Supporting local control of planning and service delivery, and building partnerships among service providers, organizations, and governments.*
- *Monitoring and reporting progress within the continuum of care to assure fiscal responsibility and increase community support and commitment.*

An Overview of the Ryan White HIV/AIDS Program from the Health Resources & Services Administration (HRSA):

One of the important aspects of the **Ryan White HIV/AIDS Program (RWHAP)** is its focus on community health planning for HIV care and treatment. Community health planning is a deliberate effort to involve diverse community members in “an open public process designed to improve the availability, accessibility, and quality of healthcare services in their community.” The process involves “identifying community needs, assessing capacity to meet those needs, allocating resources, and resolving conflicts.” For RWHAP Part A, planning councils/planning bodies play that role.

RWHAP planning councils are unique. No other federal health or human services program has a legislatively required planning body that is the decision maker about how funds will be used, has such defined membership composition, and requires such a high level of consumer participation (at least 33 percent).

Planning Council Basics

Operative Guidelines

Code of Ethics

The Council and its Committees are governed by the *2013 Florida Commission on Ethics Guide* and the *Code of Ethics for Public Officers and Employees*, which are sent to all new members by the Board of County Commissioners.

Government in Sunshine Law

The State of Florida and Broward County are governed by Florida's Sunshine Law. This requires that all meetings held by the Planning Council or its Committees are open to the public, audio-recorded and with written minutes. Anything said at any Council or Committee meeting is a matter of public record, including disclosure of HIV status. Members of the Council may not talk about Council business outside of Council meetings.

Ground Rules

All persons in attendance of a meeting of the Council and/or Committee shall comply with the meeting Ground Rules adopted by the Council (Section 5).

Robert's Rules

Governs the flow of Council and Committee meetings and provides common rules and procedures for deliberation and debate. These rules place membership on the same footing and speaking the same language.

Planning Council Basics

Culture & Expectations

Trust and Respect

The Council operates in the Sunshine, but with respect for members' and guests' privacy; personal information shared outside the meeting should not be brought into meetings and vice versa. Behave ethically with sensitive information.

On the Record

Because the Council operates in the Sunshine, meetings are audio-recorded and minutes are written. Both are available to the pubic. The use of social media to share and advertise Planning Council activities is not prohibited but the privacy of guests and members should be respected when sharing information.

Communication

Meetings and events cannot be planned properly without communication from members. The sooner information is provided, the more efficiently the HIVPC and **Planning Council Support (PCS)** Staff can act.

Preparation & Participation

Members do the work of the Council. The role of members is to make informed decisions to benefit the community. Come prepared, ask questions, make suggestions, and share thoughts.

Ambassadorship

HIVPC members serve as visible and vocal champions of the Council. Be a passionate advocate for the work of this Council in the community.

No Fundraising

The HIVPC is explicitly not a fundraising body. The Ryan White HIV/AIDS Part A Program operates on **Health Resources and Services Administration (HRSA)** funding obtained through an annual grant. HIVPC members will be asked to raise awareness and community involvement.

Ryan White Part A HIVPC Committees

Committee Roles

COMMUNITY EMPOWERMENT COMMITTEE

Provides outreach, community education, and collects feedback on the needs of Broward County residents who have HIV.

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE

Recruits and trains members of the HIV Planning Council to ensure the membership is diverse and includes members of the community.

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Establishes priorities and funding for Ryan White Part A HIV services to ensure services meet the needs of those who are most effected by HIV/AIDS in Broward County.

QUALITY MANAGEMENT COMMITTEE

Ensures that access to high-quality HIV services are provided to people with HIV in Broward County through the development and review of health outcomes data and service delivery standards.

SYSTEM OF CARE COMMITTEE

Conducts activities to evaluate and improve the system of HIV care and treatment in Broward County.

Membership Requirements

Requirements for HIV Planning Council Membership

1. Be a member of at least one (1) standing committee

1. Community Empowerment Committee (CEC)
2. Membership/Council Development Committee (MCDC)
3. Quality Management Committee (QMC)
4. Priority Setting & Resource Allocations Committee (PSRA)
5. System of Care (SOC)

Note: The Executive Committee is comprised of HIVPC Chairs and Co-Chairs ONLY

2. Attend meetings/trainings

3. Provide up-to-date contact information to the HIVPC Support Staff

At such time as a member's professional responsibilities changes such that he/she no longer represents the constituency for which he/she was originally appointed, that member shall immediately resign and his/her seat shall be filled in accordance with the provisions contained in the membership policies and procedures. The member shall have the ability to reapply for membership to the council.

Note: Please notify Planning Council Support (PCS) Staff of changes that require resignation.

Roles & Responsibilities

Recipient, Support Staff, and Planning Council

Recipient

1. Government department designated to administer Ryan White Part A funds and monitor contracts.

2. Coordinate writing of annual grant request for Ryan White Part A funding.

3. Participate in Planning Council and Committee activities, which include assisting the Planning Council with needs assessment and integrated planning, and providing information necessary to achieve its priority setting and resource allocation responsibilities.

4. Coordinate with other RWHAP Parts and other services (Section 7).

5. Share information and work together with the Planning Council to ensure that changes are in agreement with the priorities and allocations established by the Planning Council.

Support Staff

PCS Support Staff - provides professional staff support,meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient; share information and work together with the Planning Council to carry out legislatively mandated functions.

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.

Roles & Responsibilities

Recipient, Support Staff, and Planning Council

Planning Council

1. Conducts Needs Assessments

HIVPC works with the Recipient to identify service needs by conducting a needs assessment. The needs assessment seeks to determine service needs and barriers for people with HIV who are in care.

2. Establishes priorities for the allocation of funds

HIVPC members decide which services are most important to people living with HIV in Broward County, then agree on which service categories to fund and how much funding to provide.

3. Collaborates to develop an Integrated Plan

HIVPC works with the Recipient in developing a written plan that defines short and long-term goals and objectives for delivering HIV services and strengthening the system of care in Broward County.

4. Assesses the efficiency of the Administrative Mechanism

HIVPC is responsible for evaluating how rapidly Part A funds are allocated and made available for care. This is referred to as ***Assessment of the Efficiency of the Administrative Mechanism.*** *The results of this evaluation are shared with the Recipient, who develops a response including corrective actions if needed.*

Roles & Responsibilities

Recipient, Support Staff, and Planning Council

Planning Council

5. Coordinates with other services or service providers
HIVPC is responsible for ensuring that Part A resource allocation decisions account for and are coordinated with other funds and services. The Council's planning tasks require a lot of input, including finding out what other sources of funding exist. This information helps avoid duplication in spending and reduce gaps in care.

6. Establishes methods to obtain community input
HIVPC works to include the voices of community members in its work. The Council uses tools such as facilitated events and surveys to collect this input.

7. Develops and approves Service Standards
Service standards *guide providers in implementing funded services. While it is ultimately the responsibility of the Recipient to ensure that service standards are in place, HIVPC shares responsibility for establishing these standards.*

Consumer Reimbursement

Reimbursement Policy

- **Unaffiliated Consumers** on the Planning Council can be reimbursed for reasonable and necessary costs incurred as a result of their participation on the Planning Council and in the conduct of their required Planning Council activities, which covers such items as reimbursement of reasonable out-of-pocket costs incurred solely as a result of attending a scheduled meeting, including:
    - Transportation mileage (state mileage rate allowance)
    - Broward County Transit expenses
    - Child Care service fees - reasonable costs associated with child care services
- Reimbursement for expenses shall be limited to those expenses that are not reimbursable through other funding sources.
- Expense reimbursement shall be limited to people living with HIV/AIDS Council, Committee and Alternate members.

Note: RWHAP funds may not be used to provide stipends to members.

Mentorship Program

In order to increase new members' knowledge of the HIV Planning Council and retain membership, the MCDC Committee will institute a voluntary mentoring program. Mentors provide support for new members by:

- Helping new members (including people with HIV) feel welcome, learn individual member perspectives, and become comfortable with Planning Council processes and interaction.
- Providing strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and people with HIV.
- Taking special responsibility for making sure new members understand the background and context of discussions and actions.
- Increasing new members' knowledge of HIVPC.
- Retain attendance and membership participation in Council meetings.

Removal for Cause

A Member or Alternate may be recommended for removal if the individual:

1. Refuses to cooperate in a conflict of interest review

2. Has been found to have knowingly taken action(s) intended to influence the conduct of the Council in a manner as defined by the By-Laws as a conflict of interest

3. For violation of the Broward County HIV Health Services Meeting Ground Rules

4. Any violation of the By-Laws

5. Violation of Sunshine Law or Code of Ethics

Removal for Cause Process

Step 1: The Membership Committee will review and investigate the removal request.

Step 2: The Membership Committee's recommendation is forwarded to the Executive Committee for review.

Step 3: Final decision to remove a member must be ratified by the Planning Council.

Step 4: The Planning Council will forward the recommendation for removal to the Board of County Commissioners.

Grievances

Grievance Process

The executive committee will provide a clearinghouse and facilitate resolution of grievances in an open, inclusive, non-discriminatory and impartial manner.

Steps to Filing a Grievance

- The Executive Committee will address grievances by individuals, community groups and providers eligible to receive Ryan White Part A funding which have been adversely affected by any actions of the Council involving the following:

    1. Needs assessment process
    2. Integrated planning process
    3. Priority setting process (including language regarding how best to meet such priorities)
    4. Clinical outcome/cost effectiveness determination process
    5. Allocation (as well as any possible reallocation) of funds to service categories process.

- For a grievance to be eligible for consideration, deviation from established, written processes or policies must be stated within the claim.
- All appeals from an initial action must be filed within two weeks of any decision, deviation or incident. All resolutions or remedies are meant to apply to future actions.
- A client who expresses a grievance during "Public Comment" of the HIVPC meeting will be immediately referred to the Recipient's representative for assistance. Privacy laws and provider contract requirements limit the ability of the Planning Council to discuss client grievances.
    - Clients may also call the Office of the Recipient at: (954) 357-9797.

Meeting Attendance

Attendance Requirements for HIVPC/Committee Meetings

Quorum

- By Broward County Ordinance, meetings can not be held until quorum has been established:
  Quorum = 50% of the members **plus 1**
  If a Committee has an odd number of members, quorum is rounded up.

- Quorum must be established in the room before members who call in are counted. If quorum is not established in the room, members who are calling in will be considered absent.

- If quorum has not been established 15 minutes after meeting start time, the meeting will be canceled due to lack of quorum.

- Quorum is necessary for the Planning Council to take action on any matter.

Excused Absences

- Members are allowed 3 consecutive unexcused absences or 4 meeting absences in a calendar year. *Committees who meet quarterly or less have an annual 2-meeting minimum attendance policy.*

- Attendance records are based on the meeting sign-in sheets. Members MUST sign in to be considered present at the meeting.

- A member must request an excused absence.

- HIVPC Chair or Committee Chair reviews all excused absence requests.

- An absence shall be deemed excused under the following circumstances:

1. HIV-related illness
2. Member Hospitalization
3. Jury Duty
4. Planning Council-related business
5. Subpoenaed by Court
6. Death of member's domestic partner or immediate family member

Members must notify support staff 2 business days prior to the meeting regarding their attendance.

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.

HIV Health Services Planning Council

Meeting Ground Rules

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.

The PSRA Process

The Priority Setting and Resource Allocation (PSRA) process is conducted annually to ensure that the needs of clients within the Eligible Metropolitan Area (EMA) are being met.

This is achieved by identifying services needed in the EMA, potentially funding those services, and if they are funded, making sure they are cost-effective and of the highest quality.

Priority Setting determines what service categories are most important for People living with HIV/AIDS (PLWHA) in the EMA.

Resource Allocation is the process of deciding how much funding to allocate to each priority service category.

Key Points to Consider

Funds cannot be allocated to a service category unless it is prioritized.

Key legislative requirements:

- A minimum of 75% of service dollars are allocated to identified **core medical services**, and not more than 25% to approved **support services**.
- Ryan White will be considered the **funder of last resort**. This means that if another funder provides a service, it is not provided by RWHAP.

All service categories should be prioritized (ranked).

- A rank-ordered list of priorities that identifies core and support services will be created (by both CEC and PSRA Committees).
- While all service categories are prioritized, not all services are funded.
- This will allow the inclusion of additional services if more funding is received or for future reallocations.
- Core and support services will be reviewed several times during the program year to determine reallocation of funds.

The PSRA Process

Reallocations ("Sweeps")

Program funds are moved across service categories after the initial allocations are made.

If funds are not being spent in an efficient manner, planning councils can reallocate funds to another service category.

This EMA reallocates, or “sweeps,” during the program year, when funds are underspent in some service categories and additional needs exist in other service categories.

Resources

A
Calendar
Sample calendar

B
HIVPC By-Laws
Last amended October 2018

C
Policies & Procedures
Outlines each Committee's Responsibilities

D
Planning Council Primer
A guide from HRSA

E
Additional Materials
Reimbursement Form for Consumers; Mentorship Program Information

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

Meeting Minutes: Executive Committee
Date/Time: Tuesday, May 21, 2019, 11:30 a.m.
Location: Governmental Center - Room 430
Chair: Lopes, R. **Vice-Chair**: Grant, C.

ATTENDANCE

#	Members	Present	Absent		Recipient Staff
1	Barnes, B. *Ex Officio*		**A**		Anderson, T.
2	Fleurinord, P.		**A**		Jones, L.
3	Foster, V.	**X**			
4	Hayes, M.	**X**			**HIVPC Staff**
5	Lopes, R., *Chair*	**X**			Martinez, G.
6	Robertson, L.	**X**			Jolly, J.
7	Fortune-Evans, B.	**X**			Oratien, V.
8	Grant, C., *Vice-Chair*	**X**			
					Guest
					Belo, B.*
					Tonelli, M.*
	Chair Quorum = 5	**6**			*on phone

1. CALL TO ORDER

The Chair called the meeting to order at 11:51 p.m. and welcomed all present. Attendees were notified of information regarding the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, Committee members, guests, Recipient staff and support staff self-introductions were made. A moment of silence was observed. There were no public comments.

2. APPROVALS

Motion #1: To approve the Executive Committee 5/21/19 Meeting Agenda
Proposed by: Hayes, M. **Seconded by**: Foster, V.
Action: Passed Unanimously

Motion #2: To approve the Executive Committee 4/18/19 Meeting Minutes
Proposed by: Hayes, M. **Seconded by:** Foster, V.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a) Review and Approve 5/23/2019 HIVPC Agenda, Meeting Materials and Motions (Handouts A): The Committee reviewed and approved the HIVPC agenda. There was a discussion regarding a future HIVPC member who is seeking employment, which may affect her membership status. The applicant's potential seat will be discussed with her and adjusted if needed.

Motion #3: To approve the HIVPC 5/23/19 Meeting Agenda (with adjustments)
Proposed by: Hayes, M. **Seconded by:** Lopes, R.
Action: Passed Unanimously

b) Review June 2019 Calendar (Handout B): The Chairs reviewed the draft June HIVPC Committee Calendar. A committee requested that the National HIV Testing Day be included on the June calendar.

ACTION ITEM: Include National HIV Testing Day on June 2019 calendar.

4. UNFINISHED BUSINESS

a) Executive Committee Leadership Training Plan: The Committee reviewed the revised list of topics for the 2019-2020 Executive Committee leadership training plan. Members chose to remove Robert's Rules Training from the training plan because it is on the HIVPC Training Plan and would be repetitive.

Motion #4: To approve the revised 2019-2020 Executive Committee Leadership Training Plan with an amendment.
Proposed by: Hayes, M. **Seconded by:** Foster, V.
Action: Passed Unanimously

5. MEETING ACTIVITIES/NEW BUSINESS

b) HIVPC Training Plan 2019-2021: Committee members reviewed the finalized training topics for the HIV Planning Council for the next two years. The plan was proposed by MCDC. One suggestion was to include discussion of community resources for Drugs and Substance Abuse in the 2020-2021 Systems Outside of HIV: Drug Use & Substance Abuse training. Homeless, Mental Health and Case Management was suggested as an alternate or adjusted training topic. Members discussed changing the Affordable Care Act training to a Legislative Update to be provided as needed.

ACTION ITEM: Update HIVPC Training Plan 2019-2021 to include Legislative Update and remove Affordable Care Act training.

Motion #5: To approve the amended HIV Planning Council two-year training plan with a Friendly Amendment.
Proposed by: Hayes, M. **Seconded by:** Foster, V.
Discussion: Members chose to change the ACA Update training topic to Legislative Update.

Action: Passed Unanimously

c.) System of Care Committee Status: Members discussed the status of the System of Care Committee. The Recipient provided an update regarding the Committee's hiatus. Part of the reason has been the hiatus of the Integrated Workgroup. The group paused its meeting schedule because revisions to the Integrated Plan were needed. Disruption also occurred related to employment changes further stalling HIV Funders Collaborative Goal Group meetings. The Recipient has met with the Chairs of the Integrated Workgroup and will provide an update when the Workgroup resumes meeting. The roster for the System of Care committee was requested. Knowing that the committee has not done anything, something needs to be figured out, most importantly, who will take the leadership role for SOC, as the Chair and Vice Chair seats are currently vacant.

ACTION ITEM: Provide the Executive Committee Chair with the membership roster for the SOC.

The conversation was tabled to move to the next agenda item: Discussion with HealthHIV representatives.

Resuming the SOC conversation, the Executive Committee discussed how to move forward. Whichever way the Committee is reconvened, this will be the third iteration of SOC. The purpose and goals of the Committee must be made clear and understood by all participants to be effective. Members discussed including Part B in the decision-making process because the Committee is meant to review the entire system of care and involved parties should be cognizant of the Committee's activities and expected outcomes. The SOC discussion was and an invitation will be extended to the Part B representative to join the conversation during the next Executive Committee meeting.

ACTION ITEM: Invite the Part B representative to the July Executive Committee meeting to discuss SOC.

d.) HealthHIV Planning Body Assessment: Marissa Tonelli and Briana Belo are TA Capacity Building Providers for HealthHIV. They are working on a pilot project with the HIV Prevention Planning Center to assess the effectiveness of HIV Planning Bodies. The study takes place over three (3) months with key activities such as information gathering. This includes reviewing orientation documents and by-laws, conducting anonymous surveys adapted based on conversations with planning body leadership and stakeholders. The study would also include hour-long key-informant interviews to learn about diverse experiences within the planning body including new members, veteran members, health department representatives, and agency representatives. After conducting these interviews, HealthHIV will develop a report. They will also present findings to the HIVPC, which includes explaining and sharing data, and guiding the Planning Body as they prioritize next steps and develop ways to make the structure more effective. HealthHIV's goal is to determine if the pilot study can be replicated across Planning Bodies and Councils similarly to its implementation at the North Dakota Health Department's Planning Body.

Rather than initially assessing the HIV Prevention Planning Body process, HealthHIV will focus on the Ryan White HIVPC. The representatives want to field assessments with a group who only focuses on Ryan White Care and Treatment. Members asked how HealthHIV would help the Planning Council with structure. Marissa

stated that they want to provide the HIVPC with a snapshot report that outlines structure, membership and other criteria related to demonstrating effectiveness. The most common concern among Committee members was determining the value of the assessment to the HIVPC. The assessment team was asked what other resources the HIVPC would receive for participating. Deliverables would include a slide presentation of the data with facilitated exercises for the Council to determine areas for improvement. HealthHIV has assisted other Planning Bodies like North Dakota Health Department with a membership matrix to diversify their membership and offered best practices for their bylaws. HealthHIV would work with the HIVPC to provide support based on specific areas of need. Ultimately, the Executive Committee preferred to participate in a higher-level assessment than HealthHIV can provide as the HIVPC has and continues to utilize many of HealthHIV's proposed tools and resources.

6. RECIPIENT REPORT

The Recipient discussed information gleaned from the state meeting held in Tampa, FL. In the meeting, FLDOH (state office) reported that they are currently fiscally sound, but it anticipates financial challenges there will be a projected 6% increase in the number of individuals on ADAP. Last year, the state had expenses of $213 million and Recipients were given a ceiling of $20 million. This year, however, the ceiling has been set at $15 million with a $1.9 million reduction in ADAP formula dollars. Part A Recipients will continue to converse with the state office to clarify that Part A cannot absorb costs as changes are made to ADAP. The Recipient will make plans to address the expected fiscal changes.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS / TASKS FOR NEXT MEETING: July 18, 2019 1:30 p.m. VENUE: A-337

Agenda Items for next Meeting	*Action to be taken, presentation, discussion, etc.*
Membership Recruitment Event	ACTION ITEM: Develop next recruitment event.
System of Care Status	ACTION ITEM: Finalize the status of the System of Care Committee

9. ANNOUNCEMENTS None.

10. ADJOURNMENT The meeting adjourned at 1:27 p.m.

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

Executive Committee Attendance CY 2019

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	21	21	18	21								
0	1	4	1	Barnes, B. *Ex Officio*		A	A	A	A								
1	1	2	2	Fleurinord, P.		X	E	A	A								
0	0	0	3	Fortune-Evans, B.		X	X	X	X								
0	0	0	4	Foster, V.		X	X	X	X								
0	0	0	5	Grant, C. *Vice Chair*		X	X	X	X								
1	0	0	6	Hayes, M.		X	X	X	X								
1	1	0	7	Lopes, R. *Chair*		X	E	X	X								
0	1	0	8	Robertson, L.		X	X	X	X								
				Quorum = 5	0	7	5	6	6	0	0	0	0	0	0	0	

Legend:

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

HANDOUT A

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

MEETING AGENDA

Committee: Broward County HIV Health Services Planning Council
Date/Time: October 24, 2019, 9:30 a.m. **Location:** Governmental Center GC-430
Chair: Réquel Lopes **Vice Chair:** Claudette Grant
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. CALL TO ORDER (10 minutes)

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

a. Welcome and Introductions
b. Review Meeting Ground Rules, Public Comment and Public Record Requirements
c. Council Member and Guest Introductions
d. Moment of Silence
e. Excused Absences and Appointment of Alternates
f. Approval of 10/24/19 Meeting Agenda
g. Approval of 8/22/19 Meeting Minutes

3. PHONE INTRODUCTIONS

4. PUBLIC COMMENT (Up to 10 minutes)

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

6. CONSENT ITEMS

I. Motion to approve Robert Shore to join the Community Empowerment Committee.
Justification: Mr. Shore has been involved in HIV-related work in South Florida for 5 years and is interested in contributing to HIV treatment & prevention in Broward County.
PROPOSED BY: CEC Vice Chair

II. Motion to approve David Gunion to join the Community Empowerment Committee.
Justification: Mr. Gunion has expressed interest in strengthening the community's knowledge of the HIV Planning Council's mission and activities and will make a strong addition to the CEC.
PROPOSED BY: CEC Vice Chair

7. DISCUSSION ITEMS

I. FY2019-2020 Reallocations
Justification: To approve reallocations ("Sweeps") recommended by the Priority Setting & Resource Allocation Committee
PROPOSED BY: PSRA

HANDOUT A

#	SERVICE CATEGORY	Recommended TO	Recommended FROM	PROPOSED BY
1	Ambulatory Health Services (5)	-	-	Priority Setting & Resource Allocation Committee
2	MAI Ambulatory (1)	-	-	
3	Pharmaceuticals (3)	-	-	
4	Oral Health Care-Routine (5)	-	-	
5	Oral Health Care- Specialty (1)	-	-	
6	Case Management (7)	-	-	
7	Medical Case (Disease) Management (5)	-	-	
8	MAI Medical Case (Disease) Management (1)	-	-	
9	Mental Health (4)	-	-	
10	MAI Mental Health (1)	-	-	
11	Substance Abuse (1)	-	-	
12	MAI Substance Abuse (1)	-	-	
13	Food Bank (1)	-	-	
14	Food Voucher (1)	-	-	
15	Centralized Intake and Eligibility Determination (1)	-	-	
16	MAI CIED (1)	-	-	
17	HICP (1)	-	-	
18	Legal Assistance (1)	-	-	
19	EFA (1)	-	-	
20	BISS (1)	-	-	
	Total Part A Funds	-	-	
	Total MAI Funds	-	-	
	Total Funds	-	-	

II. System of Care Committee

Justification: To discuss changes to the System of Care Committee

PROPOSED BY: Executive Committee

8. NEW BUSINESS

I. Robert's Rules Presentation

9. COMMITTEE REPORTS (15 minutes)

I. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

September 17, 2019 *Chair: Vacant, V. Chair: A. Ruffner*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

FY2019-2020 Community Empowerment Committee Work Plan – The committee members reviewed the FY2019-2020 CEC work plan (Handout A on file). The Vice Chair read through the objectives and activities set to determine whether the committee met these objectives. The goal of hosting at least 2 outreach events and 2 education events has not yet been met, however, committee members discussed working harder to meet the remaining goals. The Vice Chair discussed community participation and emphasized the importance of reaching community members unaffiliated with an agency working in HIV when hosting future events.

Planning Council and Committee Attendance – The Committee reviewed and discussed the results of the fashion show (Handout B on file). The results indicated that the measures for success, which were set prior to the event, were all met. A Recipient staff member shared her experience during her time at the show and applauded the work done by the Committee and support staff.

Chill, Chat, & Chew Planning – PCS Staff presented Chill, Chat, & Chew ideas to the Committee to help guide them in selecting their next community event. Members were provided with a brief description of each idea, a potential flyer draft and a timeframe to host the event, then voted on their next Chill, Chat & Chew. Planning for the event will take place at the next CEC meeting.

C. Data Requests:

None.

D. Rationale for Recommendations:

None.

E. Data Reports/ Data Review Updates:

CEC reviewed Fighting Stigma through Fashion outcomes as part of its ongoing effort to host community events for target groups based on defined data collection focus.

F. Other Business Items:
Agenda Items for Next Meeting: Chill, Chat, & Chew Planning, plan the logistics of the next community event.

G. Agenda Items for Next Meeting:

H. Next Meeting Date:
November 5, 2019

II. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

September 12, 2019 *Chair: V. Foster, V. Chair: Vacant*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:
Review HIVPC Demographics: Members reviewed Council and Committee demographics (Handout A on file). The Planning Council currently has 23 members. Although the total percentage of unaffiliated consumers for the Planning Council remains as 30% which is below the HRSA-mandated 33%, the Planning Council added one new member in the month of August.
Planning Council and Committee Attendance: Members reviewed the Committee and HIVPC attendance report and discussed new members and any changes that have occurred across committees (Handout B on file). There have been 4 warning letters issued, 2 resignations, and no removals since the last MCDC meeting.
MCDC Work Plan: Members reviewed the FY2019-2020 MCDC work plan (Handout C on file). Thus far, members have consistently looked at reflectiveness and are working towards the completion of other work plan activities.
HIVPC Training & Presentation Plan: Members reviewed the HIVPC Training & Presentation Plan (Handout D on file). The Committee chose tentative dates for presentations to take place through FY19-20.
Recruitment & Retention Plan: MCDC reviewed its Recruitment & Retention Plan and updated it for FY19-20. As a part of the Committee's recruitment strategy, members will develop a recruitment message, request technical assistance from HRSA to increase recruitment and retention, create a Committee specific recruitment initiative, create meeting packets to include a Creole version, supply case managers and outreach networks with recruitment kits, and update 'Get Involved!' cards.

C. Data Requests:
None.

D. Rationale for Recommendations:
None.

E. Data Reports/ Data Review Updates:
MCDC reviewed HIVPC & Committee demographics as part of its ongoing effort to ensure membership reflects the HIV epidemic in Broward County.

F. Other Business Items:
Agenda Items for Next Meeting: Recruitment messaging, MCDC-specific recruitment.

G. Agenda Items for Next Meeting:

H. Next Meeting Date:
November 14, 2019

III. QUALITY MANAGEMENT COMMITTEE (QMC)

September 16, 2019 *Chair: Vacant, V. Chair: B. Fortune-Evans*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:
QMC Member Reference Notebooks: CQM program staff explained changes to the QMC member reference notebooks. Items changed were as followed: QMC Workplan was updated; attendance policy was included; frequently asked questions (FAQs) were updated; emergency financial assistance (EFA) service delivery model (SDM) was updated to reflect the current approved version. CQM staff explained that this notebook will be updated as needed and is provided as a reference for Committee members. Committee members are able to check-out notebook from CQM staff or request copies of included documents by emailing quality@brhpc.org.

Quality Improvement in HIV Care: Responsive, Team Based and Data Powered Presentation: CQM team presented slideshow regarding quality improvement. Key take-aways from this presentation are as follows: quality Improvement is about learning, measuring progress, and sustaining improvements through continuous cycles of changes; focus on the Triple Aim "end goal" to avoid complacency and create a culture of continuous improvement to ultimately support person-centered HIV treatment and care; each QI goal and project is connected to the aim of improving the health of people with HIV; partner with consumers to develop, inform and evaluate Quality Improvement Projects (QIPs). A previously recorded version of the presentation can be found at: https://www.seaetc.com/quality-improvement-in-hiv-care-responsive-team-based-and-data-powered-course/. Committee members discussed the importance of creating a culture of improvement in addition to utilizing paperwork and procedures to conduct quality improvement. One member suggested a resource for learning more about creating a culture of quality improvement. This book is titled *Primed to Perform: How to Build the Highest Performing Cultures Through the Science of Total Motivation*.

Presentation of Broward EMA Quality Improvement for the Broward RW EMA 2018-2019: CQM Support Staff presented information regarding the 2019-2020 Broward EMA Quality Improvement project. This Project is the Dental-No Show Tracking Tool. Work on the Project began in the Spring of 2019. The Dental Network members have served as advisors and contributors to the Project. Currently all of the Broward Ryan White Part A EMA Oral Health Providers are using the No Show Tracking Tool to Collect Data for the Project. CQM support staff presented an overview of the Project, aims, and timeline for Project execution. Committee members provided feedback on the Project and asked questions of CQM support staff.

C. Data Requests:
None.

D. Rationale for Recommendations:
None.

E. Data Reports/ Data Review Updates:

F. Other Business Items:

G. Agenda Items for Next Meeting:

H. Next Meeting Date:
October 21, 2019 Room: A-337

IV. EXECUTIVE COMMITTEE
No September Meeting — *Chair: R. Lopes, V. Chair: C. Grant*

V. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)
No September Meeting — *Chair: L. Robertson, V. Chair: M. Hayes*

VI. SYSTEM OF CARE (SOC)
No September Meeting — *Chair: Vacant, V. Chair: Vacant*

**** For detailed discussion on any of the above items, please refer to the meeting minutes. ****
Meeting Packets are available at: http://www.brhpc.org/programs/hiv-planning-council/

10. RECIPIENT REPORTS (20 minutes)

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

11. UNFINISHED BUSINESS

12. PUBLIC COMMENT (Up to 10 minutes)

HANDOUT A

13. ANNOUNCEMENTS

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: November 28, 2019 9:30 a.m. **LOCATION:** GC-430

16. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

HANDOUT B

NOVEMBER

Broward County HIV Health Services Planning Council Calendar
Last Updated: 9/10/2019

Meeting dates & times are subject to change. Unless otherwise noted, meetings are held at: Governmental Center Annex, Ryan White Part A Program Office, 115 S. Andrews Ave., Ft. Lauderdale, 33301. Please contact support staff at 954-561-9681 ext. 1343 or visit http://www.brhpc.org for updates.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 **SFAN Meeting** 10:00 a.m. Comprehensive Women's Center 1000 NE 56th St., Fort Lauderdale, FL 33334	2
3	4	5 **Community Empowerment Committee Meeting** 3:00 p.m., Room A-337 Governmental Center 115 S. Andrews Ave. Fort Lauderdale, FL 33301	6	7 **Behavioral Health Meeting** 2:00 p.m., Room A-337 Governmental Center 115 S. Andrews Ave. Fort Lauderdale, FL 33301	8	9
10	11	12 **Integrated Workgroup Meeting** 3:00 p.m., Julia Hall Secret Woods Nature Center 2701 W State Rd 84, Fort Lauderdale, FL 33312	13	14	15	16
17	18 **Quality Management Committee Meeting** 12:30 p.m., Room A-337 Governmental Center 115 S. Andrews Ave. Fort Lauderdale, FL 33301	19	20	21 **Priority Setting & Resource Allocation** 9:00 a.m., Room GC-301 **Executive Committee Meeting** 11:30 p.m., Room GC-301 115 S. Andrews Ave. Fort Lauderdale, FL 33301	22	23
24	25	26	27	28	29	30

Meetings in ~~**RED**~~ are cancelled. Meetings in **BLUE** are for the HIV Planning Council Committees.
Meetings in **GREEN** are for QI Network. Meetings outside of the HIV Planning Council are in **BLACK**.

HANDOUT B

NOVEMBER

Broward County HIV Health Services Planning Council Calendar
Last Updated: 8/30/2019

Dates and times are subject to change. Visit http://www.brhpc.org/programs/hiv-planning-council/ for updates. For questions about the HIV Planning Council & Committees, please contact Vanessa Oratien at 954-561-9681 ext. 1343. For questions about the QI Networks, please contact Marcus Guice at 954-561-9681 ext. 1219.

TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en: Governmental Center 115 S. Andrews Ave. Ft. Lauderdale, FL 33301 (Acceso de Downtown Bus Terminal y Tri-Rail/Broward County Transit) Para confirmar información acerca de la reunión de Consejo de Planeación VIH, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos	Unless otherwise noted on the calendar, all meetings are held at: Governmental Center 115 S. Andrews Ave. Ft. Lauderdale, FL 33301 (Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit) To confirm HIV Planning Council meeting information, or reserve special needs services such as: Translation from English to Spanish or Creole; or, are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fét: Governmental Center 115 S. Andrews Ave. Ft. Lauderdale, FL 33301 (Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit) Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and services provided to all patients receiving Part A and MAI-funded services.

Executive Committee - Sets agenda for Council meetings. addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

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

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

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

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

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

FY 2019-20 System of Care Committee Work Plan

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

GOAL: By February 2018, increase overall engagement in last 3 stages of the HIV Care Continuum by 2%

Objective 1: Improving engagement at each stage of the HIV Care Continuum

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug
1.1 Collaborate with community partners to evaluate the Broward County Ryan White Part A Program's HIV Care Continuum	Ongoing	SOC	Establish an Integrated System of Care to evaluate Broward's HIV Care Continuum	Invite community partners to discuss HIV testing, linkage, care and treatment and adherence, etc. Analyze systems, successes and failures along the bars of the Continuum.						
1.2 Conduct utilization focused evaluation of the HIV Care Continuum to identify and address the drop-offs along the stages specific to testing site, service provider, geographic location and individual characteristics (Integrated Plan Strategy 2.2.a) **(YEAR 1-2)**	Ongoing	SOC/QM	Increase access to care and improve health outcomes	Compare qualitative and quantitative data (QM, focus groups, community forums) to identify trends in utilizations. Develop recommendations to address identified trends and send to PSRA.						
1.3 Develop strategies specific to the needs, attitudes and behaviors of the identified priority/MAI populations (Integrated Plan Strategy 3.1.a) **(YEAR 1)**	As Needed	SOC/PSRA/QMC	Address and reduce HIV-related health disparities and health inequities	Review QMC and Needs Assessment data and send the PSRA Committee recommendations for MAI models and other relevant strategies that address barrier reduction and identified needs of identified minority populations.						
1.4 Design a Ryan White/Prevention Collaborative to create a model that ensures a seamless continuum for HIV+ individuals to transition from testing and counseling sites to linkage, treatment and retention in Medical Care (Integrated Plan Strategy 2.1.a) **(YEAR 1-2)**	Integration Year 2	SOC	Increase access to care and improve health outcomes	Involve community stakeholders in the process. Develop a process map of the HIV Care Continuum.						

Objective 2: Develop a coordinated and integrated priority setting and resource allocation process and combined funding initiatives (Integrated Plan Strategy 4.1.a)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug
2.1 Review needs assessment data to guide the development of How Best to Meet the Need (HBTMTN) language.	Annually	Staff/SOC/ PSRA	Data driven PSRA process	Develop language for HBTMTN and send recommendations to PSRA						
2.2 Make recommendations for eligibility changes and service categories to be funded	Annually	Staff/SOC/IC	Integrated System of Care	Review data and make recommendations for an integrated System of Care						

Current Members of System of Care Committee:

#	Name	Consumer	Race/Ethnic	W	B	H	O	Gender	F	M	T
1	Arrencibia, Yusi		H			1		F	1		
1	Gonzalez, Yvette		H			1		F	1		
1	Ivey, Lisette		H			1		F	1		
1	Katz, H. Bradley	1	W	1				M		1	
1	Moreno, Valery		H			1		F	1		
1	Pietrogallo, Tom		W	1				M		1	
1	Rodriguez, Joshua		H			1		M		1	
1	Rolle, Vanice		B		1			F	1		
1	Vargas, Daisha		W	1				F	1		
9	**Total**	**1**		**3**	**1**	**5**	**0**		**6**	**3**	**0**
		11%		33%	11%	56%	0%		67%	33%	0%

Meeting Minutes: Executive Committee
Date/Time: Tuesday, May 21, 2019, 11:30 a.m.
Location: Governmental Center - Room 430
Chair: Lopes, R. **Vice-Chair**: Grant, C.

System of Care Committee Status: Members discussed the status of the System of Care Committee. The Recipient provided an update regarding the Committee's hiatus. Part of the reason has been the hiatus of the Integrated Workgroup. The group paused its meeting schedule because revisions to the Integrated Plan were needed. Disruption also occurred related to employment changes further stalling HIV Funders Collaborative Goal Group meetings. The Recipient has met with the Chairs of the Integrated Workgroup and will provide an update when the Workgroup resumes meeting. The roster for the System of Care committee was requested. Knowing that the committee has not done anything, something needs to be figured out, most importantly, who will take the leadership role for SOC, as the Chair and Vice Chair seats are currently vacant.

ACTION ITEM: Provide the Executive Committee Chair with the membership roster for the SOC.

The conversation was tabled to move to the next agenda item: Discussion with HealthHIV representatives.

Resuming the SOC conversation, the Executive Committee discussed how to move forward. Whichever way the Committee is reconvened, this will be the third iteration of SOC. The purpose and goals of the Committee must be made clear and understood by all participants to be effective. Members discussed including Part B in the decision-making process because the Committee is meant to review the entire system of care and involved parties should be cognizant of the Committee's activities and expected outcomes. The SOC discussion was and an invitation will be extended to the Part B representative to join the conversation during the next Executive Committee meeting.

ACTION ITEM: Invite the Part B representative to the July Executive Committee meeting to discuss SOC.

HANDOUT D

Executive Leadership Training Plan

FY19-20 Training Topics and Projected Timeline

Objective Statement: To train the HIV Planning Council Leadership on topics directly related to Organizational Development, Leadership Skill Building and Coaching.

Determine Topics → Outline Training Goal → Contact Appropriate Parties → Schedule & Plan → Provide Training to Executive Committee

FY 2019-2020 Training Topics

☐	Projected Month: August 2019	**Organizational Leadership & Personal Growth (Planning CHATT):** This presentation will include characteristics of successful leadership and their application to ASOs/CBOs. Essential elements to cultivate a culture of excellence through good leadership, core leadership qualities and traits that lead to positive results, factors that distinguish successful leaders from the rest, key practices for building influence and persuasion among team members, customers, and stakeholders and will end with a process map to help identify one's own personal style, challenges and obstacles.
☐	Projected Month: September 2019	**Recruitment & Retention (Planning CHATT):** The presentation will include strategies to improve recruitment and retention of new HIVPC members. Speakers provided insights into the legislatively required membership categories, presented a recommended process for bringing on new members, and shared best and promising practices such as establishing consumer trust and effective, ongoing orientation throughout the year.
☐	Projected Month: TBD	**Strategic Thinking Workshop:** The presentation will include methods on how to acquire the mindset and skills for longer-term and higher-level thinking, learning and applying a thought process for strategic thinking, understanding key concepts of strategic thinking and how to apply them for better result, learning how to crystallize and clarify outcomes and visions, learning how to get everyone on the team on-board, and working together in a concerted effort.
☐	Projected Month: TBD	**Frequency of Leadership Training:** This presentation looks at leadership frequency; passive leadership, disengaged leaders, getting caught in thoughts, managing leadership responsibilities and stress. Part of being a good leader is managing your energy frequency at a place in the middle of the scale –engaged, communicative, listening, and responding to challenges verses reacting. These traits allow you to be proactive and inspire others to step into more of their potential. The more you stretch, the more your team stretches, and the more your committee/council grows.
☐	Projected Month: TBD	**Robert's Rules:** A consultant will provide a presentation on Robert's Rules to detail the parliamentary procedure utilized by the HIV Planning Council to conduct meetings.

RECRUITMENT

Goal: Ensure that the HIVPC has a pool of applicants to fill and maintain all categories with qualified members.

Strategy 1 – Involve all Planning Council stakeholders in recruitment efforts

- Announce vacant positions at each meeting of the HIVPC, the MCDC Committee and, if possible, South Florida AIDS Network (SFAN).
- Display recruitment and application materials at each meeting of the HIVPC and, if possible, SFAN.
- Set up a table with recruitment materials when the HIVPC, MCDC or Joint Client/Community Relations Committee holds meetings in the community.
- Council members and HIVPC staff greet visitors at meetings of the Council and its Committees. Ask if they wish to speak at the meeting and get involved in the HIVPC.
- Offer HIVPC members training on identifying potential applicants, soliciting their participation and eliminating barriers to participation.

Strategy 2 – Use the Internet as a recruitment tool

- Develop and post a recruitment message on the HIVPC website.
- Seek to post a recruitment message and application materials on the Broward County government message board.

Strategy 3 – Use printed recruitment materials throughout the year

- Develop and distribute recruitment brochures (such as the Get Involved! card).
- Distribute materials at community events that attract populations strongly affected by HIV/AIDS. Members of the HIVPC, MCDC, and/or HIVPC staff will attend at least two events per year.
- Issue press releases encouraging people to apply for vacant positions. Include data showing the epidemic transcends race, income, ethnicity, gender and age.

Strategy 4 – Use Service Providers and the community to help recruit

- Encourage networking among providers as a way to seek providers as applicants.
- Supply case managers and outreach networks with recruitment kits to include fact sheets and committee meeting schedules they can share with interested clients.
- Supply recruitment kits, including fact sheets and committee meeting schedules to community organizations involved with HIV/AIDS and affected populations, so they can share with interested clients.

- MCDC members and HIVPC staff can email or call organizations receiving materials to encourage the posting of fliers that explain the importance of HIVPC activities and participation.

Strategy 5 – Encourage interested people

- MCDC members or HIVPC staff will send potential applicants email or letters to explain the process. Note the requirement to attend three (3) committee meetings and orientation in order to qualify for HIVPC nomination.
- If necessary, follow up by phone to answer questions, explain reimbursement policies or identify barriers to participation.

HANDOUT F

Recipient Reports to the HIV Planning Council

PART ___ RECIPIENT

Recipient/Organization Information

Organization Summary

Client Information

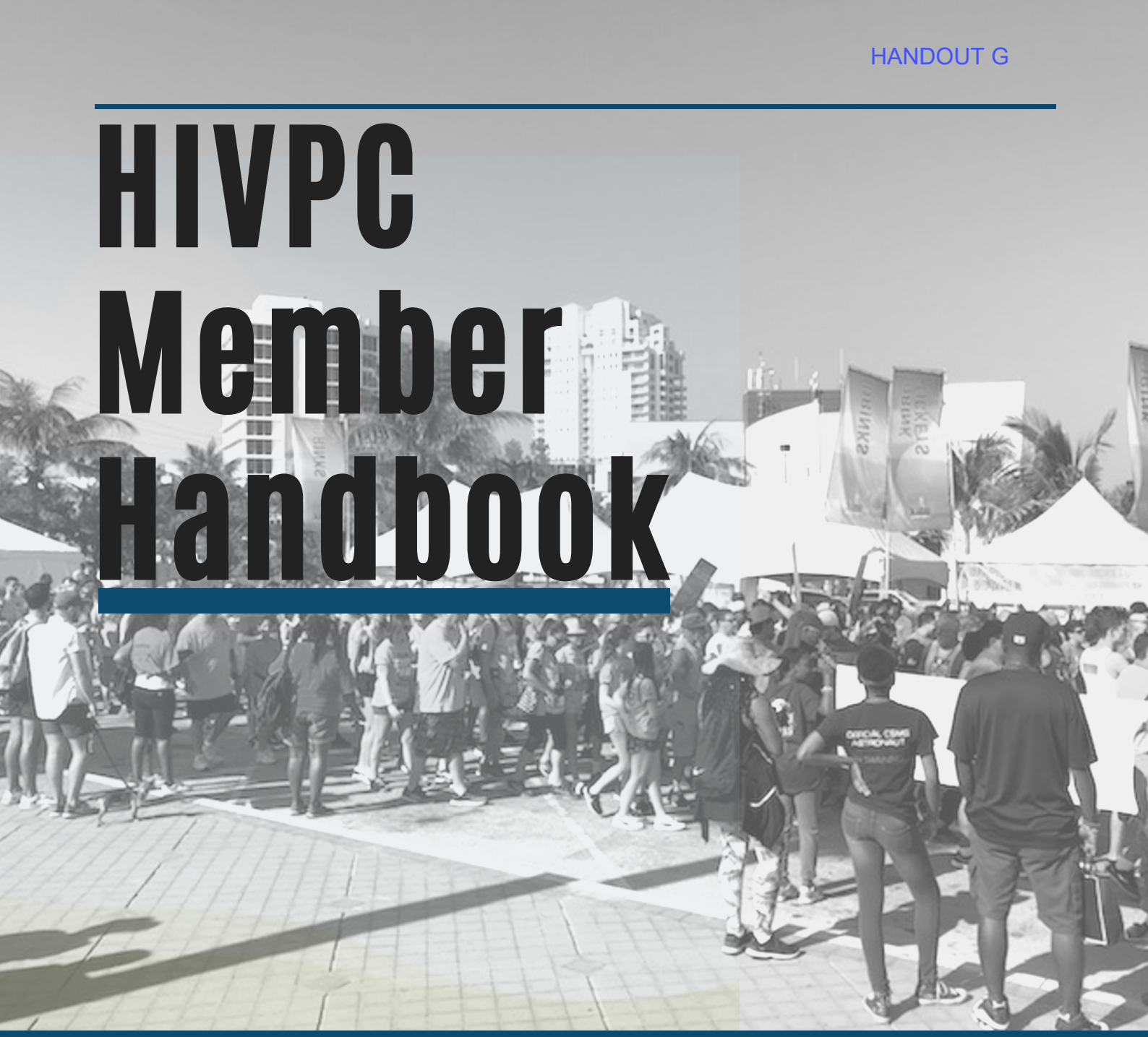
Number of:	Current Month	Year to Date
Clients Served		
Clients in Care		
Lost to Care or Service Currently		
Clients Pending Service		
Clients Complete Eligibility but Not in Care		

Accomplishments

Challenges Encountered

HANDOUT G

HIVPC Member Handbook



Broward County HIV Health Services Planning Council

PREPARED BY Membership/Council Development Committee

UPDATED ON October 11, 2019

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An Introduction

On November 27, 1990 Broward County established the HIV Health Services Planning Council (HIVPC). The HIVPC informs the work of the Recipient (Section 4) of Ryan White HIV/AIDS Part A funding.

The purpose of the Council is to provide planning, to promote development of HIV/AIDS health services, personnel, and facilities which meet identified health needs in a cost-effective manner, to reduce inefficiencies, and to develop HIV-related health plans. We achieve this purpose by:

- *Bringing people together who live with HIV or are otherwise connected to the HIV community to participate meaningfully in the planning process. By involving the people who most closely interact with the Ryan White HIV/AIDS Program, the Council improves consumer satisfaction, identifies priority needs, and plans a responsive care system.*
- *Supporting local control of planning and service delivery, and building partnerships among service providers, organizations, and governments.*
- *Monitoring and reporting progress within the continuum of care to assure fiscal responsibility and increase community support and commitment.*

An Overview of the Ryan White HIV/AIDS Program from the Health Resources & Services Administration (HRSA):

One of the important aspects of the **Ryan White HIV/AIDS Program (RWHAP)** is its focus on community health planning for HIV care and treatment. Community health planning is a deliberate effort to involve diverse community members in “an open public process designed to improve the availability, accessibility, and quality of healthcare services in their community.” The process involves “identifying community needs, assessing capacity to meet those needs, allocating resources, and resolving conflicts.” For RWHAP Part A, planning councils/planning bodies play that role.

RWHAP planning councils are unique. No other federal health or human services program has a legislatively required planning body that is the decision maker about how funds will be used, has such defined membership composition, and requires such a high level of consumer participation (at least 33 percent).

Planning Council Basics

Operative Guidelines

Code of Ethics

The Council and its Committees are governed by the *2013 Florida Commission on Ethics Guide* and the *Code of Ethics for Public Officers and Employees*, which are sent to all new members by the Board of County Commissioners.

Government in Sunshine Law

The State of Florida and Broward County are governed by Florida's Sunshine Law. This requires that all meetings held by the Planning Council or its Committees are open to the public, audio-recorded and with written minutes. Anything said at any Council or Committee meeting is a matter of public record, including disclosure of HIV status. Members of the Council may not talk about Council business outside of Council meetings.

Ground Rules

All persons in attendance of a meeting of the Council and/or Committee shall comply with the meeting Ground Rules adopted by the Council (Section 5).

Robert's Rules

Governs the flow of Council and Committee meetings and provides common rules and procedures for deliberation and debate. These rules place membership on the same footing and speaking the same language.

Planning Council Basics

Culture & Expectations

Trust and Respect

The Council operates in the Sunshine, but with respect for members' and guests' privacy; personal information shared outside the meeting should not be brought into meetings and vice versa. Behave ethically with sensitive information.

On the Record

Because the Council operates in the Sunshine, meetings are audio-recorded and minutes are written. Both are available to the pubic. The use of social media to share and advertise Planning Council activities is not prohibited but the privacy of guests and members should be respected when sharing information.

Communication

Meetings and events cannot be planned properly without communication from members. The sooner information is provided, the more efficiently the HIVPC and **Planning Council Support (PCS)** Staff can act.

Preparation & Participation

Members do the work of the Council. The role of members is to make informed decisions to benefit the community. Come prepared, ask questions, make suggestions, and share thoughts.

Ambassadorship

HIVPC members serve as visible and vocal champions of the Council. Be a passionate advocate for the work of this Council in the community.

No Fundraising

The HIVPC is explicitly not a fundraising body. The Ryan White HIV/AIDS Part A Program operates on **Health Resources and Services Administration (HRSA)** funding obtained through an annual grant. HIVPC members will be asked to raise awareness and community involvement.

Ryan White Part A HIVPC Committees

Committee Roles

COMMUNITY EMPOWERMENT COMMITTEE

Provides outreach, community education, and collects feedback on the needs of Broward County residents who have HIV.

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE

Recruits and trains members of the HIV Planning Council to ensure the membership is diverse and includes members of the community.

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Establishes priorities and funding for Ryan White Part A HIV services to ensure services meet the needs of those who are most effected by HIV/AIDS in Broward County.

QUALITY MANAGEMENT COMMITTEE

Ensures that access to high-quality HIV services are provided to people with HIV in Broward County through the development and review of health outcomes data and service delivery standards.

SYSTEM OF CARE COMMITTEE

Conducts activities to evaluate and improve the system of HIV care and treatment in Broward County.

Membership Requirements

Requirements for HIV Planning Council Membership

1. Be a member of at least one (1) standing committee

1. Community Empowerment Committee (CEC)
2. Membership/Council Development Committee (MCDC)
3. Quality Management Committee (QMC)
4. Priority Setting & Resource Allocations Committee (PSRA)
5. System of Care (SOC)

Note: The Executive Committee is comprised of HIVPC Chairs and Co-Chairs ONLY

2. Attend meetings/trainings

3. Provide up-to-date contact information to the HIVPC Support Staff

At such time as a member's professional responsibilities changes such that he/she no longer represents the constituency for which he/she was originally appointed, that member shall immediately resign and his/her seat shall be filled in accordance with the provisions contained in the membership policies and procedures. The member shall have the ability to reapply for membership to the council.

Note: Please notify Planning Council Support (PCS) Staff of changes that require resignation.

Roles & Responsibilities

Recipient, Support Staff, and Planning Council

Recipient

1. Government department designated to administer Ryan White Part A funds and monitor contracts.

2. Coordinate writing of annual grant request for Ryan White Part A funding.

3. Participate in Planning Council and Committee activities, which include assisting the Planning Council with needs assessment and integrated planning, and providing information necessary to achieve its priority setting and resource allocation responsibilities.

4. Coordinate with other RWHAP Parts and other services (Section 7).

5. Share information and work together with the Planning Council to ensure that changes are in agreement with the priorities and allocations established by the Planning Council.

Support Staff

PCS Support Staff - provides professional staff support,meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient; share information and work together with the Planning Council to carry out legislatively mandated functions.

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.

Roles & Responsibilities

Recipient, Support Staff, and Planning Council

Planning Council

1. Conducts Needs Assessments

HIVPC works with the Recipient to identify service needs by conducting a needs assessment. The needs assessment seeks to determine service needs and barriers for people with HIV who are in care.

2. Establishes priorities for the allocation of funds

HIVPC members decide which services are most important to people living with HIV in Broward County, then agree on which service categories to fund and how much funding to provide.

3. Collaborates to develop an Integrated Plan

HIVPC works with the Recipient in developing a written plan that defines short and long-term goals and objectives for delivering HIV services and strengthening the system of care in Broward County.

4. Assesses the efficiency of the Administrative Mechanism

HIVPC is responsible for evaluating how rapidly Part A funds are allocated and made available for care. This is referred to as ***Assessment of the Efficiency of the Administrative Mechanism.*** *The results of this evaluation are shared with the Recipient, who develops a response including corrective actions if needed.*

Roles & Responsibilities

Recipient, Support Staff, and Planning Council

Planning Council

5. Coordinates with other services or service providers
HIVPC is responsible for ensuring that Part A resource allocation decisions account for and are coordinated with other funds and services. The Council's planning tasks require a lot of input, including finding out what other sources of funding exist. This information helps avoid duplication in spending and reduce gaps in care.

6. Establishes methods to obtain community input
HIVPC works to include the voices of community members in its work. The Council uses tools such as facilitated events and surveys to collect this input.

7. Develops and approves Service Standards
Service standards *guide providers in implementing funded services. While it is ultimately the responsibility of the Recipient to ensure that service standards are in place, HIVPC shares responsibility for establishing these standards.*

Consumer Reimbursement

Reimbursement Policy

- **Unaffiliated Consumers** on the Planning Council can be reimbursed for reasonable and necessary costs incurred as a result of their participation on the Planning Council and in the conduct of their required Planning Council activities, which covers such items as reimbursement of reasonable out-of-pocket costs incurred solely as a result of attending a scheduled meeting, including:
    - Transportation mileage (state mileage rate allowance)
    - Broward County Transit expenses
    - Child Care service fees - reasonable costs associated with child care services
- Reimbursement for expenses shall be limited to those expenses that are not reimbursable through other funding sources.
- Expense reimbursement shall be limited to people living with HIV/AIDS Council, Committee and Alternate members.

Note: RWHAP funds may not be used to provide stipends to members.

Mentorship Program

In order to increase new members' knowledge of the HIV Planning Council and retain membership, the MCDC Committee will institute a voluntary mentoring program. Mentors provide support for new members by:

- Helping new members (including people with HIV) feel welcome, learn individual member perspectives, and become comfortable with Planning Council processes and interaction.
- Providing strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and people with HIV.
- Taking special responsibility for making sure new members understand the background and context of discussions and actions.
- Increasing new members' knowledge of HIVPC.
- Retain attendance and membership participation in Council meetings.

Removal for Cause

A Member or Alternate may be recommended for removal if the individual:

1. Refuses to cooperate in a conflict of interest review

2. Has been found to have knowingly taken action(s) intended to influence the conduct of the Council in a manner as defined by the By-Laws as a conflict of interest

3. For violation of the Broward County HIV Health Services Meeting Ground Rules

4. Any violation of the By-Laws

5. Violation of Sunshine Law or Code of Ethics

Removal for Cause Process

Step 1: The Membership Committee will review and investigate the removal request.

Step 2: The Membership Committee's recommendation is forwarded to the Executive Committee for review.

Step 3: Final decision to remove a member must be ratified by the Planning Council.

Step 4: The Planning Council will forward the recommendation for removal to the Board of County Commissioners.

Grievances

Grievance Process

The executive committee will provide a clearinghouse and facilitate resolution of grievances in an open, inclusive, non-discriminatory and impartial manner.

Steps to Filing a Grievance

- The Executive Committee will address grievances by individuals, community groups and providers eligible to receive Ryan White Part A funding which have been adversely affected by any actions of the Council involving the following:

    1. Needs assessment process
    2. Integrated planning process
    3. Priority setting process (including language regarding how best to meet such priorities)
    4. Clinical outcome/cost effectiveness determination process
    5. Allocation (as well as any possible reallocation) of funds to service categories process.

- For a grievance to be eligible for consideration, deviation from established, written processes or policies must be stated within the claim.
- All appeals from an initial action must be filed within two weeks of any decision, deviation or incident. All resolutions or remedies are meant to apply to future actions.
- A client who expresses a grievance during "Public Comment" of the HIVPC meeting will be immediately referred to the Recipient's representative for assistance. Privacy laws and provider contract requirements limit the ability of the Planning Council to discuss client grievances.
    - Clients may also call the Office of the Recipient at: (954) 357-9797.

Meeting Attendance

Attendance Requirements for HIVPC/Committee Meetings

Quorum

- By Broward County Ordinance, meetings can not be held until quorum has been established:
  Quorum = 50% of the members **plus 1**
  If a Committee has an odd number of members, quorum is rounded up.

- Quorum must be established in the room before members who call in are counted. If quorum is not established in the room, members who are calling in will be considered absent.

- If quorum has not been established 15 minutes after meeting start time, the meeting will be canceled due to lack of quorum.

- Quorum is necessary for the Planning Council to take action on any matter.

Excused Absences

- Members are allowed 3 consecutive unexcused absences or 4 meeting absences in a calendar year. *Committees who meet quarterly or less have an annual 2-meeting minimum attendance policy.*

- Attendance records are based on the meeting sign-in sheets. Members MUST sign in to be considered present at the meeting.

- A member must request an excused absence.

- HIVPC Chair or Committee Chair reviews all excused absence requests.

- An absence shall be deemed excused under the following circumstances:

1. HIV-related illness
2. Member Hospitalization
3. Jury Duty
4. Planning Council-related business
5. Subpoenaed by Court
6. Death of member's domestic partner or immediate family member

Members must notify support staff 2 business days prior to the meeting regarding their attendance.

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.

HIV Health Services Planning Council

Meeting Ground Rules

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.

The PSRA Process

The Priority Setting and Resource Allocation (PSRA) process is conducted annually to ensure that the needs of clients within the Eligible Metropolitan Area (EMA) are being met.

This is achieved by identifying services needed in the EMA, potentially funding those services, and if they are funded, making sure they are cost-effective and of the highest quality.

Priority Setting determines what service categories are most important for People living with HIV/AIDS (PLWHA) in the EMA.

Resource Allocation is the process of deciding how much funding to allocate to each priority service category.

Key Points to Consider

Funds cannot be allocated to a service category unless it is prioritized.

Key legislative requirements:

- A minimum of 75% of service dollars are allocated to identified **core medical services**, and not more than 25% to approved **support services**.
- Ryan White will be considered the **funder of last resort**. This means that if another funder provides a service, it is not provided by RWHAP.

All service categories should be prioritized (ranked).

- A rank-ordered list of priorities that identifies core and support services will be created (by both CEC and PSRA Committees).
- While all service categories are prioritized, not all services are funded.
- This will allow the inclusion of additional services if more funding is received or for future reallocations.
- Core and support services will be reviewed several times during the program year to determine reallocation of funds.

The PSRA Process

Reallocations ("Sweeps")

Program funds are moved across service categories after the initial allocations are made.

If funds are not being spent in an efficient manner, planning councils can reallocate funds to another service category.

This EMA reallocates, or “sweeps,” during the program year, when funds are underspent in some service categories and additional needs exist in other service categories.

Resources

A
Calendar
Sample calendar

B
HIVPC By-Laws
Last amended October 2018

C
Policies & Procedures
Outlines each Committee's Responsibilities

D
Planning Council Primer
A guide from HRSA

E
Additional Materials
Reimbursement Form for Consumers; Mentorship Program Information