



Committee Meeting Agenda: Executive Committee
Date/Time: Thursday, March 15, 2018, 11:30 a.m.
Location: Government Center Annex Room A-337
Chair: Lopes, R. Vice Chair: Taylor-Bennett, C.

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 3/15/18 Executive Committee Agenda and 1/18/18 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
 - a) Review and Approve 3/22/18 HIVPC Agenda, Meeting Materials and Motions (Handout A)
 - b) April 2018 HIVPC Calendars (Handout B)

4. **UNFINISHED BUSINESS**

5. **MEETING ACTIVITIES/NEW BUSINESS**

<i>Agenda Items</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
Committee Work Plans	ACTION ITEMS: Review FY 2018-2019 Committee Work Plans
HIVPC Meeting Times	ACTION ITEMS: Discuss HIVPC meeting times and logistics
Integrated Workgroup Update	ACTION ITEM: Receive update on status of IW

6. **GRANTEE REPORTS**

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** April 26, 2018 **VENUE:** Government Center A-337

<i>Agenda Items for next Meeting</i>	<i>Action to be taken, presentation, discussion, etc.</i>
	ACTION ITEM:

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



Meeting Minutes: Executive Committee
Date/Time: Thursday, January 18, 2018, 11:30 a.m.
Location: Government Center Annex Room A-337
Chair: Barnes, B. Vice-Chair: Lopes, R.

ATTENDANCE				
#	Members	Present	Absent	Grantee Staff
1	Edwards, C.	X		Jones, L.
2	Fleurinord, P.		A	Anderson, T.
3	Foster, V.	X		
4	Barnes, B. <i>HIVPC Chair</i>	X		HIVPC Staff
5	Lopes, R. <i>HIVPC Vice Chair</i>	X		Ewart, L.
6	Robertson, L.	X		Oratien, V.
7	Shamer, D.	X		Holloman, K.
8	Siclari, R	X		
9	Spencer, W.	X		
	Chair Quorum = 5	8		

1. CALL TO ORDER

The Chair called the meeting to order at 11:28 a.m. and welcomed all present. Attendees were notified of information regarding the Government in 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, Grantee staff and HIV Planning Council (HIVPC) Staff self-introductions were made. A moment of silence was observed.

2. APPROVALS

a)

<p>Motion #1: To approve 01/18/18 Meeting Agenda Proposed by: Spencer, W. Seconded by: Robertson, L. Action: Passed Unanimously</p> <p>Motion #2: To approve the 11/16/17 Meeting Minutes Proposed by: Lopes, R. Seconded by: Robertson, L. Action: Passed Unanimously</p>
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3. STANDARD COMMITTEE ITEMS

a) Approve 01/25/18 HIVPC Agenda (Handout A):

The Committee reviewed the draft January HIVPC Agenda, and made revisions. The Executive Committee voted to accept the January HIVPC agenda with changes made to reflect the February meeting schedule and the closing of the polls for the election.

<p>Motion #3: To approve the 01/25/18 HIVPC Agenda Proposed by: Spencer, W. Seconded by: Foster, V. Action: Passed Unanimously</p>
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b) Review February 2018 Calendar (Handouts B): The chairs reviewed the draft February HIVPC Committee Calendar. The Chairs of PSRA and HIVPC requested that PSRA and the Executive Committee not hold meetings in February.

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4. UNFINISHED BUSINESS

None.

5. MEETING ACTIVITIES/NEW BUSINESS

- a) 2018 Leadership Elections (Handouts C-D): The Chair of the ad-Hoc Nominating Committee reviewed the Committee’s last meeting. The Nominating Committee reviewed candidates’ information and election procedure. In order to adhere to timeframes, members have been given the candidates’ completed questionnaires in advance of the meeting. The Chair stressed the importance of keeping the question and answer period of the election short by having HIVPC members provide written questions specific to the candidate. The meeting reminder will include a reminder about the election and a comment that the election process stops when quorum is lost. The ad-Hoc Nominating Committee reviewed Robert’s Rules in relation to elections, and copies of that passage will be on hand for Executive Committee members. Once the Chair of the ad-Hoc Nominating Committee has tallied the results of the election, polls are officially closed. A change was made to the HIVPC agenda so that the polls would close later on in the meeting so that members who are expected but may be running slightly late will not miss the opportunity to vote. The Chair of the ad-Hoc Nominating Committee will introduce the Committee members so that HIVPC members will be clear on the current Committee membership. Previous members moved off the Committee after accepting their nominations.
- b) Integrated Workgroup Update: A member of the Integrated Workgroup updated the Executive Committee on the group’s status. At the last meeting, the Workgroup decided its leadership. Tom Pietrogallo is the Workgroup Chair and Tatiana Williams is Vice Chair. The Integrated Workgroup will meet again on January 30th, this time with the HIV Funders Collaborative. The Collaborative will review its successes and challenges in implementing the Integrated Plan in Year 1. The report will be disseminated to the planning bodies and consortia, as well as the community.
- c) Committee Work Plans: The HIVPC Chair stated that with new leadership starting in March, it would be helpful for Work Plans to have at least been started. The Committee reviewed its goal of adding 10 new Committee members, which was accomplished with the reinstatement of the System of Care Committee, but did not translate to new Planning Council members.

6. GRANTEE REPORT

The Recipient informed the Committee that the HRSA site visit originally scheduled for the week of the January HIVPC meeting was postponed. This was related to the potential Federal Government shutdown. The new proposal would be for a site visit to take place in June.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS / TASKS FOR NEXT MEETING: March 15, 2018 VENUE: TBD

<i>Agenda Items for next Meeting</i>	<i>Action to be taken, presentation, discussion, etc.</i>

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

The meeting adjourned at 12:07 p.m.

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 Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment



Executive Committee Attendance CY 2018

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	18												
1	1	0	1	Barnes, B <i>Chair</i>	X												
0	0	0	2	Edwards, C.	X												
0	0	1	3	Fleurinord, P.	A												
0	0	0	4	Foster, V.	X												
0	0	0	5	Lopes, R., <i>V.Chair</i>	X												
0	0	0	6	Robertson, L.	X												
0	0	0	7	Shamer, D.	X												
0	1	0	8	Siclari, R.	X												
0	1	0	9	Spencer, W.	X												
Quorum(Chairs)=5					8	0	0	0	0	0	0	0	0	0	0	0	

X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - Resigned
C - cancelled
W - warning letter
R - removal letter
QNA - quorum not achieved for entire mtg

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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING AGENDA

Thursday, March 22, 2018, 9:30 a.m.
 GC-430

Chair: Requel Lopes **Vice Chair:** Carla Taylor-Bennett

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 Introduction from Outgoing HIVPC Chair
 - 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 3/22/18 Meeting Agenda
 - g. Approval of 1/25/18 Meeting Minutes
- 3. PHONE INTRODUCTIONS**
- 4. FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A)
- 5. PUBLIC COMMENT** (Up to 10 minutes)
- 6. CONSENT ITEMS**
None.
- 7. DISCUSSION ITEMS**
None.
- 8. NEW BUSINESS**
 - a. PSRA Process Overview- Receive a presentation on the FY2019 Priority Setting and Resource Allocation Process
 - b. Assessment of the Administrative Mechanism (FY 2016-2017) – Overview
- 9. FEBRUARY AND MARCH COMMITTEE REPORTS (15 minutes)**

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

February 6, 2018

Chair: L. Robertson, V. Chair: P. Fleurinord

A. Agenda Item Update / Status Summary:

FY2017 Work Plan and FY2017 Committee Activities Overview: The members reviewed the Committee’s progress toward completing the FY2017 CEC work plan. They discussed the completion of ranking Part A services in June, the Chill, Chat and Chew community forum in May, and the use of the outreach survey at World AIDS Day and other events. However, not the CEC did not hold any education or training sessions in FY2017. While the committee planned to host trainings, and began work on some topics, the logistics of events hinders their implementation. The group talked about ways to increase community participation in outreach and education events, including increasing collaboration with the HIVPC’s Membership/Council Development Committee (MCDC) and other community organizations. Outreach events can be held on HIV Awareness Days, and leverage the captive audience and activities already occurring around Broward.

FY2017 CEC Evaluation and FY2018 CEC Goals: The CEC members completed a FY2017 CEC committee evaluation, and discussed their goals for FY2018. Goals include: (1) Community Training and Education: Educate clients on Part A services and the HIV system of care. Educate CEC members on HIV specific subject matter and Part A system workings. Host quarterly education sessions for on hot topics for CEC members. (2) Host a minimum of 2 outreach and 2 educational activities in FY2018.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

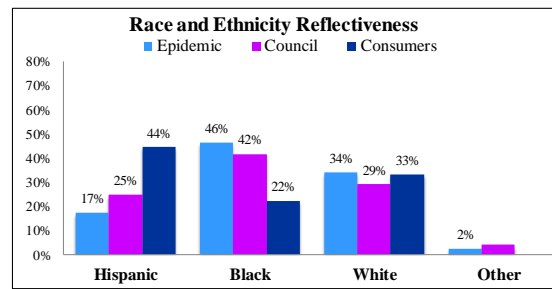
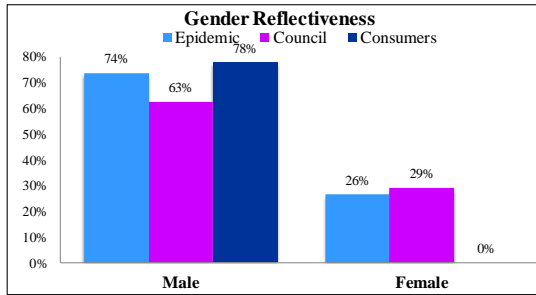
E. Other Business Items:

Agenda Items for Next Meeting: Next Meeting Date: April 3, 2018 Location: A-337

March 6, 2018- No Quorum

Chair: L. Robertson, V. Chair: P. Fleurinord

C. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)
HIV Planning Council Membership Report
Current Through March, 2018



Gender	Epidemic	Council	% Difference	Consumers	% Difference
Male	14,753 74%	15 63%	-11%	7 78%	4%
Female	5,288 26%	7 29%	3%	0 0%	-26%
Transgender	- -	2 8%	-	2 22%	-
Total	20,041 100%	24		9	

Race	Epidemic	Council	% Difference	Consumers	% Difference
Hispanic	3,455 17%	6 25%	8%	4 44%	27%
Black	9,283 46%	10 42%	-5%	2 22%	-24%
White	6,831 34%	7 29%	-5%	3 33%	-1%
Other	472 2%	1 4%	2%	0 0%	2%

Current Members	24
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	38%

Vacant Seats	
1. Grantees of Other Federal HIV Programs - VA	
2. Federally Recognized Indian Tribe Members	
3. ASO/CBO Serving Affected Populations	
4. State Medicaid	
5. Local Public Health Agency	
6. Health Planning	
7. Alternates (3)	

No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time, and no more than 40% of HIVPC members shall be Part A-funded

% Part A-Funded Providers	29%
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March 8, 2018

Chair: Vacant, V. Chair: V. Foster

A. Work Plan Item Update / Status Summary:
<p>Review HIVPC Demographics: The Committee members reviewed the HIVPC and Standing Committee member demographics. 38% of HIVPC members are unaffiliated consumers. There are no Black female consumers on the HIVPC, and the group discussed ways to enhance member recruitment. 6 members were appointed in 2017, and 6 members resigned or were removed in 2017.</p> <p>HIVPC and Committee Attendance: The group reviewed the 2017 HIVPC attendance, 2017 committee meetings held by month, and the January/February 2018 attendance.</p> <p>FY2017 Work Plan, Committee Evaluation and FY2018 WP: The members reviewed the status of their 2017 MCDC WP items. The committee routinely reviewed membership demographics and attendance, but agreed that the members should engage the HIVPC members in announcing and recruiting for vacant HIVPC seats. The group discussed barriers to participation in the HIVPC and standing committees, and the need for increased visibility within the community. PC Staff has ordered new HIVPC recruitment items, including shirts, water bottles, and a new tent. The members then filled out a FY2017 Committee Evaluation, and discussed ways they could become more actives, and goals for the upcoming fiscal year. They then approved their FY2018 WP.</p>
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
<i>Agenda Items for Next Meeting: Review Demographics, Applicants and Recruitment</i> <i>Next Meeting Date: May 10, 2018 9:30 a.m.</i> <i>Venue: A-337</i>

D. INTEGRATED WORKGROUP
February 13, 2018

Chair: T. Pietrogallo, V. Chair: T. Williams

A. Discussion Item:
<p>HRSA/CDC Feedback – The group discussed the comments included in the HRSA/CDC Integrated Plan feedback. The Part A Recipient reported that a conference call meeting to further discuss feedback about the plan with HRSA and CDC is currently being scheduled to occur sometime in the week of 2/19-23/18. If the meeting occurs, Leonard Jones will report back to the IW members about the meeting outcome.</p>

Communication Plan – The members discussed a plan for communicating with the Funders Collaborative; HIVPC, SFAN and BCHPPC; HIV Workforce; and Community at Large. Recommendation made that meeting invites should be sent to the community at large through various list serves. The use of social media was suggested as a method for informing the Broward Community on Integrated Plan activities. An annual town hall-like meeting has been considered as an avenue to reach the community with information regarding the implementation of the Integrated Plan as a well as to solicit feedback. Consideration should be made in securing a non-traditional host/provider to officiate the event in order to draw a larger audience. Information regarding the implementation of the Integrated Plan will focus on presenting information on reporting around the indicators and set targets included in the Integrated Plan.

B. Data Requests:

DOH priority populations for HIV Testing and for HIV linkage to care

C. Next Meeting Date:

March 13, 2018, 10:00 a.m. at Central Broward Regional Park

March 13, 2018

Chair: T. Pietrogallo, V. Chair: T. Williams

E. AD-HOC NOMINATING COMMITTEE

February 1, 2018

Chair: L. Robertson

A. Work plan item update / Status Summary:

2018 HIVPC Leadership Elections Process – PC Staff asked the Nominating Committee members how they felt about the recent HIVPC elections. The members noted that the elections were unusual as there was only one candidate per position, and the voting process did not necessarily fit the circumstances. The members discussed the need to revise the ballot or voting procedures if there is only one candidate, allowing for members to either approve or reject the candidate. During the election, members noted that the ballot did not give them an opportunity to reject a candidate, and since they are required to vote they felt as though they had little options. They also wanted more time to ask questions to the candidates.

2020 HIVPC Leadership Elections Process – The members proposed recommendations for the next elections cycle (Handout A on file). Recommendations included changing the timeline to space out the elections process and allow for more time for candidate question and answer sessions. They discussed having members send additional questions for candidates to PC Staff if they were not present during the HIVPC meeting, and the need to revise the questionnaire to ask about the candidate's background and reason for seeking a leadership position. All suggestions were included in Handout A, and will be presented to the next Nominating Committee before the 2020 HIVPC elections.

B. Rationale for Recommendations:

Recommendations for the 2020 HIVPC Leadership Elections will be presented to the 2019 Nominating Committee.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

F. QUALITY MANAGEMENT COMMITTEE (QMC)

No February Meeting

Chair: D. Shamer

No March Meeting

Chair: D. Shamer

G. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

No February Meeting

Chair: W. Spencer, V. Chair: R. Siclari

March 15, 2018

Chair: W. Spencer, V. Chair: R. Siclari

H. EXECUTIVE COMMITTEE

No February Meeting

Chair: B. Barnes, V. Chair: R. Lopes

March 15, 2018

Chair: R. Lopes, V. Chair: C. Taylor-Bennett

I. SYSTEM OF CARE COMMITTEE (SOC)

No February Meeting

Chair: M. Hayes V. Chair: C. Edwards

No March Meeting

Chair: M. Hayes V. Chair: C. Edwards

**** For detailed discussion on any of the above items, please refer to the meeting minutes. ****

10. GRANTEE REPORTS (20 minutes)

- a. Part A
- b. Part B
- c. Part C
- d. Part D
- e. Part F
- f. HOPWA
- g. Prevention

11. UNFINISHED BUSINESS

12. PUBLIC COMMENT (Up to 10 minutes)

13. ANNOUNCEMENTS

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: April 26, 2018 9:30 a.m. LOCATION: GC-430

<i>Tasks for next Meeting</i>	<i>Responsible Party</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
PSRA Process Update	PSRA	ACTION ITEM: Receive update on PSRA process, including presentations and take-away

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 •



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
 January 25, 2018 Meeting Minutes

ATTENDANCE				
#	Members	Present	Absent	
1	Arencibia, Y.		E	Grantee Staff Jones, L. Fender, T. Anderson, T.
2	Barnes, B. <i>Chair</i>	X		
3	Barrientos, Y.	X		
4	Bhrangger, R.	X		HIVPC Staff Johnson, B. Powers, C. Akiti, D. Holloman, K.
5	Burgess, D.	X		
6	Fortune-Evans, B.	X		
7	Foster, V.	X		Guests McShee, S. Hyde, A. Laing, L. Sabatino, D.
8	Grant, C.	X		
9	Hayes, M.		A	
10	Holness, Comm. D.V.C		A	
11	Katz, H. B.	X		
12	Lint, A.	X*		
13	Lopes, R. <i>Vice Chair</i>	X		
14	Marcoviche, W.	X		
15	Moragne, T.	X		
16	Robertson, L.	X		
17	Robertson, P.	X		
18	Rodriguez, J.		A	
19	Runkle, D.	X		
20	Schweizer, Mark	X		
21	Shamer, D.		A	
22	Siclari, R.	X		
23	Spencer, W.	X		
24	Taylor-Bennett, C.	X		
25	Williams, R.	X		
	Quorum=13	20		*On phone

1. CALL TO ORDER

The Chair called the meeting to order at 9:30 a.m.

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

The HIVPC Chair welcomed everyone and self-introductions were made. Attendees were notified of Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. A moment of silence was observed. The following motions were made:

Motion #1: To approve today's agenda
Proposed by: Moragne, T. **Seconded by:** Schweizer, M.
Action: Passed Unanimously

Motion #2: To approve the 12/07/17 meeting minutes
Proposed by: Robertson, L. **Seconded by:** Schweizer, M.
Action: Passed Unanimously

3. PHONE INTRODUCTIONS

Introductions were made by those on the phone.

4. FEDERAL LEGISLATIVE REPORT

Mr. Murphy provided a written report (Handout A on file).

5. NEW BUSINESS

The HIVPC opened its elections for Chair and Vice Chair. It was noted that one of the candidates for Vice Chair rescinded his nomination since the last communication went out regarding the election. Given this change, a member suggested changing the election process for this election.

Motion #3: To dispense with the paper ballot and conduct the HIVPC Chair and Vice Chair elections using roll call.

Proposed by: Moragne, T. **Seconded by:** Grant, C.

Friendly Amendment: To use roll call for this meeting only.

Discussion: A member stated that he understood the reasoning behind the motion, but the HIVPC should follow its Policies and Procedures regarding elections. Following the routine process would not slow down the meeting and if the procedure works it should not be changed.

Action: Failed with 5 in favor

The ad-Hoc Nominating Committee Chair explained how the nature of the speeches and questions would change because both candidates were now running unopposed. Instead of making a case for themselves as Chair and Vice Chair, the candidates used their respective five minutes to explain their vision for the HIVPC and how their leadership would facilitate that. After this, members would have a total of two minutes per candidate to ask questions.

- a. HIVPC Chair and Vice Chair Nominee Speeches: The candidate for HIVPC Chair, Requel Lopes, talked about her previous experience on the Planning Council. She expressed that she provides a way to communicate so that everyone is heard. She also stated that, ultimately, HIVPC members need to become aligned. While members may not always agree, all are at the table in service of Broward County's HIV community. She stressed that she is an approachable person. The candidate went on to say that the Council has people's lives in its hands and the services provided through Ryan White are limited but necessary. One of the things the candidate for Chair would like to do is have members speak the same language about what the HIVPC does. So with an aligned mission—to take care of the people of Broward County—the HIVPC will bring in more people. Each member does something in the community every day to further the HIVPC's cause, and one way for members to do that is to speak the same language.

During the question and answer period, the candidate was asked to elaborate on her comments regarding reaching the community. Asked if she had an idea for an approach to outreach, Ms. Lopes replied that each member of the HIVPC needs to bring someone into this. Recruitment must be done by all members, rather than MCDC. Shifting blame does not serve the HIVPC. Materials are being created so that members can hand interested parties something. The best thing to do is to bring people into committees. Committees need to be filled with people who are focused and committed.

The candidate for HIVPC Vice Chair, Carla Taylor-Bennett, talked about why and when she joined the HIVPC. Ms. Taylor-Bennett came to the HIVPC 15 years ago with passionate people, focused on solving issues for people infected and affected by HIV. It was a volatile time and, as the epidemic has evolved, the HIVPC has done amazing things to improve people's quality of life. The candidate for Vice Chair would like to really infuse the passion that brought her here back into the Planning Council, and reinvigorate it. Ms. Taylor-Bennett stated that sometimes members become duty-bound to the HIVPC, rather than passionate members. The candidate noted that the Council consists of knowledgeable members. Many times the HIVPC simply goes through the process and needs to be engaged in thinking outside the box.

During the question and answer period, a member asked Ms. Taylor-Bennett what she would do to assure the HIVPC that she would actually be present given her attendance over the past year. In response, the candidate acknowledged that she disconnected last year. Another member asked the candidate to elaborate on a comment regarding problematic members. Ms. Taylor-Bennett responded by saying that there are people who feel passionate but behave disrespectfully, and become a hindrance to the process.

- b. HIVPC Leadership Elections: One member attended over the phone and voted vocally rather than by ballot. The member voted in favor of the Chair and voted for the Vice Chair under protest. Afterward, each of the votes cast by HIVPC members were read into the record.

For the record, members Yusimir Arencibia, Marie Hayes, Joshua Rodriguez, and David Shamer were not present for the meeting meeting and did not cast a ballot.

The HIVPC Chair acknowledged and thanked the ad-Hoc Nominating Committee and congratulated the winners. The HIVPC Chair and Vice Chair begin their terms March 1st. A lot of committees are cancelling February meetings. The HIVPC Chair noted that, given the lack of Committee meetings in February, the HIVPC meeting may not be necessary. Without meeting in February, the HIVPC will not meet the mandated 9 meetings for FY17-18 so it cannot be cancelled due to the discretion of the Chair. The meeting can, however, be cancelled by consensus.

Motion #10: To cancel the February HIVPC meeting by consensus.
Proposed by: Spencer, W. **Seconded by:** Robertson, L.
Action: Passed Unanimously

6. CONSENT ITEMS

None.

7. DISCUSSION ITEMS

The Chair of PSRA reviewed the Sweeps motioned by the Committee.

Motion #4: To sweep \$30,000 from Case Management
Proposed by: Priority Setting & Resource Allocation Committee **Seconded by:** Moragne, T.
Action: Passed Unanimously

Motion #5: To sweep \$17,000 from Medical Case Management
Proposed by: Priority Setting & Resource Allocation Committee **Seconded by:** Moragne, T.
Action: Passed Unanimously

Motion #6: To sweep \$2,000 from Mental Health
Proposed by: Priority Setting & Resource Allocation Committee **Seconded by:** Moragne, T.
Action: Passed Unanimously

Motion #7: To sweep \$28,000 from Substance Abuse
Proposed by: Priority Setting & Resource Allocation Committee **Seconded by:** Moragne, T.
Action: Passed Unanimously

Motion #8: To sweep \$1,000 from Legal Assistance
Proposed by: Priority Setting & Resource Allocation Committee **Seconded by:** Katz, H.B.
Action: Passed Unanimously

Motion #9: To sweep \$78,000 to Ambulatory
Proposed by: Priority Setting & Resource Allocation Committee **Seconded by:** Moragne, T.
Action: Passed Unanimously

8. NOVEMBER COMMITTEE REPORTS

A. INTEGRATED WORKGROUP

December 12, 2017

Chair: T. Pietrogallo, V. Chair: T. Williams

A member of the Integrated Workgroup explained what was agreed upon by the members. The group decided that its purpose is to review work that has been done and make recommendations. One example of recommendations is to get more specific with data. A guest who was a member of the Integrated Workgroup expressed excitement that the group is trying to break down silos to meet the needs of people with Broward County with HIV.

B. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

No January Meeting

Chair: L. Robertson, V. Chair: P. Fleurinord

The report stands.

C. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

No January Meeting

Chair: Vacant, V. Chair: V. Foster

The Vice Chair noted that materials will hopefully be approved so that recruitment can move forward by the Committee's next meeting. The slow motion of the process can be frustrating. Another member suggested the use of a more formal invitation for providers to better entice them to attend meetings. The Vice Chair responded that the Committee works with HIVPC Staff in that regard and the biggest thing is consistency. Sometimes processes are slow and members have to be patient and diligent.

D. AD-HOC NOMINATING COMMITTEE

January 4, 2018

Chair: L. Robertson

A Committee member stated that the 2 minute time limit for the question and answer period was not clear when it was discussed by the group. It was suggested that for the next Election process, that timeframe needed to be extended. The Committee Chair understood the feedback, but noted that the idea behind the short timeframe was to keep questions succinct. One of the candidates stated that, while she understood the process as it was laid out, she did not want to have any HIVPC members leave the room without clarity. The HIVPC Chair recommended a motion to allocate an additional 15 minutes of the meeting to answering questions.

E. QUALITY MANAGEMENT COMMITTEE (QMC)

No January Meeting

Chair: D. Shamer

The report stands.

F. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

January 18, 2018

Chair: W. Spencer, V. Chair: R. Siclari

The Committee met and voted on reallocations. There will not be a PSRA meeting in February.

G. EXECUTIVE COMMITTEE

January 18, 2018

Chair: B. Barnes, V. Chair: R. Lopes

The report stands.

H. SYSTEM OF CARE COMMITTEE (SOC)

No January Meeting

Chair: M. Hayes V. Chair: C. Edwards

The report stands.

**** For detailed discussion on any of the above items, please refer to the meeting minutes. ****

9. 2018-2020 HIVPC CHAIR/ VICE CHAIR ELECTION RESULTS

The results of the elections were as follows:

MEMBER	CANDIDATE FOR CHAIR	CANDIDATE FOR VICE CHAIR
	RL	CTB
1. Yusi Arencibia		
2. Brad Barnes	X	X
3. Yahaira Barrientos	X	X
4. Ronald Bhrangger	X	X
5. Devorn Burgess	X	X
6. Bisiola Fortune-Evans	X	X
7. Vincent Foster	X	X
8. Claudette Grant	X	X
9. Marie Hayes		
10. H. Bradley Katz	X	X
11. Arianna Lint	X	X
12. Requel Lopes	X	X

under protest

13. William Marcoviche	X	X
14. Tim Moragne	X	X
15. Lorenzo Robertson	X	X
16. Phillip Robertson	X	X
17. Joshua Rodriguez		
18. David Runkle	X	X
19. Mark Schweizer	X	X
20. David Shamer		
21. Rick Siclari	X	X
22. Will Spencer	X	X
23. Carla Taylor-Bennett	X	X
24. Rachel Williams	X	X
TOTAL	20	20
2018 HIVPC Chair/V. Chair Winners:	RL	CTB

Legend
RL- Requel Lopes
CTB- Carla Taylor-Bennett

10. GRANTEE REPORTS

- a. Part A: The Recipient's Office was expecting a HRSA site visit this week, but because of the government shutdown it did not occur. The site visit may be rescheduled for June depending on other contingencies. The government shutdown did not have much impact on the Ryan White program, but it affected the process of passing the budget. The program does not have full funding yet, because Congress has not appropriated the funding. Around February 1st, the Recipient will receive a partial grant award. The award will be 31.5% of formula funding, which is about \$3 million, and 20.6% of MAI funds, which is roughly \$260,000. That amount of money represents about 4 months of services. One thing to keep in mind when monitoring the government shutdown is that continuing resolution means level funding for domestic programs.

The Recipient's Office will be releasing an RFP within the next few weeks, consistent with the Priority Setting which was done by PSRA and the HIVPC over the summer. The service categories for this RFP are HICP and MAI services not including CIED (which went through the RFP process the previous year). The MAI RFP will be different for Medical, Mental Health, and Case Management. The categories' RFP will be consistent with PSRA's vision of being specific to Black men and women 18-38 who are not meeting outcomes. There is a little over \$300,000 allocated which is not much funding for PSRA's vision, but as time goes on the HIVPC will see the results and may implement changes across the board. Substance Abuse will continue on as dictated. The key is to enhance service delivery, creating concierge services as agreed on by the HIVPC based on its research.

HRSA reviewed budgets immediately this year when the grant was submitted. The Recipient stated that the previously available line item for lost wages is no longer allowable, and there cannot be any direct cash payments to clients. This change may also impact how unaffiliated consumers on the HIVPC are reimbursed. Reimbursement may be in the form of gas cards and bus passes.

Finally, the Recipient mentioned at a previous meeting that an award of \$600,000 was received for a peer certification program. This award could not be accepted due to contractual issues. The Recipient is waiting for written confirmation that the money may be used to cover Dental services, Food Vouchers, and Reimbursement of copays. These dollars can supplement funding requests that remained unfulfilled by the Sweeps process. The Recipient's Office was also awarded \$60,000 for the Community Foundation of Broward to start a Peer Certification Program which is part of the Integrated Plan. The RFP will include a Consultant for the program, which should be up and running in the next 6-7 months.

- b. Part B: No representative present.
- c. Part C: The Part C Recipient is waiting to hear from the Project Officer regarding funding for the next fiscal year.

- d. Part D: The Part D Recipient is working on a 2017 non-compete partnership report as well as the Projected Work Plan 2018-2020. The Recipient will submit an RSR report in February, and has a TOPWA monitoring visit next week.
- e. Part F: The Part F Recipient's RSR report is due in March. The Recipient stated that if anyone had patients in need of dental care that isn't covered, Nova has a sliding fee scale.
- f. HOPWA: The HOPWA recipient stated that the program is stable this fiscal year, and that the government shutdown will not cause an interruption in services.
- g. Prevention: No representative present.

11. UNFINISHED BUSINESS

Motion #11: To provide an additional 15 minutes for questions from Council for the HIVPC Chair and Vice Chair candidates.

Proposed by: Taylor-Bennett, C. **Seconded by:** Spencer, W.

Action: Passed with 2 opposed

A member first thanked the current HIVPC Chair for his years of service and Chairing, stating that he had done a fantastic job.

At this point the PSRA Chair began to Chair the meeting, and asked everyone to state their questions before the candidates could begin asking.

Both candidates were asked how they would include PLWHA in the process, as this is the first time he is aware of that neither leader was a PLWHA. The candidate for Vice Chair was asked to elaborate on a statement made in her questionnaire regarding thinking outside the box in terms of populations. Finally, a member asked the candidate for HIVPC Chair how she intends to work with the Vice Chair candidate.

In response to the question of PLWHA representation, the candidates highlighted their history of serving the HIV community. The candidate for Chair stated that status is not what makes her part of the fight. The candidate for Vice Chair said that she also recognized that this was an unprecedented election. She came to the HIVPC because of her mother-in-law for whom she was a caregiver. She understands what that means and can lead with that perspective in mind. Further, she hopes that this result influences PLWHA to come to the table and bring more PLWHA to the table. Ms. Taylor-Bennett stated that she does not intend to overlook the PLWHA perspective, but understands that there are things that will only be known if shared.

Regarding her statement about thinking outside of the box, Ms. Taylor-Bennett explained that special populations have special needs and the Ryan White Program needs to address all clients who are not meeting their health outcomes. In her time as the PSRA Chair, the candidate lamented that the HIVPC needed to be trying to meet the needs of the community. She tried as much as she could to drill down to the nitty-gritty of the matter to improve the outcomes for people falling through the cracks. Until the intricate drill down happens, individuals will continue to fall through the cracks.

Finally, regarding the question of how Ms. Lopes will work with others, she stated that part of her position was to gain alignment, not always agreement. Doing the work of the council is doing what it takes to get the work down.

12. PUBLIC COMMENT (Up to 10 minutes)

None.

13. ANNOUNCEMENTS

The Pride Center will be hosting a town hall on U=U on January 25, 2018 at 7:00 p.m. Also, on February 6, 2018 at 6:00 p.m. they will be hosting a Meth & HIV talk. Finally, on February 8, 2018 at 7:00 p.m. there will be an Art Awakening event in celebration of National HIV/AIDS Awareness Day.

The Poverello Live Well Center (Gym) is hosting an Open House on February 8, 2018 from 9:00 a.m. to 5:00 p.m. which will include educational workshops. Poverello will also be holding its second annual Art with a Heart event on February 10, 2018 at 6:00 p.m. at the Kiwanis Club of Wilton Manors.

A member thanked everyone who participated in Smart Ride.

Finally, CAN (Community AIDS Network), a Community Healthcare Provider from Sarasota is now providing services in Fort Lauderdale.

14. REQUEST FOR DATA

None.

15. AGENDA ITEMS FOR NEXT MEETING: March 22, 9:30 a.m. LOCATION: Governmental Center Room GC-430

<i>Tasks for next Meeting</i>	<i>Responsible Party</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>

16. ADJOURNMENT

The meeting was adjourned at 11:33 a.m.

April 2018

HANDOUT B

Broward County HIV Health Services Planning Council Calendar

Last Updated: 3/14/2018

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.

Monday	Tuesday	Wednesday	Thursday	Friday
2	3 Community Empowerment Committee Meeting 3:00 p.m., A-337^	4 Oral Health Network Meeting 3:00 p.m., A-337^	5	6 SFAN 10:00 a.m., ~
9	10 <i>National Youth HIV/AIDS Awareness Day</i> Integrated Workgroup Meeting 10:00 a.m., *	11 HIVPC Coordination 9:30 a.m., GC-302^	12	13
16 Quality Management Committee Meeting 12:30 p.m., A-335^	17	18 <i>National Transgender HIV Testing Day</i>	19 Priority Setting & Resource Allocation Committee Meeting 9:00 a.m., A-337^ Executive Committee Meeting 11:30 a.m., A-337^	20
23	24	25 Medical/Disease Case Management Network Meeting 2:00 p.m., A-337^	26 HIV Planning Council Meeting 9:30 a.m., GC-430^	27
30				

^Governmental Center — 115 S Andrews Ave, Ft. Lauderdale, 33301
 ~Dorothy Mangurian Comp. Center—1000 NE 56th St, Ft. Lauderdale, 33334
 *Central Broward Regional Park— 3700 NW 11th Place, Lauderhill, FL 33311

Meetings in **Red** are cancelled.
 Meetings in **Blue** are for the HIV Planning Council Committees & QI Networks.
 Meetings in **Black** are not associated with the HIV Planning Council.

April 2018

Broward County HIV Health Services Planning Council Calendar

HANDOUT B

Last Updated: 3/14/2018

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 Adam Bente at 954-561-9681 ext. 1250. For questions about the QI Networks, please contact Brithney Johnson at 954-644-2774.

TODOS ESTAN BIENVENIDOS!

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 necesarios.

ALL ARE WELCOME!

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.

BON VINI!

Sòs si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fèt:

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 kreyòl; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

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.

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.

Needs Assessment/Evaluation (NAE) Committee - Develops and updates the annual Needs Assessment, including determining focuses for the client survey, provider survey, and client focus groups. Evaluates and updates the Comprehensive Plan to determine progress.

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.

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.

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.

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.

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.

FY 2018-19 Community Empowerment Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Community Empowerment 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: Enhance capacity in communities throughout the EMA through community mobilization, education/awareness, and resource and information sharing. Host at least 2 outreach activities & 2 education events in FY18.

Objective 1: Increase Consumer education and overall knowledge of the Committee's role in the HIVPC

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Participate in quarterly trainings on topics such as the HIV Care Continuum, viral load suppression, HIVPC 3 Guiding Principles, PLWHA advocacy and leadership	Quarterly	Staff/Facilitator	Educate CEC members and Consumers	Invite experts and HIV Community Partners to provide training and education sessions		X		X				X		X		X
1.2 Priority rank Part A and MAI Service Categories and send recommendations to PSRA	Annually	Staff/Grantee	Data driven PSRA process	Receive presentation on Part A utilization and historical trends. Data: Part A Scorecards; Historical epi data			X	X								

Objective 2: Increase community engagement to promote education and awareness to affirm support for PLWHA (Integrated Plan Strategy 3.2.a)

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Create forums for Community Summits to identify strengths, challenges, opportunities and barriers for individuals living with HIV in Broward County (YEAR 1)	Bi-Annually	IW/CEC	Achieve a more coordinated response to the local HIV epidemic	a. Coordinate with HIV stakeholders (e.g. BTAN, Latinos En Accion, SFAN) to hold Community Forums during significant HIV awareness days (e.g. National HIV Testing Day, Latino HIV Awareness Day, National Black HIV/AIDS Awareness Day) b. Provide presentations by HIV experts (AETC, NQC) to educate community members on emerging issues in HIV, including accessing Ryan White services c. Provide non traditional activities (not specific to "HIV") at Summit to better engage participants d. Request feedback from attendees regarding barriers and stigma in the HIV/AIDS community through surveys to document feedback and follow up with participants.												
2.2 Identify emerging leaders representative of the HIV community who are willing to participate in leadership activities (Integrated Plan Strategy 3.2.c) (YEAR 2)	Ongoing	IW/CEC/MCDC	Increase leadership opportunities for individuals living with HIV	Utilize continuous outreach through community forums and events to identify emerging leaders. Emphasize selection of Ryan White consumers who would be willing to participate in leadership activities.												X
2.3 Promote opportunities for advocacy and leadership within the HIV Community (Integrated Plan Strategy 3.2.c) (Year 2-5)	Ongoing	IW/CEC	Increase leadership opportunities for individuals living with HIV	Develop Leadership Series for identified Ryan White consumers and leaders in the HIV Community. Series should be CEC/Consumer led and focus on topics such as advocacy, letter writing and leadership. Each Series should have a graduation ceremony or recognition program for participants, and such event should coincide with national HIV recognition days, if applicable.												X
2.4 Analyze survey results for each community event, including outreach, trainings and community forums	Bi-Annually	Staff/CEC	Monitor progress of Network goal	Determine successes and failures of each event. Provide results in annual CEC Evaluation. Provide any relevant recommendations to PSRA that may inform the PSRA process. Data: survey results based on demographics, client self identified needs, and learning objectives					X							X

Objective 3: Provide networking and communication opportunities to address the epidemic (Integrated Plan Strategy 4.1.d)

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Use Needs Assessments, SOC, QM and PSRA recommendations to coordinate feedback mechanisms that address HIV prevention, stigma and treatment (YEAR 1-5)	Ongoing	CEC	Utilize feedback in PSRA process and other identifiers	Host events for target groups based on defined data collection focus								X				
3.2 Develop and implement education and awareness strategies that incorporate results from feedback mechanisms to increase HIV literacy (YEAR 2)	Ongoing	CEC	Reduce HIV-related health disparities and health inequities	Utilize community feedback to develop and implement education and awareness activities in the EMA									X			

FY 2018-19 Priority Setting/Resource Allocations Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Priority Setting/Resource Allocations 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: Develop integrated PSRA process using data with input from stakeholders and consumer forums

Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review data relevant to the PSRA process (including recommendations from QM, SOC, and CEC)	Ongoing	Staff/PSRA	Data driven PSRA process	a. PSRA Service Category scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need e. EIHA f. Implementation Plan g. Cost data (other funders) h. QM Care Continuum measures i. NHAS j. Anticipated changes due to the ACA				X								
1.2 Review How Best to Meet the Need language recommendations from SOC committee.	Annually	PSRA/SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from SOC committee.					X							
1.3 Priority rank Part A and MAI service categories	Annually	PSRA/CEC	Complete PSRA process	Use data elements to inform priority ranking process.			X									
1.4 Allocate Part A and MAI funds by service category	Annually	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.				X								
1.5 Monitor expenditures and allocations	Bi-Annually	PSRA/Grantee	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.								X			X	
1.6 Review and approve FY2019 PSRA Work Plan	Annually	PSRA	Process Planning													X

Objective 2: Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage and retention (Integrated Plan Strategy 2.1.a)

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care (YEAR 1-2)	As Needed/Recommended	PSRA	Increase access to care and improve health outcomes	Review recommendations from QMC, Integrated Work Group, SOC Committee and other relevant data sources to identify and develop strategies to address the needs of clients who may not seek care or who have fallen out of care. Implement identified strategies for MAI funded services in the EMA through Service Delivery Models, programs, interventions, enhanced service categories, and/or HBTMTN												

Objective 3: Assess the Administrative Mechanism

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative Mechanism training	Annually	Staff/PSRA	Ensure compliance	Receive training to review the required components and purpose of the assessment.								X				
3.2 Assessment of the Administrative Mechanism recommendations	Annually	PSRA	Ensure compliance	Make recommendations for activities to include in the assessment of the Administrative Mechanism.								X				

FY 2017-18 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	Sept	Oct	Nov	Dec	Jan	Feb
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.				X								
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	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
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					X							
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					X							

Poll "FY 2018 HIVPC Evening Meeting Time"

<https://doodle.com/poll/y8u2cpa97vwqg7bq>

	Yes, I am available and can attend meetings at 6:00 p.m. every fourth Thursday of the month.	No, I am not available and cannot attend meetings at 6:00 p.m. every fourth Thursday of the month.
Marie Hayes		OK
requel Lopes	OK	
Joshua Rodriguez	OK	
Yahaira Barrientos		OK
Dr. Moragne	OK	
William Marcoviche		OK
Ronald Brangger		OK
Rachel Williams		OK
Carla Taylor-Bennett		
Mark	OK	
Bisiola Fortune-Evans		OK
David Shamer	OK	
Rick Siclari		OK
David Runkle	OK	
Vincent Foster		OK
Will Spencer	OK	
Arianna Lint	OK	

<https://doodle.com/poll/y8u2cpa97vwqg7bq>

	Yes, I am available and can attend meetings at 6:00 p.m. every fourth Thursday of the month.	No, I am not available and cannot attend meetings at 6:00 p.m. every fourth Thursday of the month.
H Bradley Katz	OK	
Mark schweizer		OK
Lorenzo	OK	OK
Count	10	10