



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

Executive Committee Meeting

Thursday, November 18, 2021 - 11:30 AM

Meeting via [WebEx Videoconference](#)

Chair: Dr. Réquel Lopes • Vice Chair:

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 132 620 7657)

This meeting is audio and video recorded.

Quorum for this meeting is 6

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
 - a. Meeting Ground Rules
 - b. Statement of Sunshine
 - c. Introductions & Abstentions
 - d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for November 18, 2021
5. **ACTION:** Approval of Minutes from October 21, 2021
6. Standard Committee Items
 - a. Review and Approve December 2, 2021, HIVPC Agenda, Meeting Materials and Motions (Handout A)
 - b. Review December 2021 HIVPC Calendar (Handout B)
 - c. **Action Item:** HIVPC & Committee Meetings – Discuss the possibility of transitioning back to in-person meetings with the option for WebEx Videoconference.
7. Unfinished Business
 - a. **Action Item:** HIVPC Self-Assessment Survey – Review Committee activities, challenges, and completion of work plan achievements. (Handout C)
Work Plan Activity 1.1: Conduct annual evaluation of HIVPC Self-Assessment Survey.
 - b. **Action Item:** Annual HIVPC Member Retreat (Handout D) – Schedule a retreat for all HIVPC members. The purpose of the retreat is to educate members on new/emerging Planning Council/RW Part A issues, HIVPC policies and procedures, leadership development, Integrated Comprehensive Plan. Discuss themes, potential topics, and guest speakers.

Work Plan Activity 3.1: Plan annual Planning Council Retreat.

8. New Business

- a. **Action Item:** Memorandum of Understanding (MOU) (Handout E)- Review the most recent Memorandum of Understanding (MOU).

9. Public Comment

10. Agenda Items for Next Meeting

- a. Next Meeting Date: January 20, 2022, at 11:30 a.m. via WebEx Videoconference

11. Announcements

12. Adjournment

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

Please complete you [meeting evaluation](#).

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

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

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



Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Dale V.C. Holness •
Nan H. Rich • Tim Ryan • Barbara Sharief • Michael Udine

[Broward County Website](#)

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES



1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.
2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.
3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.
4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.
5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.
6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.
7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.
8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.
9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.
10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.
11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

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



1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.
2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.
3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.
4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.
5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.
6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.
7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.
8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.
9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.
10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.
11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO



1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.
2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.
3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.
4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.
5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.
6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.
7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respekte menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesèsè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.
8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.
9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.
10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.
11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010
ADAP: AIDS Drugs Assistance Program
AETC: AIDS Education and Training Center
AHF: AIDS Health Care Foundation
AIDS: Acquired Immuno-Deficiency Syndrome
ART: Antiretroviral Therapy
ARV: Antiretrovirals
BARC: Broward Addiction Recovery Center
BCFHC: Broward Community and Family Health Centers
BH: Behavioral Health
BISS: Benefit Insurance Support Service
BMSM: Black Men Who Have Sex with Men
BRHPC: Broward Regional Health Planning Council, Inc.
CBO: Community-Based Organization
CDC: Centers for Disease Control and Prevention
CDTC: Children's Diagnostic and Treatment Center
CEC: Community Empowerment Committee
CIED: Client Intake and Eligibility Determination
CLD: Client Level Data
CM: Case Management
CQI: Continuous Quality Improvement
CQM: Clinical Quality Management
CTS: Counseling and Testing Site
DCM: Disease Case Management
DOH-Broward: Florida Department of Health in Broward County
eHARS: Electronic HIV/AIDS Reporting System
EIIHA: Early Intervention of Individuals Living with HIV/AIDS
EFA: Emergency Financial Assistance
EMA: Eligible Metropolitan Area
FDOH: Florida Department of Health

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

PLWH: People Living with HIV
PLWHA: People Living with HIV/AIDS
PrEP: Pre-Exposure Prophylaxis
PRISM: Patient Reporting Investigating Surveillance System
PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*
PSRA: Priority Setting & Resource Allocations
QI: Quality Improvement
QIP: Quality Improvement Project
QM: Quality Management
QMC: Quality Management Committee
RSR: Ryan White Services Report
RWHAP: Ryan White HIV/AIDS Program
RWPA: Ryan White Part A
SA: Substance Abuse
SBHD: South Broward Hospital District (Memorial Healthcare System)
SCHIP: State Children's Health Insurance Program
SDM: Service Delivery Model
SOC: System of Care
SPNS: Special Projects of National Significance
STD/STI: Sexually Transmitted Diseases or Infection
TA: Technical Assistance
TB: Tuberculosis
TGA: Transitional Grant Area
VA: United States Department of Veteran Affairs
VL: Viral Load
VLS: Viral Load Suppression
WMSM: White Men who have Sex with Men
WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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



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(954) 561-9681 • FAX (954) 561-9685

Executive Committee
Thursday, October 21, 2021 - 11:30 AM
Meeting via [WebEx](#)

DRAFT MINUTES

Executive Members Present: R. Lopes (HIVPC Chair), B. Fortune-Evans (QMC Vice-Chair), V. Biggs (CEC Chair), L. Robertson (PSRA Chair), J. Rodriguez (SOC Vice-Chair), V. Foster (MCDC Vice-Chair), D. Shamer (QMC Vice-chair).

Members Absent: Brad Barnes (Ex Officio), A. Ruffner (SOC Chair & CEC Vice-Chair).

Ryan White Part A Recipient Staff Present: D. Cunningham, G. James, N. Walker, S. Scott.

Planning Council Support Staff Present: G. Berkley-Martinez, T. Williams.

Guests Present: B. Mester.

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

The Executive Committee Chair called the meeting to order at 11:30 a.m. The Executive Committee Chair welcomed all meeting attendees that were present. Attendees were notified that the Executive Committee meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the Executive Committee Chair, committee members, Recipient staff, PCS/CQM staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

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

3. Meeting Approvals

The approval for the agenda of the October 21, 2021, Executive Committee meeting was proposed by V. Biggs, seconded by L. Robertson, and passed unanimously. The approval for the minutes of the September 23, 2021, meeting was proposed by L. Robertson, seconded by V. Biggs, and approved with no further corrections.

Motion #1: Mr. Biggs, on behalf of Executive Committee, made a motion to approve the October 21, 2021, Executive Committee agenda as presented. The motion was adopted unanimously.

Motion #2: Mr. Robertson, on behalf of Executive Committee, made a motion to approve the September 23, 2021, Executive Committee meeting minutes as presented. The motion was adopted unanimously.

4. Standard Committee Items

The Executive Committee reviewed the HIV Planning Council agenda for the 10/28/2021 meeting. The HIVPC Health Planner advised the Committee that the agenda will be amended to include the PSRA motions pertaining to reallocations. The Committee voted to approve the agenda with the additions. The approval for the agenda of the October 28, 2021, HIV Planning Council meeting with the additions was proposed by L. Robertson, seconded by V. Foster, and passed unanimously.

Motion #3: Mr. Robertson on behalf of the Executive Committee, made a motion to approve the October 28, 2021, HIV Planning Council meeting agenda with the additions. The motion was adopted unanimously.

The Committee also reviewed the November 2021 HIV Planning Council calendar of activities. There were no amendments to the calendar.

Lastly, members discussed the possibility of transitioning back to face-to-face meetings with the option for WebEx. D. Cunningham advised the Committee that the executive order that allows for virtual meetings is still in place so that virtual meetings can continue. Further, there was a discussion about resuming in-person meetings with attendees being placed into two meeting rooms and the issues with achieving quorum while doing this. The Recipient advised that they are awaiting a response from the County Attorney regarding establishing quorum in two different locations. Additionally, they informed the Committee that several rooms are equipped with audio-visual resources to facilitate hybrid meetings. The Committee discussed strategies to meet in-person quorum while still facilitating a hybrid meeting with virtual options. There was also some discussion about reconvening the Ad-Hoc By Laws Committee to review meeting quorum requirements. The discussion ended with the Executive Chair recommending that the HIVPC and its Committees continue to meet virtually while considering the possibility of reconvening in person.

5. Unfinished Business

The PCS Staff Health Planner provided an overview of the progress made toward FY2021-2022 Committee Work Plans. The chairs from CEC, PSRA, QMC, MCDC and Executive gave an update on where they expect their committees to be in terms of progress by the end of the fiscal year. The SOC Chair was not available to provide a progress update. However, there is some concern about their progress since they have been unable to meet due to quorum. The PCS Staff Health Planner will continue to update the SOC on their progress and see how best they can go about achieving the goals on their work plan by the end of the fiscal year.

6. New Business

The Committee discussed social media access for the HIVPC. The PCS Staff Health Planner advised the Committee that the HRSA Part A manual indicates that Planning Councils can use social media as a recruitment tool. There was no indication that special permissions are required from the Recipient, as members were previously advised. The Recipient updated the Committee on the initial proposal submitted by PCS Staff in February 2021. Further, the PCS Staff Health Planner recommended that the Committee move this item to the HIVPC to vote on the item to which the Committee agreed. The QMC Vice-Chair inquired about how serious organizations are in establishing and maintaining these consumer groups. The MCDC Chair informed the Committee that Broward Health hosts support groups every fourth Thursday in which he distributes HIVPC recruitment materials. The SOC Vice-Chair invited Committee members to do the same at the monthly advisory board meetings hosted by the Florida Department of Health – Broward County.

The Committee then reviewed the HIVPC Self-Assessment Survey. The Committee discussed ways to improve the survey since it was last updated in 2018. The PCS Staff Health Planner advised the Committee that they would take their suggestions into consideration and present the updated survey at the next scheduled meeting for approval.

Lastly, members discussed appointing a representative from the HIVPC to the Integrated Planning Workgroup. The Executive Chair reminded the Committee that representatives were

identified in the past. Staff was advised to reach out to verify whether those individuals are still interested in participating before new representatives are appointed. PCS Support Staff ensured members that they would reach out to the representatives and provide an update at the next meeting.

7. Recipient's Report

The Recipient reported that the Part A Office will be tabling at Pride Fort Lauderdale, which is a two-day festival on Fort Lauderdale Beach from November 20-21, 2021.

8. Public Comment

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

9. Agenda Items for Next Meeting

The next Executive Committee meeting will be held on November 18, 2021, at 11:30 a.m. via WebEx Videoconference.

10. Announcements

There were no announcements for this meeting.

11. Adjournment

There being no further business, the meeting was adjourned at 12:50 p.m.

Executive Committee Attendance for CY 2021

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	18	18	15	20	17	15	C	23	21			
0	1	6	1	Barnes, B. <i>Ex Officio</i>		A	A	A	A	A	X		X	A			
0	1	0	2	Biggs, V.		N - 4/18			X	X	X		X	X			
0	0	0	3	Fortune-Evans, B.		X	X	X	X	X	X		X	X			
0	0	0	4	Foster, V.		X	X	X	E	X	X		X	X			
0	0	0		Grant, C. <i>Vice Chair</i>		X	X	X	E	E	E		X	Z-9/30			
0	0	0	5	Lopes, R. <i>Chair</i>		X	X	X	X	X	X		X	X			
0	0	2	6	Moragne, T.		X	X	X	X	X	A		X	A			
0	1	0	7	Robertson, L.		X	X	X	X	X	X		X	X			
0	0	5	8	Rodriguez, J.		A	A	A	A	X	A		X	X			
0	0	2	9	Ruffner, A.		X	A	X	X	X	X		X	A			
1	1	3	10	Shamer, D.		N - 4/18			A	X	A		A	X			
0	0	1	11	Moreno, V.		N-9/30							A				
Quorum = 5					0	7	6	7	6	9	7	0	10	7	0	0	

Legend:	
X - present	N - newly appointed
A - absent	Z - resigned
E - excused	C - canceled
NQA - no quorum absent	W - warning letter
NQX - no quorum present	Z - resigned
CX - canceled due to quorum	R - removal letter

Executive Committee Meeting Minutes – October 21, 2021

Minutes prepared by PCS Staff

HANDOUT A



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

Broward County HIV Health Services Planning Council Meeting

Thursday, December 2, 2021 - 9:30 AM

Meeting via [WebEx Videoconference](#)

Chair: Dr. Réquel Lopes • Vice Chair: Vacant

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

This meeting is audio and video recorded.

Quorum for this meeting is 11

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
 - a. Meeting Ground Rules
 - b. Statement of Sunshine
 - c. Introductions & Abstentions
 - d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for December 2, 2021
5. **ACTION:** Approval of Minutes from October 28, 2021
6. Federal Legislative Report – Kareem Murphy (Handout A)
7. Consent Items
 - a. Motion to approve Chris Dumas to join the Priority Setting and Resource Allocation Committee.
Justification: Mr. Dumas has with years of experience with the Ryan White HIV/AIDS Program by way of St. Louis, Missouri, where he served as the Chair of the Policies and Procedures Committee.
Proposed By: PSRA Chair
8. New Business
 - a. **Action Item:** FY21-22 HIVPC Chair/Vice Chair Nominee Q&A –Receive the slate of Candidates for the Chair and Vice Chair election for the FY 2022-2024 cycle and participate in a Question-and-Answer session.
Workplan Activity 1.8 Convene the ad-Hoc Nominating Committee for the Chair and Vice Chair election for the FY 2022-2024 cycle.
 - b. **Action Item:** Memorandum of Understanding (MOU)- Review the most recent

Memorandum of Understanding (MOU).

- c. **Harm Reduction Update-** Receive an update on the Broward County Safe Syringe Exchange Program.

9. Committee Reports

- a. Community Empowerment Committee (CEC)
Chair: Von Biggs • Vice Chair: Andrew Ruffner
November 2, 2021
Work Plan Item Update/Status Summary:
- b. System of Care Committee (SOC)
Chair: Andrew Ruffner • Vice Chair: Joshua Rodriguez
No Meeting Held
Work Plan Item Update/Status Summary:
- c. Membership/Council Development Committee (MCDC)
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
No Meeting Held
Work Plan Item Update/Status Summary:
- d. Quality Management Committee (QMC)
Chair: Bisiola Fortune-Evans • Vice Chair: David Shamer
November 15, 2021
Work Plan Item Update/Status Summary:
- e. Executive Committee
Chair: Dr. Réquel Lopes • Vice Chair: Claudette Grant
November 11, 2021
Work Plan Item Update/Status Summary:
- f. Priority Setting & Resource Allocation Committee (PSRA)
Chair: Lorenzo Robertson • Vice Chair: Valery Moreno
No Meeting Held
Work Plan Item Update/Status Summary:
- g. Ad-Hoc Nominating Committee
Chair: Brad Barnes
November 10, 2021
Work Plan Item Update/Status Summary:

10. Recipient Reports

- 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. Public Comment

12. Agenda Items for Next Meeting

- a. Next Meeting Date: January 27, 2022, at 9:30 a.m. via Microsoft Teams

13. Announcements

14. Adjournment

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

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

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

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[Broward County Website](#)

HANDOUT B



BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

December 2021



Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Unless otherwise noted, meetings will be held via WebEx. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1295. Visit http://www.brhpc.org for updates.</p>						
			<p>1</p> <p> WORLD AIDS DAY</p> <p>Quality Network Meeting 9:00 AM – 10:15 AM WebEx Video-Conference</p>	<p>2</p> <p>HIV Planning Council Meeting (HIVPC) 9:30 AM – 11:30 AM WebEx Video-Conference</p>	<p>3</p> <p>South Florida AIDS Network Meeting (SFAN) 9:30 AM – 11:30 AM</p>	<p>4</p>
5	6	<p>7</p> <p>Support Services Network Meeting 9:00 AM – 10:15 AM WebEx Video-Conference</p>	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		<p>GET CARE BROWARD TREAT HIV BEAT HIV RYAN WHITE PART A</p>

Version 04/28/21 Information on this calendar is subject to change.

Meetings in **RED** are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees. Meetings in **GREEN** are for Provider Network. Holidays and meetings outside of the HIV Planning Council are in **BLACK**.

HANDOUT C

BROWARD COUNTY HIV HEALTH SERVICES SELF-ASSESSMENT SURVEY

Member Information

1. Name

2. Are you a consumer of Ryan White Part A HIV Core or Support services? (Select all that apply.)

- Yes, HIV core services.
- Yes, HIV support services.
- No.
- Unsure.

3. What is your racial/ethnic identity? (Select all that apply.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latinx
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other: _____

4. What is your gender identity? (Select all that apply.)

- Female
- Male
- Gender non-conforming or non-binary
- Prefer not to say
- Prefer to self-describe: _____

5. What age group do you fall into?

- 18>
- 18-28
- 29-38
- 39-48
- 49-58
- 59+

6. In 1-2 sentences, share what ways your participation makes an impact on the HIV epidemic.

7. List three ways the Broward HIVPC is helping to end the HIV epidemic.

8. What are the Broward HIVPC's greatest areas for improvement? List up to three.

9. In your own words, what do you believe is the primary purpose of the HIVPC?

10. What is your understanding of the relationship, scope, role, and responsibilities of the HIVPC vs the those of the Grantee?

11. How has the HIVPC addressed issues or new priorities impacting PWH over the most 12 months into its activities (e.g., social justice, racial inequities, COVID019, health policy issues)?

BROWARD COUNTY HIV HEALTH SERVICES SELF-ASSESSMENT SURVEY

Planning Body Meetings

12. What (if anything) gets in the way of meeting efficiency at full planning council meetings? (Select all that apply.)

- There are no barriers that interfere with efficient council meetings.
- The meetings are too frequent.
- The meets are too long.
- There is no agenda.
- The agenda is NOT provided in advance.
- There is too much on the agenda for some items and not enough time for others.
- The purpose of the meeting is unclear.
- The purpose or objectives of the meeting are not met by the end of the meeting.
- There are too many tangents.
- There is no timekeeper.
- Speakers talk over one another.
- Meetings are dominated by a few voices.
- Other: _____

13. While our country faces the COVID-19 pandemic, rank which meeting format you are most willing and able to participate in.

- Online, [virtual meeting platform] meeting with video conferencing.
- Online, [virtual meeting platform], meeting without video conferencing.
- Conference call.
- Other: _____

14. Do you have a preferred virtual platform for meeting online?

- No, I do not have a preference.
- WebEx.
- Zoom.
- Microsoft teams.
- Other: _____

15. In an ideal world (post-COVID), rank which meeting format you are most willing and able to participate in.

- In person, all together.
- In person, with option to join via virtual meeting platform.
- Online, web meeting with video conferencing.
- Online, web meeting without video conferencing.
- Conference call.
- Other: _____

16. What barriers do you personally experience related to your participation in meetings? (Select all that apply.)

- I do not feel that there are barriers to my participation.
- Lacking confidence in using virtual meeting platforms.
- Feeling as though members do not speak in inclusive ways (e.g., not defining acronyms, using overly technical language).
- Feeling uncomfortable speaking as someone with less experience in HIV planning.

HANDOUT D

HIV PLANNING COUNCIL RETREAT PROPOSAL

CY2022

PURPOSE



This retreat will focus on creating **team cohesion** among members of the HIVPC and its Committees. This will be done by maximizing members' strengths and building on those strengths to advance the work of the Broward County HIV Health Services Planning Council. By the end of this retreat, members will have gained a deeper understanding of the importance of Planning Councils and how to move forward as a team to complete work plan activities.

HIV Planning Council will use this opportunity to improve member engagement, encourage members to utilize their strengths, build storytelling capacity, and create the team cohesion needed for the Council to progress. The following is the proposed retreat agenda.

ICEBREAKER: GUESS WHO?



Members will be tasked with sending an interesting fact about themselves prior to the retreat. At the start of the retreat, members will then quiz themselves by matching the fact with a member. Correct answers will be revealed at the end of the icebreaker session.

I. INTRODUCTION

- **Facilitator:** R. Lopes

II. TEAM BUILDING



Members will actively work to improve team cohesion. This will include defining what teamwork looks like on the HIVPC and deciding how members can engage as a team. The HIVPC will also receive a Roberts' Rules of Order training and have the opportunity to put the learned concepts into practice.

- **Facilitator:** Susan Leahy – Ms. Leahy will provide Roberts' Rules & Group to TEAM training and will be able to build on the foundation she created with the Council to improve its teamwork and cohesion.

III. BUILDING ON RECRUITMENT AND RETENTION



Following the discussion, members will participate in an interactive activity on increasing recruitment efforts. Members will divide into teams and brainstorm techniques that could help recruit new members and retain current members. Teams will share their responses to the group.

- **Facilitator:** Susan Leahy

End of Part I

IV. HISTORY OF HIVPC



Council members will engage in a discussion about the history of HIVPC.

"History is a resource" – Laura Linney

- **Facilitator:** PCS Staff

V. THE INTEGRATED PLAN



The goal will be to increase members' knowledge of the Integrated HIV Prevention and Care Plan and its activities. Members will review the requirements for planning, community engagement and coordination established by the RWHAP. The HIVPC will be notified of their individual roles in completing the Integrated Plan for the upcoming year.

- **Facilitator:** BRHPC Staff

VI. MEMORANDUM OF UNDERSTANDING



Members will discuss the Memorandum of Understanding. This discussion will include a description of services provided by each Recipient and Planning Council, discuss the roles and responsibilities of each entity, and encourage a mutually beneficial relationship between these important partners.

- **Facilitator:** PCS Staff

VII. CLOSING REMARKS

- **Facilitator:** R. Lopes

Additional Topics for Discussion

- Presentation from the Broward County Board of County Commissioners
- Ryan White HIV/AIDS Program Compass Dashboard

BROWARD COUNTY HIV HEALTH SERVICES SELF-ASSESSMENT SURVEY

- Lacking confidence in understanding of how the [planning body] operates (e.g. how the planning body fits in with other HIV activities in the region, my role in the group, our relationship with government or funders).
 - Feeling uncomfortable speaking in front of a large group of people.
 - Struggling to find a space in the conversation to speak up.
 - Feeling that some members are condescending.
 - Feeling left out of the loop about planning body activities.
 - Feeling like no one cares about or values my participation.
 - Participation and/or assignments are not equally distributed.
 - Sensing tense and strained relationships among members.
 - Other: _____
17. **How significantly do these barriers impact your ability to participate in meetings?**
- Very significant.
 - Somewhat significantly.
 - Not very significantly.
 - Not at all.
18. **Are there specific areas or topics that you could use more training or skills building on to increase your engagement/participation in HIVPC meetings?**
-
19. **What would you change about the HIVPC meetings to remove barriers to participation? (e.g., format, agenda, culture)**
-

Policies and Structure

20. **How well do you understand the contents of the bylaws, policies and procedures of the HIVPC?**
- Very poorly
 - Somewhat poorly
 - Neither poorly nor well
 - Somewhat well
 - Very well
21. **How confident are you in your ability to explain the mission and objectives of the HIVPC to the community (i.e., non-members)?**
- Not at all confident
 - Not very confident
 - Neutral
 - Moderately confident
 - Very confident
22. **What committee(s) do you participate in (select all that apply.)**
- I do not participate in any committee.
 - Community Empowerment Committee
 - System of Care Committee.
 - Membership/Council Development Committee.

BROWARD COUNTY HIV HEALTH SERVICES SELF-ASSESSMENT SURVEY

- Quality Management Committee.
- Priority Setting and Resource Allocation Committee.
- Executive Committee
- Other/Ad-Hoc:

23. Would you recommend changing the current structure and function of any of the HIVPC's committees? Which and how so?

Membership

24. What is your role as member?

- Voting member
- Alternate
- Committee-only member
- Other: _____

25. How long have you been a member of the HIVPC?

26. Are you satisfied as a member of the HIVPC?

- Yes, and I plan to finish out my membership.
- No, but I plan to finish out my membership.
- No, and I plan to leave the [planning body] before my term ends.

27. If you are dissatisfied as a member, what is your primary reason?

28. List up to five skills or personal/professional experiences that are missing for the current HIVPC membership.

29. What barriers exist that might interfere with HIVPC new member recruitment? (Select all that apply.)

- Accessibility of outreach/recruitment information to the public.
- Lack of broad outreach/recruitment efforts.
- Confusion/lack of understanding about what the [planning body] is.
- Confusion/lack of understanding about expectations and responsibilities for members.
- Confusion about the application process (timeline, etc.)
- Time commitment for members.
- Insufficient compensation for participation.
- Confusion about whether someone is eligible to apply.
- There are no barriers that currently exist.
- Other: _____

30. What could be improved about current recruitment strategies and materials?

31. How well does new member orientation prepare you to fully participate in HIVPC activities/committees and understand their expected roles and responsibilities?

- Very Well
- Well
- Fair

BROWARD COUNTY HIV HEALTH SERVICES SELF-ASSESSMENT SURVEY

- Poor
- I don't know

32. **Please explain your response.**

33. Do you believe the HIVPC actively engages new members into the planning activities in the first 1-2 months following orientation?

- Yes
- Somewhat
- No
- Unsure

34. What could be improved about the new member orientation?

Collaboration and Impact on the HIV Epidemic

35. Does the HIVPC adequately: (Select all that apply.)

- Conduct adequate needs assessments with impacted communities.
- Use data to support decision-making.
- Communicate effectively with the communities impacted.
- Communicate effectively with other partners (i.e., state and local health organizations, etc.)
- Reflect the demographics of the communities most affected by HIV.
- Address disparities linked to social determinants of health like poverty, unequal access to health care, lack of education, stigma, and racism.
- Monitor and evaluate achievement of Integrated HIV Prevention and Care Plan objectives.
- Evaluate the effectiveness of the council's own HIV planning activities.
- Assess the efficient administration of HIV funding in the state.
- None of the above.

36. The HIVPC could improve communication and collaboration with the following groups: (select all that apply.)

- State Health Department.
- Ryan White Part A recipient(s).
- Ryan White Part B recipient.
- Other city/county health departments.
- Community- and clinic-based providers of HIV prevention.
- Other planning bodies in the region/state.
- The HIVPC does not need to improve communication/collaboration with external stakeholders.

37. **How well does the HIVPC incorporate community voices, specifically PWH, in developing HIV planning priorities and objectives?**

- Poorly.
- Somewhat poorly.
- Neither poorly nor well.

BROWARD COUNTY HIV HEALTH SERVICES SELF-ASSESSMENT SURVEY

- Somewhat well.
- Well.

38. **What can be improved about the HIVPC incorporation of community voices?**

39. **Has the HIVPC addressed current and future impacts of COVID19 pandemic on consumers and providers of HIV services in any of the below areas? (Select all that apply.)**

- Telehealth funding/policies.
- Housing Loss.
- Comorbidities of COVID-19 and HIV.
- Isolation/mental Health.
- Income loss due to pandemic.
- COVID vaccine education and uptake.
- HIV self-testing.
- Not yet, but the HIVPC has planned to address these impacts soon.
- Other: _____

40. **How familiar are you with the objective of the Integrated HIV Prevention and Care Plan?**

- I am not familiar.
- I am somewhat familiar.
- I am very familiar.

Between

Broward County, Human Services Department, Substance Abuse And Healthcare Services Division
And The Broward County HIV Health Services Planning Council

I. Purpose Statement

This Memorandum of Understanding (MOU), dated February 13, 2004, is hereby entered into between Broward County, Human Services Department, Substance Abuse and Healthcare Services Division (SAHCS) and the Broward County HIV Health Services Planning Council (PC). The MOU describes the agreements made and the relationship established between SAHCS and the PC. The appendix is considered an integral part of this agreement as it includes the comprehensive plan goals, committee workplans, timelines and data needed.

The purpose of this agreement is to establish a written document outlining the communication procedures and expectations of information exchange between SAHCS, in its role as administrative agency, and PC in executing the Title I expectations of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. This agreement defines the desired partnership between SAHCS and the PC in the planning, implementation and evaluation of Title I funds and services.

All parties attending the Executive Committee Retreat meetings held on February 12th and 13th, 2004 at the Broward Regional Health Planning Council, Inc. supported the development of this MOU. Subsequent meetings were held to complete the draft of this document. The meetings were attended by representatives of (a) Broward County, Human Services Department, Substance Abuse and Healthcare Services Division, (b) the Broward Regional Health Planning Council, Inc., (c) the Broward County HIV Health Services Planning Council Executive Committee (d) County Attorney's Office, and (e) Technical Assistance Consultant. It is the intent of all parties involved to use this agreement as a basis for forging new, cooperative relationships between the parties to achieve the expectations of the CARE Act and to ensure the timely and cost-effective delivery of needed HIV-related services within the Ft. Lauderdale/Broward eligible metropolitan area (EMA) for persons living with HIV/AIDS in said EMA.

II. Roles and Responsibilities

The roles of the Planning Council and Administrative Agency are taken from the Ryan White CARE Act, amendments 2000. For further information regarding the re-authorized legislation, refer to the website: <http://www.hrsa.gov>.

A. Broward County HIV Health Services Planning Council:

The responsibilities of the Planning Council (PC) are:

1. To determine the size and demographics of the population of individuals with HIV disease;
2. To determine the needs of such populations, with particular attention to—
 - a) Individuals with HIV disease who know their HIV status but who are not receiving HIV related services; and
 - b) disparities in access and services among affected subpopulations and historically underserved communities;
3. Establish priorities for the allocation of the Act funds within the eligible area, including how best to meet each such priority and additional factors that the PC should consider in allocating funds based on the –
 - a) size and demographics of the population of individuals with HIV disease and the needs of such population;
 - b) demonstrated cost effectiveness and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available;
 - c) priorities of the communities with HIV disease for whom the services are intended;
 - d) coordination in the provision of services to such individuals with programs for HIV prevention and for the prevention and treatment of substance abuse, including programs that provide comprehensive treatment for such abuse;
 - e) availability of other governmental and non-governmental resources, including the State Medicaid plan and the State Children's Health Insurance Program to cover health care costs of eligible individuals and families with HIV disease; and

- f) capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.
- 4. To develop a comprehensive plan for the organization and delivery of health and support services that—
 - a) includes a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities, (including discrete goals, a timetable, and an appropriate allocation of funds);
 - b) includes a strategy to coordinate the provision of such services with programs for HIV prevention (including outreach and early intervention) and for the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for such abuse); and
 - c) is compatible with any existing state or local plan regarding the provision of health services to individuals with HIV disease;
- 5. To assess the efficiency of the administrative mechanisms in rapidly allocating funds to the areas of greatest need within Broward County and, at the discretion of the Council;
- 6. To assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs;
- 7. To participate in the development of the Statewide Coordinated Statement of Need;
- 8. To establish methods for obtaining input on community needs and priorities; and
- 9. To coordination with Federal grantees that provide HIV-related services within the eligible area.

B. Broward County, Human Services Department, Substance Abuse and Healthcare Services Division:

The responsibilities of Broward County, Human Services Department, Substance Abuse and Healthcare Services Division as Grantee are:

- 1. Routine grant administration and monitoring activities, including—
 - a) development of the grant application to the U.S. Health Resources and Services Administration (HRSA),
 - b) receipt and disbursement of program funds;
 - c) development and establishment of reimbursement and accounting systems;
 - d) preparation of routine programmatic and financial reports, and
 - e) compliance with grant conditions and audit requirements;
- 2. All activities associated with the grantee’s contract-award procedures, including—
 - a) development of requests for proposals;
 - b) contract proposal-review activities;
 - c) negotiations and awarding of tracts;
 - d) monitoring of contracts through telephone consultation, written documentation or on-site visits, and associated reporting on contracts, and;
 - e) funding-allocation activities; and
- 3. Timely reporting, as defined below at III.A., related to all activities described at II.B(1) and II.B(2) above to the PC for the planning of services in the eligible metropolitan area.

III. Scope of Deliverable for Each Party

The responsibilities of the Planning Council are used as the framework for structuring section III of this MOU. This section is intended to clarify the deliverables of both parties as they relate to the roles and responsibilities defined in the previous section. Further, SAHCS in its role as Grantee recognizes that the PC has sole responsibility for determining priorities and allocations during the priority setting process. During the grants administration process, the Grantee also recognizes that any potential deviation from the PC allocations, directives or changes in the current process must be brought to the PC for approval ninety (90) days prior to implementation.

A. Deliverables of Broward County, Human Services Department, Substance Abuse and Healthcare Services Division to the Broward County HIV Health Services Planning Council:

As applicable, the SAHCS will provide the PC with the following reports broken out to track the following funding streams: Ryan White Title I funding, Minority AIDS Initiative Title I funding (MAI), carryover funds, mid-year re-allocations and subcategory funding.

1. Reports on the current fiscal year related to:
 - a) Monthly procurement and allotment status per category and subcategory (see Attachment #1 for Report Format).
 - b) Expenditure of funds by service category (See Attachments #2-4 for Report Format) in accordance with timetables established in the PC Committee Workplans (Attachment #5). In addition, it is incumbent upon the GRANTEE to raise questions on GRANTEE allocations if, as contract monitor, the GRANTEE sees fluctuation in expenditure trends that deviate from the planned services. Otherwise, the PC will assume that GRANTEE allocations, procurement and expenditure patterns are following the plan, i.e., the PC's planned allocations and directives for the fiscal year in question.
 - c) Information should be presented in accordance with timetables established in to the PC Committee workplans related to monitoring activities. c) A report will be made twice a year (June and December) on capacity issues and concerns identified through the program monitoring process. In particular,
 - (i) the GRANTEE shall report strengths and weaknesses of service delivery within each category,
 - (ii) the GRANTEE shall report activities that the GRANTEE is undertaking to address such weaknesses,
 - (iii) the GRANTEE shall accordingly make recommendations as necessary for allocations on other program-support categories or the grantee's quality-improvement program (QIP), and
 - (iv) as necessary, the GRANTEE shall report capacity indicators that are thematic, i.e., those that occur throughout the whole service continuum.
 - d) A monthly narrative report to the Executive Committee and the full PC on program activities and contract status.
2. Reports related to the PC's setting of priorities and allocations for the next fiscal year, including:
 - a) within 90 days of the close of the fiscal year a Financial Status Report (FSR) AND Annual Administrative Report (GRANTEE) from the two previous years as submitted to HRSA, e.g. for priority setting taking place in summer 2004. SAHCS would provide FSR data and utilization information for FY 2002 and FY 2001:
 - b) within 90 days of the close of the fiscal year, Ryan White Title I providers' aggregated report on other funding streams from the most recent full fiscal year, e.g. for priority setting taking place in summer 2003. (In 2003, this report is due July 1);
 - c) within 90 days of the close of the fiscal year, a report on the manner in which the Title I GRANTEE is collaborating with Title II contract monitoring activities and the effectiveness of such collaboration, effective FY 2004; and
 - d) within 90 days of the close of the fiscal year, a report on the status of management information systems (MIS) activities.
3. Schedules, including ---SAHCS agrees to provide the PC an annual calendar of its provider contract-related requirements, administrative timeline and due dates by the first Monday in December for the next fiscal year.

B. Deliverables of the Broward County HIV Health Services Planning Council to Broward County, Human Services Department, Substance Abuse and Health Care Services Division.

The Planning Council will:

1. Report priorities and allocation within one month of priority setting.
2. Provide a report of PC ratified directives for the next fiscal year by October 1;
3. Report carryover and MAI funding priorities;
4. Define service definitions, standards of care and specific service directives
5. Provide pertinent information for the completion of the annual EMA funding application to HRSA within a mutually agreed upon project schedule;
6. Provide data or letters to the GRANTEE from its chair to complete the conditions of award assigned each year by HRSA.
7. The PC will annually review (during priority setting) the methodology it uses to allocate funds.
8. Provide a calendar of the monthly PC meetings and activities by the 15th of each month for the upcoming month.

IV. Communication

In working together, SACHS and the PC will establish and maintain open and regular communications and a mutually respectful and efficient working relationship. This includes working consistently to provide the following:

1. **“Big picture” communications:** sharing information to ensure that both parties share a broad understanding of immediate and longer-term Title I program directions, issues, and concerns.
2. **Specific information sharing:** keeping each other informed of specific programmatic, fiscal, administrative, or community issues or events that may affect the Title I program, including changes in requirements or expectations that affect the working relationship between the two entities.
3. **Explanations:** ensuring that requests or demands are consistently accompanied by an explanation of both the immediate and underlying reasons, with the opportunity for the other party to suggest alternative strategies or approaches.
4. **Reporting and responding:** submitting and responding to written reports and other documents in a timely manner.
5. **Mutual trust:** communicating mutually positive perceptions of the integrity of the other party, in dealing with each other and with the broader community.
6. **Problem solving:** communicating directly with each other, through official representatives, to resolve problems or misunderstandings, rather than immediately involving other parties.

V. Special Requests

All parties agree that all non-routine special requests other than those identified within this MOU must be in writing and submitted by the Grantee’s office or a Planning Council Committee Chair. Each party shall have three (3) business days from the date of request to notify the requestor if it can or cannot respond to the request and when they can fulfill the request. During the three (3) business day period, the party to whom the request is being made will consider the following factors when deciding whether or not to respond to a request; the amount of information, the financial costs of gathering the information, how the request relates to the committee workplans, and how the request affects the operations of the Planning Council.

Situations where a Planning Council Committee does not agree with a decision not to respond to a request may be appealed through the Executive Committee, which will then decide whether the issue should be brought before the full council for a vote.

VI. Shared Roles and Lead Responsibility

Activities funded through Program Support often have implications for both the Planning Council and the Grantee. Attachment #6 identifies Program Support Activities funded for the current fiscal year and whether the PC or SAHCS will take lead responsibility.

A. Reports and Studies

This section of the MOU addresses the creation and approval of Planning Council studies and reports. Studies and reports are used by the Planning Council to fulfill its mandated role in evaluating the continuum of care, the effectiveness of care strategies and the assessment of the administrative mechanism.

The need for a study or a report originates from one or more committee of the Planning Council and is brought before the Executive Committee. It is the responsibility of the originating committee(s) to develop the scope of the study.

The Executive Committee begins the process of creating a budget for the study if it votes to move the item forward. The budget and the scope of work for the study are sent to the Priorities and Allocations Committee to allocate funds for the study. Afterwards, the study with the scope and the budget is presented to the full Council for approval.

Contracting and contract monitoring of special reports will be the responsibility of the planning council support staff or the program support staff as deemed appropriate based on the nature and use of the report.

Changes to reports and studies that affect the alterations in the scope and/or the budget, must follow the same process detailed above for the development of scopes and budgets.

The assigned committee representative from the originating committee and the Grantee must review and comment on the study or report before it is presented to all the members of the originating committee within five (5) working days. The report is then presented to the full committee for review.

Once the study is complete, the Executive Committee votes to accept the study before it is presented to the full council.

B. Evaluation of the Administrative Mechanism

The assessment of the administrative mechanism is a mandated evaluation of the grantee's office and its functions. Due to the nature of this report, a special process will be used for approval.

The Assessment Committee of the Planning Council has responsibility for this report. The Assessment Committee and the Grantee will receive the Assessment of the Administrative Mechanism report for review. The Grantee will have five (5) business days to notify the assessment committee of its intention to provide a written response to the report for inclusion in the final version. The Grantee will then have another five (5) business days to provide the written response to the Chair of the Assessment Committee. Once this process is completed the report is presented to the Executive Committee which votes to accept the study before it is presented to the full council.

VII. Periodic Reevaluation of MOU

The intent of this agreement is that of facilitating mutual understanding and respect on the part of both parties. To this end, the parties hereto agree to review the terms of this agreement semi-annually in program year 2004 (in May and October) and annually thereafter (the first such annual review to take place in October 2004).

VIII. Contact Persons

The contact persons for all communications relating all aspects of the parties' responsibilities and duties as herein described shall be those named hereunder. All requests for information related to the tasks defined herein shall be directed to these persons:

For the Planning Council,
Planning Council Chair
c/o Planning Council Support Provider currently:
Broward Regional Health Planning Council, Inc.
915 Middle River Drive, Suite 120
Fort Lauderdale, FL 33304
Tel: 954-561-9681
E-mail: tsudden@brhpc.org

For the Ryan White Administrative Agency, currently:
William Green, HIV/AIDS Section Manager
Human Services Department
Substance Abuse & Health Care Services Division
4175 Davie Road, 2nd Floor
Davie, FL 33314
Tel: 954-321-8750
E-mail: Wgreen@broward.org

VII. Effective Date

This memorandum of understanding shall become effective upon the date first name herein above.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be signed in their respective names by their respective duly authorized officers, on the day and year first hereinabove written.

May 27, 2004

Appendix I: Definitions (do we need this section)

- 1) Allotment- For the purpose of this MOU, the term “allotment” throughout refers to final contracted funding allotments to providers. The term “allotment” covers, but is not restricted to:
 - (a) the negotiation and awarding of contracts with providers; and ,
 - (b) the disbursing of moneys to providers.
- 2) Expenditure Data Set – The expenditure data set provided to the PC by the GRANTEE should include the following:
 - (a) an expenditure update based on monthly reports submitted by providers to the GRANTEE and
 - (b) average unit costs by services category and subcategory based on expenditure reporting of actual expenditure, actual clients and actual units.
- 3) Monitoring Data Set – The monitoring data set provided to the PC by the GRANTEE should include the following:
 - (a) the demographics of clients,
 - (b) the number of clients served in total
 - (c) the unduplicated number of clients served (or if this datum does not exist, an estimated number can be substituted with a description of the methodology used to arrive at said estimate),
 - (d) the number of clients that are new in service (for the categories for which this information is collected).
 - (e) the number of units provided,
 - (f) the number of units per client,
 - (g) a definition of service units (for those categories that are up for bid for fiscal year 2003, definitions need to be available by October 2002), and
 - (h) unit costs of services and costs per client based on actual expenditure, actual clients and actual units (or other HRSA presorted methodology).
- 4) Procurement- The term “procurement” covers pre-award and activities such as, but not limited to,
 - (a) the development of requests for proposals,
 - (b) the organizing and convening of bidders’ conferences,
 - (c) the organizing of internal review board processes and
 - (d) award decisions.
- 5) Procurement and allotment data sets- Procurement and allotment data sets provided to the PC by the GRANTEE should answer the following questions:
 - (a) how much money has been allocated and contracted out per category
 - (b) how many providers are there within each category?
 - (c) who are the providers (but not the amount of funding each receives though aggregate funding totals are required)?
 - (d) how many clients will be served based on projections during contract allocation?
 - (e) how many units of services will be served based on projections during contract allocation? and
 - (f) what are the deliverable that have been included in the contracts and the implementation plan for the EMA? It is agreed that the main resource documents related to utilization information for any given program year shall be the implementation plan (Table 10) and SAHCS’s Form 8 submitted to HRSA
 - (a) during the finding application for said program year,
 - (b) in June of said program year and
 - (c) in a format incorporating data revisions during the finding application for the following program year a monthly narrative report to the Executive Committee and the full PC on program activities and contract status.