



**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, September 15, 2022 - 11:30 AM**  
**Meeting location: Broward Regional Health Planning Council**

Chair: Lorenzo Robertson • Vice Chair: Von Biggs

***This meeting is audio recorded.***

Quorum for this meeting is 5

**DRAFT AGENDA**

**ORDER OF BUSINESS**

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
  - a. Meeting Ground Rules
  - b. Statement of Sunshine
  - c. Introductions & Abstentions
  - d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for September 15, 2022
5. **ACTION:** Approval of Minutes from July 21, 2022
6. Standard Committee Items
  - a. Review and Approve September 22, 2022, HIVPC Agenda, Meeting Materials and Motions (Handout A)
  - b. Review October 2022 HIVPC Calendar (Handout B)
7. Unfinished Business
  - a. Letter of Support to HUD (Handout C)
8. New Business
  - a. Review of Meeting Evaluations (Handout D)
  - b. Review initial MOU draft and make recommendations for changes (Handout E)
  - c. **Action Item:** FY2022 HIVPC & Committee Work Plan Progress Update- Conduct quarterly review of Committee work plan status to be presented by committee chair. Determine Committee Progress and make recommendations to Chairs to address unmet goals. (Handout F)

Work Plan Activity 1.4: Monitor committee activities to ensure goals and objective of work plan are met.

- d. **Action Item:** Annual HIVPC Member Retreat-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 1.3: Plan annual Planning Council Retreat.

9. Public Comment

10. Agenda Items for Next Meeting

- a. Next Meeting Date: October 20, 2022, at 11:30 a.m. LOCATION: Broward Regional Health Planning Council
- b. Agenda Items for next meeting

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 • Jared Moskowitz • Nan H. Rich • Tim Ryan • Torey Alston • 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 nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.
8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.
9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.
10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.
11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

## 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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**Executive Committee**  
**Thursday July 21, 2022 - 1:30 PM**  
**Meeting at Broward Regional Health Planning Council and via [WebEx](#)**

**DRAFT MINUTES**

Executive Members Present: L. Robertson (HIVPC Chair), V. Biggs (HIVPC Vice-Chair), V. Foster (MCDC Vice-Chair), V. Moreno (PSRA Vice-Chair), S. Jackson (CEC Chair) A. Ruffner (SOC Chair & CEC Vice-Chair), Jose Castillo (SOC Vice-Chair), B. Barnes (PSRA Chair) B. Fortune-Evans (QMC Chair), T. Moragne (MCDC Vice-Chair)

Members Excused: None

Members Absent: None.

Ryan White Part A Recipient Staff Present: J. Roy, T. Thompson,

Planning Council Support Staff Present: G. Berkeley-Martinez, T. Williams, W. Rolle

Guests Present: B. Mester, N. Labaty, M. Cassini

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

The Executive Committee Chair called the meeting to order at 1:32 P.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 July 21, 2022, Executive Committee meeting was proposed by V. Foster, seconded by L. Robertson, and passed unanimously. The approval for the minutes of June 16, 2022, meeting was proposed by V. Foster, seconded by V. Moreno, and approved with no further corrections.

**Motion #1: Mr. Foster, on behalf of the Executive Committee, made a motion to approve the June 16, 2022 Executive Committee agenda. The motion was adopted unanimously.**

**Motion #2: Mr. Foster, on behalf of the Executive Committee, made a motion to approve the June 16, 2022 Executive Committee meeting minutes as presented. The motion was**

**adopted unanimously.**

4. Standard Committee Items

B. Barnes recommended changes to the HIVPC agenda for July 28, 2022. The approval to amend the HIVPC agenda to move consent items A. and B. to discussion items and add Jose Castillo approval to Ad-Hoc By-Laws & MOU Committee and Von Biggs approval to Priority Setting Resource Allocation Committee to consent items, for July 28, 2022 HIVPC meeting was proposed by B. Barnes, seconded by V. Foster, and passed unanimously.

**Motion #3: Mr. Barnes, on behalf of the Executive Committee, made a motion to amend the HIVPC agenda to move consent items A. and B. to discussion items and add Jose Castillo approval to Ad-Hoc By-Laws & MOU Committee and Von Biggs approval to Priority Setting Resource Allocation Committee to consent items, for July 28, 2022, HIVPC meeting. The motion was adopted unanimously.**

The Committee also reviewed the August and September 2022 HIV Planning Council calendar of activities. The August and September 2022 HIVPC calendar was approved with no further amendments.

5. Unfinished Business

Executive Committee members discussed the update on the letter sent to Mayor Michael Udine. This letter discussed the possibility of allowing the HIV Planning Council to establish quorum in a hybrid platform. M. Cassini discussed that physical quorums are needed for advisory boards to commence and continue business. The quorum regulation is state-mandated, and if there is a policy change, it would need approval of state representatives. Committee members discussed that HIVPC has a federal mandate that 33% of membership be RWPA consumers. This raises health concerns as these individuals are immunocompromised and can ultimately place them at risk when meeting in person. Members also noted that the productivity of the planning council increased when meetings were virtual. B. Barnes asked if quorum could be established at multiple sites. M. Cassini will provide a follow-up in September's meeting.

Additionally, members discussed the letter sent to HRSA about the 33% requirement and the June 22<sup>nd</sup> monitoring call with the HRSA Project Officer, which the Chair and Vice-Chair attended. Although the 33% unaffiliated client membership requirement is a legislative requirement from the Public Health Service Act, which only Congress can reauthorize, HIVPC leadership recommended that the mandate include affiliated and unaffiliated consumers. The 2022 National Ryan White Conference will be held on August 23-26, 2022. The Chair and Vice-Chair will be attending virtually to express concerns that are presented within the Planning Council.

6. New Business

Committee members reviewed the Executive Committee Policy and Procedures. Ad-Hoc By-Laws & MOU Committee asked all committees to review and revise their policy and procedures. Members made one amendment to the policy and procedures- change Statewide Coordinated Statement of Need - SCSN to Integrated Plan. The Executive Workplan monitors the activities that align with the policy and procedures. The approval of the policy and procedures with the amendment to change SCSN to Integrated Workplan was proposed by J. Castillo, seconded by S. Tinsley, and passed unanimously.

**Motion #4: Mr. Castillo, on behalf of the Executive Committee, made a motion to approve the Executive Committee Policy and Procedures with amendments to change SCSN to Integrated Plan. The motion was adopted unanimously.**

7. Recipient's Report

There was no Recipient's report for this meeting.

## 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 September 15, 2022, 11:30 AM, at Broward Regional Health Planning Council and via WebEx Videoconference.

Members discussed the possibility of rescheduling the October Executive Committee meeting due to PSRA's retreat. According to the By-Laws, in the absence of an Executive meeting, the PCS Staff has the authority to approve the HIVPC meeting's agenda. The approval to cancel the October's Executive Committee meeting was proposed by V. Foster, seconded by J. Castillo, and passed unanimously.

**Motion #5: Mr. Foster, on behalf of the Executive Committee, made a motion to cancel October's Executive Committee meeting. The motion was passed unanimously.**

After much discussion, members would like to add updates from the Integrated Plan to the HIVPC meeting's agenda. The motion to recall the motion to approve the HIVPC meeting agenda was proposed by B. Barnes, seconded by V. Foster, and passed unanimously.

**Motion #6: Mr. Barnes, on behalf of the Executive Committee, made a motion to recall the motion to approve the HIVPC meeting agenda. The motion was passed unanimously.**

The approval to amend the HIVPC agenda to move consent items A. and B. to discussion items and add Jose Castillo approval to Ad-Hoc By-Laws & MOU Committee and Von Biggs approval to Priority Setting Resource Allocation Committee to consent items, and add Integrated Planning Updates to discussion items, for July 28, 2022 HIVPC meeting was proposed by B. Barnes, seconded by B. Fortune-Evans, and passed unanimously.

**Motion #7: Mr. Barnes, on behalf of the Executive Committee, made a motion to amend the HIVPC agenda to move consent items A. and B. to discussion items and add Jose Castillo approval to Ad-Hoc By-Laws & MOU Committee and Von Biggs approval to Priority Setting Resource Allocation Committee to consent items, and add Integrated Planning Updates to discussion items, for July 28, 2022 HIVPC meeting. The motion was passed unanimously.**

## 10. Announcements

- The next Community Conversation, "My Faith. My Story: Faith HIV Awareness Day 2022", will be held on August 9, 2022, at 7:00 PM at the Art Serve Auditorium in collaboration with the World AIDS Museum. The panel will discuss the intersection of faith and HIV.
- There will be an LGBTQ 101 Proficiency and Workplace Training presented by Misty Eyez of Sunserve on August 12, 2022, from 10 AM-1PM at BRHPC. The session is opened to providers, consumers, and other interested parties.

## 11. Adjournment

There being no further business, the meeting was adjourned at 2:35 P.M.

Consumer	PLMHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters	
				Meeting Date	20	17	17	21	19	16	21							
1	1	0	1	Jackson, S	N-03/03		E	Z-4/7	X	X	X							
0	1	0	2	Biggs, V., V. Chair	X	X	X	X	X	X	X							
0	0	1	3	Fortune-Evans, B.	X	X	X	X	X	A	X							
0	0	0	4	Foster, V.	X	X	X	X	X	X	X							
0	0	1		Lopes, R., Ex-Officio	X	X	X	X	A	Z-5/31								
0	0	3	5	Moragne, T.	A	A	X	X	X	A	X							
0	1	0	6	Robertson, L., Chair	X	X	X	X	X	X	X							
0	0	0	7	Ruffner, A.	E	E	X	E	E	X	X							
1	1	1	8	Shamer, D.	A	X	Z-03/14											
0	1	2	9	Barnes, B.	A	A	X	X	E	X	X							
			10	Castillo, J	N-04/11					E	X	X						
0	0	5	11	Moreno, V.	A	A	A	A	A	X	X							
<b>Quorum = 5</b>					5	6	8	7	6	8	10	0	0	0	0	0		

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

Executive Committee Attendance for CY 2022

Executive Committee Meeting Minutes – July 21, 2022

Minutes prepared by PCS Staff



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## **Broward County HIV Health Services Planning Council Meeting**

**Thursday, September 22, 2022 - 9:30 AM**

**Meeting at Broward Regional Health Planning Council and via [WebEx Videoconference](#)**

**Chair: Lorenzo Robertson • Vice Chair: Von Biggs**

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

***This meeting is audio and video recorded.***

Quorum for this meeting is 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 September 22, 2022
5. **ACTION:** Approval of Minutes from July 28, 2022
6. Federal Legislative Report – Kareem Murphy (Handout A)
7. Consent Items
  - a. Motion to approve Irving Wilson to join the Community Empowerment Committee.  
  
Justification: Mr. Wilson is a community activist and has served on the Planning Council for two years. He has a strong desire to help the community.
8. Discussion Items
  - a. Quarterly Review of Meeting Evaluations (Quarter 2: June-August) (Handout B)
9. New Business
  - a. Action Item: 2021-2022 Assessment of the Administrative Mechanism- Review

the results of the 2021-2022 Assessment of the Administrative Mechanism and make recommendations. (Handout E).

Workplan Activity 6.4: Distribute the narrative report, including identified areas for improvement, and any necessary steps for action by September 2022.

## 10. Committee Reports

- a. Community Empowerment Committee (CEC)  
Chair: Shawn Jackson • Vice Chair: Andrew Ruffner  
September 6, 2022
  - i. **Work Plan Item Update/Status Summary:**
  - ii. **Data Requests:**
  - iii. **Rationale for Recommendations:**
  - iv. **Data Reports/ Data Review Updates:**
  - v. **Other Business Items:**
  - vi. **Agenda Items for Next Meeting:**
    - a. CEC Listening Sessions
  - vii. **Next Meeting date:** October 4, 2022, at 3:00 PM at BRHPC and via WebEx Videoconference
- b. System of Care Committee (SOC)  
Chair: Andrew Ruffner • Vice Chair: Jose Castillo  
September 1, 2022
  - i. **Work Plan Item Update/Status Summary:**
  - ii. **Data Requests:**
  - iii. **Rationale for Recommendations:**
  - iv. **Data Reports/ Data Review Updates:**
  - v. **Other Business Items:**
  - vi. **Agenda Items for Next Meeting:**
  - vii. **Next Meeting date:** October 6, 2022, at 9:30 AM at BRHPC and via WebEx Videoconference
- c. Membership/Council Development Committee (MCDC)  
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne  
No Meeting Held
  - i. **Work Plan Item Update/Status Summary:**
  - ii. **Data Requests:**
  - iii. **Rationale for Recommendations:**
  - iv. **Data Reports/ Data Review Updates:**
  - v. **Other Business Items:**
  - vi. **Agenda Items for Next Meeting:**
  - vii. **Next Meeting date:** October 13, 2022, at 9:30 AM at BRHPC and via WebEx Videoconference
- d. Quality Management Committee (QMC)  
Chair: Bisiola Fortune-Evans • Vice Chair: Vacant  
September 19, 2022
  - i. **Work Plan Item Update/Status Summary:**
  - ii. **Data Requests:**
  - iii. **Rationale for Recommendations:**
  - iv. **Data Reports/ Data Review Updates:**
  - v. **Other Business Items:**
  - vi. **Agenda Items for Next Meeting:**

- vii. **Next Meeting date:** October 17, 2022, at 12:30 PM at BRHPC and via WebEx Videoconference
- e. Executive Committee  
Chair: Lorenzo Robertson • Vice Chair: Von Biggs  
September 15, 2022  
Work Plan Item Update/Status Summary:
  - i. **Work Plan Item Update/Status Summary:**
  - ii. **Data Requests:**
  - iii. **Rationale for Recommendations:**
  - iv. **Data Reports/ Data Review Updates:**
  - v. **Other Business Items:**
  - vi. **Agenda Items for Next Meeting:**
  - vii. **Next Meeting date:** November 17, 2022, at 11:30 AM at BRHPC and via WebEx Videoconference
- f. Priority Setting & Resource Allocation Committee (PSRA)  
Chair: Brad Barnes • Vice Chair: Valery Moreno  
No Meeting Held
  - i. **Work Plan Item Update/Status Summary:**
  - ii. **Data Requests:**
  - iii. **Rationale for Recommendations:**
  - iv. **Data Reports/ Data Review Updates:**
  - v. **Other Business Items:**
  - vi. **Agenda Items for Next Meeting:**
  - vii. **Next Meeting date:** October 20, 2022, at 9:00 AM at BRHPC and via WebEx Videoconference
- a. Ad-Hoc By-Laws and Memorandum of Understanding Committee  
Chair: Brad Barnes • Vice Chair: Vacant  
September 8, 2022
  - i. **Work Plan Item Update/Status Summary:**
  - ii. **Data Requests:**
  - iii. **Rationale for Recommendations:**
  - iv. **Data Reports/ Data Review Updates:**
  - v. **Other Business Items:**
  - vi. **Agenda Items for Next Meeting:**
  - vii. **Next Meeting date:** TBD at 3:00 PM Location: Poverello and via WebEx

#### 11. 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)

#### 12. Public Comment

#### 13. Agenda Items for Next Meeting

- a. Next Meeting Date: October 27, 2022, at 9:30 a.m. at BRHPC and via WebEx
- b. Agenda Items for next meeting



14. Announcements

15. Adjournment

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

*Please complete you [meeting evaluation](#).*

*Three Guiding Principles of the Broward County HIV Health Services Planning Council*

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

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

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



Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Jared  
Moskowitz • Nan H. Rich • Tim Ryan • Torey Alston • Michael Udine

[Broward County Website](#)



# October 2022

## HANDOUT B



### Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at <a href="mailto:hivpc@brhpc.org">hivpc@brhpc.org</a> or (954) 561-9681 ext. 1292 or 1343. Visit <a href="http://www.brhpc.org">http://www.brhpc.org</a> for updates.						
						1
2	3	4 <a href="#">Community Empowerment Committee Meeting (CEC)</a> 3:00 PM – 5:00 PM Location: BRHPC	5 <a href="#">Oral Health Network</a> 3:00 – 4:15 PM	6 <a href="#">System of Care Committee Meeting (SOC)</a> 9:30 AM – 11:30 AM Location: BRHPC <a href="#">Medical Provider Network</a> 2:30 PM – 3:45 PM	7 South Florida AIDS Network Meeting (SFAN) 9:30 AM – 11:30 AM	8
9	10	11 <a href="#">Behavioral Health Network</a> 2:00 PM – 3:15 PM	12	13 <a href="#">Membership/Council Development Committee Meeting</a> 9:30 AM- 11:30 AM Location: BRHPC	14	15 National Latinx AIDS Awareness Day
16	17 <a href="#">Quality Management Committee Meeting (QMC)</a> 12:30 PM – 2:30 PM Location: BRHPC	18 Community Conversation Listening Session 7-9PM	19 <a href="#">Quality Network</a> 9:00 PM – 10:15 AM	20 <a href="#">PSRA Committee Meeting</a> 9:00 AM – 11:00 AM Location: BRHPC	21	22
23	24	25	26	27 <a href="#">HIV Planning Council (HIVPC) Meeting</a> 9:30 AM – 11:30 AM Location: BRHPC	28	29
30	31					

Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020

Poverello: Poverello 2056 N Dixie Highways, Wilton Manors, FL 33305

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 the Provider Network. Holidays and meetings outside of the HIV Planning Council are in **BLACK**.



August 22, 2022

**HANDOUT C**

U.S Department of Housing and Urban  
Development, 451 7th Street, S.W,  
Washington, DC 20410,

**RE: City of Fort Lauderdale Housing Opportunity for People living with HIV/AIDS (HOPWA) Request to Increase Rent Standard to 120% Above Fair Market Rate- Letter of Support**

To Whom it May Concern:

Broward County is Florida's (FL) second-largest metropolitan area, with 1.9 million residents. Broward qualifies under the Part A Ryan White HIV/AIDS Treatment Extension Act of 2009 as an Eligible Metropolitan Area (EMA). Broward County continues to be a county with one of the highest HIV/AIDS populations in the United States. The EMA is also financially overburdened due to increased demand for services, non-expansion of Medicaid, growing numbers of indigent clients living with HIV, and in- migration of individuals living with HIV. In 2020, the FL Department of Health (DOH) reported 20,541 HIV-positive (+)Broward residents, including 467 new HIV cases and 246 AIDS cases. A safe, permanent, and affordable place to live is essential to everyone's quality of life. Housing is vital for persons living with HIV (PWH). Having stable housing, clean water, bathrooms, refrigeration, and food makes it much easier for individuals to adhere to their HIV treatments and stay healthy.

In FY2020, the HOPWA program assisted over 1,800 PWH in accessing safe and affordable housing. However, the housing affordability demands in Broward County and its municipalities have not improved despite the best efforts from HIV Funders across Broward County, as there remains a significant need for housing for PWH. With 53.9% cost-burdened households, Broward County is one of the most unaffordable places to live in the US.

Representatives from the City of FL HOPWA Program met with the Broward County HIV Health Services Planning Council on July 28, 2022, to explain in detail the current policies and their intentions to remedy the housing crisis for PWH in Broward County. On behalf of the Broward County HIV Health Services Planning Council, I am pleased to submit this letter of support for the City of Fort Lauderdale Housing Opportunities for Persons With HIV/AIDS (HOPWA) program's request to amend the rent standard to 120% above FMR. We stand firm in our belief that increasing the rent standard to 120% above FMR will go a far way in improving the current housing crisis in Broward County for PWH. The Broward County HIV Health Services Planning Council has worked with HOPWA for many years to serve PWH in Broward County.

We look forward to continued collaboration with HOPWA as we continue to service PWH in Broward County, prioritizing quality and quantity of life.

The Planning Council Support staff is available should you have any questions: 954-561-9681 Ext 1250 or 1343, [hivpc@brhpc.org](mailto:hivpc@brhpc.org).

Sincerely,

Lorenzo Robertson  
Chair, HIV Health Services Planning Council

# Executive Committee Meeting Evaluation Report

Quarter 2: June 1, 2022-August 31, 2022



Broward County HIV Health Services Planning Council  
Broward County Health Care Services Ryan White Part A Program  
Broward County Board of County Commissioners  
Presented as of September 15, 2022.

# Purpose

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The Planning Council Meeting Evaluation Form is utilized for all meetings of the Broward County HIV Health Services Planning Council and its committee to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of its meetings.

The tool will be utilized by the HIVPC and its committees to identify strengths and challenges and/or deficiencies and potential Council Development/Training needs.



# Process

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- 1.The Planning Council Meeting Evaluation Form will be shared with members and interested parties after the adjournment of all meetings of the Planning Council and its committees.
- 2.At this time completed Evaluation forms will be collected on a rolling basis.
- 3.Council Support staff will aggregate the results of each meeting's evaluation forms and provide this data to the respective committee chairs and vice-chairs at the end of the quarter.
- 4.Council Support staff will provide aggregate totals of each meeting to all members at the Committee meetings at the end at each quarter.
- 5.“Meeting Evaluation” will be a standing item of the Committee agenda.
- 6.The Committees will discuss meeting evaluation findings to identify areas for improvement and suggest possible solutions to Planning Council/Committee Chairs.
- 7.The Committees will recommend training activities to the Membership/Council development Committee, as necessary.



# Completion Rate

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- 25 meeting evaluations were received.
- There was a 100% completion rate observed for the evaluations that were received.

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## Response Counts



Totals: 25



# Meeting Evaluation Affiliation

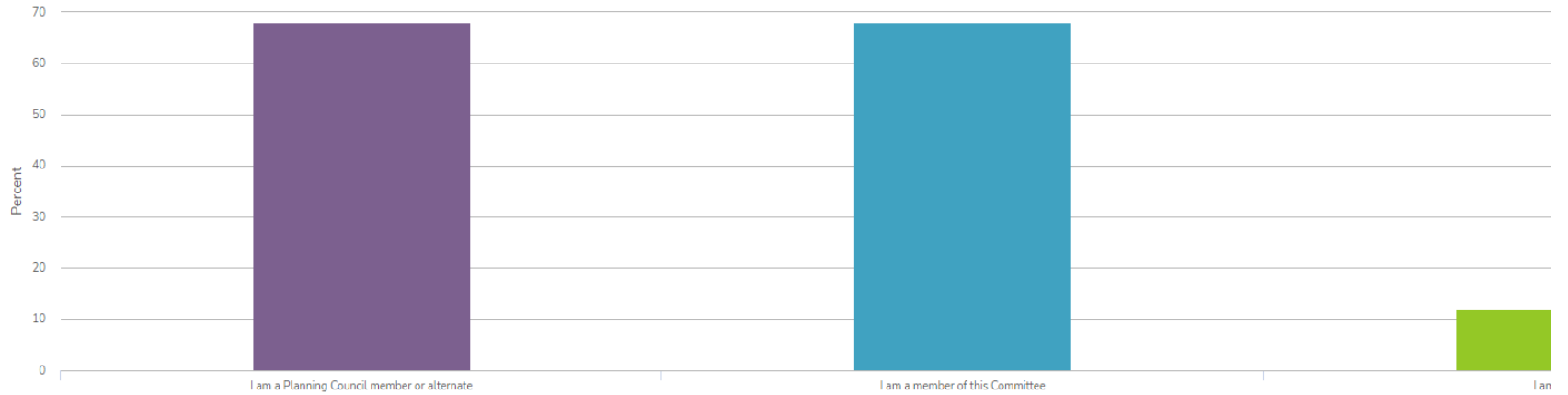
Community Empowerment Committee Meeting		20.0%	5
Quality Management Committee Meeting		16.0%	4
Priority Setting & Resource Allocation Committee Meeting		20.0%	5
Executive Committee Meeting		12.0%	3
HIV Planning Council Meeting		32.0%	8

Totals: 25





3. Please select all that apply to you:



Value	Percent
I am a Planning Council member or alternate	68.0%
I am a member of this Committee	68.0%
I am a guest	12.0%

# AFFILIATION

## Logistics

Most respondents 'strongly agree' (76.0%) or 'agree' (20%) that the meeting location and times were convenient and meetings were frequent enough to achieve progress towards workplan goals.

Most 'strongly agree' (84.0%) or 'agree' (12.0%) that the meeting space was comfortable, accessible, and appropriate.

# Meeting Content

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- Most (92%) respondents ‘strongly agree’ or ‘agree’ that the purpose and objectives of meetings are clearly outlined.
- Similarly, most respondents ‘strongly agree’ or ‘agree’ that not only are meeting material informative and useful, but materials align well with workplan goals and activities to advance the work of the planning council in a meaningful way.
- Most respondents ‘strongly agree’ or ‘agree’ that they left the meeting knowing exactly what is expected of them.



# Preparation

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Most respondents 'strongly agree' (88.0%) or 'agree' (8.0%) at the pre-meeting materials were well put together and useful and delivered sufficiently in advance of the meeting date.

Most respondents also 'strongly agree' or 'agree' that the committee was well prepared to facilitate meetings. This includes themselves as well as other meeting participants.



# Process/Team-Work

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- Most respondents 'strongly agree' or 'agree' that all attendees were encouraged to participate in meetings discourse and discussions were purposeful and effective use of time.
- Most respondents 'strongly agree' (92.0%) or 'agree' (8.0%) that all attendees participated in healthy debate and were respectful of different viewpoints.
- 4% of respondents 'disagree' that all meeting participants were actively involved.



# Meeting Efficiency

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- Respondents 'strongly agree' (92.0%) or 'agree' (8.0%) that they are satisfied with the way meetings are ran and they are confident in the effectiveness of meetings, and would be comfortable having prospective members, funders, or other guest attend a meeting such as this one.
- Most respondents felt that meetings was a good use of members' time.



# Strengths of the Advisory Board Meeting

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- Shared decision making and working for plan goals.
- Consistent Participation
- Community and Member support
- True feeling of solutions for consumers
- Well prepared informative



# Suggestions for Improvement

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- Recruit consumers.
- Assure that information is shared and to make sure the community is aware of the events.
- More understanding by members of the service delivery guidance and billing in each category.
- Be more vocal about understanding actual funded service categories vs. service categories ranked in the PSRA process.





# QUESTIONS?

DISCUSSION



**Memorandum of Understanding  
between  
Broward County, Human Services Department,  
Community Partnerships Division  
and the  
Broward County HIV Health Services Planning Council**

**I. Purpose Statement**

A. The Broward County Human Services Department, Community Partnerships Division, hereinafter referred to as the RECIPIENT, and the Broward County HIV Health Services Planning Council (Planning Council), hereinafter referred to as the PLANNING COUNCIL, have individual and shared responsibilities under Part A of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 and need to discharge these responsibilities in the most efficient and effective manner possible. This Memorandum of Understanding (MOU) is designed to:

- 1) Create a shared understanding of the relationship between the Recipient and the Planning Council.
- 2) Delineate the roles and responsibilities of each entity.
- 3) Encourage a mutually beneficial relationship between these important partners.
- 4) Describe each party's legislated responsibilities and roles, the locally defined roles, and expectations for how they will carry out these roles and responsibilities. The MOU will help ensure positive and appropriate communication, information sharing, and cooperation that will help ensure the effective and efficient delivery of Ryan White Part A and MAI core and support services for persons with HIV (PWH) in the Fort Lauderdale EMA.

**II. Roles and Responsibilities of the Planning Council, Planning Council Support, and the Recipient**

A. The Planning Council is solely responsible for the following tasks as specified in the Ryan White Program legislation:

- 1) **Planning Council Operations:** Establishing and following Planning Council operating procedures and policies to ensure smooth, efficient, and fair operations. This includes adherence to established bylaws, revising them as needed, orienting and training members, following the established grievance policy and procedures, conducting open meetings, and abiding by conflict-of-interest standards.
- 2) **Priority Setting and Resource Allocation:** Setting priorities among service categories, allocating funds to those categories, and providing directives to the Recipient on How Best to Meet the Need (HBTMTN) and making recommendations on the eligibility

requirements for service categories. Other duties include acting upon the Recipient's recommendations for reallocating funds as required during the program year.

- 3) **Assessment of the Administrative Mechanism:** Assessing the efficiency of the administrative mechanism entails evaluating how rapidly funds are allocated. This assessment aims to ensure that funds are being contracted quickly in an open process and that providers are paid in a timely manner. The assessment is to be done annually. Before the procurement process begins, the Planning Council and the Recipient may establish a written memorandum of understanding outlining a process and timeline for sharing data necessary to evaluate the administrative mechanism. The Recipient must communicate back to the Planning Council the procurement process results. The Planning Council may then assess the consistency of the procurement process with the stated service priorities and allocations. The assessment should only provide anonymous information without individual providers' identification. If the Planning Council finds that the existing mechanism is not working effectively, it is responsible for making formal recommendations for improvement and change. The assessment of the administrative mechanism is not an evaluation of service providers. Monitoring individual service providers is a Recipient's responsibility.
- 4) **Conditions of Award and Grant Application Documents:** The Planning Council Chair will submit the following letters to the Recipient staff as required to meet Ryan White Program Part A grant conditions of award and application requirements:
  - a) A letter from the Planning Council Chair assuring that the Planning Council has met its legislative responsibilities, including Planning, PSRA, Training, and Assessment of Administrative Mechanism. This letter will include the year of the most recent comprehensive needs assessment and the date of annual membership training.
  - b) Ryan White Part A and MAI Planned Allocations Table and Planning Council Chair Endorsement Letter. This table reports the priority areas established by the Planning Council and the dollar amount of Ryan White Part A and MAI funds allocated to each prioritized core medical and support services category. The letter from the Planning Council Chair indicates the Council's endorsement of the allocations and program priorities.

B. Planning Council Support staff (PCS) is responsible for supporting the work of the Planning Council and its committees, enabling the Planning Council to meet its responsibilities under the Ryan White Program Part A Legislation. PCS is accountable to the Planning Council for the following activities:

- 1) PCS provides logistical support, research, and coordination for all Planning Council and authorized committee meetings.
- 2) PCS prepares formal correspondence on behalf of the Planning Council, its committees, and committee chairs as requested and in accordance with the Recipient and Planning Council policies and procedures.
- 3) PCS works with the Planning Council to ensure that data for the members to make data-driven health planning decisions are available.
- 4) PCS assists the Planning Council in implementing the annual Administrative Mechanism Assessment.
- 5) PCS works in with the Planning Council to update membership reflectiveness, representation, and attendance records.
- 6) PCS ensures member orientation and training, including developing and implementing a training plan.
- 7) PCS provides expert advice to the Planning Council regarding Ryan White legislation and guidelines, including Planning Council roles and responsibilities.
- 8) PCS will analyze the impact of policy changes made by the Planning Council and its committees and report any findings to the Planning Council and Recipient as identified in the Annual Work Plan of PCS Activities.
- 9) PCS will research best practices to ensure that the Planning Council's by-laws, governance policies, and procedures are amended.
- 10) PCS will conduct the administrative responsibilities of maintaining copies of all written and electronic records, including meeting notices, monthly calendars, minutes, attendance sheets, and all documents or reports distributed to, written by, or produced on behalf of Recipient and Planning Council.
- 11) PCS will develop and maintain the Planning Council's website and social media accounts.
- 12) PCS will manage activities pertaining to grievance resolution in accordance with Planning Council's grievance procedures.

C. The Recipient is solely responsible for the following tasks as set forth in the Ryan White Program legislation:

- 1) **Procurement:** Managing the process for awarding contracts to specific service providers
- 2) **Contracting:** Distributing funds according to the priorities, allocations, and directives of the Planning Council.
- 3) **Contract monitoring:** Monitoring contracts to be sure that providers meet their contracted responsibilities in compliance with established standards of care. Recommending re-allocations during the grant year based on service category performance.
- 4) **Grant Application:** Preparing and submitting the EMA's Ryan White Program Part A grant application.
- 5) **Expenditure Reporting:** Reporting Ryan White Part A and MAI expenditures monthly to the Planning Council.
- 6) **Assessment of the Administrative Mechanism Response:** Providing information in response to the measurement objectives developed by the Planning Council for the Recipient evaluation component of the Assessment of the Administrative Mechanism.
- 7) **Requests for Technical Assistance:** Submitting requests for technical assistance to HRSA when the Planning Council desires Technical Assistance. Provide technical Assistance to service providers on an as-needed basis to build capacity and improve contract compliance and service delivery.
- 8) **Relay of Communications from HRSA:** Providing the Planning Council with HRSA Ryan White Program policy and guidance communications.
- 9) **Consumer Grievances:** Establishing and carrying out a mechanism to assist consumers with grievances about their services.

D. The Recipient and the Planning Council share the following legislative responsibilities, with one entity having the lead role for each as stated below:

- 1) **Needs Assessment:** Determining the size and demographics of the population of PWH in the EMA and their service needs. The Planning Council has primary responsibility for needs assessment, with the Recipient assisting with the process and providing the Planning Council with information such as service utilization data and expenditures by service category
- 2) **Comprehensive Planning:** Developing an Integrated HIV Prevention and Care plan to deliver core and support service within the EMA. The Planning Council takes the lead in developing the plan, with the Recipient providing information, input, and other assistance. The Recipient can review and suggest changes to the draft plan. The plan is developed every three to five years or as specified by the funding agency, the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB)
- 3) **Evaluation:** The Recipient is responsible for monitoring the Ryan White Part A and MAI programs' success in meeting performance

measures provided by HRSA, determining the impact services have on overall client health outcomes, and evaluating the cost effectiveness of services. In addition, both parties assess the effectiveness of the services offered in meeting the identified needs via aggregate data provided by the Recipient, which may incorporate the findings of special studies.

- 4) **Standards of Care:** Developing and maintaining standards of care indicators in accordance with best practice standards for relevant service categories. Recommendations from a committee of experts will be sought when developing the standards of care. The Planning Council takes the lead in this effort, with extensive Recipient involvement and final approval. The Recipient is responsible for ensuring that these Standards of Care are implemented.

E. **Administrative Responsibilities-** In addition to these legislative roles, the Planning Council will share the following responsibilities related to Part A planning and management with the Recipient:

- 1) **Fiscal Management of PCS Funds:** The Recipient provides fiscal management of PCS funds. The annual PCS budget is part of the allocation of up to 10% of the total grant that may be used for administrative costs. The PCS staff monitors Planning Council expenditures based on fiscal reports provided by the PCS provider agency. The Recipient is responsible for ensuring that all expenditures meet Ryan White guidelines and Broward County financial management regulations.
- 2) **Contract for Planning Council Consultants or Services:** The PCS provider agency provides contracting services when the Planning Council needs to hire consultants or other contractors. The Planning Council makes the decisions about the provider's qualifications and the scope of work required of the consultants and other contractors paid through Planning Council funds. The Planning Council must consult the Recipient in this process to meet Broward County procurement requirements and Ryan White guidelines. The process, including oversight, is managed by PCS.
- 3) **Office Space:** Where possible, the Recipient and the PCS will maintain separate, distinct office spaces. The Recipient takes the lead in providing appropriate office space for both entities. PCS office space must meet all Americans with Disabilities Act (ADA) requirements.
- 4) **Operational Support:** The Recipient and PCS will provide operational support for the Planning Council, including, but not limited to, office space, computers, software, telephones, copier,

printing services, fax machine, and office supplies; meeting space for Planning Council meetings.

- 5) **Hiring of Planning Council Support Staff:** PCS is hired by the PCS provider agency contracted by the Ryan White Part A program to maintain the independence of Planning Council activities based on legislative responsibilities. Broward County procedures should be followed when PCS positions are advertised.
- 6) **Annual Application Process:** The Recipient is primarily responsible for preparing and submitting the Part A application. PCS provides information for the application sections related to Planning Council membership and responsibilities (such as PSRA). The Planning Council approves the action by the Chair to sign a letter of assurance accompanying the application that indicates whether the Recipient has expended funds in accordance with Planning Council priorities, allocations, and directives.

### **III. Information/Document Sharing and Reports/Deliverables**

- A. Overview: This MOU encourages the regular sharing of information and materials throughout the year. This section specifies a set of materials to be provided and information to be shared through meetings. Parties to the MOU may request and receive additional materials or information, except for sensitive or confidential information. The responsibilities of the Planning Council are used as the framework for structuring Section III of this MOU. This section clarifies both parties' deliverables as they relate to the roles and responsibilities defined in the previous section. Further, in its role as Grantee, the Recipient recognizes that the Planning Council is responsible for determining priorities and allocations during the priority-setting process. During the grants administration process, the Recipient also recognizes that any potential deviation from the Planning Council allocations, directives, or changes in the current process must be brought to the Planning Council for approval ninety (90) days before implementation.
- B. The Planning Council will provide the Recipient with the following information and materials:
  - 1) A dated list of Council members and their terms of office, with primary affiliations as appropriate, to be provided annually and updated as needed throughout the year, in accordance with current RWPA Grant Notice of Award (NoA) guidelines.
  - 2) Notifying the Recipient of the Planning Council's monthly meetings, retreats, orientation, training sessions, and other Planning Council events while simultaneously notifying Planning Council members.
  - 3) The meeting notice, agenda, and meeting packet for each Planning Council meeting, are to be provided at the same time they are provided to Planning Council members.
  - 4) The annual list of service priorities and resource allocations, along with the process used to establish them and directives to the

Recipient or edits to existing directives on how best to meet these priorities. This is the same information submitted to HRSA/HAB as part of the Part A application. This information will be provided within two weeks after the Planning Council has approved these priorities, allocations, and directives.

- 5) Copies of final planning documents prepared for the Planning Council.
  - 6) Information or documents to complete sections of the Part A grant application related to the Planning Council and its functions are to be provided on a mutually agreed upon schedule.
- C. The Recipient will provide the PCS Coordinator with the following reports and information. These will be the minimum requirements. Additional or different information needs will be discussed and agreed upon at the beginning of each year.
- 1) A copy of any Conditions of Award pertaining to the Planning Council within five days of receipt.
  - 2) Utilization report by service category, including client numbers and demographics to be provided monthly.
  - 3) An oral and written financial report to the PSRA Committee providing information on contracted amounts by service category, the amount spent to date, over- and under-expenditures, unobligated balances by service category, and unspent provider billables. The Recipient will recommend reallocations to the PSRA Committee when it's determined that reallocating funds between categories is necessary.
  - 4) Information and recommendations requested by the Planning Council to carry out its responsibility in setting priorities among service categories, allocating funds to those categories and providing HBTMTN language to the Recipient. The content and format for this information will be mutually agreed upon each year. The report will typically include epidemiological data, cost and utilization data, and an estimate of unmet need for primary health care among people with HIV in Broward County. In addition to providing the information in written form, the Recipient will attend data presentations with the Planning Council at mutually agreed upon dates and times.
  - 5) Information requested by the Planning Council to meet its responsibility for assessing the efficiency of the Administrative Mechanism. The content and format for this information will be mutually agreed upon each year, but it will typically include information from the Recipient on the procurement and grants award process; statistics (such as number of applications received, number of awards made, and number of new providers funded), and reimbursement procedures and timelines.



- 6) Carryover information from the Financial Status Report and the approved carryover plan submitted to HRSA/HAB. The document will be provided to the Planning Council at the next business meeting following submission.
  - 7) The Final Allocations report, as submitted to HRSA/HAB in the final progress report each year. The Planning Council will receive this information at the business meeting following submission.
  - 8) When the Planning Council or a Committee requests special or additional information from the Recipient, the request will always be in writing to the PCS Health Planner. Requests must come from the subcommittee Chairperson.
- D. PCS, on behalf of the Planning Council, is responsible for submitting reports and deliverables to the Recipient as follows:
- 1) **Monthly Progress Report:** Prepare a detailed monthly report of Planning Council and sub-committee meetings and activities, including a detailed Annual Work Plan of PCS Activities.
  - 2) **Quarterly Reports:** Prepare a detailed update on all Planning Council meetings, the attendance, the work plan, and the data points that affect the Broward County Ryan White system of care. The quarterly reports should include a Quarterly Planning and Evaluation Report, Priorities Report, Outreach Report, Survey Summary, Training and Development Summary, Community Empowerment Survey Summary, and Evaluation of Meetings Summary Report.
  - 3) **Program Evaluation:** Prepare the Planning Council Annual Report with a comparative analysis of all funded services utilizing the results of clinical quality management activities, outcome information, and client satisfaction survey results. The report should be presented to the Recipient and the Planning Council.
  - 4) **Marketing Plan:** Develop an annual marketing plan for Planning Council meetings and activities with timelines for activities.
  - 5) **Communication Plan:** Prepare a plan for timely and effective communication between PCS, Planning Council, and Recipient.
  - 6) **EMA Benchmarking Report:** Develop an annual report using HIV/AIDS population data from Broward County and other comparable eligible metropolitan areas to assess and develop benchmarks. This report must include demographic data, service utilization, and service delivery methods.
  - 7) **Recipient's Annual Progress Report:** Prepare a client-level data report that analyzes clients' health outcomes. This report must, at a minimum, assess the capacity and determine the impact of the Broward County Ryan White system of care.
  - 8) **Calendar of Monthly Activities:** Provide a calendar of the monthly Planning Council meetings and activities for the upcoming month by the 15<sup>th</sup> of each month.

#### IV. Communication

- A. In working together, the Recipient and the Planning Council will establish and maintain open and regular communications and a mutually respectful and efficient working relationship. The Planning Council and the Recipient are committed to the following principles of communication:
- 1) **Establishing and maintaining open communication:** Recipient staff, PCS, and Planning Council members will share information in a timely fashion and review shared information when it is received.
  - 2) **Recipient attendance at Planning Council meetings:** At least one Recipient staff member will attend all full Planning Council and Committee meetings. Each standing committee will have an assigned Recipient staff member who attends meetings regularly. Recipient staff attending meetings will be responsible for all communications and information requests related to their assigned committee. Requests with a timeline for information from the Planning Council to the Recipient will be recorded in the meeting minutes.
  - 3) **Designated Liaisons:** The Recipient and Planning Council will have designated liaisons for information requests, questions, or concerns outside of the Planning Council meetings. The Human Services Administrator will be the designated liaison for the Recipient and the Planning Council Chairs, or their designees will be the designated liaisons for the Planning Council. In the absence of the Human Services Administrator, the Recipient will designate a representative to act as the liaison.
- B. **Confidentiality:** Planning Council and Committee meetings are operated under Florida's Government-in-the-Sunshine Law. This means that meetings and any information shared at meetings are open to the public and recorded so that members of the public can access information about meetings. However, to maintain the confidentiality of sensitive information, the Planning Council will not share:
- 1) The HIV status of Planning Council members who have not publicly disclosed that they are HIV positive.
  - 2) The Recipient will not disclose information about applicants for funding or the performance of individual vendors contracted to provide services. Information will be provided only by service area and activity.
  - 3) Information about the individual salaries of the Recipient and PCS will not be shared. The Planning Council will not have access to the Recipient's detailed budget. The Part A Administrator will have access to the Planning Council's detailed budget.
- C. **Clarification:** The Planning Council and the Recipient will work together to clarify and revise policies and procedures that are confusing or problematic.

## **V. Special Requests**

- A. All parties agree that all non-routine special requests other than those identified within this MOU must be in writing and submitted by the Recipient's office or a Planning Council Committee Chair. Each party shall have five (5) 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 five (5) business day period, the party to whom the request is being made will consider the following factors when deciding whether 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.

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

## **VI. Settling Disputes of Conflicts**

- A. If conflicts or disputes arise regarding the roles and responsibilities specified in Section II of this MOU, the signatories will pursue the following procedures to resolve them:
- 1) Begin with a meeting between the signatories to attempt to resolve the situation within five working days after the issue or dispute arises.
  - 2) If the situation cannot be resolved, hold a meeting of representatives of the signatories with the Chief Elected Official (CEO) or their representative within five working days after the initial meeting between the signatories to resolve the situation. The CEO's decision will be final unless the conflict arises from legislative responsibility issues.
  - 3) If the meeting with the CEO does not result in a resolution, the parties involved will identify a mutually acceptable independent mediator who will attempt to facilitate a resolution between the parties. The meeting with the mediator will occur within ten working days of the meeting with the CEO.
  - 4) If the meeting with the mediator does not result resolve the dispute or conflict, the parties may begin a process of binding arbitration. The parties will select and retain an arbitrator who is acceptable to all involved and agree to accept the arbitrator's decision as final. The parties will select the arbitrator within ten working days of the meeting with the mediator, and the first arbitration meeting will be held within 20 working days after selection. The Planning Council and the Recipient will split the costs of the mediation and arbitration equally.

- 5) The time for each of the above steps to settle disagreements may be extended by mutual agreement of the parties involved.

## **VII. Responsible Parties and Contact Information**

A. Following are the responsible parties to this MOU, along with the names of the individuals in these positions at the time this MOU was adopted and their contact information, including the individual within their office who should receive all communications related to this MOU and the Ryan White Part A program.

- 1) **For the Planning Council**

Planning Council Chair  
c/o Planning Council Support Provider currently:  
Broward Regional Health Planning Council, Inc.  
200 Oakwood Lane, Suite 100,  
Fort Lauderdale, FL 33020  
Tel: 954-561-9681  
Fax: 954-564-1885  
E-mail: [hivpc@brhpc.org](mailto:hivpc@brhpc.org)

- 2) **For the Ryan White Administrative Agency**

\_\_\_\_\_  
Director Community Partnerships Division  
Broward County Human Services department  
115 S. Andrews Ave,  
Fort Lauderdale, FL 33301  
Tel: 954-357-\_\_\_\_\_  
Fax: 954-357-5897  
E-mail: \_\_\_\_\_

## **VIII. MOU Duration and Review**

- A. **Effective Date:** This MOU will become effective once signed by all the authorized individuals representing the Recipient and Planning Council.
- B. **Duration:** This MOU will remain in effect unless or until the parties take action to end it or the Recipient is no longer the Recipient of Part A funding for the EMA.
- C. **Process for reviewing and revising the MOU:** This MOU will be reviewed periodically, with the involvement and approval of all parties. Reviews will occur:
  - 1) Following each reauthorization or revision of the Ryan White legislation by the U.S. Congress, ensure that the MOU remains wholly appropriate, updated, and reflective of the Act.
  - 2) At least once every year, at the first meeting of the parties to this MOU.

D. When the MOU has been reviewed and revised, the amended version will be signed and dated by all parties. The revised version will become effective once signed.

**IX. Signatures**

\_\_\_\_\_  
Ryan White Part A Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Planning Council Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Planning Council Support

\_\_\_\_\_  
Date

DRAFT













**HIV Health Services Planning Council Work Plan**

The work plan is intended to help guide the work of the committee and to assist the HIV Planning Council 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:				Baseline	Target	Q1			Q2			Q3			Q4	
Activities	Responsible Party	Deliverables	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	
<b>Objective 1: Executive Committee (Policies &amp; Procedures)</b>																
1.1 Conduct research of at least three (3) other EMAs about committee policies and procedures based on committee directives or identified changes to determine best practices (if applicable) as necessary.	PCS Staff	Data & Research														
1.2 Present recommendations to each committee for changes to the policies and procedures based on committee directives and best practice research as necessary.	PCS Staff	Committee Policies & Procedures														
1.3 Maintain a current list of by-laws parking lot items based on member inquiries or directives as necessary.	PCS Staff	By-Laws Parking Lot				x	x			x						
1.4 Review by-laws for additional changes beyond member inquiries or directives based on HIVPC data or needs as necessary.	PCS Staff	By-Laws Parking Lot				x	x			x						
1.5 Conduct research on by-laws of at least three (3) other EMAs and determine best practices (if applicable) as necessary.	PCS Staff	Data & Research				x	x			x						
1.6 Present recommendation to Executive Committee about reconvening ad-Hoc By-Laws Committee based on parking lot items and necessary changes, with recommended timeline for completion as necessary.	PCS Staff	Presentation to Executive		x	x											
1.7 Present recommendations for changes to by-laws and accompanying research about best practices to ad-Hoc By-Laws Committee as necessary.	PCS Staff	Updated By-Laws				x	x			x						
1.8 Maintain collaborative relationships with community partners through the Integrated Workgroup/Collaborative to monitor the 2017 Prevention and Care and Treatment Integrated Comprehensive Plan quarterly.	PCS Staff/HIVPC Chair	Receive updates from the IW membership regarding the progress of implementing the Integrated Plan. Hold meetings with the Executive Committee of the SFAN and BCHPPC as needed.			x	x	x									
1.9 Monitor Ending the HIV Epidemic Plan progress quarterly.	PCS Staff/Recipient Office	Receive updates from the responsible parties regarding the progress of implementing the Ending the HIV Epidemic Plan.														
1.10 Plan annual Planning Council Retreat annually.	PCS Staff/Executive Committee	Schedule a retreat for all HIVPC members. Educate members on new/emerging Planning Council/RW Part A issues, HIVPC policies and procedures, leadership development, Integrated Comprehensive Plan.														
1.11 Leadership Training bi-annually.	PCS Staff/MCDC	Conduct training for HIVPC Committee Chairs with topics addressing leadership, teambuilding, etc.														
1.12 Conduct research on work plans, especially pertaining to the activities and timelines of the Integrated Plan, and determine best practices for implementation, per committee by January 2023.	PCS Staff	Data & Research														
1.13 Update committee work plans for FY 2023-2024 based on HRSA- required activities, research of other EMAs, Integrated Plan Activities, and committee needs by February 2023.	PCS Staff	Updated Work Plans														
1.14 Present recommendations for changes and updates to work plans to each committee, based on committee needs, Integrated Plan Activities, and directives by March 2023.	PCS Staff	Updated Work Plans														
<b>Objective 2: Membership Committee</b>																
Activities	Responsible Party	Deliverables	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	
2.1 Review Council demographics to ensure it reflects the Broward epidemic, including at least 33% of members are unaffiliated PLWHA quarterly.	PCS Staff/MCDC	Membership & Application Process Documents		X												
2.2 Review seat status and ensure mandated seats are filled quarterly.	PCS Staff/MCDC	Membership & Application Process Documents		X												
2.3 Announce vacant positions at each Executive/HIVPC meeting as necessary.	MCDC Chair	HIVPC & Committee Rosters		X												
2.4 Share information regarding vacant council positions with Case Managers, gatekeepers, and other HIV stakeholders as necessary.	MCDC	Distribution of Marketing Materials		X												
2.5 Review and update Recruitment & Retention Plan bi-annually.	PCS Staff	MCDC Recruitment & Retention Plan														
2.6 Develop, review and updated recruitment and website materials if needed quarterly.	PCS Staff/HIVPC/All Committees	Relevant Recruitment Materials and use of Social Media		X	X											
2.7 Revise HIVPC and Committee applications as needed.	PCS Staff/MCDC	Revised Applications for Mandated Seats			X											
2.8 Hold Membership Drive annually.	MCDC	Completed Interest Cards for PCS staff follow-up		X	x	x	x		x							
2.9 Host ongoing Orientations for prospective members on the scope of committees and expectations of new members as approved.	MCDC	Training of new approved applicants		X												
2.10 Review Recruitment & Retention tools from other jurisdictions as needed.	PCS Staff/MCDC	Recommendations to the Recruitment & Retention Plan														
2.11 Collaborate with other Committees of the HIVPC to participate in activities on an ongoing basis.	MCDC	Coordinated Outreach Activities		X												
2.12 Conduct ongoing member training as listed on the HIVPC approved training plan.	MCDC/Executive Committee/PCS Staff	Completed Training Plan		X												
2.13 Conduct post-appointment training to educate newly appointed members on the HIVPC member roles and responsibilities as needed.	MCDC & HIVPC Chair/Vice Chair	Training of new approved applicants					x									
<b>Objective 3: Community Empowerment Committee</b>																

