



**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, February 23, 2023 - 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 10  
**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 February 2023
- 5. ACTION:** Approval of Minutes from January 26, 2023
- 6. FEDERAL LEGISLATIVE REPORT** – Broward County Intergovernmental Affairs Office (**Handout A**)
- 7. CONSENT ITEMS**
  - I. **Motion to approve FY2023-2024 System of Care Work Plan (Handout B)**  
*Justification: The work plan has been approved by the System of Care Committee.*  
Proposed by: SOC Committee Chair
  - II. **Motion to approve FY2023-2024 Quality Management Committee Work Plan (Handout C)**  
*Justification: The work plan has been approved by the Quality Management Committee.*  
Proposed by: QMC Chair

III. **Motion to approve the Certified Intake Eligibility Determination Program (CIED) Service Delivery Model. (Handout D)**

*Justification: The CIED-Service Delivery Model was approved by the Quality Management Committee during its February 13, 2023, meeting.*

PROPOSED BY: QMC Chair

**8. DISCUSSION ITEMS**

- a. Review and Approve Draft HIVPC By-Laws: Members had the opportunity to review recommended changes for a vote during the February 23, 2023, HIVPC meeting.

**(Handout E)**

Proposed by: Executive Committee

**9. OLD BUSINESS**

**10. NEW BUSINESS**

- a. Priority Setting and Resource Allocation Overview Presentation **(Handout F)**

**11. COMMITTEE REPORTS**

a. **Community Empowerment Committee (CEC)**

Chair: Shawn Jackson • Vice Chair: Andrew Ruffner

February 7, 2023

i. **Work Plan Item Update/Status Summary:**

a. Language Matters, Jan. 2023 – **Completed**

b. National Black HIV/AIDS Awareness Day, Feb. 2023 – **Completed**

c. National Women & Girls HIV/AIDS Awareness Day, March 2023 – W.A.G. Celebrity Style Clothing Swap & Celebration – **Planning Phase**

d. National Fair Housing Month, April 2023 – HOPWA Conversation – **Planning Phase**

e. Leather Kink in Health Care Part II, June 2023 – **Planning Phase**

ii. **Data Requests:** Have QMC pull data from last year's customer satisfaction surveys

iii. **Rationale for Recommendations:** V. Biggs questioned if providers have any plans of action to reduce stigma in their offices. The results from the customer's satisfaction survey can be an indicator of whether providers are doing enough to address stigma.

iv. **Data Reports/ Data Review Updates:** None.

v. **Other Business Items:** None.

vi. **Agenda Items for Next Meeting:** None.

vii. **Next Meeting date:** March 7, 2023, at 3:00 PM at BRHPC and via WebEx Videoconference

b. **System of Care Committee (SOC)**

Chair: Andrew Ruffner • Vice Chair: Jose Castillo

February 2, 2023

i. **Work Plan Item Update/Status Summary:**

a. The FY22-23 Work Plan was reviewed with the Committee. The SOC work plan was on track for the 2022-2023 fiscal year except for Objective 2.5 and 2.6. These two objectives are for the committee to recommend areas of inequities for review and present data findings for potential updates to the Service Delivery Models to the Quality Management Committee (QMC).

- b. The FY23-24 SOC work plan was reviewed to be approved by the committee. The action steps of Objective 2.1 were changed to reflect the language of the 2022-2026 HIV Integrated Plan in the new work plan. This action step for Objective 2.1 includes language for the committee to identify ways to engage/reengage people living with HIV who are not in care or are not virally suppressed and provide recommendations for QMC and the Ryan White Part A Office.
    - c. The FY23-24 Work Plan was approved by the System of Care Committee.
  - ii. **Data Requests:**
    - a. FY22-23 Quarter 3 Service Utilization Data Report for Broward Ryan White Part A Service Categories
    - b. FY22-23 Quarter 3 Broward Outcomes and Indicators Report
    - c. Data Drill Down for Housing Status and Federal Poverty Level for Ryan White Clients who are Virally Suppressed/Not Virally Suppressed
  - iii. **Rationale for Recommendations:**
    - a. Due to the current data issues with Provide Enterprise, SOC would like to review how each service category is utilized from FY22-23 Quarter 1 to Quarter 3. Additionally, SOC would like to reexamine the Broward Outcomes and Indicators report due to data discrepancies for the Mental Health and Substance Use service categories. Lastly, SOC would like to review data on whether there is a correlation between a client's housing status/federal poverty level and their viral suppression rate.
  - iv. **Data Reports/ Data Review Updates:**
    - a. The CQM Support Staff reviewed the FY22-23 Quarter 3 Health Outcomes for SOC. This presentation included HIV Care Continuum and Broward Outcomes and Indicator data. CQM Support Staff noted that Provide Enterprise has been experiencing quality assurance issues with data as it relates to retention rates. CQM Support Staff stated that they have been meeting with CIED to identify process issues that affect retention rate besides data entry concerns. Additionally, CQM Support Staff fulfilled a data request by presenting Broward Ryan White viral suppression information on various subpopulations (age, gender, race/ethnicity, sexual orientation, etc.).
  - v. **Other Business Items:** None.
  - vi. **Agenda Items for Next Meeting:**
    - a. Update on Quality Network FY22-23 Quality Improvement Projects
    - b. FY22-23 Quarter 3 Service Utilization Data Report for Broward Ryan White Part A Service Categories
    - c. FY22-23 Quarter 3 Broward Outcomes and Indicators Report
    - d. Update on System Mapping Project
  - vii. **Next Meeting date:** March 2, 2023, 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 – Meeting April 2023

- 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:** April 13, 2023, at 9:30 AM at BRHPC and via WebEx Videoconference
- d. **Quality Management Committee (QMC)**  
Chair: Bisiola Fortune-Evans • Vice Chair: Vacant  
February 13, 2023
  - i. **Work Plan Item Update/Status Summary:**
    - a. FY2022-2023 CQM Annual Work Plan is up to date through January 2023.
    - b. The new CQM Work Plan for the 2023-2024 fiscal year was reviewed and approved by the council.
    - c. The New Provider Enterprise (PE) trainings will be included in the Training Plan for the upcoming fiscal year.
  - ii. **Data Requests:** There were no data requests.
  - iii. **Rationale for Recommendations:**
  - iv. **Data Reports/ Data Review Updates:** There was no data review for this meeting.
  - v. **Other Business Items:**
    - a. The CQM Support Staff discussed the suggested edits for the Service Delivery Models (SDM) for the upcoming 2023-2024 fiscal year for Centralized Intake and Eligibility Determination (CIED). The CIED SDM discussion was approved by the committee.
    - b. The committee voted on having virtual QMC meetings where votes are not required, and it was approved.
    - c. The recipient's office will follow-up with the committee about the issue of Florida Department of Health (FDOH) and the proper documentation of Part B recipients.
  - vi. **Agenda Items for Next Meeting:**
    - a. CQM staff will conduct an overview of the FY2022-2023 Quality Improvement Projects (QIPs).
  - vii. **Next Meeting date:** March 20, 2023, at 12:30 PM at BRHPC and via WebEx Videoconference
- e.
- f. **Executive Committee**  
Chair: Lorenzo Robertson • Vice Chair: Von Biggs  
February 16, 2023
  - i. **Work Plan Item Update/Status Summary:** None.
  - ii. **Data Requests:** None.
  - iii. **Rationale for Recommendations:** None.
  - iv. **Data Reports/ Data Review Updates:** None.
  - v. **Other Business Items:** None
  - vi. **Agenda Items for Next Meeting:** Committee would like updates on the Integrated Plan.
  - vii. **Next Meeting date:** March 16, 2023, at 11:30 AM at BRHPC and via WebEx Videoconference

g. **Priority Setting & Resource Allocation Committee (PSRA)**

Chair: Brad Barnes • Vice Chair: Vacant

February 16, 2023

- i. **Work Plan Item Update/Status Summary:** None.
- ii. **Data Requests:** No Requests.
- iii. **Rationale for Recommendations:** None.
- iv. **Data Reports/ Data Review Updates:** None.
- v. **Other Business Items:**
  - a. Workshop style discussions with presentations from:
    - i. RWPA - Minority AIDS Initiatives
    - ii. RWPA Ending the HIV Epidemic Activities
    - iii. Broward DOH – Ending HIV Epidemic Activities –
      - 1. Broward’s 5-Year EHE Plan’s promotional strategy includes diagnoses, prevention, treatment and response.
      - 2. Year 3: New Activities: DOH will explore continuing education with routine HIV testing, providing technical assistance to Broward County Schools, recruiting and retention with Test and Treat, and partnering with community agencies/providers for status-neutral HIV care.
- vi. **Agenda Items for Next Meeting:**
  - a. The PSRA Committee has requested that the Part A Office revisit the unbillable service categories on the Monthly Expenditures/Utilization Report.
  - b. The PSRA Committee will revisit the discussion on MAI Funding when the group meets in person to vote.
  - c. The PSRA Committee has requested that the Part A Office revisit the Eligibility Determination Service Categories to potentially vote on in a future meeting.
  - d. Review report from the Part A Office on Ryan White Utilization and cost per client
  - e. Discuss recommendations from the System of Care Committee on How Best to Meet the Needs
- vii. **Next Meeting date:** March 16, 2023, at 9:00 AM at BRHPC and via WebEx Videoconference

**12. RECIPIENT REPORTS**

- h. Part A
- i. Part B (**Handout G**)
- j. Part C
- k. Part D
- l. Part F
- m. HOPWA (**Handout H**)
- n. Prevention – Quarterly Update (**April**, July, October, January)

**13. PUBLIC COMMENT**

## 14. AGENDA ITEMS FOR NEXT MEETING

- o. Next Meeting Date: March 23, 2023, at 9:30 a.m. at BRHPC and via WebEx

## 15. ANNOUNCEMENTS

## 16. ADJOURNMENT

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

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

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

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

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

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

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](#)





# March 2023

## 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.<br/> Please contact support staff at <a href="mailto:hivpc@brhpc.org">hivpc@brhpc.org</a> or (954) 561-9681 ext. 1343. Visit <a href="http://www.brhpc.org">http://www.brhpc.org</a> for updates.</p> |   |  |           |  |  |  |
|   |   |  | 1         | 2<br><a href="#">System of Care Committee Meeting (SOC)</a><br>9:30 AM – 11:30 AM<br>Location: BRHPC/WebEx   | 3<br>South Florida AIDS Network Meeting (SFAN)<br>9:30 AM – 11:30 AM       | 4  |
| 5   | 6   | 7<br><a href="#">Support Services Network</a><br>9:00 AM-10:15 AM; Zoom<br><br><a href="#">Community Empowerment Committee Meeting (CEC)</a><br>3:00 PM – 5:00 PM<br>Location: BRHPC/WebEx | 8         | 9  | 10<br><a href="#">National Women &amp; Girls HIV Awareness Day (NWGHA)</a> | 11<br>NWGHA CEC Community Conversation collaboration with W.A.G. Celebrity Style Clothing Swap & Celebration,<br>11AM-4PM<br>Location: African American Research Library & Cultural Center |
| 12  | 13  | 14   | 15        | 16<br><a href="#">PSRA Committee Meeting</a><br>9:00 AM – 11:00 AM<br>Location: WebEx<br><br><a href="#">Executive Committee Meeting</a><br>11:30 AM-1:30 PM<br>Location: Ujima Men's Collective Conference Room/WebEx | 17   | 18   |
| 19  | 20<br><a href="#">Quality Management Committee Meeting (QMC)</a><br>12:30 PM – 2:30 PM<br>Location: BRHPC/WebEx | 21   | 22        | 23<br><a href="#">HIV Planning Council (HIVPC) Meeting</a><br>9:30 AM – 11:30 AM<br>Location: BRHPC/WebEx  | 24   | 25<br>   |
| 26  | 27  | 28   |           |  |  |  |

Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020  
Links are active and lead to meetings or Awareness Day Information.

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**.



# March 2023



## Broward HIV Health Services Planning Council Calendar

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](mailto:hivpc@brhpc.org) or (954) 561-9681 ext. 1292 or 1343. Visit <http://www.brhpc.org> for updates.

TODOS ESTAN BIENVENIDOS!

ALL ARE WELCOME!

BON VINI!

A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en:

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

Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.

Unless otherwise noted on the calendar, all meetings are held at:

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

To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.

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

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

Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreòl; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

### HIVPC Committee Descriptions

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

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

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

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

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

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

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



# 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 priorite 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.



**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

## **HIV Health Services Planning Council**

**Thursday, January 26, 2022 - 9:30 AM**  
**Meeting at Broward Regional Health Planning Council and via [WebEx](#)**

### **DRAFT MINUTES**

HIVPC Members Present: L. Robertson (HIVPC Chair), V. Biggs (HIVPC Vice-Chair), R. Bhrangger, W. Marcoviche, A. Cutright, V. Foster, T. Moragne, J. Castillo, J. Rodriguez, B. Fortune-Evans, E. Dsouza, I. Wilson, R. Jimenez, S. Jackson-Tinsley

Members Absent: B. Barnes, A. Ruffner, J. Casseus

Ryan White Part A Recipient Staff Present: T. Thompson, G. James, J. Roy, T. Currie, W. Cius

Planning Council Support Staff Present: G. Berkley-Martinez, B. Miller, D. Liao, M. Patel

Guests Present: R. Honick, Q. Cowan, A. Abdool, R. M. Cassini, K. Kirkland-Mobley

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

The PSRA Chair called the meeting to order at 9:32 a.m. The HIVPC Chair welcomed all meeting attendees that were present. Attendees were notified that the HIVPC 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 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 January 26, 2023, HIVPC meeting with amendments was proposed by A. Cutright, seconded by V. Foster, and passed unanimously. The approval for the minutes of the October 27, 2022,



meeting as presented, was proposed by S. Jackson-Tinsley, seconded by A. Cutright, and passed unanimously.

**Motion #1: A. Cutright, on behalf of HIVPC, made a motion to approve the January 26, 2023, HIV Health Services Planning Council agenda with amendments. The motion was seconded by V. Foster and adopted unanimously.**

**Motion #2: S. Jackson-Tinsley, on behalf of HIVPC, made a motion to approve the October 27, 2022, HIV Health Services Planning Council meeting minutes as presented. The motion was seconded by A. Cutright and adopted unanimously.**

#### 4. Federal Legislative Report

A written legislative report (Handout A on file) was provided to the Council by Marty Cassini, Esq., of the Intergovernmental Affairs Office. The report provided an overview of the federal funding updates from Ryan White, Prevention, Health Center Funding, and HOPWA.

#### 5. Consent Items

The motion to approve the consent items was passed unanimously.

#### 6. Discussion Items

#### FY2022-2023 Resource Reallocation/Sweeps from Core & Support Services

HIVPC members reviewed the discussion items and voted to approve the Core and Support Services reallocations proposed by the PSRA Committee.

- **Motion #3: PSRA Committee made a motion to reallocate \$150,407 from Outpatient Ambulatory Healthcare Services for FY2022-2023. The motion was adopted unanimously with no abstentions.**
- **Motion #4: PSRA Committee made a motion to reallocate \$52,000 from Oral Health Care-Routine for FY2022-2023. The motion was adopted unanimously with no abstentions.**
- **Motion #5: PSRA Committee made a motion to reallocate \$184,000 from Oral Health Care-Specialty for FY2022-2023 seconded the motion. The motion was adopted unanimously with no abstentions.**
- **Motion #6: PSRA Committee made a motion to reallocate \$83,000 from Medical Case Management – Case Management (Treatment Adherence) for FY2022-2023. The motion was adopted unanimously with no abstentions.**
- **Motion #7: PSRA Committee made a motion to reallocate \$187,000 from Health Insurance Premium & Cost Sharing Assistance for FY2022-2023. The motion was adopted with one abstention.**
- **Motion #8: PSRA Committee made a motion to reallocate \$96,000 from Centralized Intake and Eligibility Determination for FY2022-2023. The motion was adopted with one abstention.**
- **Motion #9: PSRA Committee made a motion to reallocate \$200,000 to Outpatient Ambulatory Health Services for FY2022-2023. The motion was adopted unanimously with no abstentions.**
- **Motion #10: PSRA Committee made a motion to reallocate \$150,000 to AIDS Pharmaceutical Assistance for FY2022-2023. The motion was unanimously adopted with four abstentions.**

- **Motion #11: PSRA Committee made a motion to reallocate \$184,000 to Oral Health Care-Routine for FY2022-2023. The motion was adopted unanimously.**
- **Motion #12: PSRA Committee made a motion to reallocate \$132,907 to Medical Case Management – Case Management (Treatment Adherence) for FY2022-2023. The motion was adopted unanimously.**
- **Motion #13: PSRA Committee made a motion to reallocate \$78,000 to Disease Case Management for FY2022-2023. The motion was adopted unanimously with two abstentions.**
- **Motion #14: PSRA Committee made a motion to reallocate \$4000 to Mental Health for FY2022-2023. The motion was adopted unanimously with two abstentions.**
- **Motion #15: PSRA Committee made a motion to reallocate \$3,500 to Substance Abuse – Outpatient for FY2022-2023. The motion was adopted with two abstentions.**
- **Motion #16: PSRA Committee made a motion to reallocate \$180,000 from MAI-Centralized Intake and Eligibility for FY2022-2023. The motion was adopted unanimously with one abstention.**
- **Motion #17: PSRA Committee made a motion to reallocate \$41,000 to MAI Medical Case Management for FY2022-2023. The motion was adopted unanimously.**
- **Motion # 18: PSRA Committee made a motion to reallocate \$1,500 to MAI Mental Health for FY2022-2023. The motion was adopted unanimously with two abstentions.**
- **Motion #19: PSRA Committee made a motion to reallocate \$90,500 to MAI Substance Abuse-Outpatient FY2022-2023. The motion was adopted unanimously with two abstentions.**

7. Old Business

None.

8. New Business

MOU Initial Draft

L. Robertson presented the MOU Initial Draft, which was reviewed by the Ad-Hoc By-Laws & MOU Committee, Recipient Staff, and PCS Staff.

- **Motion #20: A. Cutright made a motion to approve the draft memorandum of Understanding between the HIV Health Services Planning Council and the Ryan White Part A Office. The motion was seconded by V. Biggs and adopted unanimously.**

9. Committee Reports

**a. Community Empowerment Committee – January 3, 2023**

*Chair: S. Jackson, Vice Chair: A. Ruffner*

The report stands.

**b. System of Care Committee – No meeting Held.**

*Chair: A. Ruffner, Vice Chair: Jose Castillo*

The report stands.

**c. Membership/Council Development Committee – January 12, 2023**

*Chair: V. Foster, Vice Chair: T. Moragne*

The report stands.

**d. Quality Management Committee – January 9, 2023**

*Chair: B. Fortune-Evans, Vice Chair: Vacant*

The report stands.

**e. Priority Setting & Resource Allocation Committee – January 19, 2023**

*Chair: B. Barnes, Vice Chair: V. Moreno*

The report stands.

**f. Executive Committee – January 19, 2023**

*Chair: L. Robertson, Vice Chair: V. Biggs*

The report stands.

**g. Ad-Hoc By-Laws and MOU Committee – January 18, 2023**

*Chair: B. Barnes, Vice Chair: Vacant*

The report stands.

**Recipient's Report**

- a. **Part A:** There was no Part A report for this meeting.
- b. **Part B:** The Part B Recipient provided a written report showcasing expenditures from the ADAP Report.
- c. **Part C:** The Part C Representative reported that housing and mental health continue to be a pressing issue for their patients.
- d. **Part D:** The Part D representative reported that they are still actively searching for an adult provider for women and their adult partners. Part C will also host a trauma informed care training for all medical providers to better serve their clients.
- e. **Part F:** There was no Part F report for this meeting.
- f. **HOPWA:** For this fiscal year, the City of Ft. Lauderdale has received approval from the Office of Community Planning and Development to go above the 130% fair market price with housing.
- g. **Prevention:** The Prevention Representative provided a Test and Treat report from the last quarter.

10. Public Comment

None.

11. Agenda Items for Next Meeting

The next HIVPC meeting will be held on February 23, 2023, at 9:30am. Location: Broward Regional Health Planning Council.

- In lieu of the HIV Planning Council Retreat, the council will participate in a one-hour leadership training after the general body meeting.

12. Announcements

- S. Jackson-Tinsley: CEC's Community Conversation Event – Language Matters – will be a virtual presentation and discussion on January 26, 2023
- M. Patel: My Hollywood Pride Event – located in Hollywood, FL on Sunday, January 29, 2023, from 1pm to 6pm
- M. Patel: Pride of America Festival and Parade – located on the beaches of Ft. Lauderdale on February 11, 2023, from 1pm to 9pm.
- B. Miller: CQM's Provider Appreciation Week – hosted virtually on Zoom from February 6<sup>th</sup> -10<sup>th</sup>, 2023
- A. Cutright: Florida AIDS Walk – on Saturday, March 18, 2023
- S. Jackson-Tinsley: For the National Women and Girls HIV/AIDS

Awareness Day, the CEC's Community Conversation Event will partner with the Positive People Network to host a celebrity style clothing swap which will showcase a discussion panel of HIV/AIDS speaker on March 11, 2023, at the African American Library from 11am to 4pm.

- L. Robertson: Ujima's Community Conversation Presentation – A I Woke? The event is located at the LA. Lee YMCA/Mizell Community Center on March 23, 2023.
- L. Robertson: The Black AIDS Advisory Group is hosting an awards gala in recognition of the National Black HIV/AIDS Awareness Day on February 3, 2023, at the Urban League of Broward County.

13. Adjournment

There being no further business, the meeting was adjourned at 11:24am.

HIVPC Attendance for CY 2022 -2023

| Consumer | PLM-HA | Absences | Count | Meeting Month        | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Attendance Letters |
|----------|--------|----------|-------|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------------|
|          |        |          |       | Meeting Date         | 26  |     |     |     |     |     |     |     |     |     |     |     |                    |
| 0        | 1      | 1        | 1     | Barnes, B.           | A   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 1        | 1      | 0        | 2     | Bhrangger, R.        | X   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 0        | 1      | 0        | 3     | Biggs, V., V.Chair   | X   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 0        | 0      | 0        | 4     | Cutright, A.         | X   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 0        | 0      | 0        | 5     | Fortune-Evans, B.    | X   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 0        | 0      | 0        | 6     | Foster, V.           | X   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 1        | 1      | 0        | 7     | Marcoviche, W.       | X   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 0        | 0      | 0        | 8     | Moragne, T.          | X   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 0        | 1      | 0        | 9     | Robertson, L., Chair | X   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 0        | 0      | 0        | 10    | Rodriguez, J.        | X   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 0        | 0      | 1        | 11    | Ruffner, A.          | A   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 0        | 0      | 0        | 12    | Schweizer, M.        |     |     |     |     |     |     |     |     |     |     |     |     |                    |
| 0        | 0      | 0        | 13    | Wilson, I.           | X   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 0        | 1      | 0        | 14    | Jackson-Tinsley, S.  | X   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 0        | 1      | 0        | 15    | Castillo, J.         | X   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 0        | 0      | 0        | 16    | Dsouza, E.           | X   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 0        | 0      | 0        | 17    | Jimenez, R.          | X   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 0        | 0      | 1        | 18    | Casseus, J.          | A   |     |     |     |     |     |     |     |     |     |     |     |                    |
| 2        | 7      |          |       | Quorum = 10          | 14  |     |     |     |     |     |     |     |     |     |     |     |                    |
| 11%      | 39%    |          |       |                      |     |     |     |     |     |     |     |     |     |     |     |     |                    |

**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     | R - removal letter  |
| CX - canceled due to quorum |                     |

HIV Health Services Planning Council Meeting Minutes – January 26, 2023  
 Minutes prepared by PCS Staff



# HANDOUT C

| Broward EMA CQM Annual Work Plan FY 2023-2024   |     |     |     |      |      |     |     |     |     |     |     |     |                                 |         |  |
|---|-----|-----|-----|------|------|-----|-----|-----|-----|-----|-----|-----|---------------------------------|---------|--|
| Goals and Objectives  | Mar | Apr | May | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Responsible Party               | Comment |  |
| <b>Goal 1: Use client-level demographic, clinical, and utilization data to assess quality of care, identify health disparities, gaps in care, and integration of services.</b>  |     |     |     |      |      |     |     |     |     |     |     |     |                                 |         |  |
| 1. Analyze and report on performance measures including client demographic and utilization data, HHS/HAB measures, and locally adopted outcomes and indicators.   | X   |     |     | X    |      |     | X   |     |     | X   |     | X   | CQM Staff, QMC, Quality Network |         |  |
| 2. Review and analyze findings from the annual needs assessment including focus groups, client and provider surveys, and network member evaluations and recommendations.  |     |     |     | X    |      |     | X   |     |     | X   |     |     | CQM Staff, QMC, Quality Network |         |  |
| 3. Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC Committees and Networks to address findings.   | X   |     |     | X    |      |     | X   |     |     | X   |     | X   | CQM Staff, QMC, Networks        |         |  |
| <b>Goal 2: Implement quality improvement activities that enhance systemwide service delivery and improve client treatment, care, health outcomes, and satisfaction.</b>   |     |     |     |      |      |     |     |     |     |     |     |     |                                 |         |  |
| 1. Review Service Delivery Models as part of the system-wide Quality Improvement Project (QIP) and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines.   |     |     |     |      |      |     |     |     |     |     |     | X   | CQM Staff, QMC, Networks        |         |  |
| 2. Determine annual CQM Program goals and identify and leverage strategies to achieve goals.  |     |     |     |      |      |     |     |     |     | X   | X   |     | CQM Staff, QMC                  |         |  |
| 3. Identify and conduct systemwide quality improvement activities and operationalize strategies to evaluate outcomes.   | X   |     |     | X    |      |     | X   |     |     | X   |     | X   | CQM Staff, QMC                  |         |  |
| 4. Ensure the development, implementation, and evaluation of at least one QIP per agency during the fiscal year.  |     | X   | X   | X    |      |     |     | X   | X   |     | X   | X   | CQM Staff, Quality Network      |         |  |
| 5. Organize and conduct evidence-based trainings for providers, staff, the QMC, and the SOC to enhance knowledge on health disparities, HIV treatment and care, person-centered care, client access to eligible services, and quality improvement strategies.                 |     |     | X   |      |      | X   |     | X   |     |     | X   |     | CQM Staff                       |         |  |
| 6. Provide technical assistance to providers as needed.   | X   | X   | X   | X    | X    | X   | X   | X   | X   | X   | X   | X   | CQM Staff                       |         |  |
| <b>Goal 3: Communicate CQM Program updates, data, and activities to the QMC, Networks, and community stakeholders.</b>  |     |     |     |      |      |     |     |     |     |     |     |     |                                 |         |  |
| 1. Distribute the annual CQM Program Report.  |     | X   |     |      |      |     |     |     |     |     |     |     | CQM Staff                       |         |  |
| 2. Disseminate Ryan White Part A Program data and activities to the HIVPC and Committees, providers, and community stakeholders.  | X   |     |     |      | X    |     |     | X   |     |     | X   |     | CQM Staff                       |         |  |
| 3. Provide Network updates to the QMC and gather feedback/suggestions for the Quality Network.  | X   |     |     | X    |      |     | X   |     |     | X   |     |     | CQM Staff                       |         |  |
| 4. Provide routine CQM Program updates to the HIVPC.  | X   |     |     | X    |      |     | X   |     |     | X   |     |     | CQM Staff                       |         |  |
| 5. Plan and implement an annual Network Member Education and Appreciation Week focused on virtual learning and celebration of agency accomplishments.   |     |     |     |      |      |     |     |     |     |     | X   |     | CQM Staff                       |         |  |
| <b>Goal 4: Routinely evaluate the CQM Program and identify areas for improvement.</b>   |     |     |     |      |      |     |     |     |     |     |     |     |                                 |         |  |
| 1. Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.  | X   |     |     | X    |      |     | X   |     |     | X   |     | X   | CQM Staff, QMC                  |         |  |
| 2. Review CQM Program performance measures for efficacy and relevance and make changes as needed.   |     |     |     | X    |      |     | X   |     |     | X   |     | X   | CQM Staff, QMC, Networks        |         |  |
| 3. Conduct surveys of all meetings and make suggested improvements.   |     |     |     | X    |      |     | X   |     |     | X   |     | X   | CQM Staff                       |         |  |
| 4. Collaborate with the Recipient following their review of the agency-specific quality management plans for compliance with HRSA CQM Program guidelines and provide TA when indicated to agencies that require assistance in developing a compliant quality management plan. | X   |     |     | X    |      |     |     |     |     |     |     |     | CQM Staff                       |         |  |
| 5. Survey efficacy of CQM Program communication methods.  |     |     |     |      |      | X   |     |     |     |     |     | X   | CQM Staff                       |         |  |
| <b>Goal 5: Examine current patient satisfaction strategies and initiate a new evaluation system that will allow for consistent review of the patient experience in receiving Ryan White Part A services.</b>  |     |     |     |      |      |     |     |     |     |     |     |     |                                 |         |  |
| 1. Review consumer feedback data from 2019-present looking for strengths and weaknesses of current evaluation system.   | X   |     |     | X    |      |     | X   |     |     | X   |     | X   | CQM Staff, Recipient Staff      |         |  |
| 2. Incorporate client satisfaction survey feedback data into CQM activities to better practices in the Broward Ryan White EMA.  | X   |     |     |      |      |     |     |     |     |     |     | X   | CQM Staff, Recipient Staff      |         |  |
| <b>Goal 6: Develop a CQM Quality Improvement Project</b>  |     |     |     |      |      |     |     |     |     |     |     |     |                                 |         |  |
| 1. Identify and conduct an annual CQM QIP to address systemwide HIV Care Continuum issues and develop strategies to evaluate outcomes.  | X   |     |     | X    |      |     | X   |     |     | X   |     | X   | CQM Staff                       |         |  |
| 2. Review progress made and report findings on the CQM QIP to Recipient staff to review agency retention rates.   |     | X   |     | X    |      | X   |     | X   |     | X   |     | X   | CQM Staff, Recipient Staff      |         |  |
| 3. Conduct process and impact evaluation to determine the efficacy of the CQM QIP   |     |     |     | X    |      |     | X   |     |     | X   |     | X   | CQM Staff                       |         |  |
| 4. Analyze FY 21-22 data from CQM QIP and report findings to Recipient staff and QMC  |     |     |     | X    |      |     | X   |     |     | X   |     | X   | CQM Staff, Recipient Staff, QMC |         |  |
| <b>X = goal for objective completion</b>  |     |     |     |      |      |     |     |     |     |     |     |     |                                 |         |  |
| <b>■ = in progress</b>  |     |     |     |      |      |     |     |     |     |     |     |     |                                 |         |  |
| <b>■ = completed</b>  |     |     |     |      |      |     |     |     |     |     |     |     |                                 |         |  |
| <b>■ = planned</b>  |     |     |     |      |      |     |     |     |     |     |     |     |                                 |         |  |



Fort Lauderdale/Broward County EMA

## Service Delivery Model Request for Approval Form

|                               |   |
|-------------------------------|---|
| <b>Date</b>                   | 2/13/23   |
| <b>Service Delivery Model</b> | Centralized Intake and Eligibility Determination (CIED) |
| <b>Status</b>                 | Revision to CIED Model                                  |

## Background/summary of service delivery model:

Centralized Intake and Eligibility Determination (CIED) is a standalone intake service, which determines initial client eligibility for Ryan White Part A services, recertifies eligibility for Ryan White Part A services, identifies third-party payers for services and other community resources, and provides information and referrals to eligible clients for needed services. The provider must document the minimum eligibility requirements for clients accessing Ryan White Part A services.

**Client Orientation**

CIED services must ensure that clients are oriented to the Broward Ryan White Part A system of care. This includes providing clients with information regarding Ryan White Part A services and other community resources that the client is eligible for and making referrals when needed. The provider must maintain an updated list of Ryan White Part A providers and service locations to distribute to clients.

**Community Outreach**

As a part of continuous community outreach, the provider must establish an annual marketing plan detailing specific activity utilized to promote Ryan White Part A services. These activities include hosting and/or attending community resource fairs, community meetings, hosting virtual workshops, etc.

**Assessment**

CIED services must schedule Ryan White Part A core medical and support services appointments for new clients within five business days. Emergency transportation services must be available, including bus passes, to ensure engagement in care.

**Initial Eligibility Determination**

During the initial intake appointment, clients must complete a benefits assessment, including initial eligibility determination for Ryan White Part A services and other third-party benefits. Clients deemed eligible for Ryan White Part A services must have the following dated eligibility documentation and related progress notes documented in the designated HIV MIS:

1. HIV status (proof of HIV diagnosis) (once) OR Rapid Test Documentation (30-day provisional)
2. Income level (to determine client's federal poverty level and whether they are uninsured or underinsured) (annually)
3. Residency within the County (annually)
4. Insurance eligibility with third party payers (to determine whether client is eligible for Medicaid, Medicare, or has private insurance) (annually)
5. If a client has Ryan White Part B certification and is deemed eligible for Ryan White Part A services, their Part B eligibility notice may be accepted for Part A certification in lieu of other requirements.
6. An eligibility notice from a Florida state county, outside of Broward County, may be accepted in lieu of other requirements for Ryan White Part A services if: a client provides proof of residency in Broward County and deemed eligible for Ryan White Part A services (applicable to Florida state counties only)

**Recertification**

Clients must complete recertification for Ryan White Part A services every year after initial eligibility determination is completed, or sooner if determinants of eligibility change. The provider must contact clients to schedule their annual recertification appointment date at least 45-days prior to their eligibility expiration date.

## How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

- Feedback from CIED stated that more time to assist Ryan White clients with scheduling their core medical and support services appointments will yield higher engagement in care.
- The suggested edits in this Service Delivery Model reflects the Policy Clarification Notice #13-02 issued by the Health Resources and Services Administration (HRSA) for annual Ryan White recertification.
- Additionally, the process of eligibility and certification that is currently being practiced at the Florida state level will also be applied to the Ryan White Broward County EMA.

THIS SECTION IS INTENDED FOR STAFF USE ONLY.

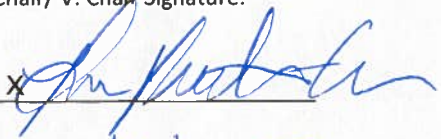

Quality Management Committee

Service Delivery Model Request for Approval Decision

 Approved

 Denied

Reason(s) for denial:

|   |                       |
|---|-----------------------|
| Chair/ V. Chair Signature:<br><u>X</u> <br>Date: <u>2/13/2023</u>  |                       |
| HIV Planning Council:   |                       |
| Service Delivery Model Request for Approval Decision<br><input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Chair/ V. Chair Signature:<br><u>X</u> <br>Date: <u>2/13/2023</u> | Reason(s) for denial: |





PENDING HIVPC APPROVAL

# BROWARD COUNTY RYAN WHITE PART A PROGRAM

Centralized Intake and Eligibility Determination  
Service Delivery Model

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PENDING HIVPC APPROVAL

## I. Service Definition

Centralized Intake and Eligibility Determination (CIED) is a standalone intake service, which determines initial client eligibility for Ryan White Part A services, recertifies eligibility for Ryan White Part A services, identifies third-party payers for services and other community resources, and provides information and referrals to eligible clients for needed services. The provider must document the minimum eligibility requirements for clients accessing Ryan White Part A services.

## II. Key Service Components & Activities

In addition to the CIED Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the [Broward County Ryan White Part A Universal SDM](#). Providers must also adhere to standards and requirements set forth in the [Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers](#), individual contracts, and applicable contract adjustments. Providers must refer to their individual contract for service-specific client eligibility requirements. Providers of CIED services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category.

CIED services must be provided at centralized offices and with staff stationed at Ryan White Part A core medical and support service sites. There must always be a dedicated live telephone operator during business hours. Routine service hours must include evening hours (after 5:00 pm) and weekends to accommodate the needs of clients, including those hospitalized to coordinate services upon discharge. CIED services must also include the provision of home visits for clients who have difficulty ambulating.

### Client Orientation

CIED services must ensure that clients are oriented to the Broward Ryan White Part A system of care. This includes providing clients with information regarding Ryan White Part A services and other community resources that the client is eligible for and making referrals when needed. The provider must maintain an updated list of Ryan White Part A providers and service locations to distribute to clients.

### Community Outreach

As a part of continuous community outreach, the provider must establish an annual marketing plan detailing specific activity utilized to promote Ryan White Part A services. These activities include hosting and/or attending community resource fairs, community meetings, hosting virtual workshops, etc.

## III. Broward Outcomes & Indicators

**Table 1. Outcomes, Indicators, and Measure**

| Outcomes  | Indicators   | Measure   |
|---|--|---|
| 1. Increase access, retention, and adherence to primary medical care. | 1.1. 95% of Part A clients who have not had a primary medical care visit within the last six months at the time of recertification shall have a primary medical care or disease case | 1.1.1. Client appointment record in designated HIV Management Information System (MIS).<br>1.1.2. Progress notes in designated HIV MIS. |

|  |   |   |
|--|---|---|
|  | management appointment scheduled within <b>five</b> business days.                | 1.1.3. Referral record in designated HIV MIS.           |
|  | 1.2. 80% of clients will not experience a lapse in Ryan White Part A eligibility. | 1.2.1. Client appointment record in designated HIV MIS. |

#### IV. Assessment

The provider must develop and implement a documented policy for verifying and documenting client's Ryan White Part A eligibility, screening for duplication of services, and ensuring Ryan White is the payer of last resort. If a client is eligible for third-party benefits, the provider must assist them in applying for those benefits and develop a benefits service plan. The service plan will ensure that there is follow-up on outstanding benefits applications, steps are taken to resolve benefits issues, and clients have the appropriate referrals in place.

CIED services must schedule Ryan White Part A core medical and support services appointments for new clients within **five** business days. Emergency transportation services must be available, including bus passes, to ensure engagement in care.

#### Initial Eligibility Determination

During the initial intake appointment, clients must complete a benefits assessment, including initial eligibility determination for Ryan White Part A services and other third-party benefits. The provider must complete all required fields of the client profile in the designated HIV MIS at the time of intake and include any third-party benefits received. Clients must have a signed and dated [Plan of Care Information System \(PCIS\) Consent Form](#) and [Broward County Ryan White Part A Program Client Rights and Responsibilities Agreement Form](#) in the designated HIV MIS. Clients deemed eligible for Ryan White Part A services **must** have the following dated eligibility documentation and related progress notes documented in the designated HIV MIS:

1. HIV status (proof of HIV diagnosis) (once) OR Rapid Test Documentation (30-day provisional)
2. Income level (to determine client's federal poverty level and whether they are uninsured or underinsured) (annually)
3. Residency within the County (annually)
4. Insurance eligibility with third party payers (to determine whether client is eligible for Medicaid, Medicare, or has private insurance) (annually)
5. If a client has Ryan White Part B certification and is deemed eligible for Ryan White Part A services, their Part B eligibility notice may be accepted for Part A certification in lieu of other requirements.
6. An eligibility notice from a Florida state county, outside of Broward County, may be accepted in lieu of other requirements for Ryan White Part A services if: a client provides proof of residency in Broward County and deemed eligible for Ryan White Part A services (applicable to Florida state counties only)

#### Recertification

Clients must complete recertification for Ryan White Part A services every **year** after initial eligibility determination is completed, or sooner if determinants of eligibility change. The provider must contact clients to schedule **their annual** recertification appointment date at least 45-days prior to their eligibility expiration date. Recertification appointment date reminders must be made via

text, email, or telephone to clients both two weeks prior and 24-hours prior to their scheduled recertification date, at minimum.

Clients will need to provide a self-attestation form every year. This self-attestation form is utilized across the state and attests to address, income, and eligibility of third-party payers.

The provider must offer clients the option to recertify through the online Ryan White Part A Client Recertification Portal. The provider will set up user accounts for clients and provide technical assistance as needed. A user guide for using the Ryan White Part A Client Recertification Portal can be found here: [Recertification Portal User Guides \(English, Spanish, & Creole\)](#).

## V. Standards for Service Delivery

**Table 2. CIED Standards for Service Delivery**

| Standard  | Measure   |
|---|---|
| 1. Provider completes client profile in the designated HIV MIS and collects required forms at initial intake appointment.   | 1.1. Client profile completed in the designated HIV MIS.<br>1.2. PCIS Form signed and dated by client in the designated HIV MIS.<br>1.3. Broward County Ryan White Part A Program Client Rights and Responsibilities Agreement Form signed and dated by client in the designated HIV MIS. |
| 2. Client completes a benefits assessment, including initial eligibility determination for Ryan White Part A services and other third-party benefits.   | 2.1. Dated eligibility documentation in the designated HIV MIS.<br>2.2. Documentation of third-party benefits eligibility in the designated HIV MIS.  |
| 3. Each client is informed about Ryan White services, third-party benefits, and other community resources, and is referred as applicable.   | 3.1. List of Ryan White Part A providers and service locations distributed to client.<br>3.2. Referral record in the designated HIV MIS.  |
| 4. Provider assists clients eligible for third-party benefits in applying for those benefits and develops a benefits service plan.  | 4.1. Documentation of third-party benefits eligibility in the designated HIV MIS.<br>4.2. Benefits service plan and progress notes in the designated HIV MIS.   |
| 5. Client completes recertification for Ryan White Part A services annually after initial eligibility determination is completed, or sooner if determinants of eligibility change.                    | 5.1. Dated eligibility documentation in the designated HIV MIS.   |
| 6. Provider schedules annual recertification appointments at least 45-days prior to client's eligibility expiration date.   | 6.1. Client appointment record in the designated HIV MIS.   |
| 7. Provider conducts recertification appointment date reminders via text, email, or telephone to clients both two weeks prior and 24-hours prior to their scheduled recertification date, at minimum. | 7.1. Client progress notes in the designated HIV MIS.   |

| <b>Standard</b>   | <b>Measure</b>  |
|---|---|
| 8. Provider offers client the option to recertify through the online Ryan White Part A Client Recertification Portal. | 8.1. Client progress notes in the designated HIV MIS. |

PENDING HIVPC APPROVAL

## **DRAFT: By-Laws of the Broward County HIV Health Services Planning Council**

### **REVISION HIGHLIGHTS**

|  |  |
|--|--|
| Article II;<br>Sections 2 & 3          | Added Mission and Vision Statements  |
| Article IV;<br>Section 7               | Added a statement regarding “Term Limits”  |
| Article IV;<br>Section 12A             | Added language that clarifies the process for removal of members and alternates  |
| Article IV;<br>Section 12 F, G,<br>& H | Added language clarifying: <ul style="list-style-type: none"><li>• Affiliated to Unaffiliated status,</li><li>• Seat changes, and</li><li>• Members’ participation in outreach and training activities</li></ul> |
| Article VII;<br>Section 1              | Added language regarding submission of the conflict of interest form   |
| Article VIII;<br>Section 11            | Added language on Joint Planning Body  |
| Article X;<br>Sections 5 & 6           | Added language: <ul style="list-style-type: none"><li>• On the frequency of reviewing the By-Laws</li><li>• Virtual Meetings</li></ul>   |

**DRAFT: By-Laws of the  
Broward County HIV Health Services Planning Council**

Adopted, January 1992

as Amended April 1995, April 1996, November 1996, June 1998, March 1999, May 1999, February 2000, January 2002, September 2004, April 2006, January 2010, January 2012, May 2013, December 2013, May 2014, July 2014, March 2015, July 2015, August 2015, December 2015, April 2017, August 2017, October 2018, \_\_\_\_\_, 2023

**ARTICLE I**

**NAME AND AREA OF SERVICE**

- SECTION 1:** The name of the Planning Council shall be “The Broward County HIV Health Services Planning Council” (Council) or such successor name as may be designated by the Broward County Board of County Commissioners.
- SECTION 2:** The area served by the Council shall be Broward County, Florida. The governing body of Broward County is the Broward County Board of County Commissioners.
- SECTION 3:** The Council is established by a resolution of the Board of County Commissioners codified in Part X of Chapter (12 of the Broward County Administrative Code as amended by the Board of County Commissioners.

**ARTICLE II**

**PURPOSE, MISSION, VISION, AND DUTIES**

- SECTION 1:** **Purpose:** The purpose of the Council is to provide planning to promote the development of HIV/AIDS health services, personnel, and facilities that meet identified health needs in a cost-effective manner, reduce inefficiencies, and develop HIV-related health plans.
- SECTION 2:** **Mission:** To 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.
- SECTION 3:** **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.
- SECTION 4:** **Duties:** The duties of the Council shall be those specified by the Ryan White Act.



## ARTICLE III

### DEFINITIONS

1. *Ad-Hoc Committee* means a committee established for a limited time or limited and definite purpose.
2. *Alternate* means a person appointed by the Board that may be called upon to participate as a voting member of the Council upon the occurrence of certain conditions.
3. *Board* means the Broward County Board of County Commissioners.
4. *Cause* means an action determined by the Council as a basis for discipline or removal from the Council or a Committee.
5. *Committee* means a committee established by the Council in furtherance of Council business.
6. *Community Stakeholder* means representatives from Ryan White Part B, C, D, or F, Prevention, or representatives of HIV/AIDS care in the community, including but not limited to consumers, providers, and regulators.
7. *Consumer* means a person who is an eligible recipient of services under the Ryan White Act.
8. *Council* means the Broward HIV Health Service Planning Council created in Chapter 21, Part X, Broward County Administrative Code, and mandated by the Ryan White Act, Part A.
9. *EMA* means Eligible Metropolitan Area.
10. *Ex officio* means a committee member who does not have a vote on that committee and does not count as quorum.
11. *Manual* means the Council's Local Policies and Procedures Manual.
12. *Member* means a person appointed to the Council by the Board.
13. *Non-Elected Community Leader* means someone active in the community not elected in formal governmental elections.
14. *PWH* means person with HIV Disease or AIDS. (Also PWHA)
15. *Part A* means the Ryan White Act, Part A, administered by the County with advice from the Council.
16. *Ryan White Act* means the Ryan White HIV/AIDS Treatment Extension Act of 2009.
17. *Unaffiliated Consumer* means individuals who are receiving HIV-related services from Ryan White-funded service providers and not compensated by, representative of, or employed by a provider funded under the Ryan White Act.
18. *Work Group* means a group that has a specific task and makes recommendations but does not follow attendance, membership, or quorum requirements.

## ARTICLE IV

### MEMBERSHIP

#### **SECTION 1: Appointment to the Council**

- a) All Members and Alternates of the Council shall be appointed by the Broward County Board of County Commissioners.
- b) The Council shall consist of not less than twenty (20) members nor more than thirty-five (35) members.
- c) The process for forwarding recommendations to the Board is outlined in the Membership/Council Development Committee Section of the COUNCIL Local Policies and Procedure Manual.

**SECTION 2:** An individual may serve on the Council only if the individual agrees that the individual has a financial interest in an entity if the individual is an employee of a public or private entity, or if the individual is a member of a public or private organization, and such entity or organization is seeking amounts from a grant under the Ryan White Act, the individual will not, with respect to the purpose for which the entity seeks such amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purposes.

**SECTION 3:** The membership of the Council shall be as delineated in the Ryan White Act, as amended.

#### **SECTION 4: Recruitment Efforts**

Affirmative recruitment efforts shall be made to attract eligible candidates for membership on the Council and the committees with particular attention to gender balance and adequate representation from racial and ethnic minorities that is reflective of the EMA.

#### **SECTION 5: HIV Representation**

As part of the Council's efforts to increase the percentage of persons with HIV, it is recommended that the Council strive, whenever possible, to nominate persons living with HIV disease to vacancies in all other categories as appropriate.

#### **SECTION 6: Office Term**

The term of office for members and alternates shall be at the pleasure of the Broward County Board of County Commissioners.

#### **SECTION 7: Term Limit**

The Planning Council will follow Broward County's ordinance regarding term limits.

#### **SECTION 8: Attendance: Council and Committee.**

Attendance of Council meetings shall be in accordance with the Broward County Code of Ordinances section 1-233. The Council may recommend reappointing members who were removed pursuant to Broward County Code of Ordinances section 1-233. The committee attendance policy mirrors the Council attendance policy. The Chair of the Council shall, at their discretion, determine whether the member's absence meets any of the criteria for an excused absence as set forth in **Broward County Code of Ordinance section 1-233 business-finance**. Excused absences for COUNCIL-related business mean business outside the regular time and place of COUNCIL business. Failure to adhere to attendance requirements shall be grounds for removal from the Council or committees.

## **SECTION 9: Designation of Alternates.**

There shall be a minimum of at least three persons living with HIV that reflect the demographics of the epidemic in the County who shall serve as Alternates, appointed, and approved by the Broward County Board of County Commissioners.

- a) An Alternate may only serve as a voting member of the Council when a member with HIV is unable to serve due to HIV-related illness. In such case, the Chair shall appoint an alternate who, to the greatest extent possible, matches the gender, race, and ethnic background of the individual with HIV that is absent. Thereafter, alternates, as directed by the Chair, shall alternate their substitution for PWH members unable to serve due to HIV-related illness.
- b) Alternates may be appointed by the chair as voting members only after Quorum has been established. Alternates may be removed from their seats as described in Section 11 below.

## **SECTION 10: Membership on a Standing Committee.**

Council members and Alternates shall be a member of at least one standing committee. Failure to participate on a standing committee within thirty (30) days shall be grounds for removal from the Council.

## **SECTION 11: Meeting Ground Rules.**

All persons in attendance at a meeting of the Council and Committees shall comply with the meeting ground rules adopted by the Council. **Meeting Grounds Rules will be available at all Council meetings.**

## **SECTION 12: Removal of Members and Alternates**

- A. Removal of Council members and alternates shall be in accordance with the Broward County Code of Ordinances section 1-233:

- 1. Board meetings on a quarterly or less frequent basis:** Members will be removed after two (2) consecutive unexcused absences or missing two (2) properly noticed meetings in one (1) calendar year.
- 2. Board meetings more frequently than quarterly:** Members will be removed after three (3) consecutive unexcused absences or missing four (4) properly noticed meetings in one (1) calendar year. If the COUNCIL has one joint meeting same attendance policy applies.

- B. **Procedure for removal.** If a member or alternate fails to comply with Paragraphs B or C, or for reasons documented in Paragraph D, the Council shall recommend to the Broward County Board of County Commissioners the removal of that Member or Alternate. A recommendation of removal is based upon a majority vote of the Council members in attendance at a meeting at which Staff has provided written notification to the member or alternate recommended for removal that such item will be on the meeting's agenda. Unaffiliated members and alternates may also be automatically removed for reasons outlined in Paragraph E.

- C. **Recommendation for Removal by Council.**

- a) The Council shall recommend that a member or alternate be removed from service on the Council for refusing to cooperate in a conflict-of-interest review, or when it is determined that the member or alternate knowingly acted intended to influence the conduct of the Council in a manner as defined in ARTICLE IV, SECTION 2 of these By-laws.
- b) The Council shall terminate from service any committee member who is not also a

Council member for refusing to cooperate in a conflict-of-interest review, or when it is determined that the member knowingly acted intended to influence the conduct of the Council in a manner as defined in ARTICLE IV, SECTION 2 of these By-laws.

- c) The Council shall recommend that a member or alternate be removed from the Council for, but not limited to, failure to comply with County regulations or the Council Local Procedures Manual, failure to comply with meeting ground rules, or failure to maintain committee membership.
- D. Recommendation for Removal by Individual Council Members.** A Council Member, Council Chair, or Committee Chair may recommend removal for cause of a member or alternate by forwarding to the Membership Committee said recommendation, documenting the reasons for requesting removal. The Membership Committee will review the evidence and make recommendations to the Executive Committee. The Executive Committee will review the recommendation and forward the recommendation to the Council. **The final decision to remove a member or alternate must be recommended by the Planning Council. Once recommended, the Planning Council will forward all recommendations for removal to the Board of County Commissioners.**
- E. Automatic Removal.** A member or alternate shall be automatically removed from the Council for failure to comply with attendance policies as outlined in ARTICLE IV, SECTION 7 of these By-laws. A member or alternate shall be automatically removed from the Council in accordance with the Broward County Administrative Code Section 12.108 which states that members must report any change in affiliation status and shall be automatically removed from the Council upon becoming affiliated with a provider.
- F. Affiliated to Unaffiliated Status.** **Members changing from affiliated status to unaffiliated status can be appointed by majority vote from one seat to the other without resigning from the Council. An official letter stating that the Council has voted to appoint the member in the new position with an updated application must be secured and submitted to the Intergovernmental Affairs/Board Section of the Broward County Board of Commission within ten (10) business days.**
- G. Seat Change.** MCDC and the Council shall be notified of changes to representation involving members who are on the Council by virtue of holding a mandated seat due to their employment. Such changes shall be informational in nature and immediately forwarded to the Broward County Board of County Commissioners for appointment.
- H. Member participation in outreach and training activities.** Members are expected to participate in a minimum of two (2) Council outreach and training activities per calendar year.

## ARTICLE V

### OFFICERS

**SECTION 1:** The officers of the Council shall be members of the Council and shall be a Chair and a Vice Chair.

### **SECTION 2: ELECTIONS**

- A. **Election of Officers** shall utilize a majority vote double election system (primary election and a secondary run-off election). Officers shall be elected by the majority vote of those members or alternates serving as members of the Council present and voting at the meeting during which the election is held.

- B. **Regular Biannual Elections.** Regular biannual elections will take place every two years. The ad-Hoc Nominating Committee shall present a slate of candidates for consideration as described in the ad-Hoc Nominating procedure. The Officers shall take office on March 1 or at the first meeting of the calendar year later than March 1. All Officers shall serve a two-year term and shall remain in office until a successor is selected. No officers shall serve more than two consecutive terms in one office.
- C. **Special Elections.** Special Elections will take place as needed. In the event of the resignation or other reason for vacating the Chair or Vice Chair positions, a special election will be held following the procedures outlined in Nominating Procedure (Article VIII, Section 3, Part A). Until the election is held, the Council will adhere to the line of succession outlined in Article VI, Section 8. Individuals elected by virtue of special election will not be considered to have served a full term, and this service will not impact the individual's ability to run for two additional terms.

**SECTION 3: The Duties of the Officers** are those which usually apply to such officers and in addition thereto, such other duties as may be designated from time to time by the Council.

**SECTION 4: The Official Liaison.** The Chair of the Council will serve as the official liaison of the Council with the Broward County Board of County Commissioners and its designated administrative entity. No other Member of the Council or its committees may speak for the Council.

**SECTION 5: Council Officers.** Except for the Executive Committee, the current Council officers may not serve as Chair or Vice Chair of any Council committee while holding office.

**SECTION 6: Acting Committee Chair.** Upon proper notice to the committee, the Council Chair or Vice Chair may sit as acting chair of the committee when the committee Chair or Vice Chair is unable to attend a properly scheduled meeting of the committee. In the event the Council Chair or Council Vice Chair is serving as acting committee chairs, they count towards quorum and have a vote. **If the Council Chair or Vice-Chair attends as a guest for a committee meeting, the Chair or Vice-Chair can count toward quorum if needed.**

## ARTICLE VI

### MEETINGS

**SECTION 1: Meeting Protocol**

- a) The Council shall meet at least nine (9) times per fiscal year (March 1 – February 28).
- b) Special meetings may be called by the Chair or upon petition of one-third of the membership of the Council.
- c) Written notice shall be given at least one week prior to each meeting.
- d) All HIV Planning Council meetings are open to the public.
- e) Attendance at mandatory Training Activities is also part of Council attendance requirements.

**SECTION 2: Quorum**

- a) Fifty percent (50%) of the members plus one shall constitute a quorum for
- b) the HIV Planning Council, and all standing and ad-Hoc Committees, but with no less than three members voting.
- c) Once a quorum has been established by members physically present at a meeting, members

who are not physically present may attend and participate in such meetings by telephone or video. **Quorum should be established within fifteen minutes of the meeting time.**

- d) A majority of Members present and voting at any meeting at which a quorum is present shall be sufficient to act on behalf of the Council.
- e) The number of Members needed to determine quorum shall be the total number of Members of the Council, not including the Member representing the Broward County Board of County Commissioners.

### **SECTION 3: Voting Privileges**

- a) Only duly appointed Members of the Council and/or committee (or the appointed Alternate in their absence) may vote, and each Member (or Alternate) shall have one vote.
- b) Voting privileges are non-transferable. In the event of a tie vote, there shall be a roll call vote and the Chair shall vote last.

### **SECTION 4: Public Notice of Council Meetings**

- a) Public notice of Council meetings shall be given in accordance with Florida Statutes and Broward County Ordinances.
- b) Meetings shall be open to the public.
- c) Records and data shall be made available to the public under the applicable laws.
- d) Minutes of each meeting of the Council or Committee shall be kept.
- e) The accuracy of all minutes shall be certified by the Chair of the Council and/or committees.

### **SECTION 5: COUNCIL AGENDAS**

- A. The Executive Committee shall meet five (5) working days before the regularly scheduled full Council meeting. The Executive Committee (or in the absence of Executive Meeting action, the Council's Designated Staff Member) shall prepare an agenda for full Council meetings based upon the following:
  - a) Each committee chair, the Recipient, or the Council Support Staff will inform the Executive Committee (or Council Designated Staff Member) of committee recommendations and other actions to be presented for the full Council's approval.
  - b) Motions passed by Committees may be sponsored by the Chair of the Committee on behalf of the Committee and annotated on the Council Agenda as sponsored by the Committee.
  - c) Individual Members of the Council may request action items be placed on the agenda by providing them in writing to the Council Designated Staff Member before the Executive Committee meeting.
  - d) Members of the public who wish to bring matters before the full Council for consideration must obtain sponsorship of the item by a Member of the Council.
  - e) Requesters of Council actions must provide appropriate backup documentation to explain the requested action.
  - f) The Executive Committee may refer proposed actions to the appropriate committee to examine and make a recommendation before presenting the matter to the full Council for action.
  - g) Proposed motions requiring the full Council's vote shall be listed on the agenda and sent to members 48 hours before the full Council meeting.
  - h) At the Executive Committee's discretion, backup documentation will be labeled and distributed with the Council's agenda.
  - i) At the discretion of the Council Chair, action items requested at the Council meeting, not on the published agenda, may be added to the agenda's old/new business portion of the agenda, deferred until the next Council meeting, or referred to the appropriate committee.

- B. **The Council agenda shall include:** Call to Order, Welcome and Self-introductions (includes an explanation of Ground Rules, Sunshine Law, and HIV self-disclosure), Moment of Silence, Excused Absences and Appointment of Alternates, Adoption of Agenda, Approval of Minutes, Consent Items, (no discussion required), Discussion Items (discussion required), Committee Reports, Recipient and Other Reports (including, but not limited to Part A, Par B, Part C, Part D, Part F, HOPWA, Prevention), Old/New Business, Public Comment, Announcements, Next Meeting Date, Agenda Items for the Next Meeting, Adjournment. The Executive Committee may order agenda items for the efficient and effective administration of the Council's business.
- C. The Executive Committee (or Council Chair in the absence of Executive Committee action) will determine the order of decision action items.

**SECTION 6:** All persons in attendance of a meeting of the Council or Committee shall comply with the meeting ground rules adopted by the Council.

### **SECTION 7: TIME LIMITS**

The Executive Committee will establish time limits for each agenda item for each meeting. The Chair may use discretion to impose time limits on each speaker, to be consistently applied. Upon expiration of the time for discussion of a particular action item, the Chair shall close the debate and call for a vote. A person who has spoken once on a pending matter may not speak again on that matter until all others requesting the floor have been recognized.

### **SECTION 8: LINE OF SUCCESSION**

In the event, the Chair and the Vice Chair do not attend the Council Meeting and neither the Chair nor the Vice Chair has notified the Council that they are not attending the Council Meeting, the immediate past chair, if present and a member of the Council, shall chair the meeting.

- A. In the absence of the immediate past chair the Council meeting may be chaired by Committee Chairs, in the following order:
1. Chair of Priority Setting and Resource Allocation
  2. Chair of Membership/Council Development
  3. Chair of Community Empowerment
  4. Chair of Quality Management
  5. Chair of System of Care
- B. In the event of a vacancy of the Planning Council Chair or Vice Chair position, the duties of the Chair or Vice Chair will be assumed by the immediate past chair. If the immediate past chair is no longer a member of the Planning Council, duties will be assumed in the following order:
1. A past Planning Council Chair
  2. Chair of Community Empowerment
  3. Chair of Priority Setting and Resource Allocation
  4. Chair of Quality Management
  5. Chair of System of Care
  6. Chair of Membership/Council Development

Pursuant to the revised paragraph C, the order of assumption of duties is prescribed for the following reason: a third party oversees the special election process, during which the current



Chair or Vice Chair may participate. Duties will be assumed upon the Chair or Vice Chair vacancy until the vacancy is filled by a special election as outlined in Article V, Section 2C.

## ARTICLE VII

### CONFLICT OF INTEREST

**SECTION 1:** Members and Alternates of the Council and all committees established by the Council shall abide by the Florida Statutes, Broward County Ordinances, and Administrative Code, as may be amended from time to time, regarding conflicts of interest for public officials and the Government in the Sunshine Law. Copies of these documents shall be furnished to all Council Members and Alternates. **Each member must submit the conflict of interest form at the beginning of the fiscal year and declare their conflict at each Council and PSRA committee meeting. The conflict of interest form should be updated once there are changes in members' status.**

**SECTION 2:** The Executive Committee of the Council shall be authorized to formulate Council policy, review all concerns, and make recommendations to the full Council regarding conflict-of-interest issues.

**SECTION 3:** All Council members and alternates must identify conflicts of interest and are encouraged to request a review of a potential conflict of interest for themselves or of another Member or Alternate.

**SECTION 4:** All concerns regarding conflict of interest shall be recorded in the Council's meeting minutes and referred to the Executive Committee for review. The full Council shall take, based on the recommendations of the Executive Committee, whatever actions it deems appropriate and are in compliance with standing Council policies.

**SECTION 5:** In the event of a conflict of interest during the period of review of said conflict of interest, Member(s) or Alternate(s) under review may participate in the discussion of the matter in conflict/question but shall abstain from voting on the matter.

**SECTION 6:** A Member or Alternate shall be recommended for termination from service on the Council and any of its committees for refusing to cooperate in a conflict of interest review, or when it is determined that they knowingly took action(s) intended to influence the conduct of the Council in a manner prohibited by the By-Laws or federal, state or local laws.

## ARTICLE VIII

### COMMITTEES

**SECTION 1:**

- A. The Council shall establish standing and ad-Hoc committees necessary to fulfill the requirements of the Ryan White Act.
- B. Committee Chairs and Vice Chairs.
  1. All Council committees shall be chaired by a Part A member of the Council.
  2. The Council Chair shall appoint the Committee Chairs and Vice Chairs of each Committee beginning with the date of the Council Chair's term of office.
  3. The current Committee Chairs and Vice Chairs shall continue to serve until the new Committee Chairs and Vice Chairs are appointed; the Council Chair may ask current Committee Chairs and Vice Chairs to remain in their positions.
  4. Committee Chairs and Vice Chairs may be appointed, removed, or replaced at the sole



discretion of the Planning Council Chair.

- C. Appointment of Committee membership.
  - 1. Council Committee Chairs shall appoint, with the approval of the Council, the members of each committee.
  - 2. Except as otherwise provided by the By-Laws, a standing or ad-Hoc Committee may include members of the Council and community stakeholders.
  - 3. Committee membership should all be based on the demographics of the epidemic and consideration shall be given to race, ethnicity, self-acknowledged HIV positivity, and gender.
- D. Removal of Committee membership. The removal of Committee members shall be that of Council members as provided for in Article 4, Section 11, where applicable.
- E. Committee Policies and Procedures.
  - 1. The Council will approve written policies and procedures for all Committees which will be published in the "Local Procedures Manual."
  - 2. The policies and procedures of each committee must be periodically reviewed by that committee and subsequently approved by the Council.

## **SECTION 2: Standing Committees**

A standing committee of the Council is a committee, which has a purpose that requires a standing membership and a regular meeting schedule. The standing committees of the Council are:

- A. Executive
- B. Community Empowerment
- C. Membership/Council Development
- D. Priority Setting and Resource Allocation
- E. Quality Management
- F. System of Care

## **SECTION 3: Ad-Hoc Committees**

An ad-Hoc committee of the Council does not require a standing membership and may meet on a periodic but not regular schedule. The continuing ad-Hoc committees are the ad-Hoc Nominating Committee and the ad-Hoc By-Laws / Memorandum of Understanding (MOU) Committee. The Council may establish other ad-Hoc committees as necessary.

- A. Ad-Hoc Nominating Committee.
  - 1. Membership. The Nominating Committee shall be composed of not less than five (5) Council members who shall be appointed by the Chair. At least one member shall be a person living with HIV/AIDS.
  - 2. Purpose. The Nominating Committee shall provide a slate of nominations for Members for Chair and Vice Chair of the Council from among current Council Members. The process utilized by the Nominating Committee to prepare and present the slate of officers for consideration for office is identified in that committee's written policies and procedures.
- B. Ad-Hoc By-Laws/ MOU Committee.
  - 1. Membership. The members of the committee shall only include Council members and alternates.
  - 2. Purpose. The ad-Hoc By-Laws/MOU Committee shall have the responsibility of periodically reviewing, updating, and maintaining the Council's By-Laws.

**SECTION 4:** There shall be an Executive Committee.

- A. Membership. The Executive Committee shall consist of the Council Chair, the Council Vice-Chair, and the Chair **or Vice-Chair** of each of the standing committees. The immediate past Council Chair (if the past Chair is currently a member of the Council) will serve as an ex officio member of the Committee. In absence of the Standing Committee Chair, the Standing Committee Vice-Chair may serve and count towards quorum.
- B. **A Standing Committee Vice-Chair does not need to be a member of the Council.**
- C. The Executive Committee meets to conduct the business of the Council (excluding priority setting and allocation decisions). The Executive Committee shall:
  - 1. Set the agenda for Council meetings
  - 2. Address Conflict of Interest issues
  - 3. Review Membership/Council Development Committee Attendance report to identify Council members, not in compliance with attendance requirements
  - 4. Oversee the planning activities established in the integrated HIV prevention and care plan
  - 5. Develop and oversee committee work plans which address comprehensive planning goals and objectives
  - 6. Ratify recommendations for removal for cause from the Membership/Council Development Committee
- D. The Committee shall have responsibility for oversight of the planning activities established in the integrated HIV prevention and care plan and development and oversight of committee work plans to address integrated planning goals and objectives.

**SECTION 5:** There shall be a Community Empowerment Committee.

- A. Membership. The members of the committee shall include but are not limited to, representatives of the Council and community stakeholders. No less than 51% of the Council committee members shall be unaffiliated individuals living with HIV.
- B. Chair. The Committee Chair **or Vice-Chair** shall be an unaffiliated individual with HIV.
- C. Purpose. The Committee shall inform and solicit the participation of individuals infected and affected with HIV/AIDS in the planning, priority setting, and resource allocation processes.

**SECTION 6:** There shall be a Priority Setting and Resource Allocation Committee.

- A. Membership. The Members of the Committee shall include but are not limited to, representatives of the Council and community stakeholders.
- B. Purpose.
  - 1. The Committee shall recommend to the Council priorities and allocation of Ryan White Part A.
  - 2. The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for reallocation and/or possible reprioritization.

3. The Committee will facilitate the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data).
4. The Committee shall develop, review, and monitor eligibility, and service definitions, including improving the quality, cost-effectiveness, and allocation of resources to pharmacy services.
5. When recommended, the Committee shall develop and implement a standardized mechanism for pharmacy services (i.e., drug access, formulary changes, and cost/impact analysis) and coordinate pharmacy services in collaboration with other funding streams (i.e., ADAP, Part B, Medicaid, private payers, including private insurance providers).
6. The Committee shall determine eligibility for Part A services and Federal Poverty Level.

**SECTION 7:** There shall be a Membership/Council Development Committee.

A. Membership.

1. The Members of the Committee shall include but are not limited to, representatives of the Council and community stakeholders.
2. At least two-thirds of the committee members must be Planning Council members.

B. Purpose.

1. The Committee shall solicit, and screen applications based on objective criteria for appointment to the Council to ensure that the demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act and present its recommendations to the full Council.
2. The Committee shall institute orientation and training programs for new and incumbent members.
3. The Committee shall continue to educate the Council and committee members about their respective duties, and the Council's functions and roles in the organization and delivery of HIV/AIDS health and support services.

**SECTION 8:** There shall be a Quality Management Committee.

A. Membership. The members of the Committee shall include, but are not limited to, representatives of the Council and community stakeholders.

B. Purpose. The purpose of the Quality Management Program for Ryan White Part A in the Broward County EMA is to systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and Minority AIDS Initiative (MAI) funded services in Broward County.

**SECTION 9:** There shall be a System of Care Committee

A. Membership. The members of the Committee shall include, representatives of Part A, consumers, community stakeholders, and health policy or healthcare system experts.

B. Purpose. The purpose of the System of Care Committee is to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people living with HIV in the Broward County EMA. The Committee will be responsible for advising the Planning Council on how these issues may impact the Broward County EMA and may recommend response strategies.

**SECTION 10:** There shall be an Integrated Workgroup.

**A. Workgroup Membership.**

The workgroup will be composed of the **Ryan White Part A HIV Health Services Planning Council, South Florida AIDS Network (SFAN), and the Broward County HIV Prevention Planning Council (BCHPPC)** with three members and one alternate representing their respective planning or advisory body, as applicable.

1. Members from the Part A program may include Council members, committee members, or other appropriate community stakeholders, such as **Housing Opportunities for People with AIDS (HOPWA)** /housing; **Federally Qualified Health Centers (FQHC)**/Hospital districts; Broward County Public Schools; Funded community-based service providers; Behavioral health provider; Client engagement systems, including linkage and re-linkage to care and retention in care; Community leaders.
2. Part A members will be selected for recommendation by the Executive Committee but must be approved by the Council.
3. The desired membership of the workgroup should be reflective of the demographics of the epidemic in Broward County, and consideration shall be given to race, ethnicity, self-acknowledged HIV- positivity, and gender.

**B. Workgroup Purpose.**

1. The workgroup will be responsible for monitoring and providing recommendations for the completion of the activities outlined in the Broward County Integrated HIV Prevention and Care Plan (Plan).
2. The workgroup will conduct a comprehensive analysis and review of data from community stakeholders to provide robust recommendations to the Prevention and Care planning bodies and to the Recipients.
3. The workgroup will serve as the feedback loop for the collaborative implementation of the Plan and make appropriate recommendations to the respective planning bodies and HIV funders.

**C. Flow of Information.**

1. The workgroup is expected to interact with numerous Prevention, Part A, and Part B teams, work groups, and committees.
2. The workgroup's main point of contact and coordination will be the Executive Committees of the Council, **BCHPPC**, and **SFAN**.

- D. Ratification.** The work of the workgroup is reported to the **Council, the BCHPPC**, and **SFAN** in the form of recommendations, and is subject to the approval of the respective planning body.

**Section 11: Joint Planning Body Meeting.** A joint planning body meeting does not require a standing membership and may meet on a periodic but not regular schedule. The joint planning bodies are the **Ryan White Part A HIV Health Services Planning Council, South Florida AIDS Network, and the Broward County HIV Prevention Planning Council.**

**ARTICLE IX**

**ADOPTION AND AMENDMENTS OF BY-LAWS**

**SECTION 1:** These By-Laws may be adopted, amended, or repealed by a majority vote of the Council.

**SECTION 2:** Notice of all proposed amendments, with amendments enclosed, shall be mailed or transmitted electronically to each Council member and Alternates at least ten (10) days prior to the meeting at which time such amendments are to be considered for adoption.

**SECTION 3: DATE OF EFFECTIVENESS**

Unless otherwise provided, these By-Laws and any amendments shall be effective immediately upon approval by the Council.

**ARTICLE X**

**GENERAL PROVISIONS**

**SECTION 1:** The fiscal year for the Council shall begin on March first and end on the last day of February.

**SECTION 2:** When Broward County Ordinance or these By-Laws do not cover procedures, the latest version of the Council's Policies and Procedures shall prevail. The Chair of the Council and committees shall follow Robert's Rules of Order.

**SECTION 3:** **Council and Part A Recipient.** Unless otherwise provided for in the Ryan White Act or other law or regulation, the relationship between the Council and the Recipient is described in the **Ryan White Part A Manual and the Ryan White Part A Planning Council Primer** ~~document entitled Guiding Principles~~. Relations between providers and clients are the responsibility of the Recipient Office.

**SECTION 4:** **Member Reimbursement.** Funds from the Planning Council Support (PCS) budget shall be available to enable unaffiliated: Council members, alternates, and Committee members with HIV, to be reimbursed for their reasonable expenses for attending Council or Committee meetings which shall include, but not be limited to, the following: transportation, parking, mileage, childcare not being regularly provided to the child, and appropriate refreshments. The Council member or alternate shall execute an affidavit attesting to the validity of the reimbursement request.

**SECTION 5:** **Review of By-Laws:** The Executive Committee shall ensure that the By- Laws are reviewed every two-years or as needed based on new County ordinance or legislation.

**SECTION 6:** **Virtual meetings:** The Council shall conduct virtual meetings based on County Ordinance or Executive Order.

HANDOUT F

# PRIORITY SETTING & RESOURCE ALLOCATION PROCESS PRESENTATION



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 March 17, 2022

# PRESENTATION OUTLINE

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- Overview
- What is PSRA?
- PSRA Goals and Guiding Principles
- Who's Involved?
- PSRA Process
- Required Grant PSRA Documentation
- PSRA Data Resources
- PRSA Process: Step-By-Step
- Ground Rules
- What to Expect



# OVERVIEW

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- **HRSA Requirements:** The Planning Council is required by HRSA to “set priorities and allocate resources for service categories and provide guidance (directives) to the Part A Recipient on how best to meet these priorities.”
  - ▶ The Priority Setting & Resource Allocation (PSRA) Committee shall **recommend priorities** and **resource allocations** to the Broward County HIV Health Services Planning Council (HIVPC) to **disburse Ryan White Part A funds** in Broward County.
  - ▶ Priority Setting and Resource Allocation to service categories **involves all members of the HIVPC.**





# PRIORITY SETTING

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- **Priority setting** is the process of deciding which HIV/AIDS services are the most important according to the criteria your EMA/TGA has established.



# RESOURCE ALLOCATIONS

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- **Resource allocation** is the process of distributing available Ryan White Part A program funds for your EMA/TGA across the prioritized service categories.
- **Reallocation** is the process of moving program funds across service categories after the initial allocations are made. This may occur **right after grant award** and **during the program year** when funds are underspent in some service categories and additional needs exist in other service categories.
- *The planning council must approve such reallocations.*



# PSRA GOALS AND GUIDING PRINCIPLES

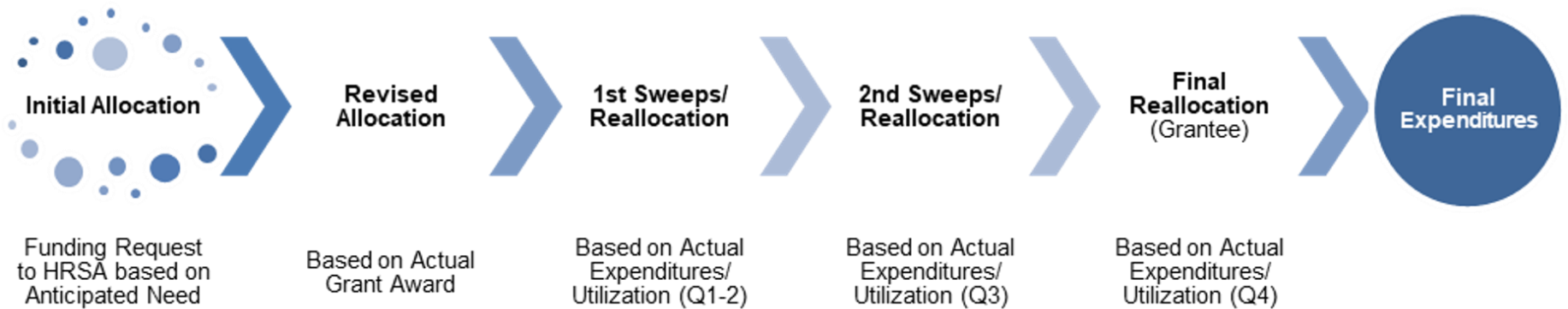
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- ❑ Provide access to high quality HIV services for PLWHA in Broward County
- ❑ Optimize the HIV Care Continuum's impact
- ❑ Develop an integrated PSRA process using data with input from stakeholders and consumer forums
- ❑ Maintain a commitment to ending health disparities
- ❑ Provide client centered and coordinated services
- ❑ Integrate Prevention and Care
- ❑ Maintain and require collaborative partnerships among service providers
- ❑ Encourage early and meaningful involvement from PLWHA in the development, implementation, and evaluation of service delivery
- ❑ Engage continuous training, capacity building, and leadership development
- ❑ Provide culturally and linguistically appropriate services



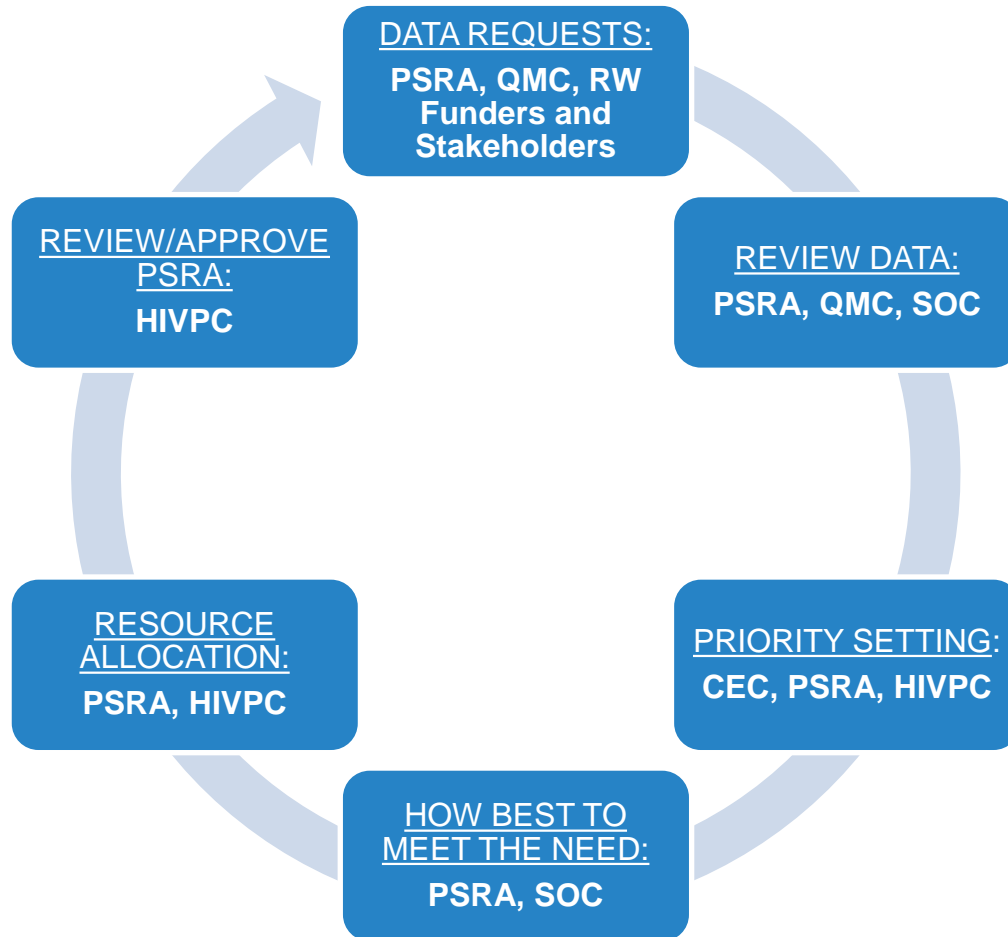
# FORT LAUDERDALE/BROWARD COUNTY ANNUAL RESOURCE ALLOCATION/REALLOCATION CYCLE

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# WHO IS INVOLVED?

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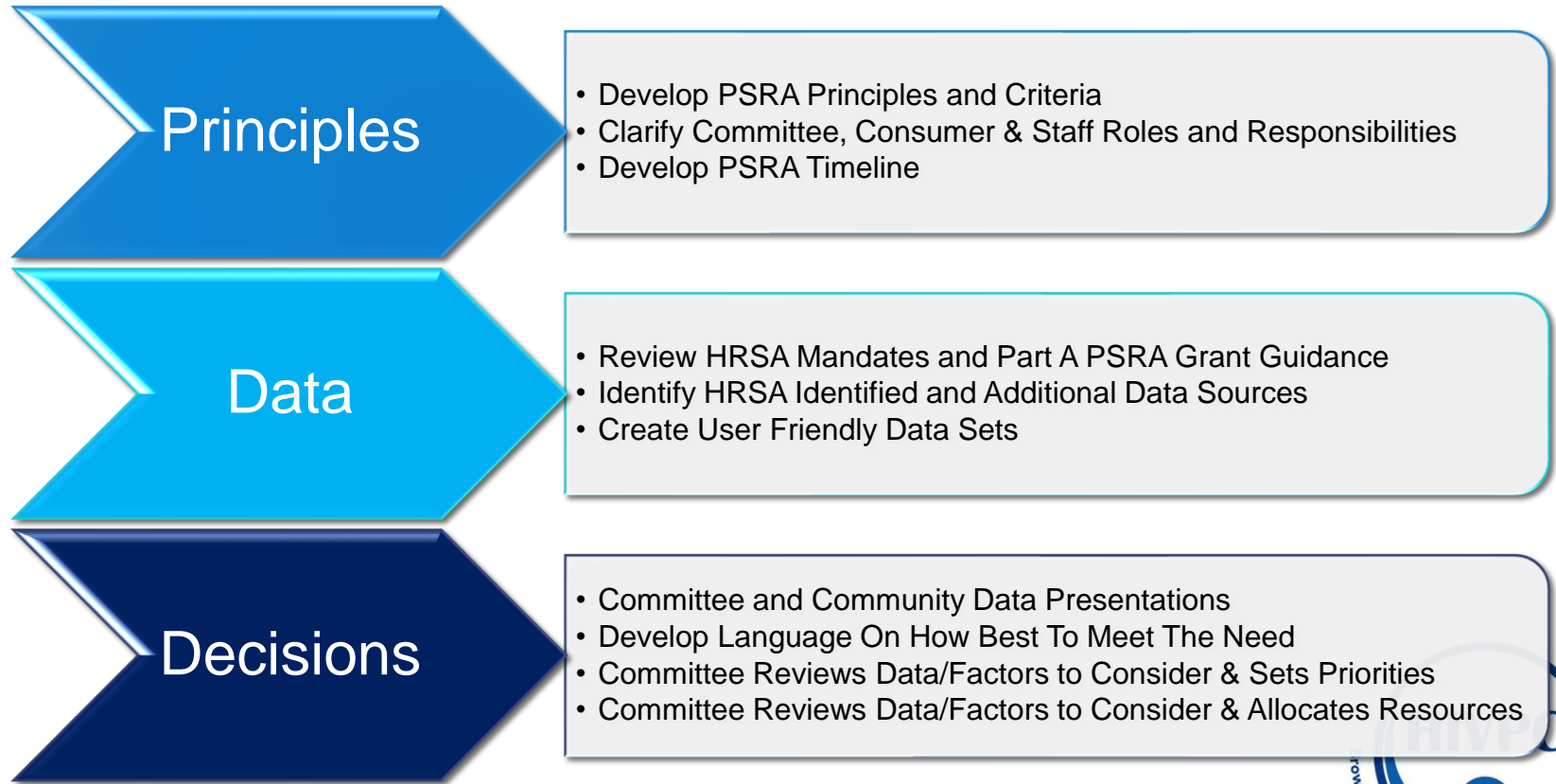
# PLWHA INVOLVEMENT IN THE PSRA PROCESS

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- **PLWHA Serve as Committee Members:**
  - ▶ **Community Empowerment Committee - CEC**
    - Data Collection (focus groups/feedback forums) & Presentation
    - Rank Core Services Priorities
    - Rank Support Service Priorities
  - ▶ **System of Care Committee – SOC**
    - How Best to Meet the Need
  - ▶ **PSRA**
    - Priority Setting & Resource Allocation
  - ▶ **HIVPC**
    - Approves All PSRA Decisions
  
- **Community Feedback Through Needs Assessment Activities:**
  - ▶ 2021 Needs Assessment
    - (Considers the needs of PLWHA from differing populations and geographic locations, including those in and out of care.)



# THE PSRA PROCESS



# REQUIRED PART A GRANT PSRA DOCUMENTATION

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The Part A Grant Application requires documentation about the PSRA process annually.

- ▶ Questions to be aware of includes:
  - How PLWHA were involved in the PSRA process and how their priorities are considered in the process
  - How data were used in the PSRA processes to increase access to core medical services and to reduce disparities in access to the continuum of HIV/AIDS care
  - How the HIVPC used changes and trends in HIV/AIDS epidemiology data in the PSRA process
  - How the Planning Council used cost data in making funding allocation decisions
  - How the Planning Council used unmet need data in making priority and allocation decisions
  - How the Planning Council's process will prospectively address any funding increases or decreases in the Part A award





# PSRA DATA SOURCE

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Priorities and allocations are data based. **Decisions are based on the data**, not on personal preferences.

The PSRA Committee will have access to information to enhance their efforts in the decision-making process.

## **The data collected includes:**

- ❑ Epidemiological Data
- ❑ Fiscal and Service Utilization Data
- ❑ Needs Assessment Data
- ❑ Others Funder's Data/Presentation



# PSRA DATA SOURCES (CONT'D)

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## Other factors to consider are:

- ❑ Funding from other sources such as Medicaid and Medicare
- ❑ Developing capacity for HIV services in historically underserved communities
- ❑ Priorities of Ryan White Consumers
- ❑ Changes in legislative requirements
- ❑ National HIV/AIDS Strategy
- ❑ Affordable Care Act



# OTHER RESOURCES

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- ❑ PSRA Policies and Procedures
- ❑ FDOH HIV/AIDS Partnership 10 Epidemiological Profile, 2020
- ❑ FY2021 Other Funders Table
- ❑ FY2021 Part A Scorecards, Expenditures Spreadsheet, and Projections Table
- ❑ Needs Assessment Activities Report
- ❑ FY2022 CEC Rankings Table
- ❑ FY2022 Part A Allocations Table

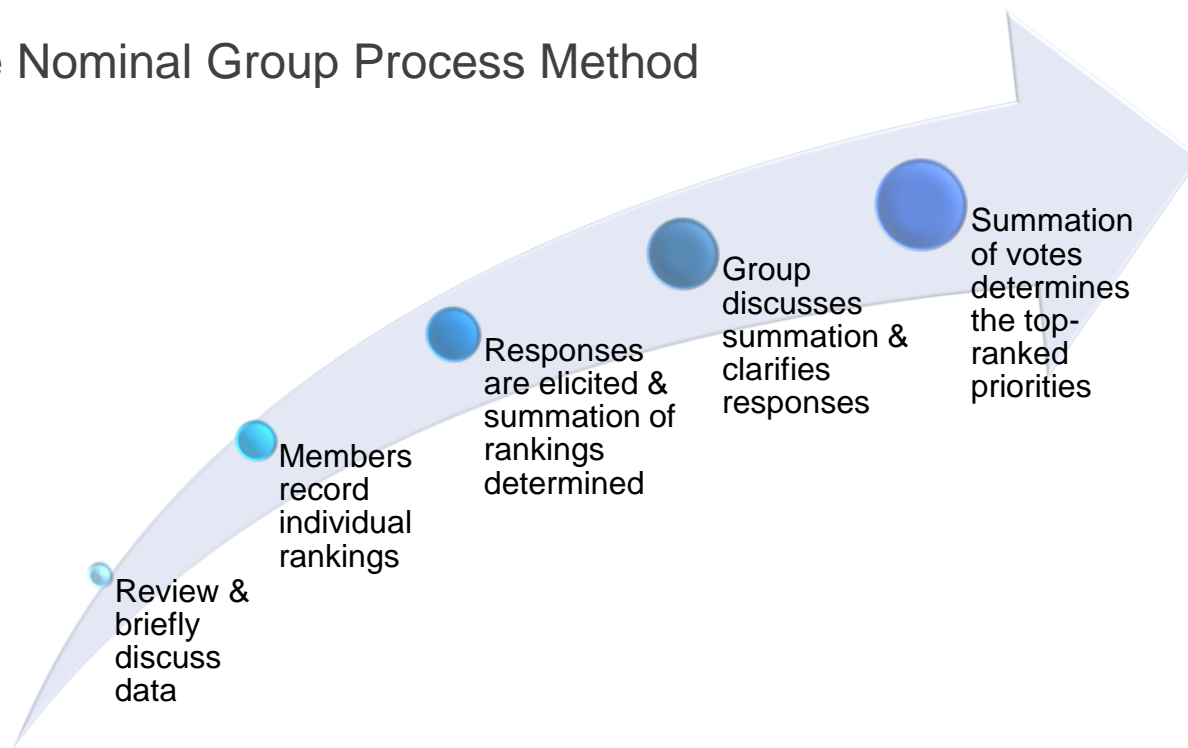


# PSRA PROCESS: STEP-BY-STEP

# PRIORITY SETTING

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- Prioritize all service categories included in Legislation
- Utilize CEC priority rankings, consumer feedback, and other PLWHA data provided
- Utilize Nominal Group Process Method



# PRIORITY SETTING: CORE SERVICES

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1. **Outpatient/Ambulatory Health Services**
2. **AIDS Pharmaceutical Assistance (Local)**
3. **Health Insurance Premium & Cost-Sharing Assistance (HICP)**
4. **Medical Case Management (Disease)**
5. **Mental Health Services**
6. **Oral Health Care (Dental)**
7. **Substance Abuse Services – Outpatient**
8. AIDS Drugs Assistance Program Treatments (ADAP)
9. Medical Nutrition Therapy
10. Early Intervention Services
11. Home and Community-Based Health Services
12. Home Health Care
13. Hospice Services

Note: **Bolded** Services are funded by RWPA



# PRIORITY SETTING: SUPPORT SERVICES

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- 1. Food Bank/Home-Delivered Meals**
- 2. Emergency Financial Assistance**
- 3. Legal Services**
- 4. Non-Medical Case Management (CIED)**
5. Housing Services
6. Medical Transportation Services
7. Substance Abuse Services - Residential
8. Psychosocial Support Services
9. Outreach Services
10. Health Education/Risk Reduction
11. Referral for Health Care/Supportive Services
12. Linguistics Services (Integration and Translation)
13. Other Professional Services
14. Child Care Services
15. Rehabilitation Services
16. Permanency Planning
17. Respite Care

Note: **Bolded** Services are funded by RWPA

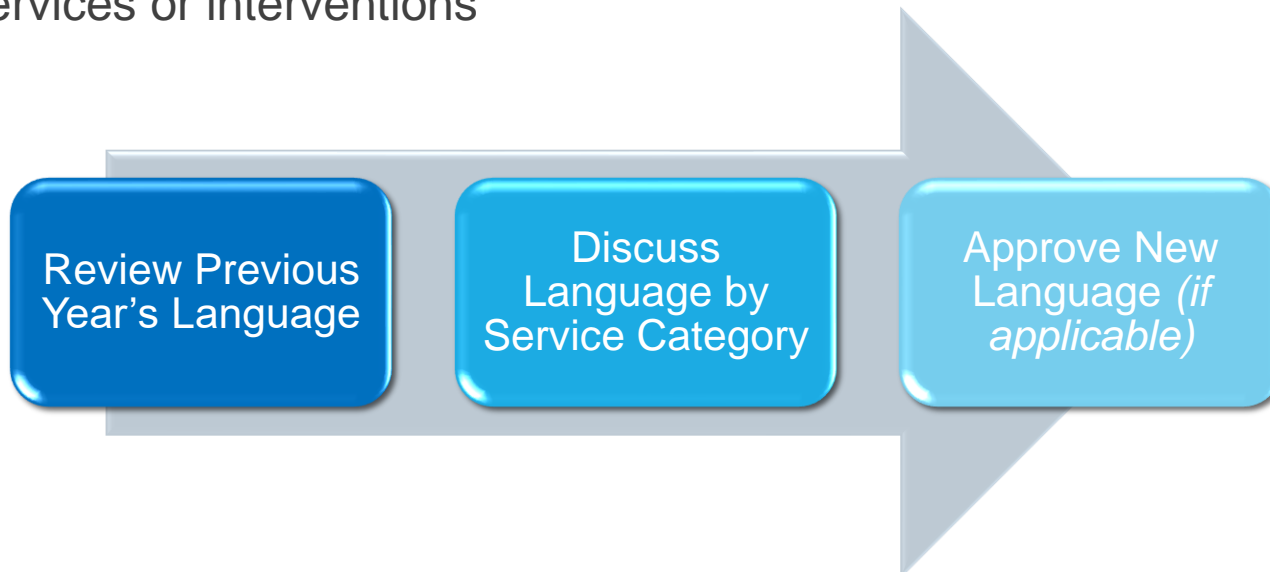


# LANGUAGE ON HOW BEST TO MEET THE NEED

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Directives to the Part A Recipient on how best to meet the service priorities identified, such as:

- Where geographically to fund services
- Specific models to use
- Identify target populations for which to implement new/improved services or interventions





# ADDITIONAL PRIORITIES & LANGUAGE CONSIDERATIONS

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**Priorities and HBTMTN Language should be based on:**

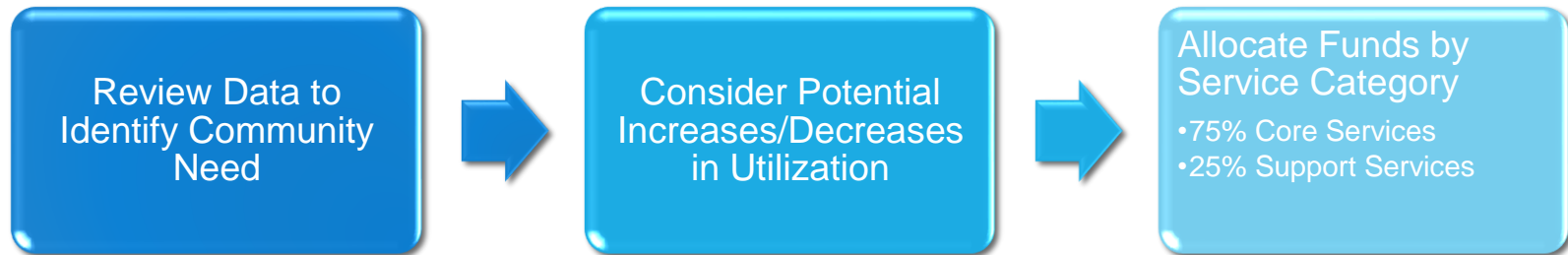
- Documented need
- Cost and Outcome Effectiveness
- Priorities of PLWHA
- Availability of other resources



# RESOURCE ALLOCATIONS

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- Decide how much funding will be used for each service category



# REALLOCATIONS (SWEEPS)

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- **Reallocation** is the process of moving program funds across service categories after the initial allocations are made. The PSRA Committee shall **review, at least quarterly, any deviations in planned expenditures exceeding 10%\* in any given funding category for possible reallocation and/or reprioritization.**
  - ▶ **Periodic Reallocation:** The Part A Recipient will present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. The funding should be maintained within the service category if possible.
  - ▶ **Final Reallocation:** To fully expend funds at the end of the fiscal year, the PSRA Committee authorizes the Part A Recipient to move funds between categories within a service provider's contract. This authority is given to understand that the reallocation process has occurred before this shifting of funds. The number of dollars involved should be less than 10% of the funding award, and that there are less than 120 days left in the fiscal year.\*\*

*\*Source: HIVPC Bylaws (October 2018)*

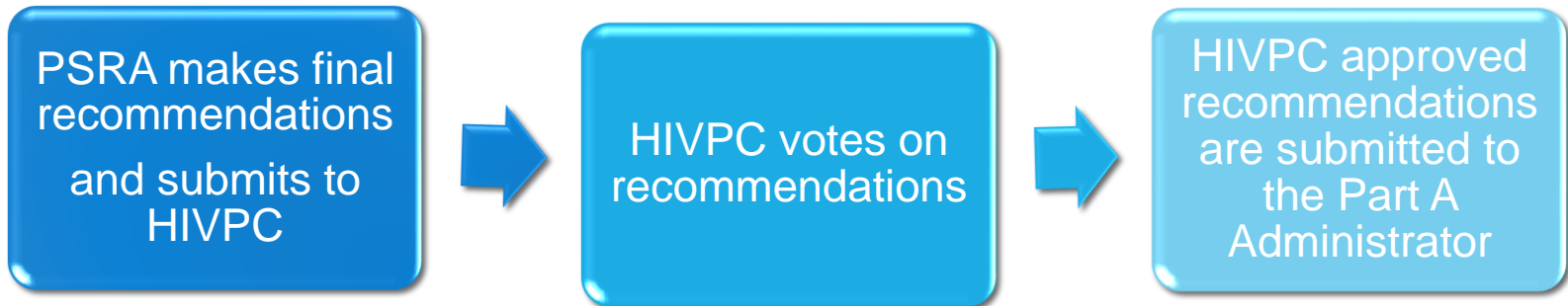
*\*\*Source: HIVPC Local Procedure Manual (June 2017)*



# PSRA APPROVAL

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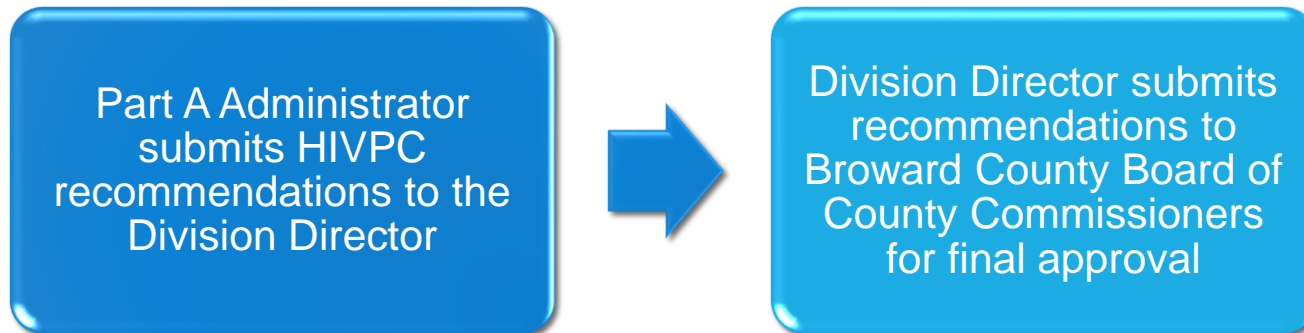
- The PSRA Committee forwards all recommendations to the HIV Planning Council for approval.



# PSRA APPROVAL

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- The Grant Administrator (Part A Recipient) submits the Planning Council's PSRA recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards them to the Broward County Board of County Commissioners for its approval.



# GROUND RULES

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- Every member will treat every other member with the courtesy and respect resulting from their legitimate right to be part of discussions and decision making. All members/participants in meetings will have the opportunity to speak and be listened to without interruptions.
- There will be no personal attacks, and disagreements will focus on issues, not upon individuals.
- Once decisions are made, every member of the Committee will support the decision, regardless of their personal position.
- A member will behave in a manner that reflects recognition of their responsibility to present and consider the concerns of specific communities or population groups while considering the overall needs of PLWHA and acting on their behalf, not to for personal benefit.
- 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 Recipient outside of the meeting.
- Every member will take responsibility for abiding by these rules of conduct personally and for speaking out to assure that all members abide by them.



# PSRA COMMITTEE: WHAT TO EXPECT

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- The Planning Council support staff will provide the essential materials needed for all activities. All Committee members will be given a **PSRA resource manual, guided by HRSA PSRA standards, to provide background and support to all presentations for an informed decision-making process.**
- **An immense amount of information will be distributed and presented within a short period of time:** Since a tremendous amount of information needs to be considered for members to prioritize services and allocate funds, each member is obligated to become familiar with how to read the data being presented and to use the information to make informed decisions.



QUESTIONS?  
DISCUSSION





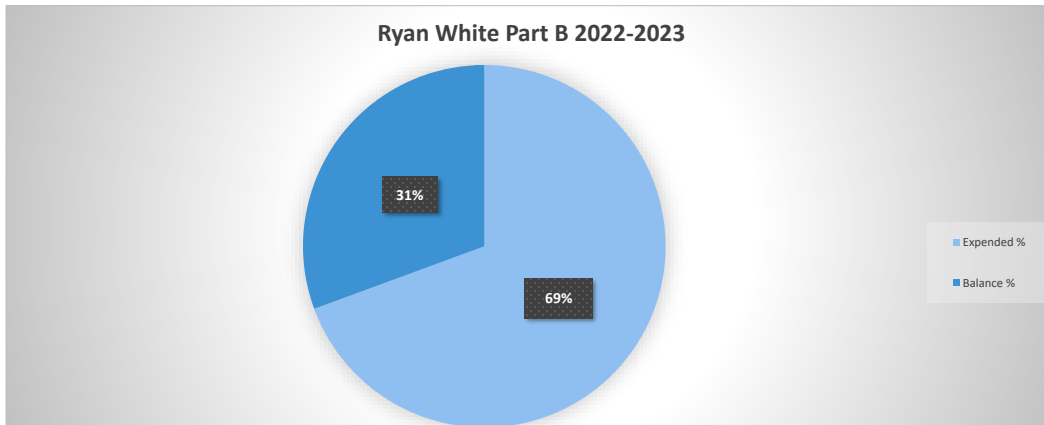
# HANDOUT G

| <b>ADAP REPORT JANUARY 2023</b>   |       |
|---|-------|
| Total Enrolled JANUARY 2023   |       |
| Total Virally Suppressed  | 4,339 |
| Percentage of Virally Suppressed at 6 months                                      | 93%   |
| ADAP Enrollments and Re-enrollments Processed                                     | 920   |
|   |       |
|   |       |
| No Show Report*   | 42%   |
| <i>*Increase in No Show Report rate due to 3 Office Closures in January 2023.</i> |       |

**Ryan White Part B**  
**PTC23: April 1, 2022 to March 31, 2023**

**Expenditures for December 2022**

| <i>Service Category</i>                      | <i>Allocated</i>    | <i>Expended December 2022</i> | <i>Expended Year-to-Date</i> | <i>Expended %</i> | <i>Balance %</i> | <i>Balance</i>    |
|--|---------------------|-------------------------------|------------------------------|-------------------|------------------|-------------------|
| <b>Administrative Services</b>               | \$ 85,825           | \$ 6,551                      | \$ 73,746                    | 86%               | 14%              | \$ 12,079.21      |
| <b>Health Insurance Premium/Cost Sharing</b> | \$ 167,750          | \$ 11,758                     | \$ 107,011                   | 64%               | 36%              | \$ 60,738.61      |
| <b>Home &amp; Community Based Health</b>     | \$ 25,000           | \$ 412                        | \$ 6,144                     | 25%               | 75%              | \$ 18,856.50      |
| <b>Medical Nutritional Therapy</b>           | \$ 20,000           | \$ -                          | \$ 10,885                    | 54%               | 46%              | \$ 9,114.57       |
| <b>Emergency Financial Assistance</b>        | \$ 246,512          | \$ 38,848                     | \$ 214,999                   | 87%               | 13%              | \$ 31,513.06      |
| <b>Home Delivered Meals</b>                  | \$ 15,000           | \$ -                          | \$ 1,848                     | 12%               | 88%              | \$ 13,152.00      |
| <b>Medical Transportation</b>                | \$ 100,476          | \$ 5,157                      | \$ 40,013                    | 40%               | 60%              | \$ 60,462.97      |
| <b>Non-Medical Case Management</b>           | \$ 321,770          | \$ 52,437                     | \$ 223,631                   | 70%               | 30%              | \$ 98,138.57      |
| <b>Residential Substance Abuse</b>           | \$ 136,500          | \$ -                          | \$ 103,359                   | 76%               | 24%              | \$ 33,141.00      |
| <b>Clinical Quality Management</b>           | \$ 43,096           | \$ 1,763                      | \$ 24,603                    | 57%               | 43%              | \$ 18,493.32      |
| <b>Planning and Evaluation</b>               | \$ -                | \$ -                          | \$ -                         | 0%                | 0%               | \$ -              |
| <b>TOTALS</b>                                | <b>\$ 1,161,929</b> | <b>\$ 116,926</b>             | <b>\$ 806,239</b>            | <b>69%</b>        | <b>31%</b>       | <b>\$ 355,690</b> |



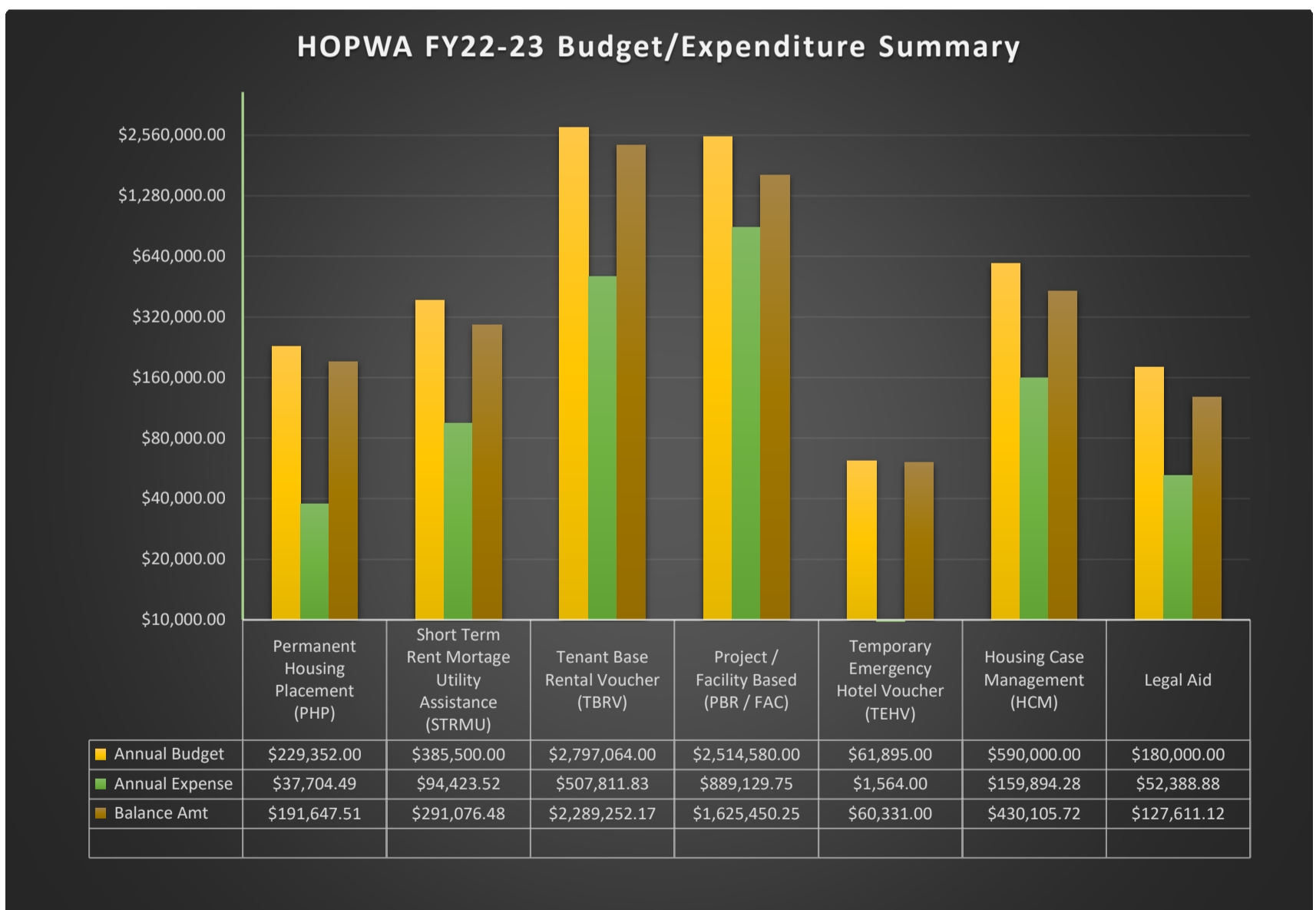


# City of Fort Lauderdale

## HOWPA Fiscal Year 2022-2023 Summary

Fiscal Year: 10/01/2022 thru 12/31/2022

| Program   | Annual Budget          | Annual Expense        | Percent Exp | Balance Amt           | Percent Bal. | Client Served |
|---|------------------------|-----------------------|-------------|-----------------------|--------------|---------------|
| Permanent Housing Placement (PHP)                   | \$ 229,352.00          | \$ 37,704.49          | 16%         | \$ 191,647.51         | 84%          | 13            |
| Short Term Rent Mortgage Utility Assistance (STRMU) | \$ 385,500.00          | \$ 94,423.52          | 24%         | \$291,076.48          | 76%          | 36            |
| Tenant Base Rental Voucher (TBRV)                   | \$ 2,797,064.00        | \$ 507,811.83         | 18%         | \$2,289,252.17        | 82%          | 148           |
| Project / Facility Based (PBR / FAC)                | \$ 2,514,580.00        | \$ 889,129.75         | 35%         | \$1,625,450.25        | 65%          | 139           |
| Temporary Emergency Hotel Voucher (TEHV)            | \$ 61,895.00           | \$ 1,564.00           | 3%          | \$60,331.00           | 97%          | 4             |
| Housing Case Management (HCM)                       | \$ 590,000.00          | \$ 159,894.28         | 27%         | \$430,105.72          | 73%          | 765           |
| Legal Aid   | \$180,000.00           | \$ 52,388.88          | 29%         | \$127,611.12          | 71%          | 68            |
| <b>FY 21-22 TOTAL</b>                               | <b>\$ 6,758,391.00</b> | <b>\$1,742,916.75</b> | <b>26%</b>  | <b>\$5,015,474.25</b> | <b>74%</b>   | <b>1173</b>   |





# City of Fort Lauderdale

## HOWPA Fiscal Year 2022-2023 Summary

### HOPWA Eligibility:

1. Client must be diagnosed with HIV
2. Income Eligible (Total Household Income at or below 80% of area median income)
3. Lawfully reside in U.S.
4. Broward County resident for 6 consecutive months.
5. Not receiving housing assistance from other programs

### How to apply for HOPWA Housing Assistance:

Contact SunServe or Care Resource ( Housing Case Managers)

- o SunServe: \*954-764-5150\* - 2312 Wilton Drive, Wilton Manors, FL
- o Care Resource: \*954-567-7141\* - 601 W Oakland Park Blvd, Fort Lauderdale, FL

HOPWA Non-Housing Legal Aid

- o Contact Careresource or Sunserve for Legal Aid referral

**HOPWA funding recommendation are made by the Community Service Board (CSB) and approved by City Commision.**

Meetings are held 2nd Monday of each month; 4:00pm at City of Fort Lauderdale; City Hall, Commission Chambers – 100 N Andrews Avenue, Fort Lauderdale, FL.

CSB meetings are open to the public and providers. Below is link to meetings details on City webpage:

<https://www.fortlauderdale.gov/government/CSB>

### City of Fort Lauderdale (HOPWA Grantee for Broward County)

Contact:

Eveline Dsouza: (954) 828-4775

Email: [EDsouza@fortlauderdale.gov](mailto:EDsouza@fortlauderdale.gov)



# ESCALATE: Ending Stigma Through Collaboration and Lifting all to Empowerment

Christopher J. Paisano, Indian Country  
Coordinator - NMAC



# Welcome

## Funding Statement

“ESCALATE is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) and the Minority HIV/AIDS Fund (MHAF) as part of a financial assistance award totaling \$1,600,906. 100 percentage funded by HRSA/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government.”

# What is ESCALATE?

“ESCALATE” (Ending Stigma through Collaboration And Lifting All To Empowerment) trains and builds the capacity of participants to recognize and address HIV stigma within the Ryan White HIV/AIDS Program (RWHAP).

NMAC created ESCALATE to reflect its mission and relationship to the communities of people with HIV.

NMAC “leads with race” as the burdens of the HIV/AIDS epidemic are most deeply felt in racial and ethnic minority communities.



# What is the Purpose of ESCALATE?

- To reduce stigma for people with HIV on multiple levels throughout the health care delivery system, including on the individual client, organization, and system levels.
- The program also focuses on implementing various stigma-reducing approaches with an emphasis on increasing cultural humility in care and treatment settings for people with HIV within the RWHAP.



How do we create system-level changes to  
Eliminate HIV-Related Stigma??

# Who does ESCALATE engage?

ESCALATE engages RWHAP Recipients and sub-recipients in **Parts A, B, C, and D**, including:

- Health Departments
- Community-based organizations
- Federally-qualified health centers
- Planning Councils
- Planning bodies



# ESCALATE Model

The ESCALATE program includes three “tracks” that support individuals and organizations in mitigating and eliminating stigma in HIV-related service provision in the United States:

- New and Innovative Stigma-Reduction Training – NMAC
- Targeted, Time-limited Technical Assistance (TA) – NMAC
- Learning Collaboratives (LC) – NORC at the University of Chicago

# Two REAL Exercises from ESCALATE Curriculum

Privilege Questions & LENSES Activity



# PRIVILEGE QUESTIONS

- **Use raise hand function on your Zoom to respond to the following questions.**



# The Lenses

# The Lenses



# The Lenses Example



Diné – K'awaik'a hanu  
Male  
Naaglé nishlí – Gay  
Younger brother  
Tséhootsoí doo Oakland-dee  
naasha!  
Catholic  
UC Berkeley Graduate

Prince freak!  
Professional experience in DC –  
Navajo Nation and public policy  
HIV advocate  
56 years old!  
Dog dad to three pups



# Share you lenses with one another



# The Lenses Debrief

1. How did it feel to share your “lenses” with someone else?
2. How did it feel to learn about the “lenses” of your partner?
3. Do our lenses affect our interactions with one another? How?
4. Are we always transparent about our lenses?
5. How could we support more transparency?