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

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

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 5/21/19 Executive Committee Agenda and 4/18/19 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a) Review and Approve 5/23/19 HIVPC Agenda, Meeting Materials and Motions (Handout A)
   b) Review June 2019 HIVPC Calendar (Handout B)
4. **UNFINISHED BUSINESS**

Agenda Items	*Action to be taken, presentation, discussion, brainstorm etc.*
Executive Committee Leadership Training Plan (Handout C)	ACTION ITEM: Update and finalize leadership training plan.

5. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items	*Action to be taken, presentation, discussion, brainstorm etc.*
HIVPC Training Plan FY19-21 (Handout D)	ACTION ITEM: Approve HIVPC's 2-year Membership Training Plan for FY2019-2021.
System of Care Committee Status (Handout E)	ACTION ITEM: Review SOC workplan and discuss the status of the committee.
HealthHIV Planning Body Assessment (Handout F)	ACTION ITEM: Discuss HIVPC's participation in HealthHIV study.

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** June 20, 2019 1:30 p.m. **VENUE:** A-337

Agenda Items for next Meeting	*Action to be taken, presentation, discussion, etc.*
Membership Recruitment Event	ACTION ITEM: Develop next recruitment event.

9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS
THREE GUIDING PRINCIPLES OF THE HIV PLANNING COUNCIL
• Linkage to Care • Retention in Care • Viral Load Suppression •

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Meeting Minutes: Executive Committee
Date/Time: Thursday, April 18, 2019, 1:00 p.m.
Location: Secret Woods Nature Center
Chair: Lopes, R. **Vice-Chair**: Grant, C.

ATTENDANCE

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

1. CALL TO ORDER

The Chair called the meeting to order at 1:09 p.m. and welcomed all present. Attendees were notified of information regarding the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, Committee members, guests, Recipient staff and support staff self-introductions were made. A moment of silence was observed. There were no public comments.

2. APPROVALS

Motion #1: To approve the Executive Committee 4/18/19 Meeting Agenda
Proposed by: Hayes, M. **Seconded by**: Fortune-Evans, B.
Discussion: A guest will be in attendance for a small window of time to discuss Racial Equity next steps, so the Committee may need to change the order of the agenda to accommodate the discussion.
Action: Passed Unanimously

Motion #2: To approve the Executive Committee 3/21/19 Meeting Minutes
Proposed by: Hayes, M. **Seconded by:** Fortune-Evans, B.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a) Review and Approve 4/25/2019 HIVPC Agenda, Meeting Materials and Motions (Handouts A):
The Committee reviewed and approved the HIVPC agenda with corrections made.

Motion #3: To approve the HIVPC 3/28/19 Meeting Agenda (with adjustments) **Proposed by:** Hayes, M. **Seconded by:** Foster, V. **Discussion:** The Consent Item to approve Guiding Principles was removed from the agenda. **Action:** Passed Unanimously

b) Review May 2019 Calendar (Handout B): The chairs reviewed the draft May HIVPC Committee Calendar.

4. UNFINISHED BUSINESS

None.

5. MEETING ACTIVITIES/NEW BUSINESS

a) Training Plan: The Committee reviewed topics from the 2016-2017 Executive Committee leadership training plan as well as Planning Council-related webinar topics from the Community HIV/AIDS Technical Assistance and Training for Planning project (Planning CHATT) for 2019-2020.. Members discussed the topics which would be most beneficial and how to coordinate the trainings. Additionally, the HIVPC Chair recommended two leadership trainings: (1) Strategic Thinking Workshop and (2) a Frequency of Leadership training.

ACTION ITEM: Obtain more information regarding the recommended leadership trainings on Strategic Thinking and Frequency of Leadership.

The Committee discussed the goals of leadership training. Members expressed interest in wanting to strengthen their leadership skills along with creating opportunities for other members to receive leadership training thus freeing current leaders to accept new roles over time.. After much discussion, the Committee planned to include Planning CHATT webinars in 2 of its upcoming meetings and continue discussing its Training Plan. The first webinar the Committee will watch is Organizational Leadership & Personal Growth during the August meeting. The following month, members will view a Recruitment & Retention webinar. The Committee will also plan for its next recruitment initiative at its next meeting.

ACTION ITEM: Discuss next recruitment initiative at May Executive Committee meeting.

The BRHPC Division Director discussed hosting a Membership Recruitment initiative in conjunction with the Peer Counselor Training and Certification Program cohort's graduation. The HIVPC has been working to increase its membership—especially of its unaffiliated consumers. By combining the graduation with the next MCDC meeting, HIVPC members can engage an active audience of consumers.

ACTION ITEM: HIVPC Staff will coordinate with MCDC to build a Peer Counselor graduation into the Membership/Council Development Committee.

b) Race Equity Institute Training: Suzanne Bundy of the Broward County Human Services Department joined the Executive Committee to discuss next steps for continuing the HIVPC's discussion of racial equity. The Committee and Ms. Bundy discussed the utilization of a self-assessment tool and the inclusion of racial equity on each agenda. The purpose of the self-assessment tool is to provide insight into each member's preparedness for discussions of race and equity. Members chose to implement the self-assessment tool at the Council-level. The HIVPC Chair suggested that Ms. Bundy provide a presentation on the racial equity initiative to refresh the Council on the purpose of this work.

Motion #4: To implement a racial equity self-assessment tool for the HIV Planning Council in addition to receiving a presentation on racial equity. **Proposed by:** Hayes, M. **Seconded by:** Robertson, L. **Discussion:** The goal of engaging in self-assessment and receiving the presentation is to encourage more people to have these conversations. This will bring race to the forefront of more people's minds and allow the HIVPC to remain proximate to the problem of institutional racism. **Action:** Passed Unanimously

ACTION ITEM: Schedule a date for the self-assessment tool and presentation.

6. RECIPIENT REPORT

During the first week of April, Recipient Staff attended AIDS Watch in Washington DC. The Recipient's Staff participated in various meetings as part of a delegation of 550 HIV Advocates nation-wide. They also had the opportunity to meet with Congressional Representatives for the State of Florida. Additionally, the Recipient reported that the county has received the full Ryan White Part A award amount for the 2019-2020 fiscal year.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS / TASKS FOR NEXT MEETING: May 16, 2019 1:30 p.m. VENUE: A-335

Agenda Items for next Meeting	*Action to be taken, presentation, discussion, etc.*
Membership Recruitment Event	ACTION ITEM: Develop next recruitment event.
Executive Committee Leadership Training Plan	ACTION ITEM: Update and finalize leadership training plan.

9. ANNOUNCEMENTS None.

10. ADJOURNMENT The meeting adjourned at 2:28 p.m.

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Executive Committee Attendance CY 2019

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

Legend:

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

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

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

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HANDOUT A

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL MEETING AGENDA

Thursday, May 23, 2019 9:30 a.m.
GC-430
Chair: Réquel Lopes **Vice Chair:** Claudette Grant
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. CALL TO ORDER (10 minutes)

2. WELCOME AND PUBLIC RECORD REQUIREMENTS
- a. Welcome and Introductions
- b. Review Meeting Ground Rules, Public Comment and Public Record Requirements
- c. Council Member and Guest Introductions
- d. Moment of Silence
- e. Excused Absences and Appointment of Alternates
- f. Approval of 5/23/19 Meeting Agenda
- g. Approval of 4/25/19 Meeting Minutes

3. PHONE INTRODUCTIONS

4. PUBLIC COMMENT (Up to 10 minutes)

5. FEDERAL LEGISLATIVE REPORT Handout A (Kareem Murphy)

6. CONSENT ITEMS

#	Motion	Justification	Proposed By
1	To approve Vanessa Lewis for HIVPC in the Individuals co-infected with Hepatitis B or C.	Ms. Lewis is a PLWH who has trained for certification as a Peer Counselor and has a strong desire to bring her experience to the HIVPC. She is an unaffiliated consumer, a group which is underrepresented on the HIVPC.	MCDC
2	To approve the FY2019-2021 HIVPC Training Plan (Handout B).	MCDC has recommended trainings for HIVPC to train members on topics directly related to and surrounding HIV Care & Treatment in Broward County.	MCDC & Executive Committee

7. DISCUSSION ITEMS
None.

8. NEW BUSINESS
- a. Hepatitis A Presentation (Handout C) – Overview of Hepatitis A including transmission, prevention, and symptoms from the Florida Department of Health in Broward County.
- b. "Fighting Stigma through Fashion" Fashion Show – (Handout D)

9. MARCH COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

May 7, 2019 *Chair: Vacant V. Chair: P. Fleurinord*

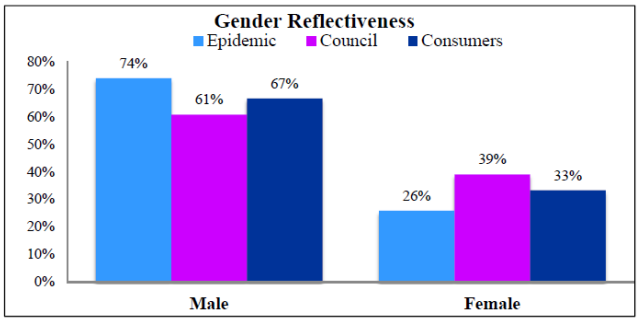
A. Work Plan Item Update / Status Summary:
Testimonials: The testimonial question *(What was an event you have attended that pleasantly surprised you?)* was posed to membership and each member took a moment to share a story. One member shared his experience attending an event at the World AIDS Museum. The event focused on the transgender community and what was pleasant about this event was hearing people telling their stories; which were explicit, transparent and informative. A meeting guest attended the same event and was impressed with the turnout, the honest conversation and the food. Both individuals agreed that it was a good event because it continued and started new conversations specific to the transgender community in Broward County. A Recipient staff member shared her experience during her visit to Washington D.C. for AIDS Watch. Another member shared about a library event- Each One, Teach One. Fashion Show Event Planning: The ad-Hoc Youth Advisory Chair gave committee members an update on the status of the fashion show event. The latest meeting for the ad-Hoc Committee was held during the last week of April. The event has been rescheduled to July 19th 7pm-10pm. The target audience is 18-38 years old; young adults are the biggest group of newly infected with HIV/AIDS in Broward County. CEC members were invited to attend this meeting to assist with the planning. One of the event goals is to make sure PLWHA are heavily included in this event, as this can be a great way to engage with people in the community and add more members to the Council. Committee members and attendees were given samples of the model casting call and event flyers. Suggestions were made for both marketing materials. The ad-Hoc Chair shared the outreach efforts and points of contact to attract this age group: GSA, local high schools, ASO Providers and Case Managers. Social media access via Broward County's Twitter and Facebook will be provided through the Recipient Staff. Utilizing the social networks of the ad hoc CEC members, and reaching out to fashion schools and publications was another suggestion for garnering support. Event Goal Setting: The PC staff reviewed the analytics from past events to gauge the goals that the committee would like to set for the upcoming fashion show event. The discussion started with the committee members being asked: "*What would you say is a successful event*?" Members referred to the past event analytics, and discussed the past event's page views, page traffic, RSVPs and attendance. Goals were set for event turn out, attendee percentage and preferred attendees. After goals were set, members continued to brainstorm on ways to cater to the younger audience to ensure high attendance.
B. Rationale for Recommendations:
None.
C. Data Reports/Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Agenda Items for Next Meeting: Event Planning / PSRA Service Categories N*ext Meeting Date*: June 4, 2019 at 3:00pm

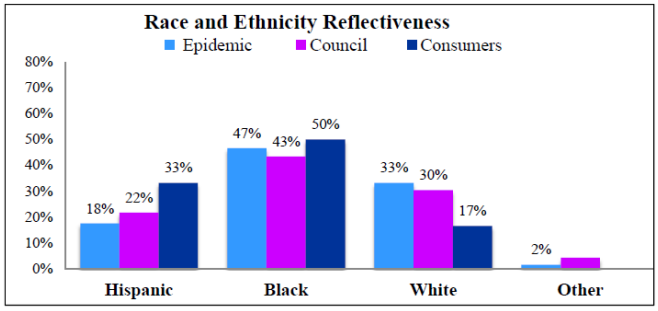
B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

May 9, 2019 *Chair: V. Foster, V. Chair: Vacant*

HANDOUT A

HIV Planning Council Membership Report
Current Through April 2019





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	15,309	74%	14	61%	-13%	4	67%	-7%
Female	5,352	26%	9	39%	13%	2	33%	7%
Transgender	-	-	0	0%	-	0	0%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	3,640	18%	5	22%	4%	2	33%	16%
Black	9,646	47%	10	43%	-3%	3	50%	3%
White	6,885	33%	7	30%	-3%	1	17%	-17%
Other	332	2%	1	4%	3%	0	0%	3%
Total	20,661	99%	23			6		

Current Members	23
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	26%

Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. Federally Recognized Indian Tribe Members
3. State Medicaid
4. Local Public Health Agency
5. Health Planning
6. Alternates (3)
7. Co-infected with Hepatitis B or C

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

% Part A-Funded Providers	*35%*

A. Work Plan Item Update / Status Summary:

HIVPC Committee Vacancies: Since the last MCDC meeting, one (1) new member has been appointed to the HIVPC. One (1) black female consumer will be voted on by the HIVPC at its May meeting. There is still a need for consumer membership as the HIVPC remains below the 33% HRSA mandate for PLWHA participation.

Planning Council and Committee Attendance: The Committee reviewed Council and Committee attendance. No warnings or removals have been issued since MCDC's last meeting. Members discussed the need for Committee leadership, specifically for CEC which has not met consistently in CY2019 as a result of its open Chair position and its Vice-Chair being unavailable to meet.

Training Plan: The Committee reviewed and finalized its HIVPC Training Plan for FY19-20 and FY20-21. The plan will be reviewed and approved by the Executive Committee followed by the HIVPC.

B. Rationale for Recommendations:

None.

C. Data Reports/Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Recruitment & Retention Plan. *Next Meeting Date*: August 8, 2019 at 9:30 a.m. *Room:* A-337

C. INTEGRATED WORKGROUP

No May Meeting *Chair: T. Pietrogallo, V. Chair: T. Williams*

D. QUALITY MANAGEMENT COMMITTEE (QMC)

No May Meeting *Chair: Vacant V. Chair: B. Fortune-Evans*

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

May 16, 2019 *Chair: L. Robertson, V. Chair: M. Hayes*

F. AD-HOC ADVISORY COMMITTEE

A. Work Plan Item Update / Status Summary:
Member Event Prep Assignments Update: The Ad-Hoc Youth Advisory Committee discussed its progress in securing sponsorships from the previously determined organizations. Goodwill, Poverello, and Walgreens expressed interest in donating and/or providing items on loan. AHF agreed to donate through Out of the Closet and AHF Pharmacy at the meeting. Members will reach out to previously identified parties who have not confirmed sponsorship to determine interest and availability. Event Marketing & Promotions: The Committee selected the 1-page version of the event flyer and suggested changes to the size of the Fashion Show title and creating space for sponsor logos. The flyer will be distributed to agencies to print and display digitally as well as emailed to interested parties. Event Program Outline: Members reviewed a draft agenda for the Fashion Show, a planning timeline, and selected specific roles for event management purposes. The timeframes outlined in the agenda were tabled until the Master of Ceremonies has been chosen, but members will review the proposed videos for the transitions between scenes and discuss them at the June meeting. A range of dates were selected and added to the planning timeline for rehearsals and fittings. Model Casting Call: The Committee reviewed the final draft of the Model Casting Call flyer. Aspiring models will register for a time slot of the casting through Eventbrite and complete an application prior to the audition. The Committee included demographic questions on the application to ensure the most diverse possible cast of models.
B. Rationale for Recommendations:
None.
C. Data Reports/Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Agenda Items for Next Meeting: Member Assignment Updates, Event Planning Timeline, and Model Casting Call. *Next Meeting Date*: June 11, 2019 at 4:30 p.m.

G. EXECUTIVE COMMITTEE

May 21, 2019 *Chair: R. Lopes, V. Chair: C. Grant*

A. SYSTEM OF CARE COMMITTEE (SOC)

No May Meeting *Chair: Vacant V. Chair: Vacant*

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

10. GRANTEE REPORTS (20 minutes)

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

11. UNFINISHED BUSINESS

12. PUBLIC COMMENT (Up to 10 minutes)

13. ANNOUNCEMENTS

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: June 27, 2019 9:30 a.m. **LOCATION:** GC-430

16. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS
THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
• Linkage to Care • Retention in Care • Viral Load Suppression •

June 2019

Broward County HIV Health Services Planning Council Calendar

HANDOUT B

Last Updated: 5/20/2019

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

Monday	Tuesday	Wednesday	Thursday	Friday
3	4 **Community Empowerment Committee Meeting** 3:00 p.m., A-337^ **Support Services Network Meeting** 2:30p.m., GC-302^	5 ***HIV Long Term Survivors Day*** **Medical/DCM Network Meeting** 2:30p.m., GC-320^	6	7 **SFAN Meeting** 10:00 a.m. ~
10	11 **CEC ad-Hoc Youth Advisory Committee Meeting** 4:30p.m., *	12 **Behavioral Health Network Meeting** 2:30p.m., GC-301^	13	14
17 **Quality Management Committee Meeting** 12:30 p.m., A-337^	18	19	20 **Priority Setting & Resource Allocation Committee Meeting** 9:00a.m., A-337^ **Executive Committee Meeting** **1:00p.m., A-337^**	21
24	25	26	27 **HIV Planning Council Meeting** 9:30 a.m., GC-430^	28
29	30			

^ **Governmental Center —**115 S Andrews Ave, Ft. Lauderdale, 33301

* **World AIDS Museum** - 1201 NE 26th St Ste 111, Wilton Manors, FL 33305

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

June 2019

Broward County HIV Health Services Planning Council Calendar

HANDOUT B

Last Updated: 5/20/2019

Dates and times are subject to change. Visit http://www.brhpc.org/programs/hiv-planning-council/ for updates. For questions about the HIV Planning Council & Committees, please contact Vanessa Oratien at 954-561-9681 ext. 1343. For questions about the QI Networks, please contact Brithney Johnson at 954-644-2774.

TODOS ESTAN BIENVENIDOS!

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

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Acceso de Downtown Bus Terminal y Tri-Rail/Broward County Transit)

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

ALL ARE WELCOME!

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

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit)

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

BON VINI!

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

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit)

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

HIVPC Committee Descriptions

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

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

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.

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.

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.

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

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

HANDOUT C

Executive Leadership Training Plan

FY19-20 Training Topics and Projected Timeline

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

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

FY 2019-2020 Training Topics

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

Note: Training topics are subject to change based on current issues.

HANDOUT D

HIVPC Training Plan

FY19-20 & FY20-21 Training Topics and Projected Timeline

Objective Statement: To train the HIV Planning Council on topics directly related to and surrounding HIV Care and Treatment in Broward County

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

FY 2019-2020 Training Topics

☐	Projected Month: May 2019	**Hepatitis A:** The presentation will include how Hepatitis A is transmitted, prevention information, and symptoms. This is timely information regarding a health issue affecting Broward County.
✓	Completed: April 2019	**PSRA Process:** The Priority Setting and Resource Allocation (PSRA) Committee Chair will conduct a brief presentation about the priority setting process. The process begins with the collection of data and a data presentation to the PSRA committee. The PSRA Chair will review the data presentation given to the Committee.
☐	Projected Month: TBD	**Systems Outside of HIV: Broward County's Homeless System:** A representative from the Homeless Initiatives Partnership will provide a presentation regarding homelessness in Broward County as well as the resources available for people experiencing housing instability. This presentation will complement information provided by Housing Opportunities for People Living with HIV/AIDS (HOPWA).
☐	Projected Month: TBD	**Mental Health:** A mental health representative will conduct a presentation about the mental health system of Broward County, the stigma surrounding mental health, the intersection of mental health and HIV, and the utilization of services.
☐	Projected Month: TBD	**Robert's Rules:** A consultant will provide a presentation on Robert's Rules to detail the parliamentary procedure utilized by the HIV Planning Council to conduct meetings.

FY 2020-2021 Training Topics

☐	Projected Month: TBD	**Prevention Initiatives: PrEP & PEP:** An overview of data & outcomes related to preventative measures will be provided by FLDOH-BC.
☐	Projected Month: TBD	**Systems Outside of HIV: *Drug Use & Substance Abuse*-**The United Way Commission on Behavioral Health & Drug Prevention will be contacted to provide training on the impact of drug use on Broward County and its Comprehensive Community Prevention Action Plan.
☐	Projected Month: TBD	**State-wide Update on the Status of HIV:** A Health Department representative will provide a comprehensive update on the status of HIV care, treatment and prevention for the state of Florida.
☐	Projected Month: TBD	**Affordable Care Act Update:** TBD *(Based on changes to the law by the Federal Government)*
☐	Projected Month: April 2020	**PSRA Process:** The Priority Setting and Resource Allocation (PSRA) Committee Chair will conduct a brief presentation about the priority setting process. The process begins with the collection of data and a data presentation to the PSRA committee. The PSRA Chair will review the data presentation given to the Committee.

Note: Training Topics are subject to change based on current issues.

HANDOUT E

FY 2019-20 System of Care Committee Work Plan

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

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

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

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

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

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

HANDOUT F

Data
Decisions
Delivery

Directing Comprehensive TA:
From Systems to Sustainability

North Dakota Community Planning Group Assessment

Technical Assistance for HIV Planning

February 2019

Developed by HealthHIV on behalf of the North Dakota Department of Health

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BACKGROUND

In Fall 2018, the North Dakota Department of Health (NDDoH) and North Dakota Community Planning Group (NDCPG) leadership requested HealthHIV to provide technical assistance (TA) to evaluate and review effectiveness of the integrated HIV prevention, care, and viral hepatitis planning group's structure, bylaws, responsibilities and function. The TA delivery will include a comprehensive assessment, a formal presentation at NDCPG bi-annual meeting in February 2019, and recommendations for revisions and upgrades of planning group expectations and responsibilities, including the membership, structure, and policies/procedures.

Logistics & Responsibilities

HealthHIV, a TA provider funded by the Centers for Disease Control and Prevention (CDC), assists state/local health departments, HIV planning groups, ASOs/CBOs, and healthcare organizations in areas such as community engagement, organizational development, program integration, healthcare reform planning, high-impact prevention, clinical integration in prevention, public-private partnerships, and much more.

HealthHIV, based in Washington, DC, developed and implemented a mixed method assessment involving collecting and analyzing quantitative (e.g., online survey) and qualitative (e.g., key informant interviews) data from key stakeholders involved in HIV planning in North Dakota. NDDoH and the NDCPG leadership facilitated engagement and communication with CPG members and external stakeholders throughout the three-week assessment process.

Objectives

The goal of the TA is to provide an external assessment of the North Dakota Community Planning Group to determine the effectiveness of the planning body structure, bylaws, policies, and procedures. The key objectives that will be achieved are:

- Review criteria to assess effectiveness of NDCPG, including structure, membership, community engagement, and monitoring/tracking impact.
- Discuss model practices and key recommendations regarding NDCPG operations.
- Present implications and findings from assessment with full NDCPG membership to encourage consideration, adaptation and/or implementation of recommendations.

DOCUMENT SCOPE

The following document provides a summary and analysis of the information gathering and assessment process, recommendations for NDCPG structure and process improvement, and recommendations for future TA activities. *Note that although HealthHIV identified areas for TA/CBA delivery, this particular effort does not include implementation of recommendations or follow-up TA/CBA at this time.*

INFORMATION GATHERING

Information-gathering activities were implemented among key NDCPG sources, including the state appointed co-chair, community co-chair, and membership committee lead. HealthHIV conducted numerous calls with NDCPG co-chairs to discuss: the scope of TA activities; outline objectives and intended outcomes; review requests for documentation; gain clarification on CPG structure, policies, and procedures; and, ensure full cooperation and clear communication with NDCPG member regarding the TA activity.

Information was collected via email, and included the following NDCPG documentation:

- Acronym Guide
- Executive Board & Committee Listing
- Conference Application Form
- Conferences & Workshops
- Conflict of Interest
- Confidentiality Contract
- Conflict of Interest Disclosure Form
- Glossary of Terms
- Meeting Protocol
- Membership Application Form
- Member Contact Information 2019
- Member Recognition
- Membership Years of Service
- NDCPG Bylaws
- Orientation & Mentorship (including list of orientation materials)
- Outreach Activity Form
- Outreach Events
- Regional Taskforces
- Regional Taskforce Map
- Reimbursement
- Taskforce Meeting Summary
- Timetable of Tasks

NDCPG SURVEY AND KEY INFORMANT INTERVIEWS

The formal assessment of NDCPG was conducted through online surveys and individual phone interviews. HealthHIV implemented two assessment modalities concurrently in January 2019, which included an anonymous online survey of the full NDCPG membership and phone interviews with a diverse group of members, including voting and non-voting members. Ultimately, the assessment and discussion at NDCPG's in-person meeting will lead to a better understanding of how to ensure and improve NDCPG's effectiveness and role in ending the HIV and viral hepatitis epidemics.

Overview of NDCPG Member Survey

The purpose of the online survey instrument was to provide NDCPG with information for reflection, discussion, planning, and development to improve the group's practices, structure, and community engagement efforts. HealthHIV asked survey participants to provide thorough, thoughtful, and truthful answers. All answers to the survey were anonymized and reported in the aggregate to protect confidentiality of NDCPG members.

The survey included 24 questions (17 quantitative and 7 qualitative/open-ended) related to: membership demographics and skills; effectiveness of NDCPG structure; NDCPG recruitment

and orientation activities, relationship with external stakeholders, and key successes and areas for improvement.

HealthHIV and NDCPG leadership reached out to 17 members and a total of 14 individuals responded to the survey. Of those 14 respondents, 36% (5) were affiliated with the state or local health department, 29% (4) with an ASO/CBO, 21% (3) with a healthcare organization, and 14% (2) not affiliated with a specific organization type.

Overview of NDCPG Key Informant Interviews

HealthHIV conducted key informant interviews to further the participation and voice of NDCPG members in the assessment process. A diverse group of perspectives (five members) were asked to participate; new and seasoned members, government and community, as well as process-holders and committee leads. All qualitative information from the interviews was de-identified and aggregated. The interview tool consisted of 26 open-ended questions, which could be completed within 60 minutes, and included discussion of: member background; current engagement an role with NDCPG; HIV planning purpose and effectiveness; NDCPG membership; and, future aspirations/anticipated challenges.

Summary of Findings

Findings from the complete assessment were shared at the NDCPG's February 2019 meeting. The following is a narrative summary of the survey and key informant interview data.

Member Demographics

A majority of the members reside in urban areas (50%) followed by rural (36%) and suburban (14%). A majority of members identify as White/Caucasian (86%), male (57%), and LGBT (50%, including 43% MSM). There is moderate representation of persons living with HIV (21%), currently/formerly homeless (21%), current/former injection drug user (21%), currently/former sex worker (14%), and baby boomer (14%).

None of the members that responded to the online survey indicated they are a current or former member of the following high-risk populations:

- Black/African American
- Hispanic or Latino
- Foreign Born/New American
- Youth (1995-2004)
- Transgender/Gender non-conforming
- Person living with viral hepatitis

Self-reported Skills of Current Members

The listing of member skill levels below is based on respondents' self-report of expertise in the following public health and HIV/viral hepatitis-related subject areas.

Most Skilled (Intermediate to Advanced)	Basic Skills	Least Skilled (No Skills)
• Biomedical HIV prevention advances (50%) • Advocacy (43%) • HIV outreach and community health (43%) • Community organizing (38%) • LGBT health (36%) • Social media and marketing (36%) • Epidemiology and data analysis (36%) • Housing and homelessness (36%)	• Primary health care (64%) • HIV care and treatment (64%) • Substance use and addictions treatment (64%) • Indigenous/native population health (64%)	• Corrections/law enforcement (50%) • Federal health policy (46%) • Faith-based communities (36%) • Minority-focused services (29%) • Behavioral or social sciences (29%) • Research and evaluation (29%)

Other reported skills included: real-world experience related to living with HIV and stigma; viral hepatitis; community volunteering; tribal health education; STD screenings.

Skills Most Important for Members

HealthHIV asked which skills sets, values, or perspectives are most important for members to have to meaningfully engage on the NDCPG. Responses are summarized in the chart below:

• Personal experience, personal engagement and willingness to be active as a member, personal investment	• Be able to be a voice of your community – be comfortable speaking on your community and reflective reason as to why you are there
• Medical provider (to field medical-centered questions and provide input from that perspective)	• Involved, engaged, active participation in meetings and as a representative of NDCPG at outreach and testing events
• Strong communication skills	• Not selected just because they work for a specific agency
• Willingness to collaborate and work with a diverse group of people	• Someone who wants to help their community or someone who is a searching for community
• Baseline knowledge of the HIV epidemic and current guidelines (moving beyond condom distribution to PrEP, U=U, etc.)	• Someone who is engaging in learning and educating themselves on HIV (thirst for knowledge)

NDCPG Structure

HealthHIV explored several areas of the current NDCPG structure through review of documentation, the online survey, key informant interviews, and conversations with the NDCPG co-chairs.

Health Department of Community Member Roles & Responsibilities in HIV Planning

HealthHIV asked members to share their perspectives on the roles and responsibilities of the health department and community representatives in the HIV planning process. Many noted that expectations of members have changed, and there should be more clarification of roles and needed investments of the membership. Interviewees seemed better able to articulate and specific activities and responsibilities of the health department, but shared a broader and more vague description of the community role in planning.

Health Department Role	Community Member Role
• Should have less of a role than community on the planning group – not overshadowing community • Provide updates on data and epidemiology trends • Share information on resource allocation and moves funding • Promotes events and community engagement opportunities • Explores opportunities to decrease stigma • Write IPCP and objectives • With minimal involvement from the community the HD is asked to do a lot • Provides medical services • Ensures buy-in, collaboration, participation, and communication with key government agencies	• Has evolved to ASO/direct service provider role – carrying out activities of IPCP • Advisory role for most of IPCP development and implementation • Share community voice to inform where HD should focus efforts • Ensure health department does not lose the human touch • Assist HD in being voice OF and TO the community by engaging in awareness events

Regional Taskforces

Overall, the NDCPG members agreed that the Regional Taskforces have not been effective (scoring average of 4 out of 10). The majority of respondents (71%) scored the regional taskforce structure ineffective based on the Likert scale. Rational for its effectiveness and ineffectiveness are:

Ineffective	Effective
• Under-resourced • Either government-based or community-based • Expectations and engagement of members • Accountability for participation • Communication between task forces • Meeting inconsistently • Central Region and Northern Region lack	• Loyalty & commitment • Helps keep health department updated on local/regional HIV health issues • Helps educate the communities • Discussions are productive and follow-up is effective

participation • Some more active than others	

Key informant interviews support the need to adapt or dissolve the regional structure due to lack of direction, engagement, and diversity/representation within regions. Few activities are being accomplished at a regional level beyond sharing of information, resources, and events. If the regional structure were to continue, a clearly outlined purpose and expectations needs to be developed to ensure the process is contributing to HIV planning. At this time, few members are able to articulate the expectations, activities, or rationale for the regional groups.

Committees

Data from the survey indicates that members would consider, and possibly preference, changes in the NDCPG committees. In response to which committees might be most effective, the members recommended: *Community Engagement & Education* (86%); Community Services/Needs Assessment Committee (50%); Executive Committee (36%); Membership Committee (27%); Evaluation Committee (21%); and, Ad Hoc Committee (21%). Two of the committees selected are existing committees, and none of the respondents wrote in additional recommendations.

Meetings

Data also suggested that the majority of members (36%) support the current bi-annual meeting schedule, however, 43% (6) would participate in three or four meetings annually and 21% (3) would participate in ten meetings. The preferred format for meetings is in-person, and 71% would participate via web meeting with video conferencing and fewer than half (43%) would participate via web meeting without video conferencing.

Bylaws, Policies & Procedures

A majority of members (57%) feel that the current bylaws, policies, and procedures are at least somewhat effective (scoring average of 7 out of 10), however 43% of respondents had a neutral opinion of the effectiveness of written NDCPG policies. Members agree that the group operates according to written policies and procedures, and note that written bylaws have been effective for new members. It also was noted that the bylaws are clear and easy to understand.

The bylaws will constantly need to evolve in order to remain relevant, and the newest iteration (2017) is moving them towards that. The suggested updates to be made are in: taskforce groups, expectations of a CPG member, and involvement of the HD in the CPG. One member felt that the recent bylaws/policies/procedures change might have caused the group to lose members.

NDCPG Membership

Overall, respondents noted that the NDCPG membership may be agency-heavy and lacking complete involvement from the community. Diversity on the group needs to be addressed to

include broader stakeholders addressing social determinants of health, other geographic areas, and populations most impacted by HIV and viral hepatitis and the providers serving them.

Recruitment

The majority of NDCPG members became members through a referral or recommendation from a current member (61%). Two respondents learned about NDCPG through the NDDoH/CBO/health center, two requested information due to personal and professional interests, and one individual learned of NDCPG online. None of the members were recruited at outreach events, which may be a missed opportunity for recruitment in the future. Key informant interviews supported the survey data, indicating that a NDCPG member, friend, colleague, or case worker/NDDoH representative recruited most of the current members.

The primary reasons for current members joining NDCPG:
• Personally affected and/or member of target population (MSM, PLWH) • Previous experience with serving on boards for HIV prevention and equality • Desire educate and engage the community, including the LGBT, immigrant, and/or indigenous populations • Need to serve those affected in the community who were not getting assistance or education • Bring forward concerns of PLWH in the state (first-hand concerns and challenges) • Seeking to reduce stigma in community • Passionate about mission and work • Requirement or benefit professionally – take conversations and information back to organization

Respondents did not highly rate the current recruitment efforts of the NDCPG (average 4 of 10). Although a majority (71%) rated recruitment ineffective, the responses varied. Three respondents rated the recruitment efforts highly and several were somewhat positive about how NDCPG currently recruits members.

Observed challenges to new member recruitment include:

- NDCPG taking a passive, rather than active, approach to recruiting new members
- Missing opportunities to discuss NDCPG and recruit members at outreach and testing events and in non-traditional settings (e.g. adult bookstore)
- Identifying and engaging someone who has access to individuals out in rural communities and native populations
- Need for new voices and perspectives to move beyond status-quo
- Stigma within target populations (New American, Native/Indigenous)

Retention & Engagement

The majority of current members (43%) intend to stay on the NDCPG for 10 or more years, demonstrating a strong commitment to the group and HIV planning process. Only one member

plans to retire in one to two years. However, several members indicated they "don't know" what their long-term plans are for engagement with the NDCPG, which should be explored further. The key informant interviews indicated this uncertainty could be due to individuals being unsure about the longevity of their current professional position, which impacts NDCPG membership.

Members noted that some individual members have exceeded expectations for engagement and others are less engaged, and possibly less interested, invested, or burnt out. Some members offered their hope to be more meaningfully engaged by NDCPG in the future, such as through more outreach events and walks, and webinars and online learning opportunities.

Perception also exists that there are not enough members to complete tasks, which creates burden on some members. Some members do not seem engaged year-round in activities, e.g. unresponsive to communications. It is noted the limited distribution of tasks and responsibilities – in part due to lack of engagement—requiring the NDDoH to take on most of the work.

There were varied responses to NDCPG engagement with the state Integrated HIV Prevention and Care Plan (IPCP). Many report great involvement in the development of the most recent IPCP and advisory role on how the state will meet objectives. However, members also report lack of discussion on how to move activities forward on a regional level, and there is limited follow-up or discussion of realistic annual goals and objectives.

Orientation

Respondents rated the current member orientation of the NDCPG as average (average 5 of 10). Although a majority (64%) rated member orientation ineffective or neutral, the responses varied. Three respondents rated the member orientation efforts highly and two were somewhat positive about how NDCPG currently conducts orientation with new members. Several individuals indicated that new members would benefit from a more comprehensive and interactive orientation process prior to their first in-person meeting to ensure new member is fully briefed to be able to engage meaningfully and voted informed.

Respondents reported the following strengths and weaknesses in NDCPG's current member recruitment, orientation, and retention activities:

Strengths	Weakness
• Welcoming/very open to new members • Long tenure of members • Currently have bylaws and a policies and procedures manual • NDCPG orientation is very thorough and reviews rules and regulations for the CPG members	• Diversity of members, including those impacted by the epidemic such as individuals impacted by HIV/AIDS • Members aren't representative of the epidemic currently and more work to recruit these persons are needed • Recruiting individuals that are geared towards

• Lots of people interested in becoming members • Outreach by members for recruitment • Flexibility of group helps with retention • Small group, so you can get up to speed with the process quickly • Succession • Training	our mission • Lack of community willingness to be involved • Hard to find people willing to devote the time and volunteer hours needed • Difficult recruiting members from more rural parts of the state • Member orientation and selection • Promotion efforts

Community Engagement/Representation

The majority of respondents (64%) rated how the NDCPG incorporates and involves community voices unfavorably and ineffectively, however, the ratings varied significantly from zero to ten. Two respondents rated community engagement highly effective. Key informant interviews pointed to lack of engagement of specific target populations, many of whom are reportedly very private and they do not like to share their status for fear of being isolated from their own community. One member noted that without engagement from the NDCPG or NDDoH, many of these PLWH would be feeling alone in the community with no one is reaching out to engage them. The key community voices that respondents think are missing from NDCPG are:

Key Perspectives/Backgrounds	Key Skills /Professional Experience
• New American (Foreign Born), including African Migrants (Eastern Africa, Western Africa, Somalia) • Minorities • African American • Indigenous/Native American/ American Indian • Transgender Community • People living with HIV • People living with viral hepatitis • "Voices of Addiction"/Substance Users • Injection Drug Users • Personal and vested interest	• Healthcare Providers in HIV/HCV (physician, RN) • Substance Use Treatment Providers • Mental Health Provider • Housing Provider • Community Service Organizations • Media • Marketing • Development • *Note: they do not need to be affiliated with a specific organization*

NDCPG Relationships

Respondents rated NDCPG's relationship with the NDDoH very favorably (average 7 out of 10). Only three respondents rated the relationship less the neutral. However, the NDCPG's relationship with external stakeholders/partners in HIV and viral hepatitis was very average (average 5 of 10)—responses varied significantly from 2 to 10.

Suggestions provided by survey and key informant interview participants of which additional external stakeholders should be engaged in HIV planning include:

▪ Mental health and substance abuse organizations	▪ Financial assistance agencies, e.g. Community Action

▪ State Medicaid	▪ Human services organizations
▪ Housing agencies	▪ Primary care/Family Practice sites

Monitoring and Tracking Effectiveness & Outcomes

NDCPG Contribution to Ending the Epidemics

The majority of members believe that the NDCPG is tracking on the right path to impact the HIV and viral hepatitis epidemics. Citing this past year's HIV Awareness Walk that was well-attended, members would like to see activities like that move around the state to its four major cities. However, they do not have any specific metrics or measurements that are outlined to accomplish in order to move things forward. The NDCPG does try to collect data and review the number of testing events, the number of outreach activities, and tries to expand on the activities each year (e.g. make testing more available, make PrEP more available).

As an advisory group and voice of the community, the NDCPG members recognize they need to push for better HIV care services and HIV care engagement in the planning process in order to end the HIV epidemic. It also is noted that NDCPG will be challenged to contribution to ending the epidemics without the right community engagement, communication/messaging strategy, and advocacy and education within the conservative state government. The key strategies that NDCPG must move forward are to educate and reduce stigma in the community around HIV.

- Example: One goal for 2020 is to increase PrEP awareness and uptake, however there are few or no materials or communications to disseminate. Physicians in primary care/family practice settings must be engaged and educated (i.e. academic detailing), so they can identify individuals at high risk for HIV and prescribe PrEP.

Improvements and Future Trends

NDCPG's Overall Success and Challenges

The listing of key successes and challenges of the NDCPG is based on both survey and key informant interview responses.

Successes	Areas for Improvement
• First HIV/AIDS Walk** • Revision of bylaws • Unification of the group • Increased awareness of all infectious diseases • Increased HIV testing • Continued outreach in community • Community engagement • Community involvement and input • Involvement in Pride events • Group is committed to making change	• HIV services review • Member recruitment, selection, and development** • More representative and diverse voices and partnerships, i.e. recruiting the "right" members* • Involvement of community • Increase awareness events, such as HIV walks, conference, health fair, etc. • More testing options/events* • Stakeholder and specialist input • Meeting in-person

• Continuity • Successful media campaigns focused on sexual health • Engagement in development of integrated planning strategies • Representation of state government and PLWH on the group • Sharing of ideas that can be implemented in different parts of the state • Freely able to express opinions	• Spread out across the state impacts development of statewide initiatives • Lack of engagement and voice from HIV care providers • Perceived lack of time/commitment o additional tasks • Innovation in identifying new activities or outreach venues ("tunnel vision: on "mundane") • Engage people "where they are at" • Increase testing/outreach at NEX, harm reduction sites, for IDUs

Suggestions provided by survey and key informant interview participants to improve the effectiveness of NDCPG include:

▪ Review its roles and responsibilities, and set a purpose/outcome statement at the start of the meeting	▪ Get new members involved to help carry the load and relieve the stress of commitment
▪ Advocate to NDDoH for more engagement of HIV care staff at outreach activities to offering resources to PLWH	▪ Acknowledge key challenges (political and financial), and seek work-arounds
▪ Make assignments, hold them responsible so that everyone is engaged, and follow-up on tasks	▪ Re-strategize and innovate to improve reach to those most at risk during testing events
▪ Ensure strong leadership and clear direction for all aspects of NDCPG operation (from facilitation to structure)	▪ More consistent and structured communication (all around)
▪ Must engage physicians providing HIV care – the group may not necessarily have to recruit providers as members but could instead invite them to sit-in on meetings or present	▪ Encourage a time for sharing successes and opportunities for improvement/ next level
▪ More focus on national HIV and viral hepatitis testing days and HIV awareness days	▪ Seek assistance with developing educational materials, that can be distributed on PrEP, media campaigns and awareness activities

CONCLUSIONS & RECOMMENDATIONS

Conclusions

Findings from the review of documentation, online survey, and key informant interviews point to several areas for improvement, as well as highlight the success and effectiveness of NDCPG and its HIV and viral hepatitis planning efforts. For the purposes of this initial assessment report, conclusions will focus on areas for improvement, including NDCPG structure, membership, community engagement, and monitoring and tracking effectiveness. Specific recommendations will be detailed and discussed at the February 2019 in-person meeting.

1. ***Adapt NDCPG Structure to Current Environment and HIV Planning Needs*:**

Recommendations
➢ Task assignment, monitoring, and task shifting
➢ Review committees and consider relevance, current needs, and member interest
➢ Adaptation of regional taskforces for a community engagement model

2. ***Ensure Diversity, Inclusion, and Knowledge Transfer among NDCPG Membership*:**
It is important to note the impacted populations not represented, or under-represented, in NDCPG membership include: Native American/indigenous; Black/African American; youth; transgender/gender non-confirming; person living with viral hepatitis; and, foreign born.

Recommendations
➢ Succession planning, alternates and non-voting members
➢ Targeted, diversified recruitment strategies
➢ Review selection criteria and skills matrix
➢ Training/professional development opportunities

3. ***Promote Community Engagement in HIV and Viral Hepatitis Planning*:**

Recommendations
➢ Utilize regional model for engaging hard-to-reach populations
➢ Consider scope of resource shifting to support community engagement

4. ***Implement Activities to Monitor and Track Effectiveness of NDCPG*:**

Recommendations
➢ Annual Satisfaction survey of members and NDCPG effectiveness
➢ Develop metrics and tracking mechanism for bi-annual meetings
➢ Create system for sharing IPCP updates and next steps with NDCPG