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

Executive Committee Meeting

Thursday, October 21, 2021 - 11:30 AM
Meeting via WebEx Videoconference
Chair: Dr. Réquel Lopes • Vice Chair: Claudette Grant

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

This meeting is audio and video recorded.

Quorum for this meeting is 5

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for October 21, 2021
5. **ACTION:** Approval of Minutes from September 16, 2021
6. Standard Committee Items
   a. Review and Approve October 28, 2021, HIVPC Agenda, Meeting Materials and Motions (Handout A)
   b. Review November 2021 HIVPC Calendar (Handout B)
   c. **Action Item:** HIVPC & Committee Meetings – Discuss the possibility of transitioning back to in-person meetings with the option for WebEx Videoconference.
7. Unfinished Business
   a. **Action Item**: FY2021 HIVPC & Committee Work Plan Progress Update – Conduct quarterly review of Committee work plan status to be presented by committee chair. Determine Committee progress and make recommendations to Chairs to address unmet goals. (Handout C1-C6)
   Work Plan Activity 1.4: Monitor committee activities to ensure goals and objectives of work plans are met.
8. New Business
   a. **Action Item:** HIVPC Social Media Access (Handout D)- The HIV Planning Council is

legislatively mandated to be reflective of the community it serves. Considering the COVID-19 Pandemic and to reach the least represented groups, MCDC has recognized the need for social media as recruitment tool for the council.

b. **Action Item**: HIVPC Self-Assessment Survey – Review Committee activities, challenges, and completion of work plan achievements. (Handout E)
Work Plan Activity 1.1: Conduct annual evaluation of HIVPC Self-Assessment Survey.

c. **Action Item**: 2022-2026 Integrated Planning update and appointing of participants for the Integrated Planning Workgroup.
Work Plan Activity 2.1 Maintain collaborative relationships with community partners through the Integrated Workgroup to monitor the 2017 Prevention and Care and Treatment Integrated Comprehensive Plan quarterly.

9. Recipient's Report
10. Public Comment
11. Agenda Items for Next Meeting
    a. Next Meeting Date: November 11, 2021, at 11:30 a.m. via WebEx Videoconference
12. Announcements
13. Adjournment

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

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

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

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

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.

Revised 7/24/14

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.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè 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.

Revised 7/24/14

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

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

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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

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Executive Committee

Thursday, September 23, 2021 - 11:30 AM
Meeting via WebEx

DRAFT MINUTES

Executive Members Present: R. Lopes (HIVPC Chair), A. Ruffner (SOC Chair & CEC Vice-Chair, Brad Barnes (Ex Officio), B. Fortune-Evans (QMC Vice-Chair), V. Biggs (CEC Chair), L. Robertson (PSRA Chair), J. Rodriguez (SOC Vice-Chair), V. Foster (MCDC Vice-Chair),

Members Absent: D. Shamer (QMC Vice-chair).

Ryan White Part A Recipient Staff Present: D. Cunningham, N. Walker.

Planning Council Support Staff Present: G. Berkley-Martinez, F. Ukpai, T. Williams, V. Oratien

Guests Present: B. Mester, J. Saboe- Rodriguez, G. Beltran.

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

   The Executive Committee Chair called the meeting to order at 11:30 a.m. The Executive Committee Chair welcomed all meeting attendees that were present. Attendees were notified that the Executive Committee meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the Executive Committee Chair, committee members, Recipient staff, PCS 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 September 23, 2021, Executive Committee meeting was proposed by V. Biggs, seconded by L. Robertson, and passed unanimously. The approval for the minutes of the July 15, 2021, meeting was proposed by B. Fortune Evans, seconded by L. Robertson, and approved with no further corrections.

   Mr. Biggs, on behalf of Executive Committee, made a motion to approve the September 23, 2021, Executive Committee agenda as presented. The motion was adopted unanimously.

   Mrs. Fortune Evans, on behalf of Executive Committee, made a motion to approve the July 15, 2021, Executive Committee meeting minutes as presented. The motion was adopted unanimously.

4. Standard Committee Items

   The Executive Committee reviewed the HIV Planning Council agenda for the 09/30/2021 meeting. The Committee voted to approve the agenda as presented. The approval for the agenda of the September 30, 2021, HIV Planning Council meeting as presented was proposed by A. Ruffner, seconded by L. Robertson, and passed unanimously. Mr. Ruffner on behalf of the Executive Committee, made a motion to approve the September 30, 2021, HIV Planning Council meeting agenda as presented. The motion was adopted unanimously.

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

   The PCS Staff Health Planner presented the Executive meeting evaluation results from the second quarter to the committee. Meeting evaluations are used as a tool to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of meetings, and they identify strengths, deficiencies, and potential training/development needs. The Executive Committee had five completed surveys out of a potential total of 19, with a 100% completion rate for the surveys received. The anticipated number of surveys is based on the number of attendees for the quarter being reported. There was some concern from the Chair and other members about the lack of participation from members. Committee members were strongly encouraged to complete meeting evaluations so that the data collected and analyzed could be more meaningful. There was also a discussion about including additional questions to garner additional information about meeting quality and efficacy.

   Lastly, discussed the possibility of transitioning back to face-to-face meetings with the option for WebEx. There was discussion about whether the facilities available would be suited to accommodate in-person/online hybrid meetings. The Recipient confirmed that there are meeting rooms at the Government Center that would accommodate these types of meetings. There was a suggestion from the MCDC Vice-Chair to impose a capacity limit for face-to-face attendees considering the current COVID-19 Pandemic to allow for social distancing. PCS staff had some concern with establishing quorum in person first before virtual attendees could be counted towards a quorum based on a previously issued executive order. The committee was also concerned about pre/post-meeting sanitation. The Committee suggested mobile sanitization devices placed in rooms to filter and purify the air continuously. The Recipient advised the committee that the facilities maintenance division has a process that they go through to maintain a sanitized environment. However, they are open to researching more about these devices. At this time, the committee could not pin down a date to move forward with returning to in-person meetings. PCS Staff will follow up with the assigned Intergovernmental Affairs representative for more information on the directives to advisory boards on hosting in-person meetings. The motion to table this discussion until the next scheduled Executive meeting was proposed by V. Biggs, seconded by L. Robertson, and passed unanimously.

   Mr. Biggs, on behalf of the Executive Committee, made a motion to table the discussion about in-person/hybrid meetings to the next scheduled Executive Committee meeting. The motion was adopted unanimously.

5. New Business

   The PCS Staff Health Planner provided an overview of the progress made toward FY2021-2022 Planning Council and subcommittee work plan activities. PCS Staff showed the updated work plan, reflecting completed activities through the second quarter of the fiscal year. The CEC Chair questioned if any other committee chair felt that there were items on the work plan that they would not complete by the end of the fiscal year. The Executive Chair recommended that this item remains on the agenda for the October Executive committee meeting to allow subcommittee chairs to convene within their committees and reach an understanding of where they expect to be in terms of progress by the end of the fiscal year.

Lastly, the committee discussed the planning of the annual member retreat. The Executive Chair recommended that the retreat be hosted virtually as last year's staging was successful. The committee proposed that the following topics should be included:

- The Integrated Plan
- Robert's Rules of Order
- History of the HIVPC
- Memorandum of Understanding (MOU)
- Member recruitment and retention
- Ryan White HIV/AIDS Program Compass Dashboard
- Presentation from the Broward County Board of Commissioners

The committee agreed to host this event for a half-day in February 2022. The motion to host the Annual Member Retreat in February 2022 was proposed by V. Biggs, seconded by L. Robertson, and passed unanimously.

Mr. Biggs on behalf of the Executive Committee, made a motion to host the Annual Member Retreat in February 2022. The motion was adopted unanimously.

6. Recipient's Report

   There was no Recipient report for this meeting.

7. 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.

8. Agenda Items for Next Meeting

   The next Executive Committee meeting will be held on October 21, 2021, at 11:30 a.m. via WebEx Videoconference.
   Agenda items for next meeting:
   - Committee Work Plan updates
   - Annual HIVPC Member Retreat
   - MOU update
   - HIVPC Social Media Proposal
   - HIVPC & Committee Meetings

9. Announcements

   - The UJIMA Men's Collective Conference will be hosted October 22-24, 2021. A flyer will be shared that contains contact and registration information for the conference, which will focus on leadership, advocacy, spirituality, relationships, and health and wellness. There will also be an award banquet on the evening of Saturday, October 23, 2021. Interested persons are welcome to attend.
   - The World AIDS Museum (WAM) will partner with CEC to host Steering the Ship, a part of WAM's community dialogue series. The event is scheduled for Tuesday, October 19, 2021, via Zoom and Facebook Live. It will be an open dialogue on lifting community voices from the HIV community. Several Ryan White Part A Eligible Metropolitan Areas (EMAS), including Orlando, Atlanta, and Newark, have agreed to participate in this event alongside committee members and PCS.

10. Adjournment

    There being no further business, the meeting was adjourned at 12:47 p.m.

11. Executive Committee Attendance for CY 2021

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

Legend:

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

Executive Committee Meeting Minutes – September 23, 2021

Minutes prepared by PCS Staff

HANDOUT A

FORT LAUDERDALE/BROWARD EMA
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Broward County HIV Health Services Planning Council Meeting

Thursday, October 28, 2021 - 9:30 AM
Meeting via WebEx Videoconference
Chair: Dr. Réquel Lopes • Vice Chair: Claudette Grant

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

This meeting is audio and video recorded.

Quorum for this meeting is 11

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for October 28, 2021
5. **ACTION:** Approval of Minutes from August 4, 2021
6. Federal Legislative Report – Kareem Murphy (Handout A)
7. Consent Items
   a. Motion to approve Jose Castillo to join the HIV Planning Council in the Non-elected Community Leader seat.
   Justification: Mr. Castillo has a vested interest in bringing awareness to consumer needs and concerns and what can be done to get everyone to undetectable status. He has history as being a Ryan White Provider with knowledge of how the program works.
   Proposed by: MCDC
   b. Motion to approve Shawn Jackson to join the HIV Planning Council in the Non-affiliated Consumer seat.
   Justification: Ms. Jackson is a PLWH who is committed to advocating for and serving the HIV/AIDS community by improving the quality of life of those affected and diagnosed.
   Proposed By: MCDC
   c. Motion to approve Eveline Dsouza to join the HIV Planning Council in the HOPWA seat.

Justification: Ms. Dsouza works for the City of Ft. Lauderdale's HOWPA Program. She will provide information on expenditures, trends, and utilization of federally funded HOPWA services. She also works closely with HOPWA agencies that provide services for PWH.
Proposed by: MCDC

d. Motion to approve Rafael Jimenez to join the HIV Planning Council in the Federally Qualified Health Centers/Health Care Provider seat.
Justification: Mr. Jimenez has worked in HIV/AIDS programming for the past 13 years and has experience serving on planning bodies. He is dedicated to providing services and improving health outcomes for PWH in Broward County.
Proposed by: MCDC

8. Discussion Items

None

9. New Business

a. **Action Item:** HIVPC Social Media Access- The HIV Planning Council is legislatively mandated to be reflective of the community it serves. Considering the COVID-19 Pandemic and to reach the least represented groups, MCDC has recognized the need for social media as recruitment tool for the council.

b. **Action Item**: HIVPC Chair/Vice Chair Presentation – Receive a presentation from a past HIVPC Chair/Vice Chair on their experience serving as a Planning Council Chair/Vice Chair in past years.

10. Committee Reports

a. Community Empowerment Committee (CEC)
Chair: Von Biggs • Vice Chair: Andrew Ruffner
September 7, 2021
Work Plan Item Update/Status Summary:
October 5, 2021
Work Plan Item Update/Status Summary:

b. System of Care Committee (SOC)
Chair: Andrew Ruffner • Vice Chair: Joshua Rodriguez
October 7, 2021
Work Plan Item Update/Status Summary:

c. Membership/Council Development Committee (MCDC)
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
September 9, 2021
Work Plan Item Update/Status Summary:

d. Quality Management Committee (QMC)
Chair: Bisiola Fortune-Evans • Vice Chair: David Shamer
September 20, 2021
Work Plan Item Update/Status Summary:
October 18, 2021
Work Plan Item Update/Status Summary:

e. Executive Committee
Chair: Dr. Réquel Lopes • Vice Chair: Claudette Grant
September 16, 2021
Work Plan Item Update/Status Summary:
October 21, 2021
Work Plan Item Update/Status Summary:

f. Priority Setting & Resource Allocation Committee (PSRA)
Chair: Lorenzo Robertson • Vice Chair: Valery Moreno
September 16, 2021

Work Plan Item Update/Status Summary:
October 21, 2021
Work Plan Item Update/Status Summary:

g. Ad-Hoc Nominating Committee
Chair: Brad Barnes
September 10, 2021
Work Plan Item Update/Status Summary:

11. Recipient Reports
    a. Part A
    b. Part B
    c. Part C
    d. Part D
    e. Part F
    f. HOPWA
    g. Prevention – Quarterly Update (April, July, October, January)
12. Public Comment
13. Agenda Items for Next Meeting
    a. Next Meeting Date: December 2, 2021, at 9:30 a.m. via WebEx Videoconference
14. Announcements
15. Adjournment

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

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

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

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

HANDOUT B

November 2021

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Unless otherwise noted, meetings will be held via WebEx. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1295. Visit http://www.brhpc.org for updates.					
	1	2 Community Empowerment Committee Meeting (CEC) 3:00 PM – 5:00 PM WebEx Video-Conference	3	4 System of Care Committee Meeting (SOC) 9:30 AM – 11:30 AM WebEx Video-Conference	5 South Florida AIDS Network Meeting(SFAN) 9:30 AM –11:30 AM Disease Case Management Network Meeting 2:30 PM – 3:45 PM WebEx Video-Conference	6
7	8	9	10 Ad-Hoc Nominating Committee Meeting 4:00 PM – 5:00 PM WebEx Video-Conference	11	12	12
14	15 Quality Management Committee Meeting (QMC) 12:30 PM – 2:30 PM WebEx Video-Conference	16	17	18 Priority Setting & Resource Allocation Meeting (PSRA) 9:00 AM – 1:00 PM WebEx Video-Conference Broward County HIV Prevention Planning Council (BCHPPC Meeting 1:00 PM – 3:00 PM Executive Committee Meeting 1:30 PM – 3:30 PM WebEx Video-Conference	19	20
21	22	23	24	25	26	27
28	29	30				

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

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

HANDOUT C1

Priority Setting/Resource Allocations Committee Work Plan

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

GOAL: Develop integrated PSRA process using data with input from stakeholders and consumer forums.				**Baseline**	**Target**	**Q1**		**Q2**		**Q3**		**Q4**	
Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures.													
Activities	**Responsible Party**	**Outcomes**	**Action Steps**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis.	Staff/ PSRA	Data driven PSRA process	a. PSRA Service Category Scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need e. EIIHA f. Implementation Plan g. Cost data (other funders) h. QM Care Continuum measures i. NHAS j. Anticipated changes due to the ACA	X	X	X		X							
1.2 Review How Best to Meet the Need language recommendations from SOC committee annually.	PSRA/ SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from SOC committee.				X	X							
1.3 Priority rank Part A and MAI service categories annually.	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.				X								
1.4 Allocate Part A and MAI funds by service category annually.	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.						X						
1.5 Monitor expenditures and allocations bi-annually.	PSRA/ Recipient	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.	X	X	X	X	X		X	X				
1.6 Review and approve FY2021 PSRA Work Plan annually.	PSRA	Process Planning		X	X										
Objective 2: Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage and retention (Integrated Plan Strategy 2.1.a)**.**													
Activities	**Responsible Party**	**Outcomes**	**Action Steps**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
2.1 Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care **(YEAR 1-2)** as needed/recommended.	PSRA	Increase access to care and improve health outcomes	Review recommendations from QMC, Integrated Work Group, SOC Committee and other relevant data sources to identify and develop strategies to address the needs of clients who may not seek care or who have fallen out of care. Implement identified strategies for MAI funded services in the EMA through Service Delivery Models, programs, interventions, enhanced service categories, and/or HBTMTN												
Objective 3: Assess the Administrative Mechanism.													
Activities	**Responsible Party**	**Outcomes**	**Action Steps**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
3.1 Assessment of the Administrative Mechanism training annually.	Staff/ PSRA	Ensure compliance	Receive training to review the required components and purpose of the assessment.	X											
3.2 Assessment of the Administrative Mechanism recommendations annually.	PSRA	Ensure compliance	Make recommendations for activities to include in the assessment of the Administrative Mechanism.	X											

HANDOUT C2

Community Empowerment Committee Work Plan

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

GOAL: Enhance participation in communities throughout the EMA through education/awareness and resource & information sharing.	**Baseline**	**Target**	**Q1**	**Q2**	**Q3**	**Q4**

Objective 1: Increase CEC member knowledge of the Committee's role in the HIVPC and amplify Consumer voice.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Engage consumers in townhalls/listening sessions at minimum, biannually.	CEC/Staff/Facilitator	Consumer Involvement	Host events to receive feedback from audiences made up of interested parties (general public, consumers, service providers, etc.) regarding HIV-related topics. Utilize that information to inform CEC's priority rankings and the HIVPC as a whole.								X				
1.2 Priority rank Part A and MAI Service Categories and send recommendations to PSRA annually.	CEC/Staff	Data driven PSRA process	Receive presentation on Part A utilization and historical trends. Data: Part A Scorecards; Historical epi data.			X									
1.3 Educate CEC members on HIVPC & Ryan White Part A monthly.	Recipient/Staff	Increased knowledge of HIVPC & Ryan White Program among CEC members	Provide presentations regarding topics of interest about the HIV Planning Council, its Committees, and the Ryan White Part A Program.		X	X									
1.4 Host focus groups to receive feedback from populations of focus and/or selected audiences at minimum, biannually.	Staff/Facilitator	Utilize feedback in PSRA process and future CEC and MCDC event planning efforts	Determine populations to include in focus group and what kind of information would be of use. Populations are not limited to consumers; they may include other community members as applicapble. Provide any relevant recommendations to PSRA that may inform the PSRA process. Provide any relevant recommendations to MCDC that may inform recruitment and retention strategies. Utilize any relevant recommendations that may inform the work of CEC.												

Objective 2: Promote education and awareness to affirm support for PLWHA (Integrated Plan Strategy 3.2.a).

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Recommend creation or revision of promotional literature to MCDC as needed.	CEC	Collaboration with MCDC to inform the community about HIVPC	Determine information useful to the community in understanding the role of the HIVPC. Provide this information to MCDC to update or create promotional literature.							X					
2.2 Distribute promotional literature - physically and electronically - to the community on an ongoing basis.	CEC/Staff	Increased consumer awareness of HIVPC	CEC will distribute promotional literature at community events, talkback sessions and listening sessions. PCS Staff Team will distribute HIVPC and HIV-related information to its community listserv.		X		X								
2.3 Analyze survey results for each community event, including outreach, trainings and community forums on an ongoing basis.	Staff/CEC	Measure event outcomes	Determine successes and failures of each event. Provide any relevant recommendations to PSRA that may inform the PSRA process. Data: survey results based on demographics, client self identified needs, and learning objectives.												
2.4 Partner with HIV stakeholders to engage in community events on an ongoing basis.	CEC	Develop consistent presence at community events	Coordinate with HIV stakeholders (those living with or otherwise affected by HIV) to hold Community Forums during significant HIV awareness days (e.g. National HIV Testing Day, Latino HIV Awareness Day, National Black HIV/AIDS Awareness Day) (Examples of Stakeholder Organizations: BTAN, Latinos En Accion, SFAN).		X		X				X				

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

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Use Needs Assessments, SOC, QM and PSRA recommendations to coordinate feedback mechanisms that address HIV prevention, stigma and treatment (YEAR 1-5)	CEC	Utilize feedback in PSRA process and other identifiers	Host events for target groups based on defined data collection focus.												
3.2 Develop and implement education and awareness strategies that incorporate results from feedback mechanisms to increase HIV literacy (YEAR 3)	CEC	Reduce HIV-related health disparities and health inequities	Utilize community feedback to develop and implement education and awareness activities in the EMA.												

HANDOUT C3

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 2022, Identify the inventory of resources available for service delivery for PLWHA in Broward County to ensure a seamless continuum for Part A eligible clients.	**Baseline**	**Target**	**Q1**		**Q2**		**Q3**		**Q4**	

Objective 1: Determine if Part A services are delivered as designed by identifying client needs, service gaps, barriers, and outcomes of populations.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Receive Needs Assessment training.	PCS Team	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process.												
1.2 Receive presentations from funders outside the Ryan White Part A Program including Needs Assessments on an ongoing basis.	PCS Team	Increase knowledge of Broward County's Ryan White system of care	Recipients of Ryan White/HIV funding will review the landscape of HIV care and treatment in Broward County. Reviews will include information on Needs Assessments completed by each funder.												
1.3 Analyze utilization trends for the HIV population in the Ryan White Part A system of care on an ongoing basis.	PCS Team	Increase knowledge of Broward County's Ryan White system of care	Conduct utilization focused evaluation of the HIV Care Continuum to identify and address the drop-offs along the stages specific to service provider, geographic location and individual characteristics (Integrated Plan Strategy 2.2.a).			X									
1.4 Develop How Best to Meet the Need (HBTMTN) language based on findings annually.	SOC	Data driven PSRA process	Develop strategies specific to the needs, attitudes and behaviors of the identified priority/MAI populations (Integrated Plan Strategy 3.1.a).				X								

Objective 2: Ensure that issues pertaining to specific populations are addressed and make recommendations to appropriate HIVPC standing committees.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Identify needs resulting from disparities in HIV-related service availability on an ongoing basis.	SOC/PCS Team	Increase knowledge of Broward County's Ryan White system of care	Utilize data to identify areas of need along the RWPA Care Continuum.												
2.2 Collaborate with community partners to address inequities along the Broward County RWPA Care Continuum on an ongoing basis.	SOC/PCS Team	Collaboration with CEC and/or HIV-facing organizations	Determine information useful to the community in decreasing the identified disparity. Information will be disseminated during events and/or via other mediums. **Ensure the receipt and integration of information from community partners.**												
2.3 Receive presentations on Quality Improvement Projects (QIPs) taking place among service providers as needed.	SOC/QMC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding current QIPs.												
2.4 Recommend areas of inequities to the Quality Management Committee (QMC) for further review as needed.	SOC	Collaboration with QMC to lessen disparities along the contiuum	Recommend identified areas of inequities for QMC to conduct systemwide quality improvement activities and strategies.												
2.5 Present findings related to inequity to a health and/or racial equity expert to receive recommendations for addressing & improving disparities in health outcomes along the Broward County RWPA Care Continuum as needed.	SOC/PCS Team	Collaboration with experts to lessen disparities along the continuum	Develop recommendations in partnership with experts to improve outcomes along the RWPA Care Continuum.												
2.6 Present findings to QMC for potential updates to service delivery models (SDM) as needed.	SOC	Utilize findings to improve RWPA system of care	Recommend service delivery model updates based on data and recommendations.												
2.7 Present findings & HBTMTN language to the Priority Setting & Resource Allocation (PSRA) Committee annually.	SOC	Data driven PSRA process	Present HBTMTN recommendations to the PSRA Committee during the Priority Setting & Resource Allocation Process.				X								

HANDOUT C4

Membership/Council Development Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Membership/Council Development 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: Ensure HIVPC membership reflects the HIV demographics of the Broward EMA including 33% representation of unaffiliated PLWHA. Passionately engage 100 Community Members and recruit 7 members to the HIVPC.	**Baseline**	**Target**	**Q1**		**Q2**		**Q3**		**Q4**	

Objective 1: Ensure HIVPC is representative and reflective.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review Council demographics to ensure it reflects the Broward epidemic, including at least 33% of members are unaffiliated PLWHA quarterly.	Staff/MCDC	Ensure HIVPC reflects epidemic	Review council demographics at each MCDC meeting. Review changes to council demographics according to each applicant, prior to committee approval for HIVPC membership. Prioritize unaffiliated consumer demographics in order to maintain minimum of 33% PLWHA representation.			X									
1.2 Review seat status and ensure mandated seats are filled quarterly.	Staff/MCDC	Ensure compliance	Monitor current member affiliations; ask members to update their contact information annually. Actively recruit members for vacant federally mandated seats.			X									
1.3 Announce vacant positions at each Executive/HIVPC meeting monthly.	MCDC Chair	Public awareness	Announce vacant positions and mandated seats during committee reports at each Executive and HIVPC meeting.		X	X	X								
1.4 Share information regarding vacant positions with Case Managers, gatekeepers, and other HIV stakeholders monthly.	MCDC	Increased community awareness	Provide information on vacant positions and mandated seats to Case Managers, gatekeepers, and other HIV stakeholders via correspondance and distribution of marketing materials.		X	X	X								

Objective 2: Member selection process and application procedure development.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Review and update Recruitment & Retention Plan annually.	MCDC/Staff	Recruitment & Retention of new HIVPC and Committee members	Review previous year's Recruitment & Retention Plan and revise based on outcomes and new intitiatives/strategies.			X									
2.2 Complete tasks outlined in Recruitment & Retention Plan on an ongoing basis.	MCDC	Recruitment & Retention of new HIVPC and Committee members	Complete tasks outlined in Recruitment & Retention Plan.							X	X				
2.3 Develop recruitment and website materials as needed.	Staff	Strategic recruitment of new members	Develop marketing materials as needed.												
2.4 Develop HIVPC promotional video to be completed in FY2020.	MCDC/Staff	Strategic recruitment of new members	Produce a video that describes the purpose of HIVPC, the work of the Council and Committees, and how to join a Committee or the HIVPC.		X										
2.5 Revise HIVPC and Committee applications as needed.	MCDC/Staff	Ensure up-to-date language and current information is provided to Interested Parties	Review HIVPC and Committee applications to ensure the most current information is available, that language is inclusive, and that HIVPC receives necessary information for its review of applications.							X	X				

Objective 3: Recruitment & Engagement Efforts.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Hold Membership Drive annually.	MCDC/Staff	Increased community awareness	Conduct outreach at multiple provider agencies or other HIV stakeholders via tabling, games, and other engagement activities.		X		X								
3.2 Collaborate with HIV stakeholders to create engagement opportunities on an ongoing basis.	MCDC/HIVPC	Increased community awareness	Provide brief overviews of the HIVPC at HIV stakeholder events.		X		X								
3.3 Develop engagement opportunities for the HIVPC in the community on an ongoing basis.	MCDC	Increased community awareness	Create opportunities for HIVPC to engage and recruit community members.		X		X								
3.4 Host ongoing Orientations for prospective members on the scope of committees and expectations of new members as needed.	MCDC	Strategic recruitment of new members	Train prospective members on topics relevant to HIVPC membership. Topics include education about the 3 guiding principles, the Ryan White Program, and the functions of the HIVPC Standing Committees.												
3.5 Review Recruitment & Retention tools from other jurisdictions monthly.	MCDC	Increased member awareness of recruitment and retention strategies	At each meeting, an MCDC member will present a recruitment or retention tool utilized by other jurisdictions. This will facilitate discussion of potential new strategies.												

Objective 4: Planning Council Development and Committee Collaboration.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
4.1 Collaborate with other Committees of the HIVPC to participate in activities on an ongoing basis.	MCDC	Cross-Committee Collaboration	Discuss upcoming HIVPC events with host committees and determine opportunities for collaboration.		X		X								
4.2 Recognize Member of the Year annually.	MCDC/HIVPC	Acknowledgement of Member Achievement	Develop a system by which to recognize a member for his/her/their contributions to the work of the HIVPC.												
4.3 Conduct ongoing member training quarterly or as needed.	MCDC/Executive Committee/Staff	Capacity building	Conduct member trainings based on MCDC Training Plan to further educate HIVPC members.												
4.4 Create a Succession Development Plan on an ongoing basis.	MCDC/Staff	Capacity building	Create a framework to empower members to fill leadership positions and be strong advocates for HIVPC and its Committees.							X					
4.5 Conduct post-appontment training to educate newly appointed members on the HIVPC member roles and responsibilities as needed.	MCDC & HIVPC Chair/Vice Chair	Educated HIVPC	Train new members on topics including attendance policies, sunshine laws, grievance policies, service descriptions, mentor program, reimbursement policies, etc.												
4.6 Offer mentorship program as necessary on an ongoing basis.	MCDC	Capacity building	Develop a mentorship program to assist new members in the onboarding process of joining HIVPC and/or Committees. This program should be in accordance with Sunshine Law.												
4.7 Utilize feedback from CEC, collaborative events, and engagement events to update recruitment and engagement strategies on an ongoing basis.	MCDC/Staff	Cross-Committee Collaboration/ Recruitment & Retention of new HIVPC and Committee members	Revise recruitment and engagement strategies to ensure MCDC uses its most effective strategies and activities.												

HANDOUT C5

Executive Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Executive 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: Increase community engagement and participation by adding 10 new Committee and HIVPC members by the end of FY2021.	**Baseline**	**Target**	**Q1**		**Q2**		**Q3**		**Q4**	

Objective 1: Oversee Planning Council Operations.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Conduct annual evaluation of HIVPC Self-Assessment Survey annually.	Executive	Improved Process	Review Committee activities, challenges, and completion of work plan achievements.												
1.2 Review the need for reinstating the ad-Hoc By-Laws Committee annually.	Executive/By-Laws	Improved By-Laws	Reinstate the ad-Hoc By-Laws Committee based on pending parking lot items. Identify and appoint ad-Hoc By-Laws Chair.												
1.3 Review and approve work plans for upcoming FY annually.	Executive	Identify goals and objectives for upcoming year	Review Committee activities, challenges, and achievement of goals to plan and prepare for upcoming work plan activities for FY starting March 1.	X											
1.4 Monitor committee activities to ensure goals and objectives of work plans are met quarterly.	Executive	HIVPC and Committee goals are met	Conduct quarterly review of Committee work plan status to be presented by committee chair. Determine Committee progress and make recommendations to Chairs to address unmet goals.							X					
1.5 Monitor HIVPC membership and discuss strategies to improve reflectiveness quarterly.	MCDC Chair/Vice Chair	HIVPC and Committee goals are met	Conduct quarterly review of HIVPC and Committee reflectiveness. Determine any needed interventions to address Council and Committee membership needs.			X									
1.6 Develop a recruitment tool annually.	Executive	HIVPC and Committee goals are met	At each meeting, Executive members will discuss potential new strategies for the HIVPC and develop a recruitment tool to be utilized by the Fort Lauderdale jurisdiction.												

Objective 2: Establish and oversee planning activities and committee work plans to address integrated planning goals and objectives.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Maintain collaborative relationships with community partners through the Integrated Workgroup to monitor the 2017 Prevention and Care and Treatment Integrated Comprehensive Plan quarterly.	Executive/Integrated Workgroup	EMA Goals are addressed	Receive updates from the IW membership regarding the progress of implementing the Integrated Plan. Hold meetings with the Executive Committee of the SFAN and BCHPPC as needed.					X			X				
2.2 Monitor Ending the HIV Epidemic Plan progress quarterly.	Executive/Recipient/Part B Representative/FQHC Representative	EMA Goals are addressed	Receive updates from the responsible parties regarding the progress of implementing the Ending the HIV Epidemic Plan.												

Objective 3: Implement capacity/leadership development for Planning Council members and applicants.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Plan annual Planning Council Retreat annually.	Executive	HIVPC training/leadership	Schedule a retreat for all HIVPC members. Educate members on new/emerging Planning Council/RW Part A issues, HIVPC policies and procedures, leadership development, Integrated Comprehensive Plan.							X					
3.2 Appoint Nominating Committee Chair. Hold Council leadership Elections biennially.	Executive	HIVPC Leadership	Identify and appoint the Nominating Committee Chair.				X							X	
3.3 Leadership Training per Executive Training Plan.	Executive	HIVPC Leadership	Conduct training for HIVPC Committee Chairs with topics addressing leadership, teambuilding, etc.												

HANDOUT C6

Broward EMA CQM Annual Work Plan FY 2021-2022

Goals and Objectives	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Responsible Party	Comment
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.														
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			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			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		X			X			CQM Staff, QMC, Networks	
Goal 2: Implement quality improvement activities that enhance systemwide service delivery and improve client treatment, care, health outcomes, and satisfaction.														
1. Review Service Delivery Models as part of the system-wide QIP and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines.	X	X		X	X							X	CQM Staff, QMC, Networks	
2. Determine annual CQM Program goals and identify and leverage strategies to achieve goals.											X		CQM Staff, QMC	
3. Identify and conduct systemwide quality improvement activities and operationalize strategies to evaluate outcomes.	X	X		X	X		X			X			CQM Staff, QMC	
4. Ensure the development, implementation, and evaluation of at least one quality improvement project per agency during the fiscal year.	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		X			X		CQM Staff	
6. Provide technical assistance to providers as needed.	X		X	X	X	X	X			X			CQM Staff	
Goal 3: Communicate CQM Program updates, data, and activities to the QMC, Networks, and community stakeholders.														
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			X		CQM Staff	
3. Provide Network updates to the QMC and gather feedback/suggestions for the Quality Network.		X	X	X		X			X			X	CQM Staff	
4. Provide routine CQM Program updates to the HIVPC.	X			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		X	X				CQM Staff	
Goal 4: Routinely evaluate the CQM Program and identify areas for improvement.														
1. Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.	X	X	X	X	X		X					X	CQM Staff, QMC	
2. Review CQM Program performance measures for efficacy and relevance and make changes as needed.		X											CQM Staff, QMC, Networks	
3. Conduct surveys of all meetings and make suggested improvements.			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									CQM Staff	
5. Survey efficacy of CQM Program communication methods.						X						X	CQM Staff	
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.														
1. Review consumer feedback data from 2019-present looking for strengths and weaknesses of current evaluation system.													CQM Staff	
2. Research best practices in obtaining consumer feedback about patient experience.		X	X	X	X								CQM Staff	
3. Plan, initiate, and implement a client satisfaction/client experience plan and provide training as indicated.				X	X								CQM Staff	

X = goal for objective completion

= in progress

= completed

= planned

HANDOUT D

Ryan White HIV/AIDS Program

Part A Manual

U.S. Department of Health and Human Services

Health Resources and Services Administration

HIV/AIDS Bureau
Revised 2013

conducted annually. Prior to the beginning of the procurement process, the planning council and grantee should agree on the process, documentation, responsibilities for data gathering and data sharing, deliverables, review and response process, and timeline. This information should be written in a memorandum of understanding which is then approved by both parties.

The grantee must communicate back to the planning council the results of its procurement process. The planning council may then assess the consistency of the contracted service dollars with its stated service priorities and allocations. If the council finds that the existing mechanism is not working effectively, it is responsible for making formal recommendations for improvement and change, and the grantee is responsible for responding in writing, indicating how it will address these recommendations.

HAB/DMHAP will occasionally request information about the assessment or require EMAs/TGAs to submit a copy of the most recent administrative assessment as part of progress reports or grant applications.

The planning council may also assess whether the services that have been procured by the grantee are consistent with stated planning council priorities, resource allocations, and instructions as to how to meet these priorities. However, assessing the administrative mechanism is not an evaluation of the grantee or individual service providers, which is a grantee responsibility. (See the Outcomes Evaluation chapter in this section of the manual.)

Evaluation of Service Effectiveness

The planning council and grantee should determine what impact services are having on client health outcomes (outcomes evaluation) and also examine the cost-effectiveness of the services being delivered. As discussed in the chapter on Outcomes Evaluation, the planning council has the option of evaluating the "effectiveness of the services offered in meeting identified needs."

Relationships Among Ryan White Part A Entities

In order for planning councils to function efficiently, it is important to understand the relationships between and among grantees, planning councils, PLWHA, and planning council support staff (including consultants and shared staff of the council and grantee).

The Planning Council and the Grantee

The planning council is a legislatively constituted body with clearly defined responsibilities in Ryan White planning and decision making. Its members are appointed by and it is ultimately responsible to the CEO. It works in partnership with the grantee but not under its direction.

Planning Council
The planning council is expected to be given full authority and support to carry out its roles and responsibilities. While the authority to appoint the planning council is clearly vested in the CEO, the planning council is not intended to be advisory in nature. It has legislatively provided authority to carry out its duties.

Table 9: Planning Council

Separation of Planning Council and Grantee Roles

While the CEO may designate a specific department within local government to administer the program, it is not appropriate for the grantee to perform duties related to the planning council's legislative responsibilities. A separation of grantee and planning council roles is necessary to avoid conflicts of interest. This is why the legislation prohibits the planning council from being "chaired solely by an employee of the grantee." The two entities must work closely together, however.

Memorandum of Understanding

To clarify the roles of the planning council and the grantee, and to encourage a collaborative working relationship, HAB/DMHAP recommends that these two entities develop a written agreement (a Memorandum of Understanding) that identifies the individual and shared responsibilities of both parties, lists and providers a timeline for sharing of information or reports that will be regularly provided by each body, and specifies communication mechanisms and a process for solving conflicts. The role of planning council staff should also be included. The MOU should be consistent with planning council bylaws and operating procedures.

A clear delineation of roles and responsibilities will help ensure timely and efficient completion of the Ryan White Part A tasks necessary for obtaining and making effective use of Ryan White Part A funds and for developing and continually strengthening a continuum of care that addresses the needs of PLWHA.

Planning Council Support

The planning council needs funding to carry out its responsibilities. HAB/DMHAP refers to these funds as "planning council support." Planning Council Support funds are part of the 10 percent administrative funds available to the grantee for managing the Ryan White Part A program. The planning council must negotiate the size of the planning council support budget with the grantee and is then responsible for developing and managing that budget within the grantee's grants management structure.

Planning council support funds may be used for such purposes as hiring staff, developing and carrying out needs assessments and estimating unmet need, sometimes with the help of consultants, conducting planning activities, holding meetings, and assuring PLWHA participation. During the planning process for each program year, the grantee and planning

Implementing an Open Nominations Process

Following are suggestions for meeting legislative requirements and ensuring a diverse planning council.

Specify Requirements in the Bylaws. Bylaws should list the legislatively required membership categories and any additional categories considered necessary to meet EMA/TGA planning needs. They should specify terms of office, preferably calling for staggered terms to ensure membership continuity. For example, if members serve three-year terms, one-third of members should have terms ending each year. Be sure that the EMA/TGA membership requirement are reviewed and updated as needed following each Ryan White reauthorization.

Based on the local epidemic of HIV/AIDS and service system, the EMA/TGA may want to establish additional local membership criteria consistent with Federal requirements. For example, Bylaws might specify geographic requirements appropriate for the EMA/TGA, such as membership representation from particular regions or counties or from more than one State if the EMA/TGA crosses State lines. Reflectiveness requirements should also be specified. Bylaws should indicate that the planning council will develop and use an open nominations process (which can be detailed in a separate policy).

Recruit Widely. HAB/DMHAP encourages planning councils to work with the CEO's to carry out broad-based recruitment of nominees, so that selections can be made from a broad spectrum of applicants. Special recruitment is often necessary to reach traditionally underserved populations, involving approaches such as the following:

- Ongoing solicitation of nominees by existing council members and service providers.
- Outreach to service providers and individual staff who serve clients with HIV/AIDS to identify unaligned PLWHA nominees to meet the requirement that 33 percent of planning council members be consumers of Ryan White Part A services that are not directors, staff, or consultants of Ryan White Part A-funded providers.
- Distribution of flyers at various community events.
- Advertising in the print and electronic media, including use of targeted newspaper advertisements in special audience newspapers.
- Posting of the announcement on the planning council website, and use of social media such as Facebook pages where applicable.
- Close cooperation with the planning council's consumer committee and/or area PLWHA groups.
- Use of outreach programs/committees.
- Word of mouth at planning council, committee, and community meetings.

Clarify Membership Criteria. To ensure that planning council composition meets legislative requirements and HAB/DMHAP policy, the nominations process must ensure that all the required membership categories are filled and address the following:

- The overall membership and PLWHA membership must be reflective of the epidemic of HIV/AIDS in the EMA/TGA.

outreach committees help overcome recruitment problems. Many such committees have identified the following useful practices in recruiting PLWHA:

- **Establish and Explain Guidelines Regarding PLWHA Member Representation and Affiliation**. Conflict of interest guidelines and grievance procedures should be clearly stated. Clearly define what constitutes an "unaligned consumer." This requirement is designed to ensure that PLWHA members can represent the interests of PLWHA in the community without conflict of interest.

- **Formalize Recruitment, Nominations, and Outreach Procedures**. The Ryan White HIV/AIDS Program requires that planning councils use an open nominations process to recruit members, and HAB/DMHAP has provided guidance on the components of an open process. (See the Chapter on Open Nominations in this section.) Recruitment and nomination procedures should be formalized, usually summarized in the planning council's bylaws and further detailed and adopted as policy by the full council. Nominations procedures should address the special importance and challenges of recruiting "unaligned" consumers to the planning council. Then the Nominations or Membership Committee can coordinate recruitment based on this clear and publicly known process.

- **Implement a Formal Outreach and Recruitment Process**. Effective recruitment requires a formal outreach process including contacts throughout the community, not focused on a single organization or limited to individuals or groups personally known to planning council members. The responsibility for PLWHA recruitment should be shared and not placed primarily on the current PLWHA members. Methods of outreach include:

    - Contacts with a wide range of non-HIV-specific health groups, social service agencies, and PLWHA groups.
    - Advertisements in local publications and websites, especially those targeting HIV-positive people, racial and sexual minorities, and underserved populations.
    - Posting of opportunities for membership and need for PLWHA members on the planning council Web site.
    - Use of social media such as Facebook.
    - Contacts with local community colleges and universities.
    - Public meetings arranged in consultation with Ryan White Part A service providers and PLWHA groups.

Outreach materials and programs should emphasize commitment to a diverse HIV-positive membership and be specific about populations that need to be represented.

- **Communicate Expectations Clearly.** Like other planning council members, PLWHA need to know what is expected of them in terms of time requirements, travel, roles and responsibilities, public visibility, etc. A job description is especially helpful. Planning councils should clearly state expectations that PLWHA be clients of Ryan White Part A-funded providers and limitations regarding affiliation with AIDS service organizations (ASOs) or other Ryan White Part A-funded providers. Recruitment materials should also

- Some planning councils and grantees have been successful in locating PLWHA not in care by working with a wide range of service providers that may not be funded through the Ryan White HIV/AIDS Program but are likely to be providing services to PLWHA. They include public and private clinics, substance abuse treatment programs, maternal and child health programs, mental health programs, and runaway and homeless shelters. Many of these are considered "points of access" into care, and some provide early intervention services.
- PLWHA caucuses or committees can often help in identifying PLWHA who are not in care. Most consumers know PLWHA who are not in care.
- Outreach workers can conduct brief interviews with PLWHA not in care as part of their ongoing activities.
- Often, PLWHA not receiving HIV-related medical care are receiving support services such as food baskets, and are a part of the Ryan White system. EMAs/TGAs with client-level data can identify and interview or survey current clients who are not shown as receiving medical care.
- "Surrogate" (substitute) approaches can be used. For example, a PLWHA survey can ask people answering the survey who are currently in care to indicate whether they were out of care for a year or more during the last 3-5 years. It so, the survey can ask why they were out of care, what barriers they faced in entering or re-entering care, and what caused them to become linked to care. Some EMAs/TGAs ask providers to identify individuals who entered care within the last six months but were not newly diagnosed, and they can be asked similar questions.
- Often, the most effective way to identify such individuals and assess their service needs is to look for them and obtain this information on a continuing basis throughout the year, then aggregate and analyze the information quarterly.
- Planning councils and grantees can encourage PLWHA participation in such surveys by providing incentives (such as grocery vouchers) if allowed by their Part or paid for through non-Ryan White funds. Generally, incentives of this type can be provided if the gift card specifies that the card may not be used to purchase alcohol or tobacco products. Ryan White programs are generally not permitted to provide cash incentives. EMAs/TGAs should consult with their Project Officers to be sure they understand DMHAP requirements.
- Media, including public service announcements (PSAs), targeting PLWHA provides valuable publicity. PSAs can include a voice-mail number for PLWHA to call with options for speakers with limited English. Use of appropriate community newspapers, newsletters, and/or radio stations can help in reaching specific target populations. Involving people from these communities is an important way to identify where and how PLWHA from targeted communities can be reached.
- Some PLWHA not in care can be reached through social media and asked to complete online surveys. However, because many PLWHA do not have Internet access, this method should not be used as a primary method of reaching PLWHA who are not in care.

E. Individuals Who Are HIV-Positive but Unaware of Their Status

Estimating the Number and Assessing the Needs of Individuals Who Are HIV-Positive but Unaware of Their Status.

the most recent HRSA/HAB definitions and explanations and differentiating core medical and support services. Establishing such definitions up-front is critical to all aspects of the planning process.

Create a Culturally Sensitive Environment

Never assume that there is only one way to conduct business of the group. The effort is a collaboration of many different people, all of whom bring their own expectations and backgrounds to the table. A formal process governed by parliamentary process and Robert's Rules of Order does not necessarily work in all environments. As needed, modify and create procedures for doing work that meet the needs of most members, promote full participation and high levels of productivity, and create a comfortable atmosphere that is inviting to new members.

Be Flexible about Meeting Times, Locations, and Participation Requirements

Meeting times, locations, and requirements for participation should be revisited on a regular basis. The group changes as new members join, older members leave, and the requirements of the epidemic change. Many groups reported changes in their PLWHA participation following the widespread use of anti-retroviral therapy, as greater numbers of consumer members returned to work or became employed. They have been forced to change their meeting times accordingly. Some are only meeting as a full body on a quarterly basis and rely more and more on committees to complete operational tasks. Some use consumer and service provider caucuses to review the work of the full group and provide input, but do not require caucus members to participate in general membership meetings. Much more information is disseminated via email, websites, and social media. The key is flexibility and taking the time to develop a process that works best for your planning body.

Show that PLWHA Participation is a Priority

The following approaches will help assure PLWHA participation:

- Develop a formal PLWHA membership plan.
- Provide supports for PLWHA members with limited physical capacity or special needs.
- Demonstrate respect for PLWHA member input and recognition of contributions by paying attention to what PLWHA say, insisting on an atmosphere of mutual respect, encouraging everyone to participate, and maintaining an orderly process.
- Seek PLWHA representation on all committees at the same level as on the full planning body.
- Develop a formal leadership development training program for PLWHA.

3. Provide information to potential members about time commitments and other demands of planning body membership, meeting schedules, HIV disclosure requirements, and the conflict of interest standard.
4. Describe the application and selection process.

- A representative nominations or membership committee reviews all nominations and conducts interviews of potential members.

Recruitment Methods

Methods for recruiting planning body members include:

- Disseminate an announcement of membership opportunities and the application form via email, website postings, and social media.
- Contact other organizations' mailing lists and ask current members to send announcements to their personal email lists. If materials are mailed, take steps such as using unmarked envelopes to maintain confidentiality.
- Have planning body members telephone potential members who belong to targeted groups and talk to them about becoming members. Provide opportunities for potential members to attend a planning body or committee meeting. Consider use of a mentoring or buddy program where members agree to pick up potential members and drive them to meetings and help them understand the process.
- Engage in collaborative community networking. Planning body members should attend other organizations' meetings and promote membership on the planning body in their public venues or during public comments periods at other meetings. Some planning bodies are developing speakers' bureaus not only to provide education about HIV/AIDS and Ryan White-funded services, but also to advertise and promote planning body membership.
- Use newspapers and newsletters. Planning body meetings should be regularly advertised in local newspapers and member organizations' newsletters, both online and hard copy.
- Assess the success of various recruitment methods and refine them based on what you learn. Distributing flyers at various locations certainly promotes the planning body but has generally seen little direct success as a technique for recruiting members.
- Consider translating announcements and the application form into the major language of populations targeted as planning body members.
- Use multiple methods to recruit consumers and other PLWHA. Do outreach to service providers and individual staff who serve clients with HIV/AIDS to identify unaffiliated PLWHA nominees. (Unaffiliated refers to consumers who do not have a potential conflict of interest, meaning they have no financial or governing interest in funded agencies.) Contact PLWHA coalitions as well.

shared by the entire planning body. Outreach should be extensive, ongoing, and culturally competent. Recruitment requires contacts throughout the community, not focused on a single organization or limited to individuals or groups personally known to consortium members. Methods of outreach include:

- Contacts with a wide range of non-HIV-specific health groups, social service agencies, and PLWHA groups.
- Advertisements in local online and print publications, especially publications targeting HIV-positive people, racial and sexual minorities, and underserved populations.
- Posting of opportunities on the planning body or lead agency website.
- Use of social media such as Facebook.
- Contacts with local community colleges and universities.
- Public meetings arranged in consultation with Ryan White service providers.
- Outreach materials and programs that emphasize commitment to a diverse HIV-positive membership and are specific about populations that need to be represented.

- **Communicate Expectations Clearly**. PLWHA, like other members, need to know what is expected of them in terms of time requirements, travel, roles and responsibilities, and public visibility. A job description is especially helpful. Clearly state disclosure requirements and indicate limitations and expectations regarding affiliation with AIDS service organizations (ASOs) or other providers or membership preference for unaffiliated or "unaligned" PLWHA. Recruitment materials should clearly state available supports, such as expense reimbursement, transportation assistance, and child or partner care reimbursement.
- **Make the Process Efficient and Timely**. If the nominations and selection process is lengthy, planning bodies may have PLWHA vacancies for many months, and nominated individuals may lose interest. The selection process should be efficient in filling all membership slots, but especially PLWHA slots. One way to minimize vacancies is to allow PLWHA to serve as members of consortium committees, including PLWHA committees or caucuses, both to become familiar with the work of the planning body before nomination and to remain engaged while awaiting appointment.
- **Ensure That Members Reflect Changes in the Demographics of the Area's HIV Epidemic**. As the demographics of HIV change, it becomes important for the membership to reflect these changes. Attaining diversity among PLWHA representation requires carefully planned outreach into many different communities with the help of a variety of individuals and community groups. Policies might state that the PLWHA membership will reflect the demographics of the HIV/AIDS epidemic in its service area.
- **Do Ongoing Recruitment.** Ongoing recruitment is required because of the changing health status of PLWHA members, as well as to replace members who move, become employees (or consultants or Board members) of a provider and therefore are no longer considered unaligned, change their employment or family status, are burned out, or change their community priorities.

Barriers to PLWHA Recruitment

Recruitment of PLWHA requires first understanding and then overcoming a number of barriers that prevent or discourage PLWHA membership. Barriers may exist within the planning body,

Broward County HIV Health Services Planning Council
Social Media Proposal

The purpose of this proposal is to petition the Broward County Office of Public Communications for social media access. The HIV Planning Council is legislatively mandated to be reflective of the community it serves. In order to reach the least represented groups – specifically young adults and people with HIV under the age of 50 who are not employed by a Ryan White-funded organization –the Council is requesting access to dedicated social media platforms.

I. Problem

The underrepresentation of young adults on the HIV Planning Council

The Ryan White HIV/AIDS Program (RWHAP) Part A is tasked with addressing the needs of people living with HIV in local metropolitan areas that have been hit hardest by the HIV epidemic. Part of the Health Resources and Services Administration's (HRSA) mandate enacting the Part A Program was placing the community in charge of its own care; for this reason, Broward County's Part A Recipient created the Broward County HIV Health Services Planning Council (HIVPC) to carry out the mandated duties under the Ryan White Part A legislation.

To meet the legislative mandate, the HIVPC measures its reflectiveness of the HIV epidemic in Broward utilizing race, gender, and age demographics. The Council has experienced consistent underrepresentation of impacted demographic groups, which would be significantly improved by visibility in places where these audiences can be reached. No other group is more underrepresented on the Council as substantially as young adults. The HIVPC falls short of its reflectiveness goals with no members under 30 years of age (6.6% of the HIV epidemic in Broward) and no non-aligned consumer-members under 50 years of age (41.4 % of the HIV epidemic in Broward is comprised of people under 50).

Current recruitment and engagement strategies do not attract young adults to meetings or Council events, making the achievement of age-related reflectiveness unlikely.

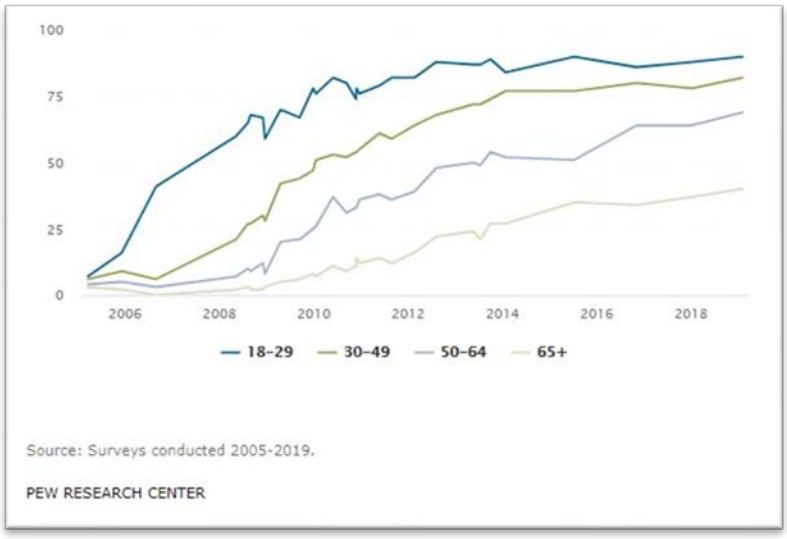
II. Solution

Meet people where they are: social media platforms

The HIVPC requests authorization to establish social media accounts specific to the work being done through the Council and engage the community at large, but especially a younger audience, in places where the target audience spends its time. Council members have consistently requested social media access for recruitment and engagement purposes. The addition of social media specific to the HIVPC will increase the Council's reach to individuals who otherwise would miss its content and information.

Presently, the HIVPC communicates with its audience through e-mail, phone calls, printed collateral, and its website. Additional avenues for communication include traditional advertising and sharing information through HIV organizations' social media accounts, if amenable. The HIVPC relies most heavily on e-mail and printed materials to communicate with its audiences. This approach falls short of reaching the desired demographic in any demonstrable way. The case for social media utilization is substantiated by examining how people spend their time.

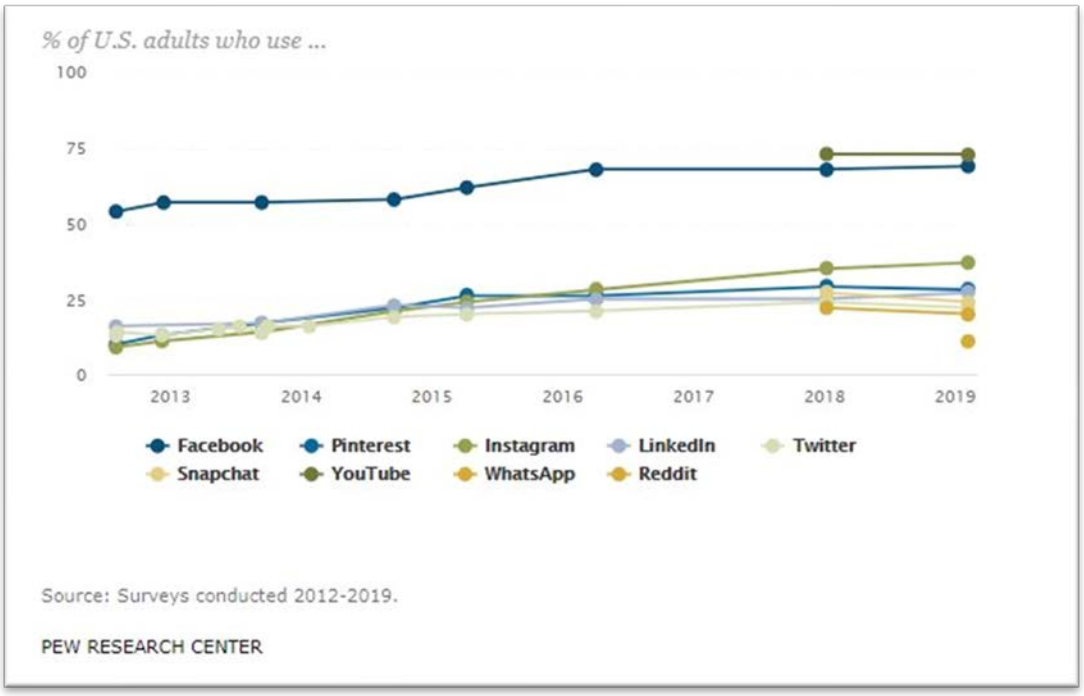
FIGURE 1. % OF U.S. ADULTS WHO USE AT LEAST ONE SOCIAL MEDIA SITE, BY AGE



According to the Pew Research Center, around seven in ten Americans use social media to connect with one another, engage with news content, share information, and entertain themselves. In 2019, of the thousands of adults who utilize at least one social media network, approximately 90% of adults were aged 18-29, and 82% were aged 30-49. This tells us that most users within our targeted demographic spend significant amounts of time on one or more platforms daily.

Figure 1 illustrates the percentage of U.S. adults who utilize at least one social media site, delineated by age. The identified demographic groups represent the highest proportion of users of social media. Social media access specific to the HIVPC means that these groups will have direct and instant access to Council and Committee meeting information, updates, and news about upcoming community events hosted by the Council or in partnership with the Council.

FIGURE 2. U.S. ADULT SOCIAL MEDIA SITE USAGE, BY %



The HIVPC anticipates utilizing the following social media platforms to engage hard to reach groups in Planning Council activities and Part A services:

- **Facebook** – Facebook continues to be one of the most widely used social media sites among 69% of U.S. adults -- 79% are aged 18-29. The HIVPC plans to use Facebook for live chat and focus groups.
- **Twitter** – Twitter was the 7th most used platform in 2019 with 22%, 38% of which are young adults aged 18-29. Twitter will be used to create community dialogue.
- **Instagram** – Instagram is used by 37% of U.S. adults and is especially popular among 18- to 24-year-olds (75% among this age group). It will be utilized to create visual representations of the history of HIV advocacy and what it looks like today.

- **YouTube** – YouTube was the most used online platform in 2019, with 73%. YouTube will be used to disseminate educational content, including HIV basics, the Council's purpose, and in observance of HIV Awareness days.
- **LinkedIn** – LinkedIn is the 5th most used platform, with 27% of adults in the U.S. who utilize the platform online or via their cellphone. The HIVPC will roll out LinkedIn in the second phase and use it to highlight the transferrable skills members acquire from serving on the HIV Planning Council.

Figure 2 corroborates the need to implement a targeted social media strategy using the outlined platforms. These communication methods have distinct advantages, and communication on these platforms will be tailored to maximize the benefit of each, respectively.

III. Distinguishing the HIVPC from Ryan White Part A

These bodies serve discrete roles for the HIV community of Broward County and have different needs for consumer input

Although the Broward County Part A and the HIVPC share responsibility for the functioning of the Part A Program, they have separate roles. In conjunction with the HIVPC, the Part A Recipient coordinates HIV medical care and support services for persons living with HIV in the Fort Lauderdale Eligible Metropolitan Area (EMA). The Broward County Ryan White Part A Office, which serves as the Recipient of RWHAP grant funding, relies on the work of the HIVPC to direct the allocation of resources. The Broward County Part A is accountable for managing RWHAP Part A funds and awarding funds to local agencies to provide services identified by the HIVPC as priorities. The HIVPC informs and empowers the HIV community of Broward County through a deliberative process that determines how Ryan White Part A services are provided and funded. Because of the disparate role & responsibilities of the HIVPC, it functions as a separate entity from the Part A Office, which includes community engagement manners.

IV. Proposed Rollout: The First 2 Years

Year 1: Introduce Facebook, Twitter, and Instagram accounts

The HIV Planning Council & Planning Council Support Team will establish a social media marketing strategy incorporating Facebook, Twitter, and Instagram. The strategy will feature the work of the Council, the benefits of membership, and the importance of HIV advocacy. The strategy will implement content marketing to ensure that information provided to the audience is beneficial. Results will be reviewed on a quarterly basis. Based on the adopted strategy, Key Performance Indicators will be determined. Year 1 results of social media usage will be used to improve engagement and achieve desired outcomes.

Year 2: Introduce LinkedIn and YouTube accounts. Continue to utilize Facebook, Twitter, and Instagram accounts

The HIV Planning Council & PCS Team will establish Year 2 goals for Facebook, Twitter, and Instagram. The social media strategy will be revised based on lessons learned in Year 1. Additionally, LinkedIn and YouTube accounts will be initiated, and metrics reviewed on a quarterly basis. Year 2 results of social media engagement will determine Year 3 goals and adjust Key Performance Indicators.

HANDOUT E

DRAFT PLANNING COUNCIL SELF-ASSESSMENT

EDUCATION AND TRAINING

1. **How much knowledge do you have of the Ryan White Part A program and services (enough knowledge to provide suggestions and participate in decision making at the meetings?)**
   ❒ Very much ❒ Somewhat ❒ Undecided ❒ Not enough ❒ None at all

2. **I understand my role and responsibility as a Planning Council member.**
   ❒ Strongly Agree ❒ Agree ❒ Neutral ❒ Disagree ❒ Strongly Disagree

3. **What training topics would be helpful in your role as a Planning Council member?**

   _____

   _____

4. **I have a basic understanding of the following:**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
By-Laws	❒	❒	❒	❒	❒
Local Procedures manual	❒	❒	❒	❒	❒
Robert's Rules of order	❒	❒	❒	❒	❒
Planning Council committee responsibilities	❒	❒	❒	❒	❒
Planning Council Chair role and responsibilities	❒	❒	❒	❒	❒
2017-2021 Broward County Integrated Prevention and Care Plan	❒	❒	❒	❒	❒

5. **How long have you been a Planning Council member?**
   ❒ 0-2 years ❒ 2-5years ❒ 5-10 years ❒ 10-15 years ❒ more than 15 years
   a. **How much has your knowledge increased since you became a Council member?**
      ❒ Very Much ❒ Somewhat ❒ Neutral ❒ Not much ❒ Not at all

6. **List the committees whose work you would like to better understand.**

   _____

   _____

MEETINGS

7. **The Planning Council meetings:**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Are Productive:	❒	❒	❒	❒	❒
Accomplish goals:	❒	❒	❒	❒	❒
Follow the agenda:	❒	❒	❒	❒	❒
Use time wisely:	❒	❒	❒	❒	❒
Utilize work plans effectively	❒	❒	❒	❒	❒
Provide sufficient information and data to make decisions	❒	❒	❒	❒	❒

DRAFT PLANNING COUNCIL SELF-ASSESSMENT

PLANNING COUNCIL STRUCTURE AND FUNCTION

8. **The Planning Council has sufficient range of expertise and experience to make it an effective governing body.**
   ❒ Strongly Agree ❒ Agree ❒ Neutral ❒ Disagree ❒ Strongly Disagree

9. **The Planning Council is reflective of the population served.**
   ❒ Strongly Agree ❒ Agree ❒ Neutral ❒ Disagree ❒ Strongly Disagree

10. **The Planning Council has adequate participation and leadership from PLWHAs.**
    ❒ Strongly Agree ❒ Agree ❒ Neutral ❒ Disagree ❒ Strongly Disagree

11. **The Planning Council's New Member orientation process is effective in member retention.**
    ❒ Strongly Agree ❒ Agree ❒ Neutral ❒ Disagree ❒ Strongly Disagree

12. **The Planning Council's mentoring process is effective in member retention.**
    ❒ Strongly Agree ❒ Agree ❒ Neutral ❒ Disagree ❒ Strongly Disagree

13. **I understand the priority setting and resource allocation process.**
    ❒ Strongly Agree ❒ Agree ❒ Neutral ❒ Disagree ❒ Strongly Disagree

OVERVIEW

14. **As a whole, the Planning Council is effective.**
    ❒ Strongly Agree ❒ Agree ❒ Neutral ❒ Disagree ❒ Strongly Disagree

15. **I effectively contribute as a Planning Council member.**
    ❒ Strongly Agree ❒ Agree ❒ Neutral ❒ Disagree ❒ Strongly Disagree

ADDITIONAL COMMENTS

_____

_____

_____

_____

_____