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, March 21, 2024 – 12:45 PM
Meeting location: Broward Regional Health Planning Council

Microsoft Teams meeting

https://teams.microsoft.com/l/meetup-join/19%3ameeting_NDNhNzJkZGEtOWQ3OC00ZmY0LThiMTgtMDA1NjM3Mjc5MTJl%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%221bcbe6d6-8962-41e8-b7e5-3cd660df997c%22%7d

Meeting ID: 227 275 077 550 **Passcode:** xJ5owt

Or call in (audio only)

+1 561-437-3349 Phone Conference ID: 739 180 128#

Chair: Lorenzo Robertson • Vice Chair: Von Biggs

This meeting is audio recorded.

The Executive Committee meets to conduct the business of the Council and shall: Set the agenda for Council meetings; Address Conflict of Interest issues; Review Membership/Council Development Committee Attendance report; Oversee the planning activities established in the integrated HIV prevention and care plan; Develop and oversee committee work plans that address comprehensive planning goals and objectives; and Ratify recommendations for removal for cause from the Membership/Council Development Committee.

Quorum for this meeting is 7

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 March 21, 2024
5. **ACTION:** Approval of Minutes from January 18, 2024 **(Handout A)**
6. Standard Committee Items
    a. Review and Approve March 28, 2024, HIVPC Agenda, Meeting Materials and

Motions **(Handout B)**

b. Review April 2024 HIVPC Calendar **(Handout C)**

7. Unfinished Business
   a. None.
8. New Business
   a. Discussion: Evaluation HIVPC Retreat, February 2024 **(Handout D)**
   b. Review and Approve FY2024-2025 HIVPC Budget **(Handout E)**
   c. Committee Quarterly Updates (December, January, February activities) **Handouts (F1-F6)**
9. Public Comment
10. Agenda Items for Next Meeting
    a. Next Meeting Date: April 18, 2024, at 12:45 p.m. LOCATION: Broward Regional Health Planning Council
    b. Agenda Items for next meeting
       i. Review and Approve April 25, 2024, HIVPC Agenda, Meeting Materials and Motions
       ii. Review the May 2024 HIVPC Calendar
       iii. Receive membership reflectiveness report from MCDC Chair
11. Announcements: PSRA/CEC Listening Tour on RW Part A Services **(Handout G)**
12. Adjournment

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

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

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

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

Handout A

FORT LAUDERDALE/BROWARD EMA
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(954) 561-9681 • FAX (954) 561-9685

Executive Committee

Thursday, January 18, 2024 - 12:45 PM
Meeting at Broward Regional Health Planning Council and via WebEx

DRAFT MINUTES

Executive Members Present*:* B. Fortune-Evans (QMC Chair), B. Barnes (PSRA & Ad-Hoc Chair), I. Wilson (CEC Vice-Chair), F. D'Amore (QMC Vice-Chair), J. Castillo (SOC Vice-Chair), V. Foster (MCDC Vice-Chair), L. Robertson (HIVPC Chair), S. Tinsley (CEC Chair)

Members Absent: K. Hayes (SOC Vice-Chair), T. Moragne (MCDC Vice-Chair), V. Biggs (HIVPC Vice-Chair)

Ryan White Part A Recipient Staff Present: G. James

Planning Council Support Staff Present: D. Liao, M. Patel, G. Martinez

Guests Present: None.

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

   The Executive Committee Chair called the meeting to order at 12:46 P.M. and welcomed all meeting attendees. The Chair notified attendees 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, he 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 Vice-Chair, Committee members, Recipient staff, PCS/CQM staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

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

3. Meeting Approvals

   The approval of the January 18, 2024, Executive Committee agenda with the addition to discuss 'Ad-Hoc Information under New Business' was proposed by B. Barnes, seconded by V. Foster, and passed unanimously. The approval for the minutes of the November 30, 2023, meeting was proposed by V. Foster, seconded by S. Tinsley, and passed unanimously.

   Motion #1: B. Barnes, made a motion to approve January 18, 2024, Executive Committee agenda with the addition to discuss, Ad-Hoc Information under New Business, and seconded by V. Foster. The motion passed unanimously.

   Motion #2: V. Foster, on behalf of the Executive Committee, made a motion to approve the November 30, 2023, Executive Committee meeting minutes as presented. The motion was seconded by S. Tinsley and adopted unanimously.

4. Standard Committee Items

   Review and Approve January 25, 2024, HIVPC Agenda, Meeting Materials and Motions

   Motion #3: B. Barnes, on behalf of the Executive Committee, made a motion to approve the agenda (with the addition of a place holder for Ad-Hoc By-laws) and meeting materials. The motion was seconded by V. Foster and adopted unanimously.

5. Unfinished Business:

   None.

6. New Business

   Discussion: HIVPC Retreat, February 2024

   PCS Staff updated Executive Committee members on the Annual HIVPC Retreat. They approved the schedule the HIVPC Retreat on February 22, 2024, with no HIVPC Meeting for the month of February. Members also agreed to mandate in person attendance. A final location for the Annual HIVPC Retreat, The Westin - Ft. Lauderdale, was finalized by PCS.

   MCDC Reflectiveness Update

   V. Foster briefly updated the Executive Committee Members our the HIVPC's current membership numbers and the number of seats HRSA requires the HIV Planning Council to fill.

   Motion #4: B. Barnes, on behalf of the Executive Committee, made a motion to have PCS acquire written permission from a planning council member before the HIVPC can disclose a member's HIV status. The motion was seconded by S. Tinsley and adopted unanimously.

   Review and Approval of FY Executive Committee Workplans

   After committee members reviewed the FY 2023-2024, and FY 2024-2025 Workplans, the following motion was made:

   Motion #5: V. Foster, on behalf of the Executive Committee, made a motion to approve the FY 2024-2025 Executive Committee Workplan. The motion was seconded by S. Tinsley and adopted unanimously.

   Ad-Hoc Parking Lot Items

   Motion #6: B. Barnes made a motion to limit the number of committees that a member can serve on to two committees. The motion was seconded by S. Tinsley and adopted unanimously.

   Motion #7: B. Barnes made a motion to limit the number of providers that can serve on the HIVPC to three members. The motion was seconded by S. Tinsley and adopted unanimously.

   Motion #8: B. Barnes made a motion to move the planning council's term-limit policy from our Policy & Procedures to the HIVPC's By-laws.

7. Discussion: Data Request

8. Recipient's Report

   There was no Recipient's report for this meeting.

9. 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.

10. Agenda Items for Next Meeting
    - The next Executive Committee meeting will be held on March 21, 2024, at 12:45pm. **LOCATION**: BRHPC and via Webex Videoconference.

11. Announcements
    - L. Robertson: Announced Ujima Men's Collective will host – Black Art Awakening on February 1, 2024 at the Pride Center.
    - L. Roberston: Announced a Community Conversation on February 20, 2024, at the L. A. Lee YMCA
    - L. Robertson: Announced on February 29, 2024, Closing Risk for Our Black Art Awakening
    - S.Tinsley: Announced for the 2nd Quarter of the HIV Possible will host a network empowerment series to address stigma and isolation by bringing people out and together
    - B. Barnes: Announced AIDS Moral Quilt will be displayed from Jan. 22, 2024, to February 7, 2024 at the Poverello Center. On February 7, the AIDS Quilt also will have a send-off ceremony with a give-a-way of $25 gift cards for individuals that get tested for HIV.
    - F. D'Amore: Announced My Hollywood Pride on Sunday, January 28th from 1pm to 6pm near downtown Hollywood, FL

There being no further business, the meeting was adjourned at 1:58pm.

Executive Committee for CY 2024

Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date	18	C											
0	1	Barnes, B.	X	C											
1	2	Biggs, V., **V. Chair**	A	C											
0	3	Castillo, J	X	C											
0	4	D'Amore, F.	X	C											
0	5	Fortune-Evans, B.	X	C											
0	6	Foster, V.	X	C											
1	7	Hayes, K.	A	C											
1	8	Moragne, T.	A	C											
0	9	Robertson, L., **Chair**	X	C											
0	10	Tinsley, S.	X	C											
0	11	Wilson, I.	X	C											
		Quorum = 6	8												

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**

Handout B

FORT LAUDERDALE/BROWARD EMA
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200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Broward County HIV Health Services Planning Council Meeting

Thursday, March 28, 2024 - 9:30 AM
Meeting at Broward Regional Health Planning Council and Microsoft Teams

https://teams.microsoft.com/l/meetup-join/19%3ameeting_MTgzNDBjZmEtYzllOS00YzA4LThjMjktOGVjYTI2MTJmOGEz%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%221bcbe6d6-8962-41e8-b7e5-3cd660df997c%22%7d

Meeting ID: 223 679 016 307 Passcode: 9Af8tf

Or call in (audio only)

+1 561-437-3349 - Phone Conference ID: 869 406 955#

Chair: Lorenzo Robertson • Vice Chair: Von Biggs
This meeting is audio and video recorded.

Quorum for this meeting is 14

DRAFT AGENDA

ORDER OF BUSINESS

1. **CALL TO ORDER/ESTABLISHMENT OF QUORUM**
2. **WELCOME FROM THE CHAIR**
    1. Meeting Ground Rules
    2. Statement of Sunshine
    3. Introductions & Abstentions
    4. Moment of Silence
3. **PUBLIC COMMENT**
4. **ACTION:** Approval of Agenda for March 28, 2024
5. **ACTION:** Approval of Minutes from January 25, 2024 **(Handout A)**
6. **FEDERAL LEGISLATIVE REPORT**– Attorney Marty Cassini, Broward County Intergovernmental Affairs Office
7. **STANDARD COMMITTEE ITEMS**

    None
8. **CONSENT ITEMS**

    None

9. DISCUSSION ITEMS

a) **Overview of the Broward HIVPC Accomplishments from March 1, 2023, through February 29, 2024, fiscal year (Handout B)**

b) **Motion to approve the Centralized Intake Eligibility Determination (CIED) – Service Delivery Model (Handout C)**

Justification: The CIED- Service Delivery Model was reviewed by the Systems of Care Committee during its March 7, 2024, meeting. SOC provided recommendations, which were reviewed and approved by the Quality Management Committee during its March 18, 2024, meeting.

PROPOSED BY: Quality Management Committee

10. OLD BUSINESS

a) None

11. NEW BUSINESS

a) **Action Item:** FY2024-2025 HIVPC Chair/Vice Chair Nominee Q&A

12. COMMITTEE REPORTS

1. Community Empowerment Committee (CEC)
   Chair: Shawn Jackson • Vice Chair: Irvin Wilson

   i. **Work Plan Item Update/Status Summary**
   ii. **Data Requests:**
   iii. **Rationale for Recommendations:**
   iv. **Data Reports/ Data Review Updates:**
   v. **Other Business Items:** None
   vi. **Agenda Items for Next Meeting:**
   vii. **Next Meeting date:** April 2 2024, at 3:00 PM at BRHPC and Microsoft Teams

2. System of Care Committee (SOC)
   Chair: Jose Castillo • Vice Chair: Kendra Hayes

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

   ii. **Data Requests:**
   iii. **Rationale for Recommendations:**
   iv. **Data Reports/ Data Review Updates:**
   v. **Other Business Items:** None
   vi. **Agenda Items for Next Meeting:**
   vii. **Next Meeting date:** April 4, 2024, at 9:30 AM at BRHPC and Microsoft Teams

3. Membership/Council Development Committee (MCDC)
   Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne

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

   ii. **Data Requests:**
   iii. **Rationale for Recommendations:**
   iv. **Data Reports/ Data Review Updates:**
   v. **Other Business Items:**
   vi. **Agenda Items for Next Meeting:**
   vii. **Next Meeting date:** April,11 2024, at 9:30 AM at BRHPC and Microsoft Teams

4. Quality Management Committee (QMC)
   Chair: Bisiola Fortune-Evans • Vice Chair: Franchesca D'Amore

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

ii. Data Requests:
iii. Rationale for Recommendations:
iv. Data Reports/ Data Review Updates:
v. Other Business Items: N
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** April 15, 2024, at 12:30 PM at BRHPC and Microsoft Teams

5. Executive Committee
Chair: Lorenzo Robertson • Vice Chair: Von Biggs
Work Plan Item Update/Status Summary:

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

ii. Data Requests:
iii. Rationale for Recommendations:
iv. Data Reports/ Data Review Updates:
v. Other Business Items:
vi. Agenda Items for Next Meeting:
vii. **Next Meeting date:** April 18, 2024, at 12:45PM at BRHPC and Microsoft Teams

6. Priority Setting & Resource Allocation Committee (PSRA)
Chair: Brad Barnes • Vice Chair: Vacant
November 30, 2023

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

ii. Data Requests:
iii. Rationale for Recommendations:
iv. Data Reports/ Data Review Updates:
v. Other Business Items: None
vi. Agenda Items for Next Meeting:
vii. **Next Meeting date:** April 18, 2024, at 9:00 AM at BRHPC and Microsoft Teams

7. Ad-Hoc Term Limits
Chair: Brad Barnes • Vice Chair: Vacant

i. Work Plan Item Update/Status Summary:
ii. Data Requests:
iii. Rationale for Recommendations:
iv. Data Reports/ Data Review Updates:
v. Other Business Items:
vi. Agenda Items for Next Meeting:
vii. **Next Meeting date:** TBD

8. Ad-Hoc Nominations
Chair: Brad Barnes • Vice Chair: Vacant

viii. Work Plan Item Update/Status Summary:
ix. Data Requests:
x. Rationale for Recommendations:
xi. Data Reports/ Data Review Updates:
xii. Other Business Items:
xiii. Agenda Items for Next Meeting:
xiv. **Next Meeting date:**

13. RECIPIENT REPORTS

1. Part A
2. Part B
3. Part C
4. Part D
5. Part F
6. HOPWA
7. Prevention – Quarterly Update (April, July, October, January)

14. DATA REQUEST(S)

15. PUBLIC COMMENT

16. AGENDA ITEMS FOR NEXT MEETING

1. Next Meeting Date: April 25, 2024, at 9:30 a.m. at BRHPC and via Microsoft Teams
2. Agenda Items for next meeting: To Be Determined

17. ANNOUNCEMENTS

18. ADJOURNMENT

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

Please complete your meeting evaluation.
Three Guiding Principles of the Broward County HIV Health Services Planning Council
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Vision: To ensure the delivery of high-quality, comprehensive HIV/AIDS services to low-income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

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April 2024

Handout C

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit http://www.brhpc.org for updates.					
	1	2 Community Empowerment Committee Meeting (CEC) 3:00PM–5:00PM Location: BRHPC/WebEx	3 Oral Health Network Meeting 3:00PM-4:15PM	4 System of Committee Meeting 9:30AM – 11:30AM Medical Provider Network Meeting 2:30PM-3:45PM	5 South Florida AIDS Network Meeting (SFAN) 9:30AM	6
7	8	9 Behavioral Health Network Meeting 2:00 PM – 3:15 PM	10  Youth HIV/AIDS Awareness Day	11 Membership/Council Development Committee Meeting 9:30AM – 11:30AM	12	13
14	15 Quality Management Committee Meeting 11:30AM–2:30PM Location: BRHPC/WebEx	16	17	18 Priority Setting & Resource Allocation Committee Meeting 9:30AM -12:30PM Executive Committee Meeting 12:45PM – 2:45PM National Transgender HIV Testing Day	19	20
21	22	23	24 PSRA/CEC Listening Tour on RW Part A Services	25 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/Webex	26	27
28	29	30				

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

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

April 2024

Broward HIV Health Services Planning Council Calendar

All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Unless otherwise noted, meetings will be held via WebEx.
Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1292 or 1343. Visit http://www.brhpc.org for updates.

TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en:	Unless otherwise noted on the calendar, all meetings are held at:	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fét:
Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020	Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020	Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.	To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.	Pou konfime enfòmasyon ou resewa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou ger pw oblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

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

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

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

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

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

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

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

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

Handout D

Report for Broward County HIVPC Annual Retreat Evaluation, February 22, 2024

Written by PCS Staff

Overview

The purpose of this survey was to collect feedback from attendants of the 2024 Annual Retreat.

The survey collected data from 10 participants and had a 100% completion rate.

Respondents had overall positive opinions about the Retreat.

Logistics

- Respondents asked about the convenience of the location, convenience of the time, appropriateness of the space, and organization and logistics of the conference.
- Most respondents expressed strong approval of the logistical components of the meetings.

4. LOGISTICS

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses
The location was convenient for me. Count Row %	0 0.0%	0 0.0%	1 10.0%	2 20.0%	7 70.0%	10
The meeting time was convenient for me. Count Row %	0 0.0%	0 0.0%	0 0.0%	2 20.0%	8 80.0%	10
The meeting space was comfortable, accessible, and appropriate for my needs. Count Row %	0 0.0%	0 0.0%	2 20.0%	1 10.0%	7 70.0%	10
The overall organization and logistics of the conference, including registration process and event scheduling were comfortable and appropriate for my needs. Count Row %	0 0.0%	0 0.0%	0 0.0%	3 30.0%	7 70.0%	10
Totals Total Responses						10

Content

- Respondents were asked about the clarity, merit, usefulness, and relevance of the content presented during the Retreat.
- Most respondents expressed approval and strong approval of the content of the meeting.

5. CONTENT

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses
The purpose and objectives of our meeting were clearly stated. Count Row %	0 0.0%	0 0.0%	1 10.0%	3 30.0%	6 60.0%	10
The content of the meeting was informative and useful for me. Count Row %	0 0.0%	0 0.0%	1 10.0%	3 30.0%	6 60.0%	10
The focus of our meeting was aligned with our workplan goals and activities. Count Row %	0 0.0%	0 0.0%	1 10.0%	3 30.0%	6 60.0%	10
This meeting advanced the work of our Planning Council in a meaningful way. Count Row %	0 0.0%	0 0.0%	1 10.0%	3 30.0%	6 60.0%	10
The workshop sessions were diverse and well-balanced. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 40.0%	6 60.0%	10
Totals Total Responses						10

Preparation

- Respondents were asked the quality and timeliness of the pre-meeting materials that sent prior to the Retreat.
- Most respondents expressed approval and strong approval of the pre-meeting materials.

6. PREPARATION

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses
The pre-meeting materials were sent sufficiently in advance of the meeting date. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 40.0%	6 60.0%	10
The pre-meeting materials provided appropriate information for our meeting purposes. Count Row %	0 0.0%	0 0.0%	1 10.0%	3 30.0%	6 60.0%	10
The pre-meeting materials were understandable and useful. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 40.0%	6 60.0%	10
I was well prepared, and able to engage in informed discussions and decisions. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 40.0%	6 60.0%	10
Other participants were well prepared for this meeting, and able to engage in informed discussions and decisions. Count Row %	0 0.0%	0 0.0%	1 10.0%	4 40.0%	5 50.0%	10
Totals Total Responses						10

Process/ Teamwork

- Respondents were questioned regarding the quality of the process and the efficiency of the teamwork during the Retreat.
- Most respondents expressed approval or strong approval of the process and teamwork.

7. PROCESS/TEAMWORK

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses
The facilitator, Mr. George Gadson, was effective in delivering workshop presentations and engaging the audience. Count Row %	0 0.0%	0 0.0%	0 0.0%	3 30.0%	7 70.0%	10
All meeting participants were encouraged to participate. Count Row %	0 0.0%	0 0.0%	1 10.0%	3 30.0%	6 60.0%	10
All meeting participants were actively involved. Count Row %	0 0.0%	0 0.0%	1 10.0%	4 40.0%	5 50.0%	10
We engaged in informed, purposeful discussions. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 40.0%	6 60.0%	10
We encouraged healthy debate and were respectful of different viewpoints. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 40.0%	6 60.0%	10
We shared decision-making at this meeting. Count Row %	0 0.0%	0 0.0%	1 10.0%	4 40.0%	5 50.0%	10
We used our meeting time effectively. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 40.0%	6 60.0%	10
I am leaving this meeting with a clear understanding of what's expected of me for the new fiscal year. Count Row %	0 0.0%	1 10.0%	1 10.0%	3 30.0%	5 50.0%	10
Totals Total Responses						10

Meeting Efficiency

- Respondents were asked about the efficiency of the meeting and their satisfaction with it.
- Most respondents expressed approval and strong approval of the meeting efficient.

8. MEETING EFFICIENCY

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses
I am satisfied with the way this meeting ran. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 40.0%	6 60.0%	10
I felt that this meeting was a good use of members' time. Count Row %	0 0.0%	0 0.0%	2 20.0%	2 20.0%	6 60.0%	10
I am confident in the effectiveness of our meetings, and would be comfortable having prospective members, funders, or other guests attend a meeting such as this one. Count Row %	0 0.0%	0 0.0%	1 10.0%	3 30.0%	6 60.0%	10
I am satisfied with my overall experience at the HIVPC Annual Retreat. Count Row %	0 0.0%	0 0.0%	0 0.0%	3 30.0%	7 70.0%	10
Totals Total Responses						10

What aspects of the Retreat did you find most valuable, and why?

- Most of the respondents found communication, collaboration, and team building with other attendants to be the most valuable aspects of the Retreat.
- Other respondents expressed appreciation for the discussion of Robert's Rule. This enhanced the members' ability to effectively communicate with each other.

Are there areas where the Retreat could be improved, and if so, what suggestions do you have?

- One member stated that the Recipient Office should be included in the Retreat as that would have “given them valuable insight and collaboration with a team that all of us feel a great partnership with.”
- Another member suggested including training on Sunshine Law in subsequent meetings.

What are the most important things that the planning council can do (collectively or as individual members) to make our next Retreat more effective?

- One member suggested asking members of the planning council what they need training or facilitation on.
- Another member suggested lengthening the retreat to a day and half and using the half-day to assess the strengths and shortcomings of other local EMAs. This member also suggested inviting the Project Officer from HRSA to participate.
- Another member suggested closer adherence to the agenda and time allocations.
- A final member suggested partnering more inexperience members with more experienced members.

Broward Regional Health Planning Council		
Planning Council Support Budget: March 1, 2024 - February 28, 2025		
PERSONNEL/FRINGE	**(FTE*) % of Time**	
Personnel		**$ 142,391**
M. Rosiere, Vice President of Programs	2%	
G. Berkeley Martinez, Director Planning & Quality Management	40%	
M. Patel, Health Planner	100%	
M. Lacroix, Health Planner	100%	
Fringe/Benefits		**$ 39,674**
Total Personnel & Fringe	**2.42 FTE**	**$ 182,065**
NON-PERSONNEL EXPENSES		
Travel (Local & Out of Area) Staff local travel to HIVPC events: 40miles x .585/mile x 12months x 2.4 staff = $673.92		$ 674.00
Communications; Staff cellphone reimbursement, landline		$ 4,751.00
Information Technology/Software (Data/IT Support)		$ 4,931.00
Printing (Copy machine annual lease) Copiers, scanners lease and per copy use - Agency expense $60,000 annually x 2.42 FTEs/50FTE* = $2904		$ 2,904.00
Office Supplies		$ 3,320.00
Postage: Agency Postage $16,000/50* 2.42 = $775		$ 774.00
Rent Office/Conference Room Staff Office space: $277,220 annual rent x 2.42 FTE /50FTE		$ 13,417.00
Utilities/Maintenance		$ 5,518.00
Advertising (Job Posting Indeed/LinkedIn)		$ 553.00
Total Non-Personnel		**$ 36,842**
HIVPC DIRECT SERVICES		
HIVPC PWHA Food		**$ 20,272**
PWH Food Distribution to Council and Committee members, $180x7 meetings/month=$1260 x12 months =$15120; Food/Accommodations Integrated Planning Work Group meetings 150 x 4 meetings per year =$600; HIVPC Retreat January 2025, $4552		
HIVPC PWHA Travel Local		**$ 2,484**
Unaffiliated Consumer Transportation, bus passes $40*2 members*12months=$960 + Mileage/Taxi (Uber/Lyft/Ride Shares) $1524.		
HIVPC Travel Out of Area		**$ 3,816**
HIVPC Chair and Vice Chair to attend the 2024 National Ryan White Conference, Aug 20-24 [Per Diem $80*5=$400; Hotel/Taxes $176*5 nights= $880 [includes tax and fees], Air travel&baggage fees $548, ground transportation $80 roundtrip= $1908*2 = $3,816		
Consultant(s)		**$ 3,900**
HIVPC/ (Trainers TBD) Leadership,meeting facilitation, and skills building $3900		
Printing (HIVPC Promotion, Recruitment, & Marketing)		**$ 4,140**
Printed materials: Recruitment Palm Cards, Outreach Banners, and other promotional marketing material - $ 270*12m =**$3240**; HIVPC Member of the Quarter (4) Plaques & (1) Member of the year ($180 *5) = **$900**		
Total HIVPC Direct Budget		**$ 34,612**
Sub-Total Personnel, Fringe, Non-Personnel, and Direct Services		**$ 253,519**
BRHPC Administrative Costs (9%)		**$ 25,252**
IT/MIS Admin, Accounting Office/Chief Financial Officer, Human Resources, Annual Audit, Insurance-Agency annual expense for Professional Liability of Directors & Officers		
Total BRHPC Planning Council Support Budget		**$ 278,771**
Notes: FTE=Full Time Equivalency of PCS staff dedicated to the Council. 50FTE = BRHPC employees		

EXHIBIT C-2 - REQUIRED ACTIVITIES, DELIVERABLES, AND TIMELINE
Program #2 – PCS Services

Program 2 Deliverables – PCS Services	Frequency	Due Dates	Distribution/Format
Work Plan			
Annual Work Plan of PCS Activities	Annually	March 31	Oral presentation One hard copy to Planning Council One electronic copy
Work Plan Status Report	Monthly	15th day	One electronic copy to Grantee
Ryan White Part A Grant Application			
Grant Application Work Plan	Annually	Within 7 days after application release	One electronic copy to Grantee
Grant Application Narrative		Based on Grant Application Work Plan approved by Grantee	One electronic copy to Grantee
Planning Council Letter of Assurance		30 days prior to application due date	One electronic copy to Planning Council One electronic copy to Grantee
Grantee Annual Progress Report		Submit to Grantee 30 days prior to HRSA due date	One electronic copy to Grantee
Planning Council Letter of Endorsement		April 30	One electronic copy to Grantee
Priority Setting and Resource Allocation Process Narrative	Annually	As requested or on April 30	One electronic copy to Grantee
Grantee Administrative Mechanism Assessment			
Administrative Assessment Methodology	Annually	January 31	One electronic copy to Grantee and Planning Council
Administrative Assessment Report	Annually	September 30	One electronic copy to Grantee and Planning Council
Administrative Assessment Progress Updates	Monthly	As requested by Grantee	One electronic copy to Grantee and Planning Council
Planning Council Support			
Planning Council Annual Report	Annually	March 15 or March 31	One electronic copy to Planning Council One electronic copy to Grantee
Marketing Plan	Annually	June 30	
EMA Benchmarking Report	Annually	March 31	One electronic copy to Grantee
Communication Plan	Annually	April 15	Hard copy with March invoice

Program 2 Deliverables – PCS Services	Frequency	Due Dates	Distribution/Format
Quarterly Planning and Evaluation Report Priorities Report Outreach Report Survey Summary Training and Development Summary Community Empowerment Survey Summary Evaluation of Meetings Summary Report	Quarterly	June 30 September 30 December 31 March 31	Oral presentation to Planning Council and Grantee One hard copy to Planning Council One electronic copy to Grantee
Monthly Progress Report	Monthly	15th day	One electronic copy to Grantee

EXHIBIT C-1 - SCOPE OF SERVICES

Consultant: Broward Regional Health Planning Council, Inc.
Agreement #: 21-CP-HCS-8128-RW
FAIN, if applicable: H8900002
CFDA, if applicable: 93.914
Program #2: Planning Council Support Services ("PCS Services")

I. Scope of Services:

A. Consultant must provide professional support to Planning Council, its standing and ad hoc committees, its chair, and Grantee. PCS Services assist Planning Council and Grantee in meeting legislative requirements and completing associated planning activities.

1. These requirements and activities include but are not limited to (i) identification of service priorities and resource allocations, (ii) Planning Council meeting facilitation, (iii) community events, (iv) research, (v) Planning Council work plan and calendar of activities, and (vi) preparation of agendas, meeting minutes, and meeting materials.

B. Consultant must perform all PCS Services by and through its employees or agents.

C. Consultant's activities and responsibilities under this PCS Services program include the following and must be provided in the format and on or before the dates specified in Exhibit C-2:

1. Annual Work Plan of PCS Activities: Consultant must create an annual work plan of PCS activities (the "Annual Work Plan of PCS Activities") outlining the projects, reports, presentations, research, and/or activities required to be completed to support Planning Council, its committees, chair, and Grantee for the fiscal year. Consultant must present the Annual Work Plan of PCS Activities to Grantee for approval, and subsequently to Planning Council for approval, prior to carrying out any activities listed.

a. Work Plan Status Report: Consultant must create a monthly report outlining the status of the Annual Work Plan of PCS Activities. Consultant must submit the Work Plan Status Report with the monthly invoice in accordance with Exhibit C-2, Program #2 – PCS Services.

2. Ryan White Part A Grant Application:

a. Priority Setting and Resource Allocation Process Narrative: Consultant must develop and update Grantee's Ryan White Part A Grant Application ("Grant Application") with language explaining Planning Council's process for establishing priorities and allocating resources, including data elements considered and their context.

b. Planning Council Letter of Assurance: Consultant must prepare a letter assuring Planning Council Reflectiveness in accordance with HRSA requirements (at least 33% of the Planning Council's members must be HIV+ and the demographics of

Planning Council must be reflective of the community); and Consultant must obtain Planning Council Chair's signature.

c. Planning Council Letter of Endorsement: Consultant must prepare a letter of funding allocations (post-award) signed by the Planning Council Chair.

d. Grant Application: Consultant must conduct research and assist with writing sections of the Grant Application as directed by Grantee. This includes the report of qualitative and quantitative information derived from the research ("Ryan White Part A Grant Application Narrative").

e. Grant Application Work Plan: Consultant must develop and maintain a work plan for the Grant Application that must include a timeline for completion, submission, and approval of each part of the final Grant Application by Grantee.

3. Grantee Administrative Mechanism Assessment: Consultant must develop a methodology that supports Planning Council in assessing the efficiency of Grantee's administrative mechanism on an annual basis ("Administrative Assessment Methodology"), including but not limited to review of Grantee's procurement and disbursement planning processes and effectiveness of funded services in addressing priorities, allocations, and instructions.

   a. Consultant must also develop and distribute to Grantee and Planning Council a full narrative report with supporting documentation ("Administrative Assessment Report") in accordance with Exhibit C-2.

   b. Consultant must develop, maintain, and distribute Administrative Assessment Progress updates to Grantee each month. These updates must include, at a minimum, a discussion of the planning processes and effectiveness of funded services in addressing priorities, allocations, and instructions. The updates must also include detailed information for Planning Council and Grantee regarding the Priority Setting and Resource Allocation ("PSRA") committee meeting of the previous month's meeting.

4. Planning Council: Consultant must provide staff, research, and technical support to Planning Council and all of its standing and ad hoc committees as described herein.

   a. Priority Setting and Resource Allocation: Consultant must assist Planning Council and Grantee in the PSRA process, developing and structuring a plan to estimate and respond to unmet need and to estimate the number of persons with HIV/AIDS not in care. Such assistance includes (i) attending and participating in related meetings, conferences, and/or workgroups, (ii) assisting Planning Council in defining language on "How Best to Meet Priority Service Need," and (iii) conducting research to assist Grantee and Planning Council to prioritize service categories and funding allocations.

      (a) Such research must include a list of service categories, priorities, and funding allocations approved by Planning Council as determined by, but not limited to:

(i) epidemiology reports;

(ii) client and provider perceived needs surveys;

(iii) service utilization data analyses;

(iv) estimate of unmet needs and service gaps;

(v) other funding stream information; and

(vi) results from client satisfaction surveys and/or other Planning Council assessment activities.

(b) Consultant must utilize research to provide presentations of the following:

(i) data-based assessment results,

(ii) the cost effectiveness and outcome effectiveness of funded services, and

(iii) priorities in communities disproportionately affected by HIV/AIDS within the Fort Lauderdale/Broward County Eligible Metropolitan Area ("EMA") and similar eligible metropolitan areas.

b. Marketing:

(1) Marketing Plan: Develop marketing plan for Planning Council meetings and activities with timelines for activities for approval by Planning Council and Grantee.

(2) Marketing Activities: Develop marketing activities that include a communication plan for dissemination as well as updates to community awareness events. These activities must include scheduled updates to provider resource directory and Ryan White service provider directory on Grantee's and Consultant's website (as detailed in item 11.b. further below).

c. Outreach: Assist Planning Council with advertising and conducting outreach activities in an effort to recruit additional Planning Council members and inform the local community about Planning Council activities.

d. Community Empowerment Survey: Consultant must survey attendees of the Community Empowerment Committee's quarterly consumer events regarding the effectiveness of event topics, location, and hours, and prepare summary of survey results.

e. EMA Benchmarking Report: Consultant must develop an annual report using HIV/AIDS population data from Broward County and other comparable eligible metropolitan areas to access and develop benchmarks. This report must include demographic data, service utilization, and service delivery methods.

5. Program Evaluation: Consultant must prepare the Planning Council Annual Report. The report must provide comparison analysis of all funded services utilizing the results of clinical quality management activities, outcome information, and client satisfaction survey results. Consultant must present this report to Grantee and Planning Council.
6. Grantee Annual Progress Report: Consultant must prepare a client-level data report that includes an analysis of health outcomes of clients. This report must, at a minimum:
    a. Assess the capacity and determine the impact of the Broward County Ryan White system of care.
    b. Identify communities disproportionately affected by HIV/AIDS.
    c. Monitor client utilization of the Ryan White HIV/AIDS services.
    d. Track progress toward achieving the goals identified in the HIV National Strategic Plan, located at: https://hivgov-prod-v3.s3.amazonaws.com/s3fs-public/HIV-National-Strategic-Plan-2021-2025.pdf.
7. Research:
    a. Analyze the impact of policy changes made by Planning Council and its committees and report any findings to Planning Council and Grantee as identified in the Annual Work Plan of PCS Activities.
    b. Research best practices to ensure that Planning Council's by-laws, governance policies, and procedures are amended as needed.
    c. Conduct yearly inventory, benchmarking, and comparisons analysis of scopes of services for all funded Ryan White Part A services with at least ten (10) eligible metropolitan areas.
8. Comprehensive Planning: Facilitate Planning Council participation in development of all information that contributes to Florida's Statewide Coordinated Statement of Need and Comprehensive Plan.
9. Evaluation of Meetings: Evaluate the effectiveness of meetings through collection and tabulation of data for Planning Council using the approved meeting evaluation tool(s) and present a written summary report to Grantee and then Planning Council's Executive Committee.
10. Council Training: Schedule, publicize, and conduct trainings for Planning Council members on such topics as legislation, Planning Council's role in Ryan White Part A planning processes, use and understanding of epidemiologic data, and active participation in Planning Council assessment, priority setting, and other key processes.
11. Administrative Responsibilities:
    a. Records: Consultant must maintain copies of all written and electronic records, including meeting notices, monthly calendars, minutes, attendance sheets, and all

documents or reports distributed to, written by, or produced on behalf of Grantee and Planning Council.

b. Grievances: Consultant is responsible for all Planning Council activities pertaining to grievance resolution in accordance with Planning Council's grievance procedures. Consultant must track all received and processed grievances and maintain records of grievances heard by Planning Council. Consultant must notify Grantee of all grievances and assist with resolution.

12. Communication:

    a. Communication Plan: Consultant must submit a plan for timely and effective communication between Consultant, Planning Council, and Grantee in accordance with Exhibit C-2.

    b. Website: Consultant must develop and maintain Planning Council's website to make important information on HIV/AIDS services and programs easily accessible to the community, consumers, health care and social services providers, and representatives of state and local governments. Consultant must update website information on a monthly basis and must obtain and utilize feedback from website users to identify additional opportunities for website enhancement.

    c. Notices: Consultant must maintain mailing, fax, and email lists of Planning Council members and interested parties and must distribute, via U.S. Postal Service, email, or fax, meeting notices and other documents to these parties.

    d. Planning Council Correspondence: Consultant must prepare formal correspondence on behalf of Planning Council, its committees, and committee chairs as requested and in accordance with Grantee and Planning Council policies and procedures.

    e. Requests from Public: Consultant must respond to requests for information from the public pertaining to Planning Council business. Response to such requests must be made in writing within forty-eight (48) hours of receipt and must include all necessary follow-up actions required to address the request in its entirety. Consultant must maintain a log of all such requests, actions, and responses to requests and present them to Planning Council and/or its committees for consideration.

    f. Requests from Board: Consultant must assist Grantee in responding to Board requests pertaining to Planning Council activities or functions.

13. Council Membership: Assist Planning Council in recruiting and maintaining Planning Council members in compliance with the Ryan White Act and maintain roster of current and potential Planning Council members who meet HRSA's mandated membership categories and reflectiveness of Grantee's HIV/AIDS community as best as possible.

14. Monthly Progress Report: Consultant must submit a detailed monthly report of Planning Council and sub-committee meetings and activities, including:

a. Detailed narrative of Annual Work Plan of PCS Activities status;

b. Brief review of each Planning Council and committee meeting action, including but not limited to:

(1) Meeting quorum requirements;

(2) Outline of motions made and approved/not approved by Planning Council and its committees;

(3) Pending questions, issues, or problems;

(4) Requests for information or Grantee action;

(5) Training information;

(6) Membership and recruitment news; and

(7) Copies of meeting agendas, minutes, attendance rosters, and handouts for the report each month;

c. Summary of information/documents presented to and reviewed by Planning Council;

d. Documentation of people living with HIV/AIDS ("PLWHA") involvement in Planning Council's planning and evaluation process in monthly reports and grant application narrative;

e. Documentation of Planning Council recruitment activities, including a list of candidates approved by Planning Council to fill vacancies who meet HRSA Council reflectiveness and membership criteria requirements for approval by the Board. List must include Representation, Reflectiveness, and Consumer membership;

f. Consultant's participation in the work of Planning Council and its committees during the reporting period; and

g. Description of PCS staff activities and accomplishments.

15. Quarterly Reports: Consultant must provide a detailed update on all Planning Council meetings, the attendance, the work plan, and the data points that affect the Broward County Ryan White system of care.

a. The quarterly reports include Quarterly Planning and Evaluation Report, Priorities Report, Outreach Report, Survey Summary, Training and Development Summary, Community Empowerment Survey Summary, and Evaluation of Meetings Summary Report. Each quarterly PCS program report includes, at a minimum, the following:

i. Summary of evaluation data, discussions, and activities, and how the activity accomplished PCS plan goals and objectives;

ii. Summary of training sessions, topics addressed, learning objectives, attendance rates, evaluation data, and intended follow-up; and

iii. Explanation and outcome of any technical assistance provided to service providers.

16. Meeting Facilitation:

a. Meeting Logistics: Consultant must locate and provide meeting rooms to accommodate a minimum of fifty (50) people for Planning Council, its committees, and community outreach events. Consultant must ensure that meeting locations are accessible by public transportation or must make alternate arrangements to facilitate member participation. Consultant must also ensure that facilities are Americans with Disabilities Act (ADA) compliant and that meetings are conducted in accordance with Grantee's policies regarding ADA compliance.

b. Meeting Support: Consultant must provide a minimum of two (2) Consultant staff at all meetings of Planning Council and its committees to assist the various groups. When deemed necessary by a committee, Consultant must arrange for a parliamentarian at the committee's meetings to provide guidance regarding Robert's Rules of Order and the proper conduct of all meetings.

c. Attendance Support: Consultant must maintain Planning Council and committee attendance logs and reports. Summarized attendance reports are due to Grantee fifteen (15) days prior to scheduled meetings.

II. Unit of Service: Planning/Coordinating/Advisory Groups Services for Planning Council Support Services (TD-6500)

A. Unit Definition: Activities as outlined in Section I above and Exhibit C-2; includes professional technical assistance conducted by a subject matter expert

B. Cost per Unit: For the period commencing on September 1, 2020, and ending on February 28, 2021, the cost per unit must not exceed $23,231 per month. For the period commencing on March 1, 2021, and ending on February 28, 2022, the cost per unit must not exceed $23,230.91 per month. For the Option Period, the cost per unit must not exceed 1/12th of the Option Period maximum dollar amount per month.

C. Required Staff Credentials/Licensure:

1. PCS staff: Master's degree in public health, evaluation and planning, or related field; or bachelor's degree with post-graduate coursework with direct supervision by a staff member with a minimum of a master's degree

2. Administrative staff: High school diploma or equivalent with direct supervision by a staff member with a minimum of a master's degree

D. Maximum Dollar Amount:

1. Initial Term of Agreement: $139,386 for fiscal year 2020-2021
$278,771 for fiscal year 2021-2022

2. Option Period 1, if exercised: TBD

III. Outcomes/Indicators: Deliverables are attached as Exhibit C-2.

IV. Other Requirements:

A. Consultant must complete the required reports in accordance with Exhibit E, Required Reports and Submission Dates.

B. Provider Handbook: Consultant must adhere to the standards and other requirements below and as set forth in the Contract Adjustments, as applicable, and Provider Handbook.

C. Client Information Network: Consultant must maintain the confidentiality of client services and records in accordance with applicable federal, state, and local laws and regulations mandating such confidentiality. Consultant agrees to work with Grantee to ensure that all federal, state, and local laws regarding confidentiality are adhered to in collecting and reporting client information.

D. Invoice Documentation: Consultant must provide a summary of monthly expenditures with each monthly invoice. For reimbursement of professional technical assistance activities, as well as any other actual expenditures billed, Consultant must provide invoices and receipts detailing the services provided.

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Handout F1

Community Empowerment Committee (CEC) Work Plan FY2023-2024

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 by participating in at least 4 community events.

Target	Q1	Q2	Q3	Q4
4 Events	3			

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	X		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.	Recipient/Staff	Increased knowledge of HIVPC & Ryan White Program among CEC members	Provide presentations or links to HRSA Ryan White Part A Webinars regarding topics of interest about the HIV Planning Council, Community Outreach, and Involvement.		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.	X	X		X								

Objective 2: Promote education and awareness to affirm support for PWHA

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 and revise language and visuals of marketing materials surrounding stigma. 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	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.		X	X				X					
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: BCHPPC, Latinos En Accion, SFAN).	X	X		X		X						

Objective 3: Support communities in efforts to address misconceptions and reduce HIV-related stigma and other stigmas that negatively affect HIV outcomes.Strategy 3.1.4 (2022-2026 Integrated Plan)

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Develop and implement education and awareness strategies that incorporate results from feedback mechanisms to increase HIV literacy	CEC	Increased awareness and utilization of services for PHW and Reduce HIV-related health disparities and health inequities	Partner with community organizations to institute a countywide summit for stakeholder collaborations to address various HIV-related issues including misconceptions and HIV-related Stigma.		X	X									

Objective 4: Create and promote public leadership opportunities for PWH. Strategy 3.3.1 (Integrated Plan 2022-2026)

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
4.1 Build the capacity of PWH to be meaningfully involved in the planning, delivering, and improvement of RWHAP services.	CEC	Increased PWH on advisory boards, consumer boards, and employed as Peers	Incorporate programs from the organization, Meaningful Involvement of People with HIV/AIDS (MIPA) in Broward; Partner with the National Minority AIDS Council's (NMAC) ELEVATE or ESCALATE Programs, or other community partners to address HIV stigma reduction, workforce recruitment, development, and advancement needs for PWH in populations 50+, Young Black Men, T/GNC, and Latinx.	X		X									

Abbreviations: BCHPPC (Broward County HIV Prevention Planning Council); SFAN (South Florida AIDS Network); PCS (Planning Council Support Staff); T/GNC Transgender and gender nonconforming

System of Care Committee Work Plan FY2023-2024

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 2024, Identify the inventory of resources available for service delivery for PWHA in Broward County to increase retention in care 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.				X			X					
1.2 Analyze utilization trends for the HIV population in the Ryan White Part A system of care on an ongoing basis.	PCS/CQM 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 2017-2021 Strategy 2.2.a).			X									
1.3 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 2017-2021 Strategy 3.1.a).	X				X		X					

Objective 2: Ensure that retention in care 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 Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care as needed/recommended.	SOC, QMC, PCS Team	Increase access to care and improve health outcomes	Identify ways to engage/ reengage PWH who are not in care or are not virally suppressed and provided recommendations to the QMC and the Ryan White Part A Office. (Integrated Plan 2022-2026, Strategy 2.1.3)			X									
2.2 Identify barriers and faciliators to retention in care for HIV-related services 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 relative to retention in care.			X									
2.3 Collaborate with community partners to address issues with retention in care 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.	X		X									
2.4 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.	X											
2.5 Recommend areas of inequities to the Quality Management Committee (QMC) for further review as needed.	SOC	Collaboration with QMC to lessen disparities in retention in care	Recommend identified areas of inequities for QMC to conduct systemwide quality improvement activities and strategies to improve retention in care.			X		X	X						
2.6 Conduct annual review and present findings to QMC for potential updates to service delivery models (SDM) as needed.	SOC	Utilize findings to improve RWPA retention in care	Review service delivery models and provide recommendations for updates to QMC as needed.	X								X			
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			X								

Membership/Council Development Committee Work Plan FY2023-2024

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			X						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			X						X	
1.3 Announce vacant positions at each Executive/HIVPC meeting as necessary.	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 as necessary.	Staff/MCDC	Increased community awareness	Provide information on vacant positions and mandated seats to Case Managers, gatekeepers, and other HIV stakeholders via correspondence and distribution of marketing materials.	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.					X							
2.4 Review and 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 and submitted 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				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										
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.		X							X			

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								
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.												X
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.	X											
4.4 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.		X										
4.5 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.								X				
4.6 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.								X				

Quality Management Committee (QMC) Work Plan FY2023-2024

The work plan is intended to help guide the work of the committee and to assist the Quality Management 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 2024, systematically monitor, evaluate, and continuously recommend improvements to the quality of HIV care and services provided to all clients receiving Ryan White Part A and Minority AIDS Initiative (MAI) funded services in Broward County.	**Baseline**	**Target**	**Q1**	**Q2**	**Q3**	**Q4**

Objective 1:Use client-level demographic, clinical, and utilization data to assess quality of care, identify health disparities, gaps in care, and integration of services.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review and analyze findings from the annual needs assessment including focus groups, client and provider surveys, and network member evaluations and recommendations.	CQM Staff, QMC, Quality Network	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process.				X								
1.2 Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC and PSRA Committee.	CQM Staff, QMC, Quality Network	Increase access to care and improve health outcomes	Idenitify underserved populations and review client-level data (Care Continuum and Broward Outcomes and Indicators) to identify gaps in care and health disparities	X			X								

Objective 2: Implement quality improvement activities that enhance systemwide service delivery and improve client treatment, care, health outcomes, and satisfaction.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Receive presentation(s) on targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care.	QMC,SOC, PCS, and CQM Team	Increase access to care and improve health outcomes	Identify ways to engage/ reengage PWH who are not in care or are not virally suppressed and provide recommendations to the QMC and the Ryan White Part A Office. (Integrated Plan 2022-2026, Strategy 2.1.3)							X					

2.2 Review Service Delivery Models as part of the system-wide Quality Improvement Project (QIP) and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines.	CQM Staff, QMC, Networks	Increase access to care and improve health outcomes	Perform annual review and make modifications when indicated on the following SDMs: a. Universal Standards b. Legal Services c. Health Insurance Premium & Cost Shairng Assistance - HICP d. Disease Case Management - DCM e. Integrated Primary Care & Behavioral Health - IPCBH f. Non-Medical Case Management g. Food Bank h. Substance Abuse (Outpatient) i. Mental Health Services j. Centralized Intake Eligibility Determination - CIED k. Emergency Financial Assistance - EFA l. AIDS Pharmaceutical Assistance (Local Pharmacy)									X			
2.3 Receive presentations on Quality Improvement Projects (QIPs) taking place among RW Part A service providers.	QMC and SOC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding QIPs and if required, make recommendations to improve health outcomes for RWPA clients.	X											
2.4 Develop annual QMC goals and identify objectives, strategies/action steps to achieve goals.	QMC	Completed annual QMC Workplan	Recommend improvement to QMC activities.											X	
Objective 3: Routinely evaluate the CQM Program and identify areas for improvement.															
Activities	**Responsible Party**	**Outcomes**	**Action Steps**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
3.1 Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.	QMC and CQM team	Identify goals and objectives for upcoming year	Review CQM Workplan every quarter and provide reccomendations to achieve Workplan goals							X				X	

Priority Setting/Resource Allocations Committee Work Plan FY2023-2024

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.

Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures.

Activities	Responsible Party	Outcomes	Action Steps	Mar	Apr	May	Jun	Jul	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								
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 the SOC committee.				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						
1.6 Review and approve PSRA Work Plan annually.	PSRA	Process Planning	Create a schedule of PSRA activities						X						

Objective 2: Assess the Administrative Mechanism.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Assessment of the Administrative Mechanism training annually.	Staff/ PSRA	Ensure compliance	Receive training to review the required components and purpose of the assessment.											X	
2.2 Assessment of the Administrative Mechanism recommendations annually.	PSRA	Ensure compliance	Make recommendations for activities to include in the assessment of the Administrative Mechanism.											X	

Executive Committee Work Plan FY2023-2024

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 FY2023.	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.	X											
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.			X		X							
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.												
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.					X							

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 **2022-2026 Prevention and Care Integrated 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.	Part A Recipient/Part B Representative	EMA Goals are addressed	Receive updates from the responsible parties regarding the progress of implementing the Ending the HIV Epidemic Plan.	X											

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 or Development training 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		X	
3.2 Leadership Training per Training Plan.	Executive	HIVPC Leadership	Conduct training for HIVPC Committee Chairs with topics addressing leadership, teambuilding, etc.												X

Priority Setting & Resource Allocation Committee (PSRA) & Community Empowerment Committee (CEC)

Present:

THE 2024 HIVPC RYAN WHITE PART A LISTENING TOUR

Moderator: Elizabeth "Coach Kitty" Davis

SAVE THE DATE

We want to HEAR from YOU!

Your ISSUES
Your RECOMMENDATIONS!

Topic:

The Challenges of Living Healthy with HIV in Broward County

Wednesday 24 April

AIDS HEALTHCARE FOUNDATION WELLNESS CENTER (AHF)

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1st Floor
Fort Lauderdale, FL 33316

3 PM- 5 PM

REFRESHMENTS WILL BE SERVED

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Broward HIV Planning Council

BrowardHIVPC

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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.

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.

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 the implementation of activities designed to improve patient 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.

End of Meeting Packet