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, April 17, 2025 – 9:30 AM

Meeting location: BRHPC and Microsoft Teams

Join the meeting now

https://teams.microsoft.com/l/meetup-join/19%3ameeting_MzVhMDZiZGUtYTdmZi00OWZmLWE2NWUtYzc1Y2MzN2QwZjQ0%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%22df400b73-e09f-4638-a7b6-0750be4ecb25%22%7d

Meeting ID: 297 439 889 862

Passcode: DW2in3Ga

+1 469-998-5921,,24603527#

Phone conference ID: 246 035 27#

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
    - Meeting Ground Rules
    - Statement of Sunshine
    - Introductions & Abstentions
    - Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for April 17, 2025
5. **ACTION:** Approval of Minutes of March 20, 2025 **(Handout A)**

6. Standard Committee Items
    a) Review and Approve April 24, 2025, HIVPC Agenda, Meeting Materials and Motions **(Handout B)**
    b) Review May 2025 HIVPC Calendar **(Handout C)**
7. Discussion Items:
    a) Action Item: Review HIVPC Membership Reflectiveness **(Handouts D1 and D2)**
    b) Action Item: Quarterly Review of Committee Workplan Activities **(Handouts E1-E6)**
8. Unfinished Business
    a) None
9. New Business
    c) Discussion Item: CEC Vice Chair Vacancy
    d) Discussion Item: MCDC Chair Vacancy
    e) Update: Member of the Year FY 2024-2025
    f) Update: Distinguished Service Award
    g) Discussion: Nominations/ByLaws Committee Vacancy
    h) Update: Activities of the Integrated Planning Workgroup **(Handout F)**
    i) Discussion: June Executive Meeting Date
10. Recipient Report
11. Data Request
12. Public Comment
13. Agenda Items for Next Meeting
    - **Next Meeting Date**: May 15, 2025, at 12:45 p.m. LOCATION: Broward Regional Health Planning Council and via Microsoft Teams Videoconference
    - Agenda Items for next meeting
        i. Review and Approve May 22, 2025, HIVPC Agenda, Meeting Materials and Motions
        ii. Review of the June 2025 HIVPC Calendar
14. Announcements
15. Adjournment

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

Please complete your meeting evaluation.

Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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

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

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Nan H. Rich • Alexandra P. Davis • Michael Udine • Robert McKinzie • Hazelle P. Rogers

Broward County Website

April 2025

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 HIV Health Service Planning Council for updates.					
		1	2 Oral Health Network 3:00PM-4:15PM	3 System of Care Committee Meeting (SOC) 9:30AM – 11:30AM Location: BRHPC/MS Teams	4	5
6	7	8 Behavioral Health Network 9:00AM-10:15AM Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams	9	10 Membership/Council Development Committee Meeting (MCDC) 9:30AM – 11:30AM Location: BRHPC/MS Teams NATIONAL YOUTH HIV/AIDS AWARENESS DAY APRIL 10	11	12
13	14	15 Support Services Network 9:00AM-10:15AM	16	17 Executive Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams PSRA/CEC Listening Tour Session #1 3:00PM-5:00PM	18	19
20	21 Quality Management Meeting (QMC) 12:30PM– 2:30PM Location: BRHPC/MS Teams	22	23 Quality Network Meeting (CQM) 9:00AM-10:15AM	24 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams Medical Provider Network 2:30PM-3:45PM	25	26 GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A
27	28	29	30	27	28	

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

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

April 2025

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 HIV Health Service Planning Council for updates.

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

HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and 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, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

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

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

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

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

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

Handout A

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

Executive Committee

Thursday, March 20, 2025 – 12:45 PM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

Executive Members Present*:* B. Barnes (PSRA Chair), L. Robertson (HIVPC Chair), K. Hayes (SOC Vice-Chair), S. Tinsley (CEC Chair), T. Moragne (MCDC Vice-Chair), B. Fortune-Evans (QMC Chair), V. Biggs (HIVPC Vice-Chair

Members Absent: S. Tinsley (CEC Chair), F. D'Amore (QMC Vice-Chair), J. Castillo (SOC Chair)

Ryan White Part A Recipient Staff Present: G. James, T. Thompson, R. Pena, J. Roy

Planning Council/Clinical Quality Support Staff Present: S. Isidore, G. Martinez, M. Lacroix, D. Liao, M. Rosiere, J. Beal, D. Cestaro-Seifer

Guests Present: C. Williams

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

   The Executive Committee Chair called the meeting to order at **12:51PM**. 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 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 allow the public to express opinions about items on the meeting agenda or to discuss other matters about HIV/AIDS services in Broward County. *No public comments where made.*

3. Meeting Approvals

   T. Moragne proposed the approval of the Executive Committee agenda for March 20, 2025, with an amendment by B. Barnes to include a discussion on Artificial Intelligence (AI) and New Policies. The amendment was seconded by V. Biggs and was passed unanimously.

   The approval for the minutes of the February 20, 2025, meeting was proposed by B.

Barnes, seconded by B. Fortune-Evans, and passed unanimously.

Motion #1: T. Moragne, on behalf of the Executive Committee, made a motion to approve March 20, 2025, Executive Committee agenda with the amendments proposed by B. Barnes to include a discussion on Artificial Intelligence (AI) and New Policies and seconded by V. Biggs. The motion passed unanimously.

Motion #2: B. Barnes, on behalf of the Executive Committee, made a motion to approve February 20, 2025, Executive Committee meeting minutes. The motion was seconded by B. Fortune-Evans and adopted unanimously.

4. Standard Committee Items

   a. **Review and Approve March 27, 2025, HIVPC Agenda, Meeting Materials and Motions**

      Corrections to HIVPC Agenda

      - Add Jonathan Rogers as a consent item to join the Priority Setting and Resource Allocation Committee

   b. **Review April 2025 HIVPC Calendar**

      Corrections to Calendar

      - Remove PSRA Meeting on April 17, 2025
      - Medical Provider Network moved from April 3rd to April 24th
      - Executive Meeting moved from 12:45PM to 9:30AM

   c. **Review Executive Committee Workplan for FY 2024-2025 (Handout D)**

5. Discussion Items

   a. **Action Item:** After Hours Planning Council Meeting Time

      The Planning Council Staff turned the discussion over to the Part A Office. G. James from the Part A Office reported that HRSA had recently conducted a site visit, which resulted in a few findings related to the Planning Council. During the visit, the office informed HRSA that the Recruitment and Retention Plan—outlining alternate meeting dates, times, and recruitment strategies—was set to take effect on October 12, 2023. However, G. James acknowledged that while the office had committed to these actions, they had not been fully implemented.

      Another finding highlighted that the Planning Council does not adequately reflect the demographics of the epidemic in the EMA and currently has vacant legislatively mandated seats. Specifically, there is a need for greater recruitment and involvement of Black, non-Hispanic individuals aged 20-29, as this group is underrepresented. Additionally, two vacant seats require attention: one designated for a formerly incarcerated individual and another for a Medicaid representative, the latter often being challenging to fill. The Part A Office emphasized the importance of ensuring the Council takes all necessary steps to address HRSA's findings.

      J. Roy stressed the need to consider non-traditional meeting times outside of standard business hours to accommodate individuals who have unconventional schedules. B. Barnes supported the idea, noting that the Council has successfully held evening meetings in the past. L. Robertson proposed holding nighttime meetings on a quarterly basis, while D. Moragne pointed out that one or two evening meetings per year would not sufficiently address the needs of

those who can only attend at night.

Following the discussion, the Executive Committee decided to schedule an evening General Body meeting in either June or July.

b. Discussion on recruitment and involvement of Black Non-Hispanic individuals aged 20-29.

Discussion item addressed in Action Item “After Hour Planning Council Meeting Time.”

6. Unfinished Business

a. Update on Meeting Evaluation Survey

M. Lacroix, PCS Staff, reviewed the updates and informed the committee that all recommendations from the previous meeting had been incorporated. B. Barnes suggested changing the word "next" to "future" in question eight. V. Biggs inquired about the percentage of respondents who complete the short-answer section at the end. M. Lacroix stated that approximately 30% of individuals provide responses. S. Isidore, PCS Staff, added that while the percentage is small, the information gathered is valuable. Following this discussion, the committee proceeded to a vote.

Motion #3: V. Biggs, on behalf of the Executive Committee, made a motion to approve the Meeting Evaluation Survey, incorporating the committee's recommendations. The motion was seconded by B. Fortune-Evans and adopted unanimously.

7. New Business

a. New Service Providers Update for FY2025

J. Roy informed the committee that, based on the Needs Assessment findings and collected data, the office has integrated recommendations from the consultants into contracts and Service Delivery Models (SDMs). As a result, there is a slight shift in direction, emphasizing the need for increased collaboration and integration. She also announced the reinstatement of the Ryan White Funders Collaborative meeting, which will bring together leaders from Parts A, B, C, D, and F to foster a unified approach and evaluate available resources, particularly in light of potential funding constraints. The first Funders Collaborative meeting is scheduled for April.

b. Part A HICP Program Changes Effective FY2025

G. James provided the update regarding the HICP Program changes for FY2025. G. James informed the committee that Ryan White-eligible participants in the Health Insurance Continuation Program (HICP) will be required to undergo an orientation that covers all aspects of the HICP program, including their responsibilities. Clients must sign to acknowledge they have received this orientation before they can begin receiving HICP services.

c. *Amendment to Agenda*: Discussion on Artificial Intelligence (AI)

B. Barnes initiated a discussion on AI, mentioning that approximately six months ago, or possibly longer, a vote was held at the state level within the Florida Health Department regarding the prohibition of AI in meetings. However, the

exact implications of this decision were unclear. It was discovered that Outlook Calendar has a feature that, when enabled, identifies participants, introduces them, and takes notes. After summarizing the issue, B. Barnes proposed a motion.

Motion #4: B. Barnes, on behalf of the Executive Committee, made a motion that Artificial Intelligence (AI) will not be allowed for members to use as being present or for quorum. The motion was not seconded

Following motion #4, B. Barnes proposed another motion to prohibit the use of AI for taking minutes or notes, and to prevent members or guests from using AI for notetaking. T. Moragne raised a concern about the broad scope of AI and how to define what qualifies as AI. G. Martinez, Planning Council Staff, explained that the staff currently uses AI-generated transcripts for reference when writing the minutes. Following the discussion, B. Barnes made a motion.

Motion #5: On behalf of the Executive Committee, B. Barnes moved that members and guest be prohibited from using AI to take notes, except for the agency or official responsible for note-taking. The motion was not seconded. The committee decided to consult with legal and adopt their protocols and policies. B. Barnes subsequently withdrew the motion.

Following this discussion, the Part A Office informed the committee that they would consult with the County Attorney for guidance and clarity and provide the committee with an update on the matter.

d. *Amendment to Agenda*: New Policies

B. Barnes opened the discussion by highlighting recent changes at the state level, including updates to how gender is reported. They mentioned ongoing discussions about addressing "special populations" and navigating these changes. While acknowledging that all solutions may not be immediately available, B. Barnes emphasized the importance of beginning these conversations. M. Schweizer suggested that the committee seek guidance from the County Office, as they did with the AI discussion, and the committee agreed.

8. Recipient's Report

J. Roy from the Part A Office provided a verbal recipient report, reminding the committee to stay focused on our mission despite the unforeseen challenges that we anticipate. Regarding contract updates, she noted that there will be 5 new providers joining the network, not the 6 originally presented at the last meeting, bringing the total to 17 providers and two consulting agreements. She also announced that the Ryan White Part A (RWPA) and EHE provider orientation for the new contract year is scheduled for March 28th at the Salvation Army Corps in Fort Lauderdale. This will be a valuable opportunity to set the foundation for both new and current providers as we move into the next phase of RWPA. During the meeting, a comprehensive contact list with all providers and their lead contacts will be shared.

9. Data Request
None.

10. Public Comment

The Public Comment portion of the meeting is intended to allow the public to express opinions about items on the meeting agenda or to discuss other matters about HIV/AIDS services in Broward County. There was no public comment.

11. Agenda Items for Next Meeting

- **Next Meeting Date**: April 17, at 9:30 AM. LOCATION: Broward Regional Health Planning Council and via Microsoft Teams Videoconference
- Agenda Items for next meeting
    - Review and Approve the April 17, 2025 HIVPC Agenda, Meeting Materials, and Motions
    - Review of the May 2025 HIVPC Calendar

12. Announcements
    - Ujima Men's Collective **Man Up Festival**: Saturday, May 3, 2025, from 12:00 PM to 5:00 PM at Reverend Samuel Delevoe Memorial Park (2520 NW 6th St, Fort Lauderdale, FL 33311). This exciting event will feature entertainment, health screenings, and fun competitions! Don't miss out on the three-legged race, water balloon toss, food trucks, and more. We hope to see you there!
    - Palm Beach PRIDE 2025**:** March 29-30, 2025, from 12:00 PM to 6:00 PM at Bryant Park Lake, Lake Worth Beach, FL. This festival includes a parade, live performances, and entertainment for all ages, with support from over 140 inclusive businesses that celebrate and support our community.
13. Adjourned

There being no further business, the meeting was adjourned at **2:13 PM**.

Executive Committee for CY 2025

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	16	20	20										
1	Barnes, B.	X	X	X										
2	Biggs, V., **V. Chair**	A	X	X										
3	Castillo, J	X	X	A										
4	D'Amore, F.	X	X	A										
5	Fortune-Evans, B.	X	X	X										
6	Hayes, K.	X	X	X										
7	Moragne, T.	X	X	X										
8	Robertson, L., **Chair**	X	X	X										
9	Tinsley, S.	X	X	A										
10	Schweizer, M.	E	X	X										
	Wilson, I.	A	R											R
	Foster, V.	Z												Z
	Quorum = 6	8	10	7										

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

Executive Committee Meeting Minutes – March 20, 2025 - Minutes

prepared by PCS Staff

Handout B

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

Broward County HIV Health Services Planning Council Meeting

Thursday, April 24, 2025 - 9:30 AM
Meeting at Broward Regional Health Planning Council and Microsoft Teams

Join the meeting now
https://teams.microsoft.com/l/meetup-join/19%3ameeting_MDFiMTZiMzEtNTRhZS00NGJmLWFlNmEtNDNiMWEwZTg5YTg1%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%22df400b73-e09f-4638-a7b6-0750be4ecb25%22%7d
Meeting ID: 273 316 500 415
Passcode: 8AH6AW2B

Dial in by phone
+1 469-998-5921,,978420177# United States, Dallas
Find a local number
Phone conference ID: 978 420 177#

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

CALL TO ORDER/ESTABLISHMENT OF QUORUM
WELCOME FROM THE CHAIR

a) Meeting Ground Rules
b) Statement of Sunshine
c) Introductions & Abstentions
d) Moment of Silence

PUBLIC COMMENT

ACTION: Approval of Agenda for April 24, 2025

ACTION: Approval of Minutes for March 27, 2025 **(Handout A)**

FEDERAL LEGISLATIVE REPORT– Attorney Marty Cassini, Broward County Intergovernmental Affairs Office

STANDARD COMMITTEE ITEMS

CONSENT ITEMS

a. Action Item: Motion to approve Yahaira Barrientos to the Priority Setting and Resource Allocation Committee
Justification: Yahaira Barrientos is employed by Henderson Behavioral Health and is committed to advocating for and serving the HIV/AIDS community by improving the quality of life of those affected and diagnosed. Ms. Barrientos' application was approved by the Board of Commissioners on January 28, 2025.
PROPOSED BY: Priority Setting and Resource Allocation Chair

b. Action Item: Motion to approve Edna Chery to the Community Empowerment Committee (Pending Application)
Justification: Edna Chery is employed by Broward House as a Case Counselor with many years of experience providing compassion and clinical support to Ryan White consumers. Her personal experience with the HIV/AIDS drives her commitment to ending the epidemic. PROPOSED BY: Community Empowerment Committee

DISCUSSION ITEMS:

a. **Discussion Item: MCDC Chair Vacancy**

OLD BUSINESS:

a. **None.**

NEW BUSINESS:

a. None.

COMMITTEE REPORTS

a) **Community Empowerment Committee (CEC)**
Chair: Shawn Jackson • Vice Chair: Vacant

April 8, 2025

i. **Work Plan Item Update/Status Summary:** The committee discussed several upcoming events, including the PSRA/CEC Listening Tour, the Man Up Festival, and Salute to Percussions, among others. Additionally, the committee received presentations on the Part A MAI Core and Support Services, as well as the CEC Priority Ranking.
ii. **Data Requests:** None.
iii. **Rationale for Recommendations:** None.
iv. **Data Reports/Data Review Updates:** None.
v. **Other Business Items:** None.
vi. **Agenda Items for Next Meeting:** Review PSRA/CEC Listening Tour evaluations and CEC rankings.
vii. **Next Meeting date:** May 6, 2025, at 3:00 PM at **Broward Regional Health Planning Council** and via Microsoft Teams Videoconference

b) **System of Care Committee (SOC)**
Chair: Jose Castillo • Vice Chair: Kendra Hayes
April 3, 2025

i. **Work Plan Item Update/Status Summary:** The committee received a presentation providing an overview of the HIV Needs Assessment. Additionally, members reviewed the "How Best to Meet the Need" language from the previous fiscal year in preparation for developing recommendations for the upcoming fiscal year.
ii. **Data Requests:** None
iii. **Rationale for Recommendations:** None
iv. **Data Reports/ Data Review Updates:** None
v. **Other Business Items:** None
vi. **Agenda Items for Next Meeting:** Needs Assessment presentations and How Best to Meet the Need Language recommendations.
vii. **Next Meeting date:** May 1, 2025, at 9:30 AM at **Broward Regional Health Planning Council** and via Microsoft Teams Videoconference

c) **Membership/Council Development Committee (MCDC)**
Chair: Vacant • Vice Chair: Dr. Timothy Moragne
April 10, 2025

i. **Work Plan Item Update/Status Summary:** The committee reviewed its standard agenda items, including the Membership Strategy and Membership Reflectiveness. Additional discussions included the results of the Member of the Year selection, member correspondence from the fourth quarter of FY 2024-2025, plans for the post-appointment training orientation, and strategies for recruiting Black Non-Hispanic individuals between the ages of 20–29.
ii. **Data Requests:** None.
iii. **Rationale for Recommendations:** None.
iv. **Data Reports/Data Review Updates:** None.
v. **Other Business Items:** None.
vi. **Agenda Items for Next Meeting:** Provide an update on the Post-Appointment Orientation, review the Member of the Quarter results for Quarter One, and evaluate feedback from the PSRA/CEC Listening Tour.
vii. **Next Meeting date:** July 10, at 9:30 AM at BRHPC and via Microsoft Teams Videoconference

d) **Quality Management Committee (QMC)**
Chair: Bisiola Fortune-Evans • Vice Chair: Franchesca D'Amore
April 21, 2025

i. **Work Plan Item Update/Status Summary:** The committee received data presentations from the Part A office and reviewed the scorecard template.

ii. **Data Requests:** Received follow up regarding health disparities along age and utilization of service of mental health overtime for FY2024-2025.
iii. **Rationale for Recommendations:** None.
iv. **Data Reports/Data Review Updates:** None.
v. **Other Business Items:** None.
vi. **Agenda Items for Next Meeting:** To be determined.
vii. **Next Meeting date:** May 19, 2025, at 12:30 PM at **Broward Regional Health Planning Council** and via Microsoft Teams Videoconference

e) **Executive Committee**
Chair: Lorenzo Robertson • Vice Chair: Von Biggs
April 17, 2025

i. **Work Plan Item Update/Status Summary:** The committee reviewed its standard agenda items and discussed several key topics, including the CEC Vice Chair and MCDC Chair vacancies, the Nomination/By-Laws Committee, and the June Executive Committee meeting date. Additionally, the committee received an update on the progress of the Integrated Planning Group.
ii. **Data Requests:** None
iii. **Rationale for Recommendations:** None
iv. **Data Reports/ Data Review Updates:** None
v. **Other Business Items:** None
vi. **Agenda Items for Next Meeting:**
    a. Review and approve May 22, 2025, HIVPC Agenda, Meeting Materials, and Motions
    b. Review the May 2025 HIVPC Calendar
    c. **Next Meeting date:** May 15, 2025, at 12:45 PM at **Broward Regional Health Planning Council** and via Microsoft Teams Videoconference

f) **Priority Setting & Resource Allocation Committee (PSRA)**
Chair: Brad Barnes • Vice Chair: Mark Schweizer
No Meeting Scheduled – CEC/PSRA Listening Session #1

i. **Work Plan Item Update/Status Summary:** None.
ii. **Data Requests:** None.
iii. **Rationale for Recommendations:** None.
iv. **Data Reports/Data Review Updates:** None.
v. **Other Business Items:** None.
vi. **Agenda Items for Next Meeting:** Receive System of Care recommendations related to How Best to Meet the Need, including reviews of Eligibility Determination and Federal Poverty Level (FPL) guidelines by service category.
vii. **Next Meeting date:** May 15, 2025, at 9:30 AM at **Broward Regional Health Planning Council** and via Microsoft Teams Videoconference

g) **Ad-Hoc Minority AIDS Initiative Sub-Committee (MAI)**
Chair: Mark Schweizer • Vice Chair: Shawn Tinsley

viii. **Work Plan Item Update/Status Summary:** None.
ix. **Data Requests:** None.

x. **Rationale for Recommendations:** None.
xi. **Data Reports/ Data Review Updates:** None.
xii. **Other Business Items:** None.
xiii. **Agenda Items for Next Meeting:** Needs Assessment presentation.

xiv. **Next Meeting date:** May 13, 2025 @12:30PM, at **Broward Regional Health Planning Council** and via Microsoft Teams Videoconference

RECIPIENT REPORTS

a) Part A **(Handout E)**
b) Part B **(Handout F1 and F2)**
c) Part C **(Handout G)**
d) Part D **(Handout H)**
e) Part F **(Handout I)**
f) HOPWA
g) Prevention – Quarterly Update (April, July, October, January)

DATA REQUEST(S)

PUBLIC COMMENT

AGENDA ITEMS FOR THE NEXT MEETING

a) Next Meeting Date: May 15, 2025, at 9:30 a.m. at BRHPC and via Microsoft Teams
b) Agenda Items for next meeting: To Be Determined

ANNOUNCEMENTS

- Ujima Men's Collective **Man Up Festival**: Saturday, **May 3, 2025, from 12:00 PM to 5:00 PM** at Reverend Samuel Delevoe Memorial Park (2520 NW 6th St, Fort Lauderdale, FL 33311). This exciting event will feature entertainment, health screenings, and fun competitions! Don't miss out on the three-legged race, water balloon toss, food trucks, and more. We hope to see you there!
- Join us for ***A Salute to Percussions: Music to Soothe the Soul & Heal the Community*****,** featuring expert discussions on diabetes, kidney disease, HIV, and stigma, along with a Gospel Drum Shed, school drum line, and cultural arts expressions. Saturday, **May 10, 2025, from 2:00 PM to 6:00 PM** at Smitty's Wings (1134 NW 6TH ST, Fort Lauderdale, FL 33311). Don't miss this inspiring blend of music and health education!
- June 1st Ryan White-eligible participants in the Health Insurance Continuation Program (HICP) will be required to undergo an orientation that covers all aspects of the HICP program, including their responsibilities. Clients must sign to acknowledge they have received this orientation before they can begin receiving HICP services

ADJOURNMENT

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

Please complete your meeting evaluation.

Three Guiding Principles of the Broward County HIV Health Services Planning Council • Linkage to Care • Retention in Care • Viral Load Suppression •

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

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

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Nan H. Rich • Alexandra P. Davis • Michael Udine • Robert McKinzie • Hazelle P. Rogers

Broward County Website

May 2025

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 HIV Health Service Planning Council for updates.					
				1 System of Care Committee Meeting (SOC) 9:30AM – 11:30AM Location: BRHPC/MS Teams	2 Medical Case Management Network 2:30PM-3:45PM	3
4	5	6 Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams	7	8	9	10
11	12	13 Minority AIDS Initiative Subcommittee Meeting 12:30PM – 2:30PM Locations: BRHPC/MS Teams	14	15 Priority Setting and Resource Allocation Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams Executive Committee Meeting 12:45PM – 2:45PM Location: BRHPC/MS Teams	16	17
18 HIV VACCINE AWARENESS DAY MAY 18th	19 Quality Management Meeting (QMC) 12:30PM– 2:30PM Location: BRHPC/MS Teams	20	21 Quality Network Meeting (CQM) 9:00AM-10:15AM	22 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	23	24
25	26	27	28	29	30	31 GET CARE BROWARD TREAT HIV | BEAT HIV

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. **Information is subject to change.**

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

May 2025

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 HIV Health Service Planning Council for updates.

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

HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and 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, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

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

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

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

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

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

MCDC Membership Strategy
HIVPC Member Budget

Key Terms

Epidemic – refers to the information in the table above. This is how HIV is distributed throughout Broward County.

Consumers – Council and Committee members who access Ryan White Part A services.

Unaffiliated Consumers – Council and Committee members who access Ryan White Part A services and have no relationship to an agency that provides these services. This means the consumer does not work for a provider agency or otherwise benefits financially from the agency's success.

Mandated Seats – HIVPC positions (seats) required by the Health Resources & Services Administration (HRSA).

Member Distribution	As of 01/09/2025	As of 04/09/2025	Goal
Job-Based Seats*	10	11	14
Consumer / Unaffiliated Seat	10	8	12
NECL Seat**	5	5	9
Total Membership	25	24	35
Unaffiliated Consumers (%)	**40%**	**33%**	**33%**
Alternates	0	0	3

**Job-based seats are those seats filled based on employment*

***NECL is the Non-Elected Community Leader seat and here only represents those members who are not unaffiliated consumers and do not occupy the Job-Based Seats*

Member Roster as of April 9, 2025

MANDATED SEATS FILLED

People Living with HIV and Community

- ✓ Members of Affected Communities
- ✓ Unaffiliated Consumers
- ✓ Non-Elected Community Leader (NECL)
- ○ Representatives of/or formerly incarcerated PWH

Federal HIV Programs

- ✓ Part B
- ○ Part C *(Representative going before the Board of County Commissioners on April 22, 2025)*
- ✓ Part D
- ✓ Part F
- ○ HOPWA *(Representative going before the Board of County Commissioners on April 22, 2025)*

Public Health & Health Planning

- ✓ Hospital or Health Care Planning Agency
- ✓ Local Public Health Agency

Health & Social Services Providers

- ✓ Health Care Providers/FQHCs
- ✓ CBO/ASO – Community-based organization or AIDS Service Organization
- ✓ Mental Health
- ✓ Substance Abuse Provider

Broward County Ordinance 12.108.b

- ✓ Board of County Commissioners member

OPEN SEATS:

Job-Based

- State agencies (Medicaid agency)

Unaffiliated Consumers

- Affected Communities (2 additional Unaffiliated RWPA Consumers)
- Alternates (3)

MEMBERS APPOINTED BY BOARD OF COMMISSION

Robert Hadley (01/28/2025)
Yahaira Barrientos (01/28/2025)
Pranav Madadi (02/11/2025)

Handout D2

HIVPC Membership Reflectiveness

HIV Planning Council & Committee Demographics Report

Member Reflectiveness

The Membership/Council Development Committee ensures that the HIVPC represents the HIV epidemic in Broward County. MCDC accomplishes this task by reviewing the Council and Committees' demographics and identifying over and underrepresented populations.

HIV in Broward County and HIVPC Reflectiveness

The following table shows 1) HIV in Broward by Race/Ethnicity and by Gender; and 2) the current demographics of the HIVPC in comparison to the HIV epidemic data.

Race	**Population***	**Percentage***	**HIVPC Membership****	**HIVPC Percentage**
White, not Hispanic	6,565	30.53%	8	33%
Black, not Hispanic	9,764	45.40%	6	25%
Hispanic	4,655	21.65%	8	33%
Multi-Race (Other)	521	2.42%	2	9%
Total	**20,492**	**100%**	**24**	**100%**
Gender	**Population**	**Percentage**		
Male	16,277	79.43%	15	62.5%
Female	5,228	24.31%	9	37.5%
Total	**20,492**	**100%**	**24**	**100%**

**Data Provided by the Florida Department of Health's HIV Surveillance Office as of June 30, 2022.*
***HIVPC membership as of April 9, 2025*

How This Information is Compared to the Epidemic

The Council is compared to the epidemic to determine where representation can be improved.

Key Points for Reflectiveness through April 9, 2025

- *The HIVPC comprises 24 members, including eight unaffiliated consumer members. The percentage of unaffiliated consumers is 33%, meeting the HRSA-mandated 33%.*
- *Compared to the HIV epidemic demographic, where 45.40% are Black and not Hispanic, the HIVPC is underrepresented at 25%.*

Handout E1

Executive Committee Work Plan FY2025-2026

The work plan is designed to guide the committee's oversight and support the HIV Health Services Planning Council in achieving its objectives. For each activity, the proposed period of activity is highlighted in blue, and the completion is noted with an "X".

GOAL: Conduct the business of the Council, approve general body meeting agenda, conduct committee oversight, update policies, procedures, and assess recruitment, and retention.

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	Improved By-Laws	Reinstate the ad-Hoc By-Laws Committee based on pending parking lot items. Identify and appoint ad-Hoc By-Laws Chair.												
1.3 Appoint Members of Nominating Committee for the FY 2026-2028 Cycle	Executive	Selection of New Chair and Vice-Chair	Appoint members of Nominating Committee for the FY 2026-2028 Election Cycle.												
1.4 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.												
1.5 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.												
1.6 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.												
1.7 Review and update the recruitment plan annually.	Executive/MCDC	HIVPC and Committee goals are met	Annually, the Executive members will review existing and update the HIVPC recruitment tool to be utilized by the Fort Lauderdale jurisdiction.												

Objective 2: Ensure that the Planning Council participates in integrated planning activties.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Evaluate Planning Council members to serve on the Integrated Workgroup to monitor the **2022-2026 Prevention and Care Integrated Plan and prepare for the 2027-2031 Prevention and Care Integrated Plan**.	Executive/Integrated Workgroup	EMA Goals are addressed	Receive updates from the IPWG membership regarding the progress of implementing the Integrated Plan. Hold meetings with the Executive Committee of the SFAN, EHE, and BCHPPC as needed. (Integrated Plan 2022-2026, Goal 4, Strategy 4.1.3#3)												
2.2 Recieve quarterly updates on the activties of the Integrated Workgroup.	Appointed Member(s)	Meet HRSA required integrated activities	Provide quarterly update during the HIVPC General Body meeting.(Integrated Plan 2022-2026, Goal 4, Strategy 4.1)												

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

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Plan annual Planning Council Development training.	Executive	HIVPC training/leadership	Schedule a training for all HIVPC members. Educate members on new/emerging Planning Council/RW Part A issues, HIVPC policies and procedures, leadership development, Integrated Plan, Robert's Rules of Order.												
3.2 Conduct Leadership Training.	Executive	HIVPC Leadership	Conduct training for HIVPC with topics under Action Step 3.1.												

LEGEND: "**X**" =Action Completed; Blue = Planned

Handout E2

Priority Setting/Resource Allocations Committee Work Plan FY2025-2026

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 and implement an annual 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 PSRA Overview	PCS Staff	Understanding of the PSRA Process	Presentation on the PSRA Process	X											
1.2 Eligibility Determination	Recipient Office		Review Federal Poverty Level for each Service Category												
1.3 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 / EIIHA e. Community Empowerment Committee's Ranking of Part A Services f. Integrated Prevention & Care Plan g. Cost data (other funders) h. Review 2024 Ryan White program services report (RSR) i. Review the status of the Florida and Broward Integrated Plan. j. Quality Management Part A client Health Outcome and QIP Presentation. k. 2024 Client Needs Assessment ***(Three-Day Session June 18-20)*** (Integrated Plan 2022-2026, Goal 4, Strategy 4.1.3#1)											
1.4 Obtain community feedback to evaluate Ryan White Part A Services to consumers.	PSRA/CEC	Data driven PSRA process	Coordinate three Townhall Meetings/Listening Sessions for the fiscal year.												
1.5 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.												
1.6 Review Service Delivery Models from QMC.	PSRA/QMC	Data driven PSRA process	Review service delivery model from the QMC committee.												
1.7 Priority rank Part A and MAI service categories annually.	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.												
1.8 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.												
1.9 Monitor expenditures and allocations bi-annually.	PSRA/ Recipient	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.												
1.10 Review and approve PSRA Work Plan annually.	PSRA	Process Planning	Create a schedule of PSRA activities												
1.11 Review and Update PSRA Policy and Procedures	PSRA	Compliance with HRSA Guidelines	Review and update PSRA Policy and Procedures												

Objective 2: Assess the Affordable Care Act (ACA) and Status of the Minority AIDS Initiative (MAI)

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Presentation on 2024 ACA Activities	Recipient Office	Increase ACA enrollment by RWPA clients.	Receive information on the success/challenges of 2024 ACA process.	X											
2.2 Determine the impact of the Minority AIDS Inititative of the Ryan White Part A Program.	MAI Ad-Hoc Committee	Process Planning	Evaluate the Minority AIDS Inititative of the Ryan White Part A Program using reports by the MAI Subcommittee and other resources.												

Objective 3: Assess the Administrative Mechanism.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative MechanismL Update and disemminate survets annually to the Part A Recipent Office, RWPA Subrecipient Agencies, and the HIVPC	Staff/ PSRA	Ensure compliance	Survey the efficiency of the RWPA Recipent												
3.2 Assessment of the Administrative Mechanism update survey annually.	PSRA	Ensure compliance	Receive a presentation on the results of the assessment												

LEGEND: "**X**" =Action Completed; **Blue** = Planned

Handout E3

Community Empowerment Committee (CEC) Work Plan FY2025-2026

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.

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 Recieve consumer/community feedback at minimum, twice a year.	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. 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.												
1.2 Receive presentation on Part A and MAI Service Categories	CEC/Staff	Increased knowledge of Ryan White Program Core and Support Services among CEC members	Receive presentation on Part A utilization and historical trends. (Integrated Plan 2022-2026, Goal 4, Strategy 4.1.3#1)		x										
1.3 Priority rank Part A and MAI Service Categories and send recommendations to PSRA annually.	CEC/Staff	Data driven PSRA process	Rank Part A and MAI Service Categories by priority and send recommendations to PSRA as part of the PSRA process.		x										
1.4 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											

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.												
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 will distribute HIVPC and HIV-related information to its community listserv.	x											
2.3 Analyze survey/discussion results from each community event, outreach, training, or community forum.	Staff/CEC	Measure event outcomes	Determine successes and failures of each event. Provide any relevant recommendations to PSRA that may inform the PSRA process. Data: survey results based on demographics, client self identified needs, and learning objectives.												
2.4 Partner with HIV stakeholders to engage in community events on an ongoing basis.	CEC	Develop consistent presence at community events	Coordinate with HIV stakeholders (those living with or otherwise affected by HIV) to hold Community Forums during significant HIV awareness days (e.g. National HIV Testing Day, Latino HIV Awareness Day, National Black HIV/AIDS Awareness Day) (Examples of Stakeholder Organizations: BCHPPC, Latinos En Accion, SFAN, etc.).	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 to increase HIV literacy	CEC	Increased awareness and utilization of services for PWH and Reduce HIV-related health disparities and health inequities	Partner with community organizations to institute stakeholder collaborations to address various HIV-related issues.												

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	Promote programs from the organizations, such as CHAT Target HIV; Meaningful Involvement of People with HIV/AIDS (MIPA); 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.												

LEGEND: "**X**" =Action Completed; **Blue** = Planned

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

Handout E4

Membership/Council Development Committee Work Plan FY2025-2026

The work plan is intended to help guide the work of the committee and to assist the Membership Council Development 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: Ensure HIVPC membership reflects the HIV demographics of the Broward EMA including 33% representation of unaffiliated PWHA. Maintain efforts to recruit seven (7) members to the HIVPC annually.

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	Meet HRSA requirements	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% PWHA representation.		x										
1.2 Review seat status and ensure mandated seats are filled quarterly.	Staff/MCDC	Meet HRSA requirements	Monitor current member affiliations; ask members to update their contact information annually. Actively recruit members for vacant federally mandated seats.		x										
1.3 Announce vacant positions at each Executive/HIVPC meeting as necessary.	MCDC Chair	Meet HRSA requirements	Announce vacant positions and mandated seats during committee reports at each Executive and HIVPC meeting.		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 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.												

Objective 3: Review and Ensure Compliance with Recruitment and Retention Plan

3.1 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.												
3.2 Complete tasks outlined in Recruitment & Retention Plan on an quarterly basis.	MCDC	Recruitment & Retention of new HIVPC and Committee members	Conduct quarterly review via MCDC's Work Plan.												
3.3 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.												

Objective 4: Recruitment & Engagement Efforts.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
4.1 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.												
4.2 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. (Integrated Plan 2022-2026, Goal 4, Strategy 4.1.3#3)												
4.3 Host ongoing orientations for prospective members/interested parties.	MCDC	Strategic recruitment of new members	Educate prospective members/interested parties on topics relevant to HIVPC membership.												
4.4 Develop recruitment and website materials as needed.	Staff	Strategic recruitment of new members	Develop and review existing marketing materials as needed.												

Objective 5: Planning Council Development and Committee Collaboration.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
5.1 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.												
5.2 Recognize Member of the Quarter quarterly and Member of the Year annually.	MCDC/HIVPC	Acknowledgement of Member Achievement	Develop a system by which to recognize a member for his/her contributions to the work of the HIVPC.		x										
5.3 Conduct post-appointment training to educate newly appointed members on the HIVPC member roles and responsibilities as needed, with the option to include current members.	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.												
5.4 Offer mentorship program as necessary on an ongoing basis.	MCDC	Capacity building	Implement 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.												

LEGEND: "**X**" =Action Completed; **Blue** = Planned

Handout E5

System of Care Committee Work Plan FY2025-2026

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 2026, Identify the inventory of resources available for service delivery for PWHA in Broward County to increase retention in care for Part A eligible clients.

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 and presentation on most recent needs assessment.	PCS Team	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process. Provide recommendations for future needs assessment based on presentation.		x										
1.2 Receive service 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 2022-2026; Goal 2, Strategy 2.1.3.3; Goal 4, Strategy 4.3.1 #1).												
1.3 Develop How Best to Meet the Need (HBTMTN) language based on findings annually.	SOC	Data driven PSRA process	Review HBTMTN language and make revision-based recommendations from the Recipient, health outcomes data, and needs assessment. Recommended revisions will be forwarded to PSRA committee and Recipient Office.		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 Recommend 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	Review a system map of services and recommend ways to engage/ reengage PWH who are not in care or are not virally suppressed and provide recommendations to the QMC and the Recipient Office. (Integrated Plan 2022-2026, Goal 2, Strategy 2.1 #3)												
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/needs assessments to identify areas of need relative to retention in care and viral load suppression.												

Objective 3: Conduct annual review of quality improvement projects

3.1 Receive presentations on Quality Improvement Projects (QIPs) among service providers as needed.	SOC/QMC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding current QIPs.	x											

Objective 4: Conduct annual review of service delivery models

4.1 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.												

LEGEND: "**X**" =Action Completed; **Blue** = Planned

Handout E6

Quality Management Committee (QMC) Work Plan FY2025-2026

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 2026, 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.

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.												
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 (such as the 50+ community, people moving into Medicare, people moving into ACA, and the LGBTQ community) and review client-level data (Care Continuum and Broward Outcomes and Indicators) to identify gaps in care and health disparities. (Integrated Plan 2022-2026, Goal 2, Strategy 2.4)												

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)												
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. Medical Case Management - MCM 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) m. Medical Nutrition Therapy												
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.												
2.5 Conduct quarterly reviews of the QMC Annual Workplan.	QMC	Track Progress of the QMC in completed activities	Assess progress on completing QMC activities.												

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											

LEGEND: "**X**" =Action Completed; **Blue** = Planned

Appendix 1

The jurisdiction's Integrated Plan submission is due to CDC DHP and HRSA HAB no later than 11:59 PM ET on **June 30, 2026**

Handout F

CY 2027 – 2031 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist

Section I: Introduction of Integrated Plan and SCSN

Purpose: To provide a description of the Integrated Plan, including the SCSN and the approach the jurisdiction used to prepare and package requirements for submission

- **Write a detailed summary:** Ensure it shows how you have met the Integrated Plan requirements.
- **Combining materials**: Explain how new and existing materials relate.

Requirements	Materials	Title/File Name of materials	Page(s) for this section
1. Introduction **Describe the Integrated Plan** • Include SCSN • Explain how past plans/SCSNs inform this plan/SCSN. • Or provide an overall description of an existing plan/SCSN that meets all requirements and includes the information below.	New Material		
a. Approach **Describe your approach to preparing the Integrated Plan submission.** • Update existing plan: Modify and enhance previously submitted plan. • Integrate Existing Documents: Combine sections from current plans and documents. • Develop a New Plan: Create an entirely new plan from scratch.	Develop New Plan		
b. Documents submitted to meet requirements. Fill out for each requirement per column provided: • New or existing material • Title/File Name for materials • Page numbers within the section			

Section II: Community Engagement and Planning Process

Purpose: To describe how the jurisdiction's planning approach engaged community members and collaborators, fulfilled legislative and programmatic requirements, and addresses the HIV care and prevention needs of people with HIV and people vulnerable to HIV.

Tips for meeting this requirement

1. Review of the National HIV/AIDS Strategy.
2. This requirement may include submission of portions of other submitted plans including the EHE plans, and other jurisdictional plans (e.g., Getting to Zero plans, Fast Track Cities, Cluster Detection and Response plans).
3. Be sure to provide adequate detail to confirm compliance with legislative and programmatic planning requirements, including:

a. SCSN
b. RWHAP Part A and B planning requirements including those requiring feedback from key collaborators and people with HIV
c. CDC planning requirements

4. The community engagement process should reflect the local demographics.
5. The planning process should include key collaborators and broad-based communities that include but are not limited to:
   a. People with HIV,
   b. People vulnerable to HIV,
   c. Funded-service providers, and
   d. Collaborators, especially new collaborators, from disproportionately affected communities. See *Appendix 3* for required and suggested examples of collaborators to be included.
6. Explain how the jurisdiction will build collaborations including sharing of data and establishing/ maintaining services agreements, among:
   a. systems of prevention and care
   b. other service systems relevant to HIV in the jurisdictions (e.g., behavioral health and housing services).
7. Include community engagement related to "Respond" and support of cluster detection activities. Describe what happens when a potential cluster is detected and how community partners and affected communities are engaged.

Requirements	New/existing Materials	Title/File Name of materials	Page(s) for this section
1. Jurisdiction Planning Process **Describe Jurisdiction's approach to planning** • **Planning Steps**: explain steps in planning process. • **Groups Involved**: list involved groups for needs assessment and goal setting. • **Usage of Data Sources:** detail data sources used. • **Representation from Priority Populations:** how were they included? Consider sections from other plans, like the EHE plan. Ensure you cover these points.	New Material		
a. Entities involved in the process. List and describe the types of entities involved in the planning process. Be sure to include: • CDC and HRSA-funded programs, • New collaborators (e.g., new partner organizations, people with HIV, people vulnerable to HIV), and • Other entities such as HOPWA-funded housing service providers or the state Medicaid agency that met as part of the process. See Appendix 3 for list of required and suggested collaborators	New Material		
b. Role of the RWHAP Part A Planning Council/Planning Body Describe the role of the RWHAP Part A Planning Council(s)/Planning Body(s) in developing the Integrated Plan.	New Material		

Note: Jurisdictions submitting a State-Only Plan are not required to complete this narrative section; however, letters of concurrence must be submitted.			
c. Role of Planning Bodies and Other Entities Describe how programs and planning bodies contributed. • CDC Prevention Program • RWHAP Part B • State/territory or jurisdiction prevention and care • EHE • Community members and other entities Describe collaboration efforts. • How did prevention and care bodies work together? **Provide documentation of the type of engagement occurred. EHE planning may be submitted as long as it includes updates that describe ongoing activities.**	New Material		
d. Collaboration with RWHAP Parts – SCSN requirement Describe how jurisdictions incorporate RWHAP Parts A-D providers and Part F recipients in the planning process. Describe how RWHAP Part A or Part B only plan: • Aligns with other Integrated Plans • Avoids service duplication. • Prevents gaps in service delivery systems.	New Material		
e. Engagement of people with HIV – SCSN requirement Describe how jurisdictions engaged people with HIV in all stages of the process: • Needs assessment • Priority setting • Development of goals/objectives Describe how people with HIV will be involved in implementing the plan: • Implementation • Monitoring • Evaluation • Improvement process	New Material		
f. Priorities List key priorities that arose out of the planning and community engagement process.	New Material		

g. Updates to Other Strategic Plans Used to Meet Requirements If the jurisdiction is using portions of another local strategic plan (e.g., EHE, Ending the Epidemic, Getting to Zero) to satisfy this requirement, please describe: 1. How the jurisdiction uses annual needs assessment data to adjust that plan's priorities. 2. How the jurisdiction incorporates the ongoing feedback of people with HIV, people vulnerable to HIV, and collaborators in that plan. 3. Any changes due to updated assessments and community input. 4. Any changes made to that planning process as a result of evaluating the planning process.	New Material		
Section III: Contributing Data Sets and Assessments Purpose: To analyze the qualitative and quantitative data used by the jurisdiction to describe how HIV impacts the jurisdiction; to determine the services needed by clients to access and maintain HIV prevention, care and treatment services; to identify barriers for clients accessing those services; and to assess gaps across the HIV Prevention and HIV Care Continuums of Care. This section fulfills several legislative requirements including: 1. SCSN 2. RWHAP Part A and B planning requirements including those requiring feedback from key collaborators and people with HIV 3. CDC planning requirements including those requiring feedback from key collaborators and populations vulnerable to HIV acquisition. Tips for meeting this requirement 1. This requirement may include submission of portions of other submitted plans including the EHE plan submitted as a deliverable for PS24-0047. *Please ensure that if using a previously developed plan that the data included describes the entire jurisdiction and not just a subsection of the jurisdiction such as an EHE priority county*. 2. Be sure to provide adequate detail to confirm compliance with legislative and programmatic planning requirements. 3. Include both narrative and graphic depictions of the health disparities in the area for people with HIV and those vulnerable to HIV including information about HIV outbreaks and clusters. 4. The data used in this section should inform both the situational analysis and the goals established by the jurisdiction. 5. Please refer to the Integrated Guidance for Developing Epidemiologic Profiles (cdc.gov) for HIV Prevention and Ryan White HIV/AIDS Program Planning. 6. *Appendix 4* includes suggested data resources to assist with this submission including the Epidemiologic Snapshot.			
Requirements	**New/existing Materials**	**Title/File Name of materials**	**Page(s) for this section**
1. Data Sharing and Use Provide an overview of data available to the jurisdiction and how data were used to support planning. Identify with whom the jurisdiction has data sharing agreements and for what purpose.	New Material		
2. Epidemiologic Snapshot Provide a snapshot summary using:	New Material		

• **Current data**: by using both narrative and graphic depictions display trends using the most recent 5 years (most available data). • **Key descriptors**: people diagnosed with HIV (including newly diagnosed), people vulnerable to HIV, and those with HIV who do not know their HIV status. Highlight Priority populations for prevention and care and align with the NHAS. • **Types of data**: demographic, geographic, socioeconomic, behavioral, and clinical characteristics. • **HIV clusters:** outline key characteristics of HIV clusters and cases linked to these clusters. **Note:** Use the HIV prevention and care continuum in your graphic depiction showing burden of HIV in the jurisdiction.	New Material		
3. HIV Prevention, Care and Treatment Resource Inventory Develop an inventory that includes a table and/or narrative but must address **all** of the following information: **Providers:** • Agencies providing HIV care and prevention services in the jurisdiction. • Agencies providing substance use prevention and treatment services: describe the coordination strategy with HIV prevention and care services. **Funding Sources:** • HRSA (all RWHAP parts) and CDC funding sources. Funding amounts not needed. • Additional funding sources: HRSA's Community Health Center Program, HUD's HOPWA program, Indian Health Service (IHS) HIV/AIDS Program, Substance Abuse and Mental Health Services Administration programs, and foundations. **Provided Services:** • Services and activities by organizations • Priority population served • How services maximize the quality of health and support for those with certain risk factors of acquiring or with HIV	New Material		
a. Assessment of Strengths and Gaps across the HIV Prevention and Care Continuum **Assessment of Strengths and Gaps Inventory should include:** • Health equity • Geographic disparities • Occurrences of HIV clusters/outbreaks	New Material		

• Underuse of new HIV prevention tools (e.g., injectable antiretrovirals, environmental impacts) This analysis should include areas where the jurisdiction may need to build capacity for service delivery based on the items listed.	New Material		
b. Approaches and partnerships Please describe the approaches the jurisdiction used to complete the HIV prevention, care and treatment inventory. Be sure to include partners, especially new partners, used to assess service capacity in the area.	New Material		
4. Needs Assessment Identify and describe all needs assessment activities or other activities/data/information used to inform goals and objectives in this submission. Include a summary of needs assessment data including: **HIV Testing Services:** 1. Services needed for HIV testing access. 2. Services for staying HIV negative (e.g., PrEP, Syringe Services Programs) 3. Rapid linkage to HIV care after positive diagnosis. **HIV Care and Treatment:** 4. Services for maintaining HIV care and achieving and sustaining viral suppression. **Barriers to access:** 1. HIV testing barriers 2. Challenges with State laws and regulations. 3. HIV prevention, care, and treatment service access issues.	New Material		
a. Priorities List the key priorities arising from the needs assessment process.	New Material		
b. Action Taken List any key activities undertaken by the jurisdiction to address needs and barriers identified during the needs assessment process.	New Material		
c. Approach Please describe the approach the jurisdiction used to complete the needs assessment. Be sure to include how the jurisdiction incorporated people with HIV and people vulnerable to HIV in the process and how the jurisdiction included entities listed in Appendix 3.	New Material		

Section IV: Situational Analysis

Purpose: To provide a snapshot summary that synthesizes information from the Community Engagement and Planning Process in Section II and the Contributing Data sets and Assessments detailed in Section III that in turn informs the goals and objectives of the Integrated Plan. The situational analysis provides an overview of strengths, challenges, and identified needs across the HIV prevention and care continuum.

Tips

1. New or existing material may be used; however, if existing material is used, it needs to be updated to reflect the most current information.
2. This section not only provides a snapshot of the data and environment for goal-setting but meets the RWHAP legislative requirement for the SCSN.
3. Jurisdictions may submit the Situational Analysis requirement. *However, it must include information for the entire HIV prevention and care system and not just the EHE priority area or service system.* If using an updated or current version of your EHE plan to fulfill this requirement, be sure to include updates as noted below.

Requirements	New/existing Materials	Title/File Name of materials	Page(s) for this section
1. Situational Analysis Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III. Provide a short overview across the HIV prevention and care continuum to include: • Strengths • Challenges • Identified needs. • Analysis of structural and systemic issues impacting disproportionately affected populations resulting in health disparities. Analysis should include each of the following areas: a. Diagnose all people with HIV as early as possible. b. Treat people with HIV rapidly and effectively to reach sustained viral suppression. c. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs) d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them. Note: Jurisdictions may submit other plans to satisfy this requirement, if they are current and applicable to the entire HIV prevention and care service system across the jurisdiction.	New Material		
a. Priority Populations Based on the Community Engagement and Planning Process in Section II and the	New Material		

Contributing Data Sets and Assessments detailed in Section III, describe how the goals and objectives address the needs of priority populations for the jurisdiction			

Section V: 2027-2031 Goals and Objectives

Purpose: To detail goals and objectives for the next 5 years. Goals and objectives should reflect strategies that ensure a comprehensive, coordinated approach for all HIV prevention and care funding.

Tips for meeting this requirement:

2. Recipients may submit plans (e.g., EHE, Getting to Zero, HIV Cluster Detection and Response plan) for this requirement as long as it sets goals for the entire HIV prevention and care continuum and geographic area.
3. Goals and objectives should be in SMART format and structured to include strategies that accomplish the following:
a. Diagnose all people with HIV as early as possible
b. Treat people with HIV rapidly and effectively to reach sustained viral suppression
c. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and syringe services programs (SSPs)
d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.
4. The plan should include goals that address both HIV prevention and care needs and health disparities.

Requirements	New/existing Materials	Title/File Name of materials	Page(s) for this section
1. Goals and Objectives Description List and describe goals and objectives for the jurisdiction. Include 3 goals/objectives for each area: • Diagnose • Treat • Prevent • Respond to HIV Ensure goals address any barriers or needs identified during the planning process. See Appendix 2 for examples. Note: Jurisdictions may submit other updated plans to satisfy this requirement as long as they include goals that cover the entire HIV prevention and care service delivery system and geographic area.	New Material		
a. Updates to Other Strategic Plans Used to Meet Requirements If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe any changes made as a result of analysis of data.	New Material		

Section VI: 2027-2031 Integrated Planning Implementation, Monitoring, and Jurisdictional Follow-Up

Purpose: To describe the infrastructure, procedures, systems, and/or tools that will be used to support the key phases of integrated planning. In this section jurisdictions will detail how best to ensure the success of Integrated Plan goals and objectives through the following 5 key phases:

1. Implementation
2. Monitoring
3. Evaluation
4. Improvement
5. Reporting and Dissemination

Tips for meeting this requirement

1. This requirement may require the recipient to create some new material or expand upon existing materials.
2. Include sufficient descriptive detail for each of the 5 key phases to ensure that all entities understand their roles and responsibilities, and concur with the process.
3. If you are submitting portions of a different jurisdictional plan to meet this requirement, you should include updates that describe steps the jurisdiction has taken to accomplish each of the 5 phases.

Requirements	New/existing Materials	Title/File Name of materials	Page(s) for this section
1. 2027-2031 Integrated Planning Implementation Approach 1. Describe the infrastructure, procedures, systems and/or tools that will be used to support the 5 key phases (see phases above) of integrated planning to ensure goals and objectives are met	New Material		
a. Implementation 2. To achieve the jurisdictions Integrated Plan goals and objectives. Describe the process for coordinating partners: • New partners • People with HIV • People vulnerable to HIV • Providers and administrators from different funding streams Include how the plan will influence, leverage, and coordinate funding streams including but not limited to HAB and CDC funding.	New Material		
b. Monitoring 3. Describe the process for monitoring progress on the Integrated Plan goals and objectives. Include how the jurisdiction will: • Coordinate different collaborators. • Use different funding streams to implement plan goals.	New Material		

• Collaborate/coordinate monitoring of multiple different plans (e.g., city-only, state-only) to avoid duplication of effort and potential gaps in service provision. • Coordinate activities and timelines. Note: Recipients will be asked to provide updates to both CDC and HRSA as part of routine monitoring of all awards.	New Material		
c. Evaluation 4. Describe performance measures and methodology used to evaluate progress on goals and objectives. Include how often the jurisdiction: • Conducts analysis of the performance measures • Presents data to the planning group.	New Material		
d. Improvement 5. Describe how the jurisdiction will: • Continue to use data. • Use community input to make revisions and improvements to the plan. • How revision decisions will be made and how often.	New Material		
e. Reporting and Dissemination 6. Describe the process for informing collaborators, including people with HIV, about progress made to the plan. (implementation, monitoring, evaluation and improvements).	New Material		
f. Updates to Other Strategic Plans to Meet Requirements If using portions of another local strategic plan to satisfy this requirement, please describe: 1. Steps the jurisdiction has already taken to: • Implement • Monitor • Evaluate • Improve • Report/disseminate plan activities. 2. Describe Achievements/challenges in implementing: • Strategies to resolve challenges. • Plan to replicate successes. 3. Revisions made based on work completed.	New Material		

Section VII: Letters of Concurrence Provide letters of concurrence or concurrence with reservation. Each letter should specify how the planning body was involved in the Integrated Plan development. Include a letter of concurrence for each planning body in the state/territory or jurisdiction. Please note, a letter of concurrence is required from Planning Councils regardless of the type of plan submitted. See *Appendix 6* for a sample Letter of Concurrence.			
Requirements	**New/existing Materials**	**Title/File Name of materials**	**Page(s) for this section**
1. CDC Prevention Program Planning Body Chair(s) or Representative(s) Required letter of concurrence	New Material		
2. RWHAP Part A Planning Council/Planning Body(s) Chair(s) or Representative(s) Required letter of concurrence	New Material		
3. RWHAP Part B Planning Body Chair or Representative Required letter of concurrence unless City-Only Plan is submitted	New Material		
4. Integrated Planning Body Optional letter of concurrence	New Material		
5. EHE Planning Body Optional letter of concurrence	New Material		

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH
REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act

ADAP: AIDS Drugs Assistance Program

Administration HUD: U.S Department of Housing and Urban Development

IW: Integrated Workgroup

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

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

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

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

HIV HSSS: HIV Human Services Software System

HIVPC: Broward County HIV Health Services Planning Council

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources Services Administration

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

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

nPEP: Non-occupational Post-Exposure Prophylaxis

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PCN: Policy Clarification Notic

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

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

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.