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
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Membership/Council Development Committee Meeting

Thursday, September 9, 2021 - 9:30 AM
Meeting via WebEx Videoconference
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 132 137 1658)

This meeting is audio and video recorded.

Quorum for this meeting is 4

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for September 9, 2021
5. **ACTION:** Approval of Minutes from July 8, 2021
6. Standard Committee Items
   a. **Action Item:** MCDC Membership Strategy – Review the HIVPC membership strategy and determine the best course of action to address vacancies. (Handout A)
   Work Plan Activity 1.2: Review seat status and ensure mandated seats are filled.
   b. **Action Item:** HIVPC Demographics – Review demographics and identify populations that are over or under-represented. (Handout B)
   Work Plan Objective 1: Ensure HIVPC is representative and reflective.
   c. **Action Item:** Current Applicants, Interested Parties, and Appointments – Review current HIVPC & Committee applications. (Handout C Provided in the Meeting)
   Work Plan Objective 1: Ensure HIVPC is representative and reflective.
   d. **Action Item:** Quarterly Review of Meeting Evaluations (Quarter 2: June – August) – Discuss MCDC meeting evaluation results. (Handout D)
7. New Business
   a. **Action Item**: FY2021-2022 HIVPC Training Plan – (1) Review the FY2021-2022

Training Plan for the HIVPC; and (2) Plan training activities for FY2022-2023. (Handout E)
Work Plan Activity 4.3: Conduct ongoing member training.

b. **Action Item**: HIVPC Succession Development Plan – Create a framework to empower members to fill leadership positions and be strong advocates for HIVPC and its Committees. (Handout F)
Work Plan Activity 4.4: Create a Succession Development Plan.

8. Recipient's Report
9. Public Comment
10. Agenda Items for Next Meeting
    a. Next Meeting Date: January 13, 2022, at 9:30 a.m. via WebEx Videoconference
11. Announcements
12. Adjournment

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

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

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

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

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

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

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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

Membership/Council Development Committee Work Plan

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

GOAL: Ensure HIVPC membership reflects the HIV demographics of the Broward EMA including 33% representation of unaffiliated PLWHA. Passionately engage 100 Community Members and recruit 7 members to the HIVPC.	**Baseline**	**Target**	**Q1**		**Q2**		**Q3**		**Q4**	

Objective 1: Ensure HIVPC is representative and reflective.

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

Objective 2: Member selection process and application procedure development.

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

Objective 3: Recruitment & Engagement Efforts.

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

Objective 4: Planning Council Development and Committee Collaboration.

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

Meeting of the

Membership/Council Development Committee

Thursday, July 8 13, 2021
9:30-11:30 AM
By WebEx Videoconference

M I N U T E S

MCDC Members Present: V. Foster (Committee Chair), Y. Arencibia, H.B. Katz, A. Cutright.

Members Absent: I. Wilson, T. Moragne.

Members Excused: None.

Planning Council Support Staff Present: G. Martinez, F. Ukpai, T. Williams, V. Oratien, W. Saint-Fleur, J. Ramos

Guests Present: R. Sterne.

Agenda Item #1: Call to Order

The *MCDC Chair* called the meeting to order at 9:38 a.m.

Agenda Item #2: Welcome & Public Record Requirements

The *MCDC Chair* welcomed all meeting attendees that were present. Attendees were notified that the MCDC meeting is based on Florida's "Government-in-the-Sunshine Law" and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the *MCDC Chair*, committee members, Recipient staff, PCS staff, and guests by roll call, and a moment of silence was observed.

Agenda Item #3: Meeting Approvals

The approval for the agenda of the July 8, 2021, Membership/Council Development Committee meeting was proposed by *H.B. Katz*, seconded by *Y. Arencibia*, and passed unanimously. The approval for the minutes of the May 11, 2021, meeting was proposed by *H.B. Katz,* seconded by *Y. Arencibia*, and approved with no further corrections.

Mr. Katz, on behalf of MCDC, made a motion to approve the July 8, 2021, Membership/Council Development Committee agenda as presented. The motion was adopted unanimously.

Mr. Katz, on behalf of MCDC, made a motion to approve the May 13, 2021, Membership/Council Development Committee meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #4: Public Comment

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

Agenda Item #5: Standard Committee Items

MCDC Membership Strategy (Handout A): The Planning Council currently has 21 members. Individuals have been identified to fill the open job-based seats. However, PCS staff recommended that open consumer seats be filled first since the council is currently well under the HRSA mandated percentage of 33% unaffiliated consumers serving on the planning council. Members collected four completed Get Involved cards and four completed applications from the council's latest recruitment efforts at the Stonewall Pride Parade. At the time of the meeting, staff had sent emails to those who completed an application and were awaiting their response. PCS staff advised that they will contact the other interested parties via telephone to gauge their interest in joining the council. The committee agreed.

Review HIVPC Demographics (Handout B): The committee reviewed the HIVPC and Committee Demographics report. PCS staff highlighted the importance of representation of the epidemic on the council. The chair expressed the importance of engaging consumers and providing information on the planning council as much as possible.

Quarterly Review of Meeting Evaluations (Q1: March-May) (Handout C): The PCS Staff Health Planner presented the MCDC meeting evaluation results from the first quarter to the committee. Meeting evaluations are used to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of meetings and identify strengths, deficiencies, and potential training/development needs. The MCDC received two completed surveys out of a potential total of 5 with a 100% completion rate for the surveys received. The Chair voiced his concern for the low response rate and encouraged members to complete the surveys at the end of each meeting. In terms of recruitment efforts, members requested electronic copies of promotional materials.

Agenda Item #6: Unfinished Business

There was no unfinished business for committee members to discuss.

Agenda Item #7: Meeting Activities/ New Business

FY21 MCDC Work Plan**:** The committee reviewed progress made toward FY2021 work plan activities. The MCDC chair acknowledged that the committee was right on target with their work plan activities.

Marketing the HIVPC Recruitment Video: The committee discussed recruitment strategies with the marketing agency. A representative from the marketing agency spoke with the committee on suggestions for improving the impact of the HIVPC recruitment video that was filmed in February. The main concern was that the video did not include a call to action or voices from unaffiliated consumers. Additionally, the video did not explain what was expected of interested parties. The committee agreed that this revision would improve the video. The representative also introduced the committee to the idea of creating new promotional material equipped with QR codes to facilitate ease of information dissemination.

Outreach Event: The committee discussed the World AIDS Museum's community dialogue series as a potential HIVPC, and WAM collaborated event. The committee agreed that this event would be an excellent way to engage and educate the community on the HIV epidemic. The Committee members were encouraged to notify staff of their interest in being a part of the panel for the event. In addition, a committee member discussed ways to make information about the Planning Council available to inmates who will be released with access to a toll-free number through a Kiosk.

Agenda Item #8: Recipient Report

There was no Recipient report given at this meeting.

Agenda Item #9: Public Comment

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

Agenda Item #10: Agenda Items/Tasks for Next Meeting

The next MCDC meeting will be held on September 12, 2021, at 9:30 a.m. via WebEx Videoconference.

Agenda Item #11: Announcements

There were no announcements made at this meeting.

Agenda Item #12: Adjournment

There being no further business, the meeting was adjourned at 10:42 a.m.

MCDC Attendance for CY 2021

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	11	C	CX	13	C	8						
0	0	0	**1**	Arencibia, Y.		X			X		X						
0	0	1	**2**	Cutright, A.		A			X		X						
0	0	0	**3**	Foster, V. *Chair*		X			X		X						
1	1	0	**4**	Katz, H.B.		E			X		X						
0	0	1	**5**	Moragne, T.		X			X		A						
0	0	2	**6**	Wilson, I.		X			A		A						
				Quorum = 4	0	4	0	0	5	0	4	0	0	0	0	0	

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

HANDOUT A

MCDC Membership Strategy
Member Budget

Member Mix	Current	Goal
Job-Based Seat*	11	18
Consumer Seat	4	14
NECL Seat**	4	3
Total Membership	19	35
Unaffiliated Consumers (%)	21%	37%
Alternates	0	3

*Job-based seats are those seats filled based on the basis of employment
**NECL is the Non-Elected Community Leader seat and here only represents those members who are not unaffiliated consumers

Seats Currently Filled:

- Affected Communities (Consumers)
- Board of County Commissioners member *(per Broward County Ordinance 12.108.b.)*
- Prevention
- Part B
- Part D
- Part F
- Health Care Providers/FQHCs
- ASO/CBO
- Mental Health
- Local Prison
- NECL
- Hospital or Health Care Planning Agency
- Local Public Health Agency

Open Job-Based Seats:

- Part C
- VA or other federally funded program providing treatment for HIV
  - follow-up is taking place with VA representatives
- HOPWA
  - recruit identified
- Medicaid
  - recruit identified
- Substance Abuse
  - recruit identified
- Social Services including Housing & Homeless
  - recruit identified

Open Consumer Seats:

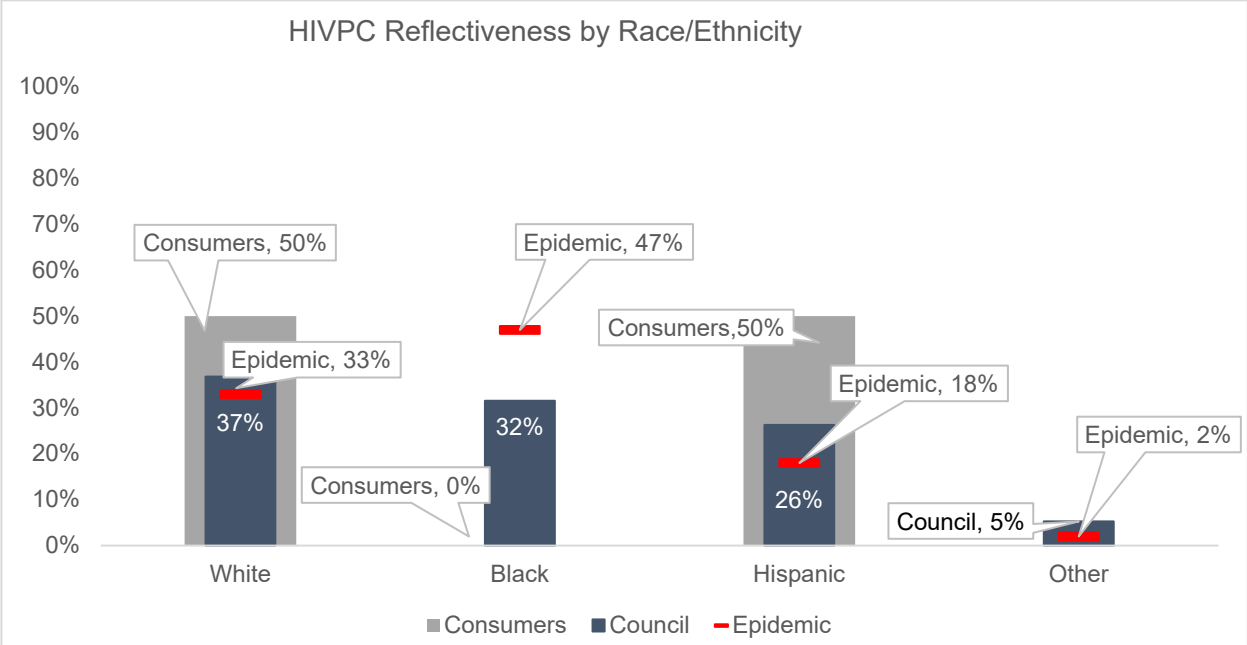
- Affected Communities (Consumers)
- Alternates

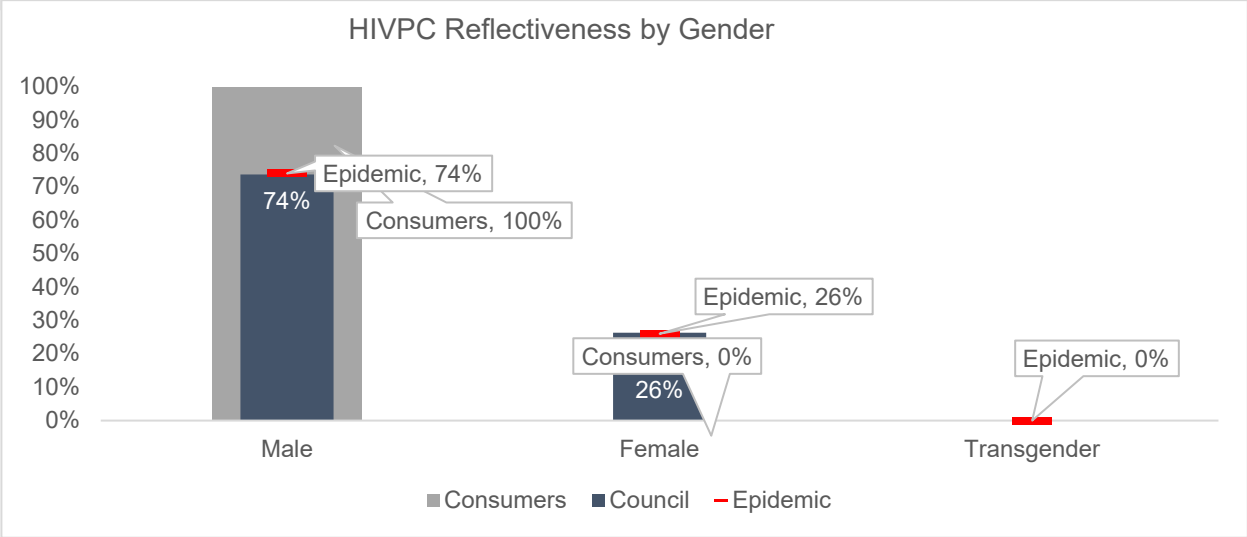
Recommended Course of Action:

- **Bring job-based members on slowly** to coincide with new unaffiliated consumer members.
- **MCDC must focus on bringing unaffiliated consumers onto the HIV Planning Council.** The Committee must implement its Recruitment & Retention Plan and increase consumer representation to reach the mandated 33%.

HANDOUT B

HIV Planning Council Reflectiveness Report
Current Through August 2021





HANDOUT B

Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	15,689	75%	14	74%	-1%	4	100%	25%
Female	5,359	25%	5	26%	1%	0	0%	-25%
Transgender	63	0%	0	0%	0%	0	0%	0%
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	3,855	18%	5	26%	8%	2	50%	32%
Black	9,815	47%	6	32%	-15%	0	0%	-47%
White	6,878	33%	7	37%	4%	2	50%	17%
Other	500	2%	1	5%	3%	0	0%	3%
Age	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
0-12	15	0.1%	0	0%	0%	0	0%	0%
13-19	70	0.3%	0	0%	0%	0	0%	0%
20-29	1,277	6.1%	0	0%	-6%	0	0%	-6%
30-39	3,068	14.6%	2	11%	-4%	0	0%	-15%
40-49	4,062	19.3%	3	16%	-4%	0	0%	-19%
50-59	6,828	32.4%	7	37%	4%	3	75%	43%
60+	5,187	24.6%	7	37%	12%	4	100%	75%
Total	21,048	100.0%	19	100%		4	100%	

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

% Part A-Funded Providers	*37%*

Current Members	19
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	21%

6.5%

Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. State Medicaid
3. Local Public Health Agency
4. Health Planning
5. Alternates (3)
6. Substance Abuse Provider

HANDOUT C

Broward County HIV Health Services Planning Council COMMITTEE MEMBERSHIP APPLICATION

Please be aware that this application and all the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.

HANDOUT C

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

Dear Interested Party,

Please be aware that this application and all the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

Note: This application expires six (6) months from date of submission.
Mail, fax, or email your completed application to:

HIVPC Staff
Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
FAX: 954-561-9685
EMAIL: HIVPC@BRHPC.ORG

If you have any questions, please call: 954-561-9681

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Contact and Demographic Information

This is the application for membership on the Broward County HIV Health Services Planning Council (HIVPC). If you wish to apply for membership on the HIVPC, please complete the application below:

First Name: Christopher **Last Name:** DUMAS

Home Address: **Home Phone:**

City, State, Zip Code: **Cell Phone:**

Employer (if applicable): Freedom Health Foundation **Occupation/Title:** Director

Business Address: **Business Phone:**

City, State, Zip Code: **Fax:**

Home Email: **Business Email:**

Year of Birth: _____ yyyy

- **I prefer to receive phone calls and messages at:** ☒ Home ☒ Work ☒ Cell
- **I prefer to receive mail at:** ☐ Home ☒ Work
- **I prefer to receive email at:** ☐ Home ☒ Work
- **I prefer to receive HIVPC documents:** ☒ Electronically (via email) ☐ Hard copy (via mail)
- **What sex were you assigned at birth? (check one):** ☒ Male ☐ Female ☐ Decline to state
- **What is the current gender you identify with? (check all that apply)**
  ☒ Male ☐ Female ☐ Transgender (Male to Female) ☐ Transgender (Female to Male)
  ☐ Unknown ☐ Decline to state
- **Race (check all that apply):** ☒ White ☐ Black ☐ Asian ☐ Native Hawaiian/Pacific Islander
  ☐ American Indian/Alaska Native ☐ Other (specify)_____
- **Ethnicity (check one):** ☐ Hispanic/Latino ☒ Non-Hispanic ☐ Other (specify)_____
- **Hispanic Subgroup (check one if any):**
  ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other (specify)_____
- **Asian Subgroup (check one if any):**
  ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other (specify)_____
- **Native Hawaiian/Pacific Islander Subgroup (check one):**
  ☐ Native Hawaiian ☐ Guamanian ☐ Samoan ☐ Other (specify)_____

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- **Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency?** ❑ Yes ❑ No
- **Do you self-identify as HIV positive?*** ☒ Yes, and I am open about my status ❑ No ❑ I do not wish to disclose
  **Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of public record.*
- **If you self-identify as HIV positive, do you self-identify with any of the following risk factors?**
  ❑ Hemophilia ❑ Heterosexual (straight) ❑ Intravenous Drug User (IDU) ❑ Blood Transfusion
  ❑ Perinatal Transmission (mother-to-child) ☒ Man who has sex with Men (MSM) ❑ I don't know/Unsure
  ❑ I do not wish to disclose
- **Do you receive Ryan White Part A services?** ❑ Yes ☒ No ❑ I do not wish to disclose
- **If you self-identify as HIV positive, how old were you when you were diagnosed?**
  ❑ 0-12 years old ❑ 13-19 years old ❑ 20-29 years old ☒ 30-39 years old
  ❑ 40-49 years old ❑ 50-59 years old ❑ 60 years old or older ❑ I do not wish to disclose

Committees of the Broward County HIV Health Services Planning Council:

Community Empowerment Committee (CEC)
Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

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.

Priority Setting & Resource Allocation Committee (PSRA)
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 and client training and education.

System of Care Committee (SOC)
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.

Which committee(s) are you interested in serving on? (See previous page for an explanation of committee responsibilities)

❑ Community Empowerment Committee (CEC)
☒ Quality Management Committee (QMC)
☒ Priority Setting & Resource Allocation Committee (PSRA)
☒ System of Care Committee (SOC)
❑ Membership/Council Development Committee (MCDC)

HANDOUT C

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Describe the strengths, skills, and resources you have.

DrPH(c) - dissertation pending on MSM/chemsex

Provide a brief statement explaining your interest in the HIVPC and the HIV/AIDS planning process, including your background relative to HIV/AIDS (volunteer, professional, personal) and/or other relevant experience and expertise. You may also attach your resume or additional information.

5yr exp STL Ryan White program. Chair policies and procedure. PH training focus on community public health, MSM, HIV, addiction

Recruitment Information

- **How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?**

  - ❑ Through a service provider/agency
  - ❑ Email
  - ❑ Online/Facebook/Twitter
  - ❑ Friend/HIVPC member (HIVPC Member name):_____

Please review and initial, indicating your acknowledgement of the following:

_____ I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Committee meetings.

_____ I understand that serving on a Committee will require at least three hours per month, and that excessive absence will result in my removal from a Committee. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from a Committee if he/she misses three (3) consecutive meetings or four (4) meetings in a year in accordance with the County Ordinance.

_____ I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.

Chris Dumas

Signature

6/2/2024

Date

Approved 3.14.19

HANDOUT D

Membership/Council Development Committee Meeting Evaluation Report

Quarter 2: June 1, 2021-August 31, 2021

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

Presented as of September 9, 2021.

Purpose

- The Planning Council Meeting Evaluation Form is utilized for all meetings of the Broward County HIV Health Services Planning Council (Planning Council) and its committees to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of its meetings.
- This tool will be utilized by the HIVPC and its committees to identify strengths and challenges and/or deficiencies and potential Council Development/Training needs.

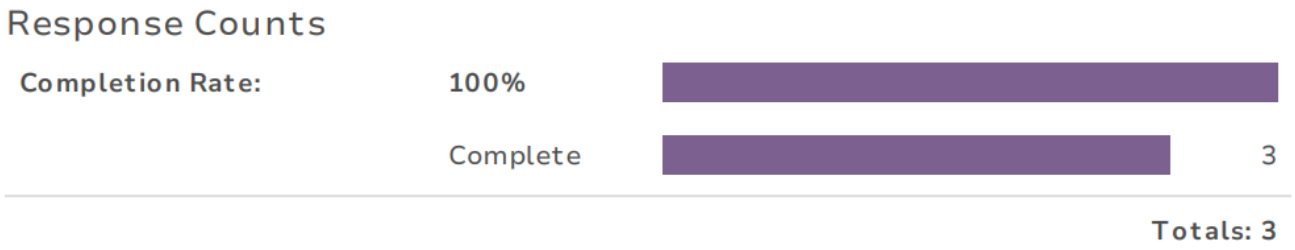
Process

1. The Planning Council Meeting Evaluation Form will be shared with members and interested parties after the adjournment of all meetings of the Planning Council and its committees.
2. At this time completed Evaluation forms will be collected electronically on a rolling basis.
3. Council Support staff will aggregate the results of each meeting's evaluation forms and provide this data to the respective committee chairs and vice-chairs at the end of each quarter.
4. Council Support staff will provide aggregate totals of each meeting to all members at the Committee meetings at the end of each quarter.
5. "Meeting Evaluation" will be a standing item on the Committee agenda.
6. The Committees will discuss meeting evaluation findings to identify areas for improvement and suggest possible solutions to Planning Council/Committee Chairs.
7. The Committees will recommend training activities to the Membership/Council Development Committee, as necessary.

HIVPC
Broward County HIV Health Services Planning Council

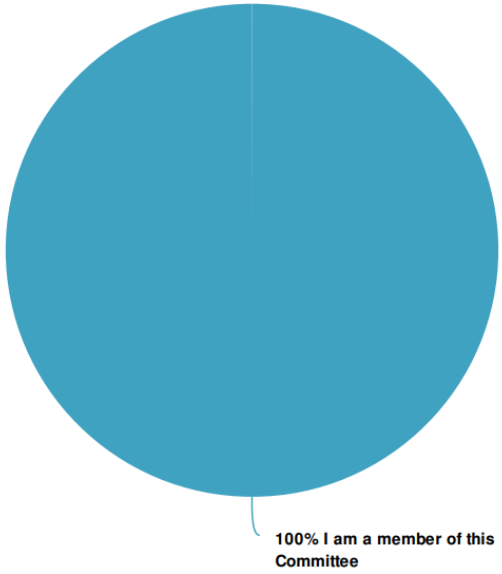
Completion Rate

- 3 meeting evaluations were received out of a potential total of 4.
- There was a 100% completion rate observed for the evaluations that were received.



HIVPC
Broward County HIV Health Services Planning Council

Affiliation



Value	Percent	Responses
I am a member of this Committee	100.0%	3
	Totals: 3	

Logistics

- 100% of respondents ‘strongly agreed’ that the meeting location was convenient
- 100% of respondents ‘strongly agreed’ that the meeting times were convenient, and meetings were frequent enough to achieve progress towards workplan goals.
- 100% of respondents ‘strongly agreed’ that the meeting space was comfortable, accessible and appropriate.

HIVPC
Broward County HIV Health Services Planning Council

Meeting Content

- All respondents ‘strongly agreed’ that the purpose and objectives of meetings are clearly outlined.
- Similarly, all respondents agreed that not only are meeting material informative and useful, but materials align well with workplan goals and activities to advance the work of the planning council in a meaningful way.

Preparation

- Respondents ‘strongly agreed’ that pre-meeting materials were well put together and useful and delivered sufficiently in advance of the meeting date.

All respondent ‘strongly agreed’ that the committee was well prepared to facilitate meetings. This includes themselves as well as other meeting participants.

Process/Team-Work

- Respondents agreed or strongly agreed that all attendees were encouraged to participate in meetings discourse. The meeting space allowed for healthy debate or purposeful discussions for all attendees.

Meeting Efficiency

- All respondents ‘agree’ or ‘strongly agree’ that meetings are being ran efficiently.
- Respondents believe that the meetings were a good use of their time and would recommend them to prospective members, funders and other guests.

HIVPC
Broward County HIV Health Services Planning Council

Strengths

- This committee is smaller relative to others, so it makes decisions resourceful.
- Diversity
- Unity

Suggestions for Improvement

- Spend less time on redundant topics.
- Show up, be prepared and participate
- Clearly outlined expectations so there is no miscommunication.
- Make sure everyone is actively recruiting.
- Provide formal training and talking points on how to get people interested in joining the HIVPC. The expectation is understandable, but the process is outside of members' operations. There is hesitation to say the wrong things and concern about the Florida Sunshine Laws.
- Further explain the marketing plan presented by Robin Sterne and her team.

QUESTIONS?

DISCUSSION

HIVPC

Broward County HIV Health Services Planning Council

HANDOUT E

HIVPC Training & Presentation Plan

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

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

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

FY 2019-2020 Training & Presentation Topics

✓	Completed: June 2019	**Hepatitis A:** The presentation will include how Hepatitis A is transmitted, prevention information, and symptoms. This is timely information regarding a health issue affecting Broward County.
✓	Completed: April 2019	**PSRA Process:** The Priority Setting and Resource Allocation (PSRA) Committee Chair will conduct a brief presentation about the priority setting process. The process begins with the collection of data and a data presentation to the PSRA committee. The PSRA Chair will review the data presentation given to the Committee.
☐	Projected Month: TBD	**Systems Outside of HIV: Broward County's Homeless System:** A representative from the Homeless Initiatives Partnership will provide a presentation regarding homelessness in Broward County as well as the resources available for people experiencing housing instability. This presentation will complement information provided by Housing Opportunities for People Living with HIV/AIDS (HOPWA).
✓	Completed: December 2019	**Mental Health:** A mental health representative will conduct a presentation about the mental health system of Broward County, the stigma surrounding mental health, the intersection of mental health and HIV, and the utilization of services.
✓	Completed: July 2020	**Robert's Rules:** A consultant will provide a presentation on Robert's Rules to detail the parliamentary procedure utilized by the HIV Planning Council to conduct meetings.

FY 2020-2021 Training & Presentation Topics

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

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

HANDOUT E

HIVPC Training & Presentation Plan

FY21-22 & FY22-23 Training Topics and Projected Timeline

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

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

FY 2021-2022 Training & Presentation Topics

☐	Projected Month: TBD	**Affordable Care Act Update:** TBD *(Based on changes to the law by the Federal Government)*
☐	Projected Month: TBD	**Systems Outside of HIV: Broward County's Homeless System:** A representative from the Homeless Initiatives Partnership will provide a presentation regarding homelessness in Broward County as well as the resources available for people experiencing housing instability. This presentation will complement information provided by Housing Opportunities for People Living with HIV/AIDS (HOPWA).
☐	Projected Month: TBD	**Prevention Initiatives: PrEP & PEP:** An overview of data & outcomes related to preventative measures will be provided by FLDOH-BC.
☐	Projected Month: TBD	**Systems Outside of HIV: *Drug Use & Substance Abuse*-**The United Way Commission on Behavioral Health & Drug Prevention will be contacted to provide training on the impact of drug use on Broward County and its Comprehensive Community Prevention Action Plan.

FY 2022-2023 Training & Presentation Topics

☐	Projected Month: TBD	
☐	Projected Month: TBD	
☐	Projected Month: TBD	
☐	Projected Month: TBD	
☐	Projected Month: TBD	

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

SUCCESION PLANNING GUIDE

STEP 1 Identify significant HIVPC challenges in the next 1–5 years

The HIVPC and its Committee's work plan is a great place to start in identifying current and future challenges. Further, an environmental scan can provide you with enough information to start the succession planning process.

ENVIRONMENTAL SCAN WORKSHEET

Participants:

Date:

What's happening inside and outside of the HIVPC and its Committees…

Right now?	In the near future?	In the distant future?

STEP 2 Identify critical positions that will be needed to support continuity of the HIVPC and its Committees

Since the next step involves identifying critical positions that your succession plan will be built around, we recommend Planning Council Support Staff be involved in this part of the process.

CRITICAL POSITION WORKSHEET

Review positions at each level and determine which positions are key. Also, consider including individual contributor positions that require a particularly unique skillset, are traditionally hard to recruit for, or have a high turnover rate. Evaluate the impact each position has in achieving the strategic goals and objectives, as well as the vacancy risk and marketability of the incumbent.

Position Title:

Position Status: ○ Filled ○ Vacant

Position Impact: ○ High ○ Medium ○ Low

Assessment of "Position Impact" should be based on a prioritized list of the department's mission, goals, objectives, and strategic plan

Vacancy Risk: ○ High ○ Medium ○ Low

Assessment of "Vacancy Risk" should be based on factors such as the incumbent's retirement eligibility, marketability, etc.

STEP 3 Identify competencies, skills and institutional knowledge that are critical success factors

After you determine which positions are mission critical and have a significant vacancy risk, identify competencies, skills and institutional knowledge that are critical success factors for each of the positions that require a succession plan.

CRITICAL SUCCESS FACTOR WORKSHEET

Position Title:

Education:
(degrees, certifications, licensure)

Work Experiences:

CORE COMPETENCIES	TECHNICAL COMPETENCIES
◯ Communication	◯ Project Management
◯ Strategic Planning	◯ Policy Development and Analysis
◯ Building Productive Relationships	◯ Budget and Fiscal Management
◯ Continuously Improving Quality	◯ Human Resources Management
◯ Developing Self	◯ Legal Compliance
◯ Focusing on Consumers	◯ Computer Systems & Technology
◯ Valuing Cultural Diversity	◯ Program Development
◯ Managing Change	◯ Data Analysis
◯ Developing and Coaching Others	◯ Grants and Contract Management

Other skills?

IDENTIFY UNIQUE INSTITUTIONAL KNOWLEDGE OR RELATIONSHIPS

What unique institutional knowledge or relationships are inherent to the success of this position?

Does anyone else have this knowledge in the organization? If so, who?

How critical is it that this knowledge is documented and shared?

High	Medium	Low
◯	◯	◯

PLAN FOR SHARING KNOWLEDGE

- ◯ process documentation
- ◯ mentoring
- ◯ job aids
- ◯ job rotation
- ◯ job shadowing
- ◯ other:

STEP 4 Consider high potential

After you have evaluated which positions require a succession plan, the next step is to consider if there are current members ready to successfully assume the role or have potential to grow into it over time.

Working with your PCS Staff, determine which committee members are currently eligible or may be eligible within 1-2 years for prioritized positions.

If you are conducting this succession planning exercise as a leadership team, be aware that high potential members are often not distributed evenly within an organization. Be willing to have honest conversations and remember that just because an individual is not identified as high potential doesn't mean that they are not a strong individual contributor, nor should they be denied access to professional development activities.

HIGH POTENTIAL EMPLOYEE IDENTIFICATION

Name:

Current Position:

Years in Current Position:

Target Position:

Target Position Key Competencies:

Ready: now ○ within 6 months ○ within 1 years ○ within 2 years ○

ACTION PLAN:

STEP 5 Select the competencies individuals will need to be successful in positions and to meet identified business challenges

DEVELOPMENT PLAN WOKRSHEET

Name:

Position:

LONG TERM GOALS

What are your long-term goals over the next 3-5 years? Describe how your long-term goals fit in with the goals and priorities of the HIVPC and its Committees.

1.

2.

3.

4.

SHORT TERM GOALS

What are your career goals for the next year or two? Describe how your short-term goals fit in with the goals and priorities of the HIVPC and its Committees.

1.

2.

3.

4.

SKILL AND COMPETENCY REQUIREMENTS

What skills or competencies do you need to build to reach your goals?

Skills or Competency to be Developed	Training Activities (formal training, mentorship, cross training, independent learning, etc.)	Target Dates	Results