



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, Florida 33020 954-561-9681 • FAX 954-561-9685

Membership/Council Development Committee Meeting

AGENDA

Date: May 13, 2021 at 9:30 a.m.

Location: [WebEx Virtual Meeting Platform](#)

Chair: Vincent Foster **Vice Chair:** Timothy Moragne

Facilitator: Planning Council Support Staff

hivpc@brhpc.org

(954) 561-9681 ext. 1250

MCDC Purpose: 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.

1. Call to Order

2. Welcome & Public Record Requirements

a. Welcome

b. Review Meeting Ground Rules, Public Comment and Public Record Requirements (Statement of Sunshine)

c. Council Member, Guest, and Phone Introductions

d. Moment of Silence

3. Approvals

a. Meeting Agenda 05/13/2021

b. Last Meeting Minutes 02/11/2021

4. Public Comment (10 minutes)

5. Standard Committee Items

I. MCDC Membership Strategy (Handout A)

Work Plan Activity 1.2: Review seat status and ensure mandated seats are filled

ACTION ITEM: Review the HIVPC membership strategy and determine the best course of action to address vacancies.

II. Review HIVPC Demographics (Handout B)

Work Plan Objective 1: Ensure HIVPC is representative and reflective

ACTION ITEM: Review demographics and identify populations that are over or under-represented.



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.

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III. Current Applicants, Interested Parties, and Appointments (Handout Provided in Meeting)

None.

6. Unfinished Business

None.

7. Meeting Activities/New Business

I. FY20 MCDC Work Plan (Handout C)

ACTION ITEM: Review progress made toward FY2020 work plan activities. Update work plan for FY2021-2022.

II. HIVPC Recruitment Video Dissemination Discussion

ACTION ITEM: Review the official HIVPC Recruitment/Promotional Video and discussion methods of dissemination.

III. Retention & Recruitment Plan (Handout D1-D2)

Work Plan Activity 2.1: Review and discuss Recruitment & Retention Plan

ACTION ITEM: Review and discuss which activities can be implemented virtually and develop a plan to put those practices in place.

IV. HIVPC Recruitment Opportunity

ACTION ITEM: Discuss the 2021 Wilton Manors Stonewall Pride Parade

8. Recipient's Report

9. Public Comment (10 minutes)

10. Agenda Items/Tasks for Next Meeting

a. Next Meeting Date: June 10, 2021

b. Next Meeting Agenda Items

11. Announcements

12. Adjournment

**FOR A DETAILED DISCUSSION ON ANY OF THE ABOVE ITEMS,
PLEASE REFER TO THE MEETING MINUTES.**

Meeting Packets are available at: [The HIV Planning Council Website](http://www.brhpc.org/programs/hiv-planning-council/)
(<http://www.brhpc.org/programs/hiv-planning-council/>)

Please complete your meeting evaluations [here](#)

Three Guiding Principles of the Broward County HIV Health Services Planning Council

• Linkage to Care • Retention in Care • Viral Load Suppression •



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HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES



1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.
2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.
3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.
4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.
5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.
6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.
7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.
8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.
9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.
10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.
11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

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



1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.
2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.
3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.
4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.
5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.
6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.
7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.
8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.
9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.
10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.
11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO



1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.
2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.
3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.
4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.
5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.
6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.
7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respekte menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesèsè 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.



Meeting of the
**Membership/Council Development Committee
& Community Empowerment Committee**

Thursday, February 11, 2021
9:30-11:30 AM
By WebEx Videoconference

MINUTES

MCDC Members Present: V. Foster (Committee Chair), T. Moragne (Committee Vice-Chair), Y. Arencibia, I. Wilson

Members Absent: A. Cutright

Members Excused: H. B. Katz

Planning Council Support Staff Present: G. Martinez, V. Oratien, F. Ukpai

Guests Present: S. Quintero, D. Gunion (CEC Member), L. Robertson (CEC Member), R. Bhrangger (CEC Member), W. Marcoviche (CEC Member), K. Williams, R. Shore (CEC Member), M. Samplin-Salgado, A. Ruffner (CEC Chair), R. Louis

Agenda Item #1: Call to Order, Welcome & Public Record Requirements

The *MCDC Chair* called the meeting to order at 9:42 a.m. The *MCDC Chair* welcomed all meeting attendees that were present. Attendees were notified that the MCDC/CEC 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.

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 #2: Meeting Approvals

The approval for the agenda of the February 11, 2021 Membership/Council Development Committee & Community Empowerment Committee meeting was proposed by *L. Robertson*, seconded by *Y. Arencibia*, and passed unanimously. The approval for the minutes of the October 6, 2020 meeting was proposed by *Y. Arencibia*, seconded by *I. Wilson*, and approved with no further corrections.

Mr. Robertson, on behalf of CEC, made a motion to approve the February 11, 2021 Membership/Council Development Committee & Community Empowerment Committee agenda as presented. The motion was adopted unanimously.

Ms. Arencibia, on behalf of MCDC, made a motion to approve the October 6, 2020, Community Empowerment Committee & Membership/Council Development Committee meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #3: Joint Meeting Business

M. Samplin-Salgado, the John Snow Inc. (JSI) technical assistance (TA) representative, reported on the current status of the HIVPC Recruitment video. JSI's TA plan includes a goal to actively engage Planning Council members in video and photo formats. At the last joint meeting, members voted in favor of developing a recruitment video that will be shared with Ryan White providers to be played on a loop in waiting rooms and shared on social media platforms. *Ms. Samplin-Salgado* announced that the recruitment video will begin production on Tuesday, February 16, 2021, and will capture Planning Council and Committee members' testimonies. *K. Williams*, who is working in collaboration with JSI, reported that he would expound on the Storytelling Workshop and create a montage of the testimonies to start a more robust discussion around the Planning Council and its members.

R. Shore inquired about disseminating the recruitment videos if provider agencies have been identified and whether the HIVPC and provider agencies have an agreement to broadcast the promotional films. *Mr. Shore* also expressed the importance of engaging with agencies prior to completing the film to confirm participation in the dissemination of the videos. The *MCDC Chair* suggested that the HIVPC host a screening of the director's cut of the recruitment video and invite identified agencies to provide feedback prior to mass distribution. *Mr. Shore* recommended having the recruitment video in various languages or having closed captioning in Spanish, Haitian/Creole, and Portuguese. After much discussion, members decided to move forward with engaging provider agencies for a prospective pre-screening.

Agenda Item #4: Meeting Activities/New Business

PCS staff presented the HIVPC membership strategy to determine the best course of action to address vacancies. Several work-related seats have been vacant on the Planning Council, and staff has developed a strategy to reconstruct seats to fill these vacancies. Currently, there are five vacant seats (HOPWA, Medicaid, Substance Abuse, Social Services, and Hospital/Healthcare Planning Agency), one of which *PCS staff* is proposing a current member be changed to. The member presently occupies the Healthcare Provider seat; however, the proposition is to switch that member to the Hospital/Healthcare Planning Agency seat, which will achieve that vacancy's occupancy and will not adjust the HIVPC's current numbers.

PCS staff announced that a member was moved off of the Council because they were no longer an unaffiliated consumer but has applied to rejoin. Broward County Ordinance states that if an unaffiliated consumer gains employment with an agency funded by Ryan White Part A, the member must move off the Council and rejoin in a different seat. This member will be rejoining the Council and occupy the Local Public Health Agency seat. The remaining vacancy will be the Veterans Affairs seat.

PCS staff discussed the 'seats to sunset' with MCDC members. The HRSA manual highlights mandated seats, and both the Hepatitis B & C and Indian Tribe seats are listed as required seats if it represents a large portion of the community. Although Hepatitis B & C are prominent comorbidities in the HIV community, they are not reflective of Broward's HIV community, and per HRSA is not required. Efforts to fill the Indian Tribe vacancy have been ongoing; however unsuccessful. Members agreed to sunset both vacant seats and suspend efforts to fill those vacancies and instead focus on the Affected Communities and Alternate seats, both of which members must also be unaffiliated consumers.

Agenda Item #5: Standard Committee Items

The Committee reviewed submissions for current applicants interested in joining the HIV Planning Council. The Planning Council currently has 20 members; however, the interested party's addition

will increase Council membership to 21. HRSA mandates a 33% total percentage of unaffiliated consumers for the Planning Council. That percentage will remain below the mandate; however, the Committee is receiving technical assistance from JSI to increase unaffiliated consumer membership.

Members voted to move a current HIVPC members' seat to the Hospital/Healthcare Planning Agency seat. Members were then given a brief background of the applicant and voted to approve the application, which will move to the full body for consent, then sent to the Broward County Board of County Commissioners for final approval. *PCS staff* recommended that the Committee gradually add identified interested parties into work-related seats until unaffiliated consumer membership has improved on the Council to avoid drastically affecting HIVPC numbers.

The approval for Von Biggs's application was proposed by *Y. Arencibia*, seconded by *T. Moragne*, and passed unanimously. The approval for the change of Valery Moreno's seat on the HIV Planning Council to Hospital/Healthcare Planning Agency was proposed by *Y. Arencibia*, seconded by *T. Moragne*, and passed unanimously.

Ms. Arencibia, on behalf of MCDC, made a motion to approve the application of Von Biggs as presented. The motion was adopted unanimously.

Ms. Arencibia, on behalf of MCDC, made a motion to approve the change of Valery Moreno's seat on the HIV Planning Council to Hospital/Healthcare Planning Agency. The motion was adopted unanimously.

Agenda Item #6: Unfinished Business

There was no unfinished business for committee members to discuss.

Agenda Item #7: Recipient Report

There was no Recipient report given at this meeting.

Agenda Item #8: 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 #9: Member Tasks

Members were tasked with ongoing recruitment of unaffiliated consumers to the HIV Planning Council.

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

The next MCDC meeting will be held on March 11, 2021, at 9:30 a.m. via WebEx Videoconference. The next CEC meeting will be held on March 2, 2021, at 3:00 p.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 10:30 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											
0	0	0	1	Arencibia, Y.		X											
0	0	1	2	Cutright, A.		A											
0	0	0	3	Foster, V. <i>Chair</i>		X											
1	1	0	4	Katz, H.B.		E											
0	0	0	5	Moragne, T.		X											
0	0	0	6	Wilson, I.		X											
Quorum = 4					0	4	0	0	0	0	0	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

CEC Attendance for CY 2021

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	11												
1	1	0	1	Bhrangger, R.		X												
0	0	1	2	Franks, H.		A												
0	0	0	3	Gunion, D.		X												
1	1	1	4	Lewis, V.		A												
1	1	0	5	Marcoviche, W.		X												
0	1	0	6	Robertson, L.		X												
0	0	0	7	Ruffner, A., V. <i>Chair</i>		X												
0	0	0	8	Shore, R.		X												
0	0	0	9	Wilson, I.		X												
Quorum = 6					0	7	0	0	0	0	0	0	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

MCDC Membership Strategy Member Budget

Member Mix	Current	Goal
Job-Based Seat*	14	18
Consumer Seat	4	14
NECL Seat**	3	3
Total Membership	21	35
Unaffiliated Consumers (%)	24%	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 C
- 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:

- 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%.

HIV Planning Council & Committee Demographics Report

It is the work of the Membership/Council Development Committee to ensure the HIV Planning Council is representative of the HIV epidemic in Broward County. One way that MCDC accomplishes this task is by reviewing the Council and Committees' demographics, identifying over and underrepresented populations.

HIV in Broward County

The following table shows HIV in Broward by Race/Ethnicity and by Gender. These data are provided by the Florida Department of Health.

Race	Population	Percentage
White	6,878	38%
Black	9,815	33%
Hispanic	3,855	24%
Other	500	5%
Total	21,048	100%
Gender	Population	Percentage
Male	15,689	71%
Female	5,359	29%
Transgender	0	0%
Total	21,048	100%

How This Information is Compared

The Council and each of its Committees are compared to the epidemic to determine where representation can be improved.

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 which provides these services. This means the consumer does not work for a provider agency or otherwise benefit financially from the agency's success.

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

Key Points for Reflectiveness through March 2021

HIV Planning Council (HIVPC): The Council approved 1 application to join the HIVPC in February. The Council had 0 resignations in March. The addition of the approved member (recently approved by the Broward County Board of Commissioners) brought the Council to 21

members and 24% consumer membership. This percentage remains below the HRSA-mandated 33% and efforts must be directed towards increasing unaffiliated consumer member participation.

Community Empowerment Committee (CEC): CEC remains under-representative of White membership and is also still under-representative of male consumers despite significant male representation on the Committee. CEC remains below its 51% consumer membership requirement stated in the Committee's Policies & Procedures.

Membership/Council Development Committee (MCDC): On MCDC, Hispanic and female consumers are under-represented. The Committee's size has not changed since the last meeting.

Priority Setting & Resource Allocation (PSRA): The Committee's membership will increase by 1 with the appointment of an HIVPC member in April.

Executive Committee: The Executive Committee membership has remained the same. There are no unaffiliated consumers in a leadership position on the Council.

Quality Management Committee (QMC): QMC is under-representative of Black members as well as females. Black, Hispanic, and female consumers are not represented on the Committee. QMC's membership has decreased by 1 member with a Committee member resignation.

System of Care (SOC): SOC's membership stands at 6 with 2 unaffiliated consumer members. The Committee intends to increase in size to include more unaffiliated consumers as well as direct service providers & case managers who can speak to consumers' access to the system of care.

FY 2020-21 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.

Objective 1: Ensure HIVPC is representative and reflective

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review Council demographics to ensure it reflects the Broward epidemic, including at least 33% of members are unaffiliated PLWHA	Quarterly	Staff/MCDC	Ensure HIVPC reflects epidemic	Review council demographics at each MCDC meeting. Review changes to council demographics according to each applicant, prior to committee approval for HIVPC membership. Prioritize unaffiliated consumer demographics in order to maintain minimum of 33% PLWHA representation.	X			X	X		X					
1.2 Review seat status and ensure mandated seats are filled	Quarterly	Staff/MCDC	Ensure compliance	Monitor current member affiliations; ask members to update their contact information annually. Actively recruit members for vacant federally mandated seats.	X			X	X		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		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 correspondence and distribution of marketing materials.												

Objective 2: Member selection process and application procedure development

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	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 initiatives/strategies.							X					
2.2 Complete tasks outlined in Recruitment & Retention Plan	Ongoing	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.												
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	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	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	Ongoing	MCDC/ HIVPC	Increased community awareness	Provide brief overviews of the HIVPC at HIV stakeholder events.							X					
3.3 Develop engagement opportunities for the HIVPC in the community	Ongoing	MCDC	Increased community awareness	Create opportunities for HIVPC to engage and recruit community members.								X				
3.4 Host ongoing Orientations for prospective members on the scope of committees and expectations of new members	As Needed	MCDC	Strategic recruitment of new members	Train prospective members on topics relevant to HIVPC membership. Topics include education about the 3 guiding principles, the Ryan White Program, and the functions of the HIVPC Standing Committees.				X								
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.	X						X					

Objective 4: Planning Council Development and Committee Collaboration

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
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HIV Planning Council Recruitment and Retention Plan

PURPOSE

This Recruitment and Retention Plan is designed to ensure that the Broward County HIV Health Services Planning Council has strong representation by people living with HIV/AIDS, vulnerable populations throughout our Eligible Metropolitan Area, experts in the field of HIV Disease and HRSA-required categories of representation.

POLICY

This Recruitment and Retention Plan shall be reviewed by the Membership/Council Development Committee on an annual basis. All amendments and/or revisions shall be discussed by the MCDC and approved by the full HIV Planning Council.

HRSA-REQUIRED PLANNING COUNCIL MEMBERSHIP CATEGORIES

- At least 33% are People Living with HIV/AIDS who receive Part A-funded services.
- Health-care providers, including federally qualified health centers.
- Community-based organizations serving affected populations and AIDS service organizations.
- Social service providers (including housing and homeless-service providers).
- Mental health providers.
- Substance abuse providers.
- Local public health agencies.
- Hospital planning agencies or health-care planning agencies.
- Affected communities, including individuals with HIV disease or AIDS, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations.
- Non-elected community leaders.
- State Medicaid agency.
- State agency administering the Part B program.
- Ryan White grantees under Part C, Part D, and Part F.
- Grantees under other Federal HIV/AIDS programs (including HOPWA and HIV prevention programs).
- Formerly incarcerated PLWHA or their representatives.

Recruitment

Goal: Ensure that the HIVPC has a pool of applicants to fill and maintain all categories with qualified members.

Strategy 1 – Involve all Planning Council stakeholders in recruitment efforts	
	Announce vacant positions at each meeting of the HIVPC, the MCDC Committee and, if possible, South Florida AIDS Network (SFAN). <i>Work Plan Activity 1.3: Announce vacant positions at each Executive/HIVPC meeting</i>
	Display recruitment and application materials at each meeting of the HIVPC and, if possible, SFAN. <i>Work Plan Activity 1.3: Announce vacant positions at each Executive/HIVPC meeting</i>
	Set up a table with recruitment materials when the HIVPC, MCDC or CEC holds meetings in the community. <i>Work Plan Activity 3.3: Develop engagement opportunities for the HIVPC in the community</i>
	Council members and HIVPC staff greet visitors at meetings of the Council and its Committees. Ask if they wish to speak at the meeting and get involved in the HIVPC. <i>Work Plan Activity 3.2: Collaborate with HIV stakeholders to create engagement opportunities</i>
	Offer HIVPC members training on identifying potential applicants, soliciting their participation and eliminating barriers to participation. <i>Work Plan Activity 3.3: Develop engagement opportunities for the HIVPC in the community</i>
Strategy 2 – Use the Internet as a recruitment tool	
	Develop and post a recruitment message on the HIVPC website. <i>Work Plan Activity 2.3: Develop recruitment and website materials</i>
	Seek to post a recruitment message and application materials on the Broward County government website. <i>Work Plan Activity 2.3: Develop recruitment and website materials</i>
	Include recruitment message on electronic message boards or carousels. <i>Work Plan Activity 2.3: Develop recruitment and website materials</i>
Strategy 3 – Use printed recruitment materials throughout the year	
	Develop and distribute recruitment brochures. <i>Work Plan Activity 2.3: Develop recruitment and website materials</i>
	Distribute materials at community events that attract populations strongly affected by HIV/AIDS. Members of the HIVPC, MCDC, and/or HIVPC staff will attend at least two events per year. <i>Work Plan Activity 3.3: Develop engagement opportunities for the HIVPC in the community</i>
	Issue press releases encouraging people to apply for vacant positions. Include data showing the epidemic transcends race, income, ethnicity, gender and age. <i>Work Plan Activity 1.4: Share information regarding vacant positions with Case Managers, gatekeepers, and other HIV stakeholders</i>
Strategy 4 – Use Service Providers and the community to help recruit	
	Encourage networking among providers as a way to seek providers as applicants. <i>Work Plan Activity 1.4: Share information regarding vacant positions with Case Managers, gatekeepers, and other HIV stakeholders</i>
	Supply case managers and outreach networks with recruitment materials, fact sheets and committee meeting schedules they can share with interested clients. <i>Work Plan Activity 1.4: Share information regarding vacant positions with Case Managers, gatekeepers, and other HIV stakeholders</i>
	Supply recruitment materials, fact sheets and committee meeting schedules to community organizations involved with HIV/AIDS and affected populations, so they can share with interested clients.

	<i>Work Plan Activity 1.4: Share information regarding vacant positions with Case Managers, gatekeepers, and other HIV stakeholders</i>
	<p>MCDC members and HIVPC staff can email organizations receiving materials to encourage the posting of fliers that explain the importance of HIVPC activities and participation.</p> <p><i>Work Plan Activity 1.4: Share information regarding vacant positions with Case Managers, gatekeepers, and other HIV stakeholders</i></p>
Strategy 5 – Encourage interested people	
	<p>MCDC members or HIVPC staff will send potential applicants email or letters to explain the process. Note the requirement to attend three (3) committee meetings and orientation in order to qualify for HIVPC nomination.</p> <p><i>Work Plan Activity 3.4: Host ongoing orientations for prospective members on the scope of committees and expectations of new members</i></p>
	<p>If necessary, follow up by phone to answer questions, explain reimbursement policies or identify barriers to participation.</p> <p><i>Work Plan Activity 3.4: Host ongoing orientations for prospective members on the scope of committees and expectations of new members</i></p>

Retention

Goal: Ensure the HIVPC takes all feasible steps to retain PLWHA and other members who want to participate.

Strategy 1 – Ensure that the HIVPC supports cultural diversity and diverse members	
	Include a cultural diversity segment at Council meetings and/or retreats, as needed. <i>Work Plan Activity 3.2: Collaborate with HIV stakeholders to create engagement opportunities</i>
	Provide written materials in appropriate languages upon request. <i>Work Plan Activity 3.2: Collaborate with HIV stakeholders to create engagement opportunities</i>
Strategy 2 – Support HIVPC members	
	Conduct regular Council orientations <i>Work Plan Activity 4.5: Conduct post-appointment training to educate newly appointed members on the HIVPC member roles and responsibilities</i>
	Seek feedback from members regarding Council and Committee meetings and eliminate potential barriers for participation <i>Work Plan Activity 4.7: Utilize feedback from CEC, collaborative events, and engagement events to update recruitment and engagement strategies</i>
Strategy 3 – Ensure easy access to all Council and Committee meetings	
	Location, public transportation, Americans with Disabilities Act <i>Work Plan Activity 4.7: Utilize feedback from CEC, collaborative events, and engagement events to update recruitment and engagement strategies</i>
	Reimburse HIV-positive members for travel, childcare costs or other associated expenses <i>Work Plan Objective 3: Recruitment & Engagement Efforts</i>
Strategy 4 – Reward Planning Council Members for their work	
	HIVPC Member of the Year recognition <i>Work Plan Activity 4.2: Recognize Member of the Year</i>
	Celebrate accomplishments <i>Work Plan Objective 4: Planning Council and Committee Collaboration</i>

HIV Planning Council Recruitment and Retention Plan

PURPOSE

This Recruitment and Retention Plan is designed to ensure that the Broward County HIV Health Services Planning Council has strong representation by people living with HIV/AIDS, vulnerable populations throughout our Eligible Metropolitan Area, experts in the field of HIV Disease and HRSA-required categories of representation.

POLICY

This Recruitment and Retention Plan shall be reviewed by the Membership/Council Development Committee on an annual basis. All amendments and/or revisions shall be discussed by the MCDC and approved by the full HIV Planning Council.

HRSA-REQUIRED PLANNING COUNCIL MEMBERSHIP CATEGORIES

- ◆ At least 33% are People Living with HIV/AIDS who receive Part A-funded services.
- ◆ Health-care providers, including federally qualified health centers.
- ◆ Community-based organizations serving affected populations and AIDS service organizations.
- ◆ Social service providers (including housing and homeless-service providers).
- ◆ Mental health providers.
- ◆ Substance abuse providers.
- ◆ Local public health agencies.
- ◆ Hospital planning agencies or health-care planning agencies.
- ◆ Affected communities, including individuals with HIV disease or AIDS, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations.
- ◆ Non-elected community leaders.
- ◆ State Medicaid agency.
- ◆ State agency administering the Part B program.
- ◆ Ryan White grantees under Part C, Part D, and Part F.
- ◆ Grantees under other Federal HIV/AIDS programs (including HOPWA and HIV prevention programs).
- ◆ Formerly incarcerated PLWHA or their representatives.

RECRUITMENT

Goal: Ensure that the HIVPC has a pool of applicants to fill and maintain all categories with qualified members.

Strategy 1 – Involve all Planning Council stakeholders in recruitment efforts

- ◆ Announce vacant positions at each meeting of the HIVPC, the MCDC Committee and, if possible, South Florida AIDS Network (SFAN).
- ◆ Display recruitment and application materials at each meeting of the HIVPC and, if possible, SFAN.
- ◆ Set up a table with recruitment materials when the HIVPC, MCDC or Joint Client/Community Relations Committee holds meetings in the community.
- ◆ Council members and HIVPC staff greet visitors at meetings of the Council and its Committees. Ask if they wish to speak at the meeting and get involved in the HIVPC.
- ◆ Offer HIVPC members training on identifying potential applicants, soliciting their participation and eliminating barriers to participation.

Strategy 2 – Use the Internet as a recruitment tool

- ◆ Develop and post a recruitment message on the HIVPC website.
- ◆ Seek to post a recruitment message and application materials on the Broward County government message board.

Strategy 3 – Use printed recruitment materials throughout the year

- ◆ Develop and distribute recruitment brochures (such as the Get Involved! card).
- ◆ Distribute materials at community events that attract populations strongly affected by HIV/AIDS. Members of the HIVPC, MCDC, and/or HIVPC staff will attend at least two events per year.
- ◆ Issue press releases encouraging people to apply for vacant positions. Include data showing the epidemic transcends race, income, ethnicity, gender and age.

Strategy 4 – Use Service Providers and the community to help recruit

- ◆ Encourage networking among providers as a way to seek providers as applicants.
- ◆ Supply case managers and outreach networks with recruitment kits to include fact sheets and committee meeting schedules they can share with interested clients.
- ◆ Supply recruitment kits, including fact sheets and committee meeting schedules to community organizations involved with HIV/AIDS and affected populations, so they can share with interested clients.

- ◆ MCDC members and HIVPC staff can email or call organizations receiving materials to encourage the posting of fliers that explain the importance of HIVPC activities and participation.

Strategy 5 – Encourage interested people

- ◆ MCDC members or HIVPC staff will send potential applicants email or letters to explain the process. Note the requirement to attend three (3) committee meetings and orientation in order to qualify for HIVPC nomination.
- ◆ If necessary, follow up by phone to answer questions, explain reimbursement policies or identify barriers to participation.

RETENTION

Goal: Ensure the HIVPC takes all feasible steps to retain PLWHA and other members who want to participate.

Strategy 1 – Ensure that the HIVPC supports cultural diversity and diverse members

- ◆ Include a cultural diversity segment at Council meetings and/or retreats, as needed.
- ◆ Provide written materials in appropriate languages upon request.

Strategy 2 – Support HIVPC members

- ◆ Conduct regular Council orientations.
- ◆ Seek feedback from members regarding Council and Committee meetings and eliminate potential barriers to participation.

Strategy 3 – Ensure easy access to all Council and Committee meetings

- ◆ Location, public transportation, Americans with Disabilities Act.
- ◆ Reimburse HIV-positive members for travel.

Strategy 4 – Reward Planning Council Members for their work

- ◆ Annual holiday recognition (Member of the Year Award at the end of the fiscal year).
- ◆ Celebrate accomplishments.