



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: July 8, 2021, at 9:30 a.m. **Facilitator: Planning Council Support Staff**
Location: [WebEx Virtual Meeting Platform](#) hivpc@brhpc.org
Chair: Vincent Foster **Vice Chair:** Dr. Timothy Moragne (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 07/08/2021
 - b. Last Meeting Minutes 05/13/2021
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.

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

None.

IV. Quarterly Review of Meeting Evaluations (Q1: March-May) (Handout C)

ACTION ITEM: Discuss meeting evaluation results.

6. Unfinished Business

None.

7. Meeting Activities/New Business

I. FY21 MCDC Work Plan (Handout D)

ACTION ITEM: Review progress made toward FY2021 work plan activities.

II. Marketing the HIVPC Recruitment Video

ACTION ITEM: Discuss recruitment strategies with marketing agency.

III. Outreach Event

ACTION ITEM: Discuss the World AIDS Museum's community dialogue series as a potential HIVPC & WAM collaborated event.

8. Recipient's Report

9. Public Comment (10 minutes)

10. Agenda Items/Tasks for Next Meeting

a. Next Meeting Date: September 9, 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 •

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.

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



Meeting of the
Membership/Council Development Committee

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

MINUTES

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

Members Absent: I. Wilson.

Members Excused: None.

Planning Council Support Staff Present: G. Martinez, F. Ukpai, T. Williams.

Guests Present: None.

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 May 13, 2021 Membership/Council Development Committee meeting was proposed by *Y. Arencibia*, seconded by *A. Cutright*, and passed unanimously. The approval for the minutes of the February 11, 2021 meeting was proposed by *A. Cutright*, seconded by *Y. Arencibia*, and approved with no further corrections.

Ms. Arencibia, on behalf of MCDC, made a motion to approve the May 13, 2021 Membership/Council Development Committee agenda as presented. The motion was adopted unanimously.

Mr. Cutright, on behalf of MCDC, made a motion to approve the February 11, 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

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. A total of nine completed Get Involved cards were collected from the council's latest recruitment efforts at the Florida AIDS walk. One person expressed interest in joining the council and PCS staff is waiting for that individual to return their completed application. PCS staff advised that they will be contacting the other interested parties via telephone to gauge their interest in joining the council. The committee agreed.

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 communication with provider agencies about their potential role in engaging consumers and providing information on the planning council as much as possible. There was discussion around disseminating promotional materials to provider agencies to boost consumer recruitment.

Currently, there were no new applicants.

Agenda Item #6: Unfinished Business

There was no unfinished business for committee members to discuss.

Agenda Item #7: Meeting Activities/ New Business

The committee reviewed progress made toward FY2020 work plan activities. The MCDC chair acknowledged that the committee was right on target with their work plan activities, it was decided that the Committee move forward with the same goals, objectives, and work plan activities. The approval of the FY 2021-2022 Membership/Council Development Committee was proposed by A. Cutright seconded by T. Moragne.

Mr. Cutright, on behalf of MCDC, made a motion to approve the FY2021-2022 MCDC Workplan. The motion was adopted unanimously.

The committee reviewed the official HIVPC Recruitment/Promotional Video. The committee was advised that the video has been shared on the official Broward County Facebook page. PCS staff suggested broadcasting the video via radio and television advertisements. The committee agreed with this idea. PCS staff will work to review if there is funding in the budget for this and have this information ready for the next committee meeting. The chair suggested that the video be disseminated at committee members' respective places of employment as well as public libraries. Committee members also suggested the video be disseminated at some of the more frequented provider agencies.

Committee members reviewed the Retention & Recruitment Plan. The committee agreed that they have been working to implement the strategies as seen in the retention and recruitment plan and will continue to work to get promotional material out to the community by posting to county sites, HIVPC sites and linking with other agencies. PCS Staff suggested that committee members attend Broward DOH Prevention Planning Council Committee meetings to spread awareness about HIVPC and potentially recruit new members to the council. PCS staff advised committee members that they are in the final stages of approval for social media account access for the council to aid in outreach, engagement, and recruitment efforts. The Vice Chair stated that an issue with recruitment efforts might be that the committee is not well versed in marketing and suggested a collaboration with NSU

to gain marketing insight.

The committee agreed that they should participate in the 2021 Wilson Manors Stonewall Pride Parade. There was some additional discussion around getting a HIVPC branded tent and tablecloth to improve visibility when attending community events. Committee members also suggested electronic distribution of palm cards with South Florida Gay News.

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 July 8, 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 10:41 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								
0	0	0	1	Arencibia, Y.		X			X								
0	0	1	2	Cutright, A.		A			X								
0	0	0	3	Foster, V. <i>Chair</i>		X			X								
1	1	0	4	Katz, H.B.		E			X								
0	0	0	5	Moragne, T.		X			X								
0	0	1	6	Wilson, I.		X			A								
Quorum = 4					0	4	0	0	5	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 June 2021

HIV Planning Council (HIVPC): The Council had 0 resignations and currently stands at 21 members with 24% unaffiliated consumers. This percentage remains below the HRSA-mandated 33%.

Community Empowerment Committee (CEC): CEC remains under-representative of White membership and has no White consumers. The Committee is also still under-representative of male consumers despite 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, Black, Hispanic, and female consumers are not represented. The Committee's size has not changed since the last meeting.

Priority Setting & Resource Allocation (PSRA): The Committee's membership has not changed since the last meeting.

Executive Committee: The Executive Committee membership has not changed since the last meeting in May. There is 1 unaffiliated consumer in a leadership position on the Council.

Quality Management Committee (QMC): QMC is under-representative of Black members as well as males. Black, Hispanic, and female consumers are not represented on the Committee. QMC's membership has not changed since the last meeting.

System of Care (SOC): As SOC prepares to reconvene, its membership stands at 5 with 1 unaffiliated consumer member. The Committee intends to begin meeting with its current membership and increasing 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.

Membership/Council Development Committee Meeting Evaluation Report

Quarter 1: March 1, 2021-May 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 June 24, 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.



Completion Rate

- 2 meeting evaluations were received out of a potential total of 5.
- There was a 100% completion rate observed for the evaluations that were received.

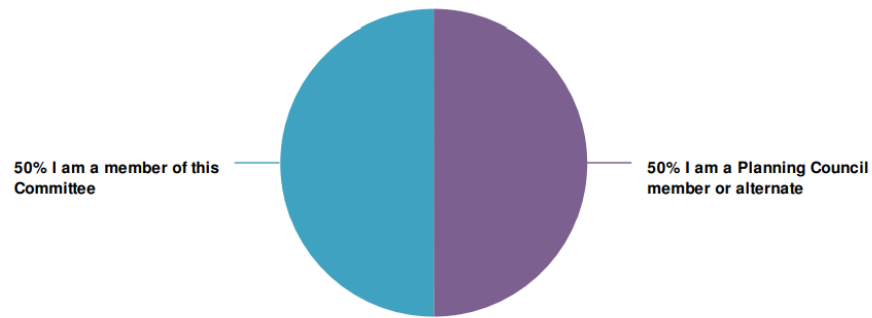
Response Counts





Totals: 2



Affiliation



Value		Percent	Responses
I am a Planning Council member or alternate		50.0%	1
I am a member of this Committee		50.0%	1

Totals: 2



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.



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.
- All respondents agreed that they left the meeting knowing exactly what is expected of them.



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

- All respondents 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 '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.



Strengths

- Idea sharing
- Unity
- Open forum
- Open communication



Suggestions for Improvement

- Provide committee members with soft copies of promotional material for easy access and sharing.
- Show up and actively participate with new ideas.
- Recruit new members.



QUESTIONS?

DISCUSSION



