Meeting Agenda

Thursday, October 8, 2020
2:00 p.m. – 4:00 p.m.

- Call to Order
- Welcome and Introductions
- Approval of Agenda
- Approval of Minutes (*September 10, 2020)*
- Report of Co-Chairs
- Report of Staff
- Public Comment
- Discussion Items
    - End of Year Spending Report – *Ameenah McCann-Woods*
    - EHE Concurrence
    - COVID-19 Survey Update
    - Planning Body Structure Update
- Action Items
    - Co-Chair Election
- Committee Reports
    - Executive Committee
    - Finance Committee – *Alan Edelstein & David Gana*
    - Nominations Committee – *Michael Cappuccilli & Sam Romero*
    - Positive Committee – *Jeanette Murdock & Kenya Moussa*
    - Comprehensive Planning Committee – *Gus Grannan & Gail Thomas*
    - Prevention Committee – *Lorett Matus & Clint Steib*
- Old Business
- New Business

Please contact the office at least 5 days in advance if you require special assistance.

The next HIV Integrated Planning Council meeting is scheduled is **TBD**

HIV Integrated Planning Council

VIRTUAL: HIV Integrated Planning Council
Meeting Minutes of
Thursday, September 10, 2020
2:00 p.m. – 4:00 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Alan Edelstein, Coleman Terrell (Co-Chair), Clint Steib, Dave Gana, Dena Lewis-Salley, Gerry Keys, Gus Grannan, Juan Baez, Kailah King-Collins, Keith Carter, Kenya Moussa, Lorett Matus, Lupe Diaz (Co-Chair), Marilyn Martinez, Michael Cappuccilli, Pam Gorman, Roberta Gallaway, Samuel Romero, Sharona Clarke, Tyrell Mann-Barnes

Guest: Ameenah McCann-Woods (AACO), Blake Rowley, Chris Chu (AACO), Debra D'Alessandro, Jerry Coleman, Kate King, Mikah Thomas, Nicole Swinson, Thamara Jean Lewis

Staff: Beth Celeste, Debbie Law, Nicole Johns, Mari Ross-Russell, Sofia Moletteri

Call to Order: L. Diaz called the meeting to order at 2:04 p.m.

Welcome/Introductions: L. Diaz asked everyone to introduce themselves in the Zoom chat box.

Approval of Agenda:
L. Diaz referred to the September 10, 2020 HIPC agenda S. Moletteri distributed via email. **Motion:** K. Carter, D. Gana seconded to approve the September 2020 Planning Council agenda via a Zoom poll. **Motion passed:** The agenda was approved by general consensus: 15 approved, 1 abstention, 0 opposed.

Approval of Minutes (*August 13, 2020*)
L. Diaz referred to the August 13, 2020 HIPC minutes S. Moletteri distributed via email. K. Carter motioned, A. Edelstein seconded. **Motion:** A. Edelstein motioned, K. Carter seconded to approve the August 2020 minutes via a Zoom poll. **Motion passed:** The August 2020 minutes were approved by general consensus: 12 in favor, 4 abstentions, 0 opposed.

Report of Co-Chairs:

C. Terrell reported that AACO distributed the COVID-19 Flyer Housing Rental Assistance Program. This flyer was to help raise awareness around the program to help increase the number of applicants. Applicants must prove they have COVID-related loss of income, though this definition was broad. AACO would work with case managers to go case-by-case. The program would cover up to 6 months of rental support and was available in the entire 9 county region. He added that money from the state (medications ebate dollars) would supplement the program. D. Lewis-Salley asked how applicants know if or when they have been approved. C. Terrell responded that PHMC would let applicants and case managers know while also keeping the landlord and others involved in the know. D. Lewis-Salley asked about timeline for approval, and C. Terrell said the process would happen quickly and efficiently.

Additionally, C. Terrell reported that the new version of the EHE plan is on the OHP website. The changes made to the plan were listed in the beginning, but it was nothing drastic. He reminded the group that last time they met, they discussed the population consultant program. Population consultants would get information from groups that do not necessarily do HIV-related work, but worked with key populations. AACO were now working to complete in-depth surveys with about 17-18 organizations. C. Steib asked where the draft plan would is located. C. Terrell said it would be on ehe.hivphilly.org.

Report of Staff:

D. Law reported that she emailed all individuals who applied for HIPC membership since March of 2020. She was looking for responses to the email or for people to contact her at Debbie@hivphilly.org to confirm interest in applying for membership. She said that applicants must confirm their interest to be included in the nominations process happening this fall. Otherwise, the applicant will be withdrawn. M. Bates asked if people who applied in March need to reapply. M. Ross-Russell said no, they just need to confirm interest. She reminded everyone that they pushed the spring nominations back due to COVID-19, so these applications would be represented in the fall nominations process.

N. Johns reported that OHP was hosting trainings every other Friday starting tomorrow (September 12, 2020) from 12 - 1:30 p.m. These were online webinars which reviewed the planning process, key skills, and other information that people need to participate in the planning council. Those who are interested should email N. Johns at nicole@hivphilly.org or info@hivphilly.org. K. Carter asked if you have to register in advance, and N. Johns said yes. She added that the first webinar would be an overview of annual planning cycle. The timing for the webinar was ideal since they are just starting a new cycle. The webinars would be recorded and posted on the office's website.

Public Comment:
No public comment.

Discussion Items:

—HIPC Co-Chair Nominations—

M. Ross-Russell said that they are entering the process of HIPC co-chair nominations. HIPC staggers co-chair positions for the two community co-chairs and one of the seats is up this year. They will be taking nominations today, via email, and on the floor before voting at the October HIPC meeting. They would hold a meeting in the next 30 days (October) to vote. As for responsibilities, M. Ross-Russell explained that co-chairs facilitate Planning Council meetings, review documents and sign as required by federal grantors (HRSA or CDC). Community Co-Chairs hold the position for 2 years. HIPC members in "good standing" are eligible. Those wishing to submit a co-chair nomination could email mari@hivphilly.org. Thus far, there was only one nominations, L. Diaz. She said that she would hold her position as chair if voted in. N. Johns said that members can nominate other members or self-nominate.

—Community Feedback and Involvement—

N. Johns reminded the group that they had previously discussed hosting a virtual open house to talk about their experiences as HIPC members and answer any questions for people interested in participating in HIPC. She added that they were currently in the process of reviewing of applications, and the open house could bring more applicants. She said it was important that the council think about inclusivity, especially in their current, virtual environment. She asked for suggestions and ideas for improving inclusivity and accessibility.

S. Romero recalled that at Executive Committee, they discussed asking J. Williams to be involved in the open house in some way. M. Ross-Russell responded that OHP reached out to him to ask to include OHP open house information at the end of one of the EHE presentations. This meant that they would have to plan a virtual open house soon after one of the community forums/town halls.

K. Carter asked if they would have committee chairs to talk about their responsibilities. M. Ross-Russell said the structure is up to the council to discuss, so this is a possibility. N. Johns added that the open house needed volunteers to help host. In the past, members took the lead in open houses—therefore, the

structure is up to the council and to be supported by staff. K. Carter said that L. Diaz and S. Heaven, the two HIPC co-chairs, could offer a summary of the Planning Body, subcommittee chairs could talk, community members could present on successes and process, and then they could hold a Q&A to open the discussion up to attendees. C. Steib said as a co-chair for Prevention Committee, he would be open to doing an introduction of Prevention Committee roles, responsibilities, and history. G. Grannan confirmed that as co-chair, he could do that for Comprehensive Planning Committee. A. Edelstein agreed to speaking for Finance Committee. M. Cappuccilli agreed to speaking for Nominations Committee.

M. Ross-Russell noted that Nominations was working on a presentation before the switch to virtual meetings due to COVID-19. She asked the Nominations Committee if this was an appropriate presentation for the open house. M. Cappuccilli said that is likely was, but he would look through to ensure that the presentation was applicable to the event.

K. Carter asked what HIPC members would do as volunteers to help host the meeting. N. Johns said it could be different member-to-member. Everyone can talk about their experiences with the council and their involvement. K. Carter volunteered take care of the Q&A portion. C. Steib asked about the timeline for the virtual open house. M. Ross-Russell said that the timeline would be based on J. Williams's EHE presentation schedule. Such information and dates still needed to be finalized. The open house, however, would likely happen within the next 30-60 days. M. Ross-Russell said that they were hoping to have more than 1 open house. K. Carter asked about the timeframe, and M. Ross-Russell said that they would likely shoot for later in the day for individuals possibly working 9-5 p.m.

K. Carter asked if OHP had a FAQ for common HIPC questions or a message box for feedback and/or questions. N. Johns said that she would add FAQ on the to-do list. K. Carter said that they could also have a comment box that gathers targeted questions for specific committees. These questions could then be brought to the meetings. M. Ross-Russell said that this was an excellent opportunity to find out the barriers people may experience when wanting to participate in the HIPC process, allowing staff to better support the Planning Body.

M. Bates said they need to figure out how to address the digital divide among seniors. D. D'Alessandro suggested some sort of "hook" acknowledging the allocations process might help get people interested in the process. She said that people care a lot about money and services, so it could work. M. Ross-Russell said there is a common assumption that a webcam, computer, and internet is needed for virtual meetings. However, people do not realize they can participate by simply calling in. N. Johns said that every Zoom meeting has a specific phone number to call to join. When you register, you receive that information via email. N. Johns said that they would have to support people who do not have screens to help them view what is shared on screen.

M. Ross-Russell said there likely will not be a change in the nature of virtual meetings for at least 6 more months. Even if this were not true, the virtual component may be helpful to keep even after face-to-face meetings start up again.

K. King-Collins noted that she had only heard of HIPC from word of mouth and never elsewhere, so more advertising may be needed. L. Diaz considered making advertisements for HIPC more "attractive." She thought the advertisements for HIPC should reflect how interesting the group is and how much they care about each other. K. King-Collins suggested HIPC presenting at other organizations or certification trainings. K. Carter said they should also make it clear that HIPC is a community-based ally with supporting community members as its main purpose.

K. King-Collins added that some people may feel as if they can attend more meetings because of the flexibility of virtual meetings. K. Carter agreed, adding that in the future they could do hybrid meetings with the option of virtual or in-person. He asked if AIDS service organizations should have HIPC presentations. K. King-Collins said they could do presentations, yes, similar to the presentation given to HIPC about the census. C. Steib thought this was a great idea. He said most agencies have staff meetings,

so they could reach out to people to stir up some interest and try to get HIPC on their agendas. K. Carter mentioned M. Bates comment in the chat box about asking WHYY to do a PSA for HIPC.

M. Ross-Russell said that they have done presentations for organizations in the past and tabled at various events. HIPC members and OHP staff can partner to do presentations in the community or at organizations. N. Johns added that she was always happy to talk to classes and universities about HIV and HIPC. She added that interested community members respond even better to HIPC members than staff. Physically presenting at places would be difficult, so she suggested figuring out a virtual solution. N. Johns said that they could present on HIPC accomplishments such as the CPC housing plan for homelessness prevention recently implemented in the latest allocations process. They can make something akin to a resume.

C. Steib asked about filming an infomercial as a virtual introduction. Staff and HIPC members could then answer questions afterwards. K. Carter said that LGBTQ+ health centers have opened in universities, so they could try to promote HIPC there through flyers. He said he would talk to his contacts at two universities and a health center to see what they could do for HIPC advertising.

—Subcommittee Structure—

N. Johns said that they would now briefly discuss committee structure. She explained that over the last couple of weeks, there has been discussion of reexamining committee structure. This could involve changing what committees do, what they're called, and how many there are. They could do this by observing the planning cycle and activities/responsibilities to help structure the council. The reason they were considering this is because CPC tends to take on more responsibility than the other committees due to their committee description of responsibilities. However, they can only tackle so many things effectively. Under their umbrella, they deal with needs assessments (consumer surveys and focus groups), proposals for service provision, integrated plan monitoring, and priority setting. Priority setting, she noted takes a few months. They could also divide work between prevention and care or by looking more closely at EHE and Integrated Plan structure. In all, there were many ways to restructure committees.

N. Johns suggested that the current committee structure may be outdated and based on past planning structure. She added that any change in committee names/structure/responsibilities would be reflected in the bylaws. G. Grannan suggested that their current committee structure is a sketch of how things functioned in the past, but now there were new issues.

M. Ross-Russell said that based on discussions and bylaws, it became clear that other than Finance and Nominations Committees, the other committees' responsibilities may be fuzzy. She said that the current structure that has existed for more than 10 years. She said that the council has a lot of responsibility. Therefore, they need to have a conversation about what makes sense for getting work done efficiently. They need to talk about membership involvement and participation to clarify roles and responsibilities for interested community members as well as HIPC. She said they could also look to other EMAs to see how they structure their councils.

K. Carter asked if there has been any change in language from CDC and HRSA in regards to how HIPC should function. M. Ross-Russell responded that CDC requirements are contractual and HIPC requirements are legislative, so there is not a "law" for the prevention planning. At the latest Ryan White National Conference, she did not get the impression that roles and responsibilities for Planning Bodies would change in any significant way.

M. Ross-Russell said that they would discuss committee structure with Executive Committee but that it was also important to discuss with HIPC since it impacts the whole council.

N. Johns asked if they wanted to look at possible ways to structure committees. She said that they could also table the conversation to their next meeting if they wanted. A. Edelstein suggested kicking the topic

to the Executive Committee to come back to HIPC with recommendations. He suggested that it would be more beneficial to have a smaller group talk about it first. They could bring a few proposals to be discussed and voted on. C. Steib agreed that Executive Committee was best but was glad they had the starter conversation as a full council.

Committee Reports:

—Executive Committee—
L. Diaz reported that the committee met two weeks ago. M. Ross-Russell reported that the committee discussed community feedback and involvement and application review moving forward. They especially discussed concerns with how they would approach the confidentiality portion of the nominations process. In person, applicant information is redacted and then collected afterwards. With the virtual nature of application review, they had to figure out a new process. She said that J. Baez from AIDS Law Project was developing a nondisclosure agreement so information could be provided to Nominations Committee to review applications but keep things confidential. N. Johns reported that they also talked about reaching out to members who have not attended HIPC meetings. M. Ross-Russell added that they considered the virtual components moving forward and virtual attendance rules. L. Diaz added that they discussed the digital divide, and C. Steib said they discussed phone cards and other possible solutions. M. Ross-Russell said she researched phone cards and found they are not commonly used. She said they are mostly used when people travel in foreign countries, G. Grannan said he would share a provider with M. Ross-Russell that had to do with phone services. M. Ross-Russell said she would follow up with that and see if HIPC could use the service.

—Finance Committee—
No report.

—Nominations Committee—
No report.

—Positive Committee—
N. Johns reported that they have been having informal check-ins.

—Comprehensive Planning Committee—
N. Johns reported that they met last month to create their work plan for the next several months. They will have a meeting next month and start monitoring the Integrated Plan and work on needs assessment around the needs of elders.

—Prevention Committee—
C. Steib reported that the committee was planning to meet this month for the first time since COVID-19. They would meet September 23rd at 2:30 p.m.

Old Business:
None.

New Business:
None.

Announcements:
K. Carter announced that the Positive Committee is trying their best to reach out to members and is changing their informal check-in time to every other week at 5:30 p.m. starting September 15th. N. Johns explained that her phone extension is x108 if anyone wanted to reach her. She would be keeping up on her voicemails, so people can call into the office if they need to.

Adjournment:
L. Diaz called for a motion to adjourn. **Motion:** K. Carter motioned, C. Steib seconded to adjourn the September 2020 HIPC meeting. **Motion passed:** Meeting adjourned at 3:52 p.m.

Respectfully submitted,

Sofia Moletteri, staff

Handouts distributed at the meeting:

- September 2020 HIPC Meeting Agenda
- August 2020 HIPC Meeting Minutes

Other Integrated Planning Council Committee and Planning Body Structure

Houston

Following is a detailed description of the various committees within the Houston integrated planning body.

Affected Community Committee

This committee is designed to acknowledge the collective importance of consumer participation in Planning Council strategic activities and provide consumer education on HIV-related matters. The committee will serve as a place where consumers can safely and in an environment of trust discuss Planning Council work plans and activities. This committee will verify consumer participation on each of the standing committees of the Planning Council, with the exception of the Steering Committee (the Chair of the Affected Community Committee will represent the committee on the Steering Committee).

When providing consumer education, the committee should not use pharmaceutical representatives to present educational information. Once a year, the committee may host a presentation where all HIV-related drug representatives are invited.

The committee will consist of persons living with HIV, their caregivers (friends or family members) and others. All members of the Planning Council who self-disclose as living with HIV are requested to be a member of the Affected Community Committee, however membership on a committee for individuals living with HIV will not be restricted to the Affected Community Committee.

Comprehensive HIV Planning Committee

This committee is responsible for developing the Comprehensive Needs Assessment, Comprehensive Plan (including the Continuum of Care), and making recommendations regarding special topics (such as non-Ryan White Program services related to the Continuum of Care). The committee must benefit from external membership and expertise.

Priority & Allocations Committee

This committee gives attention to the comprehensive process of establishing priorities and allocations for each Planning Council year. Membership on this committee does include external members and must be guided by skills appropriate to priority setting and allocations, not by interests in priority setting and allocations. All Ryan White Planning Council committees, but especially this committee, regularly review and monitor member participation in upholding the Conflict of Interest standards.

Operations Committee

This committee combines four areas where compliance with Planning Council operations is the focus. The committee develops and facilitates the management of Planning Council operating procedures, guidelines, and inquiries into members' compliance with these procedures and guidelines. It also implements the Open Nominations Process, which requires a continuous focus on recruitment and orientation. This committee is also the place where the Planning Council self-evaluations are initiated and conducted.

This committee will not benefit from external member participation except where resolve of grievances are concerned.

Quality Improvement Committee

This committee will be given the responsibility of assessing and ensuring continuous quality improvement within Ryan White funded services. This committee is also the place where service definitions and recommendations on "How to Best Meet the Need" are made. Standards of Care and Outcomes Evaluation, which must be looked at within each year, are monitored from this committee. Whenever possible, this committee should collaborate with the other Ryan White planning groups, especially within the service categories that are also funded by the other Ryan White Parts, to create shared Standards of Care.

In addition to these responsibilities, this committee is also designed to implement the Planning Council's third legislative requirement, assessing the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, or assessing how well the grantee manages to get funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the Planning Council and whether all the funds are spent. This Committee may benefit from the utilization of external members.

Steering Committee

Members of this committee will consist of the PC officers and chairs of the standing committees. In a case where standing committees have co-chairs, only one of them may vote at Steering Committee meetings. The Steering Committee will be responsible for the following:

- Setting the agendas for Ryan White Planning Council;
- Making recommendations to the Ryan White Planning Council;
- Providing leadership;
- Previewing reports from the Standing Committees; and
- Functioning in "emergency" situations as they arise.

The Steering Committee will meet once a month for a projected two-hour meeting. This committee will not have external members.

E.I.I.H.A. Strategy Workgroup

When Congress reauthorized the Ryan White legislation at the end of 2009, they added the following new responsibilities for the Ryan White Part A program:

- Determine the size and demographics of the estimated population of individuals who are unaware of their HIV status; and
- Develop a strategy for identifying those with HIV who do not know their status, make them aware of their status, and refer them into care.

Because the new requirements are closely linked to HIV prevention activities, it is recommended that community prevention groups and planning councils work collaboratively in the development of a strategy and that existing strategies be strongly considered as the basis of this new program requirement.

Membership of the committee includes members of the Ryan White Planning Council and Houston Prevention Planning Group.

Project L.E.A.P. Advisory Committee

Project L.E.A.P. (Learning, Empowerment, Advocacy, Participation), the most comprehensive advocacy training program in the nation for HIV positive individuals.

Members of the Project L.E.A.P. Advisory Committee will include members of the Ryan White Planning Council, Houston Prevention Planning Group (CPG) and Project L.E.A.P. alumni.

The Committee is responsible for:

- Assisting in curriculum development;
- Providing input into criteria for selecting Project LEAP participants;
- Helping with the development of a recruitment strategy;
- If the agency finds it difficult to find individuals that meet the criteria for participation in the Project, assisting with student recruitment; and
- Reviewing the final report for the Project in order to highlight the successes and brainstorm/problem solve around issues identified in the report. The results of the review will be sent to the Ryan White Operations Committee and the next Advisory Panel.

Washington DC

Information related to the planning body and committee structure is provided in a separate PDF

Integrated Planning Body Description Only

Los Angeles

As an integrated planning body for HIV prevention and care services in Los Angeles County, through its five standing committees (Executive, Operations, Planning, Priorities & Allocations (PP&A), Public Policy, and Standards & Best Practices (SBP), the COH is responsible for:

- Setting care/treatment priorities/allocations,
- Developing a comprehensive care plan,
- Assessing the administrative mechanism of service delivery,
- Evaluating service system effectiveness,
- Service coordination,
- Annual needs assessments,
- Setting minimum service standards/outcomes,
- Defining ways to best meet the needs,
- Resolving service system grievances,
- Promoting the availability of services,
- Evaluating other streams of funding,
- Advising the Board on all County HIV funding,

- Policy development and advocacy work, and
- Advising the Board on other HIV-related matters.

Chicago

The Chicago Area HIV Integrated Services Council (CAHISC) is an integrated planning council which provides guidance on the allocation of funding to providers to deliver HIV prevention, care and housing services to the Chicago Eligible Metropolitan Area (EMA). The Chicago EMA includes the city of Chicago, as well as the following counties: Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry and Will.

CAHISC is a 42-member body of volunteers and appointed members comprised of providers and consumers of HIV services, as well as federal and local government liaisons working in partnership with the Chicago Department of Public Health (CDPH) to make informed planning decisions for the services provided to people living with HIV/AIDS (PLWHA) and those at risk of acquiring HIV infection. HIV is one of the City's top health priorities outlined in *Healthy Chicago*, the City's public health agenda.

Chicago is among the first large metropolitan areas to integrate planning for prevention, care and housing services for HIV. This integration is aligned with the National HIV/AIDS Strategy designed by the White House Office of National AIDS Policy and outlines basic goals to reduce new HIV infections, increase access to care and improve health outcomes for people living with HIV/AIDS and reduce HIV-related health disparities.

Mission

CAHISC, a council of diverse community volunteers working alongside public health staff, establishes plans and funding priorities for the Chicago service area that result in a comprehensive, effective network of HIV care, prevention, and housing services.

Purpose

The purpose of CAHISC is to: (1) assess the needs for HIV care, prevention, housing, and other related services within the service area; (2) set priorities and allocate resources for funding available from the Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), and other federal, state and/or city resources; and (3) evaluate the administrative mechanism of the Chicago Department of Public Health (CDPH).

In collaboration with CDPH staff, CAHISC is responsible for completing the following deliverables:

- Establishing HIV care priorities for allocation of HRSA-funded Ryan White Part A dollars within the Chicago EMA and informing/monitoring the development and/or update of a comprehensive HIV care plan;
- Establishing HIV prevention priorities for allocation of CDC-funded HIV prevention dollars within the City of Chicago and informing/monitoring the development and/or update of a jurisdictional prevention plan;
- Assisting to establish HIV housing priorities and recommending funding allocations within the Chicago EMA; and
- Providing CDPH staff with letters of concurrence or non-concurrence for comprehensive and jurisdictional plans, as well as other needed reports.

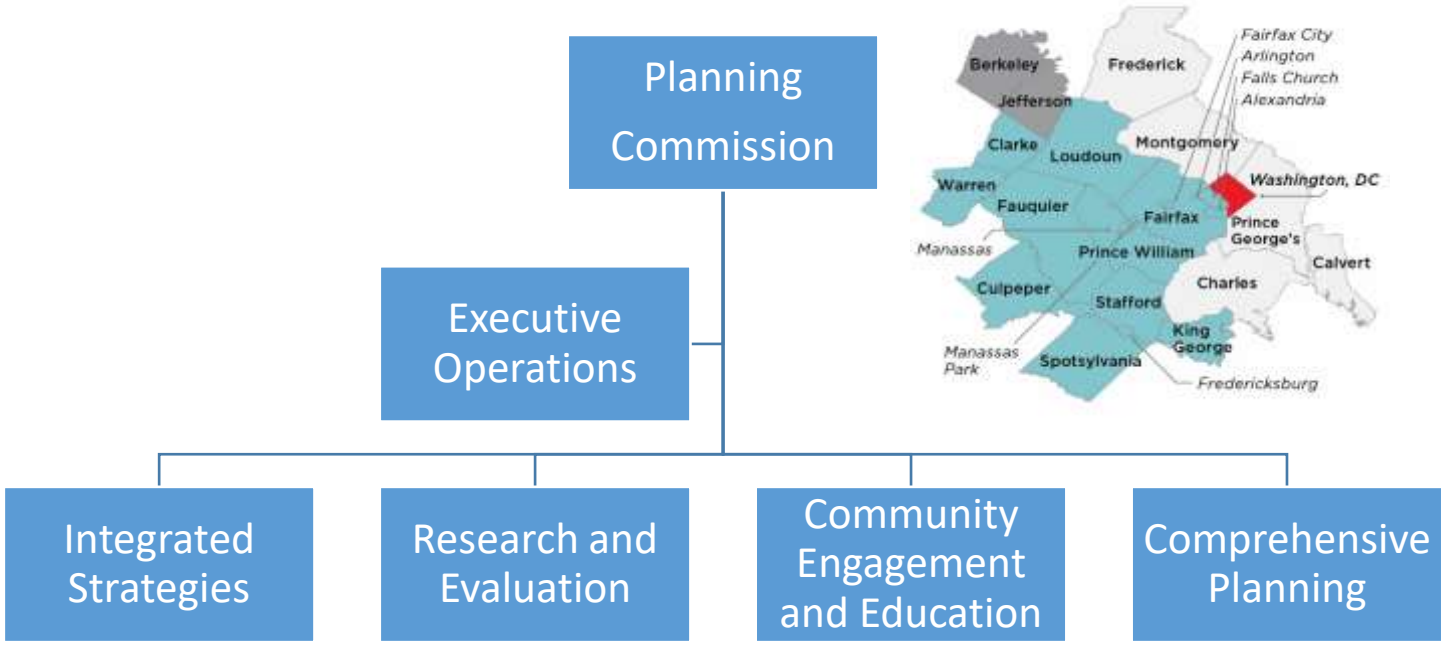
San Francisco

Information on their website was very limited, neither the bylaws nor detailed committee descriptions were available.

Committees include the following: Council Affairs, Membership, Community Engagement and Steering.

COMMISSION STRUCTURE & RESPONSIBILITIES

JANUARY 2019



The **Washington, D.C. Regional Planning Commission on Health and HIV** (COHAH) serves as the new regional planning body for HIV prevention and care services in the federally defined Washington, D.C. Eligible Metropolitan Area (EMA). The Washington, D.C. EMA spans the District of Columbia, five counties in suburban Maryland, eleven counties and six independent cities in Northern Virginia, and two counties in West Virginia. The Commission has the responsibility to prioritize a range of medical and support services totaling over $30 million in federal and other funds.

The Commission shall:

A. Increase collaboration, efficiency, and innovation with government partners and community stakeholders to achieve a more coordinated response to the HIV continuum of services;

B. Conduct community planning activities for the EMA, related to the implementation of the Ryan White HIV/AIDS Program (RWHAP), funded by Ryan White Parts A (Grants to Eligible Metropolitan and Transitional Areas) and F (Minority AIDS Initiative) by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA); and, where feasible, Ryan White Part B (Grants to States and Territories) and Centers for Disease Control and Prevention ("CDC") HIV prevention funds;

C. Inform the development or update of an Integrated HIV Prevention and Care Plan ("Integrated Plan") to be implemented and monitored, ensuring that activities and funding are aligned with the National HIV AIDS Strategy (NHAS) and the successful execution of High-Impact Prevention (HIP) programs and activities within communities. With regard to prevention, the Integrated Plan will address prevention activities within the District of Columbia but will consider information and activities from across the EMA in integrating multiple HIV community needs and setting priorities for HIV prevention interventions and strategies for populations at high risk of HIV infection.

EXECUTIVE OPERATIONS COMMITTEE (EOC)

Usually the 4th Thursday from 5pm-6pm

Main Tasks:

- ***Overall Operations***
- ***Membership/Nominations***
- ***Bylaws***
- ***Policies and Procedures***

DUTIES: ***The Executive Operations Committee (EOC)***, in conjunction with the Commission's Government and Community Co-Chairs, shall set the overall direction of the Commission; coordinate the work of the Commission and its committees, ensuring that all federal legislative responsibilities are being met. It shall review all committee reports and recommendations before they go to the full Commission, request revisions or additional work as needed, and set the agenda for the Commission meetings.

- It shall also take urgent action as required between Commission meetings, as authorized by the Commission. The Executive Operations Committee shall report to the full Commission, and its decisions shall be reviewed and ratified by the full Commission.
- The committee shall also be responsible for developing and implementing an open nominations process (which may also be referred to as the membership application process), for Planning Commission member recruitment, review of applications, interviews with applicants, and recommendation of nominees for Planning Commission action.
- The committee is responsible for working with staff to ensure new member orientation as well as development of a training plan and provision of member training and development.
- The committee works with support staff to monitor Planning Commission and committee meeting attendance and, when necessary, recommends removal of members for non-participation based on bylaws requirements.
- The committee shall ensure that the Planning Commission membership meets representation requirements based on legislatively required membership categories and is reflective of the epidemic in the EMA.
- The committee shall also be responsible for the development and periodic review and update of the Planning Commission bylaws and other policies and procedures such as Conflict of Interest and Grievance procedures. It shall review policies developed by other committees to ensure that they meet federal guidelines, and are consistent with these bylaws.
- The Committee shall also be responsive for overseeing the grievance process, which includes establishing panels as necessary to review grievances filed against the Planning Commission.

INTEGRATED STRATEGIES COMMITTEE (ISC)

Usually the 3rd Wednesday from 1pm-3pm

Main Tasks:

- ***Results-oriented engagement process***
- ***Service Standards***
- ***Directives***

DUTIES: ***The Integrated Strategies Committee (ISC)*** shall lead the Commission's efforts to identify and disseminate effective strategies and best practices that enhance coordinated, collaborative and seamless access to HIV prevention, care and treatment services, including mental health and substance abuse, to achieve the greatest impact on reducing incidence and HIV-related health disparities/inequities.

- The committee shall work to strengthen integrated health efforts across the continuum of HIV prevention, care and treatment, including social determinants of health associated with but not limited to HIV, STDs, hepatitis, tuberculosis, housing, substance abuse and mental health.
- The committee shall collaborate with the Research and Evaluation Committee on the implementation and update of the Integrated HIV Prevention and Care Plan.
- The committee shall focus on areas such as:
    - Biomedical HIV Prevention (PrEP, PEP, TaSP, U=U)
    - HIV-Testing & Linkage to Care
    - High-Impact Prevention
    - Specialized focus populations
    - Ryan White HIV/AIDS Program Service Standards

RESEARCH AND EVALUATION COMMITTEE (REC)

Usually the 3rd Tuesday from 3pm-5pm

Main Tasks:

- ***Needs Assessment***
- ***Integrated HIV Prevention and Care Plan***
- ***Assessment of the Efficiency of the Administrative Mechanism (AEAM)***

DUTIES: ***The Research and Evaluation Committee (REC)*** shall lead the research and evaluation of HIV Prevention and Care efforts in the EMA; including consumer surveys, needs assessments, and policy analyses. This committee shall also bring relevant external research to the general body to inform its efforts. Advancing public policy would also be a task of this committee.

- The committee shall lead efforts to inform and monitor the implementation of the Integrated HIV Prevention and Care Plan in collaboration with the Integrated Strategies, Community Engagement and Education, and Comprehensive Planning Committees.
- The committee shall have primary responsibility for coordinating the comprehensive needs assessment process, and for receiving and reviewing data from a wide range of sources; ensuring that it is made available in user-friendly formats for the Commission to review and use in decision-making. This includes working with the recipient to ensure a comprehensive, ongoing, multi-year needs assessment effort that meets legislative requirements, and reviewing and comparing many types of data such as epidemiologic, unmet need, other needs assessment, cost and utilization, quality improvement, and evaluation data from other committees, the recipient, and other sources.
- The committee also manages the annual Assessment of the Efficiency of the Administrative Mechanism (AEAM).

COMMUNITY ENGAGEMENT AND EDUCATION COMMITTEE (CEEC)

Usually the 3rd Thursday from 5pm-7pm

Main Tasks:

- ***Recruitment***
- ***Stakeholder Identification***
- ***Engagement and Education Activities with Focus Populations***

DUTIES: ***The Community Engagement and Education Committee*** **(CEEC)** shall lead efforts to identify community members, key stakeholders, and other HIV service providers involved in HIV prevention, care, and treatment services to participate in a comprehensive engagement process.

- The committee shall also coordinate linkages between the Commission and persons living with HIV (PLWH) and focus populations who are more likely to acquire and transmit HIV. This can be done through continuously conducting outreach to seek input and the identification of emerging issues, ensuring Commission members are educated regarding issues affecting these focus populations, and communicate the work of the Commission to the community.
- The committee plays the lead role on behalf of the Commission in community education, arranging for community leadership training, and active engagement of the community in the work of the Commission. For example, the Committee shall work closely with the Research and Evaluation and Comprehensive Planning Committees in arranging Town Hall meetings targeting focus populations in the design of needs assessment efforts.
- The committee shall lead collaborative efforts with the Executive Operations Committee in recruiting potential members, especially consumers for the Commission.

COMPREHENSIVE PLANNING COMMITTEE (CPC) **Usually the 4th Wednesday from 11am-1pm**	**Main Tasks:** • ***Financial Oversight*** • ***Priority Setting and Resource Allocation (PSRA) Process***

DUTIES: ***The Comprehensive Planning Committee (CPC)*** shall be responsible for the prioritization, allocation and monitoring of HIV programmatic funds; such as those provided by Ryan White Parts A and B, and the Centers for Disease Control and Prevention. This committee shall also be responsible for leading the Ryan White Priority Setting and Resource Allocation (PSRA) process; this includes developing and regularly reviewing policies and procedures that guide PSRA activities carried out in the jurisdictions and the final decision making by the Planning Commission.

The committee shall review PSRA recommendations from the jurisdictions and forward them to the full Planning Commission with any recommended revisions. It shall establish procedures for reallocations across service categories during the program year and work closely with the recipient to develop recommended reallocations for Planning Commission action.

- The responsibilities of a Planning Commission member include approximately 12-14 hours of work per month, including regular attendance/participation at Planning Commission meetings and one (1) standing committee meeting, generally held on weekday evenings in the District of Columbia.
- All new Planning Commission members must also attend mandatory orientation sessions.
- Standing Committee members are expected to regularly attend/participate at their respective Standing Committee meetings, generally held monthly.

*The **Washington, D.C. Regional Planning Commission on Health and HIV** (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.*

For further information, please contact a member of the Planning Commission Support Unit.

PLANNING COMMISSION SUPPORT UNIT

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