



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING AGENDA

Thursday, May 21, 2015, 9:30 a.m.
 Joseph C. Carter Park Social Center

Chair: Vacant **Vice Chair:** Yolonda Reed

Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date
The Executive Committee did not take action on this agenda. It was developed in accordance with the Planning Council By-Laws.

1. CALL TO ORDER

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

- a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
- b. Council Member and Guest Introductions
- c. Moment of Silence
- d. Excused Absences and Appointment of Alternates
- e. Approval of 5/21/15 Meeting Agenda
- f. Approval of 4/23/15 Meeting Minutes

3. PHONE INTRODUCTIONS

4. FEDERAL LEGISLATIVE REPORT (Kareem Murphy) (Handout A)

5. CONSENT ITEMS (Handout B-1-B-3)

#	MOTION	JUSTIFICATION	PROPOSED BY
1	To approve the updated HIVPC Application, the new committee application, and the member update form.	The applications were streamlined and updated to better capture necessary data.	Membership/Council Development Committee
2	To appoint Brad Gammell to a non-elected community leader seat.	Mr. Gammell is a long serving member of the HIVPC and the community and will bring his experience and enthusiasm to the HIVPC.	

6. DISCUSSION ITEMS

7. NEW BUSINESS (Handout C)

- a. HIVPC Training: HIVPC Membership and Reflectiveness
- b. HIVPC Special Election

8. MAY COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

May 5, 2015

Chair: A. Lint

A. Work Plan Item Update / Status Summary:

PSRA Service Category Priority Rankings (W.P. Item 3.2) – The committee received an overview of HIVPC Priority Rankings and the Consumer (CEC) role in the process. Staff gave a brief presentation which included information on HRSA legislation for the priority ranking and resource allocations process, a breakdown of core and support services, and the previous year’s rankings. Committee members were instructed on how to complete the rankings form which were collected by Staff. These rankings will be used by PSRA in the upcoming 2016-2016 priority rankings process.

Peer Educators (W.P. Item 2.3) – Staff presented an overview of Peer Educator Basics. Committee members were informed that the presentation did not serve as certification to become official peer educators. The presentation provided information such as the role and responsibility of peer educators in the HIV/AIDS community, effective vs. non-effective peer educators, and the importance of trust and confidentiality amongst peers and clients. Members were asked to reflect on their roles as CEC members and to consider that although they are not trained peer educators, they are community advocates and the face of the HIV Planning council; actively recruiting and empowering the community to become informed and involved in the decision making of HIV policies and processes.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Community event/forum Next Meeting Date: July 7, 2015, Governmental Center Annex Room A337.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

May 15, 2015

Chair: H.B. Katz

A. Work Plan Item Update / Status Summary:

WP Item 1.1 – MCDC reviewed the demographics of the HIVPC. Unaffiliated consumer membership continues to exceed the mandated 33%, and the Council is slightly over represented by females and Hispanic membership and under represented by male and black membership. The HIVPC is very close to the minimum number of required members.

WP Item 1.4 – MCDC reviewed interested parties for several of the vacant seats. The Part B Coordinator has submitted an application, and there is also an application underway for the Prevention seat. Staff has reached out to several parties who received certified letters with no reply.

WP Item 1.2 – The committee reviewed the current applicants. An application for the previous HIVPC’s Chair was reviewed, and the application noted that the applicant was an affiliated consumer. The application was approved by the committee and will be sent to the HIVPC.

WP Item 3.1 – Attendance was reviewed and HIVPC staff noted that one committee member was sent a removal letter due to attendance.

HIVPC Applications – The committee reviewed the final updates to the applications, which were made so the demographic questions mirror the questions on the RSR report that goes to HRSA. The applications were approved and will be sent to the HIVPC.

WP Item 1.6 – The committee reviewed the updated barriers to participation survey; the survey now asks questions that are more relevant to former members who no longer participate as well as interested parties. The committee wants to gain feedback from these parties to better improve participation on the HIVPC and its committees.

WP Item 1.5 – The MCDC held its first Welcome Brunch of 2015 at Hispanic Unity. Activities included information about the HIVPC and its committees, an icebreaker, and orientation for HIVPC applicants.

B. Rationale for Recommendations:

Mr. Gammell is a long serving member of the HIVPC and the community and will bring his experience and enthusiasm to the HIVPC.

The updated HIVPC applications ask relevant information required by HRSA, and the data collected will be able to be compared to data reported to HRSA.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

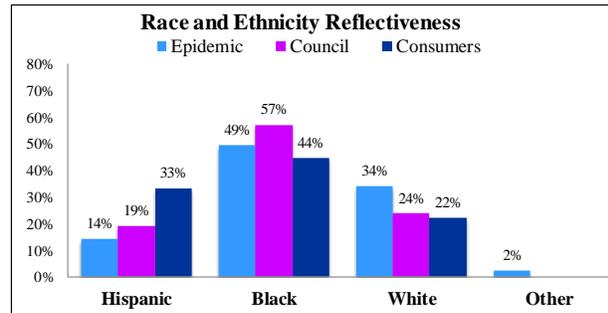
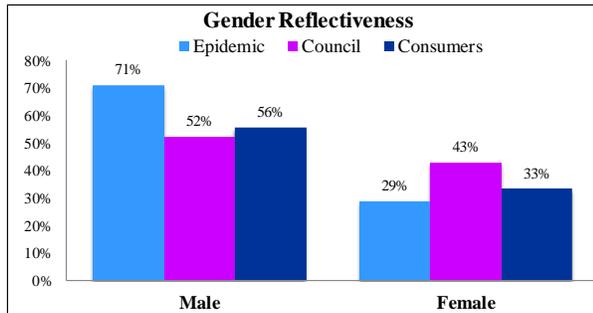
None.

E. Other Business Items:

Agenda Items for Next Meeting: Recruitment & Retention, Position Descriptions, Nominate HIVPC Member of the Month Next Meeting Date: June 4, 2015, 9:30 a.m. Venue: A-335



HIV Planning Council Membership Report
As of 4/30/2015



Gender	Epidemic	Council	% Difference	Consumers	% Difference
Male	12,275 71%	11 52%	-19%	5 56%	-16%
Female	4,973 29%	9 43%	14%	3 33%	5%
Transgender	- -	1 5%	-	1 11%	-
Race	Epidemic	Council	% Difference	Consumers	% Difference
Hispanic	2,476 14%	4 19%	5%	3 33%	19%
Black	8,521 49%	12 57%	8%	4 44%	-5%
White	5,856 34%	5 24%	-10%	2 22%	-12%
Other	395 2%	0 0%	-2%	0 0%	-2%
Total	17,248 100%	21		9	

Current Members	21
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	43%

Vacant Seats	
1.	Grantees of Other Federal HIV Programs - Prevention
2.	Grantees of Other Federal HIV Programs - VA
3.	Part B State Agency
4.	State Medicaid Agency
5.	Hospital/Health Care Planning Agencies
6.	Local Public Health Agencies
7.	PLWHA Recently Released From Jail or Their Representative
8.	Federally Recognized Indian Tribe Members
9.	Individuals Co-Infected With Hepatitis B or C

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

% Part A-Funded Providers	24%
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C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)
May 11, 2015

Chair: K. Tomlinson, Vice Chair: W. Spencer

A. Work Plan Item Update / Status Summary:

Review HIV/AIDS Surveillance – The committee reviewed the HIV/AIDS mortality data. The data compared HIV/AIDS mortality data to Florida versus Broward County. It was noted that Black males and females experience the face the highest death disparity compared to other races. Median time from AIDS diagnosis to death by race was also reviewed. The committee noted that in order to make an impact, it is also important to target populations appropriately.

WP Items 1.1 & 1.2 – The Needs Assessment consultants gave a summary about the focus groups that have occurred. The consultants first met with the Disease Intervention Specialists (DIS) workers employed by the Florida Department of Health (FLDOH) to help engage those clients who are not currently in care. The DIS workers were able to help the consultants determine who was not in care as well as why people are not in care. Focus groups with men and women were also summarized. One of the key pieces of information that came out of the focus group was that there is a need for peer counseling in the community; many people wish someone who had gone through everything was available to sit with them and explain everything when they were first diagnosed. There was also some discussion that messaging is not appropriate for all of the populations that are becoming infected. There is a lot of messaging for men who have sex with men (MSM), but not necessarily towards families or heterosexuals, nor is the messaging available in the places where these people are.

Committee Members – Committee members discussed having the right voices around the table. HIVPC staff presented a recruitment letter formerly used by the Quality Management Committee. The committee agreed that it needed to be made more accessible to people who are already not involved in the HIVPC. The consultant noted that it is important to identify who is not around the table that is needed around the table. The committee also felt that the letter needed to be more tailored to a specific person, and not so general to make people feel more welcome. The committee gave recommendations for certain persons not around the table to reach out to.

B. Rationale for Recommendations:

Recruit new committee members based on perspectives not around the table.

C. Data Reports / Data Review Updates:

The committee reviewed mortality data, but agreed that in the future it would be better to focus on data regarding new infections and prevalence.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Using Data to Form Recommendations, Review Needs Assessment Data Next Meeting Date: June 8, 2015

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

May 20, 2015

Chair: C. Taylor-Bennett, Vice Chair: R. Siclari

A. Work Plan Item Update / Status Summary:

Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1) – Grantee staff explained the expenditure and utilization spreadsheet, which contains expenditures for the first month of FY 2015. Grantee staff noted that a better picture of utilization will be available after several months of service expenditures for FY 2015.

Review PSRA Data & Scorecards (WP Item 1.2) – HIVPC staff reviewed scorecards with the committee, which included the Part A overall scorecard, OAMC, Mental Health, Substance Abuse, and Food Services. Several subpopulations not achieving health outcomes were the same throughout service categories, and included Black men and women, black MSM, and younger clients.

PSRA Data Review Presentation – HIVPC staff gave a presentation of relevant data, much of which had been previously reviewed by the committee. Data reviewed included epidemiology, client demographics, needs assessment findings, and ACA considerations.

Priority Rankings – The committee conducted priority rankings following the data presentation (*copy on file*). The priority rankings will be moved forward to the HIVPC together with the allocations after they are completed in June.

B. Rationale for Recommendations:

The committee approved the priority rankings for FY 2016-2017 based on review of data and anticipated needs.

C. Data Reports / Data Review Updates:

The committee reviewed data sources and scorecards to help inform the PSRA process.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: How Best to Meet the Need, Resource Allocations Next Meeting Date: May 20, 2015, Governmental Center Annex Room A-337

E. AD-HOC FOOD SERVICE ELIGIBILITY COMMITTEE

May 12, 2015

Chair: M. DeSantis

A. Work plan item update / Status Summary:

FPL Scenarios and Model: The committee reviewed different scenarios based on multiple Federal Poverty Levels (FPL) and food service units. Grantee staff presented a calculator that automatically calculated expenditures based on FPL and service units. The committee also discussed the emergency provision that must be included in the model per HRSA requirements. There was committee discussion regarding other programs that the current provider offers to clients. Grantee staff stated the recommendation from this committee do not affect the provider but rather the service delivery. The Chair solicited feedback from the committee regarding the bottom line for the next steps, based on the explanation of the FPL.

The committee reviewed the eligibility model to determine the next steps. The Chair requested that the FPL indicated on the draft model should not exceed 250%. The Chair reiterated that purpose of the committee is to better align services in the future with the barriers that are being addressed by members of the committee and members of the community.

B. Rationale for Recommendations:

Update discussion points for proposed model.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Items for Next Meeting: FPL Scenarios and Model Review Next Meeting Date: June 9, 2015, Governmental Center Annex Room A-335

F. AD-HOC LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

No May Meeting

Chair: D. Proulx

G. QUALITY MANAGEMENT COMMITTEE (QMC)

No May Meeting

Chair: C. Grant

H. SYSTEM OF CARE COMMITTEE (SOC)

April 23, 2015

Chair: M. Schweizer. Vice Chair: D. Sabatino

A. Work Plan Item Update / Status Summary:

Community Forum – The committee discussed the community forum, and holding the forum in collaboration with the CEC. HIVPC staff noted that the forum will be two-fold: CEC will be holding a forum on positive living that will entice the community

to participate, and the SOC will be available along with agency representatives to present information about services available, why those services are available, and to gain feedback about services that may be missing or needed in the community.

Client Health Outcomes – The committee reviewed care continuum data for Broward County overall and for Part A clients specifically. HIVPC staff reviewed the purpose of the care continuum, where the data comes from, its limitations, and its exclusions. The committee discussed the data, in particular those Part A clients that were not achieving viral suppression. Based on their discussion, the committee requested data and analysis from the QMC, which is detailed in the data request section below.

Funding Sources – This item was tabled until the next meeting.

How Best to Meet the Need – The committee decided to wait to review this item until the data about the client health outcomes was received.

Linkage Map – This item was tabled until the next meeting.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

The committee reviewed care continuum data for Broward overall and Part A, including Part A client subpopulations that were not achieving health outcomes including retention in care and viral load suppression.

D. Data Requests:

The committee requested data from QMC analyzing those clients who were virally suppressed compared to those clients who were not virally suppressed, broken out by specified age groups and data points that included service utilization, income, zip code, housing status, education, comorbidities, marital status, insurance status, gender, risk factor, and race/ethnicity.

E. Other Business Items:

Agenda Items for Next Meeting Client Health Outcomes, Funding Sources, How Best to Meet the Need, Linkage/Road Map
Next Meeting Date: May 22, 2015- 9:30 a.m., Governmental Center Annex, A-337.

I. EXECUTIVE COMMITTEE

May 19, 2015

Vice Chair: Y. Reed

A. Work Plan Item Update / Status Summary:

PCS Quarterly Reports – The committee reviewed the revised quarterly reports, which were updated to clarify where the data for the HIV Care Continuum comes from, how it should be used, and some limitations of the data. The committee agreed that there were no further changes; the reports will be brought forward to the HIVPC.

Meeting Evaluations (WP Item 3.5) – The committee discussed meeting evaluations and the historically low rate of return from most of the committees. Members also agreed that a lot of the comments were not conducive to improving meeting facilitation. The committee felt it would be better to conduct evaluations on a quarterly basis, but in order to do so, the tool may need to be revised. Staff will revise the tool and bring it back for the next meeting. Meeting evaluations that are received and have comments will be shared with the appropriate committee leadership.

Training Schedule (WP Item 2.2) – This item was tabled until the next meeting.

Special Election Process – The committee reviewed the special election process that will be taking place at the May HIVPC meeting. Since the process for a special election is not completely outlined in the By-Laws, the appropriate process is to follow Robert's Rules of Order. The committee was presented with the process in a handout, which will also be available at the HIVPC meeting. The committee also reviewed a letter from the previous HIVPC Chair, which asked for an extension for the special elections, which would allow him to run and finish out the term. The committee felt it would be best to hold the special elections as scheduled in May.

Evaluation Report – This item was tabled until the next meeting.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: HIVPC Vision & Mission, Training Schedule, Evaluation Report, Attendance, Priority Rankings & Allocations. *Next Meeting Date:* June 16, 2015, A-337

J. AD-HOC BY-LAWS COMMITTEE

No May Meeting

Chair: M. Schweizer

K. EXPLORATORY SUBCOMMITTEE

May 20, 2015

Chair: C. Taylor-Bennett

A. Work Plan Item Update / Status Summary:

Review Integrated Group Components & By-Laws Changes – The committee reviewed the components of the new Integrated Group between Prevention and Part A. Further changes were made to make the language softer about what demographics should be included on the work group. The committee also agreed the respective Executive Committees of each body should vet potential candidates to serve on the work group. Additionally, the committee agreed that recommendations from the work group should be brought forth to the Executive Committee of the respective body, and those recommendations would only need approval from the appropriate bodies, rather than both bodies having to approve recommendations that may not pertain to their bodies.

B. Rationale for Recommendations:

The recommendations that were made allow for flexibility in the role and membership of the work group.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: N/A Next Meeting Date: N/A

9. GRANTEE REPORTS

- a. Part A
- b. Part B
- c. Part C
- d. Part D
- e. Part F
- f. HOPWA
- g. Prevention

10. UNFINISHED BUSINESS

11. ANNOUNCEMENTS

- a. Reminder: HIVPC Mentorship Program
- b. PCS Quarterly Reports

12. PUBLIC COMMENT (Up to 10 minutes)

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: June 25, 2015, 9:30 a.m. **LOCATION:** CDTC

<i>Tasks for next Meeting</i>	<i>Responsible Party</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
Priority Rank & Allocate Funds (WP Item 6.5 & 6.6)	<i>PSRA, HIVPC</i>	ACTION ITEM: Review and approve recommended priority rankings and service allocations for FY 2016-2017.

15. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

**THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL**

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



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
 April 23, 2015 Meeting Minutes

ATTENDANCE			
#	Members	Present	Absent
1	Bhrangger, R.	X	
2	Burgess, D.	X	
3	DeSantis, M.	X	
4	Creary, K.	X	
5	Grant, C.	X	
6	Hayes, M.	X	
C	Holness, Comm. D.V.C.		A
7	Katz, H. B.	X	
8	Lint, A.	X	
9	Marcoviche, W.	X	
10	Moragne, T.	X	
11	Parker, P.		A
12	Proulx, D.		A
13	Reed, Y., <i>Vice Chair</i>	X	
14	Runkle, D.	X	
15	Schweizer, Dr. M.	X	
16	Siclari, R.		A
17	Spencer, W.		A
18	Taylor-Bennett, C.	X	
19	Tomlinson, K.	X	
20	Wilkins, D.	X	
A1	Robertson, P. (Alt)		A
	Quorum=11	16	

Guests
Agbodzakey, J.
Bell, J.
McShu, S.
Myers-Culpepper, K.
Rodriguez, J.
Shamer, D.
Soto, T.
Grantee Staff
Copa, R.
Degraffenreidt, S.
Green, W.E.
Jones, L.
Vargas, J.
HIVPC Staff
Beckford, R.
Bente, A.
Johnson, B.
Sandler, C.

1. CALL TO ORDER

The Vice Chair called the meeting to order at 9:36 a.m.

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

The Chair welcomed everyone and self-introductions were made. Attendees were notified of Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. A moment of silence was observed. The Chair reviewed excused absences. The following motions were made:

Motion #1: To approve today's meeting agenda with one amendment.
Amendment: To pull Consent Item #2
Proposed by: Creary, K.
Seconded by: Moragne, T.
Action: Passed with two oppositions

Motion #2: To approve the 3/26/15 meeting minutes.
Proposed by: Creary, K.
Seconded by: Runkle, D.
Action: Passed Unanimously

3. FEDERAL LEGISLATIVE REPORT (Kareem Murphy) (Handout A)

The Vice Chair explained that Mr. Murphy was not available to call in. She asked that all questions be forwarded to HIVPC staff.

4. CONSENT ITEMS (Handouts B-1 - B-4)

All consent items are approved together. The following motion was made:

Motion #3: To approve Consent Items #1, & 3-5

Proposed by: Moragne, T.

Seconded by: Creary, K.

Action: Passed Unanimously

5. DISCUSSION ITEMS(Handout C)

a. To move Keppra (Levetiracetam) from Tier 3 to Tier 1

HIVPC staff explained the rationale for moving Keppra from Tier 3 to Tier 1, as there is no longer a Patient Assistance Program (PAP) no longer available for the drug. The following motion was made:

Motion #4: To move Keppra (Levetiracetam) from Tier 3 to Tier 1

Proposed by: Creary, K.

Seconded by: Moragne, T.

Action: Passed Unanimously

b. To move Tricor (Fenofibrate) from Tier 3 to Tier 1

The following motion was made:

Motion #5: To move Tricor (Fenofibrate) from Tier 3 to Tier 1

Proposed by: Moragne, T.

Seconded by: Katz, H.B.

Action: Passed Unanimously

c. To approve the mentoring, coaching, and buddy programs

A member asked about reimbursement policies for unaffiliated consumers. The Grantee stated that reimbursement is only for HIVPC members. A member asked if HIVPC members are eligible for lost wages reimbursement who are currently employed. There was clarification regarding if a member can make up hours because of attending meetings, then a member is ineligible for lost wage reimbursement. Again it was asked if reimbursement is for affiliated or unaffiliated consumers. A member stated clarity regarding lost wages needs to be identified. A member stated that lost wages reimbursement needs to be removed as this can become very costly. The Grantee stated this policy only includes the mentoring, coaching, and buddy programs and is separate from reimbursement policies. There was a motion to call the question:

Motion #6: To call the question

Proposed by: Runkle, D.

Seconded by: Katz, H.B.

Action: Passed with three oppositions.

The following motion was made:

Motion #7: To approve the mentoring, coaching, and buddy programs.

Proposed by: Moragne, T.

Seconded by: Katz, H.B.

Action: Passed with three oppositions.

6. NEW BUSINESS

a. HIVPC Study Update, Dr. James Agbodzakey

HIVPC staff introduced Dr. Agbodzakey and his study regarding the HIVPC. Dr. Agbodzakey explained his findings regarding collaborative democracy regarding HIV planning services. His research question included, "Does collaborative governance still work in Broward and Palm Beach County's HIV Health Services Planning Councils?" He explained collaborative governance is a new approach to governing. It has gained currency since the 1980s as a viable model for collective problem solving. He found that diverse representation and participation in collaborative governance enhance making allocation priorities in addressing the HIV/AIDS problem. He also found that collaborative governance broadens understanding of the nexus between problem, process, and output. Collaborative governance strengthens civic engagement/democratic participation for collective problem solving. He recommended the HIVPC review:

Bryson and Crosby, 1992; 2005. Leadership for the Common Good: Tackling Public Problems in a Shared-Power World. Jossey-Bass. He stated that he plans to continue his work nationally and internationally.

b. HIVPC Special Election

HIVPC staff explained the resignation of the HIVPC Chair due to an employment change. The Grantee stated the HIVPC By-Laws allows for a special election at today's meeting. He explained that at the Executive Committee there was a recommendation to have a special election at the May HIVPC meeting, and the HIVPC must make a motion to hold the election in May. There was discussion regarding transparency regarding the process of a previous election and that a special election for both Chair and Vice Chair would take place at the next HIVPC meeting. The following motion was made:

Motion #8: To hold a special election at the May HIVPC meeting.

Proposed by: Moragne, T.

Seconded by: Katz, H.B.

Action: Passed Unanimously

There was another motion made:

Motion #9: To amend Motion #8 to include holding a special election at the May HIVPC meeting for Chair and Vice Chair.

Proposed by: Moragne, T.

Seconded by: Tomlinson, K.

Action: Passed with one opposition

7. APRIL COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

April 7, 2015

Chair: A. Lint

The April meeting was held at Broward House Assisted Living Facility. There was a presentation from Broward House staff regarding services offered. There was a recommendation from SFAN to move HIVPC meetings as the Governmental Center location is a barrier to meeting attendance.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

April 2, 2015

Chair: H.B. Katz, Vice Chair: T. Wilson

The report stands. The MCDC is looking for new members. The Welcome Brunch is also scheduled for May 15, 2015.

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

April 13, 2015

Chair: K. Tomlinson, Vice Chair: W. Spencer

The reports stands. The NAE Committee is looking for new members.

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

April 15, 2015

Chair: C. Taylor-Bennett, Vice Chair: R. Siclari

The PSRA Committee will be ranking services at the May meeting. Interested parties are invited to attend.

E. AD-HOC FOOD SERVICES ELIGIBILITY COMMITTEE

April 14, 2015

Chair: M. DeSantis

The report stands. The Chair stated that he hopes a sustainable model will be ready to be presented at the June meeting.

F. AD-HOC LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

April 9, 2015

Chair: D. Proulx

The LPAC Chair was not present.

G. QUALITY MANAGEMENT COMMITTEE (QMC)

April 20, 2015

Chair: C. Grant

The report stands. A presentation was conducted regarding the goals of quality management.

H. SYSTEM OF CARE COMMITTEE (SOC)

March 27, 2015

Chair: M. Schweizer, Vice Chair: D. Sabatino

The report stands. A meeting will take place on Friday, April 24th in A-337.

I. EXECUTIVE COMMITTEE

The report stands.

J. AD-HOC BY-LAWS COMMITTEE

No April Meeting

Chair: M. Schweizer

K. EXPLORATORY COMMITTEE

No April Meeting

Chair: C. Taylor-Bennett

8. GRANTEE REPORTS

- a. Part A: The Part A Grantee announced that Grantee staff is currently in the process of closing out FY 2014-2105 expenditures. There will be a carryover request of approximately \$225,000-\$250,000, the majority of which will be from MAI services. The Grantee announced Notice of Final Grant Award (NGA) has not yet been received. The Part A Office is deeply engaged in monitoring process and will be finalized in August. The Part A Grantee announced his office is actively transferring HICP clients between 100% and 249% of the Federal Poverty Level (FPL) back to ADAP. He also announced a technical assistance (TA) project was completed for ACA enrollment, which will help in next year’s enrollment process. The Part A Grantee is now on Twitter, @GetCareBroward.
- b. Part B: The Part B Grantee explained Part B expenditures and allocations. A member asked for clarification regarding ADAP letters, and asked if clients must go to CVS to pick up their medications. The Grantee stated that he will get back to him regarding that issue.
- c. Part C: The Part C Grantee announced they have not yet received an NGA. The Grantee has applied for a capacity grant from HRSA for keeping of electronic medical records.
- d. Part D: The Part D Grantee was not present.
- e. Part F: The Part F Grantee announced if clients do not have dental services, then services can be found at Broward Community Health Centers. He announced a HRSA site visit was completed. The target of new clients is 80 and 72 have been seen thus far.
- f. HOPWA: The HOPWA Grantee announced the RFP has finally been released. He explained submission dates are less than 30 days due to federal guidelines. The Pre-bid conference is scheduled for May 1, 2015 at 1:00 pm. A member thanked that Grantee for willingness to help clients.
- g. Prevention: The Prevention Grantee announced that FLDOH conducted 35 testing events during the first quarter and distributed 250,000 condoms in February. FLDOH is connecting HIV clients to services such as Reiki and supportive services. The Grantee also stated that upcoming Prevention events will be better advertised to the HIVPC.

9. UNFINISHED BUSINESS

None.

10. ANNOUNCEMENTS

None.

11. PUBLIC COMMENT

None.

12. REQUEST FOR DATA

None.

13. AGENDA ITEMS FOR NEXT MEETING: May 21, 2015, 9:30 a.m. LOCATION:GC- 430

<i>Tasks for next Meeting</i>	<i>Responsible Party</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
How Best to Meet the Need (WP Item 6.4)	SOC, PSRA, HIVPC	ACTION ITEM: Review and approve language for How Best to Meet the Need.

14. ADJOURNMENT

The meeting was adjourned at 11:21 a.m.

HIVPC Attendance CY 2015

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	22	26	26	23									
1	Bhrangger, R.	X	A	X	X									
2	Burgess, D.	X	X	X	X									
	Coscarelli, M. (Alt 1)	A	A	A	Z - 4/17								R - 4/17	
3	Creary, K.	X	X	X	X									
4	DeSantis, M.	X	X	X	X									
	Gammell, B., <i>Chair</i>	X	X	X	Z - 4/20									
5	Grant C.	X	X	A	X									
6	Hayes, M.	X	X	A	X									
C	Holness, D. V.C. (Comm)	X	X	A	A									
7	Katz, H.B.	X	X	X	X									
	Kuryla, S.	Z - 1/21												
8	Lint, A.	X	X	X	X									
9	Marcoviche, W.	X	A	X	X									
10	Moragne, T.	A	X	X	X									
11	Parker, P.	X	X	X	A									
12	Proulx, D.	A	X	X	A									W - 1/27
13	Reed, Y., <i>V. Chair</i>	X	X	X	X									
A	Robertson, P. (Alt 2)	A	A	X	A									
14	Runkle, D.	X	X	X	X									
15	Schweizer, M.	X	X	X	X									
16	Siclari, R.	X	X	X	A									
17	Spencer, W.	X	A	X	A									
18	Taylor-Bennett, C.	X	X	X	X									
19	Tomlinson, K.	X	X	X	X									
20	Wilkins, D.	A	X	X	X									
	Wilson, T.	X	X	Z-3/24										
	Quorum = 11	19	20	20	16									

**Broward County HIV Health Services Planning Council
HIVPC MEMBERSHIP APPLICATION**



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

Dear Interested Party,

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

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

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

*HIVPC Staff
Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
FAX: 954-561-9685*

EMAIL: HIVPC@BRHPC.ORG

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

Contact and Demographic Information

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

First Name: _____ Last Name: _____

Home Address: _____ Home Phone: _____

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

Employer (if applicable): _____ Occupation/Title: _____

Business Address: _____ Business Phone: _____

City, State, Zip Code: _____ Fax: _____

Home Email: _____ Business Email: _____

➤ I prefer to receive phone calls and messages at: Home Work Cell

➤ I prefer to receive mail at: Home Work

➤ I prefer to receive email at: Home Work

➤ I prefer to receive HIVPC documents: Electronically (via email) Hard copy (via mail)

➤ What sex were you assigned at birth? (check one):

Male Female Decline to state

➤ What is the current gender you identify with? (check all that apply):

Male Female Transgender (Male to Female) Transgender (Female to Male)

Unknown Decline to state

➤ Race (check all that apply): White Black Asian Native Hawaiian/Pacific Islander

American Indian/Alaska Native Other (Specify) _____

➤ Ethnicity (check one):

Hispanic/Latino Non-Hispanic Other (Specify) _____

➤ Hispanic Subgroup (check one if any):

Mexican Puerto Rican Cuban Other (Specify)

➤ Asian Subgroup (check one if any):

Asian Indian Chinese Filipino Japanese Korean Vietnamese Other (Specify)

➤ Native Hawaiian/Pacific Islander Subgroup (check one):

Commented [BRHPC1]: Gender is one of the reflectiveness categories mandated by HRSA (Part A Manual p. 111). The questions about sex and gender reflect the reporting methods used for the Ryan White Services Report (RSR).

Commented [BRHPC2]: Race/ethnicity is one of the reflectiveness categories mandated by HRSA (Part A Manual p. 111). The questions about race and ethnicity reflect the reporting methods used for the Ryan White Services Report (RSR).

Commented [HP3]: Subgroups are included in RSR client level data elements.

Native Hawaiian Guamanian Samoan Other (Specify)

➤ Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency? Yes No

➤ Do you self-identify as HIV positive?* Yes, and I am open about my status No I do not wish to disclose

**Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*

➤ If you self-identify as HIV positive, do you self-identify with any of the following risk factors?

- Hemophilia Heterosexual (Straight) Intravenous Drug User (IDU) Blood Transfusion
- Perinatal Transmission (Mother to Child) Man who has sex with Men (MSM) I don't know/Unsure
- I do not wish to disclose

➤ Do you receive Ryan White Part A services? Yes No I do not wish to disclose

➤ If you self-identify as HIV positive, how old were you when you were diagnosed?

0-12 years old 13-19 years old 20-29 years old 30-39 years old

40-49 years old 50-59 years old 60 years old or older I do not wish to

disclose

Commented [BRHPC4]: Age at diagnosis is one of the reflectiveness categories mandated by HRSA (Part A Manual p. 111).

Categories of Membership (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Health care providers, including federally qualified health centers | <input type="checkbox"/> Members of a Federally recognized Indian tribe |
| <input type="checkbox"/> Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs) | <input type="checkbox"/> Individuals co-infected with Hepatitis B or C |
| <input type="checkbox"/> Social service providers (including housing and homeless-services providers) | <input type="checkbox"/> State Medicaid agency |
| <input type="checkbox"/> Mental health providers | <input type="checkbox"/> Ryan White HIV/AIDS Program (RWHAP) Part B State agency |
| <input type="checkbox"/> Substance abuse providers | <input type="checkbox"/> RWHAP Part C grantees |
| <input type="checkbox"/> Local public health agencies | <input type="checkbox"/> RWHAP Part D grantees |
| <input type="checkbox"/> Hospital planning agencies or health care planning agencies | <input type="checkbox"/> RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees) |
| <input type="checkbox"/> Affected communities (people living with HIV/AIDS and underserved communities) | <input type="checkbox"/> Housing Opportunities for Persons with AIDS (HOPWA) grantees |
| <input type="checkbox"/> PLWHA Recently Released from Jail or Prison or their representatives | <input type="checkbox"/> Federally funded HIV prevention program grantees |
| <input type="checkbox"/> Non-elected community leaders | <input type="checkbox"/> Veterans Health Administration representative |

Committee Assessment

All HIVPC members are **required** to serve on at least one **standing** committee. Please rank the committees below to indicate your interest.

- _____ **Community Empowerment Committee (CEC):** Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting, and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.
- _____ **Membership/Council Development Committee (MCDC):** Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.
- _____ **Needs Assessment/Evaluation Committee (NAE):** Develops and updates annual needs assessment and other planning activities to ensure quality core medical services are integrated into Broward County's system of care. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.
- _____ **Quality Management Committee (QMC):** Ensures highest quality HIV medical care and support services for PLWHA by developing client and system based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff and client training and education.
- _____ **Priority Setting & Resource Allocation Committee (PSRA):** Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, and allocations.
- _____ **System of Care Committee (SOC):** Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

General Information

Describe your interest in becoming a member of the HIV Planning Council.

Describe how HIV/AIDS has impacted your life, either personally or professionally.

Please list any experiences you have related to community decision making or planning bodies.

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

- I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Council and Committee meetings.
- I understand that to qualify for nomination to the Planning Council I **must be a member of a standing committee** and attend an Orientation.
- I understand that I must attend a post-appointment training within three (3) months of appointment to the Planning Council by the Broward County Board of County Commissioners. If I do not comply with this requirement, I could be removed from the Planning Council.
- I understand that serving on the Council and at least one of its Committees will require at least five hours per month, and that excessive absence will result in my removal from the Council and/or Committees. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from the Council if he/she misses three (3) consecutive Planning Council meetings or four (4) Planning Council meetings in a year in accordance with the County Ordinance.
- If appointed, I would be willing and able to fulfill the responsibilities and functions of a member of the Broward County HIV Health Services Planning Council.
- I am not an appointed member of any other Council or Board appointed solely by the Broward County Board of County Commissioners.
- I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.**

Signature

Date

**Broward County HIV Health Services Planning Council
COMMITTEE MEMBERSHIP APPLICATION**



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

Dear Interested Party,

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

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

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

EMAIL: HIVPC@BRHPC.ORG

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

Contact and Demographic Information

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

First Name: _____ Last Name: _____

Home Address: _____ Home Phone: _____

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

Employer (if applicable): _____ Occupation/Title: _____

Business Address: _____ Business Phone: _____

City, State, Zip Code: _____ Fax: _____

Home Email: _____ Business Email: _____

➤ I prefer to receive phone calls and messages at: Home Work Cell

➤ I prefer to receive mail at: Home Work

➤ I prefer to receive email at: Home Work

➤ What sex were you assigned at birth? (check one):

Male Female Decline to state

➤ What is the current gender you identify with? (check all that apply):

Male Female Transgender (Male to Female) Transgender (Female to Male)
 Unknown Decline to state

➤ Race (check all that apply): White Black Asian Native Hawaiian/Pacific Islander

American Indian/Alaska Native Other (Specify) _____

➤ Ethnicity (check one):

Hispanic/Latino Non-Hispanic Other (Specify) _____

➤ Hispanic Subgroup (check one if any):

Mexican Puerto Rican Cuban Other (Specify) _____

➤ Asian Subgroup (check one if any):

Asian Indian Chinese Filipino Japanese Korean Vietnamese Other (Specify) _____

➤ Native Hawaiian/Pacific Islander Subgroup (check one):

Native Hawaiian Guamanian Samoan Other (Specify) _____

Commented [BRHPC1]: Gender is one of the reflectiveness categories mandated by HRSA (Part A Manual p. 111). The questions about sex and gender reflect the reporting methods used for the Ryan White Services Report (RSR).

Commented [BRHPC2]: Race/ethnicity is one of the reflectiveness categories mandated by HRSA (Part A Manual p. 111). The questions about race and ethnicity reflect the reporting methods used for the Ryan White Services Report (RSR).

Commented [HP3]: Subgroups are included in RSR client level data elements.

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

Commented [BRHPC4]: Age at diagnosis is one of the reflectiveness categories mandated by HRSA (Part A Manual p. 111)

Committees of the Broward County HIV Health Services Planning Council:

Community Empowerment Committee (CEC)

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

Membership/Council Development Committee (MCDC)

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

Needs Assessment/Evaluation Committee (NAE)

Develops and updates annual needs assessment and other planning activities to ensure quality core medical services are integrated into Broward County's system of care. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

Priority Setting & Resource Allocation Committee (PSRA)

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

Quality Management Committee (QMC)

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

System of Care Committee (SOC)

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

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

- Community Empowerment Committee (CEC)
- Membership/Council Development Committee (MCDC)
- Needs Assessment/Evaluation Committee (NAE)
- Quality Management Committee (QMC)
- Priority Setting & Resource Allocation Committee (PSRA)
- System of Care Committee (SOC)

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

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

- _____ I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Committee meetings.
- _____ I understand that serving on a Committee will require at least three hours per month, and that excessive absence will result in my removal from a Committee. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from a Committee if he/she misses three (3) consecutive meetings or four (4) meetings in a year in accordance with the County Ordinance.
- _____ I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.

Signature

Date

**Broward County HIV Health Services Planning Council
MEMBER UPDATE FORM**



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

Dear Interested Party,

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

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

Contact and Demographic Information

This is the update form for all HIV Planning Council and committee members. Please note any changes since submission of your application or last update form.

First Name: _____ Last Name: _____

Home Address: _____ Home Phone: _____

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

Employer (if applicable): _____ Occupation/Title: _____

Business Address: _____ Business Phone: _____

City, State, Zip Code: _____ Fax: _____

Home Email: _____ Business Email: _____

➤ I prefer to receive phone calls and messages at: Home Work Cell

➤ I prefer to receive mail at: Home Work

➤ I prefer to receive email at: Home Work

➤ I prefer to receive HIVPC documents: Electronically (via email) Hard copy (via mail)

➤ What sex were you assigned at birth? (check one):

Male Female Decline to state

➤ What is the current gender you identify with? (check all that apply):

Male Female Transgender (Male to Female) Transgender (Female to Male)

Unknown Decline to state

➤ Race (check all that apply): White Black Asian Native Hawaiian/Pacific Islander

American Indian/Alaska Native Other (Specify) _____

➤ Ethnicity (check one):

Hispanic/Latino Non-Hispanic Other (Specify) _____

➤ Hispanic Subgroup (check one if any):

Mexican Puerto Rican Cuban Other (Specify)

➤ Asian Subgroup (check one if any):

Asian Indian Chinese Filipino Japanese Korean Vietnamese Other (Specify)

➤ Native Hawaiian/Pacific Islander Subgroup (check one):

Commented [BRHPC1]: Gender is one of the reflectiveness categories mandated by HRSA (Part A Manual p. 111). The questions about sex and gender reflect the reporting methods used for the Ryan White Services Report (RSR).

Commented [BRHPC2]: Race/ethnicity is one of the reflectiveness categories mandated by HRSA (Part A Manual p. 111). The questions about race and ethnicity reflect the reporting methods used for the Ryan White Services Report (RSR).

Commented [HP3]: Subgroups are included in RSR client level data elements.

Native Hawaiian Guamanian Samoan Other (Specify)

➤ Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency? Yes No

➤ Do you self-identify as HIV positive?* Yes, and I am open about my status No I do not wish to disclose

**Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*

➤ If you self-identify as HIV positive, do you self-identify with any of the following risk factors?

Hemophilia Heterosexual (Straight) Intravenous Drug User (IDU) Perinatal Transmission (Mother to Child) Man who has sex with Men (MSM) MSM/IDU Blood Transfusion I don't know/Unsure
 I do not wish to disclose

➤ Do you receive Ryan White Part A services? Yes No I do not wish to disclose

➤ If you self-identify as HIV positive, how old were you when you were diagnosed?

0-12 years old 13-19 years old 20-29 years old 30-39 years old

40-49 years old 50-59 years old 60 years old or older I do not wish to

disclose

Commented [BRHPC4]: Age at diagnosis is one of the reflectiveness categories mandated by HRSA (Part A Manual p. 111)

Categories of Membership (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Health care providers, including federally qualified health centers | <input type="checkbox"/> Members of a Federally recognized Indian tribe |
| <input type="checkbox"/> Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs) | <input type="checkbox"/> Individuals co-infected with Hepatitis B or C |
| <input type="checkbox"/> Social service providers (including housing and homeless-services providers) | <input type="checkbox"/> State Medicaid agency |
| <input type="checkbox"/> Mental health providers | <input type="checkbox"/> Ryan White HIV/AIDS Program (RWHAP) Part B State agency |
| <input type="checkbox"/> Substance abuse providers | <input type="checkbox"/> RWHAP Part C grantees |
| <input type="checkbox"/> Local public health agencies | <input type="checkbox"/> RWHAP Part D grantees |
| <input type="checkbox"/> Hospital planning agencies or health care planning agencies | <input type="checkbox"/> RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees) |
| <input type="checkbox"/> Affected communities (people living with HIV/AIDS and underserved communities) | <input type="checkbox"/> Housing Opportunities for Persons with AIDS (HOPWA) grantees |
| <input type="checkbox"/> PLWHA Recently Released from Jail or Prison or their representatives | <input type="checkbox"/> Federally funded HIV prevention program grantees |
| <input type="checkbox"/> Non-elected community leaders | <input type="checkbox"/> Veterans Health Administration representative |

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

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

Signature

Date

SPECIAL ELECTIONS PROCEDURES

Per the HIVPC By-Laws, the special election shall use a majority vote double election system. The By-Laws do not provide guidance for the nominations or ballot process, however. Since a process is not outlined, it is appropriate to follow the process outlined in Robert's Rules of Order.

Per Robert's Rules of Order, there are two usual types of elections. For the purposes of a special election, the second usual type of election makes sense. Voting for candidates for each office takes place for each office immediately following nominations from the floor for that office. If there are multiple candidates and no candidate receives a majority, a run-off vote will be held.

Special Election for HIVPC Chair

1. Call for nominations from the floor by the acting HIVPC Chair. These nominations are for candidates for Chair ONLY.
2. Once all nominations have been made, HIVPC members will have the opportunity to ask questions of candidates. Questions should be relevant to the office the candidate is running for, and should not exceed five minutes.
3. Once all questions have been asked, voting takes place by paper ballot, and voters write in the name of the candidate of their choice.
4. Votes are tallied, and a candidate must receive a majority of the votes to be elected. If there is more than one candidate, and no candidate receives the majority of votes, a second run-off election between the two candidates who received the most votes will take place.
5. A second vote between the two candidates who received the most votes will take place by paper ballot, and voters write in the name of the candidate of their choice.
6. Votes are tallied between the two run-off candidates, and the candidate who received the majority of votes is elected.

Special Election for HIVPC Vice Chair

1. Call for nominations from the floor by the acting HIVPC Chair. These nominations are for candidates for Vice Chair ONLY.
2. Once all nominations have been made, HIVPC members will have the opportunity to ask questions of candidates. Questions should be relevant to the office the candidate is running for, and should not exceed five minutes.
3. Once all questions have been asked, voting takes place by paper ballot, and voters write in the name of the candidate of their choice.
4. Votes are tallied, and a candidate must receive a majority of the votes to be elected. If there is more than one candidate, and no candidate receives the majority of votes, a second run-off election between the two candidates who received the most votes will take place.
5. A second vote between the two candidates who received the most votes will take place by paper ballot, and voters write in the name of the candidate of their choice.
6. Votes are tallied between the two run-off candidates, and the candidate who received the majority of votes is elected.