



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



Meeting Agenda: Membership/Council Development Committee
Date/Time: November 30, 2017, 11:30-1:30 p.m.
Location: A335
Chair: Vacant Vice Chair: Vincent Foster

1. **CALL TO ORDER:** *Welcome, Ground Rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 11/30/17 Agenda and 11/9/17 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
 - a. **Review HIVPC Demographics (Handout A)**
 ACTION ITEM: Review demographics and identify populations that are over or under represented.
 - b. **Current Applicants, Interested Parties, and Appointments (Handout B)**
 ACTION ITEM: Review HIVPC applications and make recommendations to HIVPC
4. **UNFINISHED BUSINESS**
None.
5. **MEETING ACTIVITIES/NEW BUSINESS**
None.
6. **PUBLIC COMMENT**
7. **AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE:** February 8, 2018 **VENUE:** TBD

Agenda Items for Meeting	Action to be taken, presentation, discussion, brainstorm etc.

8. **ANNOUNCEMENTS**
9. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

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

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

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



Meeting Agenda: Membership/Council Development Committee
Date/Time: Thursday, November 9, 2017 9:30 a.m.
Location: Governmental Center Room A-337
Chair: Vacant **Vice-Chair:** Vincent Foster

ATTENDANCE			
#	Members	Present	Absent
1	Burgess, D.	X	
2	Foster, V. <i>Vice Chair</i>	X	
3	Katz, H.B.	X	
4	Robertson, P.	X	
5	Shamer, D.	X	
	Quorum = 4	5	

Grantee Staff
Wallace, C.
HIVPC Staff
Ewart, L
Holloman, K.
Oratien, V.
Guest
Fortune-Evans, B.

1. CALL TO ORDER

The Chair called the meeting to order at 9:34 a.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, Grantee staff and HIVPC staff self-introductions were made. A moment of silence was also recognized.

2. APPROVALS

<p>Motion #1: To approve today’s meeting agenda Proposed by: Katz, H.B. Seconded by: Shamer, D. Action: Passed Unanimously</p> <p>Motion #2: To approve the 7/13/17 minutes Proposed by: Katz, H.B. Seconded by: Robertson, P. Action: Passed Unanimously</p>

3. STANDARD COMMITTEE ITEMS

- a. Review HIVPC Demographics (Handout A): The Committee reviewed the HIVPC and Standing Committee member demographics. There are currently 22 HIV Planning Council members, 9 of whom are consumers. The Planning Council remains underrepresented in males, while resignations, removal, and a member’s passing have left the HIVPC with 3 less females. The member who passed away was also the only unaffiliated female consumer on the Council. The member who resigned did so due to a change of employment. She is expected to return at a later time. Her resignation leaves a vacancy for the Part D Recipient seat, for which there is a qualified applicant. The removal due to attendance has left a vacancy for the Hospital and Health Planning Agency seat. The HIVPC is overrepresented with Hispanic, Black, and White members. Currently, 41% of HIVPC members are unaffiliated consumers and 27% are providers. 2 potential candidates for the VA seat were identified and reached out to but neither has followed up with Staff’s communication. Despite the loss of a member, CEC is still mostly comprised of unaffiliated consumers (60%). MCDC has no women on it, so that should be addressed

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when recruiting membership. PSRA remains underrepresented by consumers. SOC membership is significantly more female than rare, which is rare for HIVPC.

- b. **Current Applicants (Handout B):** One applicant sent in his application for the affected community seat. As yet, he has not attended a Committee or Council meeting, but he has been informed of the requirement. This applicant will hopefully be qualified by the next MCDC meeting. Bisiola Fortune-Evans works for Children’s Diagnostic & Treatment Center and has applied for the Part D recipient seat, vacated by former member Marie Hayes. She has been with CDTC for 13 years, where she began as a social worker working with clients who were affected by and infected with HIV. In 2012, CDTC received its TOPWA grant and she has served as the Program Coordinator since that time. Including time outside of CDTC, Ms. Fortune-Evans has worked with HIV clients for 17 years. As she is eligible for her seat due to employment, Ms. Fortune-Evans does not need to attend 3 meetings, but will do pre-appointment orientation after this meeting. Her appointment would increase the Council’s percentage of female members and providers from its current standing.

Motion #3: To approve Bisiola Fortune-Evans’ application for the Part B seat on HIV Planning Council upon completion of pre-appointment orientation.
Proposed by: Shamer, D. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

- c. **Planning Council and Committee Attendance, Warning Letters, and Removals (Handout C):** Since MCDC’s last meeting, the HIV Planning Council had one meeting cancelled due to quorum. As a result of this, 1 Warning was sent out as well as 1 Removal based on attendance. Committees have done better through this half of the year than they were doing in the beginning. There is 1 more meeting of HIVPC before the end of calendar year, when attendance resets.

4. UNFINISHED BUSINESS

None.

5. MEETING ACTIVITIES/NEW BUSINESS

- a. **Recruitment Materials:** Members reviewed the newest palm card design. Member suggestions from the previous design were to tone down the colorful, cartoonish nature of palm card and emphasize the information regarding Committees and the Council. Those suggestions were taken to a new graphic designer and the current mockups is a reflection of this. 2 options were presented to the Committee (on file). The Committee chose the first option by unanimous decision and voted to approve the design. This palm card design will be taken to the Executive Committee followed by the HIV Planning Council for final approval.

Motion #4: : To approve Option 1 for the palm card design
Proposed by: Shamer, D. **Seconded by:** Robertson, P.
Action: Passed Unanimously

- b. **HIVPC Member Recognition Program:** MCDC reviewed nominations for the HIVPC Member Recognition Program. 4 members were nominated, including 1 posthumously recognized member. 2 of the nominees received more than 1 nomination. The Committee reviewed the provided reasoning for each candidate’s nomination together and voted separately. MCDC members who were nominated did not vote for themselves. Once completed, scores were tallied by PC Staff and averages were used

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to determine each candidates' subjective score. The scores of those candidates with more than 1 nomination were averaged. After individual tallies, the group went over the objective criteria. The member who received the highest score was H.B. Katz. His win will be announced to the Executive Committee at their next meeting and he will receive recognition at the next HIVPC meeting.

6. PUBLIC COMMENT

None.

7. AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE: February 8, 2018 **VENUE:** TBD

Agenda Items for Meeting	Action to be taken, presentation, discussion, brainstorm etc.

8. ANNOUNCEMENTS

None.

9. ADJOURNMENT

Without objection the meeting adjourned at 10:54 a.m.

Membership/Council Development Committee Attendance CY2017

Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date:	12	9	9	C	C	CX	13	C	C	C	9		
0	1	Burgess, D	X	X	X			NQX	X				X		
0	2	Foster, V., V.Chair	X	X	X			NQX	X				X		
2	3	Robertson, P.	A	A	X			NQX	X				X		W 2/10
3		Huggins, L.	A	A	A	W 2/10, R 3/17									
1	4	Katz, H.B.	X	X	X			NQA	X				X		
0		Schweizer, M.	Z-1/10												
1	5	Shamer, D.	X	X	X			NQA	X				X		
		Quorum =4	4	4	5			3	5				5		

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - resigned

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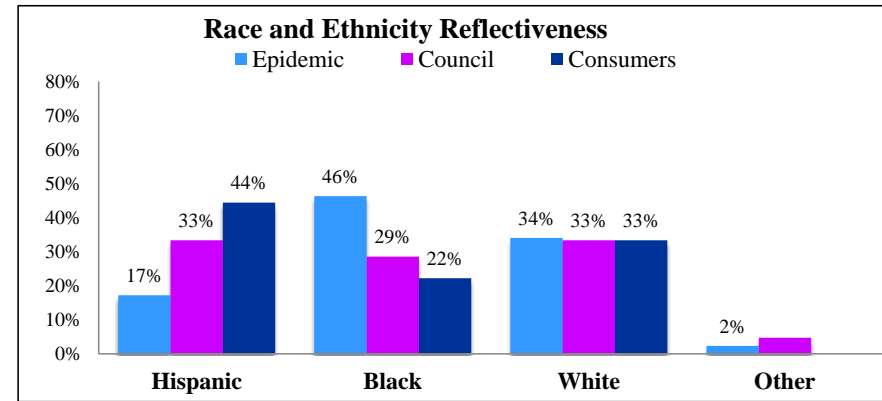
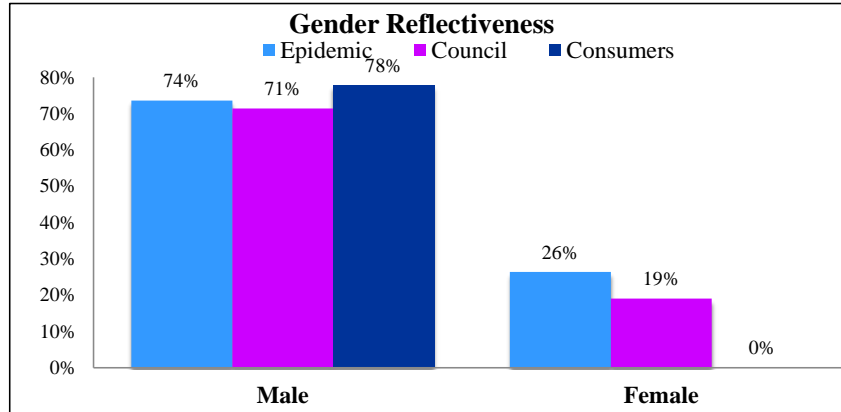


C - cancelled
W - warning letter
R - removal letter

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HIV Planning Council Membership Report Current Through November 30, 2017



Gender	Epidemic	Council	% Difference	Consumers	% Difference
Male	14,753 74%	15 71%	-2%	7 78%	4%
Female	5,288 26%	4 19%	-7%	0 0%	-26%
Transgender	- -	2 10%	-	2 22%	-
Race	Epidemic	Council	% Difference	Consumers	% Difference
Hispanic	3,455 17%	7 33%	16%	4 44%	27%
Black	9,283 46%	6 29%	-18%	2 22%	-24%
White	6,831 34%	7 33%	-1%	3 33%	-1%
Other	472 2%	1 5%	2%	0 0%	2%
Total	20,041 100%	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 - VA |
| 2. Federally Recognized Indian Tribe Members |
| 3. ASO/CBO Serving Affected Populations |
| 4. State Medicaid |
| 5. Local Public Health Agency |
| 6. Health Planning |
| 7. Substance Abuse Provider |
| 8. Alternates (3) |

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

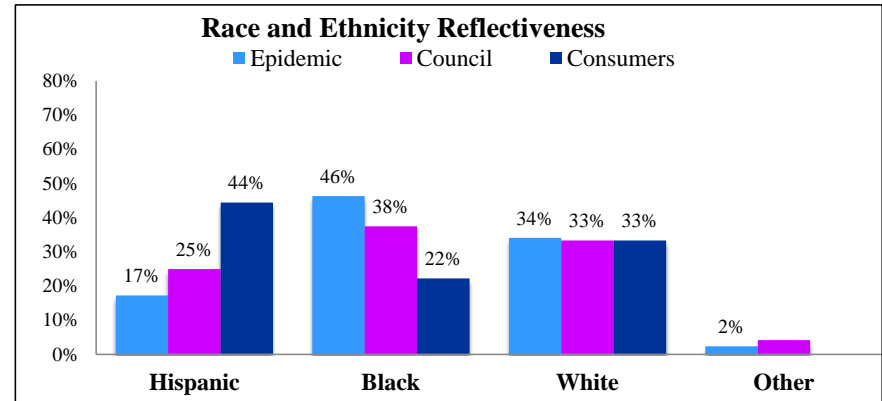
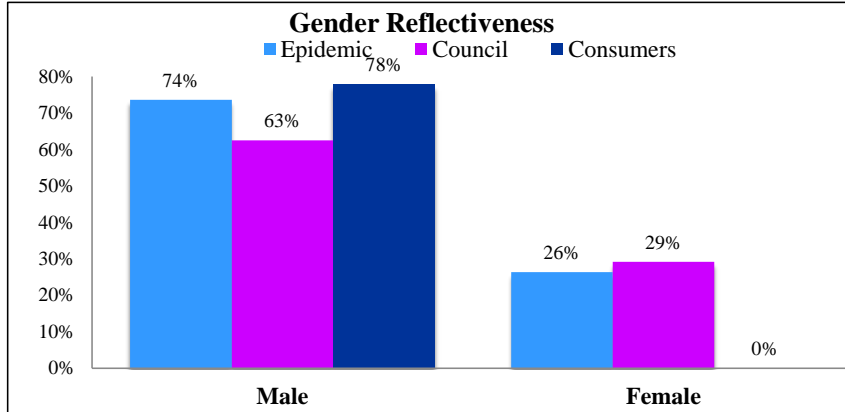
% Part A-Funded Providers	24%
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Active HIVPC Applicants

HANDOUT B

Name	Consumer	W	B	H	O	F	M	T	Agency	Date Applied	Orientation	Committee	Date 1	Date 2	Date 3	Application Category	Outcome
John Wallace			X				X			10/30/17	No	SOC, PSRA				Affected Communities	In Progress
Marie Hayes			X			X			Broward House	11/16/2017	Yes	SOC, PSRA	N/A			Substance Abuse, Mental Health, Social Service Provider, NECL	Qualified
Vincent Foster			X				X		Broward Health	11/16/2017	No	MCDC	N/A			Health Care Provider	Qualified
Rachel Williams			X			X			HOPWA	11/28/2017	No	PSRA	N/A			HOPWA	Qualified

HIV Planning Council Membership Report With Applicants: Vince, Bisiola, Marie and Rachel



Gender	Epidemic	Council	% Difference	Consumers	% Difference
Male	14,753 74%	15 63%	-11%	7 78%	4%
Female	5,288 26%	7 29%	3%	0 0%	-26%
Transgender	- -	2 8%	-	2 22%	-
Race	Epidemic	Council	% Difference	Consumers	% Difference
Hispanic	3,455 17%	6 25%	8%	4 44%	27%
Black	9,283 46%	9 38%	-9%	2 22%	-24%
White	6,831 34%	8 33%	-1%	3 33%	-1%
Other	472 2%	1 4%	2%	0 0%	2%
Total	20,041 100%	24		9	

Current Members	24
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	38%

- | Vacant Seats |
|--|
| 1. Grantees of Other Federal HIV Programs - VA |
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| 4. State Medicaid |
| 5. Local Public Health Agency |
| 6. Health Planning |
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No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time, and no more than 40% of HIVPC members shall be Part A-funded providers.

% Part A-Funded Providers **29%**