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: June 11, 2015, 9:30-11:30 a.m.
Location: Governmental Center Annex Room A-335
Chair: H.B. Katz **Vice Chair:** Vacant

1. **CALL TO ORDER:** *Welcome, Ground Rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 6/11/15 Agenda and 5/15/15 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Review HIVPC & Committee Demographics (WP Item 1.1) (Handouts A & B)
      ACTION ITEM: Review demographics and identify populations that are over or under represented. Determine at least one strategy to correct over or under representation.
   b. Review HIVPC Vacancies (WP Item 1.4) (Handout C)
      ACTION ITEM: Review vacancies and identify open seats. Determine a strategy for recruiting for at least one vacancy.
   c. Current Applicants, Interested Parties, and Appointments (WP Item 1.2) (Handout D)
      ACTION ITEM: Review list of applicants and identify applicants who can become HIVPC members or alternates. Approve members and alternates.
   d. Review Attendance (WP Item 3.1) (Handout E)
      ACTION ITEM: Review attendance for HIVPC and committee members. Identify members who should receive warning or removal letters.
4. **EMERGING ISSUES**
   a. CEC Collaboration
      ACTION ITEM: Discuss collaboration with CEC and recruiting.
   b. Stonewall Pride
      ACTION ITEM: Discuss booth coverage for Stonewall Pride June 20th.
   c. Pride Fort Lauderdale
      ACTION ITEM: Discuss booth coverage for Pride Fort Lauderdale October 10th & 11th.
   d. National Urban League Conference
      ACTION ITEM: Discuss booth purchase for National Urban League Conference July 29th – August 1st.
5. **UNFINISHED BUSINESS**
6. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
Recruitment & Retention (WP Item 2.1) (Handout F)	ACTION ITEM: Review and update the Recruitment & Retention Plan, recruitment materials, and website materials.
Position Descriptions (WP Item 1.3) (Handout G1 – G2)	ACTION ITEM: Review and make any necessary updates to HIVPC member position descriptions.
Nominate HIVPC Member of the Month (WP Item 1.7) (Handout H)	ACTION ITEM: Review and discuss the process for determining HIVPC member of the month.

7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE:** July 2, 2015 **VENUE:** A-335

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
Review & approve position descriptions (WP Item 1.3)	ACTION ITEM: Approve any necessary updates to HIVPC member position descriptions.

9. **ANNOUNCEMENTS**
10. **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

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Meeting Agenda: Membership/Council Development Committee
Date/Time: Friday, May 15, 2015 9:30 a.m.
Location: Hispanic Unity
Chair: H.B. Katz **Vice-Chair:** Vacant

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Katz, H.B., *Chair*	**X**			None
2	Burgess, D.	**X**			
3	Foster, V.	**X**			**Grantee Staff**
4	Runkle, D.	**X**			Odusanya, S.
					HIVPC Staff
					Sandler, C.
	Quorum = 3	**4**			Bente, A.

1. CALL TO ORDER

The Chair called the meeting to order at 9:32 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

Motion #1: To approve today's meeting agenda and the minutes of 4/2/15
Proposed by: Runkle, D. **Seconded by:** Foster, V.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a. Review HIVPC Demographics (WP Item 1.1, Handout A & B)

The committee reviewed the demographics of the HIV Planning Council. Unaffiliated consumer membership continues to exceed the mandated 33%, and the Council is slightly over represented by females and black and Hispanic membership, but is under represented by white and black membership. The committee discussed the addition of the percentage of Part A providers that serve as HIVPC members; members asked that it be made clearer why that is included on the roster. The MCDC also reviewed individual committee reflectiveness, and noted that there had not been much change since the last month. The Grantee staff person asked for a summary of the work that is being done to improve the reflectiveness of each committee, so there is a record of the impact that is being made. HIVPC staff also noted that they had participated in the Transgender Symposium and had spoken to a number of people about participating on the HIVPC. HIVPC staff encouraged people to attend the Welcome Brunch, and left information about the event for people to take with them.

b. Review HIVPC Vacancies (WP Item 1.4) (Handout C)

The committee reviewed Handout C, which shows the parties that have been contacted to fill empty seats. HIVPC staff noted that they had followed up with parties who received certified letters, but still had no response. HIVPC staff also contacted people who had submitted applications but had not continued in the application process by joining a committee or attending an orientation. Two people were removed from the list of applicants as a result of reaching out to the parties.

A committee member noted that the PALS program at the Pride Center is a collaboration, but PALS staff is separate from Pride Center Staff. The member noted that it might be best to get into contact with PALS staff directly. The Grantee staff member also asked about the Local Public Health Agency seat. Staff noted that historically the Department of Health was the party identified to fill the seat, but research could be conducted to see which agencies fill the seat in other EMAs.

c. Current Applicants, Interested Parties, and Appointments (WP Item 1.2) (Handout D)

The committee reviewed the current applicants. There are no current applicants who are ready to be approved to the Council. HIVPC Staff made follow up phone calls to parties who have submitted applications, to ensure that they are still interested in participating and coming to the committees they have identified as the committee they would like to join. There was committee discussion regarding the approval of an applicant's application. The application was discussed due to a change in a former HIVPC member's change in seat status. There was hesitation from the committee to approve the application due to place of employment, employment work phone number, and email were missing from the application. The committee asked the missing information from the application be updated before the committee approves the application; the motion moving forward to the HIVPC is contingent based on the application being returned with the missing information included.

Motion #2: To approve Brad Gammell for a Non-Elected Community Leader seat, contingent on his application being returned with the missing information included.
Proposed by: Runkle, D. **Seconded by:** Foster, V.
Action: Passed Unanimously

d. Review Attendance (WP Item 3.1) (Handout E)

The committee reviewed attendance of the committees and the Council. All letters have been sent to parties who need attendance warnings or removals; one member was removed from a committee due to attendance.

4. UNFINISHED BUSINESS

a. HIVPC Applications (Handouts F-1 – F-3)

The committee reviewed the applications with the recommended changes that were made based on a recommendation from the Grantee. The only changes that were made were to update the demographic data points to reflect the data points in the RSR reports. The committee agreed that this should finalize the new applications and that the RSR reporting data points should be brought with the applications to be able to show that the reporting data points were the same. The following motion was made:

Motion #3: To approve the HIVPC Application, committee application, and member update form.
Proposed by: Runkle, D. **Seconded by:** Foster, V.
Action: Passed Unanimously

5. MEETING ACTIVITIES/NEW BUSINESS

a. HIVPC Barriers Survey

The committee reviewed the survey for former members and interested parties to determine the barriers to people participating on the HIVPC and its committees. The committee previously conducted a survey for current members about the barriers to serving on the HIVPC and its committees, but since these are the members that are already serving, it was noted that there needed to be additional perspective. The committee requested that an updated survey be created to ask former members and interested parties about the barriers to participating. The committee requested that HIVPC staff get in touch with former members from 2010-2015 to get an idea of why they resigned and what issues made it difficult to participate.

6. PUBLIC COMMENT

None.

7. AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE: June 4, 2015 VENUE: Gov't Center A-335

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
Recruitment & Retention (WP Item 2.1)	ACTION ITEM: Review and update the Recruitment & Retention Plan, recruitment materials, and website materials.
Position Descriptions (WP Item 1.3)	ACTION ITEM: Review and make any necessary updates to HIVPC member position descriptions.
Nominate HIVPC Member of the Month (WP Item 1.7) (Handout K)	ACTION ITEM: Review and discuss the process for determining HIVPC member of the month.

8. ANNOUNCEMENTS

None.

9. ADJOURNMENT

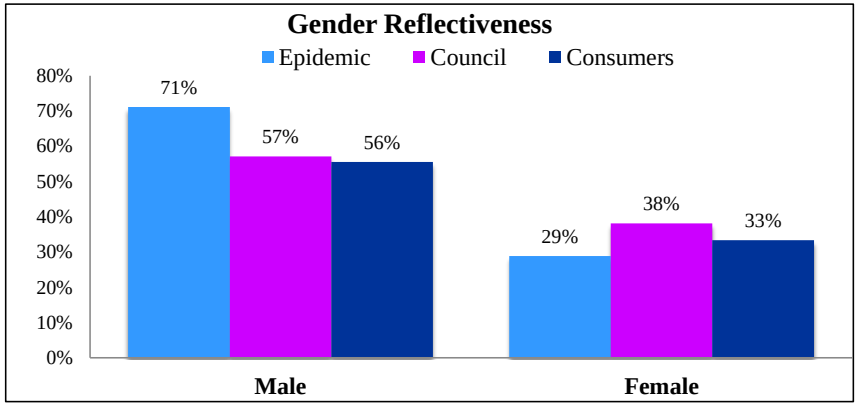
Without objection the meeting adjourned at 10:53 a.m.

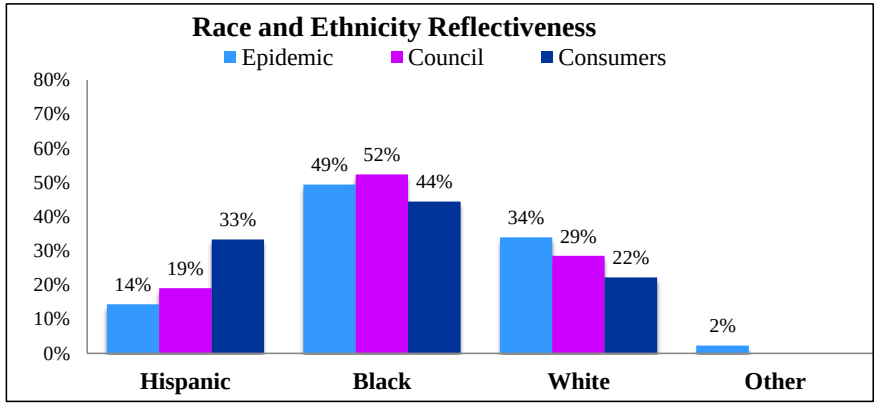
MEMBERSHIP/COUNCIL DEVELOPMENT - ATTENDANCE CY 2015

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	8	5	5	2	15								
1	Burgess, D	X	A	X	X	X								
2	Foster, V.	X	X	X	X	X								
3	Katz, H.B., *Chair*	X	X	X	X	X								
	Kuryla, S.	E	Z - 1/21											
4	Runkle, D.	X	X	X	X	X								
	Wilson, T., *V. Chair*	X	X	X	Z - 3/24									
	Quorum = 4	5	4	5	4	4								

HANDOUT A

HIV Planning Council Membership Report
As of 6/4/2015





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	12,275	71%	12	57%	**-14%**	5	56%	**-16%**
Female	4,973	29%	8	38%	**9%**	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%	11	52%	**3%**	4	44%	**-5%**
White	5,856	34%	6	29%	**-5%**	2	22%	**-12%**
Other	395	2%	0	0%	-2%	0	0%	-2%
Total	**17,248**	**100%**	**21**			**9**		

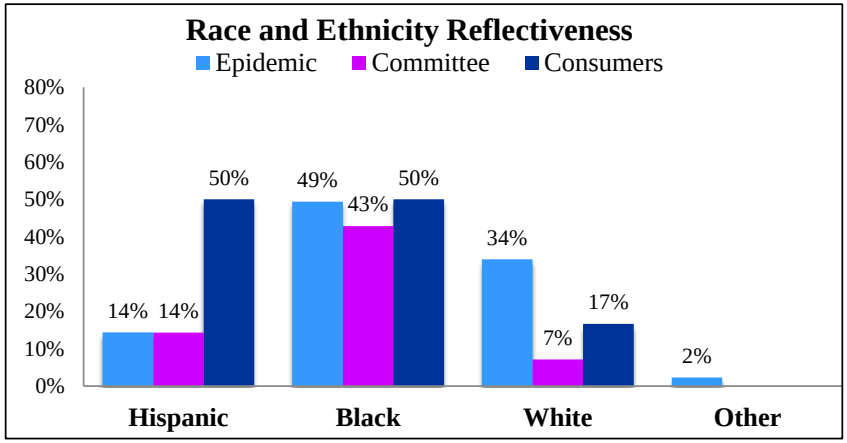
Current Members	**21**
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	**38%**

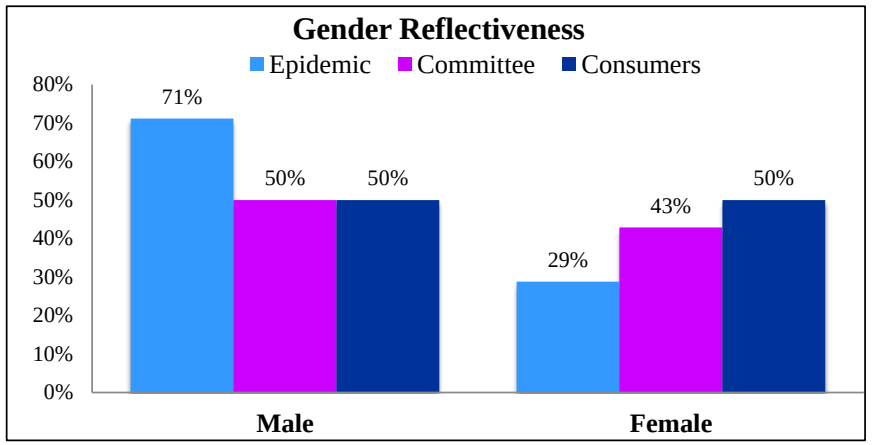
No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time, and no more than 40% of HIVPC members shall be Part A-funded providers.

% Part A-Funded Providers	*29%*

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

Community Empowerment Committee (CEC) Reflectiveness Report
Through June 2015



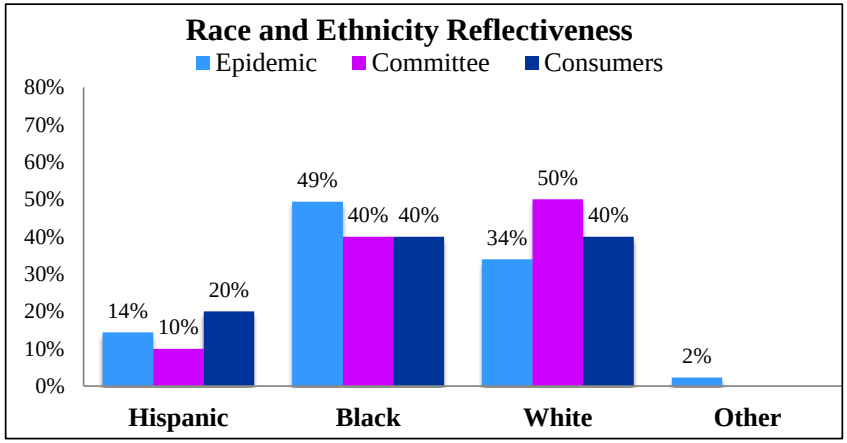


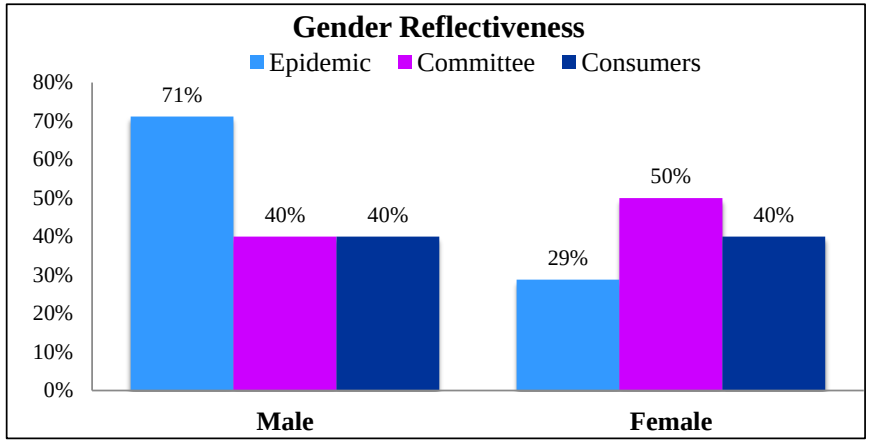
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	7	50%	3	50%	**-21%**
Female	4,973	29%	6	43%	3	50%	**14%**
Transgender	-	-	0	0%	1	17%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	2	14%	3	50%	0%
Black	8,521	49%	6	43%	3	50%	-7%
White	5,856	34%	1	7%	1	17%	**-27%**
Other	395	2%	0	0%	0	0%	-2%
Total	**17,248**		**14**		**6**		

Current Members	**14**
% of Members That Are Unaffiliated Consumers	**43%**

HANDOUT B

Executive Committee Reflectiveness Report
Through June 2015



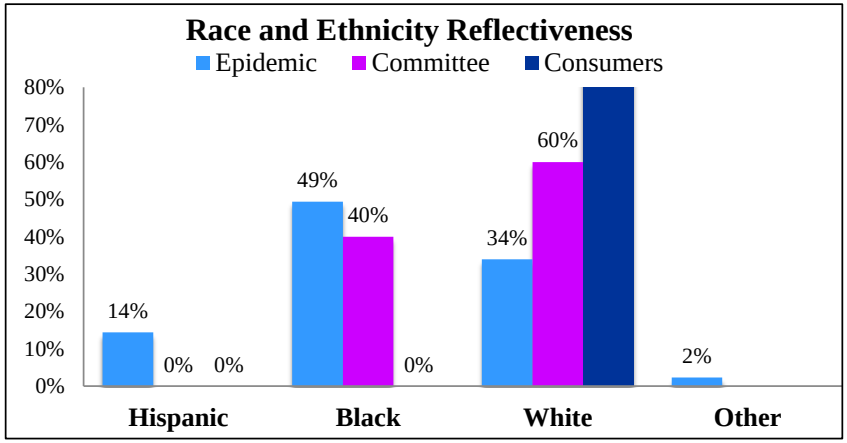


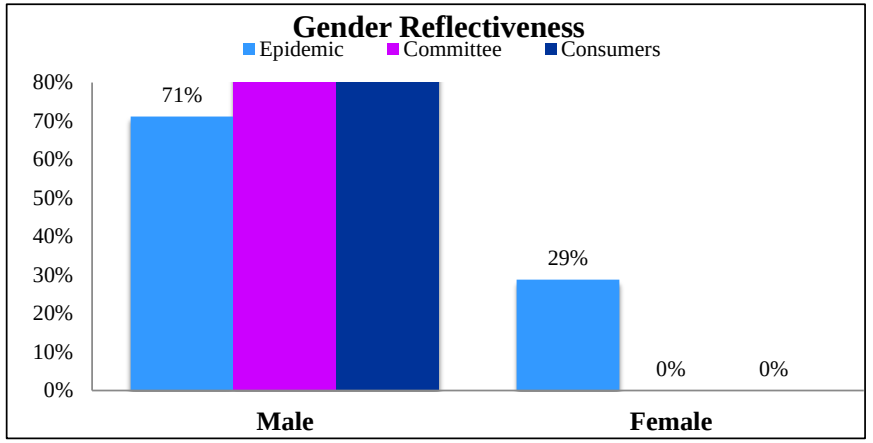
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	40%	2	40%	**-31%**
Female	4,973	29%	5	50%	2	40%	**21%**
Transgender	-	-	1	10%	1	20%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	10%	1	20%	-4%
Black	8,521	49%	4	40%	2	40%	-9%
White	5,856	34%	5	50%	2	40%	**16%**
Other	395	2%	0	0%	0	0%	-2%
Total	**17,248**		**10**		**5**		

Current Members	**10**
% of Members That Are Unaffiliated Consumers	**30%**

HANDOUT B

Membership/Council Development Committee (MCDC) Reflectiveness Report
Through June 2015



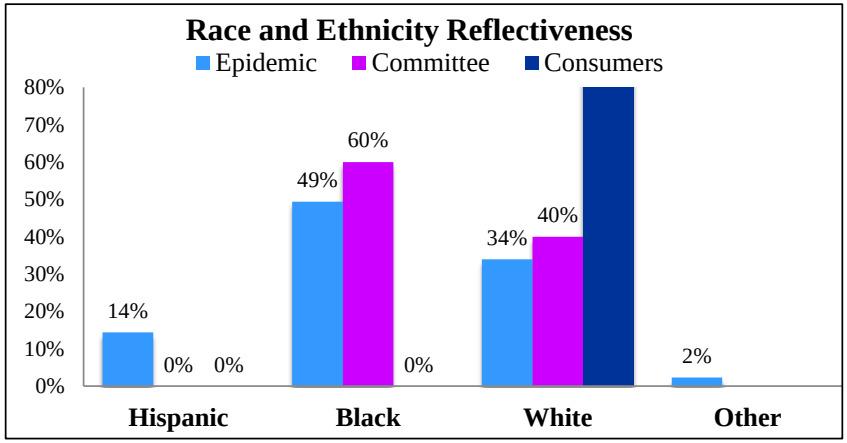


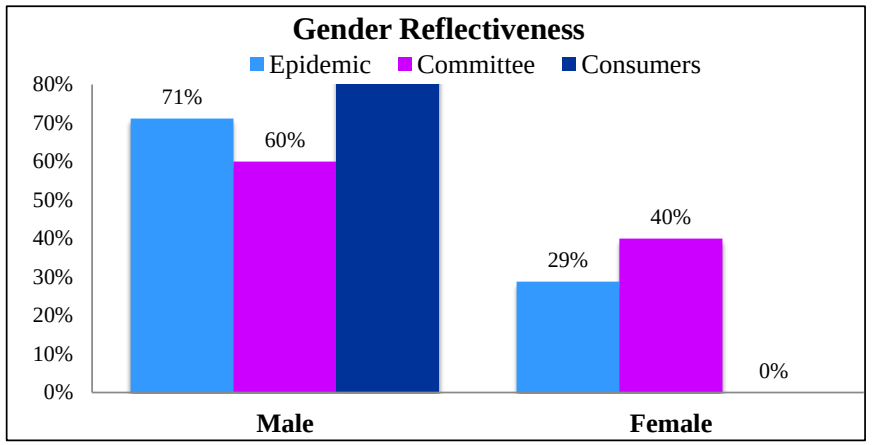
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	5	100%	1	100%	**29%**
Female	4,973	29%	0	0%	0	0%	**-29%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	0	0%	0	0%	**-14%**
Black	8,521	49%	2	40%	0	0%	-9%
White	5,856	34%	3	60%	1	100%	**26%**
Other	395	2%	0	0%	0	0%	-2%
Total	**17,248**		**5**		**1**		

Current Members	**5**
% of Members That Are Unaffiliated Consumers	**20%**

HANDOUT B

Needs Assessment/Evaluation (NAE) Committee Reflectiveness Report
Through June 2015



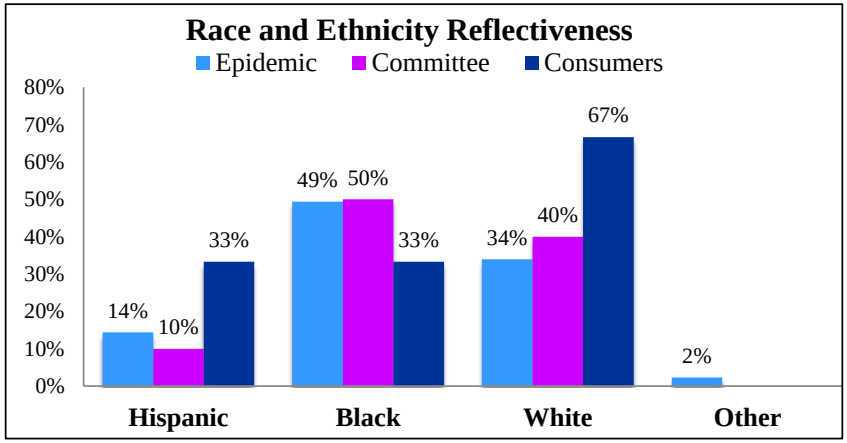


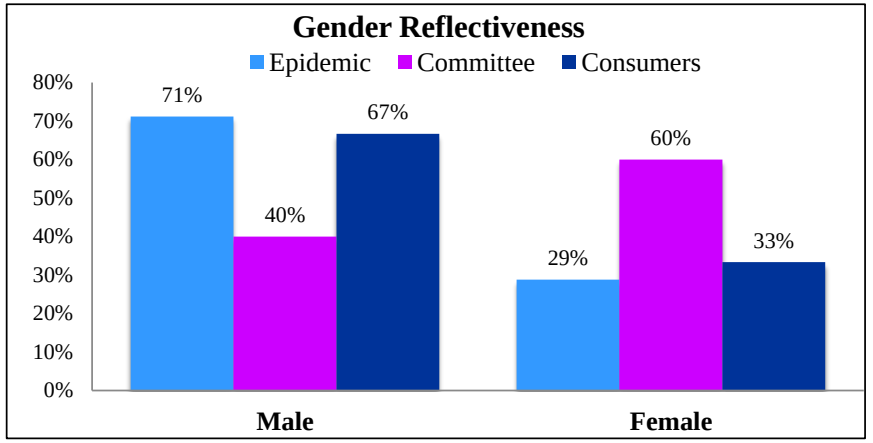
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	3	60%	1	100%	**-11%**
Female	4,973	29%	2	40%	0	0%	**11%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	0	0%	0	0%	**-14%**
Black	8,521	49%	3	60%	0	0%	**11%**
White	5,856	34%	2	40%	1	100%	6%
Other	395	2%	0	0%	0	0%	-2%
Total	**17,248**		**5**		**1**		

Current Members	**5**
% of Members That Are Unaffiliated Consumers	**20%**

HANDOUT B

Priority Setting & Resource Allocation Committee (PSRA) Reflectiveness Report
Through June 2015



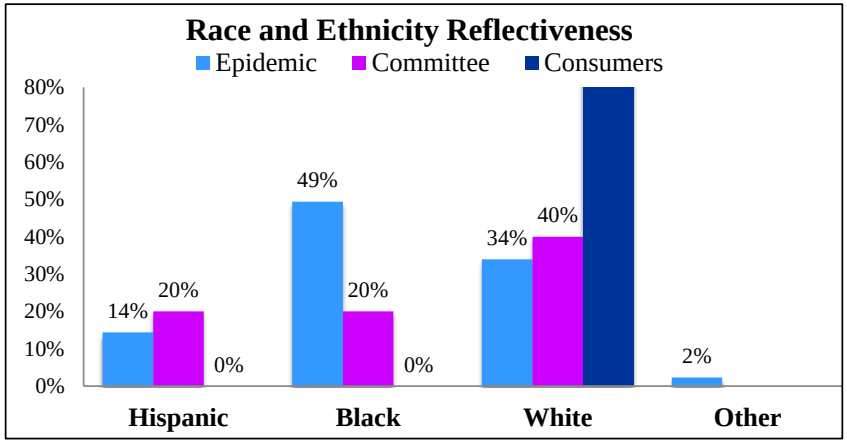


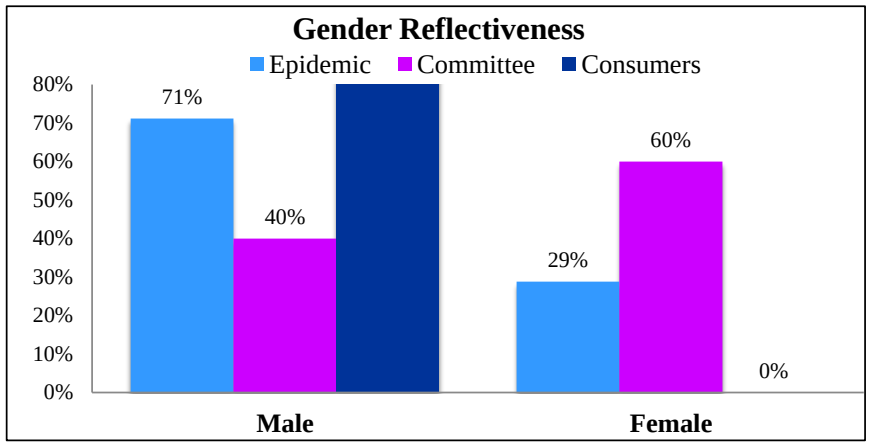
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	40%	2	67%	**-31%**
Female	4,973	29%	6	60%	1	33%	**31%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	10%	1	33%	-4%
Black	8,521	49%	5	50%	1	33%	1%
White	5,856	34%	4	40%	2	67%	6%
Other	395	2%	0	0%	0	0%	-2%
Total	**17,248**		**10**		**3**		

Current Members	**10**
% of Members That Are Unaffiliated Consumers	**30%**

HANDOUT B

Quality Management Committee (QMC) Reflectiveness Report
Through June 2015



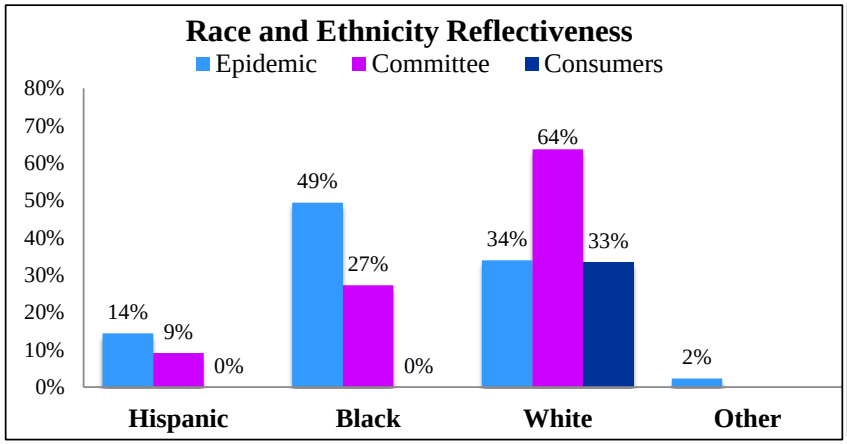


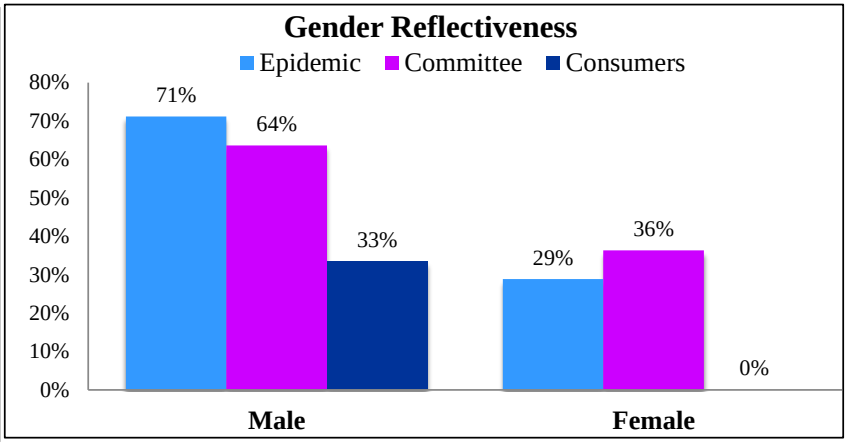
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	2	40%	2	100%	**-31%**
Female	4,973	29%	3	60%	0	0%	**31%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	20%	0	0%	6%
Black	8,521	49%	1	20%	0	0%	**-29%**
White	5,856	34%	2	40%	2	100%	6%
Other	395	2%	0	0%	0	0%	-2%
Total	**17,248**		**5**		**2**		

Current Members	**5**
% of Members That Are Unaffiliated Consumers	40%

HANDOUT B

System of Care (SOC) Committee Reflectiveness Report
Through June 2015





Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	7	64%	1	33%	-8%
Female	4,973	29%	4	36%	0	0%	8%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	9%	0	0%	-5%
Black	8,521	49%	3	27%	0	0%	**-22%**
White	5,856	34%	7	64%	1	33%	**30%**
Other	395	2%	0	0%	0	0%	-2%
Total	**17,248**		**11**		**3**		

Current Members	**11**
% of Members That Are Unaffiliated Consumers	**27%**

HIVPC Vacancies

HANDOUT C

Vacant Seats	Interested Party Identified	Application Submitted	Committee	Application Progress	Recommendations	Vacant Since
1. Grantees of other Federal HIV Programs - Prevention	F. de Hoyos - Latinos Salud	2/6/2015	QMC	In Progress		7/1/2013
2. Grantees of other Federal HIV programs - VA	Y. Tarver - VA	2/19/2015	SOC	In Progress		Continuously Vacant
3. Part B State agency	J. Bell - FLDOH-BC	5/11/2015	PSRA	In Progress		8/1/2014
4. State Medicaid agency	K. Martes - AHCA	12/3/2014	QMC	Medicaid restructuring; application on hold until further notice	Restructuring will be done at end of June, should know who will	11/24/2014
5. Hospital/Health Care Planning Agencies	*No interested party identified*					12/1/2012
6. Local Public Health Agencies	V. Lewis - Broward House	11/6/2014	CEC	In Progress		11/1/2012
7. PLWHA recently released from jail or their representatives	*No interested party identified*					11/1/2013
7. Federally Recognized Indian Tribe members	*Contacted Seminole health services 2/25; not interested*					Continuously Vacant
8. Individuals co-infected w/ Hepatitis B or C	L. Lewis	2/17/2015	QMC	In Progress		Continuously Vacant

HIVPC Applicants

HANDOUT D

Name	Consumer	W	B	H	O	F	M	T	Agency	Date Applied	Orientation	Committee	Date 1	Date 2	Date 3	Application Category	Outcome
de Hoyos, F.				1			1		Latinos Salud	2/6/2015	Yes	QMC	4/20/2015			Local PH Agency/Aff. Comm./CBO-ASO	In Progress
Lewis, L.	1		1				1			2/17/2015	Yes	QMC	2/23/2015	3/16/2015		PLWHA recently released from jail/Ind co-infected w/ Hep B or C	In Progress
Lewis, V.	1		1			1			Broward House	11/6/2014	No	CEC	3/3/2015			Local PH Agency, Affected Communities	In Progress
Myers-Culpepper, K.			1			1				4/24/2015	No	CEC	2/3/2015	3/3/2015	4/7/2015	NECL	Needs Orientation
Martes, K.		1				1			ACHA	12/3/2014	No	QMC				State Medicaid	Waiting on further instruction to proceed from AHCA
Tarver, Y.			1			1			VA	2/19/2015	No	SOC	5/22/2015			Grantees of other Federal HIV programs - VA	In Progress
Bell, J.			1				1		FLDOH	5/11/2015	No	PSRA				Part B Agency	In Progress

Community Empowerment Committee HANDOUT E

Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date:	6	3	3	7	5								
0	1	Bhrangger, R.	X	X	X	X	X								
0	2	Burgess, D.	X	X	X	X	X								
3	3	Clayton, L.	E	X	A	A	A								W - 4/17, R - 5/12
0	4	Creary, K.	X	X	X	X	X								
0	5	Culpepper, K.	X	X	X	X	X								
0	6	Fleurinord, P., *V. Chair*	N - 5/12												
0	7	Franks, H.	X	X	X	X	X								
1	8	Katz, H.B.	X	E	A	X	X								
2		King, J.	A	A	Z - 2/13										W - 1/15, R - 2/13
0	9	Lint, A., *Chair*	X	X	X	X	X								
0	10	Marcoviche, W.	E	X	X	X	X								
0	11	Myers, L.	X	X	X	X	X								
2		Parker, P.	A	X	A	X	X	Z - 5/20							
2	12	Reed, Y.	X	X	A	A	X								W - 4/17
1	13	Robertson, P.	X	X	A	X	X								
0	14	Runkle, D.	X	X	X	X	X								
1	15	Wilkins, D.	X	X	A	X	X								
		Quorum = 9	12	14	9	13	14								

Legend:
X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

Membership/Council Development Committee HANDOUT E

Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date:	8	5	5	2	15								
1	**1**	Burgess, D	X	A	X	X	X								
0	**2**	Foster, V.	X	X	X	X	X								
0	**3**	Katz, H.B., *Chair*	X	X	X	X	X								
1		Kuryla, S.	E	Z - 1/21											
0	**4**	Runkle, D.	X	X	X	X	X								
	5	Schweizer, M.	N - 5/21												
0		Wilson, T.	X	X	X	Z - 3/24									
		Quorum = 4	5	4	5	4	4								

Legend:

X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

Needs Assessment/Evaluation Committee HANDOUT E

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	12	9	9	14	11								
						C	C										
1		1	**1**	Katz, H. B.	X	NQA	NQX	E	X								
		1	**2**	Moragne, T.	X	NQX	NQA	X	X								
		1		Rodriguez, J.	A	Z - 1/15											R - 1/15
		0	**3**	Shirley, J.	X	NQX	NQA	X	X								
	1	2	**4**	Spencer, W., *V. Chair*	A	NQA	NQX	X	X								W - 1/15, R- 2/13, N- 3/2
		0	**5**	Tomlinson, K., *Chair*	X	NQX	NQX	X	X								
				Quorum = 4	4	3	3	4	5								

Legend:

X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

Quality Management Committee HANDOUT E

Absences Count		Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date:	26	23	16	20	18								
							C								
0	**1**	Earp, A.	N - 2/26		X	X	NQA								
0	**2**	Grant, C., *Chair*	X	X	X	X	NQX								
0	**3**	Katz, H.B.	X	X	X	X	NQX								
3		Mitchell, T.	A	A	A	Z - 3/26									W- 3/2
0	**4**	Runkle, D.	N - 2/26		X	X	NQX								
1	**5**	Tavares, J.	X	X	A	X	NQA								
		Quorum = 4	4	4	4	5	3								

Legend:

X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

Priority Setting Resource Allocation Committee HANDOUT E

Absences Count		Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date:	21	18	18	15	20								
1	**1**	DeSantis, M.	X	X	X	X	A								
1	**2**	Gammell, B.	X	X	X	E	X								
0	**3**	Grant, C.	X	X	X	X	X								
0	**4**	Hayes, M.	X	X	X	X	X								
0	**5**	Katz, H.B.	X	X	X	X	X								
0	**6**	Proulx, D.	X	X	X	X	X								
2	**7**	Reed, Y.	X	E	X	A	X								
0	**8**	Schickowski, K.	X	X	X	X	X								
2	**9**	Siclari, R., *V. Chair*	X	X	X	A	A								W - 6/2
0	**10**	Taylor-Bennett, C., *Chair*	X	X	X	X	X								
		Quorum = 6	10	9	10	7	8								

Legend:

X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

System of Care Committee HANDOUT E

Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date:	23	27	27	24	22								
			C	C											
2		Cook, R.	NQA	NQA	Z - 3/9										W-3/3
0	**1**	Creary, K.	N - 3/26		X	X	X								
1	**2**	Eserman, C.	NQX	NQX	X	X	A								
0	**3**	Katz, H.B.	NQX	NQX	X	X	X								
1	**4**	Kress, G.	NQX	NQX	X	X	A								
0	**5**	Lewis, L.	N - 5/22												
0	**6**	Markman, N.	NQX	NQX	X	X	X								
0	**7**	Runkle, D.	N - 3/26		X	X	X								
3	**8**	Rodriguez, J.	NQA	NQA	X	A	X								W-3/3
3	**9**	Sabatino, D., *V. Chair*	NQA	NQA	X	X	A								W-3/3
0	**10**	Schweizer, M., *Chair*	NQX	NQX	X	X	X								
0	**11**	Tarver, Y.	N - 5/22												
2		Ullah, E.	NQA	NQA	Z - 3/3										W-1/27, R - 3/3
		Quorum = 7	5	5	9	8	6								

Legend:

X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

Executive Committee HANDOUT E

Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date:	6	17	17	21	19								
				QNA											
	1	Fleurinord, P.	N - 5/12												
0		Gammell, B,	X	X	X	Z - 4/20									
0	**2**	Grant, C.	X	X	X	X	X								
0	**3**	Katz, H.B.	X	X	X	X	X								
2	**4**	Lint, A.	A	X	X	X	A								R - 1/15, N - 1/17
1	**5**	Reed, Y., *V. Chair*	A	X	X	X	X								
1	**6**	Sabatino, D.	X	X	X	A	X								
0	**7**	Schweizer, M.	X	X	X	X	X								
2	**8**	Sicalari, R.	X	X	X	A	A								W - 6/2
0	**9**	Spencer, W., *Chair*	X	X	X	X	X								
0	**10**	Taylor-Bennett, C.	X	X	X	X	X								
1	**11**	Tomlinson, K.	X	A	X	X	X								
2		Wilson, T.	X	A	A	Z - 3/24									
		Quorum = 7	10	10	11	8	8								

Legend:

X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

QNA - quorum not achieved for entire mtg

Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date:	22	26	26	23	21								
1	**1**	Bhrangger, R.	X	A	X	X	X								
0	**2**	Burgess, D.	X	X	X	X	X								
3		Coscarelli, M, (Alt 1)	A	A	A	Z - 4/17									R - 4/17
0	**3**	Creary, K.	X	X	X	X	X								
0	**4**	DeSantis, M.	X	X	X	X	X								
0	**5**	Gammell, B.	X	X	X	Z - 4/20									N - 6/25
1	**6**	Grant C.	X	X	A	X	X								
1	**7**	Hayes, M.	X	X	A	X	X								
3	**A**	Holness, D. V.C. (Comm)	X	X	A	A	A								
0	**8**	Katz, H.B.	X	X	X	X	X								
0		Kuryla, S.	Z - 1/21												
0	**9**	Lint, A.	X	X	X	X	X								
1	**10**	Marcoviche, W.	X	A	X	X	X								
1	**11**	Moragne, T.	A	X	X	X	X								
2		Parker, P.	X	X	X	A	A	Z - 6/1							
2	**12**	Proulx, D.	A	X	X	A	X								W - 1/27
0	**13**	Reed, Y., *V. Chair*	X	X	X	X	X								
3	**A**	Robertson, P. (Alt 2)	A	A	X	A	E								
0	**14**	Runkle, D.	X	X	X	X	X								
0	**15**	Schweizer, M.	X	X	X	X	X								
2	**16**	Siclari, R.	X	X	X	A	A								W - 6/2
2	**17**	Spencer, W., *Chair*	X	A	X	A	X								
0	**18**	Taylor-Bennett, C.	X	X	X	X	X								
0	**19**	Tomlinson, K.	X	X	X	X	X								
2	**20**	Wilkins, D.	A	X	X	X	A								
0		Wilson, T.	X	X	Z - 3/24										
		Quorum = 11	19	20	20	16	17								

Legend:

X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

ad-Hoc Food Services Eligibility Committee HANDOUT E

Absences Count		Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date:	13	10	10	14	12	9							
			C	C				C							
0	**1**	Creary, K.	N-3/10			X	X	NQA							
0	**2**	DeSantis, M., *Chair*	NQX	NQX	X	X	X	NQX							
0	**3**	Katz, H.B.	E	NQX	X	X	X	NQA							
0	**4**	Runkle, D.	NQX	NQX	X	X	X	NQX							
3		Shamer, D.	NQA	NQA	A	Z - 3/12									W - 2/13, R - 3/12
1	**5**	Starkey, J.	NQX	NQA	X	X	A	NQX							
		Quorum = 4	3	3	4	5	4	3							

Legend:

X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

ad-Hoc By-Laws Committee HANDOUT E

Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date:	14	11											
0	**1**	Burgess, D.	X	X											
2		Creary, K.	A	A	Z - 2/17										W - 2/13
0	**2**	Katz, H.B.	X	X											
0	**3**	Moragne, T.	X	X											
0	**4**	Schweizer, M., *Chair*	X	X											
1		Siclari, R.	A	Z - 1/28											
		Quorum = 3	4	4											

Legend:

X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

Exploratory Committee

HANDOUT E

Absences Count		Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date:			18	15	20								
						C									
2		Grant, C.			A	NQA	Z - 5/6								W - 4/16
1	**1**	Katz, H.B.			X	NQX	A								
0	**2**	Lewis, L.			X	NQA	X								
0	**3**	Runkle, D.			X	NQX	X								
0	**4**	Taylor-Bennett, C. *Chair*			X	NQA	X								
		Quorum = 3			4	2	3								

Legend:

X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

ad-Hoc Nominating Committee HANDOUT E

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	8												
1	1	0	**1**	Burgess, D	X												
	1	0	**2**	Creary, K., *Chair*	N - 3/25												
		0	**3**	Hayes, M.	X												
1	1	0	**4**	Katz, H.B.	X												
		1	**5**	Proulx, D.	A												
1	1	0		Wilson, T.	X	Z - 3/24											
				Quorum = 4	4												

X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

Broward County HIV Health Services Planning Council
Recruitment and Retention Plan

PURPOSE

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

POLICY

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

HRSA-REQUIRED PLANNING COUNCIL MEMBERSHIP CATEGORIES

- At least 33% are People Living with HIV/AIDS (PLWHA) who receive Part A-funded services
- Health care providers, including federally qualified health centers
- Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs)
- Social service providers (including housing and homeless-services providers)
- Mental health providers
- Substance abuse providers
- Local public health agencies
- Hospital planning agencies or health care planning agencies
- Affected communities (people living with HIV/AIDS and underserved communities)
- PLWHA Recently Released from Jail or Prison or their representatives
- Non-elected community leaders
- Members of a Federally recognized Indian tribe
- Individuals co-infected with Hepatitis B or C
- State Medicaid agency
- Ryan White HIV/AIDS Program (RWHAP) Part B State agency
- RWHAP Part C grantees
- RWHAP Part D grantees
- RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees)
- Housing Opportunities for Persons with AIDS (HOPWA) grantees
- Federally funded HIV prevention program grantees
- Veterans Health Administration representative

RECRUITMENT

Goal: To ensure the HIVPC is reflective and representative of the Broward HIV/AIDS epidemic and aligned with HRSA membership policies.

Strategy 1 - Involve the HIVPC

- Announce vacant positions at each meeting of the HIVPC
- Ask HIVPC and committee members (especially MCDC and Community Empowerment Committee (CEC) members) to reach out to potential interested parties and encourage them to participate
- Display recruitment and application materials at each meeting of the HIVPC and, if possible, SFAN meetings.

Strategy 2 – Involve providers and community partners

- Post HIVPC calendars and event flyers at provider agencies, especially Part A provider agencies
- Supply case managers and outreach networks with recruitment materials, event flyers, and meeting schedules they can share with interested clients
- Ask community partners to post meeting and event notices to their websites and social media pages

Strategy 3 - Marketing

- Use the HIVPC website to post recruitment messages, materials, and notices about meetings and events
- Advertise meetings and events through HIVPC email blasts, posted materials on the HIVPC website, and advertisements in local community newspapers and magazines
- Set up a table with recruitment materials at community events or meetings in the community

- Develop hard copy recruitment materials, such as flyers, info sheets, and brochures, to be displayed at community meetings and events
- Provide HIVPC members with marketing materials (such as t-shirts and lanyards) to be worn in the community to help publicize the HIVPC
- Provide HIVPC giveaways and recruitment materials at community events to help publicize the HIVPC

RETENTION

Goal: Ensure the HIVPC takes all feasible steps to retain members, especially PLWHA

Strategy 1 - Support cultural diversity and diverse members

- Provide written materials in appropriate languages upon request

Strategy 2 – Support HIVPC members

- Make mentoring programs available for members
- Seek feedback from members regarding Council and Committee meetings and eliminate potential barriers to participation
- Ensure meetings are held in locations that are easy to access
- Reimburse PLWHA for travel, child care, and lost wages

Strategy 3 - Reward Planning Council Members for their work

- Pick a 'Member of the Month' to be featured on the HIVPC website
- Thank members for service with a certificate of appreciation

PLANNING COUNCIL MEMBERSHIP CATEGORIES

1. Affected Communities

Definition of Affected Communities: Include People With HIV/AIDS, Members Of A Federally Recognized Indian Tribe As Represented In The Population, Individuals Co-Infected With Hepatitis B or C, and Historically Underserved Groups and Subpopulations.

The Ryan White HIV/AIDS Program Part A Manual states:

- "Involvement of those who use Ryan White services ensures crucial input from persons closest to care delivery. Legislative provisions require that consumers be free of conflict of interest in relation to funding decisions"
- "33% of Council members must be consumers receiving Ryan White Part A services, or the parents and caregivers of minor children who are receiving such services. These members should reflect the epidemic in the EMA and be unaligned, meaning that they "are not officers, employees or consultants" of any providers receiving Ryan White funds, and they "do not represent any such entity."

"Consumers who volunteer with a Part A-funded provider are not considered to 'represent' that entity and are eligible for consumer membership on the planning council as unaligned members. The legislation permits a PLWHA to serve as a volunteer at a Part A-funded agency and still be considered unaligned."

Job Description for Affected Communities:

a. Provide strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHAs.
b. Help develop ideas to engage and educate PLWHAs in the community.

2. Non-Elected Community Leader

Definition of Non-Elected Community Leader:

HIVPC By-Laws: "Someone active in the community not elected in formal government elections."

Job Description for Non-Elected Community Leader:

a. Be actively involved with a community organization or ongoing community activities.
b. Provide strong and informed feedback about the effect of Planning Council actions and decisions on the community, especially Ryan White clients and PLWHAs.

3. Health Care Providers, including Federally Qualified Health Centers

Job Description for Health Care Providers:

a. Share information about how Council actions will affect providers and their HIV/AIDS clients.
b. When requested, provide data on funding sources and on utilization by their clients.

4. AIDS Service Organizations and Community-Based Organizations Serving Affected Populations

Job Description for ASO/CBO:

a. Share information about how Council actions will affect service organizations, community organizations and their Ryan White clients.
b. When requested, provide data on funding sources and on utilization by their HIV/AIDS clients.

5. Social Service Providers, including Providers of Housing and Homeless Services

Job Description for Social Service Providers:

a. Share information about how Council actions will affect social service agencies, providers and clients.
b. When requested, provide data on funding sources and on utilization by their HIV/AIDS clients.

6. Mental Health Providers and Substance Abuse Providers

Job Description of Mental Health Providers and Substance Abuse Providers:

a. Share information about how Council actions will affect mental health providers and clients.
b. When requested, provide data on funding sources and on utilization by their HIV/AIDS clients.

7. State Government (Agency Administering Program under Part B)

Job Description for State Government (Agency Administering Program under Part B):

a. Provide the Council and its Committees with detailed insight about the area's Ryan White Part B programs.
b. Provide monthly and annual data reports on utilization and expenditures of Part B and ADAP programs.
c. Bring back to the agency Council recommendations on changing and improving Part B programs.
d. Share information about how Council actions will affect the community's health system and status.

8. State Medicaid Agency

Job Description for State Medicaid Agency:

a. Supply the Council and its Committees with detailed insight about Medicaid services available to PLWHAs in the community.
b. Provide annual reports on utilization and expenditures by Medicaid HIV/AIDS programs in Broward County.
c. Bring back to the agency Council recommendations on changing and improving Medicaid programs.
d. Share information about how Council actions will affect the community's overall health system and status.

9. Ryan White Part C Grantee

Job Description for Ryan White Part C Grantee:

a. Provide the Council and its Committees with detailed insight about the area's Ryan White Part C programs.
b. Provide quarterly reports on unduplicated utilization, expenditures (overall and by service category) and client demographics for the Part C program in Broward County.
c. Bring back to the agency Council recommendations on changing and improving the Part C programs.
d. Share information about how Council actions will affect the community's overall health system and status.

10. Ryan White Part D Grantee

Job Description for Ryan White Part D Grantee:

a. Provide the Council and its Committees with detailed insight about the area's Ryan White Part D programs.
b. Provide quarterly reports on unduplicated utilization, expenditures (overall and by service category) and client demographics for the Part D program in Broward County.
c. Bring back to the agency Council recommendations on changing and improving the Part D programs.
d. Share information about how Council actions will affect the community's overall health system and status.

11. Grantees of Other Federal HIV Programs, including but not limited to providers of HIV Prevention Services

Definition of Grantees of Other Federal HIV Programs: The category is to include, at a minimum, a representative from each of the following:

- Federally-funded HIV prevention services
- Grantees providing services in the EMA that are funded under Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs) and Ryan White Dental Programs (Part F)
- Housing Opportunities for Persons With AIDS (HOPWA) program
- Other Federal programs if they provide treatment for HIV/AIDS, such as the Veterans Administration

Job Description for Grantees of Other Federal HIV Programs:

a. Supply the Council and its Committees with detailed insight about the federal program's HIV/AIDS services.
b. Provide annual reports on unduplicated utilization, expenditures (overall and by service category) and client demographics of the programs in Broward County.
c. Bring back to the agency Council recommendations on changing and improving the agency's programs.
d. Share information about how Council actions will affect the community's health system and status.

12. Hospital Planning Agencies or Health Care Planning Agencies

Job Description for Hospital Planning Agencies or Health Care Planning Agencies:

a. Share information about how Council actions will affect the community's health system and status, with emphasis on hospital outpatient care for HIV/AIDS.
b. When requested, make a data presentation on issues involving the community's public and private health care systems for HIV/AIDS services.

13. Local Public Health Agencies

Job Description for Local Public Health Agencies:

a. Share information about how Council actions will affect the community's health system and status.
b. When requested, make a data presentation on issues involving the community's public and private health care systems for HIV/AIDS services.

14. Representatives of Individuals who formerly were Federal, State, Or Local Prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released:

HRSA Definition of Consumer Representation of Recently Incarcerated Populations: Because of the high infection rate among the incarcerated, Congress has mandated that at least one seat on each HIV planning council be filled by EITHER a recently incarcerated person OR a representative of the formerly incarcerated.

An individual who is formerly incarcerated must meet the following three criteria:

1. Have been in Federal, State, or local prison and released during the preceding three years at time of appointment.
2. Have been HIV-positive on the date of release
3. Be able to adequately represent or advocate correctional health care and support services needs of formerly incarcerated persons.

A representative of the formerly incarcerated must have strong linkages with formerly incarcerated and the knowledge and experience to meet the third criterion.

Job Description for Consumer Representation of Formerly Incarcerated Populations:

a. Speak out on behalf of PLWHAs who were incarcerated and about their ability to access Ryan White services.
b. Represent the health care and support services needs of formerly incarcerated persons to the Council and its Committees through written and verbal reports.
c. If working for an agency serving inmates or former inmates, provide them with education and information about Ryan White services. If possible, provide the Council with reports on the agency's unduplicated utilization, expenditures (overall and by service category) and client demographics.

Other EMA Membership Categories

Tampa

MEMBERSHIP AND APPOINTMENT PROCESS

A. Legal Requirements

1. Members of the Ryan White Part A HIV Health Services Planning Council meet very strict membership criteria. In addition, the Planning Council must have a documented membership and nominations process which is followed. The requirements of the Consortium include the representation of health care and support service providers and community-based organizations within the service area. County represented is determined by the member's residence or place of employment.

a. The Planning Council shall reflect in its composition the demographics of the epidemic in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and sub-populations. Nominations for membership on the Council shall be identified through an open process and candidates shall be selected based upon locally delineated and publicized criteria. Such criteria shall include a conflict of interest standard that is in accordance with section V.

b. The HIV Health Services Planning Council shall include representatives of

(1) health care providers, including federally qualified health centers
(2) community based organizations serving affected populations and AIDS service organizations
(3) social service providers, including housing and homeless services
(4) mental health providers
(5) substance abuse providers
(6) local public health agencies
(7) hospital planning agencies or health care planning agencies
(8) affected communities, including people living with HIV disease or AIDS and historically underserved groups and sub-populations
(9) non-elected community leaders

(10) state government (including the State Medicaid agency and the agency administering the program under part B)
(11) Part B
(12) Part C
(13) Part D
(14) grantees under Federal HIV programs, including HIV prevention service providers, AETC, HOPWA, SPNS, Dental Program
(15) representatives of individuals who formerly were federal, state or local prisoners, who were released from the custody of the penal system during the preceding three years, and had HIV disease on the date on which the individuals were released

2. The HRSA-mandated categories and definitions/requirements are as follows:

a. Health care providers: Members must receive financial remuneration from or serve as an officer of an agency that provides direct health care, or the member must be a direct health care provider (i.e., physician, dentist, nurse, physician's assistant, etc.).

b. Community-based organizations serving affected populations and AIDS service organizations: Members must receive financial remuneration from or serve as an officer of a community-based organization or AIDS service organization that provides services to people living with HIV or AIDS.

c. Social service providers, including providers of housing and homeless services: Members must receive financial remuneration from or be an officer of an agency that provides social services.

d. Mental health providers: Members must receive financial remuneration from or be an officer of an agency that provides mental health services, or the member must be a direct mental health care provider (i.e., counselor, social worker, etc.).

e. Substance abuse providers: Members must receive financial remuneration from or be an officer of an agency that provides substance abuse services, or the member must be a direct substance abuse health care provider (i.e. counselor, social worker, etc.)

f. Local public health agencies: Members must be employed by the Department of Children and Families or the Health Department in the EMA.

g. Hospital or health care planning agencies: Members must receive financial remuneration from or serve as an officer of an agency that is involved in hospital or health care planning within the EMA.

h. Affected communities: Members must be infected with HIV or AIDS or an interested community member.

i. Non-elected community leaders: Members cannot be an elected official, but must be an individual within the EMA who is recognized by members of a specific community to represent the viewpoints of people living with HIV or AIDS within that community.

j. Medicaid representative: Members must be employed by a Medicaid agency.

k. Part B: Members must be directly involved with a Part B grant.

l. Part C: Members must be directly involved with a Part C grant.

m. Part D: Members must work or be directly involved with women, children, youth, and families living with HIV.

n. Grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services, AETC, HOPWA, SPNS, and Dental Program: Members must work for an agency that administers funding under other federal HIV programs.

o. Formerly Incarcerated: Representatives of individuals who formerly were federal, state or local prisoners, who were released from the custody of the penal system during the preceding three years, and had HIV disease on the date on which the individuals were

released.

3. Not less than 33% of the Council shall be individuals who are living with HIV, are not officers, employees or consultants to any entity that receives amounts from such a Ryan White grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV disease. An individual shall be considered to be receiving such services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services.

Jacksonville

A. Affected communities, including people living with HIV/AIDS (PLWHA), members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations;

B. Community-based organizations serving affected populations and AIDS Service Organizations;

C. Social service providers, including housing and homeless services;

D. Mental health providers;

E. Substance abuse providers;

F. Local public health agencies;

G. Hospital planning agencies or health care planning agencies;

H. Health care providers, including Federally Qualified Health Centers;

I. Non-elected community leaders;

J. State Part B agency;

K. State Medicaid agency;

L. Part C grantee;

M. Part D grantee or representatives of organizations with a history of serving children, youth, women and families living with HIV;

N. Other Federal HIV programs, including providers of HIV prevention services;

O. Representatives of individuals who formerly were Federal, State, or local prisoners, were released from custody of the penal system during the preceding three (3) years, and had HIV/AIDS as of date on which the individuals were released;

P. A person from each of the four (4) counties of Clay, Nassau, Baker and St. Johns;

Q. HOPWA or HUD representative; and

R. Other persons from the community-at-large, which may include any of the above categories.

Section 2 Members may represent more than one category.

Section 3 The Planning Council will be given full regard and discretion in executing its roles and responsibilities by the Chief Elected Official (CEO).

Section 4 "Affected communities" include individuals with HIV disease receiving Part A HIV-related services who are non-aligned to the Part A grantee or its providers and reflect the local seroprevalence demographics and will constitute not less than thirty-three (33) percent of the Planning Council membership.

HIVPC Member of the Month Program

Purpose: The purpose of the HIVPC Member of the Month Program is to recognize members who have served the HIVPC in an exceptional manner by exemplifying outstanding service through his or her work and exhibiting a positive and supportive attitude.

Criteria:
The nominee must be an HIVPC member and must be approved by HIVPC Chair prior to being named as the recipient of the award.

Attitude and Commitment

- Dedicated to fulfilling member responsibilities
- Committee activities (number of committees involved)
- Consistently dependable and is punctual in reporting to meetings
- Active involvement in committees, fund-raisers, fairs, trainings, and other activities
- Serves as a role model to others
- Goes above and beyond the requirements of being a member
- Length of Service
- Leadership History

Interpersonal Skills

- Displays a helpful, cooperative and positive attitude towards co-members
- Consistently friendly and available to others
- Uses effective listening skills
- Has a team player attitude

Personal Traits

- Significant Impact (shining star)
- Professional demeanor
- Conscientious, honest, hard-working
- Growth (knowledge of HIVPC workings, mentorship (Buddy system))

Nominators should keep in mind the judging criteria and write the nomination accordingly.

Once a month, the Membership/Council Development Committee (MCDC) will nominate an HIVPC member of the month. Each nomination will be graded according to the previously-stated criteria. The highest scoring nominee will be considered for the award. Once the selection has been finalized, the MCDC will ask the winner if they accept the nomination, along with authorization to post their photo on the HIVPC website.