



Meeting Agenda: Membership/Council Development Committee
Date/Time: September 3, 2015, 9:30-11:30 a.m.
Location: A335
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:** 9/3/15 Agenda and 8/6/15 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.
 ACTION ITEM: Discuss Race/Ethnicity category in PC Roster
 - b. **Review HIVPC Vacancies (WP Item 1.4) (Handout C)**
 ACTION ITEM: Review vacancies and identify open seats.
 - 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.
 - e. **Review Work Plan (Handout F)**
 ACTION ITEM: Review progress on 18-month work plan.
4. **EMERGING ISSUES**
5. **UNFINISHED BUSINESS**

<i>Agenda Items for Meeting</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
Recruitment & Retention Retreat (WP Item 2.1) (Handout G)	ACTION ITEM: Discuss retreat logistics, including date/time, strategy, and location
Quarterly Joint CEC Meeting	ACTION ITEM: Discuss meeting date for next joint CEC meeting

6. MEETING ACTIVITIES/NEW BUSINESS

<i>Agenda Items for Meeting</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
Review Mentoring Programs (WP Item 4.1) (Handout H)	ACTION ITEM: Review & revise mentoring programs; advertise programs with HIVPC and committee members quarterly, review current mentorship assignments, post appointment training.
Review & approve position descriptions (WP Item 1.3) (Handout I)	ACTION ITEM: Approve any necessary updates to HIVPC member position descriptions.
Review Policies and Procedures (Handout J-K)	ACTION ITEM: Discuss committee meeting attendance for Council applicants, post-appointment training, alternates, and attendance policies.

7. PUBLIC COMMENT

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE: October 2015 VENUE: TBD

<i>Agenda Items for Meeting</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
Distribute HIVPC membership survey (WP Item 1.6)	ACTION ITEM: Distribute a survey to all members to seek feedback about the barriers to serving on HIVPC & committees. Identify at least 2 barriers and 1 solution.
Review and update Recruitment & Retention Plan (WP Item 2.1)	ACTION ITEM: Review and update Recruitment & Retention Plan, recruitment materials, and website materials; materials distributed to at least 10 community sites.
Identify community events (WP Item 2.2)	ACTION ITEM: Identify at least 3 community events for possible recruiting.

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



Meeting Agenda: Membership/Council Development Committee
Date/Time: Thursday August 6, 2015 9:30 a.m.
Location: A-337
Chair: H.B. Katz Vice-Chair: Vacant

ATTENDANCE					
#	Members	Present	Absent	Grantee Staff	Guests
1	Katz, H.B., <i>Chair</i>	X		Odusanya, S	Lewis, L.
2	Burgess, D.	X			Lopes, R.
3	Foster, V.		A		McIntyre, W.
4	Runkle, D.	X			Reed, Y.
5	Schweizer, M.	X		HIVPC Staff	
				Johnson, B.	
				Newton, A.	
	Quorum = 4	4		Ewart, L.	

1. CALL TO ORDER

The Chair called the meeting to order at 9:35 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 modify today's meeting agenda and add 15 minutes for brainstorming under Meeting Activities/New Business Proposed by: Runkle, D Seconded by: Burgess, D. Action: Passed Unanimously</p>
<p>Motion #2: Approve today's agenda as amended. Proposed by: Runkle, D Seconded by: Schweizer, M. Action: Passed Unanimously</p>
<p>Motion #3: Approve minutes 7/9/15 Proposed by: Runkle, D Seconded by: Burgess, D. Action: Passed Unanimously</p>

3. STANDARD COMMITTEE ITEMS

- a. Review HIVPC & Committee Demographics (WP Item 1.1) (Handouts A & B)
 The committee reviewed the demographics of the HIV Planning Council (HIVPC) that have been updated since the July meeting. Staff explained that there are currently 23 members, and reviewed the council member demographics as compared to the epidemic in Broward County (Handout A1 on file). Membership on the council, as well as consumer council membership was compared to the County. Next, Staff reviewed the vacant mandated seats on the HIVPC (Handout A2 on file), including a representative from a Federally recognized Indian tribe, a representative from the VA, one involved in prevention, a representative from Ryan White Part B, State Medicaid, a representative recently released from prison, a healthcare planning agency, and a local public health agency. It was discussed that each committee Chair should consider reflectiveness when recruiting for new members.

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ACTION ITEM:

- Change colors on reflectiveness handouts: green -“Over Represented” and red- “Under Represented”

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

The committee reviewed the current “HIVPC Vacant Mandated Seats.” Handout C (on file) reviews each current applicant, their application date, the committee they are interested in, the status of their application and the timeframe in which the mandated seat has been vacant. It was noted that applicants applying for a mandated seat are not required to attend 3 committee meetings before qualifying for HIVPC membership.

ACTION ITEM

- Clarify in Procedures and By-Laws how many meetings a Mandated Seat applicant must attend before qualifying for appointment to the council.
- Clarify how many meetings a Non-Mandated seat applicant must attend, and whether those meetings must be for a single committee, and must be consecutive.
- Create FAQ sheet with for MCDC members of commonly asked questions and answers.

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

The committee reviewed the “HIVPC Applicants” list. Three of the seven (7) current applicants have completed their orientation. Grantee staff asked about the orientation process, and if there was any way that Staff could make the process easier so as not take up too much of the applicant’s time. Staff explained that orientations are scheduled at the convenience of the applicant, either before, or after meetings, or any other convenient time. A member expressed concern about facilitating an orientation over the phone, and how this might give an impression that attendance is not important. It was stated that having convenient member orientations do not necessarily mean that allowances will be made for missing meetings. The Chair agreed that a Go-To-Meeting orientation while on the phone with Staff is an allowable way to facilitate a member orientation. A member stated that in this modern age, it is important to work with people who have other commitments and that orientations online will be a helpful tool.

The Committee reviewed the Part B application, and reviewed his attendance at committee meetings and orientation, and that while he does not live in Broward County, he does represents Ryan White Part B for Broward County’s Department of Health. The committee next reviewed the application for the Prevention seat, and reviewed the demographic changes that his addition would create. The committee reviewed the membership application for the seat of a Non-Elected Community Leader (a non-mandated seat), and reviewed the changing demographics with this addition. The committee reviewed the application for a seat as an Affected Community Member, and the demographic changes that his addition would produce. A member stated that the applicant’s work with an HIV Planning Council in Baltimore would be helpful in gaining another perspective from another EMA. It was debated how many committee meetings a prospective member must attend before being approved to the council, whether they must attend 3 meetings of a single committee, 3 consecutive meetings, or proposed 3 different committee meetings. The Membership Procedures currently state that applicants who are not applying for a mandated seat must attend 3 meetings of a single committee. The committee next reviewed a potential Indian Tribe application, who was a guest present at the meeting. The Guest clarified that she could not sit for Indian tribe member, but is a healthcare provider in acupuncture services for low-income and underrepresented people in Broward. It was determined that the Guest does not qualify for any vacant mandated seats.

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<p>Motion #5: Approve Justin Bell as Part B representative on HIVPC Proposed by: Schweizer, M. Seconded by: Runkle, D. Action: Passed Unanimously</p>
<p>Motion #6: Approve Lorenzo Robertson’s Prevention application with condition of completing member orientation before the 8/18/15 Executive Committee meeting Proposed by: Schweitzer, M. Seconded by: Runkle, D Action: Passed Unanimously</p>
<p>Motion #7: Defer Kathleen Myles-Culpepper until Federally recognized Indian Tribe status has been determined Proposed by: Schweizer, M. Seconded by: Runkle, D. Action: Passed Unanimously</p>
<p>Motion #8: Defer David Shamer’s application as Affect Community Member Proposed by: Schweizer, M. Seconded by: Runkle, D. Action: Passed Unanimously</p>
<p>Motion #9: Defer Requel Lopes’ application until the applicant attends 2 more meetings of the same committee. Proposed by: Schweizer, M. Seconded by: Runkle, D. Action: Passed Unanimously</p>

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

The committee reviewed attendance of the committees and the Council. One warning letter was sent out this month to a member of the Executive Committee, and no removal letters have been sent this month. It was stated the Needs Assessment Committee did not have a meeting last month. A guest expressed concern about letters being sent to Executive Committee members, wondering how many letters are sent before removal, and that if removal from the Executive Committee constitutes removal from Planning Council. It was discussed that removal is at the discretion of the HIVPC Chair. The MCDC Chair stated that this issue should be revisited at the next Executive Committee, and clarification of how the attendance procedures for Executive Committee might affect membership on other committees.

ACTION ITEM

- Clarify attendance procedures at 8/18/15 Executive Committee.

e. Review Work Plan (Handout F)

Tabled

4. EMERGING ISSUES

- a. None.

5. UNFINISHED BUSINES

a. HIVPC Barriers Survey (WP Item 1.6) (Handout G)

Staff explain an overview of a survey sent to past members and interested parties about their barriers to participating in HIVPC (Handout G on file). The majority of respondents were former HIVPC, committee members, and non-consumers of Ryan White. The respondents stated that employment and transportation were the greatest barriers to serving on the Council. Respondents said they would be more likely to attend if they were a provided a bus pass, and if meetings were on Fridays, and/or in the evenings. Changes suggested in the survey included having evening meetings, posting meeting notices at Part A providers, and staying on task at meetings.

ACTION ITEM

- Provide Barriers Survey (Summary and Handout G) at both Executive Committee and HIVPC.

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b. HIVPC Member of the Quarter (WP Item 1.7) (Handout H1-H2):

Staff provided examples of other organizations volunteer and member recognition programs. The Staff compared the nomination questions from the Committee's nomination form to other criteria, where available. Members recognized that the current Member of the Quarter criteria align with the criteria from these other organizations (recognition of attitude, commitment, positive impact). Chair suggested adding symbol to H1 and H2 that mark similarities in the 2 documents.

Motion #10: Forward HIVPC Member of the Quarter Program to Executive Committee for approval
Proposed by: Schweizer, M. **Seconded by:** Burgess, D.
Action: Passed 2-1

ACTION ITEM

- Contact Jewish Federation/Jewish Home for volunteer recognition process.
- Add symbol to H1 and H2 to identify similarities in questions and criteria.
- Bring Member of the Quarter (H1) and Nomination Criteria for Other Organizations (H2) to Executive Committee for approval.

c. Recruitment and Retention Retreat (WP Item 2.1)

As of yet, no potential dates have been discussed for the retreat. It was decided MCDC will have their own retreat separate from CEC. The Chair stated that the goal of the MCDC retreat is to gain a clearer definition of mandated Planning Council seats, review Planning Council members in mandated seats, and review eligibility for federally mandated seats. In the next meeting the committee will discuss what topics should be on the agenda for the joint retreat, and then dates, times and venues will be discussed further.

ACTION ITEM

- Add discussion about strategies to recruit and retain members to 9/3/15 agenda.
- Discuss Recruitment and Retention Retreat date, time and topics at 9/3/15 meeting.

d. Quarterly Joint CEC Meeting

The Grantee representative stated that the importance of having a joint CEC/MCDC meeting to review and revise the recruitment plan if necessary. The joint meeting would be implemented quarterly. Each quarter CEC and MCDC will alternate inviting the other committee to their meeting for a joint meeting.

ACTION ITEM

- Create calendar/schedule for joint CEC/MCDC meetings. Add items to both Work Plans.

6. MEETING ACTIVITIES/NEW BUSINESS

7. PUBLIC COMMENT

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE: September 3, 2015 VENUE: TBD

<i>Agenda Items for Meeting</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
Review Mentoring Programs (WP Item 4.1) (Handout I)	ACTION ITEM: Review & revise mentoring programs; advertise programs with HIVPC and committee members quarterly, review current mentorship assignments, post appointment orientations.
Review & approve position descriptions (WP Item 1.3)	ACTION ITEM: Approve any necessary updates to HIVPC member position descriptions.

9. ANNOUNCEMENTS

None.

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10. ADJOURNMENT

Without objection the meeting adjourned at 11:34 a.m.

MEMBERSHIP/COUNCIL DEVELOPMENT - ATTENDANCE CY 2015

Membership/Council Development Committee

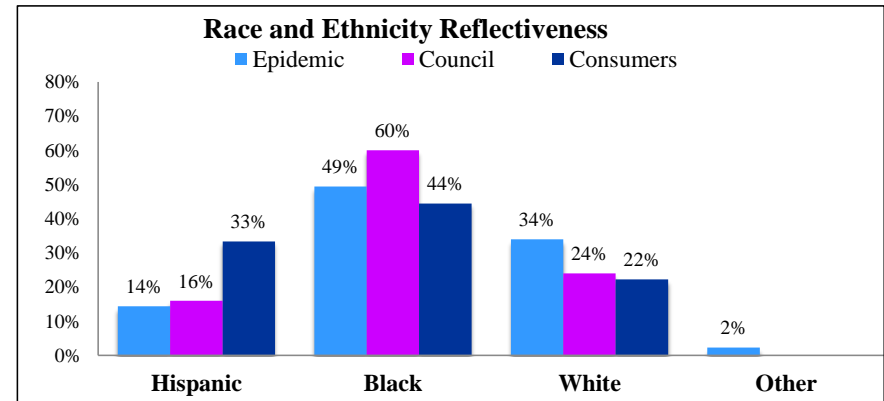
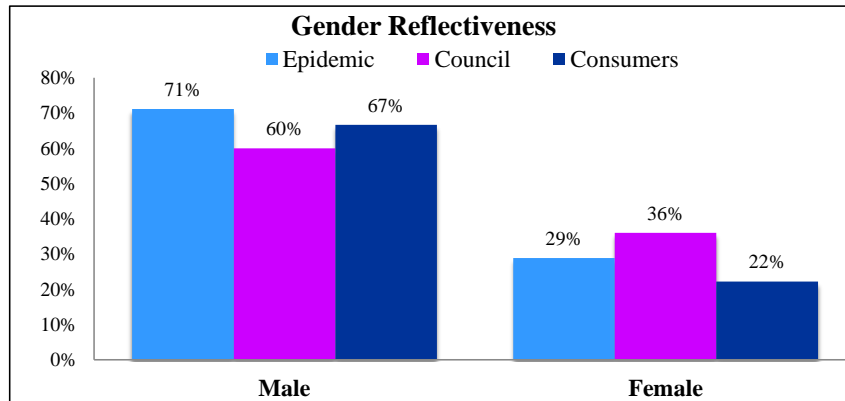
Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters	
				Meeting Date:	8	5	5	2	15	11	9	6						
				Burgess, D	X	A	X	X	X	X	X	X						
				Foster, V.	X	X	X	X	X	X	X	A						
1		0	3	Katz, H.B., <i>Chair</i>	X	X	X	X	X	X	X	X						
	1	1		Kuryla, S.	E	Z - 1/21												
1		0	4	Runkle, D.	X	X	X	X	X	X	X	X						
			5	Schweizer, M.	N - 5/21					X	X	X						
1		0		Wilson, T.	X	X	X	Z - 3/24										
				Quorum = 4	5	4	5	4	4	5	5	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

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HIV Planning Council Membership Report As of 8/27/2015



Gender	Epidemic	Council	% Difference	Consumers	% Difference
Male	12,275 71%	15 60%	-11%	6 67%	-5%
Female	4,973 29%	9 36%	7%	2 22%	-7%
Transgender	- -	1 4%	-	1 11%	-
Race	Epidemic	Council	% Difference	Consumers	% Difference
Hispanic	2,476 14%	4 16%	2%	3 33%	19%
Black	8,521 49%	15 60%	11%	4 44%	-5%
White	5,856 34%	6 24%	-10%	2 22%	-12%
Other	395 2%	0 0%	-2%	0 0%	-2%
Total	17,248 100%	25		9	

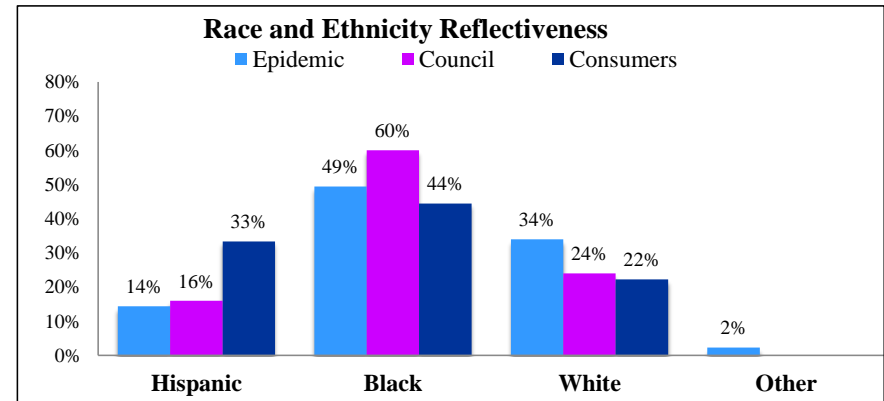
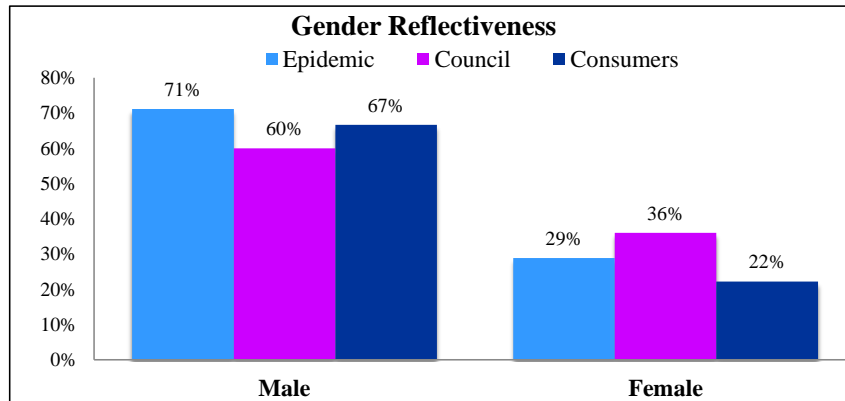
Current Members	25
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	40%

Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. State Medicaid Agency
3. Hospital/Health Care Planning Agencies
4. Local Public Health Agencies
5. PLWHA Recently Released From Jail or Their Representative
6. Federally Recognized Indian Tribe Members

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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HIV Planning Council Membership Report As of 8/27/2015



Gender	Epidemic	Council	% Difference	Consumers	% Difference
Male	12,275 71%	15 60%	-11%	6 67%	-5%
Female	4,973 29%	9 36%	7%	2 22%	-7%
Transgender	- -	1 4%	-	1 11%	-
Race	Epidemic	Council	% Difference	Consumers	% Difference
Hispanic	2,476 14%	4 16%	2%	3 33%	19%
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White	5,856 34%	6 24%	-10%	2 22%	-12%
Other	395 2%	0 0%	-2%	0 0%	-2%
Total	17,248 100%	25		9	

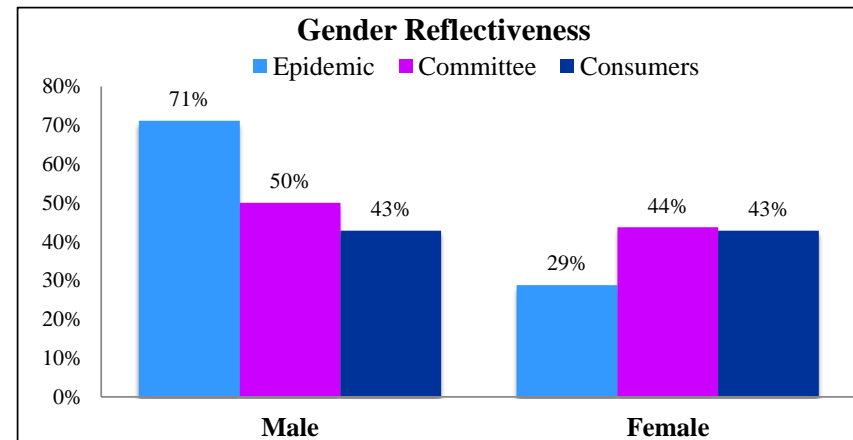
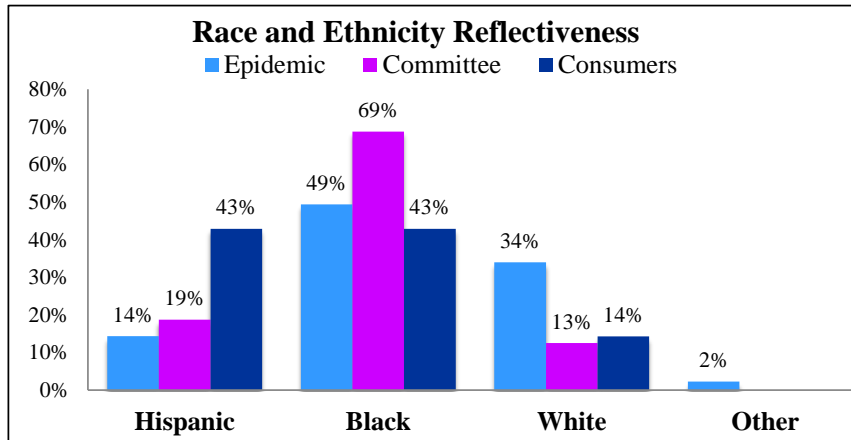
Current Members	25
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	40%

Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. State Medicaid Agency
3. Hospital/Health Care Planning Agencies
4. Local Public Health Agencies
5. PLWHA Recently Released From Jail or Their Representative
6. Federally Recognized Indian Tribe Members

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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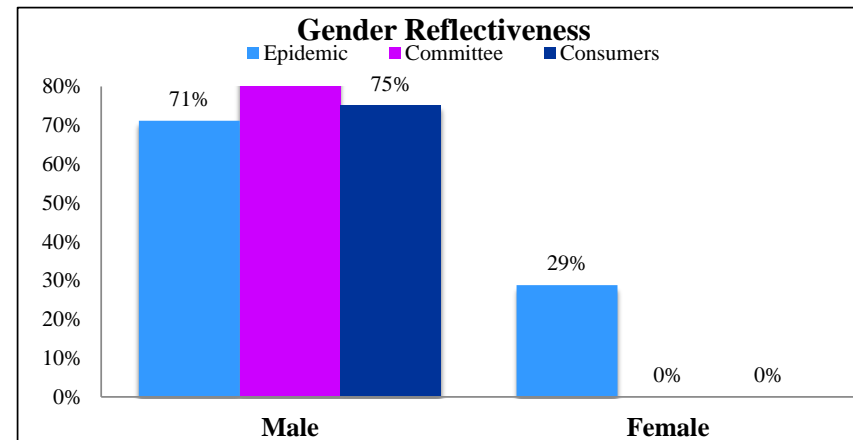
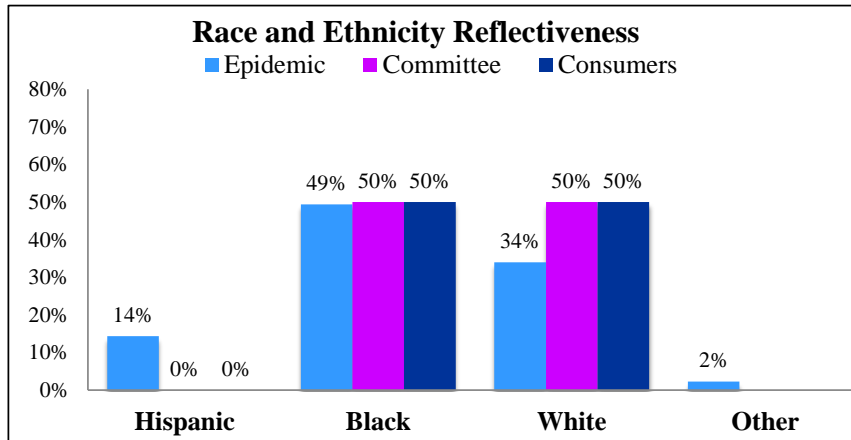
Community Empowerment Committee (CEC) Reflectiveness Report Through July 2015



Gender	Epidemic	Committee	Consumers	% Difference
Male	12,275 71%	8 50%	3 43%	-21%
Female	4,973 29%	7 44%	3 43%	15%
Transgender	- -	1 6%	1 14%	-
Race	Epidemic	Committee	Consumers	% Difference
Hispanic	2,476 14%	3 19%	3 43%	4%
Black	8,521 49%	11 69%	3 43%	19%
White	5,856 34%	2 13%	1 14%	-21%
Other	395 2%	0 0%	0 0%	-2%
Total	17,248	16	7	

Current Members	16
% of Members That Are Unaffiliated Consumers	44%

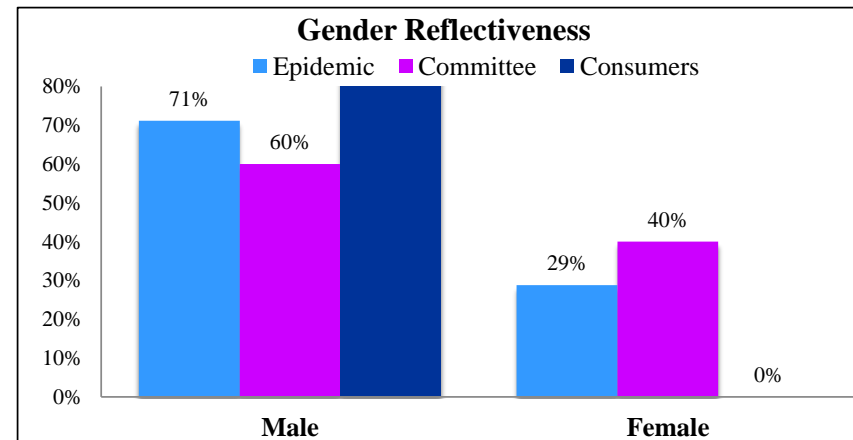
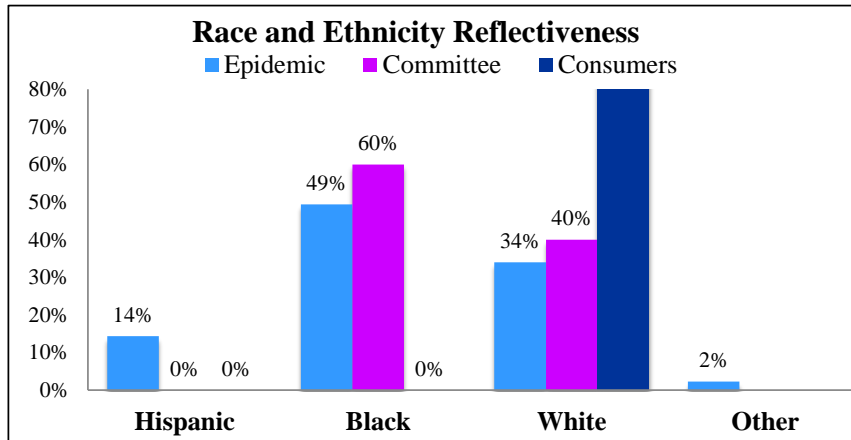
Membership/Council Development Committee (MCDC) Reflectiveness Report Through July 2015



Gender	Epidemic	Committee	Consumers	% Difference
Male	12,275 71%	6 100%	3 75%	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%	3 50%	2 50%	1%
White	5,856 34%	3 50%	2 50%	16%
Other	395 2%	0 0%	0 0%	-2%
Total	17,248	6	4	

Current Members	6
% of Members That Are Unaffiliated Consumers	67%

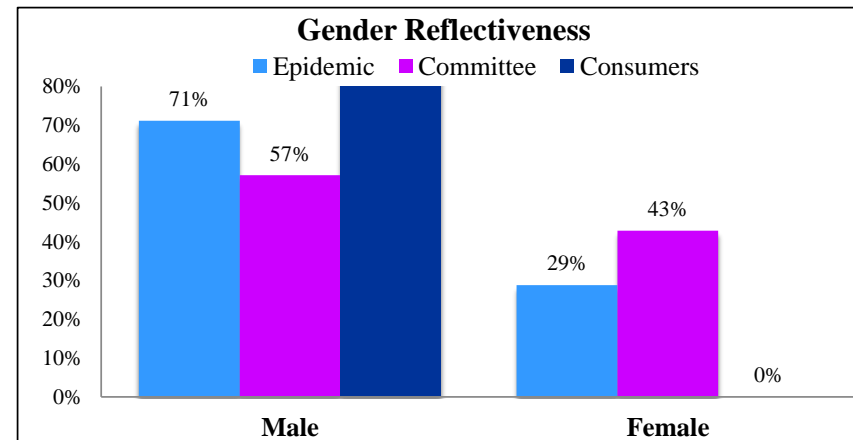
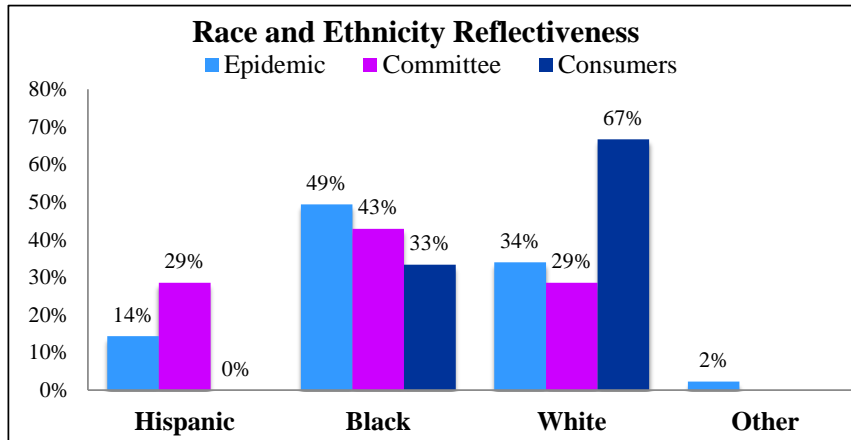
Needs Assessment/Evaluation (NAE) Committee Reflectiveness Report Through June 2015



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%

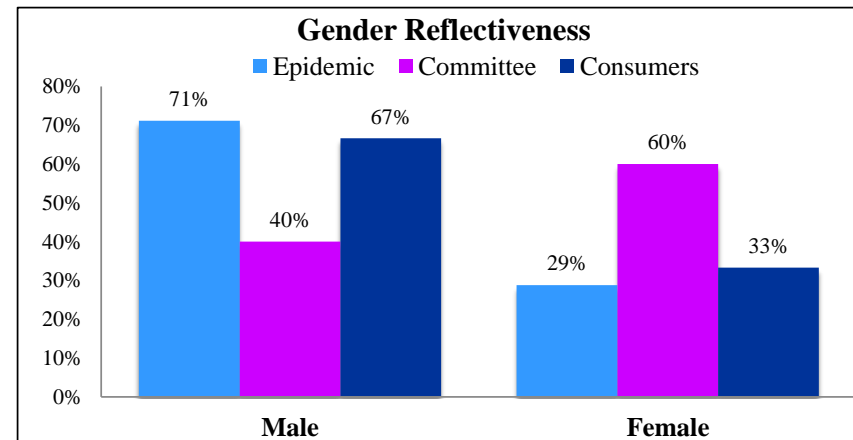
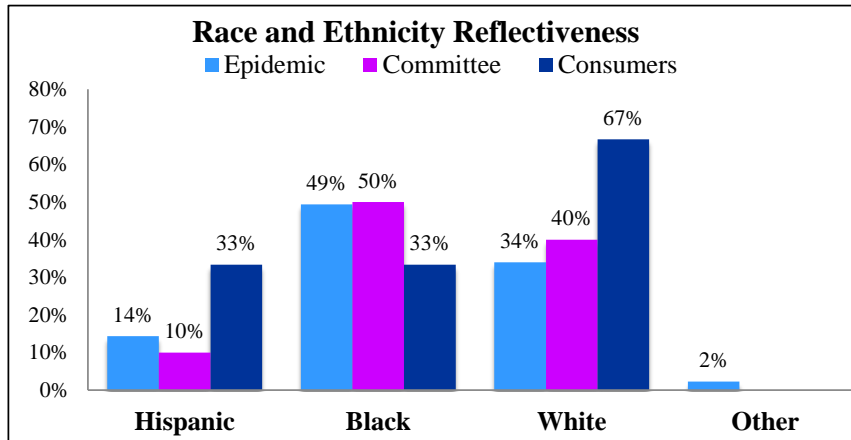
Quality Management Committee (QMC) Reflectiveness Report Through July 2015



Gender	Epidemic	Committee	Consumers	% Difference
Male	12,275 71%	4 57%	3 100%	-14%
Female	4,973 29%	3 43%	0 0%	14%
Transgender	- -	0 0%	0 0%	-
Race	Epidemic	Committee	Consumers	% Difference
Hispanic	2,476 14%	2 29%	0 0%	14%
Black	8,521 49%	3 43%	1 33%	-7%
White	5,856 34%	2 29%	2 67%	-5%
Other	395 2%	0 0%	0 0%	-2%
Total	17,248	7	3	

Current Members	7
% of Members That Are Unaffiliated Consumers	43%

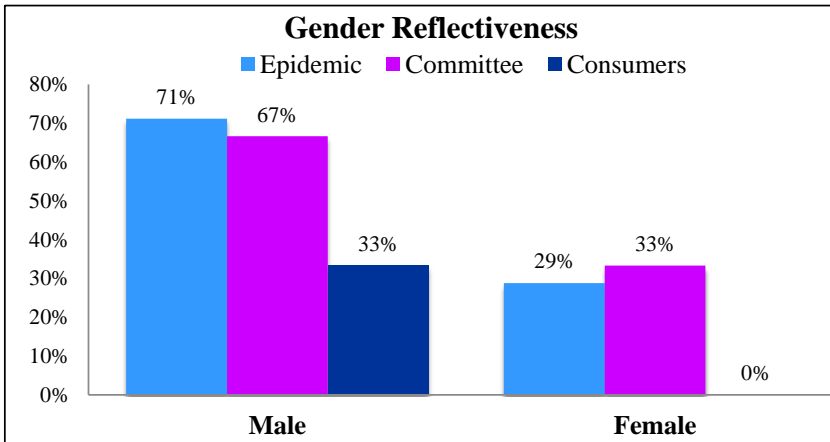
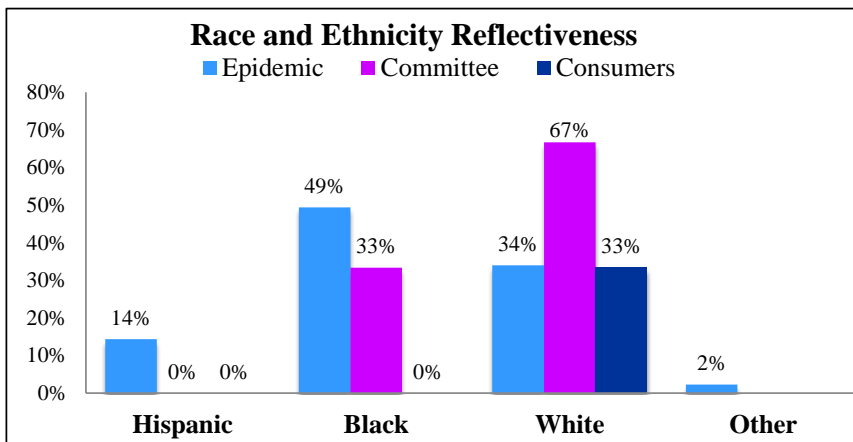
Priority Setting & Resource Allocation Committee (PSRA) Reflectiveness Report Through July 2015



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%

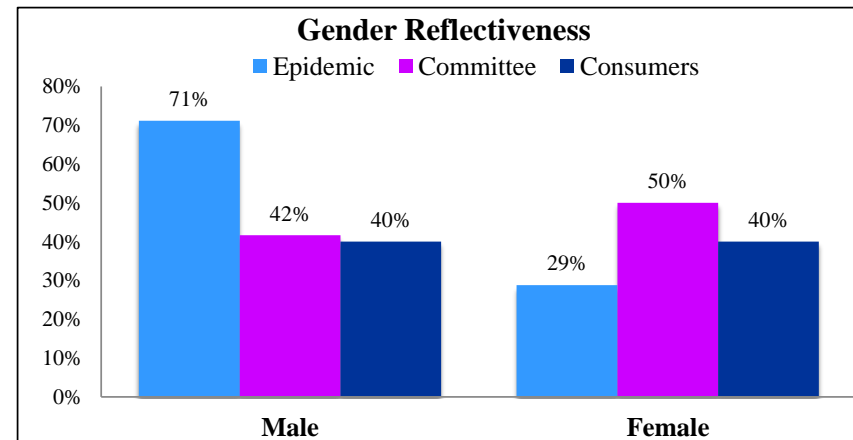
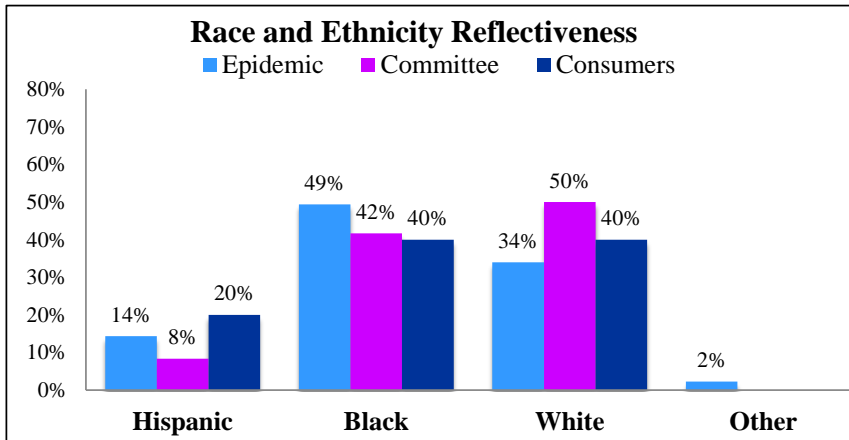
System of Care (SOC) Committee Reflectiveness Report Through July 2015



Gender	Epidemic	Committee	Consumers	% Difference
Male	12,275 71%	6 67%	1 33%	-5%
Female	4,973 29%	3 33%	0 0%	5%
Transgender	- -	0 0%	0 0%	-
Race	Epidemic	Committee	Consumers	% Difference
Hispanic	2,476 14%	0 0%	0 0%	-14%
Black	8,521 49%	3 33%	0 0%	-16%
White	5,856 34%	6 67%	1 33%	33%
Other	395 2%	0 0%	0 0%	-2%
Total	17,248	9	3	

Current Members	9
% of Members That Are Unaffiliated Consumers	33%

Executive Committee Reflectiveness Report Through July 2015



Gender	Epidemic	Committee	Consumers	% Difference
Male	12,275 71%	5 42%	2 40%	-30%
Female	4,973 29%	6 50%	2 40%	21%
Transgender	- -	1 8%	1 20%	-
Race	Epidemic	Committee	Consumers	% Difference
Hispanic	2,476 14%	1 8%	1 20%	-6%
Black	8,521 49%	5 42%	2 40%	-8%
White	5,856 34%	6 50%	2 40%	16%
Other	395 2%	0 0%	0 0%	-2%
Total	17,248	12	5	

Current Members	12
% of Members That Are Unaffiliated Consumers	25%

VACANT FEDERALLY MANDATED SEATS

HANDOUT C

Vacant Seats	Interested Party Identified	Application Submitted	Committee	Application Progress	Recommendations	Vacant Since
1. Grantees of other Federal HIV programs - VA	No interested party identified					Continuously Vacant
2. State Medicaid agency	H. Gutierrez - AHCA	8/31/2015	MCDC	In Progress		11/24/2014
3. Hospital/Health Care Planning Agencies	<i>No interested party identified</i>					12/1/2012
4. Local Public Health Agencies	F. de Hoyos - Latinos Salud	2/6/2015	QMC	In Progress		11/1/2012
5. PLWHA Recently Released From Jail or Their Representative	<i>No interested party identified</i>					
6. Federally Recognized Indian Tribe members	<i>No interested party identified</i>					Continuously

Active 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	7/20/2015		Local PH Agency/Aff. Comm./CBO-ASO	In Progress
Huggins, L.	1					1	1			6/11/2015	Yes	MCDC	6/17/15 PSRA	7/24/15 SOC	8/17/15 QM, 8/19/15 PSRA,	Affected Communities	In Progress
Lopes, R.						1	1		Trinity Acupuncture	6/10/2015	Yes	SOC	6/17/15 PSRA	8/6/15 (MCDC)		Health Care Provider/NECL/SS Provider	In Progress
Myers-Culpepper, K.			1			1				4/24/2015	Yes	CEC	2/3/2015	3/3/2015	4/7/2015	NECL	Qualified
Shamer, D.	1	1					1			7/28/2015	Yes	CEC	1/6/2015 (CEC), 4/24/15 (SOC)	7/20/15 (QMC), 7/24/15 (SOC)	8/10/15 (NAE), 8/17/15 (QCM)	Affected Communities	In Progress
Gutierrez, H.		1		1				1	Florida AHCA	8/31/2015	Yes	MCDC				State Medicaid	Qualified

Consumer	PLWHA	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	4	7	4						
				Bhrangger, R.	X	X	X	X	X	X	X	X						
				Burgess, D.	X	X	X	X	X	X	X	X						
				Clayton, L.	E	X	A	A	A	W - 4/17, R - 5/12								
				Creary, K.	X	X	X	X	X	X	X	X						
				Culpepper, K.	X	X	X	X	X	E	X	X						
				Fleurinord, P., V. <i>Chair</i>	N - 5/12					X	A	X						
				Franks, H.	X	X	X	X	X	X	X	X						
				Katz, H.B.	X	E	A	X	X	X	X	X						
				King, J.	A	A	Z - 2/13									W - 1/15, R - 2/13		
				Lewis, L.														
				Lint, A., <i>Chair</i>	X	X	X	X	X	A	X	X						
				Marcoviche, W.	E	X	X	X	X	X	X	E						
				Myers, L.	X	X	X	X	X	X	X	X						
				Parker, P.	A	X	A	X	X	E	E	E						
				Reed, Y.	X	X	A	A	X	X	A	X	R - 8/18			W - 4/17		
				Robertson, P.	X	X	A	X	X	X	X	X						
				Runkle, D.	X	X	X	X	X	X	X	X						
				Wilkins, D.	X	X	A	X	X	X	X	X						
Quorum = 8					12	14	9	13	14	12	12	13						

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

Consumer	PLWHA	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	11	9	6						
				Burgess, D	X	A	X	X	X	X	X	X						
				Foster, V.	X	X	X	X	X	X	X	A						
1		0	3	Katz, H.B., <i>Chair</i>	X	X	X	X	X	X	X	X						
		1	1	Kuryla, S.	E	Z - 1/21												
1		0	4	Runkle, D.	X	X	X	X	X	X	X	X						
			5	Schweizer, M.	N - 5/21					X	X	X						
1		0		Wilson, T.	X	X	X	Z - 3/24										
				Quorum = 4	5	4	5	4	4	5	5	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

Consumer PLWHA Absences Count	Meeting Month:												Attendance Letters
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
	Meeting Date:												
		C	C			C	C						
1	1	Katz, H. B.	X	NQA	NQX	E	X		X				
	1	2	Moragne, T.	X	NQX	NQA	X	X		X			
	1		Rodriguez, J.	A	Z - 1/15							R - 1/15	
	0	3	Shirley, J.	X	NQX	NQA	X	X		X			
1	2		Spencer, W., V. Chair	A	NQA	NQX	X	X	Z - 6/1				W - 1/15, R- 2/13, N- 3/2,
	0	4	Tomlinson, K., Chair	X	NQX	NQX	X	X		X			
			Quorum = 4	4	3	3	4	5		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

Quality Management 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:	26	23	16	20	18		20						
						C	C							
1	1	Earp, A.	N - 2/26	X	X	NQA		A	X					
0	2	Grant, C., <i>Chair</i>	X	X	X	X	NQX		X	X				
1	0	3	Katz, H.B.	X	X	X	X	NQX		X	X			
3			Mitchell, T.	A	A	A	Z - 3/26						W - 3/2	
0	4		Runkle, D.	N - 2/26	X	X	NQX		X	X				
1	5		Tavares, J.	X	X	A	X	NQA		X	X			
			Quorum = 4	4	4	4	5	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

Consumer PLWHA 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	17							
								C						
2	1	DeSantis, M.	X	X	X	X	A	A	X					W-7/1
1	2	Gammell, B.	X	X	X	E	X	X	X					
0	3	Grant, C.	X	X	X	X	X	X	X					
1	4	Hayes, M.	X	X	X	X	X	X	A					
1	5	Katz, H.B.	X	X	X	X	X	X	X					
1	6	Proulx, D.	X	X	X	X	X	X	A					
1	7	Reed, Y.	X	E	X	A	X	X	E					
0	8	Schickowski, K.	X	X	X	X	X	X	X					
2	9	Siclari, R., <i>V. Chair</i>	X	X	X	A	A	X	X					W - 6/2
0	10	Taylor-Bennett, C., <i>Chair</i>	X	X	X	X	X	X	X					
		Quorum = 6	10	9	10	7	8	9	7					

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

Consumer PLWHA 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	26	24						
		C	C				C		C					
2	Cook, R.	NQA	NQA	Z - 3/9									W-3/3	
1 0 1	Creary, K.	N - 3/26		X	X	X	NQX	X						
1 1 2	Eserman, C.	NQX	NQX	X	X	A	NQX	X						
0 3	Katz, H.B.	NQX	NQX	X	X	X	NQX	X						
1 4	Kress, G.	NQX	NQX	X	X	A	NQX	X						
1 0 5	Lewis, L.	N - 5/22					NQA	X						
0 6	Markman, N.	NQX	NQX	X	X	X	NQX	Z - 6/15						
1 0 7	Runkle, D.	N - 3/26		X	X	X	NQA	X						
3	Rodriguez, J.	NQA	NQA	X	A	X	NQA	W-3/3, R-7/1						
3 10	Sabatino, D., V. <i>Chair</i>	NQA	NQA	X	X	A	NQX	X						W-3/3, W-6/4
0 11	Schweizer, M., <i>Chair</i>	NQX	NQX	X	X	X	NQA	X						
0 12	Tarver, Y.	N - 5/22					NQA	X						
2	Ullah, E.	NQA	NQA	Z - 3/3									W-1/27, R - 3/3	
	Quorum = 7	5	5	9	8	6	6	9						

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

Consumer PLWHA	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	16	14	18						
				QNA												
	1	Fleurinord, P.	N - 5/12						X	X	NQX					
1	0	Gammell, B, (Ex-Of	X	X	X	Z - 4/20										
	0	2 Grant, C.	X	X	X	X	X	X	X	NQX						
1	0	3 Katz, H.B.	X	X	X	X	X	X	X	NQX						
1	3	4 Lint, A.	A	X	X	X	A	X	X	NQA					R - 1/15, N - 1/17	
1	1	5 Reed, Y., V. Chair	A	X	X	X	X	X	X	NQX						
	3	6 Sabatino, D.	X	X	X	A	X	A	X	NQA						
	0	7 Schweizer, M.	X	X	X	X	X	X	X	NQX						
	4	8 Siclari, R.	X	X	X	A	A	X	A	NQA					W - 6/2, W - 7/15	
1	1	9 Spencer, W., Chair	X	X	X	X	X	X	X	NQA						
	2	10 Taylor-Bennett, C.	X	X	X	X	X	X	A	NQA						
	2	11 Tomlinson, K.	X	A	X	X	X	X	X	NQA						
1	2	Wilson, T.	X	A	A	Z - 3/24										
Quorum = 7			10	10	11	8	8	10	9	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
QNA - quorum not achieved for entire mtg

Consumer	PLWHA	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	25							
											C						
1	1	1	1	Bhranger, R.	X	A	X	X	X	X		X					
	1	0	2	Burgess, D.	X	X	X	X	X	X		X					
1	3			Coscarelli, M. (Alt 1)	A	A	A	Z - 4/17								R - 4/17	
	1	0	3	Creary, K.	X	X	X	X	X	X		X					
	0	4		DeSantis, M.	X	X	X	X	X	X		X					
1	0	5		Gammell, B.	X	X	X	Z - 4/20				X					
	1	6		Grant C.	X	X	A	X	X	X		X					
	1	7		Hayes, M.	X	X	A	X	X	X		E					
	5	A		Holness, D. V.C. (Comm)	X	X	A	A	A	A		A					
1	0	8		Katz, H.B.	X	X	X	X	X	X		X					
	1	0		Kuryla, S.	Z - 1/21												
1	0	9		Lint, A.	X	X	X	X	X	X		X					
1	1	10		Marcoviche, W.	X	A	X	X	X	X		X					
	2	11		Moragne, T.	A	X	X	X	X	X		A					
1	2	12		Parker, P.	X	X	X	A	A	E		E					
	2	13		Proulx, D.	A	X	X	A	X	X		X					W - 1/27
1	0	14		Reed, Y., V. Chair	X	X	X	X	X	X		X					
	1	3	A	Robertson, P. (Alt 2)	A	A	X	A	E	X		X					W - 6/4
1	0	15		Runkle, D.	X	X	X	X	X	X		X					
	1	16		Schweizer, M.	X	X	X	X	X	A		X					
	2	17		Siclari, R.	X	X	X	A	A	E		X					W - 6/2
1	2	18		Spencer, W., Chair	X	A	X	A	X	X		X					
	0	19		Taylor-Bennett, C.	X	X	X	X	X	X		X					
	0	20		Tomlinson, K.	X	X	X	X	X	X		X					
1	4	21		Wilkins, D.	A	X	X	X	A	A		A					W-7/1
1	0			Wilson, T.	X	X	Z - 3/24										
				Quorum = 11	19	20	20	16	17	16		18					

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

Consumer PLWHA	Absences Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date:	14	11					8	12					
1	0	1	Burgess, D.	X	X				E	X					
1	2		Creary, K.	A	A	Z - 2/17									W - 2/13
1	0	2	Katz, H.B.	X	X				X	X					
	0	3	Moragne, T.	X	X				X	X					
	0	4	Schweizer, M., <i>Chair</i>	X	X				X	X					
1			Siclari, R.	A	Z - 1/28										
Quorum = 3			4	4					3	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

Consumer
PLWHA
Absences
Count

Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
Meeting Date:			12	9									
								C					
0 1	Ehren, M.		X	X									
0 2	Leverence, S.		X	X									
0 3	Maharaj, A.	N-4/9											
0 4	Proulx, D., <i>Chair</i>		X	X									
1 5	Sherman, E.		A	X									
	Quorum = 4		3	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

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., <i>Chair</i>	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

DRAFT - Broward County HIV Health Services Planning Council FY2014-16 Membership/Council Development Committee Work Plan

Objective 1. Ensure HIVPC is representative & reflective	Outcome	Annual Target	Start	Due	Progress
1.1 Review Council makeup to ensure it reflects epidemic, including at least 33% of members are unaffiliated PLWHA.	HIVPC reflects epidemic	33% unaffiliated PLWHA	Monthly	Monthly	<i>As of 8/6: 41%</i>
1.2 Review seat status and ensure mandated seats are filled; ask members to update their contact information annually.	Ensure compliance	80% of mandated seats filled	Monthly	Monthly	<i>As of 8/6: 9 vacant</i>
1.3 Review and approve position descriptions.	Ensure compliance	80%	5/15	7/15	<i>In Progress</i>
1.4 Announce vacant positions at each MCDC meeting.	Public awareness	100%	Monthly	Monthly	<i>Rev'd 1/8</i>
1.5 Conduct 'Welcome Brunches' for HIVPC and committee interested parties 3 times a year	Public involvement	100%	3/15	3/15	<i>Brunch on 5/15</i>
1.6 Develop & distribute a survey to all members to seek feedback about the barriers to serving on HIVPC & committees. Identify at least 2 barriers and 1 solution.	Eliminate barriers to retention	66%	2/15	3/15	<i>Survey distributed</i>
1.7 Devise and implement at least 3 ways to reward HIVPC members for work.	Eliminate barriers	66%	2/15	2/15	<i>Certificate, HIVPC Website, & RW Newsletter</i>
1.8 Receive training on HIVPC demographics and mandated seats.	Ensure compliance	100%	3/15	3/15	<i>Completed</i>
Objective 2: Ensure Adequate Applicant Pool for HIVPC & Committees; Raise Community Awareness of HIVPC					
2.1 Review and update Recruitment & Retention Plan, recruitment materials, and website materials; materials distributed to at least 10 community sites.	Active recruiting	80%	3/15	6/15	<i>In Progress</i>
2.2 Identify at least 3 community events for possible recruiting.	Active recruiting	66%	2/15	2/15	<i>Stonewall Pride, Men's Conference</i>
2.3 Hold a "mini retreat" with all committees to discuss how committees work together to complete activities.	Educated MCDC members	100%	12/14	12/14	<i>Completed</i>
Objective 3. Ensure Compliance with Attendance Policy and Removal for Cause Policy					
3.1 Review HIVPC and committee attendance.	Ensure compliance	100%	Monthly	Monthly	<i>Letters Continuously Sent</i>
3.2 Review Removal for Cause Policy.	Ensure compliance	100%	4/15	4/15	<i>Completed</i>
Objective 4. Ensure and Implement Capacity/Leadership Development for Planning Council Members and Applicants					
4.1 Review & revise mentoring programs; advertise programs with HIVPC and committee members quarterly.	Educated HIVPC	75%	8/15	8/15	<i>In Progress</i>
4.2 Plan and implement quarterly trainings for HIVPC	Educated HIVPC	75%	3/15	3/15	<i>Completed</i>
4.3 Conduct pre- and post-appointment orientations for new members; include education about the 3 guiding ideas.	Educated HIVPC	100%	3/15	3/15	<i>Completed</i>
Objective 5: Update Work Plan and Policies & Procedures					
5.1 Review at least 3 MCDC accomplishments and challenges.	Improved process	66%	1/15	1/15	<i>Rev'd 1/8</i>

HANDOUT F

5.2 Conduct annual evaluation to assess past year and recommend improvements; identify at least 3 areas of improvement for upcoming year.	Improved process	66%	1/15	1/15	<i>Focus on application, orientation, mentorship</i>
5.3 Review and update Work Plan and Policies & Procedures, including the HIVPC application.	Updated planning documents	100%	2/15	2/15	<i>Reviewed</i>

March	April	May	June	July	Aug
<ul style="list-style-type: none"> - Review HIVPC makeup & attendance - Announce vacant positions - Update HIVPC contact information - Plan quarterly trainings for HIVPC - Receive training on HIVPC demographics & mandated seats - Review & update R&R plan - Welcome Brunch & orientation 	<ul style="list-style-type: none"> - Review HIVPC makeup & attendance - Announce vacant positions - Review removal for cause policy - Identify community events 	<ul style="list-style-type: none"> - Review HIVPC makeup & attendance - Announce vacant positions - Review HIVPC seat status - Review & approve position descriptions - Welcome Brunch & orientation 	<ul style="list-style-type: none"> - Review HIVPC makeup & attendance - Announce vacant positions - Review & approve position descriptions - Identify community events 	<ul style="list-style-type: none"> - Review HIVPC makeup & attendance - Announce vacant positions - Review & approve position descriptions 	<ul style="list-style-type: none"> - Review HIVPC makeup & attendance - Announce vacant positions - Review HIVPC seat status - Review & update R&R plan - Welcome Brunch & orientation
Sep	Oct	Nov	Dec	Jan	Feb
<ul style="list-style-type: none"> - Review HIVPC makeup & attendance - Announce vacant positions - Review HIVPC seat status - Review & update R&R plan 	<ul style="list-style-type: none"> - Review HIVPC makeup & attendance - Announce vacant positions - Distribute HIVPC membership survey - Review & update R&R plan - Identify community events 	<ul style="list-style-type: none"> - Review HIVPC makeup & attendance - Announce vacant positions - Review HIVPC seat status - Welcome Brunch & orientation 	<ul style="list-style-type: none"> - Mini retreat 	<ul style="list-style-type: none"> - Review HIVPC makeup & attendance - Announce vacant positions - Conduct annual evaluation - Review and update WP and P&Ps 	<ul style="list-style-type: none"> - Review HIVPC makeup & attendance - Announce vacant positions - Review HIVPC seat status - Distribute HIVPC membership survey - Devise rewards for HIVPC members

MDCD Interested Parties Correspondence

Post Event Follow-Up (Stonewall):

Dear Members/Interested Parties,

We are emailing you because you filled out one of our brochures requesting more information on Saturday; June 20, 2015 at the Wilton Manors Stonewall Street Festival. We have attached our Calendar of Events for your convenience. All of our events are free to attend, open to the public, and provide complimentary refreshments for guests and members. Please feel free to contact us if you have any questions regarding the HIV Planning Council, as well as our committees. We look forward to hearing from you soon!

Dear Members/Interested Parties,

Thank you again for expressing your interest in getting more information about the HIV Planning Council at last month's Wilton Manors Stonewall Street Festival. We are excited that you are looking to get involved with making a difference in the HIV/AIDS community. We are sending a calendar of our meetings for the month of July and are encouraging your participation.

All of our events are free to attend, open to the public, and provide complimentary refreshments for guests and members. Please feel free to contact us if you have any questions regarding the HIV Planning Council, as well as our committees. We look forward to hearing from you soon!

Phone Bank Follow Up Script:

Good Afternoon Mr./Ms. _____, my name is _____; a member of the MDCD committee of the HIV Planning Council.

I'm calling because earlier this month/last week you signed up on our contact list to receive more information about the HIV Planning council at the _____ event. Do you have a few minutes for me to give you a brief overview of the HIV Planning Council and how you can get involved in the planning process for those infected and affect by HIV/AIDS?

YES: Great! The HIVPC continuously seeks new, active members to help with ensuring persons living with HIV/AIDS (PLWHA) receive the highest quality of care and that each stage of getting care is as easy as possible. Becoming involved gives you the opportunity to take part in making decisions on how federal dollars are used for medical and support services for PLWHAs, providing educational resources to the community, and providing valuable feedback on Ryan White services.

Does this sound like something you are interested in?

YES: Ok, in the email that was sent earlier this month/last week, we included both an application for membership and a meeting calendar. I would encourage you to attend any/all meeting(s) this month that interests you to get a better understanding of our processes. Our general body Planning Council meeting is always the 4th Thursday of each month at the Downtown Governmental Center (provide address) in room GC-430. We would love for you to join us! If you have any further questions, our HIVPC Staff is

available at 954-561-9681 ext. 1345 or 1295 or you can email them at hivpc@brhpc.org. Are you more comfortable with receiving information via email or phone? Can you confirm your (contact information) for me? I have (contact info listed on sheet). Ok, thanks again, and hopefully we will see you this month!

NO: I'm sorry to hear that Mr./Ms. _____. I do appreciate you stopping by our table at the _____ event. Perhaps you can share this information with someone who may be interested. All of our contact information is on the calendar that we emailed you (earlier this month/a few weeks ago). If you would like, I can resend it. Thanks again for taking the time out to speak with me. If you are ever interested in getting involved, please do not hesitate to contact us. Can I give you our Support Staff's contact information? (Provide information if necessary)

HIVPC/Committee Expressed Interest:

Good Afternoon,

This email is to follow up on our conversation in which you expressed your interest in the HIV Planning Council (HIVPC) and its Committees. The HIVPC continuously seeks new, active members to help in their efforts to ensure the continuum of care for persons living with HIV/AIDS (PLWHA) is of the highest quality and is accessible. The HIVPC is charged by Federal and County laws and regulations to allocate federal Ryan White funding to HIV/AIDS medical and support services as the payer of last resort for those who have no insurance or means of paying for services.

Please note that the Membership/Council Development Policies and Procedures require all HIVPC applicants to attend a single committee for at least three months and attend a membership orientation prior to being considered by the Membership/Council Development Committee for nomination to the Council. Once appointed to the Council by the Board of County Commissioners, all Council members are required to remain an active member of one committee.

I have included the following materials for your review:

- Current Policies and Procedures of the Membership/Council Development Committee (illustrates the requirements and duties of a Council member)
- Membership Application
- Meeting Calendar including a description of the HIVPC Committees and their respective meeting times

All of the meetings included in the calendar are open to the public and you are encouraged to attend the meetings that interest you. Additionally, the HIV Planning Council meeting is scheduled for Thursday, (month) at 9:30 a.m. at the Governmental Center (115 S. Andrews Ave. Ft. Lauderdale, FL 33301) in room GC-430 if you are interested in attending.

If you have any questions about the process, please feel free to contact me, at 954.561.9681 ext. 1345.

MCDC Mentoring Program

(Approved 7/24/14 by HIVPC)

In order to increase new members' knowledge of the HIV Planning Council and retain membership participation in Council meetings, the MCDC Committee will institute mandatory orientation, training and voluntary mentoring programs. An important segment of this training is the Mentoring Program, which will be offered to all new Council members and alternates. Mentoring helps new members feel welcome, learn individual member perspectives, and become comfortable with Council processes and interaction. Mentoring also ensures that the new member understands the background and context of discussions and actions, and gets an explanation of the many acronyms used in meetings.

A letter introducing the Mentoring Program will be sent to new Council members. Council members who have volunteered their time to be Mentors will be assigned by the MCDC Chair. Interested Parties who are interested in becoming involved in a particular committee will be assigned a mentor by the Chair of the Committee the party is interested in.

The new member and alternate should, when possible, sit near his/her Mentor during all meetings. (Non-voting alternates are reminded they may sit near their mentor, but not at the table.) This will allow the Mentor to easily answer any questions the new member might have.

Volunteer Mentors will receive training according to the schedule set forth in the Committee Work Plan. Mentors should strive to educate new members on the following points:

1. Review of Orientation Manual
2. Reminders of Meetings
3. Availability of Transportation
4. Day care reimbursement benefit
5. Reimbursement of lost wages
6. Explanation of complex language
7. Empowerment and respect for individual opinions and ideas.
8. A summary of Robert's Rules of Order

If needed and requested by the new member/alternate, the Mentor may also remind the new member of upcoming meetings which might be of interest to that person.

Note on the Florida Sunshine Law: Members and Mentors should be careful to follow the Sunshine Law, which forbids Members from discussing Council or Committee business outside of official meetings. The County definition is as follows:

"Except at a public meeting, there shall be no communication between any two members of the same collegial body on any matter which they may foreseeably be required to address jointly in an advisory or decision-making capacity."

1. Below are example situations prohibited by law for Members: Discussing Council or Committee business on the phone;
2. Discussing Council or Committee business at a gathering that is not an official meeting;
3. Discussing Council or Committee business indirectly, such as by passing information through an intermediary;
4. Meeting at a restaurant or someone's home to discuss Council or committee business;

Mentoring Components of HIV Planning Council Members:

Provides support of new members (within the guidelines of the Florida Sunshine Law) on the following:

- a. Help new members, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interaction
- b. Provide strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHAs.

- c. Take special responsibility for making sure the new member understands the background and context of discussions and actions.
- d. Increase new members' knowledge of the HIV Planning Council and retain attendance and membership participation in Council meetings.
- e. Complete the Mentor/Mentee evaluation at the conclusion of the mentorship period.

HIVPC Buddy System for Interested Parties

Guidance for Committee Chairs

(Approved 11/20/14 by HIVPC)

In order to increase interested party's knowledge of HIV Planning Council Committees and retain membership participation in meetings, the MCDC will institute a voluntary buddy system.

Committee members who have volunteered their time to be a Buddy will be assigned by the Committee Chair. The MCDC Chair will notify Committee Chairs of interested parties that would like to be assigned a Buddy. The assigned Buddy should be a Committee member and may also be a Planning Council member.

The interested party should, when possible, sit near his/her Buddy during meetings. This will allow the Buddy to easily answer any questions the interested party might have.

Committee Chairs will instruct Buddies to educate interested parties on the following points:

1. Review of Committee Descriptions
2. Reminders of Meetings and Events
3. Reimbursement benefits
4. Explanation of complex language
5. Empowerment and respect for individual opinions and ideas.
6. A summary of Robert's Rules of Order
7. Committee Policies and Procedures

If the interested party expresses interest in becoming a full Planning Council member, then the Committee Chair will assign a Mentor who is a member of the Planning Council.

Buddies provide support to interested parties on the following:

1. Help interested parties, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interactions.
2. Provide strong and informed feedback about the effect of Committee actions and decisions on Ryan White clients and PLWHAs.
3. Take special responsibility for making sure the interested party understands the background and context of discussions and actions.
4. Increase interested party's knowledge of the Committee and retain attendance and membership participation in Committee meetings.
5. Complete the Buddy/Interested Party evaluation at the conclusion of the coaching period (conclusion will be upon mutual agreement between the coach and the interested party).



HIV HEALTH SERVICES PLANNING COUNCIL

Ryan White Part A Program Office 115 S. Andrews Ave Fort Lauderdale, FL 33301 • HIVPC Support Staff (P) 954-561-9681 ext. 1345 (E) hivpc@brhpc.org

REQUEST TO PARTICIPATE IN THE MEMBERSHIP COUNCIL/DEVELOPMENT COMMITTEE MENTORING PROGRAM

New Mentee:

I, _____ am requesting to be mentored by a more experienced HIV Planning Council Member to familiarize me with Planning Council procedures.

My signature below serves as an acknowledgement that I am committed to the mentorship and understand the ***Mentoring Guidelines***.

I understand that the mentoring program is voluntary and that I can end the mentorship due to unanticipated scheduling conflicts, departure from the HIV Planning Council and/or for other reasons at any time.

Signature

Date



HIV HEALTH SERVICES PLANNING COUNCIL

Ryan White Part A Program Office 115 S. Andrews Ave Fort Lauderdale, FL 33301 • HIVPC Support Staff (P) 954-561-9681 ext. 1345 (E) hivpc@brhpc.org

REQUEST TO PARTICIPATE IN THE MEMBERSHIP COUNCIL/DEVELOPMENT COMMITTEE MENTORING PROGRAM

Mentor:

I, _____ am volunteering to serve as a mentor to a new HIV Planning Council member and willing to devote between two and five hours a month per new HIVPC member for up to six months.

My signature below serves as an acknowledgement that I am committed to the mentorship and understand the *Mentoring Guidelines*.

Although as a mentor my name will remain on the mentoring roster for two years, I understand the program is voluntary and that I can end the mentorship due to unanticipated scheduling conflicts, departure from the HIVPC and/or for other reasons, at any time.

Signature

Date

HIVPC Mentor/Mentee Registration Form

Mentor Name	HIVPC Member?	Committees	Mentee Name	HIVPC Member?	Committees
1. H. B. Katz	Y	MCDC, CEC, QM, SOC, PSRA, Exec	David Runkle	Y	MCDC,CEC, QM, SOC
2. Will spencer	Y	Executive	Lamont Lewis	Y	MCDC, CEC, QM, SOC
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HIVPC Mentor Evaluation Form

Name		Mentor/Mentee	<i>(Please circle one)</i>
Mentorship Start Date		Mentorship End Date	
Date	[Click to select date]		

Please answer the following questions below regarding your experience as an HIVPC Mentor:

1. How would you rate the MCDC Mentor Program?

Excellent Very Good Good Poor

2. How would you describe the quality of your experience as a participant in the program?

Excellent Very Good Good Poor

3. Would you volunteer to serve as a mentor again next year or in the future?

Yes Possibly Not Sure No

4. How clearly defined were your mentor responsibilities *(based on MCDC Mentorship Program Policies and Procedures)*?

Very Clear Moderately Clear A Little Unclear Very Unclear

5. How would you describe your relationship with your mentee?

Very Good Good Fair Poor

6. Do you think that the time you spent together was helpful for your mentee?

Yes Somewhat Not Really No

7. What was most/least satisfying about the mentor program?

8. What would you suggest to improve the mentor program?

HIVPC Mentee Evaluation Form

Name		Mentor/Mentee	<i>(Please circle one)</i>
Mentorship Start Date		Mentorship End Date	
Date	[Click to select date]		

Please answer the following questions below regarding your experience as an HIVPC Mentor:

1. How would you rate your Mentor?

Excellent Very Good Good Poor

2. How would you describe the quality of your experience as a participant in the MCDC Mentorship program?

Excellent Very Good Good Poor

3. After your experience as a mentee, would you volunteer to serve as a mentor in the future?

Yes Possibly Not Sure No

4. Did having a mentor help you to better understand the HIVPC policies, procedures, and protocols *(including FL Sunshine Law, reimbursement, and Robert's Rules)*?

Yes Somewhat Not Much No

5. How would you describe your relationship with your mentor?

Very Good Good Fair Poor

6. List something (if anything) that you learned from your mentor?

7. What was most/least satisfying about the mentor program?

8. What would you suggest to improve the mentor program?

HIV Planning Council Members – Job Descriptions
(Approved by HIV Planning Council 5/23/13)

The purpose of HIV Planning Council membership categories:

- *“Each category of membership meets a specific need.”*
- *“Other membership categories, comprising government and health professions, are intended to enhance service delivery. This includes coordination of funding streams to better address gaps in care, avoid overlaps in services, and create comprehensive service delivery systems that meet the multiple care needs of clients.”*
- *“All categories of membership are designed to bring together expertise in such areas as health planning, service delivery, client perspectives and financing of care.”*

From HRSA

Planning Council Members Major Duties

1. Prioritize Part A services and allocate Ryan White funds among them.
2. Assess the needs of the community for HIV/AIDS services.
3. Develop a Comprehensive Plan to guide how services will be provided.
4. Monitor the quality and effectiveness of Ryan White programs, and recommend improvements.
5. Assess the effectiveness of administrative performance by the Part A Grantee.

Member Qualifications

1. Fit the membership requirements of a specified category of Council seat, per legislation and HRSA rules.
2. Ability to communicate ideas freely, honestly and respectfully.
3. Commitment to adhere to Council by-laws, policies and procedures.

Member Responsibilities

1. Be willing to commit at least six to eight hours monthly to the HIV Planning Council – approximately two hours monthly at Planning Council meetings, two to three hours monthly at Committee meetings, and two to three hours monthly for background reading and to complete assigned tasks.
2. Members in leadership roles attend one extra meeting per month, requiring two to four hours more time.
3. Work collaboratively within the Planning Council and with other entities that provide or fund HIV-related services.
4. Actively participate in recruitment for HIVPC and Committees.
- 4.5. Regularly participate in ongoing education and training provided by the Council.
- 5-6. Be willing to participate in discussions mindful of the needs of the EMA, as opposed to an interest group or category of representation.
- 6-7. Be willing and able to contribute professional and personal expertise to further the work of the Council.
- 7-8. Supply data requested from the category of seat to which the member is appointed. Examples of data that may be requested:
 - a. HIV/AIDS funding received, per service category
 - b. Number of Clients Served / Utilization
 - c. Client Demographics
 - d. How Services Are Coordinated with Part A and other funders

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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”

HANDOUT I

- "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:

- Provide strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHAs.
- Help develop ideas to engage and educate PLWHAs in the community.
- b-c. Actively participate in New Member recruitment. Bring at least two (2) potential members to Council/Committee meetings each year.

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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:

- Be actively involved with a community organization or ongoing community activities.
- Provide strong and informed feedback about the effect of Planning Council actions and decisions on the community, especially Ryan White clients and PLWHAs.
- b-c. Actively participate in New Member recruitment. Bring at least two (2) potential members to Council/Committee meetings each year.

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3. Health Care Providers, including Federally Qualified Health Centers

Job Description for Health Care Providers:

- Share information about how Council actions will affect providers and their HIV/AIDS clients.
- When requested, provide data on funding sources and on utilization by their clients.
- b-c. Actively participate in New Member recruitment. Bring at least two (2) potential members to Council/Committee meetings each year.

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

Job Description for ASO/CBO:

- Share information about how Council actions will affect service organizations, community organizations and their Ryan White clients.
- When requested, provide data on funding sources and on utilization by their HIV/AIDS clients.
- b-c. Actively participate in New Member recruitment. Bring at least two (2) potential members to Council/Committee meetings each year.

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

Job Description for Social Service Providers:

- Share information about how Council actions will affect social service agencies, providers and clients.
- When requested, provide data on funding sources and on utilization by their HIV/AIDS clients.
- b-c. Actively participate in New Member recruitment. Bring at least two (2) potential members to Council/Committee meetings each year.

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6. Mental Health Providers and Substance Abuse Providers

Job Description of Mental Health Providers and Substance Abuse Providers:

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

HANDOUT I

b-c. Actively participate in New Member recruitment. Bring at least two (2) potential members to Council/Committee meetings each year.

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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.

d-e. Actively participate in New Member recruitment. Bring at least two (2) potential members to Council/Committee meetings each year.

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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.

d-e. Actively participate in New Member recruitment. Bring at least two (2) potential members to Council/Committee meetings each year.

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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.

e. Actively participate in New Member recruitment. Bring at least two (2) potential members to Council/Committee meetings each year.

d.

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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.

d-e. Actively participate in New Member recruitment. Bring at least two (2) potential members to Council/Committee meetings each year.

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

HANDOUT I

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.

~~b-c~~ **Actively participate in New Member recruitment. Bring at least two (2) potential members to Council/Committee meetings each year.**

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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.

~~b-c~~ **Actively participate in New Member recruitment. Bring at least two (2) potential members to Council/Committee meetings each year.**

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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.

~~b-c~~ **Actively participate in New Member recruitment. Bring at least two (2) potential members to Council/Committee meetings each year.**

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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.

HANDOUT I

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.
- d. Actively participate in New Member recruitment. Bring at least two (2) potential members to Council/Committee meetings each year.

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**These changes take effect for any new members beginning June 1, 2013.*

Broward County HIV Health Services Planning Council



POST- APPOINTMENT ORIENTATION



Overview



- Code of Ethics
- Government in Sunshine Law
- Grantee & Support Staff Roles and Responsibilities
- Membership Requirements
- Attendance Policy
- Ground Rules
- Grievance Process
- Removal for Cause Policy
- Reimbursement Policy
- Mentorship Program

Code of Ethics

**THE COUNCIL AND ITS COMMITTEES
ARE GOVERNED BY THE 2013
FLORIDA COMMISSION ON ETHICS
GUIDE AND THE CODE OF ETHICS
FOR PUBLIC OFFICERS AND
EMPLOYEES, WHICH IS SENT TO ALL
NEW MEMBERS BY THE BOARD OF
COUNTY COMMISSIONERS.**

Government in Sunshine Law

**THE STATE OF FLORIDA AND BROWARD
COUNTY ARE GOVERNED BY FLORIDA'S
SUNSHINE LAW. THIS REQUIRES THAT ALL
MEETINGS HELD BY THE PLANNING
COUNCIL OR ITS COMMITTEES ARE OPEN
TO THE PUBLIC, AUDIO-RECORDED AND
WITH WRITTEN MINUTES. ANYTHING SAID
AT ANY COUNCIL OR COMMITTEE MEETING
IS A MATTER OF PUBLIC RECORD,
INCLUDING DISCLOSURE OF HIV STATUS.
MEMBERS OF THE COUNCIL MAY NOT TALK
ABOUT COUNCIL BUSINESS OUTSIDE OF
COUNCIL MEETINGS.**

Robert's Rules

PROVIDES COMMON RULES AND PROCEDURES FOR DELIBERATION AND DEBATE IN ORDER TO PLACE THE WHOLE MEMBERSHIP ON THE SAME FOOTING AND SPEAKING THE SAME LANGUAGE.

Steps to Make a Motion

Obtain the Floor

Make a Motion

Second the Motion

Motion stated by the Chair

Motion Placed for debate by the Chair

Debate/Discussion

Motion put to a vote

Grantee Roles and Responsibilities

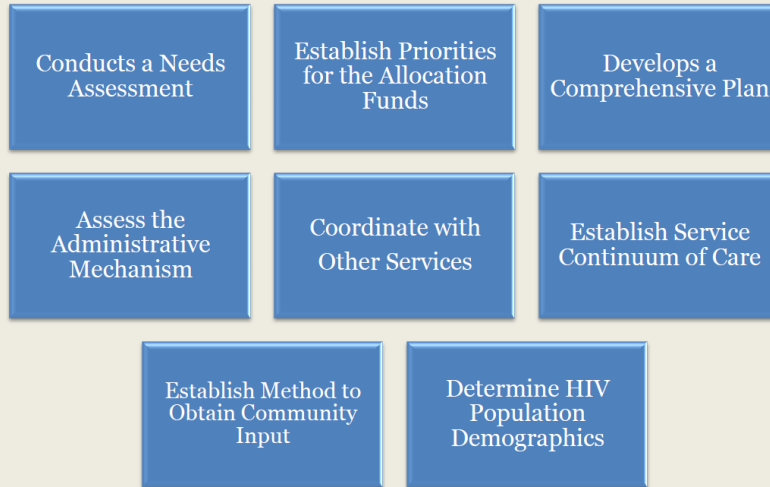
1. **GOVERNMENT DEPARTMENT DESIGNATED TO ADMINISTER PART A FUNDS AND MONITOR CONTRACTS**
2. **COORDINATE WRITING OF ANNUAL GRANT REQUEST FOR RYAN WHITE PART A FUNDING**
3. **PARTICIPATE IN PLANNING COUNCIL AND COMMITTEE ACTIVITIES.**

Support Staff Roles and Responsibilities

HIVPC SUPPORT STAFF PROVIDES PROFESSIONAL STAFF SUPPORT TO THE PLANNING COUNCIL, ITS STANDING COMMITTEES, AD HOC COMMITTEE, CHAIR, AND THE COUNTY.

CQM SUPPORT STAFF PROVIDES PROFESSIONAL SUPPORT, MEETING COORDINATION, AND TECHNICAL ASSISTANCE TO THE SERVICE CATEGORY QI NETWORKS AND GRANTEE.

Planning Council Roles & Responsibilities



Planning Council Membership Requirements

- **Be a member of at least one (1) standing committee**
 - ✦ **Community Empowerment Committee (CEC)**
 - ✦ **Membership Council Development Committee (MCDC)**
 - ✦ **Needs Assessment/Evaluation Committee (NAE)**
 - ✦ **Quality Management Committee (QM)**
 - ✦ **Priority Setting/Resource Allocations Committee (PSRA)**
 - ✦ **System of Care Committee (SOC)**
 - ✦ **Executive Committee (HIVPC Committee Chairs and Vice Chairs)**
- **Attend meetings/trainings**
- **Provide up-to-date contact information to HIVPC Support Staff**
 - At such time as a member's professional responsibilities changes such that he/she no longer represents the constituency for which he/she was originally appointed, that member shall immediately resign and his/her seat shall be filled in accordance with the provisions contained in the Membership policies and procedures. The member shall have the ability to reapply for membership to the Council.

Attendance Policy

THE HIV HEALTH SERVICES
PLANNING COUNCIL ADOPTED
BROWARD COUNTY CODE OF
ORDINANCES SECTION 1-233 FOR THE
PLANNING COUNCIL JULY 2014 AND
FOR THE COMMITTEES MARCH 2015.

Council & Committee Meeting Attendance Policy

- A member will automatically be removed if he/she:
 - Has **three (3) consecutive** unexcused absences regardless of year, or
 - Misses **four (4) meetings in one (1) calendar year** (January-December) because of unexcused absences.
- A member will automatically be removed from a committee that meets on a quarterly or less frequent basis if he/she:
 - Has **two (2) consecutive** unexcused absences regardless of year, or
 - Misses **two (2) meetings in one (1) calendar year** (January-December) because of unexcused absences.
- A member shall be deemed absent from a meeting when the member is not present at the meeting at least seventy-five (75) percent of the time.
- Attendance records are based on the sign-in sheet. **Members must sign in to be considered present at the meeting.**

Notification of Attendance

Members must notify Support Staff at least **2 business days** prior to meeting regarding their attendance, unless occurrence of an excused absence makes such notice impracticable.

Failure to notify Support Staff 2 business days prior to meeting shall be considered an absence.

Members who have notified Support Staff that they cannot attend will be considered absent even if the meeting is cancelled due to lack of a quorum.

Attendance Via Phone

Once a quorum has been established by members who are physically present at a meeting, members who are not physically present may attend and participate in such meeting by phone.

If quorum is not achieved by members who are physically present, members who are not physically present but participating via phone will be considered absent.

If a member would like to participate via phone, they must inform Support Staff at least **2 business days** prior to the meeting.

Excused Absences

- HIVPC or Committee Chair reviews all excused absence requests.
- A member must request an excused absence.
- An absence shall be deemed excused under the following circumstances:
 - HIV Related Illness
 - Member is performing an authorized alternative activity relating to outside Planning Council business that directly conflicts with the meeting
 - Death of member's domestic partner or immediate family member
 - Member's hospitalization

Ground Rules

ALL PERSONS IN ATTENDANCE OF A MEETING OF THE COUNCIL AND/OR COMMITTEE SHALL COMPLY WITH THE MEETING GROUND RULES ADOPTED BY THE COUNCIL.

Ground Rules

All persons in attendance of a meeting of the Council and/or Committee shall comply with the meeting ground rules adopted by the Council.



HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.
2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.
3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.
4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.
5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.
6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.
7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.
8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.
9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.
10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.
11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.
12. In all Joint Committees, SFAN Members will observe the HIV Health Services Planning Council Ground Rules

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Grievance Process

**THE EXECUTIVE COMMITTEE WILL
PROVIDE A CLEARINGHOUSE AND
FACILITATE RESOLUTION OF
GRIEVANCES IN AN OPEN,
INCLUSIVE, NON-DISCRIMINATORY
AND IMPARTIAL MANNER.**

Grievance Process

- The Executive Committee will address grievances by individuals, community groups and providers eligible to receive Ryan White Part A and/or Part B funding which have been adversely affected by any actions of the Council or SFAN involving the following:
 1. Needs assessment process
 2. Comprehensive planning process
 3. Priority setting process (including language regarding how best to meet such priorities)
 4. Clinical outcome/cost effectiveness determination process
 5. Allocation (as well as any possible reallocation) of funds to service categories process.
- For a grievance to be eligible for consideration, deviation from established, written processes or policies must be stated within the claim.
- All appeals from an initial action must be filed within two weeks of any decision, deviation or incident, and all resolutions or remedies are meant to apply prospectively.

Removal for Cause

- A Member or Alternate may be recommended for removal if:
 - Refuses to cooperate in a conflict of interest review
 - Has been found to have knowingly taken action(s) intended to influence the conduct of the Council in a manner as defined by the By-Laws as a conflict of interest
 - For violation of the Broward County HIV Health Services Meeting Ground Rules
 - Any violation of the By-Laws
 - Violation of Sunshine Law or Code of Ethics
- Membership Committee reviews and investigates removal requests and forwards recommendation to the Executive Committee
- Final decision to remove a member must be ratified by the Council. Once ratified, the Council will forward the recommendation for removal to the Board of County Commissioners.

Mentorship Program



In order to increase new members' knowledge of the HIV Planning Council and retain membership, the MCDC Committee will institute a voluntary mentoring program. Mentors provide support for new members on:

- Helping new members, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with Planning Council processes and interaction.
- Providing strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHA.
- Taking special responsibility for making sure the new member understands the background and context of discussions and actions.
- Increasing new members' knowledge of HIVPC and retain attendance and membership participation in Council meetings.

A letter will be sent out with details about Mentorship Program to all new Council Members.

Questions?



HIVPC Support Staff Contact Information



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MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE Policies and Procedure

Approved 3/26/15

Policies

The Membership/Council Development Committee (MCDC) shall solicit and screen applications for appointment of all members and alternates of the Broward County HIV Health Services Planning Council (Council) by the Broward County Board of County Commissioners. The term of office for members and alternates shall be at the pleasure of the Board of County Commissioners. The Committee shall ensure that Council and committee members are knowledgeable about their duties, the functions of the Council, and the Council's role in the organization and delivery of HIV/AIDS health and support services. The Committee shall institute orientation and training programs for new and incumbent members. Orientations will be scheduled as needed by the Committee and support staff (Approved 2/20/14).

An individual may serve on the Council only if the individual agrees that if the individual has a financial interest in an entity, if the individual is an employee of a public or private entity, or if the individual is a member of a public or private organization, and such entity or organization is seeking amounts from a grant under the Ryan White CARE Act (Act), the individual will not, with respect to the purpose for which the entity seeks such amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purpose.

The membership categories for the Council shall be consistent with those defined in the Act. No less than 33 percent of the Council shall be individuals who are receiving HIV-related services from Part A funded providers, are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV as determined annually. For purposes of the preceding sentence, 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. This may not be construed as having any effect on entities that receive funds from grants under any other Act or program but do not receive funds from grants under Part A, on officers or employees of such entities, or on individuals who represent such entities.

The Committee will recommend for appointment no more than 40% of the Council Members who are providers of HIV-related services who receive funds under Part A of the CARE Act (Approved 11/19/2009). No more than 3 members employed by one governmental agency or provider shall serve on the Planning Council at one time (Approved 1/28/2010).

Affirmative outreach shall be made to attract qualified candidates for membership on the Council with particular attention to gender balance and adequate representation from racial and ethnic minorities. As part of the Council's efforts to increase the percentage of individuals with HIV on the Council, the Broward County Commission should strive, whenever possible, to appoint individuals with HIV to vacancies not only in that category but to other categories as appropriate.

There shall be a minimum of three individuals with HIV who shall serve as alternates appointed and approved by the Broward County Commission (Approved 2/20/14). The latter may only serve as voting members in Council meetings for any period of time that a member with HIV is unable to serve due to HIV-related illness. In such case, the Chair shall appoint an alternate who, to the greatest extent possible, matches the gender, race and/or ethnic background of the individual with HIV that is absent. Thereafter, alternates, as directed by the Chair, shall alternate their substitution for PWA members unable to serve due to HIV-related illness. Alternates shall comply with attendance requirements at Council meetings.

Council members and alternates as well as committee members must meet attendance requirements in accordance with the Code of the County, except that absences from meetings by individuals because of illness related to their HIV shall not be counted as an absence. Council members and/or alternates (appointed by the County Commission) and committee members will automatically be removed from the Planning Council or committee that meets more frequently than quarterly if he/she: 1) has three (3) consecutive unexcused absences regardless of year, or 2) misses four (4) meetings in one (1) calendar year (January-December) because of unexcused absences. A committee member will automatically be removed from a committee that meets on a quarterly or less frequent basis if he/she: 1) has two (2) consecutive unexcused absences regardless of year, or 2) misses two (2) meetings in one (1) calendar year (January-December) because of unexcused absences. (Approved 9/2008 for Council, 9/2009 for Committees). A letter signed by the Planning Council Chair or Vice Chair will be sent to Council members and/or alternates and committee members at risk of exceeding allowed number of absences, informing them of their attendance record and stating that one more additional absence will result in their removal from the Council.

Council members and alternates are required to serve on at least one standing committee. If a Council member/alternate should resign or be removed from a committee, s/he will have 30 days to select a new committee in which to become a member. If a committee is not selected within the 30 day timeframe, the member/alternate will be removed from the Council (Approved 2/20/14).

The Committee shall be responsible for recommending removal of Council members and Alternates in accordance with the Council By-Laws. Council members and Alternates may be removed for cause by a full Planning Council vote. Cause for removal may include failure to fully participate on the Planning Council, including not participating on a standing committee. Other causes for removal may include misrepresentation of the Council and/or failure to abide by the Council By-Laws.

If a Council member is removed from the Council, to be recommended for reappointment, s/he must go through the original membership process as stated in the MCDC Policies and Procedure. The Council may recommend the reappointment of members whose absences were caused by extenuating circumstances.

REMOVAL PROCESS

A. Removal for Attendance

Members or alternates who fail to comply with the Planning Council Attendance Policy will be automatically removed from the Planning Council. The Membership/Council Development Committee will report removals to the Executive Committee. Removals due to Attendance Policy violations will be reported to the Planning Council in the Executive Committee Report.

B. Removal for Cause

1. All recommendations for removal of a Member for cause must be documented as follows and submitted to the Membership/Council Development Committee:
 - a. Name(s) of Council or Committee Member(s) recommending the removal (required).
 - b. Name of Council Member or alternate recommended for removal.
 - c. Written description of the action(s) prompting the request.
 - d. Date(s) and location(s) where the action(s) took place.
 - e. Signature(s) and date of submission of Council or Committee Member(s) recommending the removal.
 - f. Written notice of recommendation for removal must be given to a member or alternate.
2. The Membership/Council Development Committee will review the status of current members and alternates and recommend removal from the Council by the Board of County Commissioners if the member or alternate:
 - a. Refuses to cooperate in a conflict of interest review;
 - b. Has been found to have knowingly taken action(s) intended to influence the conduct of the Council in a manner as defined in the By-Laws as a conflict of interest; or
 - c. For violation of the Broward County HIV Health Services Meeting Ground Rules
 - d. Any violation of the By-Laws

- e. Violation of Sunshine Law or Code of Ethics
 - f. Does not attend a post-appointment training within 3 months of appointment to the Planning Council by the Broward County Board of County Commissioners.
3. The Membership/Council Development Committee will:
- a. Review all such requests for removal from the Council at its regular Committee meeting, unless the Chair of the Council or the Chair of the Committee requests that a special meeting be convened.
 - b. If Committee determines a complaint has merit, the Committee will proceed with the investigation to be completed within sixty (60) days from date of merit determination. The Member being recommended for removal will be notified by certified mail once the complaint is determined to have merit.
 - c. The Membership/Council Development Committee will investigate and may call witnesses, which should include the Member being recommended for removal, to ensure that all pertinent information is considered. The Member being recommended for removal may also call witnesses or bring written documentation to address the allegations.
 - d. Following consideration of all the information available to the Committee, a majority vote of the Committee will make recommendations to the Executive Committee for appropriate action.
 - e. Final disposition must be reported to the Executive Committee, the Member filing the complaint and the Member being recommended for removal. In addition, the final disposition will be reported in the Executive Committee Report on the Planning Council Agenda.

C. Removal Recommendation

The final decision to remove a Member must be ratified by the Planning Council. Once ratified, the Planning Council will forward all recommendations for removal to the Board of County Commissioners.

REINSTATEMENT POLICY

- A. Any member may elect to resign for personal reasons, and have the right to re-apply for reinstatement at any time. Any member seeking reinstatement after resignation shall:
 - a. If seeking reinstatement less than 90 days after resignation or removal, submit a letter to the MCDC, which will be forwarded to the Executive Committee, which will be forwarded to the HIVPC for approval.
 - b. If seeking reinstatement more than 90 days after resignation or removal, shall submit a new application and follow the same process as new members.
 - c. The letter requesting reinstatement must be submitted to the Chair and/or Vice Chair of the MCDC.
- B. A member may only be reinstated once within a 12-month period. A member who is reinstated and subsequently removed may not reapply for reinstatement for the 12-month period following a second removal.

Procedures

Membership:

Open, well publicized recruitment activities will occur. Membership applications and “Interested Party” brochures are available at all meetings of the Council and at all outreach and business meetings in the community. The MCDC Chair is responsible for offering to visit, specifically, case management agencies in efforts to encourage the recruitment of consumers for potential Council membership. While conducting recruitment, members should encourage interested parties to join committees or the HIVPC, and may discuss the roles, purpose, and benefits of serving on the HIVPC or its committees. Members may not, however, offer an official opinion or statement of the HIVPC, or speak on behalf of the HIVPC.

Council staff will verify that all active/pending applications meet the non-conflict of interest requirements as applicable, note any changes in employment or affiliation status, and present the eligible applications to the Membership Committee for review. All prospective Planning Council members other than those in mandated seats by virtue of employment are required to participate in a single committee for at least three

meetings and attend a membership orientation prior to being considered for appointment to the Planning Council (Approved 4/2008). Applicants will receive a package of information that contains specific questions regarding the applicant's interest in becoming a Council and/or a Committee member. Committee information will be included in the package.

Applications will be screened and rated based on:

- Ability to fulfill membership representation deficiencies/vacancies;
- Experience and expertise to fulfill a particular category of membership;
- Participation on Committees;
- Attendance at information luncheon; and
- Other identified criteria.

As part of the MCDC's selection process for new applicants, the following will be used based on priority:

- Unaffiliated consumers;
- Federally mandated seats;
- Non-Elected Community Leaders;
- Vacant seats based on categories.

In its review and recommendation process, The Membership Committee is further guided by the Ryan White CARE Act Part A Manual (Section X *Planning Council Membership; Planning Council Nominations*) (Approved 2/20/14). These Sections give the legislative background of the CARE Act that requires the Planning Council to be both reflective and representative of the demographic composition of the population of individuals living with HIV in the geographical area served. The Committee will, to the best of its ability, strive to achieve an optimal balance of Council composition that is reflective, representative, and, statistically, most closely approximates the HIV/AIDS prevalence in the geographical area served.

Recommendations for appointment as members and/or alternates will be forwarded to the Council for recommendation to the Broward County Board of County Commissioners for consideration and appointment.

The current membership will be evaluated annually for compliance with local, state and federal policies. Deficiencies through attrition, or change in qualifications of members will be documented. A member's qualification may change because of excess absences or by change of employment. Any changes to member's affiliation status will also be noted. Council support staff will report on absences. Current members will be surveyed each year using a form similar to the application. Individuals with HIV who experience extended absence due to illness will be moved to alternate status until they are able to regularly participate again.

The Committee will create a roster of current members and identify membership deficiencies and vacancies. The Committee will review the status of current members and alternates who:

- Fail to maintain the status to represent the membership category set forth in the Act;
- Fail to maintain the qualifications set forth in Broward County Resolution #94-1286 (or its successors);

MCDC and the Council shall be notified of changes to representation involving members who are on the Council by virtue of holding a mandated seat due to their employment (e.g. Medicaid). Such changes shall be informational in nature and immediately forwarded to the Broward County Board of County Commissioners for appointment. At such time as a member's professional responsibilities changes such that he/she no longer represents the constituency for which he/she was originally appointed, that member shall immediately resign and his/her seat shall be filled in accordance with the provisions contained in the Membership policies and procedures. The member shall have the ability to reapply for membership to the Council (Approved 11/19/2009). If a member does not notify the Council within 10 business days, the member will automatically be removed by the will of the MCDC (Approved 2/20/14).

Post-appointment training will occur for new members and other interested parties. New appointees will be offered the guidance of a mentor. The Membership Committee will conduct mentoring training for Council members.

Alternates:

Interested parties will be made Alternate Planning Council members when the following occurs:

- Member does not meet any of the requirements for any vacant mandated seat.
- Planning Council demographics are overrepresented of PLWHAs

Alternates will be acknowledged for their commitment when attending Planning Council meetings.

Council Development:

The Committee will develop and implement an annual Council Development training plan which meets requirements in the Act.

HIV Planning Council Members – Job Descriptions

(Approved by HIV Planning Council 5/23/13)

The purpose of HIV Planning Council membership categories:

- *“Each category of membership meets a specific need.”*
- *“Other membership categories, comprising government and health professions, are intended to enhance service delivery. This includes coordination of funding streams to better address gaps in care, avoid overlaps in services, and create comprehensive service delivery systems that meet the multiple care needs of clients.”*
- *“All categories of membership are designed to bring together expertise in such areas as health planning, service delivery, client perspectives and financing of care.”*

From HRSA

Planning Council Members Major Duties

1. Prioritize Part A services and allocate Ryan White funds among them.
2. Assess the needs of the community for HIV/AIDS services.
3. Develop a Comprehensive Plan to guide how services will be provided.
4. Monitor the quality and effectiveness of Ryan White programs, and recommend improvements.
5. Assess the effectiveness of administrative performance by the Part A Grantee.

Member Qualifications

1. Fit the membership requirements of a specified category of Council seat, per legislation and HRSA rules.
2. Ability to communicate ideas freely, honestly and respectfully.
3. Commitment to adhere to Council by-laws, policies and procedures.

Member Responsibilities

1. Be willing to commit at least six to eight hours monthly to the HIV Planning Council – approximately two hours monthly at Planning Council meetings, two to three hours monthly at Committee meetings, and two to three hours monthly for background reading and to complete assigned tasks.
2. Members in leadership roles attend one extra meeting per month, requiring two to four hours more time.
3. Work collaboratively within the Planning Council and with other entities that provide or fund HIV-related services.
4. Participate in recruitment and regular, ongoing education and training provided by the Council.
5. Be willing to participate in discussions mindful of the needs of the EMA, as opposed to an interest group or category of representation.
6. Be willing and able to contribute professional and personal expertise to further the work of the Council.
7. Supply data requested from the category of seat to which the member is appointed. Examples of data that may be requested:

- a. HIV/AIDS funding received, per service category
- b. Number of Clients Served / Utilization
- c. Client Demographics
- d. How Services Are Coordinated with Part A and other funders

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.

**These changes take effect for any new members beginning June 1, 2013.*

MCDC Mentoring Program

(Approved 7/24/14 by HIVPC)

In order to increase new members' knowledge of the HIV Planning Council and retain membership participation in Council meetings, the MCDC Committee will institute mandatory orientation, training and voluntary mentoring programs. An important segment of this training is the Mentoring Program, which will be offered to all new Council members and alternates. Mentoring helps new members feel welcome, learn individual member perspectives, and become comfortable with Council processes and interaction. Mentoring also ensures that the new member understands the background and context of discussions and actions, and gets an explanation of the many acronyms used in meetings.

A letter introducing the Mentoring Program will be sent to new Council members. Council members who have volunteered their time to be Mentors will be assigned by the MCDC Chair. Interested Parties who are interested in becoming involved in a particular committee will be assigned a mentor by the Chair of the Committee the party is interested in.

The new member and alternate should, when possible, sit near his/her Mentor during all meetings. (Non-voting alternates are reminded they may sit near their mentor, but not at the table.) This will allow the Mentor to easily answer any questions the new member might have.

Volunteer Mentors will receive training according to the schedule set forth in the Committee Work Plan. Mentors should strive to educate new members on the following points:

1. Review of Orientation Manual
2. Reminders of Meetings
3. Availability of Transportation
4. Day care reimbursement benefit
5. Reimbursement of lost wages
6. Explanation of complex language
7. Empowerment and respect for individual opinions and ideas.
8. A summary of Robert's Rules of Order

If needed and requested by the new member/alternate, the Mentor may also remind the new member of upcoming meetings which might be of interest to that person.

Note on the Florida Sunshine Law: Members and Mentors should be careful to follow the Sunshine Law, which forbids Members from discussing Council or Committee business outside of official meetings. The County definition is as follows:

"Except at a public meeting, there shall be no communication between any two members of the same collegial body on any matter which they may foreseeably be required to address jointly in an advisory or decision-making capacity."

1. Below are example situations prohibited by law for Members: Discussing Council or Committee business on the phone;
2. Discussing Council or Committee business at a gathering that is not an official meeting;
3. Discussing Council or Committee business indirectly, such as by passing information through an intermediary;
4. Meeting at a restaurant or someone's home to discuss Council or committee business;

Mentoring Components of HIV Planning Council Members:

Provides support of new members (within the guidelines of the Florida Sunshine Law) on the following:

- a. Help new members, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interaction
- b. Provide strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHAs.

- c. Take special responsibility for making sure the new member understands the background and context of discussions and actions.
- d. Increase new members' knowledge of the HIV Planning Council and retain attendance and membership participation in Council meetings.
- e. Complete the Mentor/Mentee evaluation at the conclusion of the mentorship period.

HIVPC Buddy System for Interested Parties

Guidance for Committee Chairs

(Approved 11/20/14 by HIVPC)

In order to increase interested party's knowledge of HIV Planning Council Committees and retain membership participation in meetings, the MCDC will institute a voluntary buddy system.

Committee members who have volunteered their time to be a Buddy will be assigned by the Committee Chair. The MCDC Chair will notify Committee Chairs of interested parties that would like to be assigned a Buddy. The assigned Buddy should be a Committee member and may also be a Planning Council member.

The interested party should, when possible, sit near his/her Buddy during meetings. This will allow the Buddy to easily answer any questions the interested party might have.

Committee Chairs will instruct Buddies to educate interested parties on the following points:

1. Review of Committee Descriptions
2. Reminders of Meetings and Events
3. Reimbursement benefits
4. Explanation of complex language
5. Empowerment and respect for individual opinions and ideas.
6. A summary of Robert's Rules of Order
7. Committee Policies and Procedures

If the interested party expresses interest in becoming a full Planning Council member, then the Committee Chair will assign a Mentor who is a member of the Planning Council.

Buddies provide support to interested parties on the following:

1. Help interested parties, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interactions.
2. Provide strong and informed feedback about the effect of Committee actions and decisions on Ryan White clients and PLWHAs.
3. Take special responsibility for making sure the interested party understands the background and context of discussions and actions.
4. Increase interested party's knowledge of the Committee and retain attendance and membership participation in Committee meetings.
5. Complete the Buddy/Interested Party evaluation at the conclusion of the coaching period (conclusion will be upon mutual agreement between the coach and the interested party).