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

# PART A EXECUTIVE COMMITTEE
## Meeting Agenda
February 21, 2013 at 12:30 p.m.

**Samantha Kuryla, Chair** **Brad Gammell, Vice Chair**

***Reminder:*** *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. **CALL TO ORDER**

2. **WELCOME AND INTRODUCTIONS**
   a) Review Meeting Ground Rules, Sunshine and Public Comment Requirements **(**Sign-In)
   b) Self-Introductions
   c) Moment of Silence

3. **APPROVALS**
   a) Meeting Agenda 2/21/13
   b) Meeting Minutes 1/10/13
   c) March HIVPC calendar
   d) February 28 HIVPC agenda

4. **OTHER BUSINESS**
   a) Update on 2013 Work Plans for HIVPC and its Committees (HANDOUT A)
   ACTION ITEM: Review and approve a draft of the Executive Committee Work Plans and the HIVPC Work Plans.
   b) Update on Preparations for Annual HIVPC Retreat (HANDOUT B)
   ACTION ITEM: Finalize details for HIVPC Retreat on Feb. 28. Review agenda, Committee Chair slide presentations and retreat evaluations that Council members will be asked to complete.

**c) NEW BUSINESS**
   a) Position Descriptions for Mandatory Seats on HIVPC (HANDOUT C)
   INFORMATION ONLY: No action required. Available for review are proposed Position Descriptions for mandated seats of the HIVPC, developed by the Membership/Council Development Committee. MCDC referred the descriptions to ad Hoc Committee on By-Laws for consideration before it comes to Executive.

**d) GRANTEE REPORT**

**e) PUBLIC COMMENT**

**f) REQUEST FOR INFORMATION**

**g) AGENDA ITEMS FOR NEXT MEETING**: 3/21/13 at 2 p.m. **Venue:** BRHPC

h) **ADJOURNMENT**

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**PART A EXECUTIVE COMMITTEE**
200 Oakwood Lane, Suite 100, Hollywood FL 33020
Thursday, January 10, 2013 at 12:30 P.M.
**MEETING MINUTES**

| **Attendance** | | | | | | |
|---|---|---|---|---|---|---|
| # | **Members** | **Present** | **Absent** | | **Guests** | |
| 1 | Kuryla, S. Chair | **X** | | | | |
| 2 | Gammell, B. Vice Chair | **X** | | | | |
| 3 | Taylor-Bennett, C. | **X** | | | **Grantee Staff** | |
| 4 | Creary, K. | | **E** | | Jones, L. | |
| 5 | Roberson, C. | **X** | | | Degraffenreidt, S. | |
| 6 | Katz, H. B. | **X** | | | | |
| 7 | Grant, C. | **X** | | | | |
| | **Quorum = 5** | **6** | **1** | | **HIVPC Support Staff** | |
| | Will Spencer (*ex oficio)* | | **X** | | Crawford, T | Eshel, A. |
| | | | | | LaMendola, B. | Rosiere, M. |

1. **CALL TO ORDER**
The Chair meeting was called to order at 12:47 p.m. without quorum. Quorum was established at 12:56 p.m.

2. **Welcome and Introductions & Moment of Silence**
The Chair welcomed everyone and attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, they were advised that the acknowledgement of HIV status is not required but is subject to public record if disclosed. Self-introductions were made.

A moment of silence was observed.

3. **APPROVALS**
Amend agenda to add item A under New Business (Council Self-Assessment Survey)

| | |
|---|---|
| **Motion #1** | To approve the amendment of today's agenda |
| **Proposed by:** | Carla Taylor-Bennett |
| **Seconded by:** | Claudette Grant |
| **Action:** | Passed Unanimously |

Approval of 1/10/13 Agenda

| | |
|---|---|
| **Motion #2** | To approve Today's Agenda, as amended |
| **Proposed by:** | Carla Taylor-Bennett |
| **Seconded by:** | Carl Roberson |
| **Action:** | Passed Unanimously |

Approval of the 11/15/12 Meeting Minutes

| | |
|---|---|
| **Motion #3** | To approve 11/15/12 Meeting Minutes |
| **Proposed by:** | H. Bradley Katz |
| **Seconded by:** | Carla Taylor-Bennett |
| **Action:** | Passed Unanimously |

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## 4. OTHER BUSINESS

### a). Update on 2013 Work Plans for HIVPC and its Committees

The following drafts of the 2013 Executive Work Plan were reviewed and discussed:

**DRAFT**

**2013-14 Executive Committees Work Plan Calendar**

| | March | April | May | June | July | Aug |
|---|---|---|---|---|---|---|
| Exec | 1 Review By-Laws changes<br>2 Request data from other funders<br>1 (Joint) Progress on NHAS goals | 1 Rev Grntee Memo of Understanding<br>2 Review PSRA timeline, data list | 1 Approve PSRA training for HIVPC members<br>2 PCIP report<br>1 (Joint) Progress on NHAS goals | 1 Review JCCR community events<br>2 Mentoring plan<br>3 Priority rankings | 1 FY14 Allocations<br>2 Appove FY14 Client Survey<br>3 HIVPC training survey<br>1 (Joint) Progress on NHAS goals | 1 Sweeps<br>2 EIIHA data & strategy<br>3 Comp Plan annual review |
| Joint Exec | | X | | X | | X |

| | Sep | Oct | Nov | Dec | Jan | Feb | Undated '14/15 |
|---|---|---|---|---|---|---|---|
| Exec | 1 Approve FY13 Client Survey<br>2 Link to care plan<br>1 (Joint) Progress on NHAS goals | 1 Special pop strategy<br>2 Meet BCHD prevention team | 1 Retreat planning<br>2 Data Planning<br>3 Joint Planning report on barriers<br>1 (Joint) Progress on NHAS goals | Approve PC self-assessment survey | 1 Review new Committee Work Plans<br>2 Appv retreat plans<br>1 (Joint) Progress on NHAS goals | 1 Update P&P, Mission Statement<br>2 Annual Evaluation | 1 Create timeline for 2015-18 Comp Plan |
| Joint Exec | | X | | X | | X | |

**EXECUTIVE COMMITTEE (DRAFT DRAFT DRAFT)**

| 1. | | | | | | |
|---|---|---|---|---|---|---|
| **#** | **Objectives** | **Accountability/ Data Source** | **Outcome** | **Target Date** | **Due Date – no later than** | **~~Status~~ Progress of Achieving Objective** |
| A. | Review and Update Work Plan of Executive Committees<br>Review Work Plans of all Committees | Executive, Support Staff, Grantee | Coordinated Work Plans | 1/17/13 | 2/28/13 | On schedule for completion |
| B. | | | | | | |
| C. | | | | | | |
| D. | | | | | | |

| 2. CAPACITY/LEADERSHIP DEVELOPMENT FOR PLANNING COUNCIL MEMBERS AND APPLICANTS | | | | | | |
|---|---|---|---|---|---|---|
| **#** | **Objectives** | **Accountability / Data Source** | **Outcome** | **Target Date** | **Due Date** | **~~Status~~ Progress of Achieving Objective** |
| A. | | | | | | |
| B. | | | | | | |
| C. | | | | | | |

| 3. PLANNING COUNCIL OPERATIONS | | | | | | |
|---|---|---|---|---|---|---|
| **#** | **Objectives** | **Accountability / Data Source** | **Outcome** | **Target Date** | **Due Date** | **~~Status~~ Progress of Achieving Objective** |
| A. | | | | | | |

The HIVPC Vice Chair discussed the proposed 2013-14 Executive Committee Work Plan and the timetable for presenting draft work plans to all other Committees in February.

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The goal is to use this work plan as a template that spells out what will be in all the Committees' work plans. They will be a resource for the next HIVPC Chair.

The Vice Chair noted the difference between target date and due date. Target is the date the Committee hopes to be finished with a specific task while due date is when the task must be accomplished. It was further discussed that no status should be "ongoing." The Committee should come together to make sure things are being executed in a timely fashion. One member suggested there should be a measure associated with the status where it can be seen what percent of the task is completed. The Committee agreed that the term "status" should be changed to "progress of achieving the objective."

The Committee discussed the changes that were made to the work plans, such as having the MCDC look at policies and procedures in the beginning of the year as opposed to the end. The Joint Planning Committee is being assigned to develop "language of how best to meet the need" process instead of Joint Priorities.

The Committee also mentioned that purpose of the work plans is to incorporate the goals of the National HIV/AIDS Strategy and have Committees working toward the same goal, as well as working collaboratively with different Ryan White parts to accomplish these goals.

The following motion was made in regards to the work plan:

| | |
|---|---|
| **Motion #4** | To move the development of how best to meet the need process from Joint Priorities Committee to the Joint Planning Committee |
| **Proposed by:** | Carla Taylor-Bennett |
| **Seconded by:** | H. Bradley Katz |
| **Action:** | Passed |

**b). Update on Preparations for Annual HIVPC Retreat**

The HIVPC Chair mentioned that she will not be present for the retreat because she will be at a meeting in South Africa. The HIVPC Vice Chair will conduct the meeting but requests that all of the Executive members work together as a team for the success of retreat. It was announced that the beginning part of the day will be focused on training. The subjects will include: Mandated duties of the Planning Council, HIVPC By-Laws, Roberts Rules of Order, Broward County Code of Ethics, Sunshine Law, and an update on the epidemic in Broward County.

The Committee asked that staff finalize and confirm the speakers of each subject. The HIVPC Vice Chair mentioned part of the retreat could focus on looking back and moving forward in regards to the work that was and needs to be completed. The Vice Chair then designated Committee chairs to cover certain topics at certain times during the retreat, to discuss their work.

The Chair and Vice Chair mentioned discussing work plans and the prevention strategy being developed with the Broward Health Department, as well as how the two bodies work together. The Chair of Joint Priorities will conduct the wrap-up by discussing how Part A is interested in accomplishing HIV/AIDS goals. Additionally, the focus is integrating National HIV/AIDS Strategy goals into the work plan as well as coordinating with the comprehensive plan over the next 3 years.

Staff was asked to draft the agenda for the retreat and send it to the Chair and Vice Chair for review.

**5. NEW BUSINESS**

**a) Self-Assessment Survey of Planning Council Members (Handout)**

The Part A Executive Committee reviewed a draft of the short Self-Assessment Survey of the Planning Council. It was suggested that the date be included on the survey. The members raised the issue of

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individuals answering the questions based on opinion or data; it was decided that the answers are based on perspective. The members discussed whether the tool would be useful and questioned how the information would be utilized. It was also suggested that the tool be committee specific.

After discussion, the Committee decided to postpone issuing this tool until there is a clearer objective of how it will be utilized.

The following motion was made:

| | |
|---|---|
| **Motion #5** | To table item A under new business until next Executive meeting |
| **Proposed by:** | Carl Roberson |
| **Seconded by:** | Brad Gammell |
| **Action:** | Passed |

**b) HRSA Site Visit**

The Part A Grantee reported that the February HRSA Site Visit is being rescheduled for April, May, or June. The project officer would also like to meet with the HIV Planning Council or the Executive Committee. The Committee agreed that April or May would be most conducive for a visit; the Executive Committee will meet with her.

**c) HIVPC Agenda**

The following motion was made:

| | |
|---|---|
| **Motion #6** | To have the Chair and the HIV Division Director approve the HIVPC agenda |
| **Proposed by:** | Carla Taylor-Bennett |
| **Seconded by:** | Samantha Kuryla |
| **Action:** | Passed |

**6. GRANTEE REPORT**

The Grantee reported that reallocations will occur on Wednesday, January 16, 2013 at the Joint Priorities Committee meeting. There is about $600,000 to $700,000 to reallocate. Also, there are some unresolved issues with a provider agency that may bring the reallocated total to $1.3 million. The grantee has been looking at potential needs on which to use these dollars, such as a bulk purchase.

It was also announced that the grantee expects to receive a partial grant award, which may present a challenge in the next fiscal year.

**7. PUBLIC COMMENT**

There was no public comment.

**8. REQUEST FOR DATA / INFORMATION**

No data requests were finalized.

**9. AGENDA ITEMS FOR NEXT MEETING**: Thursday, 2/21/13 at 12:30 p.m. **Venue:** BRHPC

- Standing Agenda Items
-

**10. ADJOURNMENT**

Without objection the meeting was adjourned at 3:00 p.m.

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## Part A Executive Attendance CY: 2013

| Member | 1/10/13 |
|---|---|
| Kuryla, S., (*Chair*) | 1 |
| Gammell, B, (*V. Chair*) | 1 |
| Creary, K. | E |
| Taylor-Bennett, C. | 1 |
| Grant, C. | 1 |
| Roberson, C. | 1 |
| Katz, H. Bradley | 1 |
| Quorum =5 | Yes |

# 2013-14 Work Plan Calendar for Executive Committees - draft

| | March | April | May | June | July | Aug |
|---|---|---|---|---|---|---|
| Exec | 1 Request data from other funders<br>1 (Joint) Progress on NHAS goals | 1 Review By-Laws changes | 1 Mentoring plan<br>1 (Joint) Progress on NHAS goals | 1 Review JCCR community events<br>2 Priority rankings | 1 FY14 Allocations<br>2 Appove FY14 Client Survey<br>3 HIVPC training survey<br>1 (Joint) Progress on NHAS goals | 1 Sweeps<br>2 EIIHA data & strategy<br>3 Comp Plan annual review<br>4 Pick Nominat. Comm. |
| Joint Exec | | X | | X | | X |

| | Sep | Oct | Nov | Dec | Jan | Feb | 2014/15 |
|---|---|---|---|---|---|---|---|
| Exec | 1 Approve FY13 Client Survey<br>2 Link to care plan<br>1 (Joint) Progress on NHAS goals | 1 Special pop strategy<br>2 Meet BCHD prevention team | 1 Retreat planning<br>2 Data Planning<br>3 Joint Planning report on barriers<br>1 (Joint) Progress on NHAS goals | Assessment of Administrative Mechanism | 1 Review new Committee Work Plans<br>2 Appv retreat plans<br>1 (Joint) Progress on NHAS goals | 1 Update P&P, Mission Statement<br>2 Annual Evaluation | 1 Create timeline for 2015-18 Comp Plan |
| Joint Exec | | X | | X | | X | |

# Broward County HIV Health Services Planning Council FY2013-14 Executive Committee Work Plan - Draft

| Objective 1. Maintain a Comprehensive Plan for the Organization and Delivery of HIV Services in Broward County | Responsible | Outcome | Start | Due | Progress |
|---|---|---|---|---|---|
| 1.1 Annually review and update Comprehensive Plan to ensure continued appropriateness | Joint Executive | Plan meets EMA needs | 8/13 | 8/13 | |
| 1.2 Monitor activities of standing and ad Hoc Committees to ensure objectives of Comp Plan are met | Executive Committees | EMA goals addressed | Each meeting | Each meeting | |
| **Objective 2. Capacity/Leadership Development For Planning Council Members and Applicants** | | | | | |
| 2.1 Review Mentoring Plan | MCDC, Exec, HIVPC | Educated HIVPC | 5/13 | 5/13 | |
| 2.2 Review results of Council training survey to recommend training sessions | MCDC, Exec, Staff | Educated HIVPC | 7/13 | 7/13 | |
| 2.3 Plan Annual Planning Council Retreat | Exec, Staff, Grantee | PC training, leadership | 11/13 | 1/14 | |
| 2.4 Assess effectiveness of Council, Committee meetings (Meeting Evaluation Reports) | Executive; (Data: Staff) | Develop leadership | 2/14 | 2/14 | |
| **Objective 3. Planning Council Operations** | | | | | |
| 3.1 Monitor adherence to Planning Council attendance policy | Exec, MCDC, Staff | Comply with policy | Monthly | Monthly | |
| 3.2 Organize and approve Planning Council meeting agenda every month | Executive, Staff | Efficient meetings | Monthly | Monthly | |
| 3.3 Review, forward to HIVPC removal-for-cause recommendations from Membership | Exec, MCDC, Staff | Comply with policy | As needed | As needed | |
| 3.4 Facilitate resolution of grievances related to HIVPC in non-discriminatory manner. Review and revise grievance process | Executive, JCCR, Staff | Grievances resolved | As needed | As needed | |
| 3.5 Assess JCCR community educational sessions | Executive, JCCR, Staff | Strong consumer input | 6/13 | 6/13 | |
| 3.6 Review service quality outcomes | Exec, QM, Staff | High-quality services | As needed | As needed | |
| 3.7 Annual Evaluation | All Committees, Staff | Improved process | 2/14 | 2/14 | |
| **Objective 4. Review and Revise Executive Committee Policies and Procedures** | | | | | |
| 4.1 Review recommended changes to By-Laws | Exec, By-Laws, Staff | Improved By-Laws | 4/13 | 4/13 | |
| 4.2 Review Executive purpose, mission statement, Committee Work Plans, P & P | Executive, Staff | Updated policies | 1/14 | 2/14 | |
| 4.3 Conduct mini-Retreat for Joint Executive | Joint Executive | Develop Leadership | As needed | As needed | |
| 4.4 Review reports from Committee chairs on accomplishing work plan items | Exec, Chairs, Staff | Meet goals of NHAS | Monthly | Monthly | |
| **Objective 5. Coordination of Funding Streams; Analyze Service Capacity and Infrastructure Needs** | | | | | |
| 5.1 Develop collaborative relationships with funding sources for PLWHA in Broward:<br>a. Arrange for grantees and agencies on HIVPC to submit data on funding and utilization<br>b. Develop and maintain linkages between care and prevention programs<br>c. Strengthen coordination with federal, state, other funders. Request their data<br>d. Coordinate with entities that are key access points to services. Request their data | Joint Executive | Efficient services, ensure RW is payer of last resort | As needed | As needed | |
| 5.2 Mobilize providers, community to report data on Community Viral Load | JPC, Exec, Staff | Improved prevention | As needed | As needed | |
| 5.3 Meet bi-monthly with Part B to ensure coordination of funders and policies | Joint Executive | Improved efficiency | Bimonthly | Bimonthly | |
| 5.4 Review plans for FY13 Client Survey to inform PSRA process | Exec, JPC, Staff | Consumer feedback | 7/13 | 7/13 | |
| 5.5 Review and revise EIIHA Strategy | JPC, Exec, Staff, DOH | Improved EIIHA effort | 8/13 | 8/13 | |
| 5.6 Complete Assessment of Administrative Mechanism | PSRA, Exec, Staff | Efficient services | 12/13 | 12/13 | |

# FY 2013 - 2014 HIV Planning Council Work Plan - Draft

| March | April | May |
|---|---|---|
| NHAS Progress Report | Review By-Laws changes | Review PCIP Report<br>NHAS Progress Report<br>Mentoring Plan |
| **June** | **July** | **August** |
| Review Community Events<br>Priority Rankings<br>LHBMN<br>Unmet Need Strategy | FY14/15 Allocations<br>Approve FY14 Client Survey<br>HIVPC training survey<br>NHAS Progress Report | FY 13/14 Reallocations<br>EIIHA Data & Strategy<br>Annual Comp Plan Review<br>Appoint Nominating Committee |
| **September** | **October** | **November** |
| Approve Client Survey<br>Linkage to care plan<br>NHAS Progress Report | Special Pop Strategy Report<br>Prevention Collaboration Report | Retreat & Data Planning<br>Joint Planning Barriers Report<br>NHAS Progress Report |
| **December** | **January** | **February** |
| Assessment of Admin Mechanism | Review Retreat Plans<br>FY 13/14 Reallocations<br>NHAS Progress Report | Update WPs, P&P, Mission Sta.<br>Annual Evaluation<br>Retreat/Annual Training |

# Broward County HIV Health Services Planning Council FY2013-14 Work Plan - Draft

| Objective 1. Develop and Implement Strategies on Unmet Need and EIIHA | Responsible | Outcome | Start | Due | Progress |
|---|---|---|---|---|---|
| 1.1 Review unmet need data and procedure. Review Linkage to Care plan | JPC, Staff | Unmet need estimate | 6/13 | 9/13 | |
| 1.2 Approve unmet need strategy. Incorporate into PSRA, Comp Plan | JPC, Staff, HIVPC | Unmet need strategies | 6/13 | 6/13 | |
| 1.3 Update strategy for Early Identification of Individuals with HIV/AIDS (EIIHA) | JPC, QM, Exec, HIVPC | EIIHA Strategy | 8/13 | 8/13 | |
| **Objective 2. Conduct Annual Needs Assessment** | | | | | |
| 2.1 Review updated Language How Best to Meet the Need, if needed | JPC, Staff, HIVPC | Ensure quality services | 6/13 | 6/13 | |
| 2.2 Approve FY2013/14 Needs Assessment to inform PSRA process: Components and timelines (Client Survey, Provider Survey, Focus Groups, Key Informant Interviews) | JPC, Staff, HIVPC | Assess needs of clients | 7/13 | 7/13 | |
| **Objective 3. Planning Council And Committee Development** | | | | | |
| 3.1 Review changes from By-Laws Subcommittee | By-Laws, Exec, HIVPC | Improved By-Laws | 4/13 | 4/13 | |
| 3.2 Conduct membership orientations, as needed. Review mentoring plan, as needed | MCDC, Staff | Orientations done | As needed | As needed | |
| 3.3 Survey members on training topics. Plan training set for annual HIVPC retreat | MCDC, Staff, HIVPC | Educated HIVPC | 7/13 | 2/14 | |
| 3.4 Appoint Nominating Committee | Executive, HIVPC | Leadership | 8/13 | 8/13 | |
| **Objective 4. Identify Special Populations** | | | | | |
| 4.1 Review Surveillance Data quarterly to identify trends and special populations | JPC, Staff | Understand epidemic | 3/13 | 12/13 | |
| 4.2 Incorporate recommendations into PSRA (language on how best to meet need) | JPC, Staff, HIVPC | Updated Language | 5/13 | 6/13 | |
| 4.3 Assess Needs of Special Populations: Identify diverse populations with special service needs among PLWHA. Identify barriers to services, service gaps, challenges each population present to service delivery. Estimate service costs for each population | JPC, Staff, Grantee | Needs of Special Populations assessed | 7/13 | 9/13 | |
| 4.4 Develop strategies for special populations and increasing people in medical care | JPC, Staff, HIVPC | Needs addressed | 10/13 | 10/13 | |
| **Objective 5. Ensure Community Involvement In The Planning And Decision-Making Process** | | | | | |
| 5.1 Hold business meetings in the community to raise awareness of PC and boost PLWHA participation. Review progress annually | JCCR, Staff, HIVPC | Community involvement | 3/13, TBD | 3/13, TBD | |
| 5.2 Hold community events to educate PLWHA, raise awareness and participation | JCCR, Staff | Consumer education | 3/13, TBD | 3/13, TBD | |
| **Objective 6. Ensure Compliance With Additional Grant/Legislative Requirements** | | | | | |
| 6.1 Ensure the Planning Council reflects the demographics of the epidemic, that mandated Planning Council seats are filled, that 33% of Council is unaffiliated PLWHA | MCDC, Staff | HICPC reflects epidemic, complies with HRSA | Monthly | Monthly | |
| 6.2 Coordinate and collaborate with funding sources available to PLWHA. Request data | PSRA, Exec | Collaboration | 3/13 | 3/13 | |
| 6.4 Monitor Expenditures vs. Budget Allocations. Devise strategies to address potential shortfalls. Make reallocations ("Sweeps") to ensure funds for core categories are sufficient and other categories receive fair distribution | PSRA, HIVPC | Funding allocated appropriately | 8/13, 1/14 | 8/13, 1/14 | |
| 6.5 Conduct Assessment of Administrative Mechanism | PSRA, Exec, HIVPC | Efficient services | 10/13 | 12/13 | |
| **Objective 7. Priority Setting And Resource Allocation Process** | | | | | |
| 7.1 Review recommendation for PCIP service | PSRA, Staff, HIVPC | Informed PSRA process | 4/13 | 5/13 | |
| 7.2 Review and Rank Service Categories (Part A and MAI) | PSRA, HIVPC | Categories prioritized | 5/13 | 6/13 | |
| 7.3 Update Language on How Best to Meet the Need (incorporate into allocation process) | JPC, Exec, HIVPC | Language | 5/13 | 6/13 | |
| 7.4 Allocate funds by service (Part A & MAI) | Joint Priorities | Funds allocated | 7/13 | 7/13 | |
| **Objective 8. Review And Revise Committee Work Plan, Policies And Procedures** | | | | | |
| 8.1 Review and update Comprehensive Plan to reflect epidemic trends | JPC, Staff, HIVPC | Updated Plan | 7/13 | 8/13 | |
| 8.2 Review and Update Work Plan, P&P. Integrate EIIHA work plan | JPC, Staff | Work Plan Developed | 2/14 | 2/14 | |
| 8.3 Annual Evaluation: Assess past year and recommend improvements | JPC, Staff | Improved process | 2/14 | 2/14 | |

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# HIV Planning Council Members – Job Descriptions

**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."

**Proposed 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."

**Proposed Job Description for Non-Elected Community Leader:**

a. Be actively involved and/or affiliated 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

**Proposed 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

**Proposed 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

**Proposed 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

**Proposed 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)

**Proposed 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

**Proposed 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

**Proposed 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

**Proposed 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

**Proposed 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

**Proposed 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

**Proposed Job Description for Local Public Health Agencies:**

**c.** Share information about how Council actions will affect the community's health system and status.
**d.** 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:

**Proposed Job Description for Inmate Representative:**

a. Speak out on behalf of PLWHAs who were incarcerated and about their ability to access Ryan White services.
b. Disseminate information about HIV/AIDS services to former inmates.
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 quarterly reports on the agency's unduplicated utilization, expenditures (overall and by service category) and client demographics.