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

Committee Meeting Agenda: Executive Committee
Date/Time: Tuesday, June 16, 2015, 9:30 a.m.-11:30 a.m. **Location:** Governmental Center Annex A-337
Chair: Spencer, W. **Vice Chair**: Reed, Y.

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 6/16/15 Executive Committee Agenda and 5/19/15 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a) Committee Chair Reports (MCDC Handout)
   b) Discuss Healthcare Reform Update on HIVPC Agenda
   c) Review 6/25/15 HIVPC Meeting Materials and Motions (Handouts A-1-A-3)
   d) Approve 6/25/15 HIVPC Agenda (Handout A-1)
   e) Review July HIVPC Calendar (Handout B)
4. **UNFINISHED BUSINESS**
5. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items (Work Plan Item #)	*Action to be taken, presentation, discussion, brainstorm etc.*
Meeting Evaluation (Handout C) (WP Item 3.5)	ACTION ITEM: Review revised meeting evaluation form.
Training Schedule (Handout D) (WP Item 2.2)	ACTION ITEM: Determine a training schedule for MCDC & Executive quarterly trainings to avoid overlap. Ensure trainings focus on topics that inform on the 3 Guiding Principles.
Evaluation Report (Handout E)	ACTION ITEM: Review the evaluation report and make recommendations for action based on analysis.
Attendance (WP Item 3.1) (Handout F)	ACTION ITEM: Monitor adherence to attendance policy for Planning Council and committee members.

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** July 14, 2015, 9:30 a.m. **VENUE:** A-337

Agenda Items for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, etc.*
PCS Quarterly Report	*Exec*	ACTION ITEM: Review PCS FY 2015-2016 1st Quarter Report and make any necessary recommendations for changes.

9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS
THREE GUIDING PRINCIPLES OF THE HIV PLANNING COUNCIL
• Linkage to Care • Retention in Care • Viral Load Suppression •

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

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

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Meeting Minutes: Executive Committee
Date/Time: Tuesday, May 19, 2015, 9:30 a.m. **Location:** Governmental Center A-337
Chair: Vacant **Vice-Chair**: Reed, Y.

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Grant, C.	**X**			Fleurinord, P.
2	Katz, H. B.	**X**			Lewis, L.
3	Lint, A.		**A**		Runkle, D.
4	Reed, Y., *Vice Chair*	**X**			
5	Sabatino, D.	**X**			**Grantee Staff**
6	Schweizer, M.	**X**			Degraffenreidt, S.
7	Siclari, R.		**A**		Jones, L.
8	Spencer, W.	**X***			Vargas, J.
9	Taylor-Bennett, C.	**X**			
10	Tomlinson, K.	**X**			**HIVPC Staff**
					Bente, A.
	Quorum = 6	**8**			Sandler, C.

1. CALL TO ORDER

The Chair called the meeting to order at 9:45 a.m. and 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 HIV Planning Council (HIVPC) staff self-introductions were made. A moment of silence was observed.

2. APPROVALS

The following motions were made:

Motion #1: To approve today's meeting agenda
Proposed by: Tomlinson, K. **Seconded by:** Grant, C.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 4/21/15
Proposed by: Katz, H.B. **Seconded by:** Tomlinson, K.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a) Committee Chair Reports

The following committee reports were given:

Membership/Council Development Committee (MCDC): The MCDC Chair announced the Welcome Brunch had only two participants due to the stigma in the Hispanic community. HIVPC staff explained that advertisement methods may need to be altered to attract specific populations. The SOC Chair stated that all committees should work together when sponsoring events. The Vice Chair stated that evening events will possibly work better to recruit new members. The Vice Chair asked the MCDC Chair for current committee priorities. The MCDC Chair stated that priorities include surveying past members for reasons they left the HIVPC. There was committee discussion regarding the policy of not requiring those filling mandated seats

only be HIVPC members and not committee members. There was a consensus that those filling mandated seats must be committee and HIVPC members.

There was committee discussion regarding advertising methods. The Grantee stated there needs to be more one on one personal contacts made with other community agencies and consumers. The HIVPC roster was reviewed for vacant seats and demographics

Needs Assessment/Evaluation (NAE) Committee: The report stands. The NAE Chair stated the committee is still conducting data reviews.

Priority Setting & Resource Allocation (PSRA) Committee: The PSRA Chair stated that ranking will take place at the next meeting, and thanked the CEC for their rankings.

ad-Hoc Food Service Eligibility Committee: The PSRA Chair stated the committee is reviewing a food calculator and diligently working to their main goal. The Grantee asked that a special coordination take place between the PSRA and ad-Hoc Food Services Chairs meet to discuss expectations and outcomes of the ad-Hoc Committee. The PSRA Chair asked that the SOC Chair be included in the meeting due to problems with the service delivery model. The Grantee stated that the committee should work on the requirements of eligibility model.

System of Care (SOC) Committee: The committee will be working on the joint committee. The SOC should assist in meeting regarding the system of care. The SOC Vice Chair discussed the data review on the committee and asked for data regarding prevalence among specific demographic categories. Robust discussion surrounding the effectiveness and future plans for community presentations was debated and sent back to the SOC for further refinement.

Quality Management Committee (QMC): The QMC did not meet due to failure to meet quorum.

Community Empowerment Committee (CEC): The CEC Chair was not present.

b) Discuss Healthcare Reform on HIVPC Agenda
HIVPC staff explained this component is typically included in the Grantee report along with Federal Legislative Report, but is not a separate agenda item.

c) Approve 5/21/15 HIVPC Meeting Materials and Motions (Handouts A1 – A3)
HIVPC staff explained the changes to the HIVPC application and the correlation between the questions asked and the RSR reporting data.

d) Review June HIVPC Calendar (Handout A-4)
The Committee reviewed the June calendar. HIVPC staff announced the May HIVPC meeting will be at Carter Park and the June meeting will be at CDTC. There was discussion regarding the changing the name of the Community Forum and making the name bigger on the calendar.

4. UNFINISHED BUSINESS:

a) PCS Quarterly Report (Handouts B1 – B2)
HIVPC staff explained that changes have been made to the quarterly reports and staff welcomes changes.

5. MEETING ACTIVITIES/NEW BUSINESS

a) Meeting Evaluations (Handout C)
HIVPC staff explained that meeting evaluation returns continue to be low. There was committee discussion regarding disbursing them less frequently. The Grantee stated that there may need to be changes to the questions. The PSRA Chair stated that more intensive quarterly evaluations may be more impactful. The quarterly evaluation tool will be changed from the monthly tool.

b) Training Schedule (Handout D)
This item was tabled.

c) Monitor Special Election Process (Handout E)
The committee reviewed a letter from the former chair to the Vice chair about his seat. The Vice Chair asked the committee for their feedback. There was committee discussion regarding the special election and that by-laws should be followed for each member. HIVPC staff explained the special elections procedure for both Chair and Vice Chair. The PSRA Chair stated that she has concern regarding the special elections process due anyone becoming Chair or Vice Chair without being evaluated. The Grantee recommended adding an oral speech for those that accepted a nomination. The NAE Vice Chair stated that a regular elections process occur during the special election. The grantee stated he spoke with the County attorney and the HIVPC must follow the by-laws. If the HIVPC does not follow the by-laws and have a special election then a grievance may be filed. The committee reviewed the by-laws and determined the special election will take place at the next HIVPC meeting. The Vice Chair stated that a special election must be followed to keep in line with our by-laws.

d) Evaluation Report (Handout F)
This item was tabled.

e) Community Forum

6. GRANTEE REPORT
The Grantee is now on Facebook at Broward Ryan White.

7. PUBLIC COMMENT
None.

8. AGENDA ITEMS / TASKS FOR NEXT MEETING: June 16, 2015, 12:30 p.m. VENUE: Room A-337

Agenda Items for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, etc.*
Attendance (WP Item 3.1)	*MCDC, Exec*	ACTION ITEM: Monitor adherence to attendance policy for Planning Council and committee members.
Priority Rankings & Allocations (WP Item 4.4)	*PSRA, Exec*	ACTION ITEM: Review recommended FY16/17 rankings allocations. Ensure allocations focus on efforts to provide effective and efficient services using the 3 Guiding Ideas.

9. ANNOUNCEMENTS
None.

10. ADJOURNMENT
The meeting adjourned at 11:16 a.m.

Executive Committee Attendance 2015

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	6	17	17	21	19								
			QNA											
	Gammell, B,	X	X	X	Z - 4/20									
1	Grant, C.	X	X	X	X	X								
2	Katz, H.B.	X	X	X	X	X								
3	Lint, A.	A	X	X	X	A								R - 1/15,

														N - 1/17
4	Reed, Y., *Vice Chair*	A	X	X	X	X								
5	Sabatino, D.	X	X	X	A	X								
6	Schweizer, M.	X	X	X	X	X								
7	Sicalari, R.	X	X	X	A	A								
8	Spencer, W.	X	X	X	X	X								
9	Taylor-Bennett, C.	X	X	X	X	X								
10	Tomlinson, K.	X	A	X	X	X								
	Wilson, T.	X	A	A	Z - 3/24									
	Quorum = 6	10	10	11	8	8								

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HANDOUT A-1

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL MEETING AGENDA

Thursday, June 25, 2015, 9:30 a.m.
Children's Diagnostic & Treatment Center
Chair: Will Spencer **Vice Chair:** Yolonda Reed
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. **CALL TO ORDER** (10 minutes)
2. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   b. Council Member and Guest Introductions
   c. Moment of Silence
   d. Excused Absences and Appointment of Alternates
   e. Approval of 6/25/15 Meeting Agenda
   f. Approval of 5/21/15 Meeting Minutes
3. **PHONE INTRODUCTIONS**
4. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A) (5-10 minutes)
5. **CONSENT ITEMS**

#	MOTION	JUSTIFICATION	PROPOSED BY
1	To appoint Ms. Yvette Tarver and Mr. Lamont Lewis to the System of Care (SOC) Committee.	Ms. Tarver brings her expertise in her work with the VA, and Mr. Lewis brings his strong community-based background to the committee.	System of Care Committee
2	To approve Lamont Lewis for HIVPC Membership under the Federally Mandated PLWHA recently released from jail or their representatives seat.	Mr. Lewis meets the criteria for the vacant mandated seat.	Membership/Council Development Committee

6. **NEW BUSINESS** (Handout B) (20 minutes for presentation, 10 minutest for Q&A)
   a. PSRA Presentation
7. **DISCUSSION ITEMS** (Handout C)

#	MOTION	JUSTIFICATION	PROPOSED BY
3	To approve the FY 2016-2017 core and support service category rankings.	Rankings were conducted as part of the priority setting and resource allocation process.	Priority Setting & Resource Allocation Committee

Discussion Items #4 - #X are the recommended allocations for each service category for FY 2016-2017:

PART A FY 2016-2017 ALLOCATIONS

#	FY 2016 Rank	Service	FY 2015 Allocation ($)	Factors to Consider	Recommended FY 2016 Allocation		Proposed By
					%	$	
							Priority Setting & Resource Allocation Committee

8. JUNE COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

June 4, 2015 *Chair: A. Lint, V. Chair: P. Fleurinord*

A. Work Plan Item Update / Status Summary:

18 Month Work Plan (W.P. Item 4.3) – The committee received an overview of their 18 month work plan. HIVPC Staff informed the committee of the changes to the work plan that occurred to the postponement of the community forum that was originally scheduled to take place on June 4th. The committee will continue to work alongside the System of Care (SOC) committee to plan and reschedule the community forum, which will then be reflected on the work plan in the future.

Community Meeting (W.P. Item 1.2) – Members of the Committee discussed the direction of the rescheduled Community forum with SOC. The Grantee informed the committee that although the goal is to provide an engaging event for the community, it is the responsibility of the committees to also educate participants on statistical data impacting the community. Staff provided a handout with an outline agenda (on file). CEC members were encouraged to attend the SOC Committee meeting scheduled on the 26th to further plan for the forum.

An additional discussion took place that included plans for the upcoming "Hot Topic" CEC Community event. Members discussed providing information on Flakka, a prominent drug in the Pompano, FL community. Staff will also ask a member from the Mental Health/Substance Abuse QI Network to give a presentation on HIV and mental health/substance abuse issues. The committee provided ideas of outreach strategies to inform the community of the event which includes "Get Care Broward" palm cards, soliciting local area church participation, and gathering individuals in the area on foot prior to the meeting.

CEC Meeting Date- HIVPC Staff solicited feedback from members regarding moving the date of the CEC meeting to the first Thursday of each month at 1 p.m. Members expressed their conflicts and availabilities in reference to the dates provided in the recent committee poll that was taken last month. Staff will send a new poll to both Membership Council/Development Committee (MCDC) members and CEC members to determine if an overlapping meeting, possibly on first Tuesday afternoons of each month, will accommodate everyone's schedule moving forward.

Community Event Participation- HIVPC Staff provided multiple dates of upcoming activities that would allow both CEC and MCDC to become more present in the community. These events included Stonewall in Wilton Manors (June 20th), BTAN National Testing Day Barbeque at L. A. Lee YMCA (June 26th), and the Gay Pride Festival (October 10th-11th). Members were urged to sign up to staff a booth for a few hours during each upcoming event to provide information regarding the HIV Planning council and to give away other incentives, applications, etc. MCDC will be holding a meeting to further plan for participation with the Stonewall event on June 20th.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

Poll MCDC and CEC Members for most accommodating meeting time.

E. Other Business Items:

Agenda Items for Next Meeting: HOT Topic Community Meeting *Next Meeting Date*: TBD E. Pat Larkins Community Center.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

June 11, 2015 *Chair: H.B. Katz*

A. Work Plan Item Update / Status Summary:

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

WP Item 1.4 - MCDC reviewed interested parties for several of the vacant seats. An interested party has applied who will fill the American Indian Tribe seat.

WP Item 1.2 – The committee reviewed the current applicants. An application for the PLWHA recently released from jail/prison mandated seat was reviewed. An additional application for the Veterans Administration seat was approved contingent upon completion of the orientation. The applications were approved by the committee and will be sent to the HIVPC.

WP Item 3.1 – Attendance was reviewed and HIVPC staff noted that one committee member and one HIVPC member were sent warning letters due to attendance.

CEC Collaboration – The Chair gave an overview regarding a discussion at the last CEC meeting to change the MCDC meeting date to the same day as the CEC to better collaboration amongst committees (recruitment). After thorough discussion and consideration of member availability, the Committee determined they would bring this discussion back to membership next month. A quarterly coordination meeting will also take place between the MCDC and CEC Chair to discuss recruitment efforts.

Stonewall Pride – A member gave an overview of the purpose of the Stonewall Pride festival taking place on June 20th. A member from the Grantee staff informed the committee that although many Ryan White parties would be involved, members of MCDC

should remember their focus of recruitment and allow for other parties to provide testing, education, eligibility, etc. Staff will follow up with CEC members to determine their availability to participate.

Pride Fort Lauderdale – The committee determines whether they should participate in the Pride Fest since the audience is similar. There is a sizeable fee and other barriers to participation. The committee decided not to participate in this event.

National Urban League Conference – The Committee will not participate due to the fee to participate.

WP Item 2.1 – The Ryan White Part A Grantee encouraged the committee to revamp their recruitment plan to include strategies for targeting populations while participating in community events. A guest gave a suggestion to identify events such as World AIDS Day, Black HIV/AIDS Day, etc. and include theses on an annual event calendar and devise strategies for participation in events centered on these populations.

WP Item 1.3 – The committee reviewed the current mandated seat descriptions. After determining that the current position descriptions were either more detailed or similar to other EMA's, the Committee concluded that they would not make any changes at this time.

WP Item 1.7 – HIVPC Staff reviewed the criteria that the Committee recently developed in order to determine the member of the month. The Grantee representative included that the purpose of nominating members of the month is to recognize and show appreciation to members for the work that they do and encourage retention (include in the purpose statement). The committee also discussed providing information regarding including a bio/picture on BRHPC website and giving the nominees framed certificates to show recognition. HIVPC Staff will send final revisions to the Committee before sending to Executive.

B. Rationale for Recommendations:

Mr. Lewis would fill the PLWHA recently released from jail/prison mandated seat and Ms. Tarver would fill the Veterans Administration seat. Both applicants **will bring their experience and enthusiasm to the HIVPC.**

C. Data Reports / Data Review Updates:

None.

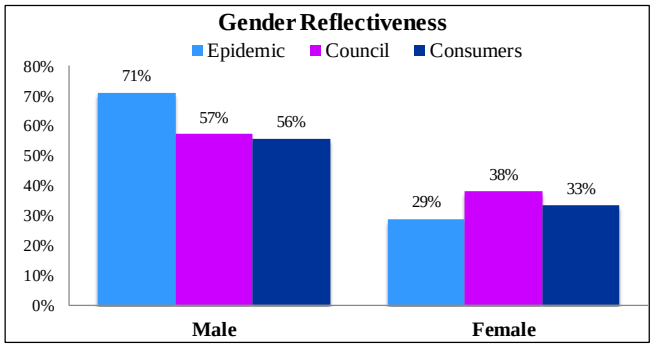
D. Data Requests:

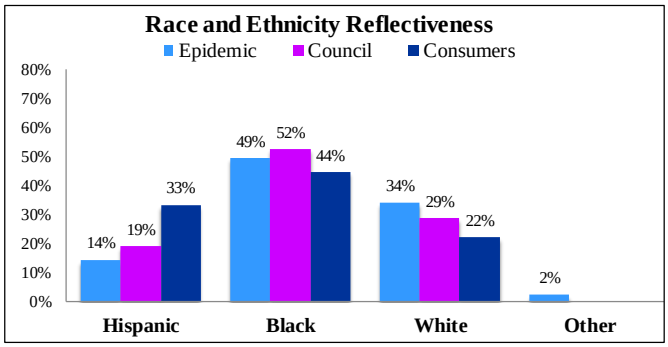
None.

E. Other Business Items:

Agenda Items for Next Meeting: HIVPC Barriers Survey, Review Summary of Recruitment Event, and Update Recruitment and Retention Plan *Next Meeting Date*: July 2, 2015, 9:30 a.m. *Venue*: A-335

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





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	12,275	71%	12	57%	-14%	5	56%	-16%
Female	4,973	29%	8	38%	9%	3	33%	5%
Transgender	-	-	1	5%	-	1	11%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	2,476	14%	4	19%	5%	3	33%	19%
Black	8,521	49%	11	52%	3%	4	44%	-5%
White	5,856	34%	6	29%	-5%	2	22%	-12%
Other	395	2%	0	0%	-2%	0	0%	-2%
Total	17,248	100%	21			9		

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

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

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

% Part A-Funded Providers	*29%*

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)
No June Meeting *Chair: K. Tomlinson, Vice Chair: W. Spencer*

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)
June 17, 2015 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

E. AD-HOC FOOD SERVICE ELIGIBILITY COMMITTEE
No June Meeting *Chair: M. DeSantis*

F. AD-HOC LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)
No June Meeting *Chair: D. Proulx*

G. QUALITY MANAGEMENT COMMITTEE (QMC)
No June Meeting *Chair: C. Grant*

H. SYSTEM OF CARE COMMITTEE (SOC)
May 22, 2015 *Chair: M. Schweizer. Vice Chair: D. Sabatino*

A. Work Plan Item Update / Status Summary:

SOC Data Request – HIVPC staff reviewed the status of the data request. The team at PE is able to complete the request, but since it is a special report that needs to be created, it will take a little longer to get the information than was anticipated. The committee should have the data for the next meeting.

Food Services Coordination Meeting – The SOC Chair reviewed the request from the Executive Committee meeting to have an SOC representative at the coordination meeting for the ad-Hoc Food Services Committee. The ad-Hoc Food Services Chair and the PSRA Chair will also be present. The purpose of the coordination meeting is to determine the goals of the committee and the timeframe for the committee to complete those goals so it does not continue meeting and never develop a recommendation. The SOC Chair and an SOC member volunteered to participate.

Funding Sources – The committee reviewed funding sources in the community. The Grantee noted the committee needed to take into consideration how services affect the HIV Care Continuum and to take a holistic approach to how funding a service could impact the continuum. The committee decided to determine all of the available funding sources in the community, what the services be funded are, and how those services best relate to a bar along the care continuum.

How Best to Meet the Need – This item was tabled.

Linkage Map – This item was tabled.

Community Forum – The SOC Chair informed the committee of the HIVPC's decision to cancel the June 4th event and reschedule in order to give adequate time for the event to be marketed. The committee agreed that more collaborative planning needed to be conducted and the goal of the event needed to be clear, as well as the outcomes.

B. Rationale for Recommendations:

The committee appointed two new members: Ms. Yvette Tarver and Mr. Lamont Lewis. Both of the new members bring needed perspectives to the table about the system of care in Broward as a whole.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

The committee requested a list of all available funding sources in the community. The committee will review the list to determine the best contact person for each funding source, if known.

E. Other Business Items:

Agenda Items for Next Meeting Eligibility Changes, Funding Sources, Outcomes Research, Linkage/Road Map *Next Meeting Date*: May 22, 2015- 9:30 a.m., Governmental Center Annex, A-337.

I. EXECUTIVE COMMITTEE
June 16, 2015 *Chair: W. Spencer Vice Chair: Y. Reed*

J. AD-HOC BY-LAWS COMMITTEE
No June 10 Meeting *Chair: M. Schweizer*

9. GRANTEE REPORTS (20 minutes)
a. Part A
b. Part B
c. Part C
d. Part D
e. Part F
f. HOPWA
g. Prevention

10. UNFINISHED BUSINESS

11. ANNOUNCEMENTS

b. Reminder: HIVPC Mentorship Program

12. PUBLIC COMMENT (Up to 10 minutes)

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: July 23, 2015, 9:30 a.m. **LOCATION:** GC-430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
Assessment of the Administrative Mechanism	*PSRA, Executive, HIVPC*	ACTION ITEM: Review the Assessment of the Administrative Mechanism report. Make recommendations for changes, if necessary.

15. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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

Handout A2

Priority Setting & Resource Allocation Data Presentation

PRESENTED BY HIVPC STAFF

5/20/2015

Overview

The Purpose

Data Sources

- Epidemiology
- Client Demographics
- Client Projections
- Needs Assessment
- Affordable Care Act (ACA)

Current Services

Summary

The Purpose

Conduct priority setting and resource allocation (PSRA) process annually to ensure that the needs of clients within the EMA are being met

- Needed services are available
- Clients can access services
- Services are cost effective and of high quality

Data Sources – Broward Epidemiology

Broward HIV/AIDS Prevalence (Through 2013)			
GENDER		**#**	**%**
	Male	13,293	72.3%
	Female	5,104	27.7%
RACE/ETHNICITY		**#**	**%**
	White	8,788	34.5%
	Black	6,354	47.8%
	Hispanic	2,825	15.4%
	Other	430	2.3%
AGE		**#**	**%**
	0-19	150	0.8%
	20-29	1,290	7.0%
	30-39	2,851	15.5%
	40-49	5,598	30.4%
	50-59	5,953	32.4%
	60+	2,555	13.9%
RISK FACTORS		**#**	**%**
	Heterosexual	6,927	37.7%
	MSM	9,374	51.0%
	IDU	1,239	6.7%
	MSM/IDU	579	3.1%
	Other	278	1.5%
TOTAL		**18,397**	**100.0%**

Data Sources –Client Demographics

Broward Part A Demographics (FY 2014)		
GENDER	**#**	**%**
Male	5,656	71.0%
Female	2,254	28.3%
Transgender	52	0.7%
RACE/ETHNICITY	**#**	**%**
White	3,606	45.3%
Black	4,172	52.4%
Hispanic	1,295	16.3%
Other	184	2.3%
AGE	**#**	**%**
18-28	538	7.5%
29-38	1,046	14.6%
39-48	1,741	24.3%
49-58	2,663	37.2%
59+	1,166	16.3%
RISK FACTORS	**#**	**%**
Heterosexual	3,415	47.7%
MSM	3,367	47.1%
IDU	134	1.9%
MSM/IDU	37	0.5%
Other	201	2.8%
TOTAL	**7,962**	**100.0%**

Data Sources – Client Projections (Unduplicated)

Utilization & Change 2010-2014 and Projections for FY 2016

Services	2010	2011	% Δ 2010-2011	2012	% Δ 2011-2012	2013	% Δ 2012-2013	2014	% Δ 2013-2014	% Δ 2010-2014	Projection for FY 2016
Outpatient /Ambulatory Health	3,559	3,506	-1.5%	3,790	8.1%	3,958	4.4%	4,103	3.7%	15.3%	+4%, 4,267
AIDS Pharmaceutical Assistance	2,765	2,061	-25.5%	2,551	19.2%	3,108	21.8%	3,145	1.2%	13.7%	+2%, 3,208
Oral Health Care	2,595	2,768	6.7%	2,751	-0.6%	3,182	15.7%	3,020	-5.1%	16.4%	0%, 3020
Health Insurance Premium	0	0	N/A	0	N/A	0	N/A	186	N/A	N/A	+61%, 300
Mental Health Services	439	419	-4.3%	508	21.2%	537	5.7%	453	-15.6%	3.2%	+4%, 471
Medical Case Management	0	0	N/A	0	N/A	0	N/A	52	N/A	N/A	+1,931%, 1,056
Substance Abuse - outpatient	149	124	-16.8%	126	1.6%	122	-3.2%	128	4.9%	-14.1%	+2%, 130
Case Management (non-Medical)	3,780	3,551	-6.1%	3,509	-1.2%	3,332	-5.0%	3,155	-5.3%	-16.5%	-5%, 2,997
Case Management (CIED)	2,978	6,333	112.7%	6,629	4.7%	6,953	4.9%	7,665	10.2%	9.3%	+6%, 8,124
Food Bank/Home-Delivered Meals	2,114	2,019	-4.5%	2,188	8.4%	2,496	14.1%	3,019	21.0%	42.8%	-27%, 2,204
Legal Services	132	164	24.2%	214	30.5%	183	-14.5%	210	14.8%	59.1%	0%, 210
Total Unduplicated	**7,116**	**7,022**	**-1.3%**	**7,064**	**0.6%**	**6,953**	**-1.6%**	**7,962**	**14.5%**	**11.9%**	**+6%, 8,440**

Data Sources – Needs Assessment

Services identified as needed but not receiving (service gaps):
- Oral Health Care
- Food Bank
- Peer Counseling

Subpopulations less likely to experience positive health outcomes:
- Transgender
- Younger (under 25)
- Homeless/Unstably Housed
- Black

Other factors at play:
- Shame and Stigma
- Cultural/Linguistic Barriers
- Transportation
- Inappropriate Messaging/Marketing

Data Sources – Affordable Care Act

Medicaid expansion still unlikely

King v. Burwell Supreme Court Case

Unknown prices of premiums, co-pays, deductibles

ADAP eligibility for enrollment

Current Services

Service Category	FY 2015 Rank	FY 2015 Initial Allocation	FY 2014 Final Expenditures	FY 2014 Utilization	Utilization Change FY 2013 to FY 2014	FY 2014 Average Client Cost	Cost Change FY 2013 to FY 2014
CORE SERVICES							
OAMC	1	$6,493,232	$6,382,746	4,102 clients	7.61%	$1,432.61	-3.10%
Local Pharmaceutical Assistance	2	$639,001	$898,837	3,145 clients	1.18%	$183.59	-8.40%
OHC	3	$2,255,328	$2,200,198	3,020 clients	-5.36%	$662.14	2.80%
HICP*	4	$500,000	$353,936	186 clients	N/A	$1,729.89	N/A
MCM*	5	$609,497	$51,576	52 clients	N/A	$145.63	N/A
Mental Health	7	$426,836	$360,418	453 clients	-15.64%	$723.35	3.50%
Substance Abuse - Outpatient	8	$652,088	$586,536	128 clients	4.92%	$4,165.74	-20.60%
SUPPORT SERVICES							
CM (non-medical)	1	$1,018,661	$1,176,676	3,155 clients	-5.26%	$353.75	13.20%
CM (CIED)	1	$467,513	$758,446	7,665 clients	9.20%	$89.93	-8.70%
Food Bank/Home-Delivered Meals	3	$358,890	$980,446	3,019 clients	20.95%	$497.09	4.30%
Legal Services	6	$131,426	$124,418	210 clients	12.86%	$538.61	-17.50%

**Implementation of these services were delayed due to the late NOA.*

Summary

Linking services to the three guiding principles

- Linkage to care
- Retention in care
- Viral load suppression

Impact on the HIV Care Continuum

Handout A3

FY2015-16 Ryan White Part A Service Category Rankings

	FY 2014 Client Survey	FY 2014 Provider Survey	FY 2015 CEC Rank	FY 2015 Rank	FY 2016 Rank (Current)
CORE SERVICES					
Outpatient Ambulatory Medical Care	2	2	2	1	**1**
AIDS Pharmaceutical Assistance (Local)	1	1	3	2	**4**
Oral Health (dental) Care	3	3	4	3	**3**
Health Insurance Premium & Cost-Sharing Assistance	5	5	5	4	**8**
Medical Case Management	7	9	1	5	**2**
Early Intervention Services	4	4	6	6	**9**
Mental Health Services	8	11	10	7	**11**
Substance Abuse Services - outpatient	11	12	7	8	**12**
Medical nutrition therapy	13	13	9	9	**6**
Home and community-based health services	9	6	11	10	**10**
Hospice services	10	10	13	11	**5**
Home health care	6	7	8	12	**7**
SUPPORT SERVICES					
Case Management (non-medical)	1	1	1	1	**1**
Emergency financial assistance	11	16	6	2	**11**
Food bank/home-delivered meals	4	10	2	3	**5**
Housing services	2	3	3	4	**3**
Medical transportation services	8	12	8	5	**7**
Legal services	3	4	4	6	**2**
Outreach services	5	11	5	7	**4**
Referral for health care/supportive services	15	13	7	8	**14**
Substance abuse services - residential	6	5	9	9	**6**
Psychosocial support services	7	7	16	10	**9**
Child Care Services	10	6	10	11	**8**
Health Education/risk reduction	9	8	13	12	**10**
Treatment adherence counseling	12	14	11	13	**16**
Rehabilitation services	16	15	12	14	**15**
Respite care	14	2	15	15	**13**
Linguistics services (interpretation and translation)	13	9	14	16	**12**

Handout B

July 2015
Broward County HIV Health Services Planning Council Calendar
Last Updated: 6/15/2015

Meeting dates & times are subject to change. Unless otherwise noted, meetings are held at: Governmental Center Annex, Ryan White Part A Program Office, 115 S. Andrews Ave.; Ft. Lauderdale, 33301. Please contact support staff at 954-561-9681 ext. 1250 or visit http://www.brhpc.org for updates.

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2 **Membership/Council Development Committee (MCDC)** 9:30 a.m., A-335^	3 **BRHPC CLOSED** In Observance of Independence Day
6	7 **MCM QI Network** 9:30 a.m., A-337^ **Community Empowerment Committee (CEC)** 3:00 p.m., TBD	8 **ad-Hoc By-Laws Committee** 9:30 a.m., A-337^ **HIVPC Coordination** 12:30 p.m., A-335^	9	10 **SFAN** 10:00 a.m.~
13 **Needs Assessment/ Evaluation Committee (NAE)** 1:00 p.m., A-335^	14 **Executive Committee** 9:30 a.m., A-337^	15 **Priority Setting and Resource Allocation Committee (PSRA)** 12:30 p.m., A-337^	16	17
20 **Quality Management Committee (QMC)** 12:30 p.m., A-335^	21	22	23 **HIV Planning Council (HIVPC)** 9:30 a.m. GC-430^ **MCDC Coordination** 12:30 p.m. GC-430^	24 **System of Care Committee (SOC)** 9:30 a.m., GC-302^
27	28 **Combined QI Network** 2:30 p.m., A-337^	29	30	31

^Governmental Center —115 S Andrews Ave, Ft. Lauderdale, 33301
~Dorothy Mangurin Comp. Center—100 NE 56th St, Ft. Lauderdale, 33334
*** E. Pat Larkins Center**— 520 NW 3rd St, Pompano Beach, FL 33060

Meetings in ~~**Red**~~ are cancelled.
Meetings in **Blue** are for the HIV Planning Council Committees & QI Networks.
Meetings in Black are not associated with the HIV Planning Council.

HIVPC Broward County HIV Health Services Planning Council

July 2015

Broward County HIV Health Services Planning Council Calendar

Last Updated: 6/15/2015

Dates and times are subject to change. Visit http://www.brhpc.org/programs/hiv-planning-council/ for updates. For questions about the HIV Planning Council & Committees, please contact Adam Bente at 954-561-9681 ext. 1250. For questions about the QI Networks, please contact Brithney Johnson at 954-644-2774.

TODOS ESTAN BIENVENIDOS!

A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Acceso de Downtown Bus Terminal y Tri-Rail/Broward County Transit)

Para confirmar información acerca de la reunión de Consejo de Planeación VIH, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.

ALL ARE WELCOME!

Unless otherwise noted on the calendar, all meetings are held at:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit)

To confirm HIV Planning Council meeting information, or reserve special needs services such as: Translation from English to Spanish or Creole; or, are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.

BON VINI!

Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fèt:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit)

Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

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

Needs Assessment/Evaluation (NAE) Committee - Develops and updates the annual Needs Assessment, including determining focuses for the client survey, provider survey, and client focus groups. Evaluates and updates the Comprehensive Plan to determine progress.

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

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

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

Executive Committee - Sets agenda for Council meetings. addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and services provided to all patients receiving Part A and MAI-funded services.

Committee Meeting Evaluation Report – January-June 2015

HIV Planning Council and committee meeting attendees (members and guests) are asked to complete a meeting evaluation following each meeting.

Participants can check **Yes** or **Needs Improvement** to the following Evaluation Statements:

1. The meeting place was a good working environment.
2. The agenda was clear and was supported by the necessary documents.
3. The chair guided the meeting effectively.
4. All Council/Committee members were prepared to participate in the agenda.
5. Reports were clear and contained needed information.
6. Next steps for future tasks were identified and responsibility was assigned.
7. The agenda was followed without spending too much time on non-agenda items.
8. It was possible to express my opinion if I wanted to.
9. Meeting participants conducted themselves appropriately.

Additional space is provided for comments.

Responses to statements are 100% "Yes" unless otherwise indicated. Needs Improvement = NI. No Response = NR.

COMMUNITY EMPOWERMENT COMMITTEE (CEC)

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
January 6, 2015	14/15 (93%)	#1	NR (1)	Focus more on time than the committee members understandingrf
		#2	NR (1)	
		#3	NR (2)	
		#4	NI (1), NR(1)	Who order the pizza it bad? Bad veggies spoil! Nasty!
		#5	NR (2)	
		#6	NR (1)	
		#7	NR (1)	
		#8	NR (1)	
		#9	NR (1)	
February 3, 2015	0/14 (0%)	None.		No comments.
March 3, 2015	8/9 (89%)	#4	NI (1),	Started Late
April 7, 2015	11/24 (46%)	#3	NI (2)	"There is too much cross talk"
		#4	NI (1)	
		#7	NI (1)	
May 5, 2015	0/17 (0%)	None.		No comments.
June 4, 2015	8/12 (67%)	#2	NI (1),NR (1)	
		#3	NI (1)	Great for first time replacing chair.
		#4	NI (1)	
		#7	NI (1)	"We also wonderfully spend a lot of time and well spent/like it"
		#9	NI (1)	

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
January 8, 2015	5/5 (100%)	None.	No comments.
February 5, 2015	3/5 (60%)	None.	No comments.

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

March 5, 2015	0/5 (0 %)	None.		No comments.
April 2, 2015	5/6 (83%)	#2	NR (1)	I'm new so things are still a little bit blurry, but interesting.
		#5		New, but individual items clearer.
May 15, 2015	2/6 (33%)	None.		No comments.

MEMBERSHIP/COUNCIL DEVELOPMENT WELCOME BRUNCH MAY 15, 2015

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
May 15, 2015	6/9 (66%)	#4	Neutral	No comments.

NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
January 12, 2015	4/8 (50%)	None.		No comments.
No February Meeting				
No March Meeting				
April 13, 2015	4/10 (40%)	None.		No comments.
May 11, 2015	5/10 (50%)	None.		No comments.

PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE (PSRA)

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
January 21, 2015	0/12 (0%)	None.		No comments.
February 18, 2015	0/10 (0%)	None.		No comments.
March 18, 2015	1/10 (1%)	None.		"Clamp down on cross talk!"
April 15, 2015	0/11 (0%)	None.		No comments.
May 20, 2015	5/12 (42%)	#5	NI (1)	"Some documents were unclear and were not helpful to me"
		#7	NI (1)	"Too much time spent on explaining data that was unclear and not necessary"
		None.		"How can HIVPC look at Foundation philanthropy to absorb some costs."

QUALITY MANAGEMENT COMMITTEE (QMC)

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
January 26, 2015	3/6 (50%)	None.		No comments.
February 23, 2015	4/6 (67%)	#5	NI (5)	Data tables could be made easier to read & understand.
			NI (5)	Statistics needed more clarification.
		#6	NI (6)	Break down info more in data.
March 16, 2015	11/11 (100%)	#3	NI (2)	Helpful if chair helped to guide "topic" or "input" a bit more "It seems the meeting got off track on several occasions"

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

		#7	NI (2)	Agenda appeared looser @ meeting—too much time on "off shoots" agenda items appeared to get lost at times. "Better Facilitation"
		#8	NI (2)	"Give members adequate time to make their points w/out cutting them off"
		#9	NI (1)	
April 20, 2015	3/7 (43%)	None.		No comments.
No May Meeting				

SYSTEM OF CARE COMMITTEE (SOC)

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
No January Meeting			
No February Meeting			
March 27, 2015	2/15 (13%)	None.	Training was very good. Cross talking.
April 24, 2015	1/12 (8.3%)	None.	No comments.
May 21, 2015	0/12 (0%)	None.	No comments.

EXECUTIVE COMMITTEE

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
January 6, 2015	6/9 (66%)	#3	NI (1)	"Spent too much time on some items, very long meeting"
		#5	NR (1)	
		#6	NI (1)	"sometimes we procrastinate"
		#7	NI (1)	
February 17, 2015	0/10 (0%)	None.		No comments.
March 17, 2015	1/15 (7%)	None.		Training was very good.
April 21, 2015	4/10 (40%)	#3	NI (2)	
		#5	NI (1)	
		#6	NI (2)	
		#7	NI (1)	"Vice Chair had no idea how to end discussions"
		#8	NI (2)	
		#9	NI (2)	
May 19, 2015	7/11 (64%)	#1	NI (1)	"This committee has ego problems, they do not think outside the box. Does anyone on the council have an authentic voice of their own"
		#2	NI (1)	
		#3	NI (2)	"lots of 'beating the dead horse' "
		#4	NI (1)	
		#5	NI (3)	"reduce discussion—stay on task"
		#6	NI (2), NR (3)	"Not Id in the meeting prior to my leaving"
		#7	NI (4)	"Lots of items not addressed within the 2 hours" "Too much discussion on nonreflected items" "Too much derailment from agenda—too much time spent on committee reports discussion" "some members spent too much time talking about non related items"

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

		#8	NI (1)	
		#9	NI (1)	"This committee never starts on time" "Too much not related discussion" "Because of many derailments, I had to leave without business completed"

HIV PLANNING COUNCIL

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
January 22, 2015	9/26 (35%)	#1	NR (1)	"Aesthetic & Spacious"
		#2	NR (1)	"Great visual board & audio as well"
		#3	NR (1)	"Reported well their plan & goal on committee's activities"
		#4	NR (1)	
		#5	NR (1)	
		#6	NR (1)	
		#7	NI (1)	
		#8	NR (1)	
		#9	NR (1)	"Very Professional"
February 26, 2015	10/32 (31%)	None.		No comments.
March 26, 2015	9/31 (29%)	None.		No comments.
April 23, 2015	4/23 (17%)	None.		No comments.
May 21, 2015	0/23 (0%)	None.		No comments.

AD-HOC LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
No January Meeting				
No February Meeting				
March 12, 2015	3/3 (100%)	None.		No comments.
April 9, 2015	2/6 (33%)	#2	Yes	Prescriptions need more info on and completion
		#9	Yes	Very good one. I particularly enjoyed it!
No May Meeting				

EXPLORATORY SUB COMMITTEE

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
No January Meeting			
No February Meeting			
March 18, 2015	3/7 (43%)	None.	No comments.
No April Meeting			
May 20, 2015	2/3 (67%)	None.	The Planning Staff did a wonderful job gathering info, this meeting is always successful.

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

Committee Meeting Evaluation Report – January-June 2015

AD-HOC FOOD SERVICES ELIGIBILITY COMMITTEE

DATE	RESPONSES/ ATTENDEES	STATEMENT		COMMENTS
No January Meeting				
No February Meeting				
March 10, 2015	2/4 (50%)	#9	NR (1)	No comments.
April 14, 2015	3/8 (38%)	#1	Yes (1)	Very productive meeting.
May 12, 2015	1/6 (17%)	None.		None.

AD-HOC NOMINATING COMMITTEE

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
January 8, 2015	3/4 (75%)	None.	No comments.
This Committee did not meet February - May 2015			

AD-HOC BY-LAWS COMMITTEE

DATE	RESPONSES/ ATTENDEES	STATEMENT	COMMENTS
January 14, 2015	2/4 (50%)	None.	No comments.
February 11, 2015	3/4 (75%)	None.	No comments.

Evaluation Statements

1. The Meeting place was a good working environment.
2. Clear agenda supported by necessary documents.
3. Chair guided meeting effectively.
4. Members were prepared to participate in agenda.
5. Reports were clear and contained needed information.
6. Future tasks were identified; responsibility assigned.
7. Agenda was well followed.
8. It was possible to express my opinion.
9. Meeting participants conducted themselves appropriately.

FY 2014-16 HIVPC Trainings

Past

Comprehensive Plan (March 2014): (Ryan White legislation and implementation process)
Update of the 2012-2015 Comprehensive Plan for the Broward Part A program was developed by EGM Consulting, LLC (EGMC). The update was designed to provide a mid-term review and assessment of task completion and progress towards comprehensive plan goals and objectives, and to recommend updates in the work plan as needed.

Priority Setting and Resource Allocation (PSRA) Process (May 2014): (Specific skills related to particular planning and related tasks)
The Priority Setting and Resource Allocation (PSRA) Committee Chair conducted a brief presentation about the priority setting process. The process begins with the collection of data and a data presentation to the PSRA committee. The PSRA Chair reviewed the data presentation given by consultant Emily Gantz-McKay; Ms. Gantz-McKay was responsible for analyzing the data from the Needs Assessment, which included a client survey, a provider survey, and focus groups. Utilization and financial data from Part A, as well as other Ryan White parts and other community funders was used to create scorecards.

HIV Prevention Planning Council Presentation (May 2014): (Specific skills related to particular planning and related tasks)
Christopher Bates, a member of the Florida Department of Health in Broward County gave a presentation on the structure of Broward County's HIV Prevention Council. The council is broken into four teams and six advisory groups. The full council is comprised of approximately 15-21 members, with two appointed seats. One of the appointed seats belongs to the Broward County school district and the other is a research seat; the Council felt these were critical elements that needed to be a part of the Council.

System of Care Committee training (November 2014): (Service delivery system and provider profiles)
This training will allow the System of Care (SOC) committee Chair to discuss the main functions of the committee. This training will include: unmet need research, identifying gaps in care, and evaluation of community needs.

National Quality Center: Training of Consumers on Quality (TCQ) (January 2015): (Importance and sources of data)
This training will increase the number of consumers actively participating in local quality management committees or regional quality improvement activities. The rigorous TCQ Program includes extensive pre-work activities and a 2-day face-to-face TCQ session.

How Best to Meet the Need language and how it impacts services (February 2015): (Importance and sources of data)
The Ryan White legislation gives Planning Councils the responsibility not only to set priorities, but also to establish how best to meet those priorities. This training will highlight the legislative provision which includes establishing a role for the Planning Council in guiding the Grantee in identifying the types of organizations and service delivery mechanisms that best meet each service priority established by the Council (e.g.,

outpatient clinics, community-based organizations that serve affected populations and historically underserved communities).

HIVPC Reflectiveness and Mandated Seats (May 2015): (Specific skills related to particular planning and related tasks)
This training will focus on HIVPC membership requirements, reflectiveness, and mandated membership categories.

Future

Priority Setting and Resource Allocation (PSRA) Process (June 2015): (Specific skills related to particular planning and related tasks)
A brief training on the data sources used and the decisions made by the PSRA Committee before recommendations for priority ranks and allocations are made to the HIVPC.

Minority AIDS Initiative (MAI) Funds (July 2015): (Specific skills related to particular planning and related tasks)
This training will provide an overview of MAI funding, what it is, and how it works in the broader context of Ryan White Part A funding. It will also discuss the realities of MAI funding (it is less than 10% of total funds), the difficulties in developing specialized programming with the small amount of funds available, and how MAI funds work in Broward.

2016 Comprehensive Plan with Prevention (August 2015): (Ryan White legislation and implementation process)
Beginning in 2016, Ryan White Part A and Prevention will be responsible for a joint comprehensive plan. This training will include strategies to form an effective collaboration between the HIVPC and Broward County's HIV Prevention Council.

HIV Biomedical Interventions (September 2015): (Specific skills related to particular planning and related tasks)
This training will focus on current HIV biomedical medical interventions. This training will explore interventions such as Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), both utilized to prevent HIV infection.

Affordable Care Act Update (October 2015): (Ryan White legislation and implementation process)
Prior to the start of enrollment, this training will provide an update to the Affordable Care Act (ACA) and Health Insurance Marketplace. This training will include: an overview of the ACA marketplace, and Florida specific resources, and consumer feedback.

Self-Assessment Findings (February 2016): (Specific skills related to particular planning and related tasks)
Evaluation data from the HIVPC Self-Assessments will be presented. Self-Assessment findings will provide training opportunities that will benefit all committees as well as the HIVPC.

EVALUATION REPORT

In 2014, the HIVPC developed and implemented a number of surveys to evaluate processes and areas for improvement. Surveys included:

- Committee Chair Assessment
- PSRA Self-Assessment
- Community Event Surveys (Transgender 101, Welcome Brunch, Mini Retreat)
- HIVPC Self-Assessment Survey
- MCDC Barriers to HIVPC & Committee Participation

Committee Chair Assessment

The Committee Chair Assessment was developed after Vice Chairs were added to each committee. In addition to opening leadership opportunities on the HIVPC's committees to community stakeholders, Vice Chair positions presented an opportunity for leadership development, so that there are leaders ready and willing to take on more responsibility should a committee Chair resign. The Committee Chair Assessment was developed in the Executive Committee and was distributed via email to all committee members. The survey asked about member demographics (how long they had served on the committee, if the respondent was a Part A consumer), organizational matters (if the Chair follows the policies and procedures, or encourages open communication), leadership (if the Chair creates a culture of respect and high morale), and personal characteristics (if the Chair is respectful of other opinions, and if the Chair encourages individual member growth).

Twenty eight committee members responded to the survey, and responses were overall positive, with 56% of respondents rating the performance of their Chair as excellent. Almost all Chairs were evaluated positively for organizational matters and personal characteristics, but some committee members did not agree with their Chair's leadership or communication style. Most respondents served on two committees and 40% of respondents had served on a committee for five or more years. There was strong feedback from consumers - 70% of respondents reported being a consumer of Part A services - and also strong feedback from HIVPC members. Of the twenty eight responses received, twenty five were also HIVPC members.

The largest number of evaluations were received for the CEC Chair, which is also the largest committee. This was followed by the PSRA Committee, and the QMC. The only committee Chair

not evaluated was the SOC Chair, since the SOC was a brand new committee, and members had not been to enough meetings to fairly evaluate the Chair. There were few differences in response by Chair; no respondents strongly disagreed with any of the survey statements, and there were very few that disagreed with a survey statement.

There were no responses received that indicated Chairs did not follow the HIVPC by-laws or committee's policies and procedures, but only 52% of respondents strongly agreed that their Chair follows the HIVPC by-laws and only 56% strongly agreed that the Chair follows the committee's Policies & Procedures. Communication between the Chairs and their committees was strong: 56% of respondents strongly agree that their Chair kept the committee up to date on important matters relating to the HIVPC, 52% strongly agreed that their Chair works effectively with committee members to complete work plan objectives, and 63% strongly agreed that their Chair encourages open communication among members.

Approximately half of respondents agreed that Chairs communicated a clear direction for their committees and encouraged an environment supportive of individual initiatives. Fifteen percent of respondents, however, reported being neutral or unsure that the Chair encouraged an environment that rewarded teamwork within the committee. Chairs were reported as creating a climate of respect and high morale for the committee, and for representing a positive image of the committee.

PSRA Self-Assessment

The PSRA Process Self-Assessment Survey was distributed to HIVPC and PSRA members in July 2014, following the completion of the PSRA process for FY 2015-2016. The survey was comprised of 10 questions and asked for member understanding of the purpose, process, and data sources. Respondents reported that they understood the purpose of the PSRA process, however, not all respondents understood the details of the PSRA process or data sources. Half of respondents reported being an HIVPC or PSRA member for 5-10 years, and 92% of respondents reported their knowledge of the PSRA process had increased a lot since becoming a member. Length of membership did not seem to have a large impact on responses, especially given the small number of respondents. Respondents who reported being an HIVPC or PSRA member for three to five years, however, were more likely to respond to a question with "I mostly understand" or "I understand some" in comparison to other lengths of membership.

While survey respondents overwhelmingly understood the purpose of the PSRA process (92%) only 75% reported completely understanding the process (Figure 1). Respondents were asked to answer questions about their understanding of important data sources, and responses were a little disheartening. As shown in Table 1, cost data was the data source least understood by respondents, with only 64% of respondents completely understanding the data. Additionally, only 75% of respondents reported completely understanding needs assessment and service utilization data.

		I COMPLETELY UNDERSTAND	I MOSTLY UNDERSTAND	I UNDERSTAND SOME
Needs assessment	n	9	2	1
	%	75.0%	16.7%	8.3%
Service utilization	n	9	2	1
	%	75.0%	16.7%	8.3%
Cost data	n	7	3	1
	%	63.6%	27.3%	9.1%
Priority setting	n	10	1	1
	%	83.3%	8.3%	8.3%
Resource allocation	n	10	1	1
	%	83.3%	8.3%	8.3%
Conflict of interest	n	8	2	1
	%	72.7%	18.2%	9.1%
Data used to create rankings	n	10	1	1
	%	83.3%	8.3%	8.3%

Table 1. Respondents were asked to indicate their understanding of the data sources

Only two-thirds of respondents reported completely understanding service category definitions, meaning a third of respondents either mostly understood or only understood some of the service category definitions. A quarter of respondents did not completely understand how each service category was ranked, nor did they understand why all of the service categories were ranked for FY 2015. Seventy five percent of respondents said they completely understood how allocations were made, which is surprising given that only 64% of respondents indicated understanding cost data.

Upon review of the survey findings, the PSRA committee decided to put measure in to place to improve understanding of the priority setting and resource allocation process. In 2015, the committee plans to spend a portion of each meeting reviewing a data source, which will include an explanation of where the data comes from, how it is used, and why it is important to the prioritization or allocation of funds. The Grantee's office will also provide the committee with a

monthly snapshot of expenditures and utilization for each service category, in order to help the committee better understand cost data, and to note expenditure trends before sweeps.

Transgender 101

The CEC held a community event at Art Serve in October 2014 titled Transgender 101, the purpose of which was to raise awareness of transgender issues, especially for transgender individuals who are HIV positive. A brief, nine question survey was distributed to participants to gain feedback about the event and what the community would like to see in the future. Responses were received by approximately 40% of attendees and were overwhelmingly positive. Ninety one percent of respondents rated the event as good or very good, noted that the event provided them with helpful resources, and would be willing to attend a similar event in the future.

Forty five percent of survey respondents were Part A clients, and respondents were mostly not affiliated with an agency (82% of respondents). Attendees largely heard about the event through word of mouth (90%), followed by seeing a flyer for the event (30%). All respondents agreed the event was held at a convenient location, but made suggestions that other events be held in Wilton Manors or at a Broward County library.

The CEC is in the process of developing a final survey to be used at all of its community events. The survey should be finalized in early 2015.

Welcome Brunch

The MCDC held two welcome brunches in 2014, one in July and one in November. Very few evaluations were received following the July welcome brunch, but close to half of attendees filled out an evaluation following the November brunch. Responses for completed evaluations were largely positive. Respondents felt that the event was easily accessible and well guided, and that the icebreaker and member testimonials were effective. Approximately 22% of respondents felt neutrally about whether HIVPC functions and duties were explained clearly and concisely; the MCDC may want to consider spending more time explaining the roles and responsibilities of the HIVPC in the future.

Mini Retreat

A brief, five question evaluation was sent to mini retreat attendees in the week following the retreat. Questions were asked about the event location, date and time, and the benefits of attending the mini retreat. A total of nine responses were received, although close to fifty people attended the event. Of the responses received, one respondent indicated that they were not able to attend the mini retreat due to a scheduling conflict. The remaining eight respondents were able to attend the retreat. Responses about the location were split, with half of respondents saying the location was excellent, and half rating the location average or good. Comments indicated that the location was difficult to find. A majority of respondents rated the time as good and said the mini retreat was beneficial to them. Based on the success of the mini retreat in December, the HIVPC plans to hold another mini retreat in the late summer of 2015.

HIVPC Self-Assessment

The HIVPC Self-Assessment was a three party survey distributed to HIVPC members over the course of three months in 2014. The parts were distributed to HIVPC members via email (part one in September, part two in October, and part three in November) and iPads were also available at HIVPC meetings to encourage additional responses. Of the three parts, part one had the most responses (about 57% of HIVPC members), part two had slightly less (43% of HIVPC members), and part three had very few responses (17% of HIVPC members).

Part one asked respondents questions about the HIVPC mission statement, work plans, and representation and diversity of HIVPC members. Respondents were tremendously aware that the HIVPC had a mission statement (92% of respondents reported knowing the HIVPC had a mission statement), but 30% of respondents were unaware of what the mission statement says. Some respondents knew where the mission statement could be found, identifying the training and orientation packet for new members (46%) and the HIVPC's written documents (39%) as the two most likely places to find the mission statement. Interestingly, although less than three quarters of respondents knew the text of the mission statement, 46% of respondents felt the mission statement influenced major decisions of the HIVPC a lot.

Respondents were much more aware of the work plans used to conduct activities. Ninety two percent of respondents were aware of the work plans, and 85% felt the work plans set adequate goals and objectives, provided specific activities for completion, and could be used to monitor

the HIVPC's effectiveness. Slightly over three quarters of respondents (77%) agreed that the work plans contained reasonable timelines and 92% agreed that work plans identified the responsible party of each activity. Respondents also largely understood the process for becoming an HIVPC member, and the procedures that are followed to approve an applicant for the HIVPC. Although respondents were well aware of the process and procedures for adding new members, respondents were not as aware of written policies for adding new HIVPC members. The HIVPC by-laws and policies and procedures were both cited by 69% of respondents as including the policy, but only 31% cited the Local Procedures Manual. Around three quarter (77%) knew of a written policy with criteria for HIVPC membership, but less than two thirds (62%) of respondents reported being aware of written job descriptions for members, and 15% of respondents indicated there were no written procedures at all for the application process.

Part two asked questions about the PSRA process and the needs assessment, and responses were similar to responses for the PSRA self-assessment. Less than three quarter of respondents (70%) identified that priorities are set annually, although all respondents were aware that allocations are set annually, with adjustments made as necessary throughout the fiscal year. Similar to the PSRA self-assessment responses, respondents to part two of the HIVPC self-assessment were aware of how and why the PSRA process was conducted; data sources used to make decisions were less familiar with respondents, particularly cost effectiveness data (only 70% of respondents identified that it was used as part of the PSRA process).

Both the needs assessment and Comprehensive Plan were less understood by respondents than the PSRA process. When asked which committee was responsible for the needs assessment, no committee emerged as a clear leader. Though it is true that all committees contributed to all HIVPC processes in some part, respondents clearly identified the PSRA committee as the lead committee for the PSRA process. Subsequent questions about the needs assessment indicate that respondents are not well aware of the methodology used in the needs assessment, or how the needs assessment is implemented. More clarity and education may be necessary about the methods used to conduct the needs assessment and the persons responsible for implementing the needs assessment. Respondents also had difficulty understanding the needs assessment report; only 50% of respondents agreed that it was easy to understand, and only 50% agreed that the report addressed the need for further study.

Part three was focused on the Comprehensive Plan and the continuum of services in Broward County. With only 17% of HIVPC members responding to part three of the self-assessment, it is difficult to say whether or not responses are significant and representative of HIVPC members as

a whole. Similarly to the needs assessment, confusion existed among respondents about which committee was responsible for the Comprehensive Plan. Half of respondents cited the Executive Committee as the responsible committee, and only 25% of respondents cited the NAE. This may be due in part to the changing of work plan activities over the past several years, which included the changing of most of the Comprehensive Plan responsibilities from the Executive Committee to the NAE. All respondents were are that the Comprehensive Plan contained goals and objectives, and respondents were familiar with the contents of the Plan, but 25% of respondents were unsure if the Plan is being implemented as intended and 25% of respondent were unaware if the Plan assigned responsibility for activities or if there was a mechanism to monitor the plan. Questions about the continuum of services in Broward indicated a good understanding among respondents about core services, the coordination of services, and the announcement of available services to the community.

Barriers to HIVPC & Committee Participation

The MCDC developed a survey to determine barriers that HIVPC and committee members face in participating. The survey was distributed throughout the month of March 2015. 36 responses were received, a third of which were from consumers. The majority of respondents were HIVPC and committee members (77%), and none of the respondents who reported only being committee members were consumers.

Overall, the greatest barrier to attending meetings was employment (cited by 34% of respondents). Of respondents indicating employment as a barrier, only 23% were consumers. The greatest barrier for consumers was transportation; this barrier was not cited by non-consumers. Half of respondents citing transportation as a barrier said reimbursement for transportation would help and 43% said a bus pass would help.

Suggested changes to help retain members focused largely on time and attendance or quorum requirements. 22% of respondents indicated changes to the times of meetings could help retain members, including shortening meetings, condensing or combining meetings, and keeping meetings focused on the agenda. 17% of respondents indicated changes were needed to attendance or quorum rules. Overall, time issues were mentioned in 16 comments, and location issues were mentioned in 5 comments; two of the comments about location were made by consumers. There were also several comments about increasing community involvement and reaching out to new community partners and interested parties.

The MCDC plans to revise the survey to be distributed at events and Welcome Brunches, to gain perspective about barriers from interested parties who may want to join, but have been unable to.

Community Empowerment Committee HANDOUT F

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

Legend:

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

Membership/Council Development Committee HANDOUT F

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

Legend:

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

Needs Assessment/Evaluation Committee HANDOUT F

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

Legend:

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

Quality Management Committee HANDOUT F

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

Legend:

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

Priority Setting Resource Allocation Committee HANDOUT F

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

Legend:

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

System of Care Committee HANDOUT F

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

Legend:

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

Executive Committee HANDOUT F

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

Legend:

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

QNA - quorum not achieved for entire mtg

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

Legend:

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

ad-Hoc Food Services Eligibility Committee HANDOUT F

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

Legend:

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

ad-Hoc By-Laws Committee HANDOUT F

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

Legend:

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

Exploratory Committee HANDOUT F

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

Legend:

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

ad-Hoc Nominating Committee HANDOUT F

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

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

HIVPC Member of the Month Program

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

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

Attitude and Commitment

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

Interpersonal Skills

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

Personal Traits

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

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

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

Recognition will include:

- Certificate of recognition (framed)
- Photo -and biography on HIVPC website (if desired)

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