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, November 17, 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:** 8/18/15 Executive Committee Agenda and 7/14/15 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a) Committee Chair Reports
   b) Discuss Healthcare Reform Update on HIVPC Agenda
   c) Review 11/19/15 HIVPC Meeting Materials and Motions
   d) Approve 11/19/15 HIVPC Agenda
   e) Review HIVPC/Committee Warning and Removal Letters
   f) Review December HIVPC Calendar (Handout A)
4. **UNFINISHED BUSINESS**
   a) By Laws Update on Requirements for quorum for the Executive Committee
      ACTION ITEM: Update on clarification from By Laws Committee on Parking Lot item #4 -Article VIII, Section 4 (Handout B)
   b) SOC Committee
      ACTION ITEM: Discuss SOC meeting/membership since restructuring in September
   c) MCDC Member of the Quarter
      ACTION ITEM: Review and approve the MCDC Member of the Quarter criteria (Handout C)
   d) Committee Reflectiveness
      ACTION ITEM: Discuss Committee Chair's role in recruitment to ensure committee reflectiveness (Handout D)
5. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items (Work Plan Item #)	*Action to be taken, presentation, discussion, brainstorm etc.*
HIVPC Mini Retreat	ACTION ITEM: Discuss plan for HIVPC 'mini retreat' on the Comprehensive Plan (Handout E)
HIVPC Mentoring Plan (WP Item 2.1)	ACTION ITEM: Review, implement, and evaluate the Mentoring Plan. Ensure Mentoring Plan focuses on educating and retaining new HIVPC and committee members. (Handout F)
Post Appointment Training	ACTION ITEM: Review and approve the Post Appointment Training for new HIVPC members. (Handout G)
MCDC Policies and Procedures	ACTION ITEM: Review and discuss MCDC Policies and Procedures changes pertaining to recruitment responsibilities (Handout H)
Nominating Policies and Procedures	ACTION ITEM: Review P&P, timeline, and questionnaire for HIVPC Chair/Vice Chair Candidates. (Handout I)

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** TBD **VENUE:** A-337

Agenda Items for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, etc.*
Administrative Mechanism (WP Item 3.6)	*PSRA, Exec*	ACTION ITEM: Complete Assessment of Administrative Mechanism.
Plans for Needs Assessment (WP Item 4.2)	*Exec, NAE*	ACTION ITEM: Review plans for Needs Assessment to inform PSRA process. Ensure survey questions and focus groups that will collect data pertaining to the 3 Guiding Ideas.

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, November 17, 2015, 9:30 a.m. **Location:** Governmental Center A-337
Chair: Spencer, W. **Vice-Chair**: Reed, Y.

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Grant, C.	**X**			Lewis, L.
2	Katz, H. B.	**X**			Shamer, D.
3	Fleurinord, P.	**X**			Siclari, R.
4	Gammell, B., *Ex-Officio*	**X**			**Grantee Staff**
5	Lint, A.	**X**			Jones, L.
6	Reed, Y., *Vice Chair*		**E**		Degraffenreidt, S.
7	Spencer, W., *Chair*	**X**			Green, W.
8	Taylor-Bennett, C.	**X**			**HIVPC Staff**
9	Tomlinson, K.		**A**		Ewart, L.
					Johnson, B.
	Quorum = 5				

1. CALL TO ORDER

The Chair called the meeting to order at 9:42 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: Taylor-Bennett, C. **Seconded by:** Grant, C.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 7/14/15
Proposed by: Taylor-Bennett, C. **Seconded by:** Lint, A.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a) Committee Chair Reports

The following committee reports were given:

Membership/Council Development Committee (MCDC): The MCDC had their Recruitment and Retention Retreat this month, and the Chair thought it was very productive. The committee is revising the MCDC Policies and Procedures, and changing "Job Descriptions" to "Service Descriptions." They reviewed their Recruitment Plan, and the committee is requesting the HIVPC website be updated, will be identifying more recruitment opportunities, and will be seeking student artists to design marketing materials to represent the HIVPC. The committee is also looking for ways to collaborate with CEC to enhance their recruitment

efforts. The PC Chair reviewed the Council Reflectiveness reports, and noted that the Planning Council has more than the mandated 33% unaffiliated consumers with 38% seats filled.

Community Empowerment Committee (CEC): The CEC Chair spoke about the Transportation event held by the CEC at the beginning of the month. Both agencies and clients were there to express the procedures for receiving transportation services and how transportation affects the consumers' needs. She explained the event was well attended and in turn was a success. A member asked about the CEC/SOC event that had been previously planned. The HIVPC Chair explained that planning for the event would commence when SOC reconvenes in January 2016. The Grantee representative stated that the Florida International Trade and Cultural Expo was held in October, with many HIVPC members in attendance along with an on-site HIV testing van.

Needs Assessment/Evaluation (NAE) Committee: No NAE representative present.

Priority Setting & Resource Allocation (PSRA) Committee: The PSRA committee will meet tomorrow.

Quality Management Committee (QMC): QMC has been reviewing high and unsuppressed viral load (VL) data for Ryan White clients. QMC has sent recommendations to NAE about priority populations to focus on: 18-38 Black heterosexual males and females and Black MSM. NAE in return has requested more data from the QMC about those specific groups. The QMC has decided to first focus on Black heterosexual females in the data analysis, before moving on the Black heterosexual males and Black MSMs. It was stated 14% Ryan White clients have unsuppressed VL, and those ages 18-28 and 29-38 have the highest rates. The committee will drill down the data further and seek to find how and why these groups are affected. The Healthcare Services Administrator stated that the most important factor is discovering what the characteristics for these groups are, and what services they need to keep them in care, as well as the characteristics of those who are having positive health outcomes.

Ad-Hoc Nominating Committee: The PSRA Chair, a member of the nominating committee, spoke about the committee's decisions to eliminate the 2nd nominating window during the December meeting. The only nominations period will begin at the HIVPC meeting on November 19th and last until to December 3rd. Another nominating member expressed his content with the consumer representation on the nominating committee. HIVPC Chair expressed his happiness with the number of HIV+ Chairs in the history of the HIVPC.

b) Discuss Healthcare Reform on HIVPC Agenda: Grantee and Part B will review an ACA updates in their reports to the HIVPC.
ACTION ITEM: Remove this item from the November HIVPC agenda.

c) Approve 11/19/15 HIVPC Meeting Materials and Motions (Handout A): The committee reviewed the materials and motions on the November 19th HIVPC agenda.

d) Approve 11/19/15 HIVPC Agenda

Motion #3: Approve 11/19/15 HIVPC Agenda **Proposed by**: Taylor-Bennett, C. **Seconded by**: Fleurinord, P. **Action:** Passed Unanimously

e) Review HIVPC/Committee Warning and Removal Letters

The committee reviewed the warning and removal letters sent out between August and October. Rick Siclari was reappointed to the Executive Committee. The members discussed standing committee members' time constraints, and how one might need to remove themselves from one committee if their schedules do not permit regular attendance. The Healthcare Services Administrator asked about excused absences for HIV related business, the PC Chair stated that approval forms should be submitted to Staff and passed along to the Chair who has sole discretion to excuse absences.

f) Review December HIVPC Calendar (Handout B)
The committee reviewed the December calendar.
ACTION ITEM: Add World AIDS Day to the December calendar.

4. UNFINISHED BUSINESS

a) By-Laws Update on Requirements for Quorum for the Executive Committee (Handout C): The committee reviewed the proposed changes to By-Laws, which would allow only standing committee Chairs to count for quorum for Executive Committee. If the committee Chair is not present, then the Vice Chair serves for the Chair and count towards quorum. The Vice Chair will not vote on committee items, and the Vice Chair attendance is not counted, although it is expected. Voting on this by-laws change will take place at the December PC meeting. Staff will send the notice informing the members of the HIVPC 10 days prior to the meeting. Member stated that Vice Chair attendance on Executive is similar to the role of a PC Alternate.

b) SOC Committee: Committee will reconvene in 2016.

c) MCDC Member of the Quarter (Handout D): The committee members reviewed the criteria for the MCDC Member of the Quarter. The committee discussed the nominating process and decided to rename Member of the Quarter to HIVPC Member Recognition Programs. The Grantee suggested documenting all the steps for grading and criteria; the MCDC will develop a grading rubric and begin the program in January.
ACTION ITEM: Change all "Member of Quarter" to "HIVPC Member Recognition Program"

d) Committee Reflectiveness (Handout E): The committee reviewed the HIVPC and all committee demographics in a reflectiveness report. They noted PSRA's need for males on the committee, highlighted the large number of consumers on the Council, and stated that appointees to HIVPC and committees should mirror the demographics of Broward's epidemic when possible.

5. MEETING ACTIVITIES/NEW BUSINESS

a) HIVPC Mini Retreat (Handout F): The committee agreed that there would not be enough time to plan a mini-retreat for December; it will be postponed and rescheduled for possibly February 2016. The topic of the retreat will focus on the 2016 Comprehensive Plan with Broward's Prevention program. The Grantee suggested that the committee begin identifying members for the joint work group, as well as the Part A Co-Chair.
ACTION ITEM: Add selection of Joint Planning Committee members to January Executive Committee agenda.

b) HIVPC Mentoring Program (Handout G): The committee were presented the mentoring program, including updates and formal procedures for mentors and mentees, evaluations, etc. The MCDC Chair reminded the committee that there is also a Buddy Program for individuals who are new committee members or interested parties. New members will receive a letter and have a formal opportunity to sign up for a mentor at their post-appointment training.

c) Post-Appointment Training (Handout H): The committee reviewed the post-appointment training presentation. It was suggested that there be a review of Sunshine Law and Robert's Rules as some members seem to be violating Sunshine Laws and meeting ground rules. The PC Chair stated his intention to review Sunshine Laws

at the next HIVPC meeting, and remind members that they will be found in violation of the sunshine law if they declare their intention to vote for a specific candidate in the upcoming elections.
ACTION ITEM: Remove mention of Part B and SFAN from Grievance slide in Post-Appointment Training. Poll newly appointed HIVPC members at next meeting to schedule Post-Appointment Training date.

Motion #4: Approve Post-Appointment Training Presentation **Action:** Passed Unanimously

d) MCDC Policies and Procedures (Handout I): The committee reviewed the proposed changes to the MCDC Policies and Procedures.

e) Nominating Policies and Procedures (Handout J): The committee reviewed changes to the Nominating Procedures and 2015 questionnaire.

6. GRANTEE REPORT

The Grantee stated that 4 Affordable Care Acts plans had been selected in which HICP and ADAP clients can enroll. These plans are the same from last year. 1,300 Broward clients are eligible to enroll: 969 through ADAP, and 352 thought Ryan White Part A. HICP expenditures will increase to $1.7 million, and will have some impact on direct service categories. The Comprehensive Plan is being worked on between the DOH and Part A Staff, as Broward is not expecting to participate in the state wide comp plan. Also, the Grantee will recommend a new service category to PSRA, Emergency Financial Assistance. The Grantee announced that there have been new additions to the Grantee's staff.

7. PUBLIC COMMENT

8. AGENDA ITEMS / TASKS FOR NEXT MEETING: TBD VENUE: Room A-337

Agenda Items for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, etc.*
Administrative Mechanism (WP Item 3.6)	*PSRA, Exec*	ACTION ITEM: Complete Assessment of Administrative Mechanism
Plans for Needs Assessment (WP Item 4.2)	*Exec, NAE*	ACTION ITEM: Review plans for Needs Assessment to inform PSRA process. Ensure survey questions and focus groups that will collect data pertaining to the 3 Guiding Ideas

9. ANNOUNCEMENTS

The Healthcare Services Administrator gave an update on the 2016 United States Conference on AIDS that will be hosted in Hollywood, FL in 2016. The Healthcare Services Administrator, the Chair of the host committee informed the committee that they will be launching their website soon. Opportunities to volunteer or sign up for scholarships will also be available.

10. ADJOURNMENT

The meeting adjourned at 11:56 a.m.

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Executive Committee Attendance 2015

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	6	17	17	21	19	16	14	18	15		17		
						QNA											
			1	Fleurinord, P.	N - 5/12					X	X	NQX	NQA		X		
1		0		Gammell, B, (Ex-Officio)	X	X	X	Z - 4/20									
		0	**2**	Grant, C.	X	X	X	X	X	X	X	NQX	NQX		X		
1		0	**3**	Katz, H.B.	X	X	X	X	X	X	X	NQX	E		X		
1		3	**4**	Lint, A.	A	X	X	X	A	X	X	NQA	NQX		X		R - 1/15, N - 1/17
1		1	**5**	Reed, Y., *V. Chair*	A	X	X	X	X	X	X	NQX	NQX		E		
		4		Sabatino, D.	X	X	X	A	X	A	X	NQA	NQA	W-9/10, R-10/6			
		0		Schweizer, M.	X	X	X	X	X	X	X						Z-
		4		Siclari, R.	X	X	X	A	A	X	A	NQA	NQX	W - 6/2, W - 7/15, R-9/10, N-11/17			
	1	1	**6**	Spencer, W., *Chair*	X	X	X	X	X	X	X	NQA	NQA		X		
		2	**7**	Taylor-Bennett, C.	X	X	X	X	X	X	A	NQA	NQX		X		W-9/10
		2	**8**	Tomlinson, K.	X	A	X	X	X	X	X	NQA	NQA		A		
				Wilson, T.	X	A	A	Z - 3/24									
				Quorum = 5	10	10	11	8	8	10	9	5	5				

Legend:
X - present
A - absent
E - excused
NQA - no quorum absent

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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

NQX - no quorum present **N - newly appointed** **Z - removed** **C - cancelled** **W - warning letter** **R - removal letter**
QNA - quorum not achieved for entire mtg

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HANDOUT A

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL MEETING AGENDA

Thursday, November 19, 2015, 9:30 a.m.
Governmental Center Room GC-430
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 11/19/15 Meeting Agenda
- f. Approval of 9/24/15 Meeting Minutes

3. PHONE INTRODUCTIONS

4. FEDERAL LEGISLATIVE REPORT (Kareem Murphy) (Handout A) (5-10 minutes)

5. CONSENT ITEMS

#	MOTION	JUSTIFICATION	PROPOSED BY
1	Approve HIVPC Member of the Quarter Program	To recognize members and increase retention among those who have served the HIVPC in an exceptional manner.	MCDC
2	Approve Mentoring Program	The Mentoring Program will help increase new members' knowledge of the HIV Planning Council from the perspective of an experienced member.	MCDC
3	Approve HIVPC Post-Appointment Orientation	The Post-Appointment Orientation will help new council members learn the roles and responsibilities of an HIVPC member.	MCDC
4	Approve MCDC Policies and Procedures Changes	The policies and procedures were updated to reflect the goals and objectives of the committee.	MCDC
5	To approve the Nominee Questionnaire	The questionnaire will help assess candidates during the election process	Ad-Hoc Nominating Committee
6	To approve the ad Hoc-Nominating Committee timeline	To approve the ad Hoc-Nominating Committee timeline of events.	Ad-Hoc Nominating Committee

6. DISCUSSION ITEMS
None.

7. NEW BUSINESS
- a. HIVPC Nominations (WP Item 3.4): 2016 HIVPC Chair/Vice Chair Nominations; distribute questionnaire to interested candidates.

HANDOUT A

8. SEPTEMBER COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

November 3, 2015 *Chair: A. Lint, V. Chair: P. Fleurinord*

A. Work Plan Item Update / Status Summary:

Hot Topic Presentation: Transportation – The PC Manager shared the background for the event, and how a CEC activity cited transportation as one of the largest barriers to care. The event featured representatives Broward Health, who each provided their perspectives on transportation from a case manager's stand point. They mentioned that case managers do not provide transportation, but they do distribute bus passes to eligible Ryan White clients for the purpose of helping them make medical appointments. A representative from Ryan White Part B spoke about Part B Medical Transportation Services. He defined the qualifying criteria for the Part B transportation services and informed members and guests that passes are in limited supply and high demand.

Representatives from the Broward County Paratransit agency were also present to provide information about transit services offered by the County. They discussed Transportation Disadvantaged (TD) Paratransit services for people whose income is 250% or under the Federal Poverty Level. Broward Paratransit services are free, have a one year eligibility window, and require current income documentation to quality. TOPS! services are for individuals with a disability that prevents them from using public transportation. TOPS! cost $3.50 per ride, and requires medical documentation to qualify for services. Those interested in using Broward Paratransit and TOPS! can call 954-357-8400 or visit their website at: http://www.broward.org/BCT/Riders/Pages/Paratransit.aspx.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

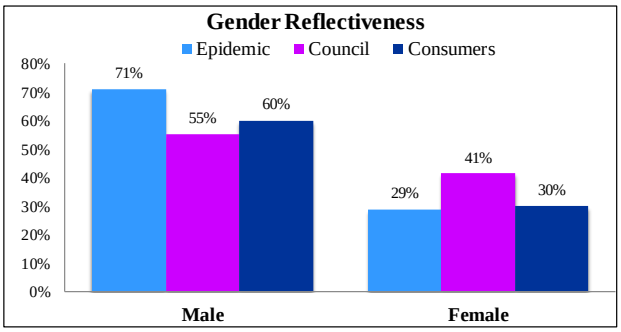
E. Other Business Items:

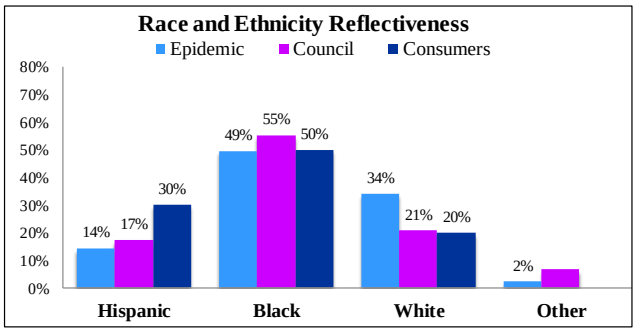
Agenda Items for Next Meeting: Analyze survey results, Review accomplishments & challenges, Conduct annual evaluation *Next Meeting Date*: January 4, 2016 *Location*: TBD

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

November 5, 2015 *Chair: H.B. Katz*

HIV Planning Council Membership Report
Through November 2015





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	12,275	71%	16	55%	-16%	6	60%	-11%
Female	4,973	29%	12	41%	13%	3	30%	1%
Transgender	-	-	1	3%	-	1	10%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	2,476	14%	5	17%	3%	3	30%	16%
Black	8,521	49%	16	55%	6%	5	50%	1%
White	5,856	34%	6	21%	-13%	2	20%	-14%
Other	395	2%	2	7%	5%	0	0%	5%
Total	17,248	100%	29			10		

Current Members	29
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	38%

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

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

% Part A-Funded Providers	21%

A. Work Plan Item Update / Status Summary:
Recruitment and Retention Retreat (WP Item 2.1) – The committee members met this month for a Recruitment and Retention Retreat. The members discussed membership requirements, seat vacancies and potential contacts, job descriptions, recruitment plans and marketing materials. Membership Requirements – The committee reviewed the MCDC Policies and Procedures, By-Laws, Standing Committee Descriptions and HIVPC demographics (Handouts A1-A4 and B on file). The committee reviewed a matrix that detailed the required Planning Council seats, vacant positions, potential organizations that could fill those positions, and the need for more Alternates on the Planning Council. They then reviewed the current HIVPC member Job Descriptions, and discussed changing the title of the document from "Job Descriptions" to "Service Descriptions," as well as the addition of "active recruitment" to the overall member responsibilities. The committee voted to amend the MCDC Policies and Procedures to reflect the desired changes to the "Job Descriptions." Recruitment Strategies – The committee reviewed the current HIVPC Recruitment Plan (Handout C on file). They discussed each Strategy in the plan, and developed suggested changes and action items for each strategy, including requesting the providers have HIVPC materials at each location, revision of the HIVPC website, and attending other community partners' meetings and events for recruitment. The committee voted to remove language from Strategy 1 as they believed that the responsibility of HIVPC members to recruit potential members was already clearly listed in the MCDC Policies and Procedures. Recruitment Materials – The committee reviewed samples of other HIV related materials during their discussion about recruitment strategies. They discussed reaching out to Broward County School District or Broward College to find student artists interested in designing graphics and/or a logo for MCDC recruitment materials.
B. Rationale for Recommendations:
Amend the Policies and Procedures to reflect each Council member's responsibility to actively recruit potential PC members.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Agenda Items for Next Meeting: Review and update WP and P&Ps, Conduct annual evaluation, Review HIVPC makeup & attendance Next Meeting Date: January 7, 2016 Venue: TBD

C. AD-HOC NOMINATING COMMITTEE

November 6, 2015 *Chair: K. Creary*

A. Work plan item update / Status Summary:
Nominating Procedure – The members reviewed the nominating procedures, and discussed the merits of consolidating the nominating with to the 2 weeks after the November 19, 2015 HIVPC meeting, as well as eliminating nominations from the floor during that date. A motion was made to eliminate nominations from the floor at the November HIVPC meeting, and it was approved unanimously. Nominee Questionnaire – The members reviewed the nominating questionnaire, and updated the questions so as to provide answers about the candidate's purpose for running, goals for the Planning Council, leadership style, and expertise. The committee voted to approve the updated 2015 Nominee Questionnaire, and it was approved with one objection. Timeline- The committee changed the Nominating Timeline to reflect the removal of the December floor nominating window and the updated Nomination Questionnaire submission deadlines.
B. Rationale for Recommendations:

The committee agreed that the 2 week questionnaire period should provide ample time for potential candidates to make their decision to run for office, complete the Nominating Questionnaire and prepare their verbal presentation for the December HIVPC meeting. The committee updated the Nominating Questionnaire to provide concise responses relevant to the candidate's experience and goals for the Council.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Items for Next Meeting: Review election process and logistics; Prepare slate of officers. *Next Meeting Date*: January 7, 2016

D. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

November 9, 2015 *Chair: K. Tomlinson*

A. Work Plan Item Update / Status Summary:
Committee Review HIV/AIDS Surveillance– The committee reviewed HIV/AIDS prevalence and incidence data in Broward County, 2012-2014 data (Handout A on file). The Handout depicts the new infections and prevalence in Broward by race/ethnicity, gender, age, and exposure. The highest prevalence of both HIV and AIDS in 2014 for each group were Blacks, males, 45-59 years of age, and MSM. The highest incidence for both HIV and AIDS in 2014 were Blacks, 25-44, and MSM. Females had the highest HIV incidence while males had the highest AIDS incidence. Data Request – The committee reviewed QMC's recommendations for priority populations based on Ryan White Part A client viral load data. QMC examined the gender, race/ethnicity, risk factors and housing status of clients with high or unsuppressed VL, and determined the 18-28 and 29-38 year old Black non-Hispanic heterosexual females, Black non-Hispanic heterosexual males and Black MSM should be targeted by NAE for further examination of barriers. The NAE committee discussed various topics they would like to have more information on from the priority populations: are the clients in medical care; if so are they retained (or with >2 medical visits a year); additional services received in addition to medical care; co-disorders (substance abuse, mental health, cancer, diabetes); length of time in care; and cultural background. Identify Comprehensive Plan Activates (WP Item 3.2) – This item was tabled until the next meeting.
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
The committee reviewed FLDOH surveillance data, and QMC recommendations based on client viral load data.
D. Data Requests:
Determine efforts to target subgroups.
E. Other Business Items:
Agenda Items for Next Meeting: Identify Comp Plan Activities, Review Accomplishments and Challenges, Conduct Annual Evaluation, Review and update WP and P&Ps *Next Meeting Date*: January 11, 2016

E. Local Pharmacy Advisory Committee (LPAC)

Cancelled due to Quorum *Chair: D. Proulx*

HANDOUT A

F. QUALITY MANAGEMENT COMMITTEE (QMC)
November 16, 2015 *Chair: C. Grant*

G. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)
November 18, 2015 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

H. SYSTEM OF CARE COMMITTEE (SOC)
TBD *Chair: M. Hayes*

I. EXECUTIVE COMMITTEE
November 17, 2015 *Chair: W. Spencer Vice Chair: Y. Reed*

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. PUBLIC COMMENT (Up to 10 minutes)

12. ANNOUNCEMENTS

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: December 10, 9:30 a.m. **LOCATION:** TBD

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
Presentation of Candidates (WP Item 3.4)	HIVPC	ACTION ITEM: Hold Council leadership elections

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 •

December 2015

Broward County HIV Health Services Planning Council Calendar

HANDOUT B

Last Updated: 11/13/2015

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	3	4 **SFAN** 10:00 a.m.~
7 **Hanukkah (December 6th– 14th)**	8	9	10 **HIV Planning Council (HIVPC)** 9:30 a.m., TBD	11
14	15	16	17	18
21	22	23	24	25 **Christmas**
28	29	30	31	

^Governmental Center —115 S Andrews Ave, Ft. Lauderdale, 33301
~Dorothy Mangurian Comp. Center—1000 NE 56th St, Ft. Lauderdale, 33334

Meetings in ~~**Red**~~ are cancelled.
Meetings in **Blue** are for the HIV Planning Council Committees & QI Networks.

December 2015

Broward County HIV Health Services Planning Council Calendar

HANDOUT B

Last Updated: 11/13/2015

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.

BY-LAWS PARKING LOT ITEMS				
#	**Proposal**	**By-Laws Location**	**Stated Reason**	**Recommendation**
4	Consider only having the Chair *or* Vice Chair count for quorum for the Executive Committee	Article VIII, Section 4	Having both Chairs and Vice Chairs count for quorum has created some issues for achieving quorum.	In absence of the Standing Committee Chair, the Standing Committee Vice Chair may serve and count towards quorum. *Committees are not required to follow the same attendance requirement as the HIV Planning Council. Require your members to attend per your by-laws so long as it doesn't affect their membership on the Council.*

BY-LAWS ARTICLE VIII, SECTION 4: There shall be an Executive Committee.

A. Membership. The Executive Committee shall consist of the Council Chair, the Council Vice Chair and the Chair of each of the standing committees. The immediate past Council Chair (if the past Chair is currently a member of the Council) will serve as an ex officio member of the Committee. In absence of the Standing Committee Chair, the Standing Committee Vice Chair may serve and count towards quorum.

Justification: This modification for quorum purposes is to ensure representation of the council standing committees. Attendance by the vice chair is expected to meet the same standards of any committee member.

HIVPC Member of the Quarter Program

Purpose: The purpose of the HIVPC Member of the Quarter 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 and nominator must be HIVPC members. Nominators should keep in mind the judging criteria and write the nomination accordingly.

Attitude and Commitment

- Professional demeanor
- Conscientious, honest, hard-working
- Growth (knowledge of HIVPC workings, mentorship Buddy system)
- Serves as a role model to others #
- Length of Service
- Leadership History @
- Significant Impact (shining star) &

Communication

- 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

Dedication

- 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 %
- Goes above and beyond the requirements of being a member

Nominations Process: Quarterly, the Membership/Council Development Committee (MCDC) will nominate an HIVPC member of the quarter. Each nomination will be graded according to the previously-stated criteria. The highest scoring nominee will be considered for the award. The Executive Committee and HIVPC Chair must approve each nomination prior to being named as the recipient of 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 and Quarterly Newsletter (if desired)
- Announcement at HIVPC meeting

HANDOUT D

Member of the Quarter Nominations Timeline

March	April	May
• Applications accepted at HIVPC meeting	• Application DEADLINE for submission at HIVPC meeting	• MCDC review applicants • MCDC send recommendation for Member of the Quarter to Exec • Executive review of MCDC recommendation • Announcement of Member of the Quarter at HIVPC Meeting
June	**July**	**August**
• Applications accepted at HIVPC meeting	• Application DEADLINE for submission at HIVPC meeting	• MCDC review applicants • MCDC send recommendation for Member of the Quarter to Exec • Executive review of MCDC recommendation • Announcement of Member of the Quarter at HIVPC Meeting
September	**October**	**November**
• Applications accepted at HIVPC meeting	• Application DEADLINE for submission at HIVPC meeting	• MCDC review applicants • MCDC send recommendation for Member of the Quarter to Exec • Executive review of MCDC recommendation • Announcement of Member of the Quarter at HIVPC Meeting
December	**January**	**February**
• Applications accepted at HIVPC meeting	• Application DEADLINE for submission at HIVPC meeting	• MCDC review applicants • MCDC send recommendation for Member of the Quarter to Exec • Executive review of MCDC recommendation • Announcement of Member of the Quarter at HIVPC Meeting

HIVPC Member of the Quarter

NOMINATION FORM

Dear HIVPC Members,

The HIVPC needs your help! We need to recognize and reward our outstanding members for the tremendous amount of hard work they give to the HIVPC. The following form allows you to nominate this quarter's Member of the Quarter. Please nominate any member who has made a positive impact on the HIVPC. Together, we can honor excellence on the HIVPC.

Nominee's Name: _____

Date: _____

Submitted by: _____

Signature: _____

PLEASE WRITE EXAMPLES AND/OR EVENTS THAT WILL SUPPORT YOUR NOMINATION OF THIS PERSON.

Please describe how this member has demonstrated; Outstanding Attitude and Commitment, Dedication, and Communication. Consider the following and use the space below to explain other reason(s) for the nomination. The MCDC will utilize your comments to select the best candidate for the member of quarter.

- **Attitude and Commitment:** The member demonstrates continued outstanding performance in fulfilling member responsibilities, committee activities work and active involvement in committees, fund-raisers, fairs, trainings, and other activities.

  _____
  _____
  _____
  _____

  Please rate the nominee based on the criteria for this category: ____/10

- **Communication:** The member communicates with everyone in a timely, direct, truthful, respectful, and kind manner.

  _____
  _____
  _____
  _____

  Please rate the nominee based on the criteria for this category: ____/10

- **Dedication:** The member goes beyond and above expectations. Makes a difference to the HIVPC.

  _____
  _____
  _____
  _____

  Please rate the nominee based on the criteria for this category: ____/10

Total Score: ____/30

Volunteer and Employee Recognition Criteria for Other Organizations

2-1-1 Broward Award Criteria for Non-Profit Board Leader of the Year:

The recipient of this award is a volunteer board member who has enhanced the mission and visibility of the agency they currently serve. The recipient:

- Demonstrates a strong commitment and vision for the organization $
- Models effective Board and community leadership @
- Engages self and others in obtaining funds/resources for the organization %
- Receives no compensation from the organization

1. Please describe the level of commitment and support the board member exhibits to and for the staff, executive leadership and the organization.
2. How has the board member positively impacted the mission of the organization through effective leadership, policy oversight, strategic planning and/or problem solving?
3. How has the Board member contributed to enhancing the reputation and visibility of the organization and ensuring that the organization has adequate resources to carry out its mission?
4. How has the board member effectively linked the organization with other community stakeholders, such as corporations, governmental organizations, community leaders, and other non-profit agencies?
5. Describe what qualities/skills the board member possesses or contributions that were made that makes him/her stand out above the rest?

Point of Light, Daily Point of Light Award:

The Daily Point of Light Award celebrates the power of volunteers to spark change and improve the world through community service. The award Originated out of the White House in 1989.

Honorees are evaluated against the following criteria. Does the volunteer work:

- Effectively address a serious social problem in the community?
- Have the potential to inspire others? #
- Reflect unique and innovative approaches?
- Have the potential to be replicated by others equipped with similar resources?
- Demonstrate specific, measurable impact? &

1. Please tell us what community need your nominee is addressing.
2. Please tell us how your nominee's volunteerism addresses this community need and describe the population(s) served.

3. What is your nominee doing to ensure the sustainability of their efforts (ex. working with community organizations to continue their work, empowering service recipients to continue their work etc.)
4. How long has your nominee been engaging in these voluntary actions?
5. What are the measurable outcomes?

Cleveland Clinic Nursing Excellence Lifetime Achievement Award:

1. Describe how this nominee has advanced the profession and practice of nursing. Provide examples of the visionary, innovative work the nominee has done in the role of change agent.
2. Give specific examples of the superior knowledge and expert skills the nominee has applied in ways that have measurably impacted quality of care and improved outcomes of patient populations. &
3. Describe the nominee's contributions to shaping the environment of care and examples that demonstrate their ability to influence and improve outcomes in the inpatient or outpatient setting.
4. Provide examples of how the nominee has contributed to nursing's body of knowledge, or how they have guided support or influenced nurses' career development in meaningful, measurable ways through the art of mentorship.
5. Describe how the nominee aligns with Cleveland Clinic values: Teamwork, Innovation, Service, Quality, Compassion and Integrity.

Other EMAs (Newark, LA, Houston): No Recognition Process

Volunteers of America: No Recognition Process

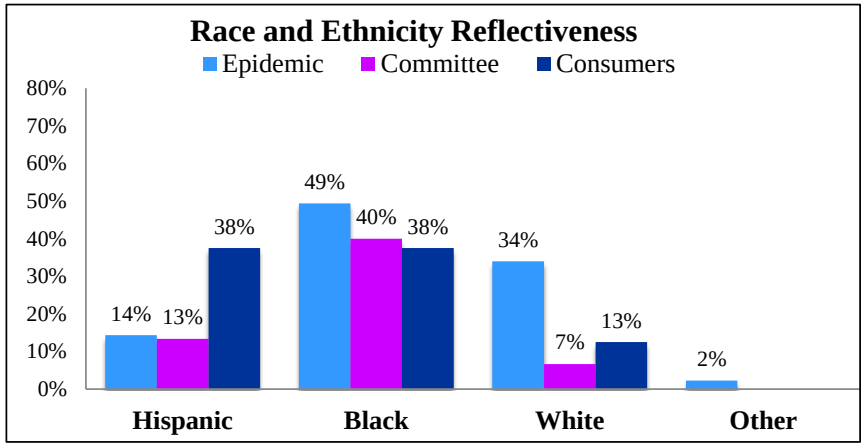
United Way: No Recognition Process

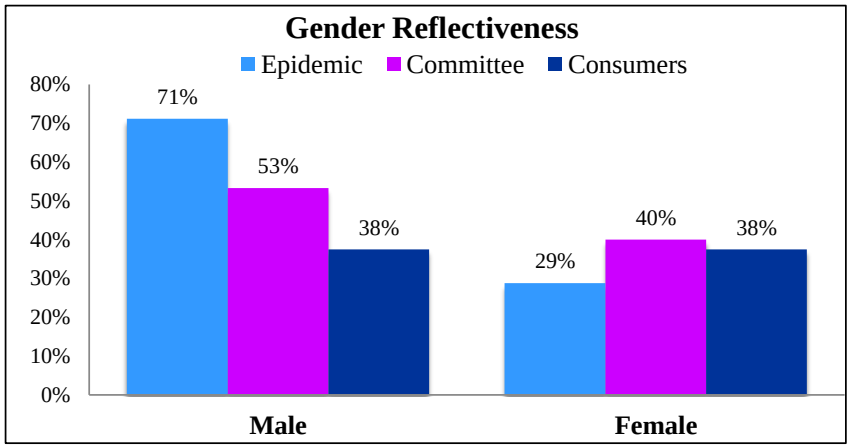
Urban League: No Response

HandsOn Broward: No Response

Jewish Federation of Broward:

Community Empowerment Committee (CEC) Reflectiveness Report
Through October 2015



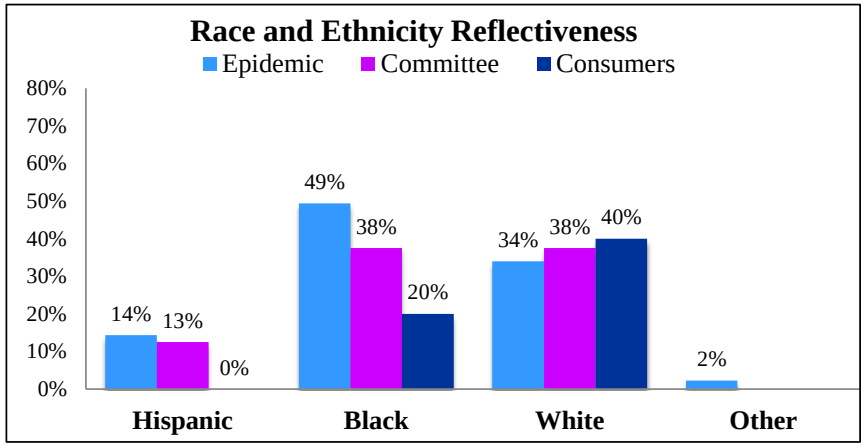


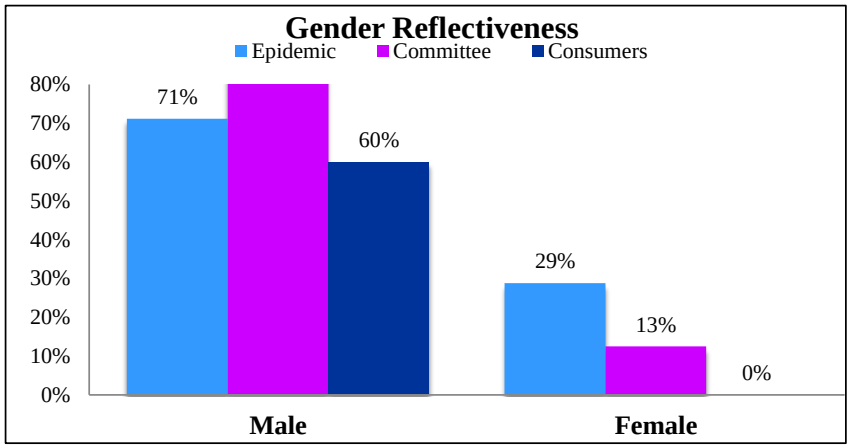
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	8	53%	3	38%	**-18%**
Female	4,973	29%	6	40%	3	38%	**11%**
Transgender	-	-	0	0%	1	13%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	2	13%	3	38%	**-1%**
Black	8,521	49%	6	40%	3	38%	**-9%**
White	5,856	34%	1	7%	1	13%	**-27%**
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**15**		**8**		

Current Members	**15**
% of Members That Are Unaffiliated Consumers	**53%**

HANDOUT E

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



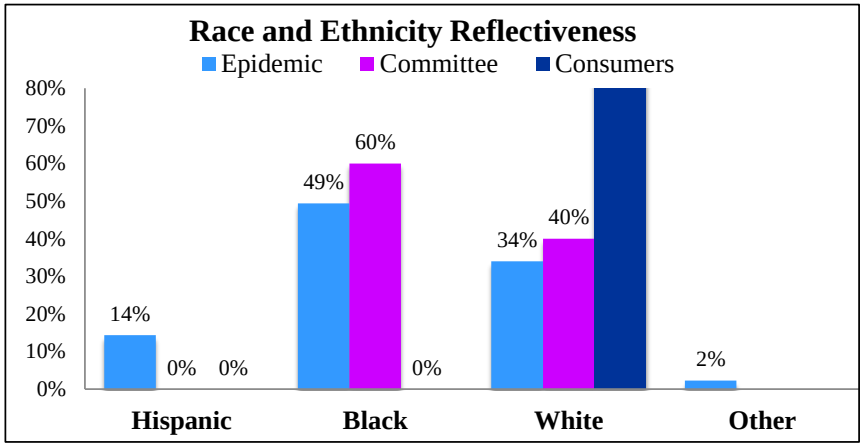


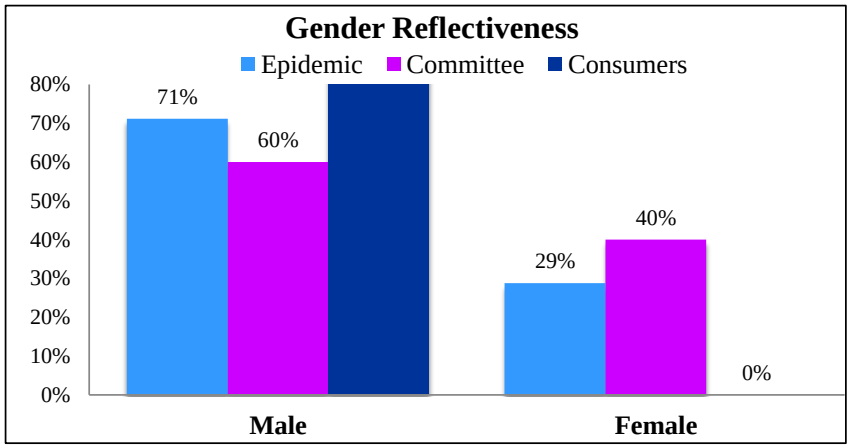
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	7	88%	3	60%	**16%**
Female	4,973	29%	1	13%	0	0%	**-16%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	13%	0	0%	**-2%**
Black	8,521	49%	3	38%	1	20%	**-12%**
White	5,856	34%	3	38%	2	40%	**4%**
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**8**		**5**		

Current Members	**8**
% of Members That Are Unaffiliated Consumers	**63%**

HANDOUT E

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



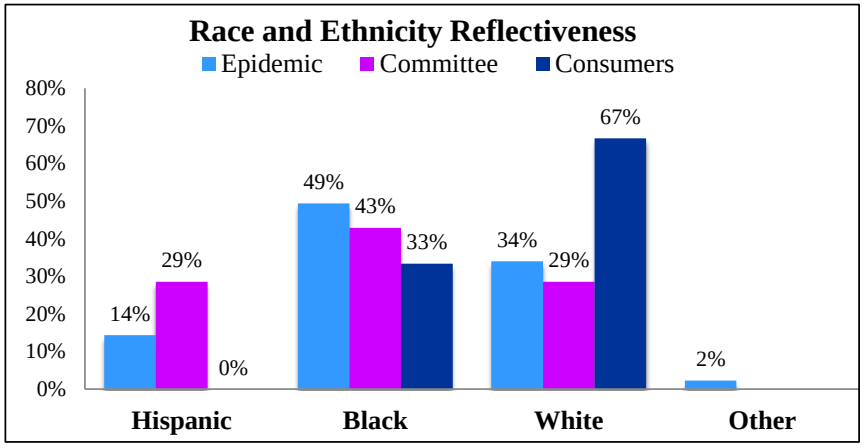


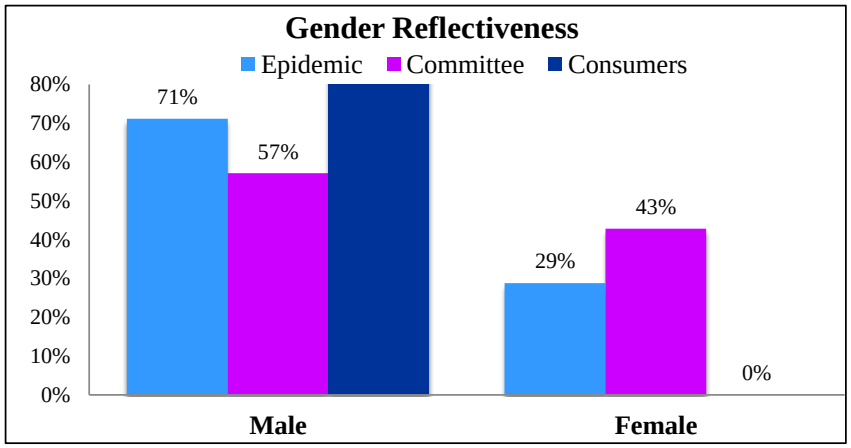
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	3	60%	1	100%	**-11%**
Female	4,973	29%	2	40%	0	0%	**11%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	0	0%	0	0%	**-14%**
Black	8,521	49%	3	60%	0	0%	**11%**
White	5,856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

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

HANDOUT E

Quality Management Committee (QMC) Reflectiveness Report
Through October 2015



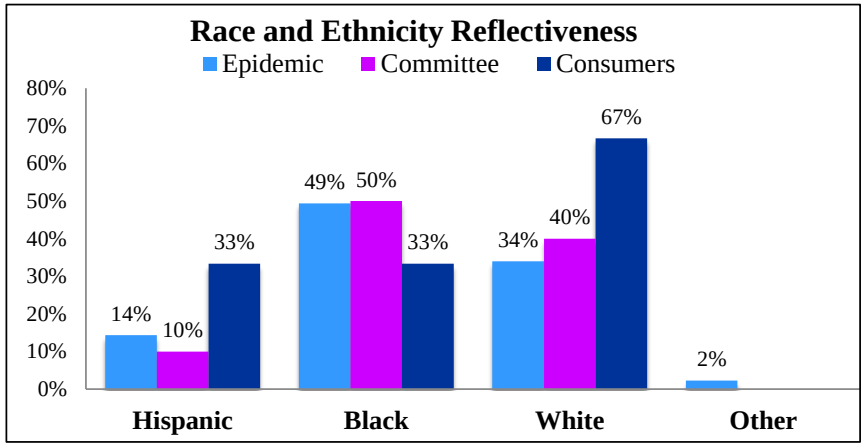


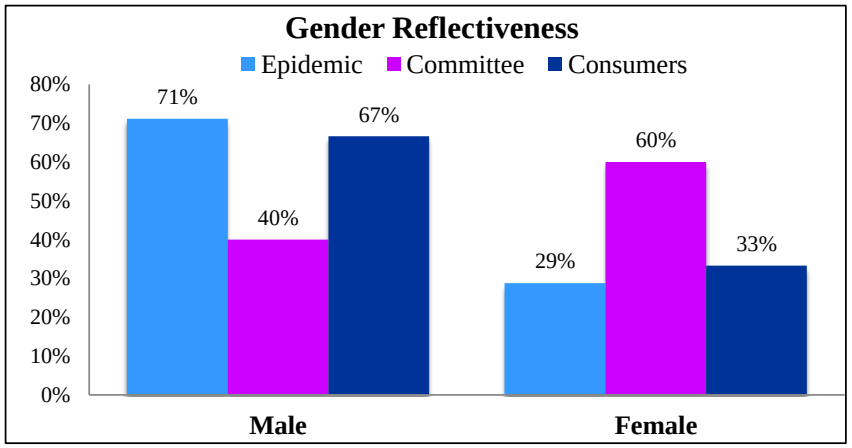
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	57%	3	100%	**-14%**
Female	4,973	29%	3	43%	0	0%	**14%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	2	29%	0	0%	**14%**
Black	8,521	49%	3	43%	1	33%	**-7%**
White	5,856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

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

HANDOUT E

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



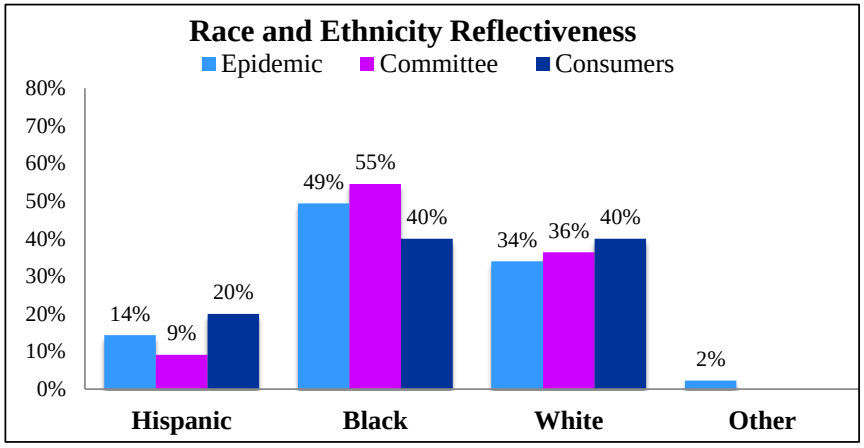


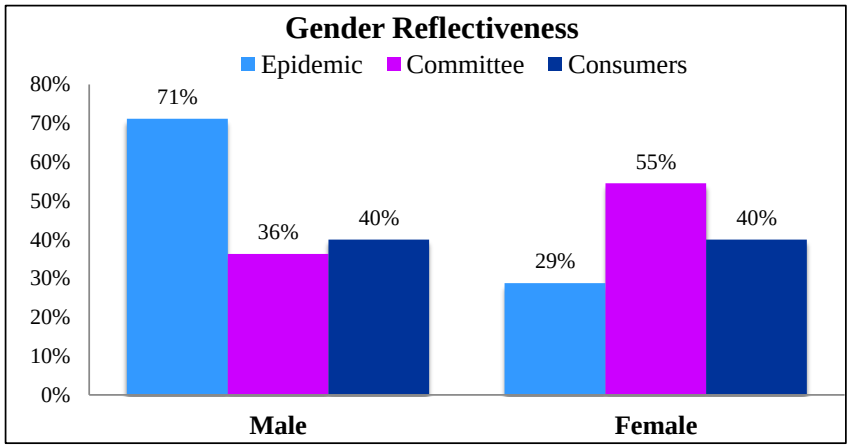
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	40%	2	67%	**-31%**
Female	4,973	29%	6	60%	1	33%	**31%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	10%	1	33%	**-4%**
Black	8,521	49%	5	50%	1	33%	**1%**
White	5,856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

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

HANDOUT E

Executive Committee Reflectiveness Report
Through October 2015



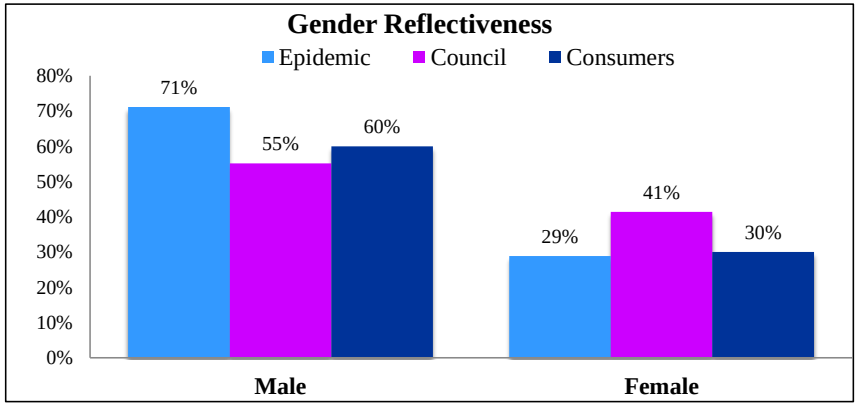


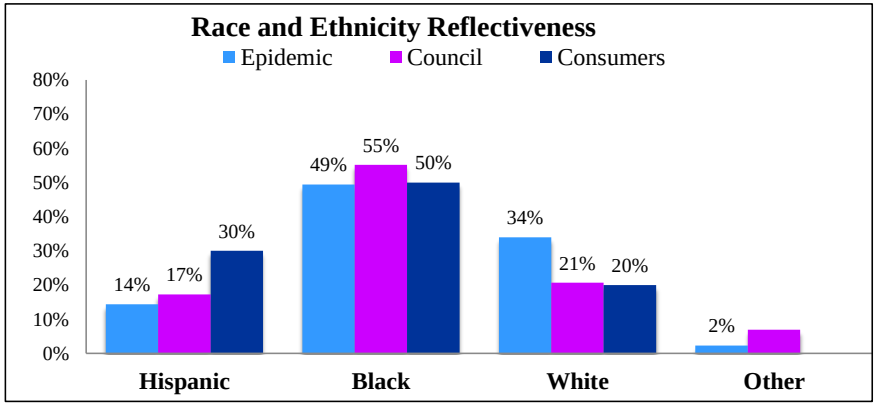
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	36%	2	40%	**-35%**
Female	4,973	29%	6	55%	2	40%	**26%**
Transgender	-	-	1	9%	1	20%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	9%	1	20%	**-5%**
Black	8,521	49%	6	55%	2	40%	**5%**
White	5,856	34%	4	36%	2	40%	**2%**
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**11**		**5**		

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

HANDOUT E

HIV Planning Council Membership Report
Through October 2015





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	12,275	71%	16	55%	**-16%**	6	60%	**-11%**
Female	4,973	29%	12	41%	**13%**	3	30%	**1%**
Transgender	-	-	1	3%	-	1	10%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	2,476	14%	5	17%	**3%**	3	30%	**16%**
Black	8,521	49%	16	55%	**6%**	5	50%	**1%**
White	5,856	34%	6	21%	**-13%**	2	20%	**-14%**
Other	395	2%	2	7%	5%	0	0%	5%
Total	**17,248**	**100%**	**29**			**10**		

Current Members	29
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	**38%**

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

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

% Part A-Funded Providers	*21%*

HANDOUT F

FY 2014-16 HIVPC Trainings

Future

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.
Presenter: HIVPC & Grantee Staff

HIV Biomedical Interventions (October 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.
Presenter: AETC

Affordable Care Act Update (November 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.
Presenter: Consultant

2016 Comprehensive Plan Training/Retreat with Prevention (December 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.
Presenter: TBD (Grantee Recommendation)

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.
Presenter: HIVPC Staff

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.

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.
Presenter: PSRA Chair

MCDC Mentoring Program

(Approved 7/24/14 by HIVPC)

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

A letter introducing the Mentoring Program will be sent to new Council members and prospective mentees will be given the opportunity to sign up for a mentor at their Post Appointment Training. Council members who have volunteered their time to be Mentors will be assigned by the MCDC Chair. Interested Parties who are interested in becoming involved in a particular committee will be assigned a mentor by the Chair of the Committee the party is interested in.

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

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

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

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

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

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

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

Mentoring Components of HIV Planning Council Members:
Provides support of new members (within the guidelines of the Florida Sunshine Law) on the following:

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

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

HIVPC Buddy System for Interested Parties

Guidance for Committee Chairs

(Approved 11/20/14 by HIVPC)

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

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

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

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

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

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

Buddies **provide support to interested parties on the following:**

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

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

New Mentee:

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

My signature below serves as an acknowledgement that I am committed to the mentorship program and understand the ***Mentoring Policies & Procedures***.

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

_____ _____

Signature **Date**

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

Mentor:

I, _____am volunteering to serve as a mentor to a new HIV Planning Council member and willing to devote between two and five hours a month per new HIVPC member.

My signature below serves as an acknowledgement that I am committed to the mentorship program and understand the ***Mentoring Policies & Procedures.***

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

_____ _____

Signature **Date**

HANDOUT G

HIVPC Mentor/Mentee Registration Form

Mentor Name	HIVPC Member?	Committees	Mentee Name	HIVPC Member?	Committees
1. H. B. Katz	Y	MCDC, CEC, QM, SOC, PSRA, Exec	David Runkle	Y	MCDC,CEC, QM, SOC
2. Will spencer	Y	Executive	Lamont Lewis	Y	MCDC, CEC, QM, SOC
3.					
4.					
5.					
6.					
7.					
8.					
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11.					
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16.					
17.					
18.					
19.					
20.					

HANDOUT G

HIVPC Mentor Evaluation Form

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

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

1. How would you rate the MCDC Mentor Program?

Excellent Very Good Good Poor

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

Excellent Very Good Good Poor

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

Yes Possibly Not Sure No

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

Very Clear Moderately Clear A Little Unclear Very Unclear

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

Very Good Good Fair Poor

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

Yes Somewhat Not Really No

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

_____

_____

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

_____

_____

HANDOUT G

HIVPC Mentee Evaluation Form

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

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

1. How would you rate your Mentor?

Excellent Very Good Good Poor

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

Excellent Very Good Good Poor

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

Yes Possibly Not Sure No

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

Yes Somewhat Not Much No

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

Very Good Good Fair Poor

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

_____

_____

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

_____

_____

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

_____

_____

HANDOUT H

Broward County HIV Health Services Planning Council

POST- APPOINTMENT ORIENTATION

Overview

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

Code of Ethics

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

Government in Sunshine Law

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

Robert's Rules

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

Steps to Make a Motion

1. Obtain the Floor
2. Make a Motion
3. Second the Motion
4. Motion stated by the Chair
5. Motion Placed for debate by the Chair
6. Debate/Discussion
7. Motion put to a vote

Grantee Roles and Responsibilities

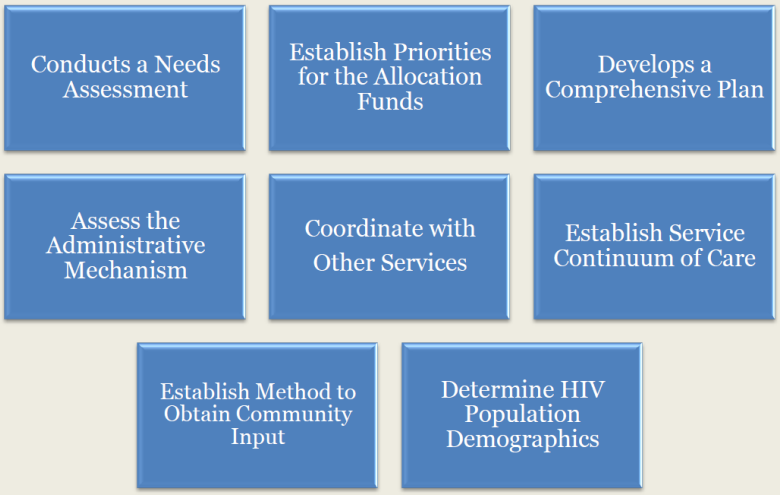
1. GOVERNMENT DEPARTMENT DESIGNATED TO ADMINISTER PART A FUNDS AND MONITOR CONTRACTS
2. COORDINATE WRITING OF ANNUAL GRANT REQUEST FOR RYAN WHITE PART A FUNDING
3. PARTICIPATE IN PLANNING COUNCIL AND COMMITTEE ACTIVITIES.

Support Staff Roles and Responsibilities

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

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

Planning Council Roles & Responsibilities



Planning Council Membership Requirements

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

HANDOUT H

Attendance Policy

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

Council & Committee Meeting Attendance Policy

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

Notification of Attendance

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

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

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

Attendance Via Phone

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

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

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

Excused Absences

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

Ground Rules

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

Ground Rules

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

HIV HEALTH SERVICES PLANNING COUNCIL
MEETING GROUND RULES

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

Grievance Process

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

Grievance Process

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

Removal for Cause

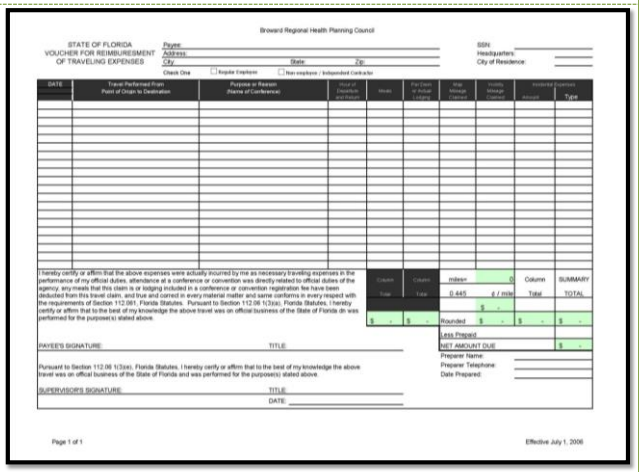
- A Member or Alternate may be recommended for removal if:
  - Refuses to cooperate in a conflict of interest review
  - Has been found to have knowingly taken action(s) intended to influence the conduct of the Council in a manner as defined by the By-Laws as a conflict of interest
  - For violation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

Reimbursement Policy

- Planning Council members can be reimbursed for reasonable and necessary costs incurred as a result of their participation on the Planning Council and in the conduct of their required Planning Council activities, which covers such items as reimbursement of reasonable and actual out-of-pocket costs incurred solely as a result of attending a scheduled meeting, including:
  - Transportation mileage (state mileage rate allowance)
  - Broward County Transit expenses
  - Child Care service fees - reasonable costs associated with child care services
  - Lost wages - reimbursement for those documented lost wages
- Reimbursement for expenses shall be limited to those expenses that are not reimbursable through other funding sources.
- Expense reimbursement shall be limited to HIV infected Council, Committee and Alternate members.

Anyone requesting mileage reimbursement must complete the travel worksheet.

Each one-way trip must be documented individually.



Broward Regional Health Planning Council

STATE OF FLORIDA
VOUCHER FOR REIMBURSEMENT
OF TRAVELING EXPENSES

Payee:
Address:
City: State: Zip:
Check One: Regular Employee / Non-employee / Independent Contractor

SSN:
Headquarters:
City of Residence:

DATE	Travel Performed From Point of Origin to Destination	Purpose or Reason (Name of Conference)	Hour of Departure and Return	Meals	Per Diem or Actual Lodging	Map Mileage Claimed	Validity Mileage Claimed	Incidental Expenses Amount	Incidental Expenses Type

I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties, attendance at a conference or convention was directly related to official duties of the agency, any meals that this claim is or lodging included in a conference or convention registration fee have been deducted from this travel claim, and true and correct in every material matter and same conforms in every respect with the requirements of Section 112.061, Florida Statutes. Pursuant to Section 112.06 1(3)(a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the above travel was on official business of the State of Florida dn was performed for the purpose(s) stated above.

Column Total $ - | Column Total $ - | miles= 0 | 0.445 $ / mile | $ - | Rounded $ - | Column Total $ - | SUMMARY TOTAL $ -

Less Prepaid
NET AMOUNT DUE $ -

PAYEE'S SIGNATURE: TITLE:

Preparer Name:
Preparer Telephone:
Date Prepared:

Pursuant to Section 112.06 1(3)(a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the above travel was on official business of the State of Florida and was performed for the purpose(s) stated above.

SUPERVISOR'S SIGNATURE: TITLE:
DATE:

Page 1 of 1 Effective July 1, 2006

***Mileage Reimbursement Forms should be submitted once monthly to Support Staff**

Mentorship Program

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

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

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

Questions?

HANDOUT H

HIVPC Support Staff Contact Information

Brithney Johnson
bjohnson@brhpc.org
954-561-9681 ext. 1345

Leah Ewart
lewart@brhpc.org
954-561-9681 exr. 1295

HANDOUT I

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Policies and Procedure

Approved 3/26/15

Policies

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

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

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

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

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

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

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

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

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

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

REMOVAL PROCESS

A. Removal for Attendance

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

B. Removal for Cause

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

e. Violation of Sunshine Law or Code of Ethics
f. Does not attend a post-appointment training within 3 months of appointment to the Planning Council by the Broward County Board of County Commissioners.

3. The Membership/Council Development Committee will:
   a. Review all such requests for removal from the Council at its regular Committee meeting, unless the Chair of the Council or the Chair of the Committee requests that a special meeting be convened.
   b. If Committee determines a complaint has merit, the Committee will proceed with the investigation to be completed within sixty (60) days from date of merit determination. The Member being recommended for removal will be notified by certified mail once the complaint is determined to have merit.
   c. The Membership/Council Development Committee will investigate and may call witnesses, which should include the Member being recommended for removal, to ensure that all pertinent information is considered. The Member being recommended for removal may also call witnesses or bring written documentation to address the allegations.
   d. Following consideration of all the information available to the Committee, a majority vote of the Committee will make recommendations to the Executive Committee for appropriate action.
   e. Final disposition must be reported to the Executive Committee, the Member filing the complaint and the Member being recommended for removal. In addition, the final disposition will be reported in the Executive Committee Report on the Planning Council Agenda.

C. Removal Recommendation

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

REINSTATEMENT POLICY

A. Any member may elect to resign for personal reasons, and have the right to re-apply for reinstatement at any time. Any member seeking reinstatement after resignation shall:
   a. If seeking reinstatement less than 90 days after resignation or removal, submit a letter to the MCDC, which will be forwarded to the Executive Committee, which will be forwarded to the HIVPC for approval.
   b. If seeking reinstatement more than 90 days after resignation or removal, shall submit a new application and follow the same process as new members.
   c. The letter requesting reinstatement must be submitted to the Chair and/or Vice Chair of the MCDC.

B. A member may only be reinstated once within a 12-month period. A member who is reinstated and subsequently removed may not reapply for reinstatement for the 12-month period following a second removal.

Procedures

Membership:

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

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

~~meetings~~any three HIVPC Standing Committee meetings within a 120 day period, and attend a membership orientation prior to being considered for appointment to the Planning Council (Approved 4/2008). Applicants will receive a package of information that contains specific questions regarding the applicant's interest in becoming a Council and/or a Committee member. Committee information will be included in the package.

Applications will be screened and rated based on:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HIV Planning Council Members – Job Descriptions

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

The purpose of HIV Planning Council membership categories:

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

From HRSA

Planning Council Members Major Duties

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

Member Qualifications

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

Member Responsibilities

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

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

PLANNING COUNCIL MEMBERSHIP CATEGORIES

1. Affected Communities

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

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

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

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

Job Description for Affected Communities:

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

2. Non-Elected Community Leader

Definition of Non-Elected Community Leader:

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

Job Description for Non-Elected Community Leader:

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

3. Health Care Providers, including Federally Qualified Health Centers

Job Description for Health Care Providers:

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

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

Job Description for ASO/CBO:

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

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

Job Description for Social Service Providers:

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

6. Mental Health Providers and Substance Abuse Providers

Job Description of Mental Health Providers and Substance Abuse Providers:

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

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

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

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

8. State Medicaid Agency

Job Description for State Medicaid Agency:

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

9. Ryan White Part C Grantee

Job Description for Ryan White Part C Grantee:

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

10. Ryan White Part D Grantee

Job Description for Ryan White Part D Grantee:

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

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

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

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

Job Description for Grantees of Other Federal HIV Programs:

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

12. Hospital Planning Agencies or Health Care Planning Agencies

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

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

13. Local Public Health Agencies

Job Description for Local Public Health Agencies:

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

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

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

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

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

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

Job Description for Consumer Representation of Formerly Incarcerated Populations:

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

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

HANDOUT I

MCDC Mentoring Program
(Approved 7/24/14 by HIVPC)

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

A letter introducing the Mentoring Program will be sent to new Council members, and prospective mentees will be given the opportunity to sign up for a mentor at their Post Appointment Training. Council members who have volunteered their time to be Mentors will be assigned by the MCDC Chair. Interested Parties who are interested in becoming involved in a particular committee will be assigned a mentor by the Chair of the Committee the party is interested in.

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

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

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

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

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

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

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

Mentoring Components of HIV Planning Council Members:
Provides support of new members (within the guidelines of the Florida Sunshine Law) on the following:

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

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

HIVPC Buddy System for Interested Parties

Guidance for Committee Chairs

(Approved 11/20/14 by HIVPC)

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

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

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

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

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

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

Buddies **provide support to interested parties on the following:**

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

HANDOUT J

NOMINATING PROCEDURE

FOR REGULAR ELECTIONS

The Planning Council Chair will appoint a Nominating Committee (at least 4 months prior to the election date) composed of not less than five (5) Council members. At least one member shall be an unaffiliated person living with HIV/AIDS.

At the ~~October~~ November HIVPC meeting (prior to the January election), Council Members will be given a form to express their interest in running for Chair or Vice Chair along with a form questionnaire containing a set of questions about why they want to be an officer and their past leadership experience. The deadline for submitting responses will be 2 weeks.

At the beginning of the next Planning Council meeting, the slate of all members that have indicated interest in running for office will be presented ~~and a verbal call for nominations from the floor will take place~~. Candidates will provide a presentation of their responses to the questionnaire. ~~Those candidates nominated from the floor will be provided an opportunity to answer the questions on the questionnaire form.~~ The presentation should be limited to 5 minutes with an additional 2 minutes for clarification relevant to the responses.
~~The deadline for submitting responses will be 2 weeks from the verbal call for nominations.~~

NOMINATIONS WILL THEN BE CLOSED.

The Nominating Committee will meet following Planning Council to review the nominations received to date and prepare a slate of all candidates. Candidate questionnaire forms will be included in the January Planning Council mailing.

At the beginning of the following Planning Council meeting, ballots will be distributed to members present. The ballots will include the candidates' names for Chair and Vice Chair. Planning Council members will be required to write their name on the ballot for record-keeping purposes.

Election of Officers per Article V Section 2 shall utilize a majority vote double election system (primary election and a secondary run-off election). The double election system is a primary election where you vote for your first choice and then, when your first choice candidate is eliminated in the primary, you go to the voting booth at the final election and vote your second choice.

Before the close of the January meeting, the Chair of the Nominating Committee will announce the new officers and read each vote into the record. Terms of office are effective at the first meeting in March.

FOR SPECIAL ELECTIONS

In the event of the resignation or other reason for vacating the Chair or Vice Chair positions, a special election will be held following the procedures outlined above. Dates may vary based on the timing of the resignation.

HANDOUT J

DRAFT

2015 AD-HOC NOMINATING COMMITTEE TIMELINE

Activity	Proposed Date
First ad-Hoc Nominating Committee meeting. Review & approve procedures and questionnaire.	November ~~3~~6, 2015
HIVPC meeting. Procedure & questionnaire approved by HIVPC. Questionnaire given to all eligible parties interested in running. Candidates have two weeks to submit the questionnaire to HIVPC staff.	November 19, 2015
Deadline to return completed questionnaire to HIVPC staff.	December 3, 2015
Nominations closed.	December 3, 2015
HIVPC meeting. Present slate of candidates. ~~and ask for verbal call of nominations.~~ Q&A session for all candidates. ~~Candidates nominated from the floor have two weeks to submit questionnaire to HIVPC staff.~~	December 10, 2015
~~Deadline to return completed questionnaire to HIVPC staff for candidates nominated from the floor.~~	~~December 24, 2015~~
~~Nominations closed.~~	~~December 24, 2015~~
Second ad-Hoc Nominating Committee meeting. Review & approve slate of candidates, election process, and ballots.	January 7, 2016
HIVPC meeting. Candidates presented and voting takes place. Votes read into record. Candidates chosen become Chair and Vice Chair beginning February 1, 2016.	January 28, 2016

HANDOUT J

NOMINEE QUESTIONNAIRE

Please return your questionnaire to HIVPC staff by 5:00 p.m. on Thursday, December 3, 2015.

Candidate Name	
Office Sought (Check ONE)	☐ **CHAIR** ☐ **VICE CHAIR** *A separate application is required for each office.*
Affiliation	*Please state your affiliation as an employee, consultant or board member with Ryan White Part A, if any.*

Please answer each question as concisely as possible, using the space provided.

1. Why do you want to be the HIV Planning Council Chair/Vice Chair?

2. What experience and expertise will you bring to the HIVPC?

3. What goals do you plan to accomplish as the Chair/Vice Chair of the HIVPC?

Candidate Name	
Office Sought (Check ONE)	☐ **CHAIR** ☐ **VICE CHAIR** *A separate application is required for each office.*

Please answer each question as concisely as possible, using the space provided.

4. How would your leadership style/initiatives support the overall mission of the HIVPC and the National HIV/AIDS Strategy?

5. What factors would you consider when choosing your committee Chairs/Vice Chairs, and how do you ensure they implement the goals and objectives of the HIVPC and the NHAS?

6. What changes would you like to implement as the Chair/Vice Chair of the HIVPC?