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

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 Recognition Program (HANDOUT B)	To recognize members and increase retention among those who have served the HIVPC in an exceptional manner.	MCDC
2	Approve Mentoring Program (HANDOUT C)	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 (HANDOUT D)	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 (HANDOUT E)	The policies and procedures were updated to reflect the goals and objectives of the committee.	MCDC
5	To approve the Ad-Hoc Nominating Committee Policies and Procedures (HANDOUT F)	The policies and procedures were updated to reflect the goals and objectives of the committee.	Ad-Hoc Nominating Committee
6	To approve the Nominee Questionnaire (HANDOUT F)	The questionnaire will help assess candidates during the election process	Ad-Hoc Nominating Committee
7	To approve the ad Hoc-Nominating Committee timeline (HANDOUT F)	To approve the ad Hoc-Nominating Committee timeline of events.	Ad-Hoc Nominating Committee
8	Approve Lisamarie Huggins' appointment to the Quality Management Committee	Ms. Huggins will assist QMC become more reflective of Broward's HIV epidemic.	QMC
9	Approve Fernando de Hoyos' appointment to the Quality Management Committee	Mr. de Hoyos will contribute his HIV experience through his work with a local public health agency.	QMC
10	Approve Lamont Lewis' appointment to the Priority Setting and Resource Allocations Committee	Mr. Lewis will contribute to this committee through his work as a Consumer in the community as well as assist the committee to become more reflective of the Broward HIV epidemic.	PSRA
11	Approve David Shamers' appointment to the Priority Setting and Resource Allocations Committee	Mr. Shamer will contribute to this committee as a consumer and through his experience as a PSRA and HIV Planning Council member in the Baltimore EMA.	PSRA

6. DISCUSSION ITEMS

None.

7. NEW BUSINESS

a. By-Laws Parking Lot Item #4: Update on clarification from By Laws Committee on Parking Lot item #4 - Article VIII, Section 4 (HANDOUT G)
b. Government Under the Sunshine Law: Overview of the Florida Sunshine Law and how it affects members of the HIVPC.
c. HIVPC Nominations (WP Item 3.4): 2016 HIVPC Chair/Vice Chair Nominations; distribute questionnaire to interested candidates.

8. SEPTEMBER COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

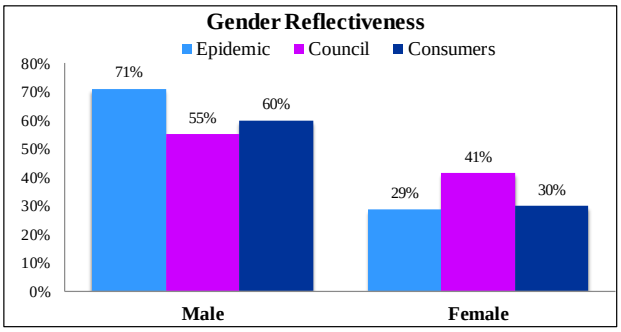
November 3, 2015 *Chair: A. Lint, V. Chair: P. Fleurinord*

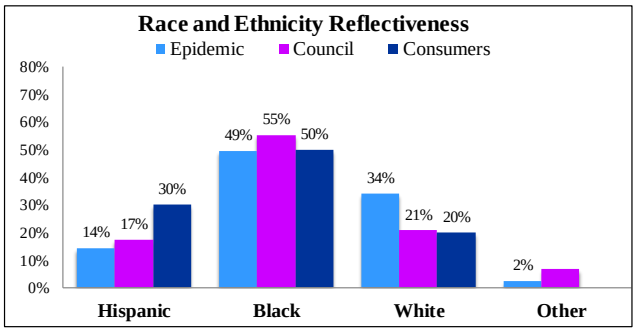
A. Work Plan Item Update / Status Summary:
Hot Topic Presentation: Transportation – The PC Manager shared the background for the event, and how a CEC activity cited transportation as one of the largest barriers to care. The event featured representatives Broward Health, who each provided their perspectives 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 procedures 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*

F. QUALITY MANAGEMENT COMMITTEE (QMC)

November 16, 2015 *Chair: C. Grant*

A. Work Plan Item Update / Status Summary:
Review Viral Load data by length of diagnosis and Part A Medical Care (OAMC) utilization (WP Item 4.1) – CQM Staff presented the FY 2014 Viral Load Analysis Part 2 for Ryan White Part A clients. The data depicted length of diagnosis (<1 year, 1-5 years, 5-10 years, 10+ years) and Part A OAMC utilization for Part A clients with unsuppressed viral loads (<200 copies/mL) broken down by gender, age, race, ethnicity, and risk factor (Handout A on file). The committee discussed the high rates of unsuppressed viral loads in clients who were diagnosed 10+ years ago. Staff noted that if clients are not utilizing Part A OAMC they most likely have health insurance outside of Ryan White, because currently over 50% of Ryan White Part A clients have health insurance. Staff stated that the majority of clients with unsuppressed viral loads are utilizing Part A OAMC, however that does not mean they are retained in care. Needs Assessment and Evaluation (NAE) Committee Request (WP Item 4.1) – The committee identified populations with unsuppressed viral load to recommend to the NAE Committee at the September 21st meeting. The committee identified the following populations for the 18-28 and 29-38 age groups: Black non-Hispanic Heterosexual Males, Black non-Hispanic Heterosexual Females, and Black non-Hispanic MSM as target populations for focus groups, however the NAE Committee requested the QMC further analyze data for those populations. The committee requested QMC to drill down data on Black non-Hispanic Heterosexual Females first, followed by Black non-Hispanic MSM, and Black non-Hispanic Heterosexual Males. Staff will bring the data to the next QMC meeting. Quarterly Network Update (WP Item 3.1) – CQM staff presented the Quarterly Network Update for FY 2015 and stated there are five QI Networks that meet regularly to work on quality improvement projects. Staff stated that there will be an awards ceremony at the All Networks meeting in FY 2016 to recognize the quality improvement accomplishments. Staff explained the Network nominations for the awards ceremony and directed the committee to vote on the three categories (QM Superstar, Best QIP, and Best Collaboration) using the quarterly network update.
B. Rationale for Recommendations:
The Needs Assessment Committee (NAE) requested that the QMC further drill down data on the three target populations that were decided upon at a previous meeting.
C. Data Reports / Data Review Updates:
FY 2014 Viral Load Analysis Part 2 for Ryan White Part A unsuppressed clients (on file)
D. Data Requests:
Retention in care, support services utilization, medication adherence, co-morbidities, length of diagnosis, insurance status, mental health and substance abuse diagnosis, and birth place/country of origin for Black non-Hispanic Heterosexual Females 18-38 years old.
E. Other Business Items:

None.

F. Agenda Items for Next Meeting:

Agenda Items for Next Meeting: Review data request (WP Item 4.1), Quarterly data review (WP Item 1.1)
Next Meeting Date: December 21, 2015, 12:30 *Venue*: TBD

G. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

November 18, 2015 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

F. Work Plan Item Update / Status Summary:

Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1) – The Grantee reviewed the Broward EMA monthly expenditures, making note of the changes seen since the reallocations process took place at the last meeting. The Grantee explained that there will be an approximate $300,000 carryover in which $150K will be swept into MAI Medical and the other $150K will go to HICP. It was noted that Pharmaceutical expenditures are lower than the projected amount for this point in the year and that it is expected to be $90K under expended. He also noted that Legal Assistance may possibly be over expended, resulting in additional funds being swept into that service category during the upcoming reallocations process. The Grantee also provided an overview of the HICP cost projections for clients starting in 2016. They expect to provide premium and co-pay assistance to 352 eligible clients through HICP.

Review Committee Reflectiveness (Handout B): The Committee Chair discussed the need to make the committee both more reflective of the community at large as well as the epidemic. She noted that currently the committee is provider heavy and charged members of the committee to seek/recommend other committed community stakeholders to join the committee. She also acknowledged that the PSRA process is very complex, and that prospective members should be dedicated to understanding the process and committed to serving on the committee. Members also discussed the importance of Consumers' contribution to the PSRA process. They identified that educating consumers and having them at the table was important. After much discussion, two new members were appointed to the committee; Lamont Lewis and David Shamer.

Newly Identified Services (WP Item 4.2) (Handout C): The Grantee provided an overview of the rationale for adding Emergency Financial Assistance as a new service category. He explained that currently, Part A has been utilizing funds from the current Local AIDS Pharmaceutical Assistance service category to pay for emergency medications. These funds will now be utilized under the new Emergency Financial Assistance service category in which clients will receive emergency assistance for medications. The committee will further discuss the implementation procedures at the December PSRA meeting.

QMC Recommendations: This item was tabled until the next meeting.

MAI Timeline: This item was tabled until the next meeting.

G. Rationale for Recommendations:

- Mr. Lewis will contribute to this committee through his work as a Consumer in the community as well as assist the committee to become more reflective of the Broward HIV epidemic.
- Mr. Shamer will contribute to this committee as a consumer and through his experience as a PSRA and HIV Planning Council member in the Boston EMA.

H. Data Reports / Data Review Updates:

The committee reviewed the current expenditure report which reflects the 7 month expenditures for each service category.

I. Data Requests:

None.

J. Other Business Items:

Agenda Items for Next Meeting: Newly Identified Services; MAI Timeline; QM Recommendations *Next Meeting Date*: December 16, 2015, Governmental Center Annex Room A-337

H. SYSTEM OF CARE COMMITTEE (SOC)

TBD _ *Chair: M. Hayes*

I. EXECUTIVE COMMITTEE

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

K. Work Plan Item Update / Status Summary:

By Laws Update on Requirements for quorum for the Executive Committee– The committee discussed the By-Laws change to only require standing committee Chairs to count for quorum for the Executive Committee. They determined that this modification is for quorum purposes and will ensure representation of the council standing committees. Attendance by the vice chair is expected to meet the same standards of any committee member.

SOC Committee – The Chair updated the committee that the System of Care (SOC) Committee has been disbanded (since the September HIVPC meeting). Marie Hayes, the new committee chair has been appointed and the new SOC meetings will commence in January 2016 at CDTC once final meeting logistics, members, etc. are solidified.

MCDC Member of the Quarter – Members of the Committee reviewed the MCDC Member of the Quarter criteria (on file). After review and discussion, the committee agreed that they would modify the name of the awards recognition program to "HIVPC Member Recognition Program" and pilot it in January 2016. The MCDC committee will meet and develop scoring criteria to be used during the first nominations process.

Committee Reflectiveness – Committee Chairs and Vice Chairs reviewed the demographics of their respective committees and noted the reflectiveness. The HIVPC Chair noted that the full Council should focus its efforts in appointing more White males and that the majority of the committees were close to reflecting the Broward epidemic as much as possible. It was also noted that the demographics of the PSRA committee should better reflect the male consumer population.

HIVPC Mini Retreat – Members of the committee were informed that the mini HIVPC retreat/training on the Comprehensive Plan has been postponed until 2016. This will allow both planning bodies to further develop their individual planning strategies and presentations for a future retreat with Prevention and Part A in 2016.

HIVPC Mentoring Plan – HIVPC Staff presented the updated MCDC Mentoring Plan to the committee (on file). This includes updated policies and procedures for electing to be a mentor/mentee, a mentor agreement form, and post mentorship evaluation form. Currently, there are two HIVPC members receiving mentorship from experienced members.

Post Appointment Training – The Post Appointment Training has been revamped and will be implemented in January 2016. All newly appointed HIVPC and Committee members will be required to complete this training which will include pertinent information pertaining to the Sunshine Law, Robert's Rules, HIVPC By-Laws, etc. It will also be an opportunity for members to sign up for the Mentor Program.

MCDC Policies and Procedures – The MCDC Chair informed the committee of the changes to the MCDC Policies and Procedures in reference to recruitment efforts (on file).

Nominating Policies and Procedures – A Nominating Committee Member provided an update on the nominating procedures (on file). The Committee then discussed the merits of consolidating the nominating procedures which includes eliminating nominations from the floor during the December 10th HIVPC meeting. It also includes the requirement that all interested candidates, whether publicly nominated from the floor or privately professing an interest in running (November 19th HIVPC meeting), submit their questionnaire to HIVPC Staff by December 3rd to be included in the slate of candidates at the December 10th HIVPC meeting.

L. Rationale for Recommendations:

None.

M. Data Reports / Data Review Updates:

None.

N. Data Requests:

None.
O. Other Business Items:
Agenda Items for Next Meeting: Administrative Mechanism; Plans for Needs Assessment *Next Meeting Date*: January 20, 2016, A-337

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: Begin Council leadership elections process

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 •

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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

September 24, 2015 Meeting Minutes

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Bhrangger, R.	**X**			Huggins, L.
2	Burgess, D.	**X**			Bell, J.
3	DeSantis, M.	**X**			Rodriguez, J.
4	Creary, K.	**X**			Dennis, B.
5	Gammell, B.	**X**			Lopes, R.
6	Grant, C.	**X**			Shamer, D.
7	Hayes, M.	**X**			Bond, M.
8	Holness, Comm. D.V.C.	**X**			Little, S.
9	Katz, H. B.	**X**			Martin, R.
10	Lewis, L.	**X**			Murphy, K.*
11	Lint, A.	**X**			
12	Marcoviche, W.	**X**			**Grantee Staff**
13	Moragne, T.	**X**			Odusanya, S
14	Parker, P.		**E**		Copa, R.
15	Proulx, D.	**X**			Degraffenreidt, S.
16	Reed, Y., *Vice Chair*	**X**			Jones, L.
17	Runkle, D.	**X**			Vargas, J.
18	Schweizer, Dr. M.		**A**		
19	Siclari, R.	**X**			**HIVPC Staff**
20	Spencer, W., *Chair*	**X**			Ewart, L.
21	Taylor-Bennett, C.	**X**			Johnson, B.
22	Tomlinson, K.	**X**			Jackson, M.
23	Wilkins, D.	**X**			Newton, A.
A1	Robertson, P. (Alt)	**X**			
	Quorum=12	**22**			***on phone**

1. CALL TO ORDER

The Chair called the meeting to order at 9:47 a.m.

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

The Chair welcomed everyone and self-introductions were made. Attendees were notified of Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. A moment of silence was observed. The Chair reviewed excused absences. The following motions were made:

Motion #1: To approve today's agenda.
Proposed by: Creary, K. **Seconded by:** Lint, A.
Action: Passed Unanimously

Motion #2: To approve the 8/27/15 meeting minutes.
Proposed by: Creary, K. **Seconded by:** Lewis, L.
Action: Passed Unanimously

3. PHONE INTRODUCTIONS

4. FEDERAL LEGISLATIVE REPORT (Kareem Murphy) (Handout A)

Mr. Murphy gave a brief update about the prospective federal funding for HIV. The House and Senate have not yet reached an agreement on full year funding for FY 2016 nor have they passed a short-term funding bill, a Continuing Resolution (CR). Continued opposition to federal funding for Planned Parenthood is the major source of the breakdown in the process. Further complicating negotiations include the looming sequester cuts to domestic spending. The 2011 Budget Control Act instituted several caps to defense and discretionary spending that are due for further drops in FY 2016. President Obama has called on Congress to waive some of those caps, including for health-related programs. Lacking sufficient votes to pass any appropriations bills regardless of length have left many to conclude that a government shut down on October 1 (the first day of the new fiscal year) is likely.

5. CONSENT ITEMS

The Chair and Staff reviewed the current Planning Council roster with the Council members. The Planning Council Chair addressed the PC members and urged them to consider their involvement in standing committees; the Chair stated that those members who are involved in every committee should prioritize their efforts and focus on just a few areas of interest. The Chair asked the committee to review all consent items and allow them to be approved together. The committee agreed to consider the Consent Items as one motion:

Motion #3: To approve Consent Items #1-6 **Action:** Passed Unanimously

6. DISCUSSION ITEMS:

a. The Chair reviewed Discussion Item #1 with the committee. The PSRA Chair explained that the Committee had approved the How Best to Meet the Need language with a few revisions. The committee decided to include the previous year's MAI language, as the committee will revisit and analyze MAI funding at a later date and will bring a motion to the Council with MAI revisions when at that time.

Motion #4: To approve the FY16/17 language on How Best to Meet the Need **Proposed by:** Hayes, M. **Seconded by:** Proulx, D. **Action**: Passed Unanimously

b. Reallocations: The PSRA Vice Chair explained the rationale behind the "Sweeps" process and service funding reallocations.

Motion #5: To reallocate $675,800 from Ambulatory **Proposed by:** Siclari, R. **Seconded by:** Gammel, B. **Action:** Passed Unanimously
Motion #6: To reallocate $7,00 from Pharmaceuticals **Proposed by:** Siclari, R. **Seconded by:** Hayes, M. **Action:** Passed Unanimously
Motion #7 To reallocate $218,112 from Medical Case Management **Proposed by:** Siclari, R. **Seconded by:** Hayes, M. **Action:** Passed Unanimously
Motion #8 To reallocate $12,000 from Mental Health **Proposed by:** Siclari, R. **Seconded by:** Hayes, M. **Action:** Passed Unanimously
Motion #9 To reallocate $275,00 from Food Vouchers **Proposed by:** Siclari, R. **Seconded by:** Runkle, D. **Action:** Passed with one abstention
Motion #10 To reallocate $171,500 to Ambulatory **Proposed by:** Siclari, R. **Seconded by:** Tomlinson, K. **Action:** Passed Unanimously
Motion #11 To reallocate $120,00 to Dental **Proposed by:** Siclari, R. **Seconded by:** Runkle, D. **Action:** Passed with one abstention
Motion #12 To reallocate $73,002 to Case Management **Proposed by:** Siclari, R. **Seconded by:** Hayes, M. **Action:** Passed Unanimously
Motion #13 To reallocate $50,00 to Mental Health **Proposed by:** Siclari, R. **Seconded by:** Lewis, L. **Action:** Passed Unanimously

Motion #14 To reallocate $275,00 to Food Bank **Proposed by:** Siclari, R. **Seconded by:** Hayes, M. **Action:** Passed with one abstention
Motion #15 To reallocate $93,000 to Centralized Intake and Eligibility Determination **Proposed by:** Siclari, R. **Seconded by:** Hayes, M. **Action:** Passed with 2 oppositions
Motion #16 To reallocate $385,000 to HICP **Proposed by:** Siclari, R. **Seconded by:** Hayes, M. **Action:** Passed Unanimously

7. NEW BUSINESS

a. Regular HIVPC Elections (WP Item 3.4) (Handout C): The Chair explained that HIVPC Chair and Vice Chair elections are forthcoming. The nominating committee's Chair, Karen Creary, reviewed the Nominating Committee timeline and Nominating Policies and Procedures (Handout C) with the Planning Council members. Lamont Lewis, Carla Taylor-Bennet, Devorn Burgess, and Phillip Robertson will join the nominating committee. The Nominating Committee Chair requested that the first meeting date be moved from Tuesday, November 3rd, to Friday, November 6th at 12:30 p.m.

b. Update on Committee Chair vacancies: The Planning Council Chair appointed Marie Hayes as the new System of Care Committee Chair, and meetings will be held at CDTC in the future. A Needs Assessment and Evaluation Committee and Membership/Council Development Committee Vice Chair will be assigned at next HIVPC Meeting.

c. HIVPC Calendar (Handout D): The Council reviewed the November calendar, and discussed the cancelation of all October meetings due to grant writing. December 10th will be the date of the last HIVPC meeting of the calendar year.

8. JULY AND AUGUST COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

September 1, 2015 *Chair: A. Lint, Vice Chair: P. Fleurinord*

Report Stands, CEC is planning an upcoming Hot Topic community meeting focusing on transportation.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

September 3, 2015 *Chair: H.B. Katz, Vice Chair: vacant*

MCDC is meeting on November 5th for a Recruitment and Retention Retreat; the goal is to review and revise recruitment materials. MCDC Committee will have a table at October 1st SFAN event, Let's Get Down to Care. A member asked about the Council membership application process, and what the follow-up process is for received applications. The Staff will bring a list of current Committee and Council Applications to next meeting.

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

No September Meeting *Chair: K. Tomlinson, Vice Chair: W. Spencer*

D. LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

September 8, 2015 *Chair: D. Proulx*

Cancelled Due to Quorum.

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

September 16, 2015 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

Report Stands

F. QUALITY MANAGEMENT COMMITTEE (QMC)

September 21, 2015 *Chair: C. Grant*

Report Stands; the Committee analyzed Viral Load data, made recommendations and will forward their findings to the NAE, PSRA, and SOC Committees.

G. SYSTEM OF CARE COMMITTEE (SOC)

September 25, 2015 *Vice Chair: D. Sabatino*

Meeting canceled due to quorum.

H. EXECUTIVE COMMITTEE

September 15, 2015 *Chair: W. Spencer, Vice Chair: Y. Reed*

Cancelled Due to Quorum

9. GRANTEE REPORTS

a. Part A: The Grantee played the County's new PSA targeted at special populations within the HIV community; the ad can be seen on the County's Facebook and Twitter pages.

The Council reviewed last month's data request on number of grievances filed against Part A providers from March 2014 through May 2015. The Grantee representative explained that the 9 grievances reported were resolved within the agency, and did not need to be resolved by the Grantee. A member asked about the low number of grievances and was informed that these are written and formal grievances, not complaints called into the Grantee's office. The Grantee has recently begun to track the number and trends of non-formal complaints and has identified that most of these are miscommunications between clients and providers. A member working for a provider expressed that complaints often happen at the agency level, and those issues are often resolved on premises immediately to the satisfaction of the consumer. The Vice Chair inquired how many clients are aware about the formal grievance policies, and are informed about their rights in ways that make them feel like they can take action: do they know the difference between a verbal complaint and formal grievance? The Grantee stated that each agency is required to have a Ryan White Part A grievance poster with the grievance process listed as well as a phone number to contact. He also informed the committee that the Grantee follows up on each call and grievance. The Grantee's office is drafting a Ryan White Part A "Client Rights and Responsibilities" form, and will be bringing it to CEC for review.

Additionally, the Grantee's office is formalizing their ACA enrollment plan. Currently, information regarding potential changes to insurance plans is forthcoming. There will be multiple Enrollment Fairs in November and December with navigators at each provider site; the Grantee will send this information through the HIVPC listserv. They are asking clients enrolled in HICP not to auto-enroll until the Grantee's office can review their current plan selection. ADAP is expected to have more information about plans in the next few weeks, but Part A is warning clients that changes in information and procedures will happen before the enrollment process begins. A member asked about client eligibility, and Part A responsibilities for clients who were not eligible for ADAP. The Grantee explained that the ADAP enrollment criteria covers those clients who are within 150-249% of the Federal Poverty Level. Part A will cover clients between 250-400% FPL.

b. Part B: The Ryan White Part B representative reviewed the expenditures report for August 2015(see handout).
Another Part B representative explained that ADAP does not cancel insurance plans, but are simply 3rd party payers for clients enrolled in insurance plans. He stated that most time client cancellations are due to client's lack of follow-up on changes to their plans. He said that Part B tries to help those clients resolve those issues if possible, or will attempt to reenroll those clients in policies. The Vice Chair stated that it is necessary to explain to clients their role and responsibilities when they are enrolled in new insurance plans. The Grantee said that HRSA is developing a client information document in 3 different languages to explain policies and procedures, and Part B stated that they are attempting to thoroughly explain to this year's clients about potential issues and their responsibilities as consumers. A member asked for updates at the next HIVPC meeting about the upcoming ADAP conference. Another member said that there is a need for a workshop that thoroughly informs ADAP clients about their policies, billing, processes etc. Part B assured this will happen individually with each client enrolled. Currently, there are 3,355 clients enrolled in ADAP, of which "83%" picked up their meds; there are 307 clients enrolled into Medicare and 289 clients enrolled into the ACA marketplace.

c. Part C: The Part C representative stated that they are currently looking to hire an HIV doctor.

d. Part D: The Part D representative wanted to highlight their work with youth and young adults (especially those that were infected perinatal or at an early age) through support groups. Part D has an upcoming art exhibit, smart rides, and an annual basket brigade where community members come a fill baskets of food for clients (weekend before Thanksgiving).

e. Part F: No Part F representative was present at the meeting.

f. HOPWA: The HOPWA representative stated that the clients from their homeless program have been successfully transitioned to housing units. They are currently working with the city of Fort Lauderdale to

apply for HOPWA domestic violence grant, that houses people with HIV that have been victims of domestic violence for up to 24 months as long as they meet certain requirements. HOPWA will be seeking a letter of recommendation from HIVPC.

Motion #16: Authorize the HIVPC Chair to write and sign a letter of endorsement and collaboration for HOPWA's domestic violence grant. **Proposed by:** Moragne, T. **Seconded by:** Hayes, M. **Action:** Passed Unanimously

g. Prevention: (See Handout). PROACT program has hired an individual to work with ADAP pharmacies to find people who have not picked up medications to see if those clients have fallen out of care. They make efforts to locate those clients, and remove any barriers to reengage clients in care.

h. Commissioner Holness presented to the Planning Council his goals of making Broward County an international trade center. The Florida International Trade and Cultural Expo scheduled for October 13th at the Broward County Convention Center. The Commissioner explained the goals and scope of the expo, and gave out tickets to interested Council Members.

10. UNFINISHED BUSINESS

None

11. PUBLIC COMMENT

None.

12. ANNOUNCEMENTS

The SOC meeting scheduled for November 25th was cancelled due to quorum. The Chair released all of the SOC committee members and encouraged them to rejoin with Marie Hayes once the committee resumes meetings.

13. REQUEST FOR DATA

None.

14. AGENDA ITEMS FOR NEXT MEETING: TBD **LOCATION:**GC- 430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
HIVPC Retreat (WP Item 3.3)	HIVPC/ MCDC	ACTION ITEM: Plan annual HIVPC Retreat

15. ADJOURNMENT

The meeting was adjourned at 11:40 a.m.

HIVPC Attendance CY 2015

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

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

N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: November 16, 2015

Federal Funding Update

The House and Senate have not yet reached agreement on full year funding for FY 2016 but they are working towards a larger Omnibus Appropriations bill, based on earlier funding bills in the respective chambers. There are strong concerns that funding for Ryan White Programs and for other HIV/AIDS-related programs (e.g., HOPWA) may have funding reductions. However, the White House and congressional leaders did reach agreement to forestall massive across-the-board funding cuts from the 2011 Omnibus Control Act (cuts also known as sequester). The combination of congressional appropriations cuts and sequester might have dealt a devastating blow to the Ryan White program. At least one of these measures appears to have been taken off the table.

The current Continuing Resolution (CR) keeps the federal government funded through mid-December. It's possible that Congress will take all that time to produce a final funding bill. Absent a House-Senate agreement, leaders will be forced to yet again adopt a short-term funding bill. It is expected that efforts to include policy riders defunding Planned Parenthood and other hot-button social issues may delay final consideration.

These are less than desirable scenarios. However, the worst possible outcome appears to have been averted, at least for now.

Reauthorization Prospects

Still no progress or interest in reauthorizing the Ryan White Program. House and Senate committee chairs have also failed to express an interest in oversight hearings to learn about program performance or the update to the National AIDS Strategy. No progress since previous report.

HIVPC Member Recognition Program

Purpose: The purpose of the HIVPC Member Recognition 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: The Membership/Council Development Committee (MCDC) will nominate an HIVPC member for recognition. 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 B

Member Recognition 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 Recognized Member 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 Recognized Member 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 Recognized Member 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 Recognized Member at HIVPC Meeting

HANDOUT B

HIVPC Member Recognition Program

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 an outstanding member to be recognized. 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

HANDOUT C

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 C

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.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

HANDOUT C

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 C

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?

_____

_____

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~~Service 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.
~~3.~~4. Commit to actively participate in recruitment for HIVPC and Committees.
~~4.~~5. ~~Participate in recruitment and regular~~Regularly , participate in ongoing education and training provided by the Council.
~~5.~~6. Be willing to participate in discussions mindful of the needs of the EMA, as opposed to an interest group or category of representation.
~~6.~~7. Be willing and able to contribute professional and personal expertise to further the work of the Council.

~~7.~~ 8. Supply data requested from the category of seat to which the member is appointed. Examples of data that may be requested:

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

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.~~

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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 F

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 F

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 F

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?

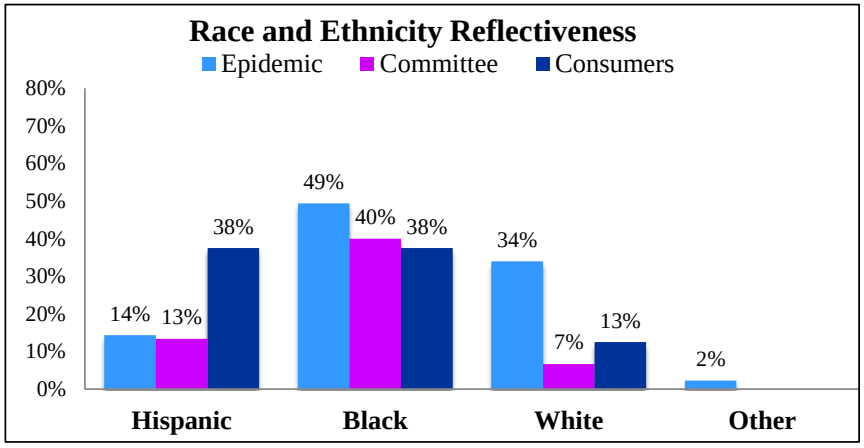
BY-LAWS PARKING LOT ITEMS				
#	**Proposal**	**By-Laws Location**	**Stated Reason**	**Recommendation**
4	Consider only having the Chair *or* Vice Chair count for quorum for the Executive Committee	Article VIII, Section 4	Having both Chairs and Vice Chairs count for quorum has created some issues for 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.*

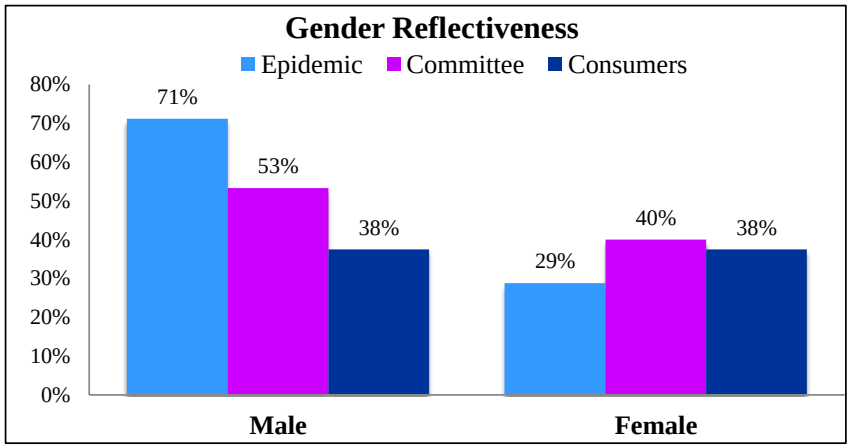
BY-LAWS ARTICLE VIII, SECTION 4: There shall be an Executive Committee.

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.

Community Empowerment Committee (CEC) Reflectiveness Report
Through October 2015

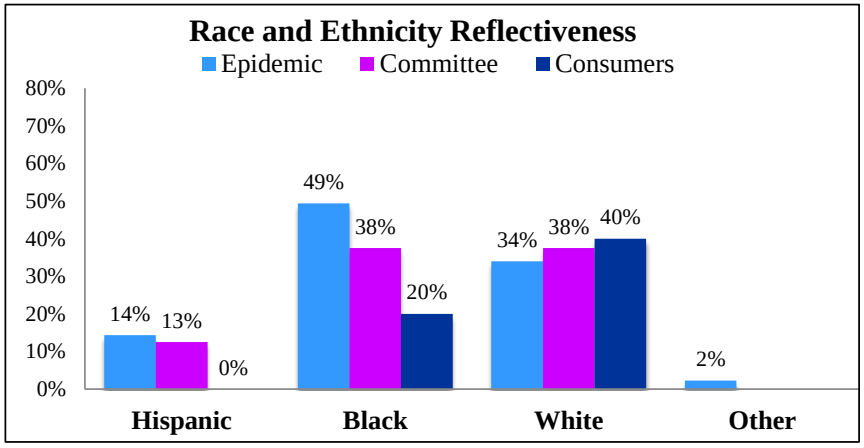


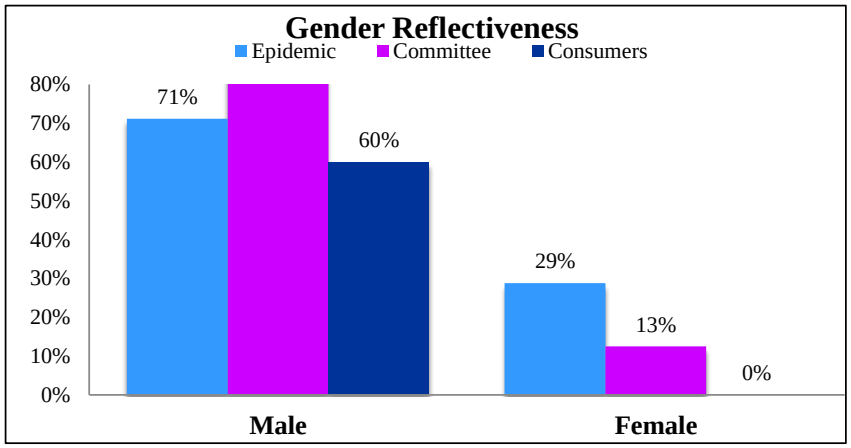


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	8	53%	3	38%	**-18%**
Female	4,973	29%	6	40%	3	38%	**11%**
Transgender	-	-	0	0%	1	13%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	2	13%	3	38%	**-1%**
Black	8,521	49%	6	40%	3	38%	**-9%**
White	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%**

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

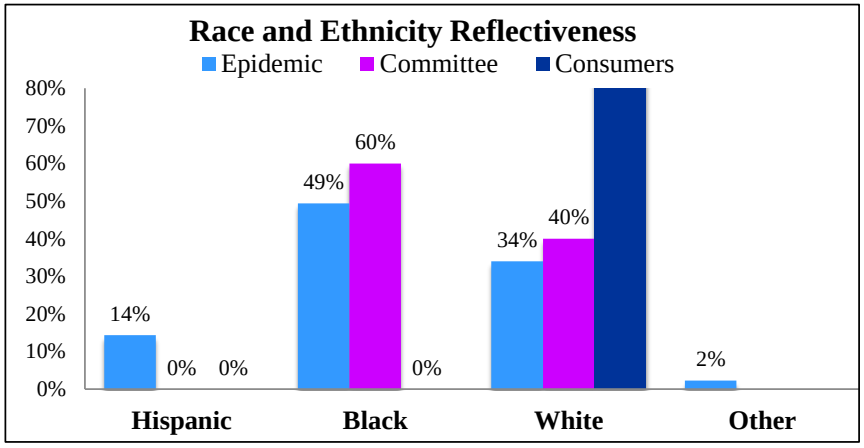


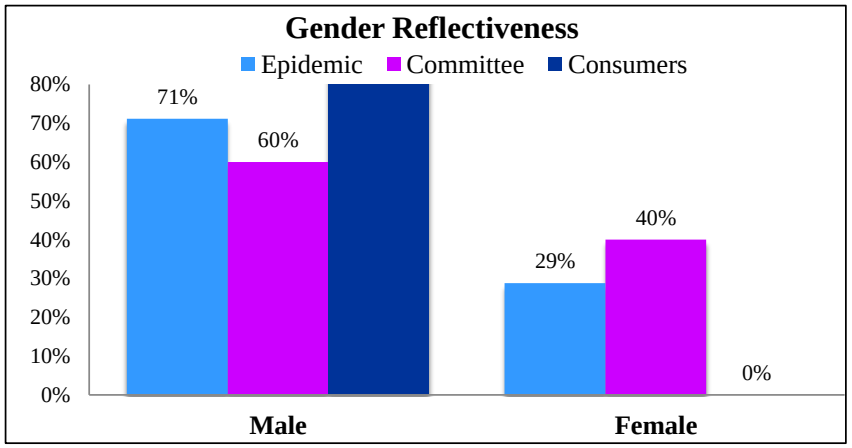


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	7	88%	3	60%	**16%**
Female	4,973	29%	1	13%	0	0%	**-16%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	13%	0	0%	**-2%**
Black	8,521	49%	3	38%	1	20%	**-12%**
White	5,856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

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

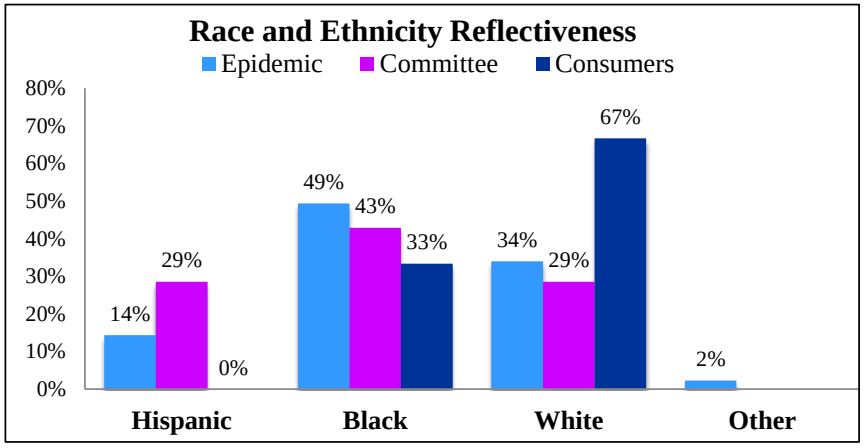


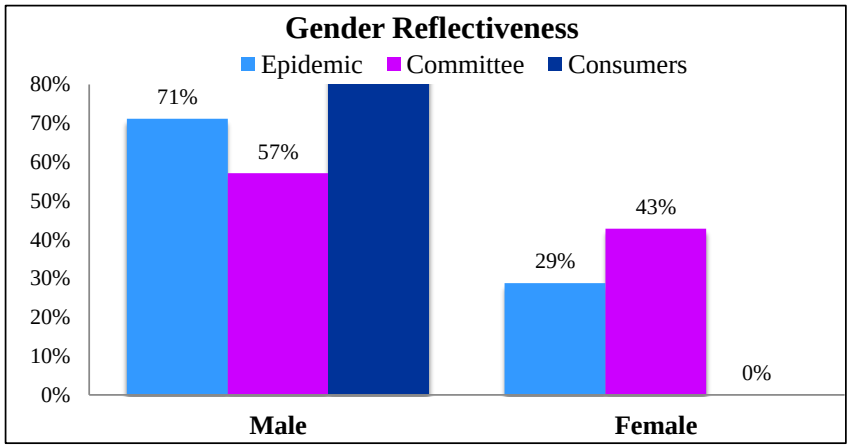


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	3	60%	1	100%	**-11%**
Female	4,973	29%	2	40%	0	0%	**11%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	0	0%	0	0%	**-14%**
Black	8,521	49%	3	60%	0	0%	**11%**
White	5,856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

Quality Management Committee (QMC) Reflectiveness Report
Through October 2015

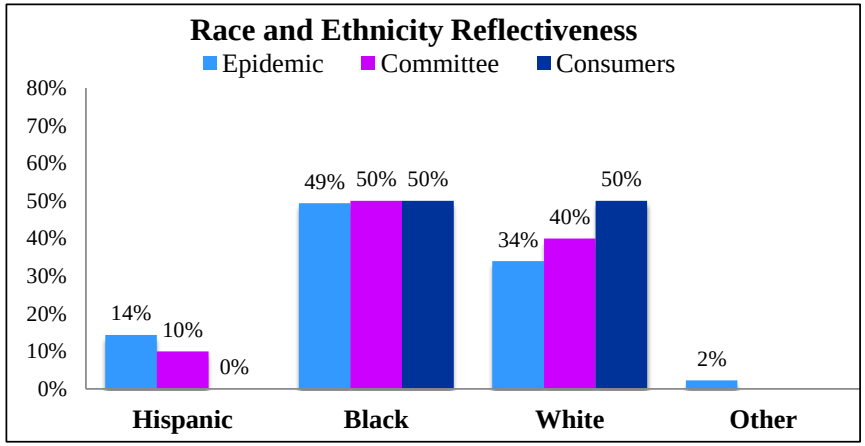


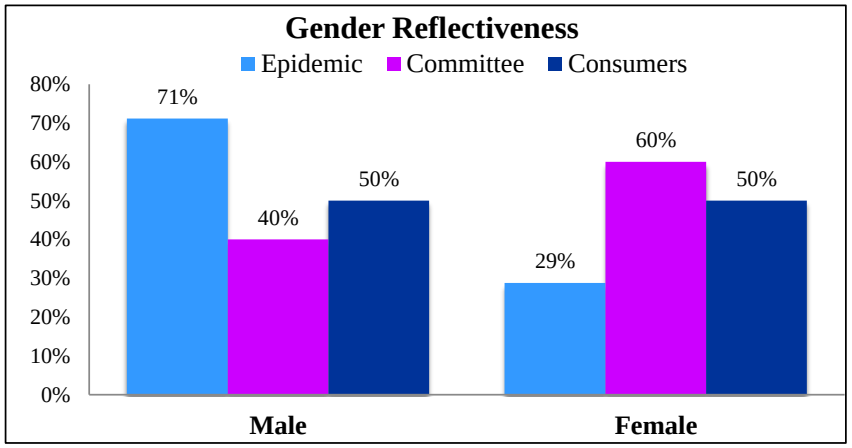


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	57%	3	100%	**-14%**
Female	4,973	29%	3	43%	0	0%	**14%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	2	29%	0	0%	**14%**
Black	8,521	49%	3	43%	1	33%	**-7%**
White	5,856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

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

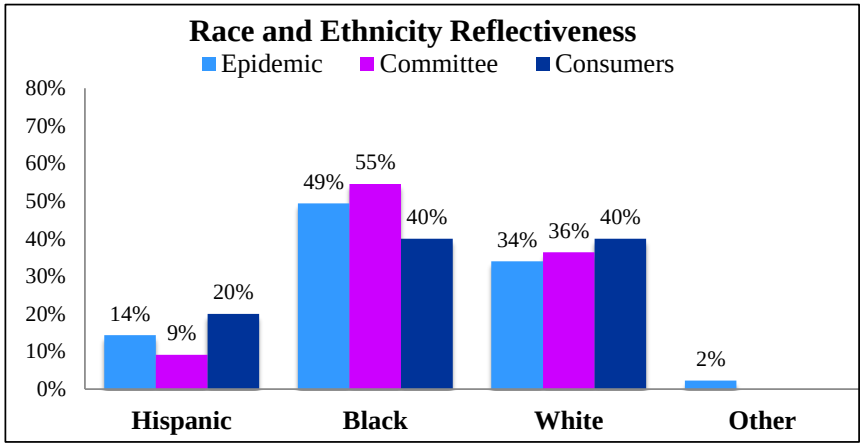


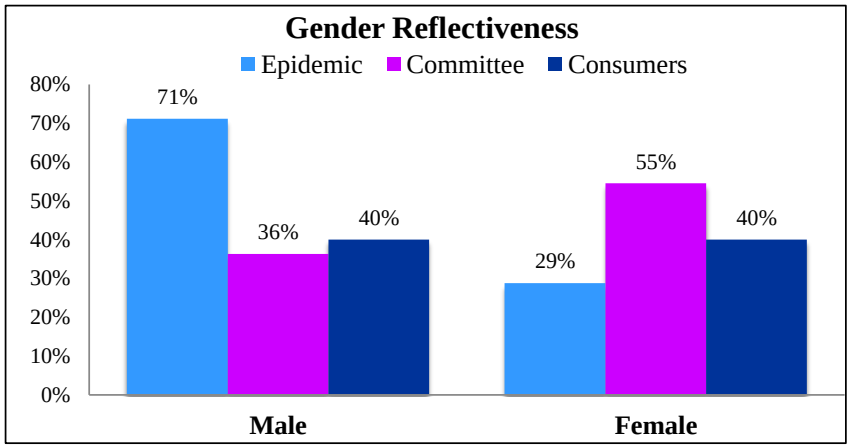


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	40%	1	50%	**-31%**
Female	4,973	29%	6	60%	1	50%	**31%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	10%	0	0%	**-4%**
Black	8,521	49%	5	50%	1	50%	**1%**
White	5,856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

Current Members	**10**
% of Members That Are Unaffiliated Consumers	**20%**

Executive Committee Reflectiveness Report
Through October 2015

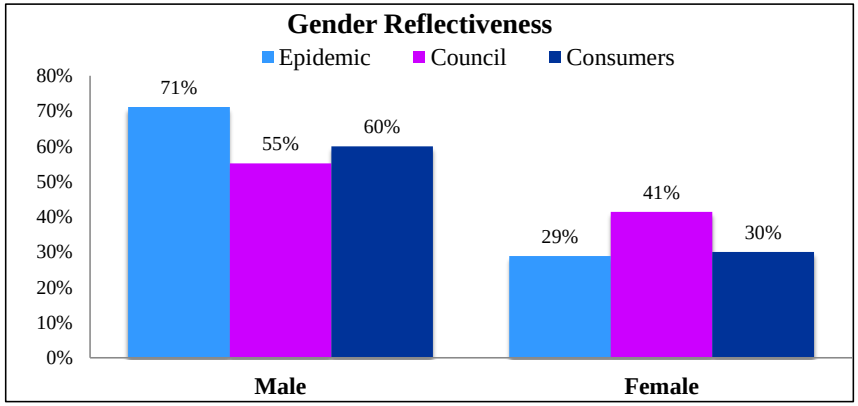


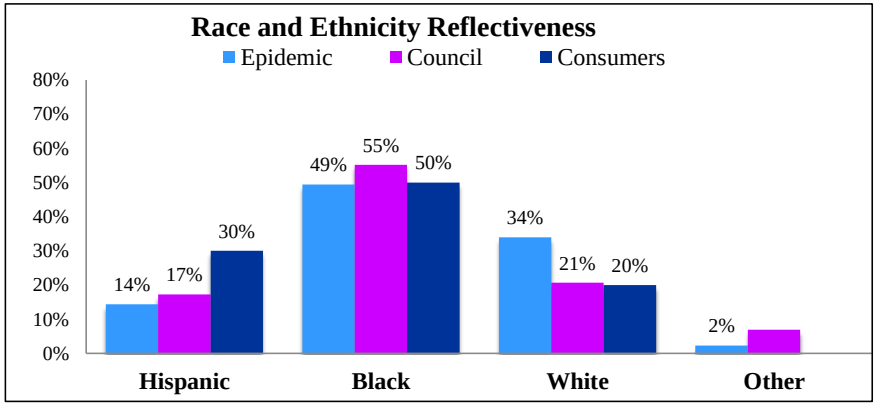


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	36%	2	40%	**-35%**
Female	4,973	29%	6	55%	2	40%	**26%**
Transgender	-	-	1	9%	1	20%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	9%	1	20%	**-5%**
Black	8,521	49%	6	55%	2	40%	**5%**
White	5,856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

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%*