FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Membership/Council Development Committee Meeting

Thursday, May 21, 2024 - 9:30 AM
LOCATION: Broward Regional Health Planning Council and via Microsoft Teams

Click here to join the meeting
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
This meeting is audio and video recorded.

Purpose

1. The Committee shall solicit, and screen applications based on objective criteria for appointment to the Council to ensure that the demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act and present its recommendations to the full Council.
2. The Committee shall institute orientation and training programs for new and incumbent members.
3. The Committee shall continue to educate the Council and committee members about their respective duties, and the Council's functions and roles in the organization and delivery of HIV/AIDS health and support services.

Quorum for this meeting is 4

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence
3. Public Comment
4. Approvals

   ACTION: Approval of Agenda for May 21, 2024
   ACTION: Approval of Minutes from April 11, 2024 **(Handout A)**
5. Standard Committee Items
6. New Business

   a. **Action Item**: Review and approve the HIVPC membership application for Lamont Lewis and Robert Hadley **(Handouts B1 & B2)**
   b. **Action Item:** Review and approve an updated policy for members of

the quarter and member of the year. **(Handout C)**

7. Recipient's Report
8. Public Comment
9. Agenda Items for Next Meeting
    a. Next Meeting Date: July 11, 2024, at 9:30 a.m. Location: BRHPC and via Microsoft Teams Videoconference
10. Announcements
11. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at:
HIV Planning Council Website

Please complete your meeting evaluation.
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

Vision: To ensure the delivery of high-quality, comprehensive HIV/AIDS services to low-income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.
Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high-quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV-affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

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Membership/Council Development Committee

April 11, 2024 - 9:30 AM
LOCATION: Broward Regional Health Planning Council Meeting via Microsoft Teams
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
Join the meeting via phone: 1-408-418-9388 US Toll (access code: 2632 216 8637)

This meeting is audio and video recorded.

DRAFT MINUTES

MCDC Members Present: V. Foster (Committee Chair), A. Cutright, L. Robertson, T. Moragne (Committee Vice-Chair)

Members Absent: I. Wilson

Ryan White Part A Recipient Staff Present: J. Roy, R. Pena

Planning Council & CQM Support Staff Present: G. Berkley-Martinez, M. Lacroix, M. Patel

Guests Present: J. De La Nuez, K. Creary, R. Hadley, M. Barrett

1. Call to Order, Welcome from the Chair & Public Record Requirements

   The MCDC Chair called the meeting to order at 9:40 A.M. The MCDC Chair welcomed all meeting attendees who were present. Attendees were notified that the MCDC meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including recording minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the MCDC Chair, Committee members, Recipient staff, PCS & CQM staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

   The Public Comment portion of the meeting is intended to allow the public to express opinions about items on the meeting agenda or to discuss other matters about HIV/AIDS services in Broward County.

   There were no public comments.

3. Meeting Approvals

   The approval for the agenda of the April 11, 2024, Membership/Council Development Committee meeting was proposed by T. Morange, seconded by A. Cutright, and passed unanimously. The approval for the minutes of the January 11, 2024, meeting was proposed by A. Cutright, seconded by T. Morange, and approved with no further corrections.

Motion #1: T. Moragne, on behalf of MCDC, made a motion to approve the April 11, 2024, Membership/Council Development Committee agenda as presented. The motion was seconded by A. Cutright and adopted unanimously.

Motion #2: A. Cutright, on behalf of MCDC, made a motion to approve January 11, 2024, Membership/Council Development Committee meeting minutes as presented. The motion was seconded by T. Moragne and adopted unanimously.

4. Standard Committee Items

MCDC Membership Strategy

MCDC Members reviewed the MCDC Membership Strategy. According to the updated membership, there are a total of 26 members with 13 of those being Job-Based Seats, 6 Consumers/Unaffiliated Seat, and 7 non-elected community member seats. HIVPC unaffiliated consumers are at 23.08% with a goal of 34%. Members discussed the importance of recruiting the open job-based seats to comply with HRSA's mandated seats.

Reflectiveness: HIVPC Demographics

The Committee briefly reviewed the Reflectiveness of the HIVPC Demographics to ensure the HIVPC represents the HIV Epidemic in Broward County. This brief review/discussion was led by the Chair, V. Foster.

5. New Business

The MCDC reviewed the HIVPC application for Lamont Lewis and Karen Creary. The committee voted on the application for L. Lewis and forwarded K. Creary's application to the HIVPC pending her attendance at three committee meetings.

Motion #3: T. Morange motioned to approve the applications for Lamont Lewis. The motion was seconded by A. Cutright and adopted unanimously.

The MCDC reviewed a policy for Member of the Quarter and Member of the Year. The committee made the following alterations:

- Winners of the quarterly awards will be the nominees for the annual award.
- Winners of the quarterly awards will receive a certificate, and the annual award winners will receive a plaque.
- If there isn't a meeting in August, the vote will be moved to July.

Motion #4: A. Cutright motioned to approve the Member Recognition Program with the alterations discussed. The motion was seconded by T. Morange and adopted unanimously.

The MCDC reviewed and approved a "Mentorship/Buddy Program" to pair a more experienced member with a less experienced one.

Motion #5: A. Cutright motioned to approve the "Mentorship/Buddy Program". The motion was seconded by T. Morange and adopted unanimously.

The MCDC developed, reviewed, and approved a policy for Membership Attendance at Mandatory Meetings/Trainings.

Motion #5: A. Cutright motioned to approve the Membership Attendance at Mandatory Meetings/Trainings policy. The motion was seconded by L. Robertson and adopted with three votes in favor and one vote against.

The MCDC developed, reviewed, and approved the FY2024-2025 training plan.

Motion #6: T. Morange motioned to approve the FY2024-2025 training plan. The motion was seconded by A. Cutright and adopted unanimously.

The MCDC briefly discussed the Ujima Men's Collective's outreach event scheduled for May 4th, 2024.

PCS staff provided an update regarding the HIVPC's social media activity.

6. Recipient's Report

   There was no representative to provide the Recipient's report.

7. Public Comment

   The Public Comment portion of the meeting is intended to allow the public to express opinions about items on the meeting agenda or to raise other matters about HIV/AIDS services in Broward County.

   There were no public comments.

8. Agenda Items for Next Meeting

   The next MCDC meeting will be held on July 11, 2024, at 9:30 a.m. via Microsoft Teams Videoconference.

9. Announcements
   - None

10. Adjournment

    There being no further business, the meeting was adjourned at 10:43 a.m.

MCDC Attendance for CY 2024

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	11			11									
1	Robertson, L.	X			X									
2	Cutright, A.	X			X									
3	Foster, V. *Chair*	X			X									
4	Moragne, T., V. Chair	X			X									
5	Wilson, I.	A			A									
	Quorum = 4	4			4									

Legend:	
X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - canceled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**Z - resigned**
CX - canceled due to quorum	**R - removal letter**

Membership/Council Development Committee Meeting Minutes – April 11, 2024
Minutes prepared by PCS Staff.

Broward County HIV Health Services Planning Council
HIVPC MEMBERSHIP APPLICATION

Please be aware that this application and all the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.

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

Dear Interested Party,

Please be aware that this application and all the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

Note: This application expires six (6) months from date of submission.
Mail, fax, or email your completed application to:

HIVPC Staff
Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
FAX: 954-561-9685
EMAIL: HIVPC@BRHPC.ORG

If you have any questions, please call: 954-561-9681

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Contact and Demographic Information

This is the application for membership on the Broward County HIV Health Services Planning Council (HIVPC). If you wish to apply for membership on the HIVPC, please complete the application below:

First Name: Rev. Lamont Last Name: Lewis MDiv.

Home Address: [redacted] Home Phone: [redacted]

City, State, Zip Code: [redacted] Cell Phone: [redacted]

Employer (if applicable): Elohim Urban Mission Occupation/Title: CEO

Business Address: 828 East 44th Street Business Phone: _____

City, State, Zip Code: Chicago IL 60653 Fax: _____

Home Email: [redacted] Business Email: _____

Year of Birth: [redacted] (yyyy)

- I prefer to receive phone calls and messages at: ❑ Home ❑ Work ❑ Cell
- I prefer to receive mail at: ❑ Home ❑ Work
- I prefer to receive email at: ❑ Home ❑ Work
- I prefer to receive HIVPC documents: ❑ Electronically (via email) ❑ Hard copy (via mail)
- What sex were you assigned at birth? (check one):

  ❑ Male ❑ Female ❑ Decline to state
- What is the current gender you identify with? (check all that apply):

  ❑ Male ❑ Female ❑ Transgender (Male to Female) ❑ Transgender (Female to Male)

  ❑ Unknown ❑ Decline to state
- Race (check all that apply): ❑White ❑Black ❑Asian ❑Native Hawaiian/Pacific Islander

  ❑American Indian/Alaska Native ❑Other (Specify) Cameroon
- Ethnicity (check one):

  ❑Hispanic/Latino ❑Non-Hispanic ❑Other (Specify)_____
- Hispanic Subgroup (check one if any):

  ❑Mexican ❑Puerto Rican ❑Cuban ❑Other (Specify)
- Asian Subgroup (check one if any):

  ❑Asian Indian ❑Chinese ❑Filipino ❑Japanese ❑Korean ❑Vietnamese ❑Other (Specify)
- Native Hawaiian/Pacific Islander Subgroup (check one):

❑Native Hawaiian ❑Guamanian ❑Samoan ❑Other (Specify)

- Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency? ❑Yes ❑No
- Do you self-identify as HIV positive?* ❑ Yes, and I am open about my status ❑ No ❑ I do not wish to disclose

**Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*

- If you self-identify as HIV positive, do you self-identify with any of the following risk factors?

❑ Hemophilia ❑ Heterosexual (Straight) ❑ Intravenous Drug User (IDU) ❑ Blood Transfusion
❑ Perinatal Transmission (Mother to Child) ❑ Man who has sex with Men (MSM) ❑ I don't know/Unsure
❑ I do not wish to disclose

- Do you receive Ryan White Part A services? ❑ Yes ❑ No ❑ I do not wish to disclose
- If you self-identify as HIV positive, how old were you when you were diagnosed?

❑0-12 years old ❑13-19 years old ❑20-29 years old ❑30-39 years old
❑40-49 years old ❑50-59 years old ❑60 years old or older ❑I do not wish to disclose

Recruitment Information

- How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?

❑ Through a service provider/agency

❑Email

❑Online/Facebook/Twitter

❑Friend/HIVPC member (HIVPC Member name): Returning Member

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Categories of Membership (check all that apply)

- ❑ Health care providers, including federally qualified health centers
- ❑ Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs)
- ❑ Social service providers (including housing and homeless-services providers)
- ❑ Mental health providers
- ❑ Substance abuse providers
- ❑ Local public health agencies
- ❑ Hospital planning agencies or health care planning agencies
- ❑ Affected communities (people living with HIV/AIDS and underserved communities)
- ❑ PLWHA Recently Released from Jail or Prison or their representatives
- ❑ Non-elected community leaders
- ❑ Members of a Federally recognized Indian tribe
- ❑ Individuals co-infected with Hepatitis B or C
- ❑ State Medicaid agency
- ❑ Ryan White HIV/AIDS Program (RWHAP) Part B State agency
- ❑ RWHAP Part C grantees
- ❑ RWHAP Part D grantees
- ❑ RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees)
- ❑ Housing Opportunities for Persons with AIDS (HOPWA) grantees
- ❑ Federally funded HIV prevention program grantees
- ❑ Veterans Health Administration representative

Committee Assessment

All HIVPC members are required to serve on at least one standing committee. Please rank the committees below to indicate your interest.

____ * Community Empowerment Committee (CEC): Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting, and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

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

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

____ * Priority Setting & Resource Allocation Committee (PSRA): Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, and allocations.

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

General Information

Describe the strengths, skills, and resources you have.

A dedication to leadership abilities and academic achievement in research and teaching is an area of unique specialization.

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Describe your interest in becoming a member of the HIV Planning Council.

Gives me the chance to have an impact on the vision and direction of the community's future

Describe how HIV/AIDS has impacted your life, either personally or professionally.

HIV is only a physical ailment; it doesn't undermine my sense of wellbeing or exacerbate my behavioral health.
The secret to my healthy existence has been my spirituality.
I've continued to serve as a role model for other people living with HIV,
demonstrating to them that it's feasible to achieve your goals and use activism to advance the community.

Please list any experiences you have related to community decision making or planning bodies.

Broward HIV Planing Council
Chicago Area HIV Integrated Services Council (CAHISC)
Elohim Urban Mission

Please review and initial, indicating your acknowledgement of the following:

LL I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Council and Committee meetings.

LL I understand that to qualify for nomination to the Planning Council I must be a member of a standing committee and attend an Orientation.

LL I understand that I must attend a post-appointment training within three (3) months of appointment to the Planning Council by the Broward County Board of County Commissioners. If I do not comply with this requirement, I could be removed from the Planning Council.

LL I understand that serving on the Council and at least one of its Committees will require at least five hours per month, and that excessive absence will result in my removal from the Council and/or Committees. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from the Council if he/she misses three (3) consecutive Planning Council meetings or four (4) Planning Council meetings in a year in accordance with the County Ordinance.

LL If appointed, I would be willing and able to fulfill the responsibilities and functions of a member of the Broward County HIV Health Services Planning Council.

LL I am not an appointed member of any other Council or Board appointed solely by the Broward County Board of County Commissioners.

LL I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.

Rev. Tamara Tanner

Signature

January 11, 2024

Date

Approved 3.14.19

Broward County HIV Health Services Planning Council
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Contact and Demographic Information

This is the application for membership on the Broward County HIV Health Services Planning Council (HIVPC). If you wish to apply for membership on the HIVPC, please complete the application below:

First Name: Robert **Last Name**: Hadley

Home Address: [redacted] **Home Phone**: [redacted]

City, State, Zip Code: [redacted] **Cell Phone**: [redacted]

Employer (if applicable): Broward House **Occupation/Title**: Care Guide

Business Address: 2800 N Andrews Ave **Business Phone**: 954-568-7373

City, State, Zip Code: Wilton Manors, FL 33364 **Fax**: 954-563-5923

Home Email: [redacted] **Business Email**: rhadley@browardhouse.org

Year of Birth: 1962 (yyyy)

- **I prefer to receive phone calls and messages at:** ❑ Home ■ Work ❑ Cell
- **I prefer to receive mail at:** ❑ Home ■ Work
- **I prefer to receive email at:** ❑ Home ❑ Work
- **I prefer to receive HIVPC documents:** ■ Electronically (via email) ❑ Hard copy (via mail)
- **What sex were you assigned at birth? (check one):**

  ■ Male ❑ Female ❑ Decline to state
- **What is the current gender you identify with? (check all that apply):**

  ■ Male ❑ Female ❑ Transgender (Male to Female) ❑ Transgender (Female to Male)

  ❑ Unknown ❑ Decline to state
- **Race (check all that apply):** ■White ❑Black ❑Asian ❑Native Hawaiian/Pacific Islander

  ❑American Indian/Alaska Native ❑Other (Specify)_____
- **Ethnicity (check one):**

  ❑Hispanic/Latino ❑Non-Hispanic ❑Other (Specify)_____
- **Hispanic Subgroup (check one if any):**

  ❑Mexican ❑Puerto Rican ❑Cuban ❑Other (Specify)
- **Asian Subgroup (check one if any):**

  ❑Asian Indian ❑Chinese ❑Filipino ❑Japanese ❑Korean ❑Vietnamese ❑Other (Specify)
- **Native Hawaiian/Pacific Islander Subgroup (check one):**

❑Native Hawaiian ❑Guamanian ❑Samoan ❑Other (Specify)

- **Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency?** ■Yes ❑No
- **Do you self-identify as HIV positive?*** ■ Yes, and I am open about my status ❑ No ❑ I do not wish to disclose

**Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*

- **If you self-identify as HIV positive, do you self-identify with any of the following risk factors?**

❑ Hemophilia ❑ Heterosexual (Straight) ❑ Intravenous Drug User (IDU) ❑ Blood Transfusion
❑ Perinatal Transmission (Mother to Child) ■ Man who has sex with Men (MSM) ❑ I don't know/Unsure
❑ I do not wish to disclose

- **Do you receive Ryan White Part A services?** ❑ Yes ■ No ❑ I do not wish to disclose
- **If you self-identify as HIV positive, how old were you when you were diagnosed?**

❑0-12 years old ❑13-19 years old ■20-29 years old ❑30-39 years old
❑40-49 years old ❑50-59 years old ❑60 years old or older ❑I do not wish to disclose

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❑Email
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- ❑ Substance abuse providers
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- ❑ PLWHA Recently Released from Jail or Prison or their representatives
- ■ Non-elected community leaders
- ❑ Members of a Federally recognized Indian tribe
- ❑ Individuals co-infected with Hepatitis B or C
- ❑ State Medicaid agency
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- ❑ RWHAP Part C grantees
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- ❑ Housing Opportunities for Persons with AIDS (HOPWA) grantees
- ❑ Federally funded HIV prevention program grantees
- ❑ Veterans Health Administration representative

Committee Assessment

All HIVPC members are required to serve on at least one standing committee. Please rank the committees below to indicate your interest.

1 **Community Empowerment Committee (CEC):** Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting, and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

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

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

4 **Priority Setting & Resource Allocation Committee (PSRA):** Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, and allocations.

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

General Information

Describe the strengths, skills, and resources you have.

Honest and direct are two strengths. Good listening skills too.

Approved 3.14.19

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Describe your interest in becoming a member of the HIV Planning Council.

As some one living with HIV since 1986 I know the struggle of accessing services and how to access them. I want to make sure the PLWA voice is one with agencies too

Describe how HIV/AIDS has impacted your life, either personally or professionally.

Not just living with HIV since1986 but getting an AIDS diagnosis in 1993 while beginning a new career I found myself wanting to be more so I challengned myself with long distance fundraising bike rides. Im open about my status to friends, neighbors, my church an

Please list any experiences you have related to community decision making or planning bodies.

Chicago HIV Planning Council for 6 years, Currently member of two Broward County Health Dept action groups: MSM and Black AIDS Action Group

Please review and initial, indicating your acknowledgement of the following:

RJH I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Council and Committee meetings.

RJH I understand that to qualify for nomination to the Planning Council I must be a member of a standing committee and attend an Orientation.

RJH I understand that I must attend a post-appointment training within three (3) months of appointment to the Planning Council by the Broward County Board of County Commissioners. If I do not comply with this requirement, I could be removed from the Planning Council.

RJH I understand that serving on the Council and at least one of its Committees will require at least five hours per month, and that excessive absence will result in my removal from the Council and/or Committees. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from the Council if he/she misses three (3) consecutive Planning Council meetings or four (4) Planning Council meetings in a year in accordance with the County Ordinance.

RJH If appointed, I would be willing and able to fulfill the responsibilities and functions of a member of the Broward County HIV Health Services Planning Council.

RJH I am not an appointed member of any other Council or Board appointed solely by the Broward County Board of County Commissioners.

RJH I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.

Robert Hadley Digitally signed by Robert Hadley Date: 2024.05.13 11:59:57 -04'00'

Signature Date

Approved 3.14.19

HIVPC Member Recognition Program

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

Criteria: The voters and candidates must be HIVPC members. Any member of the Planning Council or one its committees is eligible to be a candidate for the Quarterly Elections. The winners of the Quarterly Elections for that fiscal year will be the candidates for the Annual Election. Voters should keep in mind the judging criteria and vote 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 toward 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 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:

- Members will vote for which candidates best fit the criteria listed in this document. Members will have to rank the top three candidates they prefer.
- PCS staff will calculate the votes to determine the winner through the ranked choice voting system.
- The results will be sent to MCDC for initial approval.
- If approved by MCDC, the results will then be sent the Executive Committee for final approval.
- There will be three quarterly elections and one annual election. The winners of the quarterly elections will be the candidates for the annual election.
- If MCDC does not meet following an election, the initial approval will be postponed until the next MCDC meeting.
- If HIVPC does not meet following an election, the final approval will be postponed until the next HIVPC meeting.

Recognition will include:

- Certificate (quarterly) and Plaque (annual)
- Photo and biography on the HIVPC website and Quarterly Newsletter (if desired)
- Announcement at HIVPC meeting

Member Recognition Election Timeline

March	April	April
• **Annual Election** (for previous FY) takes place during the HIV Planning Council Meeting.	• MCDC gives initial approval for **Annual Election** results. • MCDC sends recommendation for Member of the Year to Executive.	• Executive gives final approval for the **Annual Election** request. • Announcement of Recognized Member at HIVPC Meeting
June	**July**	**July**
• **First Quarter Election** takes place during HIV Planning Council Meeting.	• MCDC gives initial approval for the **First Quarter Election** results. • MCDC sends recommendation for Member of the Quarter to Executive.	• Executive gives final approval for the **First Quarter Election** results. • Announcement of Recognized Member at HIVPC Meeting
September	**October**	**October**
• **Second Quarter Election** takes place during the HIV Planning Council Meeting.	• MCDC gives initial approval for the **Second Quarter Election**. • MCDC sends recommendation for Member of the Quarter to Executive.	• Executive gives final approval for the **Second Quarter Election**. • Announcement of Recognized Member at HIVPC Meeting
December	**January**	**January**
• Vote takes place for the **Third Quarter Election** at the HIV Planning Council Meeting.	• MCDC gives initial approval for the **Third Quarter Election**. • MCDC sends recommendation for Member of the Quarter to Executive.	• Executive gives final approval for the **Third Quarter Election**. • Announcement of Recognized Member at HIVPC Meeting

NOMINATION FORM

Dear HIVPC Members,

The HIVPC needs your help! We want to recognize and reward our outstanding members for the tremendous amount of hard work they give to HIVPC. This form allows you to nominate a member to be recognized. Please nominate any three members who have made a positive impact on HIVPC. Together, we can honor excellence in the HIVPC.

Process: This vote will use the ranked choice voting system. Each member of the HIVPC will rank their top three preferred members based on how well they fit the listed criteria. The current vote will be based on members' performance during the past quarter.

To vote, first select your top choice.
Then select your second choice and third choice.

Rules:

- You cannot vote for yourself.
- You may only vote for each candidate one time.
- You must write clearly and legibly.
- Each vote must be accompanied by your signature.

Criteria: The nominee and nominator must be HIVPC members. Nominators should keep in mind the judging criteria below 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 toward 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 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.

VOTING SHEET

Please Print Clearly

#1) Nominee's Name

Date: _____

Submitted by: _____

Signature: _____

#2) Nominee's Name

Date: _____

Submitted by: _____

Signature: _____

#3) Nominee's Name

Date: _____

Submitted by: _____

Signature: _____

List of Planning Council Members

Barnes, Brad
Bhrangger, Ronald
Biggs, Von
Castillo, Jose
Creary, Karen
Cutright, Aaron
D'Amore, Franchesca
Davis, Elizabeth
De La Nuez, Julio
Dsouza, Eveline
Dudelzak, Eliza (Elisa)
Fortune-Evans, Bisiola
Foster, Vincent
Franks, Herb
Hayes, Kendra
Heywood, Carolina
Jackson-Tinsley, Shawn
Jimenez, Rafael
Machado, Alondra
Marcoviche, William
Mester, Brad
Moragne, Timothy
Muneton, Zulma
Murphy, Alex
Pietrogallo, Tim
Robertson, Lorenzo
Rodriguez, Joshua
Schweizer, Mark
Shamer, David
Shore, Rob
Wilson, Irving

HIV HEALTH SERVICES PLANNING COUNCIL
MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV
RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

Recipient: Government department designated to administer Ryan White Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/'Staff': Provides professional staff support, meeting coordination, and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination, and technical assistance to assist the Recipient through analysis of performance measures and other data with the implementation of activities designed to improve patient care, health outcomes, and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.