



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, October 13, 2022 - 9:30 AM
LOCATION: Broward Regional Health Planning Council
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.

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 October 13, 2022

ACTION: Approval of Minutes from April 14, 2021
5. Standard Committee Items
 - a. **Action Item:** MCDC Membership Strategy – Review the HIVPC membership strategy and determine the best course of action to address vacancies. (Handout A)
Work Plan Activity 1.2: Review seat status and ensure mandated seats are filled.
 - b. **Action Item:** HIVPC Demographics- Review demographics and identify populations that are over or underrepresented. (Handout B)
Work Plan Objective 1: Ensure HIVPC is representative and reflective.
 - c. **Action Item:** Current Applicants, Interested Parties, and Appointments-Review current HIVPC & Committee Applications. (Handout C)
Work Plan Objective 1: Ensure HIVPC is representative and reflective.
6. New Business
 - a. **Action Item:** Review Policy and Procedures. (Handout D)

7. Recipient's Report
8. Public Comment
9. Agenda Items for Next Meeting

a. Next Meeting Date: January 12, 2023, at 9:30 a.m. Location: BRHPC and via WebEx 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 you [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.



Broward County Board of County Commissioners

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[Broward County Website](#)

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.

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.

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 eskizif 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 respekte 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 posèsyon 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 implementation of activities designed to improve patient’s 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.



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Membership/Council Development Committee

Thursday, April 14, 2022 - 9:30 AM
Meeting via [WebEx](#)

DRAFT MINUTES

MCDC Members Present: V. Foster (Committee Chair), T. Moragne (Committee Vice-Chair), A. Cutright, Y. Arencibia, I. Wilson,

Members Absent: None

Ryan White Part A Recipient Staff Present: E. Reynoso

Planning Council & CQM Support Staff Present: G. Berkley-Martinez, T. Williams, W. Rolle, B. Miller, J. Rohoman

Guests Present: S. Magula, P. Valmyr, W. Augustin

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

The MCDC Chair called the meeting to order at 9:35 A.M. The MCDC Chair welcomed all meeting attendees that were present. Attendees were notified that the MCDC meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of 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 give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

3. Meeting Approvals

The approval for the agenda of the April 14, 2021, Membership/Council Development Committee meeting was proposed by Y. Arencibia, seconded by A. Cutright, and passed unanimously. The approval for the minutes of the October 14, 2021, meeting was proposed by A. Cutright, seconded by Y. Arencibia, and approved with no further corrections.

Motion #1: Ms. Arencibia, on behalf of MCDC, made a motion to approve the April 14, 2022, Membership/Council Development Committee agenda as presented. The motion was adopted unanimously.

Motion #2: Mr. Arencibia, on behalf of MCDC, made a motion to approve the October 14, 2021, Membership/Council Development Committee meeting minutes as presented. The motion was adopted unanimously.

4. Standard Committee Items

The Committee reviewed the MCDC Membership Strategy of the entire Planning Council and the individual committees. There are 21 members with three unaffiliated consumer seats, which is now 14% of the member body. The HRSA mandate is 33%. PCS Staff also discussed the open job-based seats that are occupied and vacant. The Committee brainstormed ideas that could help increase recruitment and retention. PCS Staff informed the Committee that more HIVPC-informational banners are being distributed to provider agencies. The HIVPC Demographics were also discussed.

The Committee reviewed pending HIVPC & Committee Applications. The motion to approve Andrea Lanear's application to fill the non-affiliated consumer seat was proposed by Y. Arencibia, seconded by I. Wilson, and passed unanimously. The motion to approve Stephanie Magula's application to fill the Mental Health and Substance Abuse seat was proposed by Y. Arencibia, seconded by A. Cutright, and passed unanimously. The motion to approve Johanne Casseus' application to fill the Healthcare Provider seat was proposed by Y. Arencibia, seconded by A. Cutright, and passed unanimously. The motion to approve Shawn Tinsley's application to fill the Hospital or Healthcare Planning Agency seat was proposed by Y. Arencibia, seconded by A. Cutright, and passed unanimously. The motion to approve Semi Spencer's application to fill the non-affiliated consumer seat was proposed by Y. Arencibia, seconded by A. Cutright and passed unanimously. The motion to approve a seat change for Vincent Foster from the Healthcare Provider seat to the Part C representative seat was proposed by A. Cutright, seconded by I. Wilson, and passed unanimously.

Motion #3: Ms. Arencibia, on behalf of MCDC, made a motion to approve Andrea Lanear's application to fill the Non-affiliated consumer seat. The motion was adopted unanimously.

Motion #4: Ms. Arencibia, on behalf of MCDC, made a motion to approve Stephanie Magula's application to fill the Mental Health and Substance Abuse seat. The motion was adopted unanimously.

Motion #5: Ms. Arencibia, on behalf of MCDC, made a motion to approve Johanne Casseus' application to fill the mandated Healthcare Providers seat. The motion was adopted unanimously.

Motion #6: Ms. Arencibia., on behalf of MCDC, made a motion to approve Shawn Tinsley's application to fill the Hospital or Healthcare Provider seat. The motion was adopted unanimously.

Motion #7: Ms. Arencibia, on behalf of the MCDC, made a motion to approve Semi Spencer's application to fill the Non-affiliated consumer seat. The motion was adopted unanimously.

Motion 8: Mr. Cutright, on behalf of the MCDC, made a motion to approve a seat change for Vincent Foster from Healthcare Provider seat to Part C representative seat. The motion was adopted unanimously.

5. New Business

Committee Members received an update on HIVPC social media. The Facebook, Twitter, and Instagram social media pages have scheduled posts every week. Staff noted that one person was recruited through the social media page, and encouraged members to like and share the social media pages to increase followers.

Additionally, members reviewed HIVPC recruitment materials as PCS Staff made edits to the promotional materials and included a QR code that directs persons to the county's website with the provider's locations and contact information. Another QR code has the link for the HIVPC Interest Application. The motion to approve the HIVPC recruitment materials was proposed by Y. Arencibia, seconded by T. Moragne, and passed unanimously.

Motion #9: Ms. Arencibia, on behalf of the MCDC, made a motion to approve the HIVPC recruitment materials. The motion was adopted unanimously.

Committee members discussed developing a system to recognize Member of the Year. This award will be presented during the February 2023 membership retreat. During the next meeting, members will brainstorm criteria for nominations. In the past, members were recognized for their hard work and dedication to the Planning Council and Committees.

Lastly, members reviewed the FY22 work plan, and PCS Staff discussed the changes to this work plan. The Committee voted to approve the FY 2022-2023 workplan as presented. The approval for the MCDC Committee Work Plan as presented was proposed by I. Wilson, seconded by Y. Arencibia, and passed unanimously.

Motion #10: Mr. Wilson, on behalf of the MCDC, made a motion to approve the MCDC Committee Work Plan as presented. The motion was passed unanimously.

6. Recipient's Report

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

7. Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

8. Agenda Items for Next Meeting

The next MCDC meeting will be held on July 14, 2022, at 9:30 a.m. via WebEx Videoconference.

9. Announcements

- A Townhall Meeting is scheduled for Thursday, April 14, 2022, at 5:30 pm for Broward County's HIV Town Hall Meeting! This event will be held virtually via Zoom and is free and open to the public. Members of the public are invited to share their thoughts on addressing HIV-related health disparities in Broward County, Florida.
- CEC will host their second Community Conversations Series in collaboration with the Arianna's Center on April 18, 2022. The conversation will be on optimizing HIV Prevention and Care for Transgender Adults. We invite persons to register for each session. Interested parties are encouraged to contact the Planning Council Support Staff.

10. Adjournment

There being no further business, the meeting was adjourned at 10:36 a.m.

11. MCDC Attendance for CY 2022

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	CX			14									
0	0	0	1	Arencibia, Y.	NQX			X									
0	0	0	2	Cutright, A.	NQX			X									
0	0	0	3	Foster, V. Chair	NQX			X									
0	0	1	4	Moragne, T., V. Chair	NQA			X									
0	0	1	5	Wilson, I.	NQA			X									
				Quorum = 4	3	0	0	5	0	0	0	0	0	0	0	0	

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 14, 2022
Minutes prepared by PCS Staff.

MCDC Membership Strategy Member Budget

Member Mix	Current	Goal
Job-Based Seat*	13	18
Consumer Seat	2	14
NECL Seat**	4	3
Total Membership	17	35
Unaffiliated Consumers (%)	12%	37%
Alternates	0	3

*Job-based seats are those seats filled based on the basis of employment

**NECL is the Non-Elected Community Leader seat and here only represents those members who are not unaffiliated consumers

Seats Currently Filled:

- Affected Communities (Consumers)
- Prevention
- Part B
- Part C
- Part D
- Health Care Providers/FQHCs
- ASO/CBO
- Mental Health
- Local Prison
- NECL
- Hospital or Health Care Planning Agency
- Local Public Health Agency
- Social Services including Housing & Homeless

Recommended Course of Action:

Open Job-Based Seats:

- Board of County Commissioners member
(*per Broward County Ordinance 12.108.b.*)
- Part F
- Representatives of/or formerly-incarcerated PWH
- VA or other federally funded program providing treatment for HIV
 - follow-up is taking place with VA representatives
- Medicaid
- Substance Abuse

- **Bring job-based members on slowly** to coincide with new unaffiliated consumer members.
- **MCDC must focus on bringing unaffiliated consumers onto the HIV Planning Council.** The Committee must implement its Recruitment & Retention Plan and increase consumer representation to reach the mandated 33%.

Open Consumer Seats:

- Affected Communities (Consumers)
- Alternates

HIV Planning Council & Committee Demographics Report

It is the work of the Membership/Council Development Committee to ensure the HIV Planning Council is representative of the HIV epidemic in Broward County. One way that MCDC accomplishes this task is by reviewing the Council and Committees' demographics, identifying over and underrepresented populations.

HIV in Broward County

The following table shows HIV in Broward by Race/Ethnicity and by Gender. These data are provided by the Florida Department of Health.

Race	Population	Percentage
White	6,878	38%
Black	9,815	33%
Hispanic	3,855	24%
Other	500	5%
Total	21,048	100%
Gender	Population	Percentage
Male	15,689	71%
Female	5,359	29%
Transgender	0	0%
Total	21,048	100%

How This Information is Compared

The Council and each of its Committees are compared to the epidemic to determine where representation can be improved.

Key Terms

Epidemic – refers to the information in the table above. This is how HIV is distributed throughout Broward County.

Consumers – Council and Committee members who access Ryan White Part A services.

Unaffiliated Consumers – Council and Committee members who access Ryan White Part A services and have no relationship to an agency which provides these services. This means the consumer does not work for a provider agency or otherwise benefit financially from the agency's success.

Mandated Seats – HIVPC positions (seats) required by the Health Resources & Services Administration (HRSA).

Key Points for Reflectiveness through March 2022

HIV Planning Council (HIVPC): The Council is currently at 17 members and 12% consumer membership. This percentage remains below the HRSA-mandated 33% and efforts must be directed towards increasing unaffiliated consumer member participation.

Community Empowerment Committee (CEC): CEC remains under-representative of Black membership and is also still under-representative of male consumers despite significant male representation on the Committee. The Committee is also under-representative of female consumers. CEC remains below its 51% consumer membership requirement stated in the Committee's Policies & Procedures.

Membership/Council Development Committee (MCDC): There is no consumer representation on the committee.

Priority Setting & Resource Allocation (PSRA): The Committee's membership has decreased by six members. This committee is under-representative of Black and female consumers.

Executive Committee: The Executive Committee membership has remained consistent. There are no unaffiliated consumers in a leadership position on the Council.

Quality Management Committee (QMC): QMC is under-representative of Black members. Black, Hispanic, and female consumers are not represented on the Committee. QMC's membership has remained consistent.

System of Care (SOC): SOC's membership has increased by three members. Black, Hispanic, and female consumers are not represented on the Committee. There is one unaffiliated consumer in this committee.

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE Policies and Procedures

Approved 3/23/17

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 Membership/Council Development Committee shall meet quarterly (or as needed) to conduct committee business. Planning Council applications will be reviewed on a quarterly basis, or as needed, by the Committee. MCDC Committee members will be subject to Broward County Code of Ordinances for meetings scheduled on a quarterly or less frequent basis, with Committee members removed after two (2) consecutive unexcused absences or missing two (2) properly noticed meetings in one (1) calendar year.

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 1/28/10).

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 than 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 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 11/19/15). 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 (Approved 1/26/17):

1. Ability to fulfill membership representation deficiencies/vacancies;
2. Experience and expertise to fulfill a particular category of membership;
3. Status as current HIVPC Alternate;
4. Participation on Committees;
5. Attendance at Orientation; and
6. Other identified criteria.

As part of the MCDC’s selection process for new applicants, the following will be used based on priority (Approved 1/26/17):

1. Unaffiliated consumers
2. Demographic reflectiveness
3. Federally mandated seats
4. 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 (Approved 11/19/15).

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 seat.
- Planning Council demographics are overrepresented of unaffiliated PLWHAs
- To fulfill By-Laws mandate of a minimum of 3 Alternates (Approved 1/26/17)

When eligible, Alternates will be advanced to full HIVPC membership status based on screening criteria.

Council Development:

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