Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

COMMITTEE: Membership/Council Development Committee
MEETING AGENDA
Date/Time: Thursday, August 1, 2013, 9:00 a.m.
Location: BRHPC
K. Creary, **Chair** T. Wilson, **Vice-Chair**

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*

2. **APPROVALS:** 8-1-13 Agenda and 7-11-13 Meeting Minutes

3. **STANDARD COMMITTEE ITEMS**
   a. Review Planning Council Demographics – (Handout A)
   b. Review Planning Council Vacancies – (Handout B-1, B-2)
   c. Current Applicants and Interested Parties and Appointments – (Handout C)
   d. Review Attendance – (Handout D)
   e. Review Work Plan (Handout E)

4. **UNFINISHED BUSINESS**
   a) Review Planning Council Members and Their Seats
   This item is tabled until the September 2013 Committee meeting.
   b) Review Draft Letters Regarding the Mentoring Plan (Handout F-1, F-2)
   ACTION ITEM: Review and approve draft letter introducing the mentoring plan. Review revised new applicant letter, which will now reference the mentoring plan and be signed by the Membership Committee.
   c) Recruitment and Retention Plan (Handout G)
   ACTION ITEM: Review and update Recruitment and Retention Plan. Review Recruiting brochure.

5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
Policies and Procedures (WP Item 5.1)	ACTION ITEM: Review and revise the policies and procedures. Check for inconsistencies. (Handout H)
HIVPC Training Survey (WP Item 4.2)	ACTION ITEM: Plan and implement a training survey for the HIV Planning Council members. (Handout I)

6. **PUBLIC COMMENT**

7. **AGENDA ITEMS/TASKS FOR NEXT MEETING: NEXT MEETING:** September 12, 2013 **VENUE:** BRHPC

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Responsible Party*	*Information requested (i.e. data, research, etc.) Action to be taken, presentation, discussion, brainstorm etc.*
Review results of PC survey on qualifications for seats (WP Item 1.3)	MCDC, Staff	Review the member update form completed by PC members in order to complete review of seats
HIVPC Training Survey (WP Item 4.2)	MCDC, Staff	Review results of the HIVPC training survey and identify training topics
Training on Demographics	Staff	Be trained on the demographics of the Council and the meaning of mandated seats

8. **ANNOUNCEMENTS**

9. **ADJOURNMENT**

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MEETING MINUTES

COMMITTEE: Membership/Council Development Committee
Date/Time: Thursday, July 11, 2013, 9:00 a.m.
Location: BRHPC
K, Creary, **Chair** T. Wilson, **Vice-Chair**

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Creary, K. *Chair*	**X**			Kuryla, S.
2	Wilson, T. *Vice Chair*	**X**			
3	Katz, H.B.	**X**			**Grantee Staff**
4	Dyer, L.	**X**			Odusanya, S
5	Williams, R.	**X**			
6	Burgess, D.	**X**			**HIVPC Staff**
7	Fields, A.		**X**		Crawford, T. / Rosiere, M.
	Quorum = 5	**6**	**1**		Solomon, R.
					McEachrane, T.

1. CALL TO ORDER:

The Chair called the meeting to order at 9:16am.
The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.
Chairs, committee members, guests, grantee staff and support staff self-introductions were made. A moment of silence was observed.

2. APPROVALS:

Motion #1	To approve today's meeting agenda
Proposed by:	Dryer, L.
Seconded by:	Katz, H.B
Action:	Passed Unanimously

Motion #2	To approve meeting minutes of 5/2/13
Proposed by:	Dryer, L.
Seconded by:	Katz, H.B
Action:	Passed Unanimously

3. STANDARD COMMITTEE ITEMS

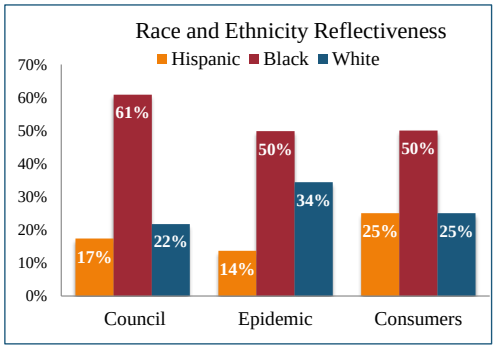
a. Review Planning Council Demographics – (Handout A)

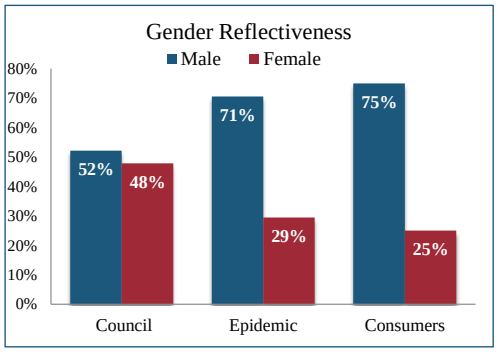
HIV Planning Council Membership Report for July 11, 2013

Gender	Council	Epidemic	Consumers		Council	Epidemic	Consumers
Male	12	11,836	6	Male	52%	71%	75%
Female	11	4,944	2	Female	48%	29%	25%
	23	16,780	8		100%	100%	100%
Race	**Council**	**Epidemic**	**Consumers**		**Council**	**Epidemic**	**Consumers**
Hispanic	4	2,290	2	Hispanic	17%	14%	25%
Black	14	8,361	4	Black	61%	50%	50%
White	5	5,772	2	White	22%	34%	25%
Other	0	357	0	Other	0	2%	0
	23	16,780	8		100%	100%	100%

Percent of Planning Council Members That Are Unaffiliated Consumers

35%





Current Members	23
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35

Current Active Applicants	4
Members Pending at County	0
Scheduled County Appointment	None

Staff informed the Committee that the HIV Health Services Planning Council (HIVPC) Prevention seat is now vacant; the percentage of unaffiliated consumers is now 35%.

b. Review Planning Council– (Handout B)

Category	Female	Male	Black	Hispanic	White
Health care providers, including FQHCs		1			1
CBOs serving affected populations and ASOs	1		1		
Social service providers, including housing & homeless		1		1	
Mental health provider		1	1		
Substance abuse provider	1		1		
Hospital planning or other health care planning agencies					
Local Public Health Agency					
Non-elected community leaders (NECL)	1		1		
	1				1
		1			1
	1		1		
State Medicaid agency	1		1		
State Government Administering Ryan White Part B					
Part C grantee	1		1		
Part D grantee	1		1		
Grantees of other Federal HIV programs					
		1		1	
Formerly incarcerated PLWHA or their representatives	1		1		
Other: County Commissioner		1	1		
	9	**6**	**10**	**2**	**3**
	60%	**40%**	**67%**	**13%**	**20%**
		15			15
Affected communities, including		1	1		
· People with HIV/AIDS		1	1		
· Federally recognized Indian tribe members		1			1
· Individuals co-infected with hep B or C		1		1	
· Historically underserved subpopulations		1			1
		1		1	
	1		1		
	1		1		
	2	6	4	2	2
	25%	**75%**	**50%**	**25%**	**25%**
		8			8
	11	12	14	4	5
	48%	**52%**	**61%**	**17%**	**22%**
		23			23

Members reviewed current HIVPC vacancies. The Grantee inquired about recruitment efforts to fill vacant seats; Staff informed the Committee that review of current applicants is the next agenda item.

c. Current Applicants and Interested Parties and Appointments – (Handout C)

Consumer	W	B	H	F	M	T	Agency	Orientation	Committee	Member	Date 1	Date 2	Date 3	Status	Able to Join at this Time	Application Category
1		1		1			Minority Dev.	Yes	PSRA	Yes	12/19/2012	1/16/2013	3/20/2013	In process	Yes	CBO/ASO, NECL, MHP
1	1				1			Yes	QM	No	3/18/2013	4/15/2013		In process	Yes	Affected Communities
	1				1		Nova	No	QM	Yes	9/24/2012	10/15/2012	1/7/2013	In process	Yes	HCP, CBO/ASO
		1			1		Broward Health	Yes	MCDC	No	5/2/2013					CBO/ASO
1		1		1				Yes	JCCR	No	6/5/2012	9/5/2012		On hold	No	Affected Communities
1		1		1				No	JCCR	Yes	6/5/2012	7/10/2012	8/7/2012	On hold	No	Affected Communities

The Committee discussed current applicants and reviewed the Membership/Council Development (MCDC) Policies and Procedures for clarification on the Non-Elected Community Leader seat. Members discussed filling vacant seats with candidates that meet the appropriate qualifications. The Chair suggested that Staff follow up with HIVPC applicants to confirm interest level prior to MCDC review. Members reviewed Yolanda Reed's application to determine appropriate seat and made the following motion:

Motion #3	To appoint Yolanda Reed to HIVPC to fill the Affected Communities seat
Proposed by:	Katz, H.B
Seconded by:	Wilson, T.
Action:	Passed Unanimously

Members reviewed Dr. Mark Schweizer's application and HIVPC Job Descriptions to determine the appropriate seat. The following motion was made:

Motion #4	To appoint Dr. Mark Schweizer to HIVPC to fill the Healthcare Provider seat
Proposed by:	Katz, H.B
Seconded by:	Wilson, T.
Amendment	Pending HIVPC orientation prior to HIVPC council meeting
Action:	Passed Unanimously

The Chair suggested that Staff review By-Laws for clarification on changes made to HIVPC member applications following a change in job title to ensure that HIVPC members continue to fill appropriate seats. It was noted that some seats are based on type of organizational affiliation rather than actual job title. It was suggested to include a process in the MCDC Policies and Procedures for HIVPC resignation and/or job title change. Members discussed the existing policy for HIV related absences and HIVPC resignation/job title changes; Members noted that the existing policy for resignation/reassignment is contradictory. Members were informed that attendance for HIVPC alternates is not counted towards quorum but is still monitored. The Committee requested that the ad Hoc By-Laws Committee provide clarification on HIV related absences and number of excused absences allowed.

d. Review Attendance – (Handout D)

The Committee reviewed Committee Member attendance. There was a discussion on chair discretion for excused absences.

e. Review Work Plan –(Handout E)

Members reviewed the 2013-14 MCDC Work Plan calendar. Staff to make Committee discussed changes to the work plan.

4. UNFINISHED BUSINESS

a) Review Planning Council Members and Their Seats

The Committee tabled review of HIVPC applications until the September meeting. Committee members were informed that HIVPC applications have been updated by each member.

b) Mentoring Plan

Members reviewed and revised the Mentoring Plan. The Plan now includes language from the Health Resources and Services Administration (HRSA) regarding the purpose of mentoring as well as information regarding the Florida Sunshine Law. The Chair agreed to make an announcement at the next HIVPC meeting to recruit volunteers to participate in the Mentoring Program. The Committee reviewed the current new applicant welcome letter; Members suggested introducing the Mentoring Program in the new applicant letter and signing the letter MCDC. There was a discussion on mandatory participation in the Mentoring Program and potential increases in accountability. Staff read the draft Mentoring Program aloud for the record. The Committee established a timeline of three to six months for implementation. Staff to draft another letter introducing the Mentoring Program and send electronically to Committee for review. The Mentoring Program letter to be sent post Board of County Commission letter signed by MCDC. The following motions were made:

Motion #5	To accept the draft Mentoring Program as amended
Proposed by:	Katz, H.B
Seconded by:	Wilson, T.
Amendment	To strike *incumbent* from the Draft Mentoring Program
Action:	Passed Unanimously

Motion #6	To make the Mentoring Program mandatory for all new members of the council unless they are already familiarized with the process
Proposed by:	Katz, H.B
Seconded by:	Wilson, T.
Amendment	MCDC takes on the responsibilities of being volunteer mentors
Action:	Passed Unanimously

The Committee discussed the importance of having volunteer mentors to participate in the new member Mentoring Program. It was suggested that MCDC Members lead by example and volunteer as mentors in the Mentoring Program.

5. MEETING ACTIVITIES / NEW BUSINESS

Goal/Work Plan Objective #:	*Accomplishments*
Training on Demographics and Seats	The Committee tabled training on demographics and seats until the September MCDC meeting.
Recruitment and Retention Plan (WP Item 2.1)	The Committee tabled review of the Recruitment and Retention Plan. The following motion was made:

Motion #7	To table review of the Recruitment and Retention Plan until the August meeting
Proposed by:	Katz, H.B
Seconded by:	Wilson, T.
Amendment	Staff to email document to MCDC members for suggested changes; MCDC to send discussion points to Staff prior to the next MCDC meeting.
Action:	Passed Unanimously

6. PUBLIC COMMENT

None

7. AGENDA ITEMS / TASKS FOR NEXT MEETING: **Date:** August 1, 2013 **Venue:** BRHPC

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Responsible Party*	*Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.*
Review draft letters describing the mentoring plan		
Review and update the Recruitment and Retention Plan		
Review Policies and Procedures		
Plan and Implement HIVPC Training Survey		

8. ANNOUNCEMENTS

There were no announcements.

9. ADJOURNMENT

Without objection the meeting was adjourned at 11.44am.

MCDC Attendance CY 2013						
#	**Members**	**Jan-3**	**Mar-7**	**Apr-4**	**May-2**	**July-11**
1	Creary, K. *Chair*	X	X	X	X	X
2	Wilson, T. *Vice Chair*	X	X	X	X	X
3	Dyer, L.	X	X	X	X	X
4	Katz, H.B.	E	X	X	X	X
5	Williams, R.	X	A	X	E	X
6	Burgess, D.	Appointed 5.2.13				X
7	Fields, A.	Appointed 5.2.13				A
	Quorum = 4	**6**	**4**	**5**	**4**	**6**

HIV Planning Council Membership Report for August 1, 2013

HANDOUT A

Gender	Council	Epidemic	Consumers		Council	Epidemic	Consumers
Male	12	11,836	6	Male	52%	71%	75%
Female	11	4,944	2	Female	48%	29%	25%
	23	**16,780**	**8**		**100%**	**100%**	**100%**
Race	**Council**	**Epidemic**	**Consumers**		**Council**	**Epidemic**	**Consumers**
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Other	0	357	0	Other	0	2%	0
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Percent of Planning Council Members That Are Unaffiliated Consumers

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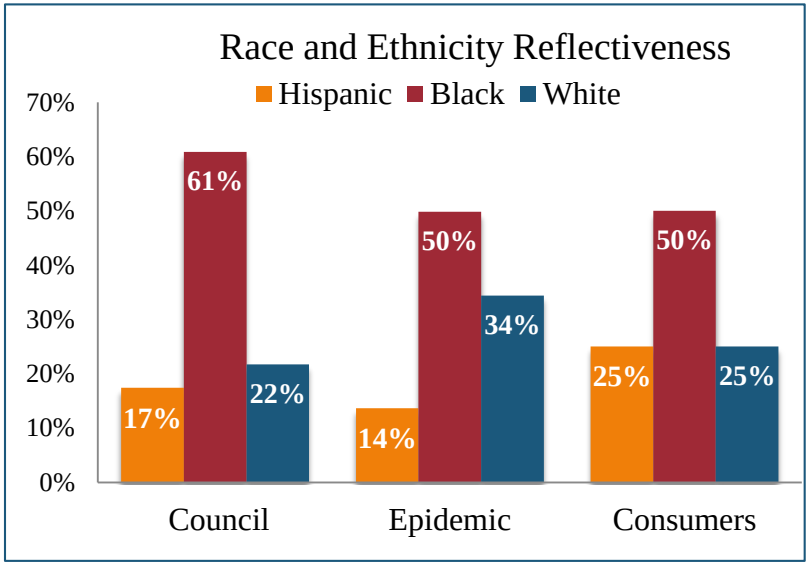

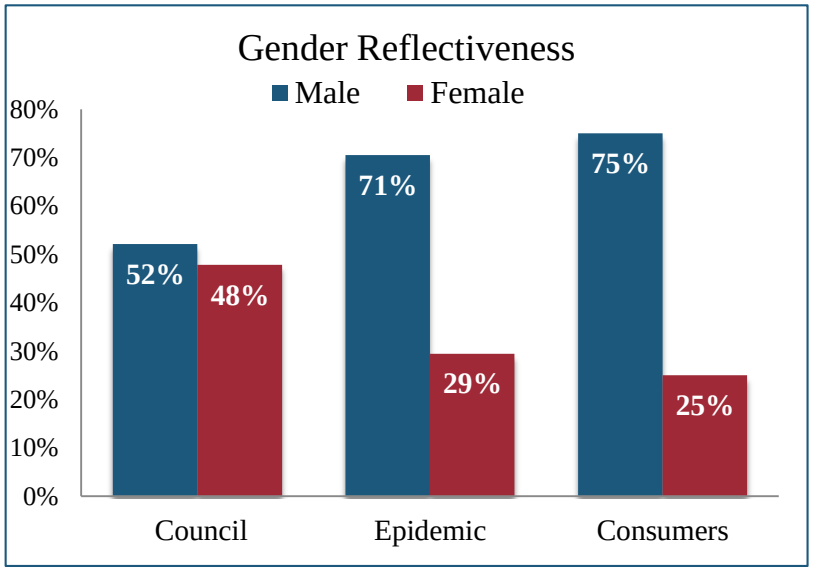

Current Members	23
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35

Current Active Applicants	2
Members Pending at County	2
Scheduled County Appointment	None

2013-14 Work Plan Calendar for Membership/Council Development Committee

	March	April	May	June	July	Aug
MCDC	1 Update Work Plan 2 Review HIVPC qualifications for each member	1 Update PC application 2 Update P&P	1 Develop mentoring plan 2 Complete Position Descriptions	X	1 Complete Mentoring Plan 2 Request provider event dates for recruiting	1 Recruitment & Retention Plan 2 Policies & Procedures 3 Review Applicant & Mentoring Letters 4 Plan & implement HIVPC training survey 5 Send PC recruiting materials to Broward.org, providers & networks

	Sep	Oct	Nov	Dec	Jan	Feb
MCDC	1 Review results PC training survey 2 ID training topics 3 MCDC training on demographics, mandated seats 4 Review results of PC survey on qualifications of seats	1 Review results PC training survey 2 ID training topics	1 Plan retreat training 2 Develop procedure for members to change seat status	1 Approve procedure for members to change seat status	1 Devise rewards for PC members	1 Annual Evaluation 2 Update Work Plan, P&P

Broward HIV Health Services Planning Council FY2013-14 **Membership/Council Development Committee** Work Plan

HANDOUT E

Objective 1. Ensure Planning Council is representative and reflective	Responsible	Outcome	Start	Due	Progress
1.1 Review Council makeup to ensure it reflects epidemic; Ensure mandated seats filled; Ensure 33% of members are unaffiliated PLWHA	MCDC, Staff	PC reflects epidemic	Each meeting	Each meeting	In process
1.2 Review, approve position descriptions	MCDC, Staff	Ensure compliance	3/13	5/13	Complete
1.3 Review Results of PC survey on qualifications for seats	MCDC, Staff	Ensure compliance	9/13	9/13	
1.4 Conduct pre- and post-appointment orientations for new members	MCDC, Staff	Educated PC	As needed	As needed	In process
1.5 Announce vacant positions at each meeting of MCDC	MCDC, Staff	Public awareness	Each meeting	Each meeting	In process
1.6 Display recruitment and application materials at each HIVPC meeting	Staff	Public awareness	Each meeting	Each meeting	In process
1.7 Members, Staff greet visitors at Council and Committee meetings	MCDC, Staff	Public involvement	Each meeting	Each meeting	In process
1.8 Contact potential applicants on requirements, reimbursement of costs	Staff	Public involvement	As needed	As needed	
1.9 Seek feedback from PLWHA members on barriers to serving on PC	MCDC, Staff	Eliminate barriers	As needed	As needed	
1.10 Develop, Approve procedure for PC members to notify change in seat status	MCDC, Staff	Ensure compliance	11/13	12/13	
1.11 Devise ways to reward PC members for work	MCDC, Staff	Eliminate barriers	1/14	1/14	
1.12 Receive training on PC demographics and mandated seats	Staff	Ensure compliance	8/13	8/13	
Objective 2: Ensure Adequate Applicant Pool for Planning Council and Committees; Raise Community Awareness of Council					
2.1 Review and update Recruiting and Retention Plan, recruiting brochure, Website materials	MCDC, Staff	Updated plans	6/13	8/13	Pending
2.2 Ask PC Members, community groups, providers to submit dates of community events for possible recruiting	MCDC, Staff	Active recruiting	7/13	7/13	Recurring
2.3 Attend community events that attract PLWHA, for recruiting. Discuss if members should be more active	MCDC, PC	Individuals recruited	As needed	As needed	
2.4 Supply providers, case managers and outreach networks with PC materials	Staff, Grantee	Active recruiting	8/13	8/13	
2.5 Seek to post recruiting materials, application on Broward government Website	Staff, Grantee	Active recruiting	8/13	8/13	
Objective 3. Ensure Compliance with Attendance Policy and Removal for Cause Policy					
3.1 Review Planning Council and Committee attendance	MCDC, Staff	Policy followed	Each meeting	Each meeting	Recurring
3.2 Review Removal for Cause Policy, in By-Laws	MCDC, Staff	Policy implemented	As needed	As needed	
Objective 4. Ensure and Implement Capacity/Leadership Development for Planning Council Members and Applicants					
4.1 Review and Revise Mentoring Program	MCDC, Staff	Educated PC	6/13	7/13	Complete
4.2 Plan and implement trainings a. Survey HIVPC members what training they want b. Review training survey results. Identify training session(s) for annual retreat	MCDC, Staff	Educated PC	8/13 9/13	10/13	
4.3 Conduct orientations for new members (Priority setting, QM process, legislative requirements); Conduct post-appointment orientations	MCDC, Staff	Members informed	As needed	As needed	
4.4 Plan and implement training for Planning Council members at annual retreat	MCDC, Staff	Required training	11/13	11/13	
Objective 5: Update Work Plan and Policies & Procedures					
5.1 Review and update Work Plan / Policies & Procedures	MCDC, Staff	Updated work plan	8/13, 2/14	8/13, 2/14	
5.2 Conduct annual evaluation: Assess past year and recommend improvements	MCDC, Staff	Improved process	2/14	2/14	

HIV Planning Council
Recruitment and Retention Plan

PURPOSE

This Recruitment and Retention Plan is designed to ensure that the Broward County HIV Health Services Planning Council has strong representation by people living with HIV/AIDS, vulnerable populations throughout our Eligible Metropolitan Area, experts in the field of HIV Disease and HRSA-required categories of representation.

POLICY

This Recruitment and Retention Plan shall be reviewed by the Membership/Council Development Committee on an annual basis. All amendments and/or revisions shall be discussed by the MCDC and approved by the full HIV Planning Council.

HRSA-Required Planning Council Membership Categories

- At least 33% are People Living with HIV/AIDS who receive Part A-funded services.
- Health-care providers, including federally qualified health centers.
- Community-based organizations serving affected populations and AIDS service organizations.
- Social service providers (including housing and homeless-service providers).
- Mental health providers.
- Substance abuse providers.
- Local public health agencies.
- Hospital planning agencies or health-care planning agencies.
- Affected communities, including individuals with HIV disease or 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.
- Non-elected community leaders.
- State Medicaid agency.
- State agency administering the Part B program.
- Ryan white grantees under Part C, Part D and Part F.
- Grantees under other Federal HIV/AIDS programs (including HOPWA and HIV prevention programs).
- Formerly incarcerated PLWHA or their representatives.

Recruitment

Goal: Ensure that the HIVPC has a pool of applicants to fill and maintain all categories with qualified members.

Strategy 1 - Involve all Planning Council stakeholders in recruitment efforts

- Announce vacant positions at each meeting of the HIVPC, the MCDC Committee and, if possible, South Florida AIDS Network.
- Display recruitment and application materials at each meeting of the HIVPC and, if possible, SFAN.
- Set up a table with recruitment materials when the HIVPC, MCDC or Joint Client/Community Relations Committee holds meetings in the community.
- Council members and HIVPC staff greet visitors at meetings of the Council and its Committees. Ask if they wish to speak at the meeting and get involved in the HIVPC.
- Offer HIVPC members training (such as CAEAR Coalition Tool) on identifying potential applicants, soliciting their participation and eliminating barriers to participation.

Strategy 2 - Use the Internet as a recruitment tool

- Develop and post a recruitment message on the HIVPC website.
- Seek to post a recruitment message and application materials on the Broward County government website.

Strategy 3 - Use printed recruitment materials throughout the year

- Develop and distribute recruitment brochures.
- Distribute materials at community events that attract populations strongly affected by HIV/AIDS. Members of the HIVPC, MCDC and/or HIVPC staff will attend at least two events per year.
- Issue press releases encouraging people to apply for vacant positions. Include data showing the epidemic transcends race, income, ethnicity, gender and age.

Strategy 4 - Use Service Providers and the community to help recruit

- Encourage networking among providers as a way to seek providers as applicants.
- Supply case managers and outreach networks with recruitment materials, fact sheets and committee meeting schedules they can share with interested clients.
- Supply recruitment materials, fact sheets and committee meeting schedules to community organizations involved with HIV/AIDS and affected populations, so they can share with interested clients.
- MCDC members and HIVPC staff can call organizations receiving materials to encourage the posting of fliers that explain the importance of HIVPC activities and participation.

Strategy 5 – Encourage interested people

- MCDC members or HIVPC staff will send potential applicants email or letters to explain the process. Note the requirement to attend three committee meetings and orientation in order to qualify for HIVPC nomination.
- If necessary, follow up by phone to answer questions, explain reimbursement policies or identify barriers to participation.

Retention

Goal: Ensure the HIVPC takes all feasible steps to retain PLWHA and other members who want to participate

Strategy 1 - Ensure that the HIVPC supports cultural diversity and diverse members

- Include a cultural diversity segment at Council meetings and/or retreats, as needed.
- Provide written materials in appropriate languages upon request.

Strategy 2 – Support HIVPC members

- Conduct regular Council orientations.
- Seek feedback from members regarding Council and Committee meetings and eliminate potential barriers to participation.

Strategy 3 - Ensure easy access to all Council and Committee meetings

- Location, public transportation, Americans with Disabilities Act
- Reimburse HIV-positive members for travel, child care costs or other Council-associated expenses

Strategy 4 - Reward Planning Council Members for their work

- Annual holiday recognition
- Celebrate accomplishments

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Policies and Procedure

Last Updated 4/4/13; Approved: 4/25/13

Policies

The Membership/Council Development Committee 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 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 held quarterly (Approved 8/6/09).

Comment [HP1]: Does the Committee want to keep Orientations only quarterly? Staff currently conducts orientation

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 HIV/AIDS Program (RWHAP)~~ 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.

Comment [HP2]: Recommendation: Change outdated term

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 member and/or alternate shall be deemed absent from a meeting when the member and/or alternate is not present at the meeting at least seventy-five (75) percent of the time.

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.

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 Membership Policies and Procedure. The Council may recommend the reappointment of members whose absences were caused by extenuating circumstances.

The membership categories for the Council and Consortia shall be consistent with those defined in the RWHAP~~Act~~. Not 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 RWHAP ~~Act 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 RWHAP~~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)

There shall be a minimum of two individuals with HIV who shall serve as alternates appointed and approved by the Broward County Commission. 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 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. Alternates shall comply with attendance requirements at Council meetings.

Comment [HP3]: Currently only 1 alternate on the Council. Conflict with the By-Laws that state there must be 3 alternates

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.

The term of office for members and alternates shall be at the pleasure of the appointing Commissioner.

The Committee shall be responsible for recommending removal of Council members and Alternates in accordance with the Council By-Laws.

Comment [HP4]: Highlighting MCDC's authority to remove members or alternates in accordance with the By-Laws

Procedures

Membership:
Semi-annually the current membership will be evaluated 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 RWHAP ~~Act~~;
- Fail to maintain the qualifications set forth in Broward County Resolution #94-1286 (or its successors);

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

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Comment [HP5]: MCDC requested to review this policy

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procedures. The member shall have the ability to reapply for membership to the Council. (Approved 11/19/2009)

Current Members and Alternates whose status and/or qualifications change will be given priority for reassignment to any existing vacancy for which they may qualify.

The Membership/Council Development Committee and Broward County HIV Health Services Planning 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.

An open, well publicized recruitment activity 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 Membership Committee Chair is responsible for offering to visit, specifically, case management agencies in efforts to encourage the recruitment of consumers for potential Council membership.

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.

Applicants will be invited to attend an orientation and encouraged to join a committee. 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.

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 and attend a membership orientation prior to being considered for appointment to the Planning Council. (Approved 4/2008)

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 HIV/AIDS Program's ~~CARE Act~~ Part A ~~Title I~~ Manual (Section ~~XVI: 2-3~~ *Planning Council Membership; Planning Council Nominations*). These Sections give the legislative background of the Ryan White HIV/AIDS Program ~~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.

Comment [HP6]: MCDC requested to review this policy

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Comment [HP7]: Recommendation: Change outdated term.

A semi-annual post-appointment training will occur for new members and other interested parties. New appointees will be offered the guidance of a mentor. The Membership Committee will conduct mentoring training twice annually for Council volunteers.

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

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Mentoring Program

Comment [HP8]: Already revised and approved by MCDC; currently pending HIVPC Approval

In order to increase attendance and participation in Council meetings, this Committee will institute orientation and training programs for new and incumbent members.

An important segment of this training will be designated as the Mentoring Program which will be offered to all new Council members and alternates.

A welcome letter will be sent to the above members with an attachment requesting the new members and alternates to choose a committee they have an interest in attending. In addition, at the post appointment orientation meeting, Council members who have volunteered their time to this program will be assigned by the Chair of the Membership/Council Development Committee.

The new members and alternates, when possible, should sit near his/her Mentor during all meetings. (Non-voting alternates are reminded they may sit in proximity to 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 annually according to the schedule set forth in the Committee Workplan. The Mentor should strive to educate the new member 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 new members of upcoming meetings which might be of interest to that person.

HIV Planning Council Members – Job Descriptions

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

The purpose of HIV Planning Council membership categories:

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

From HRSA

Planning Council Members Major Duties

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

Member Qualifications

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

Member Responsibilities

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

PLANNING COUNCIL MEMBERSHIP CATEGORIES

1. Affected Communities

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

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

- "Involvement of those who use Ryan White services ensures crucial input from persons closest to care delivery. Legislative provisions require that consumers be free of conflict of interest in relation to funding decisions"

- "33% of Council members must be consumers receiving Ryan White Part A services, or the parents and caregivers of minor children who are receiving such services. These members should reflect the epidemic in the EMA and be unaligned, meaning that they "are not officers, employees or consultants" of any providers receiving Ryan White funds, and they "do not represent any such entity."

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

Job Description for Affected Communities:

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

2. Non-Elected Community Leader

Definition of Non-Elected Community Leader:
HIVPC By-Laws: "Someone active in the community not elected in formal government elections."

Job Description for Non-Elected Community Leader:

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

3. Health Care Providers, including Federally Qualified Health Centers

Job Description for Health Care Providers:

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

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

Job Description for ASO/CBO:

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

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

Job Description for Social Service Providers:

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

6. Mental Health Providers and Substance Abuse Providers

Job Description of Mental Health Providers and Substance Abuse Providers:

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

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

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

a. Provide the Council and its Committees with detailed insight about the area's Ryan White Part B programs.

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

8. State Medicaid Agency

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

9. Ryan White Part C Grantee

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

10. Ryan White Part D Grantee

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

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

Definition of Grantees of Other Federal HIV Programs: The category is to include, at a minimum, a representative from each of the following:
- Federally-funded HIV prevention services
- Grantees providing services in the EMA that are funded under Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs) and Ryan White Dental Programs (Part F)
- Housing Opportunities for Persons With AIDS (HOPWA) program
- Other Federal programs if they provide treatment for HIV/AIDS, such as the Veterans Administration

Job Description for Grantees of Other Federal HIV Programs:
a. Supply the Council and its Committees with detailed insight about the federal program's HIV/AIDS services.

b. Provide annual reports on unduplicated utilization, expenditures (overall and by service category) and client demographics of the programs in Broward County.
c. Bring back to the agency Council recommendations on changing and improving the agency's programs.
d. Share information about how Council actions will affect the community's health system and status.

12. Hospital Planning Agencies or Health Care Planning Agencies

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

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

13. Local Public Health Agencies

Job Description for Local Public Health Agencies:

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

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

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

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

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

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

Job Description for Consumer Representation of Formerly Incarcerated Populations:

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

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