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

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE MEETING AGENDA

Thursday, March 7, 2013 at 9:00 a.m.

Karen Creary, *Chair* **Tara Wilson,** *Vice Chair*

1. **CALL TO ORDER, WELCOME & INTRODUCTIONS**
   Welcome, Review Meeting Ground Rules, Statement of Sunshine and Review Public Comment Procedure. Member, Guests, Grantee and Staff Self-Introductions.

2. **MOMENT OF SILENCE**

3. **APPROVALS**
   Approval of Today's Agenda and the 1/3/13 Meeting Minutes

4. **REVIEW PLANNING COUNCIL DEMOGRAPHICS –** (HANDOUT A)

5. **REVIEW PLANNING COUNCIL VACANCIES –** (HANDOUT B)

6. **CURRENT APPLICANTS AND INTERESTED PARTIES –** (HANDOUT C)

7. **REVIEW ATTENDANCE –** (HANDOUT D)

8. **NEW BUSINESS**
   a. ACTION ITEM: Review Policies and Procedures language as it relates to the application of the new HOPWA administrator. (HANDOUT E)
   b. ACTION ITEM: Review job change of Planning Council member holding the seat of Representative of Former Local, State and Federal Inmates. Decide if the member remains qualified for the seat. (HANDOUT F)

9. **UNFINISHED BUSINESS**
   a. Review Planning Council Members and Their Seats
      ACTION ITEM: Review Planning Council members' employment and background, and compare to the category of Council seat they now hold. The original application forms of Council members are available to display on the overhead screen.

10. **WORK PLAN REVIEW** (HANDOUT G)
    ACTION ITEM: Review and approve proposed 2013 Committee Work Plan.

11. **PUBLIC COMMENT**

12. **REQUEST FOR INFORMATION/DIRECTIVES**

13. **AGENDA ITEMS FOR NEXT MEETING –** May 2, 2013 at 9:00 a.m. Venue: BRHPC

14. **ADJOURNMENT**

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MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE

January 3, 2013 at 9:00 a.m.
Broward Regional Health Planning Council
200 Oakwood Lane, Hollywood, 33020
MEETING MINUTES

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Creary, K. *Chair*	**X**			
2	Wilson, T. *Vice Chair*	**X**			
3	Katz, H.B.		**E**		**Grantee Staff**
4	Dyer, L.	**X**			Odusanya, S.
5	Williams, R.	**X**			
6	Hanson-Evans, B.	**X**			**HIVPC Staff**
7	Roberson, C.	**X**			Crawford, T.
	Quorum = 5	**6**	**1**		LaMendola, B.
					Rosiere, M.

1. CALL TO ORDER & WELCOME AND INTRODUCTIONS

The Chair called the meeting to order at 9:27 a.m.

The Chair welcomed everyone and stated that the acknowledgement of HIV status is not required but is subjected to public record if it is disclosed. Attendees were also reminded of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Self-introductions were made.

2. MOMENT OF SILENCE

A moment of silence was observed.

3. APPROVAL OF THE 1/3/13 MEETING AGENDA

Motion # 1	To approve the 1/3/13 meeting agenda
Proposed by:	Carl Roberson
Seconded by:	Leroy Dyer
Action:	Passed Unanimously

APPROVAL OF THE 11/1/12 MEETING MINUTES

Motion # 2	To approve the 11/1/12 meeting minutes
Proposed by:	Barbara Hanson-Evans
Seconded by:	Carl Roberson
Action:	Passed Unanimously

4. REVIEW PLANNING COUNCIL DEMOGRAPHICS (HANDOUT A)

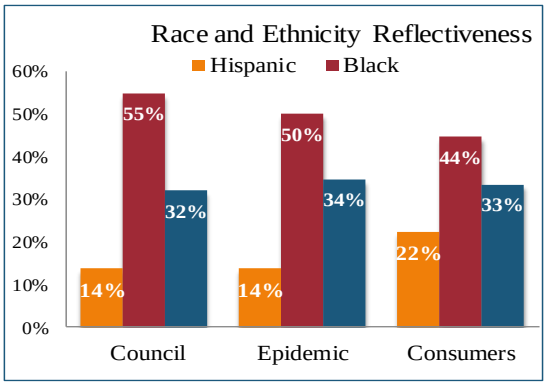
The Planning Council Demographics were reviewed as shown below:

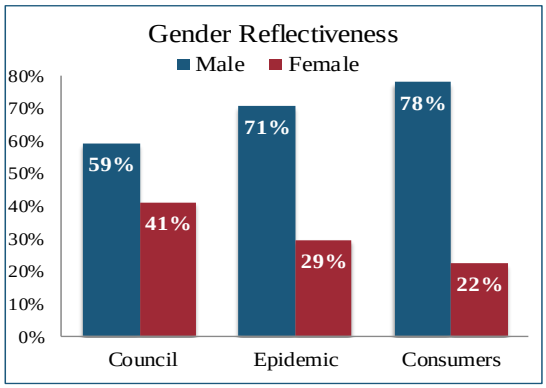
HIV Planning Council Membership Report Jan. 3, 2013

Gender	Council	Epidemic	Consumers		Council	Epidemic	Consumers
Male	13	11,836	7	Male	59%	71%	78%
Female	9	4,944	2	Female	41%	29%	22%
	22	16,780	9		100%	100%	100%
Race	**Council**	**Epidemic**	**Consumers**		**Council**	**Epidemic**	**Consumers**
Hispanic	3	2,290	2	Hispanic	14%	14%	22%
Black	12	8,361	4	Black	55%	50%	44%
White	7	5,772	3	White	32%	34%	33%
Other	0	357	0	Other	0	2%	0
	22	16,780	9		100%	100%	100%

Percent of Planning Council Members That Are Unaffiliated Consumers

41%





Current Members	22
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35

Committee members noted that the Council is somewhat overrepresented with females even though the epidemic is predominantly male. It was also noted that there is a slight overrepresentation of consumer males, yet underrepresentation of males who are not PLWHAs.

Members also suggested creating a ranking of established tiers or priority structure so that when applications for the Council are reviewed, there is a guideline that the Committee would rank applications in line with specific priorities. This will allow the Committee to review applications on a consistent basis.

A member also suggested that before the MCDC (Membership/Council Development Committee) recommends anyone to the HIVPC, the committee should carefully select individuals in alignment with what is required from HRSA (Health Resource Services Administration).

5. REVIEW PLANNING COUNCIL VACANCIES (HANDOUT B)

The Planning Council Vacancies were reviewed below:

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HIVPC Membership Categories and Demographics January 3, 2013

Category	Female	Male	Black	Hispanic	White
Health care providers, including FQHCs		1			1
CBOs serving affected populations and ASOs					
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					
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					
Other: County Commissioner		1	1		
	6	**6**	**7**	**1**	**4**
	50%	**50%**	**58%**	**8%**	**33%**
		12			12
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		
	1		1		
	2	7	4	2	3
	22%	**78%**	**44%**	**22%**	**33%**
		9			9
	8	13	11	3	7
	38%	**62%**	**52%**	**14%**	**33%**
		21			21

It was noted that there is a need to fill mandated seats that are vacant. It was noted that the new HOPWA representative has said he plans to attend HIV Planning Council meetings this month.

6. CURRENT APPLICANTS AND INTERESTED PARTIES (HANDOUT C)

The Planning Council Applicants were reviewed below:

Consumer	W	B	H	F	M	T	Agency	Orientation	Committee	Member	Date 1	Date 2	Date 3	Status	Application Category
1		1		1				No	JCCR	Yes	6/5/2012	7/10/2012	8/7/2012	In process	Affected Communities
0			1	1			BC Health Dept.	Yes	Planning	Yes	5/1/2012	Jul-12	Aug-12	Complete	Prevention Grantee
0		1		1			Memorial Healthcare	Yes	Prior./PCIP	Pend./Y	8/1/2012	10/12/2012	11/19/2012	Complete	Provider/MH/SA
0	1				1		SunServe	No	None	n/a	10/2/2012			New Applicant	
0		1		1			Correctional	No	MCDC	Yes	11/1/2012			In process	
1		1		1				Yes	JCCR	No	6/5/2012	9/5/2012	Restart	New Applicant	Affected Communities
1	1				1			No	HIVPC	No	6/21/2012	Restart		New Applicant	Affected Communities
0		1		1				Yes	Planning	Yes	2/1/2012	3/1/2012	4/1/2012	Must reapply	
1	1				1				Planning						Affected Communities
1					1				MCDC/Planning						Affected Communities
1	1				1				JCCR/PSRA						Affected Communities
1			1		1				MCDC						Affected Communities
1		1		1					MCDC						Affected Communities
1	1			1					JCCR/QM						Affected Communities
1		1			1				Planning						Affected Communities
1		1			1				QM						Affected Communities

Support staff noted that there are currently 22 members on the HIV Health Services Council. However, a member said she plans to retire soon, so the Council will decrease to 21 members, leaving the "Formerly incarcerated PLWHA or their representatives" seat vacant. It was further discussed whether or not the Committee wanted to recommend individuals to be appointed to the Council.

A Committee member additionally noted that individuals have applied and have been recommended to the wrong seat in the past. The committee stated that the goal is not to solely fill seats that are empty. The MCDC wants to review original applications of everyone on the Council, noting whether they are in the appropriate seat.

Staff also projected how the demographics of the Council would change based on the appointment of two qualified new members. The Grantee noted the importance of updating all applications annually. It was decided that Council members must annually fill out a "profile update form," in which they would verify that they still qualify for the seats they are appointed to, and verify their conflicts of interest. The update is planned to be complete by the HIVPC retreat on Feb. 28. Additionally, the Grantee announced that the HRSA site visit will take place in February.

After discussing other items on the agenda, the Committee revisited this topic. Once the Committee discussed the demographics of the Council and vacancies, the following motions were made:

Motion # 5	To appoint Silvana Baner to the HIV Planning Council Prevention Seat
Proposed by:	Carl Roberson
Seconded by:	Leroy Dyer
Action:	Passed unanimously

Motion # 6	To appoint Dionne Proulx to the HIV Planning Council CBOs serving affected populations and ASOs Seat
Proposed by:	Carl Roberson
Seconded by:	Leroy Dyer
Action:	Passed unanimously

Members asked to be notified when applicants attend orientation in case members wanted to attend.

7. REVIEW ATTENDANCE (HANDOUT D)

The MCDC Committee discussed Council members being removed. A member mentioned that the issue is not only with appointing individuals, but retaining them on the Council. Staff was asked to separate the attendance document into individuals who received warnings and removal letters for the Council and Committees.

8. UNFINISHED BUSINESS

a. <u>Definitions of Council Seats/Council Member Job Descriptions – (HANDOUTS E-1, E-2)</u>

With the goal of appointing individuals to appropriate seats on the Council, the MCDC Committee reviewed proposed definitions of various Council Seats.

The following document was reviewed and amended:

HIV Planning Council Members – Job Descriptions

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 regular, ongoing recruitment, 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."

Proposed 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."
- ~~Miami-Dade By-Laws: "A person not affiliated with a funded provider, who does not hold a publicly elected seat, and who can represent a substantial segment of the community and is recognized as such."~~

Proposed Job Description for Non-Elected Community Leader:

~~a.~~ Be actively involved and/or affiliated with a community organization or ongoing community activities ~~with Council and Committees on which they serve.~~
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

Proposed 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

Proposed 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

Proposed 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

Proposed 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)

Proposed 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

Proposed 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

Proposed 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

Proposed 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

Proposed 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

Proposed 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

Proposed Job Description for Local Public Health Agencies:

c. Share information about how Council actions will affect the community's health system and status.
d. 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:

Proposed Job Description for Inmate Representative:

a. ~~Be actively involved with Council and Committee on which they serve~~. Speak out on behalf of PLWHAs who ~~are or~~ were incarcerated and about their ability to access Ryan White services ~~especially about how well the Ryan White system functions for that population.~~
b. Disseminate information about HIV/AIDS services to former inmates.
c. If working for an agency serving inmates or former inmates, provide education and information about Ryan White services. If possible, provide the Council with ~~annual~~ quarterly reports on unduplicated utilization, expenditures (overall and by service category) and client demographics by the agency.

The following motion was made:

Motion # 3	To forward the proposed HIV Job descriptions to the Executive Committee for approval
Proposed by:	Carl Roberson
Seconded by:	Leroy Dyer
Action:	Passed

9. NEW BUSINESS

The MCDC Committee created a selection process that would list the Committee's priorities for appointing applicants to the Council. Members proposed adding the following statement to page 3 of the MCDC policies and procedures.

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

The following motion was made:

Motion # 4	To forward the revised MCDC's policies and procedures to HIV Planning Council for approval
Proposed by:	Carl Roberson
Seconded by:	Leroy Dyer
Action:	Passed unanimously

10. WORK PLAN REVIEW

This item was tabled and the following motion was made:

Motion # 7	To table work plan until the next MCDC meeting on March 7, 2013
Proposed by:	Barbara Hanson-Evans
Seconded by:	Tara Wilson
Action:	Passed unanimously

11. PUBLIC COMMENT

There was no public comment.

12. REQUEST FOR DATA/DIRECTIVES

The Committee requested that all of the applications be provided for individuals currently on the HIV Planning Council in order for the members to review whether or not they are in the appropriate seat.

The following motion was made:

Motion # 8	To draft up a questionnaire to be handed out to the HIV Planning Council on January 24, 2013
Proposed by:	Barbara Hanson-Evans
Seconded by:	Leroy Dyer
Action:	Passed

13. AGENDA ITEMS FOR NEXT MEETING: March 7, 2013 at 9:00 a.m. **Venue:** BRHPC

- Standing Agenda Items including Work Plan
- Review Council Applications

14. ADJOURNMENT

Without objection, the meeting was adjourned at 1:38 p.m.

MCDC Attendance CY 2013		
#	**Members**	**Jan-3**
1	Creary, K. *Chair*	X
2	Wilson, T. *Vice Chair*	X
3	Dyer, L.	X
4	Katz, H.B.	**E**
5	Williams, R.	X
6	Hanson-Evans, B.	X
7	Roberson, C.	X
	Quorum = 5	**6**

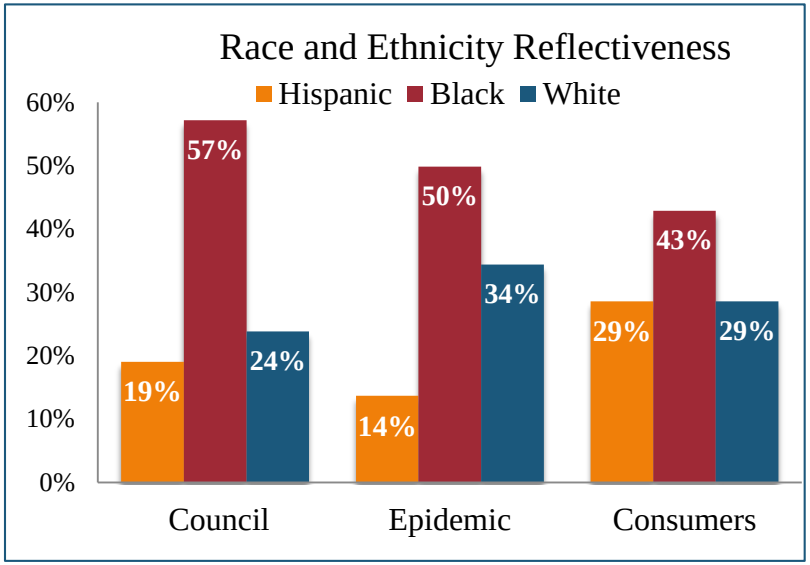
HIV Planning Council Membership Report for March 7, 2013

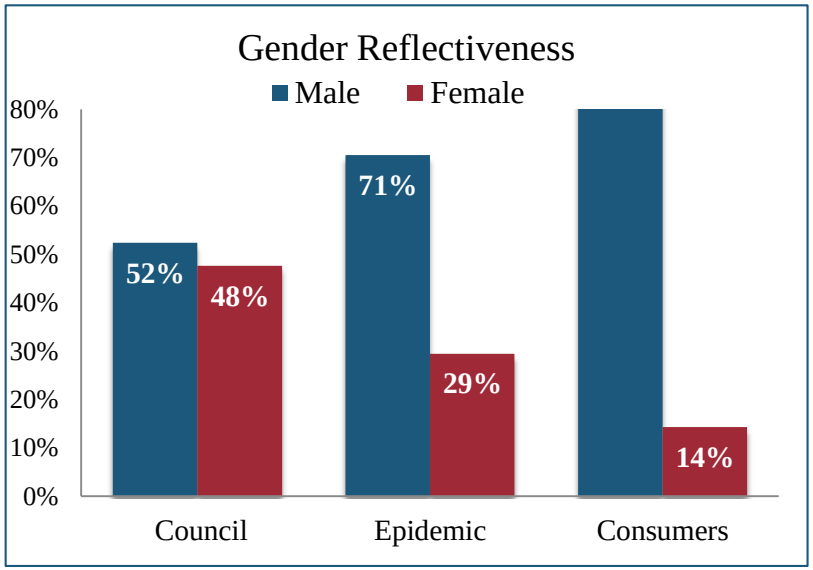
HANDOUT A

Gender	Council	Epidemic	Consumers		Council	Epidemic	Consumers
Male	11	11,836	6	Male	52%	71%	86%
Female	10	4,944	1	Female	48%	29%	14%
	21	**16,780**	**7**		**100%**	**100%**	**100%**
Race	**Council**	**Epidemic**	**Consumers**		**Council**	**Epidemic**	**Consumers**
Hispanic	4	2,290	2	Hispanic	19%	14%	29%
Black	12	8,361	3	Black	57%	50%	43%
White	5	5,772	2	White	24%	34%	29%
Other	0	357	0	Other	0	2%	0
	21	**16,780**	**7**		**100%**	**100%**	**100%**

Percent of Planning Council Members That Are Unaffiliated Consumers

33%





Current Members	21
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35

Current Active Applicants	5
Members Pending at County	0
Scheduled County Appointment	None

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Policies and Procedure

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).

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.

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 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 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 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.

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.

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 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 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 that are by virtue of position (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.

A prospective Planning Council member is required to participate in a single committee for at least three months 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 CARE Act Title I Manual (Section VI: 2-3 *Planning Council Membership; Planning Council Nominations*). 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.

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.

Approved 1/24/13

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

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Mentoring Program

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.

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

	March	April	May	June	July	Aug
MCDC	1 Update Work Plan 2 Review HIVPC qualifications for each member	X	1 Develop mentoring plan	X	1 Review recruiting, retention plans 2 Request event dates for recruiting 3 Plan HIVPC training survey	X

	Sep	Oct	Nov	Dec	Jan	Feb
MCDC	1 Review results PC training survey 2 ID training topics	X	1 Plan retreat training 2 Devise rewards for PC members	X	1 Annual Evaluation 2 Update Work Plan, P&P	X

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

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	
1.2 Review position descriptions, PC survey on qualifications for seats	MCDC, Staff	Ensure compliance	3/13	3/13	
1.3 Conduct pre- and post-appointment orientations for new members	MCDC, Staff	Educated PC	As needed	As needed	
1.4 Announce vacant positions at each meeting of MCDC	MCDC, Staff	Public awareness	Each meeting	Each meeting	
1.5 Display recruitment and application materials at each HIVPC meeting	Staff	Public awareness	Each meeting	Each meeting	
1.6 Members, Staff greet visitors at Council and Committee meetings	MCDC, Staff	Public involvement	Each meeting	Each meeting	
1.7 Contact potential applicants on requirements, reimbursement of costs	Staff	Public involvement	As needed	As needed	
1.8 Seek feedback from PLWHA members on barriers to serving on PC	MCDC, Staff	Eliminate barriers	As needed	As needed	
1.9 Devise ways to reward PC members for work	MCDC, Staff	Eliminate barriers	11/13	11/13	
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	7/13	7/13	
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	
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	
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	5/13	5/13	
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	7/13	9/13	
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	1/14	1/14	
5.2 Conduct annual evaluation: Assess past year and recommend improvements	MCDC, Staff	Improved process	1/14	1/14	