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, November 7, 2013, 9:00 a.m.

Location: BRHPC

H.B. Katz, **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:** 11-7-13 Agenda and 10-3-13 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) Policies and Procedures (WP Item 5.1) (Handout F)
   ACTION ITEM: Review and revise the policies and procedures. Check for inconsistencies.
5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
Meeting Evaluations	ACTION ITEM: Review the meeting evaluations to address possible retention issues. (Handout G)
Recruitment and Retention Plan (WP Item 2.1)	ACTION ITEM: Review and update Recruitment and Retention Plan. Review new images for Recruiting brochure. (Handout H)
HIVPC Training (WP Item 4.4)	ACTION ITEM: Plan and implement training for Planning Council members.

6. **PUBLIC COMMENT**
7. **AGENDA ITEMS/TASKS FOR NEXT MEETING: NEXT MEETING:** December 5, 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.*
HIVPC Training (WP Item 4.4)	MCDC, Staff	Plan and implement training for Planning Council members.
MCDC Accomplishments (WP Item 4.5)	MCDC, Staff	Review MCDC Accomplishments for the year

8. **ANNOUNCEMENTS**
9. **ADJOURNMENT**

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

MEETING MINUTES

COMMITTEE: Membership/Council Development Committee
Date/Time: Thursday, October 3, 2013, 9:00 a.m.
Location: BRHPC

K, Creary, **Chair** T. Wilson, **Vice-Chair**

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Creary, K. *Chair*		**X**		Foster, V.
2	Wilson, T. *Vice Chair*	**X**			
3	Katz, H.B.	**X**			**Grantee Staff**
4	Dyer, L.	**X**			Odusanya, S.
5	Burgess, D.	**X**			
					HIVPC Staff
					Crawford, T.
	Quorum = 4	4	1		McEachrane, T.

1. CALL TO ORDER:

The Vice Chair called the meeting to order at 9:35 a.m. The meeting began without quorum. Quorum was established at 10:14 a.m.

The Vice 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.

2. APPROVALS:

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

Motion #2	To approve meeting minutes of 8/1/13
Proposed by:	Katz, H.B.
Seconded by:	Dyer, L.
Action:	Passed Unanimously

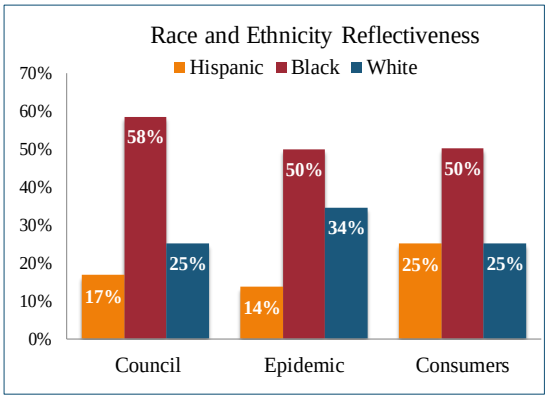
3. STANDARD COMMITTEE ITEMS

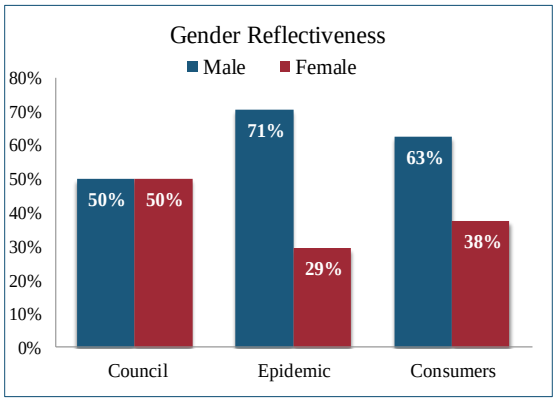
a. **Review Planning Council Demographics –Handout A**

HIV Planning Council Membership Report for October 3, 2013

Gender	Council	Epidemic	Consumers		Council	Epidemic	Consumers
Male	12	11,836	5	Male	50%	71%	63%
Female	12	4,944	3	Female	50%	29%	38%
	24	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	58%	50%	50%
White	6	5,772	2	White	25%	34%	25%
Other	0	357	0	Other	0	2%	0
	24	16,780	8		100%	100%	100%

Percent of Planning Council Members That Are Unaffiliated Consumers
33%





Current Members	24
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35

Current Active Applicants	2
Members Pending at County	1
Scheduled County Appointment	None

Staff informed members that there are 2 active applicants: Vincent Foster and Silvana Baner. The total number of Council members is currently 24. One member has been removed from the Planning Council due to 4 total absences in the calendar year and 1 applicant, Debbie Wilkins, is pending appointment by the County.

Members also reviewed current and projected demographics based upon active and pending applicants. Members discussed the projected percentages according to gender, race, and HIV status. In comparison to the epidemic, Hispanics and Blacks are overrepresented on the Council while Whites are underrepresented. Currently, females are overrepresented (50%) on the Council while males (50%) are underrepresented.

b. Review Planning Council–Handout B

There are vacancies in the following categories: Hospital planning or other health care planning agencies, Local Public Health Agency, Part B and Prevention.

Category	Female	Male	Black	Hispanic	White
Health care providers, including FQHCs		1			1
		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	**7**	**10**	**2**	**4**
	56%	**44%**	**63%**	**13%**	**25%**
		16			16
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		
	3	5	4	2	2
	38%	**63%**	**50%**	**25%**	**25%**
		8			8
	12	12	14	4	6
	50%	**50%**	**58%**	**17%**	**25%**
		24			24

Members discussed approval procedures for mandated seats. The Grantee inquired about the Prevention seat. There is an interim representative; no permanent representative has been assigned with the agency. Additionally, the Part B State Government Administering seat has not been filled for some time. The Grantee suggested sending letters to FLDOH-BC to remind them of the Part B and Prevention vacancies once they are reviewed and approved by the Executive Committee. The following motion was made:

Motion #3	To send a letter to Part B and Prevention requesting that they assign representatives to the seats as mandated
Proposed by:	Katz, H.B.
Seconded by:	Dyer, L.
Action:	Passed Unanimously

The Vice Chair notified members that Rosemarrie Williams has resigned from the Committee; however, she has not resigned from the Council. She has been notified of the By-Laws that state a Council member must be a member of at least one standing committee. The Membership Committee will be notified if Ms. Williams decides to resign from the Council.

The Planning Council Roster was reviewed. The roster was updated to reflect Part A affiliations of two members. According to HIVPC Local Procedures, 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. Currently, 25% of Council members are providers.

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		Broward Health	Yes	MCDC	No	5/2/2013	8/1/2013		In process	Yes	CBO/ASO
			1	1				Yes	Planning	Yes	4/8/2013	6/10/2013	7/8/2013	In process	Yes	NECL
1		1		1				Yes	JCCR	No	6/5/2012	9/5/2012		On hold	No	Affected Communities

Members reviewed 2 active applications. The Membership Policies and Procedures was consulted for clarification of priority categories for seat placement.

Members agreed to wait until the next meeting to continue considering the appointment of HIVPC applicants to see how the possible appointment of individuals for mandated seats by employment (i.e. Prevention and Part B Grantee) will affect the demographic reflectiveness of the Council.

d. <u>Review Attendance –Handout D</u>

Members were notified of the removal of one member. Another member has received a warning for missing 2 HIVPC meetings in a row. The Committee discussed Article 5 Section 9. There is no timeframe on when a member may inform the Council of his/her resignation. Ms. Williams will be asked whether she wants to attend another committee or chose to resign. Members will receive a warning letter if they miss 2 consecutive meetings or 3 per calendar year. Members who miss 3 meetings consecutively or 4 in a calendar year are automatically removed. To remain a member of the Council you must maintain membership within a committee.

e. Review Work Plan –Handout E

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 HIVPC training survey 2 Policies & Procedures 3 Review results of PC survey on qualifications of seats 4 Review meeting evaluations	1 Review results PC training survey 2 ID training topics 3 MCDC training on demographics, mandated seats 4 Recruitment & Retention Plan	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

Members reviewed pending items from the canceled September meeting. Discussion about the Policies and Procedures and the Recruitment and Retention Plan will take place in November.

4. UNFINISHED BUSINESS

a) Mentoring Plan (WP Item 4.1) (Handout F)

Executive Committee's feedback on the Mentoring Plan was discussed. Executive Committee felt that the program should be voluntary unless it is standardized, core competencies are outlined, and the role of the mentor is clearly defined. Committee chairs are encouraged to help educate members as it is part of their role. Due to the low number of volunteer mentors, the Committee agreed to make the program voluntary. Additionally, only members who are unfamiliar with Council processes are encouraged to request a mentor.

Members also reviewed a potential job description for Mentors. The job description ("Mentoring Components of HIV Planning Council Members") will be added to the Mentoring Draft Plan.

Motion #4	To approve the Mentoring Draft Plan as amended
Proposed by:	Katz, H.B.
Seconded by:	Dyer, L.
Action:	Passed Unanimously

b) Review Planning Council Members and Their Seats

Due to the Dental program at Nova receiving HRSA funding for Part F Services, it was recommended that Dr. Schweizer fill the Part F vacancy. Members agreed to move Dr. Schweizer to the Part F seat. The following motion was made:

Motion #5	To move Dr. Mark Schweizer (currently in the Healthcare Provider seat) to the Part F mandated seat
Proposed by:	Katz, H.B.
Seconded by:	Dyer, L.
Action:	Passed Unanimously

c) HIVPC Training Survey (WP Item 4.2) (Handout G)

Members reviewed the suggestions by Council members regarding future training topics. Members discussed concerns of cultural diversity as a training topic. Though important, it would need to be clarified in order to develop an appropriate training. The Committee would like to recruit members that can bring valuable input to the Council in addressing the needs of PLWHA. Training on the roles and duties of the committees was successful last year in highlighting the successes and areas of improvement. Members also discussed the importance of Oral Health training with open enrollment into Marketplace Insurance plans as of October 1, 2013.

Staff reminded members that HRSA specifies what topics are required in the Part A Manual. Training topics may be subtopics of the larger training topics mandated by HRSA and will go to Executive for review. The following motion was made:

Motion #6	To approve the amended training survey topics as part of mandated trainings specified in the Ryan White Part A Manual
Proposed by:	Katz, H.B.
Seconded by:	Dyer, L.
Action:	Passed Unanimously

d) Policies and Procedures (WP Item 5.1) (Handout H)

This item is tabled until November.

5. MEETING ACTIVITIES / NEW BUSINESS

Goal/Work Plan Objective #:	*Accomplishments*
Meeting Evaluations	ACTION ITEM: Review the meeting evaluations to address possible retention issues. (Handout I)

One member suggested that Staff ensure that evaluations are turned in at the door. Further discussion on this item has been tabled until the next meeting.

6. PUBLIC COMMENT

None

7. AGENDA ITEMS / TASKS FOR NEXT MEETING: **Date:** November 7, 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.*
Policies and Procedures (WP Item 5.1)	MCDC, Staff	Review and revise the policies and procedures. Check for inconsistencies.
Meeting Evaluations	MCDC, Staff	Review the meeting evaluations to address possible retention issues.
Recruitment and Retention Plan (WP Item 2.1)	MCDC, Staff	Review and update Recruitment and Retention Plan. Review new images for Recruiting brochure.

8. ANNOUNCEMENTS

None

9. ADJOURNMENT

Without objection the meeting was adjourned at 11.46 a.m.

Member	1/3/13	3/7/2013 (no quorum)	4/4/13	5/2/13	6/6/13-cx log	7/11/13	8/1/13	9/12/2013-CX	10/03/13
Katz, H.B.,	**E**	**1**	**1**	**1**	**1**	**1**	**1**		**1**
Wilson, T. ***(V. Chair)***	**1**	**1**	**1**	**1**	**E**	**1**	**1**		**1**
Creary, K. **(Chair)**	**1**	**1**	**1**	**1**	**1**	**1**	**1**		**E**
Dyer, L.	**1**	**1**	**1**	**1**	**1**	**1**	**1**		**1**
Burgess, D	*Appointed 5/23/13*				A	**1**	**1**		**1**
Quorum=4	**Yes**	**Yes**	**Yes**	**Yes**	**N/A**	**Yes**	**Yes**		**Yes**

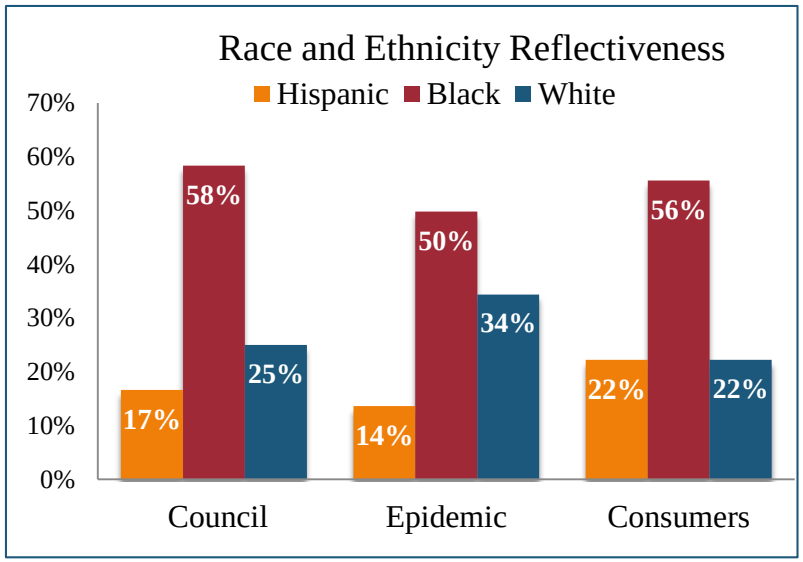
HIV Planning Council Membership Report for November 7, 2013

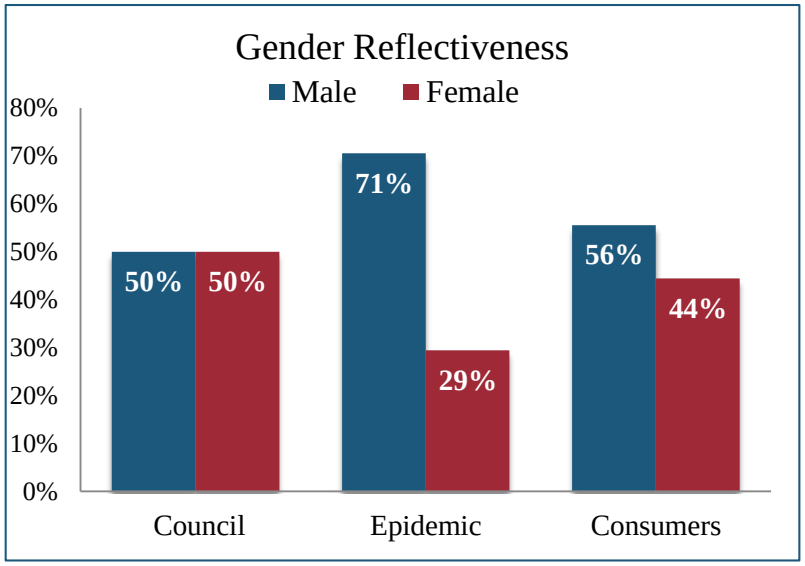
HANDOUT A

Gender	Council	Epidemic	Consumers		Council	Epidemic	Consumers
Male	12	11,836	5	Male	50%	71%	56%
Female	12	4,944	4	Female	50%	29%	44%
	24	**16,780**	**9**		**100%**	**100%**	**100%**
Race	**Council**	**Epidemic**	**Consumers**		**Council**	**Epidemic**	**Consumers**
Hispanic	4	2,290	2	Hispanic	17%	14%	22%
Black	14	8,361	5	Black	58%	50%	56%
White	6	5,772	2	White	25%	34%	22%
Other	0	357	0	Other	0	2%	0
	24	**16,780**	**9**		**100%**	**100%**	**100%**

Percent of Planning Council Members That Are Unaffiliated Consumers

38%





Current Members	25
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35

Current Active Applicants	3
Members Pending at County	0
Scheduled County Appointment	None

Council cannot be comprised of more than 40% of Ryan White Part A Providers
No more than 3 members employed by one governmental agency or provider shall serve on the Planning Council at one time

10/31/2013 10:29 AM

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 HIVPC training survey 2 Policies & Procedures 3 Review results of PC survey on qualifications of seats 4 Review meeting evaluations	1 Review results PC training survey 2 ID training topics 3 MCDC training on demographics, mandated seats 4 Recruitment & Retention Plan	1 Plan retreat training	1 Review Accomplishments 2 Plan retreat training	1 Devise rewards for PC members	1 Annual Evaluation 2 Update Work Plan, P&P

HANDOUT E

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

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	Pending
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	
1.11 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	10/13	10/13	Complete
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	9/13	In process
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	As needed
2.4 Supply providers, case managers and outreach networks with PC materials	Staff, Grantee	Active recruiting	8/13	8/13	Recurring
2.5 Seek to post recruiting materials, application on Broward government Website	Staff, Grantee	Active recruiting	8/13	8/13	Recurring
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	Completed 8.1.13 mtg
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	In process
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	3 completed
4.4 Plan and implement training for Planning Council members at annual retreat	MCDC, Staff	Required training	11/13	11/13	In process
4.5. Review MCDC Accomplishments	MCDC, Staff	Improved process	12/13	12/13	
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	In process
5.2 Conduct annual evaluation: Assess past year and recommend improvements	MCDC, Staff	Improved process	2/14	2/14	

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 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 or program but do not receive funds from grants under Part A, on officers or employees of such entities, or on individuals who represent such entities.

The Committee will recommend for appointment no more than 40% of the Council Members who are providers of HIV-related services who receive funds under Part A of the CARE Act. (Approved 11/19/2009)

No more than 3 members employed by one governmental agency or provider shall serve on the Planning Council at one time. (Approved 1/28/2010)

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 [HP2]: 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 [HP3]: 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 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)

Formatted: Highlight

Comment [HP4]: MCDC requested to review this policy

Formatted: Highlight

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 CARE Act Part A ~~Title I~~ Manual (Section X ~~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.

Comment [HP5]: MCDC requested to review this policy

Formatted: Highlight

Formatted: Highlight

Comment [HP6]: Recommendation: Change outdated term.

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

(Approved 10.24.13 by HIVPC)

Comment [HP7]: Approved 10.24.13 by the HIV Planning Council

In order to increase new members' knowledge of the HIV Planning Council and retain membership participation in Council meetings, the MCDC Committee will institute mandatory orientation, training and voluntary mentoring programs.

An important segment of this training is the Mentoring Program, which will be offered to all new Council members and alternates. Mentoring helps new members feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interaction. Mentoring also ensures that the new member understands the background and context of discussions and actions, and gets an explanation of the many acronyms used in meetings.
A letter introducing the Mentoring Program will be sent to new council members. Council members who have volunteered their time to be Mentors will be assigned by the Chair of the Membership/Council Development Committee.

The new member and alternate should, when possible, sit near his/her Mentor during all meetings. (Non-voting alternates are reminded they may sit near their mentor, but not at the table.) This will allow the Mentor to easily answer any questions the new member might have.

Volunteer Mentors will receive training according to the schedule set forth in the Committee Work Plan. Mentors should strive to educate new members on the following points:

1. Review of Orientation Manual
2. Reminders of Meetings
3. Availability of Transportation
4. Day care reimbursement benefit
5. Reimbursement of lost wages
6. Explanation of complex language
7. Empowerment and respect for individual opinions and ideas.
8. A summary of Robert's Rules of Order

If needed and requested by the new member/alternate, the Mentor may also remind the new member of upcoming meetings which might be of interest to that person.

Note on the Florida Sunshine Law: Members and Mentors should be careful to follow the Sunshine Law, which forbids Members from discussing Council or Committee business outside of official meetings. The County definition is as follows:

"Except at a public meeting, there shall be no communication between any two members of the same collegial body on any matter which they may foreseeably be required to address jointly in an advisory or decision-making capacity."

1. Below are example situations prohibited by law for Members: Discussing Council or Committee business on the phone;
2. Discussing Council or Committee business at a gathering that is not an official meeting;
3. Discussing Council or Committee business indirectly, such as by passing information through an intermediary;

4. Meeting at a restaurant or someone's home to discuss Council or committee business;

Mentoring Components of HIV Planning Council Members:
Provides support of new members (within the guidelines of the Florida Sunshine Law) on the following:

a. Help new members, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interaction
b. Provide strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHAs.
c. Take special responsibility for making sure the new member understands the background and context of discussions and actions.
d. Increase new members' knowledge of the HIV Planning Council and retain attendance and membership participation in Council meetings.

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:

e. Provide strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHAs.
f. 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.*

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

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020
Tel: 954-561-9681 / Fax: 954-561-9685
www.brhpc.org

Training Topics from Membership/Council Development Committee

Dear HIV Health Services Planning Council (HIVPC) Members:

The Membership/Council Development Committee (MCDC) is planning to conduct training sessions in the near future, as part of its role to educate the Council and the members of all its Committees about their duties and functions.

According to HRSA, PC or planning body members must be trained regarding their legislatively mandated responsibilities and other competencies necessary for full participation in collaborative decision-making. Training sessions should provide an understanding of the following:

- Ryan White legislation and implementation process
- Service delivery system and provider profiles
- Importance and sources of data
- Specific skills related to particular planning and related tasks (i.e., needs assessment, priority setting and resource allocation, comprehensive planning, evaluation)

In addition, MCDC has provided the following sub-trainings to support the HRSA mandated training topics:

- Affordable Care Act Implementation
- Recruitment Strategies
- Cultural Competency
- How to Identify Needs of PLWHAs
- Role/Duties of Membership Committee
- Oral Health & its Implication on Retention in Care

Thank you for your support.