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, October 3, 2013, 9:00 a.m.

**Location:** BRHPC

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

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 10-3-13 Agenda and 8-1-13 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Review Planning Council Demographics – (Handout A)
   b. Review Planning Council Vacancies – (Handout B-1, B-2)
      - Discuss Part F Grantee Vacancy
   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) Mentoring Plan (WP Item 4.1) (Handout F)
   ACTION ITEM: Revise the Mentoring Plan according to feedback received from the Executive Committee.
   b) Review Planning Council Members and Their Seats
   ACTION ITEM: Review HIVPC Member Update Forms to ensure they are holding the correct seat.
   c) HIVPC Training Survey (WP Item 4.2) (Handout G)
   ACTION ITEM: Plan and implement a training survey for the HIV Planning Council members.
   d) Policies and Procedures (WP Item 5.1) (Handout H)
   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 I) |

6. **PUBLIC COMMENT**
7. **AGENDA ITEMS/TASKS FOR NEXT MEETING: NEXT MEETING:** 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.* |
|---|---|---|
| Recruitment and Retention Plan (WP Item 2.1) | MCDC, Staff | Review and update Recruitment and Retention Plan. Review new images for Recruiting brochure. |
| HIVPC Training Survey (WP Item 4.2) | MCDC, Staff | Review new list of possible training topics for the HIV Planning Council. Council members to be surveyed in order to identify trainings needed. |
| Training on Demographics | Staff | Be trained on the demographics of the Council and the meaning of mandated seats |

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

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# MEETING MINUTES

**COMMITTEE**: Membership/Council Development Committee
**Date/Time:** Thursday, August 1, 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 | Williams, R. | **X** | | | |
| 6 | Burgess, D. | **X** | | | **HIVPC Staff** |
| 7 | Fields, A. | | **X** | | Crawford, T. |
| | **Quorum = 5** | **6** | **1** | | Solomon, R. |
| | | | | | McEachrane, T. |

## 1. CALL TO ORDER:

The Chair called the meeting to order at 9:10am.

The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.

Chairs, committee members, guests, grantee staff and support staff self-introductions were made. A moment of silence was observed.

## 2. APPROVALS:

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

| | |
|---|---|
| **Motion #2** | To approve meeting minutes of 7/11/13 |
| **Proposed by:** | Dyer, L. |
| **Seconded by:** | Wilson, T. |
| **Action:** | Passed Unanimously |

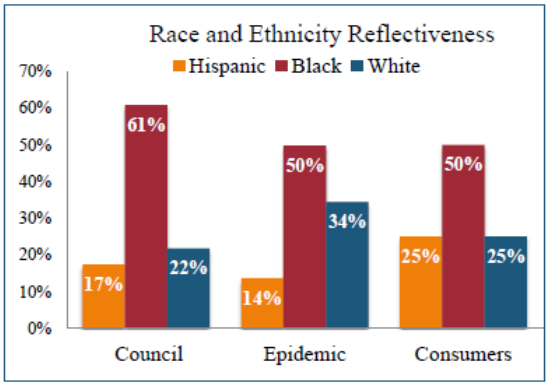
## 3. STANDARD COMMITTEE ITEMS

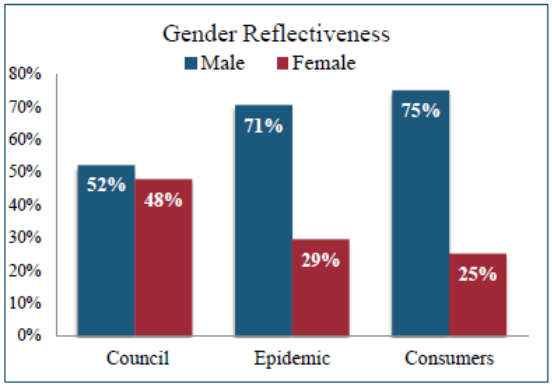
a. **Review Planning Council Demographics –Handout A**

### HIV Planning Council Membership Report for August 1, 2013

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

| Percent of Planning Council Members That Are Unaffiliated Consumers |
|---|
| 35% |




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

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

Staff informed members that applicants, Yolanda Reed and Dr, Mark Schweitzer, remain in pending status for appointment. Once appointed, the total number of Council members will be 25; the number of unaffiliated consumers is currently up to 35% and there are 2 active applications. Staff is awaiting the dates for appointment from the County after approval. It was confirmed that both have completed their orientations and the committee is moving forward with both appointments.

**b. Review Planning Council–Handout B**

## HIVPC Membership Categories and Demographics August 1, 2013

| 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 | | |
| | 1 | | 1 | | |
| | 3 | 6 | 5 | 2 | 2 |
| | 33% | 67% | 56% | 22% | 22% |
| | | 9 | | | 9 |
| | | | | | |
| | 12 | 13 | 15 | 4 | 6 |
| | 48% | 52% | 60% | 16% | 24% |
| | | 25 | | | 25 |

Staff explained where members would fall and pending status once applicants are appointed. Yolanda Reed will be categorized under Affected Communities and Dr. Mark Schweizer under Healthcare Providers. Staff also reported current vacancies which include: Hospital Planning or other Healthcare

Providers, Local Public Health Agency, Part B Grantee Prevention and Part F. There will be a temporary representative to address Prevention until the seat is filled permanently. Grantee inquired if Prevention vacancy has been actively addressed and suggested that the status of the vacancy be addressed at the next Council meeting so members are aware.

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

| Agency | Orientation | Committee | Member | Date 1 | Date 2 | Date 3 | Status | Able to Join at this Time | Application Category |
|---|---|---|---|---|---|---|---|---|---|
| Broward Health | Yes | MCDC | No | 5/2/2013 | 8/1/2013 | | In process | Yes | CBO/ASO |
| | Yes | JCCR | Yes | 6/5/2012 | 7/10/2012 | 8/7/2012 | In process | Yes | Affected Communities |
| | Yes | JCCR | No | 6/5/2012 | 9/5/2012 | | On hold | No | Affected Communities |
| | Yes | QM | No | 3/18/2013 | 4/15/2013 | 7/15/2013 | Application Withdrawn | No | Affected Communities |

There are currently 2 active applicants-Vincent Foster and Debbie Wilkins. Another applicant withdrew his application due to newly obtaining employment. Ms. Wilkins recently completed orientation and has met requirements for meetings; her status used to be on hold but she is now ready to be an active HIVPC member. Debbie is currently a member of the Joint Client Community Relations Committee (JCCR). Vincent is currently a member of MCDC. Ms. Jones is on hold because of time constraints but continues to express interest in becoming a member of JCCR.

The Committee held a discussion about moving forward with Debbie Wilkins' appointment. The Committee decided to continue reviewing her application. One member suggested to defer her appointment until next month to go forward with her appointment once her application was updated. The Chair expressed concern about holding an unaffiliated consumer from being appointed due to certain inaccuracies in their application. Staff explained that she was appropriate for the affected communities' seat; however, she is not a recipient of Ryan White Part A services so is she is not an unaffiliated consumer. The Vice Chair then recommended moving forward with appointing Debbie Wilkins and suggested that staff ask her to update her application in the meantime.

Staff reviewed the requirements for Affected Communities. The following motion was made:

| | |
|---|---|
| **Motion #3** | To appoint Debbie Wilkins to the Affected Communities seat of HIVPC |
| **Proposed by:** | Dyer, L. |
| **Seconded by:** | Wilson, T. |
| **Action:** | Passed Unanimously |

A current active applicant inquired about what meeting to attend to meet the requirements for appointment. The MCDC Chair reviewed that the policy is for an interested party to attend 3 meetings of the same committee. The applicant then inquired about being notified of only committees that he is required to attend. Staff stated that he is on the interested party list and therefore is currently receiving other committee meeting notifications as well as events. It was explained that members can attend all committee meetings since they are open to the public, but this is not a requirement. The applicant agreed to remain on the interested party list once given the explanation.

**d. Review Attendance –Handout D**

The Chair expressed concern that several appointees are on the warning list. Staff explained that one recommended appointee requested excused absences for missed meetings. There was a brief discussion confirming other members' absences from Committee meetings. The Chair suggested that the Committee review absences before appointing members to the Planning Council.

**e. Review Work Plan –Handout E**

The Chair inquired about the work plan item for developing a procedure to address a member's change in status. Staff explained that it was mentioned in a previous meeting that a process should be established affiliation changes. It was suggested that a draft explaining what happens exactly in accordance with policies and procedures be created. The Chair stated that there should be an agreement with the MCDC about editing the work plan prior to items being added. Grantee inquired about what MCDC has completed and what remains in process on the work plan. Staff explained that status is listed under the "Progress" column of the work plan. "Complete" items are only for MCDC, not Planning Council. Items that are "Pending" are awaiting completion from MCDC. Grantee inquired about the status of Item 2.2 on the work plan. Staff explained it is meant for recruiting purposes and includes word of mouth announcements to providers. The process has been in place for a while but there was little attendance at recruiting events. A member mentioned that when JCCR has a meeting, MCDC will be advised and should be included in community events. It was suggested that MCDC participate in recruitment plans for the resource fair on September 24th from 5:00-8:00 p.m. Logistics for the resource fair are still being discussed.

It was stated that the resource fair is geared towards both providers and clients. A "Save the Date" was sent out last week by Staff. It was noted that education on the implementation of ACA is being incorporated into the fair.

The Grantee inquired about Item 1.12 (training on demographics and seats to MCDC members) and whether it is still needed. The item was misprinted on the work plan as due on 8/2013 but should be due on 9/2013. The item was later shifted to the October agenda per the MCDC Chair. The Grantee suggested having a summary of MCDC's accomplishments over the year with the work plan in order to thank everyone who has participated in Membership's efforts.

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

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

| | Sep | Oct | Nov | Dec | Jan | Feb |
|---|---|---|---|---|---|---|
| MCDC | 1 Review results PC training survey<br>2 ID training topics<br>3 MCDC training on demographics, mandated seats<br>4 Review results of PC survey on qualifications of seats | 1 Review results PC training survey<br>2 ID training topics | 1 Plan retreat training<br>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<br>2 Update Work Plan, P&P |

## 4. UNFINISHED BUSINESS

**a) Review Planning Council Members and Their Seats**

The review is tabled until September 2013. The Committee will review all HIVPC member update forms to ensure that Council members were placed in proper seats.

**b) Review Draft Letters Regarding the Mentoring Plan** (Handout F-1, F-2)

Members reviewed and revised to the letter. There was a discussion about who has volunteered to be mentors. The Chair made an announcement at the past HIVPC meeting and one person signed up. Grantee expressed concern over mentor sign-ups and stated that mentors are needed for the mandate to be effective. The Vice Chair noted that the Council Chair has recommended that the MCDC members volunteer to be mentors in order to encourage other members of the Council to participate. To date, two Council members have volunteered since once MCDC member signed up before the commencement of the meeting. The Chair stated that Sunshine Law may be in conflict with the mentoring program. The Grantee stated that the committee can still move forward with the program while remaining aware of Sunshine policies. The following motion was made:

| | |
|---|---|
| **Motion #4** | To accept draft for Mentoring Program letter as amended |
| **Proposed by:** | Katz, H.B. |
| **Seconded by:** | Dyer, L. |
| **Action:** | Passed Unanimously |

Staff noted that the New Applicant letter has been edited to include a sign-off from the Membership Committee. Members discussed whether to include 'Email" in the heading of the new applicant letter. One member noted that an email address doesn't allow someone access to Committee information. One member recommended e-mailing the initial letter and sending a follow-up letter through the post. "Email" has been removed from the heading. Additionally "Enclosure" has been included at the bottom of the letter. The following motion was made:

| | |
|---|---|
| **Motion #5** | To accept draft for New Applicant letter as amended |
| **Proposed by:** | Williams, R. |
| **Seconded by:** | Wilson, T. |
| **Action:** | Passed Unanimously |

**c) Recruitment and Retention Plan** (Handout G)

Members discussed the current recruitment and retention plan and addressed the following strategies:

**Recruitment Strategy**

Members would like to redesign or update the Recruitment brochure at the October meeting. Grantee stated that MCDC should be consistently reviewing plan and look at what works, what doesn't and what needs to be done.

The Chair recommended that a mentor be assigned to a new MCDC member.

**Strategy 1:** The Vice Chair of SFAN volunteered to bring Planning Council materials to SFAN and Re-entry meetings. The member will display the Membership application, brochure and calendar at other community meetings. Another member inquired whether materials are available at all committee meetings. Staff reminded the committee that such materials are provided for every meeting. A member expressed concern about HIVPC and SFAN meeting lengths and members' time

constraints due to work schedules. Chair expressed concern about the behavior of some members at meetings. Grantee suggested that there be a statement about the how much time members should allow for meetings in their schedules. Staff reminded the Committee that the time requirement is stated on the HIVPC application, with at a least five hour commitment each month. Members discussed the issue of individuals needing to be present for 75% of a meeting to be considered as attended.

**Strategy 2:** One member stated that there is a consensus in JCCR to include the internet as an informational outlet. The Committee is currently working on their social media strategy.

**Strategy 3:** The Chair discussed sending out brochures into the community. The SFAN Vice Chair mentioned distributing brochures in jail and BSO reporting sites. Another attendant volunteered to place brochures at his provider site.

**Strategy 4:** There was discussion about distributing the brochure through email or mailing to other agencies. Staff stated that brochure is on the website and available at all meetings. The SFAN Vice Chair suggested that agencies be mass mailed (30-40 letters) as opposed to emailed to encourage distribution and prevent agency from utilizing their budgets to print and make copies.
Grantee noted that in the HIVPC Policies & Procedures members are responsible for assisting with recruitment and should be encouraged to help distribute at their respective agencies. One member suggested that they are handed brochures in person instead of leaving the brochures on a table for them to pick up. For those who happen to not attend a meeting, brochures should be mailed to them. Grantee suggested that brochures are part of the MCDC report to HIVPC. It was decided that no brochures will be mailed until they are redesigned.

Members discussed redesigning the brochure to make it more appealing before releasing them. One member suggested including pictures of people they know or who are actively involved in HIVPC. The Grantee recommended having a press release in accordance with national HIV events (i.e. Black AIDS Day).

**Retention Strategy**

**Strategy 1:** Chair stated that there is not enough diversity on the Council. Grantee suggested that cultural diversity should be mentioned in trainings. This item will be addressed by MCDC in the future. The Chair inquired about recruitment materials in different languages. Staff will look into printing all recruitment materials in Spanish, Creole, and French.

**Strategy 2:** Grantee inquired about creating a summary of feedback taken from the evaluation forms handed to members. It was mentioned that the Chairs normally receive feedback. Members suggested that the feedback be released to the whole committee for review. Grantee suggested that feedback be looked at to help retain members.

**Strategy 3:** Chair mentioned that reimbursement is discussed in the HIVPC Orientations.

**Strategy 4:**
Staff will give a copy of all committees' (including HIVPC) evaluations for MCDC to review. Grantee suggested that MCDC encourage mentorship and mention current seat vacancies in HIVPC committee reports.

## 5. MEETING ACTIVITIES / NEW BUSINESS

| *Goal/Work Plan Objective #:* | *Accomplishments* |
|---|---|
| Policies and Procedures<br>(WP Item 5.1) | Review and revise the policies and procedures. Check for inconsistencies<br>MCDC briefly looked at items needing revision on the policies and procedures. There was discussion on new member orientations being held "as needed" instead of "quarterly." Procedures surrounding affiliations and alternates were discussed. The MCDC Chair mentioned that the By-laws Committee was sent the policies surrounding change in affiliation and sent the review back Committee to discuss. Staff clarified that the procedure pertaining to change in affiliation come from P&P of Membership Committee and approved by Planning Council for inclusion in the local P&P manual. It was also stated that the By-Laws Committee has not met to discuss anything that was forwarded from MCDC.<br><br>MCDC to review policies and procedures at the next Committee meeting. |
| HIVPC Training Survey<br>(WP Item 4.2) | Plan and implement a training survey for the HIV Planning Council members.<br>Staff recommended that HIVPC receive the training survey at the August meeting. Grantee inquired about feedback from last retreat and if the form had suggestions for additional trainings. JCCR Hot Topics brought up in meeting for additional training ideas to include in survey. Grantee suggested that members ask at council meetings for suggestions. Grantee suggested that MCDC create a list and prioritize suggestions. Trainings to be addressed in September meeting. Staff will send an email to HIVPC members requesting ideas for training topics. |

## 6. PUBLIC COMMENT

None

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

| *Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)* | *Responsible Party* | *Information requested (i.e. data, research, etc.) Action to be taken, presentation, discussion, brainstorm etc.* |
|---|---|---|
| Review results of PC survey on qualifications for seats (WP Item 1.3) | MCDC, Staff | Review the member update form completed by PC members in order to complete review of seats |
| HIVPC Training Survey<br>(WP Item 4.2) | MCDC, Staff | Review results of the HIVPC training survey and identify training topics |
| Training on Demographics<br>(WP Item 1.12) | Staff | Be trained on the demographics of the Council and the meaning of mandated seats |

## 8. ANNOUNCEMENTS

There were no announcements.

## 9. ADJOURNMENT

Without objection the meeting was adjourned at 11.21am.

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

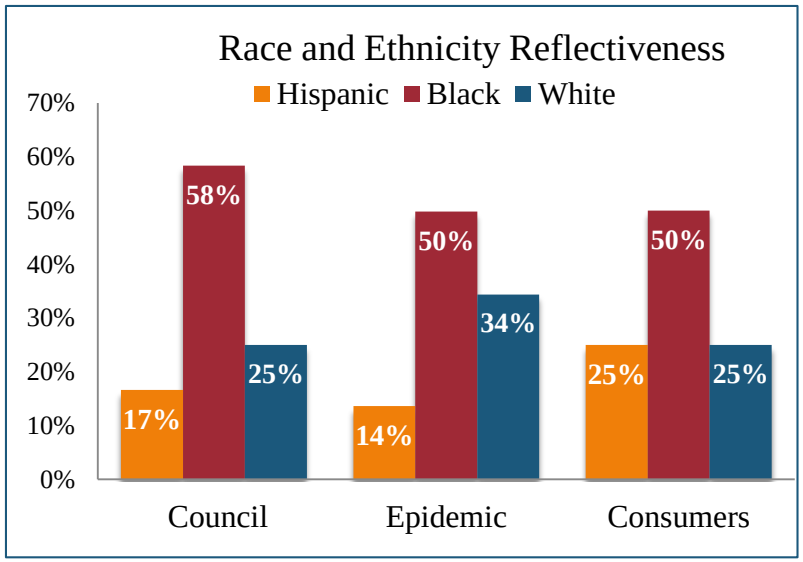
# HIV Planning Council Membership Report for October 3, 2013

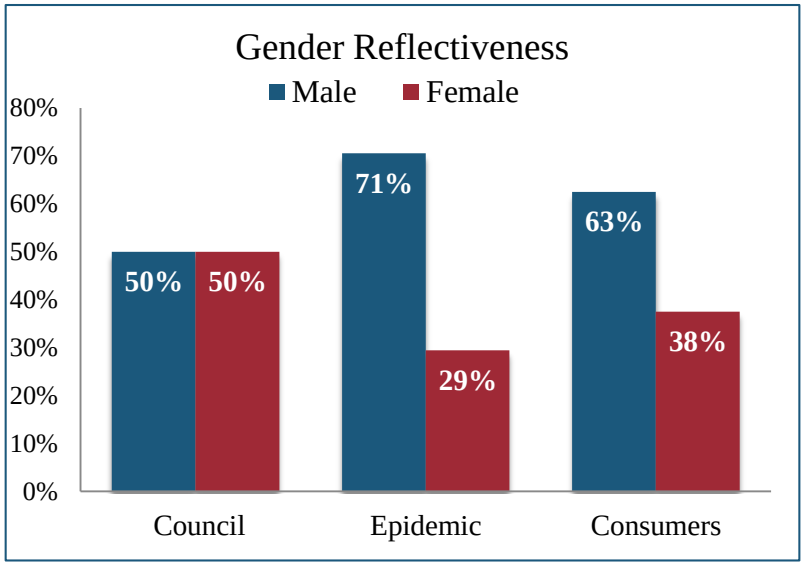
HANDOUT A

| 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 |

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

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

| | Sep | Oct | Nov | Dec | Jan | Feb |
|---|---|---|---|---|---|---|
| MCDC | 1 HIVPC training survey<br>2 Policies & Procedures<br>3 Review results of PC survey on qualifications of seats<br>4 Review meeting evaluations | 1 Review results PC training survey<br>2 ID training topics<br>3 MCDC training on demographics, mandated seats<br>4 Recruitment & Retention Plan | 1 Plan retreat training<br>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<br>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 | |
| 1.10 Develop, Approve procedure for PC members to notify change in seat status | MCDC, Staff | Ensure compliance | 11/13 | 12/13 | |
| 1.11 Devise ways to reward PC members for work | MCDC, Staff | Eliminate barriers | 1/14 | 1/14 | |
| 1.12 Receive training on PC demographics and mandated seats | Staff | Ensure compliance | 10/13 | 10/13 | |
| **Objective 2: Ensure Adequate Applicant Pool for Planning Council and Committees; Raise Community Awareness of Council** | | | | | |
| 2.1 Review and update Recruiting and Retention Plan, recruiting brochure, Website materials | MCDC, Staff | Updated plans | 6/13 | 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<br>a. Survey HIVPC members what training they want<br>b. Review training survey results. Identify training session(s) for annual retreat | MCDC, Staff | Educated PC | 8/13<br>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 | |
| **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
## Draft Mentoring Program

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

An important segment of this training is ~~will be designated as~~ 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. The mentoring of a new member is expected to last between three to six months.

A letter introducing the Mentoring Program will be sent to new council members. ~~A welcome letter will be sent to the above new members and alternates with an attachment requesting the new members and alternates them 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~~ be Mentors ~~program~~ 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 ~~annually~~ according to the schedule set forth in the Committee Work Plan. ~~The~~ Mentors should strive to educate ~~the~~ 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."

Below are example situations prohibited by law for Members:

1. 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;

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# Training Survey from Membership/Council Development Committee

Dear HIVPC Council Members:

The Membership/Council Development Committee 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.

The Committee's first step is to ask you what topics you would like to see addressed in training sessions.

Please take a minute and complete this survey before you leave the Planning Council meeting today.
The Committee would be grateful.

Please rank these possible topics for training sessions in order of importance to you (1 being most important, 5 being least important). Please rank only those training session topics you personally would attend.

1. Affordable Care Act Implementation _____
2. Cultural Diversity on HIVPC _____
3. Recruitment and Retention Strategies _____
4. Cultural Competency _____
5. How to Identify Needs of PLWHAs _____
6. Role/Duties of Membership Committee _____
7. Oral Health & its Implication on Retention in Care _____

Any other suggested topics for training you would like to attend?

_____

_____

_____

Thank you very much for participating.

# 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)

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**Comment [HP4]:** MCDC requested to review this policy

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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

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**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

Comment [HP7]: Already revised and approved by MCDC; currently pending additional revision per input from Executive Committee

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

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

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

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

Volunteer Mentors will receive training annually according to the schedule set forth in the Committee Workplan. The Mentor should strive to educate the new member on the following points:

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

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

## HIV Planning Council Members – Job Descriptions

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

**The purpose of HIV Planning Council membership categories:**

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

From HRSA

**Planning Council Members Major Duties**

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

**Member Qualifications**

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

**Member Responsibilities**

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

### PLANNING COUNCIL MEMBERSHIP CATEGORIES

#### 1. Affected Communities

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

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

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

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

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

**Job Description for Affected Communities:**

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

### 2. Non-Elected Community Leader

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

**Job Description for Non-Elected Community Leader:**

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

### 3. Health Care Providers, including Federally Qualified Health Centers

**Job Description for Health Care Providers:**

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

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

**Job Description for ASO/CBO:**

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

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

**Job Description for Social Service Providers:**

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

### 6. Mental Health Providers and Substance Abuse Providers

**Job Description of Mental Health Providers and Substance Abuse Providers:**

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

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

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

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

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

### 8. State Medicaid Agency

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

### 9. Ryan White Part C Grantee

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

### 10. Ryan White Part D Grantee

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

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

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

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

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

**12. Hospital Planning Agencies or Health Care Planning Agencies**

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

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

**13. Local Public Health Agencies**

**Job Description for Local Public Health Agencies:**

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

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

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

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

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

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

**Job Description for Consumer Representation of Formerly Incarcerated Populations:**

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

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