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, February 20, 2014, 9:30 a.m.

Location: Governmental Center Room 318

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:** 2-20-14 Agenda and 1-9-14 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. **EMERGING ISSUES**
   a) ACTION ITEM: Discuss the Social Services Provider seat.
   b) ACTION ITEM: Discuss job descriptions for the vacant Hospital/Healthcare Planning Agencies, Local Public Health Agencies, and Representative for Former Federal/State/Local Prisoners seat. Provide recommendations for appointment.
5. **UNFINISHED BUSINESS**

a) Policies and Procedures (WP Item 5.1) (Handout F)
ACTION ITEM: Review and revise the policies and procedures. Develop a role description for alternates to add to the policies and procedures.

b) Recruitment and Retention Plan (WP Item 2.1) (Handout G)
ACTION ITEM: Review the Recruitment and Retention Plan. Review marketing strategies and recruitment brochures of other EMAs.

c) HIVPC Training (WP Item 4.2) (Handout H)
ACTION ITEM**:** Discuss training schedule. Determine which topic will be presented at the first training.

6. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
MCDC Accomplishments and Annual Evaluation (WP Item 4.5, 5.2)	ACTION ITEM: Review MCDC Accomplishments for 2013. Assess the past year and recommend improvements. Complete the committee self-assessment. (Handout I)
Work Plan/Policies & Procedures (WP Item 5.1)	ACTION ITEM: Review and update the 2013-2014 Committee work plan.
Council Member Awards (WP Item 1.11)	ACTION ITEM: Devise ways to reward HIVPC members for their work and commitment.
Mentoring Program	ACTION ITEM: Determine strategies to encourage mentor recruitment.

7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING: NEXT MEETING:** March 6, 2014 **VENUE:** A-335

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 and Update Policies and Procedures (WP Item 5.1)	MCDC, Staff, Grantee	Review and update the Committee work plan

9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

MEETING MINUTES

COMMITTEE: Membership/Council Development Committee
Date/Time: Thursday, January 9, 2013, 9:30 a.m.
Location: BRHPC
H.B. Katz, **Chair** T. Wilson, **Vice-Chair**

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

1. CALL TO ORDER:

The Chair called the meeting to order at 9:53 a.m.
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.

2. APPROVALS:

Motion #1	To approve today's meeting agenda
Proposed by:	Wilson, T.
Seconded by:	Burgess, D.
Action:	Passed Unanimously

Motion #2	To approve meeting minutes of 11/7/13
Proposed by:	Wilson, T.
Seconded by:	Burgess, D.
Action:	Passed Unanimously

3. STANDARD COMMITTEE ITEMS

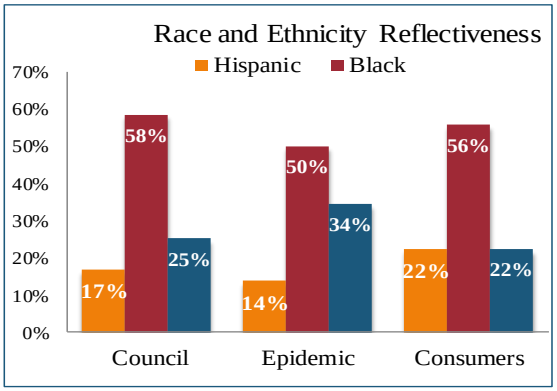
a. Review Planning Council Demographics –Handout A

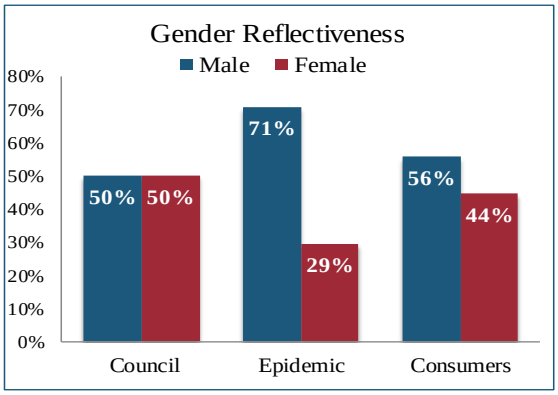
HIV Planning Council Membership Report for January 9, 2014

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

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

Staff informed members that there are 5 active applicants: Michelle Morgan, Vincent Foster and Silvana Baner, Devorn Burgess and Ann Mercer. There are no applicants pending at the county and no scheduled county appointments. The total number of Council members is currently 24.

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. Currently 38% of Planning Council members consist of unaffiliated consumers. In comparison to the epidemic, Hispanics and Blacks are overrepresented on the Council while Whites are underrepresented. Currently, females and males are equally represented on the Council.

b. Review Planning Council–Handout B

Members reviewed vacancies in the following categories: *Hospital Planning or other Health Care Planning Agencies*, *Local Public Health Agency*, *State Government Administrating Ryan White Part B*, *Prevention*, and *Formelly incarcerated PLWHA or their representatives.*

Category	Fema	Mal	Blac	Hispa	Wh
Health care providers, including FQHCs		1			1
CBOs serving affected populations and ASOs	1		1		
Social service providers, including housing & homeless		1		1	
Mental health provider		1	1		
Substance abuse provider	1		1		
Hospital planning or other health care planning agencies					
Local Public Health Agency					
Non-elected community leaders (NECL)	1		1		
	1				1
		1			1
	1		1		
State Medicaid agency	1		1		
State Government Administering Ryan White Part B					
Part C grantee	1		1		
Part D grantee	1		1		
Grantees of other Federal HIV programs		1			1
		1		1	
Formerly incarcerated PLWHA or their representatives					
Other: County Commissioner		1	1		
	8	**7**	**9**	**2**	**4**
	53%	**47%**	**60%**	**13%**	**27%**
		15			15
Affected communities, including	1		1		
· People with HIV/AIDS		1	1		
· Federally recognized Indian tribe members		1			1
· Individuals co-infected with hep B or C		1		1	
· Historically underserved subpopulations		1			1
		1		1	
	1		1		
	1		1		
	1		1		
	4	5	5	2	2
	44%	**56%**	**56%**	**22%**	**22%**
		9			9
	12	12	14	4	6
	50%	**50%**	**58%**	**17%**	**25%**
		24			24

Committee members discussed the vacant seats that they are trying to fill. Members also discussed that there is an applicant for the *Part B* mandated seat, which will be filled later in the meeting.

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	10/1/2013	In process	Yes	CBO/ASO
	Yes	Planning	Yes	4/8/2013	6/10/2013	7/8/2013	In process	Yes	NECL
AHF	No	Planning	No				New Applicant	Yes	HCP/CBO-ASO/Local PH Agency/Aff. Comm.
	Yes	JCCR, MCDC	Yes	8/1/2013	10/3/2013	11/7/2013	In process	Yes	Unaffiliated Consumer
FLDOH-BC	Yes	Planning	Yes	6/10/2013	7/8/2013	10/14/2013	In process	Yes	State Part B Agency, Local PHAgency

Members discussed the current active applicants for appointment to the Council. Four of the five active applicants have fulfilled the requirements to become a Council member. There is one unaffiliated applicant in the pool. According to Membership/Council Development Committee's (MCDC) Policies and Procedures, unaffiliated consumers are the first priority for approval for membership to the Council. Additionally, one applicant is eligible to fill the *Part B* mandated seat. Filling mandated seats is the second priority following unaffiliated consumer seats.

Staff reviewed projections for the Council demographics if new members are added. Staff reviewed projections for adding the *Part B* mandated seat, as well as a projection for adding the *Part B* mandated seat and the unaffiliated consumer. Committee members discussed the pros and cons of adding all four eligible applicants. It was noted that there is a need for new members and fresh faces on the Council and that multiple members may fall under the same membership category. The following motions were made:

Motion # 3	To appoint Ann Mercer for the *State Government Administrating Ryan White Part B* seat of the HIV Planning Council.		
Proposed by:	Wilson, T.	**Seconded by:**	Burgess, D.
Action:	Passed Unanimously		

Motion # 4	To appoint Devorn Burgess for an unaffiliated consumer seat on the HIV Planning Council.		
Proposed by:	Wilson, T.	**Seconded by:**	Burgess, D.
Action:	Passed Unanimously		

Members discussed adding Vincent Foster to the Committee due to his continued dedication of attending the meetings. The following motion was made:

Motion # 5	To appoint Vincent Foster to the Membership/Council Development committee.		
Proposed by:	Wilson, T.	**Seconded by:**	Burgess, D.
Action:	Passed Unanimously		

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

The handout related to Planning Council and Committee member attendance was included in the packet for review. However, the Chair mentioned that there were no infractions related to attendance since the calendar

year for 2014 has just begun. Members were reminded that attendance records are based on the calendar year, not the fiscal year. Additionally, staff informed members that an individual has recently resigned from the 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	1 Review Accomplishments 2 Plan retreat training	1 Devise rewards for PC members	1 Annual Evaluation 2 Update Work Plan, P&P

It was noted that items not completed in the last month rolls over to the current month.

Committee members discussed the work plan and the actions that will need to be completed before the end of the FY2013-2014. Members discussed ensuring the completion of all work plan items for the allotted month. It was noted that the most predominant work plan item has been reviewing the policies and procedures and going through the by-laws to ensure alignment.

4. UNFINISHED BUSINESS

a) Policies and Procedures (WP Item 5.1) (Handout F)

Committee members discussed what the appropriate timeframe for a Council member to choose a new committee, when he/she has resigned from his/her current committee, without being in violation of the by-laws. Currently, the by-law states that Council members must also be a member of a committee, but it does not specify a timeframe for choosing a committee.

The Committee discussed the allowable timeframe for allowing members to research different committees by attending different meetings. Committee members agreed that members shall have 30 days from the date of their resignation to choose a new committee. Failure to choose a new committee within 30 days will result in automatic removal from the Council at the will of MCDC. The member will then need to restart the application process if he or she is still interested in becoming a member of the Council. It was noted that the same process applies to Council alternates.

The Committee reviewed the policies regarding alternates. As it stands, the by-laws require a minimum of three alternates; however, there is currently only one alternate on the Council, and there are no current

applications for individuals who would be placed as an alternate. Members reviewed the current process for becoming an alternate. It was noted that alternates are not included in the monitoring of Council demographics. The Chair explained to the rest of the Committee the purpose of alternates; even though alternates do not count towards demographics, an alternate filling in for a member should mirror that member's demographics.

Members reviewed a flow chart of potential Council removal and reassignment procedures. Staff reviewed the different scenarios for members resigning from their mandated seat and how they may be reassigned. Committee members discussed if there should be a timeframe for the member to inform the Council that he/she will be resigning. The MCDC P&P currently state that the Council should be informed immediately, but one member asked that 'immediately' be defined with a timeframe. One member suggested that Council members be given 10 business days to inform the Committee of their resignation once they know they will no longer represent their current membership category. The Grantee representative suggested that timeframes remain consistent since several timeframes have been discussed during the meeting. Committee members also discussed removing a section of the P&P regarding members whose qualifications have changed who would get priority for reassignment to another seat. Committee members decided to strike this section; members resigning from their mandated seats will be considered for reassignment, but will not necessarily get priority over other applicants. The following motion was made:

Motion # 6	To approve the proposed changes to the Policies and Procedures.		
Proposed by:	Dyer, L.	**Seconded by:**	Wilson, T.
Action:	Passed Unanimously		

b) Recruitment and Retention Plan (WP Item 2.1) (Handout G)

One member suggested that now would be a good time to discuss the process for selecting alternates. Members reviewed the role and purpose of alternates. One Committee member asked if alternates were eligible for transportation reimbursement, child care reimbursement, etc. Staff noted that alternates are eligible for reimbursement. Committee members discussed the need for clarification about alternates' attendance requirements, and if they should be held to the same standards as regular Council members. Members discussed the issues that may arise if there is no clarification about attendance. There was a concern among members that regarding the issue of alternates are not attending meetings resulting in their inability to remain up to date on Council issues. Furthermore, they would not be able to make an educated vote if they are asked to perform their duties as an alternate. Committee members discussed adding a role description for alternates to the P&P. Staff will research the role of alternates and whether they must be an unaffiliated consumer. The Chair of the committee asked that discussion and development of a role description for alternates be put on the agenda for the next meeting.

Staff informed the Committee that there is some money in the marketing budget to buy giveaways to be used at community engagement events. Staff asked if there was any preference for the type of giveaways to be purchased. Committee members asked that Staff send out a list of potential giveaways via email to be reviewed by the Committee before Staff makes a final decision about what to purchase. Members agreed that t-shirts would be the best giveaway because of the visibility and publicity for the program. Staff will also continue to research marketing strategies and recruitment materials from other Planning Councils in an effort to create innovative ways to increase the level of participation.

c) HIVPC Training (WP Item 4.2) (Handout H)

Potential dates for Council training were discussed. The Chair suggested the last monthly meeting of each quarter (May, August, November, and February) be used for training. The Chair asked that

training be put on the agenda for the next meeting for further discussion. The Chair also asked that Committee members make suggestions about the order they would like to discuss training topics in.

5. MEETING ACTIVITIES / NEW BUSINESS

Goal/Work Plan Objective #:	*Accomplishments*
MCDC Accomplishments (WP Item 4.5)	A comprehensive review of committee accomplishments was tabled until the next meeting. Staff reminded the Committee that a consultant will be making recommendations about the work plans, so the work plans may be changing soon. The Grantee representative noted that some accomplishments that were not on the work plan should be recognized. . Staff to provide a comprehensive list of accomplishments of the past year at the next meeting.
Council Member Awards (WP Item 1.11)	Committee members briefly discussed distributing awards to Council members at the upcoming HIVPC retreat as well as different ideas for the type of award. The Grantee representative suggested including alternative awards such as "best dressed."

Staff reminded the Committee about the attendance policy, which is to be strictly enforced beginning with the 2014 calendar year. The Chair requested that the attendance policy be provided to members at upcoming Committee and Council meetings as a reminder.

6. PUBLIC COMMENT: None

7. AGENDA ITEMS / TASKS FOR NEXT MEETING: **Date:** February 6, 2014 **Venue:** Broward County Gov't Center Annex

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.*
Work Plan/Policies & Procedures (WP Item 5.1)	MCDC, Staff, Grantee	Review and update the Committee work plan
Annual Evaluation: (WP Item 5.2)	MCDC, Staff, Grantee	Assess the past year and recommend improvements

8. ANNOUNCEMENTS: None

9. ADJOURNMENT

Without objection the meeting was adjourned at 11:36 a.m.

Membership/Council Development Attendance CY 2014

Member	1/9/14
Katz, H.B., ***(Chair)***	X
Wilson, T. ***(V. Chair)***	X
Dyer, L.	X
Burgess, D	X
Quorum=3	**4**

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care

Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments

Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

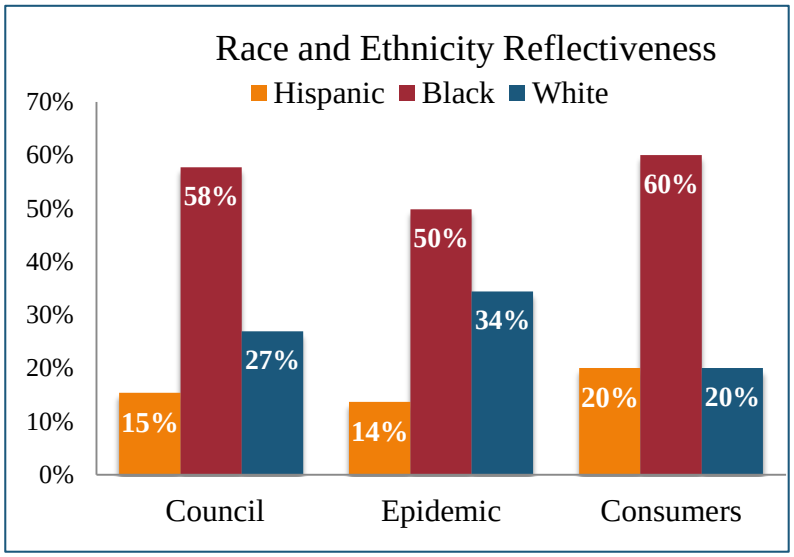
HIV Planning Council Membership Report for February 20, 2014

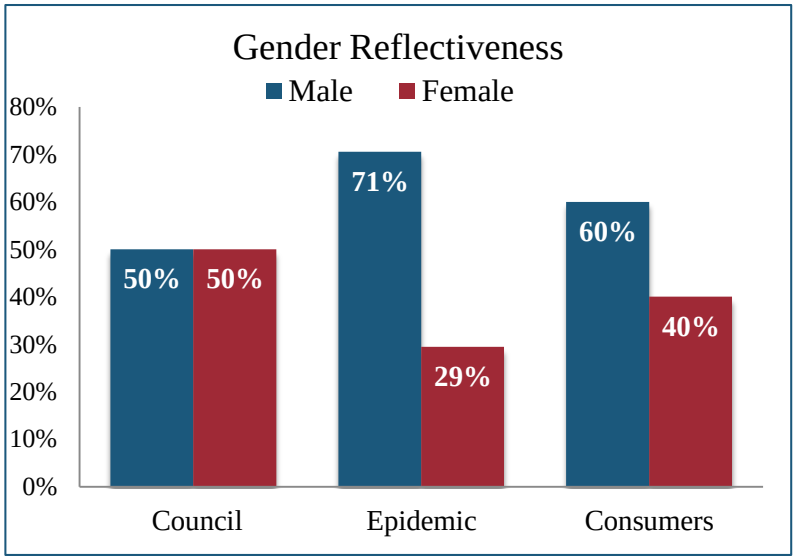
Handout A

Gender	Council	Epidemic	Consumers		Council	Epidemic	Consumers
Male	13	11,836	6	Male	50%	71%	60%
Female	13	4,944	4	Female	50%	29%	40%
	26	**16,780**	**10**		**100%**	**100%**	**100%**
Race	**Council**	**Epidemic**	**Consumers**		**Council**	**Epidemic**	**Consumers**
Hispanic	4	2,290	2	Hispanic	15%	14%	20%
Black	15	8,361	6	Black	58%	50%	60%
White	7	5,772	2	White	27%	34%	20%
Other	0	357	0	Other	0	2%	0
	26	**16,780**	**10**		**100%**	**100%**	**100%**

Percent of Planning Council Members That Are Unaffiliated Consumers

38%





Current Members	26
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35

Vacant Seats

Grantees of Other Fed HIV Programs - Prevention

Hospital/Health Care Planning Agencies

Local Public Health Agencies

Rep for Former Fed/State/Local Prisoners

Council cannot be comprised of more than 40% of Ryan White Part A Providers

2/19/2014 8:39 PM

#	Membership Category	Category	1st Name	Last Name	Consumer	Race/Ethnic	W	B	H	Gender	F	M	Part A	Part A	Appoint Date	Committee	Affiliation
1	Affected Communites	Consumer	Leroy	Dyer	1	B		1		M		1			Feb-10	JCCR; MCDC	
1	Affected Communites	Consumer	Brad	Gammell	1	W	1			M		1			Nov-08	PSRA; JPC	
1	Affected Communites	Consumer	Ronald	Bhrangger	1	H			1	M		1			May-05	JCCR	
1	Affected Communites	Consumer	Bradley	Katz	1	W	1			M		1			Nov-08	MC; JCCR; PSRA; JP;QM, Exec	
1	Affected Communites	Consumer	William	Marcoviche	1	H			1	M		1			Feb-05	JCCR	
1	Affected Communites	Consumer	Patricia	Parker-Maysonet	1	B		1		F	1				Jun-13	JCCR	
1	Affected Communites	Consumer	Tara	Wilson	1	B		1		F	1				Aug-10	MDC	
1	Affected Communites	Consumer	Yolonda	Reed	1	B		1		F	1				Aug-13	PSRA	
1	Affected Communites	Consumer	Debbie	Wilkin	1	B		1		F	1				Oct-13	JCCR	
1	Affected Communites	Consumer	Devorn	Burgess	1	B		1		M		1			Feb-14	JCCR, MCDC	
1	Other	Commissioner	Comm.	Holness		B		1		M		1			Feb-11	TBD	BCBCC
1	ASO/CBO Serving Affected Population	ASO	Dionne	Proulx		B		1		F	1		MHS	1	Feb-13	PSRA; PCIP	MHS
1	Grantees Other Fed HIV Programs	HOPWA	Mario	DeSantis		H			1	M		1			Jun-13	PSRA	HOPWA
0	**Grantees Other Fed HIV Programs**	**Prevention**															
1	Grantees Other Fed HIV Programs	Part F	Mark	Schweizer		W	1			M		1	NSU	1	Aug-13	QMC	NSU
1	Health Care Providers/FQHC	FQHC	Rick	Siclari		W	1			M		1	CR	1	Feb-10	PSRA; JPC	CR
1	Part C Grantees	Part C	Claudette	Grant		B		1		F	1		NBHD	1	Jan-12	PSRA, QMC	NBHD
0	**Hospital/Healthcare Planning Agencies**	**Vacant**															
0	**Local Public Health Agencies**	**Vacant**															
1	Mental Health Providers	MH Provider	Timothy	Moragne		B		1		M		1	NSU	1	Nov-90	JPC; Nominating	NSU
1	Non-Elected Community Leader	NECL	Karen	Creary		B		1		F	1				Aug-06	MCDC; JCCR; Exec	CDTC
1	Non-Elected Community Leader	NECL	Tamara	Kuryla		W	1			F	1				Mar-00	MCDC; Executive	CDTC
1	Non-Elected Community Leader	NECL	Will	Spencer		W	1			M		1			Feb-04	By Laws	
1	Non-Elected Community Leader	NECL	Carla	Taylor-Bennett		B		1		F	1				Jun-08	PSRA; Executive	BSO
1	Part D Grantees	Part D	Marie	Hayes		B		1		F	1				Mar-00	PSRA	CDTC
0	**Rep Former Fed/State/Local Prisoners**	**Vacant**															
1	Social Service Providers	SS Provider	Joey	Wynn		H			1	M		1	MDEI	1	Nov-08	LPAC; PSRA; PCIP	MDEI
1	State Medicaid	Medicaid	Marsha	McBain		B		1		F	1				Jun-13	JPC	AHCA
1	State Govt administering RW Part B	Part B	Ann	Mercer		W	1			F	1				Feb-14	JPC	FLDOH-BC
1	Substance Abuse Provider	SA Provider	Karlene	Tomlinson		B		1		F	1				Oct-05		DCF
26					10		7	15	4		13	13		6			
					38%		27%	58%	15%		50%	50%		23%			
	Alternates																
1	Alternate Member		Monica	Coscarelli	1	H			1	F	1						

HIVPC Membership Categories and Demographics February 20, 2014

Category	Name	Female	Male	Black	Hispanic	White
Health care providers, including FQHCs	Siclari		1			1
CBOs serving affected populations and ASOs	Proulx	1		1		
Social service providers, including housing & homeless	Wynn		1		1	
Mental health provider	Moragne		1	1		
Substance abuse provider	Tomlinson	1		1		
Hospital planning or other health care planning agencies	**Vacant**					
Local Public Health Agency	**Vacant**					
Non-elected community leaders (NECL)	Creary	1		1		
	Kuryla	1				1
	Spencer		1			1
	Taylor-Bennett	1		1		
State Medicaid agency	McBain	1		1		
State Government Administering Ryan White Part B	Mercer	1				1
Part C grantee	Grant	1		1		
Part D grantee	Hayes	1		1		
Grantees of other Federal HIV programs	Part F/Schweizer		1			1
	HOPWA/DeSantis		1		1	
	Prevention/Vacant					
Formerly incarcerated PLWHA or their representatives	**Vacant**					
Other: County Commissioner	Holness		1	1		
		9	**7**	**9**	**2**	**5**
		56%	**44%**	**56%**	**13%**	**31%**
			16			16
Affected communities, including	Reed	1		1		
· People with HIV/AIDS	Dyer		1	1		
· Federally recognized Indian tribe members	Gammell		1			1
· Individuals co-infected with hep B or C	Bhrangger		1		1	
· Historically underserved subpopulations	Katz		1			1
	Marcoviche		1		1	
	Wilson	1		1		
	Wilkins	1		1		
	Burgess		1	1		
	Parker-Maysonet	1		1		
		4	6	6	2	2
	Consumers	**40%**	**60%**	**60%**	**20%**	**20%**
			10			10
		13	13	15	4	7
	Total	**50%**	**50%**	**58%**	**15%**	**27%**
			26			26

Name	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
Vincent F.			1			1		Broward Health	Yes	MCDC	No	5/2/2013	8/1/2013	10/1/2013	In process	Yes	CBO/ASO
Baner, S.				1	1				Yes	Planning	Yes	4/8/2013	6/10/2013	7/8/2013	In process	Yes	NECL
Morgan, M.			1		1			AHF	No	Planning	No				New Applicant	Yes	HCP/CBO-ASO/Local PH Agency/Aff. Comm.
Burgess, D.			1			1			Yes	JCCR, MCDC	Yes	8/1/2013	10/3/2013	11/7/2013	Complete	Yes	Unaffiliated Consumer
Mercer, A.		1			1			FLDOH-BC	Yes	Planning	Yes	6/10/2013	7/8/2013	10/14/2013	Complete	Yes	State Part B Agency, Local PHAgency

Handout D

Attendance Red Flags - CY 2013

PLANNING COUNCIL WARNINGS

Name	Committee	Missed	Action Letter	Letter Prepped	Letter Sent	Follow Up
Barbara Hanson	HIVPC	1.24.13 2.28.13	Warning	**3.5.13**	Yes	Resigned 3/8/13
Leroy Dyer	HIVPC	7.25.13 9.26.13	Warning	**9.30.13**	Yes	
Rosemarrie Williams	HIVPC	7.25.13 9.26.13	Warning	**9.30.13**	Yes	Removed 10.24.13 (missed 3rd consecutive meeting)
Marsha McBain	HIVPC	9.26.13 10.24.13	Warning	**10.24.13**	Yes	
Dr. Timothy Moragne	HIVPC	9.26.13 10.24.13	Warning	**10.24.13**	Yes	
Karen Creary	HIVPC	9.26.13 10.24.13	Warning		No	Tried multiple times calling and e-mailing

COMMITTEE WARNINGS

Kristopher Kenny	JCCR	1.8.13 2.5.13	Warning	**2.7.13**	Yes	Resigned 2/7/13
Marcel Martin	QMC	1.7.13 3.18.13	Warning	**3.22.13**	Yes	
Kathleen Myers	JCCR	2.5.13 4.2.13	Warning	**4.5.13**	Yes	Removed 5/7/13. Missed 3rd consecutive meeting
Psyche Doe	Joint Planning	3.11.13 4.8.13 6.10.13	Warning	**4.9.13**	Yes	Removed 6/10/13
Rick Siclari	Joint Priorities	3.20.13 4.17.13	Warning	**4.18.13**	Yes	
Dr. Mark Schweizer	QMC	3.18.13 4.15.13	Warning	**4.17.13**	Yes	
Patricia Parker-Maysonet	JCCR	4.2.13 5.7.13 11.12.13	Warning	**11.12.13**	Yes	
Yolanda Reed	Ad Hoc PCIP	2.20.13 4.9.13	Warning	**5.9.13**	Yes	
Marc Love	Ad Hoc PCIP	2.20.13 4.9.13 4.17.13	Removed	**5.9.13**	Yes	Removed 5.8.13 missed 3 consecutive meetings
Marlinda Quintana-Jefferson	QMC	4.15.13 5.20.13	Warning	**5.21.13**	Yes	
Katrina Laxamana-Schiffer	JCCR	2.5.13 5.7.14 6.4.13 10.1.13	Removed	**6.5.13** **10.3.13**	Yes	Removed 10.1.13 for missing 4 meetings in a calendar year
Rhonda Sampson	JCCR	5.7.13 6.4.13	Warning	**6.5.13**	Yes	

Doretta Green	PSRA	6.12.13 7.10.13 7.17.13	Removed	**7.22.13**	Yes	Sent via email; Removed 7.17.13 missed 3 consecutive meetings
Alton Fields	MCDC	6.6.13 7.11.13 8.1.13	Removed	**7.12.13**	No	No mailing or email address on file; tried multiple times to contact via phone
Marie Hayes	PSRA	7.10.13 7.17.13	Warning	**7.22.13**	Yes	
Yolanda Reed	Ad Hoc By-Laws	3.21.13 5.9.13 9.19.13	Warning	**9.24.13**	Yes	
Silvana Baner	Joint Planning	8.12.13 10.14.13	Warning	**10.24.13**	Yes	
Clarissa Castro	LPAC	11.30.13 1.6.14	Warning	**12.11.13**	Yes	

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	1 Review Accomplishments 2 Plan retreat training	1 Devise rewards for PC members	1 Annual Evaluation 2 Update Work Plan, P&P

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

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	Recurring
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	Complete
1.4 Conduct pre- and post-appointment orientations for new members	MCDC, Staff	Educated PC	As needed	As needed	As needed
1.5 Announce vacant positions at each meeting of MCDC	MCDC, Staff	Public awareness	Each meeting	Each meeting	Recurring
1.6 Display recruitment and application materials at each HIVPC meeting	Staff	Public awareness	Each meeting	Each meeting	Recurring
1.7 Members, Staff greet visitors at Council and Committee meetings	MCDC, Staff	Public involvement	Each meeting	Each meeting	Recurring
1.8 Contact potential applicants on requirements, reimbursement of costs	Staff	Public involvement	As needed	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	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	Trainings planned. 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	7 completed
4.4 Plan and implement training for Planning Council members at annual retreat	MCDC, Staff	Required training	11/13	11/13	Complete
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~~ scheduled as needed by the Committee.~~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/alternate should resign from a committee, s/he will have 30 days to select a new committee in which to become a member. If a committee is not selected within the 30 day timeframe, the member/alternate will be removed from the Council.

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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~~ three 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) If a member does not notify the Council with 10 business days, the member will automatically be removed by the will of the Membership/Council Development Committee.

~~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,

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Comment [HP4]: MCDC requested to review this policy

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Comment [HP5]: MCDC requested to review this policy - REMOVED

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Comment [HP6]: Recommendation: Change outdated term.

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.

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.

Job Description for Planning Council Alternates

a. Must keep abreast of Council activities.

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

HIV Planning Council
Recruitment and Retention Plan (Revised 8.1.13)

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.-not occurring at this time; Chair will announce during report at HIVPC meetings
- 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.-Committee member/SFAN Vice Chair will take recruiting brochure, HIVPC applications, and HIVPC Calendar to SFAN & Re-Entry Meetings
- 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. –possible training on how to recruit new members

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-redesign/change pictures before mailing out.
- 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

COMPETITIVE ANALYSIS – MARKETING & COMMUNICATIONS REVIEW

COMPETITIVE ANALYSIS – MARKETING & COMMUNICATIONS REVIEW

Marketing/Communication Tactics	Orlando EMA	Broward EMA	Miami EMA	St Petersburg/ Tampa EMA
Target Audiences	People Living with HIV/AIDS (PLWH) and key stakeholder Selective sub-population	People Living with HIV/AIDS (PLWH) and key stakeholder Selective sub-population	People Living with HIV/AIDS (PLWH) and key stakeholder Selective sub-population, elective officials	People Living with HIV/AIDS (PLWH) and key stakeholder Selective sub-population
Goals	improve the quality of life of individuals with HIV/AIDS	Increase access to care for clients, facilitate identification of potential members provide a comfortable community forum.	eliminate disparities and improve health outcomes for all people living with or at risk for HIV/AIDS	Provide quality services and improve the lives of those infective
Objectives	Increase membership and retain new members. Increase access into services.	To develop a social marketing set of strategies for the council that utilize the committee, consultant and volunteers.	Increase membership, provide quality Services	Increase membership, provide quality Services, effective allocation
Branding	Internet Pamphlets	They use standard branding tools such as letter head, logo, the website Brochures and Handouts etc	Produce and invest in a variety of promotional items, tee shirt, zipper portfolio and other standard items such as letter head, logo, brochures and Handouts etc.	They use standard branding tools such as letter head, logo, the website Brochures and Handouts etc Word and mouth from members
Market Coverage Strategy	Monthly Newsletter, Internet Community Collaboration	Host 2 outreach meetings annually Host 2 community meetings annually	Weekly newsletter with 700 plus distribution. Use the internet , newspapers and public forums, community partners and providers to cover the market	Use the internet , newspapers and public forums, community partners and providers to cover the market
Promotion Strategies	Health fairs, collaboration with community.	They do fund raisers for events through community partners.	Quarter provider forums, annual presentation to officials.	Health fairs town hall meeting, faith organizations, collaboration with community.
Advertising Message	Membership, access to services , retention	Membership, access services	Memberships, services, eliminate disparities, continued funding	Memberships, services,

Marketing/Communication Tactics	Orlando EMA	Broward EMA	Miami EMA	St Petersburg/ Tampa EMA
Media Strategies ▪ **TV** ▪ **Radio** ▪ **Newspaper** ▪ **Direct Mail** ▪ **Other (explain)**	Newsletters, membership video		They don't use any of these except minimal newspaper	Ads in local diverse newspapers, magazines to target selected populations (very effective). They do use the radio (not as effective) and very little TV media usage.
Consumer Service Policies	Publish standards of care and provide general information to the public.	Publish standards of care and provide general information to the public.	Publish standards of care and provide general information to the public.	Publish standards of care and provide general information to the public. Education is their goal
Publicity Strategies	To release video or work with Orange TV		Do formal presentation to elective official.	Keep members informed. Use referral services Link with Positive Education, AIDS Institute and other websites
Testing/Marketing Strategies	Report on internet use. Utilization reports		Report on internet use.	Do survey through other organizations and their website. They are linked to several
Summary of Strengths and Weaknesses	Weakness reach sub populations,	Uses social marketing manual. Doing Good job	No written marketing plan. Very good website	No written marketing plan. They are doing a adequate job meeting their goals. Weakness reaching sub-groups.
Other				Education and training is key. Their highest priority is training new members and providing mentors to assist and build a strong planning committee.

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
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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.

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Membership/Council Development Committee (MCDC)
FY 2013-2014

MAJOR ACCOMPLISHMENTS

- Reviewed and Approved Position Descriptions (WP Item 1.1)

Result: Upheld Responsibilities of Membership Categories

- Reviewed and Revised the Mentoring Program (WP Item 4.1)

Result: Policy Implemented to Help Educate Planning Council Members

- Conducted Orientations for Interested Council Members (WP Item 4.3)

Result: Seven Orientations Completed for 2013 by Staff

- Reviewed HIVPC and Committee Meeting Evaluations (Not on WP)

Result: Sought to Address Possible Retention Issues on the Council and its Committees

- Devised Quarterly HIVPC Training Topics for 2014 (WP Item 4.4)

Result: Upheld HRSA's Mandate of Training HIVPC Members Regarding their Responsibilities and other Competencies Necessary for Full Participation in Collaborative Decision-Making.

RECURRING WP ITEMS ACHIEVED

- Review Council makeup to ensure it reflects epidemic; Ensure mandated seats filled; Ensure 33% of members are unaffiliated PLWHA (WP Item 1.1.)
- Review Results of PC survey on qualifications for seats (WP Item 1.3)
- Announce vacant positions at each meeting of MCDC (WP Item 1.5)
- Display recruitment and application materials at each HIVPC meeting (WP Item 1.6)
- Review Planning Council and Committee attendance (WP Item 3.1)

WORK PLAN CHALLENGES

- Reviewing the qualifications of each member and their current seat on the HIVPC (WP Item 1.3) **Note:** There was no real outcome of this.
- Conducting orientations for new members (WP Item 4.3) Note: This is not really a Committee function.
- Seek to post recruiting materials, application on Broward government Website (WP Item 2.5) **Note:** This is not really a Committee function.
- Plan and implement training for Planning Council members at annual retreat (WP Item 4.4) **Note:** May want to reconsider placing this on the WP for next fiscal year since the trainings are now being conducted at the HIVPC meetings.