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

Meeting Agenda: Membership/Council Development Committee
Date/Time: Thursday, January 8, 2015, 9:30-11:30 a.m.
Location: Governmental Center Room A335
Chair: H.B. Katz **Vice-Chair:** T. Wilson

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

2. **APPROVALS:** 1/8/15 Agenda and 11/6/14 Meeting Minutes

3. **STANDARD COMMITTEE ITEMS**
   a. Review HIVPC Demographics (WP Item 1.1) (Handout A)
      ACTION ITEM: Review demographics and identify demographics that are over or under represented. Determine at least two strategies to correct over or under representation.
   b. Review HIVPC Vacancies (WP Item 1.4) (Handout B)
      ACTION ITEM: Review vacancies and identify open seats. Determine a strategy for recruiting for at least one vacancy.
   c. Current Applicants, Interested Parties, and Appointments (WP Item 1.2) (Handout C-1 & C-2)
      ACTION ITEM: Review list of applicants and identify applicants who can become HIVPC members or alternates. Approve members and alternates.
   d. Review Attendance (WP Item 3.1) (Handout D)
      ACTION ITEM: Review attendance for HIVPC and committee members. Identify members who should receive warning or removal letters.

4. **EMERGING ISSUES**
   a. Committee Reflectiveness (Handouts E-1 & E-2)
      ACTION ITEM: Discuss the reflectiveness of each committee and determine steps to improve reflectiveness.

5. **UNFINISHED BUSINESS**
   None.

6. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
MCDC Accomplishments & Challenges (WP Item 5.1) (Handout F)	ACTION ITEM: Review and discuss at least 3 MCDC accomplishments and challenges that affected the MCDC.
Annual Evaluation (WP Item 5.2)	ACTION ITEM: Conduct annual evaluation to assess past year and recommend improvements; identify at least 3 areas of improvement for the upcoming year.
Quarterly Welcome Brunch (WP Item 1.5) (Handouts G1 – G3)	ACTION ITEM: Identify 2 successes or challenges of the November Welcome Brunch. Develop an agenda for the next quarterly brunch and identify at least 2 methods of advertisement.
Update Planning Documents (WP Item 5.3) (Handouts H – I2)	ACTION ITEM: Review and update Work Plan, Policies and Procedures, and HIVPC application.

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE:** February 5, 2015 **VENUE:** TBD

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
Quarterly Welcome Brunch (WP Item 1.5)	ACTION ITEM: Hold Welcome Brunch for interested parties. Explain the purpose of the HIVPC, benefits of membership, and how to get involved. Encourage participation on committees or the HIVPC.
HIVPC Barriers Survey (WP Item 1.6)	ACTION ITEM: Develop & distribute a survey to all members to seek feedback about the barriers to serving on HIVPC & committees. Identify at least 2 barriers and 1 solution.

Pre- and post-appointment orientations (WP Item 4.3)	ACTION ITEM: Conduct pre- and post-appointment orientations for new members; include education about the 3 guiding ideas.

9. ANNOUNCEMENTS

10. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

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Meeting Agenda: Membership/Council Development Committee
Date/Time: Thursday, November 6, 2014, 9:30 a.m.
Location: Governmental Center Room A335
Chair: H.B. Katz **Vice-Chair:** T. Wilson

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Katz, H.B., *Chair*	**X**			
2	Wilson, T. *Vice Chair*	**X**			
3	Burgess, D.	**X**			**Grantee Staff**
4	Foster, V.	**X**			Jones, L.
5	Kuryla, S.		**E**		Odusanya, S.
6	Runkle, D.	**X**			
					HIVPC Staff
					Johnson, B.
	Quorum = 4	**5**			Bente, A.

1. CALL TO ORDER

The Chair called the meeting to order at 9:50 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 HIVPC staff self-introductions were made.

2. APPROVALS

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

Motion #2: To approve the minutes from 9/2/14
Proposed by: Wilson, T. **Seconded by:** Runkle, D.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a. Review HIVPC Demographics (WP Item 1.1, Handout A)
The committee reviewed the current demographics of the HIV Planning Council (HIVPC) vacant seats, and attendance. The Council currently consists of 25 members; 36% that are consumers, which is higher than the mandated 33%.

b. Review HIVPC Vacancies (WP Item 1.4, Handout B-1 & B-2)
The committee members reviewed vacant seats on the HIVPC. There are currently five vacant seats which the committee is diligently trying to fill. HIVPC Staff informed the committee that there is currently an individual who is interested in joining who will fulfill the Hospital Planning seat. This individual will attend the upcoming NAE committee meeting. There is also an individual who has shown interest in joining who will fulfill the Local Public Health Agency seat from AHF. The Chair inquired if there was an update from the FLDOH-BC who will fulfill the Part B Prevention seat. HIVPC Staff gave an update on the current

staffing situation at the FLDOH-BC and informed the committee of an individual who has previously addressed Staff regarding membership. Grantee staff also asked about contacting a representative from BSO and Lisa Lugo Manns to fill the Recently Incarcerated mandated seat. Grantee staff recommended finding a different strategy than sending letters to the agencies if the response rate from letters by the next meeting is not effective. The Vice Chair suggested sending letters to the newly recommended individuals as well before eliminating the agency letter contact method.

There was discussion on the maximum number of individuals to represent a mandated seat. The Grantee suggested HIVPC Staff identify a maximum number of individuals to fill the HRSA mandated seat positions on the Planning Council. Both the Chair and the Grantee noted that when determining the maximum number, to ensure that reflectiveness is first priority for membership consideration.

ACTION ITEMS:

- Send a letter to the agencies requesting an individual to fill the vacant seats.
- Contact BSO and Lisa Lugo-Manns for Recently Incarcerated mandated seat
- Bring definitions for all HIVPC mandated seats

c. Current Applicants, Interested Parties, and Appointments (WP Item 1.2, Handout C)

The Committee reviewed the list of current applicants. There was discussion on the list of applicants and whether or not they were present at the previous Welcome Brunch. HIVPC staff informed the committee of the number of individuals who have since joined a committee or been approved as HIVPC members. The Grantee requested there be a tracking method to determine the effectiveness of the recruitment process. The Grantee also mentioned the need for more reflectiveness at committee level. A member included that there be a representative (Committee Chair) at each Welcome Brunch to provide more of an in-depth explanation of the committees and the benefits of participation as a committee member.

The Committee had a brief discussion regarding moving the location for the Welcome Brunch which includes venues such as City Halls in the heavily populated HIV/AIDS Communities. Locations included Wilton Manors City Hall and Lauderdale Lakes City Hall. There were also suggestions to advertise in the newspapers and to do outreach as individual HIVPC/committee members.

ACTION ITEMS:

- Develop a tracking method to analyze the effectiveness of the Welcome Brunch. Include whether attendees/interested parties have joined committees/HIVPC
- Create a committee reflectiveness handout-Chairs to be informed about recruitment of committee members to reflect the demographics.
- Inform Committee Chairs to attend Welcome Brunch to provide an overview of their committees
- Look for locations within the community to host upcoming Welcome Brunch

d. Review Attendance (WP Item 3.1, Handouts D-1 & D-2)

HIVPC and standing Committee attendance was reviewed. HIVPC staff informed the committee that there was one removal letter sent since the last review of HIVPC attendance to an individual from the Quality Management Committee.

4. EMERGING ISSUES

None.

5. UNFINISHED BUSINESS

a. Review New Name for Interested Parties 'Mentorship' Program (Handout E)

MCDC Members reviewed the new name for the Interested Parties 'Mentorship' program. The new name is HIVPC Coaching Program for Interested Parties. This new name will be sent to the Executive Committee for approval and possible discussion on the effectiveness of the procedures. The following motion was made:

Motion #3: To approve the new name, "HIVPC Coaching Program for Interested Parties" for the interested parties' mentorship program to be sent to the Executive Committee.
Proposed by: Wilson, T. **Seconded by:** Runkle, D.
Action: Passed Unanimously

b. Employer Commitment Form (Handout F)
The Grantee discussed possible challenges faced by HIVPC Members completing this form. This includes status exposure and employer authorization to participate as an active HIVPC member. There was an extensive discussion as to whether or not the employer would comply with signing the form to authorize an HIVPC member to attend meetings. The Grantee noted that interested parties/current HIVPC members should assess whether or not they can make a commitment to HIVPC membership and have a discussion with their employer to determine if they can agree on authorization to attend meetings. The committee concluded that they would not implement this form. The following motion was made:

Motion #4: To withdraw the Employer Commitment Form.
Proposed by: Wilson, T. **Seconded by:** Foster, V.
Justification: Employers cannot be held to the conditions on the form which may cause lack of participation from the HIVPC member.
Action: Passed Unanimously

c. Recruitment Letter
The Grantee noted that individuals who are currently members of other County Boards cannot serve on another County board. He suggested the letter be sent to members from the HIV/AIDS community and those who are invested in HIV/AIDS issues. The Chair mentioned the newsletter that Commissioner Holness sends could include this letter or information regarding HIVPC membership on his listserv. He also suggested targeting individuals from the universities who are serving on similar committees and student body groups. The Grantee included that PLWHA recruitment has been most effective due to the continued opportunity to gain perspective from the community.

6. MEETING ACTIVITIES/NEW BUSINESS
None.

7. PUBLIC COMMENT
None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE: November 6, 2014 VENUE: A335

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
MCDC Accomplishments & Challenges (WP Item 5.1)	ACTION ITEM: Review and discuss at least 3 MCDC accomplishments and challenges that affected the MCDC.
Quarterly Welcome Brunch (WP Item 1.5)	ACTION ITEM: Identify 2 successes of challenges of the November Welcome Brunch. Develop an agenda for the next quarterly brunch and identify at least 2 methods of advertisement.

9. ANNOUNCEMENTS
None.

10. ADJOURNMENT

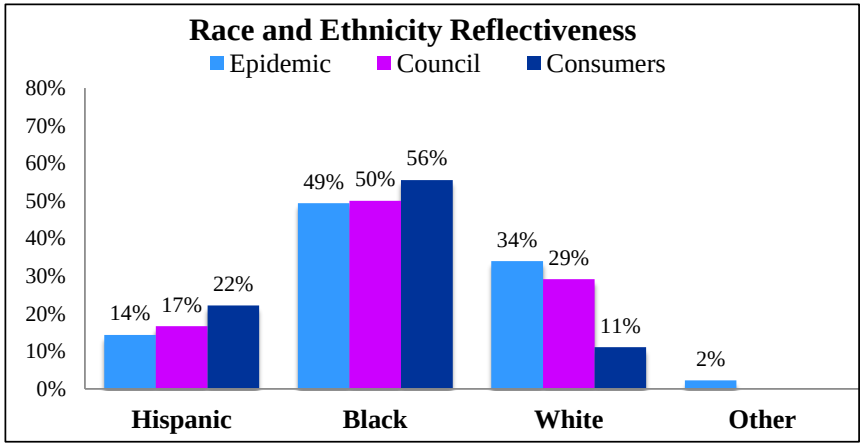
Without objection the meeting adjourned at 11:04 a.m.

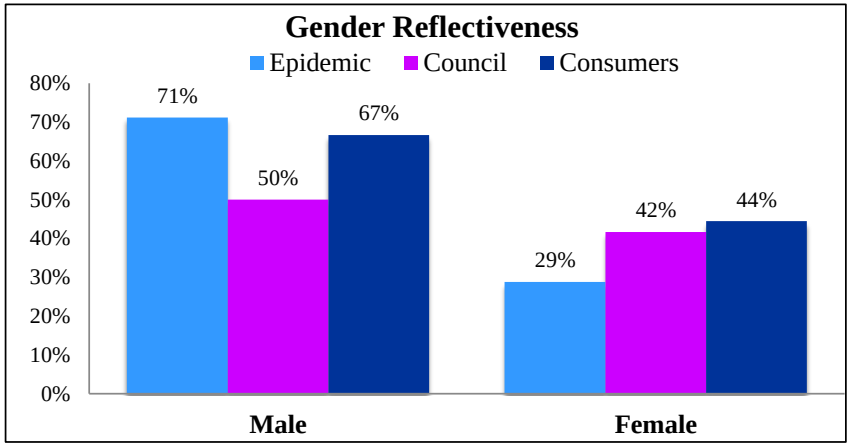
MEMBERSHIP/COUNCIL DEVELOPMENT - ATTENDANCE CY 2014

Member	1/9/14	2/20/14	3/6/14	4/3/14	5/1/14	6/5/14	7/10/14	10/2/14	11/6/14
Katz, H.B., ***(Chair)***	1	1	1	1	1	1	1	1	1
Wilson, T. ***(V. Chair)***	1	1	1	1	1	1	1	1	1
Burgess, D	1	1	1	1	1	1	1	1	1
Foster, V.	*Appointed 1.9.14*	1	1	A	1	1	1	1	1
Runkle, D.	*Appointed 10.2.14*								1
Kuryla, S.	*Joined 5.1.14*					1	1	E	E
Quorum=4	4	4	4	3	4	5	5	4	5

HANDOUT A

HIV Planning Council Membership Report
1/8/2015





Gender	Epidemic		Council		Consumers		% Difference
Male	12,275	71%	12	50%	6	67%	**-21%**
Female	4,973	29%	10	42%	4	44%	13%
Transgender	-	-	1	4%	0	0%	-
Race	**Epidemic**		**Council**		**Consumers**		**% Difference**
Hispanic	2,476	14%	4	17%	2	22%	2%
Black	8,521	49%	12	50%	5	56%	1%
White	5,856	34%	7	29%	1	11%	**-5%**
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**24**		**9**		

No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time.

Current Members	24
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35
% of Members That Are Unaffiliated Consumers	**38%**

Vacant Seats
1. Grantees of other Federal HIV programs - Prevention
2. Grantees of other Federal HIV programs - VA
3. Part B State agency
4. State Medicaid agency
5. Hospital/Health Care Planning Agencies
6. Local Public Health Agencies
7. PLWHA recently released from jail or their representatives
8. Federally Recognized Indian Tribe members
9. Individuals co-infected w/ Hepatitis B or C

HANDOUT B

Vacant Seats	Interested Party Identified	Application Submitted	Committee	Application Progress
1. Grantees of other Federal HIV programs - Prevention	A. Nieves - Broward County School District	Invited to apply 2/24, expressed interested in applying 2/28	N/A	F/up email 3/3, no response
	S. James - Broward County School District	No	N/A	Emailed 6/20, no response
	J. Rodriguez - FLDOH-BC	Invited to apply February, expressed interested in applying 3/27	NAE/SOC	F/up emails 4/2 and 5/27
	J. Taveras - FLDOH-BC	No	QMC	Emailed 5/27, no response
	E. Ullah - FLDOH-BC	No	SOC	Called 10/30 and left vm; emailed 11/7
2. Grantees of other Federal HIV programs - VA	P. Greenberg - VA	No	N/A	Emailed 2/28, no response; working w/ another BRHPC prog. to identify interested parties
3. Part B State agency	*FLDOH-BC Ryan White Part B Administrator position currently open*			
4. State Medicaid agency	K. Martes - AHCA	12/3/2014	Interested in QMC	Will attend QMC in January
5. Hospital/Health Care Planning Agencies	J. Caldwell - South FL Hospital & Healthcare Association	4/30/2014	Interested in NAE	Spoke w/ HIVPC Staff in November; will attend January NAE mtg
6. Local Public Health Agencies	B. Majcher - FLDOH-BC	6/5/2014	QMC	Job change in Aug.; application withdrawn
	N. Solan - FLDOH-BC	6/18/2014	SOC	Resigned from FLDOH-BC in July
7. PLWHA recently released from jail or their representatives	S. Bryant - MODCO	No	N/A	Emailed 5/27; called and left vm 10/30, f/up email in November, no response
	L. Lugo-Manns - Dept. of Corrections	No	N/A	Emailed 5/27, no response
7. Federally Recognized Indian Tribe members				Called December, unable to reach anyone
8. Individuals co-infected w/ Hepatitis B or C	*No interested party identified*			

HANDOUT C-1

HIVPC Applicants

Name	Consumer	W	B	H	O	F	M	T	Agency	Date Applied	Orientation	Committee	Date 1	Date 2	Date 3	Application Category	Outcome
Caldwell, J.		1					1		SFHHA	4/30/2014	No	NAE				Hospital Planning Agency	Will attend NAE in Jan
Henkel, B.		1					1		Midland Medical	7/24/2014	No					HCP/CBO-ASO	Will continue when health improves
Morgan, M.			1			1			AHF	10/24/2013	No	QMC	10/20/2014			HCP/CBO-ASO/Local PH Agency/Aff. Comm.	Attended QMC on 10/20/14
Peugeot, L.					1	1			VITAS	11/10/2014	No	SOC				Hospital Planning Agency	Will attend SOC in Jan
Lewis, V.	1		1			1			Broward House	11/6/2014	No	CEC				CBO, SSP, Affefcted Communities	Will attend CEC in Jan
Shamer, D.	1	1					1			11/20/2014	No	SOC	11/24/2014			Affected Communities	In Progress
Martes, K.		1				1			ACHA	12/3/2014	No	QMC				State Medicaid	Will attend QMC in Jan

HANDOUT C-2

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HIVPC & COMMITTEE UPDATE FORM

Contact and Demographic Information

First Name: _____ **Last Name**:_____

Home Address:_____ **Home Phone**:_____

City, State, Zip Code:_____ **Cell Phone**:_____

Employer (if applicable):_____ **Occupation/Title**:_____

Business Address:_____ **Business Phone**: _____

City, State, Zip Code: _____ **Fax:** _____

Home Email:_____ **Business Email:**_____

- **I prefer to receive phone calls and messages at:** ❑ Home ❑ Work ❑ Cell
- **I prefer to receive mail at:** ❑ Home ❑ Work
- **I prefer to receive email at:** ❑ Home ❑ Work
- **I prefer to receive HIVPC documents:** ❑ Electronically (via email) ❑ Hard copy (via mail)
- **Gender:** ❑ Male ❑ Female ❑ Transgender
- **Race/Ethnicity (check all that apply):**

  ❑White/Non-Hispanic ❑Black/Non-Hispanic ❑Hispanic ❑Asian/Pacific Islander

  ❑American Indian/Alaska Native ❑Haitian ❑Other (Specify)_____

- **Do you identify as a man who has sex with men (MSM)?**

  ❑ Yes, and I am open about my sexual behavior ❑ Yes, but I am <u>not</u> open about my sexual behavior ❑ No
- **Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency?** ❑Yes

  ❑No
- **Do you receive Ryan White Part A services?** ❑ Yes ❑ No
- **Do you self-identify as HIV positive?***

  ❑ Yes, and I am open about my status ❑ Yes, but I am <u>not</u> open about my status ❑ No

  **Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*
- **If you self-identify as HIV positive, how old were you when you were diagnosed?**

  ❑0-12 years old ❑13-19 years old ❑20-29 years old ❑30-39 years old

  ❑40-49 years old ❑50-59 years old ❑60 years old or older

HANDOUT C-2

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Categories of Membership (check all that apply)

- ❑ Health care providers, including federally qualified health centers
- ❑ Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs)
- ❑ Social service providers (including housing and homeless-services providers)
- ❑ Mental health providers
- ❑ Substance abuse providers
- ❑ Local public health agencies
- ❑ Hospital planning agencies or health care planning agencies
- ❑ Affected communities (people living with HIV/AIDS and underserved communities)
- ❑ PLWHA Recently Released from Jail or Prison or their representatives
- ❑ Non-elected community leaders
- ❑ Members of a Federally recognized Indian tribe
- ❑ Individuals co-infected with Hepatitis B or C
- ❑ State Medicaid agency
- ❑ Ryan White HIV/AIDS Program (RWHAP) Part B State agency
- ❑ RWHAP Part C grantees
- ❑ RWHAP Part D grantees
- ❑ RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees)
- ❑ Housing Opportunities for Persons with AIDS (HOPWA) grantees
- ❑ Federally funded HIV prevention program grantees
- ❑ Veterans Health Administration representative

HANDOUT D

PLANNING COUNCIL - ATTENDANCE 2014

Count	Member	1/23/14	2/27/14	3/27/14	4/24/14	5/22/14	6/26/14	7/24/14	10/23/14	11/20/14	12/8/14		
1	Bhrangger, R.	1	1	1	1	E	1	1	1	1	A	8	80%
2	Burgess, D.	*Appointed 1/23/14*	1	1	E	1	1	1	1	1	1	8	80%
3	Creary, K.	1	1	1	1	1	1	A	1	A	1	8	80%
4	DeSantis, M.	1	1	A	1	***E Retroact. 7/24/14**	1	1	1	1	1	8	80%
5	Gammell, B., *Chair*	1	1	1	1	1	1	1	1	1	1	10	100%
6	Grant, C.	1	1	1	1	A	1	1	A	1	1	8	80%
7	Hayes, M.	1	1	A	1	A	1	1	1	1	1	8	80%
8	Holness, D.V.C. (Comm)	1	1	1	1	1	1	A	1	1	A	8	80%
9	Katz, H.B.	1	1	1	1	1	1	1	1	1	1	10	100%
10	Kuryla, S.	1	1	1	1	1	1	1	A	E	A	7	70%
11	Lint, A.	*Appointed 10/23/14*								1	1		
12	Marcoviche, W.	1	1	1	1	1	1	1	1	1	A	9	90%
13	Moragne, Dr. T.	A	1	E	1	1	1	1	1	1	1	8	80%
14	Parker, P.	1	E	1	1	1	1	1	1	1	1	9	90%
15	Proulx, D.	1	1	1	1	1	A	1	1	1	A	8	80%
16	Reed, Y.	A	1	E	1	1	1	1	1	1	1	8	80%
17	Runkle, D.	*Appointed 10/23/14*								1	1		
18	Schweizer, M.	1	A	1	1	1	1	1	E	1	A	7	70%
19	Siclari, R.	1	1	E	1	A	A	E	E	1	1	5	50%
20	Spencer, W.	1	1	1	A	1	A	1	1	1	1	8	80%
21	Taylor-Bennett, C.	1	A	1	1	1	1	1	1	1	1	9	90%
22	Tomlinson, K.	A	1	1	A	1	1	1	1	1	A	7	70%
23	Wilkins, D.	1	1	A	1	1	1	1	A	1	1	8	80%
24	Wilson, T.	A	1	1	1	1	1	1	1	1	1	9	90%
	Quorum=12	19	21	13	19	17	20	20	18	23	18		
A1	Coscarelli, M. (Alt)	A	E	E	A	A	A	A	A	A	A	0	0%
A2	Robertson, P.	*Appointed 10/23/14*								1	1	2	20%

HANDOUT D

PART A EXECUTIVE - ATTENDANCE CY 2014

Count	Member	1/16/14	2/20/14	3/20/14	3/27/14	4/17/14	5/8/14	5/15/14	6/19/14	7/17/14	8/28/14	10/16/14	11/13/14	12/11/14 - Cx		
1	Gammell, B, *Chair*	1	1	1	1	1	1	1	1	1	1	1	1	1	13	69%
2	Grant, C.	1	1	1	1	1	1	1	A	1	1	1	1	1	12	92%
3	Katz, H.B.	1	1	1	1	1	1	1	1	E	1	1	1	1	12	92%
4	Lint, A.	*Added via By-Laws effective 5.22.14*							1	1	1	1	A	A	4	67%
5	Reed, Y.	E	1	E	E	A	A	1	1	1	1	1	1	1	8	62%
6	Sabatino, D.	*Added via By-Laws effective 6.26.14*								1	1	A	A	A	2	15%
7	Schweizer, M.	*Added via By-Laws effective 6.26.14*								1	A	1	1	A	3	60%
8	Sicalari, R.	*Added via By-Laws effective 5.22.14*							1	1	A	1	A	1	4	67%
9	Spencer, W.	*Added via By-Laws effective 6.9.14*							A	1	1	A	A	A	2	33%
10	Taylor-Bennett, C.	1	1	1	1	1	A	1	1	A	1	1	A	A	9	69%
11	Tomlinson, K.	1	1	1	1	A	*E retroactive 10/29/14	1	1	1	1	A	1	A	9	69%
12	Wilson, T.	*added via By-Laws effective 5.22.14*							1	1	1	1	1	1	6	69%
	Quorum =7	5	7	6	5	5	3	7	9	9	11	9	7	6		

HANDOUT D

)WERMENT COMMITTEE - ATTENDANCE CY 2014

Count	Member	1/7/2014 - CX	2/4/14	3/4/14	4/1/14	5/6/2014-CX	6/3/14	7/1/14	8/5/14	9/2/14	11/24/14-Cx (quorum)		
1	Bhrangger, R.		1	E	1		1	A	1	1	A	5	63%
2	Burgess, D.		1	1	1		1	1	1	1	1	8	100%
3	Clayton, L.	*Appointed 2/4/14*		1	1		1	1	1	E	A	5	71%
4	Creary, K.	*Appointed 2/4/14*		1	1		1	1	1	1	1	7	100%
5	Culpepper, K.	*Appointed 8/5/14*								1	1	2	100%
6	Franks, H.		A	1	1		1	1	1	1	A	6	75%
7	Katz, H.B.		1	E	1		E	1	1	E	E	4	50%
8	King, J.	*Appointed 9/2/14*									A		
9	Lint, A., *Vice Chair*	*Appointed 6/3/14*						1	1	1	1	4	100%
10	Marcoviche, W.		1	E	1		1	A	1	1	A	5	63%
11	Myers, L.	*Appointed 8/5/14*								1	1	2	100%
12	Parker-Maysonet, P.		E	1	A		E	1	E	E	1	3	38%
13	Reed, Y. *Chair*		1	1	1		1	1	1	1	1	8	100%
14	Robertson, P.	*Appointed 6/3/14*						1	1	1	A	3	75%
15	Runkle, D.	*Appointed 8/5/14*								1	1	2	100%
16	Stoakley, M.		1	1	A		A	1	1	A	A	4	50%
17	Wilkins, D.		1	1	1		A	1	E	1	1	6	75%
	Quorum=10		8	9	9		7	11	11	12	9		

HANDOUT D

MEMBERSHIP/COUNCIL DEVELOPMENT - ATTENDANCE CY 2014

Count	Member	1/9/14	2/20/14	3/6/14	4/3/14	5/1/14	6/5/14	7/10/14	10/2/14	11/6/14		
1	Burgess, D	1	1	1	1	1	1	1	1	1	9	100%
2	Foster, V.	*Appointed 1.9.14*	1	1	A	1	1	1	1	1	7	88%
3	Katz, H.B., *(Chair)*	1	1	1	1	1	1	1	1	1	9	100%
4	Kuryla, S.	*Joined 5.1.14*					1	1	E	E	2	50%
5	Runkle, D.	*Appointed 10.2.14*								1	1	100%
6	Wilson, T. *(V. Chair)*	1	1	1	1	1	1	1	1	1	9	100%
	Quorum=4	4	4	4	3	4	5	5	4	5		

NEEDS ASSESSMENT/EVALUATION COMMITTEE - ATTENDANCE CY 2014

Count	Member	6/9/14	11/10/14 - Cx		
1	Baner, S.	A	A	0	0%
2	Katz, H. B.	1	1	2	100%
3	McBain, M.	A	A	0	0%
4	Moragne, T.	1	1	2	100%
5	Rodriguez, J.	A	A	0	0%
6	Shirley, J.	1	1	2	100%
7	Spencer, W., *Vice Chair*	*Appointed 6/9/14*	A	0	0%
8	Tomlinson, K., *Chair*	1	1		
	Quorum=5	5			

PRIORITY SETTING AND RESOURCE ALLOCATION - ATTENDANCE CY 2014

HANDOUT D

Count	Member	1/15/14	2/19/14	3/19/14 - CX	4/16/14	5/23/14	6/18/14	10/15/14	11/19/14		
1	DeSantis, M.	1	1		1	1	1	1	1	7	100%
2	Gammell, B.	1	1		1	1	1	A	1	6	86%
3	Grant, C.	A	1		1	1	1	1	1	6	86%
4	Hayes, M.	1	1		A	1	1	1	1	6	86%
5	Katz, H. B.	1	1		1	1	1	1	1	7	100%
6	Proulx, D.	1	1		1	1	1	1	1	7	100%
7	Reed, Y.	A	1		E	1	1	A	1	4	57%
8	Schickowski, K.	1	1		1	1	1	1	1	7	100%
9	Siclari, R., *Vice Chair*	1	1		1	A	1	1	1	6	86%
10	Taylor-Bennett, C., *Chair*	1	1		1	1	1	1	1	7	100%
	Quorum=6	9	10		10	8	10	8	10		

HANDOUT D

QUALITY MANAGEMENT - ATTENDANCE 2014

Count	Member	1/6/14	2/6/14 - Cx	3/17/14	4/21/14	5/19/14	6/16/14	7/21/14	9/15/14 -Cx	10/20/14		
1	Gammell, B.	1		1	1	1	1	1		1	7	100%
2	Grant, C. *Chair*	1		1	1	1	1	1		1	7	100%
3	Katz, H.B.	1		1	A	1	1	1		1	6	86%
4	Mitchell, T.	1		1	1	E	1	1		1	6	86%
5	Tavares, J.	*Appointed 4.21.14*				1	1	1		1	4	57%
	Quorum=4	8		8	7	6	7	8		5		

HANDOUT D

SYSTEM OF CARE - CY 2014

Count	Member	10/27/14	11/24/14		
1	Cook, R.	1	1	2	100%
2	Eckardt, P	A	A	0	0%
3	Eserman, C.	1	1	2	100%
4	Katz, H.B.	A	1	1	50%
5	Kress, G.	1	1	2	100%
6	Markman, N.	1	1	2	100%
7	Rodriguez, J.	1	1	2	100%
8	Sabatino, D. *Vice Chair*	1	1	2	100%
9	Schweizer, Dr. M *Chair*	1	1	2	100%
10	Ullah, E.	1	A	1	50%
	Quorum = 6	8			

HANDOUT D

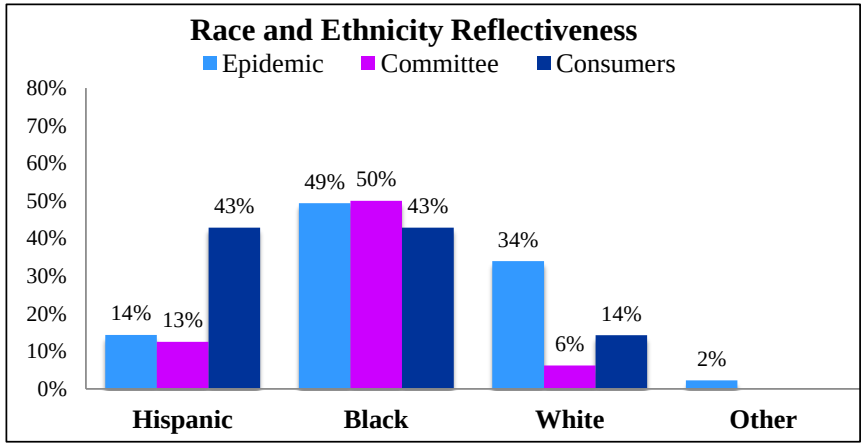
AD-HOC FOOD SERVICES ELIGIBILITY COMMITTEE ATTENDANCE - CY 2014

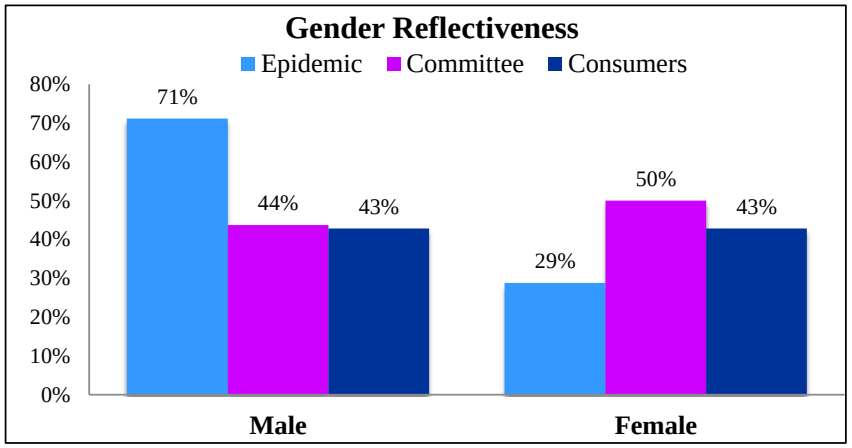
Count	Member	10/14/14	11/18/14	12/9/14		
1	DeSantis, M. *Chair*	1	1	1	3	100%
2	Katz, H.B.	1	E	1	2	67%
3	Runkle, D.	1	1	1	3	100%
4	Starkey, J.	A	1	E	1	33%
	Quorum= 3	3	3	3		

LOCAL PHARMACY ADVISORY COMMITTEE - ATTENDANCE 2014

Count	Member	1/22/14	2/12/14		
1	Ehren, M.	1	1	2	100%
2	Leverence, S.	A	1	1	50%
3	Proulx, D, Chair	1	1	2	100%
4	Sherman, E.	1	1	2	100%
	Quorum=3	4	5		

Community Empowerment Committee (CEC) Reflectiveness Report
Through December 2014

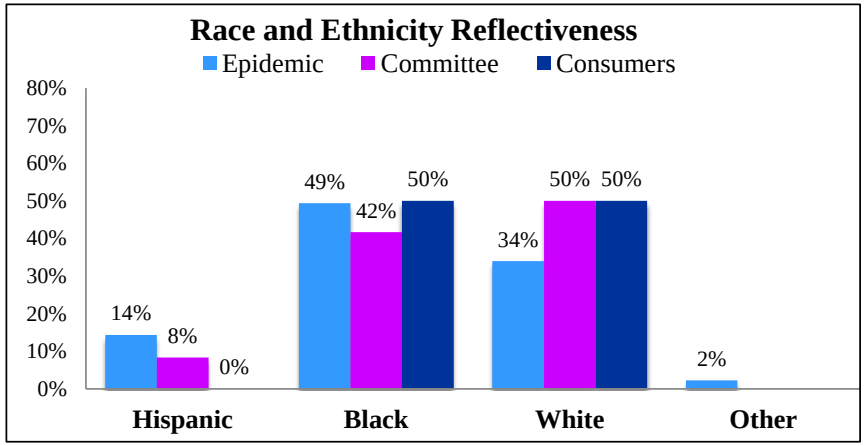


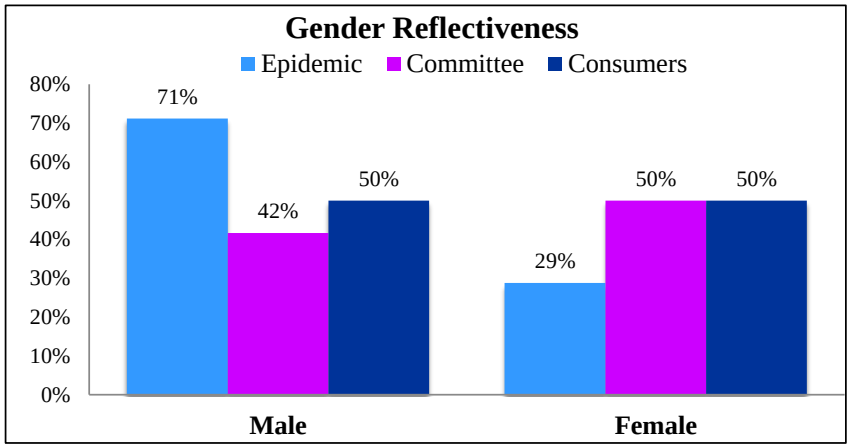


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	7	44%	3	43%	**-27%**
Female	4,973	29%	8	50%	3	43%	21%
Transgender	-	-	0	0%	1	14%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	2	13%	3	43%	**-2%**
Black	8,521	49%	8	50%	3	43%	1%
White	5,856	34%	1	6%	1	14%	**-28%**
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**16**		**7**		

Current Members	**16**
% of Members That Are Unaffiliated Consumers	**44%**

Executive Committee Reflectiveness Report
Through December 2014



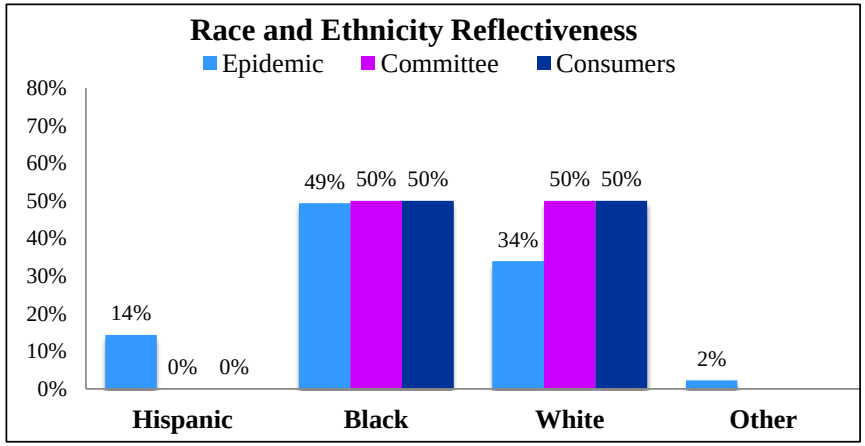


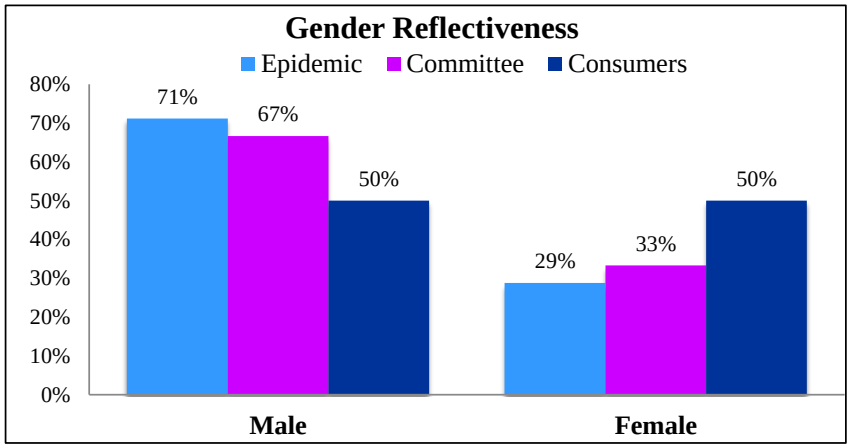
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	5	42%	2	50%	**-30%**
Female	4,973	29%	6	50%	2	50%	21%
Transgender	-	-	1	8%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	8%	0	0%	**-6%**
Black	8,521	49%	5	42%	2	50%	**-8%**
White	5,856	34%	6	50%	2	50%	16%
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**12**		**4**		

Current Members	**12**
% of Members That Are Unaffiliated Consumers	**33%**

No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time.

Membership/Council Development Committee (MCDC) Reflectiveness Report
Through December 2014

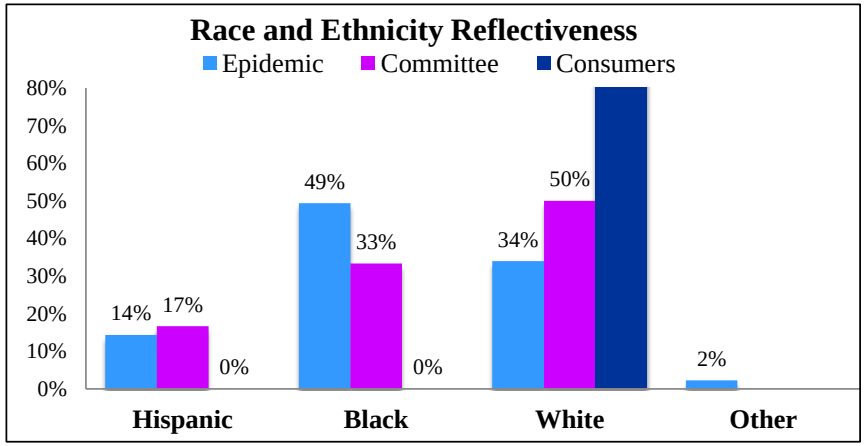


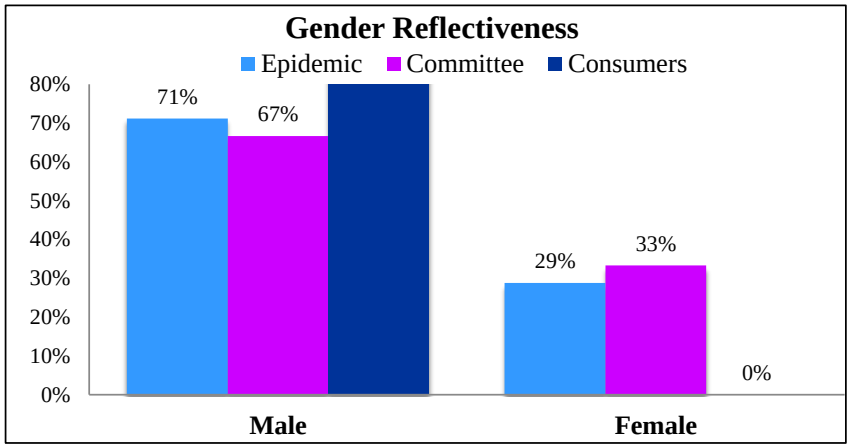


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	67%	1	50%	**-5%**
Female	4,973	29%	2	33%	1	50%	5%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	0	0%	0	0%	**-14%**
Black	8,521	49%	3	50%	1	50%	1%
White	5,856	34%	3	50%	1	50%	16%
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**6**		**2**		

Current Members	**6**
% of Members That Are Unaffiliated Consumers	**33%**

Needs Assessment/Evaluation (NAE) Committee Reflectiveness Report
Through December 2014

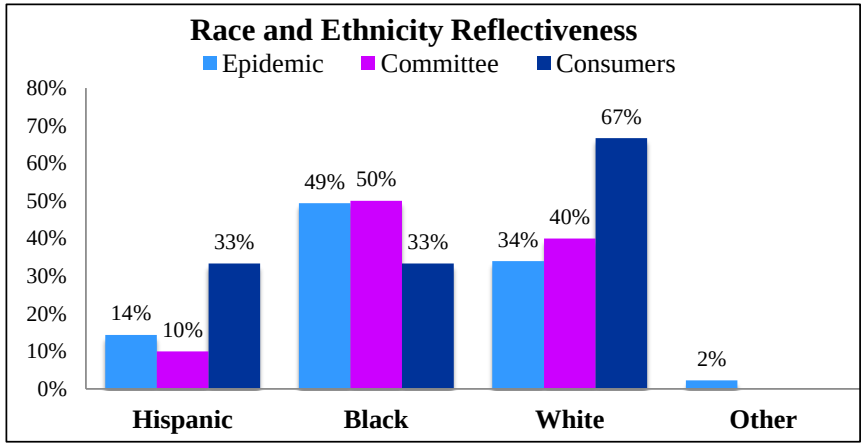


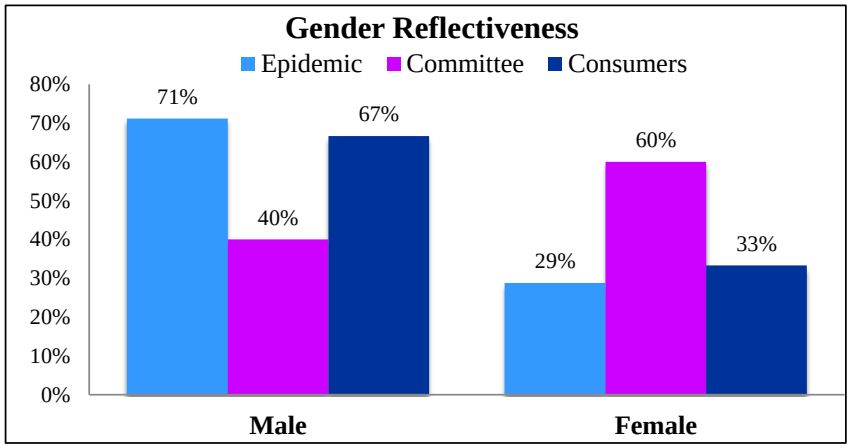


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	67%	1	100%	**-5%**
Female	4,973	29%	2	33%	0	0%	5%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	17%	0	0%	2%
Black	8,521	49%	2	33%	0	0%	**-16%**
White	5,856	34%	3	50%	1	100%	16%
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**6**		**1**		

Current Members	**6**
% of Members That Are Unaffiliated Consumers	**17%**

PSRA Committee Reflectiveness Report
Through December 2014

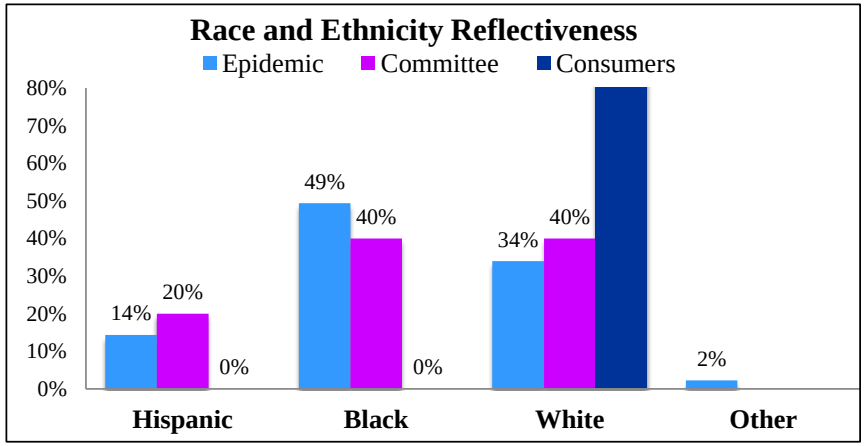


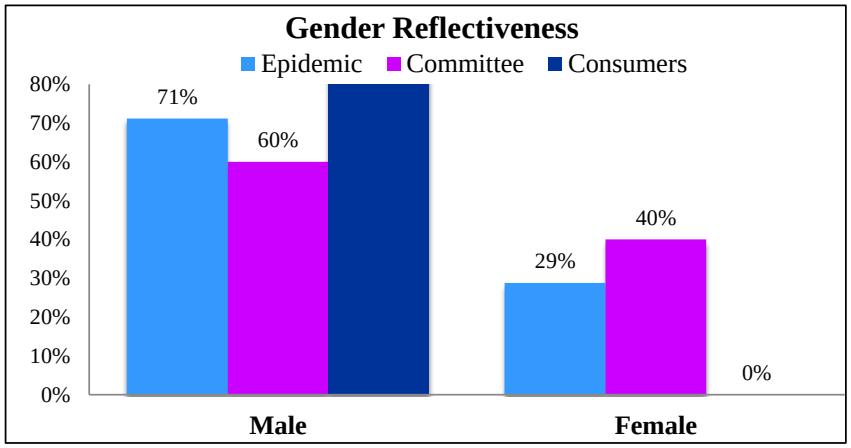


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	40%	2	67%	**-31%**
Female	4,973	29%	6	60%	1	33%	31%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	10%	1	33%	**-4%**
Black	8,521	49%	5	50%	1	33%	1%
White	5,856	34%	4	40%	2	67%	6%
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**10**		**3**		

Current Members	**10**
% of Members That Are Unaffiliated Consumers	**30%**

Quality Management Committee (QMC) Reflectiveness Report
Through December 2014

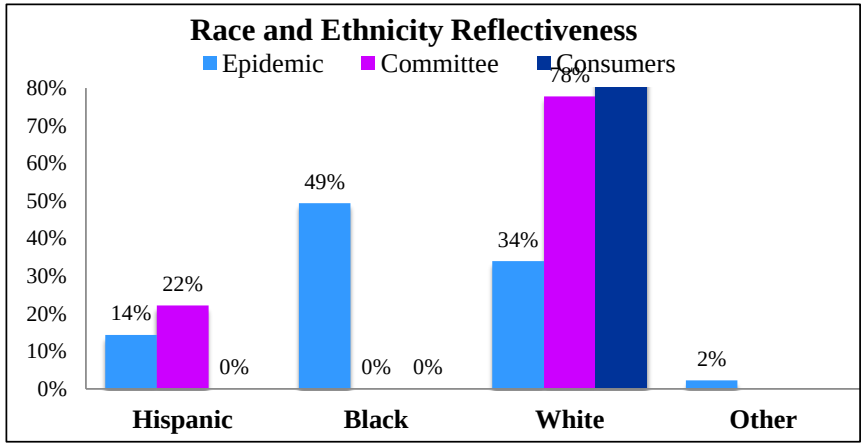


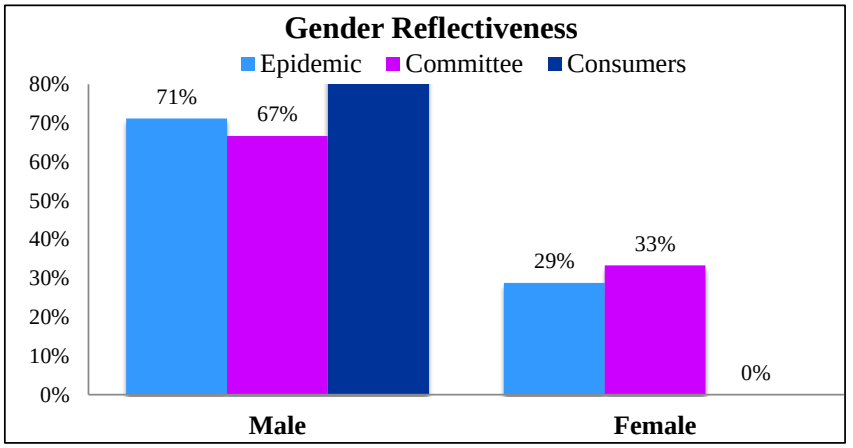


Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	3	60%	1	100%	**-11%**
Female	4,973	29%	2	40%	0	0%	11%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	20%	0	0%	6%
Black	8,521	49%	2	40%	0	0%	**-9%**
White	5,856	34%	2	40%	1	100%	6%
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**5**		**1**		

Current Members	**5**
% of Members That Are Unaffiliated Consumers	**20%**

System of Care (SOC) Committee Reflectiveness Report
Through December 2014





Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	6	67%	1	100%	**-5%**
Female	4,973	29%	3	33%	0	0%	5%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	2	22%	0	0%	8%
Black	8,521	49%	0	0%	0	0%	**-49%**
White	5,856	34%	7	78%	1	100%	44%
Other	395	2%	0	0%	0	0%	**-2%**
Total	**17,248**		**9**		**1**		

Current Members	**9**
% of Members That Are Unaffiliated Consumers	**11%**

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

Dear Interested Party,

Please be aware that this application and all of the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

Note: This application expires six (6) months from date of submission.
Mail or fax your completed application to:

HIVPC Staff
Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
FAX: 954-561-9685

If you have any questions, please call: 954-561-9681

HANDOUT E-2

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 Application

Committees of the Broward County HIV Health Services Planning Council:

Community Empowerment Committee (CEC)
Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

Membership/Council Development Committee (MCDC)
Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Needs Assessment/Evaluation Committee (NAE)
Develops and updates annual needs assessment and other planning activities to ensure quality core medical services are integrated into Broward County's system of care. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

Priority Setting & Resource Allocation Committee (PSRA)
Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.'

Quality Management Committee (QMC)
Ensures highest quality HIV medical care and support services for PLWHA by developing client and system based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff and client training and education.

System of Care Committee (SOC)
Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

HANDOUT E-2

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

Contact and Demographic Information

This is the application for membership on the Broward County HIV Planning Council's committees. If you wish to apply for membership on the Broward County HIV Planning Council's Committees, please complete the application below:

First Name: _____ **Last Name**:_____ **Date of Birth**:_____

Home Address:_____**Home Phone**:_____

City, State, Zip Code:_____**Cell Phone**:_____

Employer (if applicable):_____**Occupation/Title**:_____

Business Address:_____**Business Phone**: _____

City, State, Zip Code: _____**Fax:** _____

Home Email:_____ **Business Email:**_____

- **I prefer to receive phone calls and messages at:** ❑ Home ❑ Work ❑ Cell
- **I prefer to receive mail at:** ❑ Home ❑ Work
- **I prefer to receive email at:** ❑ Home ❑ Work
- **Gender:** ❑ Male ❑ Female ❑ Transgender
- **Race/Ethnicity (check all that apply):**

  ❑White/Non-Hispanic ❑Black/Non-Hispanic ❑Hispanic ❑Asian/Pacific Islander

  ❑American Indian/Alaska Native ❑Haitian ❑Other (Specify)_____
- **Do you identify as a man who has sex with men (MSM)?**

  ❑ Yes, and I am open about my sexual behavior ❑ Yes, but I am <u>not</u> open about my sexual behavior ❑ No
- **Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency?** ❑Yes ❑No
- **Do you receive Ryan White Part A services?** ❑ Yes ❑ No
- **Do you self-identify as HIV positive?***

  ❑ Yes, and I am open about my status ❑ Yes, but I am <u>not</u> open about my status ❑ No

  **Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*
- **If you self-identify as HIV positive, how old were you when you were diagnosed?**

  ❑0-12 years old ❑13-19 years old ❑20-29 years old ❑30-39 years old

  ❑40-49 years old ❑50-59 years old ❑60 years old or older

HANDOUT E-2

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

Which committee(s) are you interested in serving on? (See cover page for an explanation of committee responsibilities)

❑Community Empowerment Committee (CEC)

❑Membership/Council Development Committee (MCDC)

❑Needs Assessment/Evaluation Committee (NAE)

❑Quality Management Committee (QMC)

❑Priority Setting & Resource Allocation Committee (PSRA)

❑System of Care Committee (SOC)

Provide a brief statement explaining your interest in the HIVPC and the HIV/AIDS planning process, including your background relative to HIV/AIDS (volunteer, professional, personal) and/or other relevant experience and expertise. You may also attach your resume or additional information.

_____

_____

_____

_____

_____ _____

Signature Date

MCDC 2014 ACCOMPLISHMENTS & CHALLENGES

Accomplishments

- Community Events:
  - July Welcome Brunch
  - November Welcome Brunch
  - CEC's Transgender 101
  - World AIDS Day
- Retention & Recruitment:
  - Updated HIVPC Brochure
  - Announcement of meetings on community calendars (FDOH-BC)
  - Updated HIVPC Application
  - Mentorship Program
  - Committee nametags
- New Committee/HIVPC Membership:
  - 2 New MCDC Members
  - Multiple members to join other HIVPC Standing Committees

Challenges

- Recruitment of new members
- Community Events
  - Planning and identifying appropriate theme for target population

Evaluation

The Membership/Council Development Committee (MCDC) is constantly improving the mechanism in which it attracts new HIVPC members. The MCDC is continuously growing and has added two new members this year. The addition of the ad-Hoc Recruitment and Retention Committee fostered the implementation of the quarterly Welcome Brunch which has been successful in recruiting 8 new committee and HIVPC members, while educating many community members about the importance of the HIVPC. The MCDC has completed a majority of its work plan items on schedule, and will continue to attend community events in an effort to increase HIVPC and committee membership. The MCDC will also continue to represent the HIVPC in the community, while improving and expanding upon its recruitment materials.

Committee Recommendations for 2015:

1. _____
2. _____
3. _____

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

Quarterly Welcome Brunch Report

November 2014

- 21 attendees (16 providers & 5 consumers)
- 4 new applications received
- Event was advertised on: Broward County website, City of Ft Lauderdale website, City of Wilton Manors website, and The Westside Gazette
- 3 applicants will be attending January committee meetings (due to most meetings being canceled in December)
- 1 applicant is very involved and is on track to becoming an HIVPC member in March
- 2 applicants are interested in SOC
- 1 applicant is interested in QMC
- 1 applicant is interested in CEC
- Providers represented AHF, Broward House, SunServe and Health Choice Network
- Comments from attendees included: “Fun & Inspirational”; “Very informational meeting”; and “HIVPC Support Staff is superb!”
- Two participants noted that it was difficult to express their opinions if possible. One participant noted that explanations of HIVPC functions and duties were not clear and concise.

February 2015

- Location: United Way of Broward County

Welcome Brunch

Date: 2/5/15
Time: 11:30 a.m.

Location:

TBD

FREE FOOD & GIVEAWAYS!

Join members of the HIV Health Services Planning Council Membership and Recruitment Committees for a special Welcome Lunch! You will receive valuable information about HIVPC Membership and HIV/AIDS health and support services, the functions of the Council, and Member testimonials.

For More Information/to RSVP:
Contact Adam Bente
Phone: 954-561-9681 x1250
E-mail: HIVPC@brhpc.org

HIVPC
Broward County HIV Health Services Planning Council

Be a part of the process AND the solution!

HIVPC New Member/Interested Parties Welcome Brunch 2015

AGENDA
Date/Time: Thursday, February 5, 2015, 12:30 p.m.
Location: TBD

1. **WELCOME:** Welcome, Introductions, Moment of Silence
2. **HIVPC OVERVIEW:** How Committees Work Together Power Point
3. **ICE BREAKER:** HIVPC Acronyms
4. **MEMBER TESTIMONIALS** (3-5 minutes)
5. **LUNCH**
6. **GIVEAWAYS**
7. **ADJOURNMENT**

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DRAFT - Broward County HIV Health Services Planning Council FY2014-16 **Membership/Council Development Committee** Work Plan

Objective 1. Ensure HIVPC is representative & reflective	Outcome	Annual Target	Start	Due	Progress
1.1 Review Council makeup to ensure it reflects epidemic, including at least 33% of members are unaffiliated PLWHA.	HIVPC reflects epidemic	33% unaffiliated PLWHA	Monthly	Monthly	
1.2 Review seat status and ensure mandated seats are filled; ask members to update their contact information annually.	Ensure compliance	80% of mandated seats filled	Monthly	Monthly	
1.3 Review and approve position descriptions.	Ensure compliance	80%	5/15	7/15	
1.4 Announce vacant positions at each MCDC meeting.	Public awareness	100%	Monthly	Monthly	
1.5 Conduct a quarterly 'Welcome Brunch' for HIVPC and committee interested parties.	Public involvement	100%	11/14, 2/15, 5/15, 8/15, 11/15, 2/16	11/14, 2/15, 5/15, 8/15, 11/15, 2/16	
1.6 Develop & distribute a survey to all members to seek feedback about the barriers to serving on HIVPC & committees. Identify at least 2 barriers and 1 solution.	Eliminate barriers to retention	66%	24/15, 10/15	35/15, 11/15	
1.7 Devise and implement at least 3 ways to reward HIVPC members for work.	Eliminate barriers	66%	31/15, 1/16	31/15, 1/16	
1.8 Receive training on HIVPC demographics and mandated seats.	Ensure compliance	100%	3/15	3/15	
Objective 2: Ensure Adequate Applicant Pool for HIVPC & Committees; Raise Community Awareness of HIVPC					
2.1 Review and update Recruitment & Retention Plan, recruitment materials, and website materials; materials distributed to at least 10 community sites.	Active recruiting	80%	37/15	610/15	
2.2 Identify at least 3 community events for possible recruiting.	Active recruiting	66%	10/14, 12/154, 4/15, 6/15, 10/15, 12/15	10/14, 12/154, 4/15, 6/15, 10/15, 12/15	
2.3 Hold a "mini retreat" with all committees to discuss how committees work together to complete activities.	Educated MCDC members	100%	12/14	12/14	
Objective 3. Ensure Compliance with Attendance Policy and Removal for Cause Policy					
3.1 Review HIVPC and committee attendance.	Ensure compliance	100%	Monthly	Monthly	
3.2 Review Removal for Cause Policy.	Ensure compliance	100%	4/15	4/15	
Objective 4. Ensure and Implement Capacity/Leadership Development for Planning Council Members and Applicants					
4.1 Review & revise mentoring programs; advertise programs with HIVPC and committee members quarterly.	Educated HIVPC	75%	8/15	8/15	
4.2 Plan and implement quarterly trainings for HIVPC	Educated HIVPC	75%	3/15	3/15	
4.3 Conduct pre- and post-appointment orientations for new members; include education about the 3 guiding ideas.	Educated HIVPC	100%	11/14, 2/15, 5/15, 8/15, 11/15, 2/16	11/14, 2/15, 5/15, 8/15, 11/15, 2/16	
Objective 5: Update Work Plan and Policies & Procedures					

5.1 Review at least 3 MCDC accomplishments and challenges.	Improved process	66%	12/154, 12/15	12/154, 12/15	
5.2 Conduct annual evaluation to assess past year and recommend improvements; identify at least 3 areas of improvement for upcoming year.	Improved process	66%	1/15, 1/16	1/15, 1/16	
5.3 Review and update Work Plan and Policies & Procedures, including the HIVPC application.	Updated planning documents	100%	1/15, 1/16	1/15, 1/16	

March	April	May	June	July	Aug
- Review HIVPC makeup & attendance - Announce vacant positions - Update HIVPC contact information - Plan quarterly trainings for HIVPC - Receive training on HIVPC demographics & mandated seats - Distribute HIVPC membership survey - Review & update R&R plan	- Review HIVPC makeup & attendance - Announce vacant positions ~~- Distribute HIVPC membership survey~~ - Review removal for cause policy - Identify community events	- Review HIVPC makeup & attendance - Announce vacant positions - Review HIVPC seat status - Review & approve position descriptions - Welcome Brunch & orientation	- Review HIVPC makeup & attendance - Announce vacant positions - Review & approve position descriptions - Identify community events	- Review HIVPC makeup & attendance - Announce vacant positions - Review & approve position descriptions ~~- Review & update R&R plan~~	- Review HIVPC makeup & attendance - Announce vacant positions - Review HIVPC seat status - Review & update R&R plan - Welcome Brunch & orientation
Sep	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
- Review HIVPC makeup & attendance - Announce vacant positions - Review HIVPC seat status - Review & update R&R plan	- Review HIVPC makeup & attendance - Announce vacant positions - Distribute HIVPC membership survey - Review & update R&R plan - Identify community events	- Review HIVPC makeup & attendance - Announce vacant positions - Review HIVPC seat status - Welcome Brunch & orientation	- Mini retreat	- Review HIVPC makeup & attendance - Announce vacant positions - Conduct annual evaluation - Review and update WP and P&Ps ~~- Devise rewards for HIVPC members~~	- Review HIVPC makeup & attendance - Announce vacant positions - Review HIVPC seat status - Welcome Brunch & orientation - Devise rewards for HIVPC members

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Policies and Procedure

Approved 10/2/14

Policies

The Membership/Council Development Committee **(MCDC)** 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 term of office for members and alternates shall be at the pleasure of the appointing Commissioner.** 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 scheduled as needed by the Committee and support staff (Approved 2/20/14).

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.

The membership categories for the Council ~~and Consortia~~ shall be consistent with those defined in the Act. No~~t~~ 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).

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.

There shall be a minimum of three individuals with HIV who shall serve as alternates appointed and approved by the Broward County Commission (Approved 2/20/14). 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-**related** 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-**related illness**. ~~Alternates shall comply with attendance requirements at Council meetings.~~

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 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.

Council members and alternates are required to serve on at least one standing committee. 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 (Approved 2/20/14).

The Committee shall be responsible for recommending removal of Council members and Alternates in accordance with the Council By-Laws. **Council members and Alternates may be removed for cause by a full Planning Council vote. Cause for removal may include failure to fully participate on the Planning Council, including not participating on a standing committee. Other causes for removal may include misrepresentation of the Council and/or failure to abide by the Council By-Laws.**

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~~ **MCDC** Policies and Procedure. The Council may recommend the reappointment of members whose absences were caused by extenuating circumstances.
~~The term of office for members and alternates shall be at the pleasure of the appointing Commissioner.~~

Procedures

Membership:
~~An o~~**O**pen, well publicized recruitment activit**ies**~~y~~ 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~~ **MCDC** ~~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. 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). ~~Applicants **must** will be invited to attend an orientation and encouraged to join a **standing** 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.

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 Manual (Section X *Planning Council Membership; Planning Council Nominations*) (Approved 2/20/14). 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.

~~Semi-annually t~~The current membership will be evaluated **annually** 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);

~~The Membership/Council Development Committee~~**MCDC** and ~~Broward County HIV Health Services Planning Council~~**the 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. 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 within 10 business days, the member will automatically be removed by the will of the ~~Membership/Council Development Committee~~**MCDC** (Approved 2/20/14).

~~A semi-annual p~~**P**ost-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~~**members**.

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

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.*

~~MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE~~

MCDC Mentoring Program

(Approved ~~10.24.13~~7/24/14 by HIVPC)

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~~ 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 ~~Planning~~ Council members. Council members who have volunteered their time to be Mentors will be assigned by the MCDC Chair ~~of the Membership/Council Development Committee~~. Interested Parties who are interested in becoming involved in a particular committee will be assigned a mentor by the Chair of the Committee the party is interested in.

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.
e. Complete the Mentor/Mentee evaluation at the conclusion of the mentorship period.

HIVPC Coaching Program for Interested Parties

Guidance for Committee Chairs

(Approved 11/20/14 by HIVPC)

In order to increase interested party's knowledge of HIV Planning Council Committees and retain membership participation in meetings, the MCDC will institute a voluntary coaching programs. Committee members who have volunteered their time to be a Coach will be assigned by the Committee Chair. The MCDC Chair will notify Committee Chairs of interested parties that would like to be assigned a Committee Coach. The assigned Coach should be a Committee member and may also be a Planning Council member. The interested party should, when possible, sit near his/her Coach during meetings. This will allow the Coach to easily answer any questions the interested party might have.

Committee Chairs will instruct Coaches to educate interested parties on the following points:

1. Review of Committee FAQ's
2. Reminders of Meetings
3. Reimbursement benefits
4. Explanation of complex language
5. Empowerment and respect for individual opinions and ideas.
6. A summary of Robert's Rules of Order
7. Committee Policies and Procedures

If needed and requested by the interested party, the Coach may also remind the interested party of upcoming meetings which might be of interest to that person.

If the interested party expresses interest in becoming a full Planning Council member, then the Committee Chair will assign a Mentor who is a member of the Planning Council.

Coaches provide support to interested parties on the following:

1. Help interested parties, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interactions.
2. Provide strong and informed feedback about the effect of Committee actions and decisions on Ryan White clients and PLWHAs.
3. Take special responsibility for making sure the interested party understands the background and context of discussions and actions.
4. Increase interested party's knowledge of the Committee and retain attendance and membership participation in Committee meetings.
5. Complete the Coach/Interested Party evaluation at the conclusion of the coaching period (conclusion will be upon mutual agreement between the coach and the interested party).

Broward County HIV Health Services Planning Council Membership Application

Please be aware that this application and all of the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.

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

Dear Interested Party,

Please be aware that this application and all of the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

Note: This application expires six (6) months from date of submission.
Mail or fax your completed application to:

HIVPC Staff
Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
FAX: 954-561-9685

If you have any questions, please call: 954-561-9681

HANDOUT I-2

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Contact and Demographic Information

This is the application for membership on the Broward County HIV Health Services Planning Council (HIVPC). If you wish to apply for membership on the HIVPC, please complete the application below:

First Name: _____ **Last Name**:_____

Home Address:_____**Home Phone**:_____

City, State, Zip Code:_____**Cell Phone**:_____

Employer (if applicable):_____**Occupation/Title**:_____

Business Address:_____**Business Phone**: _____

City, State, Zip Code: _____**Fax:** _____

Home Email:_____ **Business Email:**_____

- **I prefer to receive phone calls and messages at:** ❑ Home ❑ Work ❑ Cell
- **I prefer to receive mail at:** ❑ Home ❑ Work
- **I prefer to receive email at:** ❑ Home ❑ Work
- **I prefer to receive HIVPC documents:** ❑ Electronically (via email) ❑ Hard copy (via mail)
- **Gender:** ❑ Male ❑ Female ❑ Transgender
- **Race/Ethnicity (check all that apply):**

  ❑White/Non-Hispanic ❑Black/Non-Hispanic ❑Hispanic ❑Asian/Pacific Islander

  ❑American Indian/Alaska Native ❑Haitian ❑Other (Specify)_____

- **Do you identify as a man who has sex with men (MSM)?**

  ❑ Yes, and I am open about my sexual behavior ❑ Yes, but I am not open about my sexual behavior ❑ No
- **Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency?** ❑Yes ❑No
- **Do you receive Ryan White Part A services?** ❑ Yes ❑ No
- **Do you self-identify as HIV positive?***

  ❑ Yes, and I am open about my status ❑ Yes, but I am not open about my status ❑ No

  **Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*
- **If you self-identify as HIV positive, how old were you when you were diagnosed?**

  ❑0-12 years old ❑13-19 years old ❑20-29 years old ❑30-39 years old

  ❑40-49 years old ❑50-59 years old ❑60 years old or older

HANDOUT I-2

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Categories of Membership (check all that apply)

- ❑ Health care providers, including federally qualified health centers
- ❑ Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs)
- ❑ Social service providers (including housing and homeless-services providers)
- ❑ Mental health providers
- ❑ Substance abuse providers
- ❑ Local public health agencies
- ❑ Hospital planning agencies or health care planning agencies
- ❑ Affected communities (people living with HIV/AIDS and underserved communities)
- ❑ PLWHA Recently Released from Jail or Prison or their representatives
- ❑ Non-elected community leaders
- ❑ Members of a Federally recognized Indian tribe
- ❑ Individuals co-infected with Hepatitis B or C
- ❑ State Medicaid agency
- ❑ Ryan White HIV/AIDS Program (RWHAP) Part B State agency
- ❑ RWHAP Part C grantees
- ❑ RWHAP Part D grantees
- ❑ RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees)
- ❑ Housing Opportunities for Persons with AIDS (HOPWA) grantees
- ❑ Federally funded HIV prevention program grantees
- ❑ Veterans Health Administration representative

Committee Assessment

All HIVPC members are required to serve on at least one standing committee. Please rank the committees below to indicate your interest.

_____ **Community Empowerment Committee (CEC):** Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting, and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

_____ **Membership/Council Development Committee (MCDC):** Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

_____ **Needs Assessment/Evaluation Committee (NAE):** Develops and updates annual needs assessment and other planning activities to ensure quality core medical services are integrated into Broward County's system of care. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

_____ **Quality Management Committee (QMC):** Ensures highest quality HIV medical care and support services for PLWHA by developing client and system based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff and client training and education.

_____ **Priority Setting & Resource Allocation Committee (PSRA):** Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, and allocations.

_____ **System of Care Committee (SOC):** Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

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General Information

Describe your interest in becoming a member of the HIV Planning Council.

Describe how HIV/AIDS has impacted your life, either personally or professionally.

Please list any experiences you have related to community decision making or planning bodies.

Please review and initial, indicating your acknowledgement of the following:

_____ I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Council and Committee meetings.

_____ I understand that to qualify for nomination to the Planning Council I must be a member of a standing committee and attend an Orientation.

_____ I understand that I must attend a post-appointment training within three (3) months of appointment to the Planning Council by the Broward County Board of County Commissioners. If I do not comply with this requirement, I could be removed from the Planning Council.

_____ I understand that serving on the Council and at least one of its Committees will require at least five hours per month, and that excessive absence will result in my removal from the Council and/or Committees. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from the Council if he/she misses three (3) consecutive Planning Council meetings or four (4) Planning Council meetings in a year in accordance with the County Ordinance.

_____ If appointed, I would be willing and able to fulfill the responsibilities and functions of a member of the Broward County HIV Health Services Planning Council.

_____ I am not an appointed member of any other Council or Board appointed solely by the Broward County Board of County Commissioners.

_____ _____

Signature Date