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: February 11, 2016, 9:30-11:30 a.m.
Location: A335
Chair: H.B. Katz **Vice Chair:** Vacant

1. **CALL TO ORDER:** *Welcome, Ground Rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 2/11/16 Agenda and 1/21/16 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Review HIVPC & Committee Demographics (WP Item 1.1) (Handouts A)
      ACTION ITEM: Review demographics and identify populations that are over or under represented. Determine at least one strategy to correct over or under representation.
      ACTION ITEM: Discuss Race/Ethnicity category in PC Roster
   b. Review HIVPC Vacancies (WP Item 1.4) (Handout B)
      ACTION ITEM: Review vacancies and identify open seats.
   c. Current Applicants, Interested Parties, and Appointments (WP Item 1.2) (Handout C)
      ACTION ITEM: Review list of applicants and identify applicants who can become HIVPC members or alternates. Approve members and alternates. Update on January appointment status.
   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**
5. **UNFINISHED BUSINESS**
   a. Review updated Recruitment and Retention Plan Work Plan (Handout E)
   b. Updated 2015 MCDC Activities (Handout F)
6. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
Welcome Brunch (WP Item 1.5)	ACTION ITEM: Discuss dates for 'Welcome Brunch' for HIVPC and committee interested parties. Determine target audience based on upcoming support groups identified.
Orientation (WP Item 4.3)	ACTION ITEM: Discuss dates to implement ongoing post-appointment orientations for new members.
Mentor Program (Handout G)	ACTION ITEM: Updates on mentor program and current mentors/mentees
Member Recognition Program (Handouts H1-H4)	ACTION ITEM: Discuss scoring criteria and revising HIVPC/Committee Applications to reflect member recruitment
Committee Membership Criteria	ACTION ITEM: Send recommendations to Standing Committee Chairs regarding developing membership criteria for their committees.

7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE:** March 10, 2016 **VENUE:** A-335

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*

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
Recruitment and Retention Retreat
Date/Time: Thursday November 5, 2015 9:30 a.m.
Location: Broward Regional Central Park
Chair: H.B. Katz **Vice-Chair:** Vacant

#	Members	Present	Absent
1	Katz, H.B., *Chair*	**X**	
2	Burgess, D.	**X**	
3	Foster, V.	**X**	
4	Lewis, L.	**X**	
5	Runkle, D.	**X**	
6	Schweizer, M.	**X**	
7	Huggins, L.	**X**	
8	Gutierrez, H.		**A**
	Quorum = 5	**7**	

Grantee Staff
Odusanya, S
HIVPC Staff
Johnson, B.
Ewart, L.
Beckford, R.

1. CALL TO ORDER

The Chair called the meeting to order at a.m. 9:37 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, Grantee staff and HIVPC staff self-introductions were made. A moment of silence was also recognized.

2. APPROVALS

Motion #1: To approve today's meeting agenda **Proposed by:** Schweizer, M. **Seconded by:** Lewis, L. Runkle, D. **Action:** Passed Unanimously
Motion #2: Approve minutes 9/3/15 **Proposed by:** Runkle, D. **Seconded by:** Lewis, L. **Action:** Passed Unanimously

3. OVERVIEW

Chair requested that Staff send out all materials by email before MCDC meetings. The PC Manager gave an overview of the goals, materials and agenda for the Recruitment and Retention Retreat.

4. ACTIVITY

The PC Manager asked the committee members to take the things from their pockets as well as some small items that she provided to them and create a team logo. The members split into 2 teams and used condoms, coffee stirrers, paper clips, post-it notes, cups, etc. to design their logo; they discussed the meaning of the items and how best to arrange them. Team A presented their logo, "Life," a lantern made of cups and condoms used to signifying the lives lost to HIV/AIDS. They combined their lantern with the word "Life" written and surrounded by symbols for all major religions. Team B presented their logo, consisting of a phone for communication, a condom for prevention, and stirrer for advocacy, and a paper clip to keep everything together. The next activity facilitated by the PC Managers asked all the committee members to write 3 things (recruitment, etc.) that they expect to accomplish from the retreat today.

5. MEMBERSHIP REQUIREMENTS

a. Review of MCDC Policies and Procedures, By-Laws, Standing Committee Descriptions and HIVPC Demographics (Handouts A1-A4): The committee reviewed Handouts A1-A4, discussing the purpose/description of the MDCD, the committee's Policies and Procedures, and a matrix breaking down Council seat vacancies. MCDC's role is to fill the Planning Council's seats mandated by HRSA, by Broward County Ordinances and the HIVPC By-Laws. A member asked for definitions of seats, especially Local Public Health Agency, and suggested that we review the (Handout A4) matrix to brainstorm agencies to recruit from and specific qualities needed for each seat. Another member suggested focusing on the Pompano area which he believes has a high prevalence of HIV.
   - Suggestions for Local Public Health Agency: Broward Community and Family Health Center (Ryan Robinson, site manager), US Public Health Service, a youth clinic, Women in Distress, Kids in Distress, AIDS Project Florida
   - Suggestions for Hospital Planning Agency or Other Healthcare Planning Agency: Holy Cross, ask Jasmine Shirley for prospective agencies/individuals
   - Indian Tribe: the committee discussed how they need reach out to specific individuals since they cannot find a representative from the Seminoles as they've expressed their decision not to participate. It was suggested that Staff reach out to other EMAs and HRSA for recommendations as to how to recruit members of an Indian tribe.
   - Formerly Incarcerated: Rosemarie from SFAN
   - Alternates: Need a minimum of 3, ideally 6. It was clarified that the addition of alternates does not count to towards the seat maximum for Planning Council.

   It was decided that Staff would be reaching out to the interested parties, and that the Committee would work as a whole, not individually.
   ACTION ITEM: Add vacancy matrix to MCDC and PC agenda.

b. Job Descriptions (Handout B): The members suggested changing the name from "job descriptions" to "service descriptions," as PC membership is not a job but a volunteer position. The PC Manager reviewed the addition of "active recruitment" to each job description, and it was decided to remove "bring two (2) potential members" from the language. The Grantee representative suggested adding "commit to actively participate in recruitment." It was asked about committee size limits, and while there are no limits the Chair stated that the committees should reflect the demographics but also be filled with dedicated members. A member stated individuals joining the committees should be committed. He further noted when committees get too large, it can pose quorum issues. It was decided to move active recruitment to the overall member responsibilities, not on each individual job description.

Motion #3: To amend the Policies and Procedures as written **Proposed by:** Runkle, D. **Seconded by:** Foster, V. **Action:** Passed Unanimously

6. RECRUITMENT STRATEGIES

a. Review Recruitment Plan (Handout C): The committee reviewed the current HIVPC Recruitment Plan, and how the MCDC Work Plan Item 2.1 also reflects the necessity of updating of the plan.
The committee discussed removing a bullet from Strategy 1-Involve the HIVPC:

Motion #4: to remove "Each HIVPC committee will be responsible to fill a mandated seat" from the Recruitment and Retention Plan, Strategy 1. **Proposed by:** Schweizer, M. **Seconded by:** Runkle, D. **Action:** Passed Unanimously

The Grantee representative suggested going through each bullet point in the Strategies and evaluating how each strategy is working. How does the Planning Council become involved? How does the MCDC get the HIVPC involved, and does the strategy need to be edited to better reflect these outcomes? And how are people held accountable? A member stated that PC members do not participate in nearly as many as events

as they could, while another member agreed that the strategy is too vague and is not working as well as it should. A member suggested asking PC members to attend 2 events per year. Another member suggested reaching out to other organizations for monthly lists of all their events, and asking each PC member to sign up for 2 events per year. The PC Manager reminded the committee that while there are many events going on in the community, we need to choose only relevant events to find people ideal people to participate in the Council, and that members could be rotated at each event to show new faces. The Grantee representative stated that recruitment should always be targeted based on vacant seats. A member suggested having each standing committee in charge of representing the HIVPC at an event, with the MCDC in charge of training committees on how to recruit and interact with potential members. Another member suggested going to monthly meetings or smaller events to speak about the PC. A member relayed her experience recruiting with other organizations in a discrete way, with giveaways and the suggestion for interested parties to call later for more information. A member stated that having HIV on all logos and giveaways may scare people away from interacting with recruiting members. A member stated that Latino Salud has an "Around the World" event regularly, and the PC Manager asked all members that are active in other groups to bring schedules of meetings and events to the Support Staff so they can help organize the members. A member stated that our own PC members are having events with their organizations, and not informing the Council of their own events.

Suggested Changes for Strategy 1: attend regular events, special events, and meetings for recruitment purposes. Ask PC members to inform everyone about their agency's events.

The committee reviewed Strategy 2-Involve providers and community partners: The MCDC Chair asked about ways the PC can mandate that providers distribute PC information at their locations. The Grantee representative said that she was not aware of any agency who refused to post information regarding the PC at their sites, and that if that should happen then the Grantee's office should be contacted; there should be no need to mandate such in an RFP. A member stated that he has asked providers to hang the HIVPC calendar but is often refused, while another member suggested that providers should be required to have a community bulletin board at their offices. The PC Manager asked that members who are finding that their flyers and calendars are not being distributed avoid becoming abrasive or demanding to take pictures of the agency, that they should then contact PC Staff and the Grantee's office to call those providers to request distribution. A member stated that she found people respond well to continued visits and polite faces. The Grantee representative suggested the creation of a cohesive recruitment poster that could be hung at agency sites, instead PC calendars that do not necessarily give enough info about the mission and role of the PC. It was reminded that the goal of this committee is not to market HIV awareness, but to target recruitment of vacant PC seats.

Suggested Changes for Strategy 2: Ask providers and community partners to hang posters, flyers, calendars on walls and websites. Develop an HIVPC Curriculum.

Strategy 3-Marketing: The PC Manager explained that Staff had reached out to Westside Gazette to find prices for advertising in their paper, but that a print ad is very expensive. A member stated that print ads or website marketing needs to be very specifically targeted. The committee discussed the Planning Council website, and how it is not being continuously updated. The PC Manager stated that all updates are provided to BRHPC IT staff, and they update the site regularly based on the updates provided. The committee looked at the BRHPC website, and the members expressed dissatisfaction with the old information and design on the site. A member asked about the ability to post monthly calendars and HIVPC info on provider websites.

Suggested Changes for Strategy 3: ask providers to post HIVPC calendar and info on provider websites. Update HIVPC website to include pictures, "What can HIVPC do for you?" consumer information, link to FLDOH or Broward Health, member testimonials, etc.

The committee looked at examples of marketing materials from various agencies and EMAs. A member suggested looking to local student artists for designs for marketing materials, then using the project for

display on the website (high school or community college). The committee discussed their desire for both a new logo and a graphic design.

There was a suggestion about removing HIV from the current logo, and while one member stated that he thought removing HIV was giving in to the stigma of the disease, most other members stated that they were simply approaching people in ways that allow them to be more engaged (meet people where they are, speak to them on their level and help them become involved). A member stated that they needed to be working against stigma, while other members stated that the goal of this committee is recruitment. The Chair suggested a reworking of the logo so that the Council and committees will have a variation of the same design.

ACTION ITEM: Discuss updating of BRHPC website with Executive Committee. Look into PSA and Community Service sections in papers that provide free advertising. Bring lists of potential artist organizations for review. Create chart with specific next steps. Look to student artists to help design logo and graphic for marketing materials.

7. **RECRUITMENT MATERIALS -** Discussed above
8. **WRAP UP**
9. **AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE:** January 7, 2016 **VENUE:** TBD

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
Conduct 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 upcoming year.
Review and update WP and P&Ps (WP Item 5.3)	ACTION ITEM: Review and update Work Plan and Policies & Procedures, including the HIVPC application.

10. **ANNOUNCEMENTS**

A MCDC member announced his resignation from the committee, he stated that he wished to refocus his energy on working for social justice issues surrounding the Broward HIV/AIDS community.

11. **ADJOURNMENT**

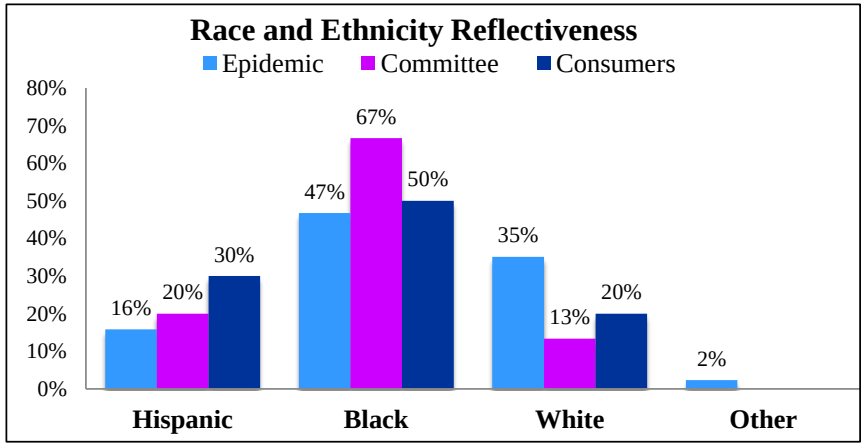
Without objection the meeting adjourned at 2:15 p.m.

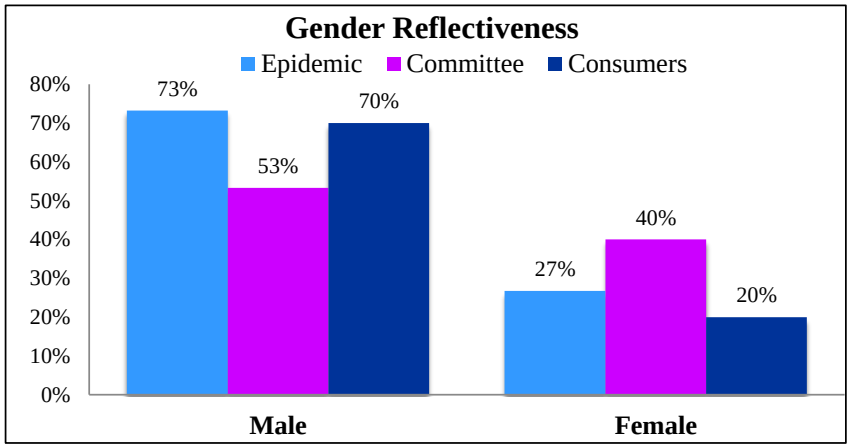
MEMBERSHIP/COUNCIL DEVELOPMENT - ATTENDANCE CY 2015

Membership/Council Development Committee

HANDOUT A

Community Empowerment Committee (CEC) Reflectiveness Report
Through January 2016



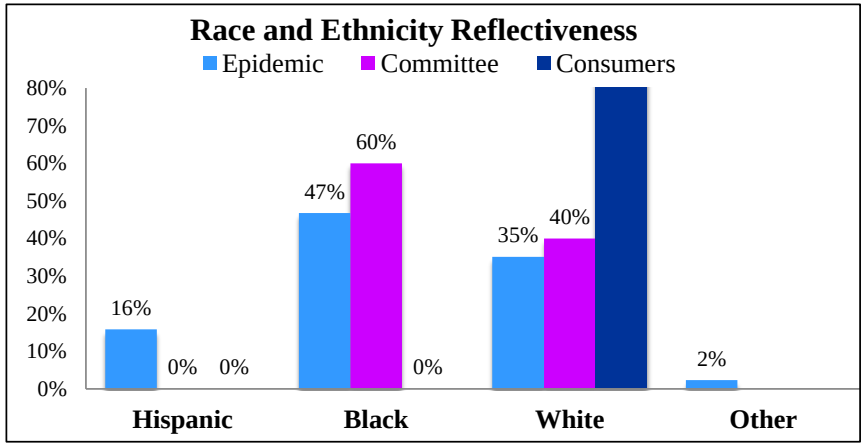


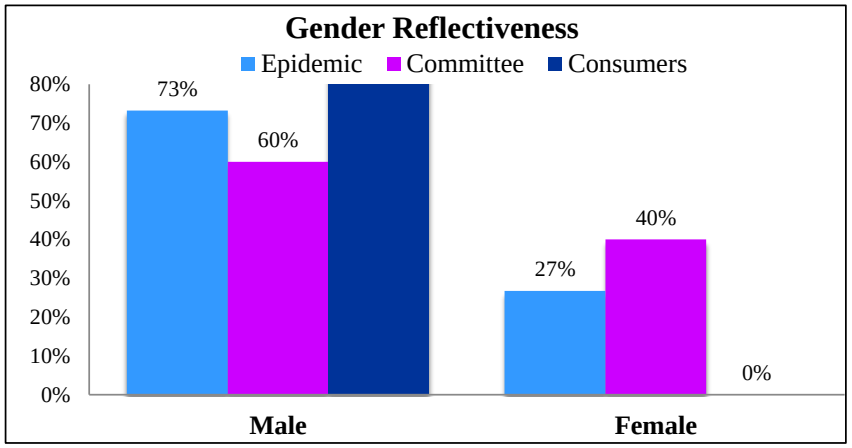
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	8	53%	7	70%	**-20%**
Female	5,187	27%	6	40%	2	20%	**13%**
Transgender	-	-	1	7%	1	10%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	3	20%	3	30%	**4%**
Black	9,063	47%	10	67%	5	50%	**20%**
White	6,811	35%	2	13%	2	20%	**-22%**
Other	449	2%	0	0%	0	0%	**-2%**
Total	**19,391**		**15**		**10**		

Current Members	**15**
% of Members That Are Unaffiliated Consumers	**67%**

HANDOUT A

Needs Assessment/Evaluation (NAE) Committee Reflectiveness Report
Through January 2016



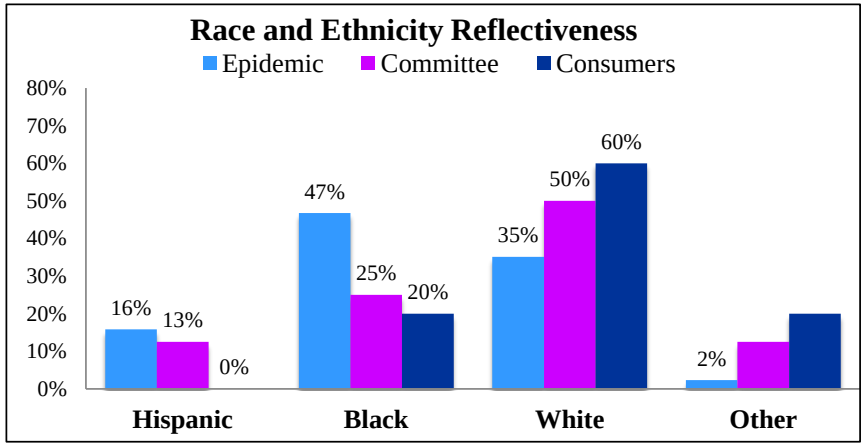


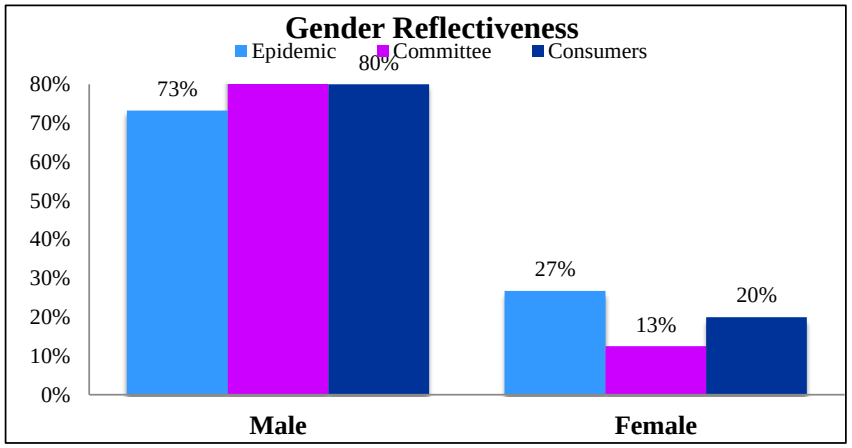
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	3	60%	1	100%	**-13%**
Female	5,187	27%	2	40%	0	0%	**13%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	0	0%	0	0%	**-16%**
Black	9,063	47%	3	60%	0	0%	**13%**
White	6,811	35%	2	40%	1	100%	**5%**
Other	449	2%	0	0%	0	0%	**-2%**
Total	**19,391**		**5**		**1**		

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

HANDOUT A

Membership/Council Development Committee (MCDC) Reflectiveness Report
Through January 2016



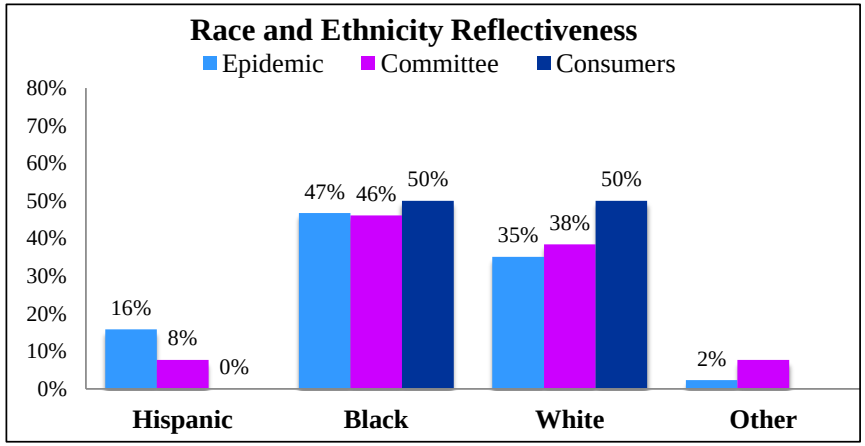


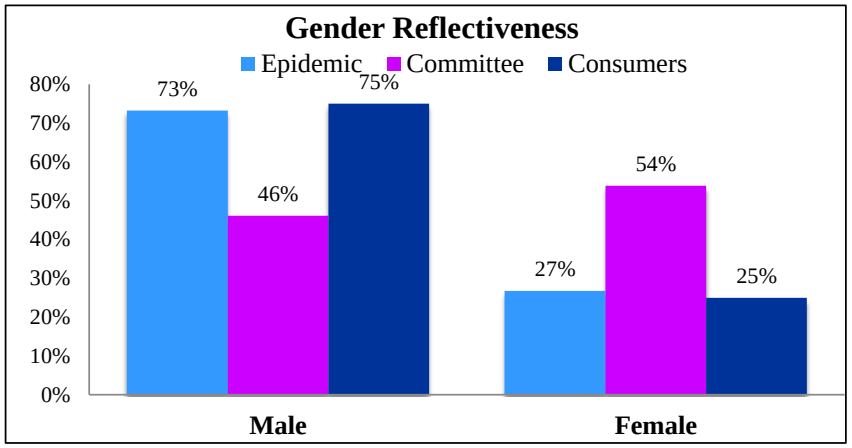
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	7	88%	4	80%	**14%**
Female	5,187	27%	1	13%	1	20%	**-14%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	1	13%	0	0%	**-3%**
Black	9,063	47%	2	25%	1	20%	**-22%**
White	6,811	35%	4	50%	3	60%	**15%**
Other	449	2%	1	13%	1	20%	**10%**
Total	**19,391**		**8**		**5**		

Current Members	**8**
% of Members That Are Unaffiliated Consumers	**63%**

HANDOUT A

Priority Setting & Resource Allocation Committee (PSRA) Reflectiveness Report
Through January 2016



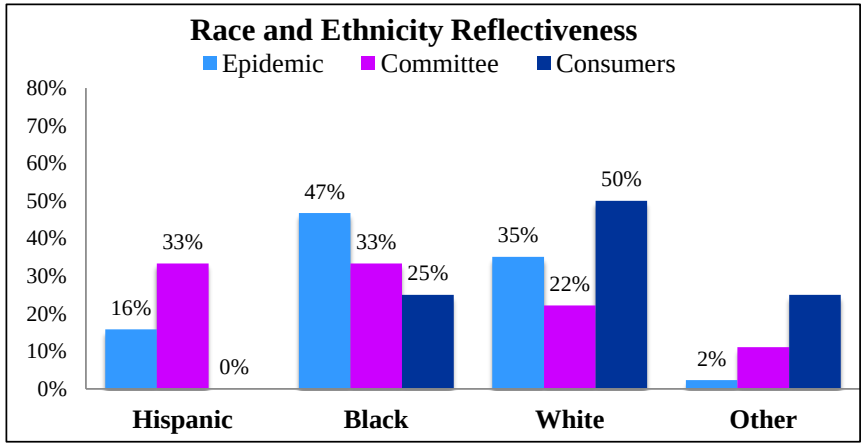


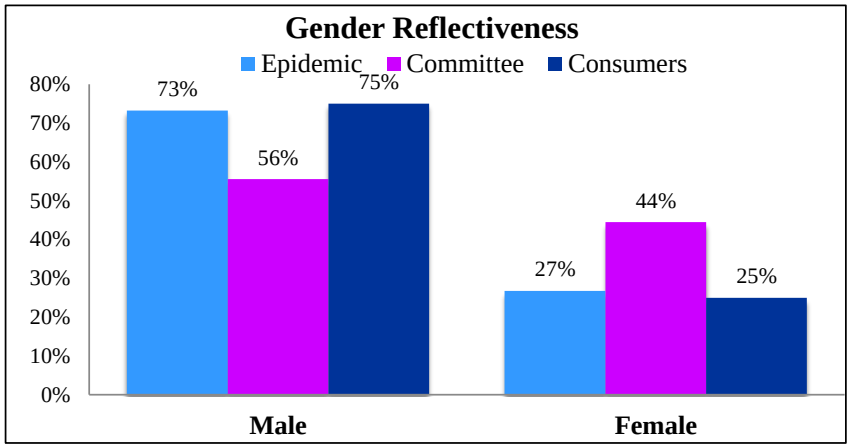
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	6	46%	3	75%	**-27%**
Female	5,187	27%	7	54%	1	25%	**27%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	1	8%	0	0%	**-8%**
Black	9,063	47%	6	46%	2	50%	**-1%**
White	6,811	35%	5	38%	2	50%	**3%**
Other	449	2%	1	8%	0	0%	**5%**
Total	**19,391**		**13**		**4**		

Current Members	**13**
% of Members That Are Unaffiliated Consumers	**31%**

HANDOUT A

Quality Management Committee (QMC) Reflectiveness Report
Through January 2016



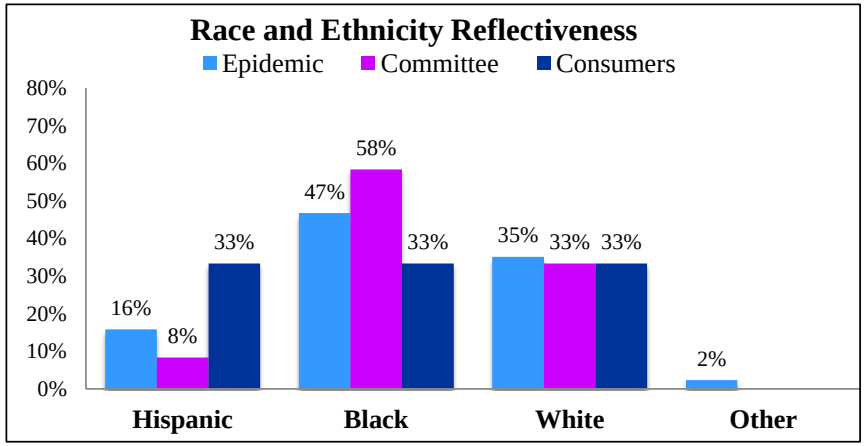


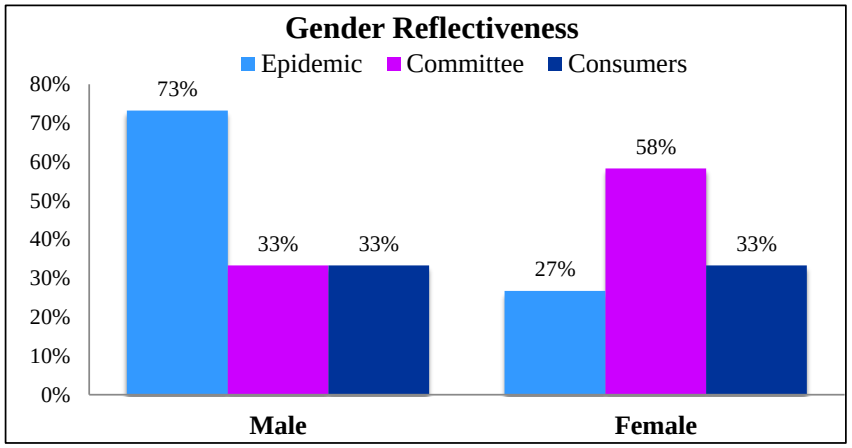
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	5	56%	3	75%	-18%
Female	5,187	27%	4	44%	1	25%	18%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	3	33%	0	0%	18%
Black	9,063	47%	3	33%	1	25%	-13%
White	6,811	35%	2	22%	2	50%	-13%
Other	449	2%	1	11%	1	25%	9%
Total	19,391		9		4		

Current Members	9
% of Members That Are Unaffiliated Consumers	44%

HANDOUT A

Executive Committee Reflectiveness Report
Through January 2016



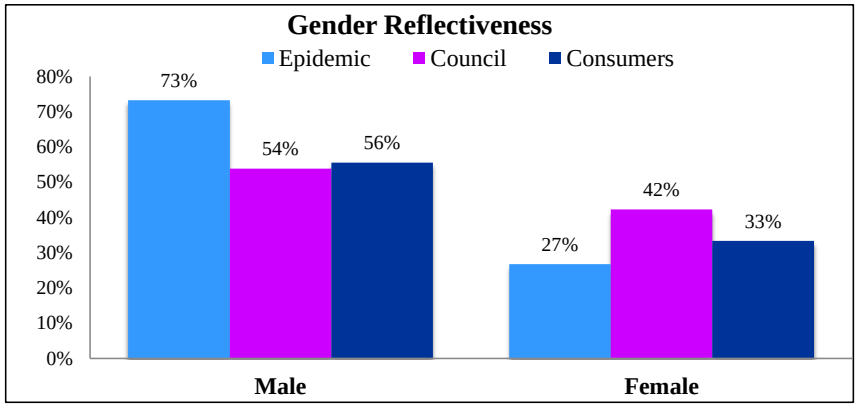


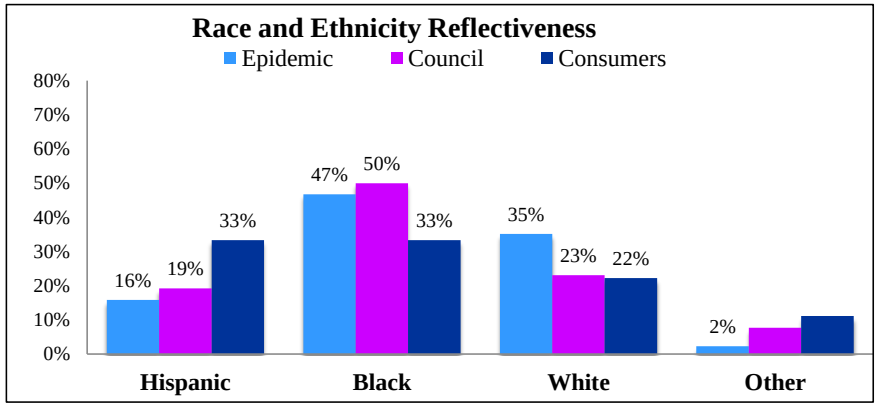
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	4	33%	1	33%	-40%
Female	5,187	27%	7	58%	1	33%	32%
Transgender	-	-	1	8%	1	33%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	1	8%	1	33%	-7%
Black	9,063	47%	7	58%	1	33%	12%
White	6,811	35%	4	33%	1	33%	-2%
Other	449	2%	0	0%	0	0%	-2%
Total	19,391		12		3		

Current Members	12
% of Members That Are Unaffiliated Consumers	25%

HANDOUT A

HIV Planning Council Membership Report
Through February 1, 2016





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	14,204	73%	14	54%	**-19%**	5	56%	**-18%**
Female	5,187	27%	11	42%	**16%**	3	33%	**7%**
Transgender	-	-	1	4%	-	1	11%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	3,068	16%	5	19%	**3%**	3	33%	**18%**
Black	9,063	47%	13	50%	**3%**	3	33%	**-13%**
White	6,811	35%	6	23%	**-12%**	2	22%	**-13%**
Other	449	2%	2	8%	5%	1	11%	5%
Total	**19,391**	**100%**	**26**			**9**		

Current Members	26
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	**35%**

Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. Federally Recognized Indian Tribe Members
3. PLWHA Recently Released From Jail or Their Representative
4. Local Public Health Agency
5. Individual co-infected with Hep B or Hep C

No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time, and no more than 40% of HIVPC members shall be Part A-funded providers.

% Part A-Funded Providers	*23%*

VACANT FEDERALLY MANDATED SEATS

HANDOUT B

Vacant Seats	Interested Party Identified	Application Submitted	Committee	Application Progress	Recommendations	Vacant Since
1. Grantees of other Federal HIV programs - VA	No interested party identified					Continuously Vacant
2. Individual co-infected with Hep B or Hep C	No interested party identified					2/1/2016
3. Local Public Health Agencies	F. de Hoyos - Latinos Salud	2/6/2015	QMC	Qualified		11/1/2012
4. PLWHA Recently Released From Jail or Their Representative	No interetsed party identified					
5. Federally Recognized Indian Tribe members	No interested party identified					Continuously

Active HIVPC Applicants

HANDOUT C

Name	Consumer	W	B	H	O	F	M	T	Agency	Date Applied	Orientation	Committee	Date 1	Date 2	Date 3	Application Category	Outcome
de Hoyos, F.				1			1		Latinos Salud	2/6/2015	Yes	QMC	4/20/2015	7/20/2015		Local PH Agency/Aff. Comm./CBO-ASO	Qualified
Dennis, B.			1			1			Broward Health	9/24/2015	No	CEC, QMC, SOC	9/21/15 QMC, 9/24/15 HIVPC	1/25/16 QMC		Affected Communities	In Progress
Bacon, D.										11/3/2015	No	CEC	11/3/15 CEC			Affected Communities	In Progress
King, J.				1			1		AHF	1/21/2016	No	PSRA, NAE				CBO/ Affected Communities	In Progress
Hatchett, P.	1		1				1			2/1/2016	No	QMC, SOC	2/2/16 CEC			Affected Communities	In Progress

HANDOUT D

PCS Monthly Attendance Report

January 2016

200 Oakwood Lane
Hollywood, FL 33020

p. 954-561-9681
f. 954-561-9685

hivpc@brhpc.org
www.brhpc.org

HANDOUT D

January 2016 HIVPC and Standing Committee Attendance

Community Empowerment Committee (CEC)

Last Meeting: January 5, 2016

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	5												
1	Bhrangger, R.	X												
2	Burgess, D.	X												
3	Creary, K.	X												
4	Culpepper, K.	X												
5	Fleurinord, P., *V. Chair*	X												
6	Franks, H.	X												
7	Katz, H.B.	X												
8	Lewis, L.	X												
9	Lint, A., *Chair*	X												
10	Marcoviche, W.	X												
11	Myers, L.	A												
12	Parker, P.	A												
13	Robertson, P.	X												
14	Runkle, D.	E												
15	Wilkins, D.	A												W-2/11/16
	Quorum = 9	11												

HANDOUT D

Membership Council/Development Committee (MCDC)

Last Meeting: January 21, 2016

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	21												
1	Burgess, D	E												
2	Foster, V.	X												
3	Gutierrez, H.	A												W-2/11/16
4	Huggins, L.	X												
5	Katz, H.B., *Chair*	X												
6	Runkle, D.	X												
7	Schweizer, M.	X												
	Quorum = 5	5												

Needs Assessment/Evaluation Committee (NAE)

Last Meeting: November 9, 2015

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	11												
		CX												
1	Katz, H. B.	NQX												
2	Moragne, T.	NQX												
3	Little, S.	NQX												
4	Shirley, J.	NQA												
5	Tomlinson, K., *Chair*	NQA												
	Quorum = 4													

Priority Setting and Resource Allocation Committee (PSRA)

Last Meeting: January 20, 2016

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	20												
1	DeSantis, M.	X												
2	Gammell, B.	X												
3	Grant, C.	X												
4	Hayes, M.	X												
5	Katz, H.B.	X												
6	Lewis, L.	X												
7	Proulx, D.	X												
8	Reed, Y.	X												
9	Schickowski, K.	X												
10	Shamer, D.	X												
11	Siclari, R., *V. Chair*	X												
12	Taylor-Bennett, C., *Chair*	X												
	Quorum = 7	12												

Quality Management Committee (QMC)

Last Meeting: January 25, 2016

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:													
1	Earp, A.	A												
2	Grant, C., *Chair*	X												
3	Katz, H.B.	X												
4	Lewis, L.	X												
5	Runkle, D.	X												
6	Soto, T.	A												
	Quorum = 4	4												

Executive Committee

Last Meeting: January 19, 2016

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:													
1	Fleurinord, P.	A												
	Gammell, B, (Ex-Officio)	X												
2	Grant, C.	X												
3	Katz, H.B.	X												
4	Lint, A.	A												
5	Reed, Y., *V. Chair*	A												
6	Siclari, R.	X												
7	Spencer, W., *Chair*	X												
8	Taylor-Bennett, C.	X												
9	Tomlinson, K.	X												
10	**Quorum (Chair)= 5**	5												

HANDOUT D

HIV Planning Council (HIVPC)

Last Meeting: January 5, 2016

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	28												
1	Bell, J.	X												
2	Bhrangger, R.	X												
3	Burgess, D.	X												
4	Creary, K.	X												
5	DeSantis, M.	X												
6	Gammell, B.	X												
7	Grant C.	X												
8	Guttierrez, H.	A												R-2/11/16
9	Hayes, M.	X												
A	Holness, D. V.C. (Comm)	A												
10	Huggins, L.M.	X												
11	Katz, H.B.	X												
12	Lewis, L.	X												
13	Lint, A.	X												
14	Lopes, R.	X												
15	Marcoviche, W.	X												
16	Moragne, T.	X												
17	Myers-Culpepper, K.	A												
18	Parker, P.	A												
19	Proulx, D.	X												
20	Reed, Y., *V. Chair*	X												
21	Robertson, L.	X												
Alt	Robertson, P. (Alt 1)	X												
22	Runkle, D.	X												
23	Schweizer, M.	X												
24	Siclari, R.	X												
25	Spencer, W., *Chair*	X												
26	Taylor-Bennett, C.	X												
27	Tomlinson, K.	X												
	Quorum = 14	24												

Ad-Hoc Nominating Committee

Last Meeting: January 8 & 13, 2016

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	8												
1	Burgess, D	X												
2	Creary, K., *Chair*	X												
3	Robertson, P.	X												
4	Lewis, L.	X												
5	Taylor-Bennett, C.	E												
	Quorum = 4	4												

Local Pharmacy Advisory Committee (LPAC)

Last Meeting: April 9, 2015

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	CX												
1	Ehren, M.													
2	Leverence, S.													
3	Maharaj, A.													
4	Proulx, D., *Chair*													
5	Sherman, E.													
	Quorum = 4													

HANDOUT E

DRAFT - Recruitment and Retention Work Plan Membership/Council Development Committee

Objective 1. Recruitment Involving the HIVPC	Outcome	Annual Target	Start	Due	Progress
1.1 Announce vacant positions at each meeting of HIVPC (WP Item 1.3)	Public awareness	100%	Monthly	Monthly	
1.2 Ask HIVPC and committee members (especially MCDC and Community Empowerment Committee (CEC) members) to reach out to potential interested parties and encourage them to participate.	Committee collaboration/ community involvement	100%	Ongoing	Ongoing	
1.3 Display recruitment and application materials at each meeting of HIVPC and, if possible, SFAN meetings.	Active recruiting	100%	Monthly	Monthly	
1.4 Attend regular events (SFAN, BTAN, Support Groups, etc.), special events and meetings for recruitment purposes.	Active recruiting	75%	Ongoing	Ongoing	
1.5 Ask Planning Council members to inform HIVPC about their agency's events.	Public involvement	100%	Monthly	Monthly	
Objective 2: Recruitment Involving Providers and Community Partners					
2.1 Ask community partners and providers to post HIVPC calendars, meeting notices and event flyers at their agencies and on their websites	Public awareness/ Involvement	100%	Monthly	Monthly	
2.2 Supply case managers and outreach networks with recruitment materials, event flyers, and meeting schedules they can share with interested clients.	Active recruiting/ community involvement	100%	Monthly	Monthly	
2.3 Develop an HIV Curriculum	Educated HIVPC				
Objective 3. Recruitment Involving Marketing					
3.1 Use the HIVPC website to post recruitment messages, materials and notices about meetings and events.	Public Awareness	100%	Monthly	Monthly	
3.2 Advertise meetings and events through HIVPC email blasts, posted materials on HIVPC website, and advertisements in local community newspapers and magazines.	Public Awareness	100%	Ongoing	Ongoing	
3.3 Set up a table with recruitment materials at community events or meetings in the community	Community involvement	75%	As Scheduled	As Scheduled	
Objective 4. Recruitment Involving Materials					
4.1 Redesign HIVPC Logo	Improved marketing	100%	3/16	9/16	
4.2 Create Palm Cards/Brochures for HIVPC recruitment	Increased public awareness	100%	3/16	10/16	
4.3 Develop poster to be displayed at community meetings and events: a. Modify poster for target audiences b. Update poster as necessary	Increased public awareness	100%	3/16	10/16	
4.4 Provide HIVPC giveaways and recruitment materials at community events to help publicized the HIVPC	Active Recruiting	100%	As Scheduled	As Scheduled	
4.5 Update HIVPC website to include pictures, consumer information, links to FLDOH or Broward Health, member testimonials, "What can HIVPC do for you?," etc.	Public Awareness	80%	As Needed	As Needed	

Objective 5. Retention Through Diversity, Support and Rewards					
5.1 Provide written materials and appropriate languages upon request.	Eliminate Barriers	100%	As Needed	As Needed	
5.2 Make mentoring programs available for members	Educated HIVPC	100%	4/16	As Needed	
5.3 Seek feedback from members regarding Council and Committee meetings and eliminate potential barriers to participation	Eliminate Barriers	100%	9/16	Annually	
5.4 Ensure meetings are held in locations that are easy to access	Eliminate Barriers	100%	Ongoing	Ongoing	
5.5 Reimburse PLWHA for travel, child care and lost wages	Eliminate Barriers	100%	As Needed	As Needed	

HANDOUT F

MCDC 2015 YEAR IN REVIEW

Activity

- Community Events:
  - Welcome Brunch- May, 2015
  - Wilton Manners Stonewall Street Festival- June, 2015
  - HIP Community BBQ- June, 2015
  - South Florida Men's Health and Wellness Conference- July, 2015
  - Healthy Community Zone Kickoff Event- November, 2015
- Retention & Recruitment:
  - Recruitment and Retention Retreat engaged members in revising recruitment strategies including: graphic designs, update to HIVPC website, Recruitment and Retention Work Plan, and committee team building.
  - Mentorship Program for new HIVPC members including: development of Mentor/Mentee Application form, updated MCDC P&Ps, and 4 new HIVPC members participating in the program.
  - Member Recognition Program to acknowledge outstanding PC members.
  - Buddy System for interested parties and non-HIVPC committee members.
  - Implemented Barriers to Participation Survey which led to a HIVPC By-Laws change to expand reimbursement policies for unaffiliated consumers.
- New Committee/HIVPC Membership:
  - Developed a new Committee and HIVPC membership applications to collect demographic data to ensure Council and committee reflectiveness.
  - Increased MCDC membership by 2 members through active recruitment and streamlined recruitment procedures (MCDC Recruitment Letter).
  - Broward's HIVPC exceeds HRSA's 33% unaffiliated consumer mandate; 42% of HIVPC membership are unaffiliated consumers.
  - Post-Appointment Orientation to enhance education for new members.

Challenges

- Community Events Participation
- Marketing Materials/Strategies
- Welcome Brunch Planning and Participation
- Meeting target of 80% of HIVPC Mandated Seats; only 67% filled by end of Fiscal Year 2015-2016 due to resignations.

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 MCDC has completed a 58% of its work plan items, and is on track to finish 89% of their 18 month work plan by the end of the Fiscal Year. MCDC members 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.

HANDOUT G

HIVPC Mentor/Mentee Registration Form

Mentor Name	HIVPC Member?	Committees	Completed Paperwork	Mentee Name	Committees	Completed Paperwork
1. Will Spencer	Y	Executive, Integrated	No	Requel Lopes	SOC, PSRA	No
2. H.B. Katz	Y	MCDC, CEC, PSRA, Executive, NAE, QMC	No	David Runkle	CEC, MCDC, QMC	No
3. Yolonda Reed	Y	PSRA	No	Lisamarie Huggins	QMC, MCDC	No
4. Brad Gammell	Y	PSRA, Executive	Yes			

Mentee Name	HIVPC Member?	Committees	Completed Paperwork	Mentor Requested
1. Justin Bell	Y	Requested PSRA	No	None
2. Lorenzo Robertson	Y	Requested PSRA, NAE	Yes	None

HIVPC Member Recognition Program

Purpose: The purpose of the HIVPC Member Recognition Program is to recognize members and increase retention among those who have served the HIVPC in an exceptional manner by exemplifying outstanding service through his or her work and exhibiting a positive and supportive attitude.

Criteria: The nominee and nominator must be HIVPC members. Nominators should keep in mind the judging criteria and write the nomination accordingly.

Attitude and Commitment

- Professional demeanor
- Conscientious, honest, hard-working
- Growth (knowledge of HIVPC workings, mentorship Buddy system)
- Serves as a role model to others
- Length of Service
- Leadership History
- Significant Impact (shining star)

Communication

- Displays a helpful, cooperative and positive attitude towards co-members
- Consistently friendly and available to others
- Uses effective listening skills
- Has a team player attitude

Dedication

- Dedicated to fulfilling member responsibilities
- Committee activities (number of committees involved)
- Consistently dependable and is punctual in reporting to meetings
- Active involvement in committees, fund-raisers, fairs, trainings, and other activities
- Goes above and beyond the requirements of being a member

Nominations Process: Quarterly, the Membership/Council Development Committee (MCDC) will nominate an HIVPC member of the quarter. Each nomination will be graded according to the previously-stated criteria. The highest scoring nominee will be considered for the award. The Executive Committee and HIVPC Chair must approve each nomination prior to being named as the recipient of the award. Once the selection has been finalized, the MCDC will ask the winner if they accept the nomination, along with authorization to post their photo on the HIVPC website.

Recognition will include:

- Certificate of recognition (framed)
- Photo and biography on HIVPC website and Quarterly Newsletter (if desired)
- Announcement at HIVPC meeting

HANDOUT H1

Member Recognition Nominations Timeline

March	April	May
• Applications accepted at HIVPC meeting	• Application DEADLINE for submission at HIVPC meeting	• MCDC review applicants • MCDC send recommendation for Member of the Quarter to Exec • Executive review of MCDC recommendation • Announcement of Recognized Member at HIVPC Meeting
June	**July**	**August**
• Applications accepted at HIVPC meeting	• Application DEADLINE for submission at HIVPC meeting	• MCDC review applicants • MCDC send recommendation for Member of the Quarter to Exec • Executive review of MCDC recommendation • Announcement of Recognized Member at HIVPC Meeting
September	**October**	**November**
• Applications accepted at HIVPC meeting	• Application DEADLINE for submission at HIVPC meeting	• MCDC review applicants • MCDC send recommendation for Member of the Quarter to Exec • Executive review of MCDC recommendation • Announcement of Recognized Member at HIVPC Meeting
December	**January**	**February**
• Applications accepted at HIVPC meeting	• Application DEADLINE for submission at HIVPC meeting	• MCDC review applicants • MCDC send recommendation for Member of the Quarter to Exec • Executive review of MCDC recommendation • Announcement of Recognized Member at HIVPC Meeting

HIVPC Member Recognition Program

NOMINATION FORM

Dear HIVPC Members,

The HIVPC needs your help! We need to recognize and reward our outstanding members for the tremendous amount of hard work they give to the HIVPC. The following form allows you to nominate a member to be recognized. Please nominate any member who has made a positive impact on the HIVPC. Together, we can honor excellence on the HIVPC.

Nominee's Name: _____

Date: _____

Submitted by: _____

Signature: _____

PLEASE WRITE EXAMPLES AND/OR EVENTS THAT WILL SUPPORT YOUR NOMINATION OF THIS PERSON.

Please describe how this member has demonstrated; Outstanding Attitude and Commitment, Dedication, and Communication. Consider the following and use the space below to explain other reason(s) for the nomination. The MCDC will utilize your comments to select the best candidate for the member of quarter.

- **Attitude and Commitment:** The member demonstrates continued outstanding performance in fulfilling member responsibilities, committee activities work and active involvement in committees, fund-raisers, fairs, trainings, and other activities.

  _____
  _____
  _____
  _____

  OFFICIAL USE ONLY: nominee score based on the criteria for this category: __/10

- **Communication:** The member communicates with everyone in a timely, direct, truthful, respectful, and kind manner.

  _____
  _____
  _____
  _____

  OFFICIAL USE ONLY: nominee score based on the criteria for this category: __/10

- **Dedication:** The member goes beyond and above expectations. Makes a difference to the HIVPC.

  _____
  _____
  _____
  _____

  OFFICIAL USE ONLY: nominee score based on the criteria for this category: __/10

Total Score: ____/30

MCDC Member Recognition Scoring Criteria (MCDC ONLY):

Attendance - (10 points total)

___ Perfect HIVPC Attendance - 10 points

___ < 3 Absences – 5 points

___ Warning or Removal Letter sent – 1 point

Participation in events – (5 points total)

___ Participated in all HIVPC/CEC/MCDC events, forums, etc. – 5 points

___ >50% participation in HIVPC/CEC/MCDC events, forums, etc. – 3 points

___ < 50 % participation in HIVPC/CEC/MCDC events, forums, etc. – 1 point

___ No participation – 0 points

Recruitment – (5 points total)

___ Recruited > 1 Standing Committee or HIVPC member – 5 points

___ Recruited 1 Standing Committee or HIVPC member – 1 point

___ No recruitment – 0 points

Total Points: ___/20

Overall Score: ___/50

Broward County HIV Health Services Planning Council
HIVPC 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
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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, fax, or email your completed application to:

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

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

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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)
- **What sex were you assigned at birth? (check one):**

  ❑ Male ❑ Female ❑ Decline to state
- **What is the current gender you identify with? (check all that apply):**

  ❑ Male ❑ Female ❑ Transgender (Male to Female) ❑ Transgender (Female to Male)

  ❑ Unknown ❑ Decline to state
- **Race (check all that apply):** ❑White ❑Black ❑Asian ❑Native Hawaiian/Pacific Islander

  ❑American Indian/Alaska Native ❑Other (Specify)_____
- **Ethnicity (check one):**

  ❑Hispanic/Latino ❑Non-Hispanic ❑Other (Specify)_____
- **Hispanic Subgroup (check one if any):**

  ❑Mexican ❑Puerto Rican ❑Cuban ❑Other (Specify)
- **Asian Subgroup (check one if any):**

  ❑Asian Indian ❑Chinese ❑Filipino ❑Japanese ❑Korean ❑Vietnamese ❑Other (Specify)
- **Native Hawaiian/Pacific Islander Subgroup (check one):**

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❑Native Hawaiian ❑Guamanian ❑Samoan ❑Other (Specify)

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

**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, do you self-identify with any of the following risk factors?**

❑ Hemophilia ❑ Heterosexual (Straight) ❑ Intravenous Drug User (IDU) ❑ Blood Transfusion
❑ Perinatal Transmission (Mother to Child) ❑ Man who has sex with Men (MSM) ❑ I don't know/Unsure
❑ I do not wish to disclose

- **Do you receive Ryan White Part A services?** ❑ Yes ❑ No ❑ I do not wish to disclose
- **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 ❑I do not wish to disclose

Recruitment Information

- **How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?**

❑ Through a service provider/agency
❑Email
❑Online/Facebook/Twitter
❑Friend/HIVPC member (HIVPC Member name): _____

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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.

_____ I understand 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.

_____ _____

Signature Date

Broward County HIV Health Services Planning Council
COMMITTEE 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, fax, or email your completed application to:

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

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

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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
- **What sex were you assigned at birth? (check one):**

  ❑ Male ❑ Female ❑ Decline to state
- **What is the current gender you identify with? (check all that apply):**

  ❑ Male ❑ Female ❑ Transgender (Male to Female) ❑ Transgender (Female to Male)

  ❑ Unknown ❑ Decline to state
- **Race (check all that apply):** ❑White ❑Black ❑Asian ❑Native Hawaiian/Pacific Islander

  ❑American Indian/Alaska Native ❑Other (Specify)_____
- **Ethnicity (check one):**

  ❑Hispanic/Latino ❑Non-Hispanic ❑Other (Specify)_____
- **Hispanic Subgroup (check one if any):**

  ❑Mexican ❑Puerto Rican ❑Cuban ❑Other (Specify)
- **Asian Subgroup (check one if any):**

  ❑Asian Indian ❑Chinese ❑Filipino ❑Japanese ❑Korean ❑Vietnamese ❑Other (Specify)
- **Native Hawaiian/Pacific Islander Subgroup (check one):**

  ❑Native Hawaiian ❑Guamanian ❑Samoan ❑Other (Specify)

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

  **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, do you self-identify with any of the following risk factors?**

  ❑ Hemophilia ❑ Heterosexual (Straight) ❑ Intravenous Drug User (IDU) ❑ Perinatal Transmission (Mother to Child) ❑ Man who has sex with Men (MSM) ❑ MSM/IDU ❑ Blood Transfusion ❑ I don't know/Unsure ❑ I do not wish to disclose
- **Do you receive Ryan White Part A services?** ❑ Yes ❑ No ❑ I do not wish to disclose
- **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 ❑I do not wish to disclose

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.

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Which committee(s) are you interested in serving on? (See previous 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.

_____

_____

_____

_____

Recruitment Information

➢ **How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?**

❑ Through a service provider/agency

❑Email

❑Online/Facebook/Twitter

❑Friend/HIVPC member (HIVPC Member name): _____

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 Committee meetings.

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

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_____ _____

Signature Date