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: January 21, 2016, 9:30-11:30 a.m.
Location: GC301
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:** 1/21/16 Agenda and 11/5/15 Retreat 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.
   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.
   e. Review Work Plan (Handout E)
      ACTION ITEM: Review progress on 18-month work plan.
4. **EMERGING ISSUES**
5. **UNFINISHED BUSINESS**
   a. Review updated Recruitment and Retention Plan (Handout F1-F2)
6. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
Conduct annual evaluation (WP Item 5.2) (Handout G)	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) (Handout H)	ACTION ITEM: Review and update Work Plan and Policies & Procedures, including the HIVPC application.
Welcome Brunch and New Member Orientations (WP Items 1.5 and 4.3)	ACTION ITEM: Discuss dates for MCDC Welcome Brunch and Post Appointment Orientation in February 2016
Member Recognition Program	ACTION ITEM: Create scoring criteria for Member Recognition Program

7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE:** February 7, 2016 **VENUE:** TBD

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
Review HIVPC seat status (WP Item 4.3)	ACTION ITEM: Review seat status and ensure mandated seats are filled; ask members to update their contact information annually.
Welcome Brunch (WP Item 1.5)	ACTION ITEM: Conduct a quarterly 'Welcome Brunch' for HIVPC and committee interested parties. Conduct pre- and post-appointment orientations for new members; include education about the 3 guiding ideas.
Orientation (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 •

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

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

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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**

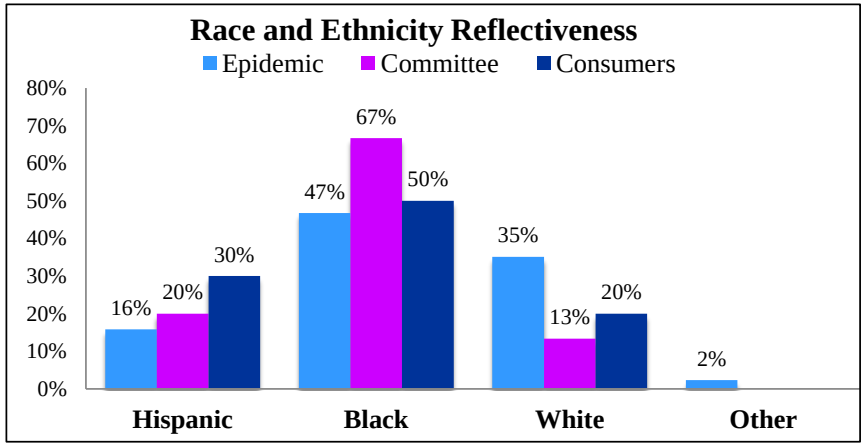
Without objection the meeting adjourned at 2:15 p.m.

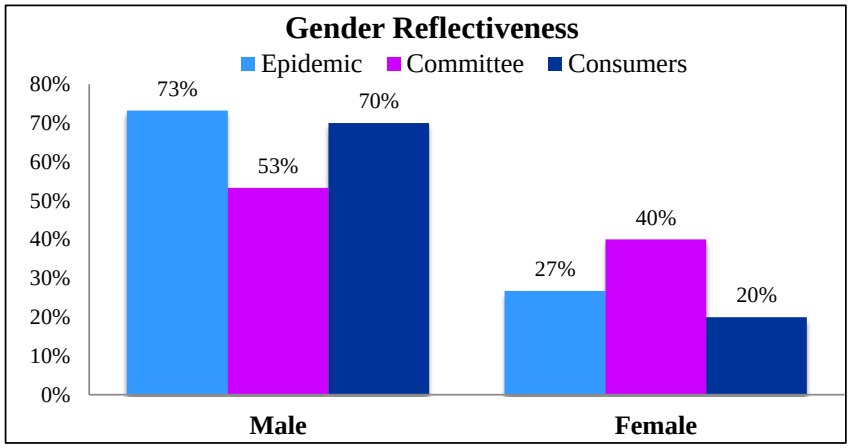
MEMBERSHIP/COUNCIL DEVELOPMENT - ATTENDANCE CY 2015

Membership/Council Development Committee

HANDOUT A

Community Empowerment Committee (CEC) Reflectiveness Report
Through December 2015



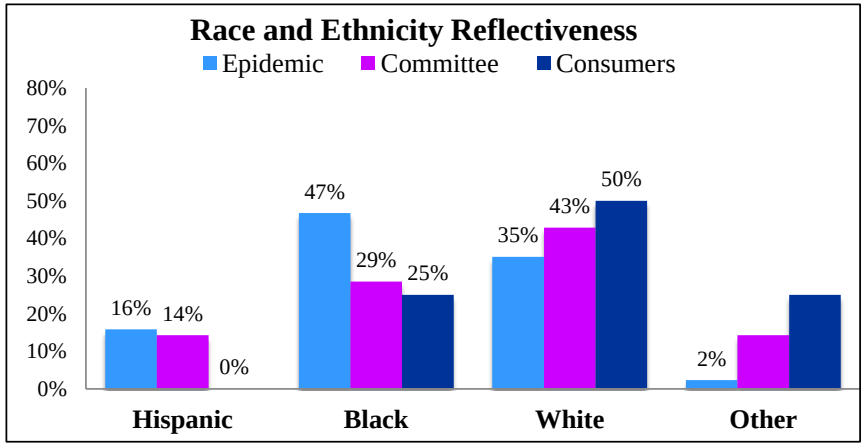


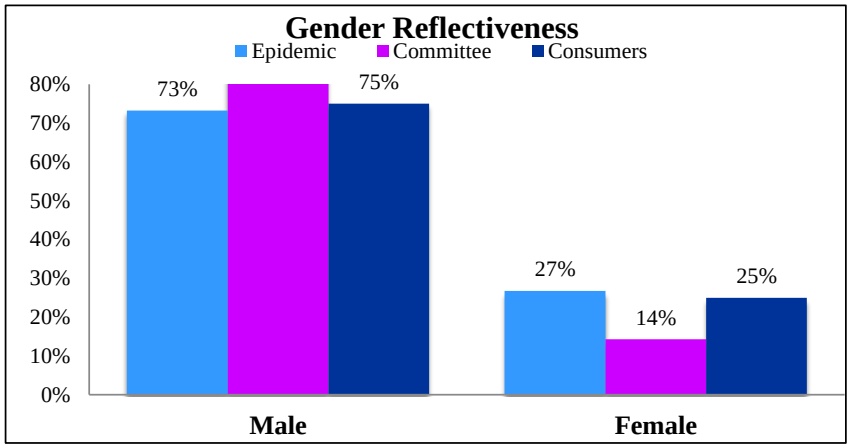
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	8	53%	7	70%	**-20%**
Female	5,187	27%	6	40%	2	20%	**13%**
Transgender	-	-	1	7%	1	10%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	3	20%	3	30%	**4%**
Black	9,063	47%	10	67%	5	50%	**20%**
White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

Membership/Council Development Committee (MCDC) Reflectiveness Report
Through December 2015



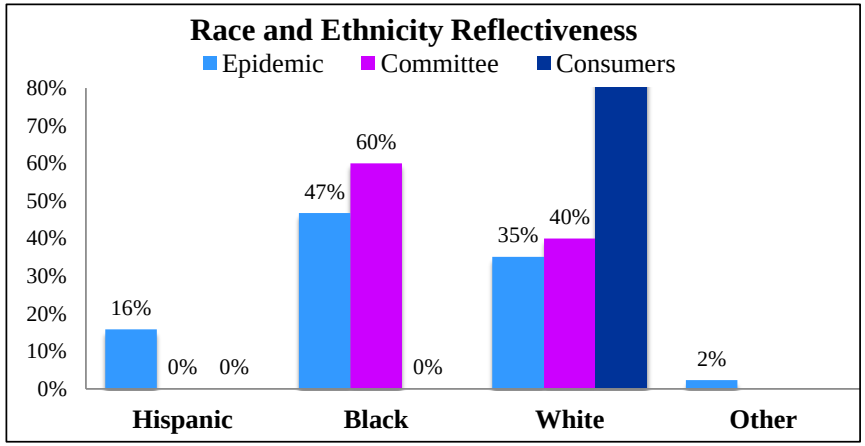


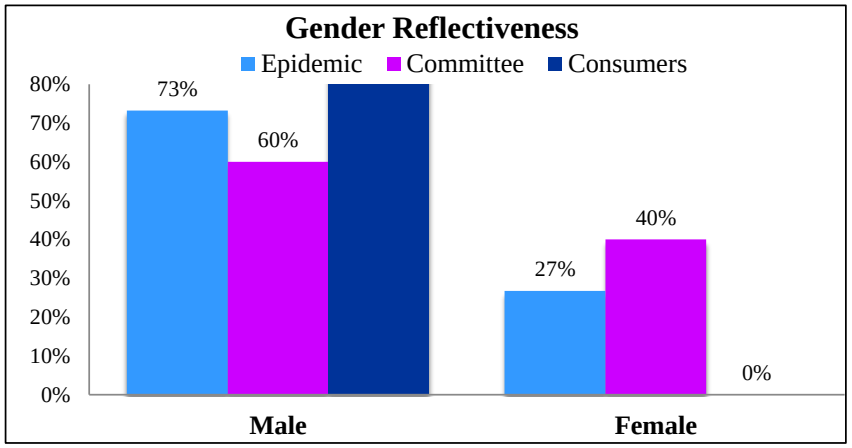
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	6	86%	3	75%	12%
Female	5,187	27%	1	14%	1	25%	-12%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	1	14%	0	0%	-2%
Black	9,063	47%	2	29%	1	25%	-18%
White	6,811	35%	3	43%	2	50%	8%
Other	449	2%	1	14%	1	25%	12%
Total	19,391		7		4		

Current Members	7
% of Members That Are Unaffiliated Consumers	57%

HANDOUT A

Needs Assessment/Evaluation (NAE) Committee Reflectiveness Report
Through December 2015



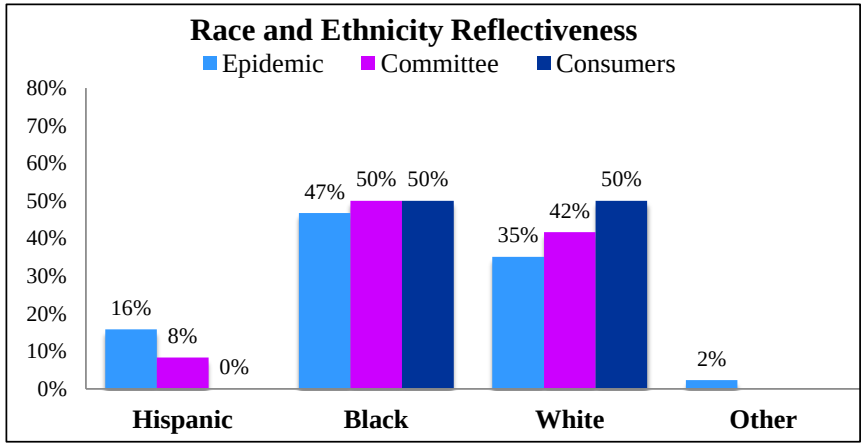


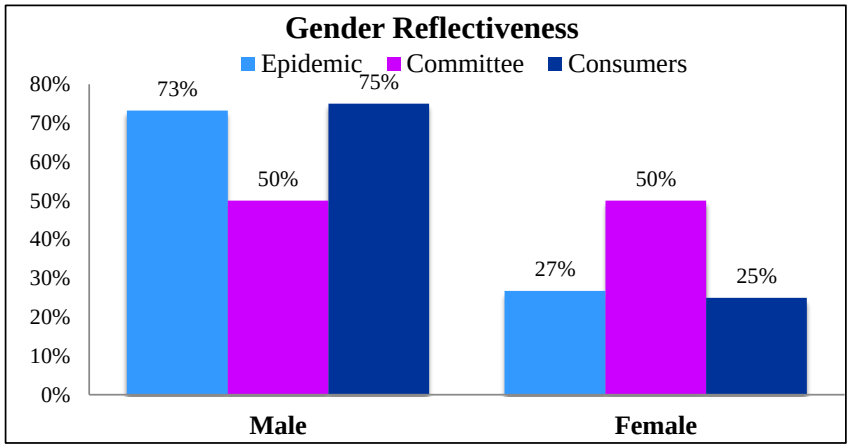
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	3	60%	1	100%	-13%
Female	5,187	27%	2	40%	0	0%	13%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	0	0%	0	0%	-16%
Black	9,063	47%	3	60%	0	0%	13%
White	6,811	35%	2	40%	1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

Priority Setting & Resource Allocation Committee (PSRA) Reflectiveness Report
Through December 2015



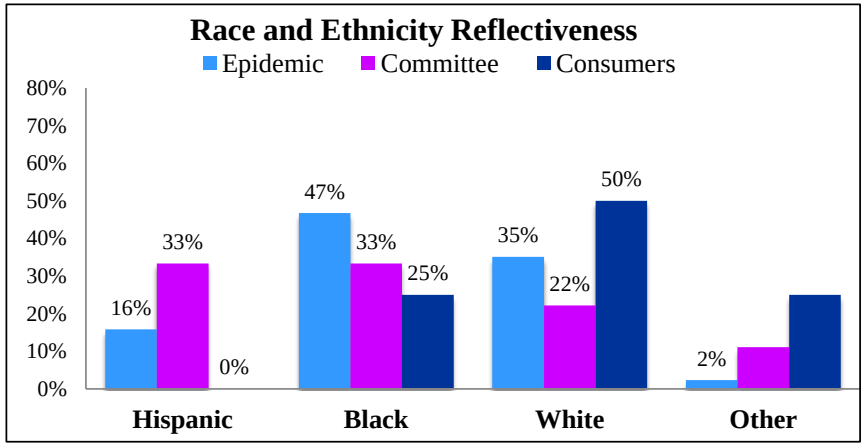


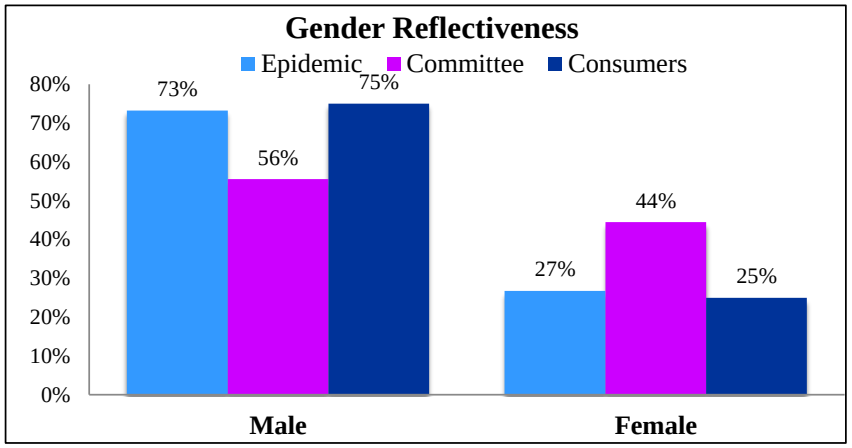
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	6	50%	3	75%	-23%
Female	5,187	27%	6	50%	1	25%	23%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	1	8%	0	0%	-7%
Black	9,063	47%	6	50%	2	50%	3%
White	6,811	35%	5	42%	2	50%	7%
Other	449	2%	0	0%	0	0%	-2%
Total	19,391		12		4		

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

HANDOUT A

Quality Management Committee (QMC) Reflectiveness Report
Through December 2015



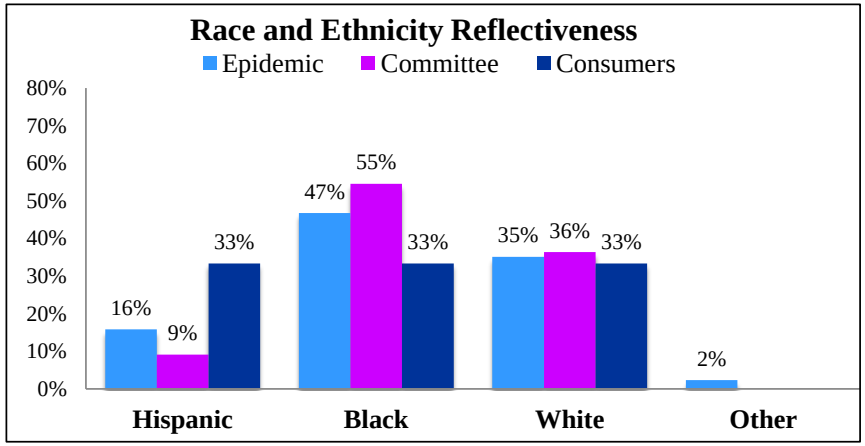


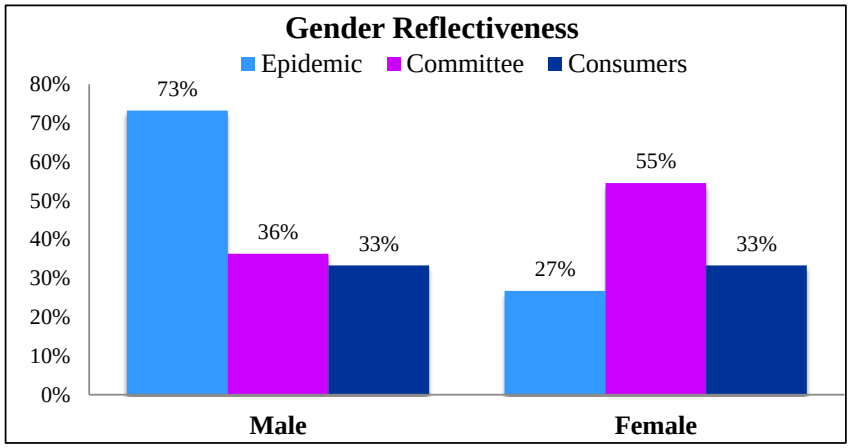
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	5	56%	3	75%	**-18%**
Female	5,187	27%	4	44%	1	25%	**18%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	3	33%	0	0%	**18%**
Black	9,063	47%	3	33%	1	25%	**-13%**
White	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 December 2015



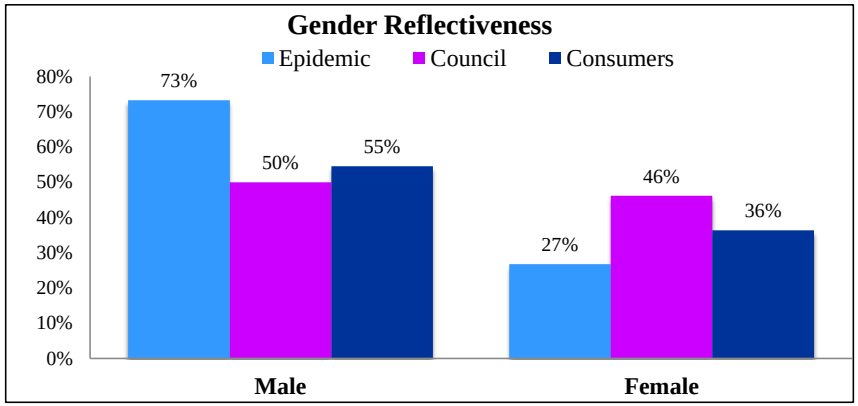


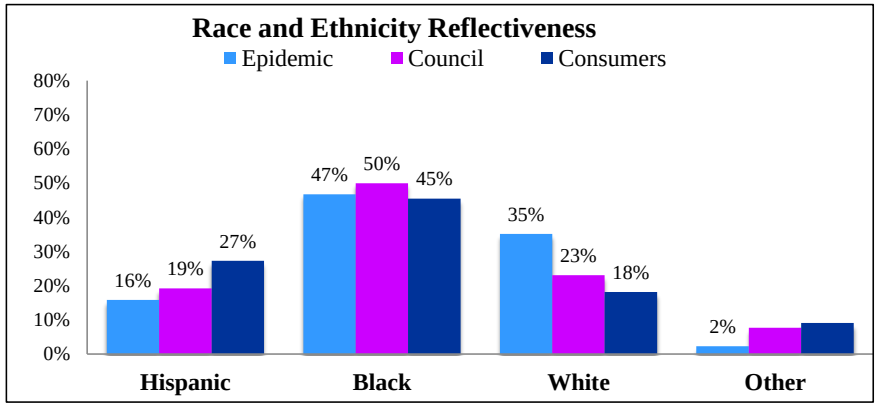
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	4	36%	1	33%	-37%
Female	5,187	27%	6	55%	1	33%	28%
Transgender	-	-	1	9%	1	33%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	1	9%	1	33%	-7%
Black	9,063	47%	6	55%	1	33%	8%
White	6,811	35%	4	36%	1	33%	1%
Other	449	2%	0	0%	0	0%	-2%
Total	19,391		11		3		

Current Members	11
% of Members That Are Unaffiliated Consumers	27%

HANDOUT A

HIV Planning Council Membership Report
Through December 2015





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	14,204	73%	13	50%	**-23%**	6	55%	**-19%**
Female	5,187	27%	12	46%	**19%**	4	36%	**10%**
Transgender	-	-	1	4%	-	0	0%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	3,068	16%	5	19%	**3%**	3	27%	**11%**
Black	9,063	47%	13	50%	**3%**	5	45%	**-1%**
White	6,811	35%	6	23%	**-12%**	2	18%	**-17%**
Other	449	2%	2	8%	5%	1	9%	5%
Total	**19,391**	**100%**	**26**			**11**		

Current Members	**26**
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	**42%**

Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. Hospital/Health Care Planning Agencies
3. Federally Recognized Indian Tribe Members
4. PLWHA Recently Released From Jail or Their Representative
5. Local Public Health Agency

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. Hospital/Health Care Planning Agencies	Kamilah Thomas-Purcell	11/13/2015	NAE	In Progress		12/1/2012
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

HANDOUT B

Categories of Representation	HRSA	Broward County Ordinance/ By-Laws	HIV Planning Council	Meets Mandates?
Health care providers, including federally qualified health centers	Mandates		2- FQHC and Health Care Provider	YES
CBOs serving affected populations and AIDS service organizations (ASOs)	Mandates		1 ASO	YES
Social service providers, including housing and homeless services providers	Mandates		1 SS Provider	YES
Mental health providers	Mandates		1 MH Provider	YES
Substance abuse providers	Mandates		1 SA Provider	YES
Local public health agencies	Mandates		Vacant	NO
Hospital planning agencies or other health care planning agencies			Vacant	NO
Affected communities, including people with HIVAIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and historically underserved subpopulations	Mandates minimum 33%		38% Unaffiliated 9 Affected Com. 1 Co Hep B or C 0 Indian Tribe	NO
Non-elected community leaders	Mandates		5 NECL	YES
State Medicaid agency	Mandates		1 Medicaid	YES
State Part B Agency	Mandates		1 Part B	YES
Part C grantees	Mandates		1 Part C	YES
Part D grantees	Mandates		1 Part D	YES
Grantees of other Federal HIV programs, including HIV prevention programs	Mandates		1 Prevention 1 HOPWA 1 Part F Grantee 0 VA	NO
Formerly incarcerated PLWHA or their representatives	Mandates		Vacant	NO
Alternates		Mandates 3 Minimum	1	NO
Total		Minimum 20 Maximum 35	27 (2 pending)	YES

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
Shamer, D.	1	1					1			7/28/2015	Yes	CEC	1/6/2015 (CEC), 4/24/15 (SOC)	7/20/15 (QMC), 7/24/15 (SOC)	8/10/15 (NAE), 8/17/15 (QCM)	Affected Communities	Qualified
Dennis, B.	1		1			1			Broward Health	9/24/2015	No	CEC, QMC, SOC	9/21/15 (QMC)			Affected Communities	In Progress
Thomas-Purcell, K			1			1			Nova School of Public Health	11/13/2015	No	NAE, QMC, PSRA				Hospital/ Health Planning Agency	In Progress
Bacon, D.	1		1				1			11/3/2015	No	CEC	11/3/15 (CEC)			Affected Communities	In Progress
Beltran, G.		1					1			11/6/2015	No	PSRA	11/18/15 (PSRA)			Non-Elected Community Leader	In Progress

HANDOUT D

December 2015 HIVPC and Standing Committee Attendance

The following records reflect attendance for December 2015 for the HIVPC and its standing committees. Two meetings, including the standing, coordination, and ad-Hoc committee meetings, were scheduled for December 2015.

Community Empowerment Committee (CEC)

Last Meeting: November 3, 2015

The December committee meeting was cancelled due to Grantee recommendation. Quorum has been consistent with this committee, and attendance hasn't been an issue.

CEC member attendance through December 2015 is reflected in the table below:

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	6	3	3	7	5	4	7	4	1		3		
											C		C	
1	Bhrangger, R.	X	X	X	X	X	X	X	X	X		X		
2	Burgess, D.	X	X	X	X	X	X	X	X	X		X		
	Clayton, L.	E	X	A	A	A	W - 4/17, R - 5/12							
3	Creary, K.	X	X	X	X	X	X	X	X	X		E		
4	Culpepper, K.	X	X	X	X	X	E	X	X	X		X		
5	Fleurinord, P., *V. Chair*	N - 5/12					X	A	X	X		X		
6	Franks, H.	X	X	X	X	X	X	X	X	A		X		
7	Katz, H.B.	X	E	A	X	X	X	X	X	X		X		
	King, J.	A	A	Z - 2/13										W - 1/15, R - 2/13
8	Lewis, L.									X		X		
9	Lint, A., *Chair*	X	X	X	X	X	A	X	X	X		X		
10	Marcoviche, W.	E	X	X	X	X	X	X	E	X		X		
11	Myers, L.	X	X	X	X	X	X	X	X	X		X		
12	Parker, P.	A	X	A	X	X	E	E	E	E		X		
	Reed, Y.	X	X	A	A	X	X	A	X	R- 8/18				W - 4/17
13	Robertson, P.	X	X	A	X	X	X	X	X	X		X		
14	Runkle, D.	X	X	X	X	X	X	X	X	X		X		
15	Wilkins, D.	X	X	A	X	X	X	X	X	X		A		
	Quorum = 9	12	14	9	13	14	12	12	13	13		13		

Membership Council/Development Committee (MCDC)

Last Meeting: November 5, 2015

The December committee meeting was cancelled due to Grantee recommendation.

MCDC member attendance through December 2015 is reflected in the table below:

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	8	5	5	2	15	11	9	6	3		5		
											C		C	
1	Burgess, D	X	A	X	X	X	X	X	X	X		X		
2	Foster, V.	X	X	X	X	X	X	X	A	A		X		W-9/15
3	Gutierrez, H.	N-9/24								X		A		
4	Huggins, L.	N-9/24								X		X		
5	Katz, H.B., *Chair*	X	X	X	X	X	X	X	X	X		X		
	Kuryla, S.	E	Z - 1/21											
	Lewis, L.	N-8/27								X	Z- 11/5			
6	Runkle, D.	X	X	X	X	X	X	X	X	X		X		
7	Schweizer, M.	N - 5/21					X	X	X	X		X		
	Wilson, T.	X	X	X	Z - 3/24									
	Quorum = 5	5	4	5	4	4	5	5	4	5		7		

Needs Assessment/Evaluation Committee (NAE)

Last Meeting: November 9, 2015

The December committee meeting was cancelled due to Grantee recommendation.

NAE member attendance through December 2015 is reflected in the table below:

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	12	9	9	14	11						9		
			C	C			C	C		C	C		C	
1	Katz, H. B.	X	NQA	NQX	E	X			X			X		
2	Moragne, T.	X	NQX	NQA	X	X			X			X		
	Rodriguez, J.	A	Z - 1/15											R - 1/15
3	Little, S.											X		N- 8/10
4	Shirley, J.	X	NQX	NQA	X	X			X			X		
	Spencer, W., *V. Chair*	A	NQA	NQX	X	X	Z - 6/1							W - 1/15, R- 2/13, N- 3/2,
5	Tomlinson, K., *Chair*	X	NQX	NQX	X	X			X			X		
	Quorum = 4	4	3	3	4	5			4			5		

Priority Setting and Resource Allocation Committee (PSRA)

Last Meeting: December 16, 2015

10 out of 14 PSRA members were present for the December meeting, which constituted quorum. This committee consistently establishes quorum. One member received an unexcused absence this month.

PSRA member attendance through December 2015 is reflected in the table below:

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	21	18	18	15	20	17		19	16		18	16	
								C			C			
1	DeSantis, M.	X	X	X	X	A	A		X	A		X	X	W-7/1
2	Gammell, B.	X	X	X	E	X	X		X	X		X	X	
3	Grant, C.	X	X	X	X	X	X		X	X		X	A	
4	Hayes, M.	X	X	X	X	X	X		A	X		X	X	
5	Katz, H.B.	X	X	X	X	X	X		X	X		E		
6	Lewis, L.	N-11/19											X	
7	Proulx, D.	X	X	X	X	X	X		A	X		X	X	
8	Reed, Y.	X	E	X	A	X	X		E	X		X	X	
11	Schickowski, K.	X	X	X	X	X	X		X	X		A	X	
12	Shamer, D.	N-11/19											X	
13	Siclari, R., *V. Chair*	X	X	X	A	A	X		X	X		X	X	W - 6/2
14	Taylor-Bennett, C., *Chair*	X	X	X	X	X	X		X	X		X	X	
	Quorum = 7	10	9	10	7	8	9		7	9		8	10	

Quality Management Committee (QMC)

Last Meeting: November 16, 2015

The December committee meeting was cancelled due to quorum prior to the committee meeting date. One member was removed following the November meeting, due to attendance requirements.

QMC member attendance through December 2015 is reflected in the table below:

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	26	23	16	20	18		20	17	21		16		
						C	C				C		C	
1	Earp, A.	N - 2/26		X	X	A		A	X	X		X		
2	Grant, C., *Chair*	X	X	X	X	NQX		X	X	X		X		
3	Katz, H.B.	X	X	X	X	NQX		X	X	X		X		
4	Lewis, L.	N - 8/27								X		X		
	Mitchell, T.	A	A	A	Z - 3/26									W- 3/2
5	Runkle, D.	N - 2/26		X	X	NQX		X	X	E		X		
6	Soto, T.	N-8/27								X		A		
7	Tavares, J.	X	X	A	X	A		X	X	A		A		W-10/13, R-12/14
	Quorum = 5	4	4	4	5	3		4	5	5		5		

System of Care Committee (SOC)

Last Meeting: July 24, 2015

The SOC committee is currently being reformed. Individuals interested in this committee have been encouraged to contact HIVPC staff.

SOC member attendance through December 2015 is reflected in the table below:

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	23	27	27	24	22	26	24						
		C	C				C		C	C	C	C	C	
	Cook, R.	NQA	NQA	Z - 3/9										W-3/3
1	Creary, K.	N - 3/26		X	X	X	NQX	X						
2	Eserman, C.	NQX	NQX	X	X	A	NQX	X						
3	Katz, H.B.	NQX	NQX	X	X	X	NQX	X						
4	Kress, G.	NQX	NQX	X	X	A	NQX	X						
5	Lewis, L.	N - 5/22					NQA	X						
6	Markman, N.	NQX	NQX	X	X	X	NQX	Z						
7	Runkle, D.	N - 3/26		X	X	X	NQA	X						
	Rodriguez, J.	NQA	NQA	X	A	X	NQA	W-3/3, R-7/1						
8	Sabatino, D., *V. Chair*	NQA	NQA	X	X	A	NQX	X						W-3/3, W-6/4
	Schweizer, M., *Chair*	NQX	NQX	X	X	X	NQA	X						
9	Tarver, Y.	N - 5/22					NQA	X						
	Ullah, E.	NQA	NQA	Z - 3/3										W-1/27, R - 3/3
	Quorum = 7	5	5	9	8	6	6	9						

Executive Committee

Last Meeting: November 17, 2015

The December meeting was cancelled due to Grantee recommendation. Recently, the Executive committee has had issues with establishing quorum for meetings.

Executive member attendance through December 2015 is reflected in the table below:

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	6	17	17	21	19	16	14	18	15		17		
			QNA											
1	Fleurinord, P.	N - 5/12					X	X	NQX	NQA	C	X	C	
	Gammell, B, (Ex-Officio)	X	X	X	Z - 4/20									
2	Grant, C.	X	X	X	X	X	X	X	NQX	NQX		X		
3	Katz, H.B.	X	X	X	X	X	X	X	NQX	E		X		
4	Lint, A.	A	X	X	X	A	X	X	NQA	NQX		X		R - 1/15, N - 1/17
5	Reed, Y., *V. Chair*	A	X	X	X	X	X	X	NQX	NQX		E		
	Sabatino, D.	X	X	X	A	X	A	X	NQA	NQA	W-9/10, R-10/6			
	Schweizer, M.	X	X	X	X	X	X	X						Z-
	Siclari, R.	X	X	X	A	A	X	A	NQA	NQX	W - 6/2, W - 7/15, R-9/10, N-11/17			
6	Spencer, W., *Chair*	X	X	X	X	X	X	X	NQA	NQA		X		
7	Taylor-Bennett, C.	X	X	X	X	X	X	A	NQA	NQX		X		W-9/10
8	Tomlinson, K.	X	A	X	X	X	X	X	NQA	NQA		A		
	Wilson, T.	X	A	A	Z - 3/24									
	Quorum = 5	10	10	11	8	8	10	9	5	5		6		

HIV Planning Council (HIVPC)

Last Meeting: December 10, 2015

20 out of 26 HIVPC members were present for the December meeting, which constituted quorum. Two members received warning letters due to attendance requirements this month and one member was removed from the committee, also due to attendance regulations.

HIVPC member attendance through December 2015 is reflected in the table below:

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

20	Runkle, D.	X	X	X	X	X	X		X	X		X	X	
21	Schweizer, M.	X	X	X	X	X	A		X	A		X	E	
22	Siclari, R.	X	X	X	A	A	E		X	X		X	X	W - 6/2
23	Spencer, W., *Chair*	X	A	X	A	X	X		X	X		X	X	
24	Taylor-Bennett, C.	X	X	X	X	X	X		X	X		A	X	
25	Tomlinson, K.	X	X	X	X	X	X		X	X		A	A	W-1/5/16
26	Wilkins, D.	A	X	X	X	A	A		E	X		E	A	W-7/1, R-1/5/16
Z	Wilson, T.	X	X	Z - 3/24										
	Quorum = 14	19	20	20	16	17	16		18	20		18	20	

Ad-Hoc committees are committees established for a limited time or limited and definite purpose, and they meet on an as-needed basis. The HIVPC currently has two active ad-Hoc committees: the ad-Hoc Local Pharmacy Advisory Committee (LPAC) and the ad-Hoc Nominating Committee. The ad-Hoc Nominating Committee reconvened this month to prepare for the next HIVPC Chair and Vice Chair elections whose term will begin in 2016. The ad-Hoc MAI Medical Case Management Committee was disbanded by the HIVPC at the February 2015 meeting. The Exploratory Subcommittee finished its work at the May meeting. The ad-Hoc Food Services committee finished its tasks prior to the June meeting date. Lastly, the Ad-Hoc By Laws Committee completed all parking lot tasks and was disbanded as of the November 2015 HIVPC meeting. The following records reflect attendance through December 2015 for the HIVPC's ad-Hoc committees.

Ad-Hoc Nominating Committee

Last Meeting: November 6, 2015

The ad-Hoc Nominating Committee is an ad-Hoc committee of the Executive committee. The December meeting was cancelled due to Grantee recommendation.

Committee member attendance through December 2015 is reflected in the table below:

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	8										6		
											C		C	
1	Burgess, D	X										X		
2	Creary, K., *Chair*	N - 3/25										X		
3	Robertson, P.	N-9/24										X		
4	Lewis, L.	N-9/24										X		
5	Taylor-Bennett, C.	N-9/24										X		
	Quorum = 4	4										5		

Local Pharmacy Advisory Committee (LPAC)

Last Meeting: April 9, 2015

The ad-Hoc Local Pharmacy Committee is an ad-Hoc committee of the PSRA committee. This committee did not establish quorum prior to the meeting date; therefore, the meeting was cancelled. This committee has had issues obtaining quorum.

Committee member attendance through December 2015 is reflected in the table below:

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:			12	9					8				
									C	CX	C	C	C	
1	Ehren, M.			X	X					NQA				
2	Leverence, S.			X	X					NQA				
3	Maharaj, A.	N-4/9								X				
4	Proulx, D., *Chair*			X	X					X				
5	Sherman, E.			A	X					X				
	Quorum = 4			3	4					3				

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	100%
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	67% In Progress
1.3 Review and approve position descriptions.	Ensure compliance	80%	5/15	7/15	100%
1.4 Announce vacant positions at each MCDC meeting.	Public awareness	100%	Monthly	Monthly	100%
1.5 Conduct a quarterly 'Welcome Brunch' for HIVPC and committee interested parties.	Public involvement	100%	3/15	3/15	50%
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%	2/15	3/15	100%
1.7 Devise and implement at least 3 ways to reward HIVPC members for work.	Eliminate barriers	66%	3/15, 1/16	3/15, 1/16	33%
1.8 Receive training on HIVPC demographics and mandated seats.	Ensure compliance	100%	3/15	3/15	100%
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%	3/15	6/15	100%
2.2 Identify at least 3 community events for possible recruiting.	Active recruiting	66%	2/15	2/15	100%
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	In Progress
Objective 3. Ensure Compliance with Attendance Policy and Removal for Cause Policy					
3.1 Review HIVPC and committee attendance.	Ensure compliance	100%	Monthly	Monthly	100%
3.2 Review Removal for Cause Policy.	Ensure compliance	100%	4/15	4/15	100%
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	100%
4.2 Plan and implement quarterly trainings for HIVPC	Educated HIVPC	75%	3/15	3/15	100%
4.3 Conduct pre- and post-appointment orientations for new members; include education about the 3 guiding ideas.	Educated HIVPC	100%	3/15	3/15	In Progress
Objective 5: Update Work Plan and Policies & Procedures					
5.1 Review at least 3 MCDC accomplishments and challenges.	Improved process	66%	1/15	1/15	In Progress
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	1/15	In Progress
5.3 Review and update Work Plan and Policies & Procedures, including the HIVPC application.	Updated planning documents	100%	2/15	2/15	In Progress

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 - Review & update R&R plan - Welcome Brunch & orientation	- Review HIVPC makeup & attendance - Announce vacant positions - 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 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	- Review HIVPC makeup & attendance - Announce vacant positions - Review HIVPC seat status - Distribute HIVPC membership survey - Devise rewards for HIVPC members

Broward County HIV Health Services Planning Council
Recruitment and Retention Plan

PURPOSE

This Recruitment and Retention Plan is designed to ensure that the Broward County HIV Health Services Planning Council (HIVPC) has strong representation by people living with HIV/AIDS, vulnerable populations throughout our Eligible Metropolitan Area (EMA), experts in the field of HIV/AIDS and HRSA-required categories of representation.

POLICY

This Recruitment and Retention Plan shall be reviewed by the Membership/Council Development Committee (MCDC) on an annual basis. All amendments and/or revisions shall be discussed by the MCDC and approved by the HIVPC.

HRSA-REQUIRED PLANNING COUNCIL MEMBERSHIP CATEGORIES

- At least 33% are People Living with HIV/AIDS (PLWHA) who receive Part A-funded services
- 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

RECRUITMENT

Goal: To ensure the HIVPC is reflective and representative of the Broward HIV/AIDS epidemic and aligned with HRSA membership policies.

Strategy 1 - Involve the HIVPC

- Announce vacant positions at each meeting of the HIVPC
- 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
- Display recruitment and application materials at each meeting of the HIVPC and, if possible, SFAN meetings.
- ~~Each HIVPC committee will be responsible to fill a mandated seat.~~
- Attend regular events, special events and meetings for recruitment purposes
- Ask Planning Council members to inform the HIVPC about their agency's events

Strategy 2 – Involve providers and community partners

- Post HIVPC calendars and event flyers at provider agencies, especially Part A provider agencies
- Supply case managers and outreach networks with recruitment materials, event flyers, and meeting schedules they can share with interested clients
- Ask community partners to post meeting and event notices to their websites and social media pages
- Ask providers and community partners to hang posters, flyers and calendars on agency's walls and websites.
- Develop an HIV Curriculum.

Strategy 3 - Marketing

- Use the HIVPC website to post recruitment messages, materials, and notices about meetings and events
- Advertise meetings and events through HIVPC email blasts, posted materials on the HIVPC website, and advertisements in local community newspapers and magazines
- Set up a table with recruitment materials at community events or meetings in the community
- Develop hard copy recruitment materials, such as flyers, info sheets, and brochures, to be displayed at community meetings and events
- Provide HIVPC members with marketing materials (such as t-shirts and lanyards) to be worn in the community to help publicize the HIVPC
- Provide HIVPC giveaways and recruitment materials at community events to help publicize the HIVPC
- Ask providers to post HIVPC's calendar and information on provider websites.
- Update HIVPC website to include pictures, consumer information, links to FLDOH or Broward Health, member testimonials, "What can HIVPC do for you?" etc.

RETENTION

Goal: Ensure the HIVPC takes all feasible steps to retain members, especially PLWHA

Strategy 1 - Support cultural diversity and diverse members

- Provide written materials in appropriate languages upon request

Strategy 2 – Support HIVPC members

- Make mentoring programs available for members
- Seek feedback from members regarding Council and Committee meetings and eliminate potential barriers to participation
- Ensure meetings are held in locations that are easy to access
- Reimburse PLWHA for travel, child care, and lost wages

Strategy 3 - Reward Planning Council Members for their work

- Pick a 'Member of the Quarter' to be featured on the HIVPC website
- Thank members for service with a certificate of appreciation

ACTIVITIES

Goal: Ensure the HIVPC fills all federally mandated seats

Strategy 1 – Fill a mandated seat

- Each HIVPC committee will be responsible to fill a mandated seat
  - Community Empowerment Committee (CEC):
    - CBO's serving affected populations, and ASOs.
    - Health care providers, including FQHCs
  - Membership/Council Development Committee (MCDC):
    - Social service providers
    - Mental Health Provider
    - Substance Abuse Provider
  - Needs Assessment/Evaluation Committee (NAE):
    - State Medical agency
    - Local Public Health Agency
  - Quality Management Committee (QMC):
    - State Government Administering Ryan White Part B
    - Part C Grantee
  - Priority Setting Resource Allocation Committee (PSRA):
    - Formerly Incarcerated PLWHA or their representative
    - Part F Grantee
  - System of Care Committee (SOC):
    - Hospital Planning or other Healthcare Planning Agency
    - Prevention
    - Veteran's Health Administration (VA)

HANDOUT F2

DRAFT - Broward County HIV Health Services Planning Council FY2016-17 **Membership/Council Development Committee** Work Plan

Objective 1. Recruitment Involving the HIVPC	Outcome	Annual Target	Start	Due	Progress
1.1 Announce vacant positions at each meeting of HIVPC	Public awareness				
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.	Active recruiting				
1.3 Display recruitment and application materials at each meeting of HIVPC and, if possible, SFAN meetings.	Active recruiting				
1.4 Attend regular events, special events and meetings for recruitment purposes.	Active recruiting				
1.5 Ask Planning Council members to inform HIVPC about their agency's events.	Public involvement				
Objective 2: Recruitment Involving Providers and Community Partners					
2.1 Post HIVPC calendars and event flyers at provider agencies, especially Part A provider agencies.	Public awareness				
2.2 Supply case managers and outreach networks with recruitment materials, event flyers, and meeting schedules they can share with interested clients.	Active recruiting Public involvement				
2.3 Ask community partners to post meeting and event notices to their websites and social media pages	Public Involvement/ Awareness				
2.4 Ask providers and community partners to hang posters, flyers and calendars on agency's walls and websites.	Public Involvement/ Awareness				
2.5 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				
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				
3.3 Set up a table with recruitment materials at community events or meetings in the community	Active Recruiting				
3.4 Develop hard copy recruitment materials, such as flyers, info sheets, and brochures to be displayed at community meetings and events.	Active Recruiting				
3.5 Provide HIVPC giveaways and recruitment materials at community events to help publicized the HIVPC	Active Recruiting				
3.6 Ask providers to post HIVPC's calendar and information on provider websites.	Public Awareness				

3.7 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				
Objective 4. Retention Through Diversity, Support and Rewards					
4.1 Provide written materials and appropriate languages upon request.	Eliminate Barriers				
4.2 Make mentoring programs available for members	Educated HIVPC				
4.3 Seek feedback from members regarding Council and Committee meetings and eliminate potential barriers to participation	Eliminate Barriers				
4.4 Ensure meetings are held in locations that are easy to access	Eliminate Barriers				
4.5 Reimburse PLWHA for travel, child care and lost wages	Eliminate Barriers				

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
  - Mentorship Program
  - Member Recognition Program
- New Committee/HIVPC Membership:
  - Increased MCDC membership by 2 members
  - Filling 67% of HIVPC mandated seats. Projected 80% of HIVPC mandated seats filled by end of Fiscal Year.
  - Broward's HIVPC exceeds HRSA's 33% unaffiliated consumer mandate; 42% of HIVPC membership are unaffiliated consumers.

Challenges

- Community Events Participation
- Marketing Materials/Strategies
- Welcome Brunch Planning and Participation

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.

Committee Recommendations for 2016:

1. _____
2. _____
3. _____

HANDOUT H

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Policies and Procedure

Approved 11/19/15

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 Board of County Commissioners. The Committee shall ensure that Council and committee members are knowledgeable about their duties, the functions of the Council, and the Council's role in the organization and delivery of HIV/AIDS health and support services. The Committee shall institute orientation and training programs for new and incumbent members. Orientations will be 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 shall be consistent with those defined in the Act. No 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 or be removed 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 MCDC Policies and Procedure. The Council may recommend the reappointment of members whose absences were caused by extenuating circumstances.

REMOVAL PROCESS

A. Removal for Attendance

Members or alternates who fail to comply with the Planning Council Attendance Policy will be automatically removed from the Planning Council. The Membership/Council Development Committee will report removals to the Executive Committee. Removals due to Attendance Policy violations will be reported to the Planning Council in the Executive Committee Report.

B. Removal for Cause

1. All recommendations for removal of a Member for cause must be documented as follows and submitted to the Membership/Council Development Committee:
    a. Name(s) of Council or Committee Member(s) recommending the removal (required).
    b. Name of Council Member or alternate recommended for removal.
    c. Written description of the action(s) prompting the request.
    d. Date(s) and location(s) where the action(s) took place.
    e. Signature(s) and date of submission of Council or Committee Member(s) recommending the removal.
    f. Written notice of recommendation for removal must be given to a member or alternate.
2. The Membership/Council Development Committee will review the status of current members and alternates and recommend removal from the Council by the Board of County Commissioners if the member or alternate:
    a. Refuses to cooperate in a conflict of interest review;
    b. Has been found to have knowingly taken action(s) intended to influence the conduct of the Council in a manner as defined in the By-Laws as a conflict of interest; or
    c. For violation of the Broward County HIV Health Services Meeting Ground Rules

d. Any violation of the By-Laws
e. Violation of Sunshine Law or Code of Ethics
f. Does not attend a post-appointment training within 3 months of appointment to the Planning Council by the Broward County Board of County Commissioners.

3. The Membership/Council Development Committee will:
   a. Review all such requests for removal from the Council at its regular Committee meeting, unless the Chair of the Council or the Chair of the Committee requests that a special meeting be convened.
   b. If Committee determines a complaint has merit, the Committee will proceed with the investigation to be completed within sixty (60) days from date of merit determination. The Member being recommended for removal will be notified by certified mail once the complaint is determined to have merit.
   c. The Membership/Council Development Committee will investigate and may call witnesses, which should include the Member being recommended for removal, to ensure that all pertinent information is considered. The Member being recommended for removal may also call witnesses or bring written documentation to address the allegations.
   d. Following consideration of all the information available to the Committee, a majority vote of the Committee will make recommendations to the Executive Committee for appropriate action.
   e. Final disposition must be reported to the Executive Committee, the Member filing the complaint and the Member being recommended for removal. In addition, the final disposition will be reported in the Executive Committee Report on the Planning Council Agenda.

C. Removal Recommendation

The final decision to remove a Member must be ratified by the Planning Council. Once ratified, the Planning Council will forward all recommendations for removal to the Board of County Commissioners.

REINSTATEMENT POLICY

A. Any member may elect to resign for personal reasons, and have the right to re-apply for reinstatement at any time. Any member seeking reinstatement after resignation shall:
   a. If seeking reinstatement less than 90 days after resignation or removal, submit a letter to the MCDC, which will be forwarded to the Executive Committee, which will be forwarded to the HIVPC for approval.
   b. If seeking reinstatement more than 90 days after resignation or removal, shall submit a new application and follow the same process as new members.
   c. The letter requesting reinstatement must be submitted to the Chair and/or Vice Chair of the MCDC.
B. A member may only be reinstated once within a 12-month period. A member who is reinstated and subsequently removed may not reapply for reinstatement for the 12-month period following a second removal.

Procedures

Membership:

Open, well publicized recruitment activities 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 MCDC Chair is responsible for offering to visit, specifically, case management agencies in efforts to encourage the recruitment of consumers for potential Council membership. While conducting recruitment, members should encourage interested parties to join committees or the HIVPC, and may discuss the roles, purpose, and benefits of serving on the HIVPC or its committees. Members may not, however, offer an official opinion or statement of the HIVPC, or speak on behalf of the HIVPC.

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 any three HIVPC Standing Committee meetings within a 120 day period, and attend a membership orientation prior to being considered for appointment to the Planning Council (Approved 11/19/15). 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.

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);

MCDC and 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 MCDC (Approved 2/20/14).

Post-appointment training will occur quarterly for new members and other interested parties. New appointees will be offered the guidance of a mentor. The Membership Committee will conduct mentoring training for Council members (Approved 11/19/19).

Alternates:
Interested parties will be made Alternate Planning Council members when the following occurs:

- Member does not meet any of the requirements for any vacant mandated seat.
- Planning Council demographics are overrepresented of PLWHAs

Alternates will be acknowledged for their commitment when attending Planning Council meetings.

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

HIV Planning Council Members – Service Descriptions

(Approved by HIV Planning Council 11/19/15)

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 (Approved 11/19/15)

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. Commit to actively participate in recruitment for HIVPC and Committees.
5. Regularly participate in ongoing education and training provided by the Council.
6. Be willing to participate in discussions mindful of the needs of the EMA, as opposed to an interest group or category of representation.
7. Be willing and able to contribute professional and personal expertise to further the work of the Council.

8. 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.

*

MCDC Mentoring Program
(Approved 11/19/15 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 Council processes and interaction. Mentoring also ensures that the new member understands the background and context of discussions and actions, and gets an explanation of the many acronyms used in meetings.

A letter introducing the Mentoring Program will be sent to new Council members, and prospective mentees will be given the opportunity to sign up for a mentor at their Post Appointment Training. Council members who have volunteered their time to be Mentors will be assigned by the MCDC Chair. 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 (Approved 11/19/15).

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 Buddy System 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 buddy system.

Committee members who have volunteered their time to be a Buddy will be assigned by the Committee Chair. The MCDC Chair will notify Committee Chairs of interested parties that would like to be assigned a Buddy. The assigned Buddy should be a Committee member and may also be a Planning Council member.

The interested party should, when possible, sit near his/her Buddy during meetings. This will allow the Buddy to easily answer any questions the interested party might have.

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

1. Review of Committee Descriptions
2. Reminders of Meetings and Events
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 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.

Buddies **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 Buddy/Interested Party evaluation at the conclusion of the coaching period (conclusion will be upon mutual agreement between the coach and the interested party).

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

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