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: March 10, 2016, 9:30-11:30 a.m.
Location: A335
Chair: H.B. Katz **Vice Chair:** Vacant

1. **CALL TO ORDER:** *Welcome, Ground Rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 3/10/16 Agenda and 2/11/16 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Review HIVPC & Committee Demographics (WP Item 1.1) (Handouts A)
      ACTION ITEM: Review demographics and identify populations that are over or under represented. Determine at least one strategy to correct over or under representation.
      ACTION ITEM: Discuss Race/Ethnicity category in PC Roster
   b. Review HIVPC Vacancies (WP Item 1.4) (Handout B)
      ACTION ITEM: Review vacancies and identify open seats.
   c. Current Applicants, Interested Parties, and Appointments (WP Item 1.2) (Handout C)
      ACTION ITEM: Review list of applicants and identify applicants who can become HIVPC members or alternates. Approve members and alternates. Update on January appointment status.
   d. Review Attendance (WP Item 3.1) (Handout D)
      ACTION ITEM: Review attendance for HIVPC and committee members. Identify members who should receive warning or removal letters.
4. **EMERGING ISSUES**
5. **UNFINISHED BUSINESS**
   a. Review updated Recruitment and Retention Plan Work Plan (Handout E)
   b. Welcome Brunch Update
6. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
Marketing Materials	ACTION ITEM: Discuss next steps in development of HIVPC marketing materials
Update MCDC Policies and Procedures (Handout F)	ACTION ITEM: Update Membership Categories to include HRSA's definition of a Local Public Health representative
Seat Definitions	ACTION ITEM: Review and revise Seat Definitions
By-Laws Recommendations	ACTION ITEM: Add recommendations to By-Laws Parking Lot

7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE:** April 14, 2016 **VENUE:** A-335

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

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

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
• Linkage to Care • Retention in Care • Viral Load Suppression •

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Meeting Agenda: Membership/Council Development Committee
Date/Time: Thursday, February 11, 2016 9:30 a.m.
Location: Governmental Center Room GC-301
Chair: H.B. Katz **Vice-Chair:** Vacant

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Burgess, D.	**X**			Dennis, B.
2	Foster, V.	**X**			
3	Gutierrez, H.		A		**Grantee Staff**
4	Huggins, L.	**X**			Jones, L.
5	Katz, H.B., *Chair*	**X**			Degraffenreidt, S.
6	Runkle, D.	**X**			
7	Schweizer, M.	**X**			**HIVPC Staff**
8	Shamer, D.	**X**			Ewart. L
					Johnson, B.
	Quorum = 5	**7**			

1. CALL TO ORDER

The Chair called the meeting to order at 9:30 a.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, Grantee staff and HIVPC staff self-introductions were made. A moment of silence was also recognized.

2. APPROVALS

Motion #1: To approve today's meeting agenda
Proposed by: Runkle, D. **Seconded by:** Burgess, D.
Action: Passed Unanimously

Motion #2: To approve the 1/21/16 minutes
Proposed by: Runkle, D. **Seconded by:** Foster, V.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a. Review HIVPC Demographics (WP Item 1.1, Handout A): The group reviewed the standing committee and HIVPC member demographics. The PC Manager explained that there has not been much change in membership since the committee last reviewed the demographic at the end of January. The HIVPC reflectiveness shows underrepresentation in both males and whites. The current vacant seats are: Affected Communities co-infected with either Hepatitis B or C, member of a federally recognized Indian Tribe, Local Public Health Agency, and representative from the Veterans Administration (VA).

b. Review HIVPC Vacancies (WP Item 1.4) and Current Applicants, Interested Parties, and Appointments (Handouts B-C): Handout B listed the vacant mandated seats. The group discussed how a new member recently voted to the Local Public Health seat will be reappointed to a Community

Based Organization seat. The change comes based on clarification on the definition of the Local Public Health Agency seat as given by the Health Resources and Services Administration (HRSA) Project Officer. The HRSA Officer clarified that the seat should belong to an employee from a local or state public health agency, and that she does not see a representative of a non-profit as someone qualified to represent the scope of the job. A member agreed that the committee must follow the definition of the seat as outlined by HRSA, but personally believes that public health has a large scope with many aspects. The Grantee suggested that someone from the Department of Health's (DOH) Hepatitis C Program may be a good fit because it will give an alternate perspective that the HIVPC may not always hear. The group agreed that they would reach out to the DOH to identify individuals who provide services to clients with communicable diseases or some other aspect of the department besides HIV. Another member stated that someone who is involved in an outreach capacity that has a more flexible schedule and is also in touch with the community might be ideal for the position. PC Staff and the Grantee with reach out to the DOH for candidates.

Motion #3: To approve Fernando de Hoyos to the HIVPC in a CBO seat **Proposed by:** Schweizer, M. **Seconded by:** Runkle, D **Action:** Passed with 1 opposition

The PC Manger told the committee that another newly appointment member will be resigning from the committee as his new employment is in conflict with the Planning Council.

The members review the current active applicants. Bessie Dennis will need a pre appointment orientation in order to qualify for membership, Devon Bacon has approached his 120 day limit since his application. A member reminded the committee that demographics must be taken into account and considered when looking at HIVPC new membership.

c. Review Attendance (WP Item 3.1) (Handout D): The PC manager reviewed the January attendance report; PC Staff has sent out warning letters to committee 2 members: one from MCDC, and one from the Community Empowerment Committee (CEC).

4. UNFINISHED BUSINESS

a. Review updated Recruitment and Retention Plans (Handout E): The committee members reviewed the updated Recruitment & Retention Work Plan, including the changes suggested by the members and made by Staff. The PC Manager noted that many of these items are ongoing, involve active recruitment by the members, and collaboration with various community partners. A member asked how much money is allocated in the grant for marketing or outreach, and the Grantee stated if the funds are for PC activities then the budget is included within the BRHPC budget, and would be agreed upon between the Grantee, sub-Grantee (BRHPC) and Council. The Chair and Grantee agreed that the logo and other graphics should be redesigned; the designs should be developed by a contracted professional and must be approved by the County. The members discussed the pros and cons of professional designs versus using local artists. The PC Manager stated that the reason the committee wanted to reach out to schools was to build a relationship with the schools to provide AIDS outreach through art. The Grantee understood the community engagement aspect, but did not think that the timeframe and brochure development would be suitable based on the committee's completion goal and the school board's schedule; he suggested working with CEC to do an art event/community forum instead to involve students and the community at a later date. A member agreed with moving the materials along to a professional, and the Grantee will speak to BRHPC and will look into procuring marketing services for a brochure, poster, and palm card. The PC Manager will contact potential marketing companies for material design to discuss the purpose of the project and request a meeting. A member spoke about social media and how to link the BRHPC and HIVPC website to social media outlets in

order to reach a younger generation. He believed in having the committee and Council members take the responsibility in directing community members to webpages and other social media outlets which will connect them to other Ryan White programs and the HIVPC. The Grantee reminded the members that they are limited in their social media scope by the County, and have specific parameters to work within. The Grantee reminded the committee that people who have recently applied for membership were due to personal referrals, not a handout or brochure. A guest spoke about her experiences in the community, and her belief in the positive effects of proactive outreach, social media and personal engagement. The Grantee asked about R&R WP Item 2.3, the HIV Curriculum, and how that is related to recruitment and retention. A member agreed that HIV Curriculum development was not in the scope of the MCDC, but to consider it as a work plan item for the CEC. The Grantee stated that education on the HIV planning processes (Prevention, Ryan White parts, etc.), is important because many HIVPC members are voting on aspects and functions of things they may not fully understand. The members discussed ways to further refine the R&R Work Plan. Staff will make further edits to the Plan and bring it back to the committee for review.

b. Updated 2015 MCDC Activities: The Year in Review was updated to add more MCDC efforts in 2015 and the outcomes associated with each.

5. MEETING ACTIVITIES/NEW BUSINESS

a. Welcome Brunch: The PC Staff has reached out to MODCO, the Pride Center's LIFE Program, and Broward Health for potential support groups that the MCDC members can visit for recruitment purposes. Broward Health is interested in letting the members host a group on May 26, 2016. Staff is waiting for responses from the other agencies and will continue to contact potential groups.

b. Orientation: The committee has approved the new member Post-Appointment Orientation. Staff will reach out to all new members appointed after September 2015 for a mandatory Orientation sometime in April.

c. Mentor Program: The committee members reviewed the current mentor/mentees assignments. Dr. Schweizer has volunteered to mentor Lorenzo Robertson from the Pride Center, and Brad Gammell will mentor Justin Bell from Part B.

d. Member Recognition Program: The committee members looked at scoring criteria for the Member Recognition Program, discussed the addition of recruitment information to both the HIVPC and Committee Applications.

> **Motion #4:** To approve the proposed changes to the HIVPC and Committee Applications as well as the scoring criteria for the Member Recognition Program
> **Proposed by:** Runkle, D. **Seconded by:** Schweizer, M.
> **Action:** Passed Unanimously

e. Committee Membership Criteria: The members discussed the need to develop membership criteria for all of the standing committees, outlining the need for informed applicants and active participants. They recognized the need for each committee to develop their own criteria based on the scope of their work. The PC Manager told the group that the Needs Assessment Committee is also looking at developing a recruitment letter. She recommended that a proposed criteria to be brought up to the Executive Committee.

> **Motion #5:** To appoint Bessie Dennis to the HIVPC in an Affected Communities seat
> **Proposed by:** Schweizer, M. **Seconded by:** Runkle, D.
> **Action:** Passed Unanimously

6. PUBLIC COMMENT

None.

7. AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE: March 10, 2016 VENUE: TBD

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

8. ANNOUNCEMENTS

None.

9. ADJOURNMENT

Without objection the meeting adjourned at 11:13 a.m.

MEMBERSHIP/COUNCIL DEVELOPMENT - ATTENDANCE CY 2016

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	21	11											
1		0	**1**	Burgess, D	E	X											
		0	**2**	Foster, V.	X	X											
		2	**3**	Gutierrez, H.	A	A											
1			**4**	Huggins, L.	X	X											
1		0	**5**	Katz, H.B., *Chair*	X	X											
1		0	**6**	Runkle, D.	X	X											
			7	Schweizer, M.	X	X											
1			**8**	Shamer, D.	N 1/21	X											
				Quorum = 5	5	7											

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - removed

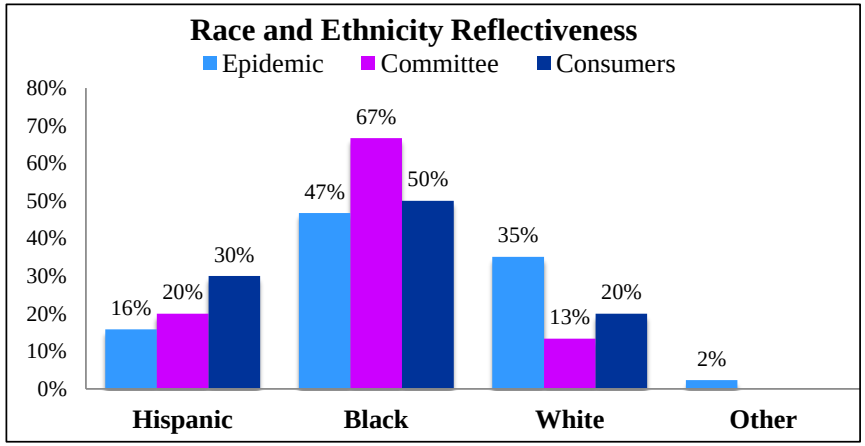
C - cancelled

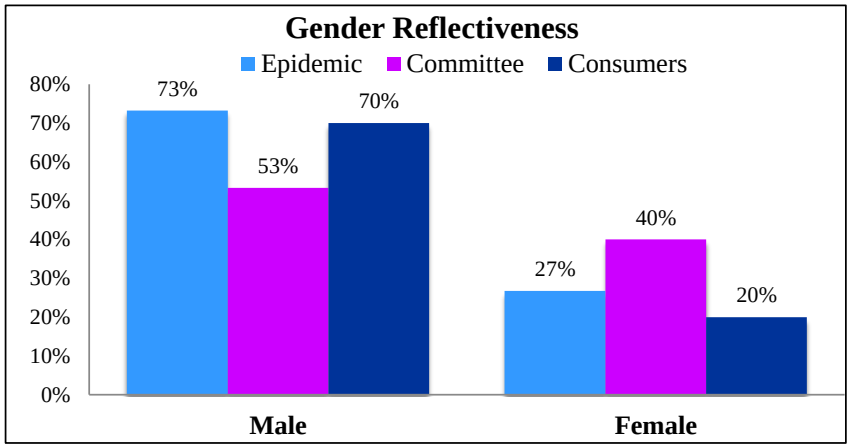
W - warning letter

R - removal letter

HANDOUT A

Community Empowerment Committee (CEC) Reflectiveness Report
Through February 2016



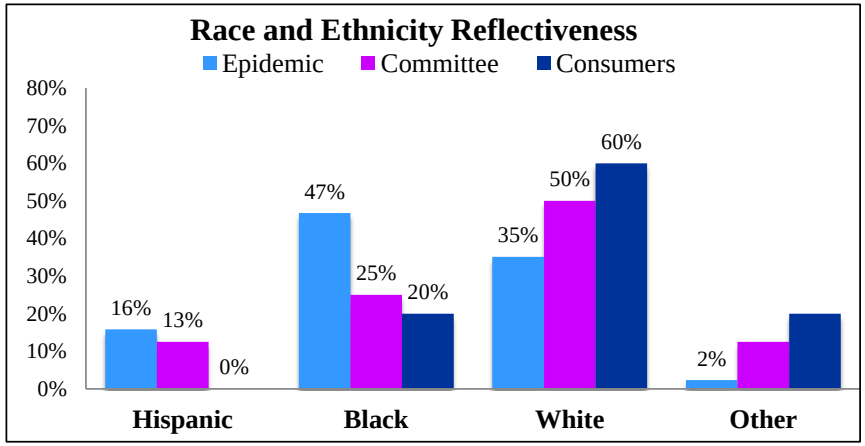


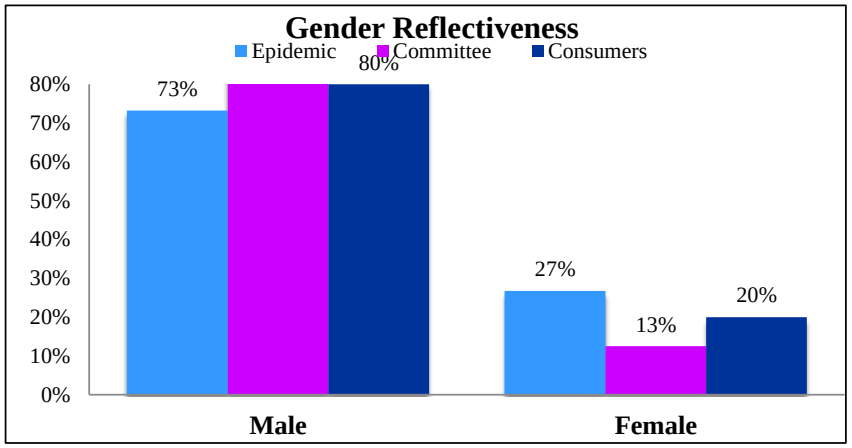
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	8	53%	7	70%	-20%
Female	5,187	27%	6	40%	2	20%	13%
Transgender	-	-	1	7%	1	10%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	3	20%	3	30%	4%
Black	9,063	47%	10	67%	5	50%	20%
White	6,811	35%	2	13%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

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

HANDOUT A

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



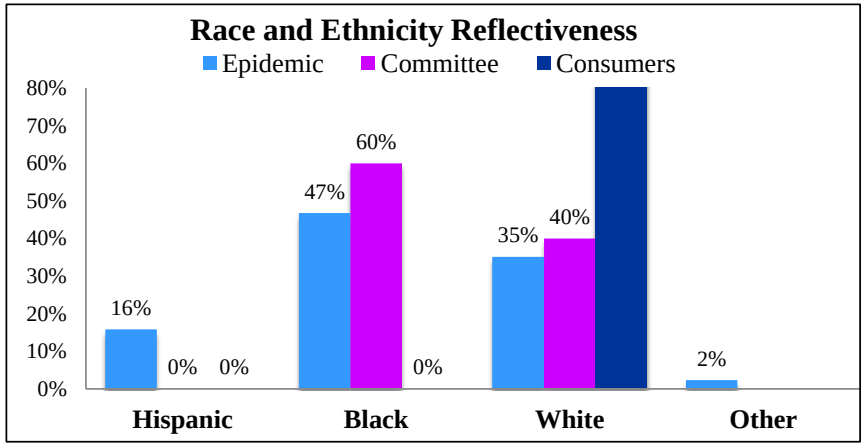


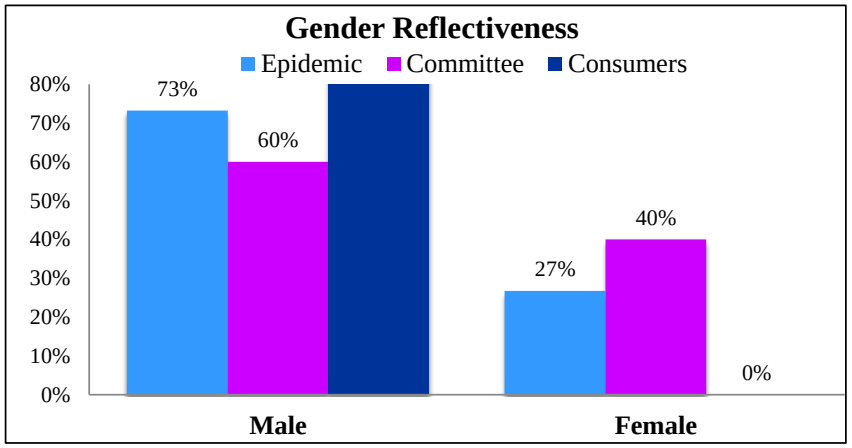
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	7	88%	4	80%	**14%**
Female	5,187	27%	1	13%	1	20%	**-14%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	1	13%	0	0%	**-3%**
Black	9,063	47%	2	25%	1	20%	**-22%**
White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

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

HANDOUT A

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



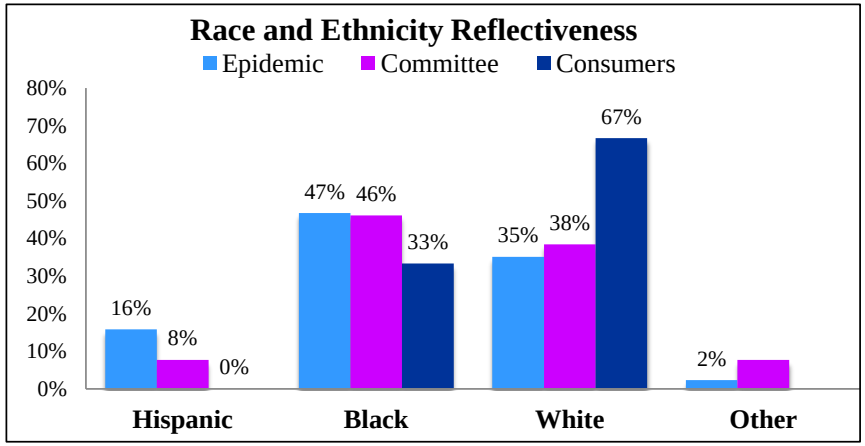


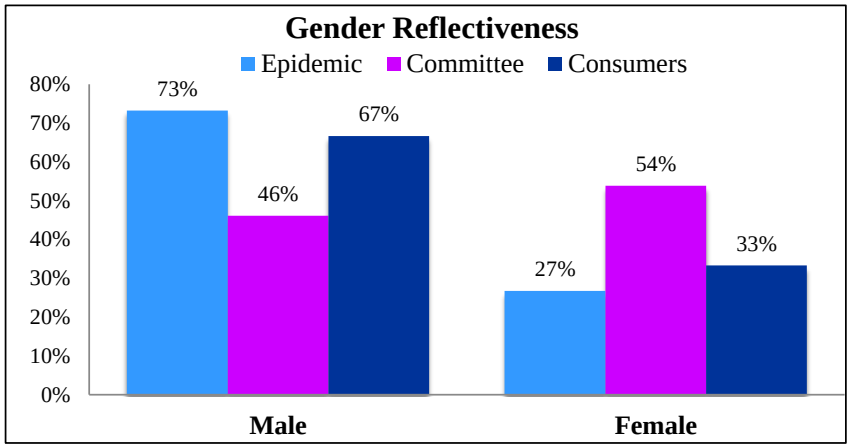
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	3	60%	1	100%	-13%
Female	5,187	27%	2	40%	0	0%	13%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	0	0%	0	0%	-16%
Black	9,063	47%	3	60%	0	0%	13%
White	6,811	35%	2	40%	1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

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

HANDOUT A

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



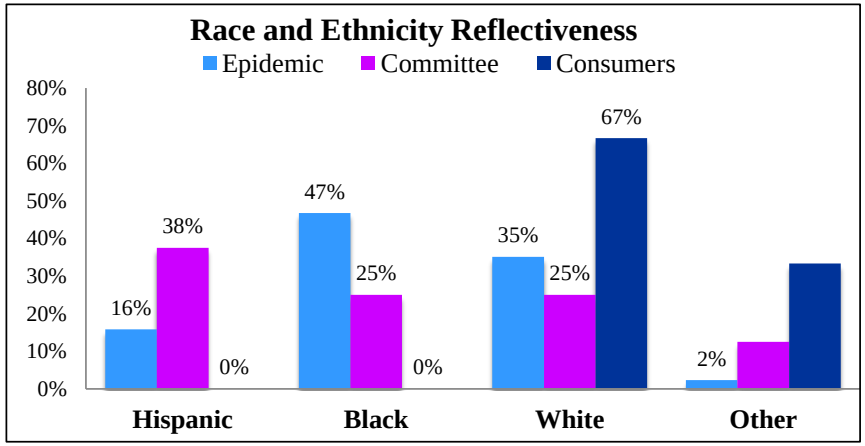


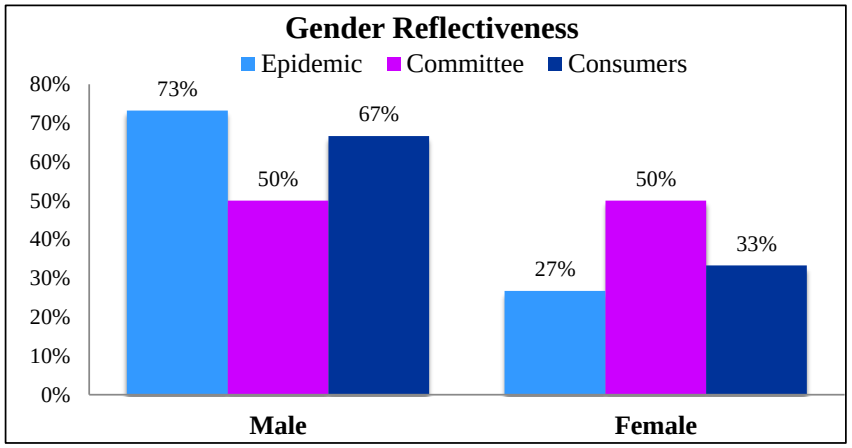
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	6	46%	2	67%	-27%
Female	5,187	27%	7	54%	1	33%	27%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	1	8%	0	0%	-8%
Black	9,063	47%	6	46%	1	33%	-1%
White	6,811	35%	5	38%	2	67%	3%
Other	449	2%	1	8%	0	0%	5%
Total	19,391		13		3		

Current Members	13
% of Members That Are Unaffiliated Consumers	23%

HANDOUT A

Quality Management Committee (QMC) Reflectiveness Report
Through February 2016



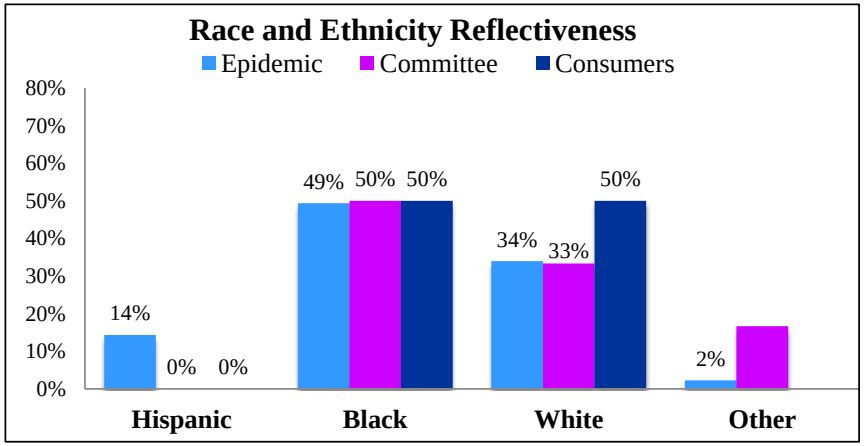


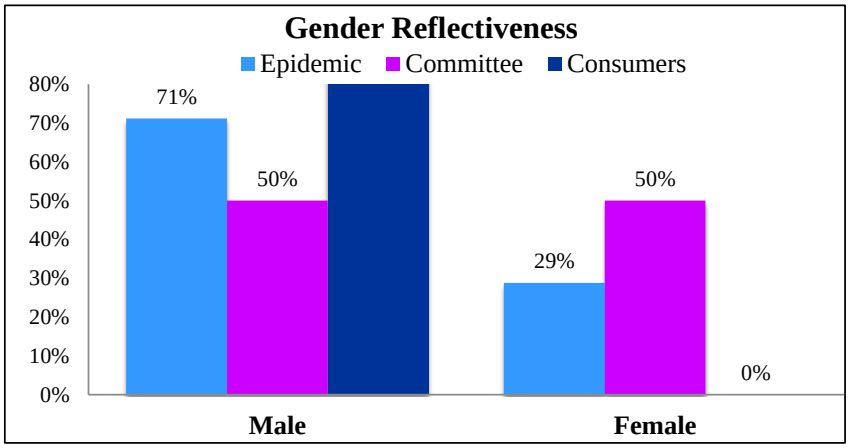
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	4	50%	2	67%	-23%
Female	5,187	27%	4	50%	1	33%	23%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	3	38%	0	0%	22%
Black	9,063	47%	2	25%	0	0%	-22%
White	6,811	35%	2	25%	2	67%	-10%
Other	449	2%	1	13%	1	33%	10%
Total	19,391		8		3		

Current Members	8
% of Members That Are Unaffiliated Consumers	38%

HANDOUT A

System of Care (SOC) Committee Reflectiveness Report
Through February 2016



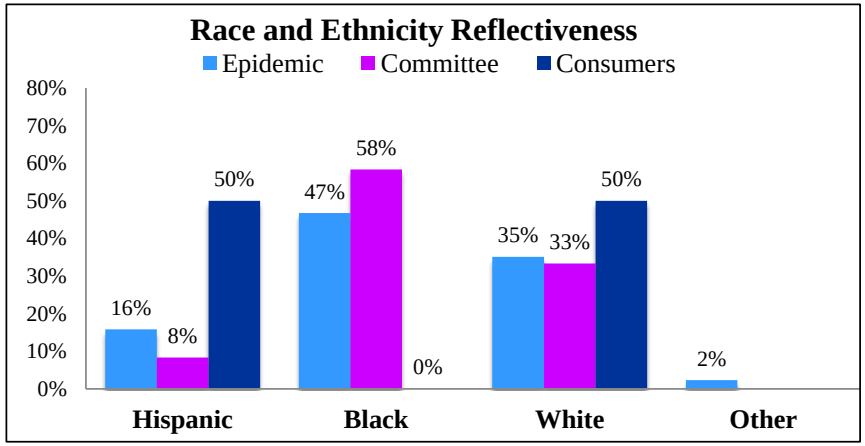


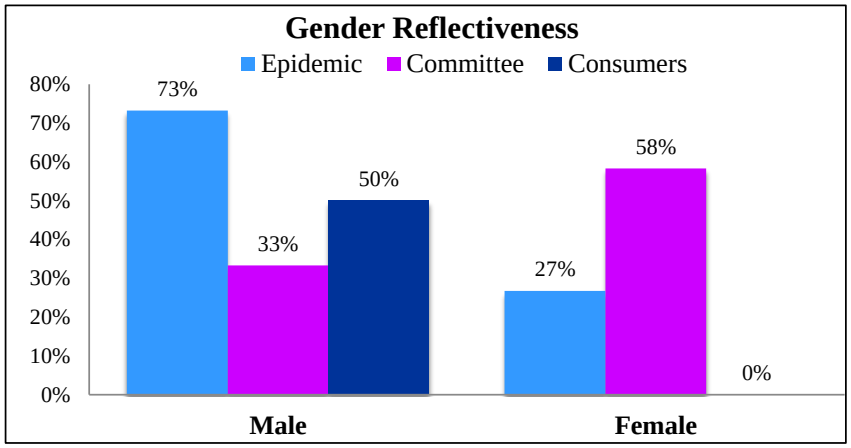
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	3	50%	2	100%	-21%
Female	4,973	29%	3	50%	0	0%	21%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	0	0%	0	0%	-14%
Black	8,521	49%	3	50%	1	50%	1%
White	5,856	34%	2	33%	1	50%	-1%
Other	395	2%	1	17%	0	0%	14%
Total	**17,248**		**6**		**2**		

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

HANDOUT A

Executive Committee Reflectiveness Report
Through February 2016



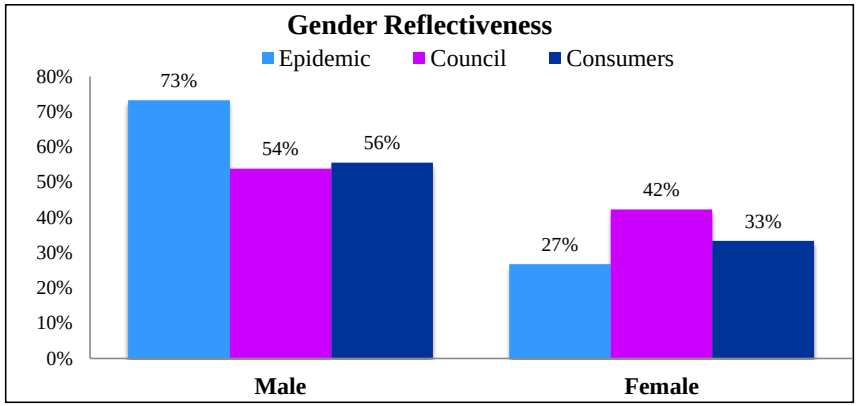


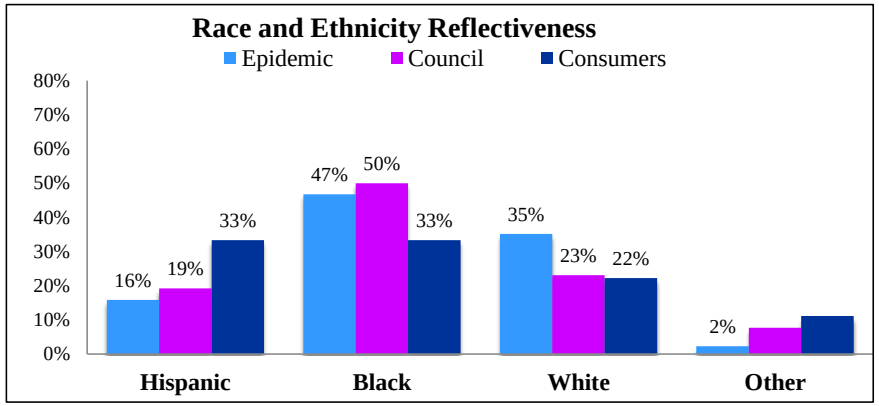
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	4	33%	1	50%	-40%
Female	5,187	27%	7	58%	0	0%	32%
Transgender	-	-	1	8%	1	50%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	1	8%	1	50%	-7%
Black	9,063	47%	7	58%	0	0%	12%
White	6,811	35%	4	33%	1	50%	-2%
Other	449	2%	0	0%	0	0%	-2%
Total	19,391		12		2		

Current Members	12
% of Members That Are Unaffiliated Consumers	17%

HANDOUT A

HIV Planning Council Membership Report
Through February 2016





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

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

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

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

% Part A-Funded Providers	*23%*

VACANT FEDERALLY MANDATED SEATS

HANDOUT B

Vacant Seats	Interested Party Identified	Application Submitted	Committee	Application Progress	Recommendations	Vacant Since
1. Grantees of other Federal HIV programs - VA	No interested party identified					Continuously Vacant
2. Individual co-infected with Hep B or Hep C	No interested party identified					2/1/2016
3. Local Public Health Agencies	No interested party identified					11/1/2012
4. PLWHA Recently Released From Jail or Their Representative	Yusi Arencibia	2/17/2016	MCDC, QMC, SOC	In Progress		Continuously
5. Federally Recognized Indian Tribe members	No interested party identified					Continuously

Active HIVPC Applicants

HANDOUT C

Name	Consumer	W	B	H	O	F	M	T	Agency	Date Applied	Orientation	Committee	Date 1	Date 2	Date 3	Seat Recommendation	Outcome
Dennis, B.			1			1			Broward Health	9/24/2015	Yes	CEC, QMC, SOC	9/21/15 QMC, 9/24/15 HIVPC	1/25/16 QMC	2/11/16 MCDC	Non-Elected Community Leader	Qualified
King, J.				1			1		AHF	1/21/2016	No	PSRA, NAE				ASO/CBO	In Progress
Hatchett, P.	1		1				1			2/1/2016	No	QMC, SOC	2/2/16 CEC	2/17/16 PSRA	2/22/16 QMC	Affected Communities; Alternate	In Progress
Arecibia, Y.				1		1			BSO	2/17/2016	No	MCDC, SOC, QMC				Representative of PLWHA Recently Released from Jail	In Progress
Valverde, V.				1		1			Memorial	2/23/2016	No	CEC, MCDC, PSRA				ASO/CBO	In Progress

HANDOUT D

HIVPC All Committee Attendance Report

Community Empowerment Committee

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	5	2											
1		0	**1**	Bhrangger, R.	X	X											
1	1	0	**2**	Burgess, D.	X	X											
	1	0	**3**	Creary, K.	X	X											
		1	**4**	Culpepper, K.	X	A											
		1	**5**	Fleurinord, P., *V. Chair*	X	X											
		0	**6**	Franks, H.	X	X											
1		0	**7**	Katz, H.B.	X	X											
		0	**8**	Lewis, L.	X	Z-2/1											
1		0	**9**	Lint, A., *Chair*	X	X											
1		0	**10**	Marcoviche, W.	X	X											
		2	**11**	Myers, L.	A	A											W- 3/7
1		2	**12**	Parker, P.	A	A											W- 3/7
	1	0	**13**	Robertson, P.	X	E											
1		0	**14**	Runkle, D.	E	X											
	1	1	**15**	Wilkins, D.	A	E											
				Quorum = 9	11	9											

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - resigned

C - cancelled

W - warning letter

R - removal letter

HANDOUT D

Membership/Council Development Committee

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	21	11											
1		0	**1**	Burgess, D	E	X											
		0	**2**	Foster, V.	X	X											
		2	**3**	Gutierrez, H.	A	A											W- 3/7
1			**4**	Huggins, L.	X	X											
1		0	**5**	Katz, H.B., *Chair*	X	X											
1		0	**6**	Runkle, D.	X	X											
			7	Schweizer, M.	X	X											
1			**8**	Shamer, D.	N 1/21	X											
				Quorum = 5	5	7											

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - removed

C - cancelled

W - warning letter

R - removal letter

HANDOUT D

Needs Assessment/Evaluation Committee

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	11-CX	8											
1		0	**1**	Katz, H. B.	NQX	E											
		0	**2**	Moragne, T.	NQX	X											
		0	**3**	Little, S.	NQX	X											
		1	**4**	Shirley, J.	NQA	X											
		1	**5**	Tomlinson, K., *Chair*	NQA	X											
				Quorum = 4		4											

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - removed

C - cancelled

W - warning letter

R - removal letter

HANDOUT D

Priority Setting and Resource Allocation Committee

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

Legend:
X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

HANDOUT D

Quality Management Committee

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	25	22											
		1	**1**	Earp, A.	A	X											
		0	**2**	Grant, C., *Chair*	X	X											
1		0	**3**	Katz, H.B.	X	X											
				Lewis, L.	X	Z-2/1											
1		0	**4**	Runkle, D.	X	X											
			5	Soto, T.	A	X											
				Quorum = 4	4	5											

Legend:
X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

HANDOUT D

System of Care Committee

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:		23											
						C											
	1	0	**1**	Creary, K.	N-1/23	NQA											
		1	**2**	Hayes, M. *Chair*		NQX											
1	1	0	**3**	Katz, H.B.	N- 2/25												
		1	**4**	Kress, G.	N-1/23	E											
		0	**6**	Lopes, R.	N-1/23	NQX											
1	1	0	**7**	Robertson, P.	N-1/23	NQX											
				Quorum = 5													

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - removed

C - cancelled

W - warning letter

R - removal letter

HANDOUT D

Executive Committee

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:		CX											
		1	**1**	Fleurinord, P.	A												
1		0		Gammell, B, (Ex-Officio)	X												
		0	**2**	Grant, C.	X												
1		0	**3**	Katz, H.B.	X												
1		1	**4**	Lint, A.	A												
1		1	**5**	Reed, Y., *V. Chair*	A												
		0	**6**	Siclari, R.	X												
	1	0	**7**	Spencer, W., *Chair*	X												
		0	**8**	Taylor-Bennett, C.	X												
		0	**9**	Tomlinson, K.	X												
		0	**10**	**Quorum (Chair)= 5**	7												

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - removed

C - cancelled

W - warning letter

R - removal letter

QNA - quorum not achieved for entire mtg

HANDOUT D

HIV Planning Council

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	28	25											
			1	Bell, J.	X	X											
1		0	**2**	Bhrangger, R.	X	X											
	1	0	**3**	Burgess, D.	X	X											
	1	0	**4**	Creary, K.	X	X											
		0	**5**	DeSantis, M.	X	X											
1		0	**6**	Gammell, B.	X	X											
		0	**7**	Grant C.	X	X											
		2	**8**	Guttierrez, H.	A	A											W- 3/7
		0	**9**	Hayes, M.	X	X											
		1	**A**	Holness, D. V.C. (Comm)	A	X											
		0	**10**	Huggins, L.M.	X	X											
1		0	**11**	Katz, H.B.	X	X											
1		0	**12**	Lewis, L.	X	Z-2/1/16											
1		0	**13**	Lint, A.	X	X											
		0	**14**	Lopes, R.	X	X											
1		0	**15**	Marcoviche, W.	X	X											
		0	**16**	Moragne, T.	X	X											
		1	**17**	Myers-Culpepper, K.	A	A											W- 3/7
1		1	**18**	Parker, P.	A	E											
		1	**19**	Proulx, D.	X	A											
1		0	**20**	Reed, Y., *V. Chair*	X	X											
		0	**21**	Robertson, L.	X	X											
	1	0	**Alt**	Robertson, P. (Alt 1)	X	X											
1		0	**22**	Runkle, D.	X	X											
		0	**23**	Schweizer, M.	X	X											
		0	**24**	Siclari, R.	X	X											
	1	0	**25**	Spencer, W., *Chair*	X	X											
		1	**26**	Taylor-Bennett, C.	X	A											
		1	**27**	Tomlinson, K.	X	A											
				Quorum = 14	24	22											

A - absent

HANDOUT E

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

Objective 1. Recruitment Involving the MCDC Members	Outcome	Annual Target	Start	Due	Responsible Parties
1.1 Announce vacant positions at each meeting of HIVPC (WP Item 1.3)	Public awareness	100%	Monthly	Monthly	MCDC Chair
1.2 Ask HIVPC and committee members (especially MCDC and Community Empowerment Committee (CEC) members) to reach out to potential interested parties and encourage them to participate.	Committee collaboration/ community involvement	100%	Ongoing	Ongoing	MCDC; CEC; HIVPC
1.3 Display recruitment and application materials at each meeting of HIVPC and, if possible, SFAN meetings.	Active recruiting	100%	Monthly	Monthly	MCDC; Support Staff
1.4 Attend regular events (SFAN, BTAN, Support Groups, etc.), special events and meetings for recruitment purposes a. Select events for targeted recruitment activities based on vacant mandated seats. b. Assign members for relevant recruitment activities.	Active recruiting	75%	Ongoing	Ongoing	MCDC; CEC
1.5 Ask Planning Council members to inform HIVPC about their agency's events to help develop a running calendar of events	Public involvement	100%	Monthly	Monthly	MCDC; HIVPC
Objective 2: Recruitment Involving Providers and Community Partners					
2.1 Ask community partners and providers to post HIVPC calendars, meeting notices and event flyers at their agencies and on their websites	Public awareness/ Involvement	100%	Monthly	Monthly	MCDC; Support Staff
2.2 Supply case managers and outreach networks with recruitment materials, event flyers, and meeting schedules they can share with interested clients.	Active recruiting/ community involvement	100%	Monthly	Monthly	MCDC; Support Staff
Objective 3. Recruitment Involving Marketing					
3.1 Use the HIVPC website to post recruitment messages, materials and notices about meetings and events.	Public Awareness	100%	Monthly	Monthly	Support Staff
3.2 Advertise meetings and events by sending email blasts, posting materials on HIVPC website, and advertising in local community newspapers and magazines.	Public Awareness	100%	Ongoing	Ongoing	Support Staff
3.3 Table at relevant community meetings or events and provide recruitment materials	Community involvement	75%	As Scheduled	As Scheduled	MCDC; CEC; HIVPC
Objective 4. Recruitment Involving Materials					
4.1 Redesign HIVPC Logo a. Identify marketing source or strategy b. Determine and approve marketing budget c. Review and approve new design	Improved marketing	100%	4/16 5/16 6/16	9/16	MCDC; Support Staff
4.2 Create Palm Cards/Brochures for HIVPC recruitment	Increased public awareness	100%	3/16	10/16	MCDC; Support Staff

4.3 Develop poster to be displayed at community meetings and events: a. Modify poster for target audiences b. Update poster as necessary	Increased public awareness	100%	3/16	10/16	MCDC; Support Staff
4.4 Provide HIVPC giveaways and recruitment materials at community events to help publicized the HIVPC	Active Recruiting	100%	As Scheduled	As Scheduled	MCDC; Support Staff
4.5 Update HIVPC website to include pictures, consumer information, links to FLDOH or Broward Health, member testimonials, "What can HIVPC do for you?," etc.	Public Awareness	80%	As Needed	As Needed	Support Staff
Objective 5. Retention Through Diversity, Support and Rewards					
5.1 Provide written materials and appropriate languages upon request.	Eliminate Barriers	100%	As Needed	As Needed	Support Staff
5.2 Make mentoring programs available for members	Educated HIVPC	100%	4/16	As Needed	MCDC
5.3 Seek feedback from members regarding Council and Committee meetings and eliminate potential barriers to participation	Eliminate Barriers	100%	9/16	Annually	MCDC
5.4 Ensure meetings are held in locations that are easy to access	Eliminate Barriers	100%	Ongoing	Ongoing	MCDC
5.5 Reimburse PLWHA for travel, child care and lost wages	Eliminate Barriers	100%	As Needed	As Needed	Support Staff

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:

1. Ability to fulfill membership representation deficiencies/vacancies;
2. Experience and expertise to fulfill a particular category of membership;
3. Participation on Committees;
4. Attendance at information luncheon; and
5. Other identified criteria.

As part of the MCDC's selection process for new applicants, the following will be used based on priority:

1. Federally mandated seats;
2. Unaffiliated consumers;
3. Demographic reflectiveness
- ~~Federally mandated seats;~~
4. Non-Elected Community Leaders;
5. 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 unaffiliated PLWHAs
- To fulfill By-Laws mandate of a minimum of 3 Alternates

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~~Roles and Responsibilities **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."

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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

Roles and Responsibilities ~~Job Description of~~ for 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)

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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.
~~b.~~c. The representative appointed to this seat should be an employee of a local governmental agency.

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.

Roles and Responsibilities ~~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).