



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 12, 2017, 9:30-11:30 a.m.

Location: A335

Chair: Vacant **Vice Chair:** Vincent Foster

1. **CALL TO ORDER:** Welcome, Ground Rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment
2. **APPROVALS:** 11/10/16 Agenda and 5/12/16 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
 - a. **Review HIVPC & Committee Demographics (Handout 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 (Handout B)**
ACTION ITEM: Review vacancies and identify open seats.
 - c. **Current Applicants, Interested Parties, and Appointments (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 (Handout D)**
ACTION ITEM: Review FY 16 attendance for HIVPC and committees. Identify strategies to improve attendance in the upcoming FY.
4. **EMERGING ISSUES**
5. **UNFINISHED BUSINESS**
 - a. HIVPC Member Recognition for March 1, 2017 (Handout E)
6. **MEETING ACTIVITIES/NEW BUSINESS**

<i>Agenda Items for Meeting</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
Membership/Council Development Committee Status (Handout F)	ACTION ITEM: Discuss status of MCDC, including leadership and schedule

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE: TDB VENUE: TBD**

<i>Agenda Items for Meeting</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
MCDC Work Plan	ACTION ITEM: Review, discuss and approve MCDC WP

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



Meeting Agenda: Membership/Council Development Committee

Date/Time: Thursday, May 12, 2016 9:30 a.m.

Location: Governmental Center Room A-335

Chair: Karen Creary **Vice-Chair:** Vincent Foster

ATTENDANCE				
#	Members	Present	Absent	Guests
1	Burgess, D.	X		Arencibia, Y.
2	Foster, V. <i>Vice Chair</i>	X		King, J.
3	Creary, K. <i>Chair</i>	X		
4	Huggins, L.		E	Grantee Staff
5	Katz, H.B.,	X		Odusanya, S.
6	Robertson, P.	X		
7	Schweizer, M.		A	HIVPC Staff
8	Shamer, D.	X		Ewart, L.
9	Dennis, B.		A	Johnson, B.
	Quorum = 6	6		

1. CALL TO ORDER

The Chair called the meeting to order at 9:36 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: Katz, H.B. **Seconded by:** Shamer, D.

Action: Passed Unanimously

Motion #2: To approve the 3/10/16 minutes

Proposed by: Katz, H.B. **Seconded by:** Burgess, D.

Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

- Review HIVPC Demographics (Handout A): The PC Manager reviewed the HIVPC and standing committee demographics with the committee members. In April, there have been many additions and resignations from various committees. PSRA, SOC, and Executive have less than 33% consumer membership. However, although there are no consumers on the Executive Committee, there are PWLHAs serving as Chairs of 3 committees.
- Review HIVPC Vacancies and Current Applicants, Interested Parties, and Appointments (Handouts B-C): The members discussed the 6 HRSA mandated seats that are currently vacant: VA, Medicaid, Substance Abuse Provider, Representative of Indian Tribe, Co-Infected with Hep B or C, and Local Public Health. The Chair asked about the Medicaid seat: the member has been removed due to

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attendance and the seat is now vacant. The VA and Medicaid have had turnover in staffing, those who were supposed to attend meetings have not be able to attend due to scheduling restraints. Staff will reach back out to the VA employee to see if they are available. Mr. Shamer disclosed to the group he is co-infected with Hepatitis C. Last month he was appointed to the HIVPC in an Affected Communities seat, the group discussed whether or not Mr. Shamers's appointment would need to be brought back to the HIVPC for reappointment, or if his seat could be changed by the committee.

Motion #3: To change David Shamer's HIVPC seat appointment from Affected Communities to Individual Co-Infected with Hepatitis B or Hepatitis C

Proposed by: Katz, H.B. **Seconded by:** Burgess, D.

Action: Passed Unanimously

The members next reviewed active applicants to the Planning Council. They interviewed Jason King, who is a qualified applicant for an ASO/CBO seat. The MCDC Chair asked about the requirement of committee meeting attendance and how many committee meetings an applicant must attend before qualifying for appointment. PC Staff explained that the original policy was attendance at 3 of the same standing committee meetings, but the MCDC changed their policies to 3 meetings of any standing committee within 120 days. She explained the rationale behind the change: interested parties can attend the same committee to gain a deeper understanding of their work, or attend various committees to see the scope of each and how committees relate to each other. Based on this change, Jason King has met the attendance mandate. The members looked at the potential demographic changes with Jason's appointment: male reflectiveness would increase. They next reviewed the job description for an ASO/CBO, and reviewed the screening process as outlined in the MCDC P&Ps. The Chair asked Jason how he felt he could contribute to the HIVPC. He explained that he has been HIV+ for over a decade. He moved to Florida 6 years ago, and began working with the AIDS Healthcare Foundation, first in the pharmacy division and now in legislative affairs. He believes that he can bring a unique perspective to the HIVPC, and can communicate best practices learned from other AHF jurisdictions.

Motion #4: To appoint Jason King to the HIVPC in an ASO/CBO seat

Proposed by: Katz, H.B. **Seconded by:** Shamer, D.

Action: Passed Unanimously

- c. Review Attendance (Handout D): The committee reviewed the members who had received warning and removal letters for non-compliance with attendance policies during the month of March. Two members have been removed from the HIVPC due to attendance.

4. UNFINISHED BUSINESS

- a. Discuss Work Plan Subcommittee: Dr. Schweizer has been selected as the Chair of the Work Plan Subcommittee; as he was not currently present, this agenda item was tabled.
- b. Update MCDC P&Ps: The members discussed proposed changes to the Policies and Procedures as recommended by Staff. They talked about the need for Alternates, and the clarification in the P&Ps that Alternates must be Unaffiliated Consumers. Staff has also included language that the members in the Local Public Health seat must be a member of a local governmental agency (as clarified by HRSA). The group discussed including language clarifying that Affected Communities seats are reserved for Unaffiliated Consumers. They discussed the difference between HIVPC By-Laws and committee

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Policies and Procedures. The By-Laws Committee will start their work in June, so it is important for the MCDC do review their P&Ps so as to make recommendations to the ad-hoc committee.

Motion #5: To approve the proposed changes to the MCDC Policies and Procedures with the addition of the definition of Unaffiliated Consumer.

Proposed by: Shamer, D. **Seconded by:** Katz, H.B.

Action: Passed with 1 objection

ACTION ITEM: Add the definition of Unaffiliated Consumers to the Affected Communities membership category, and changed “unaligned” to “unaffiliated;” Make cheat sheet for the binders that include all acronyms and definitions.

5. MEETING ACTIVITIES/NEW BUSINESS

- a. By-Laws Recommendations: Staff has started a parking lot list of needed MCDC clarifications that they thought were not reflected in the HIVPC By-Laws, including the procedures for advancing Alternates to full PC members based on seniority and seat availability, and adding caps to the number of people that can sit in one seat category. The members discussed the difference between limits on the number of members employed by the same Part A provider or governmental agency, and the number of people that sit in one membership category regardless of employer.

The Chair wanted clarification in the By-Laws about the definition of a Non-Elected Community Leaders, and that from experience she believed that the seat can be manipulated and held as long as a member wants regardless of employment or participation. A member suggested that since this seat is a volunteer position, as long as people are involved in the community they should retain their seat without conflict. The PC manager suggested that if the members liked they could consider including terms on seats, or maximum number of NECLs. Caps on seats were considered because Broward County Ordinances mandate that advisory boards cannot have more than 35 members, and over the last year the HIVPC has come close to reaching their capacity. A member asked about the HRSA mandated seats that have to be filled, and that those empty seats must be considered when the PC comes close to reaching their capacity. The group spoke about the continuously vacant seats of a member of a recognized Indian tribe, and the need to find new ways to reach out to the Seminole Tribes for participation in the Planning Council.

The grantee rep asked about defining the term “active” when speaking about participation or recruitment. The PC Manager told the members that the By-Laws Committee will be active for approximately 6 months, and the committee can add items to the Parking Lot as they continue their work.

- b. Joint CEC/MCDC Training: The PC Manager told the members that in the next couple months the Planning Council and committees will be participating in trainings to gear up to the completion of the Integrated Plan. Marci Ronik will facilitate a joint “Turn the Curve” training with CEC and MCDC. CEC members have agreed to hold the joint training during the next MCDC meeting on June 9th at 9:30 a.m.

6. PUBLIC COMMENT

None.

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7. AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE: June 9, 2016 VENUE: TBD

<i>Agenda Items for Meeting</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
<i>Turn the Curve</i>	ACTION ITEM: Receive training on Turn the Curve and Results Based Accountability (RBA)

8. ANNOUNCEMENTS

None.

9. ADJOURNMENT

Without objection the meeting adjourned at 11:29 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	10	C	12	9	C	C	C	C	CX	C	
1		0	1	Burgess, D	E	X	X		X	X					NQX		
		1	2	Foster, V., Vice Chair	X	X	A		X	X					NQX		
		3		Gutierrez, H.	A	A	A	R-4/11									
1			3	Robertson, P.	N - 3/10				X	X					NQA		
1			4	Huggins, L.	X	X	X		E	X					NQA		
1		0	5	Katz, H.B.	X	X	X		X	X					NQA		
1		0		Runkle, D.	X	X	X	Z- 4/28									
			6	Schweizer, M.	X	X	X		A	A					NQX		
1			7	Shamer, D.	N 1/21	X	X		X	A					NQA		
		1		Dennis, B.	N- 3/10				A	X	Z- 11/1						
				Creary, K., Chair	N- 4/1				X	A	R- 7/1						
1				Quorum =6	5	7	6		6	6							
				Legend: X - present A - absent E - excused NQA - no quorum absent NQX - no quorum present													

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**N - newly
appointed**

Z - resigned

C - cancelled

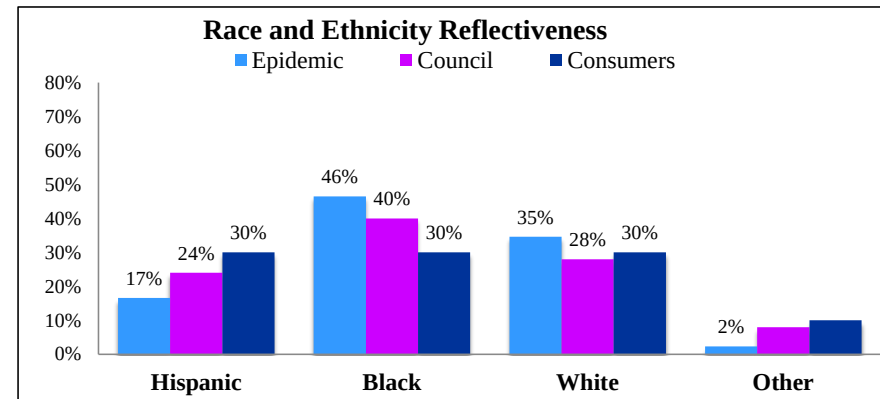
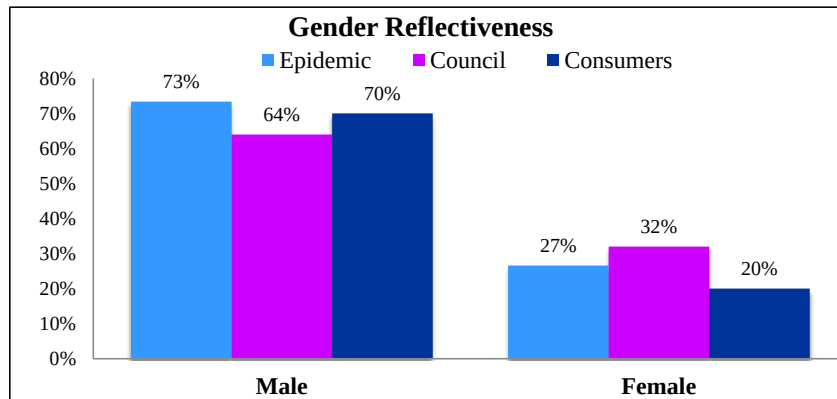
W - warning letter

R - removal letter

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HIV Planning Council Membership Report Current Through January 2017



Gender	Epidemic	Council	% Difference	Consumers	% Difference
Male	14,372 73%	16 64%	-9%	7 70%	-3%
Female	5,213 27%	8 32%	5%	2 20%	-7%
Transgender	- -	1 4%	-	1 10%	-
Race	Epidemic	Council	% Difference	Consumers	% Difference
Hispanic	3,253 17%	6 24%	7%	3 30%	13%
Black	9,100 46%	10 40%	-6%	3 30%	-16%
White	6,777 35%	7 28%	-7%	3 30%	-5%
Other	455 2%	2 8%	6%	1 10%	6%
Total	19,585 100%	25		10	

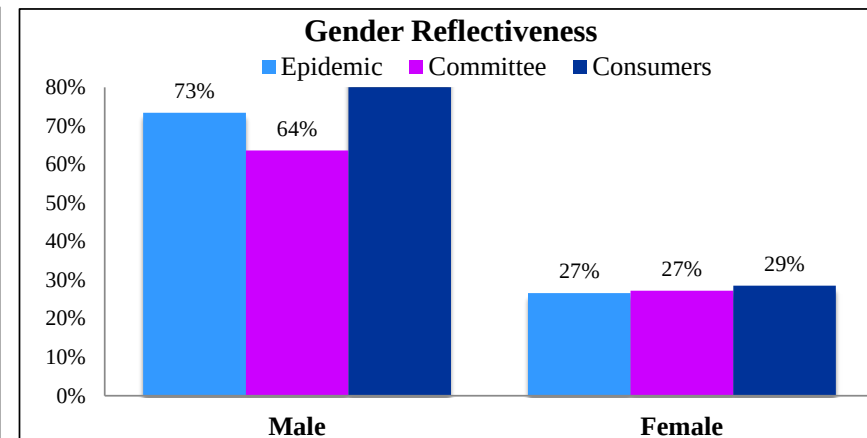
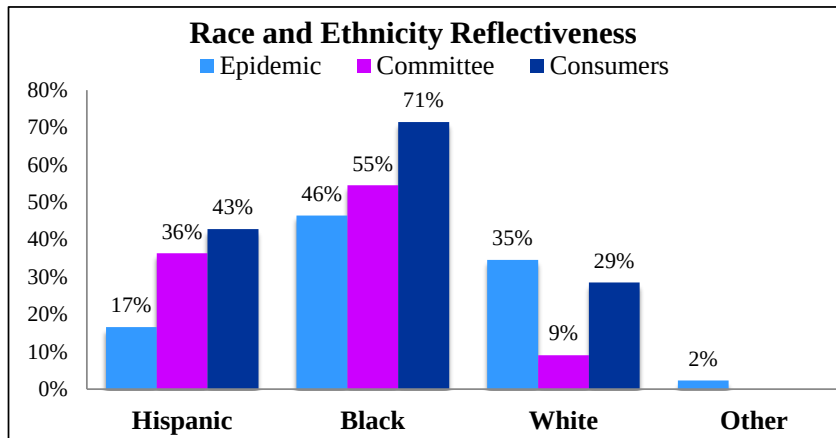
Current Members	25
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	40%

Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. Federally Recognized Indian Tribe Members
3. State Medicaid
4. Individual co-infected with Hep B or Hep C
5. Local Public Health Agency
6. Substance Abuse Provider

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	28%
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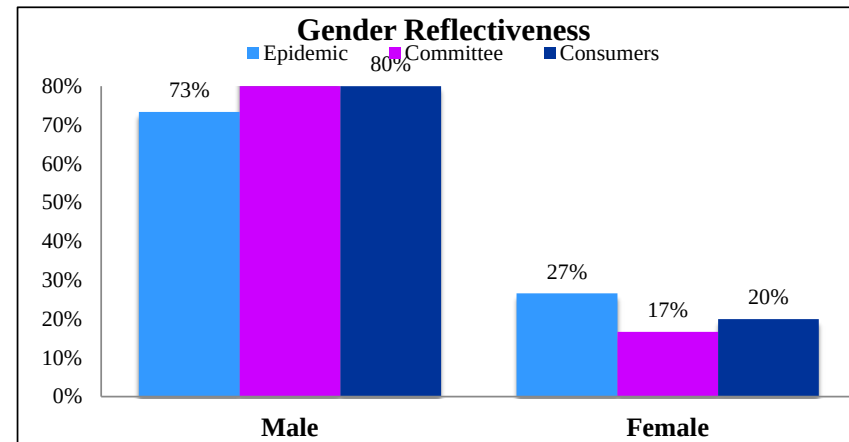
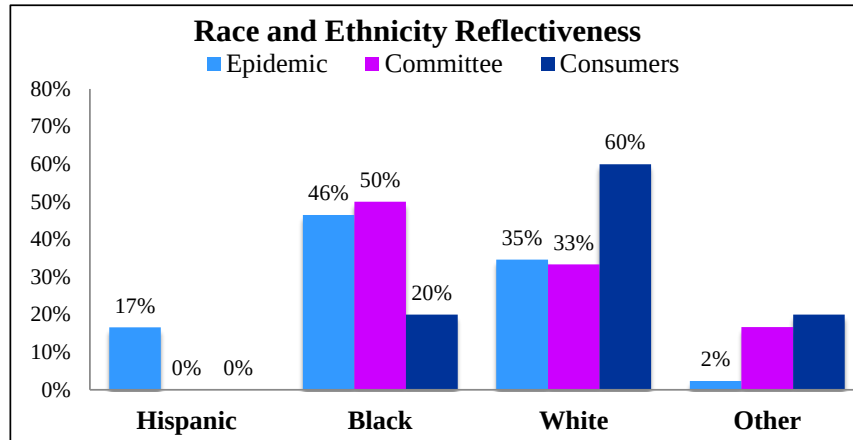
Community Empowerment Committee (CEC) Reflectiveness Report Through January 2017



Gender	Epidemic		Committee		Consumers		% Difference
Male	14,372	73%	7	64%	7	100%	-10%
Female	5,213	27%	3	27%	2	29%	1%
Transgender	-	-	1	9%	1	14%	-
Race	Epidemic		Committee		Consumers		% Difference
Hispanic	3,253	17%	4	36%	3	43%	20%
Black	9,100	46%	6	55%	5	71%	8%
White	6,777	35%	1	9%	2	29%	-26%
Other	455	2%	0	0%	0	0%	-2%
Total	19,585	100%	11		7		

Current Members	11
% of Members That Are Unaffiliated Consumers	64%

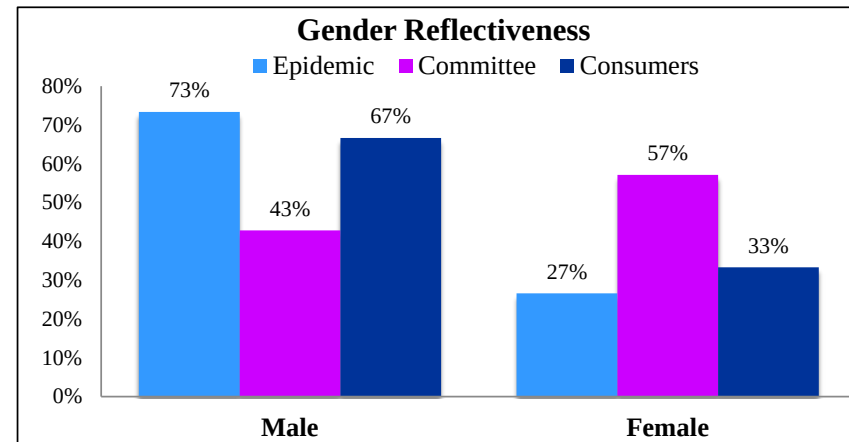
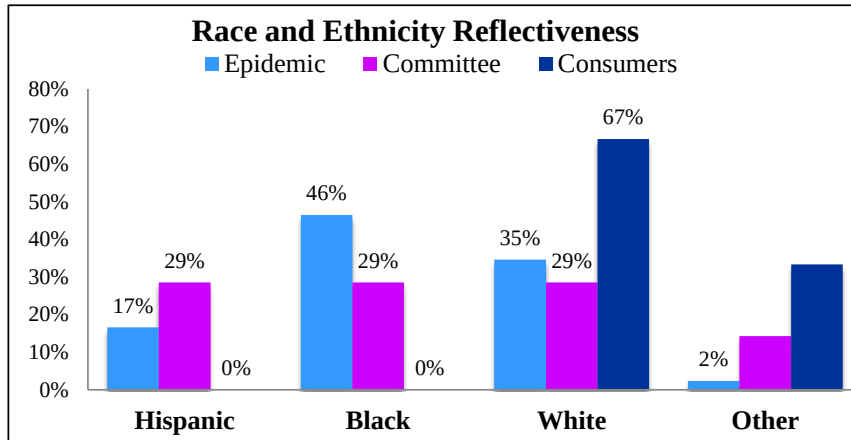
Membership/Council Development Committee (MCDC) Reflectiveness Report Through January 2017



Gender	Epidemic		Committee		Consumers		% Difference
Male	14,372	73%	5	83%	4	80%	10%
Female	5,213	27%	1	17%	1	20%	-10%
Transgender	-	-	0	0%	0	0%	-
Race	Epidemic		Committee		Consumers		% Difference
Hispanic	3,253	17%	0	0%	0	0%	-17%
Black	9,100	46%	3	50%	1	20%	4%
White	6,777	35%	2	33%	3	60%	-1%
Other	455	2%	1	17%	1	20%	14%
Total	19,585	100%	6		5		

Current Members	6
% of Members That Are Unaffiliated Consumers	83%

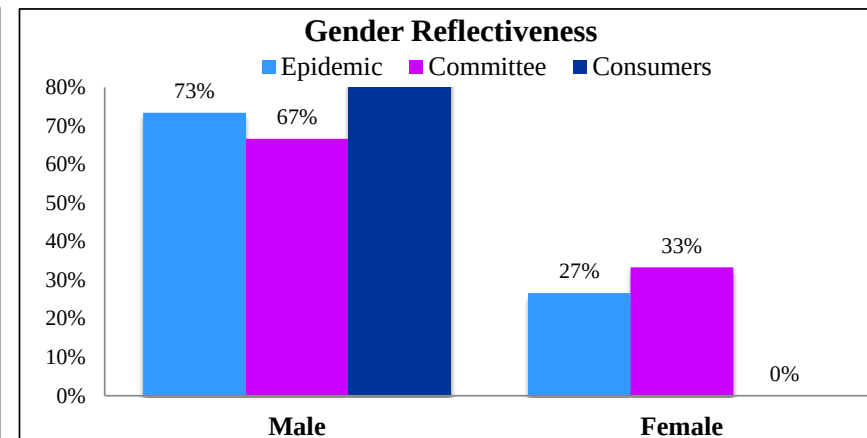
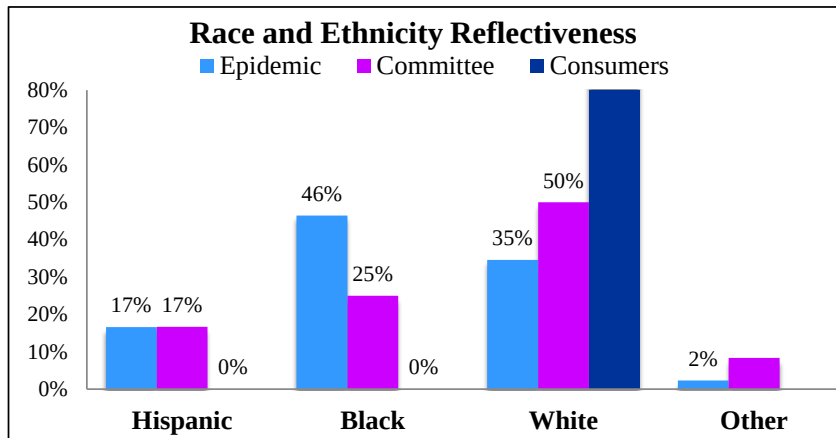
Quality Management Committee (QMC) Reflectiveness Report Through January 2017



Gender	Epidemic		Committee		Consumers		% Difference
Male	14,372	73%	3	43%	2	67%	-31%
Female	5,213	27%	4	57%	1	33%	31%
Transgender	-	-	0	0%	0	0%	-
Race	Epidemic		Committee		Consumers		% Difference
Hispanic	3,253	17%	2	29%	0	0%	12%
Black	9,100	46%	2	29%	0	0%	-18%
White	6,777	35%	2	29%	2	67%	-6%
Other	455	2%	1	14%	1	33%	12%
Total	19,585	100%	7		3		

Current Members	7
% of Members That Are Unaffiliated Consumers	43%

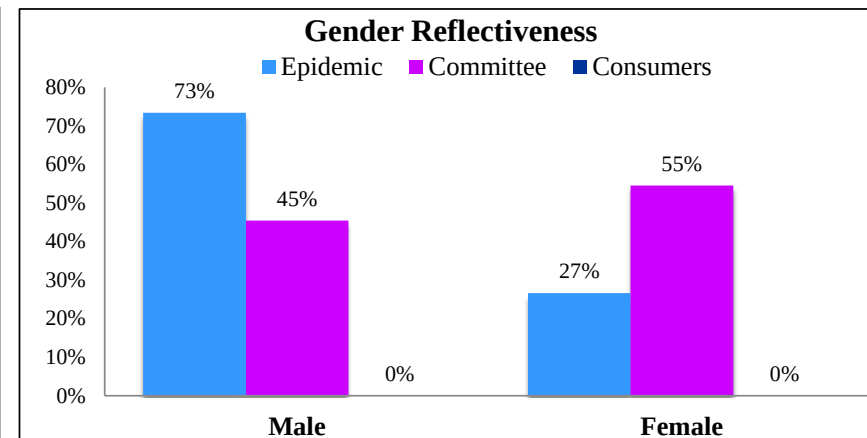
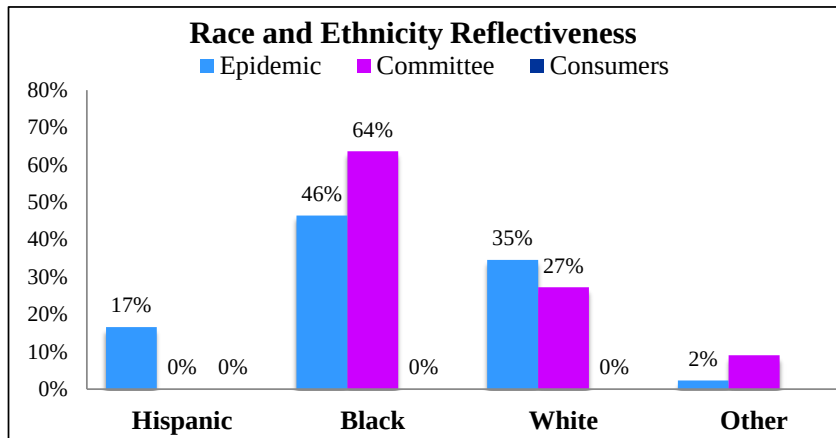
Priority Setting & Resource Allocation Committee (PSRA) Reflectiveness Report Through January 2017



Gender	Epidemic		Committee		Consumers		% Difference
Male	14,372	73%	8	67%	2	100%	-7%
Female	5,213	27%	4	33%	0	0%	7%
Transgender	-	-	0	0%	0	0%	-
Race	Epidemic		Committee		Consumers		% Difference
Hispanic	3,253	17%	2	17%	0	0%	0%
Black	9,100	46%	3	25%	0	0%	-21%
White	6,777	35%	6	50%	2	100%	15%
Other	455	2%	1	8%	0	0%	6%
Total	19,585	100%	12		2		

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

Executive Committee Reflectiveness Report Through January 2017



Gender	Epidemic		Committee		Consumers		% Difference
Male	14,372	73%	5	45%	0	0%	-28%
Female	5,213	27%	6	55%	0	0%	28%
Transgender	-	-	0	0%	0	0%	-
Race	Epidemic		Committee		Consumers		% Difference
Hispanic	3,253	17%	0	0%	0	0%	-17%
Black	9,100	46%	7	64%	0	0%	17%
White	6,777	35%	3	27%	0	0%	-7%
Other	455	2%	1	9%	0	0%	7%
Total	19,585	100%	11		0		

Current Members	11
% of Members That Are Unaffiliated Consumers	0%

VACANT FEDERALLY MANDATED SEATS

HANDOUT B

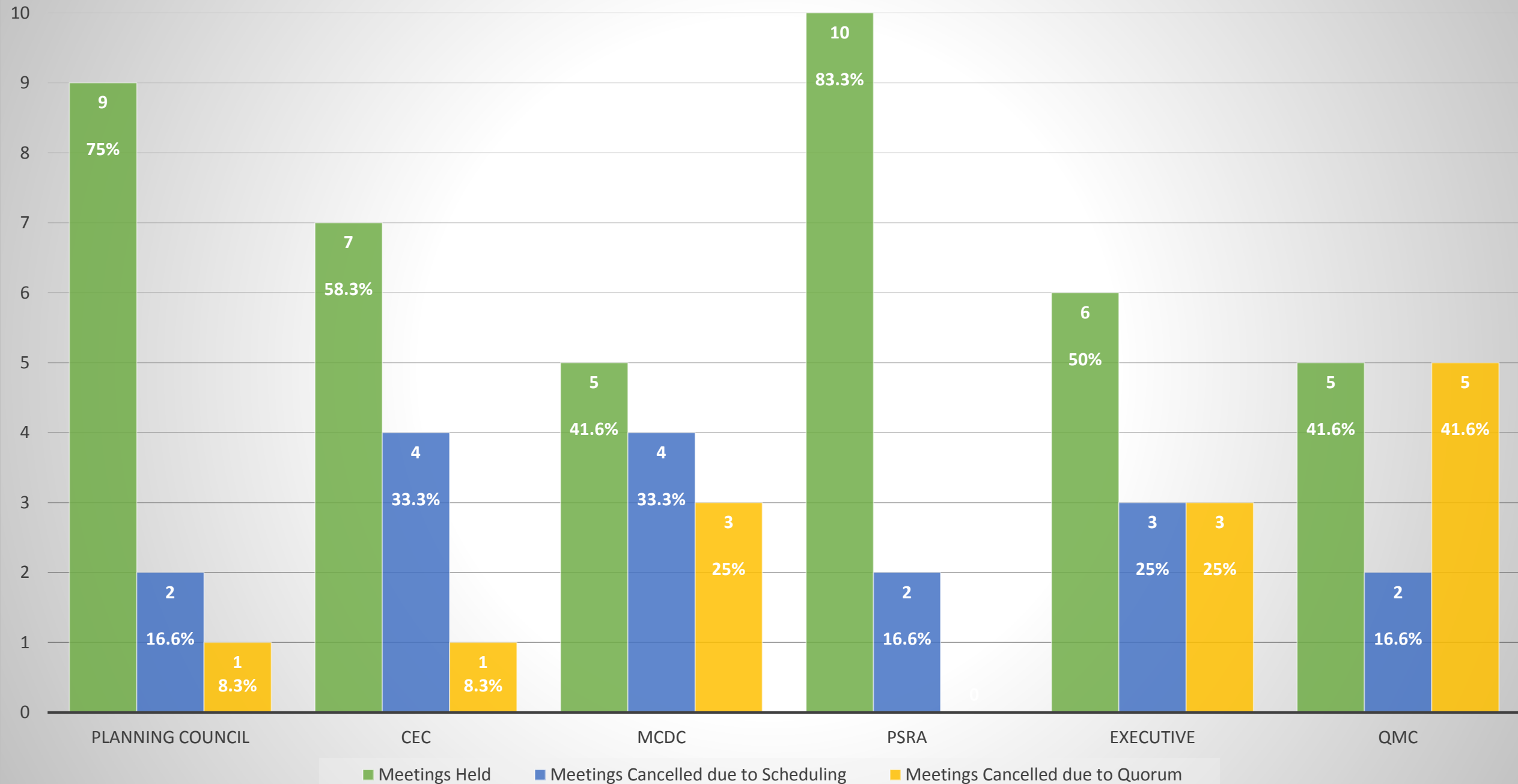
Vacant Seats	Interested Party Identified	Application Submitted	Committee	Application Progress	Recommendations	Vacant Since
1. Grantees of other Federal HIV programs - VA				No interested party identified		Continuously Vacant
2. Individual co-infected with Hep B or Hep C				No interested party identified		2/1/2016
3. Local Public Health Agencies				No interested party identified		11/1/2012
4. Federally Recognized Indian Tribe members				No interested party identified		Continuously
5. Substance Abuse Provider				No interested party identified		4/28/2016
6. State Medicaid				No interested party identified		5/11/2016

Active HIVPC Applicants

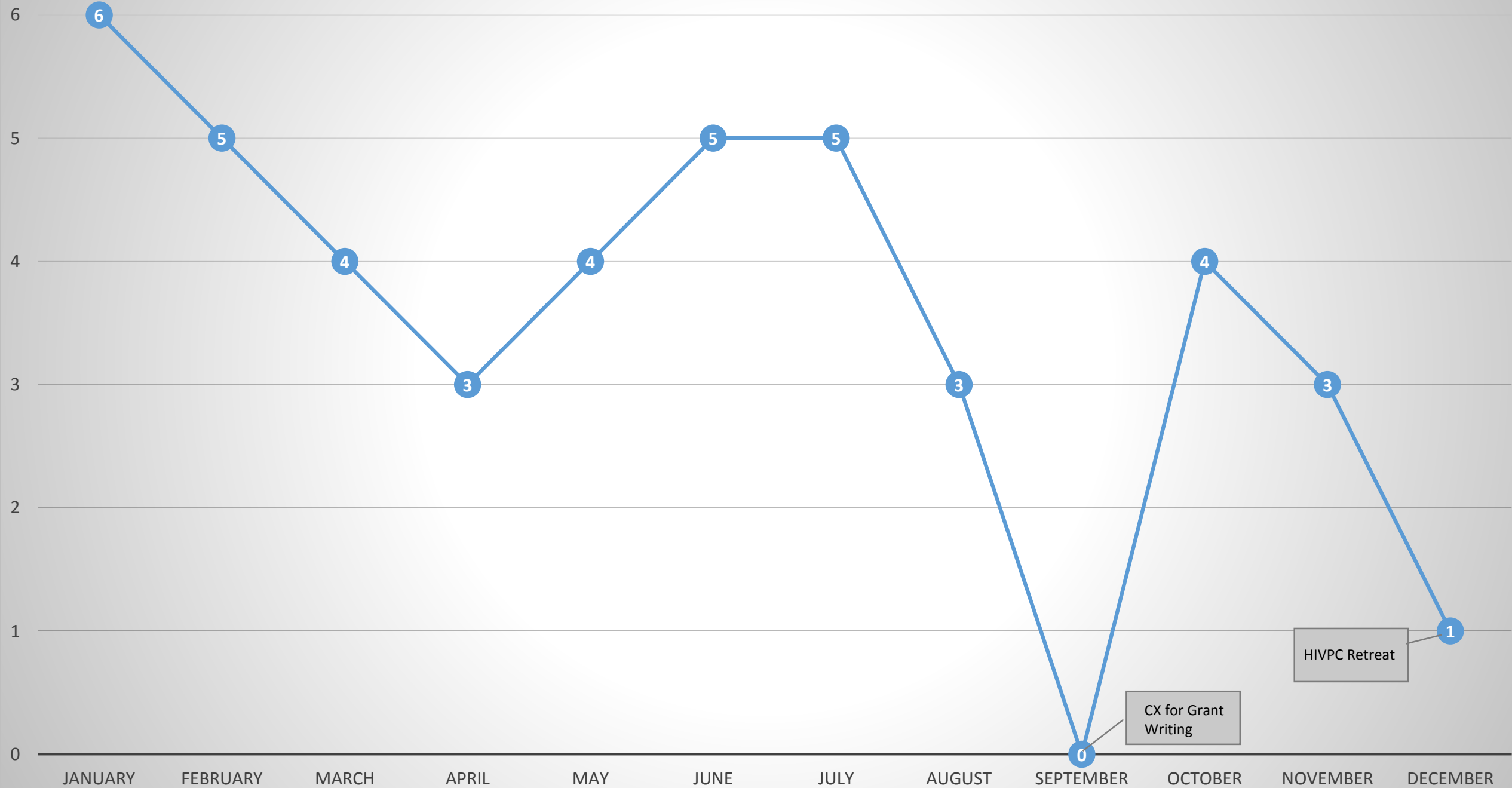
HANDOUT C

Name	Consumer	W	B	H	O	F	M	T	Agency	Date Applied	Orientation	Committee	Date 1	Date 2	Date 3	Application Category	Outcome
Barrientos, Y.	1			1				1	Henderson	8/30/2016	No	CEC, SOC	HIVPC- 10/27; HIVPC Coordination- 11/9; Post- Appointment Training- 11/28; HIVPC Retreat- 12/8; CEC- 1/3			Affected Communities/ Non- Elected Community Leader	In Progress

Number of Meetings Held by Committee, 2016



Number of Meetings Held by Month, 2016



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

January	February	March
Member Recognition Program and timeline announced 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



January–June 2017 Membership/Council Development Committee Quarterly

Meeting Calendar

Slashes reflect holidays

HANDOUT F

■ JANUARY

m	t	w	t	f
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

■ FEBRUARY

m	t	w	t	f
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28			

■ MARCH

m	t	w	t	f
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

■ APRIL

m	t	w	t	f
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

■ MAY

m	t	w	t	f
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

■ JUNE

m	t	w	t	f
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

■ Membership/Council Development Committee (Every 2nd Thursday at 9:30 a.m.)

HOLIDAYS

January: 1st (New Year's Day)
16th (MLK Day)
February: 20th (President's Day)
May: 29th (Memorial Day)



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 Membership/Council Development Committee shall meet quarterly (or as needed) to conduct committee business. Planning Council applications will be reviewed on a quarterly basis, or as needed, by the Committee. MCDC Committee members will be subject to Broward County Code of Ordinances for meetings scheduled on a quarterly or less frequent basis, with Committee members removed after two (2) consecutive unexcused absences or missing two (2) properly noticed meetings in one (1) calendar year.

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 than 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~~ at Orientation 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:

- ~~— Federally mandated seats;~~
- ~~— Unaffiliated consumers;~~
- ♦ Demographic reflectiveness
- ~~— Federally mandated seats;~~
- ~~— Non-Elected Community Leaders;~~
- ~~— Vacant seats based on categories.~~
- 1. Unaffiliated consumers
- 2. Demographic reflectiveness
- 3. Federally mandated seats
- 4. 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~~¹⁵).

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.
- ~~b.~~ c. Affected Community seats are designated for Unaffiliated Consumers.

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~~ 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).

BROWARD COUNTY CODE OF ORDINANCES
CHAPTER 1, ARTICLE XII. BOARDS, AUTHORITIES AND AGENCIES GENERALLY

GENERAL REQUIREMENT AND POLICIES

Sec. 1-233. Terms of appointees to Broward County agencies, authorities, boards, committees, commissions, councils, and task forces; quorum

Removal based on Attendance

1. Board meetings on a quarterly or less frequent basis: Members will be removed after two (2) consecutive unexcused absences or missing two (2) properly noticed meetings in one (1) calendar year.
2. Board meetings more frequently than quarterly: Members will be removed after three (3) consecutive unexcused absences or missing for (4) properly noticed meetings in one (1) calendar year.

Excused Absences

Require written notice to the chair of the board prior to the meeting (when practicable). The chair of the board shall determine whether the absence meets the criteria for an excused absence. Members may be excused **ONLY** for the following reasons:

1. Member performing an authorized alternative activity relating to outside advisory board business that directly conflicts with the properly noticed meeting;
2. Death of an immediate family member (spouse, father, mother, stepparent, in loco parentis, child, or stepchild domiciled in member's household);
3. Death of member's domestic partner;
4. Member's hospitalization;
5. Member summoned for jury duty; or
6. Member is issued a subpoena by a court of competent jurisdiction.

Non-excused absences

1. Out of town business.
2. Doing business or attending a meeting for member's company.
3. Attending another meeting as an elected official.
4. Car problems.

Requirements of Appointment

Any advisory board appointee who fails to meet the requirements of his or her appointment, including residency, if required to live in the district, is automatically disqualified, and his or her appointment shall immediately cease and be deemed vacant.

Quorum Rules

Once a quorum has been established by members physically present at a meeting, members who are not physically present may attend and participate in such meeting by telephone.

Appointees shall notify the board coordinator *at least two (2) business days prior to the scheduled meeting date as to whether they will or will not attend the meeting.* This will allow the cancellation of a meeting due to a lack of quorum prior to the actual meeting date.

If a board member does not confirm to the board coordinator that he or she will be present, at least 2 days prior to the meeting, he or she will be marked absent where such failure results in the meeting being cancelled for lack of quorum.



BOSTON PUBLIC HEALTH COMMISSION

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PROSPECTIVE MEMBERS

APPLY TO BECOME A MEMBER OF THE PLANNING COUNCIL

2016-2018 Application Period Currently Closed

The Boston Eligible Metropolitan Area (EMA) HIV Health Services Planning Council is **no longer** accepting applications for the 2016-2018 term.

If you would still like to participate on the Planning Council, or for more information, please call (617) 534-2462 or (617) 534-2648 send an email to pcs@bphc.org.

Responsibilities of Boston Planning Council Members:

- Make decisions about federal HIV/AIDS funding in our Boston EMA region
- Commit to 4 hours per month to attend 2 meetings in Boston:
 - the Planning Council meeting
 - a Committee meeting of your choice
- Be engaged and actively participate in meetings and Committee work

Benefits for all Planning Council Members:

- Network with other consumers and providers
- Learn about the latest HIV data & policy issues impacting services for people living with HIV
- Share your personal and/or professional experience

Additional Benefits for Consumer Members of the Planning Council (people living with HIV/AIDS):

- Get reimbursed for travel and child care expenses related to Planning Council meetings (if eligible)
- Participate in the Council's laptop computer program (if eligible)

The deadline for the 2016-2018 membership application is Thursday, June 30th 2016. Below are applications and flyers:

- [2017-2019 Application](#)
- [Planning Council Flyer](#)

TO APPLY:

In order to apply online you must have Adobe Acrobat Reader installed on your computer. If you do not have Acrobat Reader you can download it [here](#).

APPLY NOW

To submit an application: download the form to your computer, complete and send to us via email, fax or regular mail to:

Boston Public Health Commission
1010 Massachusetts Ave
Boston, MA 02118
Attn: [Planning Council Support](#)