



Meeting Agenda: Membership/Council Development Committee
Date/Time: March 14, 2019, 9:30 a.m. **Location:** Governmental Center A-337
Chair: Vincent Foster **Vice Chair:** Vacant

1. **CALL TO ORDER:** *Welcome, Ground Rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*

2. **APPROVALS:** 3/14/19 Agenda and 11/8/18 Meeting Minutes

3. **STANDARD COMMITTEE ITEMS**

a. Review HIVPC Demographics (Handout A)

ACTION ITEM: Review demographics and identify populations that are over or under represented.

b. Planning Council and Committee Attendance, Warning Letters, and Removals (Handout B)

ACTION ITEM: Update on individual member attendance, warnings and removals.

c. Current Applicants, Interested Parties, and Appointments (Handout Provided in Meeting)

ACTION ITEM: Review application.

4. **MEETING ACTIVITIES/NEW BUSINESS**

<i>Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)</i>	<i>Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.</i>
Membership Application Updates (Handouts C1-C2)	ACTION ITEM: Review and approve proposed changes to the HIVPC and Committee Membership Applications.
FY2018 Committee Work Plan (Handout D)	ACTION ITEM: Review progress towards completion of FY2018 MCDC Work Plan.
FY2018 Committee Evaluation (Handout E)	ACTION ITEM: Complete FY2018 MCDC Evaluation and set goals for FY2019.

5. **UNFINISHED BUSINESS** None.

6. **RECIPIENT REPORT**

7. **PUBLIC COMMENT**

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

<i>Agenda Items/Tasks for next Meeting</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
FY2019 MCDC Work Plan	ACTION ITEM: Review and Approve FY2019 MCDC Work Plan.

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: November 8, 2018, 9:30 a.m.

Location: Poverello Live Well Center

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

ATTENDANCE				
#	Members	Present	Absent	Grantee Staff
1	Burgess, D.		E	Walker, N.
2	Foster, V. <i>Vice Chair</i>	X		
3	Katz, H.B.	X		HIVPC Staff
4	Shamer, D.	X		Johnson, B.
5	Barnes, B.	X		Jolly, J.
	Quorum = 4	4		Oratien, V.
				Guests
				Ruffner, A.
				Pound, T.

1. CALL TO ORDER

The Chair called the meeting to order at 9:43 a.m. The Vice 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. The Chair, 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: Barnes, B. **Seconded by:** Shamer, D.
Action: Passed Unanimously

Motion #2: To approve the 10/11/18 minutes
Proposed by: Barnes, B. **Seconded by:** Shamer, D.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

- Review HIVPC Demographics (Handout A):** Members reviewed demographics and emphasized the need to recruit consumers—especially Black female consumers—as the HIVPC is currently underrepresented in this category. There has not been any movement in the membership numbers. There is a current applicant to fill the HOPWA seat.
- Planning Council and Committee Attendance (Handout B):** Members reviewed member attendance and discussed recent developments. One member received a warning letter since the last meeting. A member who was in jeopardy of removal identified a new committee to join in order to stay in compliance. Because that committee has been on hiatus and currently has no Chair to appoint a new

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member, this request cannot be honored. The HIVPC member will be notified and asked to choose another committee before the election.

ACTION ITEM: Review bylaws to identify existing rules for members selecting a new committee following committee removal.

- c. Current Applicants, Interested Parties, and Appointments: The new applicant for the HIVPC is filling the recently vacated HOPWA seat. He has expressed interest in joining the PSRA committee. If approved, he will be filling a mandated seat. He has worked in the HIV community for a number of years through organizations including SFAN, SunServe and now HOPWA.

Motion #3: To approve Christopher Leonard's application for HIVPC membership pending pre-appointment orientation.

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

Action: Passed Unanimously

4. MEETING ACTIVITIES/NEW BUSINESS

- a. Code of Ethics: Due to the ongoing concern of members and their required level of accountability, the Committee a sample Code of Ethics has been created so that the members will come on to the council knowing what they should and should not be doing as a committee member. Specifically speaking to members choosing to disclose other members' status. A sample was provided for members, along with Codes of Ethics from other programs, for comparison. Want to make sure the process is streamlined. Floor is open for members to give feedback on the sample Code of Ethics. Chair wants to make sure these new ethics calls for people to have a level of respect for each person's status as opposed to members just being forced to do something. Concrete examples need to be given in the Ethics. Emphasis on the ethics will be a part of new member training; and is encouraged to be mentioned at every meeting throughout the month to reinforce the expectations of the members and meeting attendees. This Code of Ethics will be presented at the next HIVPC meeting. Suggestions were made to get more specific in the language used in the COE. There was no feedback given from committee members to include or eliminate language presented in the COE. Finding a way to incorporate the language found in the code of conduct from the DC sample was suggested to help improve our governing systems. Suggestion to bold the font in the opening sentences, or RESPECT in general. Suggested to add 11. From the DC handout. Legalities around this issue were brought up. The Code of ethics will be tabled until the planning council meeting
- ACTION ITEM:** Get clarity on what can and cannot be said from a legal perspective.

5. RECIPIENT REPORT

The Peer Counseling & Training Certification Program will begin on November 13th.

6. PUBLIC COMMENT

None.

7. AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE: Thursday, February 14, 2018 VENUE: TBD

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
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Agenda Items for Meeting	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
Member Conduct	ACTION ITEM: Review and finalize language for by-laws Revision

8. ANNOUNCEMENTS

None.

9. ADJOURNMENT

The meeting was adjourned without objection at 10:58 a.m.

CY2018 Membership/Council Development Committee Attendance

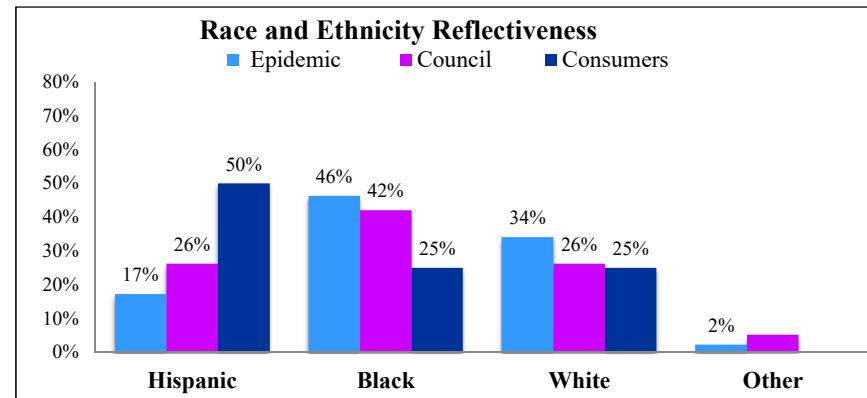
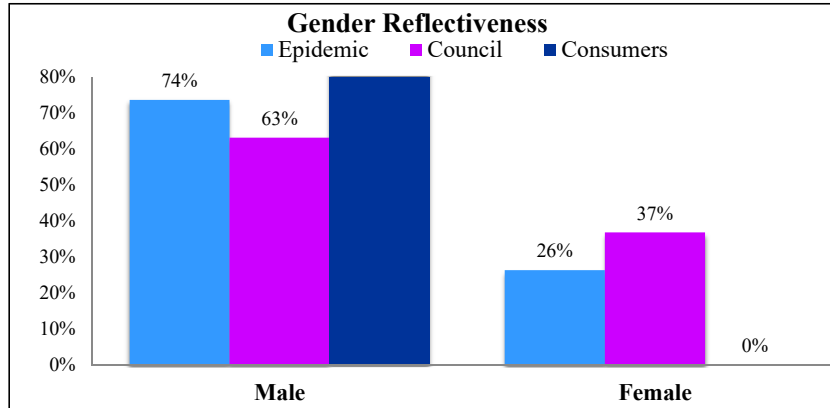
Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	C	CX	8	C	CX	C	C	C	13	11	8		
				Barnes, B.									X	X	X		Z – 11/8
1	1	0	1	Burgess, D		NQX	X						X	X	E		
0	0	0	2	Foster, V., V.Chair		NQX	X						A	X	X		
1	1	2	3	Robertson, P.		NQA	A						A				R-9/13
1	1	0	4	Katz, H.B.		E	X						X	X	X		
1	1	0	5	Shamer, D.		NQX	X						X	X	X		
				Quorum =4		3	4							5	4		

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

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HIV Planning Council Membership Report Current Through February 2019



Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	14,753	74%	12	63%	-10%	4	100%	26%
Female	5,288	26%	7	37%	10%	0	0%	-26%
Transgender	-	-	0	0%	-	0	0%	-
Race	Epidemic		Council		% Difference	Consumers		% Difference
Hispanic	3,455	17%	5	26%	9%	2	50%	33%
Black	9,283	46%	8	42%	-4%	1	25%	-21%
White	6,831	34%	5	26%	-8%	1	25%	-9%
Other	472	2%	1	5%	3%	0	0%	3%
Total	20,041	100%	19			4		

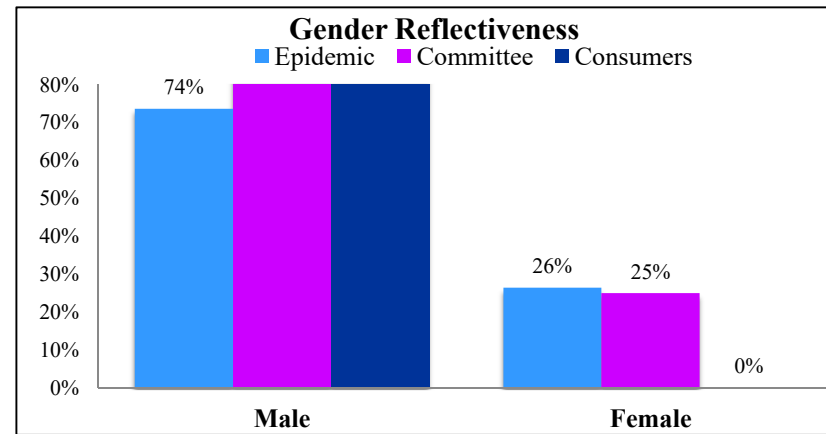
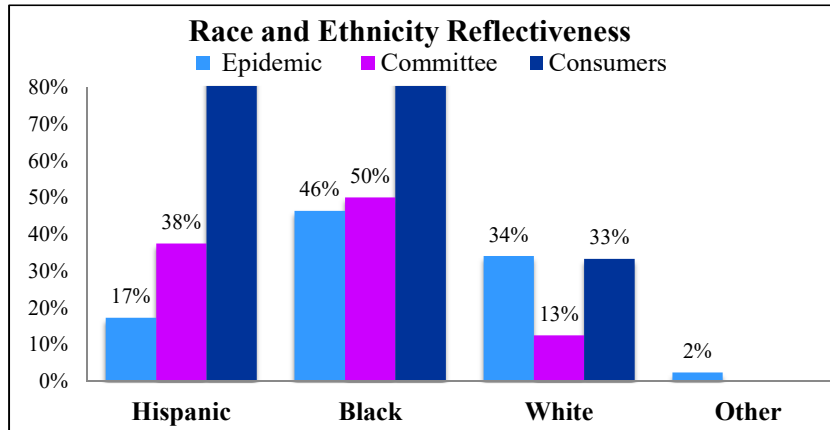
Current Members	19
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	21%

Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. Federally Recognized Indian Tribe Members
3. State Medicaid
4. Local Public Health Agency
5. Health Planning
6. Alternates (3)

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	42%
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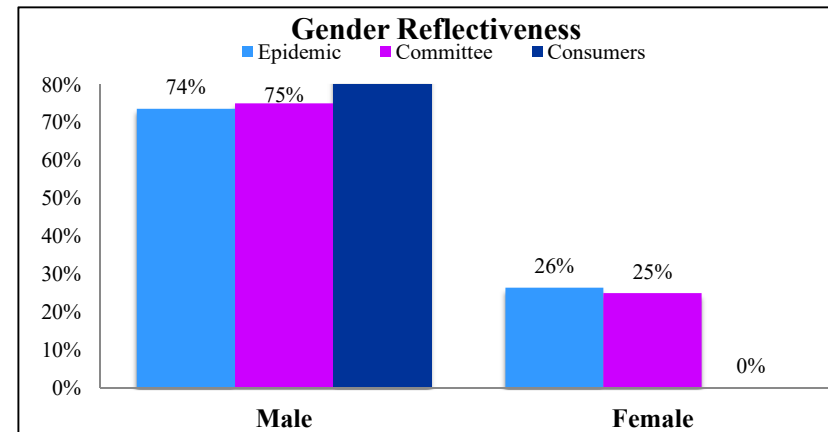
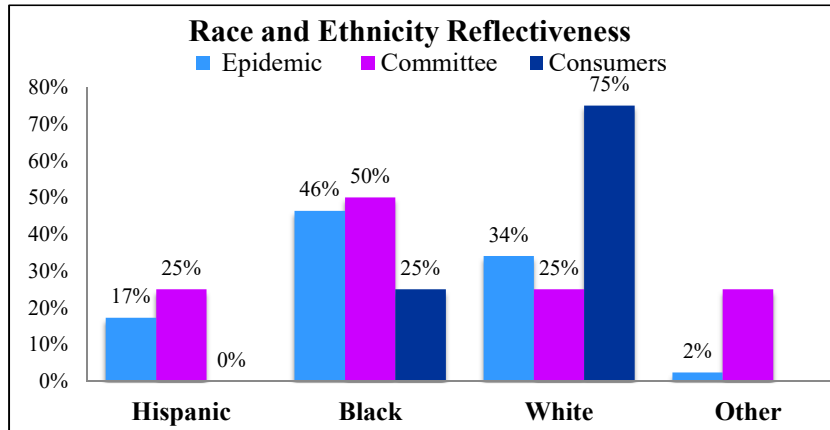
Community Empowerment Committee (CEC) Reflectiveness Report Through February 2019



Gender	Epidemic		Committee		Consumers		% Difference
Male	14,753	74%	7	88%	5	167%	14%
Female	5,288	26%	2	25%	0	0%	-1%
Transgender	-	-	0	0%	2	67%	-
Race	Epidemic		Committee		Consumers		% Difference
Hispanic	3,455	17%	3	38%	3	100%	20%
Black	9,283	46%	4	50%	3	100%	4%
White	6,831	34%	1	13%	1	33%	-22%
Other	472	2%	0	0%	0	0%	-2%
Total	20,041	100%	8		3		

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

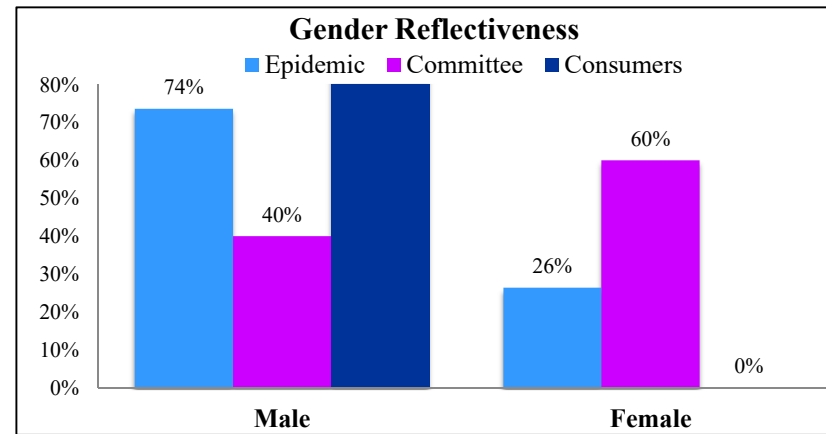
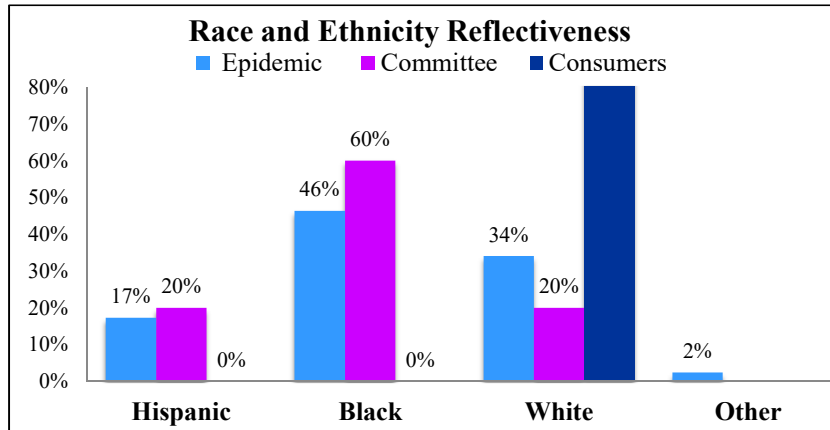
Membership/Council Development Committee (MCDC) Reflectiveness Report Through February 2019



Gender	Epidemic		Committee		Consumers		% Difference
Male	14,753	74%	3	75%	4	100%	1%
Female	5,288	26%	1	25%	0	0%	-1%
Transgender	-	-	0	0%	0	0%	-
Race	Epidemic		Committee		Consumers		% Difference
Hispanic	3,455	17%	1	25%	0	0%	8%
Black	9,283	46%	2	50%	1	25%	4%
White	6,831	34%	1	25%	3	75%	-9%
Other	472	2%	1	25%	0	0%	23%
Total	20,041	100%	4		4		

Current Members	4
% of Members That Are Unaffiliated Consumers	50%

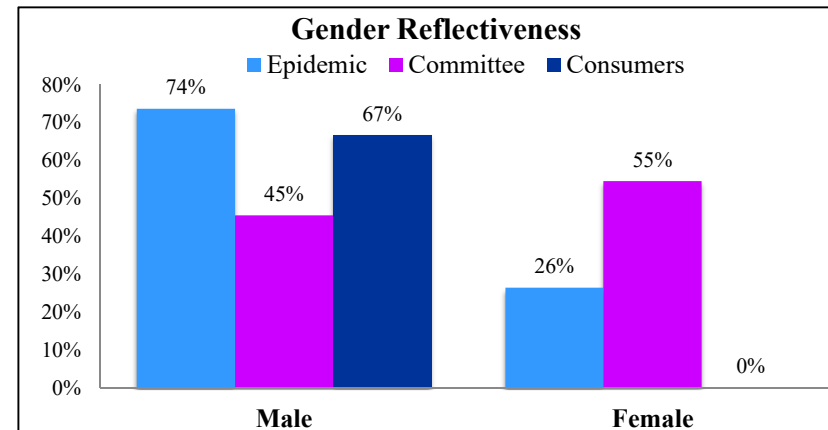
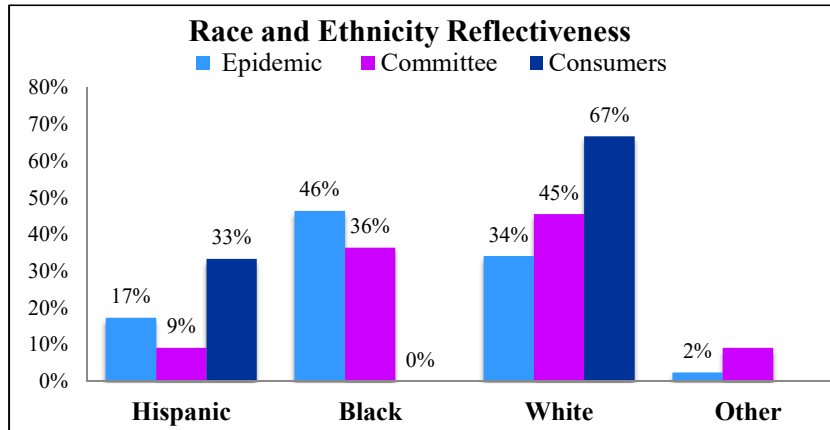
Quality Management Committee (QMC) Reflectiveness Report Through February 2019



Gender	Epidemic		Committee		Consumers		% Difference
Male	14,753	74%	2	40%	2	200%	-34%
Female	5,288	26%	3	60%	0	0%	34%
Transgender	-	-	0	0%	0	0%	-
Race	Epidemic		Committee		Consumers		% Difference
Hispanic	3,455	17%	1	20%	0	0%	3%
Black	9,283	46%	3	60%	0	0%	14%
White	6,831	34%	1	20%	2	200%	-14%
Other	472	2%	0	0%	0	0%	-2%
Total	20,041	100%	5		1		

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

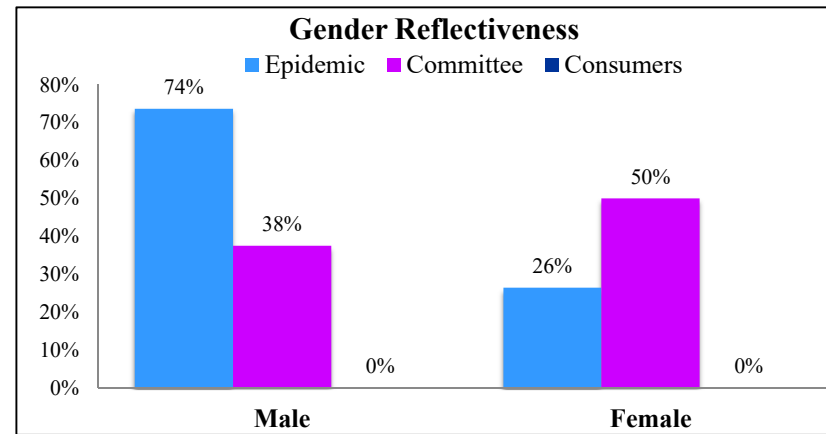
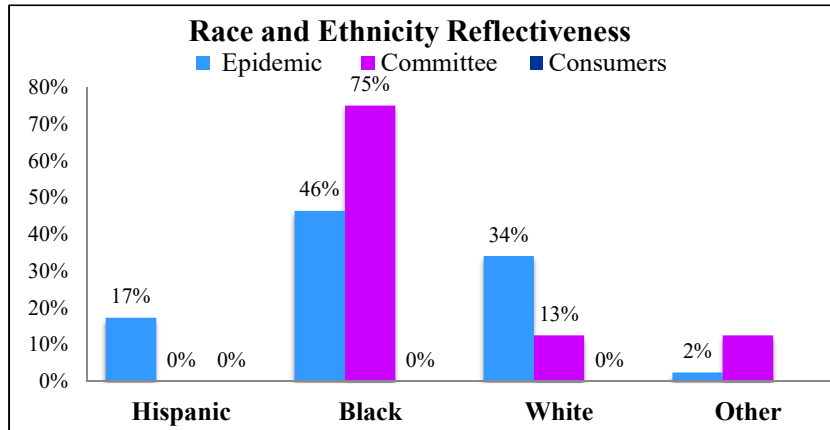
Priority Setting & Resource Allocation Committee (PSRA) Reflectiveness Report Through February 2019



Gender	Epidemic		Committee		Consumers		% Difference
Male	14,753	74%	5	45%	2	67%	-28%
Female	5,288	26%	6	55%	0	0%	28%
Transgender	-	-	0	0%	1	33%	-
Race	Epidemic		Committee		Consumers		% Difference
Hispanic	3,455	17%	1	9%	1	33%	-8%
Black	9,283	46%	4	36%	0	0%	-10%
White	6,831	34%	5	45%	2	67%	11%
Other	472	2%	1	9%	0	0%	7%
Total	20,041	100%	11		3		

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

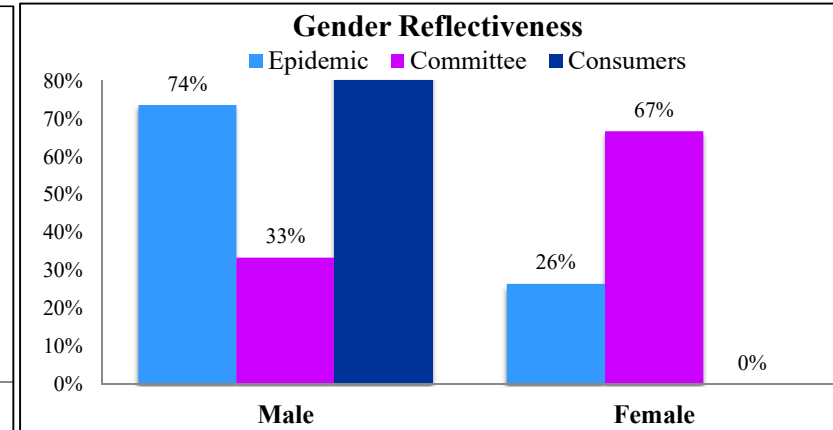
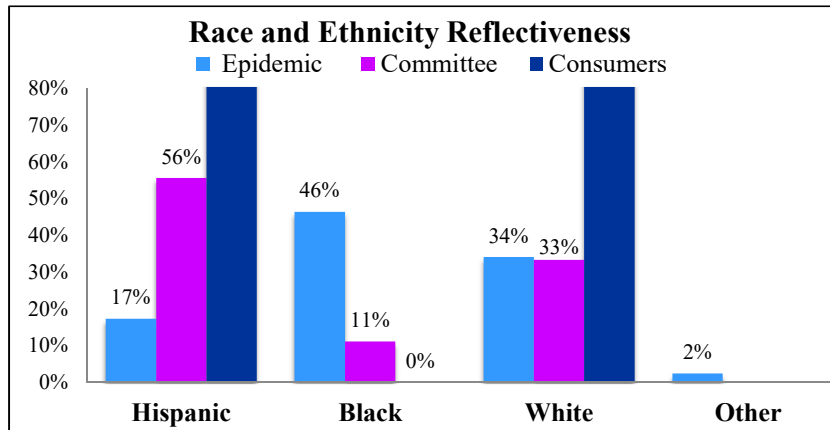
Executive Committee Reflectiveness Report Through February 2019



Gender	Epidemic		Committee		Consumers		% Difference
Male	14,753	74%	3	38%	0	0%	-36%
Female	5,288	26%	4	50%	0	0%	24%
Transgender	-	-	0	0%	0	0%	-
Race	Epidemic		Committee		Consumers		% Difference
Hispanic	3,455	17%	0	0%	0	0%	-17%
Black	9,283	46%	6	75%	0	0%	29%
White	6,831	34%	1	13%	0	0%	-22%
Other	472	2%	1	13%	0	0%	10%
Total	20,041	100%	8		0		

Current Members	8
% of Members That Are Unaffiliated Consumers	0%

System of Care (SOC) Committee Reflectiveness Report Through February 2019



Gender	Epidemic		Committee		Consumers		% Difference
Male	14,753	74%	3	33%	1	100%	-40%
Female	5,288	26%	6	67%	0	0%	40%
Transgender	-	-	0	0%	1	100%	-
Race	Epidemic		Committee		Consumers		% Difference
Hispanic	3,455	17%	5	56%	1	100%	38%
Black	9,283	46%	1	11%	0	0%	-35%
White	6,831	34%	3	33%	1	100%	-1%
Other	472	2%	0	0%	0	0%	-2%
Total	20,041		9		1		

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



PCS Monthly Attendance Report

February 2019

200 Oakwood Lane
Hollywood, FL 33020

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

hivpc@brhpc.org
www.brhpc.org

Attendance Policy

The HIV Planning Council (HIVPC) follows the attendance rules as set forth by the Broward County Code of Ordinances and the HIVPC By-Laws. The rules are as follows:

Members must notify Planning Council Support (PCS) Staff at least **two (2)** business days prior to the meeting as to whether they will or will not attend the meeting, unless the occurrence of an excused absence makes such notice impracticable.

Members may be marked absent if the failure to provide notice within **two (2)** business days of a scheduled meeting results in a cancellation of the meeting. Members who have notified staff that they cannot attend the meeting will be considered absent even if the meeting is cancelled due to lack of a quorum. An individual is marked present even though they did not provide notice within **two (2)** business days of a scheduled meeting but are present at the meeting.

Attendance records are based on the sign-in sheet. Members must sign in to be considered present at the meeting.

Quorum must be obtained **within 15 minutes** of the scheduled meeting time. Once a quorum has been established by members who are physically present at a meeting, members who are not physically present may attend and participate in such meeting by telephone. If quorum is not achieved by members who are physically present, members who are not physically present but participating via telephone will be considered absent. If a member would like to participate via telephone, they must inform staff at least **two (2)** business days prior to the meeting.

A member will automatically be removed from the HIVPC or committee that meets more frequently than quarterly if him/her:

- Has **three (3)** consecutive unexcused absences regardless of year, or
- Misses **four (4)** meetings in one (1) calendar year (January-December) because of unexcused absences. A member will automatically be removed from the committee that meets on a quarterly or less frequent basis if he/she:
 - Has **two (2)** consecutive unexcused absences regardless of year, or
 - Misses **two (2)** meetings in one (1) calendar year (January-December) because of unexcused absences.

The HIVPC or committee Chair reviews all requests for an excused absence. The absence of a member shall be deemed excused under the following circumstances:

1. HIV-related illness;
2. When member is performing an authorized alternative activity relating to outside Planning Council business that directly conflicts with the properly noticed meeting;
3. Death of member's domestic partner or immediate family member (spouse, father, mother, one who has stood in the place of a parent [in loco parentis], child, and stepchild, domiciled in the employee's household); or
4. Member's hospitalization.
5. When the member is summoned to jury duty
6. When the member is issued a subpoena by a court of competent jurisdiction

Broward County's Office of Intergovernmental Affairs developed a new attendance sheet for 2015 to better track attendance of board members. PCS staff implemented the new attendance tracking sheet for the HIVPC as well as all of the HIVPC's committees and added a column to track attendance letters. Below is the legend for the new attendance sheet:

Legend:

X- present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - resigned

C - cancelled

W – attendance warning letter

R – attendance removal letter

February 2019 HIVPC and Standing Committee Attendance

The following records reflect attendance for February 2019 for the HIVPC and its standing and ad-Hoc committees. There were 4 meetings held in the month of February; Community Empowerment Committee, Priority Setting & Resource Allocation Committee, Executive Committee and the HIV Planning Council Meeting.

Community Empowerment Committee (CEC)

Last Meeting: February 5, 2019

CEC member attendance through February 2019 is reflected in the table below:

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	8	5											
1	1	1	1	Bhrangger, R.	A	X											
0	0	0	2	Brautigam, A.	X	X											
1	1	0	3	Burgess, D.	X	X											
0	0	1	4	Fleurinord, P., V. Chair	A	X											
0	0	1	5	Franks, H.	A	X											
1	1	1	6	Marcoviche, W.	A	X											
0	1	0	7	Robertson, L.	X	X											
0	0	0	8	Ruffner, A.	X	X											
0	0	2	9	Wilson, E.	A	A	W - 2/11, Z - 2/19										
Quorum = 6					4	8	0	0	0	0	0	0	0	0	0	0	

Legend:

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

Membership Council/Development Committee (MCDC)

Last Meeting: January 10, 2019

MCDC member attendance through February 2019 is reflected in the table below:

Consumer	PLW/HA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	10	CX											
0	0	1	1	Arencibia, Y.	A	NQX											
1	1	1	2	Burgess, D.	X	NQA											
0	0	0	3	Foster, V. <i>Chair</i>	X	NQX											
1	1	0	4	Katz, H.B.	E	NQX											
1	1	2	5	Pound, T.	A	W - 2/12, Z - 2/13											
				Quorum = 4	2	3	0	0	0	0	0	0	0	0	0	0	

Legend:

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

Priority Setting and Resource Allocation Committee (PSRA)

Last Meeting: February 21, 2019

PSRA member attendance through February 2019 is reflected in the table below:

Consumer	PLMHA	Absences	Count	Meeting Month	Jan	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
					17	31	21											
					Meeting Date													
0	1	1	1	1	Barnes, B.	X	A	X										
0	0	0	2	2	Fortune-Evans, B.	X	X	X										
0	0	1	3	3	Grant, C.	E	A	X										
0	0	0	4	4	Hayes, M. <i>V Chair</i>	X	X	X										
1	1	1	5	5	Katz, H.B.	X	A	X										
0	0	1	6	6	Lopes, R.	X	A	X										
0	0	0	7	7	Moreno, V.	X	X	X										
1	1	0	8	8	Robertson, L. <i>Chair</i>	X	X	X										
0	0	0	9	9	Schickowski, K.	X	X	X										
0	0	0	10	10	Schweizer, M.	X	X	X										
0	0	2	11	11	Siclari, R.	X	A	A										
					Quorum = 7	10	6	10	0	0	0	0	0	0	0	0	0	

Legend:

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

Quality Management Committee (QMC)

Last Meeting: January 28, 2019

QMC member attendance through February 2019 is reflected in the table below:

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	28	C											
1	1	0	1	Fortune-Evans, B. V. <i>Chair</i>	X												
0	0	1	2	Katz, H.B.	A												
0	0	1	3	Moragne, T.	A												
0	0	0	4	Simpson, R.	X												
0	0	1	5	Taveras, J.	A												
Quorum = 4					2	0	0	0	0	0	0	0	0	0	0	0	

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

Z - resigned

R - removal letter

System of Care Committee (SOC)

Last Meeting: July 25, 2017

SOC member attendance through February 2019 is reflected in the table below:

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	C											
		0	1	Arencibia, Y.													
		0	2	Edwards, C. Vice Chair													
		0	3	Gonzalez, Y.													
		0	4	Rodriguez, J.													
		0	5	Rolle, V.													
		0	6	Vargas, D.													
		0	7	Moreno, V.													
		0	8	Ivey, L.													
		0	9	Katz, H.B.													
		0	10	Pietrogallo, T.													
				Quorum = 6													

Legend:

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

Executive Committee

Last Meeting: February 21, 2019

Executive member attendance through February 2019 is reflected in the table below:

Consumer	PLMHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	21											
0	1	1	1	1 Barnes, B. <i>Ex Officio</i>		A											
1	1	0	2	2 Fleurinord, P.		X											
0	0	0	3	3 Fortune-Evans, B.		X											
0	0	0	4	4 Foster, V.		X											
0	0	0	5	5 Grant, C. <i>Vice Chair</i>		X											
1	0	0	6	6 Hayes, M.		X											
1	1	0	7	7 Lopes, R. <i>Chair</i>		X											
0	1	0	8	8 Robertson, L.		X											
				Quorum = 5	0	7	0	0	0	0	0	0	0	0	0	0	

Legend:

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

HIV Planning Council (HIVPC)

Last Meeting: February 28, 2019

HIVPC member attendance through February 2019 is reflected in the table below:

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	24	28											
0	0	0	1	1 Arencibia, Y.	X	X											
0	1	1	2	2 Barnes, B.	A	X											
1	1	0	3	3 Bhrangger, R.	X	X											
1	1	0	4	4 Burgess, D.	X	X											
0	0	2	5	5 Fleurinord, P.	A	A											
0	0	2	6	6 Fortune-Evans, B.	A	A											
0	0	0	7	7 Foster, V.	X	X											
0	0	0	8	8 Grant, C.	X	X											
0	0	0	9	9 Hayes, M.	X	X											
0	0	2	-	- Holness, D.V.C. (Comm)	A	A											
1	1	0	10	10 Katz, H.B.	X	E											
0	0	0	11	11 Lopes, R. <i>Chair</i>	X	X											
1	1	0	12	12 Marcoviche, W.	X	X											
0	0	1	13	13 Moragne, T.	A	X											
0	0	1	14	14 Moreno, V.	A	X											
0	1	0	15	15 Robertson, L.	X	X											
0	0	0	16	16 Rodriguez, J.	X	X											
0	0	0	17	17 Ruffner, A.	X	X											
0	0	1	18	18 Schweizer, M.	A	X											
0	0	1	19	19 Siclari, R.	X	A											
Quorum = 11					13	15	0	0	0	0	0	0	0	0	0	0	

Legend:

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

Ad-Hoc committees are committees established for a limited time or limited and definite purpose, and they meet on an as-needed basis. The HIVPC currently has one active ad-Hoc committee: the ad-Hoc Youth Advisory Committee. The following records reflect attendance through February 2019 for the HIVPC's ad-Hoc committee.

Ad-Hoc Youth Advisory Committee

Last Meeting: February 12, 2019

Committee member attendance through February 2019 is reflected in the table below:

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	24	C											
1	1	0	1	Brautigam, A.	X												
0	0	0	2	Brown, P.	X												
1	1	0	3	Fanfan, J.	X												
0	0	0	4	Gerbier, R.	X												
0	0	0	5	Hinton, J.	X												
1	1	0	6	Ruffner, A.	X												
Quorum = 6					6	0	0	0	0	0	0	0	0	0	0	0	

Legend:

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

**Broward County HIV Health Services Planning Council
HIVPC MEMBERSHIP APPLICATION**



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



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



Dear Interested Party,

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

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

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

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

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

Approved

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Contact and Demographic Information

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

First Name: _____ Last Name: _____

Home Address: _____ Home Phone: _____

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

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

Business Address: _____ Business Phone: _____

City, State, Zip Code: _____ Fax: _____

Home Email: _____ Business Email: _____

Date of Birth: / /
 (mm) (dd) (yyyy)

➤ I prefer to receive phone calls and messages at: ☐ Home ☐ Work ☐ Cell

➤ I prefer to receive mail at: ☐ Home ☐ Work

➤ I prefer to receive email at: ☐ Home ☐ Work

➤ I prefer to receive HIVPC documents: ☐ Electronically (via ~~email~~) email ☐ Hard copy (via mail)

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

☐ Male ☐ Female ☐ Decline to state

➤ What is the current gender you identify with? (check all that apply):

☐ Male ☐ Female ☐ Transgender (Male to Female) ☐ Transgender (Female to Male)

☐ Unknown ☐ Decline to state

➤ Race (check all that apply): ☐ White ☐ Black ☐ Asian ☐ Native Hawaiian/Pacific Islander

☐ American Indian/Alaska Native ☐ Other (Specify) _____

➤ Ethnicity (check one):

☐ Hispanic/Latino ☐ Non-Hispanic ☐ Other (Specify) _____

➤ Hispanic Subgroup (check one if any):

☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other (Specify)

➤ Asian Subgroup (check one if any):

☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other (Specify)

➤ Native Hawaiian/Pacific Islander Subgroup (check one):

Approved

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

➤ **Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency?** ☐ Yes ☐ No

➤ **Do you self-identify as HIV positive?*** ☐ Yes, and I am open about my status ☐ No ☐ I do not wish to disclose

**Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*

➤ **If you self-identify as HIV positive, do you self-identify with any of the following risk factors?**

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

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

➤ **If you self-identify as HIV positive, how old were you when you were diagnosed?**

☐ 0-12 years old ☐ 13-19 years old ☐ 20-29 years old ☐ 30-39 years old
☐ 40-49 years old ☐ 50-59 years old ☐ 60 years old or older ☐ I do not wish to disclose

Recruitment Information

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

☐ Through a service provider/agency

☐ Email

☐ Online/Facebook/Twitter

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

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Categories of Membership (check all that apply)

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

Committee Assessment

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

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

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

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

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

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

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

General Information

Approved

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Describe the strengths, skills, resources, and community affiliations relating to serving underserved populations.

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

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

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

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

- ☐ I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Council and Committee meetings.
- ☐ I understand that to qualify for nomination to the Planning Council I **must be a member of a standing committee** and attend **a Pre-Appointment** Orientation.
- ☐ I understand that I must attend a post-appointment training within three (3) months of appointment to the Planning Council by the Broward County Board of County Commissioners. If I do not comply with this requirement, I could be removed from the Planning Council.
- ☐ I understand that serving on the Council and at least one of its Committees will require at least five hours per month, and that excessive absence will result in my removal from the Council and/or Committees. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from the Council if he/she misses three (3) consecutive Planning Council meetings or four (4) Planning Council meetings in a year in accordance with the County Ordinance.
- ☐ If appointed, I would be willing and able to fulfill the responsibilities and functions of a member of the Broward County HIV Health Services Planning Council.
- ☐ I am not an appointed member of any other Council or Board appointed solely by the Broward County Board of County Commissioners.
- ☐ **I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.**

Approved

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**Broward County HIV Health Services Planning Council
COMMITTEE MEMBERSHIP APPLICATION**



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



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Dear Interested Party,

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

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

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

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

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



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Contact and Demographic Information

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

First Name: _____ Last Name: _____

Home Address: _____ Home Phone: _____

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

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

Business Address: _____ Business Phone: _____

City, State, Zip Code: _____ Fax: _____

Home Email: _____ Business Email: _____

Date of Birth: ____/____/____
(mm) (dd) (yyyy)

➤ I prefer to receive phone calls and messages at: ☐ Home ☐ Work ☐ Cell

➤ I prefer to receive mail at: ☐ Home ☐ Work

➤ I prefer to receive email at: ☐ Home ☐ Work

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

☐ Male ☐ Female ☐ Decline to state

➤ What is the current gender you identify with? (check all that apply):

☐ Male ☐ Female ☐ Transgender (Male to Female) ☐ Transgender (Female to Male)

☐ Unknown ☐ Decline to state

➤ Race (check all that apply): ☐ White ☐ Black ☐ Asian ☐ Native Hawaiian/Pacific Islander

☐ American Indian/Alaska Native ☐ Other (Specify) _____

➤ Ethnicity (check one):

☐ Hispanic/Latino ☐ Non-Hispanic ☐ Other (Specify) _____

➤ Hispanic Subgroup (check one if any):

☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other (Specify)

➤ Asian Subgroup (check one if any):

☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other (Specify)

➤ Native Hawaiian/Pacific Islander Subgroup (check one):

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

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- Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency? ☐ Yes ☐ No
- Do you self-identify as HIV positive? * ☐ Yes, and I am open about my status ☐ No ☐ I do not wish to disclose
**Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*
- If you self-identify as HIV positive, do you self-identify with any of the following risk factors?
 - ☐ Hemophilia ☐ Heterosexual (Straight) ☐ Intravenous Drug User (IDU) ☐ Perinatal Transmission (Mother to Child)
 - ☐ Man who has sex with Men (MSM)(MSM) ☐ MSM/IDU ☐ Blood Transfusion ☐ I don't know/Unsure
 - ☐ I do not wish to disclose
- Do you receive Ryan White Part A services? ☐ Yes ☐ No ☐ I do not wish to disclose
- If you self-identify as HIV positive, how old were you when you were diagnosed?
 - ☐ 0-12 years old ☐ 13-19 years old ☐ 20-29 years old ☐ 30-39 years old
 - ☐ 40-49 years old ☐ 50-59 years old ☐ 60 years old or older ☐ I do not wish to disclose

disclose

Committees of the Broward County HIV Health Services Planning Council:

Community Empowerment Committee (CEC)

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

Membership/Council Development Committee (MCDC)

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

~~Needs Assessment/Evaluation Committee (NAE)~~

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

Priority Setting & Resource Allocation Committee (PSRA)

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

Quality Management Committee (QMC)

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

System of Care Committee (SOC)

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

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

☐ Community Empowerment Committee (CEC) ☐ Membership/Council Development Committee (MCDC)

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-
- ☐ Quality Management Committee (QMC)
 - ☐ Priority Setting & Resource Allocation Committee (PSRA)
 - ☐ System of Care Committee (SOC)



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

- ☐Community Empowerment Committee (CEC)
- ☐Membership/Council Development Committee (MCDC)
- ☐Needs Assessment/Evaluation Committee (NAE)
- ☐Quality Management Committee (QMC)
- ☐Priority Setting & Resource Allocation Committee (PSRA)
- ☐System of Care Committee (SOC)

Describe the strengths, skills, resources, and community affiliations relating to serving underserved populations.

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

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Recruitment Information

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

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

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

- _____

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

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

I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.

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Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
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Signature

Date

Approved ~~2.25.16~~3.14.19

FY 2018-19 Membership/Council Development Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Membership/Council Development Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Ensure HIVPC membership reflects the HIV demographics of the Broward EMA including 33% representation of unaffiliated PLWHA

Objective 1: Ensure HIVPC is representative and reflective

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review Council demographics to ensure it reflects the Broward epidemic, including at least 33% of members are unaffiliated PLWHA	Quarterly	Staff/MCDC	HIVPC reflects epidemic	Review council demographics at each MCDC meeting. Review changes to council demographics according to each applicant, prior to committee approval for HIVPC membership. Prioritize unaffiliated consumer demographics in order to maintain minimum of 33% PLWHA representation.	X						X	X	X			
1.2 Review seat status and ensure mandated seats are filled	Quarterly	Staff/MCDC	Ensure compliance	Monitor current member affiliations; ask members to update their contact information annually. Actively recruit members for vacant federally mandated seats.	X						X	X	X			
1.3 Announce vacant positions at each Executive/HIVPC meeting	Monthly	MCDC Chair	Public Awareness	Announce vacant positions and mandated seats during committee reports at each Executive and HIVPC meeting.	X	X	X	X	X		X	X	X	X	X	X

Objective 2: Develop application procedures and member selection process

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Review and update Recruitment & Retention Plan	Annually	Sub cmte/MCDC/Staff	Inform HIVPC of community identified barriers for further action	Designate Recruitment and Retention subcommittee to finalize recruitment work plan. Data: Recruitment WP												
2.2 Develop recruitment and website materials	As Needed	Staff	Strategic recruitment of new members	Prioritize the development of HIVPC brochure and other marketing materials.		X										

Objective 3: Implement capacity/leadership development for Planning Council Members, Applicants and Interested Parties

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Schedule ongoing Orientations for Interested Parties	As Needed	MCDC	Strategic recruitment of new members	Educate Interested Parties on topics including education about the 3 guiding ideas, the Ryan White Program, and the functions of the HIVPC Standing Committees.												
3.2 Conduct ongoing pre-appointment orientations to educate prospective members on the scope of committees and expectations of new members	As Needed	Staff	Educated HIVPC	Train prospective members on topics including education about the 3 guiding ideas, the Ryan White Program, and the functions of the HIVPC Standing Committees.							X					X
3.3 Offer mentorship and buddy programs as necessary	Quarterly	MCDC	Capacity building	Link new HIVPC and Committee members to experienced members to help facilitate understanding of the HIVPC processes												
3.4 Conduct quarterly post-appointment training to educate newly appointed members on HIVPC member roles and responsibilities	Quarterly/As Needed	MCDC Chair/HIVPC Chair & Vice Chair/Staff	Educated HIVPC	Train new members on topics including attendance policies, sunshine laws, grievance policies, service descriptions, mentor program, reimbursement policies, etc.	X							X				

1.) Committee Effectiveness

	Not Effective			Very Effective	
	1	2	3	4	5
How effective was MCDC in achieving goals of the Committee/HIVPC?					

What are 2 ways MCDC members could be more effective?

2.) Member Engagement

	Not Active			Very Active	
	1	2	3	4	5
How active do you think you have been in engaging new members?					

How will you engage new Committee and HIVPC members in FY19-20?

3.) Community Engagement

	Not Prepared			Very Prepared	
	1	2	3	4	5
How effective were you in engaging community members in the work of HIVPC and Committees?					

What can be done differently to ensure effective community advocacy and ambassadorship?

4.) Goals

	Not Effective			Very Effective	
	1	2	3	4	5
What are some FY2019 MCDC goals?					

What can be done differently to ensure effective community advocacy and ambassadorship?

5.) Trainings

List trainings you would like members to receive in FY2019
