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

Meeting Agenda: Membership/Council Development Committee
Date/Time: March 9, 2017, 9:30-11:30 a.m.
Location: A337
Chair: Vacant **Vice Chair:** Vincent Foster

1. **CALL TO ORDER:** *Welcome, Ground Rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 3/9/17 Agenda and 2/9/17 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.
      ACTION ITEM: Discuss Race/Ethnicity category in PC Roster
   b. Current Applicants, Interested Parties, and Appointments
      None.
   c. Planning Council and Committee Attendance, Warning Letters, and Removals (Handout B)
      ACTION ITEM: Update on individual member attendance, warnings and removals
4. **UNFINISHED BUSINESS**
   None.
5. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
Year in Review (Handout C)	ACTION ITEM: Discuss 2016 MCDC Year in Review
Membership/Council Development Committee Work Plans (Handout D)	ACTION ITEM: Review, discuss and approve FY2017 MCDC Work Plan
Recruitment Materials (Handout E)	ACTION ITEM: Review sample recruitment brochure/palm card
MCDC Policies and Procedures (Handout F)	ACTION ITEM: Review and approve policy for advancing alternates to full HIVPC membership and discuss maximum number of seats held in membership categories

6. **PUBLIC COMMENT**
7. **AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE:** June 8, 2017 **VENUE:** A-335

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

8. **ANNOUNCEMENTS**
9. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

Meeting Agenda: Membership/Council Development Committee
Date/Time: Thursday, February 9, 2017 9:30 a.m.
Location: Governmental Center Room A-337
Chair: Vacant **Vice-Chair:** Vincent Foster

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Burgess, D.	**X**			Barrientos, Y.
2	Foster, V. *Vice Chair*	**X**			Hyde, R.
3	Huggins, L.		**A**		**Grantee Staff**
4	Katz, H.B.	**X**			Odusanya, S.
5	Robertson, P.		**A**		Anderson, T.
6	Shamer, D.	**X**			**HIVPC Staff**
					Ewart. L
					Johnson, B.
	Quorum = 4	**4**			Oratien, V.

1. CALL TO ORDER

The Chair called the meeting to order at 9:33 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:** Burgess, D.
Action: Passed Unanimously

Motion #2: To approve the 1/12/17 minutes
Proposed by: Katz, H.B. **Seconded by:** Shamer, D.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a. Review HIVPC Demographics (Handout A): One Planning Council member resigned from the Membership/Council Development Committee and joined the Quality Management Committee in the last month. Otherwise, committee membership has remained the same. Yahaira Barrientos, who was conditionally approved at the January meeting, has completed the meeting requirements as of this month and will be on February HIVPC agenda.

b. Review Current Applicants, Interested Parties, and Appointments (Handout B): Some potential new members have expressed interest in joining committees like System of Care. Those who have inquired have been informed of the upcoming change in the meeting schedule of MCDC, and have been encouraged to have their applications in before the March meeting for review.

4. UNFINISHED BUSINESS

a. HIVPC Member Recognition: The Member Recognition Program was reviewed by the Executive Committee who proposed some revisions to the language. Changes were made to address the Executive Committee's concerns regarding wording and criteria, and the program is now more reflective of the high expectations to be met by Planning Council members in order to be recognized. The Executive Committee expressed that this may be more fitting as an annual form of recognition which can be dispensed at the retreat. MCDC will revisit this and put a timeline into place, most likely selecting a member between September and November. For this first recognition term, only a Planning Council member will be recognized. Later on, once the program has been implemented, it can be opened up to committees as well.

b. MCDC Quarterly Meeting Schedule: The committee looked at a mockup of the HIVPC website including the membership announcement and a link to the application. The process for applying and becoming approved will be explained there and the application displayed for interested parties. One member asked what sort of marketing materials would be used to drive community members to the website and, subsequently, the link. The PC Manager explained that this is only meant to be one point of access and will not replace paper applications or groundwork. It will still be up to Planning Council and committee members to recommend the best seat for the member. This is not targeted to select specific people for vacant seats. The Vice Chair suggested changing the color of links so that they stand out better against the site's background.

The MCDC Chair and Grantee Representative discussed the lack of new marketing materials. The Committee has yet to be presented with new materials which better grab the attention of community members. Both stated that eye-catching materials like palm cards, flyers, and brochures would go a long way in recruiting membership to the HIVPC. Staff responded that the search for a health marketing firm has been ongoing and would be the best route for engaging community members. The Chair reiterated that this approach has been unsuccessful so far, and it would be best for these materials to be generated in-house if that is how progress will be made.

Members also talked about the power of word-of-mouth for generating interest. One guest explained that she heard about the HIVPC through a member in conversation. That mention piqued her interest and motivated her to join. Every day, members come into contact with people who are unaware of the HIVPC, and by sharing their experiences can influence community members to join or simply attend meetings. It was also suggested that if members are inviting guests to attend, they start at the committee level rather than full Planning Council, because the HIVPC's formal nature may be intimidating for an interested party. Another idea was for the HIVPC leadership to reach out to those provider agencies with Community Advisory Boards to inform their board members of the HIVPC and its upcoming meetings and events. The Grantee Representative wanted to be sure that this would remain an agenda item so that it would continue to be addressed.

A guest, who has been distributing marketing materials for thirty years, commented that the materials do not matter unless they reach the right person. It is vital to target the intended audience in order to be successful. However it gets done, promotion is about getting to the consumer. One member suggested that a Planning Council subcommittee be convened in order to expedite the process of creating new marketing materials.

5. MEETING ACTIVITIES/NEW BUSINESS

By-Laws Parking Lot: The committee reviewed parking lot items. It was decided that Proposal 1, to create a process for transitioning alternates into full Council members, should be a Policies and Procedures change. There are currently no HIVPC alternates, which needs to be addressed by the HIVPC Chair. Proposal 2, to set maximum number of seats for each membership category, was also considered a Policies and Procedures change rather than a bylaws amendment. The rationale for Proposal 3, which standardized the committee application process, was that oftentimes members decide they want to be on a committee and get voted on. By providing criteria for committee membership, members can decide if they are in fact a good fit for their committees of interest. Conversely, Chairs can make more informed decisions regarding accepting members. This can be accomplished by filling out a questionnaire, for example. The goal of implementing this by-laws change is to build a more efficient Planning Council by strengthening its committees. That can be accomplished by streamlining the process and adhering to it.

6. PUBLIC COMMENT

None.

7. AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE: March 9, 2017 VENUE: TBD

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
Policy & Procedure Changes	Approve policies and procedures changes
Work Plan	Review and Implement the FY 2017-2018 work plan
Marketing	Follow up on marketing progress
Accomplishments & Challenges	Review MCDC's work over FY 2016-2017

8. ANNOUNCEMENTS

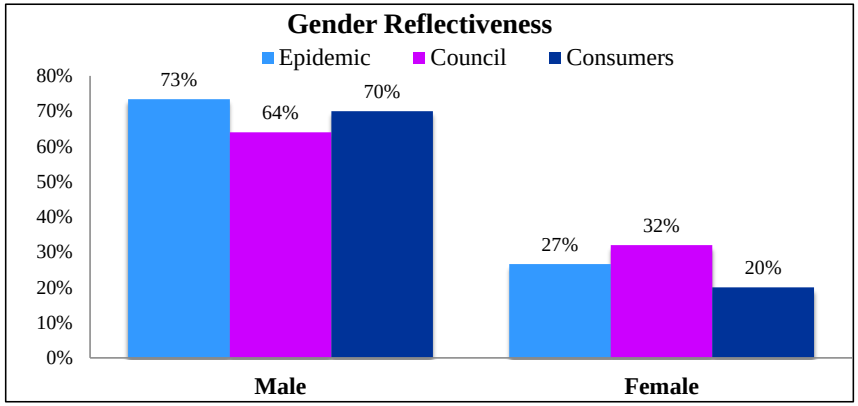
None.

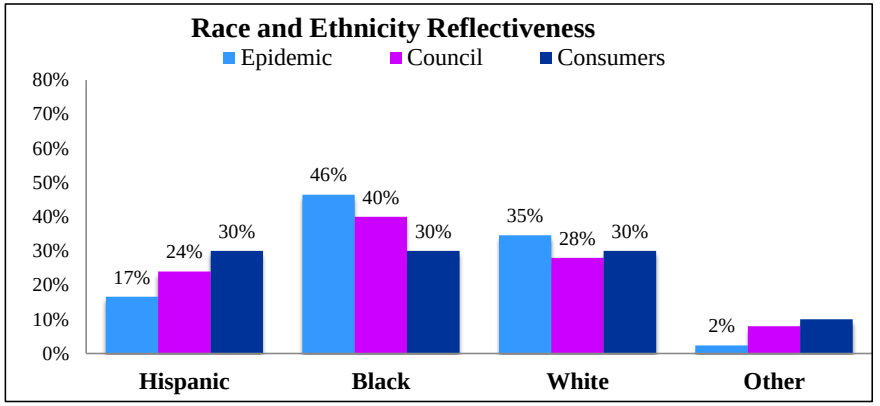
9. ADJOURNMENT

Without objection the meeting adjourned at10:59 a.m.

HANDOUT A

HIV Planning Council Membership Report
Current Through February 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%**

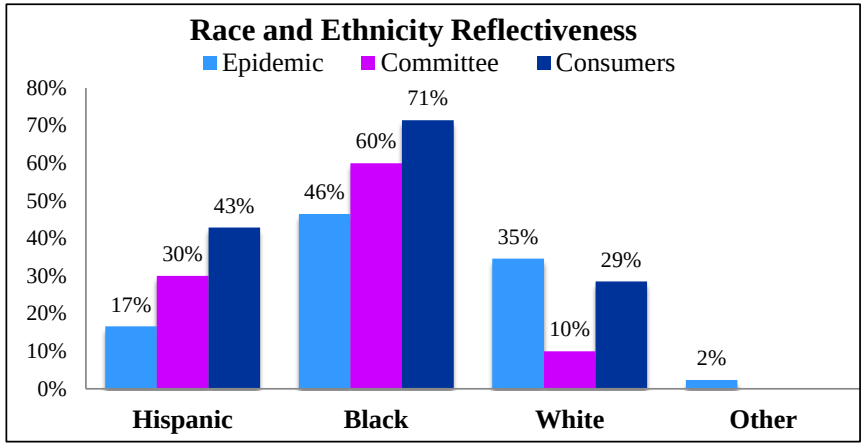
Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. Federally Recognized Indian Tribe Members
3. State Medicaid
4. Individual co-infected with Hep B or Hep C
5. Local Public Health Agency
6. Substance Abuse Provider
7. Alternates (3)

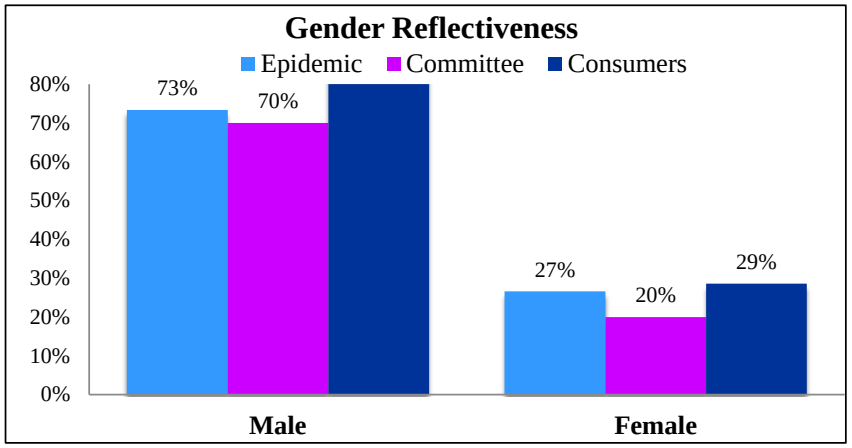
No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time, and no more than 40% of HIVPC members shall be Part A-funded providers.

% Part A-Funded Providers	*28%*

HANDOUT A

Community Empowerment Committee (CEC) Reflectiveness Report
Through February 2017



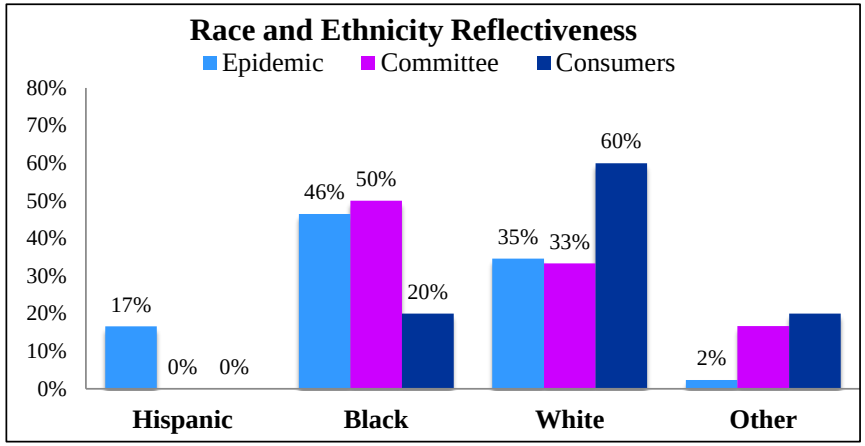


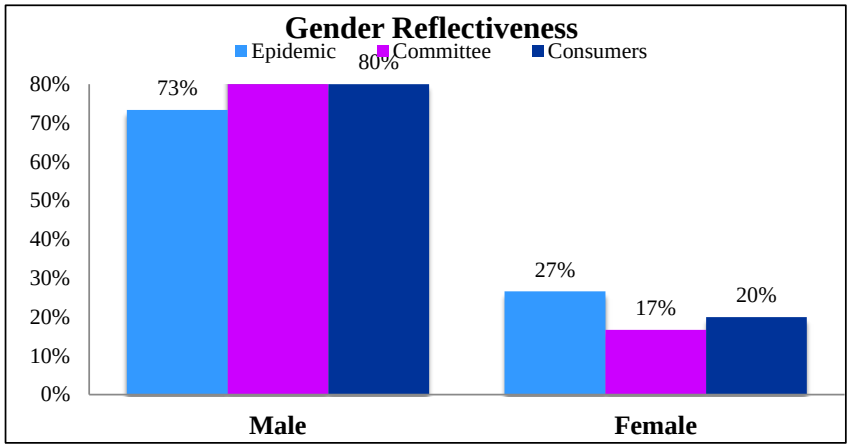
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,372	73%	7	70%	7	100%	-3%
Female	5,213	27%	2	20%	2	29%	-7%
Transgender	-	-	1	10%	1	14%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,253	17%	3	30%	3	43%	13%
Black	9,100	46%	6	60%	5	71%	14%
White	6,777	35%	1	10%	2	29%	-25%
Other	455	2%	0	0%	0	0%	-2%
Total	19,585	100%	10		7		

Current Members	10
% of Members That Are Unaffiliated Consumers	70%

HANDOUT A

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



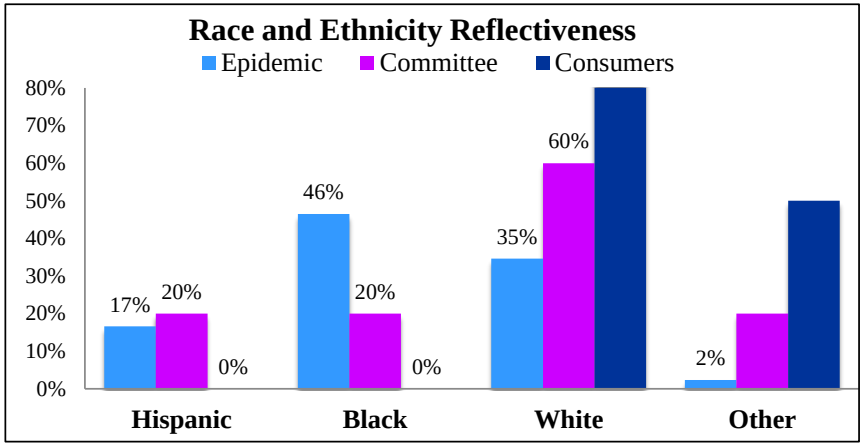


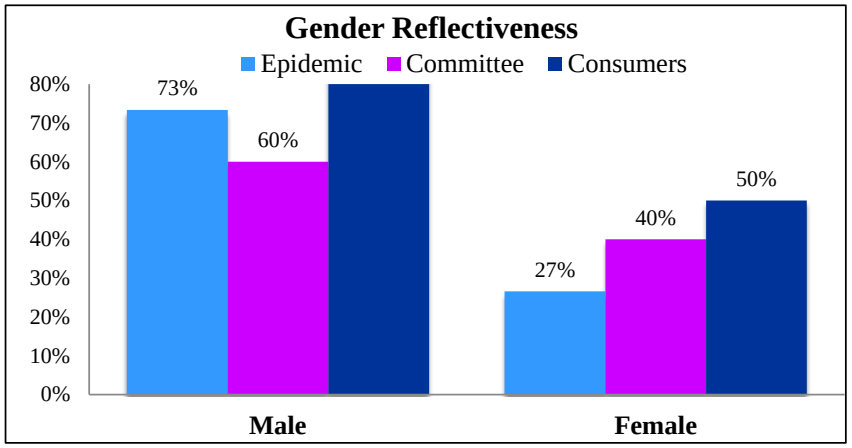
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,372	73%	5	83%	4	80%	**10%**
Female	5,213	27%	1	17%	1	20%	**-10%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,253	17%	0	0%	0	0%	**-17%**
Black	9,100	46%	3	50%	1	20%	**4%**
White	6,777	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%**

HANDOUT A

Quality Management Committee (QMC) Reflectiveness Report
Through February 2017





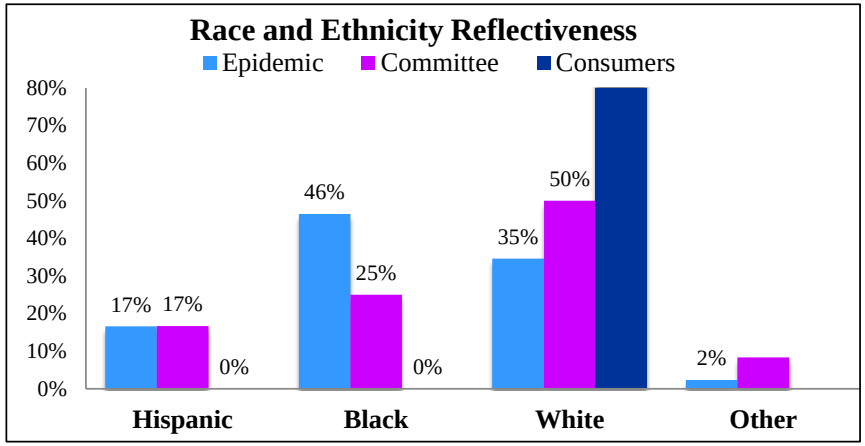
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,372	73%	3	60%	2	100%	**-13%**
Female	5,213	27%	2	40%	1	50%	**13%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,253	17%	1	20%	0	0%	**3%**
Black	9,100	46%	1	20%	0	0%	**-26%**
White	6,777	35%	3	60%	2	100%	**25%**
Other	455	2%	1	20%	1	50%	**18%**
Total	**19,585**	**100%**	**5**		**2**		

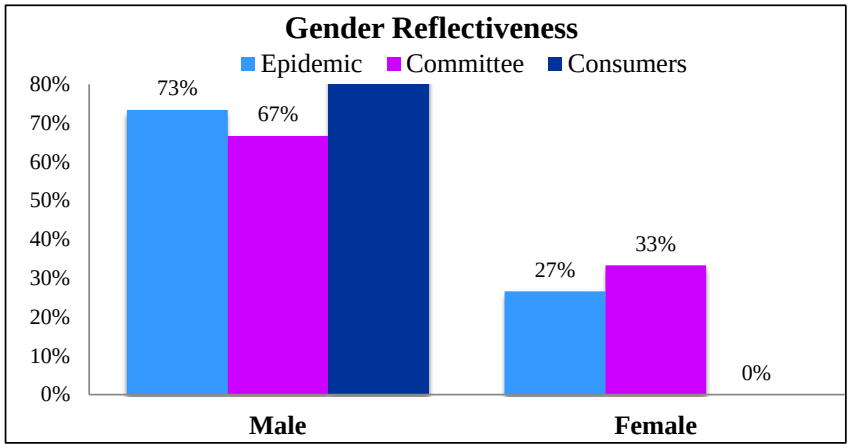
Current Members	5
% of Members That Are Unaffiliated Consumers	40%

HANDOUT A

Priority Setting & Resource Allocation Committee (PSRA) Reflectiveness Report

Through February 2017



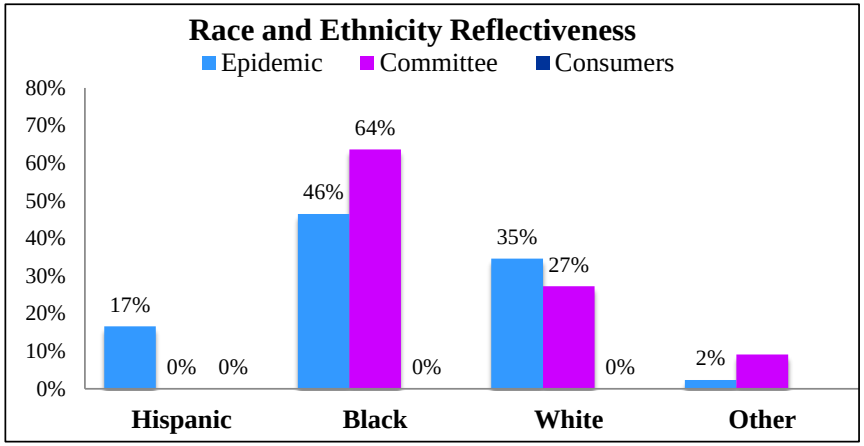


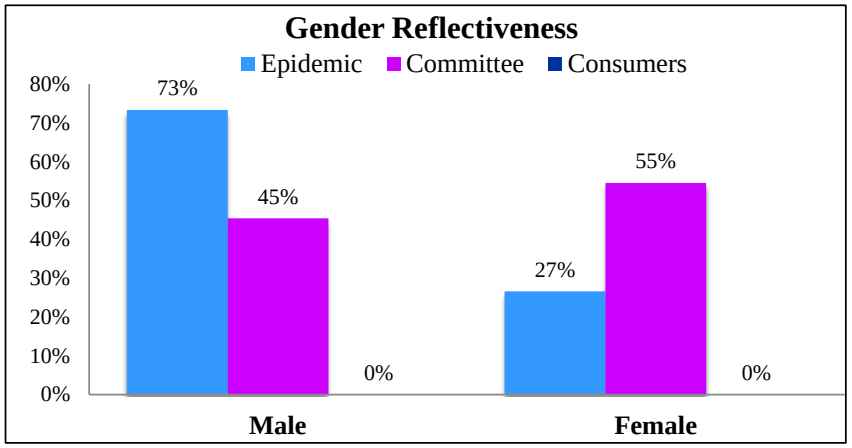
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,372	73%	8	67%	2	100%	**-7%**
Female	5,213	27%	4	33%	0	0%	**7%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,253	17%	2	17%	0	0%	**0%**
Black	9,100	46%	3	25%	0	0%	**-21%**
White	6,777	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%**

HANDOUT A

Executive Committee Reflectiveness Report
Through February 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%**

HANDOUT B

PCS Monthly Attendance Report

February 2017

200 Oakwood Lane
Hollywood, FL 33020

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

hivpc@brhpc.org
www.brhpc.org

HANDOUT B

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 (February-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 (February-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

HANDOUT B

February 2017 HIVPC and Standing Committee Attendance

The following records reflect attendance for February 2017 for the HIVPC and its standing committees. There were six meetings held in February.

Community Empowerment Committee (CEC)

Last Meeting: January 3, 2017

CEC member attendance through February 2017 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:	3	C											
		0	**1**	Arencibia, Y.	X												
1		0	**2**	Bhrangger, R.	X												
1	1	1	**3**	Burgess, D.	A												
		0	**4**	Fleurinord, P., *V. Chair*	X												
		0	**5**	Franks, H.	X												
1		1	**6**	Katz, H.B.	A												
1		0	**7**	Lint, A.	X												
1		0	**8**	Marcoviche, W.	X												
1		1	**9**	Parker, P.	A												
		0	**10**	Robertson, L., *Cha*	X												
1	1	1	**11**	Robertson, P.	A												
				Quorum = 7	7												

Membership Council/Development Committee (MCDC)

Last Meeting: February 9, 2017

MCDC member attendance through February 2017 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:	12	9											
1		0	**1**	Burgess, D	X	X											
		0	**2**	Foster, V., *V.Chai*	X	X											
1		2	**3**	Robertson, P.	A	A											W 2/10
1		2	**4**	Huggins, L.	A	A											W 2/10
1		0	**5**	Katz, H.B.	X	X											
				Schweizer, M.	Z-1/10												
1		0	**6**	Shamer, D.	X	X											
				Quorum =4	4	4											

HANDOUT B

Priority Setting and Resource Allocation Committee (PSRA)

Last Meeting: February 15, 2016

PSRA member attendance through February 2017 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:	CX	15											
		0	**1**	Bell, J.	NQX	X											
		1	**2**	DeSantis, M.	NQA	A											W-2/16
1		0	**3**	Gammell, B.	NQA	X											
		0	**4**	Grant, C.	NQX	X											
		1	**5**	Hayes, M.	NQX	A											
1		0	**6**	Katz, H.B.	NQE	X											
		1	**7**	King, J.	NQX	A											
		0	**8**	Lopes, R.	NQA	X											
		0	**11**	Schickowski, K.	NQX	X											
1		0	**12**	Shamer, D.	NQA	X											
		0	**13**	Siclari, R., *V. Chair*	NQA	X											
		0	**14**	Spencer, W. *Chair*	NQX	X											
				Quorum = 8	6	9											

HANDOUT B

Quality Management Committee (QMC)

Last Meeting: February 27, 2016

QMC member attendance through February 2017 is reflected in the table below:

Consu...	PLWH	Absen...	Count	Meeting Month:	Jan	Feb		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	CX	6	27	20										
		0	**1**	Earp, A.	Z - 1/12													
		0	**2**	Grant, C., *Chair*	NQX	X	X											
1	1	3	**3**	Huggins, L.	NQA	A	A											R - 3/3
1	1	1	**4**	Katz, H.B.	NQA	X	X											
1	1	1	**5**	Runkle, D.	NQA	X	X											
		1	**6**	Soto, T.	NQA	X	X	Z - 3/4										
		1	**7**	Taveras, J.	NQA	X	X											
		1	**8**	Schweizer, M.	N-1/26	X	A											
				Quorum = 4	1	6	5											

System of Care Committee (SOC)

Last Meeting: May 25, 2016

SOC member attendance through February 2017 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**	Hayes, M. *Chair*													
1	1	0	**2**	Katz, H.B.													
		0	**3**	Kress, G.													
		0	**4**	Lopes, R.													
		0	**5**	Robertson, P.													
				Quorum = 4													

Executive Committee

Last Meeting: February 16, 2017

Executive member attendance through February 2017 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:	19	16											
		0	**1**	Earp, A.	Z- 1/12												
		0	**2**	Edwards, C.	X	X											
		2	**3**	Fleurinord, P.	A	A											
		0	**4**	Foster, V.	X	X											
1		0	**5**	Gammell, B *Chair*	X	X											
		0	**6**	Grant, C.	X	X											
		1	**7**	Hayes, M.	X	A											
		0	**8**	Lopes, R., *V.Chair*	X	X											
	1	1	**9**	Robertson, L.	A	X											
		0	**10**	Siclari, R.	X	X											
	1	0	**11**	Spencer, W.	X	X											
				Quorum(Chairs) =7	8	8											

HIV Planning Council (HIVPC)

Last Meeting: February 23, 2017

HIVPC member attendance through February 2017 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:	26	23											
		0	**1**	Arenciaba, Y.	X	X											
		0	**2**	Bell, J.	X	X											
1	1	0	**3**	Bhrangger, R.	X	X											
1	1	0	**4**	Burgess, D.	X	X											
		0	**5**	DeSantis, M.	X	X											
	1	0	**6**	Gammell, B., *Chair*	X	X											
		0	**7**	Grant C.	X	X											
		1	**8**	Hayes, M.	X	A											
		2	**A**	Holness, D. V.C. (Comm)	A	A											
1	1	0	**9**	Huggins, L.M.	A	A											W- 2/28
1	1	0	**10**	Katz, H.B.	X	X											
		0	**11**	King, J.	X	X											
1	1	0	**12**	Lint, A.	X	X											
		0	**13**	Lopes, R., *V. Chair*	X	X											
1	1	0	**14**	Marcoviche, W.	X	X											
		1	**15**	Moragne, T.	A	X											
1	1	1	**16**	Parker, P.	A	X											
	1	0	**17**	Robertson, L.	X	X											
1	1	2	**18**	Robertson, P.	A	A											W-2/28
1	1	0	**19**	Runkle, D.	X	X											
		0	**20**	Schweizer, M.	X	X											
1	1	0	**21**	Shamer, D.	X	X											
		1	**22**	Siclari, R.	X	A											
	1	0	**23**	Spencer, W.	X	X											
		0	**24**	Taylor-Bennett, C.	X	X											
		2	**25**	Thomas-Purcell, K.	A	A											W-2/28
				Quorum = 14	20	20											

Ad-Hoc committees are committees established for a limited time or limited and definite purpose, and they meet on an as-needed basis. The HIVPC currently has one active ad-Hoc committee: the ad-Hoc Local Pharmacy Advisory Committee (LPAC). The following records reflect attendance through February 2017 for the HIVPC's ad-Hoc committee.

Local Pharmacy Advisory Committee (LPAC)

Last Meeting: April 9, 2015

Committee member attendance through February 2017 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**	Ehren, M.													
		0	**2**	Leverence, S.													
		0	**3**	Maharaj, A.													
		0	**4**	Proulx, D., *Chair*													
		0	**5**	Sherman, E.													
				Quorum = 4													

HANDOUT C

MCDC 2016 YEAR IN REVIEW

Highlights

- HIVPC Membership:
  - 7 new HIVPC members added in 2016
  - 4 HRSA mandated seats filled
    - Part B Grantee
    - Grantee of Federally Funded Prevention Programs
    - Recently Incarcerated Or Their Representative
    - Hospital or Health Planning Agency
  - 1 new HIVPC member in 2017, multiple interested parties

- HIVPC Reflectiveness
  - 56% of HIVPC members are HIV+
  - Broward's HIVPC exceeds HRSA's 33% unaffiliated consumer mandate; 40% of HIVPC members are Unaffiliated Ryan White Consumers

Challenges and Next Steps

- Limited participation in community events - the MCDC membership will focus on targeted recruitment for vacant positions and participate in relevant community events and outreach
- Outdated recruitment materials- the MCDC is revising their recruitment materials to provide a new and engaging medium for recruitment (brochure, palm cards, etc.)
- Vacant MCDC Chair - The HIVPC Chair is looking for a qualified and dedicated MCDC Chair to lead the Committee. In the meantime, the MCDC Vice Chair continues to provide strong leadership for the Committee
- Waning membership and meetings cancelled due to lack of quorum- MCDC has moved to a quarterly meeting schedule to ensure purposeful and streamlined meetings with improved participation from members

Next Steps/ Upcoming Initiatives

The MCDC will refocus their efforts in 2017 with new MCDC Work Plans and a quarterly meeting schedule. With the development of new recruitment materials, and targeted recruitment, the MCDC hopes to bring excited new members to the HIV Planning Council.

HANDOUT C

Committee Goals for 2017:

1. _____
2. _____
3. _____

HANDOUT D

FY 2017-18 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	X

Objective 2: Develop application procedures and member selection process

Activities		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				X								
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.												
2.3 Revise MCDC Policies and Procedures to clearly outline member application process	Annually	MCDC	Improved process	Establish recruitment targets for HIVPC and Committees, with emphasis on HRSA mandated vacancies, demographics and HIVPC Alternates							X					

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

Activities		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.												
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		X			X			X			X	
3.4 Conduct quarterly post-appointment training to educate newly appointed members on HIVPC member roles and responsibilities	Quarterly	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			X			X	

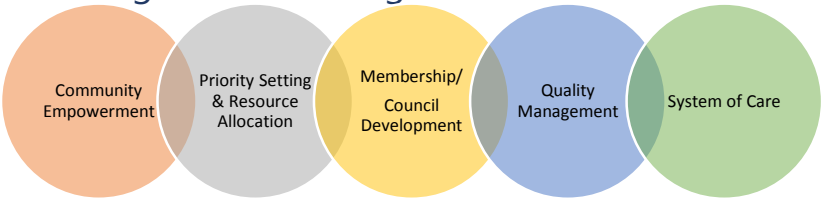
HANDOUT E

Join the HIV Planning Council!

What? The HIV Planning Council plans HIV/AIDS services for Broward County to make the best use of its funding.

Why? Members serve on the Planning Council and its committees to improve the quality of care for those living with HIV/AIDS in Broward.

How? Most of the Planning Council's work is done through its 5 standing committees:



Get Involved!

Visit Our Website for Our Next Meeting:
http://www.brhpc.org/programs/hiv-planning-council
Contact Us: Call: (954) 561-9681 ext. 1343 Email: hivpc@brhpc.org

HANDOUT E

About Our Committees

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

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.

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/client training/education.

Priority Setting Resource Allocation (PSRA) Committee - 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.

System of Care (SOC) Committee - 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.

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and services provided to all patients receiving Part A and MAI-funded services.

Scan to Learn More

HANDOUT E

The HIV Planning Council plans HIV/AIDS services for Broward County to make the best use of its funding.

Most of the Planning Council's work is done through its **5 standing committees:**

- Community Empowerment
- Priority Setting & Resource Allocation
- Membership/Council Development
- Quality Management
- System of Care

Members serve on the Planning Council and its committees to **improve the quality of care** for those living with HIV/AIDS in Broward.

HIVPC

Broward County HIV Health Services Planning Council

Get Involved!

Call: (954) 561-9681 ext. 1343
Email: hivpc@brhpc.org

HANDOUT E

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HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and services provided to all patients receiving Part A and MAI-funded services.

Visit Our Website for Our Next Meeting:
http://www.brhpc.org/programs/hiv-planning-council

HANDOUT E

What?

The HIV Planning Council plans HIV/AIDS Services for Broward County to make the best use of funding.

How?

Most of the Planning Council's work is done through its 5 standing committees. Each committee's work is vital to the work of the Planning Council.

Why?

Because the individuals who serve on the Planning Council and its committees are passionate about improving the quality of care for those living with HIV/AIDS in Broward County.

Want More Information?

Call: (954) 561-9681 ext. 1343
Email: hivpc@brhpc.org

HANDOUT E

About Our Committees

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

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http://www.brhpc.org/programs/hiv-planning-council

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Policies and Procedure

Approved 1/26/17

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 1/28/10).

Affirmative outreach shall be made to attract qualified candidates for membership on the Council with particular attention to gender balance and adequate representation from racial and ethnic minorities. As part of the Council's efforts to increase the percentage of individuals with HIV on the Council, the Broward County Commission should strive, whenever possible, to appoint individuals with HIV to vacancies not only in that category but to other categories as appropriate.

There shall be a minimum of three individuals with HIV who shall serve as alternates appointed and approved by the Broward County Commission (Approved 2/20/14). The latter may only serve as voting members in Council meetings for any period of time that a member with HIV is unable to serve due to HIV-related illness. In such case, the Chair shall appoint an alternate who, to the greatest extent possible, matches the gender, race and/or ethnic background of the individual with HIV that is absent. Thereafter, alternates, as directed by the Chair, shall alternate their substitution for PWA members unable to serve due to HIV-related illness. Alternates shall comply with attendance requirements at Council meetings.

Council members and alternates as well as committee members must meet attendance requirements in accordance with the Code of the County, except that absences from meetings by individuals because of illness related to their HIV shall not be counted as an absence. Council members and/or alternates (appointed by the County Commission) and committee members will automatically be removed from the Planning Council or committee that meets more frequently that quarterly if he/she: 1) has three (3) consecutive unexcused absences regardless of year, or 2) misses four (4) meetings in one (1) calendar year (January-December) because of unexcused absences. A committee member will automatically be removed from a committee that meets on a quarterly or less frequent basis if he/she: 1) has two (2) consecutive unexcused absences regardless of year, or 2) misses two (2) meetings in one (1) calendar year (January-December) because of unexcused absences. (Approved 9/2008 for Council, 9/2009 for Committees). A letter signed by the Planning Council Chair or Vice Chair will be sent to Council members and/or alternates and committee members at risk of exceeding allowed number of absences, informing them of their attendance record and stating that one more additional absence will result in their removal from the Council.

Council members and alternates are required to serve on at least one standing committee. If a Council member/alternate should resign or be removed from a committee, s/he will have 30 days to select a new committee in which to become a member. If a committee is not selected within the 30 day timeframe, the member/alternate will be removed from the Council (Approved 2/20/14).

The Committee shall be responsible for recommending removal of Council members and Alternates in accordance with the Council By-Laws. Council members and Alternates may be removed for cause by a full Planning Council vote. Cause for removal may include failure to fully participate on the Planning Council, including not participating on a standing committee. Other causes for removal may include misrepresentation of the Council and/or failure to abide by the Council By-Laws.

If a Council member is removed from the Council, to be recommended for reappointment, s/he must go through the original membership process as stated in the MCDC Policies and Procedure. The Council may recommend the reappointment of members whose absences were caused by extenuating circumstances.

REMOVAL PROCESS

A. Removal for Attendance

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

B. Removal for Cause

1. All recommendations for removal of a Member for cause must be documented as follows and submitted to the Membership/Council Development Committee:
    a. Name(s) of Council or Committee Member(s) recommending the removal (required).
    b. Name of Council Member or alternate recommended for removal.
    c. Written description of the action(s) prompting the request.
    d. Date(s) and location(s) where the action(s) took place.

e. Signature(s) and date of submission of Council or Committee Member(s) recommending the removal.
f. Written notice of recommendation for removal must be given to a member or alternate.

2. The Membership/Council Development Committee will review the status of current members and alternates and recommend removal from the Council by the Board of County Commissioners if the member or alternate:
   a. Refuses to cooperate in a conflict of interest review;
   b. Has been found to have knowingly taken action(s) intended to influence the conduct of the Council in a manner as defined in the By-Laws as a conflict of interest; or
   c. For violation of the Broward County HIV Health Services Meeting Ground Rules
   d. Any violation of the By-Laws
   e. Violation of Sunshine Law or Code of Ethics
   f. Does not attend a post-appointment training within 3 months of appointment to the Planning Council by the Broward County Board of County Commissioners.
3. The Membership/Council Development Committee will:
   a. Review all such requests for removal from the Council at its regular Committee meeting, unless the Chair of the Council or the Chair of the Committee requests that a special meeting be convened.
   b. If Committee determines a complaint has merit, the Committee will proceed with the investigation to be completed within sixty (60) days from date of merit determination. The Member being recommended for removal will be notified by certified mail once the complaint is determined to have merit.
   c. The Membership/Council Development Committee will investigate and may call witnesses, which should include the Member being recommended for removal, to ensure that all pertinent information is considered. The Member being recommended for removal may also call witnesses or bring written documentation to address the allegations.
   d. Following consideration of all the information available to the Committee, a majority vote of the Committee will make recommendations to the Executive Committee for appropriate action.
   e. Final disposition must be reported to the Executive Committee, the Member filing the complaint and the Member being recommended for removal. In addition, the final disposition will be reported in the Executive Committee Report on the Planning Council Agenda.

C. Removal Recommendation

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

REINSTATEMENT POLICY

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

Procedures

Membership:

Open, well publicized recruitment activities will occur. Membership applications and "Interested Party" brochures are available at all meetings of the Council and at all outreach and business meetings in the community. The MCDC Chair is responsible for offering to visit, specifically, case management agencies in efforts to encourage the recruitment of consumers for potential Council membership. While conducting recruitment, members should encourage interested parties to join committees or the HIVPC, and may discuss the roles, purpose, and benefits of serving on the HIVPC or its committees. Members may not, however, offer an official opinion or statement of the HIVPC, or speak on behalf of the HIVPC.

Council staff will verify that all active/pending applications meet the non-conflict of interest requirements as applicable, note any changes in employment or affiliation status, and present the eligible applications to the Membership Committee for review. All prospective Planning Council members other than those in mandated seats by virtue of employment are required to participate in any three HIVPC Standing Committee meetings within a 120 day period, and attend a membership orientation prior to being considered for appointment to the Planning Council (Approved 11/19/15). Applicants will receive a package of information that contains specific questions regarding the applicant's interest in becoming a Council and/or a Committee member. Committee information will be included in the package.

Applications will be screened and rated based on (Approved 1/26/17):

1. Ability to fulfill membership representation deficiencies/vacancies;
2. Experience and expertise to fulfill a particular category of membership;
3. Status as current HIVPC Alternate;
~~3.~~4. Participation on Committees;
~~4.~~5. Attendance at Orientation; and
~~5.~~6. Other identified criteria.

As part of the MCDC's selection process for new applicants, the following will be used based on priority (Approved 1/26/17):

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 11/19/15).

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 seat.
- Planning Council demographics are overrepresented of unaffiliated PLWHAs
- To fulfill By-Laws mandate of a minimum of 3 Alternates (Approved 1/26/17)

~~Alternates will be acknowledged for their commitment when attending Planning Council meetings.~~ When eligible, Alternates will be advanced to full HIVPC membership status based on screening criteria.

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 (Approved 1/26/17)

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."

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.
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 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 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 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 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 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 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 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 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 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 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 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 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.
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 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).