

Houston Area HIV Services Ryan White Planning Council

Operations Committee Meeting

2:00 pm, Tuesday, July 18, 2017

Meeting Location: 2223 W. Loop South, Suite 240

Houston, Texas 77027

AGENDA

* = Handout to be distributed at the meeting

-
- I. Call to Order Curtis Bellard and
Nancy Miertschin, Co- Chairs
- A. Moment of Reflection
 - B. Adoption of the Agenda
 - C. Adoption of the Minutes
- II. Public Comments and Announcements
- (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV/AIDS status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV/AIDS status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person with HIV/AIDS", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization.
- III. Old Business
- A. Update on report training
 - B. Council Training – HIV Anti-Stigmatizing Language (Sept?)
 - C. Review Council Policies
 - 200.01 Nominations Screening Process
 - Recruitment/Advertisement
 - Line 57: See attached applications for annual review
 - Line 75: Spanish availability
 - 200.02 Appointment of Council
 - See attached letter
 - See attached matrix
 - Petty Cash Policy: ***staff suggested change*** – members who receive petty cash for travel and are employed in full time positions must use their work address as point of origin for mileage.
- IV. New Business
- A. 2017 Attendance
- V. Announcements
- VI. Adjourn

OPTIONAL: Members meet with Committee Mentor

Skeet Boyle

Houston Area HIV Services Ryan White Planning Council

Operations Committee Meeting

2:00 pm, Thursday, May 16, 2017

Meeting Location: 2223 W. Loop South, Suite 240; Houston, Texas 77027

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Curtis Bellard, Co-Chair		Cecilia Ross, RWPC Chair
Nancy Miertschin, Co- Chair		Tori Williams, Office of Support
Ardry “Skeet” Boyle		Rod Avila, Office of Support
Denis Kelly		Marcus Benoit, The Resource Group
Carol Suazo		Ella Collins-Nelson
Isis Torrente		Johnny Deal
		Tracy Gorden
		Angela F. Hawkins
		Alex Moses
		Samantha Robinson

Call to Order: Nancy Miertschin, Co-Chair, called the meeting to order at 2:03 p.m. and asked for a moment of reflection.

Adoption of the Agenda: ***Motion #1:*** *it was moved and seconded (Boyle, Bellard) to adopt the agenda. Motion carried unanimously.*

Approval of the Minutes: ***Motion #2:*** *it was move and seconded (Kelly, Torrente) to approve the April 18, 2017 minutes. Motion carried unanimously.*

Public Comment: None.

Review Meeting Structure: Williams explained that the first part of the meeting would be a *How to Best Meet the Need Workgroup* meeting for the 2018-2019 Blue Book. Then, the Operations Committee will review and vote on recommendations coming from the workgroup.

How To Best Meet the Need Workgroup Meeting

Williams provided an overview of the tasks necessary to publish the Houston Area HIV Resource Directory (more commonly known as The Blue Book) every other year. Between publications, reprints are needed. Williams outlined the cost of reprinting the 2018-2019 Blue Book in late 2018. ***Motion #3:*** *it was moved and seconded (Bellard, Boyle) to approve a budget of \$17,000 to reprint the Blue Book in FY 2018. Motion carried. Abstention: Kelly.*

The workgroup meeting adjourned at 2:22 p.m.

(minutes continued on next page)

The Operations Committee meeting continued as follows:

Recommendations from the How To Best Meet the Need Workgroup:

The Committee reviewed the recommendation regarding funds to reprint the Blue Book in FY 2018. **Motion #4:** *it was moved and seconded (Torrente, Boyle) to approve a budget of \$17,000 to reprint the Blue Book in FY in 2018. Motion carried. Abstention: Kelly.*

FY 2018 Council Support Budget

Policy for Approving the Council Support Budget. Williams reviewed the policy for approving the Council Support Budget. Per Council policy, Carin Martin, Manager of Ryan White Grant Administration, has reviewed the proposed FY 2018 Council Support Budget and sees nothing in the budget that is counter to HRSA guidelines or policies. **Motion #5:** *it was moved and seconded (Boyle, Torrente) to approve the FY 2018 Council Support Budget as presented. Motion carried unanimously.*

Old Business

Update on Election for Council Vice Chair: Torrente nominated Tracy Gorden for Vice-Chair. Williams will follow up with Gorden to see if he is willing to accept the nomination.

Update on report training: Miertschin stated that preparations are coming along for the upcoming special Council training which I scheduled for May 23, 2017.

Office of Support Emergency Procedure: Williams described procedures that are now in place with the Office of Support staff if a safety issue were to arise during a Ryan White meeting.

Miertschin called for a recess at 2:44 p.m. Miertschin called the meeting back to order at 2:51 p.m.

Review Council Policies:

Petty Cash Policy: Williams suggested that Committee members review the petty cash policy carefully and consider making changes that will require Council members who work full time and receive petty cash for travel, use their work address as the point of origin for mileage. Boyle suggested allowing members to submit a waiver if their personal situation does not fit within the policy. Williams will develop suggested text.

Announcements: Boyle announced that his daughter is doing better. Torrente stated that her recent trip to San Francisco was productive.

Adjournment: **Motion #6:** *it was move and seconded (Boyle, Bellard) to adjourn the meeting at 3:15 p.m. Motion carried unanimously.*

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

PUBLIC COMMENT

June 1, 2017

To the Operations Committee

Please consider adding to the employer/petty cash change, a statement from the employer regarding their possible payment of employee mileage to offsite meetings (like Ryan White meetings).

Bruce Turner

Training Topics for 2017 Ryan White Planning Council Meetings (updated: 03-21-17)

DRAFT

Shading = may be room on agenda for a second speaker

Month	Topic	Speaker
January 26 2017	Council Orientation	N/A
February 9	END HIV Houston Crosswalk: END HIV Houston and 2017 Houston Area HIV Prevention and Care Comp. Plan	Venita Ray, Coordinator, END HIV Houston, Legacy Amber Harbolt, Health Planner, Office of Support
March 9	2017 HIV Comprehensive Plan: Council Activities How To Best Meet the Need Process & Training	Amber Harbolt, Health Planner, Office of Support Robert Noble & Gloria Sierra, Quality Improvement
April 13	Houston HSDA HIV Care Continuum	Ann Dills, Texas Dept. of State Health Services
May 11	DSHS Legislative Update (include ADAP update)	Shelly Lucas, Texas Dept. of State Health Services
June 8	Project LEAP Presentation	Project LEAP 2017 Students
July 13	Priority Setting and Allocations Processes	Ella Collins-Nelson & Paul Grunenwald, Co-Chairs, Priority & Allocations
August 10	DSHS Budget & Program Update TENTATIVE: Southern Cities Initiative	Shelly Lucas, Texas Dept. of State Health Services Carin Martin working on a speaker
September 14	Prevention Of Domestic & Sexual Violence	RW Grant Administration staff
October 12	TENTATIVE: Update on ACA EIIHA Update	Carin Martin, RWGA Amber Harbolt, Health Planner
November 9	We Appreciate Our External Members Election Policy	Chair, Ryan White Planning Council Operations Committee
December 14	Elections for the 2018 Officers	Co-Chairs, Operations Committee

Requests: DSHS Updates (2/year) Training in reading Council reports
 Training in how to be a good committee participant: keep questions related to the topic

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL (RWPC)

EST. JUL 15, 1998

REV DECEMBER 13, 2007

POLICY No. 200.01

NOMINATIONS SCREENING PROCESS

1 **PURPOSE**

2
3 This policy establishes guidelines by which members are nominated for membership on the
4 Houston Area HIV Health Services Ryan White Planning Council (RWPC).
5

6 **AUTHORITY**

7
8 The Nominations Screening Process is referred to in the RWPC Bylaws Article II; Section 2.01-
9 2.05. The CARE Act as amended (currently referred to as the Ryan White HIV/AIDS Treatment
10 Extension Act of 2009 or the Ryan White Program), Section 2602(b)(1) states: "Nominations to
11 the planning council shall be identified through an open process and candidates shall be selected
12 based on locally delineated and publicized criteria. Such criteria shall include a conflict of
13 interest standard that is in accordance with paragraph (5)." (See RWPC Policy No.800.01)
14

15 **PROCESS**

16
17 The Nominations Screening Process will be as follows: The process shall be continuous and/or
18 as needed to fill vacancies in Council membership. The Council shall work with the CEO's
19 office in an attempt to see that no Council seat is vacated for more than three months. All terms
20 begin in January unless a Council member is selected to fill an unexpired term.
21

22 The process will be an open-ended process available to all interested persons wishing to serve.
23

24 With the exception of persons representing HRSA required government organizations, such as
25 Medicaid, HOPWA and others, candidates will be subject to the Nominations Screening Process
26 conducted by the Operations Committee. The Operations Committee can request a courtesy
27 interview with the purpose of making recommendations to the Council Chair regarding
28 committee placement.
29

30 **RYAN WHITE PLANNING COUNCIL REPRESENTATION:**

31 See HRSA grant instructions.
32

33 The composition of the RWPC will be reflective of the local HIV/AIDS epidemic and according
34 to HRSA policy. Besides the HRSA required representation categories of Planning Council
35 Membership, the RWPC may also request other positions/representation, subject to the approval
36 of the CEO, in order to maintain diversity within the RWPC reflecting the pandemic and/or
37 needed expertise within the EMA. These positions are subject to the Nominations Screening
38 Process.
39

40 **RECRUITMENT/ADVERTISEMENT:**

41 The Operations Committee shall announce the Nominations Screening Process by notification to
42 interested and affected groups in the form of press releases, advertisements, flyers/brochures, etc.

43 Announcements should be targeted to the following organizations and communities:

- 44 • Local HIV/AIDS organizations
- 45 • Veterans, Gay, Lesbian, Bi-sexual, Transgender, African American, Hispanic,
- 46 • Asian, Rural and other communities
- 47 • Project LEAP students

48
49 Recommendations for vacant positions which occur during the year will be selected from this
50 pool of applicants.

51
52 Included in the announcement, will be the name of the contact person to call regarding
53 Information about the Nominations Screening Process. All forms which need to be completed by
54 a potential applicant will be available from the contact person.

55
56 **NOMINEE APPLICATION:**

57 Council Application: Forms for RWPC membership will be reviewed annually by the Operations
58 Committee for revisions/changes to the forms and will be made available in English and Spanish.

59
60 With the exception of persons representing HRSA required government organizations, such as
61 Medicaid, HOPWA and others, persons interested in serving on the RWPC must submit a
62 completed nominee application form to the Operations Committee. Staff will contact an
63 applicant if their form is not complete and inform them that the Committee will not interview a
64 candidate with an incomplete application form.

65
66 Interviews with a potential nominee will be scheduled after an application is received. The
67 interview process will be used to determine the applicants' interest, experience, background and
68 availability of time. Open-ended questions will be used to clarify answers given in response to a
69 specific list of questions. The goal is to obtain as much appropriate information as possible about
70 the applicant. During the process, the potential applicant will be able to ask questions of the
71 Operations Committee.

72
73 External Committee Applications: Forms for External Committee membership will be reviewed
74 annually by the Operations Committee for revisions/changes to the forms and will be made
75 available in English and Spanish. External Committee application forms are to request two
76 references and contact information for these references. The Planning Council Chair, or his/her
77 designated representative, will use a standard interview form to document information provided
78 by the two references

79
80 The following items will be addressed during the interview and on the application:

81
82 **TIME COMMITMENT:**
83 Each applicant shall be informed of the time commitment necessary to participate as a RWPC
84 member. Minimum time requirements are at least four (4) hours per month. Two (2) hours for
85 monthly RWPC meetings and two (2) hours for monthly Service Committee meetings. This
86 information is to be included on the application form.

87
88 **CONFLICT OF INTEREST:**
89 Applicants will be informed that individual Planning Council members who are members of or
90 who have a financial interest in an organization receiving and/or seeking Ryan White Part A or B
91 or State Services funding will be informed of the conflict of interest policies and procedures

92

93 **HIV DISCLOSURE:**

94 Persons who are self-identified as being HIV positive or having AIDS may choose whether or
95 not to reveal their HIV/AIDS status. All laws regarding HIV/AIDS confidentiality are adhered
96 to. This information is included on the Application form. Once an interview is completed the
97 information will be recorded.

98

99 **CONSIDERATION OF APPLICANTS:**

100 The Operations Committee will consider all applications in order to ensure that the PC is
101 balanced in terms of expertise, racial and ethnic composition, geography, and other criteria
102 developed by HRSA and the RWPC.

103

104 **LIST OF CANDIDATES:**

105 The Operations Committee will submit all applications with a committee recommendation to the
106 CEO. The CEO will also be notified of the candidates who are not being recommended. The
107 CEO will appoint all members to the Council.

HOUSTON AREA HIV SERVICES PLANNING COUNCIL
FOR THE RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT of 2009
APPLICATION FOR APPOINTMENT

***Please be aware that this application is a public document and open to review by the public for at least one (1) year.**

Name: _____ Date: _____

Home Address: _____

Home Address: (city) _____ (state) _____ (zip code) _____

Phone: (a.m.) _____ (p.m.) _____ (other) _____

Fax: _____ Email: _____ @ _____

Employer: _____

Business Address: _____

Business Address: (city) _____ (state) _____ (zip code) _____ (county) _____

Occupation/Position/Title: _____

Gender: _____ Male _____ Female _____ Transgender

Ethnicity or Race: _____ White/non Hispanic _____ Black/not Hispanic
_____ Hispanic/Latino _____ Asian
_____ American Indian/Alaskan _____ Native Pacific Islander

Are you related to anyone on the Ryan White Planning Council: _____ Yes _____ No

How did you hear about the Planning Council: _____ Project LEAP _____ Friend/relative

_____ Media (newspaper, TV, radio) _____ Agency: (optional) _____

_____ Other, Please specify: _____

Date: _____

THE RYAN WHITE PROGRAM MANDATES REPRESENTATION FROM VARIOUS CATEGORIES. PLEASE CHECK ANY OF THE FOLLOWING YOU WOULD BE ELIGIBLE TO REPRESENT: (please check as many as applicable):

- | | |
|---|---|
| <input type="checkbox"/> Health Care Provider, including
Federally Qualified Health Centers | <input type="checkbox"/> Mental Health Provider |
| <input type="checkbox"/> CBO's serving affected populations | <input type="checkbox"/> Substance Abuse Provider |
| <input type="checkbox"/> Local Public Health Agency | <input type="checkbox"/> Social Service Provider |
| <input type="checkbox"/> Affected Community, including
PLWA and historically
under-served populations | <input type="checkbox"/> HIV Prevention Provider |
| <input type="checkbox"/> State Children's Health Program/CHIP
(must work with HIV families) | <input type="checkbox"/> Ryan White Part D or organization operating
in the area with a history of serving children,
youth and families with HIV/AIDS |
| <input type="checkbox"/> State Government: _____ | <input type="checkbox"/> Ryan White Part C |
| <input type="checkbox"/> Medicaid Agency | <input type="checkbox"/> Non-elected community leader |
| <input type="checkbox"/> Hospital Planning Agency or Health Care Planning Agency | <input type="checkbox"/> Other federal HIV program (please list):
_____ |
| | <input type="checkbox"/> Ryan White Part B |

I HAVE SKILLS OR EXPERIENCE WORKING WITH:

- Members of the Affected Community
- Men who have sex with men
 - Men of Color who have sex with men
 - Injecting drug users
 - Individuals infected through contaminated blood products
 - Individuals infected through heterosexual contact
 - HIV+ Children (0-12 years)
 - HIV+ Adolescents and Teens (13-20 years)
 - Care-givers (family, friends/partner, or designated care advocates)
 - Underserved or Historically Under-represented populations
 - Specify: _____
 - The incarcerated or recently released
 - Racially or Ethnically Diverse populations. Specify: _____
- Consumers with "Severe Need" (as defined by the Ryan White Program)
- HIV/AIDS
 - Tuberculosis
 - Sexually Transmitted Diseases
 - Severe Mental Illness
 - Chemical Addiction (Alcohol and other Drugs)
 - Homeless
 - Incarcerated

Date: _____

Please be aware that this application is a public document and open to Review by the public for at least one (1) year.

(1.) Please list any organization(s) you have volunteered with or are currently affiliated with and explain your duties: (e.g. Board of Directors, Committee, etc.)

(2.) Given the time commitment described in question #1, how can you ensure your active participation in Planning Council activities?

(3.) Explain special expertise, knowledge or characteristics that you possess.

(4.) Please describe your understanding of HIV in the Houston Area EMA.

(5.) Is there any other information of importance you would like to include?

Date: _____

Time Commitment: Please be aware that the minimum time required to participate as a Ryan White Planning Council Member is approximately four (4) hours a month. Your time commitment is vital to the workings of the Council.

Conflict of Interest: Applicants who are members of, employees of, or who have a financial interest in an organization seeking Ryan White Program funds can serve on the Council. However, they cannot vote on awarding funds when their particular agency is involved.

Interviews: Each applicant will be contacted and scheduled to meet with the Operations Committee for an interview to determine interest, experience, background and time availability.

Reimbursement: Members may be reimbursed for reasonable expenses as outlined by the Petty Cash Reimbursement Policy and Procedure. Members are not reimbursed for their time.

Attachments: You may attach a resume or vita, if you desire. However, it is not a requirement.

_____ I have answered the above questions truthfully to the best of my knowledge.

_____ I understand that this application is subject to Public Record.

Signature of Applicant

Date

(SEE NEXT PAGE)

Date: _____

**THIS PAGE CONTAINS CONFIDENTIAL INFORMATION AND IS NOT
PART OF THE PUBLIC RECORD**

NAME: _____

I have received services as a consumer, or a child in my care has received services, from a Ryan White Program Part A, B or State Services funded agency in the past year (See attached list of these agencies):

_____ **Yes** _____ **No.**

HRSA requires that the Council have a member who is willing to disclose that they have been released from jail or prison in the past 3 years and was HIV+ when they were released. This person must have been positive upon release. Would you be willing to represent this category?

_____ **Yes** _____ **No.**

HRSA requires that the Council report the collective ages of all Council members.

Birth date: _____ **Current age:** _____

A person living with HIV/AIDS does not have to disclose his/her HIV/AIDS Status.

Are you HIV infected? _____ **Yes** _____ **No** _____ **No response**

Do you want your status known? _____ **Yes** _____ **No** _____ **No response**

Explain your experience in the HIV community. Have you had any personal experience with HIV/AIDS? Please explain:

Please return application to:

**Tori Williams, Manager
Ryan White Planning Council Office of Support
2223 West Loop South, Suite 240
Houston, Texas 77027
(713) 572-3724
Fax: (713) 572-3740**

Ryan White Part A, B and State Services Funded Agencies

(Updated 09-18-14)

Access Health (formerly Fort Bend Family Health Center) – Ambulatory/Outpatient Primary Care/Medical Case Management

Bering Omega Community Services – Home and Community Based Services (Adult Day Treatment), Adult Dental Services, Hospice Care

City of Houston Department of Health & Human Services – Non-Medical Case Management, Service Linkage Worker for Not-in-Care & Newly Diagnosed & Youth

Harris Health System - Primary Medical Care, Local Pharmacy Assistance Program, Medical Case Management and Non-Medical Case Management, Service Linkage

Harris County Sherriff's Department – Early Intervention Services

Houston Area Community Services, Inc. (HACS) - Primary Medical Care, Case Management, Local Pharmacy Assistance Program, Service Linkage

Legacy Community Health Services (LCHS) - Primary Medical Care, Case Management, Health Insurance Co Pays & Co Ins., Local Pharmacy Assistance Program, Service Linkage and Vision Care

Montrose Center - Case Management, Substance Abuse Treatment, Professional Counseling and Linguistic Services

Saint Hope Foundation - Ambulatory/Outpatient Primary Care/Medical Case Management, Local Pharmacy Assistance Program, Service Linkage, Oral Health, Van-based Medical Transportation

University of Texas Health Science Center Houston – Pediatric Primary Medical Care, Case Management and Service Linkage

Veterans Affairs Medical Center – Medical Case Management

HOUSTON AREA HIV SERVICES PLANNING COUNCIL SUPPORT OFFICE
2223 W. LOOP SOUTH, #240, HOUSTON, TEXAS 77027
713-572-3724, Fax 713-572-3740
www.rwpchouston.org

APPLICATION FOR STANDING COMMITTEE EXTERNAL MEMBERSHIP

***Please be aware that this application is a public document and open to review by the public for at least one (1) year.**

(Rev: 09-18-14)

NAME: _____ DATE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ CELL: _____ EMAIL: _____

EMPLOYER: _____ OCCUPATION/POSITION/TITLE _____

BUSINESS ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ YEARS WITH THIS EMPLOYER: _____

Gender: Male Female Transgender

Ethnicity _____ White/non-Hispanic Black/non-Hispanic
or Race: _____ Hispanic/Latino Asian/Pacific Islander
 _____ American Indian/Alaskan Native Other: _____

PLANNING COUNCIL STANDING COMMITTEE FOR WHICH YOU ARE APPLYING TO BE APPOINTED:

_____ Affected Community _____ Priority & Allocations _____ Other
_____ Comprehensive HIV Planning _____ Quality Improvement Please list: _____

HOW DID YOU HEAR ABOUT THE PLANNING COUNCIL: _____ Project LEAP _____ Friend/relative
_____ Media (newspaper, TV, radio) _____ Health Fair/Event _____ Agency: (optional) _____
_____ Other, please specify: _____

Please list any conflict of interest which may hinder your appointment to the Committee for which you are applying:

(OVER)

Please list knowledge, experience or life skills you possess which will assist or benefit the Committee for which you are applying:

Have you had any personal experience with HIV/AIDS? Please describe.

Is there any other information of importance you would like to include?

REQUIRED: Please list two references:

(FYI: When contacting the following individuals, the Council representative will inform the reference that you are applying to become a volunteer for the Houston Ryan White Planning Council for the purpose of planning the organization and delivery of HIV services.)

Reference #1: Name: _____ **Relationship to You:** _____

Telephone Number: _____ **Alternative Number:** _____

Reference #2: Name: _____ **Relationship to You:** _____

Telephone Number: _____ **Alternative Number:** _____

Signature of Applicant: _____ **Date:** _____

(Please be aware that this application is public information and will be on file for one year.)

PLEASE RETURN THIS FORM TO THE ABOVE ADDRESS AND/OR FAX NUMBER.

Applicant Name:

Date of Interview:

Does the Committee recommend applicant as a Council member to the County Judge:
 Yes No External member then Council member External member only

Justification (at least one sentence): _____

Membership Committee Interview Evaluation

Use the following rating scale to evaluate the applicant’s interview. **Reviewer must justify if rating candidate as a 1 or 4:**

- 1 = Unacceptable: Applicant did not understand or fully answer the question. Final response was incorrect or unacceptable. Did not demonstrate an understanding of the issues.
- 2 = Borderline acceptable: Applicant understood the question, but final response was vague or incomplete. It was not clear that the applicant understood the issues.
- 3 = Acceptable: Applicant’s response was acceptable. Final response addressed most aspects of the question and demonstrated a basic understanding of the issues.
- 4 = Exceptional: Applicant’s response was thorough, clear and well-presented. Final response addressed all aspects of the question and demonstrated a thorough understanding of the issues.

1. Applicant’s application form.

1 2 3 4

1 = unacceptable; 2 = borderline acceptable; 3 = acceptable; 4 = exceptional

2. Please tell us about yourself.

1 2 3 4

3. Please tell us about any special interests, qualifications, and strengths that you can bring to the Ryan White Planning Council.

1 2 3 4

4. What does the Ryan White Planning Council do?

1 2 3 4

5. Please tell us why you want to be a member of the Ryan White Planning Council.

1 2 3 4

6. Membership on the Planning Council requires a significant time commitment. Council meetings are at 12 noon on the second Thursday of every month and committees usually meet during working hours on Mondays, Tuesdays and Thursdays. This often equals 4 hours in meetings and 2 - 4 hours of reading between meetings. Please share how you would meet these requirements. Has your supervisor approved your time off for two monthly meetings and travel time?

1 2 3 4

1 = unacceptable; 2 = borderline acceptable; 3 = acceptable; 4 = exceptional

7. Please describe or give an example of conflict of interest as described in the “Conflict of Interest Disclosure” form that was part of your application package.

1 2 3 4

8. Most of the work of the Planning Council is done in committees. Our standing committees are: Comprehensive HIV Planning, Operations, Priority and Allocations, Quality Assurance, and the Affected Community. Which of these committee(s) is of interest to you and why?

1 2 3 4

9. Describe how you would work as a team player to build consensus with other Council and committee members, as well as with staff.

1 2 3 4

10. Additional Questions:

1 2 3 4

1 = unacceptable; 2 = borderline acceptable; 3 = acceptable; 4 = exceptional

If applicant was previously a member of the Planning Council:

11. Why did you leave the Planning Council?

1 2 3 4

12. Please describe your experience on the Council and how you plan to use that experience if appointed again.

1 2 3 4

Applicant Strengths & Weaknesses

	3	2	1
1) Communication Skills	<input type="checkbox"/> Strong	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Needs Improvement
2) Self-Expression	<input type="checkbox"/> Strong	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Needs Improvement
3) Responsiveness	<input type="checkbox"/> Strong	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Needs Improvement
4) Leadership Potential	<input type="checkbox"/> Strong	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Needs Improvement
5) Basic Ryan White Knowledge	<input type="checkbox"/> Strong	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Needs Improvement
6) Motivational Level	<input type="checkbox"/> Strong	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Needs Improvement
7) Basic Leadership Skills	<input type="checkbox"/> Strong	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Needs Improvement
8) Adaptability	<input type="checkbox"/> Strong	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Needs Improvement
9) Growth & Develop. Potential	<input type="checkbox"/> Strong	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Needs Improvement
10) Team Player	<input type="checkbox"/> Strong	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Needs Improvement

Comments: _____

1 = unacceptable; 2 = borderline acceptable; 3 = acceptable; 4 = exceptional

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JUL 15, 1998

REV DECEMBER 13, 2007

POLICY No.200.02

APPOINTMENT OF COUNCIL, COMPOSITION OF COUNCIL AND COMPENSATION

1 PURPOSE

2
3 This policy establishes guidelines set forth in RWPC Bylaws Rev.11/01, Article II, Sections 2.01
4 through Section 2.05 and current HRSA guidelines. This policy will ensure representation of the
5 HIV+ communities on the Planning Council.
6

7 AUTHORITY

8
9 Adopted and amended Bylaws of the Houston Area HIV Health Ryan White Planning Council as
10 Revised 12/07; Ryan White HIVAIDS Treatment Extension Act of 2009 or the Ryan White
11 Program.
12

13 APPOINTMENT OF COUNCIL

14
15 All members of the above mentioned Council will be appointed by the Chief Elected Official
16 (CEO) of Harris County. Vacancies will be filled by appointment of the CEO and serve at the
17 pleasure of the CEO. All candidates are subject to the established Nominations Screening
18 Process (see RWPC Policy No. 200.01).
19

20 COMPOSITION OF COUNCIL

21
22 The Planning Council will be made up of individuals as specified in Sec.2602(2) PLANNING
23 COUNCIL REPRESENTATION as stated in the current Ryan White Program, and will be
24 reflective of the local HIV/AIDS Epidemic according to HRSA policy. The Planning Council
25 may also request other positions/representation in order to maintain diversity within the EMA
26 reflecting the pandemic and/or needed expertise within the EMA subject to approval of the CEO.
27 These positions are subject to the Nominations Screening Process.
28

29 A minimum of 33% of the membership of the Planning Council will be HIV+ persons who do
30 not have a conflict of interest (or according to current HRSA policy) and are willing to represent
31 the community.
32

33 Recruitment will comply with the Health Resources Services Administration (HRSA) Program
34 Guidance to ensure Planning Council membership reflects and is representative of those affected
35 by HIV/AIDS throughout the EMA. Therefore, special recruitment efforts will be made among
36 those least represented on the PC.
37

38 TERM

39
40 Council position terms are two (2) years. The terms of one-half of the Council positions shall

41 terminate in even-numbered years. The other half of the positions shall terminate in odd-
42 numbered years. A term shall begin on January 1 and shall terminate on December 31 of the
43 second year following. Council members appointed to vacancies shall complete the unexpired
44 term of office.

45
46 The CEO shall appoint Council members to no more than three consecutive two-year terms. All
47 members serve at the pleasure of the CEO through an open nominations process.

48
49 **COMPENSATION/REIMBURSEMENT**

50
51 Persons serving as members of the Houston Area HIV Health Services Ryan White Planning
52 Council shall not receive any salary or other compensation for their services as a member of the
53 Council. All Council members may be reimbursed allowable expenses as approved by Harris
54 County Health Public Health, the Ryan White Planning Council and the CEO.

Letter of Assurance from the Chair of the Houston Ryan White Planning Council

Houston Area HIV Services Ryan White Planning Council**2223 West Loop South, Suite 240, Houston, Texas 77027****713 572-3724 telephone; 713 572-3740 fax; www.rwpc.org**

September 6, 2016

Dear Mr. Young:

This letter assures the following:

- 1.) The FY 2016 Formula, Supplemental and MAI funds awarded to the Houston EMA are being expended according to the priorities established by the Houston Planning Council.
- 2.) All FY 2016 Conditions of Award relative to the Houston Planning Council have been addressed.
- 3.) The FY 2016 and FY 2017 priorities were determined by the Houston Planning Council, and the approved process for establishing those priorities was used by the Planning Council.
- 4.) The Houston Planning Council annual membership training took place on January 21, 2016. Training topics included a review of: legislative mandates, RWPC bylaws and policies, the Memorandum of Understanding among RW/A stakeholders, Robert's Rules and more.
- 5.) The Houston Planning Council is reflective of the epidemic in the EMA. All fifteen of the mandated categories of representation are full. Therefore, there are no vacancies on the Council and, as shown below; there are no variations between the demographics of the non-aligned consumers and the HIV disease prevalence of the EMA.

	EMA HIV/AIDS prevalence as of 12/31/15*		PC Members as of 09/06/16		Non-Aligned Consumers on PC	
	No.	%	No.	%	No.	%
Race/Ethnicity						
White, not Hispanic	5,341	20.51%	8	21.62%	3	21.43%
Black, not Hispanic	12,721	48.85%	17	45.95%	8	57.14%
Hispanic	7,001	26.88%	10	27.03%	3	21.43%
Other	978	03.76%	2	05.40%	0	0 %
Total*	26,041	100%	37	100%	14	100%
Gender	Number	Percentage	No.	%	No.	%
Male	19,479	74.80%	17	45.95%	6	42.86%
Female	6,562	25.20%	20	54.05%	8	57.14%
Total*	26,041	100%	37	100%	14	100%

*Data Source: TX Department of State Health Services, eHARS data as of August 2016

Sincerely,



Steven Varga, Chair
Houston Ryan White Planning Council

TABLE 3: MATRIX FOR PLANNING COUNCIL MEMBERSHIP CATEGORIES – REVISED _____

EMA: Houston	RACE/ETHNICITY, AND GENDER									
	White/not Hispanic		Black/not Hispanic		Hispanic		Asian/Pacific Islander		Am. Indian/Alaska Native	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. Healthcare providers, including Federally Qualified Health Centers										
2. CBOs serving affected populations/AIDS Service Organizations (ASOs)										
3. Social Service Providers, including housing and homeless services providers										
4. Mental Health										
5. Substance Abuse Providers										
6. Local Public Health Agencies										
7. Hospital planning agencies or other healthcare planning agencies										
8. Affected Communities, including PLWH and historically underserved subpopulations										
9. Non-elected community leaders										
10. State Medicaid Agency										
11. State Part B Agency										
12. Part C										
13. Part D, or if none present, representatives of organizations addressing the needs of children, youth, and families with HIV										
14. Other Federal HIV Programs, including HIV Prevention programs										
15. Representatives of/or formerly-incarcerated PLWH										
TOTAL										
<u>TOTAL Non-aligned PLWH</u>										

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JUL. 15, 1997 REV JUNE 12, 2014 POLICY No. 900.01

PETTY CASH

1 **PURPOSE**

2
3 This policy establishes the guidelines by which petty cash reimbursements of expenses to attend
4 Houston Area HIV Health Services (Ryan White) Planning Council meetings are made. While all
5 members of the RWPC are eligible for reimbursement this policy notes that members who are not
6 Persons Living with HIV/AIDS (PWAs) are encouraged to pay for their own expenses out of their
7 own funds. This policy includes both internal as well as external members.
8

9 **AUTHORITY**

10
11 “Guidelines for Reimbursement of People on a Ryan White Title I Planning” dated January 21,
12 1997, revised 05/29/98 of the Ryan White C.A.R.E. Act Title I manual, Guidelines for
13 Reimbursement. The RWPC voted on February 10, 1996 to set as a priority the reimbursement
14 of expenses to attend RWPC meetings (including subcommittee and related meetings). Those
15 eligible to receive reimbursement of expenses to attend committee, subcommittee and related
16 meetings include Council and external committee members.
17

18 **DEFINITIONS**

19
20 Meetings - are defined as outlined in the RWPC adoption of its Bylaws, Article IX. Rev. 12/07.
21
22 Meals - are those that are related to and occur as the result of attending any Houston area
23 HIV/AIDS Health Services (Ryan White) Planning Council meeting.
24

25 **PROCESS**

26
27 Review – Annually, the Operations Committee will review RWPC petty cash policies and forms.
28
29 Transportation - Expenses will be reimbursed as a result of a Planning Council or external
30 committee member attending a scheduled meeting. If travel is conveyed through the use of the
31 members own vehicle the rate will be the same as the county rate per mile. Council and external
32 committee members are reimbursed for mileage to and from a consistent, designated starting point
33 (either home or work). The start point will be documented in the member’s file and mileage will
34 be determined by an Internet site selected annually by the Office of Support. If the member travels
35 by cab, then an official cab company receipt must accompany the request for reimbursement. Bus
36 expenses will be reimbursed at the prevailing METRO rate (round trip).
37

38 Traveling by cab should be the option of last resort, with the following exceptions. Council and
39 external committee members who are accompanied by children are allowed to take a cab to and
40 from work, home and/or the child care provider. Parents must provide the Office of Support with
41 the location from where they will be coming at least 24 hours in advance of a meeting. Members
42 are also allowed to use a cab if no other means of transportation is available or there are barriers
43 to existing transportation. Members are allowed to ask the Operations Committee for additional
44 exemptions if necessary.

45
46 Meals - Snacks are provided at all Council related meetings to assist individuals with dietary needs.
47 Individuals will not be reimbursed for purchasing a meal if staff notifies members that a meal is
48 being provided at a particular meeting. Exceptions will be made for individuals with special
49 dietary needs. If a meeting takes place near a meal time and the Office of Support has not
50 announced that a meal will be provided, members are allowed to purchase a meal one hour before
51 the scheduled start time of the meeting. Members will not be reimbursed if the receipt indicates
52 that a meal was purchased after the scheduled start time for the meeting. Members will be
53 reimbursed for food as well as transportation and childcare when representing the Council at off-
54 site events such as health fairs, unless a meal is provided at the event.

55
56 Expenses for meals are to be reimbursed for “in-town” and “out-of-town” meetings. In-town
57 meetings are those that occur as a result of a regularly scheduled meeting and a meal
58 reimbursement is requested. The maximum amount allowed will be in accordance with current
59 Harris County reimbursement rate for meals and receipts will be required.

60
61 Child Care - Expenses for childcare will be \$35 per child per visit, not to exceed \$100 per day
62 (total). An exception to this would be an activity that takes place outside of normal business hours
63 (6 am – 6 pm) in which case a volunteer could be reimbursed for an additional \$35 per child per
64 visit, not to exceed \$100 (total). A Council approved Child Care Expense Receipt must be attached
65 to the Claim for Reimbursement. Child Care reimbursements are based on RWPC meetings or
66 committee related events.

67
68 Other - Council and External Committee members who choose to attend a non-assigned meeting
69 or event will not be reimbursed from petty cash for their participation in that meeting. Also,
70 members will not be reimbursed for transportation, childcare and/or food if they arrive 20
71 minutes after the scheduled start time for the meeting. Within the calendar year, members are
72 allowed two exemptions if they arrive at a meeting 20 minutes late. If necessary, members are
73 allowed to ask the Operations Committee for additional exemptions for reimbursement if they
74 are more than 20 minutes late to a meeting.

75 76 **MAXIMUM REIMBURSEMENT RATES**

77
78 All Ryan White Council and external committee members can receive up to the following amount
79 in petty cash reimbursement within a 12 month calendar year, unless the member receives a waiver
80 for an increased amount from the Operations Committee based upon personal circumstances.

81
82 The allowable amount for all members is:

83 11 committee meetings
84 + 2 trainings
85 + 3 workgroups or Public Hearings
86 16 meetings/year x \$100/meeting = \$1,600

87
88 **Council Chair: up to \$5,000/year**

89 (\$1,600 + 12 Council meetings + 12 Steering Committee meetings + 10 additional
90 misc. meetings)
91

92 **Officers & Committee Chairs: up to \$4,000/year**
93 (\$1,600 + 12 Council meetings + 12 Steering Committee meetings)
94

95 **Council Members: up to \$2,800/year**
96 (\$1,600 + 12 Council meetings)
97

98 **External Committee Members: up to \$1,600/year**
99

100 If an individual uses their work address as the point of origin for their travel reimbursement, then
101 they are not eligible for childcare reimbursement. Requests for exceptions can be submitted to the
102 Operations Committee for review and approval.
103

104 If it becomes clear that an individual is going to exceed the amount listed above within a calendar
105 year, the following steps are to be taken:
106

107 **Step 1:** The Manager of the Office of Support will verbally bring the matter to the
108 attention of the member and document the conversation in the member's folder.
109

110 **Step 2:** If the situation continues after two conversations with the member, the member
111 will receive a letter signed by the Chair of the Planning Council and the Manager of the
112 Office of Support. The letter will document the total amount the member has received in
113 petty cash reimbursement and request a meeting to outline ways in which the individual
114 can begin to limit reimbursement.
115

116 **Step 3:** If the member is unable or unwilling to limit reimbursement than the Council Chair
117 will review and possibly reappoint the member to a committee that has fewer meetings
118 and/or fewer outside activities.
119

120 **Step 4:** If the individual member reaches the cap outlined above, they can request a waiver
121 from the policy from the Operations Committee. The Operations Committee will review
122 the request and, after consulting with the Chair of the Ryan White Planning Council and
123 the Manager of the Office of Support, the Committee will have final approval regarding
124 the response to the request for a waiver and will notify the individual of their decision in
125 writing. If the request for a waiver is denied, the member will not be reimbursed for
126 mileage, childcare and/or meals for the remainder of the calendar year. The member will
127 be eligible to receive petty cash reimbursement for activities that take place in the next
128 calendar year, once the New Year begins.
129

130 Per Harris County policy, petty cash is not allowed to be taken off site. Therefore, members will
131 be reimbursed for off-site meetings the next time they are at the Office of Support. Members will
132 not be reimbursed for travel to the Office if the sole reason for coming to the Office is to be
133 reimbursed for an off-site meeting.
134

135 Reimbursement requests are to be submitted to the Office of Support for payment. Receipts can
136 be submitted at anytime within 45 days of the date of the event, with the exception of end of year
137 reimbursements which must be submitted within 30 days after the end of the Ryan White Part A
138 fiscal year. Any request over and above the amounts and time frames as outlined above needs to
139 be submitted in writing to the RWPC Manager for approval. Reimbursement requests presented

140 30 days after the end of the fiscal year will not be approved. All reimbursements are available
141 from the RWPC Support Staff.
142
143 The RWPC will not reimburse members for loss of wages as a result of attending meetings.

2017 Council Attendance

Updated 06-23-17

NUMBER OF COUNCIL MEETINGS HELD IN 2017: 5

Council Members <small>Shaded = retiring from Council on 12/31/17</small>	Number of meetings attended in 2017	Number of meetings unable to attend in 2017
Ted Artiaga	5	
Connie L. Barnes	3	2
Curtis W. Bellard	5	
David Benson	2	3
Ardry "Skeet" Boyle, Jr.	3	2
Bianca Burley	4	1
Ella Collins-Nelson	5	
Amber David	4	1
Johnny Deal	4	1
Evelio Salinas Escamilla	5	
Herman L. Finley III	3	2
Tracy Gorden	5	
Paul E. Grunenwald	2	3
Angela F. Hawkins	5	
Arlene Johnson		5
J. Hoxi Jones	4	1
Denis Kelly	5	
Peta-gay Ledbetter	3	2
Tom Lindstrom	4	1
Osaro Mgbere	3	2
Nancy Miertschin	5	
Rodney Mills	5	
Allen Murray	5	
Robert Noble	3	2
Shital Patel		5
John Poole	4	1
Tana Pradia	4	1
Teresa Pruitt	3	2
Venita Ray	3	2
Cecilia Ross	4	1
Viviana Santibanez	5	
Gloria Sierra	5	
Krystal Shultz	4	1
Carol Suazo	5	
Isis Torrente	5	
Steven Vargas	5	
Larry Woods	2	3

Houston Area HIV Services Ryan White Planning Council
Office of Support
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EXAMPLE

DATE

NAME
ADDRESS

Dear NAME,

We have missed seeing you at Quality Improvement Committee meetings. I hope everything is all right. If a member misses four meetings in a calendar year, they could be asked to resign from the committee. According to our records, you have missed four Quality Improvement Committee meetings this year.

Your input is important to us and to the process. If you are on a committee that is no longer compatible with your schedule, please let us know so that we can discuss an assignment to a different committee. In an effort to make it easier for you, funds are available to reimburse Council and external committee members for transportation, meals, and childcare during these meetings. Typically, members are also allowed to participate in committee meetings via speaker phone. (When needed, please contact staff for conference call instructions.) If you cannot attend due to a work commitment, illness or doctor's appointment, you can get an excused absence by calling the office at the number listed above and speaking with Eric

Please call Tori Williams in the Office of Support to let us know if you wish to continue with this commitment in 2015.

With best wishes,

Cecilia Ross
Chair
Ryan White Planning Council