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

**Committee Meeting Agenda:** ad-Hoc By-Laws Committee
**Date/Time:** Wednesday, February 11, 2015, 9:30 a.m. **Location:** Gov't Center Annex Room A-337
**Chair:** Dr. Mark Schweizer

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*

2. **APPROVALS:** 2/11/15 Agenda and 1/14/15 Minutes

3. **STANDARD COMMITTEE ITEMS**
None.

4. **MEETING ACTIVITIES/NEW BUSINESS**

| *Meeting Tasks* | *Action to be taken* |
|---|---|
| **By-Laws Parking Lot Items** (Handouts A-1 & A-2) | ACTION ITEM: Review the list of By-Laws Parking Lot items and make a recommendations for Parking Lot items #4 & #5. |

5. **GRANTEE REPORT**

6. **PUBLIC COMMENT**

7. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** March 11, 2015 **VENUE:** TBD

| *Tasks for next Meeting* | *Action to be taken* |
|---|---|
| **By-Laws Parking Lot Items** | ACTION ITEM: Review the list of By-Laws Parking Lot items and make a recommendations for item #6. |

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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# BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

January 22, 2015 Meeting Minutes

| ATTENDANCE | | | | | |
|---|---|---|---|---|---|
| # | **Members** | **Present** | **Absent** | | **Guests** |
| 1 | Bhrangger, R. | **X** | | | Carter, C. |
| 2 | Burgess, D. | **X** | | | Henkel, B. |
| 3 | DeSantis, M. | **X** | | | Jacques, G. |
| 4 | Creary, K. | **X** | | | King, J. |
| 5 | Gammell, B. *Chair* | **X** | | | Murphy, K.* |
| 6 | Grant, C. | **X** | | | Poole, D. |
| 7 | Hayes, M. | **X** | | | Rodriguez, J. |
| 8 | Holness, Comm. D.V.C. | **X** | | | |
| 9 | Katz, H. B. | **X** | | | **Grantee Staff** |
| 10 | Lint, A. | **X** | | | Copa, R. |
| 11 | Marcoviche, W. | **X** | | | Degraffenreidt, S. |
| 12 | Moragne, T. | | **A** | | Green, W.E. |
| 13 | Parker, P. | **X** | | | Jones, L. |
| 14 | Proulx, D. | | **A** | | Vargas, J. |
| 15 | Reed, Y. | **X** | | | |
| 16 | Runkle, D. | **X** | | | **HIVPC Staff** |
| 17 | Schweizer, Dr. M. | **X** | | | Beckford, R. |
| 18 | Siclari, R. | **X** | | | Bente, A. |
| 19 | Spencer, W.* | **X** | | | Johnson, B. |
| 20 | Taylor-Bennett, C. | **X** | | | Rosiere, M. |
| 21 | Tomlinson, K. | **X** | | | Sandler, C. |
| 22 | Wilkins, D. | | **A** | | |
| 23 | Wilson, T. | **X** | | | |
| A1 | Coscarelli, M. (Alt) | | **A** | | |
| A2 | Robertson, P. (Alt) | | **A** | | |
| | **Quorum=12** | **19** | | | *on phone |

1. **CALL TO ORDER**
   The Chair called the meeting to order at 9:42 a.m.

2. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   The Chair welcomed everyone and self-introductions were made. Attendees were notified of Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. A moment of silence was observed. The Chair reviewed excused absences. The following motions were made:

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

**Motion #2:** To approve the 12/8/14 meeting minutes.
**Proposed by:** Creary, K.
**Seconded by:** Parker, P.
**Action:** Passed Unanimously

3. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A)

Mr. Murphy explained that President Obama is expected to release his Fiscal Year (FY) 2016 budget within the next few weeks. It will provide a blueprint for his final years in office and no fundamental changes from the way he has sought funding for Ryan White programs are anticipated. There is an expectation of level funding, if not a slight increase as he has sought that in the past two budget cycles. With control of Congress in the hands of the Republican Party, there is an expectation of pressure to reduce overall funding to the U.S. Department of Health and Human Services. Congress will hold oversight hearings shortly after the budget is released. At that point, it will be possible to begin discerning how the new majorities will want to handle Ryan White funding. It is not clear whether the House and Senate budget resolutions would specifically target HIV/AIDS prevention, treatment, and services programs. Stakeholders should brace for overall cuts that could affect public programs. Final decisions will be made in the appropriations process, which will not begin until May.

It is not clear if there is any appetite in the new Congress for full reauthorization of Ryan White CARE programs. Republicans in both chambers are expected to exercise critical oversight of the Affordable Care Act as a main priority. Ryan White programs are not high on the agenda for health care related issues. Representative Renee Elmers had her own reauthorization bill that was not wholly embraced by the advocacy community. She will not be in the majority and may seek, again, to carry any effort in the House for reauthorization, even if small in scope. Mr. Murphy noted that reauthorization is not necessary if funding is still available.

A guest stated that he does not expect a reauthorization of the Elmers Bill. He asked if given the Supreme Court's impending decision about subsidies, will there be more importance placed on reauthorization. Mr. Murphy stated that the program will still exist without reauthorization. He stated that as long as the President states that he wants this program around then it will likely be funded. He believes that the main focus of current congressional leaders is the dismantlement of the Affordable Healthcare Act (ACA). A guest stated that for those states that did not expand Medicaid, subsidies would greatly improve Ryan White programs. Mr. Murphy stated that subsidies along with reauthorization would greatly improve the Ryan White climate.

A member asked how HRSA restructuring would affect Florida. Mr. Murphy stated that he is not aware of changes on the state or local level. He recommended contacting local congressional leaders to advocate for stronger conversations regarding changes at the local and state levels. The Chair reminded the HIVPC that County Commissioners asked for recommendations for legislative items to be brought to congressional leaders last year. He stated that these changes and recommendations be added to the legislative report the next time they are asked.

## 4. PUBLIC COMMENT

None.

## 5. CONSENT ITEMS

The Chair stated that consent item #1 that came forward from Needs Assessment/Evaluation (NAE) Committee does not need to be voted on. The NAE Vice Chair pulled consent item #1 from the agenda.

The following motion was made regarding consent item #2:

**Motion #3**: To approve the Assessment of the Administrative Mechanism methodology and timeline.
**Proposed by:** Taylor-Bennett, C. **Seconded by:** Katz, H.B.
**Action:** Passed Unanimously

## 6. DISCUSSION ITEMS

HIVPC staff explained the integration of planning activities between the HIVPC and Broward County HIV Prevention Planning Council (BCHPPC). HIVPC staff explained the timeline of integrating without full integration, including CDC and HRSA recommendations, future By-Laws changes, and consultant review of comprehensive plan activities. The Chair stated that the next step is to bring the two planning

bodies together to jointly complete the comprehensive plan. The Chair stated that there also needs to be By-Laws changes to allow for integrated planning efforts.

HIVPC staff explained the roles for the exploratory integrated committee. HIVPC staff explained that the integrated plan will be reviewed and approved by both planning bodies, and will include members from both planning bodies. Staff also explained integrated committee leadership, expectations, member selection, and a committee timeline. Grantee staff stated that this concept of integration started many years ago and it was found that many duplicative processes take place under other Ryan White parts. He stated that there are many aspects that need to be taken into consideration when integrating Ryan White parts. The Chair explained the Los Angeles EMA combined both planning bodies, and later realized that may not had been the best idea. The Broward EMA has decided that to not completely integrate both bodies but rather integrate planning activities. The following motion was made:

**Motion #4**: To form a short-term exploratory committee for the purpose of discussing a co-led group and to allow necessary administrative and by-laws committees to begin their discussion of the ultimate goal to create an integrated working group with the Broward County HIV Prevention Planning Council (BCHPPC).
**Proposed by:** Creary, K. **Seconded by:** Runkle, D.
**Action:** Passed Unanimously

Grantee staff explained that reallocations that took place at the last PSRA meeting. Staff explained that outpatient ambulatory medical care (OAMC) funding was being returned to the Grantee's office, which may have been due in part to clients enrolling in Marketplace plans. There was an increase request in case management also likely due to ACA enrollment. The following motions were made:

**Motion #5**: To reallocate $324,800 from OAMC
**Proposed by:** Taylor-Bennett, C. **Seconded by:** Siclari, R.
**Action:** Passed Unanimously

**Motion #6**: To reallocate $7,749 from Case Management
**Proposed by:** Taylor-Bennett, C. **Seconded by:** Siclari, R.
**Action:** Passed Unanimously

**Motion #7**: To reallocate $15,000 from Mental Health
**Proposed by:** Taylor-Bennett, C. **Seconded by:** Wilson, T.
**Action:** Passed Unanimously

**Motion #8**: To reallocate $5,350 from Substance Abuse
**Proposed by:** Taylor-Bennett, C. **Seconded by:** Creary, K.
**Action:** Passed Unanimously

**Motion #9**: To reallocate $20,000 from Food Vouchers
**Proposed by:** Taylor-Bennett, C. **Seconded by:** Katz, H.B.
**Action:** Passed with one abstention

**Motion #10**: To reallocate $174,000 to Ambulatory
**Proposed by:** Taylor-Bennett, C. **Seconded by:** Wilson, T.
**Action:** Passed Unanimously

**Motion #11**: To reallocate $14,700 to Pharmacy
**Proposed by:** Taylor-Bennett, C. **Seconded by:** Tomlinson, K.
**Action:** Passed Unanimously

**Motion #12**: To reallocate $119,060 to Case Management
**Proposed by:** Taylor-Bennett, C. **Seconded by:** Creary, K.
**Action:** Passed Unanimously

**Motion #13**: To reallocate $20,000 to Food Bank

**Proposed by:** Taylor-Bennett, C. **Seconded by:** Runkle, D.
**Action:** Passed with one abstention

## 7. NEW BUSINESS

a. HIVPC Vice Chair Elections

The ad-Hoc Nominating Chair explained that Yolonda Reed was the only candidate for the vacant HIVPC Vice Chair position. The Chair explained that paper ballots will be distributed to HIVPC members, due to the problems encountered with electronic ballots in prior years. After members cast their votes, votes will be tallied and read into record by Marie Hayes.

Marie Hayes announced Yolonda Reed as the new HIVPC Vice Chair and read the votes into record.

The outcomes of the elections for HIVPC Vice Chair are shown below:

| | CANDIDATE FOR VICE CHAIR |
|---|---|
| **MEMBER** | **Yolonda Reed** |
| Ronald Bhrangger | **X** |
| Devorn Burgess | **X** |
| Karen Creary | **X** |
| Mario DeSantis | **X** |
| Brad Gammell | **X** |
| Claudette Grant | **X** |
| Marie Hayes | **X** |
| Commissioner Holness | |
| H. Bradley Katz | **X** |
| Arianna Lint | **X** |
| William Marcoviche | **X** |
| Timothy Moragne | |
| Patricia Parker | **X** |
| Dionne Proulx | |
| Yolonda Reed | **X** |
| David Runkle | **X** |
| Mark Schweizer | **X** |
| Rick Siclari | **X** |
| Will Spencer | |
| Carla Taylor-Bennett | **X** |
| Karlene Tomlinson | **X** |
| Debbie Wilkins | |
| Tara Wilson | **X** |
| Monica Coscarelli (Alternate) | |
| Phillip Robertson (Alternate) | |
| **TOTAL** | **18** |

| Legend | |
|---|---|
| | Absent |
| | Alternate |

b. Training: National Quality Center (NQC) Training of Consumers on Quality (TCQ) Follow-Up

The Chair announced the MCDC Chair will give a brief presentation about the NQC training. Grantee staff explained that six HIVPC consumer members attended the NQC two day training. This training focused on helping consumers to build capacity through quality improvement activities. Educational components included health literacy, health terminology, and data reporting.

The MCDC Chair explained that training was intensive and he learned about several factors that including establishing quality management plans, analysis of data, completion of a CQI plan, re-measurement, and especially to celebrate success. He learned to assess gaps in care and how and why patients fall out of care. He recommended that every HIVPC member learn the techniques he learned at the NQC training.

Grantee staff announced recognition of training attendees. A member thanked the Grantee's Office and the NQC for allowing her to participate in the training.

## 8. JANUARY COMMITTEE REPORTS

### A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

**January 6, 2015** *Chair: Y. Reed, Vice Chair: A. Lint*

The CEC Chair stated that she was excited and looks forward to the opportunity to serve as the new HIVPC Vice Chair. She explained that report stands and announced Arianna Lint as the new CEC Chair.

### B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

**January 8, 2015** *Chair: H.B. Katz, Vice Chair: T. Wilson*

The MCDC Chair stated the report stands. He announced the February Welcome Brunch has been canceled and will be rescheduled. The HIVPC Chair announced that Samantha Kuryla has resigned due to personal reasons.

### C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

**January 12, 2015** *Chair: K. Tomlinson, Vice Chair: W. Spencer*

The NAE Chair explained the report stands and the committee followed HRSA for a three-year needs assessment plan.

### D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

**January 21, 2015** *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

The PSRA Vice Chair stated the report stands.

### E. AD-HOC FOOD SERVICE ELIGIBILITY COMMITTEE

**January 13, 2015** *Chair: M. DeSantis*

The ad-Hoc Food Service Eligibility Chair stated the January meeting was cancelled due to lack of quorum. The committee has decided on a global model and are currently evaluating eligibility models in other EMAs. The Chair stated there may be many be changes to the model within the next year. The model will be a medical nutritional need based model. A member asked where the model came from. The Chair stated the committee evaluated other EMAs of similar size and consulted with nutritionists about the new model.

### F. AD-HOC MAI MEDICAL CASE MANAGEMENT COMMITTEE

**No January Meeting** *Chair: M. Hayes*

The Chair announced Marie Hayes will remain the Chair of this committee until other changes are made.

### G. AD-HOC LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

**No January Meeting** *Chair: D. Proulx*

The Chair announced this committee will reconvene in the spring.

### H. QUALITY MANAGEMENT COMMITTEE (QMC)

**January 26, 2015** *Chair: C. Grant*

The QMC Chair announced the committee will meet on Monday, January 26, 2015.

### I. SYSTEM OF CARE COMMITTEE (SOC)

**January 23, 2015** *Chair: M. Schweizer. Vice Chair: D. Sabatino*

The SOC Chair announced the January meeting was cancelled due to lack of quorum. He called for new members to join the committee.

### J. EXECUTIVE COMMITTEE

**January 6, 2015** *Chair: B. Gammell*

The Chair announced the reports stands.

### K. AD-HOC NOMINATING COMMITTEE

**January 8, 2015** *Chair: T. Wilson*

The ad-Hoc Nominating Chair announced the reports stands.

## L. AD-HOC BY-LAWS COMMITTEE

**January 14, 2015** *Chair: M. Schweizer*

The ad-hoc By-Laws Chair announced the first meeting had great participation from all members. The committee explained the first three parking lot items that were discussed.

## 9. GRANTEE REPORTS

a. Part A: The Grantee congratulated all NQC training attendees. The Grantee announced the media campaign that included a focus group with the CEC committee to determine a campaign motto. The CEC choose the motto; Broward: Treat HIV, Beat HIV, Get Care. The Grantee's Office partnered with CBS Miami and will feature a newly infected person with a healthy outlook on life. The ad will target MSMs, black females, and other diverse, inclusive populations. The campaign will commence on February 7th which is National Black HIV/AIDS Awareness Day. The ad will be featured on TV and radio to saturate the community. A member asked if the campaign will be released on social media. The Grantee's Office is in the process is incorporating social media in connection with CBS Miami. A member asked if the campaign will be featured on billboards and bus benches. The Grantee stated the campaign is contingent on budget funding and they must be strategic on campaign placement. The commissioner asked if the campaign will be featured in night clubs. The Grantee stated that it can be featured in night clubs as well. The campaign will also be featured on the Broward County and the Broward County Health and Human Services website. The Chair asked the Grantee to report on campaign updates at further meetings.

   The Grantee stated the ADAP list for clients eligible to enroll in Marketplace plans has grown to 894 clients. Currently, 182 clients have been successfully enrolled and 229 clients have appointments with navigators or are awaiting invoices from insurance companies. 441 clients have yet to be screened. Individuals that will covered by Part A has grown. 98 clients have been enrolled by Part A and 32 clients have not yet been screened. There have been many bumps in the roads including payment of premiums. The Part B grantee explained that there were many road bumps including difficulties with Florida Blue Cross/Blue Shield. FLDOH has been working with BRHPC to work out payment problems. FLDOH is making sure no clients go without medications.

b. Part B: The Grantee reported that 634 clients were served under Non-Medical Case Management, 502 served under Medical Transportation, with a total of 36 unduplicated clients to date. The Grantee reported 3,755 clients have enrolled in ADAP. Viral load reports were discussed and FLDOH is continually enrolling clients onto ADAP plans. A member asked what will happen to clients that decline enrollment. The Grantee noted that those clients will remain traditional ADAP clients.

c. Part C: The Grantee announced that Part C is still awaiting their Notice of Grant Award (NGA) from HRSA. Part C performed 3,686 HIV tests and identified 16 new positives that have been successfully linked to care.

d. Part D: The Grantee is currently working on their grant application. The Grantee announced that no new positive infants were born in 2014.

e. Part F: The Grantee announced the dental program has seen about 70 clients. The partnership with Broward Community Health Centers is going well. He announced that many populations are being seen along with various age groups.

f. HOPWA: The Grantee announced that the HOPWA RFP will be released on Monday, January 26th, and registration will take place online. There is a mandatory meeting on February 6th at City Chambers for all those that have applied. The Grantee received notice that there will be a $400,000 budget cut for the next FY, but will not include cuts to services. Because of these cuts, any vouchers that become available under the tenant based voucher program have been placed on hold.

g. Prevention: The Grantee announced the BCHPPC is planning a wellness conference in May or June 2015 and is seeking volunteers. There are 270 new condom distribution sites that were established in 2014. Currently, there are over 400 condom distribution sites throughout the county. FLDOH linkage staff has linked 288 persons linked to care in 2014. The BCHPPC is recruiting new members.

**10. UNFINISHED BUSINESS**

None.

**11. ANNOUNCEMENTS**

Mary Swanson has resigned and there is currently vacancy for a Health Care Quality Specialist at the Grantee's office.

The mentorship program is available for HIVPC and committee members.

Rachel Beckford has been hired as the new HIVPC program assistant.

**12. PUBLIC COMMENT**

None.

**13. REQUEST FOR DATA**

None.

**14. AGENDA ITEMS FOR NEXT MEETING:** February 26, 2014, 9:30 a.m. **LOCATION:**GC- 430

| *Tasks for next Meeting* | *Responsible Party* | *Action to be taken, presentation, discussion, brainstorm etc.* |
|---|---|---|
| **Assessment of the Administrative Mechanism** (WP Item 7.2) | *HIVPC* | ACTION ITEM: Complete the HIVPC survey to assess the Administrative Mechanism. |
| **Barriers to Serving Survey** | *MCDC, HIVPC* | ACTION ITEM: Complete the MCDC survey to identify barriers to serving on the HIVPC or committee |

**15. ADJOURNMENT**

The meeting was adjourned at 11:40 a.m.

**HIVPC Attendance CY 2015**

| Count | **Meeting Month:** | **Jan** |
|---|---|---|
| | **Meeting Date:** | 22 |
| **1** | Bhrangger, R. | X |
| **2** | Burgess, D. | X |
| **A** | Coscarelli, M, (Alt 1) | A |
| **3** | Creary, K. | X |
| **4** | DeSantis, M. | X |
| **5** | Gammell, B., *Chair* | X |
| **6** | Grant C. | X |
| **7** | Hayes, M. | X |
| **A** | Holness, D. V.C. (Comm) | X |
| **8** | Katz, H.B. | X |
| **9** | Lint, A. | X |
| **10** | Marcoviche, W. | X |
| **11** | Moragne, T. | A |
| **12** | Parker, P. | X |
| **13** | Proulx, D. | A |
| **14** | Reed, Y. | X |

| | | |
|---|---|---|
| **A** | Robertson, P. (Alt 2) | A |
| **15** | Runkle, D. | X |
| **16** | Schwiezer, M. | X |
| **17** | Siclari, R. | X |
| **18** | Spencer, W. | X |
| **19** | Taylor-Bennett, C. | X |
| **20** | Tomlinson, K. | X |
| **21** | Wilkins, D. | A |
| **22** | Wilson, T. | X |
| | **Quorum = 12** | 19 |

| BY-LAWS PARKING LOT ITEMS | | | | |
|---|---|---|---|---|
| **No.** | **Proposal** | **By-Laws Location** | **Stated Reason** | **Recommendation** |
| **1** | Need to update language about reimbursements procedures. | Article X, Section 4 | Outdated. | Language updated to reflect current procedure. |
| **2** | Consider if HIVPC members also need to be members of a standing committee. | Article IV, Section 9 | Member inquiry. | HIVPC members must be members of a standing committee. Language updated to add clarity. |
| **3** | Removal for cause for alternate HIVPC members. | Article IV, Section 11 | There is currently no way to remove HIVPC alternates. | Language updated to clarify that HIVPC alternates may also be removed for cause. Removal procedures are in MCDC P&P. |
| **4** | Consider only having the Chair *or* Vice Chair count for quorum for the Executive Committee | Article VIII, Section 4 | Having both Chairs and Vice Chairs count for quorum has created some issues for achieving quorum. | |
| **5** | Update the succession plan for HIVPC Chair and Vice Chair to include information about who takes on the roles and responsibilities of the Chair/Vice Chair in the event of a vacancy. | Article VI, Section 8 | The By-Laws indicate who should Chair a meeting if the Chair or Vice Chair is not present, but there is no mention of who should take over the roles and responsibilities of the Chair or Vice Chair in the interim between a resignation and an election. | |
| **6** | Consider if the Integrated Comprehensive Plan Committee should be a standing committee or an ad-Hoc committee, and what the roles and responsibilities of the Integrated Committee will be. | Article VIII | The Integrated Committee will need members from the HIVPC and its committees, and some members may need to choose which committees they serve on. The committee will also need a clear role, responsibility, and directives. | |
| **7** | Consider reimbursing for transportation for more than just HIVPC members. | Article X, Section 4 | Transportation is often cited as a barrier to attending meetings. Making transportation reimbursement open to more parties, may help with engagement and participation. | |
| **8** | Clarify what it means to represent the HIVPC. | Article V, Section 4 | Clarification will help ensure that members are not speaking out of turn when they are recruiting or informing the community about the HIVPC. | |

# BY-LAWS PARKING LOT RESEARCH

| No. | Proposal | EMA Research |
|---|---|---|
| 2 | Consider if HIVPC members also need to be members of a standing committee. | • HIVPC members must participate on at least one standing committee or ad-Hoc committee (*Boston & Denver*)<br>  ○ Excluding the PSRA Committee (*Denver*)<br>  ○ Excluding the Evaluation of the Assessment of the Administrative Mechanism Committee (*San Bernardino*)<br>• HIVPC members must participate on at least one standing committee (*Washington D.C., Fort Worth, Middlesex, Minneapolis, New Haven, Oakland, San Antonio*)<br>• HIVPC members must participate on at least one standing committee, with the exception of certain exempt seats (*San Bernardino*) |
| 3 | Removal for cause for alternate HIVPC members. | • Majority vote of HIVPC required to remove<br>  ○ Two-thirds majority (*Boston, Washington D.C., Fort Worth, New York, Philadelphia, San Antonio*)<br>  ○ Majority (*New Haven, San Bernardino*)<br>• Written notice to affected member required<br>  ○ 10 day notice (*Boston, Washington D.C.*)<br>  ○ 7 day notice (*New York, Philadelphia*)<br>  ○ 48 hours (*Denver*)<br>• Reasons for removal<br>  ○ For cause/any reason (*Boston, Denver, Fort Worth, New York, Philadelphia*)<br>  ○ Code of conduct violation/inappropriate behavior (*Washington D.C., Las Vegas, Middlesex, New Haven, Philadelphia, San Antonio, San Bernardino, Seattle*)<br>  ○ Conflict of Interest (*Washington D.C., Middlesex, Philadelphia, Seattle*) |
| 4 | Consider only having the Chair *or* Vice Chair count for quorum for the Executive Committee | • Chair of each committee (*Washington D.C., Boston*)<br>• Chair and Vice/Co-Chair (*New Haven, Philadelphia, New York City*)<br>• Either the Chair or Vice Chair (*Seattle & Middlesex*) |
| 5 | Update the succession plan for HIVPC Chair and Vice Chair to include who takes on the roles and responsibilities of the Chair/Vice Chair in the | • Next in line of succession serves as interim for vacant seat (*Middlesex, Denver, Washington D.C.*)<br>  ○ Next in line assumes any associated duties (*Denver*) |

# BY-LAWS PARKING LOT RESEARCH

| No. | Proposal | EMA Research |
|---|---|---|
| | event of a vacancy. | |
| **7** | Consider reimbursing for transportation for more than just HIVPC members. | • Ryan White Part A Manual<br>  ○ "Generally, expense reimbursement is provided only for unaligned consumer members of the planning council" (page 130)<br>  ○ "Ryan White funds cannot be used to reimburse expenses of non-members to attend planning council meetings as observers. However, the planning council can reimburse actual meeting expenses for consumers who serve on committees or task forces or make requested presentations to the planning council" (page 132)<br>• Planning Council members (*Boston, San Bernardino, Washington D.C., Middlesex, Las Vegas*)<br>  ○ Committee members (*Washington D.C.*)<br>• All HRSA allowed expenses (*Washington D.C. & Las Vegas*)<br>• Transportation (*Boston, San Bernardino, Middlesex*)<br>• Child care (*Boston*)<br>• Meals (*Middlesex*) |