



Committee Meeting Agenda: ad-Hoc By-Laws Committee

Date/Time: Wednesday, March 8, 2017, 12:30 p.m. **Location:** Gov't Center Room A-335

Chair: H.B. Katz

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 3/8/17 Agenda
3. **STANDARD COMMITTEE ITEMS**
None
4. **MEETING ACTIVITIES/NEW BUSINESS**

<i>Meeting Tasks</i>	<i>Action to be taken</i>
Purpose & Goals of the Committee (Handout A)	ACTION ITEM: Review the purpose and the goals of the ad-Hoc By-Laws Committee.
Timeline for Completion of Work (Handout B)	ACTION ITEM: Review and approve prioritized timeline for completed recommendations for each By-Laws parking lot item.
By-Laws Parking Lot Items (Handouts C-D)	ACTION ITEM: Review the list of By-Laws Parking Lot items and make recommendations for Parking Lot items #1-#3.

5. **PUBLIC COMMENT**
6. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** April 12, 2017 **VENUE:** Gov't Center Room A337

<i>Tasks for next Meeting</i>	<i>Action to be taken</i>
By-Laws Parking Lot Items	ACTION ITEM: Review the list of By-Laws Parking Lot items and make a recommendation for items #4.

7. **ANNOUNCEMENTS**
8. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

- Linkage to Care • Retention in Care • Viral Load Suppression •

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment



PURPOSE & GOALS OF THE AD-HOC BY-LAWS COMMITTEE

Per the HIV Planning Council By-Laws (last updated in December 2015), the purpose of the ad-Hoc By-Laws Committee is as follows:

The ad-Hoc By-Laws Committee shall have the responsibility of periodically reviewing, updating and maintaining the Council By-Laws.

The current ad-Hoc committee has a parking lot list of six items that need recommendations. The committee expects to finish making recommendations on the parking lot items by September 2017. Recommended changes to the By-Laws will be delivered to the HIV Planning Council for approval.

DRAFT

HANDOUT B

2017 AD-HOC BY-LAWS COMMITTEE TIMELINE

ACTIVITY	DUE DATE
Review ad-Hoc By-Laws Committee purpose, current By-Laws, and By-Laws parking lot. Review and approve timeline.	March 8, 2017
Review proposals and make recommendations for parking lot items #1 - #3.	
Review proposals and make recommendations for parking lot items #4	April 12, 2017
Review proposals and make recommendations for parking lot items #5	May 10, 2017
Request Standing Committee recommendations for additional By-Laws changes	May 11, 2017
Recommendations for By-Laws changes (parking lot items #1-#5) forwarded to HIV Planning Council for review.	May 11, 2017
HIV Planning Council votes on recommended By-Laws changes.	May 25, 2017
Review proposals and make recommendations for parking lot items #6, as well as additional recommendations from Standing Committee (if proposed)	June 14, 2017
Recommendations for By-Laws changes (parking lot items #6) forwarded to HIV Planning Council for review.	June 15, 2017
HIV Planning Council votes on recommended By-Laws changes.	July 27, 2017

BY-LAWS PARKING LOT ITEMS			
#	Proposal	By-Laws Location	Stated Reason
1	Reconsider the HIVPC's need for a Needs Assessment/Evaluation (NAE) Committee	Article VIII, Section 2 and Section 6	The work of the NAE will be carried out by various committees, including the System of Care Committee, Integrated Work Group, etc.
2	Reconsider the HIVPC's need for an ad-Hoc Local Pharmacy Advisory Committee (LPAC)	Article VIII, Section 3, C	LPAC is an ad-Hoc under the Priority Setting and Resource Allocation Committee (PSRA). LPAC meets infrequently and PSRA can carry out the formulary reviews and other LPAC tasks when needed.
3	Include language for a standardized application process for Standing Committees	Article VIII, Section 1, C	There are different processes to join each Standing Committee. By-Laws language should include completion of application and committee questionnaire
4	Determine succession process for HIVPC Chair	Article VI, Section 8	Consider developing procedures for Vice Chair (Chair Elect) to succeed to HIVPC Chair
5	PSRA Chair/Vice Chair Qualifications: Policy for leadership affiliation with provider agencies	Article VIII, Section 1, B	Consider developing guideline for standing committee chairs' affiliation with Part A funded provider
6	Update language regarding Integrated Comprehensive Plan Work Group, including purpose, based on recommendations from Executive Committee	Article VIII, Section 11	With the completion of the Integrated Plan, By-Laws may need to be updated to reflect their new purpose and committee structure after the Plan's implementation

PROPOSED CHANGES FOR PARKING-LOT ITEMS #1-3

ARTICLE VIII

COMMITTEES**SECTION 1:**

- A. The Council shall establish standing and ad-Hoc committees necessary to fulfill the requirements of the Ryan White Act.
- B. Committee Chairs and Vice Chairs. All Council committees shall be chaired by a Part A member of the Council. The Council Chair shall appoint the Committee Chairs and Vice Chairs of each Committee beginning with the date of the Council Chair's term of office. The current Committee Chairs and Vice Chairs shall continue to serve until the new Committee Chairs and Vice Chairs are appointed; the Council Chair may ask current Committee Chairs and Vice Chairs to remain in their positions. Committee Chairs and Vice Chairs may be appointed, removed, or replaced at the sole discretion of the Planning Council Chair.
- C. Appointment of Committee membership. All Committee applicants must complete a Standing Committee application to be considered for Committee membership. Council Committee Chairs shall appoint, with the approval of the Council, the members of each committee. Except as otherwise provided by the By-Laws, a standing or ad-Hoc Committee may include members of the Council, and community stakeholders. Committee membership should all be based on the demographics of the epidemic and consideration shall be given to race, ethnicity, self-acknowledged HIV-positivity, and gender.
- D. Removal of Committee membership. The removal of Committee members shall be that of Council members as provided for in Article 4, Section 11, where applicable.
- E. Committee Policies and Procedures. The Council will approve written policies and procedures for all Committees which will be published in the "Local Procedures Manual." The policies and procedures of each committee must be periodically reviewed by that committee and subsequently approved by the Council.

SECTION 2: A standing committee of the Council is a committee which has a purpose that requires a standing membership and a regular meeting schedule. The standing committees of the Council are:

- A. Executive
- B. Community Empowerment
- C. Membership/Council Development
- ~~D. Needs Assessment/Evaluation~~
- E.D. Priority Setting and Resource Allocation

~~F.E.~~ Quality Management
~~G.F.~~ System of Care

SECTION 3: An ad-Hoc committee of the Council is a committee that has a purpose which does not require a standing membership and which may meet on a periodic but not regular schedule. The continuing ad-Hoc committees are the ad-Hoc Nominating Committee, and the ad-Hoc By-Laws Committee ~~and the ad-Hoc Local Pharmacy Advisory Committee~~. The Council may establish other ad-Hoc committees as necessary.

A. Ad-Hoc Nominating Committee.

1. Membership. The Nominating Committee shall be composed of not less than five (5) Council members who shall be appointed by the Chair. At least one member shall be a person living with HIV/AIDS.
2. Purpose. The Nominating Committee shall provide a slate of nominations for Members for Chair and Vice Chair of the Council from among current Council Members. The process utilized by the Nominating Committee to prepare and present the slate of officers for consideration for office is identified in that committee's written policies and procedures.

B. Ad-Hoc By-Laws Committee.

1. Membership. The members of the committee shall only include Council members and alternates.
2. Purpose. The ad-Hoc By-Laws Committee shall have the responsibility of periodically reviewing, updating and maintaining the Council By-Laws.

~~C. Ad Hoc Local Pharmacy Advisory Committee (LPAC).~~

~~1. Membership. The members of the committee shall include but is not limited to members with pharmacological and medical expertise as well as consumer members.~~

~~Purpose. The Broward County HIV Health Services Planning Council's Local Pharmacy Advisory Committee (LPAC) shall be representative of all stakeholders in HIV/AIDS care in the community. These stakeholders include consumers, providers, and regulators in the affected community. LPAC shall be dedicated to the ongoing review of the RW Part A Pharmacy Service Category.~~

~~LPAC's Mission shall be:~~

~~To make recommendations to the appropriate committees of the HIVPC to improve the quality, cost-effectiveness and allocation of resources to pharmacy services;
 To develop and implement a standardized mechanism for pharmacy services (i.e., policies and procedures, drug access, formulary changes and cost/impact analysis);
 To efficiently collect and evaluate current pharmacy data (i.e., utilization, cost, eligibility) for the impact on the Part A system of care;~~

~~To coordinate pharmacy services in collaboration with other funding streams (i.e., ADAP, Part B, Medicaid, private payers, including private insurance providers); and
To review current pharmacologic therapeutic regimes and federal guidelines.~~

SECTION 4: There shall be an Executive Committee.

- A. Membership. The Executive Committee shall consist of the Council Chair, the Council Vice Chair and the Chair of each of the standing committees. The immediate past Council Chair (if the past Chair is currently a member of the Council) will serve as an ex officio member of the Committee. In absence of the Standing Committee Chair, the Standing Committee Vice Chair may serve and count towards quorum.
- B. The Executive Committee meets to conduct business of the Council (excluding priority setting and allocation decisions). The Executive Committee shall:
 - 1. Set the agenda for Council meetings
 - 2. Address Conflict of Interest issues
 - 3. Review Membership/Council Development Committee Attendance report to identify Council members not in compliance with attendance requirements
 - 4. Oversee the planning activities established in the comprehensive plan
 - 5. Develop and oversee committee work plans which address comprehensive planning goals and objectives
 - 6. Ratify recommendations for removal for cause from the Membership/Council Development Committee
- C. The Committee shall have responsibility for oversight of the planning activities established in the comprehensive plan and development and oversight of committee work plans to address comprehensive planning goals and objectives.

SECTION 5: There shall be a Community Empowerment Committee.

- A. Membership. The members of the committee shall include, but is not limited to, representatives of the Council and community stakeholders. No less than 51% of the Council committee members shall be unaffiliated individuals living with HIV.
- B. Chair. The Council Committee Chair shall be an unaffiliated individual with HIV.
- C. Purpose. The Committee shall inform and solicit the participation of individuals infected and affected with HIV/AIDS in the planning, priority setting and resource allocation processes.

SECTION 6: ~~There shall be a Needs Assessment/Evaluation Committee.~~

- ~~A. Membership. The members of the committee shall include, representatives of Part A, as well as consumers and other community stakeholders.~~
- ~~B. Purpose. The Committee shall conduct activities to develop and update a Needs Assessment in accordance with the Ryan White HIV/AIDS Extension Act of 2009 and the Health Resources and Services Administration (HRSA) mandates. The Committee shall also be responsible for conducting an annual evaluation and update to the Broward County HIV Health Services Comprehensive Plan to reflect changing directions of the epidemic, as well as the results of the assessment. The Committee is responsible for ensuring the Plan is relevant to the times and the needs of People Living with HIV/AIDS (PLWHA).~~

SECTION 76: There shall be a Priority Setting and Resource Allocation Committee.

- A. Membership. The Members of the Committee shall include, but is not limited to, representatives of the Council and community stakeholders.
- B. Purpose. The Committee shall recommend to the Council priorities and allocation of Ryan White Part A. The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for reallocation and/or possible reprioritization. The Committee will facilitate the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). The Committee ~~will~~ shall develop, review, and monitor eligibility, and service definitions, including improving the quality, cost-effectiveness and allocation of resources to pharmacy services. When recommended, the Committee shall develop and implement a standardized mechanism for pharmacy services (i.e., drug access, formulary changes and cost/impact analysis) and coordinate pharmacy services in collaboration with other funding streams (i.e., ADAP, Part B, Medicaid, private payers, including private insurance providers).

SECTION 87: There shall be a Membership/Council Development Committee.

- A. Membership. The Members of the Committee shall include, but are not limited to, representatives of the Council and community stakeholders. At least two-thirds of committee members must be Planning Council members.
- B. Purpose. The Committee shall solicit and screen applications based on objective criteria for appointment to the Council in order to ensure that the

demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act and present its recommendations to the full Council. The Committee shall institute orientation and training programs for new and incumbent members. The Committee shall continue to educate the Council and committee members about their respective duties, and the Council's functions and roles in the organization and delivery of HIV/AIDS health and support services.

SECTION 98: There shall be a Quality Management Committee.

- A. Membership. The members of the Committee shall include, but is not limited to, representatives of the Council and community stakeholders.
- B. Purpose. The purpose of the Quality Management Program for Ryan White Part A in the Broward County EMA is to systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and MAI funded services in Broward County.

SECTION 109: There shall be a System of Care Committee

- A. Membership. The members of the Committee shall include, representatives of Part A, consumers, community stakeholders, and health policy or health care system experts.
- B. Purpose. The purpose of the System of Care Committee is to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people living with HIV in the Broward County EMA. The Committee will be responsible for advising the Planning Council on how these issues may impact the Broward County EMA and may recommend response strategies.

SECTION 110: There shall be an Integrated Comprehensive Plan Work Group

- A. Membership. The work group will be composed of both the Prevention and Part A programs, with 50% of members representing their respective planning body. Members from the Part A program may include HIVPC members, committee members, or other appropriate community stakeholders, such as HOPWA/housing; FQHC/Hospital districts; Broward County Public Schools; Funded community-based service providers; Behavioral health provider; Client engagement systems, including linkage and re-linkage to care and retention in care; Community leaders. Part A members will be selected for recommendation by the Executive Committee but must be approved by the HIVPC. The desired membership of the work group should be reflective of the demographics of the epidemic in Broward County, and consideration shall be given to

race, ethnicity, self-acknowledged HIV-positivity, and gender.

- B. Leadership. The work group will have one Part A Co-Chair and one Prevention Co-Chair. Each Co-Chair will have a Vice Chair who may step in if a Co-Chair is absent from a work group meeting. The Part A Co-Chair will be selected from the list of recommended members developed by Executive Committee and will be subject to approval by the HIVPC.
- C. Purpose. The work group will be responsible for developing, monitoring, and updating the Integrated Prevention and Care Comprehensive Plan for Broward County. The work group will conduct a comprehensive analysis and review of data from both Part A and Prevention, which will be used to develop the plan and to provide robust recommendations to the Prevention and Care planning bodies and to the Grantees. The work group will be responsible for receiving information from Prevention and Part A, synthesizing the information, and serving as the feedback loop for collaborative implementation of the Plan, and making appropriate recommendations to the respective planning body.
- D. Flow of Information. The work group is expected to interact with numerous Prevention and Part A teams, work groups, and committees. The work group's main point of contact and coordination will be the Executive Committees of the HIVPC and Prevention Planning Council. All of the work of the work group is provided to the HIVPC and the Prevention Planning Council in the form of recommendations, and is subject to approval of the respective planning body.



COMMUNITY EMPOWERMENT COMMITTEE

Policies and Procedures

Policies

The Community Empowerment Committee (CEC) shall inform and empower the community, and particularly individuals with HIV disease, to become involved in the decision making of HIV policies and processes, quality assurance programs and grievance procedures with Broward County.

The Committee shall actively recruit and encourage the public, and particularly people with HIV disease, to take a more active role in the decision making process of the Broward County HIV Health Services Planning Council (Council).

The Committee shall provide a forum for the discussion of Council agenda items and items of concern. This will provide an opportunity to gain a better understanding of issues.

The Committee will develop policies to encourage participation of consumers in Council activities.

Procedures

The Committee will utilize available resources to promote and market Council activities and events.

By utilizing the resources, the Committee will host community outreach meetings and community events as outlined in the annual work plan.

The Committee will also collaborate with various community partners to host outreach events and activities to enhance their presence in the community.

The Committee will review, and provide a consumer perspective to the Council on policies, processes, and documents.

Membership

Prospective members of the CEC shall complete a Standing Committee application to be returned to Planning Council Staff or the Committee Chair. Council Committee Chairs shall appoint, with the approval of the Council, the members of each committee. Committee membership should be based on the demographics of the epidemic and consideration shall be given to race, ethnicity, self-acknowledged HIV-positivity, and gender. Membership should include Ryan White consumers, community stakeholders and individuals infected and affected by the disease to ensure that diverse consumer input and participation are included in all Planning Council and committee activities.