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: Executive Committee
Date/Time: Tuesday, July 14, 2015, 9:30 a.m.-11:30 a.m. **Location:** Governmental Center Annex A-337
Chair: Spencer, W. **Vice Chair**: Reed, Y.

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 7/14/15 Executive Committee Agenda and 6/16/15 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a) Committee Chair Reports
   b) Discuss Healthcare Reform Update on HIVPC Agenda
   c) Review 7/23/15 HIVPC Meeting Materials and Motions
   d) Approve 7/23/15 HIVPC Agenda
   e) Review August HIVPC Calendar (Handout A)
4. **UNFINISHED BUSINESS**
   a) Training Schedule (WP Item 2.2) (Handout B)
      ACTION ITEM: Review recommendations for speakers and third parties to facilitate trainings.
   b) By Laws Update on Requirements for quorum for the Executive Committee (Handout C)
      ACTION ITEM: Update on clarification from By Laws Committee to have only the Chair or Vice Chair count for quorum for the Executive Committee
   c) Community Forum Update
      ACTION ITEM: Update on CEC/SOC community forum planning.
5. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items (Work Plan Item #)	*Action to be taken, presentation, discussion, brainstorm etc.*
PCS Quarterly Report (Handout D)	ACTION ITEM: Review PCS FY 2015-2016 1st Quarter Report and make any necessary recommendations for changes.

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** August 18, 2015, 9:30 a.m. **VENUE:** A-337

Agenda Items for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, etc.*
HIVPC Mentoring Plan (WP Item 2.1)	*MCDC, Exec*	ACTION ITEM: Review, implement, and evaluate the Mentoring Plan. Ensure Mentoring Plan focuses on educating and retaining new HIVPC and committee members.

9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS
THREE GUIDING PRINCIPLES OF THE HIV PLANNING COUNCIL
• Linkage to Care • Retention in Care • Viral Load Suppression •

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Meeting Minutes: Executive Committee
Date/Time: Tuesday, June 16, 2015, 9:30 a.m. **Location:** Governmental Center A-337
Chair: Spencer, W. **Vice-Chair**: Reed, Y.

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Grant, C.	**X**			Huggins, L.
2	Katz, H. B.	**X**			Lewis, L.
3	Fleurinord, P.	**X**			Lopes, R.
4	Gammell, B., *Ex-Officio*	**X**			Runkle, D.
5	Lint, A.	**X**			
6	Reed, Y., *Vice Chair*	**X***			**Grantee Staff**
7	Sabatino, D.		**A**		Degraffenreidt, S.
8	Schweizer, M.	**X**			Jones, L.
9	Siclari, R.	**X**			
10	Spencer, W., *Chair*	**X**			**HIVPC Staff**
11	Taylor-Bennett, C.	**X**			Bente, A.
12	Tomlinson, K.		**A**		Johnson, B.
					Newton, A.
					Sandler, C.
	Quorum = 7	**9**			*on phone

1. CALL TO ORDER

The Chair called the meeting to order at 9:45 a.m. and welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, Grantee staff and HIV Planning Council (HIVPC) staff self-introductions were made. A moment of silence was observed.

2. APPROVALS

The following motions were made:

Motion #1: To approve today's meeting agenda
Proposed by: Taylor-Bennett, C. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 5/19/15, with one amendment
Amendment: Community Forum was sent back to SOC Committee for further discussion.
Proposed by: Grant, C. **Seconded by:** Schweizer, M.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a) Committee Chair Reports

The following committee reports were given:

Membership/Council Development Committee (MCDC): The report stands as written. The MCDC Chair announced the HIVPC will have a booth at the Stonewall Pride event. The Chair is requesting the MCDC have interviews with reporters regarding the HIVPC. The Chair also announced the HIVPC member of the month to recognize outstanding members. There was committee discussion regarding the member of the

month criteria. A member asked if committee members can also be recognized even though they are not HIVPC members. The HIVPC Chair recommended that this program begin with members and then expand to committee members. A guest asked if a member of year could be recognized and have their photo displayed in the Ryan White Program Office. The HIVPC Chair stated that members should first be recognized as this member of the month. A member recommended that a nominator scorecard be produced and a question was asked about who would score the member of the month criteria. The HIVPC Chair asked the committee add to the criteria before HIVPC approval.

Quality Management Committee (QMC): The QMC did not meet.

Priority Setting & Resource Allocation (PSRA) Committee: The PSRA Chair explained that rankings took place at the next meeting and data presentation occurred.

Needs Assessment/Evaluation (NAE) Committee: The report stands. The NAE Chair stated the committee is still conducting data review.

Community Empowerment Committee (CEC): The CEC Chair stated she was not present at the previous meeting. The CEC Vice Chair stated they reviewed the 18-month work plan. There was discussion regarding the Members of the Committee discussed the direction of the rescheduled Community forum with SOC. The Grantee informed the committee that although the goal is to provide an engaging event for the community, it is the responsibility of the committees to also educate participants on statistical data impacting the community. CEC members were encouraged to attend the SOC Committee meeting scheduled on the 26th to further plan for the forum.

An additional discussion took place that included plans for the upcoming "Hot Topic" CEC Community event. Members discussed providing information on Flakka, a prominent drug in the Pompano, FL community. Staff will also ask a member from the Mental Health/Substance Abuse QI Network to give a presentation on HIV and mental health/substance abuse issues. The committee provided ideas of outreach strategies to inform the community of the event which includes "Get Care Broward" palm cards, soliciting local area church participation, and gathering individuals in the area on foot prior to the meeting.

HIVPC Staff provided multiple dates of upcoming activities that would allow both CEC and MCDC to become more present in the community. These events included Stonewall in Wilton Manors (June 20th), BTAN National Testing Day Barbeque at L. A. Lee YMCA (June 26th), and the Gay Pride Festival (October 10th-11th). Members were urged to sign up to staff a booth for a few hours during each upcoming event to provide information regarding the HIV Planning council and to give away other incentives, applications, etc. MCDC will be holding a meeting to further plan for participation with the Stonewall event on June 20th.

The CEC Vice Chair introduced herself and explained the reasons for being involved in HIV/AIDS. She stated she has a passion for the HIV community. She stated she is excited about being a part of the HIVPC and has a lot to learn.

ad-Hoc By-Laws Committee: The Chair stated the June meeting was canceled and will meet in July.

System of Care (SOC) Committee: The Chair stated there was a special coordination meeting regarding the Food Service category. There was discussion regarding the sustainability and ultimate goals of the service category. The HIVPC Chair recommended bringing a sample of a food box and food voucher to the committee as visual samples can better facilitate conversation. The Chair stated that better planning of the community forum must take place with better goals.

b) Discuss Healthcare Reform on HIVPC Agenda
HIVPC staff explained the Healthcare Reform update and standing HIVPC agenda item. The committee decided the item will stay on the HIVPC agenda.

c) Approve 6/25/15 HIVPC Meeting Materials and Motions (Handouts A1 – A3)
The HIVPC Chair asked that committee chairs let their report stand if nothing further needs to be added. The MCDC Chair stated the first consent item should be separated into two items. The HIVPC Chair stated that both consent items should split.

d) Approve 6/25/15 HIVPC Agenda (Handout A-1)
The following motion was made:

Motion #3: To approve the 6/25/15 HIVPC Agenda
Proposed by: Schweizer, M. **Seconded by:** Gammell, B.
Action: Passed Unanimously

e) Review July HIVPC Calendar (Handout B)
The MCDC Chair asked the MCDC meeting be moved to July 9th due to Independence Day. The PSRA Chair asked the July meeting be canceled to take a break from the priority setting and allocation process.

4. UNFINISHED BUSINESS

None.

5. MEETING ACTIVITIES/NEW BUSINESS

a) Meeting Evaluations (Handout C)
The HIVPC Chair stated he will review the evaluations at the next HIVPC meeting. This process will reinvigorate the purpose of the meeting evaluations form. HIVPC staff explained that a guest recommended that forms ask if you are an HIVPC member or committee member, or guest. This will add context to the evaluation forms.

b) Training Schedule (Handout D)
HIVPC staff reviewed the HIVPC training schedule. HIVPC informed that committee that scheduled trainings can be altered. The HIVPC Chair stated that Biomedical Interventions and Self-Assessment Findings maybe better facilitated by a third party. A guest asked it would be feasible to ask HIVPC members about the type of trainings they would like to have. A member stated that most HIVPC members did not feel they needed trainings. A member stated that most trainings are mandated by HRSA and that by having the trainings at meetings members are not fatigued by a full day of trainings. The HIVPC Chair stated that some third party speakers be presented at the next Executive Committee meeting. A member stated that a special training that previously happened regarding communication occur again as new members have been added. The Grantee recommended having the training with the Prevention and Part A planning councils.

c) Evaluation Report (Handout E)
The HIVPC Chair asked committee Chairs to review the Evaluation report.

d) Attendance (Handout F)
The HIVPC Chair asked that the requirement that Vice Chairs being present at Executive Committee meetings be relaxed. A member stated the requirement of Vice Chairs were added because quorum requirements were too low. This item will be brought up at the next ad-Hoc By-Laws Committee Meeting.

6. GRANTEE REPORT

The Grantee announced the final notice of grant award was received and a nominal increase was received. There is transitional of 158 clients with 149-249% FPL to FL ADAP plans. There is currently a plan with the FLDOH to transition clients to ADAP plans. He announced that more people will enroll in ACA plans and client enrollment in Part A will decrease. A member asked what will happen with the subsidies decision from the Federal Supreme Court. The Grantee stated that they will not know how to deal with that as it will be devastating to many ACA enrollees.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS / TASKS FOR NEXT MEETING: June 16, 2015, 12:30 p.m. VENUE: Room A-337

Agenda Items for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, etc.*
PCS Quarterly Report	*Exec*	ACTION ITEM: Review PCS FY 2015-2016 1st Quarter Report and make any necessary recommendations for changes.

9. ANNOUNCEMENTS

The QMC Chair stated that when they went to FLDOH-Broward to get bus passes, they must enter client information in CAREware. She asked that the problem be rectified by the Grantee

The SOC Chair stated the Florida and Caribbean AETC has now disbanded. He announced the NSU and Broward Community Health Center Community Partnership will open another 6-chair dental clinic.

The PSRA Chair stated the PSRA Committee does not allow new members on the committee at the time of the PSRA process. The HIVPC Chair stated that decision is at the discretion of the Chair.

The HIVPC Chair asked the MCDC Chair about the SFGN recruiting interview. He stated that members can talk about their own person but when speaking about HIVPC business the Chair can only speak about HIVPC business. He reminded the committee that when the HIVPC Chair speaks it must be approved by the HIVPC.

10. ADJOURNMENT

The meeting adjourned at 11:06 a.m.

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Executive Committee Attendance 2015

Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date:	6	17	17	21	19	16							
				QNA											
	1	Fleurinord, P.	N - 5/12					X							
0		Gammell, B, (Ex-Officio)	X	X	X	Z - 4/20									
0	**2**	Grant, C.	X	X	X	X	X	X							
0	**3**	Katz, H.B.	X	X	X	X	X	X							
2	**4**	Lint, A.	A	X	X	X	A	X							R - 1/15, N - 1/17
1	**5**	Reed, Y., *V. Chair*	A	X	X	X	X	X							
2	**6**	Sabatino, D.	X	X	X	A	X	A							
0	**7**	Schweizer, M.	X	X	X	X	X	X							
2	**8**	Siclari, R.	X	X	X	A	A	X							W - 6/2
0	**9**	Spencer, W., *Chair*	X	X	X	X	X	X							
0	**10**	Taylor-Bennett, C.	X	X	X	X	X	X							
1	**11**	Tomlinson, K.	X	A	X	X	X	X							
2		Wilson, T.	X	A	A	Z - 3/24									
		Quorum = 7	10	10	11	8	8	10							

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

August 2015

EXECUTIVE HANDOUT A

Broward County HIV Health Services Planning Council Calendar

Last Updated: 7/13/2015

Meeting dates & times are subject to change. Unless otherwise noted, meetings are held at: Governmental Center Annex, Ryan White Part A Program Office, 115 S. Andrews Ave.; Ft. Lauderdale, 33301. Please contact support staff at 954-561-9681 ext. 1250 or visit http://www.brhpc.org for updates.

Monday	Tuesday	Wednesday	Thursday	Friday
3	4 **Community Empowerment Committee (CEC)** 3:00 p.m., A-337^	5	6 **Membership/Council Development Committee (MCDC)** 9:30 a.m., A-335^	7 **SFAN** 10:00 a.m.~
10 **Needs Assessment/ Evaluation Committee (NAE)** 1:00 p.m., A-335^	11 **Local Pharmacy Advisory Committee (LPAC)** 9:30 a.m., A-337^	12 **Ad Hoc By-Laws committee** 9:30 a.m., A-337^ **HIVPC Coordination** 12:30 p.m., A-335^	13	14
17 **Quality Management Committee (QMC)** 12:30 p.m., A-335^	18 **Executive Committee** 9:30 a.m., A-337^	19 **Priority Setting and Resource Allocation Committee (PSRA)** 12:30 p.m., GC-301^	20	21
24	25	26	27 **HIV Planning Council (HIVPC)** 9:30 a.m. GC-430^ **MCDC Coordination** 12:30 p.m. GC-430^	28 **System of Care Committee (SOC)** 9:30 a.m., A-337^
31				

^Governmental Center —115 S Andrews Ave, Ft. Lauderdale, 33301
~Dorothy Mangurian Comp. Center—1000 NE 56th St, Ft. Lauderdale, 33334

Meetings in ~~**Red**~~ are cancelled.
Meetings in **Blue** are for the HIV Planning Council Committees & QI Networks.

August 2015

Broward County HIV Health Services Planning Council Calendar

Last Updated: 7/13/2015

Dates and times are subject to change. Visit http://www.brhpc.org/programs/hiv-planning-council/ for updates. For questions about the HIV Planning Council & Committees, please contact Adam Bente at 954-561-9681 ext. 1250. For questions about the QI Networks, please contact Brithney Johnson at 954-644-2774.

TODOS ESTAN BIENVENIDOS!

A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Acceso de Downtown Bus Terminal y Tri-Rail/Broward County Transit)

Para confirmar información acerca de la reunión de Consejo de Planeación VIH, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.

ALL ARE WELCOME!

Unless otherwise noted on the calendar, all meetings are held at:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit)

To confirm HIV Planning Council meeting information, or reserve special needs services such as: Translation from English to Spanish or Creole; or, are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.

BON VINI!

Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fèt:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit)

Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

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

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

Needs Assessment/Evaluation (NAE) Committee - Develops and updates the annual Needs Assessment, including determining focuses for the client survey, provider survey, and client focus groups. Evaluates and updates the Comprehensive Plan to determine progress.

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

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

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

Executive Committee - Sets agenda for Council meetings. addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

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

FY 2014-16 HIVPC Trainings

Future

Minority AIDS Initiative (MAI) Funds (July 2015): (Specific skills related to particular planning and related tasks)
This training will provide an overview of MAI funding, what it is, and how it works in the broader context of Ryan White Part A funding. It will also discuss the realities of MAI funding (it is less than 10% of total funds), the difficulties in developing specialized programming with the small amount of funds available, and how MAI funds work in Broward.
Presenter: HIVPC & Grantee Staff

HIV Biomedical Interventions (October 2015): (Specific skills related to particular planning and related tasks)
This training will focus on current HIV biomedical medical interventions. This training will explore interventions such as Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), both utilized to prevent HIV infection.
Presenter: AETC

Affordable Care Act Update (November 2015): (Ryan White legislation and implementation process)
Prior to the start of enrollment, this training will provide an update to the Affordable Care Act (ACA) and Health Insurance Marketplace. This training will include: an overview of the ACA marketplace, and Florida specific resources, and consumer feedback.
Presenter: Consultant

2016 Comprehensive Plan Training/Retreat with Prevention (December 2015): (Ryan White legislation and implementation process)
Beginning in 2016, Ryan White Part A and Prevention will be responsible for a joint comprehensive plan. This training will include strategies to form an effective collaboration between the HIVPC and Broward County's HIV Prevention Council.
Presenter: TBD (Grantee Recommendation)

Self-Assessment Findings (February 2016): (Specific skills related to particular planning and related tasks)
Evaluation data from the HIVPC Self-Assessments will be presented. Self-Assessment findings will provide training opportunities that will benefit all committees as well as the HIVPC.
Presenter: HIVPC Staff

Past

Comprehensive Plan (March 2014): (Ryan White legislation and implementation process)
Update of the 2012-2015 Comprehensive Plan for the Broward Part A program was developed by EGM Consulting, LLC (EGMC). The update was designed to provide a mid-term review and assessment of task completion and progress towards comprehensive plan goals and objectives, and to recommend updates in the work plan as needed.

Priority Setting and Resource Allocation (PSRA) Process (May 2014): (Specific skills related to particular planning and related tasks)
The Priority Setting and Resource Allocation (PSRA) Committee Chair conducted a brief presentation about the priority setting process. The process begins with the collection of data and a data presentation to the PSRA committee. The PSRA Chair reviewed the data presentation given by consultant Emily Gantz-McKay; Ms. Gantz-McKay was responsible for analyzing the data from the Needs Assessment, which included a client survey, a provider survey, and focus groups. Utilization and financial data from Part A, as well as other Ryan White parts and other community funders was used to create scorecards.

HIV Prevention Planning Council Presentation (May 2014): (Specific skills related to particular planning and related tasks)
Christopher Bates, a member of the Florida Department of Health in Broward County gave a presentation on the structure of Broward County's HIV Prevention Council. The council is broken into four teams and six advisory groups. The full council is comprised of approximately 15-21 members, with two appointed seats. One of the appointed seats belongs to the Broward County school district and the other is a research seat; the Council felt these were critical elements that needed to be a part of the Council.

System of Care Committee training (November 2014): (Service delivery system and provider profiles)
This training will allow the System of Care (SOC) committee Chair to discuss the main functions of the committee. This training will include: unmet need research, identifying gaps in care, and evaluation of community needs.

National Quality Center: Training of Consumers on Quality (TCQ) (January 2015): (Importance and sources of data)
This training will increase the number of consumers actively participating in local quality management committees or regional quality improvement activities. The rigorous TCQ Program includes extensive pre-work activities and a 2-day face-to-face TCQ session.

How Best to Meet the Need language and how it impacts services (February 2015): (Importance and sources of data)
The Ryan White legislation gives Planning Councils the responsibility not only to set priorities, but also to establish how best to meet those priorities. This training will highlight the legislative provision which includes establishing a role for the Planning Council in guiding the Grantee in identifying the types of organizations and service delivery mechanisms that best meet each service priority established by the Council (e.g., outpatient clinics, community-based organizations that serve affected populations and historically underserved communities).

HIVPC Reflectiveness and Mandated Seats (May 2015): (Specific skills related to particular planning and related tasks). This training will focus on HIVPC membership requirements, reflectiveness, and mandated membership categories.

Priority Setting and Resource Allocation (PSRA) Process (June 2015): (Specific skills related to particular planning and related tasks)
A brief training on the data sources used and the decisions made by the PSRA Committee before recommendations for priority ranks and allocations are made to the HIVPC.
Presenter: PSRA Chair

BY-LAWS PARKING LOT ITEMS					
No.	**Proposal**	**By-Laws Location**	**Stated Reason**	**Recommendation**	**Status**
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.	Only requiring Committee Chairs attend Executive Committee meetings, and if the Chair is unavailable then the Vice Chair would step in for voting and quorum requirements. The Chair would still be marked absent if he/she was not present. If the Chair and Vice Chair were both present then the Vice Chair would be counted as a guest, and would not vote.	Sent to County for Review

Quarterly Planning and Evaluation Report

FY 2015-2016 First Quarter Report: March 1, 2015 - May 31, 2015

Prepared by Broward Regional Health Planning Council

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Hollywood, FL 33020

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Summary: FY 2015-2016 First Quarter

The fiscal year (FY) 2015-2016 first quarter ran from March 1, 2015 until May 31, 2015. In the first quarter, the HIV Planning Council (HIVPC) continued using new work plans that were focused on three guiding principles. The three guiding principles were developed at the recommendation of a consultant who determined that the Broward Eligible Metropolitan Area (EMA) had so much data available to it, that it sometimes had difficulty focusing its activities.

What are the three guiding principles?

The three guiding principles of the HIVPC are:

1. Linkage to care
2. Retention in care
3. Viral load suppression

How were the three guiding principles developed?

The three guiding principles were developed to reflect the National HIV/AIDS Strategy (NHAS) and the HIV Care Continuum. In 2010, the White House released NHAS. The four goals of NHAS were to reduce new infections, increase access to care and improve health outcomes for PLWHA, to decrease HIV-related health disparities and inequities, and to achieve a more coordinated response to the epidemic. The HIV Care Continuum was developed subsequently to NHAS, as a tool to be used to analyze the progress being made on NHAS goals. The HIV Care Continuum is most often shown as a bar graph made up of five bars (see Figure 1) showing the following percentages for people living in the United States: diagnosed with HIV, linked to care, retained in care, prescribed Antiretroviral Therapy (ART), and virally suppressed. Of the five bars, the HIVPC felt that the three bars the HIVPC could have the most impact on were linkage to care, retention in care, and viral load suppression. The work of local prevention programs is predominantly focused on diagnosing HIV, and once an individual enters care, being prescribed ART is largely automatic.

The HIV Care Continuum shown as Figure 1 below compares people living with HIV/AIDS (PLWHA) in Broward County overall to Part A clients. The Broward County overall graph is produced by the Florida Department of Health (FLDOH), and uses a mixture of real data and estimates to determine the percent of PLWHA at each stage. Real data are used for the first three bars and include eHars, CAREWare, and Medicaid data sets. The last two bars are estimated percentages based on a formula from the Center for Disease Control and Prevention's (CDC) 2011 Medical Monitoring Project (MMP). Since the last two bars are based on estimates, it is possible that actual numbers for prescribed ART and virally suppressed are higher than what is estimated. While not perfect, the Broward County continuum provides a starting point for comparison.

Since Part A is primarily responsible for HIV care and treatment, it does not collect significant data for diagnosed or linked to care. Data for Part A retained in care, prescribed ART, and virally suppressed are real data that come from the Part A management information system (MIS), Provide Enterprise (PE).

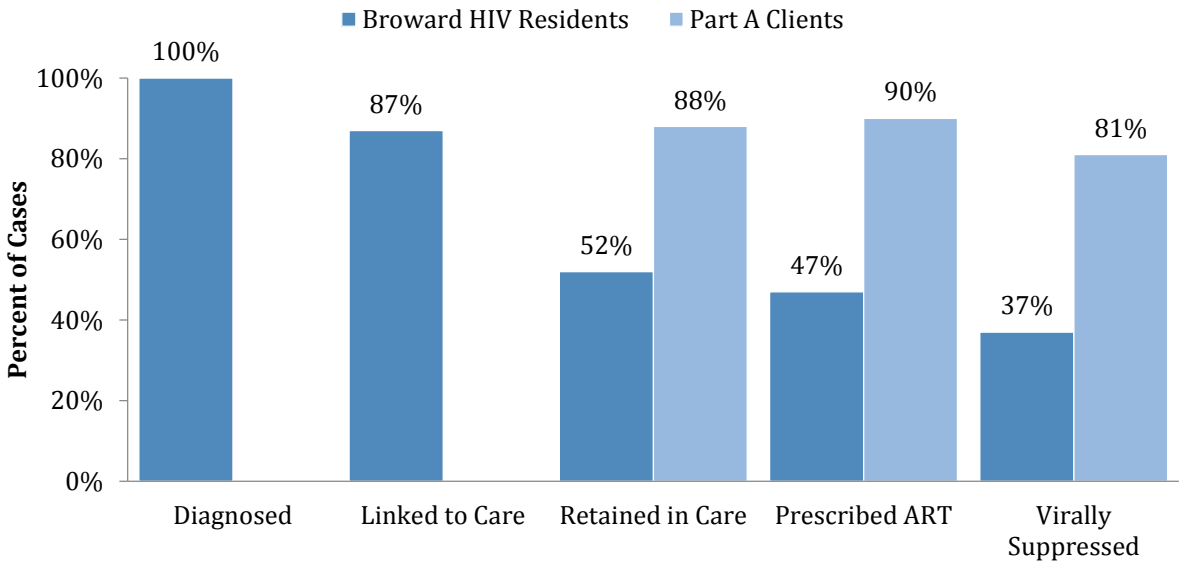


Figure 1. Outcomes along the HIV Care Continuum, Broward County Compared to the Broward EMA, FY 2013

Why are the three guiding principles important?

The Broward EMA's current Comprehensive Plan goals was developed to reflect the goals of NHAS and the HIV Care Continuum, and all of the committee work plans were developed using activities outlined in the Comprehensive Plan. Through focusing HIVPC activities on the three guiding principles, the HIVPC can identify where gaps may exist in connecting individuals living with HIV to quality care and treatment. System improvements and service enhancements can be implemented to better support individuals as they move through the continuum of care. These efforts can help break the cycle of HIV transmission, reduce new infections, and improve the health of people living with HIV.

How are the three guiding principles being addressed?

The work plans are designed to relate activities of the HIVPC and committees to the three guiding principles and outcomes along the care continuum. For example, the Needs Assessment & Evaluation (NAE) Committee is tasked with developing questions for the annual client survey to identify barriers to being retained in care or virally suppressed. The System of Care (SOC) Committee works to determine gaps in the Broward continuum of HIV services for linking clients to care after their initial HIV diagnosis. The Quality Management (QM) Committee ensures high quality HIV medical care and support services by identifying and monitoring client and system-based performance measures for linkage, retention, and viral load suppression. The Quality Improvement (QI) Networks also examine the HIV care

continuum to assess where improvements in services are needed and target them accordingly. This report documents HIVPC activities that were conducted during the third quarter and how these activities help make progress on the HIVPC's goals and the three guiding principles.

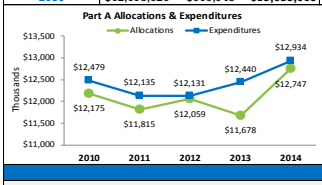
Priority Setting & Resource Allocation (PSRA)

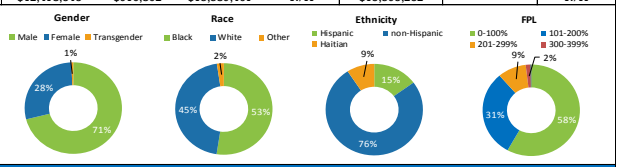
During the first quarter, several activities were completed that will have an impact on progress on the three guiding principles. The committee began preparing for the annual priority setting and resource allocation process by reviewing data sources and service category scorecards. Based on a survey that was conducted following the PSRA process for FY 2015-2016, it was recommended that the committee review data for several meetings prior to ranking and allocating. Reviewing data over several months allowed the committee more time to absorb and analyze data and ask questions to clarify understanding of the data.

PCS staff provided overviews of data which could impact priorities and allocations, including epidemiology, unmet need, the Early Identification of Individuals with HIV/AIDS (EIIHA), and service category scorecards. The scorecards for FY 2014-2015 now contain information that is specific to each service category, as well as information about clients that are not virally suppressed in each service category, which is a change from previous years. The committee agreed to view the data this way to gain a better understanding of which clients are not achieving health outcomes, and to potentially change funding to improve outcomes for those clients. An example of the new scorecards is shown as Figure 1 below:

FY 2014-15 Scorecard: Part A Overall

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total	Carryover	% Change
2014	$12,747,410	$1,096,019	**$13,843,429**	$12,934,463	$1,009,772	$13,944,235	4.0%	**$16,012,762**		**4.2%**
2013	$11,677,997	$1,096,019	**$12,774,016**	$12,439,721	$1,095,535	$13,535,256	2.5%	$15,366,650	$448,662	-0.4%
2012	$12,059,174	$1,063,593	**$13,122,767**	$12,131,345	$898,412	$13,029,757	0.0%	$15,423,413	$32,755	2.8%
2011	$11,815,273	$1,025,383	**$12,840,656**	$12,135,018	$884,638	$13,019,656	-2.8%	$15,006,261		-2.5%
2010	$12,175,020	$910,945	**$13,085,965**	$12,478,545	$910,862	$13,389,407	N/A	$15,395,252		N/A





FY 14-15 Part A Utilization & Demographics

Year	Total Clients	% change
2014	7,962	**7.35%**
2013	7,417	

Ryan White Part A & MAI Providers		
Type	Part A	MAI
Number	11	3

FPL*	#	%
0-100%	4,626	58.1%
101-200%	2,435	30.6%
201-299%	755	9.5%
300-399%	125	1.6%
400% & over	21	0.3%

Insurance	#	%
Private	1,046	13.1%
Medicare	1,718	21.6%
Medicaid	1,137	14.3%
Other Public	43	0.5%
None	4,018	50.5%

Gender	#	%
Male	5,656	71.0%
Female	2,254	28.3%
Transgender	52	0.7%

Race	#	%
Black	4,172	52.4%
White	3,606	45.3%
Other	184	2.3%

Ethnicity	#	%
Hispanic	1295	16.3%
non-Hispanic	6579	82.6%
Haitian	798	10.0%

* FPL is current for the end of the FY

FY 2014-15 Scorecard: Part A Overall

Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation

All Clients	#	%
	1,154	16.1%
Gender	**#**	**%**
Male	741	14.5%
Female	396	19.9%
Transgender*	17	34.0%
Age	**#**	**%**
18-28	176	32.7%
29-38	255	24.4%
39-48	292	16.8%
49-58	330	12.4%
59+	101	8.7%
Living Arrangements	**#**	**%**
Permanent	811	14.9%
Non-Permanent	334	20.1%
Institution*	8	18.6%

Race/Ethnicity	#	%
Black non-Hispanic Male	395	18.6%
Black non-Hispanic Female	342	21.3%
Total Black non-Hispanic	**737**	**19.70%**
White non-Hispanic Male	243	12.7%
White non-Hispanic Female	29	15.3%
Total White non-Hispanic	**272**	**12.9%**
Hispanic Male	99	9.8%
Hispanic Female	24	13.3%
Total Hispanic	**123**	**13.3%**
Haitian	111	14.4%
Non-Haitain	1,042	16.3%
Educational Level	**#**	**%**
<8th Grade	75	17.2%
8-12th Grade	750	17.5%
College	329	13.5%

Risk Factor	#	%
MSM	488	14.5%
Black MSM	190	22.7%
White MSM	293	11.8%
Hispanic MSM	86	10.8%
	#	**%**
Heterosexual	578	16.9%
Black Hetero	510	18.2%
White Hetero	67	11.2%
Hispanic Hetero	34	9.9%
	#	**%**
Hemophilia*	5	22.7%
IDU	18	13.4%
MSM/IDU*	5	13.5%
Perinatal	35	45.5%
Transfusion*	5	18.5%

*Small population group (N<75 in program year). #s and %s are within each subpopulation.

Figure 1. FY 2014-2015 Part A Overall Scorecard

Outreach Report

The HIVPC conducts outreach through the work of several committees, in particular the Community Empowerment Committee (CEC). The CEC strives to hold at least one meeting each quarter in the community in order to promote the HIVPC and provide outreach and education to community members. During this quarter, the committee began to hold meetings at various Part A agencies; not only does the committee hope to bring in new participants by meeting clients where they are, the committee is also working to educate themselves on the services offered at each agency. All the meetings held at the Part A agencies will include a presentation by the agency's staff to inform the committee about the services offered there, and how clients can access those services. Keeping CEC members informed of available services is a key element of the CEC's role as the education arm of the HIVPC in the community.

In addition to meetings at Part A agencies, the CEC is also in the process of planning for a summer community forum in order to educate the community on the HIV Planning Council and its role in supporting people affected by HIV/AIDS, and simultaneously receiving pertinent feedback from the community involved in the epidemic. The committee is currently in the process of collaborating with the System of Care (SOC) committee in order to develop focused aspirations for the forum. Keeping the community informed about hot button issues can help ensure that clients are educated about the care that is available to them, and may help engage and retain them in care.

The Membership/Council Development Committee (MCDC) continues to hold Welcome Brunches. The MCDC's Welcome Brunch is designed to promote the HIVPC and its committees to interested parties and community members. Attendees are educated about the roles and the responsibilities of the HIVPC, how to become involved with the HIVPC and its committees, and what the benefits of membership are. The committee has opted to hold them less frequently than quarterly, in order to give adequate preparation and planning time for each brunch. Welcome Brunches are now targeted to specific populations under represented on the HIVPC, or highly affected by the HIV/AIDS epidemic in Broward. The MCDC is reaching these populations, by holding brunches at community partnership organizations that target the populations, and in conjunction with a holiday or event that resonates with the target population. The committee held a Cinco de Mayo themed event at Hispanic UNITY, a Hispanic/Latino human services community organization on May 15, 2015. There were fewer people from the community at this event than were expected to attend. In order to better prepare for future events there is an analysis being conducted to determine the reasons for the low attendance at the May Welcome Brunch.

Training and Development Summary

The HIVPC's Executive Committee and MCDC determine quarterly trainings for HIVPC members, so members are well educated and informed about emerging issues. Training topics are focused on strategies and information that will inform the HIVPC about making progress towards the three guiding principles. The first quarter training occurred at the May HIVPC meeting and focused on the membership guidelines regarding the HIVPC's mandated seats and reflectiveness. Reflectiveness refers to the extent of which the HIVPC mirrors the HIV epidemic in Broward County. Members may be appointed to seats based on their employment, agency affiliation, or by being a person infected or affected by HIV/AIDS. The MCDC also works to ensure that the HIVPC membership represents the community being served in Broward County and there are diverse perspectives around the table. The HIVPC membership training power point that was presented to the HIVPC is included at the end of this report.

Community Empowerment Committee (CEC) Survey Summary

The CEC's 18 month work plan includes the development of a survey to analyze the effectiveness of each community meeting or event. This survey will be distributed while the event is taking place in an effort to attain full participant feedback. Rather than using the survey to gain feedback about the event itself, the committee felt the survey should be used to gain information about who the people are that are attending events (clients, providers, community stakeholders), whether they are recipients of Part A services, and if they are in need of care that they are currently not receiving. Gaining this kind of feedback will give the HIVPC data about community members that come to events, but may not be involved in the HIVPC. Data about what kind of services are needed, and the kinds of marketing techniques that are successful in bringing clients to an event rather than providers to an event can be helpful to the HIVPC in planning for services. The CEC revised the event survey further in the first quarter to include a question regarding participants' preferred meeting topics for upcoming events. The event survey was approved this quarter with the final addition of the question regarding future meeting topics.

Meeting Evaluation Summary

Meeting evaluations are distributed at all committee meetings to collect feedback about the effectiveness and efficiency of meetings. Evaluation respondents have the opportunity to identify themselves, or to complete the evaluation anonymously. The meeting evaluation consists of the following nine questions:

1. The meeting place was a good working environment.
2. The agenda was clear and was supported by the necessary documents.
3. The Chair guided the meeting effectively.

4. All Council/committee members were prepared to participate in the agenda.
5. Reports were clear and contained needed information.
6. Next steps for future tasks were identified and responsibility was assigned.
7. The agenda was followed without spending too much time on non-agenda items.
8. It was possible to express my opinion if I wanted to.
9. Meeting participants conducted themselves appropriately.

Respondents can answer "Yes" or "Needs Improvement" and can also leave comments or suggestions for each statement. Historically, return rates for meeting evaluations have been low. Measures have been implemented to improve return rates, such as a verbal reminder at the end of meetings and a written reminder at the bottom of each agenda. Despite these efforts, meeting evaluation return rates remain low. For the first quarter of the 2015-2016 fiscal year (March – May), From March to May 2015, the highest average rate of return for a standing committee was 71.5%. The rates of return for most other standing committees were much lower, ranging from 7% to 45%. As such, responses may not be truly representative of meeting attendees.

The majority of meeting evaluations received have "Yes" checked for all of the statements, but some evaluations do indicate "Needs Improvement." Statement seven, "The agenda was followed without spending too much time on non-agenda items." was the statement most frequently indicated as needing improvement. Responses indicated that meetings need to be more streamlined and focused on the tasks at hand. There may be too many nonessential conversations taking place during meetings.

During this quarter, the Executive Committee discussed the meeting evaluations and the historically low rate of return from most of the committees. Members also agreed that a lot of the comments were not conducive to improving meeting facilitation. The committee felt it may be better to conduct evaluations on a quarterly basis, and to reconfigure the evaluation tool. The Executive Committee will continue their discussion about meeting evaluations at the June 2015 meeting.

Epidemiology

Understanding epidemiology and analyzing data to determine its impact on a system has become increasingly important. The Broward EMA uses epidemiology and surveillance data provided by FLDOH to track trends and changes in Broward may impact the types of services needed or how services are delivered. Unmet need plays an important role in determining clients who are not in care:

- **Unmet need** is defined in the Ryan White Part A manual as the need for HIV-related primary health care among individuals who know their HIV status but are not receiving such care (not "in care").

A person is considered to be in care if receiving HIV-related primary medical care within the past 12 months. To avoid confusion, the term unmet need is used only to denote the need for primary health care by PLWHA not in care, and service gaps are used for all other service needs.

Unmet need data is provided by FLDOH for each of the EMAs in the state of Florida. Table 1 below shows the unmet need data for Broward during 2013, which is the most recently available data:

Table 1. Unmet Need Framework, Fort Lauderdale/Broward County EMA, 2013				
Population Size		**Value**	**Percent**	**Data Source(s)**
Row A	Number of persons living with AIDS (PLWA), for the period of 01/01/2013 - 12/31/2013	10,035	55%	eHARS and Out of State (OOS) data sets plus matches with ADAP, Medicaid, HMS, Care, and Electronic and Paper Lab Databases
Row B	Number of persons living with HIV (PLWH)/non-AIDS, for the period of 01/01/2013 - 12/31/2013	8,362	45%	
Row C	Total number of HIV+, for the period of 01/01/2013 - 12/31/2013	18,397	100%	
Care Patterns		**Value**	**Percent**	**Data Source(s)**
Row D	Number of PLWA who ***did*** receive the specified HIV primary medical care services in 12-month period	5,883	59%	eHARS and OOS data sets plus matches with ADAP, Medicaid, HMS, Care, and Electronic and Paper Lab Databases
Row E	Number of PLWH/non-AIDS who ***did*** receive the specified HIV primary medical care services in 12-month period	3,708	44%	
Row F	Total number of HIV+ who ***did*** receive the specified HIV primary medical care services in 12-month period	9,591	52%	
Calculated Results		**Value**	**Percent**	**Calculation**
Row G	Number of PLWA who ***did NOT*** receive primary medical services	4,152	41%	Value: Value A - Value D. Percent: Value G/Value A.
Row H	Number of PLWH/non-AIDS who ***did NOT*** receive primary medical services	4,654	56%	Value: Value B - Value E. Percent: Value H/Value B.
Row I	Total HIV+ who ***did NOT*** receive specified primary medical care services (quantified estimate of unmet need)	8,806	48%	Value: Value G + Value H. Percent: Value I/Value C.

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

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL MEETING AGENDA

Thursday, July 23, 2015, 9:30 a.m.
Governmental Center Room GC-430
Chair: Will Spencer **Vice Chair:** Yolonda Reed
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. **CALL TO ORDER** (10 minutes)
2. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   b. Council Member and Guest Introductions
   c. Moment of Silence
   d. Excused Absences and Appointment of Alternates
   e. Approval of 7/23/15 Meeting Agenda
   f. Approval of 6/25/15 Meeting Minutes
3. **PHONE INTRODUCTIONS**
4. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A) (5-10 minutes)
5. **CONSENT ITEMS**

#	MOTION	JUSTIFICATION	PROPOSED BY
1.	To approve Lamont Lewis to the Community Empowerment Committee for membership.	Lamont Lewis will contribute to the CEC by providing consumer input as well as input as a member of the HIVPC and several other committees.	Community Empowerment Committee
2.	To approve To approve Lamont Lewis to the Membership/Council Development Committee for membership	Lamont Lewis will contribute to the MCDC by providing consumer input as well as input as a member of the HIVPC and several other committees.	Membership/Council Development Committee
3.	To approve Lamont Lewis to the ad Hoc By-Laws Committee for membership.	Lamont Lewis will contribute to the ad Hoc By-Laws Committee by providing consumer input as well as input as a member of the HIVPC and several other committees.	ad Hoc By-Laws Committee
4.	To approve David Runkle to the ad Hoc By-Laws Committee for membership.	David Runkle will contribute to the ad Hoc By-Laws Committee by providing consumer input as well as input as a member of the HIVPC and several other committees.	ad Hoc By-Laws Committee

6. **DISCUSSION ITEMS**
   None.
7. **NEW BUSINESS**
   a. Presentation on Minority AIDS Initiative (MAI) Funds (Handout B)

8. JULY COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

July 7, 2015 *Chair: A. Lint, V. Chair: P. Fleurinord*

A. Work Plan Item Update / Status Summary:
MCDC/CEC Joint Meeting Update – HIVPC Staff provided an update on the joint planning meeting between MCDC and CEC Chairs. The Chairs discussed having quarterly joint meetings to plan for participation for upcoming community events. Chairs reviewed a calendar of annual community events and determined that they would utilize this list which includes both community events and support groups, to determine events that would be the most effective to inform the community about membership on the HIVPC. Future planning will take place and members from both committees will be notified. Quarterly Orientation/Training (W.P. Item 2.2) – Lauren Kirk, Behavioral Health Therapist at Broward House provided a presentation on Mental Health and HIV. Maintaining good mental health status, specifically for patients with HIV is extremely important for HIV treatment, to remain stable, and foster positive relationships with others. She included that mental health is not a personal weakness; individuals aren't suffering from mental health because they are weak, and that the stigma between mental health and HIV needs to be eliminated. Hot Topic Presentation: Flakka- An individual from the Broward County Sheriff's Office presented an in depth presentation on the synthetic street drug, flakka. He highlighted the evolution of the drug, how it is marked; especially to youth, and the dangers and effects of using the drug. The committee and guests were shown videos of individuals under the influence of flakka and were advised to not approach any individual while exhibiting excited delirium, as these individuals become violent, develop extreme strength, and exhibit a high pain tolerance.
B. Rationale for Recommendations:
Lamont Lewis was appointed to the CEC for membership. He will be a great contribution to the CEC while providing consumer input as well as input as a member of the HIVPC and several other committees.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
Send Needs Assessment Survey to members for feedback no later than Friday, July 18th.
E. Other Business Items:
Agenda Items for Next Meeting: Develop Marketing Strategy *Next Meeting Date*: August 4, 2015 A-337

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

July 2, 2015 *Chair: H.B. Katz*

A. Work Plan Item Update / Status Summary:

WP Item 1.1 – MCDC reviewed the demographics of the HIVPC. Unaffiliated consumer membership continues to exceed the mandated 33%, and the Council is slightly over represented by females and Hispanic membership and under represented by male and black membership. The HIVPC has increased its membership since the past meeting by two new members.

WP Item 1.4 - MCDC reviewed interested parties for several of the vacant seats. Staff informed the committee of the status of the interested parties identified and included that currently, no one has been identified for the Hospital/Health Care Planning Agencies seat. Members and guests also reviewed the HRSA definitions of the mandated seats to ensure proper identification of prospective members.

WP Item 1.2 – The committee reviewed the three current applicants. A suggestion was made that staff further research the HRSA criteria for the Grantees of Other Federal HIV Programs (Prevention) seat, to determine if the current applicant's agency receives direct funding from the CDC. After thorough discussion, the committee agreed to table the applications until race/ethnicity information was verified and that the most updated application was completed and submitted by all parties.

WP Item 3.1 – Attendance was reviewed and HIVPC staff noted that one PSRA committee member and one HIVPC member were sent warning letters due to attendance. A member of the SOC committee has been removed.

WP Item 5.3 – The Committee reviewed their 18-month work plan. No revisions were made.

Review Summary of Recruitment Event (WP Item 2.1) – The committee reviewed a handout of the accomplishments and challenges of the past year's recruitment events. These events included the three MCDC Welcome Brunches and the participation in the previous Stonewall Pride Festival. The number of attendees, new applicants, and resulting new members were also included. Grantee staff encouraged the committee to consider identifying a standard in which they measure overall success of event participation. For example, identifying the number new HIVPC/Committee members or mandated seat vacancies filled, as opposed to just the number of contacts collected.

Recruitment and Retention (WP Item 2.1) – The committee consented to table this discussion for a joint committee retreat with the CEC.

Member of the Quarter (WP Item 1.7) – The committee reviewed the updated HIVPC Member of the Quarter (formerly presented as member of the month) criteria. A guest suggested that this be open to both HIVPC and Committee members. HIVPC Staff will research other EMAs and their member recognition practices to present at the next meeting for committee review and discussion.

B. Rationale for Recommendations:

Mr. Lewis will make a great contribution to the MCDC while providing consumer input as well as input as a member of the HIVPC and several other committees.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

Send updated membership applications to current applications for completion;

E. Other Business Items:

Agenda Items for Next Meeting: Review Member of the Quarter criteria from other EMAs; Review Mentoring Program *Next Meeting Date*: August 6, 2015, 9:30 a.m. *Venue*: A-335

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

July 13, 2015 *Chair: K. Tomlinson, Vice Chair: W. Spencer*

Meeting Cancelled due to quorum.

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

July 15, 2015 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

E. QUALITY MANAGEMENT COMMITTEE (QMC)

July 20, 2015 *Chair: C. Grant*

F. SYSTEM OF CARE COMMITTEE (SOC)

June 26, 2015 *Chair: M. Schweizer. Vice Chair: D. Sabatino*

G. EXECUTIVE COMMITTEE

July 14, 2015 *Chair: W. Spencer Vice Chair: Y. Reed*

H. AD-HOC BY-LAWS COMMITTEE

July 8, 2015 *Chair: M. Schweizer*

A. Work Plan Item Update / Status Summary:

By-Laws Parking Lot – The committee reviewed the parking lot and the decisions that were made about parking lot item #4 and items #6-#11 **(Handouts C-1 through C-3)**:

Parking Lot Item #4-The committee discussed whether both the committee Chair and Vice Chair should be required members of the Executive Committee. Committee members discussed whether or not Committee Vice Chairs should be counted for quorum. Members considered allowing Vice Chairs to attend Executive to fill in for a chair and represent the committee for quorum and voting. However, Committee Chairs' absence would count towards attendance. Staff will review this recommendation with County attorney for further guidance.

Parking Lot Item #6-The Committee reviewed and approved the language regarding membership, leadership and the purpose of the new Integrated Work Group.

Parking Lot Item #7-HIVPC Staff provided research findings from other EMA's regarding transportation reimbursement for both committee and HIVPC members. They approved reimbursement for both Committee and HIVPC members based on the EMA research and the findings from the MCDC barriers survey.

Parking Lot Item #8- Members of the Committee agreed that recommendation for this parking lot item was already clarified in the Membership Policies and Procedures. No approval was necessary.

Parking Lot Item #9-The committee also approved the updated language pertaining to automatic removals to reflect the County Ordinance.

Parking Lot Item #10- The committee also approved language about special elections for HIVPC Chair and Vice Chair. Should a person be elected during a special election, the term served will not count towards the consecutive two term limit for the HIVPC Chair and Vice Chair seat.

Parking Lot Item #11- Members of the committee approved the proposal that HIVPC leadership (both Chair and Vice Chair) only serve as Executive Committee leadership and not on other HIVPC committees.

B. Rationale for Recommendations:

The committee updated the By-Laws to better reflect the work of the Council.

Mr. Lewis and Mr. Runkle will make a great contribution to the ad Hoc By-Laws committee while providing consumer input as well as input as a member of the HIVPC and several other committees.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Review and make recommendations on By-Laws parking lot item #4. *Next Meeting Date*: August 5, 2015- 9:30 a.m. - *Room* TBD

9. GRANTEE REPORTS (20 minutes)

a. Part A
b. Part B
c. Part C
d. Part D
e. Part F
f. HOPWA
g. Prevention

10. UNFINISHED BUSINESS

11. ANNOUNCEMENTS

a. Reminder: HIVPC Mentorship Program

12. PUBLIC COMMENT (Up to 10 minutes)

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: August 27, 2015, 9:30 a.m. **LOCATION:** GC-430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
Regular HIVPC Elections (WP Item 3.4)	*Ad-Hoc Nominating Committee*	ACTION ITEM: Begin preparing for regular HIVPC elections for HIVPC Chair and Vice Chair. Determine committee membership for ad-Hoc Nominating Committee.

15. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

To: Broward County HIV Health Services Planning Council

From: ad Hoc By-Laws Committee

Date: July 23, 2015

Subject: **Proposal for Recommended By-Laws Changes**

Summary of Changes

The recommended changes from the committee include:

- Consider integrated plan group membership, leadership, and what the roles and responsibilities of the integrated group will be.
- Consider reimbursing for transportation for more than just HIVPC members.
- Include language about automatic removal from the County ordinance.
- Include language about individuals elected by virtue of special election
- Clarify that HIVPC leadership can only serve as Executive Committee leadership, not any other committees.

These changes will be voted on at the next Broward County HIV Health Services Planning Council. A meeting of the Broward County HIV Health Services Planning Council is scheduled for:

Date: **Thursday, August 27, 2015**

Time: **9:30 A.M.**

Place: **Governmental Center, Room GC-430**
115 S. Andrews Avenue
Fort Lauderdale, FL 33301

To confirm meeting information, reserve special needs services, or if you have questions, please call HIVPC Staff at 954-561-9681, ext. 1345 or 1244. If you have special needs such as translation from English to Creole or Spanish, or require other auxiliary aids or services because of a disability, please call at least 48 hours in advance.

Thank you.

BY-LAWS PARKING LOT ITEMS				
No.	**Proposal**	**By-Laws Location**	**Stated Reason**	**Recommendation**
6	Consider Integrated Comprehensive Plan Group membership, leadership, and what the roles and responsibilities of the Integrated Group will be.	Article III & Article VIII, Section 11	Language regarding membership, leadership, and purpose of the new Integrated Work Group.	Added under Article VIII, Section 11.
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.	Added under Article X, Section 4.
9	Include language about automatic removal from the County ordinance.	Article IV, Section 11	Ensure that By-Laws reflect the ordinance.	Added under Article IV, Section 11, Paragraph E.
10	Include language about individuals elected by virtue of special election.	Article V, Section 2	Ensure that individuals elected by virtue of special election will for ability to run for two additional terms.	Added under Article V, Section 2, Paragraph C.
11	Clarify that HIVPC leadership can only serve as Executive Committee leadership, not any other committees.	Article V, Section 5	Language only states that the HIVPC Chair may not chair any committees besides Executive. Vice Chairs are not mentioned.	Added under Article V, Section 5.

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL BY-LAWS

Last amended ~~March~~ July 2015

By-Laws of the
Broward County HIV Health Services Planning Council

Adopted, January 1992
as Amended April 1995, April 1996, November 1996, June 1998, March 1999, May 1999, February 2000, January 2002, September 2004, April 2006, January 2010, January 2012, May 2013, December 2013, May 2014, July 2014, March 2015, July 2015

ARTICLE I

NAME AND AREA OF SERVICE

SECTION 1: The name of the Planning Council shall be "The Broward County HIV Health Services Planning Council" (Council) or such successor name as may be designated by the Broward County Board of County Commissioners.

SECTION 2: The area served by the Council shall be Broward County, Florida. The governing body of Broward County is the Broward County Board of County Commissioners.

SECTION 3: The Council is established by resolution of the Board of County Commissioners codified at Part X of Chapter 12 of the Broward County Administrative Code as amended by the Board of County Commissioners.

ARTICLE II

PURPOSE AND DUTIES

SECTION 1: The purpose of the Council is to provide planning, to promote development of HIV/AIDS health services, personnel, and facilities which meet identified health needs in a cost-effective manner, to reduce inefficiencies, and to develop HIV-related health plans.

SECTION 2: The duties of the Council shall be those specified by the Ryan White Act.

ARTICLE III

DEFINITIONS

1. *Ad-Hoc Committee* means a committee established for a limited time or limited and definite purpose.

2. *Alternate* means a person appointed by the Board that may called upon to participate as a voting member of the Council upon the occurrence of certain conditions.

3. *Board* means the Broward County Board of County Commissioners.

4. *Cause* means an action determined by the Council as a basis for discipline or removal from the Council or a Committee.

5. *Committee* means a committee established by the Council in furtherance of Council business.

6. *Community Stakeholder* means representatives from Ryan White Part B, C, D, or F, Prevention, or representatives of HIV/AIDS care in the community, including but not limited to consumers, providers, and regulators.

7. *Consumer* means a person who is an eligible recipient of services under the Ryan White Act.

8. *Council* means the Broward HIV Health Service Planning Council created in Chapter 21, Part X, Broward County Administrative Code, and mandated by the Ryan White Act, Part A.

9. *EMA* means Eligible Metropolitan Area.

10. *Ex officio* means a committee member who does not have a vote on that committee and does not count as quorum.

11. *Manual* means the Council's Local Policies and Procedures Manual.

12. *Member* means a person appointed to the Council by the Board.

13. *Non-Elected Community Leader* means someone active in the community not elected in formal governmental elections.

14. *PLWHA* means person living with HIV Disease or AIDS. (Also PWA)

15. *Part A* means the Ryan White Act, Part A, administered by the County with advice from the Council.

16. *Ryan White Act* means the Ryan White HIV/AIDS Treatment Extension Act of 2009.

17. *Unaffiliated Consumer* means individuals who are receiving HIV-related services from Ryan White-funded service providers and not compensated by, representative of, or employed by a provider funded under the Ryan White Act.

Approved 8/24/09, 11/18/09 (Article VII, Section 1B), 1/28/10 (Article VII, Section 1D), 1/26/12 (Article V, Section 2), 5/23/13 (Article III, Section 15, 18; Article IV, Section 7, 8, 11A,B; Article VI, Section 1, 2, 5A, 8B; Article VIII, Section 1B, 1C, 4A), 12/12/13 (Article IV, Section 11; Article VI, Section 5; Article VIII, Section 4, 5, 7), 5/22/14 (Article III; Article VI, Section 8; Article VIII, Section 1,2,4,5,6,7,8,9), 7/24/14 (Article IV, Section 9; Article V, Section 2; Article VI, Section 5, 8; Article VIII, Section 1,2,5,6,8,10), 3/26/15 (Article IV, Section 9, 11; Article VIII, Section 4; Article X, Section 4)

18. *Work Group* means a group that has a specific task and makes recommendations but does not follow attendance, membership, or quorum requirements.

ARTICLE IV

MEMBERSHIP

SECTION 1: All Members and Alternates of the Council shall be appointed by the Broward County Board of County Commissioners. The process for forwarding recommendations to the Board is outlined in the Membership/Council Development Committee Section of the Manual.

SECTION 2: An individual may serve on the Council only if the individual agrees that if the individual has a financial interest in an entity, if the individual is an employee of a public or private entity, or if the individual is a member of a public or private organization, and such entity or organization is seeking amounts from a grant under the Ryan White Act, the individual will not, with respect to the purpose for which the entity seeks such amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purposes.

SECTION 3: The membership of the Council shall be as delineated in the Ryan White Act, as amended.

SECTION 4: Affirmative recruitment efforts shall be made to attract eligible candidates for membership on the Council and the committees with particular attention to gender balance and adequate representation from racial and ethnic minorities that is reflective of the EMA.

SECTION 5: As part of the Council's efforts to increase the percentage of persons living with HIV on the Council, it is recommended that the Council strive, whenever possible, to nominate persons living with HIV disease to vacancies in all other categories as appropriate.

SECTION 6: The term of office for members and alternates shall be at the pleasure of the Broward County Board of County Commissioners.

SECTION 7: Attendance. Attendance of Council meetings shall be in accordance with the Broward County Code of Ordinances section 1-233. The Council may recommend the reappointment of members who were removed pursuant to Broward County Code of Ordinances section 1-233. The committee attendance policy mirrors the Council attendance policy. The Chair of the Council shall, at his or her discretion, determine whether the member's absence meets any of the criteria for an excused absence as set forth in the ordinance. Excused absences for HIVPC-related business mean for business outside the regular time and place of HIVPC business. Failure to

adhere to attendance requirements shall be grounds for removal from the Council or committees.

SECTION 8: Designation of Alternates. There shall be a minimum of at least three persons living with HIV that reflect the demographics of the epidemic in the County who shall serve as Alternates, appointed and approved by the Broward County Board of County Commissioners. An Alternate may only serve as a voting member of the Council when a member with HIV is unable to serve due to HIV-related illness. In such case, the Chair shall appoint an alternate who, to the greatest extent possible, matches the gender, race and/or ethnic background of the individual with HIV that is absent. Thereafter, Alternates, as directed by the Chair, shall alternate their substitution for PLWHA members unable to serve due to HIV-related illness. Alternates may be appointed by the chair as a voting member only after Quorum has been established. Alternates may be removed from their seats as described in Section 11 below.

SECTION 9: Council members and Alternates shall be a member of at least one standing Committee. Failure to participate on a standing committee shall be grounds for removal from the Council.

SECTION 10: All persons in attendance of a meeting of the Council and/or Committees shall comply with the meeting ground rules adopted by the Council.

SECTION 11: Removal of Members and Alternates

A. Procedure for removal. If a member or alternate fails to comply with Paragraphs B or C, or for reasons documented in Paragraph D, the Council shall recommend to the Broward County Board of County Commissioners the removal of that Member or Alternate. A recommendation of removal is based upon a majority vote of the Council members in attendance at a meeting at which Staff has provided written notification to the member or alternate recommended for removal that such item will be on the meeting's agenda. Members and alternates may also be automatically removed for reasons outlined in Paragraph E.

B. The Council shall recommend that a member or alternate be removed from service on the Council for refusing to cooperate in a conflict of interest review, or when it is determined that the member or alternate knowingly took action(s) intended to influence the conduct of the Council in a manner as defined in **ARTICLE IV, SECTION 2** of these By-laws. The Council shall terminate from service any committee member who is not also a Council member for refusing to cooperate in a conflict of interest review, or when it is determined that member knowingly took action(s) intended to influence the conduct of the Council in a manner as defined in **ARTICLE IV, SECTION 2** of these By-laws.

C. The Council shall recommend that a member or alternate be removed from the Council for, but not limited to, failure to comply with County regulations or the Council Local Procedures Manual, failure to comply with meeting ground rules, or failure to maintain committee membership.

D. A Council Member, Council Chair, or Committee Chair may recommend removal for cause of a member or alternate by forwarding to the Membership Committee said recommendation, documenting the reasons for requesting removal. The Membership Committee will review the evidence and make recommendations to the Executive Committee. The Executive Committee will review the recommendation and forward the recommendation to the Council.

E. A member or alternate shall be automatically removed from the Council for failure to comply with attendance policies as outlined in ARTICLE IV, SECTION 7 of these By-laws. A member or alternate shall be automatically removed from the Council in accordance with the Broward County Administrative Code section 12.108 which states that members must report any change in affiliation status and shall be automatically removed from the Council upon becoming affiliated with a provider.

ARTICLE V

OFFICERS

SECTION 1: The officers of the Council shall be members of the Council and shall be a Chair and a Vice Chair.

SECTION 2: ELECTIONS

A. ~~Elections.~~ Election of Officers shall utilize a majority vote double election system (primary election and a secondary run-off election). Officers shall be elected by the majority vote of those members or alternates serving as members of the Council present and voting at the meeting during which election is held.

B. Regular Biannual Elections. Regular biannual elections will take place every two years. The ad-Hoc Nominating Committee shall present a slate of candidates for consideration as described in the ad-Hoc Nominating Procedure. The Officers shall take office on March 1 or at the first meeting of the calendar year later than March 1. All Officers shall serve a two-year term and shall remain in office until a successor selected. No officers shall serve more than two consecutive terms in one office.

C. Special Elections. Special Elections will take place as needed. In the event of the resignation or other reason for vacating the Chair or Vice Chair positions, a special election will be held following the procedures outlined in ~~Section 2A above at the next Council meeting~~Nominating

Procedure. Until the election is held, the Council will adhere to the line of succession outlined in Article VI, Section 8. Individuals elected by virtue of special election will not be considered to have served a full term, and this service will not impact the individual's ability to run for two additional terms.

SECTION 3: The duties of the Officers are those which usually apply to such officers and in addition thereto, such other duties as may be designated from time to time by the Council.

SECTION 4: The Chair of the Council will serve as the official liaison of the Council with the Broward County Board of County Commissioners and its designated administrative entity. No other Member of the Council or its committees may speak for the Council.

SECTION 5: With the exception of the Executive Committee, the current Council officers may not serve as Chair or Vice Chair of any Council committee while holding office. Upon proper notice to the committee, the Council Chair or Vice Chair may sit as acting chair of the committee when the committee chair or Vice Chair are unable to attend a properly scheduled meeting of the committee. In the event the Council Chair or Council Vice Chair are serving as acting committee chairs, they count towards quorum and have a vote.

ARTICLE VI

MEETINGS

SECTION 1: The Council shall meet at least 9 times per fiscal year (Mar. 1 – Feb. 28). Special meetings may be called by the Chair or upon petition of one third of the membership of the Council. Written notice shall be given at least one week prior to each meeting. All HIV Planning Council meetings are open to the public. Attendance at mandatory Training Activities is also part of Council attendance requirements.

SECTION 2: Fifty percent (50%) of the members plus one shall constitute a quorum for the HIV Planning Council, and all standing and ad-Hoc Committees, but with no less than 3 members voting. A majority of those Members present and voting at any meeting at which a quorum is present shall be sufficient to take action on behalf of the Council. The number of Members needed to determine quorum shall be the total number of Members of the Council, but not including the Member representing the Broward County Board of County Commissioners.

SECTION 3: Only duly appointed Members of the Council and/or committee (or the appointed Alternate in their absence) may vote, and each Member (or Alternate) shall have one vote. Voting privileges are otherwise non-

transferable. In the event of a tie vote, there shall be a roll call vote and the Chair shall vote last.

SECTION 4: Public notice of Council meetings shall be given in accordance with Florida Statutes and Broward County Ordinances. Meetings shall be open to the public. Records and data shall be made available to the public under the applicable laws. Minutes of each meeting of the Council or Committee shall be kept. The accuracy of all minutes shall be certified by the Chair of the Council and/or committees.

SECTION 5: COUNCIL AGENDAS

A. The Executive Committee shall meet at least five (5) working days prior to the regularly-scheduled full Council meeting. The Executive Committee (or in the absence of Executive Meeting action, the Council's Designated Staff Member) shall prepare an agenda for full Council meetings based upon the following: Each committee chair, the Grantee, and/or the Council Support Staff will inform the Executive Committee (or Council Designated Staff Member) of committee recommendations and other actions to be presented for the full Council's approval. Motions passed by Committees may be sponsored by the Chair of the Committee on behalf of the committee and annotated on the Council Agenda as sponsored by the Committee. Individual Members of the Council may also request that action items be placed upon the agenda, by providing them in writing to the Council Designated Staff Member prior to the Executive Committee meeting. Members of the public who wish to bring matters before the full Council for consideration must obtain sponsorship of the item by a Member of the Council. Requesters of all full Council actions will also provide appropriate back-up documentation to explain the action being requested. The Executive Committee may refer proposed actions to the appropriate committee to examine and make a recommendation prior to presenting the matter to the full Council for action. Proposed motions requiring the full Council's vote shall be listed on the agenda which is sent out to members prior to the full Council meeting. At the Executive Committee's discretion, back-up documentation will be labeled and distributed with the Council's agenda. At the discretion of the Council Chair, action items requested at the Council meeting not on the published agenda may be added to the old/new business portion of the agenda, deferred until the next Council meeting, or referred to the appropriate committee.

B. The ordinary Council agenda shall include: Call to Order, Welcome and Self-introductions (includes explanation of Ground Rules, Sunshine Law and HIV self- disclosure), Moment of Silence, Excused Absences and Appointment of Alternates, Adoption of Agenda, Approval of Minutes,

Consent Items, (no discussion required), Discussion Items (discussion required), Committee Reports, Grantee and Other Reports (including, but not limited to Part A , Part B, Part C, Part D, Part F, HOPWA, Prevention, etc.), Old/New Business, Public Comment, Announcements, Next Meeting Date, Agenda Items for the Next Meeting, Adjournment. The Executive Committee may order agenda items for the efficient and effective administration of the Council's business.

C. The Executive Committee (or Council Chair in the absence of Executive Committee action) will determine the order of decision action items.

SECTION 6: All persons in attendance of a meeting of the Council and/or Committee shall comply with the meeting ground rules adopted by the Council.

SECTION 7: TIME LIMITS

The Executive Committee will establish time limits for each agenda item for each meeting. The Chair may use discretion to impose time limits on each speaker, to be consistently applied. Upon expiration of the time for discussion of a particular action item, the Chair shall close the debate and call for a vote. A person who has spoken once on a pending matter may not speak again on that matter until all others requesting the floor have been recognized.

SECTION 8: LINE OF SUCCESSION

A. In the event the Chair and the Vice Chair do not attend the Council Meeting and neither the Chair nor the Vice Chair has notified the Council that they are not attending the Council Meeting, the immediate past chair, if present and a member of the Council, shall chair the meeting.

B. In the absence of the immediate past chair the Council meeting may be chaired by Committee Chairs, in the following order:

1. Chair of Priority Setting and Resource Allocation
2. Chair of Membership/Council Development
3. Chair of Needs Assessment/Evaluation
4. Chair of Community Empowerment
5. Chair of Quality Management
6. Chair of System of Care

C. In the event of a vacancy of the Planning Council Chair or Vice Chair position, the duties of the Chair or Vice Chair will be assumed by the immediate past chair. If the immediate past chair is no longer a member of the Planning Council, duties will be assumed in the following order:

1. A past Planning Council Chair
2. Chair of Needs Assessment/Evaluation

3. Chair of Community Empowerment
4. Chair of Priority Setting and Resource Allocation
5. Chair of Quality Management
6. Chair of System of Care
7. Chair of Membership/Council Development

Pursuant to the revised paragraph C, the order of assumption of duties is prescribed for the following reason: a third party oversees the special election process, during which the current Chair or Vice Chair may participate. Duties will be assumed upon the Chair or Vice Chair vacancy, until the vacancy is filled by a special election as outlined in Article V, Section 2C.

ARTICLE VII

CONFLICT OF INTEREST

SECTION 1: Members and Alternates of the Council and all committees established by the Council shall abide by the Florida Statutes, Broward County Ordinances and Administrative Code, as may be amended from time to time, regarding conflicts of interest for public officials and the Government in the Sunshine Law. Copies of these documents shall be furnished to all Council Members and Alternates.

SECTION 2: The Executive Committee of the Council shall be authorized to formulate Council policy, review all concerns, and make recommendations to the full Council regarding conflict of interest issues.

SECTION 3: All Council members and alternates must identify conflicts of interest, and are encouraged to request a review of a potential conflict of interest for themselves or of another Member or Alternate.

SECTION 4: All concerns regarding conflict of interest shall be recorded in the Council's meeting minutes and referred to the Executive Committee for review. The full Council shall take, based on the recommendations of the Executive Committee, whatever actions it deems appropriate and are in compliance with standing Council policies.

SECTION 5: In the event of a conflict of interest and/or during the period of review of said conflict of interest, Member(s) or Alternate(s) under review may participate in the discussion of the matter in conflict/question but shall abstain from voting on the matter.

SECTION 6: A Member or Alternate shall be recommended for termination from service on the Council and any of its committees for refusing to cooperate in a

conflict of interest review, or when it is determined that she/he knowingly took action(s) intended to influence the conduct of the Council in a manner prohibited by the By-Laws or federal, state or local laws.

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. 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. Priority Setting and Resource Allocation
F. Quality Management
G. 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, 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.

a. 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.

b. LPAC's Mission shall be:
    1. To make recommendations to the appropriate committees of the HIVPC to improve the quality, cost-effectiveness and allocation of resources to pharmacy services;
    2. To develop and implement a standardized mechanism for pharmacy services (i.e., policies and procedures, drug access, formulary changes and cost/impact analysis);
    3. To efficiently collect and evaluate current pharmacy data (i.e., utilization, cost, eligibility) for the impact on the Part A system of care;
    4. To coordinate pharmacy services in collaboration with other funding streams (i.e., ADAP, Part B, Medicaid, private payers, including private insurance providers); and
    5. 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 and Vice 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.

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 7: 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 develop, review, and monitor eligibility, and service definitions.

SECTION 8: 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 9: 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 10: 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 11: There shall be an Integrated Comprehensive Plan Work Group

A. Membership. There will be 8 members from both the Prevention and Part A programs, for a total of 16 members. 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 each respective Executive Committees 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 Co-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 respective Executive Committees 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 bodies.

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 appropriate planning body.

ARTICLE IX
ADOPTION AND AMENDMENTS OF BY-LAWS

Approved 8/24/09, 11/18/09 (Article VII, Section 1B), 1/28/10 (Article VII, Section 1D), 1/26/12 (Article V, Section 2), 5/23/13 (Article III, Section 15, 18; Article IV, Section 7, 8, 11A,B; Article VI, Section 1, 2, 5A, 8B; Article VIII, Section 1B, 1C, 4A) 12/12/13 (Article IV, Section 11; Article VI, Section 5; Article VIII, Section 4, 5, 7)

SECTION 1: These By-Laws may be adopted, amended, or repealed by a majority vote of the Council.

SECTION 2: Notice of all proposed amendments, with amendments enclosed, shall be mailed or transmitted electronically to each Council member and Alternates at least ten (10) days prior to the meeting at which time such amendments are to be considered for adoption.

SECTION 3: DATE OF EFFECTIVENESS

Unless otherwise provided, these By-Laws and any amendments shall be effective immediately upon approval by the Council.

ARTICLE X

GENERAL PROVISIONS

SECTION 1: The fiscal year for the Council shall begin on March first and end on the last day of February.

SECTION 2: When procedures are not covered by law or these By-Laws, the latest edition of "Robert's Rules of Order" shall prevail.

SECTION 3: Unless otherwise provided for in the Ryan White Act or other law or regulation, the relationship between the Council and the Grantee is described in the document entitled Guiding Principles. Relations between providers and clients are the responsibility of the Grantee.

SECTION 4:

Funds from the Planning Council Support (PCS) budget shall be available to enable Council members, alternates, and Committee members who are unaffiliated members with HIV, to be reimbursed for their reasonable expenses for attending Council or Committee meetings which shall include, but not be limited to, the following: transportation, parking, mileage, child care not otherwise being regularly provided to the child, lost wages not including overtime or fringe benefits, and appropriate refreshments. The Council member or alternate shall execute an affidavit attesting to the validity of the reimbursement request.