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, January 19, 2016, 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:** 1/19/16 Executive Committee Agenda and 11/17/15 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a) Committee Chair Reports
   b) Review 1/28/16 HIVPC Meeting Materials and Motions
   c) Approve 1/28/16 HIVPC Agenda (Handout A)
   d) Review HIVPC/Committee Warning and Removal Letters
   e) Review February HIVPC Calendar (Handout B)
4. **UNFINISHED BUSINESS**
   None.
5. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items (Work Plan Item #)	*Action to be taken, presentation, discussion, brainstorm etc.*
2016 HIVPC Chair and Vice Chair Elections	ACTION ITEM: Review HIVPC Chair and Vice Chair Elections Procedures (Handout C1-C2)
Joint Comprehensive Plan Workgroup	ACTION ITEM: Identify members for Joint Comprehensive Plan Workgroup to represent Ryan White Part A (Handout D)

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** TBD **VENUE:** A-337

Agenda Items for next Meeting	*Action to be taken, presentation, discussion, etc.*
2016 HIVPC Calendar	ACTION ITEM: Review and approve 2016 HIVPC Committee Meeting Master Calendar
Executive Committee Review (WP Item 5.2)	ACTION ITEM: Review Executive purpose, mission statement, committee work plans, P & P. Develop job descriptions for committee Chairs & Vice Chairs in P&P.

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 •

Agenda and Meeting Minutes: Executive Committee
Date/Time: Tuesday, January 19, 2016, 9:30 a.m. **Location:** Governmental Center A-337
Chair: Spencer, W. **Vice-Chair**: Reed, Y.

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Fleurinord, P.		**A**		Huggins, L.
2	Gammell, B., *Ex-Officio*	**X**			Lewis, L.
4	Grant, C.	**X**			Rajner, M.
5	Katz, H. B.	**X**			**Grantee Staff**
6	Lint, A.		**A**		Jones, L.
7	Reed, Y., *Vice Chair*		**A**		Degraffenreidt, S.
8	Siclari, R.	**X**			Green, W.
9	Spencer, W., *Chair*	**X**			Card, W.
10	Taylor-Bennett, C.	**X**			**HIVPC Staff**
11	Tomlinson, K.	**X**			Johnson, B.
	Quorum for Chairs = 5	**7**			Ewart, L.

1. CALL TO ORDER

The Chair called the meeting to order at 9:42 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: Tomlinson, K. **Seconded by:** Taylor-Bennett, C.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 11/14/15
Proposed by: Taylor-Bennett, C. **Seconded by:** Katz, H.B
Action: Passed Unanimously

3. PUBLIC COMMENT

a) Michael Rajner joined the table for the Public Comment portion of the meeting. He stated that he came to follow up on his comments and questions during the August 27, 2015 HIVPC meeting. He asked the committee to reconsider and revise the August HIVPC Meeting Minutes, specifically on page 5 during the Part B Grantee Report to change the mention of an SFAN listserv to FHAN listserv He stated that at the August meeting he had raised concerns about the exclusion of protecting against discrimination based on gender identity and expression in the Part B Rights and Responsibilities documents. In an email to PC Staff Justin Bell stated that he has met with their General Counsel and determined that inclusion of such language was not necessary as every class was protected by either federal or state law. He stated that he and some colleagues disagreed with the decision; they believe language should be included in such documents.
He also believed that there are many issues and concerns with ADAP regarding timeliness of appointments, staff courtesy, etc. He recommend to the Executive Committee a review of all Part A forms regarding

gender expression. Mr. Rajner spoke about the Centralized Intake and Eligibility Determination (CIED) program at BRHPC. He stated that CIED personnel at times take up to two weeks to return phone calls or make appointments. He asked that the Quality Management Committee request data regarding this issue (i.e. how long people are waiting for calls/appointments). He was happy, however, that BRHPC has added gender identity to their standard intake forms. He expressed the need for clients to feel safe at provider's offices, and wants county wide review of forms for inclusion and protections. The PC Chair agreed that stigma must be addressed. Finally, Mr. Rajner spoke about the meeting ground rules, and stated that he disagrees with the ban on mentioning providers names at HIVPC meetings. He believed that the ground rules are not clear, specifically #8, and stated that the public has a first amendment right to speak about providers and are entitled to clearly defined rules of expression. The Human Services Administrator stated that the reason we do not say providers names is not about suppressing the public but because the HIVPC should not be involved in individual providers and contracts; this is not the place to air personal grievances but a space for system wide issues.

4. STANDARD COMMITTEE ITEMS

a) Committee Chair Reports

The following committee reports were given:

Membership/Council Development Committee (MCDC): The Chair stated that MCDC's next meeting will be held later that week.

Community Empowerment Committee (CEC): No representative present

Needs Assessment/Evaluation (NAE) Committee: Meeting cancelled due to quorum

Priority Setting & Resource Allocation (PSRA) Committee: The Chair stated that the PSRA committee met in December. They are currently working on redesigning the MAI service delivery model. At their next meeting tomorrow they will evaluate models for retention and engagement of minority populations in HIV/AIDS care.

Quality Management Committee (QMC): The QMC will meet later in the month.
Ad-Hoc Nominating Committee: The Chair was not present, a Nominating member informed the committee they there have revised the 2016 Elections Procedures and Ballots to be reviewed by Executive later in the meeting.

b) Approve 1/28/16 HIVPC Agenda, Meeting Materials and Motions (Handout A): The Chair reviewed the draft agenda for the next HIVPC meeting. He spoke about the upcoming elections: there are 2 candidates for each position, and the Chair hopes for 100% member attendance at the elections to allow for the winning candidate to receive a majority of votes.

Motion #3: To approve the 1/28/16 HIVPC Agenda
Proposed by: Taylor-Bennett, C. **Seconded by**: H.B. Katz
Action: Passed Unanimously

c) Review HIVPC/Committee Warning and Removal Letters: One HIVPC member was removed for attendance, and one attendance warning letter was sent to a PSRA member.

d) Review February HIVPC Calendar (Handout B): The PSRA Chair expressed concerns about Executive Committee meetings held on a day following holidays, and the Chair stated that this may be an issue for the new leadership to evaluate/modify.

5. UNFINISHED BUSINESS

None.

6. MEETING ACTIVITIES/NEW BUSINESS

a) 2016 HIVPC Chair and Vice Chair Elections (Handouts C1-C2): The proposed 2016 Elections Procedures and coordinating flow chart were reviewed (Handouts on file). Each Nominating member was assigned a role during the election. PC Staff stated that the Nominating Committee had chosen to use paper ballots, with pre-printed member names. They have a room assigned for tallying ballots, and it was agreed that the results would be announced after the Grantee Reports. The PC Chair asked for an explanation about the roles each Nominating member would play during the election, and then expressed concern that all nominating members are tallying votes. The Chair stated that it is PC Staff that should be the counting ballots, not Nominating Committee members who have voted in the election. The PC Chair revised the tallying procedures:

- PC Staff will count the ballots for both Chair and Vice Chair. The only HIVPC member in the tallying room will be the Nominating Chair. The Nominating Chair will share results with PC Chair, who will then read the votes into record and announce results.

The Human Services Administrator expressed concern, and stated that the Elections Procedures must be followed precisely; he stated that it was the duty of HIVPC leadership to voice any irregularities as there has been much discussion surrounding the elections.

Motion #4: To revise the tallying procedures and carry out the Chair and Vice Chair ballot tabulation process as described by the PC Chair.
Proposed by: Taylor-Bennett, C. **Seconded by:** Grant, C.
Action: Passed Unanimously

a. Joint Comprehensive Plan Workgroup, or Integrated Workgroup: The Chair stated that he and the Grantee had spoken to Evelyn Ullah from Prevention about process and goals of the Integrated Workgroup. The group will have 4 voting members from each side, including one Co-Chair from each Prevention and Part A. The group is intended to start meeting in February, and meetings will be held once a month. The Committee discussed potential HIVPC members to sit on the Integrated Workgroup, and stated that they were looking for history, experience and demographic representation in potential members. The PC Chair initially suggested: Karen Creary, Carla Taylor-Bennett, himself (as he will no longer be HIVPC Chair), and Arianna Lint. The Human Services Administrator suggested including a Black male, and expressed the need to choose people who work well with others and can report back to the Council. A member suggested including either Dr. Tim Moragne or Dr. Jasmine Shirley in the group. Another member stated that including a member from the Needs Assessment/Evaluation Committee was a wise decision, as needs assessment is closely related to the integrated plan. The committee further discussed demographics and inclusiveness on the committee. A member expressed her concern with a member identified as a prospective member of the workgroup. After much discussion the committee members decided on 4 potential Integrate Workgroup members: Carla Taylor-Bennett, Dr. Tim Moragne, Karen Creary, and Will Spencer. They identified Requel Lopes, Jasmine Shirley, and Jerry Pryor as other potential candidates. The PC Chair will reach out to the identified people, and will bring the list to the next HIVPC meeting for a discussion and vote.

7. GRANTEE REPORT

The Grantee introduced a new Grantee staff member, William Card, who will serve as the new Administrative Manager, in charge of all fiscal operations of the Ryan White Part A Program. William has a diverse background, in Mental Health and Substance Abuse, with the Broward Behavioral Health Coalition, and as Broward County's Elderly and Veterans Services Coordinator.
The Grantee then spoke about the Ryan White Part A Client's Rights and Responsibilities form, which gives individuals coming into the system a list of expectations from both parties. The form will be an agenda item at the next CEC meeting for review. The document will reviewed at every a certification and recertification appointment, so as to reinforce the information to all clients. The Grantee pointed out the inclusion of a fraud clause in the

document, explaining the mandatory reporting of any clients who knowingly giving false documentation. The PC Chair asked about the extent to which the providers must investigate documents, and the Grantee stated that this is a common approach where documents will be verified by all parties. The Human Services Administrator stressed the need for checks and balances at every entry point into the Ryan White system.

Next, the Grantee stated that he had received email from ADAP regarding their desire to increase their ACA coverage of clients to those with and FPL of 400%. The Grantee expressed concern with the timing of the request, reiterated that there is a set allocation process for the HICP service category which cannot be changed at the last minute because ADAP has low enrollment numbers. The Grantee explained that this change would leave Part A with approximately $900,000 in unallocated funds, plus ADAP could not guarantee that this would be a long-term or permanent change. He stated that Part A will work to facilitate the conversation with the state, and is looking to have long-term guarantees, as this move would affect 250 Part A clients.

The Grantee has also received notice that Part A will receive 80% of last year's award, and this partial grant award will allow for the continuation of the program planning processes. The PSRA Chair expressed concern with the trend of receiving only partial awards for the last couple years. And it was stated that while the EMA must wait for final funding totals from HRSA, there is enough guaranteed funding to continue the program for up to 9 months.

Finally, the Grantee wanted to address the decorum of HIVPC and committee members. He stated that there has been a lot of disruptive behaviors from members that take time from agendas and the committee's work because people continuously disrupt the process. He stressed that the Chairs must hold their members to the decorum that they hold themselves to. He included that Committee members might stop showing up to meetings because they are frustrated with the disruptions, and that recently, many meetings have been canceled because of lack of quorum. He stated that there should be a way to handle conflict before it gets out of hand, including behavior by members of the public, committee members and council members. Chairs must reinforce that there are standards of behavior, and meeting ground rules that must be adhered to. The PC Chair stated that there must be a balance between keeping order and allowing people a public forum to speak. The Human Services Administrator stated that there is a deeper issue at hand, that there are members of the PC who make people, especially Staff, uncomfortable during meetings, thus creating a burden on the whole process. The PSRA Chair stated that this once again becomes a group lecture, and that leadership must address their concerns to the specific individuals in question. There need a process that allows people to be removed from the room/meeting. The QM Chair asked for clarification about removing meeting members and guests. It was stated that some members come in with their own agenda and use the committee as a forum to push their own causes. The MCDC Chair stated that it's the Chairs responsibility to make sure the meeting progresses. The Ex-Officio stated that it becomes an issues when members join more than 2 committees, and that sometimes the PC Chair has had to ask committee chairs to step down in order to move committee's work forward. A guest stated that she has witness disrespect in conduct and speech from aggressive members of committees and the HIVPC. She believes that there must be a level of respect for each other as representatives of the community, and that there is a need for a different approach. The Grantee stated that there's a need to look at the way members are put on committees, and that since Chairs have ultimate authority, they do not have to put people on their committees. The Grantee sees that there are processes where Chairs are put in difficult positions, and that there may be a need to look at that in the future. The PSRA Chair stated that guests can cause just as much confusion and chaos as members or former members. It was agreed that this kind of conduct is inappropriate and problematic for the business of the HIVPC. These issues should be addressed, and if behavior isn't changed then there should be process to have individuals removed from the room. The PC Chair stated that committees should allow guests some weigh-in if they have not been able to participate in the committee process, but committee members do have regulations on conduct once the committee has adopted a decision.

Motion #5: To approve February HIVPC Calendar
Action: Passed Unanimously

8. PUBLIC COMMENT

None.

9. AGENDA ITEMS / TASKS FOR NEXT MEETING: February 16, 2016 VENUE: Room A-337

Agenda Items for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, etc.*
2016 HIVPC Calendar	*Executive*	ACTION ITEM: Approve 2016 HIVPC Master Calendar for Council and Committees
Executive Committee Review (WP Item 5.2)	*Executive*	ACTION ITEM: Review Executive purpose, mission statement, committee work plans, P & P. Develop job descriptions for committee Chairs & Vice Chairs in P&P.

10. ANNOUNCEMENTS

None.

11. ADJOURNMENT

The meeting adjourned at 11:30 a.m.

Executive Committee Attendance 2016

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:													
		1	**1**	Fleurinord, P.	A												
1		0		Gammell, B, (Ex-Officio)	X												
		0	**2**	Grant, C.	X												
1		0	**3**	Katz, H.B.	X												
1		1	**4**	Lint, A.	A												
1		1	**5**	Reed, Y., *V. Chair*	A												
		0	**6**	Siclari, R.	X												
	1	0	**7**	Spencer, W., *Chair*	X												
		0	**8**	Taylor-Bennett, C.	X												
		0	**9**	Tomlinson, K.	X												
		0	**10**	**Quorum for Chairs= 5**	7												

X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed

C - cancelled
W - warning letter
R - removal letter
QNA - quorum not achieved for entire mtg

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HANDOUT A

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING AGENDA
Thursday, January 28, 2016, 9:30 a.m.
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 1/28/16 Meeting Agenda
   f. Approval of 12/10/15 Meeting Minutes
3. **PHONE INTRODUCTIONS**
4. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A) (5-10 minutes)
5. **CONSENT ITEMS**

#	MOTION	JUSTIFICATION	PROPOSED BY
1	Approve HIVPC member appointment		MCDC
2	Approve Joint Comprehensive Plan Workgroup member appointments		Executive

6. **DISCUSSION ITEMS**

#	MOTION	JUSTIFICATION	PROPOSED BY
	Reallocations "Sweeps" process		PSRA

7. **NEW BUSINESS**
   a. HIVPC Chair and Vice Chair Elections (WP Item 3.4): Hold Council leadership elections.
8. **DECEMBER COMMITTEE REPORTS (15 minutes)**
   A. **COMMUNITY EMPOWERMENT COMMITTEE (CEC)**

January 5, 2016 *Chair: A. Lint, V. Chair: P. Fleurinord*

A. Work Plan Item Update / Status Summary:

Analyze Survey Results (WP Item 1.5) (Handout A): The PC Manager reviewed the survey results from the last Hot Topic meeting on Transportation with the committee members. The committee discussed ways to revamp the survey, or to administer the survey in the beginning of the event so people in need can be linked to care by the end of the event. The committee discussed their role as community advocates and the need for further community outreach.

Review Accomplishments and Challenges (WP Item 4.1) (Handout B): The group discussed the difference between activities and accomplishments, and how attending multiple events are can only be effective if measurable goals for to committee/event and target audiences are established prior to planning. They talked about developing measurable goals and objectives in the new work plans, and the need to continue to plan outreach events.

Conduct Annual Evaluation (WP Item 4.2) (Handout B): This item was tabled until the next meeting.

Client Rights and Responsibilities: The Grantee discussed developing a Ryan White Part A "Client Rights and Responsibilities" document for all clients going through CIED. He gave each of the committee members a draft of the document for review. The grantee asked for feedback from the committee on the document. The document will be discussed and signed by all clients going through CIED. Currently each agency has their own "Rights and Responsibilities" document, but this version will serve for the entire Ryan White program. Members will read and discuss the document at the next CEC meeting.

B. Rationale for Recommendations:

None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Agenda Items for Next Meeting: Review and update WP and P&Ps, Develop calendar of community events and meetings, Conduct annual evaluation, Client Rights and Responsibilities *Next Meeting Date*: February 2, 2016 *Location*: TBD

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

January 21, 2016 *Chair: H.B. Katz*

C. AD-HOC NOMINATING COMMITTEE

January 8, 2016, January 13, 2016 *Chair: K. Creary*

A. Work plan item update / Status Summary:
Slate of Officers (1.8.16) – The HIVPC Manager reviewed the slate of candidates: Brad Gammell and Yolonda Reed for Chair, and Requel Lopes and Yolonda Reed for Vice Chair. Review Elections Process and Logistics (1.13.16) – The Committee reviewed the proposed Elections Procedures. The Nominating Chair will read the procedures to the committee members before the election. The committee voted to approve the 2016 Elections Procedures. Designated roles for Nominating members and PC Staff during election: Distribute and collect ballots: PC Staff Tally Chair ballots: Carla Taylor-Bennett and Lamont Lewis Tally Vice Chair ballots: Devorn Burgess and Phillip Robertson Verify tallies: Karen Creary and PC Staff Read votes into record: Karen Creary The committee reviewed sample Chair and Vice Chair ballots. The ballots will have each HIVPC member name, signature on separate ballots for each Chair and Vice Chair. The PC Staff will ensure that ballots will be matched to the sign-in sheets, then signed, then added to the roster for record keeping purposes. The committee voted to approve the Chair and Vice Chair ballots for the 2016 HIVPC Election.
B. Rationale for Recommendations:
The 2016 Elections Procedures and ballots meet the standards of the committee and will help the HIVPC Elections run smoothly according to a defined process.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
None.

D. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

Canceled due to quorum *Chair: K. Tomlinson*

E. LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

Canceled due to quorum *Chair: D. Proulx*

F. QUALITY MANAGEMENT COMMITTEE (QMC)

January 25, 2016 *Chair: C. Grant*

G. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

January 20, 2016 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

H. SYSTEM OF CARE COMMITTEE (SOC)

January 26, 2016 *Chair: M. Hayes*

I. EXECUTIVE COMMITTEE

January 19, 2016 *Chair: W. Spencer Vice Chair: Y. Reed*

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. 2016 HIVPC CHAIR/VICE CHAIR ELECTIONS RESULTS

11. UNFINISHED BUSINESS

12. PUBLIC COMMENT (Up to 10 minutes)

13. ANNOUNCEMENTS

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: February 25, 9:30 a.m. **LOCATION:** TBD

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
Review Meeting Surveys (WP Item 1.3)	CEC	ACTION ITEM: Analyze survey results after each community meeting to recommend future actions.
Administrative Mechanism (WP Item 7.1)	HIVPC	ACTION ITEM: Review and approve Administrative Mechanism methodology.

16. 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 •

February 2016

Broward County HIV Health Services Planning Council Calendar

HANDOUT B

Last Updated: 1/13/2016

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
1	2 **Case Management** 9:30 a.m., A-337^ **Community Empowerment Committee (CEC)** 3:00 p.m., A-337^	3 **Oral Health QI Network** 3:00 p.m. A-335^	4 **Membership/Council Development Committee (MCDC)** 9:30 a.m., A-335^	5
8 **Needs Assessment / Evaluation Committee (NAE)** 1:00 p.m., A-337^	9 **Local Pharmacy Advisory Committee (LPAC)** 9:30 a.m., A-337^	10 **HIVPC Coordination** 12:30 p.m., A-335^	11	12 **SFAN** 10:00 a.m.~
15 **BRHPC Closed President's Day**	16 **Executive Committee** 9:30 a.m., A-337^	17 **Priority Setting and Resource Allocation Committee (PSRA)** 12:30 p.m., A-335^	18	19 **Mental Health & Substance Abuse QI Network** 2:30 p.m. A-337^
22 **Quality Management Committee (QMC)** 12:30 p.m. A-335^	23 **System of Care Committee** 1:00 p.m., CDTC*	24	25 **HIV Planning Council (HIVPC)** 9:30 a.m., GC 430^	26
29				

^Governmental Center —115 S Andrews Ave, Ft. Lauderdale, 33301
~Dorothy Mangurian Comp. Center—1000 NE 56th St, Ft. Lauderdale, 33334
#**Secret Woods Nature Center—**2701 W State Rd 84, Dania Beach, FL 33312
***CDTC—** 1401 N. Federal Hwy, Fort Lauderdale, 33316

Meetings in ~~**Red**~~ are cancelled.
Meetings in **Blue** are for the HIV Planning Council Committees & QI Networks.
Meetings in Black are not associated with the HIV Planning Council.

February 2016

HANDOUT B

Broward County HIV Health Services Planning Council Calendar

Last Updated: 1/13/2016

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 enfômasyon 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.

2016 ELECTIONS PROCEDURES

Per the HIVPC By-Laws, the election shall use a majority vote election system. However, the By-Laws do not provide guidance for the nominations or ballot process. Since a process is not outlined, it is appropriate to follow the process outlined in Robert's Rules of Order. Per Robert's Rules of Order, a majority vote is normally required to elect to office. A “majority vote” is defined as more than half of the votes cast by persons present and entitled to vote. If there are multiple candidates and no candidate receives a majority, a run-off vote will be held.

Election for HIVPC Chair

1. Prior to the start of the Elections Process, all blank ballots will be checked against the HIVPC sign in roster to ensure all present members receive their designated ballots. HIVPC Staff will indicate absent members by writing “absent” on their pre-printed ballots for record keeping.
2. The PC Staff will distribute paper ballots to each HIVPC member with their first and last name printed at the top.
3. Voters will be asked to simultaneously complete the separate ballots for Chair and Vice Chair. On the Chair ballot, voters will select the name of their chosen candidate for the HIVPC Chair position.
4. Assigned members of the Nominating Committee and Staff will collect the completed ballots from each HIVPC member.
5. Members of the Nominating Committee and Staff will tally the votes, and read the votes into the record.
6. A candidate must receive a majority of the votes to be elected Chair. If there is more than one candidate, and no candidate receives the majority of votes, a second run-off election between the two candidates who received the most votes will take place.
7. A second vote between the two Chair candidates who received the most votes will take place by paper ballot, and voters select the name of the candidate of their choice.
8. Votes are tallied between the two run-off candidates, and the candidate who received the majority of votes is elected Chair.

Election for HIVPC Vice Chair

1. Prior to the start of the Elections Process, all blank ballots will be checked against the HIVPC sign in roster to ensure all present members receive their designated ballots. HIVPC Staff will indicate absent members by writing “absent” on their pre-printed ballots for record keeping.
2. The PC Staff will distribute paper ballots to each HIVPC member with their first and last name printed at the top.
3. Voters will be asked to simultaneously complete the separate ballots for Chair and Vice Chair. On the Vice Chair ballot, voters will select the name of their chosen candidate for the HIVPC Vice Chair position.
4. Assigned members of the Nominating Committee and Staff will collect the completed ballots from each HIVPC member.
5. Members of the Nominating Committee and Staff will tally the votes, and read the votes into the record.
6. A candidate must receive a majority of the votes to be elected Vice Chair. If there is more than one candidate, and no candidate receives the majority of votes, a second run-off election between the two candidates who received the most votes will take place.
7. A second vote between the two Vice Chair candidates who received the most votes will take place by paper ballot, and voters select the name of the candidate of their choice.
8. Votes are tallied between the two run-off candidates, and the candidate who received the majority of votes is elected Vice Chair.

HANDOUT C2

Primary Election
Agenda Item

Primary Chair & Vice-Chair Ballots
Distributed by PC Staff

Members Are Asked To **Complete Separate Ballots** For Chair & Vice Chair

Assigned Nominating Members and Staff **Collect Ballots**

Nominating Committee Members/ Staff Leave To **Tally Ballots** and **Record Results**

Nominating Members Return To PC Meeting. Read Votes into record.

PC Chair Requests That Nominating Chair Announces Primary Election Results

Primary Election Results for Chair Announced

Primary Election Results for Vice-Chair Announced

Run-Off/Final Election
Chair

Final Chair Ballot
Distributed by PC Staff

Members Are Asked To **Complete Ballot: Chair** (Select Candidate's Name)

Nominating Members/Staff **Collect Ballots**

Nominating Members/Staff **Tally Ballots/Record Results**

Nominating Chair Announces Election Results

Final Chair Election Results Announced

If the vote results end in tie, Repeat

If results are NOT tied, move to Vice-Chair Election

Run-Off/Final Election
Vice-Chair

Final Vice-Chair Ballot
Distributed by PC Staff

Members Are Asked To **Complete Ballot: Vice-Chair** (Select Candidate's Name)

Nominating Members/Staff **Collect Ballots**

Nominating Members/Staff **Tally Ballots/Record Results**

Nominating Chair Announces Election Results

Final Vice-Chair Election Results Announced

If The Vote Results End In Tie, Repeat

Vote/Tallying Procedure is as follows:

- Distribute and collect ballots: PC Staff
- Tally ballots for Chair: C. Taylor-Bennett, L. Lewis
- Tally ballots for Vice Chair: D. Burgess, P. Robertson
- Confirmation of tallying: K. Creary, PC Staff
- Read votes into record: K. Creary

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, August 2015, December 2015

ARTICLE VIII

COMMITTEES

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

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

B. Leadership. The work group will have one Part A Co-Chair and one Prevention Co-Chair. Each Co-Chair will have a Vice Chair who may step in if a Co-Chair is absent from a work group meeting. The Part A Co-Chair will be selected from the list of recommended members developed by Executive Committee and will be subject to approval by the HIVPC.

C. Purpose. The work group will be responsible for developing, monitoring, and updating the Integrated Prevention and Care Comprehensive Plan for Broward County. The work group will conduct a comprehensive analysis and review of data from both Part A and Prevention, which will be used to develop the plan and to provide robust recommendations to the Prevention and Care planning bodies and to the Grantees. The work group will be responsible for receiving information from Prevention and Part A, synthesizing the information, and serving as the feedback loop for collaborative implementation of the Plan, and making appropriate recommendations to the respective planning body.

D. Flow of Information. The work group is expected to interact with numerous Prevention and Part A teams, work groups, and committees. The work group's main point of contact and coordination will be the Executive Committees of the HIVPC and Prevention Planning Council. All of the work of the work group is provided to the HIVPC and the Prevention Planning Council in the form of recommendations, and is subject to approval of the respective planning body.