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, May 23, 2013 at 9:00 a.m.

**Samantha Kuryla, Chair** **Brad Gammell, Vice Chair**

***Reminder:*** *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. **CALL TO ORDER**
2. **MOMENT OF SILENCE**
3. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   b. Council Member and Guest Introductions
   c. Excused Absences and Appointment of Alternates
   d. Approval of 5/23/13 Meeting Agenda
   e. Approval of 4/25/13 Meeting Minutes
4. **PUBLIC COMMENT** (Up to 10 minutes)
5. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A)
6. **CONSENT ITEMS**

| | |
|---|---|
| **Consent #1** | To appoint Marsha McBain to fill the State Medicaid Agency seat |
| **Justification:** | To ensure that Mandated seats are filled |
| **Proposed by:** | Membership/Council Development Committee |

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|---|---|
| **Consent # 2** | To appoint Devon Burgess and Alton Fields to the MCDC Committee |
| **Justification:** | Continued attendance at the meetings |
| **Proposed by:** | Membership/Council Development Committee |

| | |
|---|---|
| **Consent # 3** | To appoint Brad Gammell to the Quality Management Committee |
| **Justification:** | To apply the knowledge he obtained from the National Quality Center's Training of Consumers in Quality (NQC TCQ) to the Committee |
| **Proposed by:** | Quality Management Committee |

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|---|---|
| **Consent # 4** | To approve the proposed HIVPC Job Descriptions (Handout B) |
| **Justification:** | To provide clear duties, qualifications, and responsibilities for each Planning Council seat |
| **Proposed by:** | Membership/Council Development Committee |

## 7. DISCUSSION ITEMS

| | |
|---|---|
| **Discussion #1** | To approve the proposal of the recommended By-Laws Changes (Handout C) |
| **Justification:** | The changes allow the By-Laws to be more clear and up to date with the current process |
| **Proposed by:** | Ad Hoc By-Laws Committee |

## 8. MAY COMMITTEE REPORTS

a. **MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)**

**May 2, 2013** *Chair: K. Creary, Vice Chair: T. Wilson*

| **A. Work plan item update / Status Summary:** |
|---|
| Work plan item 1.1, 1.4 -- The Committee reviewed the Council makeup to ensure it reflects the epidemic; discussed filling mandated seats; ensured 33% of members are unaffiliated PLWHA<br><br>Work plan item 1.1 --The members moved to recommend the appointment of Marsha McBain to the State Medicaid Agency seat.<br><br>Work plan item 1.2-- Per Part A Executive Committee's directives, the Committee reviewed and revised the HIVPC Job Descriptions for #2: Non-Elected Community Leader and #14: Representatives of Individuals who formerly were Federal, State, Or Local Prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released job description.<br><br>Work plan item 4.1-- Members tabled the review and revision of the mentoring plan until the next meeting in essence of time; however, a sign-up sheet will be provided at the Council meetings for members who are interested in participating in the program.<br><br>Work plan item 1.5, 1.7-- The Committee tabled review of the Reimbursement Plan. A fact sheet will be created for members to be aware of the services available to them. |
| **B. Rationale for Recommendations:** |
| Appointing the individual to the State Medicaid Agency seat while tabling other applicants until the next meeting ensured that mandated seats by virtue of position would be filled while maintaining the reflectiveness of unaffiliated consumers.<br><br>The Committee will continue to table the review of current council members' applications until the member update forms are completed by all HIVPC members.<br><br>The Job Descriptions provide a clearer expectation of what is expected of individuals who are in various seats on the Council. Specific descriptions were edited to incorporate more language from HRSA.<br><br>Members moved to appoint Devon Burgess and Alton Fields to the Membership/Council Development Committee due to their continuous attendance at the meetings.<br><br>Members voted to recommend that the Ad Hoc By-Laws Committee review the excused absence policy so that council members that are consumers will receive an excused absence if they obtain the opportunity to go to a conference or training to improve specific and direct HIV knowledge or leadership abilities, considering that the excused absence is requested in advance. |
| **C. Data Reports / Data Review Updates:** |
| The Committee reviewed the demographics of the Council as it reflects the epidemic of Broward County. |
| **D. Data Requests:** |
| None. |

| **E. Other Business Items:** |
|---|
| None. *Agenda Items for Next Meeting:* Review and Revise Mentoring Plan; Review Reimbursement Fact Sheet; Review Work Plan; Training on Demographics and Council Seats; Review Recruitment Plan; Decide July Meeting Date. *Next Meeting Date*: June 6, 2013 |

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**
**May 7, 2013** *Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington*

| **A. Work plan item update / Status Summary:** |
|---|
| Work plan item 1.2 -- The Committee received training on the Priority Setting and Resource Allocation Process by Carla Taylor-Bennett, Part A Co-Chair of the Joint Priorities Committee. The objective is to educate members on the PSRA process in order to make an informed decision when ranking service categories. The ultimate goal is ensure committee members are knowledgeable when relaying Ryan White information to other consumers and the community at large. Members then ranked the PSRA service categories, observed historical rankings from FY12/13 and FY13/14, and reviewed how consumers ranked services in the 2012 Client Survey. Members noted the differences in ranking and discussed what factors may have contributed to these differences: i.e., absence of JCCR Committee Members on the day of ranking who are community members living with the virus; personal stance at time of ranking.<br><br>Work plan item 1.2 --Members chose additional hot topics for future Committee meetings: Surveillance data education session by Department of Health and Affordable Care Act update as we approach 2014. Topics discussed for next meeting include: the scope of HIV/AIDS epidemic (the extent of the epidemic in relations to affected populations), the dental program for adults and children and Dr. Ana Puga: the future of HIV/AIDS (recent story involving an infant). |
| **B. Rationale for Recommendations:** |
| July meeting cancelled-quorum will not be achieved. The work plan will be adjusted accordingly. |
| **C. Data Reports / Data Review Updates:** |
| The Committee reviewed the core and support service category rankings from the following sources: FY12/13, FY13/14, 2012 Client Survey, and the ranking data from a previous Joint Client/Community Relations Committee meeting held on December 4, 2012. |
| **D. Data Requests:** |
| None. |
| **E. Other Business Items:** |
| None. *Agenda Items for Next Meeting:* Hot Topic Presentation; Recap of Previous Hot Topic; Develop Strategy for using Social Media to Reach Consumers; Discuss Location of 3rd Community Event. *Next Meeting Date*: June 4, 2013 |

c. **JOINT PLANNING COMMITTEE**
**Meeting Cancelled** *Part A Co-Chair: Carl Roberson, Part B Co-Chair: Kim Saiswick*
*Current Month's Agenda Items:* Develop Language of how best to Meet the Need; Review Unmet Need Estimate. *Next Month's Agenda Items:* Assess Needs of Special Populations. *Next Meeting Date*: June 10, 2013

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**
**May 20, 2013** *Chair: C. Grant*

| **F. Work plan item update / Status Summary:** |
|---|

*Work plan item 2.3* – Review 3-Year Quality Management (QM) Work Plan. The Committee was informed that the 3-Year QM Work Plan is currently under review; Committee is anticipated to review and approve 3-Year Work Plan at the July meeting.
*Work plan item 2.2* –Review Policies and Procedures (P&P). The Committee was informed that the P&P are currently under review. Committee is anticipated to review and approve P&P at the July meeting.
*Work plan item 3.2*- Review Findings from Client Needs Assessment and Joint Planning Committee Identified Barriers. The Committee heard a presentation on the 2012 Client Survey Summary of Findings. The presentation included findings related to: Consumer priority rankings; demographics; special populations; homelessness; barriers to care; lost to care; and newly diagnosed. FY 12-13 Part A service utilization was also presented.
*Work plan item 1.1* – Quarterly Data Review. The Grantee queried members about their preference for reviewing PE data since there are multiple datasets available for review. The Committee requested that summary reports for HAB Measures, Broward Client Level Outcomes and Indicators, In+Care Campaign, and National HIV/AIDS Strategy (NHAS) Indicators be presented quarterly to identify areas needing further review and determine possible interventions.

**G. Rationale for Recommendations:**

Members recommended appointing Brad Gammell to the QM Committee. Mr. Gammell recently attended the National Quality Center's Training of Consumers in Quality (NQC TCQ) and will be applying the knowledge he gained at the training to the QM Committee's work.

**H. Data Reports / Data Review Updates:**

Client Survey findings were presented.

**I. Data Requests:**

There were no requests for data.

**J. Other Business Items:**

There was no other business.

**K. Agenda Items for Next Meeting:**

Standing Agenda Items, Review of 3-Year QM Work Plan, Review of Committee Policies and Procedures, Quarterly Network Update, Identify Service Category for Annual Review, Review Performance Measures and Other Data Sources to Assess Linkage to Care, Quarterly Data Review. *Next Meeting Date*: July 17, 2013

e. **JOINT PRIORITIES COMMITTEE**

**Meeting Cancelled** *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Lisa Agate*

*Current Month's Agenda Items:* Review Updated Scorecard Format; Review PSRA Recommendations; *Next Month's Agenda Items:* Review Scope of Services and Eligibility for each Service Category; Review Client Survey Results; Rank Part A and MAI Priorities. *Next Meeting Dates*: June 12, 2013 & June 19, 2013.

**AD HOC PCIP (Pre-Existing Condition Insurance Plan) SUBCOMMITTEE**

**Meeting Cancelled** *Acting Chair: Brad Gammell*

*Agenda Items:* Review Requested Data (AICP Data, Part B Co-pays; Undocumented Client Data Served in Part A); Review Part A FY 12/13 Cost Summary Data; Begin Developing Client Cost Profile. *Next Meeting Date*: May 30, 2013

**LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)**

**No meetings** *Chair: Dionne Proulx*

*Next Meeting Date:* To be determined

f. **JOINT EXECUTIVE COMMITTEE**

**Meeting Cancelled** *Part A Chair: S. Kuryla, Part B Chair: J. Wynn*

*Agenda Items:* Update on Patient Planning Group; Legislative Update.
*Next Meeting Date*: July 18, 2013

g. **PART A EXECUTIVE COMMITTEE**

**May 16, 2013** *Chair: S. Kuryla, Vice Chair: B. Gammel*

| **L. Work plan item update / Status Summary:** |
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| Work plan item 1.2 --Committee chairs reported on their work plan progress to ensure that goals are being met. Chairs utilized the new meeting summary template as a guide for their Committee's progress.<br>Work plan item 4.1 --The Committee briefly reviewed the proposed changes recommended by the Ad Hoc By-Laws Committee that was previously mailed out to Planning Council members for review. Members will vote on the package at the upcoming meeting on May 23, 2013. The By-Laws Chair updated the Committee on their work with the grievance policy and procedure. |
| **M. Rationale for Recommendations:** |
| The Part A Executive Committee members recommended that the proposed HIVPC Job Descriptions be forwarded to the May HIV Planning Council meeting to be voted on, with a few additional changes. The Committee wanted to specify that individuals apply to be an individual who was formerly incarcerated within the last 4 years, had to meet that criteria at the time of appointment. This would prevent applying a term limit on that specific seat as well as avoid continuous turnaround. Members also felt that representatives of this seat should adequately advocate for their needs in regards to health and support services.<br>Members reaffirmed that they would not hold a PSRA Data Presentation in the Community this year; the Committee previously decided this at the last Executive meeting. Members also agreed that the Joint Priorities Committee would discuss if a video is needed in preparation for the next PSRA process. |
| **N. Data Reports /Data Review Updates:** |
| None |
| **O. Data Requests:** |
| None |
| **P. Other Business Items:** |
| The Committee reviewed and approved the proposed changes to the HIVPC Job Descriptions sent by the Membership/Council and Development Committee. Membership revised the HIVPC Job Descriptions for #2: Non-Elected Community Leader and #14: Representatives of Individuals who formerly were Federal, State, Or Local Prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released job description. The Executive Committee members mentioned that these descriptions should only apply to new members beginning June 1, 2013. *Items for Next Meeting:* Discuss Impact of the Affordable Care Act on Ryan White Part A Services; Discuss Legislative Report; Review and Approve Mentoring Plan. *Next Meeting Date*: June 18, 2013 at 9:30 a.m. |

h. **AD HOC BY-LAWS COMMITTEE**

**May 9, 2013** *Chair: W. Spencer*

| **Q. Work plan item update / Status Summary:** |
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| The Committee discussed the work it has done thus far and reviewed the remaining documents for revision. Members briefly discussed the formal proposal for recommended By-Laws Changes that will be voted on at the HIV Planning Council meeting on May 23, 2013. |
| **R. Rationale for Recommendations:** |

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| The Committee continued editing the Planning Council Grievance procedure and form. The new language would assign grievances to be handled by the Part A Executive Committee; Language relating to Part B and SFAN was removed. This ensured that the grievance procedure was specific to Part A and that the steps to file a grievance were stated clearly. The titles of the documents were changed to reflect that this type of grievance was only in regards to Planning Council actions and decisions. Members decided to hold off from removing language relating to mediation since it is stated in the HRSA Guidance on grievance procedures. Further information is being gathered and this item will be revisited at the next meeting.<br><br>Members reviewed a proposal sent from the Membership/Council Development Committee, which was to review the excused absence policy so that council members that are consumers will receive an excused absence if they obtain the opportunity to go to a conference or training to improve specific and direct HIV knowledge or leadership abilities, considering that the excused absence is requested in advance. Members believed that the administrative code could not be changed; however, the Chair of a committee has the discretion to grant excused absences. Members will revisit and vote on this issue at the next meeting since quorum was lost at the time this discussion was conducted. |
| **S. Data Reports / Data Review Updates:** |
| None |
| **T. Data Requests:** |
| The Ad Hoc Committee requested that 1) staff ask the County if there are any current policies in place that are related to grievance procedures for advisory boards so that members can tailor the policy and procedure to reflect the Planning Council Process; 2) the grantee ask the county attorney for feedback on our current grievance process and form in order to seek a legal opinion as it relates to the grievance policy. The Chair also requested that the HRSA guidance on grievance procedures be sent to the Ad Hoc By-Laws Committee members. |
| **U. Other Business Items:** |
| No other business. *Items for Next Meeting:* Review and Revise Planning Council Grievance Procedure; Review and Revise draft policy on reporting violations; Review remaining items on the Parking Lot list. *Next Meeting Date*: TBD. |

**9. GRANTEE REPORTS** (up to 10 minutes)
- a) Part A
- b) Part B

**10. OTHER REPORTS** (up to 10 minutes)
- a) Part C
- b) Part D
- c) HOPWA
- d) Prevention

**11. UNFINISHED BUSINESS**

**12. NEW BUSINESS**

**13. ANNOUNCEMENTS**

**14. PUBLIC COMMENT** (Up to 10 minutes)

**15. REQUEST FOR DATA**

**16. AGENDA ITEMS FOR NEXT MEETING:** June 27, 2013 at 9:00 a.m. **VENUE:** BRHPC

**17. ADJOURNMENT**

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# BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
# MEETING MINUTES

200 Oakwood Lane, Suite 100, Hollywood FL 33020

**April 25, 2013**

| **Attendance** | | | | | | |
|---|---|---|---|---|---|---|
| # | **Members** | **Present** | **Absent** | | **Guests** | |
| 1 | Kuryla, S. Chair | **X** | | | Wells, L. | LLaQue, J. |
| 2 | Gammell, B., Vice-Chair | **X** | | | Fields, A. | Downy, J. |
| 3 | Baner, S. | **X** | | | Majcher, B. | Sabatino, D. |
| 4 | Creary, K. | **X** | | | Timmer, G. | Nottova, F. |
| 5 | Dyer, L. | **X** | | | Thornberry, A. | Deer, L. |
| 6 | Grant, C. | **X** | | | DeSantis, M. | Burgess, D. |
| 7 | Hayes, M. | **X** | | | Reed, Y. | Murphy, K.* |
| 8 | Bhrangger, R. | **X** | | | | |
| 9 | Holness, Comm. D. V.C. | | **X** | | **Grantee Staff** | |
| 10 | Katz, H. B. | **X** | | | Green, W. (Part A) | |
| 11 | Marcoviche, W. | **X** | | | Jones, L. (Part A) | |
| 12 | Moragne, Dr. T. | **X** | | | Copa, R. (Part A) | |
| 13 | Proulx, D. | **X** | | | Mercer, A. (Part B) | |
| 14 | Roberson, C. | **X** | | | | |
| 15 | Siclari, R. | **X** | | | | |
| 16 | Spencer, W. | **X** | | | | |
| 17 | Taylor-Bennett, C. | **X** | | | **HIVPC Support Staff** | |
| 18 | Tomlinson, K. | | **X** | | Crawford, T. | |
| 19 | Wilson, T. | **X** | | | LaMendola, B.* | |
| 20 | Wynn, J. | | **X** | | Rosiere, M. | |
| A1 | Coscarelli, M. (Alt) | | **E** | | Solomon, R. | |
| A2 | Parker-Maysonet, P. (Alt) | | **E** | | | |
| | **Quorum=11** | **17** | **5** | | ***Attended via Phone** | |

## 1. CALL TO ORDER

The Chair called the meeting to order at 9:11 a.m.

## 2. MOMENT OF SILENCE

A moment of silence was observed.

## 3. WELCOME AND INTRODUCTIONS

The Chair welcomed everyone and self-introductions were made. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. The Chair reviewed excused absences.

Approval of 4/25/13 Agenda

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|---|---|
| **Motion #1**: | To approve the 4/25/13 Agenda |
| **Proposed by:** | Katz, H.B. |
| **Seconded by:** | Dryer, L. |
| **Action:** | Passed Unanimously |

Approval of the 3/28/13 Meeting Minutes

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| **Motion #2**: | To approve the 3/28/13 Meeting Minutes |
| **Proposed by:** | Creary, K. |
| **Seconded by:** | Wilson, T. |
| **Action:** | Passed Unanimously |

**4. PUBLIC COMMENT**

There was no public comment.

**5. FEDERAL LEGISLATIVE REPORT – Kareem Murphy**

A written handout of the April 2013 Federal Legislative Report was provided. Via phone, Mr. Murphy reported on the President's FY 2014 budget. There will be a $20 million increase overall. Part A would receive $666.1 million and ADAP would receive $943 million. Appropriations bills for FY 2014 are not expected until spring. Mr. Murphy reported that reauthorization of Ryan White is unlikely. Ryan White funding caps set to sunset in September. It was noted that Ryan White does not need to be reauthorized in order to continue. As long as Congress allocates funding, the program will continue to function. Stakeholders, led by Federal AIDS Policy Partnership, continue to press for a full reauthorization.

**6. CONSENT ITEMS**

The following seven (7) consent items were presented for ratification by the Council:

| | |
|---|---|
| **Consent #1** | To appoint Rhonda Sampson to the Joint Client/Community Relations Committee |
| **Justification:** | Consistently attended meetings for the past few months |
| **Proposed by:** | Joint Client/Community Committee |

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|---|---|
| **Consent # 2** | To Mario DeSantis as a member of the HIV Planning Council Seat |
| **Justification:** | To fill the Grantees of other Federal HIV programs: HOPWA seat |
| **Proposed by:** | Membership/Council Development Committee |

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|---|---|
| **Consent # 3** | To appoint Rosemarie Williams as a member of the HIV Planning Council |
| **Justification:** | To fill the mandated formerly incarcerated PLWHA of their representatives seat |
| **Proposed by:** | Membership/Council Development Committee |

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|---|---|
| **Consent # 4** | To appoint Patricia Parker-Maysonet as a member of the HIV Planning Council |
| **Justification:** | To have greater consumer representation on the HIVPC (unaffiliated consumer seat) |
| **Proposed by:** | Membership/Council Development Committee |

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|---|---|
| **Consent # 5** | To approve the amended MCDC Policies and Procedures (Handout B) |
| **Justification:** | To provide clarification between mandated seats by virtue of job title and other seats |
| **Proposed by:** | Membership/Council Development Committee |

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|---|---|
| **Consent # 6** | To approve changes to the HIVPC application (Handout C) |
| **Justification:** | To ensure that Planning Council requirements are clear |
| **Proposed by:** | Membership/Council Development Committee |

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|---|---|
| **Consent # 7** | To draft a letter to Sherry Riley asking about the intent of the State in terms of ADAP and AICP as relates to the ACA for the upcoming year. |
| **Justification:** | To consider this information during the PSRA process |
| **Proposed by:** | Joint Priorities Committee |

The following motion was made:

| | |
|---|---|
| **Motion #3** | To approve all Consent Items except for consent item # 7 (moved to discussion item #1) |
| **Proposed by:** | Katz, H.B. |
| **Seconded by:** | Dryer, L. |
| **Action:** | Passed Unanimously |

**DISCUSSION ITEMS**

The following motion was initially moved from a consent item to a discussion item. However, after a presentation from Lorraine Wells and discussion from the members of the HIV Planning Council, the Part A Co-Chair of Joint Priorities withdrew the motion.

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|---|---|
| **Discussion Item #1** | To draft a letter to Sherry Riley asking about the intent of the State in terms of ADAP and AICP as relates to the ACA for the upcoming year. |
| **Justification:** | To consider this information during the PSRA process |
| **Proposed by:** | Joint Priorities Committee |
| **Action:** | Withdrawn |

## 7. APRIL COMMITTEE REPORTS

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

**April 4, 2013** *Chair: K. Creary, Vice Chair: T. Wilson*

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|---|
| **A. Work plan item update / Status Summary:** |
| Work plan item 1.1, 1.4 -- The Committee reviewed the Council makeup to ensure it reflects epidemic; discussed filling mandated seats; ensured 33% of members are unaffiliated PLWHA<br><br>Work plan item 1.1 --The members moved to appoint Mario DeSantis (Grantees of other Federal HIV programs: HOPWA), Rosemarrie Williams (Formerly incarcerated PLWHA or their representatives), and Patricia Parker-Maysonet (unaffiliated consumer) to become members of the HIV Planning Council.<br><br>Work plan item 2.1 -- Committee reviewed and approved changes to the application form so that Planning Council requirements were clearly worded |
| **B. Rationale for Recommendations:** |
| -Appointing these members ensure that mandated seats will be filled while maintaining the reflectiveness of unaffiliated consumers.<br>-Members voted to now meet every month in order to conduct their work in a timely manner.<br>-Changes to the application form ensured that Planning Council requirements are clear |
| **C. Data Reports / Data Review Updates:** |
| The Committee reviewed the demographics of the Council as it reflects the epidemic of Broward County. |
| **D. Data Requests:** |
| None. |
| **E. Other Business Items:** |
| The Committee reviewed conflict in the Policies and Procedures language as it relates to the application of the new members who fill mandated seats by virtue of their employment. Changes were made and voted upon. Members also reviewed their meeting dates for the year of 2013 and picked alternate dates that conflicted with federal and religious holidays. *Agenda Items for Next Meeting:* Review and revise mentoring plan; review work plan; discuss a joint meeting with JCCR; discuss July meeting date. *Next Meeting Date*: May 2, 2013 |

### b. JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)

**April 2, 2013** *Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington*

| A. Work plan item update / Status Summary: |
|---|
| Work plan item 1.2 -- "Hot Topic" educational presentation on the Anti-Retroviral Treatment and Access to Services (ARTAS) program. Provided by Minority Development and Empowerment, Inc. (MDEI) and Broward House. Question and answer session followed. The Hot Topics serve a greater purpose; it enables individuals to be interested in and gain knowledge of the function of the Planning Council and its Committees.<br><br>Work plan item 2.2 -- Began discussing plans for conducting second JCCR community event. |
| **B. Rationale for Recommendations:** |
| The members appointed Rhonda Sampson as a member of the Joint Client/Community Relations Committee due to her faithfully attending the meetings for the past few months. |
| **C. Data Reports / Data Review Updates:** |
| None. |
| **D. Data Requests:** |
| None. |
| **E. Other Business Items:** |
| The Committee analyzed the successes and failures of the first community event held at Osswald Park on March 5, 2013. *Agenda Items for Next Meeting:* Choose additional "Hot Topics," Presentation on PSRA process, Rank PSRA Service Categories. *Next Meeting Date*: May 7, 2013 |

c. **JOINT PLANNING COMMITTEE**

**April 8, 2013** *Part A Co-Chair: Carl Roberson, Part B Co-Chair: Kim Saiswick*

| A. Work plan item update / Status Summary: |
|---|
| Work plan item 1.2 – The Committee heard results from the 2012 Client Survey, regarding those lost to care, newly diagnosed and special populations (MSM, non-Hispanic black women). Members expressed concern about clients reporting they are not receiving medications due to doctors' advice. Full results will be revisited in the future.<br><br>Work plan item 1.4 – Members reviewed the Priority Setting Resource Allocation timeline to be used by the Joint Priorities Committee.<br><br>Work plan item 2.2 – Members reviewed data on the epidemic. Also covered was data on populations experiencing disproportionate impact from HIV; members identified black heterosexuals and MSMs of all demographic groups. Also covered was data on groups underrepresented in Ryan White; the committee identified females in mental health and substance abuse; black clients in mental health; and Hispanics in substance abuse. Also covered was data on unmet need. Recommendations will be made in the future. |
| **B. Rationale for Recommendations:** |
| The Committee recommended that close attention be paid to MSMs and Black Heterosexuals in order to make recommendations by service category for how to best meet the need of these specific populations. This will tie into the focus groups for further review. |
| **C. Data Reports / Data Review Updates:** |
| Members reviewed key findings from the client survey; epidemiological reports; data on disproportionate impact and underrepresented groups; service utilization; priority setting tool for Florida (Broward County data). |
| **D. Data Requests:** |
| Members requested additional Client Survey details on Women, MSMs, and newly diagnosed individuals. Committee also requested staff to request the Part D FY 12/13 Utilization Report. |
| **E. Other Business Items:** |
| The Committee reviewed meeting dates for the year and tentatively moved a meeting to November 4, 2013 to avoid Veterans Day. *Agenda Items for Next Meeting:* Recommendations to Joint Priorities to guide rankings and allocations; recommendations to address unmet need; begin reviewing Language on How Best to Meet the Need. *Next Meeting Date*: May 13, 2013. |

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**

**April 15, 2013** *Chair: C. Grant*

| **A. Work plan item update / Status Summary:** |
|---|
| Work plan item 1.1d – Broward Client Level Outcomes and Indicators. The Committee approved the revised Oral Health outcomes and indicators.<br>Work plan item 2.4 – Review Service Delivery Models (SDMs) Submitted by Quality Improvement (QI) Networks. The Committee approved the Medical Case Management, Mental Health, Substance Abuse, Medical, Outreach and Pharmaceutical SDMs with amendments.<br>Work plan item 2.3- Review, Update and Approve Annual Work Plan. The Committee reviewed and approved the FY 13-14 annual work plan.<br>Work plan item 2.2 – Review, Update and Approve 3-Year Work Plan. The Committee tabled review and approval of the 3-year work plan until the May meeting.<br>Work plan item 2.1 – Review Policies and Procedures (P&P). The Committee tabled review and approval of the P&P until the May meeting. |
| **B. Rationale for Recommendations:** |
| The Committee reviewed the SDMs and made recommendations to clarify language in the Medical Case Management (Reassessment) and Medical SDMs (Standard 18.2). The Committee recommended that the language referring to *Medicaid Reimbursement* be removed from the Mental Health and Substance Abuse SDMs as it is understood that Ryan White reimbursement rates match those of Medicaid. The Committee recommended that Staff review the AIDS Education and Training Center (AETC) recommendations for genotype testing in the Medical SDM (Standard 5). The Committee also asked that Staff review the in meeting notes for the Medical Network SDM review to clarify the addition of *Toxoplasma gondii CD4 < 100 if patient is toxoplasma positive* (Standard 24). |
| **C. Data Reports / Data Review Updates:** |
| There were no data reports or data review updates at this meeting. |
| **D. Data Requests:** |
| There were no requests for data. |
| **E. Other Business Items:** |
| There was no other business. *Agenda Items for Next Meeting:* Standing Agenda Items, Review of Three-Year QM Work Plan, Review of Committee Policies and Procedures, Review Client Survey Findings, Quarterly Data Review *Next Meeting Date*: May 20, 2013. |

e. **JOINT PRIORITIES COMMITTEE**

**April 17, 2013** *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Lisa Agate*

| **A. Work plan item update / Status Summary:** |
|---|
| Work plan item 1.3-- Discuss strategy to develop an action plan to ensure PSRA process is coordinated with and adapts to changes that will occur with Affordable Care Act (ACA) implementation. Review data and document how these data sets will be utilized in the PSRA process. |
| **B. Rationale for Recommendations:** |
| -The Committee recommended that a system be set in place to move forward with unknown factors: a) Budget for Status Quo b) Identify "transition services" and dollar amount c) Create a "process" policy in the event of reductions we will have a priority of which services get reduced first and by how much d) Exempt Dental and other non-covered services.<br>-The Committee also requested that a letter be sent to Sherry Riley asking about the intent |

| |
|---|
| of the State in terms of ADAP and AICP as relates to the ACA for the upcoming year in order to consider these in the PSRA process. |
| **C. Data Reports / Data Review Updates:** |
| Members reviewed a presentation that focused on planning for the potential impact of the Affordable Care Act on the Ryan White Program. Severe need data was available for review. |
| **D. Data Requests:** |
| The members requested to look at following: Massachusetts' process/model; copy of the service delivery models of each service category from the Boston EMA; current specialty plans of PSN, PHCP, and Clear Health Alliance. The Committee will also review the data requested by the Ad Hoc PCIP Subcommittee (includes: two years of data on the Part B medication co-pay program i.e. utilization, cost, and demographics; a year of utilization, cost, and demographics of AICP; an estimate of the number of undocumented clients served in Part A). |
| **E. Other Business Items:** |
| The Committee heard updates on the Ad Hoc PCIP Subcommittee. *Agenda Items for Next Meeting:* Review update scorecard format and make recommendations, Review Joint Client/Community Relations and Joint Planning Committee PSRA recommendations. *Next Meeting Date*: May 15, 2013. |

### AD HOC PCIP (Pre-Existing Condition Insurance Plan) SUBCOMMITTEE

**April 17, 2013** *Acting Chair: Brad Gammell*

| |
|---|
| **A. Work plan item update / Status Summary:** |
| The Committee discussed the work it has done thus far and its future direction based on Joint Priorities' directives. |
| **B. Rationale for Recommendations:** |
| Members requested a letter be sent to Sherry Riley at the Florida Department of Health asking for the State's intent for ADAP and AICP in light of the ACA. The information is requested in preparation for the upcoming FY14-15 PSRA process. |
| **C. Data Reports / Data Review Updates:** |
| The Committee reviewed the following data: Ryan White Part A service utilization per FPL; Comparison of benefits packages for the current HIV Medicaid plans; The exchange subsidies for health insurance premiums and cost sharing. |
| **D. Data Requests:** |
| 1. Data on the Broward AICP for 2012-2013 (including cost, utilization, demographics)<br>2. Data on the Part B Medication Co-Pay Program for 2011-2012 and 2012-2013 (including cost, utilization, demographics)<br>3. Estimated number of undocumented clients served by Part A |
| **E. Other Business Items:** |
| *Agenda Items for Next Meeting:* Review AICP Data, Review Part B Medication Co-Pay Data; Estimated Number of Undocumented Clients Served in Part A. *Next Meeting Date*: May 9, 2013 |

### LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

**No meetings** *Chair: Vacant*

*Next Meeting Date:* To be determined

f. ### JOINT EXECUTIVE COMMITTEE

**No meetings** *Part A Chair: S. Kuryla, Part B Chair: J. Wynn*

*Next Meeting Date*: May 16, 2013

g. ### PART A EXECUTIVE COMMITTEE

**April 18, 2013** *Chair: S. Kuryla, Vice Chair: B. Gammell*

| A. Work plan item update / Status Summary: |
|---|
| Work plan item 1.2 --Committee chairs reported on their work plan progress to ensure that goals are being met. Chairs reviewed the new meeting summary template, which was used as a guide.<br>Work plan item 4.1 --The Committee reviewed and discussed the changes recommended by the Ad Hoc By-Laws Committee. Members asked for clarification on certain recommendations. It was decided that the handout and the track changes version of the By-Laws will be shown this month for informational purposes only, but will be voted upon at the May HIV Planning Council meeting. |
| **B. Rationale for Recommendations:** |
| -The members voted to keep LPAC as an advisory committee to Priorities as opposed to a standing committee since the decisions they make have financial implications.<br>-Members discussed the PSRA data presentation. After much discussion, Part A Executive recommended that a data presentation not be held this year due to multiple factors: 1) there is no requirement to hold annual data presentations; 2) participation at data presentations has historically been minimal; 3) multiple meetings will need to be held in order to present all the data; 4) development of a video PSA will require months of planning and legal approval. However, Part A Executive members suggested that Joint Priorities continue to think of ways to elicit community input into the PSRA process. It was also suggested that something be planned due to the implementation of the Affordable Care Act (ACA).<br>-The Committee agreed that the current process of Committee appointments will stand according to the By-Laws since the process is working.<br>-The changes to the HIVPC application as well as Membership's policies and procedures were approved since it allows the requirements to join the Council clearer. |
| **C. Data Reports /Data Review Updates:** |
| None |
| **D. Data Requests:** |
| None |
| **E. Other Business Items:** |
| The Committee reviewed and approved the proposed changes to the HIVPC application as well as Membership's Policies and Procedures. The revisions to the public comment sign-in sheet were also reviewed and approved through consensus. *Items for Next Meeting:* Review revisions to Mentoring Plan; Review additional By-Laws changes; Review revisions to HIVPC Job Descriptions. *Next Meeting Date*: May 16, 2013. |

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h. **AD HOC BY-LAWS COMMITTEE**

**April 18, 2013** *Chair: W. Spencer*

| A. Work plan item update / Status Summary: |
|---|
| The Committee discussed the work it has done thus far and its future direction based on Part A Executive Committee's directives. |
| **B. Rationale for Recommendations:** |
| -By-Laws members agreed to keep LPAC as an Ad Hoc Committee to Priorities as opposed to a standing committee since the decisions they make have financial implications.<br>-The Committee started making edits to the Planning Council Grievance procedure and form. The new language would assign grievances to be handled by the Part A Executive Committee. Language relating to Part B grievances was removed. The wording was clarified to say Council members could file grievances. This ensured that the grievance procedure was specific to Part A and that the steps to file a grievance were stated clearly. The grievance policy will be finalized at the next meeting. |
| **C. Data Reports / Data Review Updates:** |
| None |

| D. Data Requests: |
|---|
| None |
| **E. Other Business Items:** |
| No other business. *Items for Next Meeting:* Review draft policy on reporting violations; Review Planning Council Grievance Procedure; Final Review of the Parking Lot list. *Next Meeting Date*: May 9, 2013. |

## 8. GRANTEE REPORTS

**Part A**

The Part A program is receiving a 5% decrease in overall grant award, which was mentioned last month. The notice of the final grant award is expected late May or early June. The EMA received a partial grant award: 50% formula and 45% MAI; projected to last until July. The Grantee thanked HIVPC Members for completing the Administrative Mechanism Survey; results are currently under review. Lorraine Wells attended a meeting to discuss ADAP and ADAP Premium Plus. It was mentioned that there is a proposal of by-weekly calls with all Part A Grantees to increase communication moving forward with Affordable Care Act (ACA).

**Part B**

The written Part B Grantee report was provided detailing expenditures up to February 28, 2013. Non-Medical Case Management conducted 863 eligibility interviews in February. Medication co-payment served 282 clients of which 16 were new to the program. There were 274 clients served in February for Medication Co-Payment and 8 clients served for Mail Orders. Cost avoidance for Medication Co-Payment program for December is $45,493.64. Total cost savings April – February 2013 is approximately $200,000. Home Delivered Meals served 3 clients. Medical Transportation for February 2013: A total of 288 (10 ride) and 389 (31 day) passes distributed.

Part B is finishing their contract year; final numbers expected in May. The Part B Needs Assessment Survey is currently underway; volunteers are entering results in to Survey Monkey. Administrative hold and wait time lifted for ADAP. There is a new ADAP Supervisor covering all eligibility; Charles Mayas. Ann Mercer will work on contracts for Part B moving forward. It was noted that the money returned to Tallahassee is due to rebates rather than under usage.

## 9. OTHER REPORTS

a) Part C
Part C has had no real change; still awaiting grant award. Part C anticipates a 5% decrease.

b) Part D
Part D submitted their grant application last month. Half of all new enrollees are pregnant. Children's Diagnostic Treatment Center (CDTC) continues to perform outreach to link HIV positive pregnant women to care. Part D clinic is currently working on educating women who unknowingly become infected by positive male partners. There was a discussion on perinatal HIV exposure compared to HIV infection. An HIVPC member asked Part D to send their report to the Joint Planning Committee; Part D to send report.

c) HOPWA
The first Tenant Based Rent Voucher (TBRV) meeting was held on April 24, 2013; meeting defined types of fraud and income. It was noted that there is still no decision on whether HOPWA will fund legal aid; recommended to fund case management if legal aid cannot be funded. HOPWA is anticipating a 5.2% reduction in grant award. HOPWA will meet with Stakeholders next year to discuss a paradigm shift; anticipate linking Ryan White Medical with HOPWA to reduce fraud from false positives and encourage medical appointments. There was a discussion on the number of TBRV available and priority going to homeless to stabilize housing and health. HOPWA clarified the

intentions of the Reunification Program.

d) Prevention

The Jurisdictional Plan is complete and available online. Prevention is working with the County to develop a combined plan between Prevention and Care.

e) Lorraine Wells

Lorraine Wells attended the HIVPC to discuss ADAP and ADAP Premium Plus. Ms. Wells thanked everyone for their hard work; HIV/AIDS death rates are down. The Council was informed of name changes at the state level; the formerly know Bureau of HIV/AIDS has changed their name to the HIV/AIDS and Hepatitis Division. Ms. Wells's presentation included: Funding and client enrollment; the three types of expansion (State, Partnership and Federally run); marketplace exchanges. It was noted that moving forward the Council can expect: The five facts about Marketplace; bi-weekly conversations with all Part A Grantees; strategizing to ensure that all clients are covered; actuaries confirming data; ADAP encouraging rebates to feed back in to the program. The Council was reminded that ADAP's solvency depends on being the payer of last resort. There was a question and answer session following the presentation. Discussion topics included: Marketplace exchanges; Medicaid expansion; potential rebates from using CVS Pharmacy; RFP for Marketplace Navigators (deadline June 7, 2013); undocumented clients; ADAP and AICP budget cuts. The PowerPoint will be sent to Staff.

**10. UNFINISHED BUSINESS**

There was no unfinished business.

**11. NEW BUSINESS**

a) Healthcare Reform Update

There was no Healthcare Reform Update.

**12. ANNOUNCEMENTS**

- Bike For Life benefits four organizations in Broward County; ride scheduled for May 11, 2013. Members encouraged to participate in the ride.
- Part C no longer utilizing Western Blot due to the 4th Generation Test. Part C wants to ensure that clients can still be put on ADAP without Western Blot results. It was noted that the 4th Generation Test only displays reactive results. Physicians can validate the 4th Generation Test. It was noted that ADAP is not primary care; therefore clients should receive primary care prior to trying to become eligible for ADAP. ADAP requires confirmatory test results for eligibility. Grantee to review ADAP qualifications.
- Members urged to attend the May 9th, 2013 By-Laws meeting if they have questions or concerns about Parking Lot items. It was noted that the Grievance Procedure will also be reviewed.

**13. REQUEST FOR DATA**

There were no requests for data.

**14. AGENDA ITEMS FOR NEXT MEETING:** May 23, 2013 at 9:00 a.m. **VENUE:** BRHPC

- Standing Agenda Items

**15. ADJOURNMENT**

Without objection, the meeting was adjourned at 10:59 a.m.

## HIV PLANNING COUNCIL ATTENDANCE CY 2013

| 2013 MEETING DATES<br>Indicate if no meeting was held. | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Meeting Dates →** | **24** | **28** | **28** | **25** | | | | | | | | |
| **Member NAME** | **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** |
| **Creary, Karen** | √ | √ | √ | √ | | | | | | | | |
| **Dyer, Leroy** | √ | √ | √ | √ | | | | | | | | |
| **Gammell, Bradford** | √ | √ | √ | √ | | | | | | | | |
| **Grant Claudette** | √ | √ | √ | √ | | | | | | | | |
| **Hayes, Marie** | √ | √ | A | √ | | | | | | | | |
| **Bhrangger, Ronald** | √ | E | √ | √ | | | | | | | | |
| **Holness, Dale V.C. (Comm)** | A | A | A | A | | | | | | | | |
| **Katz, Bradley** | √ | √ | √ | √ | | | | | | | | |
| **Kuryla, Samantha** | √ | A | √ | √ | | | | | | | | |
| **Marcoviche, William** | √ | E | √ | √ | | | | | | | | |
| **Moragne, Timothy** | A | √ | √ | √ | | | | | | | | |
| **Roberson, Carl** | √ | √ | √ | √ | | | | | | | | |
| **Siclari, Rick** | √ | √ | √ | √ | | | | | | | | |
| **Spencer, Will** | √ | √ | √ | √ | | | | | | | | |
| **Taylor-Bennett, Carla** | √ | √ | √ | √ | | | | | | | | |
| **Tomlinson, Karlene** | √ | √ | √ | A | | | | | | | | |
| **Wilson, Tara** | √ | √ | √ | √ | | | | | | | | |
| **Wynn, Joey** | √ | √ | √ | A | | | | | | | | |
| **Proulx, D.** | N | √ | √ | √ | | | | | | | | |
| **Baner, S.** | N | √ | A | √ | | | | | | | | |
| **Coscarelli, Monica (Alt 1)** | E | E | A | E | | | | | | | | |
| **Parker-Maysonet, Patricia (Alt 2)** | A | √ | √ | E | | | | | | | | |

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HANDOUT A

# Update for Broward County
# HIV Health Services Planning Council

**From**: Kareem Murphy
**Date**: May 23, 2013

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**Ryan White Advocacy:**

Several coalitions led by the Federal AIDS Policy Partnership (FAPP) are meeting with congressional authorizing committees, appropriators, and new Members of Congress to educate them on the successes of the Ryan White and the need for continued funding. Committees of jurisdiction have indicated a significant uphill battle to statutorily reauthorize the program. Because the President reaffirmed the future of the program in his FY 2014 budget request and the way the 2009 reauthorization was written, the program will not sunset. The advocacy focus has been on selling the program's benefit to public health and the amount of health care expertise in community-based care it affords the country. To date, the partnership has met with over 25 congressional offices and committee staff on all relevant committees in the House and Senate, including the personal offices of their respective chairs. During the FAPP meeting last week, we strategized on how to be more effective in the advocacy program.

**Ryan White Appropriations:**

Last week, the House Appropriations Committee released the top line funding levels for all cabinet level agencies (a process known formally as the 302(b) allocations). Domestic programs would take a severe hit, with the Labor-Health and Human Services-Education taking the largest proposed cut. The allocation is for $122 billion, which is 18% less than the $150 billion provided in the post-sequester FY 2013 funding level. The Subcommittee is not expected to introduce its line item bill until late June or early July. At that point, they would specify how much they wish to provide for Ryan White programs and other HIV/AIDS-related services.

The Senate has not yet released is government-wide funding allocations though that is expected shortly after the Memorial Day Recess/District Work Period. Given the strong support from its Labor-HHS Committee chairman Sen. Tom Harkin (D-IA), we expect funding totals there to mirror the President's budget request (which included a small increase).

**FAPP Town Hall:**

The Federal AIDS Policy Partnership is a coalition of local, regional, and national stakeholders including prevention, care, and treatment providers. On May 14th, they held a national town hall, in Washington, DC and also broadcast live over the Internet to share information on what the coalition does. More importantly, they should to identify strategies to further engage people living with HIV and AIDS who are not part of an advocacy organization in the overall advocacy

approach. It was prompted in part by the demise of the National Organization of People Living With AIDS. We will share some of those recommendations when they are finalized. But all parties and individuals with the Broward County Ryan White Program are encouraged to visit http://federalaidspolicy.org/ for more information on how they can get engaged in advocacy on an individual level. Membership in FAPP is free. Kareem Murphy can help answer any questions or make connections.

The Ryan White Working Group with FAPP is looking for personal stories of how the program has helped benefit individuals' ability to return to fuller health and stable employment. If you have a personal story about how Ryan White-funded services helped you reach self-sufficiency, and you are willing to share your story, the Working Group is looking for you. The strategy is to use those stories in congressional advocacy. Personal stories, backed in solid data, always help our congressional champions become stronger advocates. They help win over our skeptics and opponents. Contact Kareem Murphy for assistance with connecting with the Ryan White Planning Group co-chairs. kmurphy@tfgnet.com. Including these stories was a warmly welcomed recommendation that came out of the Town Hall meeting.

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
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Tel: 954-561-9681 / Fax: 954-561-9685
www.brhpc.org

HANDOUT B

# Proposed HIV Planning Council Members – Job Descriptions

(Approved by the Membership/Council Development Committee 1/3/13, Amended 5/2/13)

**The purpose of HIV Planning Council membership categories:**

- "*Each category of membership meets a specific need.*"
- "*Other membership categories, comprising government and health professions, are intended to enhance service delivery. This includes coordination of funding streams to better address gaps in care, avoid overlaps in services, and create comprehensive service delivery systems that meet the multiple care needs of clients.*"
- *"All categories of membership are designed to bring together expertise in such areas as health planning, service delivery, client perspectives and financing of care."*

From HRSA

**Planning Council Members Major Duties**

1. Prioritize Part A services and allocate Ryan White funds among them.
2. Assess the needs of the community for HIV/AIDS services.
3. Develop a Comprehensive Plan to guide how services will be provided.
4. Monitor the quality and effectiveness of Ryan White programs, and recommend improvements.
5. Assess the effectiveness of administrative performance by the Part A Grantee.

**Member Qualifications**

1. Fit the membership requirements of a specified category of Council seat, per legislation and HRSA rules.
2. Ability to communicate ideas freely, honestly and respectfully.
3. Commitment to adhere to Council by-laws, policies and procedures.

**Member Responsibilities**

1. Be willing to commit at least six to eight hours monthly to the HIV Planning Council – approximately two hours monthly at Planning Council meetings, two to three hours monthly at Committee meetings, and two to three hours monthly for background reading and to complete assigned tasks.
2. Members in leadership roles attend one extra meeting per month, requiring two to four hours more time.
3. Work collaboratively within the Planning Council and with other entities that provide or fund HIV-related services.
4. Participate in recruitment and regular, ongoing education and training provided by the Council.
5. Be willing to participate in discussions mindful of the needs of the EMA, as opposed to an interest group or category of representation.
6. Be willing and able to contribute professional and personal expertise to further the work of the Council.
7. Supply data requested from the category of seat to which the member is appointed. Examples of data that may be requested:
   a. HIV/AIDS funding received, per service category
   b. Number of Clients Served / Utilization
   c. Client Demographics
   d. How Services Are Coordinated with Part A and other funders

# PLANNING COUNCIL MEMBERSHIP CATEGORIES

## 1. Affected Communities

**Definition of Affected Communities:** Include People With HIV/AIDS, Members Of A Federally Recognized Indian Tribe As Represented In The Population, Individuals Co-Infected With Hepatitis B or C, and Historically Underserved Groups and Subpopulations.

The Ryan White HIV/AIDS Program Part A Manual states:

- "Involvement of those who use Ryan White services ensures crucial input from persons closest to care delivery. Legislative provisions require that consumers be free of conflict of interest in relation to funding decisions"
- "33% of Council members must be consumers receiving Ryan White Part A services, or the parents and caregivers of minor children who are receiving such services. These members should reflect the epidemic in the EMA and be unaligned, meaning that they "are not officers, employees or consultants" of any providers receiving Ryan White funds, and they "do not represent any such entity."

"Consumers who volunteer with a Part A-funded provider are not considered to 'represent' that entity and are eligible for consumer membership on the planning council as unaligned members. The legislation permits a PLWHA to serve as a volunteer at a Part A-funded agency and still be considered unaligned."

**Job Description for Affected Communities:**

a. Provide strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHAs.
b. Help develop ideas to engage and educate PLWHAs in the community.

## 2. Non-Elected Community Leader

**Definition of Non-Elected Community Leader:**
HIVPC By-Laws: "Someone active in the community not elected in formal government elections."

**Job Description for Non-Elected Community Leader:**

a. Be actively involved with a community organization or ongoing community activities.
b. Provide strong and informed feedback about the effect of Planning Council actions and decisions on the community, especially Ryan White clients and PLWHAs.

## 3. Health Care Providers, including Federally Qualified Health Centers

**Job Description for Health Care Providers:**

a. Share information about how Council actions will affect providers and their HIV/AIDS clients.
b. When requested, provide data on funding sources and on utilization by their clients.

## 4. AIDS Service Organizations and Community-Based Organizations Serving Affected Populations

**Job Description for ASO/CBO:**

a. Share information about how Council actions will affect service organizations, community organizations and their Ryan White clients.
b. When requested, provide data on funding sources and on utilization by their HIV/AIDS clients.

## 5. Social Service Providers, including Providers of Housing and Homeless Services

**Job Description for Social Service Providers:**

a. Share information about how Council actions will affect social service agencies, providers and clients.
b. When requested, provide data on funding sources and on utilization by their HIV/AIDS clients.

## 6. Mental Health Providers and Substance Abuse Providers

**Job Description of Mental Health Providers and Substance Abuse Providers:**

a. Share information about how Council actions will affect mental health providers and clients.

b. When requested, provide data on funding sources and on utilization by their HIV/AIDS clients.

## 7. State Government (Agency Administering Program under Part B)

**Job Description for State Government (Agency Administering Program under Part B):**

a. Provide the Council and its Committees with detailed insight about the area's Ryan White Part B programs.
b. Provide monthly and annual data reports on utilization and expenditures of Part B and ADAP programs.
c. Bring back to the agency Council recommendations on changing and improving Part B programs.
d. Share information about how Council actions will affect the community's health system and status.

## 8. State Medicaid Agency

**Job Description for State Medicaid Agency:**

a. Supply the Council and its Committees with detailed insight about Medicaid services available to PLWHAs in the community.
b. Provide annual reports on utilization and expenditures by Medicaid HIV/AIDS programs in Broward County.
c. Bring back to the agency Council recommendations on changing and improving Medicaid programs.
d. Share information about how Council actions will affect the community's overall health system and status.

## 9. Ryan White Part C Grantee

**Job Description for Ryan White Part C Grantee:**

**a.** Provide the Council and its Committees with detailed insight about the area's Ryan White Part C programs.
**b.** Provide quarterly reports on unduplicated utilization, expenditures (overall and by service category) and client demographics for the Part C program in Broward County.
**c.** Bring back to the agency Council recommendations on changing and improving the Part C programs.
**d.** Share information about how Council actions will affect the community's overall health system and status.

## 10. Ryan White Part D Grantee

**Job Description for Ryan White Part D Grantee:**

a. Provide the Council and its Committees with detailed insight about the area's Ryan White Part D programs.
b. Provide quarterly reports on unduplicated utilization, expenditures (overall and by service category) and client demographics for the Part D program in Broward County.
c. Bring back to the agency Council recommendations on changing and improving the Part D programs.
d. Share information about how Council actions will affect the community's overall health system and status.

## 11. Grantees of Other Federal HIV Programs, including but not limited to providers of HIV Prevention Services

**Definition of Grantees of Other Federal HIV Programs:** The category is to include, at a minimum, a representative from each of the following:

- Federally-funded HIV prevention services
- Grantees providing services in the EMA that are funded under Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs) and Ryan White Dental Programs (Part F)
- Housing Opportunities for Persons With AIDS (HOPWA) program
- Other Federal programs if they provide treatment for HIV/AIDS, such as the Veterans Administration

**Job Description for Grantees of Other Federal HIV Programs:**

a. Supply the Council and its Committees with detailed insight about the federal program's HIV/AIDS services.
b. Provide annual reports on unduplicated utilization, expenditures (overall and by service category) and client demographics of the programs in Broward County.
c. Bring back to the agency Council recommendations on changing and improving the agency's programs.
d. Share information about how Council actions will affect the community's health system and status.

## 12. Hospital Planning Agencies or Health Care Planning Agencies

**Job Description for Hospital Planning Agencies or Health Care Planning Agencies:**

**a.** Share information about how Council actions will affect the community's health system and status, with emphasis on hospital outpatient care for HIV/AIDS.
**b.** When requested, make a data presentation on issues involving the community's public and private health care systems for HIV/AIDS services.

## 13. Local Public Health Agencies

**Job Description for Local Public Health Agencies:**

a. Share information about how Council actions will affect the community's health system and status.
b. When requested, make a data presentation on issues involving the community's public and private health care systems for HIV/AIDS services.

## 14. Representatives of Individuals who formerly were Federal, State, Or Local Prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released:

**HRSA Definition of Consumer Representation of Recently Incarcerated Populations**: Because of the high infection rate among the incarcerated, Congress has mandated that at least one seat on each HIV planning council be filled by EITHER a recently incarcerated person OR a representative of the formerly incarcerated.

An individual who is formerly incarcerated must meet the following three criteria:

1. Have been in Federal, State, or local prison and released during the preceding three years at time of appointment.
2. Have been HIV-positive on the date of release
3. Be able to adequately represent or advocate correctional health care and support services needs of formerly incarcerated persons.

A representative of the formerly incarcerated must have strong linkages with formerly incarcerated and the knowledge and experience to meet the third criterion.

**Job Description for Consumer Representation of Formerly Incarcerated Populations:**

a. Speak out on behalf of PLWHAs who were incarcerated and about their ability to access Ryan White services.
b. Represent the health care and support services needs of formerly incarcerated persons to the Council and its Committees through written and verbal reports.
c. If working for an agency serving inmates or former inmates, provide them with education and information about Ryan White services. If possible, provide the Council with reports on the agency's unduplicated utilization, expenditures (overall and by service category) and client demographics.

**These changes take effect for any new members beginning June 1, 2013.*

# BY-LAWS PROPOSALS CONSIDERED BY ad HOC COMMITTEE ON BY-LAWS

## Formal Proposal for HIVPC Vote on 5.23.13

## COMMITTEE RECOMMENDS BY-LAWS CHANGES ON THE FOLLOWING PROPOSALS

| No. | Proposal | By-Laws Location | Stated Reason | By-Laws Recommendation |
|---|---|---|---|---|
| 1 | Rename PWA to PLWHA | Art. III, Sec. 15. Art. IV, Sec. 8 | Outdated term | Change outdated term |
| 2 | Update reference to 2009 Ryan White Care Act | Art. III, Sec. 18 | Outdated reference | Change outdated reference |
| 3 | Consider giving HIVPC chair more discretion in granting excused absences / Consider restating attendance policy | Art. IV, Sec. 7 | Flexibility | Reword section to clarify that Chair decides excused absences. Clarify definition of PC-related business. Cannot make further changes to attendance policy, because it is set by County ordinance |
| 4 | Correct incorrect reference to section paragraph | Art. IV, Sec. 11A | Correct error | Correct incorrect reference |
| 5 | Correct incorrect reference to section numbers | Art. IV, Sec. 11B | Correct error | Correct incorrect reference |
| 6 | Consider eliminating rule that HIVPC hold 2-3 meetings per year in community, or reword to say “encouraged” to hold 1-2 per year | Art. VI, Sec. 1 | Flexibility | Remove requirement of holding 2-3 HIVPC meetings in the community per year. Add new language saying all HIVPC meetings are open to the public |
| 7 | Simplify language on quorum for Committees | Art. VI, Sec. 2 | Need clarity | Reword to simplify language on 50% plus one rule for quorum; does not change the rule |
| 8 | Consider changing outdated references to "planner/coordinator" | Art. VI, Sec. 5A | Outdated term | Change outdated term |

| | | | | |
|---|---|---|---|---|
| 9 | Consider changing strict order of HIVPC agenda items | Art. VI, Sec. 5B | Flexibility | Move agenda items for Moment of Silence and for Public Comment. Renumber list. No other changes needed. HIVPC Chair and Executive set agenda |
| 10 | Correct typo | Art. VI, Sec. 8A | Typo | Correct typo |
| 11 | Reword section on Line of Succession | Art. VI, Sec. 8B | Need clarity | Simplify wording for clarity |
| 12 | Change name of Joint Priorities Committee to Priority Setting and Resource Allocation (PSRA) Committee | Art. VI, Sec. 8B. Art. VIII, Sec. 2 and 7 | More reflective | Change the name of the Committee |
| 13 | Consider rewording section on HIVPC Chair's ability to appoint Committee Chairs | Art. VIII, Sec. 1B | Not clear, flexibility | Reword to say HIVPC Chair appoints Committee chairs at will |
| 14 | Who fills in for absent Committee Chair if no vice chair or co-chair? | Art. VIII, Sec. 1C | Need clarity | Reword to say HIVPC Chair or Vice Chair fills in |
| 15 | In Committee with Part A Co-Chairs, are both members of Executive? | Art. VIII, Sec. 4A | Need clarity | Reword to clarify that both Co-Chairs would be Exec members |


# HIV PLANNING COUNCIL

# BY-LAWS

BRHPC

**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, and April, 2006, January 2010, January 2012**

## ARTICLE I.

## NAME, 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, 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. *Consortium* means South Florida AIDS Network (SFAN) of Broward County or Part B.

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. *Joint Committee* means a committee comprising members from both the Council and the Consortium.

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

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

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

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

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

17. *Part B* means the Ryan White Act, Part B, administered by the Broward County Health Department.

18. *Ryan White Act* means the ~~2006~~ Ryan White HIV/AIDS Treatment Extension ~~Modernization~~ Act of 2009.

19. *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.

**Comment [bl1]:** Proposal #1. Recommend updating the language

**Comment [bl2]:** Proposal #2. Recommend updating the language

## 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 means for business outside the regular time and place of HIVPC business.

**Comment [bl3]:** Proposal #3. Recommend adding new language

**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 ~~PWA~~ PLWHA members unable to serve due to HIV. Alternates shall comply with attendance requirements at Council meetings. Alternates may be appointed by the chair as a voting member only after Quorum has been established.

**Comment [bl4]:** Proposal #1. Recommend updating the language

SECTION 9: Each Council member shall be a member of at least one standing Committee. Failure to adhere to attendance requirements shall be grounds for removal from the Council.

SECTION 10 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 11:** Removal of Members and Alternates.

A. Procedure for removal: If a member fails to comply with Paragraphs ~~A or B~~ B or C, or for reasons documented in Paragraph C, the Council shall recommend to the Broward County Board of County Commissioners the removal of that Member or Alternate, upon vote of a majority 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.

**Comment [bl5]:** Proposal #4. Recommend correcting incorrect reference

B. The Council shall recommend that a member be removed from service on the Council 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** ~~1~~ 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** ~~1~~ 2 of these By-laws.

**Comment [FH6]:** Proposal #5. Recommend correcting incorrect reference

**Comment [FH7]:** Proposal #5: Recommend correcting incorrect language

C. The Council shall recommend that a member 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 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.

## 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:** 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. 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.

**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 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.

**SECTION 6:** 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 2 above at the next Council meeting.

## 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 meeting are

open to the public. ~~The Council shall hold 2 or 3 Planning Council meetings annually in the community.~~ 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 H~~O~~Coc ~~, Executive and Joint Priorities Priority Setting Resource Allocation~~ Committees, ~~. All others shall be fifty percent (50%) plus one (1), but~~ 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 ~~Planner/Coordinator)~~ 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 ~~Planner/Coordinator~~ 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 ~~Planner/Coordinator~~ 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

**Comment [bl8]:** Proposal #6: Recommend removing requirement. Recommend adding new language

**Comment [BL9]:** Proposal #7: Recommend changing language to say 50% plus one for all

**Comment [FH10]:** Proposal #8: Recommend replacing outdated language

**Comment [FH11]:** Proposal #8

**Comment [FH12]:** Proposal #8

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 order of the Council's agenda shall be: 1. ~~—~~Call to Order~~; 2. Moment of Silence;~~ 2~~3~~. Welcome and Self-introductions (includes explanation of Ground Rules, Sunshine Law and HIV self- disclosure); ;3. Moment of Silence 4. Excused Absences and Appointment of Alternates 5.Adoption of Agenda; 6~~4~~. Approval of Minutes; ~~7~~6~~. Public Comment~~; 7~~8~~7~~.~~Action Items, Consent (no discussion required); 8~~9~~8~~.~~ Action Items, Regular (discussion required); 9~~10~~9~~.~~ Discussion Items; 10~~10~~. Committee Reports; 11~~12~~. Program Support Report; 12~~13~~. Grantee Reports (Part A and Part B); 13~~14~~. Other Reports (including Legislative Update, Part C, Part D, HOPWA, etc); 14~~15~~. Old/New Business; 15~~16~~. Public Comment ~~Input~~; 16~~17~~. Announcements; ~~18. Public Comment~~ 17~~18~~9~~.~~ Next Meeting Date, 18~~19~~20~~.~~ Agenda Items for the Next Meeting, 19~~20~~1~~.~~ Adjournment. The Executive Committee may re-order these items for particular meetings if necessary for the efficient and effective administration of the Council's business.

**Comment [BL13]:** Proposal #9: Recommend moving Moment of Silence and Public Comment, renumber the order

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 or Vice Chair does not attend the Council Meeting and

neither the Chair nor Vice-Chair has notified the Council that they are not attending the Council ~~Meeting~~. ~~T~~the 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, in the following order: ~~with the acting Vice-chair being the next in line of succession:~~

1. Acting Vice Chair
~~1.~~2. Part A Chair of ~~Joint Priorities~~ Priority Setting Resource Allocation
~~2.~~3. Chair of Membership/Council Development
~~3.~~4. Part A Chair of Joint Planning
~~4.~~5. Part A Chair of Joint Client/Community Relations
~~5.~~6. Chair of Quality Management

**Comment [FH14]:** Proposal #10: Recommend correcting typo

**Comment [BL15]:** Proposal #11: Recommend improved wording

**Comment [BL16]:** Proposal #12: Recommend changing the name of Joint Priorities to Priority Setting Resource Allocation Committee

## 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. All Council committees shall be chaired by a member of the Council. All Joint Committees shall be co-Chaired by a Council member and Consortium member. The Council Chair shall appoint the Part A Committee Chairs of each Committee beginning with the date of the Council Chair's term of office. The current Committee Chairs shall continue to serve until the new Committee Chairs are appointed. Part A Committee Chairs/co-Chairs are appointed at the sole discretion of the Planning Council Chair and may be removed or replaced at will.

**Comment [BL17]:** Proposal #13: Recommend adding language to clarify the authority of the Council chair to appoint Committee chairs

C. Vice-Chairs. A Committee may select a Vice-Chair to conduct meetings in the absence of the committee chair. The Vice-Chair must be selected in a meeting prior to any meeting at which the Vice-Chair conducts the meeting. The Vice-Chair must be a member of the Council. If a Committee has no Vice Chair, the Council Chair or Vice Chair will fill in during the absence of the Committee Chair.

**Comment [bl18]:** Proposal #14: Recommend adding language to clarify who fills in for absent Chair

D. Appointment of Committee membership. Council Committee Chairs or Co-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, SFAN Consortium and members of the community at large. 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.

E. 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.

F. 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.

G. Compliance with Council Meeting Ground Rules. When in joint session, all joint committee members shall comply with the meeting ground rules adopted 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. Joint Client and Community Relations
C. Membership and Council Development
D. Joint Planning
~~E. Joint Priorities~~ Priority Setting Resource Allocation Committee
F. Quality Management

Comment [BL19]: Proposal #12

**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 or Co-Chairs 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.

**Comment [bl20]:** Proposal #15: Recommend adding language for clarification

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. Review Committee recommendations to determine whether the items

should be referred to the appropriate Committee
7. Ratify recommendations for removal for cause from the Membership/Council Development Committee
8. Address Joint Client and Community Relations Committee unresolved grievance issues

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.

D. Periodic meetings with Consortium Executive Committee. The Committee shall meet jointly with the Consortium Executive Committee on quarterly basis to discuss mutual planning issues and to plan how the two bodies can work together to meet the needs of the EMA. Any consensus recommendations from this Joint Executive Committee shall be brought to the respective planning bodies by their corresponding Chairs for discussion and/or action.

**SECTION 5:** There shall be a Joint Client/Community Relations Committee.

A. Membership. The members of the committee shall include, but is not limited to, representatives of the Council and the Consortium. No less than 51% of the Council committee members shall be unaffiliated individuals living with HIV.

B. Chair. The Council Committee Chair or Co-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. The Committee will function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A and Part B funding.

**Comment [BL21]:** Deferred Proposal 2: Consider changing Grievance Procedure. No recommendation so far

**SECTION 6:** There shall be a Joint Planning Committee.

A. Membership. The members of the committee shall include, but is not limited to, representatives of the Council and the Consortium. Members of the Joint Planning Committee shall include but is not limited to representatives of Part A and Part B, Part C, Part D, Part F, and Consumers.

B. Purpose. The Committee shall have responsibility for developing and updating annual needs assessment and other planning activities to ensure quality core medical services are integrated in the Broward County EMA System of Care. The Committee shall plan and address coordinated care across diverse groups by engaging community resources in order to eliminate disparities in access to services. The Committee shall identify strategies for engaging and retaining individuals in care. The Committee shall discuss and incorporate Clinical Quality

Measures in the Planning Process.

**SECTION 7:** There shall be a ~~Joint Priorities Committee.~~ Priority Setting Resource Allocation Committee.

Comment [BL22]: Proposal #12

A. Membership. The Members of the Committee shall include, but is not limited to, representatives of the Council and the Consortium.

B. Purpose. The Committee shall recommend to the Council and Consortium 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, service definitions, as well as language on 'how best to meet the need.'

**SECTION 8:** There shall be a Membership/Council Development Committee.

A. Membership. The Members of the Committee shall include, but is not limited to, representatives of the Council, the Consortium and the community at large.

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 the Consortium and the community at large.

1. 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.

## ARTICLE IX.

## BYLAWS: ADOPTION AND AMENDMENTS

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)

**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:** The priority-setting process and budget allocations shall allow for funds to enable Council members who are individuals with HIV and Alternates 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 shall execute an affidavit attesting to the validity of the reimbursement request.

# Ryan White Part D Report

## Children's Diagnostic & Treatment Center (CDTC)

## Comprehensive Family AIDS Program (CFAP)

- Total Number of HIV Positive Individuals enrolled in Program **1234**
- Total Number of HIV positive individuals enrolled in medical care at CDTC – **902**
- HIV positives individual who attended medical care as of **1/01/ 2013 thru 4/30/2013** – **505**
- New Referrals as of **4/01/2013 thru 4/30/2013** = total EXP **6** Aids/HIV **10** **TOTAL 15**
    - Infants (HIV exposed) - **6**
    - Children (2 – 11) - **0**
    - Adolescent (12 -24) - **2**
    - Adult Women (25 +) - **7**
    - Total Pregnancies (previously known and new) - **58**

County BROWARD

| Sex | N | P | Total | P% |
|---|---|---|---|---|
| Female | 28,178 | 118 | 28,304 | 0.42 |
| Male | 32,292 | 365 | 32,717 | 1.12 |
| Transgender | 56 | 7 | 65 | 10.77 |
| Missing Data | 448 | 3 | 451 | 0.67 |
| Grand Total | 60,974 | 493 | 61,537 | 0.80 |

| Race | N | P | Total | P% |
|---|---|---|---|---|
| Asian | 480 | 6 | 486 | 1.23 |
| Black | 32,455 | 294 | 32,776 | 0.90 |
| Hispanic | 11,815 | 84 | 11,913 | 0.71 |
| Amer Indian/Alaskan | 108 | 2 | 110 | 1.82 |
| Native Hawaiian/ Pac Isle | 215 | 1 | 216 | 0.46 |
| White | 14,549 | 101 | 14,678 | 0.69 |
| Mixed | 445 | 1 | 447 | 0.22 |
| Refused | 81 | 1 | 82 | 1.22 |
| Missing Data | 826 | 3 | 829 | 0.36 |
| Grand Total | 60,974 | 493 | 61,537 | 0.80 |

| Site Type | N | P | Total | P% |
|---|---|---|---|---|
| 01-Anonymous | 7 | 2 | 9 | 22.22 |
| 02-STD | 5,719 | 78 | 5,797 | 1.35 |
| 03-Drug Treatment | 737 | 4 | 742 | 0.54 |
| 04-Family Planning | 2,997 | 3 | 3,000 | 0.10 |
| 05-Prenatal/OB | 0 | 0 | 0 | 0.00 |
| 06-TB | 134 | 2 | 136 | 1.47 |
| 07-Adult Health | 1,184 | 17 | 1,201 | 1.42 |
| 08-Prison/Jails | 6,513 | 19 | 6,535 | 0.29 |
| 09-College | 57 | 0 | 57 | 0.00 |
| 10-Private/MD | 15,170 | 79 | 15,256 | 0.52 |
| 11-Special Projects | 215 | 2 | 217 | 0.92 |
| 12-CBO | 28,107 | 267 | 28,432 | 0.94 |
| 13-CHD FieldVisit | 134 | 20 | 155 | 12.90 |
| Other-Missing | 0 | 0 | 0 | 0.00 |
| Grand Total | 60,974 | 493 | 61,537 | 0.80 |

| Risk | N | P | Total | P% |
|---|---|---|---|---|
| MSM/IDU | 417 | 14 | 433 | 3.23 |
| MSM | 8,896 | 226 | 9,169 | 2.46 |
| IDU | 2,791 | 11 | 2,804 | 0.39 |
| Sex with HIV | 857 | 35 | 892 | 3.92 |
| Sex with MSM | 317 | 3 | 321 | 0.93 |
| Sex with IDU | 861 | 4 | 866 | 0.46 |
| Sex with Other | 2,267 | 10 | 2,278 | 0.44 |
| Perinatal | 111 | 3 | 114 | 2.63 |
| STD Diagnosis | 7,572 | 41 | 7,616 | 0.54 |
| Sex for Drugs/Money | 411 | 4 | 415 | 0.96 |
| Sexual Assault | 1,455 | 2 | 1,458 | 0.14 |
| Heterosexual | 32,937 | 109 | 33,057 | 0.33 |
| Other Risk | 959 | 3 | 962 | 0.31 |
| No Identifiable Risk | 413 | 2 | 415 | 0.48 |
| Refused | 163 | 4 | 167 | 2.40 |
| Missing Data | 547 | 22 | 570 | 3.86 |
| Grand Total | 60,974 | 493 | 61,537 | 0.80 |

| Age Group | N | P | Total | P% |
|---|---|---|---|---|
| <2 | 22 | 0 | 22 | 0.00 |
| 2-4 | 7 | 0 | 7 | 0.00 |
| 5-12 | 22 | 0 | 22 | 0.00 |
| 13-19 | 6,013 | 21 | 6,040 | 0.35 |
| 20-29 | 24,699 | 159 | 24,881 | 0.64 |
| 30-39 | 13,135 | 122 | 13,274 | 0.92 |
| 40-49 | 9,160 | 120 | 9,297 | 1.29 |
| 50+ | 7,401 | 68 | 7,476 | 0.91 |
| Missing Data | 515 | 3 | 518 | 0.58 |
| Grand Total | 60,974 | 493 | 61,537 | 0.80 |

**Indeterminate test results are not shown, but are included in the total tested.**