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, March 26, 2015, 9:30 a.m.
Governmental Center Annex, Room GC-430
Chair: Brad Gammell **Vice Chair:** Yolonda Reed
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. CALL TO ORDER

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
b. Council Member and Guest Introductions
c. Moment of Silence
d. Excused Absences and Appointment of Alternates
e. Approval of 3/26/15 Meeting Agenda
f. Approval of 2/26/15 Meeting Minutes

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

4. CONSENT ITEMS (Handouts B-1 & B-2)

#	MOTION	JUSTIFICATION	PROPOSED BY
1	To approve the changes to the Membership/Council Development Committee Policies and Procedures.	The policies and procedures were updated to reflect the work of the committee.	Membership/Council Development Committee
2	To approve the priority setting and resource allocation timeline.	The priority setting and resource allocation process is an annual process conducted by the HIVPC.	Priority Setting & Resource Allocation Committee
3	To appoint Karen Creary to the ad-Hoc Food Services Eligibility Committee.	Ms. Creary is a dedicated HIVPC member that will bring her experience to the committee.	ad-Hoc Food Services Eligibility Committee
4	To appoint David Runkle to the System of Care Committee.	The System of Care Committee is in need of additional members, and Mr. Runkle is a dedicated HIVPC member.	System of Care Committee

5. DISCUSSION ITEMS (Handouts C-1-C-4)

#	MOTION	JUSTIFICATION	PROPOSED BY
5	To approve the changes to the HIVPC by-laws.	The by-laws were updated to reflect the current procedures of the HIVPC.	ad-Hoc By-Laws Committee
6	To add Januvia to Tier 3 of the Ryan White Part A Formulary.	Januvia offers a patient-assistance program (PAP) and there is no other diabetes medication on Tier 3.	Priority Setting & Resource Allocation Committee
7	To increase the annual HICP allocation from $4,500 to $6,500.	To reflect more accurate data about appropriate financial allocations and ensure coverage for insurance premiums.	

6. NEW BUSINESS

7. MARCH COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

March 3, 2015 *Chair: A. Lint*

A. Work Plan Item Update / Status Summary:
Review & Approve Revised Event Survey (W.P. Item 1.4) – The committee reviewed the revised Event Survey which included items suggested in the previous meeting. Staff informed the Committee that they had worked with those members who volunteered to provide feedback to produce the final version of the survey. One member suggested adding a question regarding participants' preferred meeting topics for upcoming events. The committee approved the event survey with the final addition of the question regarding future meeting topics. Hot Topic Community Meeting (W.P. Item 1.3) – Staff presented a list of locations for future community meetings to the committee. The committee chose the top 3 locations to be further researched to determine availability, accommodations, etc. Members of the committee also expressed their recommendation to host meetings in both the northern (i.e. Pompano) and southern (i.e. Hollywood/Miramar) areas of the county to reach clients who may not be knowledgeable of the HIV Planning Council, the Community Empowerment Committee (CEC), or other Ryan White services. Staff will contact the following locations: Broward House, Shadowood, Memorial, E. Pat Larkins, and possibly Care Resource to schedule future CEC meetings for events and Hot Topic Presentations. Welcome Brunch– The committee discussed the upcoming Membership Council/Development Committee's (MCDC) Welcome Brunch. Staff informed the committee that it would be Cinco de Mayo themed, and that the anticipated location is Hispanic Unity. Three members of the CEC volunteered to give testimonies at this event in May. CEC Educational Series: "Got Data, Now What?" ***On File*** (W.P. Item 2.2) – Members of the committee were provided a presentation on how to look at data from the Consumer perspective. This presentation included the process for data interpretation, importance of data collection, data utilization, tips for reviewing data, types of data charts, how data is best used, and data follow-up with consumers. Barriers to HIVPC & Committees Participation Survey – CEC members were given the Barriers to HIVPC & Committee Participation Survey. This survey will be used to help gather information for the MCDC committee on the barriers to being active on committees and the HIVPC. Five CEC members took the survey via iPads.
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Agenda Items for Next Meeting: Hot Topic Community Meeting *Next Meeting Date*: April 7, 2015, Broward House ALF.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

March 5, 2015 *Chair: H.B. Katz, Vice Chair: T. Wilson*

A. Work Plan Item Update / Status Summary:
WP Item 1.1 – MCDC reviewed the demographics of the HIV Planning Council. Unaffiliated consumer membership continues to exceed the mandated 33%, and the Council is slightly over represented by females and black and Hispanic membership. The Council also has nine empty seats. MCDC also reviewed the demographics of each committee and the Chair asked that this be reviewed at the next Executive Committee meeting, so the leadership of each committee understands what their committee looks like and the types of members that they need. WP Item 1.4 - MCDC reviewed interested parties for several of the vacant seats, including the Federally Recognized Indian Tribe seat. The committee requested a column be added to the handout showing how long the seat has been vacant, and also requested that this list be brought to the Executive Committee. MCDC also reviewed the certified letters that are to be sent out to the interested parties for vacant mandated seats. The committee agreed by unanimous consent to send certified letters to the parties. WP Item 1.2 – The committee reviewed the current applicants. There are no current applicants who are ready to be approved to the Council. A current Council member submitted an updated application due to an employment change.

WP Item 3.1 – Attendance was reviewed and HIVPC staff noted that letters had been sent to parties who needed to receive warning or removal letters.

HIVPC Applications –MCDC reviewed the changes that were made, including to gender, and asking about identifying a risk factor instead of sexual orientation. The committee also discussed the question about the age of diagnosis, and what the information would be used for. Staff noted that it would help with demographic information and also to make sure that the perspectives of all persons are accounted for on the Council.

WP Item 5.3 – MCDC had previously made changes to the policies and procedures, but had requested that staff clarify the language for some of the changes. The committee reviewed and approved the changes to the MCDC policies and procedures, including the removal for cause and reinstatement policies. The committee also reviewed their 18 month work plan and the progress that has been made for each work plan item.

WP Item 1.5 – MCDC reviewed the Welcome Brunch materials for the upcoming Cinco de Mayo themed Welcome Brunch in May. The committee agreed to hold the next Welcome Brunch at Hispanic Unity on May 8, 2015. The committee also agreed that the remaining two Welcome Brunches will target men who have sex with men (MSM) and blacks. The Welcome Brunch targeting MSM will take place in October 2015, which can coincide with Fort Lauderdale's Pride Festival. The Welcome Brunch targeting the black population will take place in February 2016, which coincides with Black History Month and Black HIV/AIDS Awareness.

WP Item 1.8 – The committee reviewed the HIVPC training. Grantee staff suggested adding language from the Health Resources and Services Administration (HRSA) noting that the responsibility of MCDC is to educate the Council.

WP Item 4.2 – The committee requested that Staff add the HIVPC Reflectiveness training to the list of trainings to be presented to the Executive Committee for approval.

WP Item 2.1 – The committee reviewed the Buddy Program, to be implemented between interested parties and committee members. The buddy program will help keep interested parties who may have come to Welcome Brunches or events involved and in the process of joining a committee. The committee requested that Staff make changes to the Buddy Program to make it less formal than the Mentor and Coaching programs

B. Rationale for Recommendations:

The policies and procedures were updated to better reflect the work of the committee.

C. Data Reports / Data Review Updates:

None.

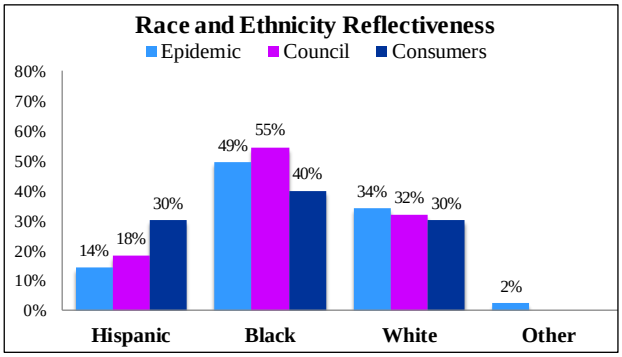
D. Data Requests:

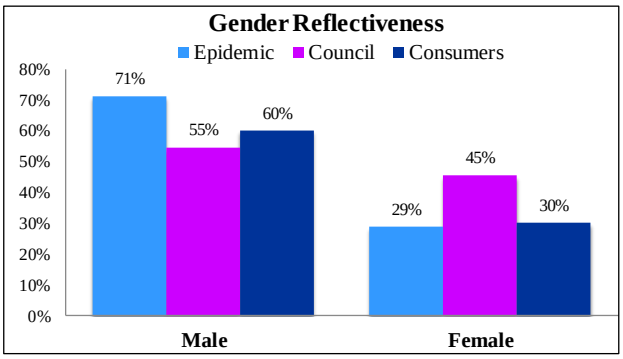
None.

E. Other Business Items:

Agenda Items for Next Meeting: Plan Welcome Brunch, Review HIVPC survey results, and Update Recruitment and Retention Plan *Next Meeting Date*: April 2, 2015, 9:30 a.m. *Venue*: A-335

HIV Planning Council Membership Report
As of 3/24/2015





Gender	Epidemic		Council		Consumers		% Difference
Male	12,275	71%	12	55%	6	60%	-17%
Female	4,973	29%	10	45%	3	30%	17%
Transgender	-	-	1	5%	1	10%	-
Race	**Epidemic**		**Council**		**Consumers**		**% Difference**
Hispanic	2,476	14%	4	18%	3	30%	4%
Black	8,521	49%	12	55%	4	40%	5%
White	5,856	34%	7	32%	3	30%	-2%
Other	395	2%	0	0%	0	0%	-2%
Total	**17,248**		**22**		**10**		

No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time.

Current Members	22
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35
% of Members That Are Unaffiliated Consumers	45%

Vacant Seats
1. Grantees of Other Federal HIV programs - Prevention
2. Grantees of Other Federal HIV programs - VA
3. Part B State agency
4. State Medicaid agency
5. Hospital/Health Care Planning Agencies
6. Local Public Health Agencies
7. PLWHA recently released from jail or their representative
8. Federally recognized Indian Tribe members
9. Individuals co-infected with Hepatitis B or C

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

No March Meeting *Chair: K. Tomlinson, Vice Chair: W. Spencer*

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

March 18, 2015 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

A. Work Plan Item Update / Status Summary:

Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1) – The Committee received an overview of the monthly utilization report for the end of the fiscal year. Grantee staff explained the contacted, expended, and unexpended amounts, average monthly expenditures, and FY 2014-2015 projected expenditure amounts for each funded service category. He noted that final invoices have not been received by the Grantee. He explained the average HICP premium cost which is $352.47; average annual premium cost, $4,229.67; the premium monthly range $140-$771; average FPL 290%; average age of clients, 48; average age range, 25-64; and the recommended annual HICP allowable amount which is $6,500. The Committee approved the recommendation from the Grantee to increase the annual HICP allocation from $4,500 to $6,500.

Work Plan and Policies & Procedures (WP Item 5.3) – The committee reviewed PSRA Policies and Procedures. No changes were made.

Develop PSRA Timeline (WP Item 1.1) - The committee reviewed the PSRA timeline. They changed the PSRA Data Review presentation date to May 2015 to coincide with the rankings process.

Review PSRA Data & Scorecards (WP Item 1.2) – HIVPC Staff gave an overview of the PSRA data review of epidemiology which summarizes the importance of epidemiology, how it is utilized in the PSRA process, how it is used in the grant, and the difference between incidence and prevalence. HIVPC staff also reviewed Broward County HIV/AIDS incidence and prevalence data report from the Florida Department of Health (***on file***).

The committee reviewed the legal services, CIED, and pharmacy service category scorecards. This FY 2014-2015 scorecards now contain information on clients that are not virally suppressed and not retained in care. The LPAC scorecard listed the top 10 prescriptions utilized which includes various medications for chronic diseases such as diabetes and high blood pressure,
Subcommittee Report: ad-Hoc Local Pharmacy Advisory Committee (LPAC) - The ad-Hoc LPAC Chair informed the committee that the Medical QI Network recommended four medications to be added to the formulary. Two antiretroviral medications (ARV) were reviewed but not recommended for approval as they are not yet on the FL ADAP formulary. Keppra,

an anti-seizure medication that is currently on Tier 3 of the formulary, was also reviewed but committee decided to postpone this recommendation until further review was completed in regards to moving it to tier 1. The committee also reviewed and approved the recommendation for Januvia, a diabetes medication to be added to the formulary.

Subcommittee Report: ad-Hoc Food Services Eligibility- the ad-Hoc Food Services Eligibility Chair will postpone the presentation for the March HIVPC meeting. The PRSA Chair informed the committee of the initial goals of the ad-Hoc Food Service Eligibility which were to develop a sustainable model for Food service and to ensure that the expenditure is tied to a measureable health outcome.

Subcommittee Report: ad-Hoc Local Pharmacy Advisory Committee (LPAC) - The ad-Hoc LPAC Chair informed the committee that the Medical QI Network recommended four medications to be added to the formulary. Two antiretroviral medications (ARV) were reviewed but not recommended for approval as they are not yet on the FL ADAP formulary. Keppra, an anti-seizure medication that is currently on Tier 3 of the formulary, was also reviewed but committee decided to postpone this recommendation until further review was completed in regards to moving it to tier 1. The committee also reviewed and approved the recommendation for Januvia, a diabetes medication to be added to the formulary.

B. Rationale for Recommendations:

The committee decided to add the Januvia to Tier 3 of the formulary as is offers a patient-assistance program (PAP) and there is no other diabetes medication on Tier 3.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Review PSRA Data & Scorecards *Next Meeting Date*: April 15, 2015, Governmental Center Annex Room A-337

E. AD-HOC FOOD SERVICE ELIGIBILITY COMMITTEE

March 10, 2015 *Chair: M. DeSantis*

A. Work plan item update / Status Summary:

Overview Presentation: The committee reviewed a presentation provided by the Chair and Grantee staff. The presentation included total clients served and food services utilization. The presentation included the present state of the food bank service category, the goal of the committee, and next steps were identified. There was robust discussion regarding the current eligibility model and funding.

Eligibility Model of other EMAs: The committee reviewed the eligibility model of other EMAs, including percentage of clients served and percentage of total grant award allocated towards food services. The committee would like to see exact figures related to total clients served and total allocations for food services among the Miami, New York City, and Hartford EMAs, as well as projections for Broward using the eligibility from those EMAs.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Items for Next Meeting: Review Other EMAs and Projections for Broward *Next Meeting Date*: April 14, 2015, Governmental Center Annex Room A-335

F. AD-HOC LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

March 12, 2015 *Chair: D. Proulx*

A. Work Plan Item Update / Status Summary:

Pharmacy Scorecard - The committee reviewed the FY 2014-15 Pharmacy scorecard, which showed utilization and expenditures, in addition to the top ten medication expenditures and dispenses. The top ten medications were mostly for long term, chronic conditions, which may indicate an increase in expenses, since clients will have monthly medications over long periods of time. Conversely, the transition of clients onto insurance plans may decrease pharmacy expenditures, as clients will now have their medications covered by insurance.

Current Pharmacy Formulary & Utilization - The committee reviewed the current formulary and utilization. All of the available medications on the formulary were used over the past FY, although some had very small utilization. The committee reviewed utilization by cost, number of clients, and number of dispenses.

Formulary Additions & Deletions - Recommendations for additions to the formulary from the Medical QI Network were reviewed. Of the four recommendations, two were antiretrovirals that have not yet been approved by ADAP. Once they are added to the ADAP formulary, they will automatically be added to the Part A formulary, Tier 2. The committee discussed the recommendation for Keppra, which is under the formulary on Tier 3, but may need to be moved to Tier 1. The medication recently became generic and no longer has a PAP. The committee decided further clarification was needed on the generic price and the number of clients who would use the medication before making a final decision on changing the Tier. The committee reviewed Januvia, which is a diabetes medication. Januvia would be used in conjunction with other medications, and the doctor recommending the addition noted that it is unlikely that many clients will need Januvia, but another option is needed. Since there is not a diabetes medication on Tier 3 and there is a PAP available, the committee recommended Januvia be added to the formulary.

B. Rationale for Recommendations:

There is currently not a diabetes medication on Tier 3 and there is a PAP for the medication, meaning there will be a minimum cost.

C. Data Reports / Data Review Updates:

Recommendations for formulary additions.

D. Data Requests:

Pricing information for generic version of Keppra.

E. Other Business Items:

None.

F. Agenda Items for Next Meeting:

Agenda Items for Next Meeting: Review recommendations for formulary additions & deletions *Next Meeting Date*: April 9, 2015, Governmental Center Annex Room A-335

G. QUALITY MANAGEMENT COMMITTEE (QMC)

March 16, 2015 *Chair: C. Grant*

A. Work Plan Item Update / Status Summary:

QMC Recruitment Letter Updates – CQM Staff provided an update on the responses received from the QM Member Recruitment letter that the committee approved in the previous meeting. They informed the committee that two individuals; one from AIDS Healthcare Foundation (AHF) and Memorial Healthcare System, responded to the letter expressing their interest in QMC membership. Additional guests from Broward House also attended, stating that they had been encouraged to attend the meeting by someone from their agency who had also received the letter. CQM Staff explained the purpose for the QM Committee, the requirements for committee membership, and the importance of overall participation.

Quarterly Data Review (W.P. 1.1) – Members of the committee reviewed and discussed data reflecting the In+Care retention rates report identifying clients who were not in care. CQM Staff stratified these populations by zip code and compared it to the surveillance data collected by Prevention (FLDOH). The zip codes with the highest prevalence of PLWHA in Broward County identified by the FLDOH are similar to the zip codes of Part A clients. The data also indicated that the zip codes of Part A clients not in care are not significantly different from clients in care. The QM Committee discussed the findings and determined that the largest population found to be out of care are black females. After much discussion, they explored the possibility of initiating a QIP targeting black females, but decided to further analyze data for patients who have been out of care for over a year stratified by ethnicity and country of origin.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

In+Care Gap Measure report by zip codes

D. Data Requests:

Retention data for clients who have been out of care for over a year stratified by race/ethnicity/country of origin

E. Other Business Items:

None.

F. Agenda Items for Next Meeting:

Update on Data Review; Review Service Delivery Models; Review Needs Assessment findings; QM training. *Next Meeting Date*: April 20, 2015 from 12:30pm-2:30pm.

H. SYSTEM OF CARE COMMITTEE (SOC)

March 27, 2015 *Chair: M. Schweizer. Vice Chair: D. Sabatino*

I. EXECUTIVE COMMITTEE

March 17, 2015 *Chair: B. Gammell. Vice Chair: Y. Reed*

A. Work plan item update / Status Summary:

Collective Impact Training – The committee received a training regarding Collective Impact (CI) from the Ronik-Radluaer Group. CI increases health outcomes while incorporating results based accountability, mutually reinforcing activities, and continuous communication which produces extraordinary results.

Standard Committee Items – Committee reports were heard from the committees that held meetings so far in March. There was intense discussion regarding the three HIVPC applications. The committee agreed to ascertain data utilizing best practices. The committee will review the applications at the next meeting. There was also significant discussion regarding public commentary. The HIVPC Chair stated that it is up to his discretion and can be stopped at any time. The Executive Committee reviewed the HIVPC agenda and agreed to remove consent items # 1 and 3.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Committee Reflectiveness, Update Planning Documents, PCS Quarterly Report, Evaluation Report, Meeting Evaluations, Training Schedule, Service Quality Outcomes. *Next Meeting Date*: April 21, 2015, A-337

J. AD-HOC BY-LAWS COMMITTEE

No March Meeting *Chair: M. Schweizer*

K. EXPLORATORY SUBCOMMITTEE

March 18, 2015 *Chair: C. Taylor-Bennett*

A. Work plan item update / Status Summary:

Review Integrated Group Components – The committee reviewed the components of the new Integrated Group between Prevention and Part A. HIVPC staff gave a presentation of all the components that need to be addressed by the committee. The committee decided to recommend the integrated group a work group, have the work of the Integrated Work Group sent to the Executive Committee of each body for approval, membership can be a mix of HIVPC, committee, or community members. The committee also recommended that the total group be composed of 16 members to have 8 members from both Planning Councils to make up the members of the work group. The committee requested staff identify membership categories/criteria to fill the Integrated Work Group.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

Identify membership categories to the fill the Integrated Group

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Next Meeting Date: April 15, 2015, Governmental Center Annex Room A-335

8. GRANTEE REPORTS

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

9. UNFINISHED BUSINESS

10. ANNOUNCEMENTS

a. Reminder: HIVPC Mentorship Program

11. PUBLIC COMMENT (Up to 10 minutes)

12. REQUEST FOR DATA

13. AGENDA ITEMS FOR NEXT MEETING: April 23, 2015, 9:30 a.m. **LOCATION:** GC-430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
Recruitment Events (WP Item 1.6)	*MCDC, HIVPC*	ACTION ITEM: Review and plan to recruit new HIVPC and committee members at events identified by MCDC.
Service Delivery Models (WP Item 6.2)	*QMC, HIVPC*	ACTION ITEM: Review and approve updated service delivery models.
Assessment of the Administrative Mechanism (WP Item 7.3)	*PSRA, HIVPC*	ACTION ITEM: Review Administrative Mechanism report. Make recommendations for change or improvements.

14. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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

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

February 26, 2015 Meeting Minutes

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

1. CALL TO ORDER

The Chair called the meeting to order at 9:31 a.m.

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

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

Motion #1: To approve today's meeting agenda.
Proposed by: Hayes, M.
Seconded by: Moragne, T.
Action: Passed Unanimously

Motion #2: To approve the 1/22/15 meeting minutes.
Proposed by: Hayes, M.
Seconded by: Creary, K.
Action: Passed Unanimously

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

The meeting packet contained the federal legislative report prepared by Kareem Murphy. The report presented an update on the federal funding discussions and the likelihood of reauthorization for the Ryan White program. Mr. Murphy was not available to present his report, but the HIVPC Chair invited HIVPC members with questions to provide the questions to Staff to forward to Mr. Murphy.

4. PUBLIC COMMENT

None.

5. CONSENT ITEMS

The Membership/Council Development Committee (MCDC) Chair agreed to pull Consent Item #2, which was to approve the HIVPC and Committee Applications and update forms. The Executive Committee did not have the opportunity to complete a review of the applications in February due to a very full agenda. The following motion was made:

Motion #3: To accept consent items 1-5, but to pull consent item #2.
Proposed by: Creary, K.
Seconded by: Runkle, D.
Action: Passed Unanimously

The MCDC Chair asked for some discussion about the applications so the MCDC committee can make the appropriate changes at its next meeting. The HIVPC Chair began the discussion by asking if the question about gender needs to be updated to include transgender male to female and transgender female to male. HIVPC Staff informed the Council that anything in red was a change or an update. The reason behind the application is to find out information from the Broward population. A member asked a question about what a person identifies with. The member felt that risk factors should be asked in the question, instead of personal identification. Another member made it clear that sexual identification is very different from sexual orientation.

A member of the grantee staff mentioned that this document may need to be looked at further in the committee and reiterated how important it is to have a purpose for the data after it is collected. The MCDC Chair agreed that this information needed to go back to the committee for further review. A member suggested the membership committee remove the question entirely and only include risk factor information. Another suggestion was made was to look at the race/ethnicity further. A member of the HIVPC suggested using populations as a factor. For example, asking if the individual identifies with a few specific populations. The Vice Chair suggested that the Part A services question be reworded. The Vice Chair asked for clarification about the question asking which committees the applicant would like to serve on. HIVPC staff answered her to explain that for new applicants the question is meant to see what committees interest the new applicant, so that HIVPC staff know which committees to bring to their attention. The Chair mentioned that there needs to be information discussing the confidentiality of the application.

6. DISCUSSION ITEMS

None.

7. NEW BUSINESS

a. <u>Assessment of the Administrative Mechanism (WP Item 7.2)</u>
Staff reminded the HIVPC that the Assessment of the Administrative Mechanism is a required activity under the Ryan White Part A mandate. The Assessment of the Administrative Mechanism looks at how quickly contracts are signed and how quickly payments are made to providers. The HIVPC survey is short, and contains questions about how well Council members understand allocation and utilization of funds. Council members took five to ten minutes to complete the survey.

b. <u>Barriers to HIVPC and Committee Participation Survey</u>
The Barriers to HIVPC and Committee Participation survey was developed by MCDC, in order to gather information about the things that make it hard to participate on the Council and its committees, and recommendations to address the identified barriers. The survey will be taken by committee members and HIVPC members over the next month in order to gain robust feedback from as many members as possible.

c. <u>Training: How Best to Meet the Need – what it is and how it is used in the PSRA process</u>

Staff presented a brief about "How Best to Meet the Need". How Best to Meet the Need (HBTMTN) is one of the data sources used during the priority setting and resource allocation process. HBTMTN are a set of directives to the Grantee from the HIVPC that are used to give direction to providers about where services should be located, who the services should be targeted to, and how services are to be delivered. HBTMTN is developed using data sources such as epidemiology, U.S. Census Data, and the needs assessment. These data sources provide information about the hardest hit populations (who services should be targeted to), where populations live (where to target services), and the barriers they face (how to deliver services). Although the HIVPC is ultimately responsible for developing priorities and allocations, which includes HBTMTN, the System of Care Committee (SOC) has been assigned the task of developing HBTMTN. A member asked a question how people can influence or become involved in the process to develop HBTMTN. HIVPC Staff responded that new committee members are always needed and all committees play a role in the process. The HIVPC Vice Chair noted that the SOC Committee has had quorum issues and asked how the committee will be able to get the work done. The Chair of SOC encouraged the new people to attend SOC meetings and consider joining the committee.

8. FEBRUARY COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

February 3, 2015 *Chair: A. Lint*

The CEC chair announced the next meeting is happening on Tuesday. She explained that the report stands.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

February 5, 2015 *Chair: H.B. Katz, Vice Chair: T. Wilson*

The MCDC Chair stated the report stands and discussed the buddy system that is being developed. The buddy system will be designed to bring interested parties who attend Welcome Brunches onto committees by assigning them a committee member "buddy" for the committee they are interested in.

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

February 9, 2015 *Chair: K. Tomlinson, Vice Chair: W. Spencer*

The NAE Chair stated that there was no meeting this month.

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

February 18, 2015 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

PSRA Committee Chair says the report stands as written. The Chair invited the HIVPC to attend PSRA meetings over the next several months in order to understand the PSRA process better. This year, the committee is reviewing data over a period of time, instead of in a single large data presentation. The service category scorecards are also being revamped for this year to look at the clients that are not achieving health outcomes.

E. AD-HOC FOOD SERVICE ELIGIBILITY COMMITTEE

February 10, 2015 *Chair: M. DeSantis*

The ad-Hoc Food Service Eligibility Chair stated that the committee will need some time at the next HIVPC meeting to discuss what the committee has been working on.

F. AD-HOC MAI MEDICAL CASE MANAGEMENT COMMITTEE

No February Meeting *Chair: M. Hayes*

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

No February Meeting *Chair: D. Proulx*

The Chair announced this committee will reconvene in March.

H. QUALITY MANAGEMENT COMMITTEE (QMC)

February 23, 2015 *Chair: C. Grant*

The QMC Chair announced that the report stands. The Chair announced that two new members were approved by the HIVPC. She recommended additional HIVPC members consider joining QMC if they are interested, as they are in need of new membership.

I. SYSTEM OF CARE COMMITTEE (SOC)

February 27, 2015 *Chair: M. Schweizer. Vice Chair: D. Sabatino*

The SOC Chair announced the January meeting was cancelled due to lack of quorum. He called for new members to join the committee, especially those that are data driven.

J. EXECUTIVE COMMITTEE

February 17, 2015 *Chair: B. Gammell, Vice Chair: Yolonda Reed*

The Chair announced the reports stands.

K. AD-HOC NOMINATING COMMITTEE

No February Meeting *Chair: T. Wilson*

This committee will reconvene in the fall.

L. AD-HOC BY-LAWS COMMITTEE

February 11, 2015 *Chair: M. Schweizer*

The ad-hoc By-Laws Chair announced that Handouts C-1 through C-3 were included in the HIVPC packet for informational purposes; these are the proposed first changes to the By-Laws that will be voted on at the HIVPC meeting on March 26th meeting.

9. GRANTEE REPORTS

a. Part A: The Part A Grantee discussed two new documents that were recently released: the CDC surveillance report and a letter from HRSA about integrated planning efforts. According to the CDC report, Florida and Fort Lauderdale hold several of the top spots for new HIV and AIDS infections and case rates. This data emphasizes how essential the work of the HIVPC is. The Grantee noted that the EMA had received an 80% partial award from HRSA, which is a larger partial award than previous years. The program should be able to function normally through December with the award that was received. The Grantee also noted the ongoing media campaign with CBS4. The logo was previously shown to the HIVPC, and the Grantee shared two public service announcement (PSA) videos which aired as part of the campaign targeting Black HIV Awareness day. There will be four additional PSAs, all with a specific target group.

   Regarding the Part A Health Insurance Continuation Program (HICP) program, 175 individuals have enrolled as of February 26th. The initial target was 212 individuals, so they are very close to hitting the target. The Grantee also provided the HIVPC with data about premiums, including the lowest monthly premium payment, the highest monthly premium payment, and the average monthly premium payment. The Grantee noted that a conversation about changing HICP eligibility may be necessary at the next PSRA meeting, as premium costs were higher for 2015 open enrollment than 2014 open enrollment. A member of the grantee staff noted that although the Part A program may not see a direct cost savings, the cost savings is quite large between the Part A and Part B programs since insurance covers the cost of the antiretroviral therapy that ADAP pays for directly. A member had a question about the highest paid premiums, and she stated how expensive it is and mentioned that it will require additional funding. The Chair mentioned that people still access other services paid for by Part A, and this needs to be kept in mind during the priority setting and resource allocation process. A member of the Grantee staff charged the Council to start thinking about several larger discussions to be had, for example, potentially asking clients who have the means to pay for some services on a sliding fee scale. A member of the Council mentioned that Medicaid expansion would help exponentially.

b. Part B: The Part B representative was not available to give the report, but a written report about the program and the AIDS Drug Assistance Program (ADAP) was provided. The HIVPC Chair asked that any questions for the Part B representative be given to Staff to forward.\

c. Part C: The Grantee announced that the Part C program is still awaiting their Notice of Award (NOA) for their fiscal year which begins in May. They have a liaison that tests clients in the hospitals that participate in the Part C program. During the 2014-2015 calendar year, the liaison tested over 400 patients, of these patients, ten new positives were found. 153 clients have been linked to care this year and all of the ten new positives were linked to care. Centralized Intake/Eligibility Determination (CIED) staff has been working with the liaison personally, and many times the staff members go to the hospital directly in order to certify clients. The Part C representative expressed thanks to CIED for all their help, as well as their flexibility.

d. Part D: The Grantee discussed the potential merging of Part C and Part D as well as the large jump in pregnancies in 2014 for CDTC clients. There were 82 deliveries made last year, all of which were HIV

negative infants. The Grantee also noted that the Part D grant application was recently submitted, and thanked everyone in the room for their help and support.

e. Part F: The Grantee announced that there is a webinar on Oral Health lesions coming up. The Grantee also asked that if anyone has questions about oral health services, to contact him, as there are currently several programs available to provide oral health care for clients.

f. HOPWA: The HOPWA representative announced that hopefully the HOPWA Request for Proposals will be released within next few weeks. There has been some discussion about HOPWA dollars and a new formula for distributing funds, but no changes have been announced at this time.

g. Prevention: The Prevention representative announced that he will be reporting on three major events. The first event he spoke about was the Beach Blitz, which will be taking place during a popular spring break week, to promote healthy sexual practices. People are encouraged to contact Janelle Taveras from the Florida Department of Health in Broward County (FLDOH-BC) if they are interested in volunteering for the Beach Blitz. FLDOH-BC will also be hosting its 5th annual Transgender Symposium on May 14th and 15th. Details about the symposium will be released in the upcoming weeks. Planning is also underway for a South Florida Men's Health and Wellness Conference to be held on July 18th and 19th. The goal of the conference is to have participants from all across South Florida, especially consumer participants.

A member asked about the inclusivity of transgender individuals as staff members at HIV counseling and testing sites. The FLDOH representative noted he was in favor of more visible transgender staffing, and had expressed this to FLDOH leadership. Another member stated that inclusivity for transgender individuals is essential for the community at large, not just the HIV/AIDS community.

10. UNFINISHED BUSINESS

None.

11. ANNOUNCEMENTS

The HIVPC Chair reminded the HIVPC that there is a Mentorship program available for new members, or members who want additional guidance. Please see support staff for information. The Chair also noted that a calendar for all of the 2015 meetings is included in the meeting packet.

A member requested that anyone that has communication with nurses, to please remind them that the Association of Nurses in AIDS Care (ANAC) is having their annual Greater Fort Lauderdale Symposium on February 28th. This event will be providing Continuing Education Credits for nurses that need to renew their licenses by April. The cost of the conference is $75, but there is a discount price for students.

Another member noted that on Saturday, March 7th Children's Diagnostic and Treatment Centers (CDTC), is collaborating for an event in observance of Women and Girls Awareness Day from 10 a.m. until 2 p.m. at Oswald Park. Please inform all women and girls that they are encouraged to attend. There is also an event at the Covenant House in observance of Women and Girls Awareness Day on Tuesday, March 10th.

The Part F Grantee stated that if anyone has clients that have concerns regarding oral health care, for example, if their insurance provider will not cover a procedure that is needed, please urge them to contact the Part F program. Furthermore, on March 20th, there will be a combined mental health and oral health meeting. All attendees that are in mental or oral health fields are encouraged to attend to discuss the barriers associated with mental health in retention to care.

The Broward Sheriff's Office is hosting a "Uniting Broward" event on Saturday, March 7th from 10 a.m. until 4 p.m. at Markham Park. There will be service providers from all over the county, including HIV testing, cooking demonstrations, etc.

12. PUBLIC COMMENT

The HIVPC Chair introduced Lamont Lewis for public comment. Mr. Lewis is recently returning to Broward County after completing a doctorate program in Chicago. Mr. Lewis noted that he is a product of the HIV Planning Council, and would not be where is today without his experience with the HIVPC. However, he reminded members that there is still a grave epidemic in Broward, and the Council must stay true to its roots and its mission to provide quality, effective services to the community in a compassionate way.

13. REQUEST FOR DATA

None.

14. AGENDA ITEMS FOR NEXT MEETING: March 26, 2015, 9:30 a.m. **LOCATION:**GC- 430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
Approve PSRA Timeline (WP Item 6.3)	*HIVPC*	ACTION ITEM: Approve PSRA timeline including all relevant activities for FY 2015-2016.
By-Laws Changes	*Ad-Hoc By-Laws, HIVPC*	ACTION ITEM: Review and approve changes to the HIVPC By-Laws.

15. ADJOURNMENT

The meeting was adjourned at 11:45 a.m.

HIVPC Attendance CY 2015

Count	Meeting Month:	Jan	Feb
	Meeting Date:	22	26
1	Bhrangger, R.	X	A
2	Burgess, D.	X	X
A	Coscarelli, M, (Alt 1)	A	A
3	Creary, K.	X	X
4	DeSantis, M.	X	X
5	Gammell, B., *Chair*	X	X
6	Grant C.	X	X
7	Hayes, M.	X	X
A	Holness, D. V.C. (Comm)	X	X
8	Katz, H.B.	X	X
9	Lint, A.	X	X
10	Marcoviche, W.	X	A
11	Moragne, T.	A	X
12	Parker, P.	X	X
13	Proulx, D.	A	X
14	Reed, Y.	X	X
A	Robertson, P. (Alt 2)	A	A
15	Runkle, D.	X	X
16	Schwiezer, M.	X	X
17	Siclari, R.	X	X
18	Spencer, W.	X	X
19	Taylor-Bennett, C.	X	X
20	Tomlinson, K.	X	X
21	Wilkins, D.	A	X
22	Wilson, T.	X	X
	Quorum = 12	19	22

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: March 24, 2015

Federal Funding Update

The President's cabinet has briefed the Congress on his Fiscal Year 2016 budget and there was surprisingly little discussion of the requests for HIV and AIDS funding. The House and Senate are currently drafting their own budget resolutions. Stakeholders remain concerned that based on the basic budget outline, we should expect steep cuts in the Department of Health and Human Services and the Department of Housing and Urban Development. The House and Senate budgets are expected to be approved by mid-April with the possibility of a joint congressional budget resolution in late April. From that work, they would begin the actual appropriations process and decide the final fate of the President's budget request.

Several stakeholder groups have signed coalition letters calling for more funding and opposing cuts. Members of Congress have also submitted letters to the same effect, and most of the County's delegation have been signatories to them.

Reauthorization Prospects

There is little prospect of a reauthorization of the Ryan White program this year. Chairs of the House and Senate health subcommittees have not shown any interest in informational hearings on this either.

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Policies and Procedure

Approved 10/2/14

Policies

The Membership/Council Development Committee (MCDC) shall solicit and screen applications for appointment of all members and alternates of the Broward County HIV Health Services Planning Council (Council) by the Broward County Board of County Commissioners. The term of office for members and alternates shall be at the pleasure of the Board of County Commissioners. The Committee shall ensure that Council and committee members are knowledgeable about their duties, the functions of the Council, and the Council's role in the organization and delivery of HIV/AIDS health and support services. The Committee shall institute orientation and training programs for new and incumbent members. Orientations will be scheduled as needed by the Committee and support staff (Approved 2/20/14).

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 CARE Act (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 purpose.

The membership categories for the Council ~~and Consortia~~ shall be consistent with those defined in the Act. No~~t~~ less than 33 percent of the Council shall be individuals who are receiving HIV-related services from Part A funded providers, are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV as determined annually. For purposes of the preceding sentence, an individual shall be considered to be receiving such services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services. This may not be construed as having any effect on entities that receive funds from grants under any other Act or program but do not receive funds from grants under Part A, on officers or employees of such entities, or on individuals who represent such entities.

The Committee will recommend for appointment no more than 40% of the Council Members who are providers of HIV-related services who receive funds under Part A of the CARE Act (Approved 11/19/2009). No more than 3 members employed by one governmental agency or provider shall serve on the Planning Council at one time (Approved 1/28/2010).

Affirmative outreach shall be made to attract qualified candidates for membership on the Council with particular attention to gender balance and adequate representation from racial and ethnic minorities. As part of the Council's efforts to increase the percentage of individuals with HIV on the Council, the Broward County Commission should strive, whenever possible, to appoint individuals with HIV to vacancies not only in that category but to other categories as appropriate.

There shall be a minimum of three individuals with HIV who shall serve as alternates appointed and approved by the Broward County Commission (Approved 2/20/14). The latter may only serve as voting members in Council meetings for any period of time that 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 members unable to serve due to HIV-related illness. Alternates shall comply with attendance requirements at Council meetings.

Council members and alternates as well as committee members must meet attendance requirements in accordance with the Code of the County, except that absences from meetings by individuals because of illness related to their HIV shall not be counted as an absence. Council members and/or alternates (appointed by the County Commission) and committee members will automatically be removed from the Planning Council or committee that meets more frequently that quarterly if he/she: 1) has three (3) consecutive unexcused absences regardless of year, or 2) misses four (4) meetings in one (1) calendar year (January-December) because of unexcused absences. A committee member will automatically be removed from a committee that meets on a quarterly or less frequent basis if he/she: 1) has two (2) consecutive unexcused absences regardless of year, or 2) misses two (2) meetings in one (1) calendar year (January-December) because of unexcused absences. (Approved 9/2008 for Council, 9/2009 for Committees). A letter signed by the Planning Council Chair or Vice Chair will be sent to Council members and/or alternates and committee members at risk of exceeding allowed number of absences, informing them of their attendance record and stating that one more additional absence will result in their removal from the Council.

Council members and alternates are required to serve on at least one standing committee. If a Council member/alternate should resign or be removed from a committee, s/he will have 30 days to select a new committee in which to become a member. If a committee is not selected within the 30 day timeframe, the member/alternate will be removed from the Council (Approved 2/20/14).

The Committee shall be responsible for recommending removal of Council members and Alternates in accordance with the Council By-Laws. Council members and Alternates may be removed for cause by a full Planning Council vote. Cause for removal may include failure to fully participate on the Planning Council, including not participating on a standing committee. Other causes for removal may include misrepresentation of the Council and/or failure to abide by the Council By-Laws.

If a Council member is removed from the Council, to be recommended for reappointment, s/he must go through the original membership process as stated in the ~~Membership~~ MCDC Policies and Procedure. The Council may recommend the reappointment of members whose absences were caused by extenuating circumstances.
~~The term of office for members and alternates shall be at the pleasure of the appointing Commissioner.~~

REMOVAL PROCESS

A. Removal for Attendance

Members or alternates who fail to comply with the Planning Council Attendance Policy will be automatically removed from the Planning Council. The Membership/Council Development Committee will report removals to the Executive Committee. Removals due to Attendance Policy violations will be reported to the Planning Council in the Executive Committee Report.

B. Removal for Cause

1. All recommendations for removal of a Member for cause must be documented as follows and submitted to the Membership/Council Development Committee:
    a. Name(s) of Council or Committee Member(s) recommending the removal (required).
    b. Name of Council Member or alternate recommended for removal.
    c. Written description of the action(s) prompting the request.
    d. Date(s) and location(s) where the action(s) took place.
    ~~a.~~e. Signature(s) and date of submission of Council or Committee Member(s) recommending the removal.
    f. Written notice of recommendation for removal must be given to a member or alternate.
2. The Membership/Council Development Committee will review the status of current members and alternates and recommend removal from the Council by the Board of County Commissioners if the member or alternate:
    a. Refuses to cooperate in a conflict of interest review;

b. Has been found to have knowingly taken action(s) intended to influence the conduct of the Council in a manner as defined in the By-Laws as a conflict of interest; or
c. For violation of the Broward County HIV Health Services Meeting Ground Rules
d. Any violation of the By-Laws
e. Violation of Sunshine Law or Code of Ethics
f. Does not attend a post-appointment training within 3 months of appointment to the Planning Council by the Broward County Board of County Commissioners.

3. The Membership/Council Development Committee will:
   a. Review all such requests for removal from the Council at its regular Committee meeting, unless the Chair of the Council or the Chair of the Committee requests that a special meeting be convened.
   b. If Committee determines a complaint has merit, the Committee will proceed with the investigation to be completed within sixty (60) days from date of merit determination. The Member being recommended for removal will be notified by certified mail once the complaint is determined to have merit.
   c. The Membership/Council Development Committee will investigate and may call witnesses, which should include the Member being recommended for removal, to ensure that all pertinent information is considered. The Member being recommended for removal may also call witnesses or bring written documentation to address the allegations.
   d. Following consideration of all the information available to the Committee, a majority vote of the Committee will make recommendations to the Executive Committee for appropriate action.
   e. Final disposition must be reported to the Executive Committee, the Member filing the complaint and the Member being recommended for removal. In addition, the final disposition will be reported in the Executive Committee Report on the Planning Council Agenda.

C. Removal Recommendation

The final decision to remove a Member must be ratified by the Planning Council. Once ratified, the Planning Council will forward all recommendations for removal to the Board of County Commissioners.

REINSTATEMENT POLICY

A. Any member may elect to resign for personal reasons, and have the right to re-apply for reinstatement at any time. Any member seeking reinstatement after resignation shall:
   a. If seeking reinstatement less than 90 days after resignation or removal, submit a letter to the MCDC, which will be forwarded to the Executive Committee, which will be forwarded to the HIVPC for approval.
   b. If seeking reinstatement more than 90 days after resignation or removal, shall submit a new application and follow the same process as new members.
   c. The letter requesting reinstatement must be submitted to the Chair and/or Vice Chair of the MCDC.

B. A member may only be reinstated once within a 12-month period. A member who is reinstated and subsequently removed may not reapply for reinstatement for the 12-month period following a second removal.

Procedures

Membership:

~~An o~~Open, well publicized recruitment activit~~ies~~ will occur. Membership applications and "Interested Party" brochures are available at all meetings of the Council and at all outreach and business meetings in the community. The ~~Membership~~ MCDC ~~Committee~~ Chair is responsible for offering to visit, specifically, case management agencies in efforts to encourage the recruitment of consumers for potential Council membership. While conducting recruitment, members should encourage interested parties to join committees or the HIVPC, and may discuss the roles, purpose, and benefits of serving on the HIVPC or its committees. Members may not, however, offer an official opinion or statement of the HIVPC, or speak on behalf of the HIVPC.

Council staff will verify that all active/pending applications meet the non-conflict of interest requirements as applicable, note any changes in employment or affiliation status, and present the eligible applications to the Membership Committee for review. All prospective Planning Council members other than those in mandated seats by virtue of employment are required to participate in a single committee for at least three meetings and attend a membership orientation prior to being considered for appointment to the Planning Council (Approved 4/2008). ~~Applicants must will be invited to attend an orientation and encouraged to join a standing committee.~~ Applicants will receive a package of information that contains specific questions regarding the applicant's interest in becoming a Council and/or a Committee member. Committee information will be included in the package.

Applications will be screened and rated based on:

- Ability to fulfill membership representation deficiencies/vacancies;
- Experience and expertise to fulfill a particular category of membership;
- Participation on Committees;
- Attendance at information luncheon; and
- Other identified criteria.

As part of the MCDC's selection process for new applicants, the following will be used based on priority:

- Unaffiliated consumers;
- Federally mandated seats;
- Non-Elected Community Leaders;
- Vacant seats based on categories.

In its review and recommendation process, The Membership Committee is further guided by the Ryan White CARE Act Part A Manual (Section X *Planning Council Membership; Planning Council Nominations*) (Approved 2/20/14). These Sections give the legislative background of the CARE Act that requires the Planning Council to be both reflective and representative of the demographic composition of the population of individuals living with HIV in the geographical area served. The Committee will, to the best of its ability, strive to achieve an optimal balance of Council composition that is reflective, representative, and, statistically, most closely approximates the HIV/AIDS prevalence in the geographical area served.

Recommendations for appointment as members and/or alternates will be forwarded to the Council for recommendation to the Broward County Board of County Commissioners for consideration and appointment.

~~Semi-annually t~~The current membership will be evaluated annually for compliance with local, state and federal policies. Deficiencies through attrition, or change in qualifications of members will be documented. A member's qualification may change because of excess absences or by change of employment. Any changes to member's affiliation status will also be noted. Council support staff will report on absences. Current members will be surveyed each year ~~(~~using a form similar to the application~~)~~. Individuals with HIV who experience extended absence due to illness will be moved to alternate status until they are able to regularly participate again.

The Committee will create a roster of current members and identify membership deficiencies and vacancies. The Committee will review the status of current members and alternates who:

- Fail to maintain the status to represent the membership category set forth in the Act;
- Fail to maintain the qualifications set forth in Broward County Resolution #94-1286 (or its successors);

~~The Membership/Council Development Committee~~MCDC and ~~Broward County HIV Health Services Planning Council~~the Council shall be notified of changes to representation involving members who are on the Council by virtue of holding a mandated seat due to their employment (e.g. Medicaid). Such changes shall be informational in nature and immediately forwarded to the Broward County Board of County Commissioners for appointment. At such time as a member's professional responsibilities changes such

that he/she no longer represents the constituency for which he/she was originally appointed, that member shall immediately resign and his/her seat shall be filled in accordance with the provisions contained in the Membership policies and procedures. The member shall have the ability to reapply for membership to the Council (Approved 11/19/2009). If a member does not notify the Council within 10 business days, the member will automatically be removed by the will of the ~~Membership/Council Development Committee~~MCDC (Approved 2/20/14).

~~A semi-annual p~~Post-appointment training will occur for new members and other interested parties. New appointees will be offered the guidance of a mentor. The Membership Committee will conduct mentoring training ~~twice annually~~ for Council ~~volunteers~~members.

Alternates:

Interested parties will be made Alternate Planning Council members when the following occurs:

- Member does not meet any of the requirements for any vacant mandated seat.
- Planning Council demographics are overrepresented of PLWHAs

Alternates will be acknowledged for their commitment when attending Planning Council meetings.

Council Development:
The Committee will develop and implement an annual Council Development training plan which meets requirements in the Act.

HIV Planning Council Members – Job Descriptions

(Approved by HIV Planning Council 5/23/13)

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.*

~~MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE~~

MCDC Mentoring Program

(Approved ~~10.24.13~~7/24/14 by HIVPC)

In order to increase new members' knowledge of the HIV Planning Council and retain membership participation in Council meetings, the MCDC Committee will institute mandatory orientation, training and voluntary mentoring programs. An important segment of this training is the Mentoring Program, which will be offered to all new Council members and alternates. Mentoring helps new members feel welcome, learn individual member perspectives, and become comfortable with ~~planning council~~ Council processes and interaction. Mentoring also ensures that the new member understands the background and context of discussions and actions, and gets an explanation of the many acronyms used in meetings.

A letter introducing the Mentoring Program will be sent to new ~~Planning~~ Council members. Council members who have volunteered their time to be Mentors will be assigned by the MCDC Chair~~ of the Membership/Council Development Committee~~. Interested Parties who are interested in becoming involved in a particular committee will be assigned a mentor by the Chair of the Committee the party is interested in.

The new member and alternate should, when possible, sit near his/her Mentor during all meetings. (Non-voting alternates are reminded they may sit near their mentor, but not at the table.) This will allow the Mentor to easily answer any questions the new member might have.

Volunteer Mentors will receive training according to the schedule set forth in the Committee Work Plan. Mentors should strive to educate new members on the following points:

1. Review of Orientation Manual
2. Reminders of Meetings
3. Availability of Transportation
4. Day care reimbursement benefit
5. Reimbursement of lost wages
6. Explanation of complex language
7. Empowerment and respect for individual opinions and ideas.
8. A summary of Robert's Rules of Order

If needed and requested by the new member/alternate, the Mentor may also remind the new member of upcoming meetings which might be of interest to that person.

Note on the Florida Sunshine Law: Members and Mentors should be careful to follow the Sunshine Law, which forbids Members from discussing Council or Committee business outside of official meetings. The County definition is as follows:

"Except at a public meeting, there shall be no communication between any two members of the same collegial body on any matter which they may foreseeably be required to address jointly in an advisory or decision-making capacity."

1. Below are example situations prohibited by law for Members: Discussing Council or Committee business on the phone;
2. Discussing Council or Committee business at a gathering that is not an official meeting;
3. Discussing Council or Committee business indirectly, such as by passing information through an intermediary;
4. Meeting at a restaurant or someone's home to discuss Council or committee business;

Mentoring Components of HIV Planning Council Members:
Provides support of new members (within the guidelines of the Florida Sunshine Law) on the following:

a. Help new members, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interaction

b. Provide strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHAs.
c. Take special responsibility for making sure the new member understands the background and context of discussions and actions.
d. Increase new members' knowledge of the HIV Planning Council and retain attendance and membership participation in Council meetings.
e. Complete the Mentor/Mentee evaluation at the conclusion of the mentorship period.

HIVPC Buddy System ~~Coaching Program~~ for Interested Parties

Guidance for Committee Chairs

(Approved 11/20/14 by HIVPC)

In order to increase interested party's knowledge of HIV Planning Council Committees and retain membership participation in meetings, the MCDC will institute a voluntary ~~coaching programs~~buddy system.

Committee members who have volunteered their time to be a ~~Coach~~ Buddy will be assigned by the Committee Chair. The MCDC Chair will notify Committee Chairs of interested parties that would like to be assigned a ~~Committee Coach~~Buddy. The assigned ~~Coach~~ Buddy should be a Committee member and may also be a Planning Council member.

The interested party should, when possible, sit near his/her ~~Coach~~ Buddy during meetings. This will allow the ~~Coach~~ Buddy to easily answer any questions the interested party might have.

Committee Chairs will instruct ~~Coaches~~ Buddies to educate interested parties on the following points:

1. Review of Committee ~~FAQ's~~ Descriptions
2. Reminders of Meetings and Events
3. Reimbursement benefits
4. Explanation of complex language
5. Empowerment and respect for individual opinions and ideas.
6. A summary of Robert's Rules of Order
7. Committee Policies and Procedures

~~If needed and requested by the interested party, the Coach may also remind the interested party of upcoming meetings which might be of interest to that person.~~

If the interested party expresses interest in becoming a full Planning Council member, then the Committee Chair will assign a Mentor who is a member of the Planning Council.

~~Coaches~~ Buddies **provide support to interested parties on the following:**

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1. Help interested parties, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interactions.
2. Provide strong and informed feedback about the effect of Committee actions and decisions on Ryan White clients and PLWHAs.
3. Take special responsibility for making sure the interested party understands the background and context of discussions and actions.
4. Increase interested party's knowledge of the Committee and retain attendance and membership participation in Committee meetings.
5. Complete the ~~Coach~~Buddy/Interested Party evaluation at the conclusion of the coaching period (conclusion will be upon mutual agreement between the coach and the interested party).

HANDOUT B-2

2015 PRIORITY SETTING AND RESOURCE ALLOCATION (PSRA) TIMELINE

TASK	DATE
PSRA Requests for Additional Data	March
Data Review	
Allocations, Expenditures, & Utilization	Monthly
Unmet Need	January
Early Identification of Individuals with HIV/AIDS (EIIHA)	February
Epidemiology	March
Needs Assessment	April
Other Funders	May
Community Empowerment Committee (CEC) Priority Rankings	May
Service Category Scorecards	
Pharmacy, Centralized Intake and Eligibility Determination (CIED), and Legal Services	March
Oral Health Care, Case Management, and Outpatient Ambulatory Medical Care (OAMC)	April
Mental Health, Substance Abuse, Food Services, Part A Overall	May
Review Language on How Best To Meet The Need (HBTMTN)	May
PSRA Data Review Presentation	May
Priority Setting for FY 2016-2017	May
Allocations for FY 2016-2017	June
HIVPC Approval of FY 2016-2017 Priority Setting & Allocation Recommendations	June

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

To: Broward County HIV Health Services Planning Council

From: ad-Hoc By-Laws Committee

Date: February 26, 2015

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

Summary of Changes

The recommended changes from the committee include:

- Updated language about the reimbursement policy to reflect current procedure.
- Language about participating on a standing committee, and alternates being subject to removal for cause clarified.

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

Date: **Thursday, March 26, 2015**

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

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

To confirm meeting information, reserve special needs services, or if you have questions, please call HIVPC Staff at 954-561-9681, ext. 1295 or 1345. If you have special needs such as translation from English to Creole or Spanish, or require other auxiliary aids or services because of a disability, please call at least 48 hours in advance.

Thank you.

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL BY-LAWS

Last amended July 2014

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

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

ARTICLE I

NAME AND AREA OF SERVICE

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

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

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

ARTICLE II

PURPOSE AND DUTIES

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

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

ARTICLE III

DEFINITIONS

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

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

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

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

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

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

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

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

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

9. *EMA* means Eligible Metropolitan Area.

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

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

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

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

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

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

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

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

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

ARTICLE IV

MEMBERSHIP

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

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

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

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

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

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

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

SECTION 8: Designation of Alternates. There shall be a minimum of at least three

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

SECTION 9: Council members and Alternates shall be a member of at least one standing Committee. Failure to **participate on a standing committee** ~~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**s** shall comply with the meeting ground rules adopted by the Council.

SECTION 11: Removal of Members and Alternates~~.~~

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

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

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

ground rules, or failure to maintain committee membership.

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

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: **ELCECTIONS**

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

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

C. Special Elections. Special Elections will take place as needed. In the event of the resignation or other reason for vacating the Chair or Vice Chair positions, a special election will be held following the procedures outlined in Section 2A above at the next Council meeting. Until the election is held, the Council will adhere to the line of succession outlined in Article VI, Section 8. **Individuals elected by virtue of special election will not be considered to have served a full term, and this service will not impact the individual's ability to run for two additional terms.**

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

SECTION 4: The Chair of the Council will serve as the official liaison of the Council with the Broward County Board of County Commissioners and its designated

administrative entity. No other Member of the Council or its committees may speak for the Council.

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

ARTICLE VI

MEETINGS

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

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

SECTION 3: Only duly appointed Members of the Council and/or committee (or the appointed Alternate in their absence) may vote, and each Member (or Alternate) shall have one vote. Voting privileges are otherwise non-transferable. In the event of a tie vote, there shall be a roll call vote and the Chair shall vote last.

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

SECTION 5: COUNCIL AGENDAS

A. The Executive Committee shall meet at least five (5) working days prior to

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

B. The ordinary Council agenda shall include: Call to Order, Welcome and Self-introductions (includes explanation of Ground Rules, Sunshine Law and HIV self- disclosure), Moment of Silence, Excused Absences and Appointment of Alternates, Adoption of Agenda, Approval of Minutes, Consent Items, (no discussion required), Discussion Items (discussion required), Committee Reports, Grantee and Other Reports (including, but not limited to Part A , Part B, Part C, Part D, Part F, HOPWA, Prevention, etc.), Old/New Business, Public Comment, Announcements, Next Meeting Date, Agenda Items for the Next Meeting, Adjournment. The Executive Committee may order agenda items for the efficient and effective administration of the Council's business.

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

SECTION 6: All persons in attendance of a meeting of the Council and/or Committee shall

comply with the meeting ground rules adopted by the Council.

SECTION 7: TIME LIMITS

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

SECTION 8: LINE OF SUCCESSION

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

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

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

ARTICLE VII

CONFLICT OF INTEREST

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

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

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

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

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

SECTION 6: A Member or Alternate shall be recommended for termination from service on the Council and any of its committees for refusing to cooperate in a conflict of interest review, or when it is determined that she/he knowingly took action(s) intended to influence the conduct of the Council in a manner prohibited by the By-Laws or federal, state or local laws.

ARTICLE VIII

COMMITTEES

SECTION 1:

A. The Council shall establish standing and ad-Hoc committees necessary to fulfill the requirements of the Ryan White Act.

B. Committee Chairs and Vice Chairs. All Council committees shall be chaired by a Part A member of the Council. The Council Chair shall appoint the Committee Chairs and Vice Chairs of each Committee beginning with the date of the Council Chair's term of office. The current Committee Chairs and Vice Chairs shall continue to serve until the new Committee Chairs and Vice Chairs are appointed; the Council Chair may ask current Committee Chairs and Vice Chairs to remain in their positions. Committee Chairs and Vice Chairs may be appointed, removed, or replaced at the sole discretion of the Planning Council Chair.

C. Appointment of Committee membership. Council Committee Chairs shall appoint, with the approval of the Council, the members of each committee. Except as otherwise provided by the By-Laws, a standing or ad-Hoc Committee may include members of the Council, and community stakeholders. Committee membership should all be based on the demographics of the epidemic and consideration shall be given to race, ethnicity, self-acknowledged HIV-positivity, and gender.

D. Removal of Committee membership. The removal of Committee members

shall be that of Council members as provided for in Article 4, Section 11, where applicable.

E. Committee Policies and Procedures. The Council will approve written policies and procedures for all Committees which will be published in the "Local Procedures Manual." The policies and procedures of each committee must be periodically reviewed by that committee and subsequently approved by the Council.

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

A. Executive
B. Community Empowerment
C. Membership/Council Development
D. Needs Assessment/Evaluation
E. Priority Setting and Resource Allocation
F. Quality Management
G. System of Care

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

A. Ad-Hoc Nominating Committee.

1. Membership. The Nominating Committee shall be composed of not less than five (5) Council members who shall be appointed by the Chair. At least one member shall be a person living with HIV/AIDS.

2. Purpose. The Nominating Committee shall provide a slate of nominations for Members for Chair and Vice Chair of the Council from among current Council Members. The process utilized by the Nominating Committee to prepare and present the slate of officers for consideration for office is identified in that committee's written policies and procedures.

B. Ad-Hoc By-Laws Committee.

1. Membership. The members of the committee shall only include Council

members and alternates.

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

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

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

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

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

SECTION 4: There shall be an Executive Committee.

A. Membership. The Executive Committee shall consist of the Council Chair, the Council Vice Chair and the Chair and Vice Chair of each of the standing committees. The immediate past Council Chair (if the past Chair is currently a member of the Council) will serve as an ex officio member of the Committee.

B. The Executive Committee meets to conduct business of the Council

(excluding priority setting and allocation decisions). The Executive Committee shall:

1. Set the agenda for Council meetings
2. Address Conflict of Interest issues
3. Review Membership/Council Development Committee Attendance report to identify Council members not in compliance with attendance requirements
4. Oversee the planning activities established in the comprehensive plan
5. Develop and oversee committee work plans which address comprehensive planning goals and objectives
6. Ratify recommendations for removal for cause from the Membership/Council Development Committee

C. The Committee shall have responsibility for oversight of the planning activities established in the comprehensive plan and development and oversight of committee work plans to address comprehensive planning goals and objectives.

SECTION 5: There shall be a Community Empowerment Committee.

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

B. Chair. The Council Committee Chair shall be an unaffiliated individual with HIV.

C. Purpose. The Committee shall inform and solicit the participation of individuals infected and affected with HIV/AIDS in the planning, priority setting and resource allocation processes.

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

A. Membership. The members of the committee shall include, representatives of Part A, as well as consumers and other community stakeholders.

B. Purpose. The Committee shall conduct activities to develop and update a Needs Assessment in accordance with the Ryan White HIV/AIDS Extension Act of 2009 and the Health Resources and Services Administration (HRSA) mandates. The Committee shall also be responsible for conducting an annual evaluation and update to the Broward County HIV Health Services Comprehensive Plan to reflect changing directions of the epidemic, as well as the results of the

assessment. The Committee is responsible for ensuring the Plan is relevant to the times and the needs of People Living with HIV/AIDS (PLWHA).

SECTION 7: There shall be a Priority Setting and Resource Allocation Committee.

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

B. Purpose. The Committee shall recommend to the Council priorities and allocation of Ryan White Part A. The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for reallocation and/or possible reprioritization. The Committee will facilitate the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). The Committee will develop, review, and monitor eligibility, and service definitions.

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

A. Membership. The Members of the Committee shall include, but ~~is~~ **are** not limited to, representatives of the Council and community stakeholders. At least two-thirds of committee members must be Planning Council members.

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

SECTION 9: There shall be a Quality Management Committee.

A. Membership. The members of the Committee shall include, but is not limited to, representatives of the Council and community stakeholders.

B. Purpose. The purpose of the Quality Management Program for Ryan White Part A in the Broward County EMA is to systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and MAI funded services in Broward County.

SECTION 10: There shall be a System of Care Committee

A. Membership. The members of the Committee shall include, representatives of Part A, consumers, community stakeholders, and health policy or health care system experts.

B. Purpose. The purpose of the System of Care Committee is to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people living with HIV in the Broward County EMA. The Committee will be responsible for advising the Planning Council on how these issues may impact the Broward County EMA and may recommend response strategies.

ARTICLE IX

~~BYLAWS:~~ ADOPTION AND AMENDMENTS OF BY-LAWS

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~~**Funds from the Planning Council Support (PCS) budget** shall be available ~~for funds~~ to enable Council members **and alternates** 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 **or alternate** shall execute an affidavit attesting to the validity of the reimbursement request.

BY-LAWS PARKING LOT ITEMS				
No.	**Proposal**	**By-Laws Location**	**Stated Reason**	**Recommendation**
1	Need to update language about reimbursements procedures.	Article X, Section 4	Outdated.	Language updated to reflect current procedure.
2	Consider if HIVPC members also need to be members of a standing committee.	Article IV, Section 9	Member inquiry.	HIVPC members must be members of a standing committee. Language updated to add clarity.
3	Removal for cause for alternate HIVPC members.	Article IV, Section 11	There is currently no way to remove HIVPC alternates.	Language updated to clarify that HIVPC alternates may also be removed for cause. Removal procedures are in MCDC P&P.
4	Consider only having the Chair *or* Vice Chair count for quorum for the Executive Committee	Article VIII, Section 4	Having both Chairs and Vice Chairs count for quorum has created some issues for achieving quorum.	Language will remain the same, but the committee will continue to monitor attendance and may review the language again at a later date.

Recommendations for Formulary Additions and Deletions
The Committee began reviewing the Medical QI Network's recommendations for additions to the Formulary. The recommendations were: ***Add -*** *Januvia (Sitagliptin)*
Januvia (Sitagliptin) by Merck Recommendation: Members reviewed the Medical QI Network recommendation to add Januvia to the formulary. The Medical Network's justification to add Januvia is to provide another option for the treatment of diabetes. Januvia must be used in conjunction with other diabetes medications (Metformin and Glipizide), and the number of estimated clients who will use the medication is low. Januvia has a Patient Assistance Program (PAP) and there is currently no diabetes medication on Tier 3. Estimated Cost: Januvia is $73.49 for a 100 mg 30 day supply (the usual dosage). The Medical QI Network estimates that less than 1% of clients will use Januvia (based on FY 2014 clients who used Metformin and Glipizide, approximately 3 clients). $73.49 per prescription * 12 prescriptions per year * 3 clients = $2,645.64 estimated cost.

LPAC Motions			
Motion #1	To add Januvia to Tier 3 of the Ryan White Part A Formulary.		
Proposed by:	Leverence, S.	**Seconded by:**	Ehren, M.
Justification:	Accept Medical Network recommendation		
Action:	Passed Unanimously		