Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020
Tel: 954-561-9681 / Fax: 954-561-9685

HIV PLANNING COUNCIL COORDINATION MEETING AGENDA

Monday, March 3, 2014 – 9:30 a.m. to 11:30 a.m.
Governmental Center Annex – Room A-335
Ryan White Part A Program Office
115 S. Andrews Ave, Ft. Lauderdale 33311

Chair: **Brad Gammell** **Vice Chair:** **Samantha Kuryla**

1. **CALL TO ORDER**
2. **REVIEW STATEMENT OF SUNSHINE & PUBLIC COMMENT REQUIREMENTS**
3. **WELCOME AND INTRODUCTIONS**
4. **REVIEW:**
   - Meeting Agenda: 3/3/14
   - Meeting Minutes: 2/10/14
5. **PART A PLANNING**
   Discuss the next steps for current Joint Planning Committee members of the Planning Committee.
6. **NEW COMMITTEE**
   Discuss creating a new committee dedicated to Care Strategies.
7. **BY-LAWS PARKING LOT ITEMS** (Handout A)
   Discuss Parking Lot items and need for committee meetings to resume.
8. **PLANNING COUNCIL/JOINT EXECUTIVE RETREAT** (Handout B & C)
   Review and discuss the agenda items for Planning Council and the Joint Executive Retreat on March 27th.
9. **INTEGRATED CARE & PREVENTION COORDINATION MEETING**
   Review and discuss agenda items, a location, and the date for the next meeting.
10. **VOTING CONFLICTS** (Handout D)
    Discuss conflict of interest requirements in the HIVPC By-Laws and Policies & Procedures.
11. **NEXT MEETING DATE /AGENDA ITEMS:** Monday, March 17, 2014 at 9:30 a.m. Room: A-335
12. **ADJOURNMENT**

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HIV PLANNING COUNCIL COORDINATION

Monday, February 10, 2014 – 9:30 a.m.
Governmental Center Annex – Room A-335
Ryan White Part A Program Office, 115 S. Andrews Ave, Ft. Lauderdale 33311

Meeting Minutes

	ATTENDEES
1	Kuryla, S., HIVPC Chair
2	Gammell, B., HIVPC Vice Chair
3	Jones, L., Part A Grantee
4	Vargas, J., Part A Grantee
5	Tomlinson, K., Joint Planning Part A Co-Chair
6	Eshel, A., Support Staff
7	McEachrane, T., Support Staff
8	Sandler, C., Support Staff

1. CALL TO ORDER

The HIVPC Chair called the meeting to order at 9:55 a.m.

2. REVIEW STATEMENT OF SUNSHINE & PUBLIC COMMENT REQUIREMENTS

The HIVPC Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised about the meeting ground rules. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.

3. WELCOME AND INTRODUCTIONS

Self-introductions were made.

4. REVIEW

- Meeting Agenda: 2/10/14
  The Vice Chair asked that a brief discussion of the Joint Priorities Committee be added to the end of the agenda.
- Meeting Minutes: 1/27/14

5. JOINT PLANNING COMMITTEE

The Joint Planning Committee came about as a topic for discussion because of recommendations made by the Health Resources and Services Administration (HRSA) during their site visit in 2013. The following was included in HRSA's site visit report as an Administrative Area for Improvement:

Planning Council Committee Integration: The Planning Council's Planning Committee should be restructured to ensure effective delivery of a coordinated and integrated system of prevention and care that is responsive to the needs of persons at risk for HIV infection and PLWH.
Recommendation: Planning groups are encouraged to streamline their approaches to HIV planning in a manner that increases access to and effectiveness of prevention, care and treatment services within their jurisdictions. ***The grantee should consider developing a joint planning committee that is integrated with the Broward County Prevention Council and the Broward County HIV Health Services HIV Planning Council****. This will ensure effective cross representation and information sharing on prevention and care and treatment planning bodies.*

Some questions were asked by the Grantee to generate discussion about the direction of Joint Planning: how does the Part A Co-Chair see Joint Planning's role in the HIV Planning Council (HIVPC)? What does the HIVPC need from the Joint Planning Committee?

The Part A Co-Chair responded that her main concern in moving forward with Joint Planning is that current members be kept abreast of what is happening, and if the committee does evolve into a joint venture with Prevention, that the expertise of the current Joint Planning members not get lost.

Per the HRSA recommendation, the Grantee feels that it has become clear that the HIVPC needs to establish a process that starts working towards integration. The Grantee noted that Joint Planning does not necessarily need to change as a committee, but the responsibilities of Joint Planning need to be more collaborative between Prevention and Care. The idea is to repurpose the Joint Planning committee so it becomes more community centered; there may be some things that the committee is currently responsible for that do not fall within this realm and can let go of, and there may also be some responsibilities that the committee needs to take on.

Before delving further into the discussion, the Grantee wanted to take a moment to discuss integration. The Grantee sees the future system as being a seamless, integrated system of care, from prevention to care and treatment; however the Grantee believes Broward County to be between three to four years away from this being a reality. The key piece that will allow Broward County to reach the goal of total integration is a comprehensive plan encompassing all of prevention and all of care and treatment in Broward County. Creating this comprehensive plan is the ultimate goal, and the process will require participation from everyone in the community. Part A is only a part of the community process, and it is imperative that all Ryan White parts, all prevention grantees, the school board, and anyone else who is part of the system of care participate. The populations served by these programs may all be a little different, but all together they cover almost all of the Broward County community.

The HIVPC Vice Chair also noted that, as discussed at the Integrated Care and Prevention Coordination Work Group meeting in January, no one party is individually responsible for getting integration to occur, but it is everyone's responsibility. If no one takes leadership, integration will not happen, and it is not enough to talk about, there have to be plans in place to get the major pieces of integration done. Getting everyone on the same page may prove to be a little more difficult, since not everyone comes to the table with the same level of understanding about integration. Different programs use different languages and think differently about problems, and sometimes things get lost in translation. It will be necessary to use language understood by all parties to develop collective objectives or visions, so everyone understands what needs to be accomplished.

The group then discussed how to get to integration. It was noted that Part A is the biggest party involved, and it's a party used to having goals and producing objective results, which not everyone is used to. Part A needs to adjust its approach so it does not come off looking like a bully. To do this, there needs to be a focus on common ground, which is figuring out how to reduce new infections in Broward County, how to get viral suppression, and how to keep people in care.

Moving forward towards integration requires bridging the gap between Part A and Prevention, especially to show that integration will benefit both parties. Some steps have already been taken to bridge this gap. Prevention was asked to take part during the development of the client survey for Fiscal Year (FY) 2013-2014, and several prevention questions were included on the survey. Recently, a joint Part A-Prevention newsletter has been distributed, and it has given Prevention a medium to communicate what they are doing and help people better understand what they do. Meeting members noted that it is necessary to create a friendship and establish a relationship before trying to dive into getting integration work done. The Grantee can help facilitate the relationship between the two bodies, but ultimately the work needs to be done between the two bodies, not by the Grantee. Meeting members also discussed that the Prevention Planning Council is not as fully developed as the HIVPC, and it will take time for them to become more developed. It is during this space of time that the HIVPC should work on further developing the relationship in preparation for integration in the future. The integration process in Los Angeles, California took eight years, and there were many setbacks; moving forward on integration will be a slow process, in order to do it right. The Grantee noted that for now, the HIVPC needs to work on pieces not being worked on now so that they are ready for integration when the Prevention Planning Council becomes ready.

The HIVPC Chair then brought this back to the discussion about the Joint Planning Committee, and emphasize that the committee is not being dismantled; rather, it is being restructured. The Grantee noted

that there are responsibilities of the HIVPC that have not truly been done – in particular the comprehensive plan. There is some confusion about which committee was responsible for the comprehensive plan, the Executive Committee or Joint Planning. The meeting member discussed if it was more appropriate for Joint Planning or the Executive committee to take on the comprehensive plan; the Joint Planning Part A Co-Chair felt that it was better suited to the Executive committee because all the committees report to Executive, so they can see everything that is going on and form a clear path forward. The Grantee noted that putting together the comprehensive plan is a little more than involved than looking at all the committee summaries and putting together a plan, and Joint Planning would probably be better able to tease out the details to put everything together. The Part A Co-Chair felt that Joint Planning does not receive enough data from all the committees to be able to put together the comprehensive plan; the HIVPC Vice Chair suggested that quarterly reports be provided to Joint Planning similar to the quarterly reports that the Quality Improvement Networks give to the Quality Management Committee.

The Grantee representative then asked what the Joint Planning Committee would do once the data was available to them; having lots of data is one thing, but the committee has to be able to use the data to make a recommendation for how the HIVPC should move forward to improve service delivery or improve outcomes for certain populations. There was also some concern that a lot of members do not understand how to read or use data, so there may need to be more education for members on how to read data and use it to make recommendations. The Grantee brought up the work plan training from the previous week and the consultant's suggestion of creating care strategies, which would use data from client surveys, focus groups, population assessments, and more to make changes or adaptations to the service delivery system. The HIVPC Vice Chair recommended the formation of a new committee focused on the care strategies that could act as the link between Prevention and Care. The care strategies committee could look at the Affordable Care Act (ACA), cultural competence, how best to meet the need, and other subjects and how it affects the service delivery system. Joint Planning could also do some of these things, but the bulk of the work on care strategies would probably be done best in a new committee that is solely focused on this.

The HIVPC Chair also asked that the Executive committees of the HIVPC and the Prevention Planning Council meet soon to get to know each other and start building a relationship. There was an idea to bring a short power point presentation to the next Prevention Planning Council meeting to educate the members about what HIVPC does and give some ideas about where the two councils overlap; meeting members also asked that Prevention Planning Council be asked to come and do the same. The Prevention Planning Council is structured differently than the HIVPC; the health department leads the process and has two chairs, a government chair and a community chair. The Prevention Planning Council is more about presentations detailing what is going on, and the health department focuses more on strategy about how to make changes or improve the system of care.

The meeting members decided to bring up the matter of integration at the next Executive committee meeting. The HIVPC Vice Chair also reminded the group that at the last Part A Executive Committee meeting, the Joint Planning Committee meetings were temporarily suspended, and it is necessary that a decision be made about the timeframe for starting meetings again and what Joint Planning was going to look like moving forward. The HIVPC Chair suggested going through the committee work plan to see if all the work plan items are necessary and if there is anything that can be taken out to make room for new items. Previously at Joint Planning meetings, surveillance reports were given, but there was not really much done with it; the Grantee felt that this task, looking at new infections and where they are coming from is something Prevention is already doing. Removing this work plan item, for example, would make room for Joint Planning to do other things, like work on the comprehensive plan.

The HIVPC Vice Chair suggested forming a short term sub-committee off of executive, perhaps for three months, to go through the work plan line by line and do some restructuring. The Part A Co-Chair wanted to have all of the Joint Planning committee members involved in the process, as she did not want the members to feel shut out of the process of restructuring their own committee. Involving all the members will allow it to be a learning process for everyone, and start the process of moving towards a common language and common understanding, and truly doing things jointly.

The Grantee also noted the importance of all of the Council, not just Joint Planning, going through their work plans and knowing whether they are meeting their responsibilities, and where they may be doing too

much, and where they may be falling short. The Grantee is willing to assist the committees, but feels it is really necessary for committees to come up with the answers on their own. The committees need to learn to truly understand and use the data they receive to truly affect the overall system of care and make sure dollars are being used effectively to achieve health outcomes. The HIVPC has lots of data, but nothing ever really gets done with it. Staff reviewed a suggestion from the consultant who did the work plan training about how to fix this. Instead of trying to use all the data, the HIVPC should define three questions at the beginning of the year, and focus on trying to find the answers to these questions. Examples of questions include: how do we reach viral suppression? How do Ryan White female clients get all the care that they need? Answering these questions based on the definitions developed by the HIVPC creates a clear path to move forward on and effectively uses data and encourages collaboration.

The Part A Co-Chair brought up a previous recommendation that the Joint Planning committee got too caught up in details. The Grantee gave an example of survey questions. The Joint Planning spent a lot of time developing survey questions, but very little time on the analysis of the survey data that came back. The Grantee suggested the committee focus less on the actual questions and more on identifying areas of focus for questions. The questions themselves are not the important part for the committee to focus on; the important part is to identify the trends in the data.

The Part A Co-Chair requested a letter or email be sent out to the members to communicate about what is going on in the interim, so they are not getting secondhand information or in limbo about what is going on. The HIVPC Vice Chair also suggested that members be encouraged to participate as a guest in other committee meetings while Joint Planning meetings are suspended. The Grantee also brought up that if Joint Planning is going to continue to be a joint committee, the conversation about where the committee goes moving forward needs to happen with Part A, and once a direction is decided, the conversation needs to be had again with Part B.

It was decided to move forward with sending out the letter to the Joint Planning members to let them know the suspended meetings are not permanent and to thank the members for their patience. The Part A Co-Chair will attend at least one more HIVPC Coordination meeting to go through the committee work plan and develop goals and objectives for the Joint Planning committee.

6. PLANNING COUNCIL/JOINT EXECUTIVE RETREAT

The March Retreat agenda will be finalized for approval at the next Part A Executive Committee meeting. Included on the agenda is the rollout of the new work plans for fiscal year 2014-2015. The retreat agenda will also be sent to the South Florida AIDS Network (SFAN) for approval. The Grantee noted that the retreat should not be an HIVPC sponsored meeting, and the Grantee will sponsor and co-facilitate the meeting. It was also noted that the meeting should occur at a location that is comfortable for both HIVPC and Prevention members.

7. JOINT PRIORITIES COMMITTEE

There was some concern that the client surveys being given out this year never came out of the committee, and this may be upsetting to some committee members. The Grantee will report on the client surveys as part of the Grantee report and will discuss the additional focus area of stigma being added because of the boot camp meeting that took place. The Grantee's biggest concern is that with all the work and effort being put into the client surveys, something is actually done with the data that is collected.

The HIVPC Vice Chair asked about possibly bringing in Emily Gantz-McKay to do a training about the priority setting rankings, and suggested the training be done both with the Joint Priorities committee and the full HIVPC. It was suggested the training could cover how to understand and use data, especially care strategies data, and make data part of the process used to allocate funds. HIVPC members also need to better understand areas of concern such as needs assessments, comprehensive plans, and the ACA so they can make competent decisions and not just go along with what other members are saying. It was decided that subjects for trainings and calendar dates be brought to the March Executive meeting.

8. NEXT MEETING DATE /AGENDA ITEMS: Monday, March 3, 2014 at 9:30 a.m. Room: A-335

9. ADJOURNMENT The meeting was adjourned at 11:49 a.m.

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

COMMITTEE STILL STUDYING (Defer #1 & 2)

No.	Proposal	By-Laws Location	Stated Reason	By-Laws Recommendation
Defer 1	What is procedure for reporting potential violation of By-Laws or P&P?	Art. X??	Need clarity	Reviewing draft procedure
Defer 2	Review procedure in which HIVPC grievances to go JCCR, then Executive	Art. VIII, Sec. 4B & 5C. JCCR P&P	Consider policy update	Reviewing policy in By-Laws as well as Grievance Policy and Form found in Local Procedures Manual

NEW

No.	Proposal	By-Laws Location	Stated Reason	By-Laws Recommendation
1	Review the excused absence policy so that council members who are consumers will receive an excused absence if they go to a conference/training that will improve HIV knowledge or leadership abilities	Art. IV, Sec. 7	Flexibility (from MCDC)	Reviewed current policy. Policy to remain Council Chair's discretion. Member requesting excused absence will remain unexcused until presenting or providing a summary of the conference/training to the Council Chair within 30 days.
2	Review the excused absence policy so that council members who are consumers will have a limit on the amount of excused absences they receive	Art. IV, Sec. 7	Consider policy update (from MCDC)	Reviewed current policy. Members recommended amending policy to: Consumers will be allowed a maximum of 6 excused absences within a calandar year. Members discussed effective date of January 2014 to coincide with calandar year.
3	Add the word alternate to show that alternates must also comply with terms	Art. IV, Sec. 11A	Correct error (from Staff)	Complete.
4	Remove "#11 Program Support Repor"t as an agenda item	Art. VI, Sec 5B	Change outdated term	Complete.
5	Remove language on how best to meet the need as a task for PSRA; item moved to Joint Planning Committee	Art. VIII. Sec 7B	Outdated	Complete. Item added as a task for Executive Committee.
6	Does the Chair have the right to appoint someone without committee consensus?	Art. VIII. Sec 1D	Avoid disputes	
7	Review the requirement for Joint Client/Community Relations Committee Chair to be an unaffiliated individual with HIV	Art VII. Sec 5	Consider policy update	

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HANDOUT B

Committee Meeting Minutes: Joint Executive Retreat
Date/Time: Thursday, March 27, 2014, 12:30 p.m. **Location:** BRHPC
Part A Chair: GAMMELL, B. **Part B Chair:** WYNN, J

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 3-27-14 Joint Executive Agenda and 11-21-13 Joint Executive Committee Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
4. **CO-CHAIRS UPDATES (5 minutes)**
   a. Part A Chair Updates
   b. Part B Chair Updates
5.
6. **MEETING ACTIVITIES / NEW BUSINESS**

Goal / Work Plan Objective #:	*Accomplishments*
SFAN and PCPG Updates	The Chair of SFAN will provide an update from the South Florida AIDS Network (SFAN) and Patient Care Planning Group (PCPG) meetings.
Summary of Comprehensive Plan Evaluation, Recommendations, and Implementation	
Overview of Collaborative Planning	
FY 14-15 Work Plan Rollout	

7. **UNFINISHED BUSINESS**
8. **GRANTEE REPORTS**
9. **PUBLIC COMMENT**
10. **AGENDA ITEMS / TASKS FOR NEXT MEETING, May 15, 2014, 12:30 p.m. Venue: TBD**

Agenda Items / Tasks for next Meeting (Work Plan Item #)	*Party to Complete Task*	*Information requested (i.e. data, research, etc.)action to be taken, presentation, discussion, brainstorm etc.*

11. **ANNOUNCEMENTS**
12. **ADJOURNMENT**

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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

MEETING AGENDA
Thursday, March 27, 2014 at 9:00 a.m.

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

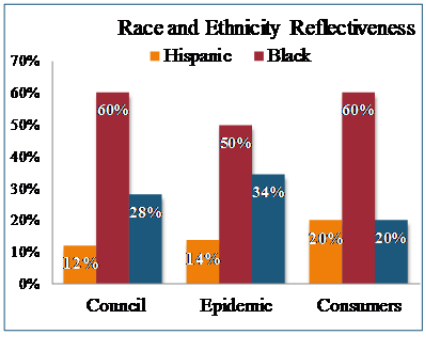
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

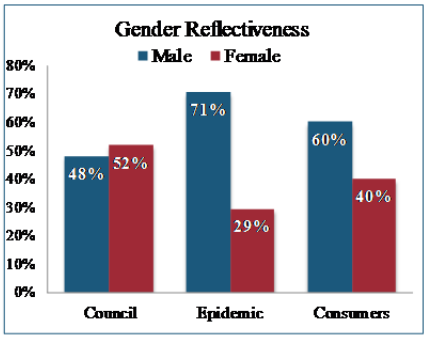
1. **CALL TO ORDER**
2. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   b. Council Member and Guest Introductions
   c. Moment of Silence
   d. Excused Absences and Appointment of Alternates
   e. Approval of 3/27/14 Meeting Agenda
   f. Approval of 2/27/14 Meeting Minutes
3. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy)
4. **PUBLIC COMMENT** (Up to 10 minutes)
5. **CONSENT ITEMS**
6. **DISCUSSION ITEMS**
7. **JANUARY COMMITTEE REPORTS**
   a. **MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)**
   March 6, 2014 *Chair: H.B. Katz, Vice Chair: T. Wilson*

HIV Planning Council Membership Report for February 20, 2014

Gender	Council	Epidemic	Consumers		Council	Epidemic	Consumers
Male	12	11,836	6	Male	48%	71%	60%
Female	13	4,944	4	Female	52%	29%	40%
	25	16,780	10		100%	100%	100%
Race	**Council**	**Epidemic**	**Consumers**		**Council**	**Epidemic**	**Consumers**
Hispanic	3	2,290	2	Hispanic	12%	14%	20%
Black	15	8,361	6	Black	60%	50%	60%
White	7	5,772	2	White	28%	34%	20%
Other	0	357	0	Other	0	2%	0
	25	16,780	10		100%	100%	100%

Percent of Planning Council Members That Are Unaffiliated Consumers
40%





Current Members	26
Minimum Required Per County Ordinance	20
Maximum Allowed Per County Ordinance	35

Vacant Seats
Grantees of Other Fed HIV Programs - Prevention
Hospital/Health Care Planning Agencies
Local Public Health Agencies
Social Services Provider
Rep for Former Fed/State/Local Prisoners

Council cannot be comprised of more than 40% of Ryan White Part A Providers
No more than 3 members employed by one governmental agency or provider shall serve on the Planning Council at one time

HANDOUT C

The following HIV Planning Council (HIVPC) seats are currently vacant:

- Grantees of Other Federal HIV Programs – Prevention
- Hospital/Healthcare Planning Agencies
- Local Public Health Agencies
- Representative for Former Federal/State/Local Prisoners

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**
March 4, 2014 *Part A Co-Chair: Y. Reed, Part B Co-Chair: L. Washington*

c. **JOINT PLANNING COMMITTEE**
No Meeting Scheduled *Part A Co-Chair: K. Tomlinson, Part B Co-Chair: K. Saiswick*
The Joint Planning Committee is in the process of restructuring to work towards integration with HIV Prevention.

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**
March 17, 2014 *Chair: C. Grant*

e. **PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)**
March 19, 2014 *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Vacant*

f. **PART A EXECUTIVE COMMITTEE**
March 20, 2014 *Chair: S. Kuryla, Vice Chair: B. Gammell*

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. NEW BUSINESS – 9:15 a.m.

Comprehensive Plan and Work Plan training and education with Emily Gantz-McKay

11. ANNOUNCEMENTS – 11:30 a.m.

12. PUBLIC COMMENT (Up to 10 minutes)

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: April 24, 2014 at 9:00 a.m. **VENUE:** TBD

15. ADJOURNMENT

HANDOUT C

Broward County HIV Health Services Planning Council

Local Procedures Manual

December 2013

HIV PLANNING COUNCIL

BY-LAWS

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

ARTICLE I.

NAME, AREA OF SERVICE

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

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

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

ARTICLE II.

PURPOSE, DUTIES

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

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

ARTICLE III.

DEFINITIONS

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

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

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

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

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

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

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

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

9. *EMA* means Eligible Metropolitan Area

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

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

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

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

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

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

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

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

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

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

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.

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. 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.

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

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

SECTION 11: Removal of Members and Alternates.

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

B. The Council shall recommend that a member be removed from service on the Council for refusing to cooperate in a conflict of interest review, or when it is determined that member knowingly took action(s) intended to influence the conduct of the Council in a manner as defined in **ARTICLE IV, SECTION** 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 be removed from the Council for, but not limited to, failure to comply with County regulations or the Council Local Procedures Manual, failure to comply with meeting ground rules or failure to maintain committee membership.

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

ARTICLE V.

OFFICERS

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

SECTION 2: Election of Officers shall utilize a majority vote double election system (primary election and a secondary run-off election). Officers shall be elected by the majority vote of those members or alternates serving as members of the Council present and voting at the meeting during which election is held. The ad Hoc Nominating Committee shall present a slate of candidates for consideration as described in the ad Hoc Nominating Procedure. The Officers shall take office on March 1 or at the first meeting of the calendar year later than March 1. All Officers shall serve a two-year term and shall remain in office until a successor selected. No officers shall serve more than two consecutive terms in one office.

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

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

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

SECTION 6: In the event of the resignation or other reason for vacating the Chair or Vice-Chair positions, a special election will be held following the procedures outlined in Section 2 above at the next Council meeting.

ARTICLE VI.

MEETINGS

SECTION 1: The Council shall meet at least 9 times per fiscal year (Mar. 1 – Feb. 28). Special meetings may be called by the Chair or upon petition of one third of the membership of the Council. Written notice shall be given at least one week prior to each meeting. All HIV Planning Council 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 order of the Council's agenda shall be: 1. Call to Order 2. Welcome and Self-introductions (includes explanation of Ground Rules, Sunshine Law and HIV self- disclosure) 3. Moment of Silence 4. Excused Absences and Appointment of Alternates 5. Adoption of Agenda 6. Approval of Minutes 7. Action Items, Consent (no discussion required) 8. Action Items, Regular (discussion required) 9. Discussion Items 10. Committee Reports 11. Grantee Reports (Part A and Part B) 12. Other Reports (including Legislative Update, Part C, Part D, HOPWA, etc.) 13. Old/New Business 14. Public Comment 15. Announcements 16. Next Meeting Date 17. Agenda Items for the Next Meeting 18. Adjournment. The Executive Committee may re-order these items for particular meetings if necessary for the efficient and effective administration of the Council's business.

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

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

SECTION 7: TIME LIMITS

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

SECTION 8: LINE OF SUCCESSION

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

B. In the absence of the immediate past chair the Council meeting may be

chaired by, in the following order:

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

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.

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)

ARTICLE VIII.

COMMITTEES

SECTION 1:

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

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

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

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

E. Removal of Committee membership. The removal of Committee members shall be that of Council members as provided for in Article 4, Section 11, where applicable.

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

G. Compliance with Council Meeting Ground Rules. When in joint session, all joint committee members shall comply with the meeting ground rules adopted by the Council.

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

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

A. Executive
B. Joint Client/Community Relations
C. Membership/Council Development
D. Joint Planning
E. Priority Setting and Resource Allocation
F. Quality Management

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

A. Ad-Hoc Nominating Committee.

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

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

B. Ad-Hoc By-laws Committee.

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

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

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

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

consumer members.

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

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

SECTION 4: There shall be an Executive Committee.

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

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.

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

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

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

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

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

SECTION 6: There shall be a Joint Planning Committee.

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

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

SECTION 7: There shall be a 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 the Consortium.

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)

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

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

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

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

SECTION 9: There shall be a Quality Management Committee.

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

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

ARTICLE IX.

BYLAWS: ADOPTION AND AMENDMENTS

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

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

SECTION 3: DATE OF EFFECTIVENESS

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

ARTICLE X.

GENERAL PROVISIONS

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

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

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

SECTION 4: The priority-setting process and budget allocations shall be available for funds to enable Council members who are individuals with HIV and Alternates to be reimbursed for their reasonable expenses for attending Council or Committee meetings which shall include, but not be limited to, the following: transportation, parking, mileage, child care not otherwise being regularly provided to the child, lost wages not including overtime or fringe benefits and appropriate refreshments. The Council member shall execute an affidavit attesting to the validity of the reimbursement request.

COMMITTEE
POLICIES AND PROCEDURE

I. Executive
II. Joint Client/Community Relations
III. Joint Planning
IV. Priority Setting & Resource Allocation
V. Membership/Council Development
VI. Local Pharmacy Advisory
VII. Quality Management

EXECUTIVE COMMITTEE
Policies and Procedures

Policies

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.

Periodic meetings with Consortium Executive Committee

The Committee shall meet jointly with the Consortium Executive Committee on quarterly basis to discuss mutual planning issues and to plan how the two bodies can work together to meet Approved 8/24/09, 11/18/09 (Article VII, Section 1B), 1/28/10 (Article VII, Section 1D) 12 the needs of the EMA. Any consensus recommendations from this Joint Executive Committee shall be brought to the respective planning bodies by their corresponding Chairs for discussion and/or action.

The membership of the Executive Committee shall consist of the Broward County HIV Health Services Planning Council (Council) Chair, the Council Vice-Chair and the Chairs of each of the Standing Committees. 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.

The Executive Committee may meet between regular Council meetings as needed, on an emergency basis, to conduct business of the Council (excluding priority-setting and allocation decisions). The Executive Committee shall:

- Set the agenda for Council meetings.
- Address Conflict of Interest issues.
- Oversee the planning activities established in the Comprehensive Plan.
- Develop and oversee committee work plans which address comprehensive planning goals and objectives.
- Review Membership/Council Development Committee Attendance report to identify Council members not in compliance with attendance requirements.
- Review Committee recommendations to determine whether the items should be referred to the appropriate Committee.
- Ratify Membership/Council Development Committee recommendations for removal for cause.

The Committee shall be authorized to formulate Council policy, review all concerns, and make recommendations to the full Council regarding unresolved grievance issues as stated in the Council's Grievance Policy.

Procedures

Conflict of Interest

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

Comprehensive Plan:
The Executive Committee shall be responsible for developing and maintaining a Comprehensive HIV/AIDS Plan.

The Committee shall have responsibility to develop and maintain a comprehensive plan for the organization and delivery of HIV health and support services that:

- Incorporates information from the needs assessment, continuous quality improvement activities, evaluation studies, etc.;
- Includes a strategy to coordinate the provision of services with programs for HIV prevention (including outreach and early intervention) and the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for substance abuse);
- establishes mechanisms to ensure participation in Statewide Coordinated Statement of Need (SCSN) activities to encourage CARE Act programs to address key HIV/AIDS care issues and enhance coordination;
- coordinates with Federal grantees that provide HIV-related services; and,
- includes discrete goals and timetables.

The Committee will invite representatives from other planning bodies to participate in the preparation of all planning documents, coordinate and collaborate the funding available for services to HIV infected individuals.

The Committee will encourage a cooperative, non-duplicative relationship amongst all providers of HIV/AIDS services.

The Committee shall meet jointly with the Part B Executive Committee on a quarterly basis to discuss mutual planning issues and to plan how the two bodies can work together to meet the needs of the EMA.

The Committee will ensure participation in SCSN activities.

The Committee shall develop work plans for HIVPC committees to respond to the goals and objectives of the Comprehensive Plan and oversee/manage accomplishment of work plan activities.

Council Meeting Agenda:
The Committee (or in the absence of Executive Meeting action, the Council's Planner/Coordinator) shall prepare an agenda for full Council meetings.

The meeting agenda for the Council shall be based upon the following:

- Each committee chair, the grantee, and Council support staff will inform the Committee (or Council Planner/Coordinator) of committee recommendations and other actions to be presented for the Council's approval.
- Motions passed by Committees may be sponsored by the Chair of the Committee on behalf of the committee and annotated on the Council Agenda as sponsored by the Committee. Individual members of the Council may also request that action items be placed upon the agenda by providing them in writing to the Council Planner/Coordinator prior to the Executive Committee meeting.
- Members of the public who wish to bring matters before the Council for consideration must obtain sponsorship of the item by a member of the Council. Requesters of all 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 Council for action.
- Proposed motions requiring the Council's vote shall be listed on the agenda which is sent out to members prior to the Council meeting.
- At the Executive Committee's discretion, the 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 deferred to the old business or new business portion of the agenda, or until the next Council meeting, or may be assigned to an appropriate committee for recommendation.
- The ordinary order of the Council's agenda shall be: 1, welcomes and introductions (including explanation of Government in the Sunshine Requirements for meeting attendees regarding attendees choice to disclose HIV status as disclosure in HIV Planning Council and/or Committee meetings would then become a matter of public record); 2, adoption of agenda; 3. approval of minutes; 4, moment of silence; 5, review meeting ground rules; 6. public comment; 7. action items, consent (no discussion required); 8, action items, regular (discussion required); 9, discussion items; 10, grantee report; 11, program support report; 12, committee reports; 13, legislative update; 14, old business; 15,

new business; 16 public input; 17, announcements; 18, next meeting date, adjournment. The Executive Committee may re-order these items for particular meetings if necessary for the efficient and effective administration of the Council's business.

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

JOINT CLIENT/COMMUNITY RELATIONS COMMITTEE
Policies and Procedures

Policies

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

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

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

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

The Committee will function as a clearinghouse and second level of appeal for individuals or community groups with unresolved grievances relative to the Council's decisions regarding Ryan White Part A and Part B funding (to include comprehensive planning, nominations, needs assessment, priority setting and funding allocation). All attempts to resolve grievances will be made in an impartial, open, inclusive and non-discriminatory manner, through voluntary mediation, emphasizing negotiation and compromise. Unresolved grievances will be referred through the Executive Committee of Part A or Part B as appropriate for binding arbitration according to the policies and procedures of the committee. The members of the committee shall include representatives of Part A and Part B.

To avoid conflict of interest issues and in accordance with the Act, grievances relative to the process of selecting service providers**,** provider performance and grants management shall be referred to the Director, Broward County Human Services Department, and be addressed in accordance with Broward County Administrative Code.

Procedures

The Committee will utilize its Social Marketing Manual to promote and market Council and SFAN activities and events.

Utilizing the Social Marketing Manual, the Committee will host community outreach meetings and community events as outlined in the annual work plan.

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

The Committee will process grievances in accordance with the published Grievance function.

JOINT PLANNING COMMITTEE
Policies and Procedures

Policies

The Joint Planning Committee membership shall include representatives of Part A and Part B and will strive to include representatives from Part C, Part D, and Part F, as well as Consumers.

The Committee shall conduct activities to develop and update a Needs Assessment in accordance with the Ryan White C.A.R.E. Act and the Health Resources and Services Administration (HRSA) mandates. At a minimum, the Needs Assessment development and update will include activities to:

- Determine the size and demographics of the population with HIV disease;
- Determine the needs of that population with special attention to:
  - ❖ Identifying the needs of those who know their HIV status and are not in care; and
  - ❖ Identifying disparities in access and services among affected subpopulations and historically underserved populations.

Procedures

The Committee shall be responsible for assessing clients' needs through collection of both qualitative and quantitative data.

The Committee will coordinate the gathering of public comments in conjunction with other Broward County HIV Health Services Planning Council (Council) committees and activities including public outreach meetings.

The Committee will invite representatives from other planning bodies to participate in the preparation of all planning documents coordinate and collaborate the funding available for services to HIV infected individuals.

The Committee will encourage a cooperative, non-duplicative relationship amongst all providers of HIV/AIDS services.

Needs Assessment Components:

- An annual Epidemiological Profile which includes estimates of the size and demographics of the population with HIV disease; estimates of individuals in care and not in care; co-morbidity factors; and other severe need factors which impact the cost and complexity of service delivery;
- An annual analysis of utilization trends for the HIV population in the Ryan White Part A system of care;
- An annual analysis of Ryan White Part A funding in the context of other sources of funding;
- A review of Client Satisfaction reporting;
  An annual review of Client and Provider perceptions including but not limited to:
  - ❖ Client and Provider perceived needs surveying activities; and
  - ❖ Focus Groups and Key Informant Interviewing
- The committee will identify capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.

Priority Setting & Resource Allocation Committee

Policies and Procedures

The Priority Setting & Resource Allocation Committee shall recommend priorities and resource allocations to the Broward County HIV Health Services Planning Council (Council) and/or South Florida AIDS Network (Consortia) for the disbursement of Ryan White Part A and Ryan White Part B funds in Broward County. Priority Setting and Resource Allocation to service categories involves all members of the Council and the Consortia. The process is designed to protect against perceived conflict of interest by adhering to Conflict of Interest policies as identified in the By-Laws of the Council and the Consortia. The Committee may offer input regarding the Housing Opportunities for Persons with HIV/AIDS (HOPWA) Program based upon the collaborative needs assessment results for the HOPWA Grantee to take into consideration. However, the Committee will not provide priority setting and resource allocation for the HOPWA Program.

The Committee shall include members of both the Council and Consortia to ensure collaboration and coordination across funding streams. The Committee shall have co-chairs appointed by the Council and the Consortia, respectively.The Committee shall meet on an as-needed basis as determined by the Council, the Consortia and Committee Chairs.

Persons Living with HIV and community involvement shall be solicited and encouraged at all meetings. The decision making process is publicly stated and implemented as stated.

The Committee shall recommend language to the Council and Consortia on how best to meet each priority and additional factors that the Grantee should consider in disbursing funds under a grant based on: the documented needs of the local HIV infected population; cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available (either demonstrated or probable); priorities of the local HIV-infected communities for whom the services are intended; percentage constituted by the ratio of infants, children and women in the HIV positive population; availability of other local resources and other local priorities as stated.

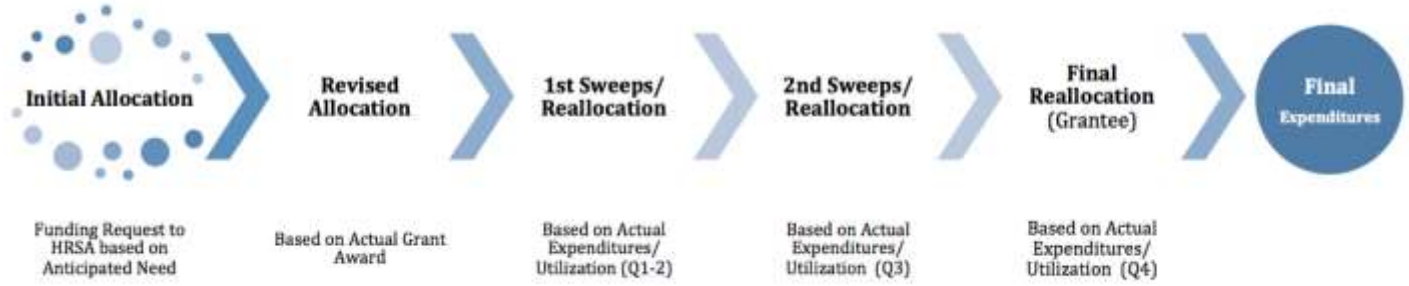
The decision making process is publicly stated and implemented as stated.The Committee shall utilize a "nominal group process method" to set priorities as outlined in the procedures below.The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Grantee.

Priority and allocation recommendations shall be forwarded to the Council and/or Consortia and if approved to the applicable funding source for disbursement of Ryan White Part A and/or Part B dollars.The Grant Administrator shall submit the Part A funding priority award recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards to the Broward County Board of County Commissioners for its approval.

The Planning Council has identified the following core medical services as those, which have a documented need for funding. The Health Resources and Services Administration (HRSA) has classified these services as core medical services, which are in line with the Florida Statewide Coordinated Statement of Need:

1. Outpatient/Ambulatory Health Services
2. AIDS Pharmaceutical Assistance (local)
3. Health Insurance Continuation Program (HICP)
4. Oral Health Care
5. Mental Health Services
6. Medical Case Management (including Treatment Adherence)
7. Substance Abuse Services (outpatient)

Fort Lauderdale/Broward County Annual Resource Allocation/Reallocation Cycle



Initial Allocation (Funding Request to HRSA based on Anticipated Need for the Next Fiscal Year)

The Committee shall determine service priorities and funding allocations with justifications that can be linked back to the Needs Assessment and Comprehensive Plan. This should ensure that service priorities as set by this Committee are being addressed and conforming to a comprehensive continuum of HIV care.

Review Data

- Statewide Coordinated Statement of Need and State and Local Comprehensive Planning Documents
- Surveillance, HIV+ Unaware Estimate (EIIHA) and HIV+ Not In Medical Care (Unmet Need) Estimate
- Client Needs, Priorities and Other Needs Assessment Data
- Client Utilization Data and Spending Patterns
- Quality Management Data
- Other Data as applicable and available

Allocate Funding to Service Categories. The Committee shall first allocate funding to the core services followed by the remaining support services. The process to be utilized when estimating resources needed shall be: # of clients needing service (based on utilization, surveillance and unmet need data) * *the* cost to provide needed service (units per client per year x dollars per unit) - other local resources and/or funding sources + other documented community needs = resources needed to fund anticipated need.

[# of clients* cost] – [other funding + other documented community needs] = resources needed

Estimate Client Need. The Committee shall develop an estimate of the number of clients that have a need for each service category based on current service utilization, prevention and surveillance data, and unmet medical need (aware and not in care) and service gap estimates.

1. Determine current Part A and/or Part B service utilization by service category
2. Estimate # of new clients that will need services
   a. Estimate # of eligible PLWHA needing but not receiving services (service gaps & unmet need)
   b. Estimate # of eligible newly diagnosed PLWHA that will need services

Other Funding. The committee should review the availability of other funding sources/resources for similar services and estimate the number of clients that are likely to be served by other funding.

3. Estimate # clients to be served through other funding of similar services
   a. Subtract # of PLWHA likely to be served through increase in available other funding
   b. Add # of PLWHA estimated to need services due to decreases in other available funding

Revised Allocation (Based on Actual HRSA Ryan White Grant Award)

The following process shall be used to revise allocations based on the receipt of a grant award that is either greater than or less than the amount that was requested by the EMA.

Funding Increase: In the event of a funding award greater than the amount received the previous year, service categories will be funded first at the most recent fiscal year's final expenditures. The grantee will exercise discretion in applying up to $500,000 to core services based on a pro rata share of the amount of the increase in proportion to the original grant application percentage (based on estimated need) for these services.If additional dollars still remain the same process will be applied for Support Service**s.**

Funding Shortages: In the event of funding shortages (i.e., level funding or less than level funding), core service categories will be funded at the prior year's final funded allocation level minus un-obligated administrative and carryover funds. If not feasible or if doing so would result in a reduction equal to or greater than 15% of the final expenditure amount of the previous year allocated to support services, the Grantee's office will convene the committee to revise funding allocations. Deviations in expenditures in excess of 10% in any given funding category shall be reviewed by the Committee for possible reallocation utilizing the same processes as outlined above.

Sweeps and Reallocation Process(Based on periodic review of service utilization)

The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Grantee.

For *periodic reallocation* of resources the following process shall be utilized:The Grantee should present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. The funding should be maintained within the service category if possible. If it is not possible to maintain the funding within the service category, the funding should be moved in ranked order to the next highest ranked category which will experience a shortfall. The Committee reserves the right to deviate from this process to address emergent needs of under-served populations in lower or non-ranked categories. Any deviations from the planned allocation will be documented with justification for why the deviation will occur.

*Final Reallocation:*In order to fully expend funds at the end of the fiscal year, the Committee authorizes the grantee to move funds between categories within a service provider's contract. This authority is given with the understanding that the reallocation process has occurred prior to this shifting of funds, that the amount of dollars involved would be less that 10% of the funding award and that there are less than 120 days left in the fiscal year.

LOCAL PHARMACY ADVISORY COMMITTEE
Policies and Procedure

The Broward County HIV Health Services Planning Council's Pharmacy Advisory Panel (Panel) shall represent all stakeholders by HIV/AIDS care in the community (consumers, providers, regulators and the affected community). The Panel shall be dedicated to the ongoing review of the RW Part A Pharmacy Service Category.

The Panel's Mission shall be:

- To make recommendations to the appropriate committees of the HIVPC to improve the quality, cost-effectiveness and allocation of resources to pharmacy services;
- To develop and implement a standardized mechanism for pharmacy services (i.e., policies and procedures, drug access, formulary changes and cost/impact analysis);
- To efficiently collect and evaluate current pharmacy data (i.e., utilization, cost, eligibility) for the impact of the Part A system of care;
- To coordinate pharmacy services in collaboration with other funding streams (i.e., ADAP, Part B, Medicaid, private payors, including private insurance providers); and
- To review current pharmacologic therapeutic regimens and federal guidelines.

PART A LOCAL PHARMACY ASSISTANCE PROGRAM POLICIES
RYAN WHITE PART A

1. **HIV Persons Treatment Naïve**
    a. Will not be eligible for Part A anti-retroviral (ARV) or opportunistic infection (OI) medication coverage and will be required to access Prescription Assistance Programs (PAPs) directly.

2. **Individuals With A Gap Between PAP And/Or ADAP Who Are Not Treatment Naïve (ADAP Wait List)**
    a. Part A will cover ARV and OI medications for an individual for 10 days with a medical exception request pending.
    b. Part A will cover ARV and OI medications for an individual for 10 days with a PAP request pending.
    c. In order to access Part A services, individual's information will need to be entered into Provide Enterprise.

3. **Non-ARV/Non-OI Drugs Will No Longer Be Covered By ADAP As Of August 1, 2010 (Tier 3 Medications)**
    a. All reduced ADAP formulary drugs on a 120 day temporary access starting August 1, 2010.
    b. An application to a PAP is required to access medications through Part A.
    c. In order to access Part A services, individual's information will need to be entered into Provide Enterprise.

4. **Traditional Part A Drugs Not Covered By ADAP (Part A Formulary)**
    a. Part A will provide coverage of these medications while under review by the Local Pharmacy Advisory Committee (LPAC).
    b. In order to access Part A services, individual's information will need to be entered into Provide Enterprise.

5. **Adolescents**
    a. Adolescents will be covered by Medicaid or ADAP until age 18.
    b. Part A will provide a 10 day supply of ARV and OI medications for Adolescents who may lose their Medicaid or ADAP coverage pending accessing PAPs.
    c. In order to access Part A services, Adolescent's information will need to be entered into Provide Enterprise.

Note: The 10 day medication supply can be extended with the pre-approval of the Ryan White Part A Program Office.

Note: Any medications removed from the Part A formulary will be removed effective immediately, allowing for a transition period of 60 days.

QUALITY MANAGEMENT COMMITTEE
Policies and Procedures

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.

Policy

The Quality Management (QM) Committee shall ensure that the highest quality HIV medical care and support services are provided to eligible Broward County Residents living with HIV/AIDS by developing client and system based outcomes and indicators, providing oversight of standards of care within the service delivery models, developing scopes of service for program evaluation studies, evaluate client satisfaction and identify client and staff education and training needs.

Annual Work Plan Goals

- Develop 5-Year QM Plan
- Develop Annual QM Plan
- Review & Modify Client-Level Outcomes and Indicators
- Provide Quality Assurance and Quality Improvement Training to All Stakeholders
- Develop and Implement QM Committee Policies and Procedures
- Review Performance Measures
- Approve Service Delivery Model Modification
- Implement Client Satisfaction Survey
- Develop and Implement Quality Improvement Projects (QIPs)
- Conduct Annual QM Plan Evaluation
- Participate in the development of the Clinical Quality Management section of the Ryan White Grant Application

Procedure

QM Committee functions as a committee of the Broward County EMA HIV Planning Council. The QM Committee is co-chaired/facilitated by a representative of the HIV Planning Council and an ex-officio co-chair of the Grantee's office, and, as such the ex-officio co-chair does not have voting privileges.

Membership of the committee should ideally consist of consumers, client service professionals, and HIV and non-HIV providers. Committee membership must be broadly reflective of the epidemic. To assist and inform the QM Committee's work, the Service Provider Networks are invited and encouraged to provide input into the development of client and system based outcomes and associated indicators as indicated in the QM Committee Policy section.

Program data and research are provided by Council and Clinical Quality Assurance staff, drawing from a wide-range data sources.

The QM Committee maintains oversight of Standards of Care within Service Delivery Models including:

a. Application of Best Practice Models
b. Review of Standards of Care
c. Recommend changes to Standards of Care to:
    i. Conform to best practice models
    ii. Support achievement of client and system outcomes
    iii. Respond to emerging client needs
d. Direct QI Networks to make specific service protocol modifications to support recommended changes to standards of care
    i. Approve the need for program evaluation studies.

ii. Develop and/or approve the Scopes of Service for program evaluation studies.
iii. Identify and recommend opportunities to improve Client satisfaction.

Assess Effectiveness of Services Offered in Meeting the Identified Needs:

1. Identify and approve tools/data needed to perform an assessment, including relevant reports, questionnaires, or other sources of information.
   a. Aggregate Service Outcome Data
   b. Initial and Updated Implementation Plans
   c. Other Studies (Peer reviews; Aggregate Programmatic Monitoring Reports; AETC/Chart Reviews, etc.)
2. Develop those tools not currently available.
3. Collect and review data
4. Evaluate the Assessment Process

ADDITIONAL POLICIES AND PROCEDURES

I. Attendance Policy
II. Ordinance of the Board of County Commissioners of Broward County (Ordinance 2009-39)
III. Removal Process
IV. Reporting Violations Process
V. Nominating Procedure
VI. Grievance Policy
VII. Travel and Reimbursement Policy
VIII. Mentoring Policy
IX. Ground Rules
X. Code of Ethics
XI. Sunshine
XII. Voting Conflicts
XIII. Public Comment
XIV. Meeting Evaluations

ATTENDANCE POLICY OVERVIEW

The HIV Health Services Planning Council adopted Broward County Code of Ordinances Section 1-233 for the Planning Council September 2008 and for the Committees September 2009. The following outlines the Planning Council and Committee attendance policy.

Automatic Removal for Unexcused Absences

A member will automatically be removed from the Planning Council or committee that meets more frequently than quarterly if he/she:

- Has **three (3) consecutive** unexcused absences regardless of year, or
- Misses **four (4) meetings in one (1) calendar year** (January-December) because of unexcused absences.

A member will automatically be removed from the committee that meets on a quarterly or less frequent basis if he/she:

- Has **two (2) consecutive** unexcused absences regardless of year, or
- Misses **two (2) meetings in one (1) calendar year** (January-December) because of unexcused absences.

Attendance records are based on the sign-in sheet. **Members must sign in to be considered present at the meeting.**

Notification of Attendance

Members must notify Planning Council Support Staff at least **two (2) business days** prior to the meeting as to whether they will or will not attend the meeting, unless the occurrence of an excused absence for reasons 2-4 indicated above, makes such notice impracticable.

Failure to notify Support Staff within that time period shall be considered an absence. Members who have notified Support Staff that they cannot attend the meeting will be considered absent even if the meeting is cancelled due to lack of a quorum.

Once a quorum has been established by members who are physically present at a meeting, members who are not physically present may attend and participate in such meeting by telephone. If quorum is not achieved by members who are physically present, members who are not physically present but participating via telephone will be considered absent. If a member would like to participate via telephone, they must inform Support Staff at least **two (2) business days** prior to the meeting.

Excused Absences

The Planning Council or Committee Chair reviews all requests for an excused absence. The absence of a member shall be deemed excused under the following circumstances:

1. HIV-related illness;
2. When member is performing an authorized alternative activity relating to outside Planning Council business that directly conflicts with the properly noticed meeting;
3. Death of member's domestic partner or immediate family member (spouse, father, mother, one who has stood in the place of a parent [in loco parentis], child, and stepchild, domiciled in the employee's household); or
4. Member's hospitalization.
5. When the member is summoned to jury duty
6. When the member is issued a subpoena by a court of competent jurisdiction

DIVISION 1. - GENERAL PROVISIONS

Sec. 1-233. - Terms of appointees to Broward County agencies, authorities, boards, committees, commissions, councils, and task forces; quorum.

All appointments to advisory boards, committees, commissions, councils, and task forces established by Broward County ordinance or resolution (collectively, "advisory boards"), and all appointments to agencies, development and redevelopment authorities, and regulatory and adjustment boards established pursuant to federal or state law, the Broward County Charter, or interlocal agreements (collectively, "other boards"), shall be subject to the following requirements except where inconsistent with the Broward County Charter, general or special law, or the enabling enactments of such advisory or other boards:

(a) (1) A fixed-term appointment shall expire on the last day of the fixed term unless the appointee is removed for cause under applicable law.

(2) If the appointment is not for a fixed term, the appointee shall serve until:

a. He or she is removed by the appointing/nominating Commissioner or other appointing/nominating authority; or

b. The sooner of 1. or 2. below:

1. A successor is appointed, or the incumbent appointee is reappointed, by a newly-elected or newly-appointed Commissioner; or

2. Six (6) months after the official date on which a newly-elected or newly-appointed Commissioner enters office.

If a newly-elected or newly-appointed Commissioner fails to appoint a successor, or reappoint the incumbent appointee, within six (6) months of entering office, the County Administrator or his or her designee shall notify the appointee of the expiration of his or her term, and the board seat shall remain vacant until filled.

(3) Best efforts shall be employed to ensure that the membership of all advisory and other boards will fairly represent the diverse population and demographics of the County.

(4) The provisions of this subsections shall be applied prospectively.

(b) (1) A person appointed to an advisory or other board, shall be a resident of Broward County and shall maintain residency in Broward County during the term of appointment.

(2) No person may be appointed by the Broward County Commission to more than one (1) advisory or other board, except that an elected County or municipal officer appointed in an official capacity may serve on more than one (1) advisory or other board to which at least one (1) such elected official is required to be appointed. In addition to serving in an official capacity, an elected County or municipal officer may serve on one (1) advisory board in an individual capacity so long as such appointment does not otherwise violate the dual-office holding provision of the Florida Constitution.

(3) A County employee may serve as a voting member on an advisory or other board, as long as he or she is appointed by a body other than the County Commission. No County employee shall be appointed by a County Commissioner to a board.

(c) Any advisory or other board appointee who fails to meet the requirements of his or her appointment of including residency if required to live in the district, is automatically disqualified and his or her appointment shall immediately cease and be deemed vacant.

(d) Advisory and other boards shall meet quarterly unless any such board determines that meetings are required more or less frequently.

(e) Removal from boards based upon attendance: When an advisory board, or other board whose enabling enactment or bylaws adopt the attendance requirements of this subsection, meets on a quarterly or less frequent basis, an appointee shall be automatically removed as a member if he or she has two (2) consecutive unexcused absences or misses two (2) properly-noticed meetings in one (1) calendar year because of unexcused absences. If any such board meets more frequently than quarterly, an appointee shall be automatically removed as a member if he or she has three (3) consecutive unexcused absences or misses four (4) properly-noticed meetings in one (1) calendar year because of unexcused absences.

(1) The automatic removal of an appointee is deemed effective when written notice of the reason for the removal has been sent by the County Administrator or his or her designee to the appointee.

(2) The automatic removal provisions of this subsection do not apply to Water Advisory Board members appointed by non-County entities, or to members of the HIV Health Services Planning Council whose absences are related to the members' HIV status.

(3) The absence of an advisory or other board member shall be deemed excused under the following circumstances:

a. When the member is performing an authorized alternative activity relating to outside board business that directly conflicts with the properly-noticed meeting;

b. The death of an immediate family member, defined as a spouse, father, mother, stepparent, one who has stood in the place of a parent (in loco parentis), child, or stepchild domiciled in the member's household;

c. The death of a member's domestic partner;

d. The member's hospitalization;

e. When the member is summoned to jury duty; or

f. When the member is issued a subpoena by a court of competent jurisdiction.

(4) Attendance records for appointees to advisory boards, and attendance records for appointees to other boards whose enabling enactments or bylaws adopt the attendance requirements of this subsection, shall be submitted by the board coordinators to the County Administrator or his or her designee within two (2) weeks after each meeting to determine attendance compliance. Such appointees shall notify the board coordinator at least two (2) business days prior to the scheduled meeting date as to whether they will or will not attend the meeting, unless the occurrence of an event specified in Subsections (e)(3)b. - d. makes such notice impracticable. Failure to notify the board coordinator within that time period shall be considered an absence. This notification requirement will allow ample time for cancellation if it is determined the meeting will not have a quorum present. Appointees who have notified the board coordinator that they cannot attend the meeting will be considered absent even if the meeting is cancelled due to lack of a quorum. The chair of the board, shall, in his or her discretion, determine whether the appointee's absence meets any of the criteria for an excused absence set forth in this subsection.

(5) If an appointee is automatically removed under this subsection for violating the attendance requirements, the appointing/nominating Commissioner or other appointing/nominating authority may reappoint the appointee when extenuating circumstances, as determined by the appointing/nominating authority, are found to exist for the appointee's absences.

(f) To ensure that members of advisory and other boards do not have to choose between attending meetings or observing religious holidays, members may request that meetings not be scheduled on religious holidays, and the chairs of such boards must honor those requests.

(g) The number of members needed to constitute a quorum on any advisory or other board shall be a majority of the total appointed board members. Once a quorum has been established by members who are physically present at a meeting, members who are not physically present may attend and participate in such meeting by telephone.

(h) Following notification of the occurrence of a vacancy on any advisory or other board due to any reason whatsoever, the County Administrator or his or her designee shall follow the procedures set forth in the Broward County Administrative Code relating to said vacancy.

(i) Advisory boards created by resolution rather than ordinance may continue to be amended by resolution.

(Ord. No. 79-36, § 1, 6-20-79; Ord. No. 89-19, § 1, 5-9-89; Ord. No. 92-4, § 1, 3-10-92; Ord. No. 92-13, § 1, 5-12-92; Ord. No. 92-46, § 1, 11-10-92; Ord. No. 95-18, § 1, 4-11-95; Ord. No. 1999-06, § 1, 2-23-99; Ord. No. 2001-01, § 1, 1-9-01; Ord. No. 2001-10, § 1, 3-27-01; Ord. No. 2002-10, § 1, 3-18-02; Ord. No. 2003-21, § 1, 6-10-03; Ord. No. 2005-01, § 1, 1-11-05; Ord. No. 2005-16, § 1, 6-28-05; Ord. No. 2006-17, § 1, 6-13-06; Ord. No. 2008-36, § 1, 9-9-08; Ord. No. 2009-39, § 1, 6-23-09; Ord. No. 2012-30, § 1, 10-23-12)

Sec. 1-234. - Voting conflicts for members of county boards, authorities and commissions.

(a) The Board of County Commissioners hereby finds and determines that there is an appearance of a conflict of interest within the intent of § 286.012, F.S. where a member of a county commission-created board, commission, or authority, also serves as an employee of a public entity, or as an officer or member of the board of directors of a private entity, which stands to specially gain or lose from action to be taken by the county board on which he or she serves.

(b) In order to preserve the public's confidence in the fairness and objectivity of the County's boards and to avoid conflicts of interest, it is the policy of the Board of County Commissioners that members of such boards abstain from participation in discussion and voting on matters which would enure to the special gain or loss of any private entity for which they serve as an officer or member of its board of directors, or of any public entity for which they serve as an employee. Compliance with this policy shall be a condition of all board members' continued membership. Violation shall subject the board member to immediate removal by the Board of County Commissioners notwithstanding that the member may have been appointed by an appointing authority other than the Board of County Commissioners.

(c) A special gain or loss means an economic benefit, either immediate or future, tangible or intangible, which is not merely remote or speculative, and which affects a relatively limited class of people.

(d) The term "employee" for the purposes of this section shall not include any elected official of a public entity.

(e) The voting conflict provision set forth in subsection (b) shall not apply to municipal employee members of the Committee for Community Development when voting on Community Development Block Grant Program Funds.

(f) Procedures for implementation of this section shall be adopted by resolution of the Board of County Commissioners.

(Ord. No. 1997-44, § 1, 10-28-97; Ord. No. 1998-12, § 1, 5-12-98; Ord. No. 1999-47, § 1, 8-31-99)

Secs. 1-235—1-243. - Reserved.

BROWARD COUNTY CODE OF ORDINANCES
CHAPTER 1, ARTICLE XII. BOARDS, AUTHORITIES AND AGENCIES GENERALLY

GENERAL REQUIREMENT AND POLICIES

Sec. 1-233. Terms of appointees to Broward County agencies, authorities, boards, committees, commissions, councils, and task forces; quorum

Removal based on Attendance

1. Board meetings on a quarterly or less frequent basis: Members will be removed after two (2) consecutive unexcused absences or missing two (2) properly noticed meetings in one (1) calendar year.
2. Board meetings more frequently than quarterly: Members will be removed after three (3) consecutive unexcused absences or missing for (4) properly noticed meetings in one (1) calendar year.

Excused Absences

Require written notice to the chair of the board prior to the meeting (when practicable). The chair of the board shall determine whether the absence meets the criteria for an excused absence. Members may be excused **ONLY** for the following reasons:

1. Member performing an authorized alternative activity relating to outside advisory board business that directly conflicts with the properly noticed meeting;
2. Death of an immediate family member (spouse, father, mother, stepparent, in loco parentis, child, or stepchild domiciled in member's household);
3. Death of member's domestic partner;
4. Member's hospitalization;
5. Member summoned for jury duty; or
6. Member is issued a subpoena by a court of competent jurisdiction.

Non-excused absences

1. Out of town business.
2. Doing business or attending a meeting for member's company.
3. Attending another meeting as an elected official.
4. Car problems.

Requirements of Appointment

Any advisory board appointee who fails to meet the requirements of his or her appointment, including residency, if required to live in the district, is automatically disqualified, and his or her appointment shall immediately cease and be deemed vacant.

Quorum Rules

Once a quorum has been established by members physically present at a meeting, members who are not physically present may attend and participate in such meeting by telephone.

Appointees shall notify the board coordinator *at least two (2) business days prior* to the scheduled meeting date as to whether they will or will not attend the meeting. This will allow the cancellation of a meeting due to a lack of quorum prior to the actual meeting date.

If a board member does not confirm to the board coordinator that he or she will be present, at least 2 days prior to the meeting, he or she will be marked absent.

If a meeting is **scheduled and a sufficient number of members to constitute a quorum CONFIRMED** that they will be physically present at the meeting:

- Members present will be marked as attending.
- Members who telephone in, will be marked as attending.
- Members not present will be marked absent.
- Members who did not confirm they were attending will be marked absent.

If a meeting is **scheduled and a sufficient number of members to have quorum DID NOT CONFIRM** that they will be physically present at the meeting, **THE MEETING WILL BE CANCELLED PRIOR TO THE MEETING DATE**:

- Members not present will be marked absent.
- Members who intended to telephone in, will be marked absent.
- Members who did not confirm that they were attending will be marked absent.
- Members who confirmed they would be attending will be marked *present* and it will be noted on the attendance sheet that the meeting was cancelled.

If a meeting is **scheduled and sufficient number of members to constitute a quorum CONFIRMED** that they will be physically present at the meeting, **BUT QUORUM WAS NOT PRESENT AT THE MEETING, THE MEETING WILL BE CANCELLED**:

- Members present will be marked as attending but it will be noted that the meeting was cancelled.
- Members not present will be marked absent.
- Members who telephone in, will be absent.
- Members who did not confirm that they were attending will be marked absent.

(Ord. No. 79-36, § 1, 6-20-79; Ord. No. 89-19, § 1, 5-9-89; Ord. No. 92-4, § 1, 3-10-92; Ord. No. 92-13, § 1, 5-12-92; Ord. No. 92-46, § 1, 11-10-92; Ord. No. 95-18, § 1, 4-11-95; Ord. No. 1999-06, § 1, 2-23-99; Ord. No. 2001-01, § 1, 1-9-01; Ord. No. 2001-10, § 1, 3-27-01; Ord. No. 2002-10, § 1, 3-18-02; Ord. No. 2003-21, § 1, 6-10-03; Ord. No. 2005-01, § 1, 1-11-05; Ord. No. 2005-16, § 1, 6-28-05; Ord. No. 2006-17, § 1, 6-13-06; Ord. No. 2008-36, § 1, 9-9-08; Ord. No. 2009-39, § 1, 6-23-09; Ord. No. 2012-30, § 1, 10-23-12)

REMOVAL PROCESS

A. Removal for Attendance

Members 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 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.
    e. Signature(s) and date of submission of Council or Committee Member(s) recommending the removal.

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

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 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.

Policy on Reporting Violations of By-Laws and Policies & Procedures

Policy

The EMA offers a process for reporting potential violations of HIV Planning Council policies, so they can be corrected if necessary.

A. What is covered – The process can be used to report potential violations of the Planning Council By-Laws and the Policies & Procedures of the Planning Council and its Committees.

B. Who may report – Potential violations may be reported by **c**onsumers of Ryan White services, members of the Planning Council members, members of the Council's Committee, Ryan White Grantees, Council staff and Ryan White providers.

C. Reporting Procedure – One of the following methods must be used to report violations:

1. Verbally at a meeting of the Planning Council or one of its Committees. Written documentation of the violation subsequently may be required.
2. In writing via letter or email to Planning Council staff.

D. Planning Council response – Regardless of which method is used to report a potential violation; the receiving party (Council Chair, Committee Chair or Council staff) shall refer the report to be reviewed at the next Executive Committee meeting. The Executive Committee may make a finding on the report or delay action to obtain more information. If the report involves a violation of the By-Laws, the Executive Committee will refer it to the ad Hoc Committee on By-Laws for a finding. If By-Laws is not active at the time, the committee will be convened in a timely manner to review the report.

E. Appeals – The person reporting the violation may appeal a finding to the Planning Council by filing a grievance, if the subject matter of the violation meets the criteria for filing a grievance.

Alternative language

If the above policy is too large to go in the By-Laws, the following language could be added to the By-Laws and the full policy could be added to Policies & Procedures:

Article X
Section 5: The EMA offers a process for reporting potential violations of HIVPC policies, so they can be corrected if necessary. The process is found in the Council Policies & Procedures.

Approved 12.12.13

NOMINATING PROCEDURE

The Planning Council Chair will appoint a Nominating Committee (at least 4 months prior to the election date) composed of not less than five (5) Council members. At least one member shall be an unaffiliated person living with HIV/AIDS.

At the October HIVPC meeting (prior to the January election), Council Members will be given a form to express their interest in running for Chair or Vice Chair along with a form questionnaire containing a set of questions about why they want to be an officer and their past leadership experience. The deadline for submitting responses will be 2 weeks.

At the beginning of the next Planning Council meeting, the slate of all members that have indicated interest in running for office will be presented and a verbal call for nominations from the floor will take place. Those candidates nominated from the floor will be provided an opportunity to answer the questions on the questionnaire form. The presentation should be limited to 5 minutes with an additional 2 minutes for clarification relevant to the responses. The deadline for submitting responses will be 2 weeks from the verbal call for nominations.

NOMINATIONS WILL THEN BE CLOSED.

The Nominating Committee will meet following Planning Council to review the nominations received to date and prepare a slate of all candidates. Candidate questionnaire forms will be included in the January Planning Council mailing.

At the beginning of the following Planning Council meeting, ballots will be distributed to members present. The ballots will include the candidates' names for Chair and Vice Chair. Planning Council members will be required to write their name on the ballot for record-keeping purposes.

Election of Officers per Article V Section 2 shall utilize a majority vote double election system (primary election and a secondary run-off election). The double election system is a primary election where you vote for your first choice and then, when your first choice candidate is eliminated in the primary, you go to the voting booth at the final election and. vote your second choice.

Before the close of the January meeting, the Chair of the Nominating Committee will announce the new officers and read each vote into the record.

Terms of office are effective at the first meeting in March.

Grievance Policy and Procedure for Planning Council Actions

The Part A Executive Committee (Committee) will provide a clearinghouse and facilitate resolution of grievances in an open, inclusive, non-discriminatory and impartial manner. Pre-dispute activities (such as publicly announcing all Broward County HIV Health Services Planning Council (Council), and Committee meetings, encouraging participation and feedback from members of the community at all Council, and Committee meetings, establishment of policies for attendance-related expense reimbursement for the infected community, development and distribution of outreach materials, including Grievance and Membership flyers, offering technical assistance, and informing the public of decision making procedures) have been enacted which assist in preventing potential grievances. The Committee is responsible for ensuring that consumer groups, affected individuals with direct interest, service providers, and Council members are aware of and have access to operating procedures available to address grievances. The Committee operates in accordance with applicable State and County conflict of interest statutes and ordinances.

The Committee will address grievances by individuals, community groups, council members and Part A providers eligible to receive Ryan White Part A funding which have been adversely affected by any actions of the Council involving the following: the needs assessment process, the comprehensive planning process, the priority setting process (including language regarding how best to meet such priorities), the clinical outcome/cost effectiveness determination process and allocation (as well as any possible reallocation) of funds to service categories process. For a grievance to be eligible for consideration, deviation from established, written processes or policies must be stated within the claim. All appeals from an initial action must be filed within two weeks of any decision, deviation or incident, and all resolutions or remedies are meant to apply prospectively. To avoid conflict of interest, grievances relative to the process used to select Part A service providers shall be in accordance with the Broward County Administrative Code.

Policies

1. A grievance will become an official document and will be addressed only after the appropriate form has been completed and submitted.
2. The form contains a statement of understanding which includes permission to gather information and a release of information waiver.
3. Once the form (or written statement) has been completed, it can be delivered to the Council and/or staff support office by the grievant where it will be forwarded to the Chairperson(s) of the Committee. The Chairperson(s) will determine grievant eligibility, whether grievance is within the scope of the Committee. For grievances regarding Council, third party mediator will be chosen from the following list by the Executive Director of the agency providing council support services for Part A, who will also register all grievances and relay all mediation decisions to the grievant.
    - American Arbitration Association; 799 Brickell Plaza, Suite 600, Miami; (305) 358-7777
    - Florida Arbitration and Mediation Service; P.O. Box 1799, Ft. Lauderdale; (954) 523-8404
    - Meah Rothman Tell, ESQ.; P.O. Box 25490, Tamarac; (954) 733-5000
    - Romaine Brown, PA; 8551 W Sunrise Blvd, Plantation; (954) 315-1160
    - Stephen M. Feidelman, PA; 3389 Sheridan St., PMB #244, Hollywood, FL; (954) 927-2889
4. All fact finding will begin promptly and will be considered at the regular monthly meeting of the Committee with all complaints being addressed within thirty days.
5. Grievances will be evaluated and triaged by the Committee to the appropriate body. The members of the Committee will serve as an outside resource to facilitate the resolution of grievances. This is an informal process to facilitate discussion emphasizing negotiation and compromise using a mutually agreeable mediator. Any grievance which cannot be satisfactorily resolved by the mediation process may be forwarded to formal binding arbitration by a neutral third party as outlined in the Procedures Section of this document. Should the voluntary mediation process fail to resolve a grievance, the grievant or aggrieved party may, in accordance with the rules of binding arbitration as issued by the Council complete the “Notice of Grievance for Planning Council Actions Form.”

Procedures

1. The Committee Chair(s) will assign a fact finder, within ten working days, mutually agreeable to both

parties to gather facts from the concerned parties in an attempt to resolve the problem.

2. The fact finder will notify both parties of the rules of arbitration and mediation and inform both parties of the ramifications of the Sunshine Law as it pertains to confidentiality in the resolution of the grievance.
3. A fact finder will automatically withdraw him/herself from investigations involving a provider with which he/she has an affiliation or direct financial interest, to avoid any possible conflict of interest issue.
4. A summary of information gathered from all concerned parties will be returned to the Committee, during its regularly scheduled monthly meeting, in the conference room of the council support offices, presently Broward Regional Health Planning Council, 200 Oakwood Lane, Suite 100, Hollywood. .
5. The Committee Chair(s) will schedule a committee meeting, within 30 days, to present summary information and facilitate negotiation and compromise between all concerned parties.
6. Grievance documentation will be maintained in a locked file by council support staff, and be available on a need-to-know basis.
7. While the mediation process is voluntary and depends on volunteer time in an effort to minimize costs, the costs of binding arbitration can be considerable. All efforts will be made to secure pro bono arbitrator services, to reduce these costs. Costs incurred in resolving grievances against the Council or its processes, will be included in Council support budget.
8. Grievances against the grantee or its selected providers are the responsibility of the grantee, and handled in accordance with Broward County procedures.

Notice of Grievance for Planning Council Actions Form

Name:		Date:	
Address:			
City:		ZIP Code:	
Phone:			

Indicate which process(es) directly affects grievant:

Clinical Outcomes/Cost Effectiveness & Allocation of Funds to Services: Amount of Ryan White Part A dollars set aside for each identified HIV/AIDS service need.	
Comprehensive Planning: Groundwork to thoroughly determine and satisfy PLWHA service needs.	
Needs Assessment: Information collected annually to identify needs of PLWHA in County.	
Priority Setting Process: Put the HIV/AIDS service needs in ranked order of importance as determined by PLWHA, service providers and the community.	
Policies and Procedures: The grievant must clearly set forth how the Broward County HIV Planning Council (Council) has either a) deviated from an established written priority setting or resource allocation process or b) deviated from an established, written process for any subsequent changes to priorities or allocations.	

What is the problem? Please describe in detail the grievance, use additional pages if needed. For each page used, please include name, date and page numbers.

What would you like to happen?

ACKNOWLEDGMENT

I hereby acknowledge the receipt of the Grievance Policy and Procedure for Planning Council Actions and the Notice of Grievance for Planning Council Actions Forms. I acknowledge that I have read and understood the Notice of Grievance for Planning Council Actions, including the time limits imposed, and that by signing below I am agreeing to be bound by the decision of the arbitrator.

_____ _____

Name of Grievant Name of Responding Party Date _____

_____ _____

If grievant is an organization, name of Authorized individual. If responding party is an organization, Name of responsible individual. Date _____

_____ _____

Address Address

_____ _____

City State Zip Code City State Zip Code

_____ _____

Telephone Fax Telephone Fax

_____ _____

Signature Signature Date _____

Please file ____ copies of this form with the Broward Regional Health Planning Council, Inc., 200 Oakwood Lane. Suite 100 Hollywood, Fl 33020, Attn: President/CEO

TRAVEL POLICY AND PROCEDURE

PURPOSE

To facilitate representation of the Broward County HIV Health Services Planning Council (Council) at out-of-local area conferences, workshops, and other eligible activities that may directly benefit the work of the Council under the Ryan White Part A grant.

SCOPE

Applies to all Council Members and Alternates.

POLICIES

1. Reimbursement for expenses shall be limited to those expenses that are not reimbursable through other funding sources.

2. International travel is prohibited.

3. Local mileage reimbursement is authorized for people living with HIV/AIDS (PLWHA) as outlined in the Policy on Reimbursement of Expenses.

4. The Executive Committee shall recommend representative(s) (to include care givers as needed) to attend out-of-local area conferences, workshops and/or functions for the purpose described above.

5. The Council Travel Policy shall be consistent with applicable Federal, State and Local travel policies.

6. The Council Travel Policy shall utilize State of Florida reimbursement rules and regulations and any appropriate Broward County policy.

7. The Council Travel Policy shall provide an exception to the State of Florida reimbursement rules and regulations for Persons Living with HIV/AIDS (PLWH) in that meal allowances shall be calculated at 2 times the State reimbursement rate to all for full and effective participation of PLWH and insure medication compliance.

8. Persons with disabilities shall not be discriminated against when the Council considers its representation at out-of-local area conferences, workshops and/or functions. Allowable disabilities may include sight impairment, hearing impairment or other physical disability. A person with a disability may request the assistance of a care giver to complete out-of-area travel. The level of assistance required by the care giver shall be defined in advance by the PLWH requesting the assistance. Requests for care givers shall be approved on a case-by-case basis. Additional costs may be incurred to accommodate their participation. Reimbursement for care givers shall be consistent with State of Florida Travel guidelines with the exception that per diem shall be calculated at two times state reimbursement rate for meals.

9. Travelers must agree in advance to:
    a. Comply with Council Travel Policy including submission of receipts/documentation required. For a description of receipts/documentation required, see estimate of travel expense worksheet and its instructions.

b. Participate in the event.
c. Provide a report to the Executive Committee and the full Council.

10. Reports of conferences, workshops and/or functions should be included in the Executive Committee Report to the HIVPC.

CRITERIA FOR DETERMINING HIVPC REPRESENTATION:

1. Preference shall be given to Council Members and Alternates who will best represent the Council and HIV/AIDS community needs.

2. Preference shall be given to qualified (based on areas of interest/expertise as provided on the Council membership form, updated annually) PLWHs.

3. Preference shall be given to individuals who have not been previously selected to represent the Council at out-of-local area conferences, workshops, and/or functions.

4. Preference shall be given to the Council Member(s) and Alternate(s) who first provided information to Council Support staff on the conference, workshop and/or function for which Council representation is being considered, if these individual(s) request consideration.

PROCEDURES

1. The Executive Committee shall meet on an as-needed bases as determined by the Council. PLWH and Community involvement shall be solicited and encouraged at all meetings. Notifications to Executive Committee meetings shall follow the Council By-laws, County Ordinances, and State of Florida Government in the Sunshine Laws.

2. The Decision making process is publicly stated and implemented as stated.

3. Council support staff shall be a clearing-house for conferences, workshops and/or functions.

4. Council Members and Alternates shall submit conference, workshop and/or function information to Council support staff (preferably 60 days in advance of conference) and note interest/availability in attending.

5. Council Support staff shall disseminate conference, workshop and/or function information to Council Members and Alternates in the monthly HIVPC meeting mailing.

6. Council Support staff will notify the Part A grantee, immediately upon receipt of all pertinent information, by submitting a copy of the announcement for the conference, workshop and/or function and a statement of funding availability based on existing travel budget.

7. Council Members and Alternates shall notify Council Support staff of interest in participating in the conference, workshop and/or function. Council Support staff will provide the Part A grantee a list of Council Members and Alternates who have expressed interest in this activity.

8. The Executive Committee, with input from the Part A grantee, shall determine the eligibility of the activity for consideration, and shall formulate recommendations on Council representation based on established criteria.

9. The Executive Committee shall submit to the full Council the names of the recommended individuals to attend the conference, workshop and/or function.

10. Council support staff shall assist traveler(s) in travel arrangements including securing required reservations (i.e., hotel, airline, conference, workshop and/or function registration, etc.) And preparation of Council estimate of Travel Expense worksheet.

11. Within seven business days of completion of travel, traveler(s) shall submit to Council support staff all required receipts/documentation and to set meeting to prepare report for Council.

Estimate of Travel Expense Worksheet

1 Check One: PC Member _____ PC Alternate _____ (1) Request PLWH Rates _____ PC Staff _____

2 Name of Traveler _____ Telephone _____

3 Home Address _____

4 Travel Origin _____ Destination: _____

5 Date of Departure _____ Date of Return _____

6 Time of Departure _____ Time of Return _____

TRANSPORTATION

7 Method of Transportation (check one): Personal _____ Airline _____

8 Auto Map mileage _____ + vicinity miles _____ = Total miles 0 x .445 = 0.00

9 Air: Carrier Name: _____ Amount of Fare: _____

Carrier Name: _____ Amount of Fare: _____

10 Rental Car: Name of Company: _____ Charge _____

11 Gas for Rental Car: _____ Charge _____

PER DIEM AND MEAL EXPENSES:

PER DIEM (6 hour periods for overnight travel)

12 Quarters _____ @ $20.00 each or _____ @ $20.00 each for PLWH 0.00

OR MEALS PLUS HOTEL

13 breakfasts _____ @ $6.00 or _____ @ $6.00 for PLWH 0.00
(left before 6:00 a.m., back after 8:00 a.m.)

lunches _____ @ $11.00 or _____ @ $11.00 for PLWH 0.00
(left before noon, back after 2:00 p.m.)

dinners _____ @ $19.00 or _____ @ $19.00 for PLWH 0.00
(left before 6:00 p.m., back after 8:00 p.m.)

itemized hotel bills (room rate portion only) _____

OTHER EXPENSES: (Specify and attach receipts):

14 Road Tolls: _____ Parking Fees: _____ Taxi Fares: _____

Other (Specify): _____ 0.00

TOTAL TRANSPORTA 0.00

TOTAL PER DIEM/MEALS: 0.00

TOTAL OTHER: 0.00

TOTAL ESTIMATED EXPENSE: 0.00

(1) Persons With HIV disease (PLWH) rates calculated as stipulated in HIVPC Travel Policy and Procedure

PURPOSE

The participation of persons living with HIV (PLWH) is a crucial and required component of the Ryan White planning process. For this reason, the Ryan White Part A Program, administrative entity for the program, has established a process for basic reimbursements subject to availability of funds and need. The primary goal of this policy is to ensure the representation of eligible Planning Council members and alternates who are living with HIV/AIDS to be reimbursed for their reasonable expenses for attending approved meetings for the Council or committees on which they serve as an active member.

PROCEDURE

In order to maximize restricted funds and to stay within monthly budgetary limits, staff monitoring budget allocations, utilization and verify accuracy of requests as well as submitted supportive documentation. Reimbursement shall be provided for such items as transportation, meals, and lost wages. The Council member shall execute an affidavit attesting to the validity of the reimbursement request. Reimbursement for expenses shall be limited to those expenses that are not reimbursable through other funding sources. Expense reimbursement shall be limited to unaffiliated PLWHA Council members and alternates for attending meetings for the Council or committees on which they serve as an active member.

Mileage Reimbursement

The transportation mileage rate shall be consistent with the Broward County mileage rate allowance. Other allowable transportation shall include reasonable bus fare, tri-rail and taxicabs. Taxicabs shall be pre-authorized or used in emergency situations only. Pre-arranged agency transportation shall be used whenever possible. Allowable transportation expenses shall also include reimbursement for parking and toll costs.

Members should submit reimbursement for all transportation expenses incurred, with a maximum reimbursement of $50.00 per month and not to exceed $600.00 per calendar year, unless exception granted by Grantee's office. Monthly reimbursement requests must be submitted by the 15th of the following month. No reimbursements shall be considered valid if received after this date and will not be eligible for reimbursement. Reimbursement requests must be submitted by using "Reimbursement of Traveling Expenses" form. All supportive documentation, including proof of insurance and receipts, must also be submitted with the form.

Lost Wages

Lost wages shall include reimbursement for those documented lost wages. The maximum number of eligible hours shall be determined by adding the meeting length time to travel time. The reimbursement of lost wages shall not include overtime.

Child Care Services

Child Care services fees shall include those reasonable costs associated with child care services and must be verifiable by receipt. There is a maximum reimbursement of $100.00 per month. The maximum number of eligible hours shall be determined by adding the meeting length time to travel time.

STATE OF FLORIDA
VOUCHER FOR REIMBURESMENT
OF TRAVELING EXPENSES

Payee:
Address:
City: State: Zip:

SSN:
Headquarters:
City of Residence:

Check One ☐ Regular Employee ☐ Non-employee / Independent Contractor

DATE	Travel Performed From Point of Origin to Destination	Purpose or Reason (Name of Conference)	Hour of Departure and Return	Meals	Per Diem or Actual Lodging	Map Mileage Claimed	Vicinity Mileage Claimed	Incidental Expenses	
								Amount	Type

I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties, attendance at a conference or convention was directly related to official duties of the agency; any meals that this claim is or lodging included in a conference or convention registration fee have been deducted from this travel claim, and true and correct in every material matter and same conforms in every respect with the requirements of Section 112.061, Florida Statutes. Pursuant to Section 112.06 1(3)(a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the above travel was on official business of the State of Florida dn was performed for the purpose(s) stated above.

Column Total	Column Total			Column Total	SUMMARY TOTAL
		miles=	0		
			¢ / mile		
			$ -		
$ -	$ -	Rounded	$ -	$ -	$ -
		Less Prepaid			
		NET AMOUNT DUE			$ -

PAYEE'S SIGNATURE: TITLE:

Preparer Name:
Preparer Telephone:
Date Prepared:

Pursuant to Section 112.06 1(3)(e), Florida Statutes, I hereby cerify or affirm that to the best of my knowledge the above travel was on offical business of the State of Florida and was performed for the purpose(s) stated above.

SUPERVISOR'S SIGNATURE: TITLE:

DATE:

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
MENTORING PROGRAM

In order to increase attendance and participation in Council meetings, this Committee will institute orientation and training programs for new and incumbent members.

An important segment of this training will be designated as the Mentoring Program which will be offered to all new Council members and alternates as well as Committee members.

A welcome letter will be sent to the above members with an attachment requesting the new members and alternates to choose a committee they have an interest in attending. In addition, at the post appointment orientation meeting, Council members who have volunteered their time to this program will be assigned by the Chair of the Membership/Council Development Committee.

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

Volunteer Mentors will receive training annually according to the schedule set forth in the Committee Workplan. The Mentor should strive to educate the new member 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 new members of upcoming meetings which might be of interest to that person.

HIV HEALTH SERVICES PLANNING COUNCIL
MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

12. In all Joint Committees, SFAN Members will observe the HIV Health Services Planning Council Ground Rules

CODE OF ETHICS

Members of the Council are advised to remain familiar with their obligations under the Code of Ethics for Public Officers and Employees. Following are some of the major provisions:

1. Gifts/Unauthorized Compensation: You cannot accept any thing of value if you know, or should know, that it was given to influence your official action or judgment.

2. Conflicting Employment or Contractual Relationships: You cannot hold any employment or contractual relationship with any business entity which is doing business with the Council; nor can you have an employment or contractual relationship that will create a continuing or frequently recurring conflict between your private interests and the performance of your public duties.

3. Financial Disclosure: As a public officer appointed to a non-advisory board, you must file a statement of financial interests no later than July 1 of every year.

4. Voting Conflicts: (See "Conflicts" Section)

5. Reporting and Prohibited Receipt of Gifts: Neither you nor anyone on your behalf may accept a gift from a political committee or committee of continuous existence, or from a lobbyist who lobbies the Council, or on behalf of the partner, firm, employer, or principal of a lobbyist, if that gift is valued in excess of $100. There are detailed reporting requirements relating to gifts valued in excess of $100. Please consult the Code, County Attorney's Office, or Commission on Ethics.

6. Honoraria: You cannot solicit an honorarium which is related to your public office or duties. You cannot accept an honorarium from a political committee or committee of continuous existence, from a lobbyist who lobbies the Council, or from the employer, principal, partner, or firm of such a lobbyist.

If you need assistance in understanding your obligations, you may consult your private attorney, the County Attorney's Office, or the Commission on Ethics. The Commission on Ethics issues advisory opinions which are binding upon the person who is the subject of the opinion.

FLORIDA COMMISSION ON ETHICS

GUIDE to the
SUNSHINE AMENDMENT
and
CODE of ETHICS
for Public Officers and Employees

2013

State of Florida
COMMISSION ON ETHICS

Susan Horovitz Maurer, *Chair*
Ft. Lauderdale

Morgan R. Bentley, *Vice-Chair*
Sarasota

Matthew F. Carlucci
Jacksonville

I. Martin Ford
Vero Beach

Jean M. Larsen
Port St. Lucie

Linda M. Robison
Pompano Beach

Edwin Scales, III
Key West

Robert J. Sniffen
Tallahassee

Stanley Weston
Jacksonville

Virlindia Doss
Executive Director
P.O. Drawer 15709
Tallahassee, FL 32317-5709
www.ethics.state.fl.us
(850) 488-7864*

*Please direct all requests for information to this number.

TABLE OF CONTENTS

I. HISTORY OF FLORIDA'S ETHICS LAWS

Florida has been a leader among the states in establishing ethics standards for public officials and recognizing the right of citizens to protect the public trust against abuse. Our state Constitution was revised in 1968 to require a code of ethics, prescribed by law, for all state employees and non-judicial officers prohibiting conflict between public duty and private interests.

Florida's first successful constitutional initiative resulted in the adoption of the Sunshine Amendment in 1976, providing additional constitutional guarantees concerning ethics in government. In the area of enforcement, the Sunshine Amendment requires that there be an independent commission (the Commission on Ethics) to investigate complaints concerning breaches of public trust by public officers and employees other than judges.

The Code of Ethics for Public Officers and Employees is found in Chapter 112 (Part III) of the Florida Statutes. Foremost among the goals of the Code is to promote the public interest and maintain the respect of the people for their government. The Code is also intended to ensure that public officials conduct themselves independently and impartially, not using their offices for private gain other than compensation provided by law. While seeking to protect the integrity of government, the Code also seeks to avoid the creation of unnecessary barriers to public service.

Criminal penalties, which initially applied to violations of the Code, were eliminated in 1974 in favor of administrative enforcement. The Legislature created the Commission on Ethics that year "to serve as guardian of the standards of conduct" for public officials, state and local. Five of the Commission's nine members are appointed by the Governor, and two each are appointed by the President of the Senate and Speaker of the House of Representatives. No more than five Commission members may be members of the same political party, and none may hold any public employment during their two-year terms of office. A chair is selected from among the members to serve a one-year term and may not succeed himself or herself.

II. ROLE OF THE COMMISSION ON ETHICS

In addition to its constitutional duties regarding the investigation of complaints, the Commission:

- Renders advisory opinions to public officials;
- Prescribes forms for public disclosure;
- Prepares mailing lists of public officials subject to financial disclosure for use by Supervisors of Elections and the Commission in distributing forms and notifying delinquent filers;
- Makes recommendations to disciplinary officials when appropriate for violations of ethics and disclosure laws, since it does not impose penalties;
- Administers the Executive Branch Lobbyist Registration and Reporting Law;
- Maintains financial disclosure filings of constitutional officers and state officers and employees;
- Administers automatic fines for public officers and employees who fail to timely file required annual financial disclosure;

III. THE ETHICS LAWS

The ethics laws generally consist of two types of provisions, those prohibiting certain actions or conduct and those requiring that certain disclosures be made to the public. The following descriptions of these laws have been simplified, in an effort to put people on notice of their requirements. Therefore, we also suggest that you review the wording of the actual law. Citations to the appropriate laws are contained in brackets.

The laws summarized below apply generally to all public officers and employees, state and local, including members of advisory bodies. The principal exception to this broad coverage is the exclusion of judges, as they fall within the jurisdiction of the Judicial Qualifications Commission.

Public Service Commission members and employees, as well as members of the PSC Nominating Council, are subject to additional ethics standards that are enforced by the Commission on Ethics under Chapter 350, Florida Statutes. Further, members of the governing boards of charter schools are subject to some of the provisions of the Code of Ethics [Sec. 1002.33(26), Fla. Stat.], as are the officers, directors, chief executive officers and some employees of business entities that serve as the chief administrative or executive officer or employee of a political subdivision. [Sec. 112.3136, Fla. Stat.].

A. PROHIBITED ACTIONS OR CONDUCT

1. Solicitation and Acceptance of Gifts

Public officers, employees, local government attorneys, and candidates are prohibited from soliciting or accepting anything of value, such as a gift, loan, reward, promise of future employment, favor, or service, that is based on an understanding that their vote, official action, or judgment would be influenced by such gift. [Sec. 112.313(2), Fla. Stat.]

Persons required to file financial disclosure FORM 1 or FORM 6 (see Part III F of this brochure), and state procurement employees, are prohibited from soliciting any gift from a political committee, committee of continuous existence, lobbyist who has lobbied the official or his or her agency within the past 12 months, or the partner, firm, employer, or principal of such a lobbyist. [Sec. 112.3148, Fla. Stat.]

Persons required to file FORM 1 or FORM 6, and state procurement employees are prohibited from directly or indirectly **accepting** a gift worth more than $100 from such a lobbyist, from a partner, firm, employer, or principal of the lobbyist, or from a political committee or committee of continuous existence. [Sec.112.3148, Fla. Stat.]

However, effective in 2006 and notwithstanding Sec. 112.3148, Fla. Stat., no Executive Branch lobbyist or principal shall make, directly or indirectly, and no Executive Branch agency official who files FORM 1 or FORM 6 shall knowingly accept, directly or indirectly, **any expenditure** made for the purpose of lobbying. [Sec. 112.3215, Fla. Stat.] Typically, this would include gifts valued at less than $100 that formerly were permitted under Section 112.3148, Fla. Stat. Similar rules apply to members and employees of the Legislature. However, these laws are not administered by the Commission on Ethics. [Sec. 11.045, Fla. Stat.]

2. Unauthorized Compensation

Public officers or employees, local government attorneys, and their spouses and minor children are prohibited from accepting any compensation, payment, or thing of value when they know, or with the exercise of reasonable care should know, that it is given to influence a vote or other official action. [Sec. 112.313(4), Fla. Stat.]

3. Misuse of Public Position

Public officers and employees, and local government attorneys are prohibited from corruptly using or attempting to use their official positions or the resources there of to obtain a special privilege or benefit for themselves or others. [Sec. 112.313(6), Fla. Stat.]

4. Disclosure or Use of Certain Information

Public officers and employees and local government attorneys are prohibited from disclosing or using information not available to the public and obtained by reason of their public positions for the personal benefit of themselves or others. [Sec. 112.313(8), Fla. Stat.]

5. Solicitation or Acceptance of Honoraria

Persons required to file financial disclosure FORM 1 or FORM 6 (see Part III F of this brochure), and state procurement employees, are prohibited from **soliciting** honoraria related to their public offices or duties. [Sec. 112.3149, Fla. Stat.]

Persons required to file FORM 1 or FORM 6, and state procurement employees, are prohibited from knowingly **accepting** an honorarium from a political committee, committee of continuous existence, lobbyist who has lobbied the person's agency within the past 12 months, or the partner, firm, employer, or principal of such a lobbyist. However, he or she may accept the payment of expenses related to an honorarium event from such individuals or entities, provided that the expenses are disclosed. See Part III F of this brochure. [Sec. 112.3149, Fla. Stat.]

Lobbyists and their partners, firms, employers, and principals, as well as political committees and committees of continuous existence, are prohibited from **giving** an honorarium to persons required to file FORM 1 or FORM 6 and to state procurement employees. Violations of this law may result in fines of up to $5,000 and prohibitions against lobbying for up to two years. [Sec. 112.3149, Fla. Stat.]

However, notwithstanding Sec. 112.3149, Fla. Stat., no Executive Branch or legislative lobbyist or principal shall make, directly or indirectly, and no Executive Branch agency official who files FORM 1 or FORM 6 shall knowingly accept, directly or indirectly, **any expenditure** made for the purpose of lobbying. [Sec. 112.3215, Fla. Stat.] This may include honorarium event related expenses that formerly were permitted under Sec. 112.3149, Fla. Stat. Similar rules apply to members and employees of the Legislature. However, these laws are not administered by the Commission on Ethics. [Sec. 11.045, Fla. Stat.]

B. PROHIBITED EMPLOYMENT AND BUSINESS RELATIONSHIPS

1. *Doing Business With One's Agency*

(a) A public employee acting as a purchasing agent, or public officer acting in an official capacity, is prohibited from purchasing, renting, or leasing any realty, goods, or services for his or her agency from a business entity in which the officer or employee or his or her spouse or child own more than a 5% interest. [Sec. 112.313(3), Fla. Stat.]

(b) A public officer or employee, acting in a private capacity, also is prohibited from renting, leasing, or selling any realty, goods, or services to his or her own agency if the officer or employee is a state officer or employee, or, if he or she is an officer or employee of a political subdivision, to that subdivision or any of its agencies. [Sec. 112.313(3), Fla. Stat.]

2. *Conflicting Employment or Contractual Relationship*

(a) A public officer or employee is prohibited from holding any employment or contract with any business entity or agency regulated by or doing business with his or her public agency. [Sec. 112.313(7), Fla. Stat.]

(b) A public officer or employee also is prohibited from holding any employment or having a contractual relationship which will pose a frequently recurring conflict between the official's private interests and public duties or which will impede the full and faithful discharge of the official's public duties. [Sec. 112.313(7), Fla. Stat.]

(c) Limited exceptions to this prohibition have been created in the law for legislative bodies, certain special tax districts, drainage districts, and persons whose professions or occupations qualify them to hold their public positions. [Sec. 112.313(7)(a) and (b), Fla. Stat.]

3. Exemptions—Pursuant to Sec. 112.313(12), Fla. Stat., the prohibitions against doing business with one's agency and having conflicting employment may not apply:

(a) When the business is rotated among all qualified suppliers in a city or county.

(b) When the business is awarded by sealed, competitive bidding and neither the official nor his or her spouse or child have attempted to persuade agency personnel to enter the contract. NOTE: Disclosure of the interest of the official, spouse, or child and the nature of the business must be filed prior to or at the time of submission of the bid on Commission FORM 3A with the Commission on Ethics or Supervisor of Elections, depending on whether the official serves at the state or local level.

(c) When the purchase or sale is for legal advertising, utilities service, or for passage on a common carrier.

(d) When an emergency purchase must be made to protect the public health, safety, or welfare.

(e) When the business entity is the only source of supply within the political subdivision and there is full disclosure of the official's interest to the governing body on Commission FORM 4A.

(f) When the aggregate of any such transactions does not exceed $500 in a calendar year.

(g) When the business transacted is the deposit of agency funds in a bank of which a county, city, or district official is an officer, director, or stockholder, so long as agency records show that the governing body has determined that the member did not favor his or her bank over other qualified banks.

(h) When the prohibitions are waived in the case of ADVISORY BOARD MEMBERS by the appointing person or by a two-thirds vote of the appointing body (after disclosure on Commission FORM 4A).

(i) When the public officer or employee purchases in a private capacity goods or services, at a price and upon terms available to similarly situated members of the general public, from a business entity which is doing business with his or her agency.

(j) When the public officer or employee in a private capacity purchases goods or services from a business entity which is subject to the regulation of his or her agency where the price and terms of the transaction are available to similarly situated members of the general public and the officer or employee makes full disclosure of the relationship to the agency head or governing body prior to the transaction.

4. Additional Exemption

No elected public officer is in violation of the conflicting employment prohibition when employed by a tax exempt organization contracting with his or her agency so long as the officer is not directly or indirectly compensated as a result of the contract, does not participate in any way in the decision to enter into the contract, abstains from voting on any matter involving the employer, and makes certain disclosures. [Sec. 112.313(15), Fla. Stat.]

5. Lobbying State Agencies By Legislators

A member of the Legislature is prohibited from representing another person or entity for compensation during his or her term of office before any state agency other than judicial tribunals. [Art. II, Sec. 8(e), Fla. Const., and Sec. 112.313(9), Fla. Stat.]

6. Employees Holding Office

A public employee is prohibited from being a member of the governing body which serves as his or her employer. [Sec. 112.313(10), Fla. Stat.]

7. Professional and Occupational Licensing Board Members

An officer, director, or administrator of a state, county, or regional professional or occupational organization or association, while holding such position, may not serve as a member of a state examining or licensing board for the profession or occupation. [Sec. 112.313(11), Fla. Stat.]

8. *Contractual Services: Prohibited Employment*

A state employee of the executive or judicial branches who participates in the decision-making process involving a purchase request, who influences the content of any specification or procurement standard, or who renders advice, investigation, or auditing, regarding his or her agency's contract for services, is prohibited from being employed with a person holding such a contract with his or her agency. [Sec. 112.3185(2), Fla. Stat.]

9. *Local Government Attorneys*

Local government attorneys, such as the city attorney or county attorney, and their law firms are prohibited from representing private individuals and entities before the unit of local government which they serve. A local government attorney cannot recommend or otherwise refer to his or her firm legal work involving the local government unit unless the attorney's contract authorizes or mandates the use of that firm. [Sec. 112.313(16), Fla. Stat.]

C. RESTRICTIONS ON APPOINTING, EMPLOYING, AND CONTRACTING WITH RELATIVES

1. Anti-Nepotism Law

A public official is prohibited from seeking for a relative any appointment, employment, promotion or advancement in the agency in which he or she is serving or over which the official exercises jurisdiction or control. No person may be appointed, employed, promoted, or advanced in or to a position in an agency if such action has been advocated by a related public official who is serving in or exercising jurisdiction or control over the agency; this includes relatives of members of collegial government bodies. NOTE: This prohibition does not apply to school districts (except as provided in Sec. 1012.23, Fla. Stat.), community colleges and state universities, or to appointments of boards other than those with land-planning or zoning responsibilities, in municipalities of fewer than 35,000 residents. Also, the approval of budgets does not constitute "jurisdiction or control" for the purposes of this prohibition. This provision does not apply to volunteer emergency medical, firefighting, or police service providers. [Sec. 112.3135, Fla. Stat.]

2. Additional Restrictions

A state employee of the executive or judicial branch or the PSC is prohibited from directly or indirectly procuring contractual services for his or her agency from a business entity of which a relative is an officer, partner, director, or proprietor, or in which the employee, or his or her spouse, or children own more than a 5% interest. [Sec. 112.3185(6), Fla. Stat.]

D. POST OFFICE HOLDING AND EMPLOYMENT (REVOLVING DOOR) RESTRICTIONS

1. Lobbying by Former Legislators, Statewide Elected Officers, and Appointed State Officers

A member of the Legislature or a statewide elected or appointed state official is prohibited for two years following vacation of office from representing another person or entity for compensation before the government body or agency of which the individual was an officer or member. [Art. II, Sec. 8(e), Fla. Const. and Sec. 112.313(9), Fla. Stat.]

2. Lobbying by Former State Employees

Certain employees of the executive and legislative branches of state government are prohibited from personally representing another person or entity for compensation before the agency with which they were employed for a period of two years after leaving their positions, unless employed by another agency of state government. [Sec. 112.313(9), Fla. Stat.] These employees include the following:

(a) Executive and legislative branch employees serving in the Senior Management Service and Selected Exempt Service, as well as any person employed by the Department of the Lottery having authority over policy or procurement.

(b) Persons serving in the following position classifications: the Auditor General; the director of the Office of Program Policy Analysis and Government Accountability (OPPAGA); the Sergeant at Arms and Secretary of the Senate; the Sergeant at Arms and Clerk of the House of Representatives; the executive director and deputy executive director of the Commission on Ethics; an executive director, staff director, or deputy staff director of each joint committee, standing committee, or select committee of the Legislature; an executive director, staff director, executive assistant, legislative analyst, or attorney serving in the Office of the President of the Senate, the Office of the Speaker of the House of Representatives, the Senate Majority Party Office, the Senate Minority Party Office, the House Majority Party Office, the House Minority Party Office; the Chancellor and Vice-Chancellors of the State University System; the general counsel to the Board of Regents; the president, vice presidents, and deans of each state university; any person hired on a contractual basis and having the power normally conferred upon such persons, by whatever title; and any person having the power normally conferred upon the above positions.

This prohibition does not apply to a person who was employed by the Legislature or other agency prior to July 1, 1989; who was a defined employee of the SUS or the PSC who held such employment on December 31, 1994; or who reached normal retirement age and retired by July 1, 1991. It does apply to OPS employees.

PENALTIES: Persons found in violation of this section are subject to the penalties contained in the Code (see PENALTIES, Part V) as well as a civil penalty in an amount equal to the compensation which the person received for the prohibited conduct. [Sec. 112.313(9)(a)5, Fla. Stat.]

3. Additional Restrictions on Former State Employees

A former executive or judicial branch employee or PSC employee is prohibited from having employment or a contractual relationship, at any time after retirement or termination of employment, with any business entity (other than a public agency) in connection with a contract in which the employee participated personally and substantially by recommendation or decision while a public employee. [Sec. 112.3185(3), Fla. Stat.]

A former executive or judicial branch employee or PSC employee who has retired or terminated employment is prohibited from having any employment or contractual relationship for two years with any business entity (other than a public agency) in connection with a contract for services which was within his or her responsibility while serving as a state employee. [Sec.112.3185(4), Fla. Stat.]

Unless waived by the agency head, a former executive or judicial branch employee or PSC employee may not be paid more for contractual services provided by him or her to the former agency during the first year after leaving the agency than his or her annual salary before leaving. [Sec. 112.3185(5), Fla. Stat.]

These prohibitions do not apply to PSC employees who were so employed on or before Dec. 31, 1994.

4. Lobbying by Former Local Government Officers and Employees

A person elected to county, municipal, school district, or special district office is prohibited from representing another person or entity for compensation before the government body or agency of which he or she was an officer for two years after leaving office. Appointed officers and employees of counties, municipalities, school districts, and special districts may be subject to a similar restriction by local ordinance or resolution. [Sec. 112.313(13) and (14), Fla. Stat.]

E. VOTING CONFLICTS OF INTEREST

No state public officer is prohibited from voting in an official capacity on any matter. However, a state public officer who votes on a measure which inures to his or her special private gain or loss, or which the officer knows would inure to the special private gain or loss of any principal by whom he or she is retained, of the parent organization or subsidiary of a corporate principal by which he or she is retained, of a relative, or of a business associate, must file a memorandum of voting conflict on Commission Form 8A with the recording secretary within 15 days after the vote occurs, disclosing the nature of his or her interest in the matter.

No county, municipal, or other local public officer shall vote in an official capacity upon any measure which would inure to his or her special private gain or loss, or which the officer knows would inure to the special private gain or loss of any principal by whom he or she is retained, of the parent organization or subsidiary of a corporate principal by which he or she is retained, of a relative, or of a business associate. The officer must publicly announce the nature of his or her interest before the vote and must file a memorandum of voting conflict on Commission Form 8B with the meeting's recording officer within 15 days after the vote occurs disclosing the nature of his or her interest in the matter. However, members of community redevelopment agencies and district officers elected on a one-acre, one-vote basis are not required to abstain when voting in that capacity.

No appointed state or local officer shall participate in any matter which would inure to the officer's special private gain or loss, the special private gain or loss of any principal by whom he or she is retained, of the parent organization or subsidiary of a corporate principal by which he or she is retained, of a relative, or of a business associate, without first disclosing the nature of his or her interest in the matter. The memorandum of voting conflict (Commission Form 8A or 8B) must be filed with the meeting's recording officer, be provided to the other members of the agency, and be read publicly at the next meeting.

If the conflict is unknown or not disclosed prior to the meeting, the appointed official must orally disclose the conflict at the meeting when the conflict becomes known. Also, a written memorandum of voting conflict must be filed with the meeting's recording officer within 15 days of the disclosure being made and must be provided to the other members of the agency with the disclosure being read publicly at the next scheduled meeting. [Sec. 112.3143, Fla. Stat.]

F. DISCLOSURES

Conflicts of interest may occur when public officials are in a position to make decisions that affect their personal financial interests. This is why public officers and employees, as well as candidates who run for public office, are required to publicly disclose their financial interests. The disclosure process serves to remind officials of their obligation to put the public interest above personal considerations. It also helps citizens to monitor the considerations of those who spend their tax dollars and participate in public policy decisions or administration.

All public officials and candidates do not file the same degree of disclosure; nor do they all file at the same time or place. Thus, care must be taken to determine which disclosure forms a particular official or candidate is required to file.

The following forms are described below to set forth the requirements of the various disclosures and the steps for correctly providing the information in a timely manner.

1. *FORM 1 - Limited Financial Disclosure*

Who Must File:

Persons required to file FORM 1 include all state officers, local officers, candidates for local elective office, and specified state employees as defined below (other than those officers who are required by law to file FORM 6).

STATE OFFICERS include:

1) Elected public officials not serving in a political subdivision of the state and any person appointed to fill a vacancy in such office, unless required to file full disclosure on Form 6.

2) Appointed members of each board, commission, authority, or council having statewide jurisdiction, excluding members of solely advisory bodies; but including judicial nominating commission members; directors of Enterprise Florida, Scripps Florida Funding Corporation, Workforce Florida, and Space Florida; members of the Council on the Social Status of Black Men and Boys; and governors and senior managers of Citizens Property Insurance Corporation and Florida Workers' Compensation Joint Underwriting Association.

3) The Commissioner of Education, members of the State Board of Education, the Board of Governors, and the local boards of trustees and presidents of state universities.

LOCAL OFFICERS include:

1) Persons elected to office in any political subdivision (such as municipalities, counties, and special districts) and any person appointed to fill a vacancy in such office, unless required to file full disclosure on Form 6.

2) Appointed members of the following boards, councils, commissions, authorities, or other bodies of any county, municipality, school district, independent special district, or other political subdivision: the governing body of the subdivision; an expressway authority or transportation authority; a community college or junior college district board of trustees; a board having the power to enforce local code provisions; a board of adjustment; a planning or zoning board having the power to recommend, create, or modify land planning or zoning within the political subdivision, except for citizen advisory committees, technical coordinating committees, and similar groups who only have the power to make recommendations to planning or zoning boards; a pension board or retirement board empowered to invest pension or retirement funds or to determine entitlement to or amount of a pension or other retirement benefit.

3) Any other appointed member of a local government board who is required to file a statement of financial interests by the appointing authority or the enabling legislation, ordinance, or resolution creating the board.

4) Persons holding any of these positions in local government: mayor; county or city manager; chief administrative employee of a county, municipality, or other political subdivision; county or municipal attorney; chief county or municipal building inspector; county or municipal water resources coordinator; county or municipal pollution control director; county or municipal environmental control director; county or municipal administrator with power to grant or deny a land development permit; chief of police; fire chief; municipal clerk; appointed district school superintendent; community college president; district medical examiner; purchasing agent (regardless of title) having the authority to make any purchase exceeding $20,000 for the local governmental unit.

5) Members of governing boards of charter schools operated by a city or other public entity.

6) The officers, directors, and chief executive officer of a corporation, partnership, or other business entity that is serving as the chief administrative or executive officer or employee of a political subdivision, and any business entity employee who is acting as the chief administrative or executive officer or employee of the political subdivision. [Sec. 112.3136, Fla. Stat.]

SPECIFIED STATE EMPLOYEE includes:

1) Employees in the Office of the Governor or of a Cabinet member who are exempt from the Career Service System, excluding secretarial, clerical, and similar positions.

2) The following positions in each state department, commission, board, or council: secretary or state surgeon general, assistant or deputy secretary, executive director, assistant or deputy executive director, and anyone having the power normally conferred upon such persons, regardless of title.

3) The following positions in each state department or division: director, assistant or deputy director, bureau chief, assistant bureau chief, and any person having the power normally conferred upon such persons, regardless of title.

4) Assistant state attorneys, assistant public defenders, public counsel, full-time state employees serving as counsel or assistant counsel to a state agency, a deputy chief judge of compensation claims, a judge of compensation claims, administrative law judges, and hearing officers.

5) The superintendent or director of a state mental health institute established for training and research in the mental health field, or any major state institution or facility established for corrections, training, treatment, or rehabilitation.

6) State agency business managers, finance and accounting directors, personnel officers, grant coordinators, and purchasing agents (regardless of title) with power to make a purchase exceeding $20,000.

7) The following positions in legislative branch agencies: each employee (other than those employed in maintenance, clerical, secretarial, or similar positions and legislative assistants exempted by the presiding officer of their house); and each employee of the Commission on Ethics.

What Must Be Disclosed:

FORM 1 requirements are set forth fully on the form. In general, this includes the reporting person's sources and types of financial interests, such as the names of employers and addresses of real property holdings. NO DOLLAR VALUES ARE REQUIRED TO BE LISTED. In addition, the form requires the disclosure of certain relationships with, and ownership interests in, specified types of businesses such as banks, savings and loans, insurance companies, and utility companies.

When to File:

CANDIDATES for elected local office must file FORM 1 together with and at the same time they file their qualifying papers. STATE and LOCAL OFFICERS and SPECIFIED STATE EMPLOYEES are required to file disclosure by July 1 of each year. They also must file within thirty days from the date of appointment or the beginning of employment. Those appointees requiring Senate confirmation must file prior to confirmation.

Where to File:

Each LOCAL OFFICER files FORM 1 with the Supervisor of Elections in the county in which he or she permanently resides.

A STATE OFFICER or SPECIFIED STATE EMPLOYEE files with the Commission on Ethics. [Sec. 112.3145, Fla. Stat.]

2. *FORM 1F - Final Form 1 Limited Financial Disclosure*

FORM 1F is the disclosure form required to be filed within 60 days after a public officer or employee required to file FORM 1 leaves his or her public position. The form covers the disclosure period between January 1 and the last day of office or employment within that year.

3. *FORM 2 - Quarterly Client Disclosure*

The state officers, local officers, and specified state employees listed above, as well as elected constitutional officers, must file a FORM 2 if they or a partner or associate of their professional firm represent a client for compensation before an agency at their level of government.

A FORM 2 disclosure includes the names of clients represented by the reporting person or by any partner or associate of his or her professional firm for a fee or commission before agencies at the reporting person's level of government. Such representations Do not include appearances in ministerial matters, appearances before judges of compensation claims, or representations on behalf of one's agency in one's official capacity. Nor does the term include the preparation and filing of forms and applications merely for the purpose of obtaining or transferring a license, so long as the issuance of the license does not require a variance, special consideration, or a certificate of public convenience and necessity.

When to File:

This disclosure should be filed quarterly, by the end of the calendar quarter following the calendar quarter during which a reportable representation was made. FORM 2 need not be filed merely to indicate that no reportable representations occurred during the preceding quarter; it should be filed ONLY when reportable representations were made during the quarter.

Where To File:

LOCAL OFFICERS file with the Supervisor of Elections of the county in which they permanently reside.

STATE OFFICERS and SPECIFIED STATE EMPLOYEES file with the Commission on Ethics. [Sec. 112.3145(4), Fla. Stat.]

4. *FORM 6 - Full and Public Disclosure*

Who Must File:

Persons required by law to file FORM 6 include all elected constitutional officers and candidates for such office; the mayor and members of the city council and candidates for these offices in Jacksonville; the Duval County Superintendent of Schools; judges of compensation claims; and members of the Florida Housing Finance Corporation Board and the Florida Prepaid College Board; and members of expressway authorities, transportation authorities (except the Jacksonville Transportation Authority), or toll authorities created pursuant to Ch. 348 or 343, or 349, or other general law.

What Must be Disclosed:

FORM 6 is a detailed disclosure of assets, liabilities, and sources of income over $1,000 and their values, as well as net worth. Officials may opt to file their most recent income tax return in lieu of listing sources of income but still

must disclose their assets, liabilities, and net worth. In addition, the form requires the disclosure of certain relationships with, and ownership interests in, specified types of businesses such as banks, savings and loans, insurance companies, and utility companies.

When and Where To File:

Incumbent officials must file FORM 6 annually by July 1 with the Commission on Ethics. CANDIDATES must file with the officer before whom they qualify at the time of qualifying. [Art. II, Sec. 8(a) and (i), Fla. Const., and Sec. 112.3144, Fla. Stat.]

5. *FORM 6F - Final Form 6 Full and Public Disclosure*

This is the disclosure form required to be filed within 60 days after a public officer or employee required to file FORM 6 leaves his or her public position. The form covers the disclosure period between January 1 and the last day of office or employment within that year.

6. *FORM 9 - Quarterly Gift Disclosure*

Each person required to file FORM 1 or FORM 6, and each state procurement employee, must file a FORM 9, Quarterly Gift Disclosure, with the Commission on Ethics on the last day of any calendar quarter following the calendar quarter in which he or she received a gift worth more than $100, other than gifts from relatives, gifts prohibited from being accepted, gifts primarily associated with his or her business or employment, and gifts otherwise required to be disclosed. FORM 9 NEED NOT BE FILED if no such gift was received during the calendar quarter.

Information to be disclosed includes a description of the gift and its value, the name and address of the donor, the date of the gift, and a copy of any receipt for the gift provided by the donor. [Sec. 112.3148, Fla. Stat.]

7. *FORM 10 - Annual Disclosure of Gifts from Government Agencies and Direct-Support Organizations and Honorarium Event Related Expenses*

State government entities, airport authorities, counties, municipalities, school boards, water management districts, the South Florida Regional Transportation Authority, and the Technological Research and Development Authority may give a gift worth more than $100 to a person required to file FORM 1 or FORM 6, and to state procurement employees, if a public purpose can be shown for the gift. Also, a direct-support organization for a governmental entity may give such a gift to a person who is an officer or employee of that entity. These gifts are to be reported on FORM 10, to be filed by July 1.

The governmental entity or direct-support organization giving the gift must provide the officer or employee with a statement about the gift no later than March 1 of the following year. The officer or employee then must disclose this information by filing a statement by July 1 with his or her annual financial disclosure that describes the gift and lists the donor, the date of the gift, and the value of the total gifts provided during the calendar year. State procurement employees file their statements with the Commission on Ethics. [Sec. 112.3148, Fla. Stat.]

In addition, a person required to file FORM 1 or FORM 6, or a state procurement employee, who receives expenses or payment of expenses related to an honorarium event from someone who is prohibited from giving him or her an honorarium, must disclose annually the name, address, and affiliation of the donor, the amount of the expenses, the date of the event, a description of the expenses paid or provided, and the total value of the expenses on FORM 10. The donor paying the expenses must provide the officer or employee with a statement about the expenses within 60 days of the honorarium event.

The disclosure must be filed by July 1, for expenses received during the previous calendar year, with the officer's or employee's FORM 1 or FORM 6. State procurement employees file their statements with the Commission on Ethics. [Sec. 112.3149, Fla. Stat.]

However, notwithstanding Sec. 112.3149, Fla. Stat., no executive branch or legislative lobbyist or principal shall make, directly or indirectly, and no executive branch agency who files FORM 1 or FORM 6 shall knowingly accept, directly or indirectly, **any expenditure** made for the purpose of lobbying. This may include honorarium event related expenses that formerly were permitted under Section 112.3149. [Sec. 112.3215, Fla. Stat.] Similar prohibitions apply to legislative officials and employees. However, these laws are not administered by the Commission on Ethics [Sec. 11.045, Fla. Stat.]

8. *FORM 30 - Donor's Quarterly Gift Disclosure*

As mentioned above, the following persons and entities generally are prohibited from giving a gift worth more than $100 to a reporting individual (a person required to file FORM 1 or FORM 6) or to a state procurement employee: a political committee or committee of continuous existence; a lobbyist who lobbies the reporting individual's or procurement employee's agency; and the partner, firm, employer, or principal of such a lobbyist. If such person or entity makes a gift worth between $25 and $100 to a reporting individual or state procurement employee (that is not accepted in behalf of a governmental entity or charitable organization), the gift should be reported on FORM 30. The donor also must notify the recipient at the time the gift is made that it will be reported.

The FORM 30 should be filed by the last day of the calendar quarter following the calendar quarter in which the gift was made. If the gift was made to an individual in the legislative branch, FORM 30 should be filed with the Lobbyist Registrar. If the gift was to any other reporting individual or state procurement employee, FORM 30 should be filed with the Commission on Ethics.

However, notwithstanding Section 112.3148, Fla. Stat., no executive branch lobbyist or principal shall make, directly or indirectly, and no executive branch agency official or employee who files FORM 1 or FORM 6 shall knowingly accept, directly or indirectly, **any expenditure** made for the purpose of lobbying. This may include gifts that formerly were permitted under Section 112.3148. [Sec. 112.3215, Fla. Stat.] Similar prohibitions apply to legislative officials and employees. However, these laws are not administered by the Commission on Ethics [Sec. 11.045, Fla. Stat.]

9. *FORM 1X AND FORM 6X - Amendments to Form 1 and Form 6*

These forms are provided for officers or employees who want to amend their previously filed Form 1 or Form 6.

IV. AVAILABILITY OF FORMS

LOCAL OFFICERS and EMPLOYEES who must file FORM 1 annually will be sent the form by mail from the Supervisor of Elections in the county in which they permanently reside not later than JUNE 1 of each year. Newly elected and appointed officials or employees should contact the head of their agencies for copies of the form or download it from www.ethics.state.fl.us, as should those persons who are required to file their final disclosure statements within 60 days of leaving office or employment.

ELECTED CONSTITUTIONAL OFFICERS, OTHER STATE OFFICERS, and SPECIFIED STATE EMPLOYEES who must file annually FORM 1 or 6 will be sent these forms by mail from the Commission on Ethics by JUNE 1 of each year. Newly elected and appointed officers and employees should contact the heads of their agencies or the Commission on Ethics for copies of the form or download it from www.ethics.state.fl.us, as should those persons who are required to file their final disclosure statements within 60 days of leaving office or employment.

Any person needing one or more of the other forms described here may also obtain them from a Supervisor of Elections or from the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709. They are also available on the Commission's website: www.ethics.state.fl.us.

V. PENALTIES

A. Non-criminal Penalties for Violation of the Sunshine Amendment and the Code of Ethics

There are no criminal penalties for violation of the Sunshine Amendment and the Code of Ethics. Penalties for violation of these laws may include: impeachment, removal from office or employment, suspension, public censure, reprimand, demotion, reduction in salary level, forfeiture of no more than one-third salary per month for no more than twelve months, a civil penalty not to exceed $10,000, and restitution of any pecuniary benefits received.

B. Penalties for Candidates

CANDIDATES for public office who are found in violation of the Sunshine Amendment or the Code of Ethics may be subject to one or more of the following penalties: disqualification from being on the ballot, public censure, reprimand, or a civil penalty not to exceed $10,000.

C. Penalties for Former Officers and Employees

FORMER PUBLIC OFFICERS or EMPLOYEES who are found in violation of a provision applicable to former officers or employees or whose violation occurred prior to such officer's or employee's leaving public office or employment may be subject to one or more of the following penalties: public censure and reprimand, a civil penalty not to exceed $10,000, and restitution of any pecuniary benefits received. [Sec. 112.317, Fla. Stat.]

D. Penalties for Lobbyists and Others

An executive branch lobbyist who has failed to comply with the Executive Branch Lobbying Registration law (see Part VIII) may be fined up to $5,000, reprimanded, censured, or prohibited from lobbying executive branch agencies for up to two years. Lobbyists, their employers, principals, partners, and firms, and political committees and committees of continuous existence who give a prohibited gift or honorarium or fail to comply with the gift reporting requirements for gifts worth between $25 and $100, may be penalized by a fine of not more than $5,000 and a prohibition on lobbying, or employing a lobbyist to lobby, before the agency of the public officer or employee to whom the gift was given for up to two years.

Executive Branch lobbying firms that fail to timely file their quarterly compensation reports may be fined $50 per day per principal for each day the report is late, up to a maximum fine of $5,000 per report.

E. Felony Convictions: Forfeiture of Retirement Benefits

Public officers and employees are subject to forfeiture of all rights and benefits under the retirement system to which they belong if convicted of certain offenses. The offenses include embezzlement or theft of public funds; bribery; felonies specified in Chapter 838, Florida Statutes; impeachable offenses; and felonies committed with intent to defraud the public or their public agency. [Sec. 112.3173, Fla. Stat.]

F. Automatic Penalties for Failure to File Annual Disclosure

Public officers and employees required to file either Form 1 or Form 6 annual financial disclosure are subject to automatic fines of $25 for each day late the form is filed after September 1, up to a maximum penalty of $1,500. [Sec. 112.3144 and 112.3145, Fla. Stat.]

VI. ADVISORY OPINIONS

Conflicts of interest may be avoided by greater awareness of the ethics laws on the part of public officials and employees through advisory assistance from the Commission on Ethics.

A. Who Can Request an Opinion

Any public officer, candidate for public office, or public employee in Florida who is in doubt about the applicability of the standards of conduct or disclosure laws to himself or herself, or anyone who has the power to hire or terminate another public employee, may seek an advisory opinion from the Commission about himself or herself or that employee.

B. How to Request an Opinion

Opinions may be requested by letter presenting a question based on a real situation and including a detailed description of the situation. Opinions are issued by the Commission and are binding on the conduct of the person who is the subject of the opinion, unless material facts were omitted or misstated in the request for the opinion. Published opinions will not bear the name of the persons involved unless they consent to the use of their names; however, the request and all information pertaining to it is a public record.

C. How to Obtain Published Opinions

All of the Commission's opinions are available for viewing or download at its website: www.ethics.state.fl.us.

VII. COMPLAINTS

A. Citizen Involvement

The Commission on Ethics cannot conduct investigations of alleged violations of the Sunshine Amendment or the Code of Ethics unless a person files a sworn complaint with the Commission alleging such violation has occurred.

If you have knowledge that a person in government has violated the standards of conduct or disclosure laws described above, you may report these violations to the Commission by filing a sworn complaint on the form prescribed by the Commission and available for download at www.ethics.state.fl.us. Otherwise, the Commission is unable to take action, even after learning of such misdeeds through newspaper reports or telephone calls.

Should you desire assistance in obtaining or completing a complaint form (FORM 50), you may receive either by contacting the Commission office at the address or phone number shown on the inside front cover of this booklet.

B. Confidentiality

The complaint, as well as all proceedings and records relating to the complaint, is confidential until the accused requests that such records be made public or until the complaint reaches a stage in the Commission's proceedings where it becomes public. This means that unless the Commission receives a written waiver of confidentiality from the accused, the Commission is not free to release any documents or to comment on a complaint to members of the public or press, so long as the complaint remains in a confidential stage.

IN NO EVENT MAY A COMPLAINT BE FILED OR DISCLOSED WITH RESPECT TO A CANDIDATE OR ELECTION ON THE DAY OF THE ELECTION, OR WITHIN THE FIVE CALANDAR DAYS PRECEDING THE ELECTION DATE.

C. How the Complaint Process Works

The Commission staff must forward a copy of the original sworn complaint to the accused within five workking days of its receipt. Any subsequent sworn amendments to the complaint also are transmitted within five working days of their receipt.

Once a complaint is filed, it goes through three procedural stages under the Commission's rules. The first stage is a determination of whether the allegations of the complaint are legally sufficient: that is, whether they indicate a possible violation of any law over which the Commission has jurisdiction. If the complaint is found not to be legally sufficient, the Commission will order that the complaint be dismissed without investigation, and all records relating to the complaint will become public at that time.

If the complaint is found to be legally sufficient, a preliminary investigation will be undertaken by the investigative staff of the Commission. The second stage of the Commission's proceedings involves this preliminary investigation and a decision by the Commission as to whether there is probable cause to believe that there has been a violation of any of the ethics laws. If the Commission finds no probable cause to believe there has been a violation of the ethics laws, the complaint will be dismissed and will become a matter of public record. If the Commission finds probable cause to believe there has been a violation of the ethics laws, the complaint becomes public and usually enters the third stage of proceedings. This stage requires the Commission to decide whether the law was actually violated and, if so, whether a penalty should be recommended. At this stage, the accused has the right to request a public hearing (trial) at which evidence is presented or the Commission may order that such a hearing be held. Public hearings usually are held in or near the area where the alleged violation occurred.

When the Commission concludes that a violation has been committed, it issues a public report of its findings and may recommend one or more penalties to the appropriate disciplinary body or official.

When the Commission determines that a person has filed a complaint with knowledge that the complaint contains one or more false allegations or with reckless disregard for whether the complaint contains false allegations, the complainant will be liable for costs plus reasonable attorney's fees incurred by the person complained against. The Department of Legal Affairs may bring a civil action to recover such fees and costs, if they are not paid voluntarily within 30 days.

D. Dismissal of Complaints At Any Stage of Disposition

The Commission may, at its discretion, dismiss any complaint at any stage of disposition should it determine that the public interest would not be served by proceeding further, in which case the Commission will issue a public report stating with particularity its reasons for the dismissal. [Sec. 112.324(11), Fla. Stat.]

E. Statute of Limitations

All sworn complaints alleging a violation of the Sunshine Amendment or the Code of Ethics must be filed with the Commission within five years of the alleged violation or other breach of the public trust. Time starts to run on the day AFTER the violation or breach of public trust is committed. The statute of limitations is tolled on the day a sworn complaint is filed with the Commission. If a complaint is filed and the statute of limitations has run, the complaint will be dismissed. [Sec. 112.3231, Fla. Stat.]

VIII. EXECUTIVE BRANCH LOBBYING

Any person who, for compensation and on behalf of another, lobbies an agency of the executive branch of state government with respect to a decision in the area of policy or procurement may be required to register as an executive branch lobbyist. Registration is required before lobbying an agency and is renewable annually. In addition, each

lobbying firm must file a compensation report with the Commission for each calendar quarter during any portion of which one or more of the firm's lobbyists were registered to represent a principal. As noted above, no executive branch lobbyist or principal can make, directly or indirectly, and no executive branch agency official or employee who files FORM 1 or FORM 6 can knowingly accept, directly or indirectly, **any expenditure** made for the purpose of lobbying. [Sec. 112.3215, Fla. Stat.]

Paying an executive branch lobbyist a contingency fee based upon the outcome of any specific executive branch action, and receiving such a fee, is prohibited. A violation of this prohibition is a first degree misdemeanor, and the amount received is subject to forfeiture. This does not prohibit sales people from receiving a commission. [Sec. 112.3217, Fla. Stat.]

Executive branch departments, state universities, community colleges, and water management districts are prohibited from using public funds to retain an executive branch (or legislative branch) lobbyist, although these agencies may use full-time employees as lobbyists. [Sec. 11.062, Fla. Stat.]

Additional information about the executive branch lobbyist registration system may be obtained by contacting the Lobbyist Registrar at the following address:

Executive Branch Lobbyist Registration
Room G-68, Claude Pepper Building
111 W. Madison Street
Tallahassee, FL 32399-1425
Phone: 850/922-4987

IX. WHISTLE-BLOWER'S ACT

In 1986, the Legislature enacted a "Whistle-blower's Act" to protect employees of agencies and government contractors from adverse personnel actions in retaliation for disclosing information in a sworn complaint alleging certain types of improper activities. Since then, the
Legislature has revised this law to afford greater protection to these employees.

While this language is contained within the Code of Ethics, the Commission has no jurisdiction or authority to proceed against persons who violate this Act. Therefore, a person who has disclosed information alleging improper conduct governed by this law and who may suffer adverse consequences as a result should contact one or more of the following: the Office of the Chief Inspector General in the Executive Office of the Governor; the Department of Legal Affairs; the Florida Commission on Human Relations; or a private attorney.
[Sec. 112.3187 - 112.31895, Fla. Stat.]

X. ADDITIONAL INFORMATION

As mentioned above, we suggest that you review the language used in each law for a more detailed understanding of Florida's ethics laws. The "Sunshine Amendment" is Article II, Section 8, of the Florida Constitution. The Code of Ethics for Public Officers and Employees is contained in Part III of Chapter 112, Florida Statutes.

Additional information about the Commission's functions and interpretations of these laws may be found in Chapter 34 of the Florida Administrative Code, where the Commission's rules are published, and in **The Florida Administrative Law Reports**, which until 2005 published many of the Commission's final orders. The Commission's rules, orders, and opinions also are available at www.ethics.state.fl.us.

If you are a public officer or employee concerned about your obligations under these laws, the staff of the Commission will be happy to respond to oral and written inquiries by providing information about the law, the Commission's interpretations of the law, and the Commission's procedures.

XI. ONLINE TRAINING

Through a project funded by the Florida Legislature, an online workshop addressing Florida's Code of Ethics, Sunshine Law, and Public Records Acts, is now available. See www.iog.learnsomething.com for current fees. Bulk purchase arrangements, including state and local government purchase orders, are available. For more information, visit www.ethics.state.fl.us.

SUNSHINE LAW

All meetings of the Council and its committees are subject to the Sunshine Law. The Sunshine Law provides, in essence:

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 EXCEPT AT A PUBLIC MEETING.

Meeting requirements:

- Reasonable notice to public – The Council staff must be notified of all meetings, and will advertise them in accordance with County policy.
- Reasonable access to public – Meetings may not be held at any facility or location which discriminates on the basis of sex, age, race, creed, color, origin, disability, or economic status or which operates in such a manner as to unreasonably restrict public access to the facility.
- Minutes - Minutes of all meetings must be recorded either by tape recorder or written minutes must be provided.

Some of the situations prohibited by this law are:

1) Members' telephone discussions with each other concerning Council or committee business;

2) Members' discussions with each other of Council or committee business at a gathering not duly published as a meeting;

3) Indirect communication regarding Council or committee business with fellow Council or committee members through an intermediary;

4) Meeting with other members of the Council or committee in a restaurant or someone's home to discuss Council or committee business.

FLORIDA'S GOVERNMENT IN THE SUNSHINE LAW

Florida's Government in the Sunshine Law

- Commonly referred to as the "Sunshine Law."

- Provides public with the right to access certain government proceedings, including county commission and county agency meetings.

Florida's Government in the Sunshine Law

- Applies to elected or appointed boards, commissions and committees when two (2) or more members of the same board, commission or committee discuss matters which may foreseeably come before the entire board, commission or committee for action.

Florida's Government in the Sunshine Law

Examples of meetings that are covered by the Sunshine Law:

- Board discussions and deliberations
- Staff committees exercising policy-based, decision-making functions delegated by the Board
- Selection Negotiation Committees
- Evaluation Committees
- Workshop meetings

Florida's Government in the Sunshine Law

Examples of meetings that are covered by the Sunshine Law (cont.):

- County staff members who have *delegated authority* to exercise part of Board's decision-making function as a collegial body

Florida's Government in the Sunshine Law

Examples of meetings that are NOT covered by the Sunshine Law:

- Board member-staff meetings during evaluation and consideration stages of deliberations for fact-finding purposes
- Executive officer-staff and executive officer-staff-consultant meetings for fact-finding purposes or to assist the executive in his or her duties

Florida's Government in the Sunshine Law

PROCEDURAL REQUIREMENTS

Florida's Government in the Sunshine Law

The Sunshine Law has three (3) basic procedural requirements:

- Notice
- Public Access
- Written Minutes

Florida's Government in the Sunshine Law

- *Notice* must be given early enough and in a manner to reasonably permit interested members of the public to become aware of and, if they so desire, attend public meetings.

- *Notice* should state the subject of the meeting as well as the date, time and location.

- If a meeting is recessed and reconvened on the same day or continued to another day, an amended notice to the public is required.

Florida's Government in the Sunshine Law

- *Public access* means that the public has the right to attend meetings of public bodies and their decision-making subgroups.

- Public meetings must be held at places where the public may attend; there may not be restrictions or unreasonable interference with public access.

Florida's Government in the Sunshine Law

- *Written minutes* of meetings must be made *promptly* and open for public inspection upon request.

- Tape recordings may be used to record public meetings as long as written minutes are *promptly* prepared and made available to the public upon request.

Florida's Government in the Sunshine Law

Public Meetings

- The public has the right to attend meetings of public bodies and its decision-making subgroups.
- The public does NOT have the right to participate or otherwise interfere with meetings.
- Public bodies may choose NOT to permit comments or other public participation UNLESS it is required by the nature of the meeting or by other laws; in such an instance, reasonable rules and policies to maintain orderly behavior may be adopted.

Florida's Government in the Sunshine Law

FINAL SUNSHINE LAW DON'T's

Florida's Government in the Sunshine Law

- Do NOT circulate memoranda among members of a public board, commission or committee to avoid a public meeting.
- Do NOT "poll" members of a public board, commission or committee to avoid a public meeting, e.g. having a staff member speak to each Board member in private, request each member to express an opinion, and then convey that opinion to other members to obtain their reaction.
- Do NOT use the telephone to discuss matters in an attempt to remove the conversation from the Sunshine Law.

CORRECTIVE MEASURES AND PENALTIES

Florida's Government in the Sunshine Law

Corrective Measures

- Any official action resulting from a Sunshine Law violation is void regardless of intent.
- Such defect can only be cured by a full, open, public hearing which reexamines the issues and allows public participation.

Penalties for Violating the Sunshine Law

Criminal acts*:* public officers who *knowingly* violate the Sunshine Law are guilty of a *second degree misdemeanor* punishable by up to 60 days jail and/or $500 fine, as well as reasonable attorneys' fees; Governor may suspend and later remove such public officers from office.

Non-criminal infractions: public officers who violate the Sunshine Law, regardless of intent, are punishable by fine not to exceed $500 and reasonable attorneys' fees; also, possible injunctive or declaratory action (such as a court order compelling production).

VOTING CONFLICTS

Under state law (section 112.3143, F.S.), a board member must abstain from voting if the vote would insure to the special private gain of:

- The member
- A relative (father, mother, son, daughter, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law)
- A business associate (partner, joint venture, co-owner of property or corporate shareholder (where shares are NOT listed on a national or regional stock exchange)
- Any principal by whom the member is retained **(includes employer)**
- Any parent organization or subsidiary of the parent organization other than a state agency

County Ordinance expands the statutory restrictions by prohibiting discussion and voting on matters which would ensure to the special gain of:

- Any private entity for which the board member serves as an officer or member of its board of directors, whether or not compensated of such services, and
- Any public entity for which the board member serves as an employee.

However, the County Ordinance prohibition on discussion of certain matters must yield to the intent of the Ryan White C.A.R.E. Act to have the input and participation of provider representative on the Council.

Any member having a voting conflict under **state or county** law must abstain and declare the conflict on the record at the meeting at which the vote is to occur, and must file a Memorandum of Voting Conflict with the minutes within 15 days of the vote.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS

LAST NAME—FIRST NAME—MIDDLE NAME	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE
MAILING ADDRESS	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: ❑ CITY ❑ COUNTY ❑ OTHER LOCAL AGENCY
CITY COUNTY	NAME OF POLITICAL SUBDIVISION:
DATE ON WHICH VOTE OCCURRED	MY POSITION IS: ❑ ELECTIVE ❑ APPOINTIVE

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office MUST ABSTAIN from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a measure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

* * * * * * * * * * * * * * * *

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; *and*

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

* * * * * * * * * * * * * * * *

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on other side) Local Procedures Manual - Page 102

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, _____, hereby disclose that on _____, 20 _____:

(a) A measure came or will come before my agency which (check one)

___ inured to my special private gain or loss;

___ inured to the special gain or loss of my business associate, _____;

___ inured to the special gain or loss of my relative, _____;

___ inured to the special gain or loss of _____, by whom I am retained; or

___ inured to the special gain or loss of _____, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

_____ _____

Date Filed Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED $10,000.

"KÒMANTÈ PIBLIK-LA"

KÒMANTÈ PIBLIK-LA se yon opòtinite pou manm odyans-la di sa yo panse sou pwoblèm ki PA fè pati ajanda rankont-la epi ki gen pou wè ak Sistèm Swen-an, nivo finansman sèvis-yo, nesesite pou plis sèvis ets.

Tanpri swiv enstriksyon sa yo:

- Si ou vle pale, leve men-ou epi Prezidan Konsèy-la ap envite-ou pale.
- Yo rezève apeprè dis minit pou **KÒMANTÈ PIBLIK** nan kòmansman ak fen rankont-la. Tanpri pa pran twòp tan si ou wè lòt moun bezwen pale. Epitou, fòk ou konnen se responsabilite Prezidan Konsèy-la pou li bay tout moun ki bezwen pale yon opòtinite.
- Pale nan nenpòt ki lang ou santi-ou alèz. Rankont-yo fèt sitou an angle. Si ou bezwen sèvis tradiksyon, estaf-la ap fè tout sa li kapab pou ba-ou sèvis sa-a**.** **(**Sepandan, estaf-la ap bezwen pou ou bay avètisman 72 zè alavans pou li ka garanti yon tradiktè.) ***Rele: (954) 561-9681 Est. 218***
- Yo anrejistre tout rankont Konsèy ak Komite yo sou kasèt epi rezime rankont-la tounen yon dosye piblik. Tanpri pale klè epi pale fò.
- Konsèy-la gen yon règleman ki mande pou yo PA NONMEN NON ankenn ajans oswa manm estaf-la. (Si ou bezwen enfòmasyon sou kijan pou pote plent, tanpri chache wè yon moun nan Estaf Planifikasyon Konsèy-la apre rankont-la.) ***Ou gen dwa rele Biwo Resevè-a tou nan: (954) 327-8750***.
- Prezidan-an ap fè tout sa ki posib pou li refere-ou oswa refere pwoblèm/komantè ou fè-a bay estaf oswa Komite apwopriye-a pou plis revizyon oswa pou li pran aksyon si sa nesesè.

"PUBLIC COMMENT"

PUBLIC COMMENT is an opportunity for audience members to speak on issues NOT included on the meeting agenda regarding System of Care issues, funding levels for services, need for more services etc.

Please follow these instructions:

- If you wish to speak, raise your hand and the meeting Chair will invite you to speak.
- Ten minutes are reserved for **PUBLIC COMMENT** at the beginning and end of the meeting. Please be considerate with time if others want to speak. Also note, it is the Chair's responsibility to ensure all who want to speak will be given the opportunity.
- Speak in any language you are comfortable with. Meetings are primarily conducted in English. If translation services are needed, the staff will do its best to provide this service**. (**However, the staff will need a 72-hour advance notice in order to guarantee a translator.) ***Call: (954) 561-9681 Ext. 218***
- All Council and Committee meetings are tape recorded and the meeting summary is public record. Please speak clearly and loudly.
- Privacy laws and Provider contract requirements limit the ability of the Planning Council to discuss client grievances. A person who asks for the Planning Council to intervene in his or her grievance will be immediately referred to the Grantee's representative for assistance. ***You may also call the Office of the Grantee at: (954) 327-8750***.
- The Chair will make every attempt to refer you or the issue/comment you speak about to an appropriate staff or Committee for further review and action.

"COMENTARIO PÚBLICO"

COMENTARIO PÚBLICO es un espacio para que los miembros de la audiencia hablen sobre asuntos NO incluidos en la agenda de la reunión y que se refieran a Sistemas de Cuidado, niveles de financiación de servicios, necesidad de otros servicios, etc.

Por favor siga estas instrucciones:

- Si usted desea hablar, levante la mano y quien preside la reunión le invitará a hablar.
- Habrá cerca de diez minutos reservados para COMENTARIO PÚBLICO, al principio y final de la reunión. Por favor, tenga en cuenta el tiempo, por si otros también desean hablar. Tenga así mismo presente que quien preside la reunión es responsable de garantizar que quienes quieren hablar tengan la oportunidad de hacerlo.
- Hable en la lengua con la cual se sienta cómodo. Las reuniones son en general en Inglés, pero si se necesitan servicios de traducción, el personal tratará de proveerlo (sin embargo, se requiere avisar con 72 horas de antelación, para poder garantizar la presencia del traductor). ***Llame al (954) 561-968, Ext. 218***.
- Todas las reuniones de Comité y Consejo serán grabadas y la síntesis de la reunión se convertirá en archivo público. Por favor hable alto y claro.
- El consejo tiene como política el NO identificar por su nombre a agencias o a personal específicos (Si usted necesita información sobre como procesar una queja, consulte al Personal del Consejo de Planeación, después de la reunión). **También puede llamar a la *Oficina del Donatario, al (954) 327-8750.***
- El Presidente de la reunión hará cuanto pueda para referirlo a usted o el asunto/comentario al cual se refiere, al Comité o personal indicado para que nuevamente sea revisado y se actúe al respecto.

Planning Council Meeting Evaluation

Purpose:

The Planning Council Meeting Evaluation Form will be utilized for all meetings of the Broward County HIV Health Services Planning Council (Planning Council) and its committees to provide ongoing feedback to the Executive Committee and Planning Council as to the quality and effectiveness of its meetings. This tool will be utilized by the Executive Committee to identify challenges and/or deficiencies and potential Council Development/Training needs.

Process:

1. The Planning Council Meeting Evaluation Form will be included in the meeting materials provided prior to the start of all meetings of the Planning Council and its committees.
2. Completed Evaluation forms will be collected by Council Support staff at the end of each meeting.
3. Council Support staff will aggregate each meeting's evaluation forms and provide copies of all forms and aggregate totals to respective chairs at the Executive Committee meeting.
4. Council Support staff will provide aggregate totals of each meeting to all members at the Executive Committee meeting.
5. The Executive Committee will discuss meeting evaluation findings to identify areas for improvement and suggest possible solutions to Planning Council/Committee Chairs.
6. The Executive Committee will recommend training activities to the Membership/Council Development Committee as necessary.

Name of Meeting: Date:

Member Name (optional): _____

Please check <u>all</u> that apply to you:

- ☐ I am a Planning Council Member/Alternate
- ☐ I am a Member of this Committee
- ☐ I am a guest

	YES	Needs Improvement	Comments and/or Suggestions for Improvement
1. The meeting place was a good working environment.			
2. The agenda was clear and was supported by the necessary documents.			
3. The chair guided the meeting effectively.			
4. All Council/Committee members were prepared to participate in the agenda.			
5. Reports were clear and contained needed information.			
6. Next steps for future tasks were identified and responsibility was assigned.			
7. The agenda was followed without spending too much time on non-agenda items.			
8. It was possible to express my opinion if I wanted to.			
9. Meeting participants conducted themselves appropriately.			

ADDITIONAL
PLANNING COUNCIL RESOURCES

I. Planning Council Vision and Mission
II. HRSA Planning Council Primer (2008)
III. Rights and Responsibilities
IV. Glossary of Terms

Broward County HIV Health Services Planning Council

Vision Statement

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

Mission Statement

We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we:

- Foster the substantive involvement of the HIV-infected and affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care.
- Support local control of planning and service delivery, and build partnerships among service providers, private foundations, voluntary organizations, community organizations, and federal, state, and municipal governments.
- Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

Ryan White Part A

PLANNING COUNCIL PRIMER

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THE RYAN WHITE HIV/AIDS PROGRAM

This primer explains what the Ryan White HIV/AIDS program does. It also describes what planning councils do in helping make decisions about Ryan White HIV/AIDS services to fund and deliver in their geographic areas.

The Ryan White HIV/AIDS Program (previously known as the Ryan White CARE Act) is a Federal program that funds services for people living with HIV\AIDS (PLWHA). Ryan White services are for those who cannot pay for the care they need. Ryan White helps cities, States, and other areas pay for the costs of HIV/AIDS care. It pays for care that is not covered by other programs like Medicaid and Medicare.

The Ryan White legislation is called the Ryan White Treatment Modernization Act of 2006. The legislation was first passed in 1990 as the Ryan White CARE Act. The 2006 law is the third time that Ryan White programs have been reauthorized as Federal legislation since its initial enactment. The legislation spells out who is eligible for services and describes how the money can be used. Most Ryan White funds go to pay for medical and support services for PLWHA and their families. One goal is to get PLWHA into care early and help them stay there and remain healthy.

Most Ryan White funds are grants awarded to local and State areas to address the needs of PLWHA. Many decisions about how to use the money are made by local planning councils and State planning groups, who work as partners with their governments.

Ryan White HIV/AIDS Program Funding Categories

- Part A: Local areas hardest hit by the epidemic
- Part B: States, including AIDS Drug Assistance Programs (ADAP)
- Part C: Community early intervention services
- Part D: Services for children, youth, women with HIV disease and their families
- Part F: Includes Special Programs of National Significance (SPNS) models of care, AIDS Education and Training Centers (AETC) training for health care providers, HIV/AIDS Dental Reimbursement Program (DRP) for agencies to reimburse the uncompensated costs incurred by agencies in providing oral health treatment to PLWHA, Community Based Dental Partnership Program (CBDPP) to provide oral health care in the community and train dental professionals; and the Minority AIDS Initiative (MAI) to reduce racial/ethnic disparities in service access and outcomes.

The Federal government agency that works with local and State areas that receive the grants is the HIV/AIDS Bureau (HAB), which is part of HRSA, the Health Resources and Services Administration (HRSA). HRSA is part of an even larger agency, the U.S. Department of Health and Human Services (HHS).

Ryan White legislation awards grants under the five sections of the Act: Part A, Part B, Part C, Part D, and Part F (formerly Title I, Title II, Title III, Title IV, and Part F). Below is a short

description of each. In most cases, agencies compete for funding by submitting applications to HRSA. Part of the funds that go to Part A and Part B are funded under a formula that relates to the number of living HIV and AIDS cases in these areas.

Part A: Emergency Relief to Local Areas

Part A funds go to local areas that have been hit hardest by the HIV epidemic. These areas are called eligible metropolitan areas (EMAs) or transitional grant areas (TGAs):

- EMAs are metropolitan areas with at least 2,000 new cases of AIDS reported in the past five years and at least 3,000 cumulative living cases of AIDS as of the most recent calendar year. There are 22 EMAs.
- TGAs are metropolitan areas with between 1,000 and 1,999 new cases of AIDS reported in the past five years and at least 1,500 cumulative living cases of AIDS as of the most recent calendar year. There are 34 TGAs

Part A money goes to the chief elected official (CEO) of the major city or county government in the EMA or TGA. (The CEO is usually the mayor. Sometimes it is the county executive, chair of the board of supervisors, or judge.) The CEO is legally the grantee, but usually chooses a department or other entity to manage the grant. That entity is called the grantee. It manages the grant by making sure the funds are used correctly. The grantee works with the Part A planning council in making decisions about how to use the funds.

Part A funds may be used for HIV primary medical care and other medical-related and support services (like medical transportation) that are needed by PLWHA in order to stay in care and achieve quality medical outcomes. A limited amount of the money can be used for planning, managing, and evaluating programs, and for supporting the work of the planning council.

Part B: Support to States

Part B is for States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the U.S. Pacific Territories and Associated Jurisdictions. Like Part A funds, Part B funds can be used for medical and support services. A major priority is providing medications for people with HIV and AIDS. The Ryan White legislation gives States flexibility to deliver these services under these programs:

- AIDS Drug Assistance Program (ADAP) medications to treat HIV disease
- Health insurance coverage
- Services provided through consortia (groups of providers and community members that plan and deliver care)
- Direct services provided or contracted by the State.

In the past, home and community based care was a separate Part B program area but is now categorized as a "core medical service" that can be funded under Part A, B, or C.

The State decides how to spend this money. States are required to conduct a needs assessment (to determine needs of PLWHA). Based upon needs assessment results, States must set priorities and allocate resources to meet needs. States must also write a comprehensive plan, which is a guide on how to meet those needs.

Many States get input from Part B planning groups. Some are statewide groups. Others cover local areas (like several counties) and are called Part B consortia. They operate much like Part A planning councils, which are described later in this Primer. They are required to assess needed services and make decisions about how to use funds. Some consortia also deliver medical and support services.

Some states also receive Emerging Communities grants. These grants are used to establish and support systems of care in metropolitan areas that are not eligible for Part A funding but have a growing rate of HIV and AIDS. To be eligible for Emerging Communities funds, a metro area must have between 500 and 999 AIDS cases reported in the past five years. To stay eligible, it must have at least 750 cumulative living AIDS cases as of the most recent calendar year.

Part C: Community-Based Early Intervention Services

Part C funds individual agencies, like local public, private non-profit, and hospital-based health clinics. Unlike Part A and Part B, these funds are awarded competitively and go directly to community agencies. While Part C funds many locations around the nation, a funding priority under the legislation is for rural areas and locations that lack HIV-related health services.

Most Part C grants are for programs that provide primary HIV medical care and support services. Part C grantees must provide specific Early Intervention Services (EIS), which include HIV counseling and testing; medical care including medications, other clinical, and diagnostic services; and referrals. They must use at least 50% of the grant for those services, excluding HIV counseling. Part C grantees can use no more than 10% of their grants for administration, including indirect costs. In addition, Part C grantees must use at least 75% of their grant funds for core medical services, the same requirement that applies to Parts A and B, after funds are reserved for clinical quality management and administration.

Part C also funds Capacity Development grants, which are used to help agencies improve their operations so that they can deliver EIS. Part C Planning grants are used to help agencies prepare to become EIS programs.

Part D: Services and Access to Research for Women, Infants, Children, Youth, and Families

Part D funds go directly to local health care organizations or hospitals. The funds are used to provide HIV-related medical and support services to women, infants, children, and youth, and to link them to additional services available in the community. Part D also lets clients know about clinical research trials and helps them learn how to participate if they wish. Part D grantees can use no more than 10% of their grants for administration, not including indirect costs.

Part F: SPNS, AETC, Dental, MAI

Part F funds support five programs.

- **Special Projects of National Significance (SPNS)**: SPNS funds go to organizations that are creating new and better ways of serving people living with HIV/AIDS.
- **AIDS Education and Training Centers (AETCs)**: AETC funds go to regional and national centers that educate doctors, nurses, dentists, and other health professionals about HIV disease and current treatments.
- **HIV/AIDS Dental Reimbursement Program**: These funds go to dental schools and other dental programs to help pay for dental care for people living with HIV.
- **Community Based Dental Partnership Program**: These funds are to deliver community-based oral health care services for HIV-positive individuals while providing education and clinical training for dental care providers, especially those located in community-based settings.
- **Minority AIDS Initiative**: Part A and Part B programs can apply for MAI funds to address disparities in access, treatment, care, and health outcomes for racial and ethnic minorities. Although MAI is funded separately, Part A and Part B grantees that receive MAI funds are to administer MAI activities as an integral part of their larger Part A and Part B programs.

HOW PART A WORKS

The rest of this Primer describes the people who participate in Part A and what they do.

PARTICIPANTS

Participants in the Part A grant include the following:

- The CEO, who receives the funds on behalf of the EMA or TGA.
- The grantees, the entity chosen by the CEO to manage the grant and make sure funds are used fairly and appropriately.
- The planning council, which conducts planning, decides how to use funds, and works to ensure a system of care that effectively serves all eligible people living with HIV/AIDS in the EMA or TGA.
- HAB/DSS, the Federal government entity within HRSA that makes sure the Ryan White Part A program is implemented correctly.

The Part A Award Process

Each year Congress approves different amounts of funds for Ryan White programs, including Part A. The money for Part A is divided into formula and supplemental funds. Minority AIDS Initiative (MAI) funds are awarded separately.

Formula funds are awarded to EMAs or TGAs based on the number of persons living with HIV and AIDS in the EMA or TGA. Supplemental funds are awarded to the EMA or TGA based on demonstrated need and other factors. EMAs or TGAs must submit a grant application to HAB/DSS each year to receive formula and supplemental Part A funds.

MAI funds are awarded competitively based on a separate application.

The grantee should prepare all Part A applications with planning council input.

The Chief Elected Official (CEO)

The CEO is the person who officially receives the Ryan White Part A funds. The CEO is the Chief Elected Official who is in charge of the major city or county in the EMA or TGA, such as a mayor, chair of the county board of supervisors, county executive, or county judge. The CEO is responsible for making sure that all the rules about using Ryan White Part A funds are followed. The CEO usually picks an agency to manage the Part A grant—generally the county or city health department. The CEO establishes the planning council and appoints its members.

The Grantee

As the person who receives Ryan White Part A funds, the CEO is the grantee. However, in most EMAs and TGAs, the CEO gives responsibility for administering the grant to a local government

agency (such as a health department) that reports to the CEO. This agency is sometimes also called the grantee. The word “grantee” means the person or organization that actually carries out Ryan White Part A tasks, whether that is the CEO, the public health department, or another agency that reports to the CEO.

The Planning Council

Before the EMA or TGA can receive Part A funds the CEO must appoint a planning council. (The only exception is the five new TGAs that started receiving Part A funds in 2006, as required by the 2006 legislative reauthorization. The CEOs in those TGAs decide whether to form a planning council or obtain consumer and community input in some other way.) The planning council (and its staff) must carry out many complex planning tasks.

The Ryan White legislation requires planning councils to have members from various groups and organizations. At least one third (33 percent) of the planning council members must be PLWHA who receive Part A services and are “unaffiliated.” This refers to consumers who do not have a conflict of interest, meaning they are not staff, consultants, or Board members of Part A-funded agencies.

Separate Roles and Mutual Goals

The Part A planning council and the grantee has separate roles that are stated in the Ryan White legislation, but they also share some duties. The planning council and the grantee work together on identifying PLWHA needs (by conducting a needs assessment) and preparing a comprehensive plan (which is a long-term guide on how to meet those needs).

Both also work together to make sure that other sources of funding work well with Ryan White funds and so that Ryan White is the “payer of last resort.” This means that other available funding should be used for services before Ryan White dollars are used to pay for them.

The planning council alone decides what services are priorities for funding and how much funding should be provided for each service category. The grantee is accountable for managing Part A funds and awarding funds to agencies to provide services that are identified as priorities, usually through a competitive "Request for Proposals" (RFP) process.

The planning council cannot do its job without the help of the grantee, and the grantee cannot do its job without the help of the planning council. Some of the responsibilities are identified clearly in the Ryan White legislation. Others must be decided locally. It is important that the planning council and the grantee work together and come to an agreement about their duties. This agreement should be written in planning council bylaws and in a memorandum of understanding (MOU) between the grantee and the planning council.

Roles of the CEO, Grantee, and Planning Council

Role/Task	CEO/Grantee	Planning Council
Planning Council Formation/Membership	X (CEO)	
Needs Assessment	X	X
Comprehensive Planning	X	X
Priority Setting		X
Directives		X
Resource Allocation		X
Coordination of Services	X	X
Procurement	X	
Contract Monitoring	X	
Clinical Quality Management	X	X (Standards of Care)
Cost-Effectiveness and Outcomes Evaluation	X	X
Assessment of the Efficiency of the Administrative Mechanism		X

HRSA/HAB Division of Service Systems (DSS)

The HRSA HIV/AIDS Bureau's (HAB) Division of Service Systems (DSS) is the office in the Federal government that is responsible for administering Part A and Part B throughout the country. HRSA is an agency within the U.S. Department of Health and Human Services.
Each EMA or TGA is assigned a Project Officer who works in DSS. Project Officers help the grantee and planning council do their jobs and make sure that they are running the local Part A program as the Ryan White legislation says they should. Project Officers regularly work with both the grantee and the planning council chairs by telephone and through site visits.

PLANNING COUNCIL DUTIES

The planning council (and its staff) must carry out many complex tasks. Described below, the first step for planning councils is to set up rules to help the planning council to operate smoothly and fairly (planning council operations). This includes bylaws, grievance procedures, conflict of interest policies and procedures, procedures that ensure open meetings, and an open nominations process to identify nominees for the planning council. Planning councils must also be trained in planning, and new members must receive orientation to their roles and responsibilities and those of the grantee.

Planning Council Roles and Responsibilities

- Develop and implement policies and procedures for planning council operations
- Assess needs
- Do comprehensive planning
- Set priorities and allocate resources to service categories, and provide guidance (directives) to the grantee on how best to meet these priorities
- Help ensure coordination with other Ryan White and other HIV-related services
- Assess the administrative mechanism
- Develop standards of care

The planning council must find out what services are needed and what populations need care (needs assessment). Next, it decides what services to fund in the EMA or TGA (priority setting) and decides how much Part A money should be used for each of these services (resource allocations). The planning council works with the grantee to develop a long-term plan on how to provide these services (comprehensive plan). The planning council also looks for ways that Part A services work to fill gaps in care with other Ryan White programs (through the Statewide Coordinated Statement of Need or SCSN) as well as other services like Medicaid and Medicare (coordination). The planning council also evaluates how efficiently providers are selected and paid and how well their contracts are monitored (assessment of the efficiency of the administrative mechanism). All these roles are described below.

Planning Council Duty

Set Up Planning Council Operations

Planning councils must have procedures to guide their activities. They are usually outlined in their bylaws. They cover such areas as:

- **Membership**: The planning council should form a Membership Committee and use a clear and open nominations process to nominate new planning council members and to replace

members when a member's term ends or the person resigns. Openness requires member vacancies and nomination criteria to be widely advertised. The announcement should include the qualifications and other things that are considered when choosing members. Nomination criteria must include a conflict of interest standard so that the planning council makes decisions without considering personal or professional benefits for members. The planning council reviews nominations against vacancies. It considers the requirements of reflectiveness (having members who have characteristics that reflect the local epidemic) and representation (filling the required membership categories). The planning council recommends members to the CEO for appointment.

- **Training**: Members need to learn how to participate in Ryan White planning. The Ryan White Treatment Modernization Act requires training for planning council members, such as explaining the legislation and their role in planning.

- **Group Process**: This includes a code of conduct, as well as rules for committee and full planning council operations, meeting times, and locations. These are usually described in the bylaws.

- **Decision Making**: The planning council needs to agree on how decisions will be made—for example, by voting or consensus—and how it will handle grievances related to funding decisions and conflict of interest (see below). These rules and procedures are usually described in the bylaws.

- **Conflict of Interest**: The planning council must define conflict of interest and determine how it will be handled as the planning council carries out its duties. The planning council must develop procedures to assure that decisions concerning service priorities and funding allocations are based upon community and client needs and not on the financial interests of individual service provider. Thus, planning councils must decide how planning council members may or may not participate in making decisions about specific services if they are involved with agencies that are receiving Part A funds for these specific services or are competing for such funds. For example, if a planning council member works for a substance abuse provider receiving Part A funds, the member may not participate in decisions about priorities, allocations, or directives related to substance abuse treatment. However, members may freely share their insights in a non-voting context as all members can benefit from hearing a variety of perspectives and expertise.

- **Grievance Procedures**: The planning council must develop grievance procedures to handle complaints about how they make decisions about funding. The grievance procedures must specify who is allowed to file a grievance, types of grievances covered, and how grievances will be handled. (In contrast, the grantee must also have its own grievance procedures, although they are to focus on handling of complaints about funding of providers. Both sets of grievance procedures should be written so that they are not in conflict with one another.)

Planning Council Structure and Bylaws

Chair

Every planning council has a leader, usually called the Chair. This responsibility may be shared by two persons, called Co-Chairs. HAB/DSS suggests that the Chair of the planning council be elected by its members. Sometimes a Chair is appointed by the grantee from the list of members recommended by the planning council. A person who works for the grantee may not be the only Chair of the Council—in this case, there must be Co-Chairs.

Bylaws

Each planning council must have written rules, called bylaws, which explain how the planning council operates. Bylaws must be clear and exact. They should include at least the following:

- Mission of the planning council
- Member terms and how members are selected (open nominations process).
- Duties of members
- Officers and their duties
- How meetings are announced and run, including how decisions are made
- What committees the planning council has and how they operate
- Policies and procedures for handling conflicts of interest
- Grievance procedures
- Code of Conduct for members
- How the bylaws can be amended

Planning Council Support

Planning councils need personnel to assist them in their work and money to pay for things like a needs assessment and meeting costs. Money used for these things is called Planning Council Support.

The planning council's budget is a part of the grantee's administrative budget, so the planning council and grantee decide together what funds are needed and how best to spend them. In deciding how much support to allow, planning councils and grantees should balance the need for such support against the need for direct services for PLWHA.

HAB/DSS encourages planning councils to use planning council support funds to reimburse members who are living with HIV for actual expenses they incur in working as planning council members, such as travel or child care. However, members may not receive stipends.

Planning Council Duty

Assess Needs

The planning council works with the grantee to identify HIV needs by conducting a needs assessment. This involves first finding out how many persons living with HIV disease (both HIV infection and AIDS) are in the area through an epidemiologic profile. Usually, an epidemiologist associated with the health department provides this information. Next the council determines the needs of populations living with HIV disease and the capacity of the service system to meet those needs, through focus groups, surveys, or other methods. This includes determining: (1) the number, characteristics, and service needs of PLWHA who know their HIV status and are not in care; (2) the service needs of people with PLWHA who are in care, including differences in care and needs, particularly for historically underserved populations; (3) the number and location of agencies providing HIV-related services in the EMA or TGA; (4) their capacity and capability to serve PLWHA, including capacity development needs; and (5) availability of other resources and how Ryan White services need to work with these other services, like substance abuse services and HIV prevention agencies.

The needs assessment should be a joint effort of the planning council and grantee but should be led by the planning council. It is sometimes done by an outside contractor under the supervision of the planning council. Usually the costs for needs assessment are part of the planning council support budget. Regardless of who does this work, it is important to obtain many perspectives and to carefully analyze the results.

Planning Council Duty

Set Priorities and Allocate Resources

The planning council next sets priorities. This means the members decide which services to fund. The planning council makes these decisions about priorities for funding based on many factors: (1) the needs assessment; (2) information about the most successful and economical ways of providing services; (3) actual cost and utilization data provided by the grantee; (4) priorities of people living with HIV who will use services; (5) making Part A funds work well with other services like HIV prevention and substance abuse; (6) the amount of funds from other sources like Medicaid, Medicare, and the State Children's Health Insurance Program; and (7) developing capacity for HIV services in historically underserved communities.

Eligible Part A & Part B Services

Core medical services, including:

- Outpatient/ambulatory medical care
- AIDS Drug Assistance Program (ADAP treatments)
- AIDS pharmaceutical assistance (local)
- Oral health (dental) care
- Early intervention services (EIS)
- Health insurance premium & cost-sharing assistance
- Home health care
- Home and community-based health services
- Hospice services
- Mental health services
- Medical nutrition therapy
- Medical case management
- Substance abuse services - outpatient

Support services, including:

- Case management (non-medical)
- Child care services
- Emergency financial assistance
- Food bank/home-delivered meals
- Health education/risk reduction
- Housing services
- Legal services
- Linguistics services (interpretation and translation)
- Medical transportation services
- Outreach services
- Psychosocial support services
- Referral for health care/supportive services
- Rehabilitation services
- Respite care
- Substance abuse services – residential
- Treatment adherence counseling

Definitions for these services may be found on the HRSA/HAB Web site at http://hab.hrsa.gov under reporting requirements.

The Planning Council must prioritize only service categories that are included in the Ryan White legislation as core medical services or approved by the Secretary of Health and Human Services as support services. In setting priorities, planning councils need to focus on the legislative requirement that at least 75% of funds go to core medical services and not more than 25% to supportive services. Support services must contribute to positive medical outcomes for clients.

After it sets priorities, the planning council must allocate resources, which means it decides how much funding will be used for each of these service priorities. For example, the planning council decides how much funding should go for primary care services, mental health services, etc

The planning council also has the right to provide "directives" to the grantee on how best to meet the service priorities it has identified. It may direct the grantee to fund services in particular parts of the EMA or TGA (such as outlying counties), or to use specific service models. It may tell the grantee to take specific steps to increase access to care (for example, require that Medical Case Management providers have bilingual staff or that primary care facilities be open one evening or weekend a month). It may also require that services be appropriate for particular populations—for example, it may specify funding for primary care services that target gay men of color. However, the planning council cannot pick specific agencies to fund, or make its directives so narrow that only one agency will quality. The planning council cannot be involved in any aspect of contractor selection (procurement) or in managing or monitoring Part A contracts.

The planning council works with the grantee to decide on the amount and use of funding needed to support the work of the planning council—to pay for staff, cover planning council and committee costs including PLWHA expenses, and contract for help with activities such as needs assessment. This is called "planning council support," and it is a part of the EMA or TGA administrative budget.

Once the EMA or TGA receives its grant award for the upcoming year, the planning council usually needs to adjust its allocations to fit the exact amount of the grant. During the year, the grantee usually asks the planning council to approve some reallocation of funds, to ensure that all Part A funds are spent and that priority service needs are met. (See grantee duties, below.)

Develop the Comprehensive Plan

Planning Council Duty

The planning council works with the grantee in developing a written plan that defines short- and long-term goals for delivering HIV services in the EMA or TGA. This is called a comprehensive plan. This plan is based, in part, on the results of the needs assessment. It is used to guide decisions about how to deliver HIV/AIDS services for people living with HIV. This plan should be updated every three years, and it should work well with other existing local or State plans. HAB/DSS provides guidance on what the plan should include and when it needs to be completed.

Planning Council Duty

Coordinate with Other Ryan White Programs and Other Services

The planning council makes sure that Part A funds work well with other funds, as follows:

The planning tasks described earlier (needs assessment, priority setting and resource allocation, comprehensive planning) require getting lots of input and finding out what other sources of funding exist. This helps avoid duplication in spending and to reduce gaps in care, and helps ensure coordination between HIV prevention and care.

The Statewide Coordinated Statement of Need, called the SCSN, is a way for all Ryan White programs in a State to work together in planning how to use Ryan White funds and avoid duplication of services. Representatives of the planning council—and the grantee—must participate with other Ryan White programs in the State to develop a written SCSN.

Planning Council Duty

Assess the Efficiency of the Administrative Mechanism

The planning council is responsible for evaluating how well the grantee gets funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the planning council and the amounts contracted for each service category are the same as the planning council's allocations.

Planning Council Duty

Develop Standards of Care and Evaluate Services

Usually the planning council develops standards of care to guide providers in delivering services. The grantee uses these standards of care in monitoring contractors and in determining service quality, as part of its Clinical Quality Management function (described below). Developing standards of care is usually a joint activity, but in most EMAs and TGAs, the planning council takes the lead. To do this, it works with the grantee, providers, consumers, and experts on particular service categories. (Note: These standards of care must be consistent with HHS guidelines on HIV/AIDS care and treatment as well as HRSA/HAB standards and performance measures.)

The planning council may also decide to evaluate how well services funded by Part A are meeting community needs—or pay someone else to do such an evaluation.

CEO AND GRANTEE DUTIES

CEO DUTIES RELATED TO THE PLANNING COUNCIL

The CEO has three important duties related to the Planning Council:

- **Establish the Planning Council**: The CEO must establish the planning council. This includes making sure that the planning council membership overall and the consumer members are similar to the demographics of people living with HIV/AIDS locally (for example, race, ethnicity, age). This is called reflectiveness. Particular attention should be paid to including people from disproportionately affected and historically underserved populations. Planning councils must also include people with specific expertise and backgrounds. This is called representation.

Required Planning Council Membership Categories

- At least 33% PLWHA who receive Part A-funded services (in the cases of minors, their caregivers).
- Health-care providers, including federally qualified health centers.
- Community-based organizations serving affected populations & AIDS service organizations.
- Social service providers (including housing and homeless-services providers).
- Mental health providers.
- Substance abuse providers.
- Local public health agencies.
- Hospital planning agencies or health-care planning agencies.
- Affected communities, including individuals with HIV disease or 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.
- Non-elected community leaders.
- State Medicaid agency.
- State agency administering the Part B program.
- Ryan White grantees under Part C and Part D (If there is no Part D grantee in the EMA or TGA, representatives of organizations in the EMA or TGA with a history of serving children, youth, and families living with HIV).
- Grantees under other Federal HIV/AIDS programs (including HIV prevention programs).
- Formerly incarcerated PLWHA or their representatives.

Planning councils must have consumer participation. By law, at least 33% of the planning council must be PLWHA who receive Part A services. They must also be "unaligned," meaning they are not staff, paid consultants, or Board members of Part A-funded agencies. These consumers must be reflective of the demographics of PLWHA locally.

- **Choose Planning Council Members**: The CEO establishes the first planning council. After that, the council itself is responsible for identifying and screening candidates that meet the reflectiveness and representation requirements. Once the planning council identifies candidates to fill vacancies, it forwards their names and other requested information to the CEO for consideration for appointment. The CEO retains sole responsibility for appointment of all members to the planning council.

- **Review and Approve Bylaws and Other Processes**: The CEO establishes the planning council and thus has the authority to review and approve planning council bylaws and other policies. Often, the planning council is considered an official board or commission of the city or county. Its bylaws and procedures must fit the policies established for these boards and commissions as well as meeting Ryan White legislative requirements.

GRANTEE DUTIES

The grantee has planning duties, which include assisting the planning council with needs assessment and comprehensive planning, and providing information and advice that helps the planning council in deciding how to allocate funds. The grantee also has administrative duties, which means that it is responsible for making sure that Part A funds are fairly and correctly managed and used. These duties are described below.

Shared Planning Council and Grantee Responsibilities

- Carry out a needs assessment.
- Develop a comprehensive plan.
- Coordinate with other Ryan White programs and other services—participate in the Statewide Coordinated Statement of Need (SCSN) —and ensure that Ryan White funds are coordinated with other funding sources like prevention and substance abuse
- Reallocate funds as necessary.

GRANTEE PLANNING DUTIES

Support Planning Council Members

Grantee Planning Duty

Both the planning council and the grantee have the responsibility to support the participation of people living with HIV disease on the planning council. Examples include reimbursing their travel and child care costs. They must also train planning council members about their roles and responsibilities so they can be effective members.

The grantee must cooperate with the planning council by providing information that the planning council needs to carry out its responsibilities, particularly information it needs to assess the efficiency of the administrative mechanism.

Grantee Planning Duty

Assess Needs

The grantee works with the planning council to assess the needs of communities affected by HIV/AIDS.

Grantee Planning Duty

Develop the Comprehensive Plan

The grantee and planning council work together to develop a comprehensive plan for the organization and delivery of HIV services. This plan must be compatible with existing State and local plans.

Grantee Planning Duty

Coordinate With Other Ryan White HIV/AIDS Programs and Other Services

Both the grantee and planning council work together to make sure that Part A funds work well with other funds. This occurs through planning. For example, the needs assessment and comprehensive plan need to find out what HIV prevention and substance abuse services already exist and work with them in serving PLWHA. It also occurs through the

Statewide Coordinated Statement of Need (SCSN), which is a way for all Ryan White programs in a State to work together in planning the use of Ryan White funds to provide services and avoid duplication.

GRANTEE ADMINISTRATIVE DUTIES

Below are Part A grantee duties to make sure that funds are used fairly and appropriately.

Grantee Admin. Duty

Establish Intergovernmental Agreements (IGAs)

The grantee must make sure that Part A funds reach all communities in the EMA or TGA where need exists. Thus, it must establish formal, written agreements with cities and counties within the EMA or TGA that provide HIV-related services and also account for at least 10 percent of the EMA's or TGA's reported AIDS cases. This agreement is called an Intergovernmental Agreement (IGA.) An IGA should describe how Part A funds will be distributed and managed.

Grantee Admin. Duty

Distribute Funds According to Planning Council Priorities

The grantee must distribute Part A funds according to the priority setting and resource allocations decided by the planning council. (An exception is funds that the grantee decides to use for its own administrative expenses.) In addition, the grantee must follow planning council directives about "how best to meet" priority needs. In contracting for services, the grantee can only spend the amount of money that the planning council decides should be used for that priority.

Grantee Admin. Duty

Establish Grievance Procedures

The grantee must develop grievance procedures to handle complaints about funding, such as the process by which contractors are chosen. Like the planning council's grievance procedures, they must specify who is allowed to file a grievance, types of grievances covered, and how grievances will be handled.

Grantee Admin. Duty

Ensure Services to Women, Infants, Children, and Youth with HIV Disease

The grantee must assure that the percentage of money spent on serving women, infants, children, and youth with HIV disease is at least in proportion to how much each group represents among the total HIV/AIDS cases in the EMA or TGA. An exception is allowed when the grantee can show that their needs are met through other programs like Medicaid or Medicare. The planning council must consider this requirement when setting priorities and allocating resources.

Grantee Administrative Duties

- Establish intergovernmental agreements (IGAs) with other cities/counties in the EMA or TGA where required
- Distribute funds according to planning council priorities and allocations
- Establish grievance procedures to address funding-related decisions
- Ensure delivery of services to women, infants, children, and youth with HIV disease
- Ensure that Ryan White funds do not pay for care that is paid for elsewhere
- Ensure that services are available and accessible to eligible clients
- Carry out clinical quality management activities to ensure that services are of high quality
- Prepare and submit Part A funding application
- Limit grantee and provider administrative costs
- Monitor contracts
- Reallocate funds with the approval of the planning council, to ensure that all funds are spent and used efficiently and appropriately

Grantee Admin. Duty

Ensure That Ryan White Funds are Used to Fill Gaps

Part A grantees must ensure that funds do not pay for services that are funded by other sources and that Part A funds are not used to replace local spending on HIV/AIDS care. This is because the Ryan White Treatment Modernization Act is the "payer of last resort." This means, for example, that the grantee must require contractors such as clinics to make sure clients are not eligible for Medicaid or some other source of funding before they use Part A funds to pay for their care. This requirement makes sure that Ryan White funds are used to assist PLWHA who do not have any other source of payment for the services they need.

Grantee Admin. Duty

Ensure Availability and Accessibility of Services to Eligible Clients

Part A grantees must ensure that Part A services are available, regardless of an individual's health condition or ability to pay and in settings that are accessible to low-income people with HIV.

Outreach must be provided to inform people of the availability of services and to link them to care. One of the most important priorities of the Ryan White legislation is to find people who know they are HIV-positive but are not receiving regular HIV-related medical care, and help them to get into care, and stay in care.

Providers receiving Part A funds must be required to work with other providers so that services are easier for clients to get. This network of providers is called a "continuum of care." As part of this, providers should make it easy for clients to get into care as early as possible by maintaining "appropriate relationships with entities that constitute key points of access to the health care system." Key points of access include, for example, emergency rooms, substance abuse treatment programs, and sexually transmitted disease clinics.

Grantee Admin. Duty

Carry Out Clinical Quality Management Activities

The grantee must establish a clinical quality management program that measures how providers are using standards of care for their services, and if services are consistent with those guidelines. Quality management also looks at client satisfaction with the services they receive. If a funded provider is not meeting the standards of care established for its service category, the grantee will work with the provider to develop a quality improvement plan, and then monitor how the provider carries out the plan to improve services. As part of quality management, the grantee often evaluates clinical outcomes—for example, whether clients receiving Part A services have improved CD-4 counts.

Grantees can use up to 5% of the award to conduct quality management programs. The grantee shares with the planning council the results of its quality management activities. The planning council receives information by service category, but not information about individual providers. This quality management data helps the planning council in priority setting and resource allocations.

Grantee Admin. Duty

Prepare and Submit Part A Applications

The grantee is responsible for preparing and submitting a Part A application and the MAI application to the Federal government. Although this is the grantee's responsibility, the planning council should participate in the preparation of this application because the application requires information about the planning council and how it works. The chair(s) of the planning council must certify in writing to HAB/DSS that the priorities in the application are the ones developed by the planning council. They must also verify that the grantee spent funds in the past year according to the planning council's decisions.

Grantee Admin. Duty

Limit Grantee Administrative Costs

The grantee may use up to 10% of the Part A grant for managing the Part A program and for other administrative duties, as well as for planning council support. Examples of administrative duties include writing applications, preparing reports, and activities involving payout of Part A funds (including reviewing provider applications, negotiating and monitoring contracts, and paying providers).

Grantee Admin. Duty

Limit Quality Management Costs

The grantee may use up to 5% of the grant for quality management activities.

Grantee Admin. Duty

Limit Contractor Administrative Costs

The grantee must ensure that local providers, subcontractors, and other entities, collectively, spend not more than 10% of total Part A grant funds for administrative expenses.

Grantee Admin. Duty

Monitor Contracts

The grantee must make sure that the providers who receive Part A funds use the money according to the terms of the contract they signed with the grantee. The grantee monitors providers to determine how quickly they spend Part A funds, if they are performing the services, and if they are using funds only as approved, meeting reporting and other contract requirements.

Grantee Admin. Duty

Reallocate Funds

The grantee and the planning council must keep track of how rapidly Part A money is, or isn't, being spent. If funds are not being spent in a timely fashion, there are two options: (1) the grantee may reallocate the funds to another provider within the same service priority, or (2) the planning council may agree to reallocate funds to a different service priority. The grantee and the planning council must work together to share information and ensure that any changes are in agreement with the priorities and allocations established by the planning council.

Grantee Admin. Duty

Technical Assistance

The grantee and planning council may ask their Project Officer for technical assistance from HAB/DSS to help them develop skills needed to meet the responsibilities outlined in this primer. If the grantee or the planning council needs help in fulfilling its duties, HAB/DSS can provide it. HAB/DSS can provide information that describes what other EMAs or TGAs have done, or it can provide experts to work over the phone or on-site with the grantee or the planning council.

Examples of technical assistance include supporting participation of people living with HIV in Ryan White planning, needs assessment, committee structures and operations, and working effectively with the grantee. Requests for technical assistance must be made in writing to the HAB/DSS Project Officer, either by the grantee or by the planning council with grantee approval or notification. For more information, visit the TARGET Center, the HRSA HIV/AIDS Bureau's website for accessing Ryan White TA and training, at http://careacttarget.org. Also learn more about the Ryan White HIV/AIDS Program at http://hab.hrsa.gov.

ROLES AND RESPONSIBILITIES

	Planning Council	Grantee	Shared
Administers and Manages Ryan White Part A Funds		X	
Plans and decides how to use Part A funds to deliver HIV services	X		
Identify PLWH/A needs			X
Prepare a Comprehensive Plan for the organization and delivery of HIV services			X
Prepare and submit the Part A funding application		X	
Ensure percentage of money spent on serving women, infants, children and youth with HIV is at least in proportion to their prevalence in the EMA		X	
Ensure that Ryan White Funds are "payor of last resort"			X
Determine service priorities for funding	X		
Determine Part A resource allocations by service category	X		
Awarding funds to agencies to provide services		X	
Reallocate funds			X
Determine Council Membership and appoint members who fill membership requirements			X
Evaluate how efficiently providers are selected and paid and how well their contracts are monitored			X
Ensure Council membership resembles demographics of PLWHA locally.	X		
Ensure that services are available regardless of client's ability to pay		X	
Monitor Contracts		X	
Establish a quality management program that measures how providers are using standards of care for their services		X	

Source: Ryan White C.A.R.E. ACT

Broward County HIV Health Services Planning Council
Glossary of Terms

AACTG (Adult AIDS Clinical Trials Group)
Largest HIV clinical trials organization in the world, which plays major role in setting standards of care for HIV infection and opportunistic diseases related to HIV/AIDS in the United States and the developed world. The AACTG is composed of, and directed by, leading clinical scientists in HIV/AIDS therapeutic research.

ACTG (AIDS Clinical Trials Group)
A network of medical centers around the country in which federally funded clinical trials are conducted to test the safety and efficacy of experimental treatments for AIDS and HIV infection. These studies are funded by the NIH National Institute of Allergy and Infectious Diseases (NIAID).

ADAP (AIDS Drug Assistance Program)
Administered by States and authorized under Part B of the Ryan White Treatment Modernization Act. Provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAP funds may also be used to purchase insurance for uninsured Ryan White HIV/AIDS Program clients as long as the insurance costs do not exceed the cost of drugs through ADAP and the drugs available through the insurance program at least match those offered through ADAP.

Ad Hoc Committee
A Committee established for a limited time or limited and definite purpose.

Administrative or Fiscal Agent
Entity that functions to assist the grantee, consortium, or other planning body in carrying out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing Requests for Proposals [RFPs], monitoring contracts).

AETC (see Part F)

AHRQ (Agency for Healthcare Research and Quality)
Federal agency within HHS that supports research designed to improve the outcomes and quality of health care, reduce its costs, address patient safety and medical errors, and broaden access to effective services.

AIDS (Acquired Immunodeficiency Syndrome)
A disease caused by the human immunodeficiency virus.

Alternate
A person appointed by the Board of County Commissioners that may be called upon to participate as a voting Member of the Council upon the occurrence of certain conditions.

Antiretroviral
A substance that fights against a retrovirus, such as HIV. (See Retrovirus)

ASO (AIDS service organization)
An organization that provides primary medical care and/or support services to populations infected with and affected by HIV disease.

Board
The Broward County Board of County Commissioners.

Capacity
Core competencies that substantially contribute to an organization's ability to deliver effective HIV/AIDS primary medical care and health-related support services. Capacity development activities should increase access to the HIV/AIDS service system and reduce disparities in care among underserved

PLWH in the EMA.

CARE Act (Ryan White Comprehensive AIDS Resources Emergency Act)
Federal legislation created to address the unmet health care and service needs of people living with HIV Disease (PLWH) disease and their families. It was enacted in 1990 and reauthorized in 1996 and 2000. Reauthorized in 2006 as the **Ryan White Treatment Modernization Act.**

CADR (See RDR)

Category
When applied to seats on the Council, indicates the HRSA-mandated seat to which the Member is appointed.

Cause
An action determined by the Council as a basis for discipline or removal from the Council or a Committee.

CBO (community-based organization)
An organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV disease.

CDC (Centers for Disease Control and Prevention)
Federal agency within HHS that administers disease prevention programs including HIV/AIDS prevention.

CD4 or CD4+ Cells
Also known as "helper" T-cells, these cells are responsible for coordinating much of the immune response. HIV's preferred targets are cells that have a docking molecule called "cluster designation 4" (CD4) on their surfaces. Cells with this molecule are known as CD4-positive (CD4+) cells. Destruction of CD4+ lymphocytes is the major cause of the immunodeficiency observed in AIDS, and decreasing CD4 levels appear to be the best indicator for developing opportunistic infections.

CD4 Cell Count
The number of T-helper lymphocytes per cubic millimeter of blood. The CD4 count is a good predictor of immunity. As CD4 cell count declines, the risk of developing opportunistic infections increases. The normal adult range for CD4 cell counts is 500 to 1500 per cubic millimeter of blood. (The normal range for infants is considerably higher and slowly declines to adult values by age 6 years.) CD4 counts should be rechecked at least every 6 to 12 months if CD4 counts are greater than 500/mm3. If the count is lower, testing every 3 months is advised. (In children with HIV infection, CD4 values should be checked every 3 months.) A CD4 count of 200 or less is an AIDS-defining condition.

Chief Elected Official (CEO)
The official recipient of Part A or Part B Ryan White HIV/AIDS Program funds. For Part A, this is usually a city mayor, county executive, or chair of the county board of supervisors. For Part B, this is usually the governor. The CEO is ultimately responsible for administering all aspects of their title's CARE Act funds and ensuring that all legal requirements are met.

CMS (Centers for Medicare and Medicaid Services)
Federal agency within HHS that administers the Medicaid, Medicare, State Child Health Insurance Program (SCHIP), and the Health Insurance Portability and Accountability Act (HIPAA).

Co-morbidity
A disease or condition, such as mental illness or substance abuse, co-existing with HIV disease.

Committee
A body established by the Council in furtherance of Council business.

Community Forum or Public Meeting
A small-group method of collecting information from community members in which a community meeting is used to provide a directed but highly interactive discussion. Similar to but less formal than a focus

group, it usually includes a larger group; participants are often self-selected (i.e., not randomly selected to attend).

Comprehensive Planning
The process of determining the organization and delivery of HIV services. This strategy is used by planning bodies to improve decision-making about services and maintain a continuum of care for PLWH.

Community Health Centers
Federally-funded by HRSA's Bureau of Primary Health Care, centers provide family-oriented primary and preventive health care services for people living in rural and urban medically underserved communities.

Consortium/HIV Care Consortium
A regional or statewide planning entity established by many State grantees under Part B of the Ryan White HIV/AIDS Program to plan and sometimes administer Part B services. An association of health care and support service agencies serving PLWHA under Part B. In Broward County, refers to the South Florida AIDS Network (SFAN).

Consumer
A person who is an eligible recipient of services under the Ryan White Act.

Continuous Quality Improvement
An ongoing process that involves organization members in monitoring and evaluating programs to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care by identifying opportunities for improvement.

Continuum of Care
An approach that helps communities plan for and provide a full range of emergency and long-term service resources to address the various needs of PLWHA.

Council
The Broward County HIV Health Services Planning Council created in Chapter 21, Part X, Broward County Administrative Code, and mandated b the Ryan White Act.

CPCRA (Community Programs for Clinical Research on AIDS)
Community-based clinical trials network that obtains evidence to guide clinicians and PLWHA on the most appropriate use of available HIV therapies.

Cultural Competence
The knowledge, understanding, and skills to work effectively with individuals from differing cultural backgrounds.

DCBP (Division of Community Based Programs)
The division within HRSA's HIV/AIDS Bureau that is responsible for administering Part C, Part D, and the HIV/AIDS Dental Reimbursement Program.

DSS (Division of Service Systems)
The division within HRSA's HIV/AIDS Bureau that administers Part A and Part B of the Ryan White HIV/AIDS Program.

DSP (Division of Science and Policy)
The office within HRSA's HIV/AIDS Bureau that administers the Part F (SPNS) Program, HIV/AIDS evaluation studies, Policy, and the Annual Program Data Report.

DTTA (Division of Training and Technical Assistance)
The division within HRSA's HIV/AIDS Bureau that administers the AIDS Education and Training Centers (Part F) and technical assistance and training activities of the HIV/AIDS Bureau.

Early Intervention Services (EIS)
Activities designed to identify individuals who are HIV-positive and get them into care as quickly as

possible. As funded through Parts A and B of the Ryan White HIV/AIDS Program, includes outreach, counseling and testing, information and referral services. Under Part C Ryan White HIV/AIDS Program, also includes comprehensive primary medical care for individuals living with HIV/AIDS.

Eligible Metropolitan Area (EMA)
Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A funds.

EIA (Enzyme-Linked Immunosorbent Assay)
The most common test used to detect the presence of HIV antibodies in the blood, which indicate ongoing HIV infection. A positive ELISA test result must be confirmed by another test called a Western Blot.

Epidemic
A disease that occurs clearly in excess of normal expectation and spreads rapidly through a demographic segment of the human population. Epidemic diseases can be spread from person to person or from a contaminated source such as food or water.

Epidemiologic Profile
A description of the current status, distribution, and impact of an infectious disease or other health-related condition in a specified geographic area.

Epidemiology
The branch of medical science that studies the incidence, distribution, and control of disease in a population.

Exposure Category
In describing HIV/AIDS cases, same as transmission categories; how an individual may have been exposed to HIV, such as injecting drug use, male-to-male sexual contact, and heterosexual contact.

Family Centered Care: A model in which systems of care under Ryan White Part D are designed to address the needs of PLWHA and affected family members as a unit, providing or arranging for a full range of services. Family structures may range from the traditional, biological family unit to non-traditional family units with partners, significant others, and unrelated caregivers.

FDA (Food and Drug Administration)
Federal agency within HHS responsible for ensuring the safety and effectiveness of drugs, biologics, vaccines, and medical devices used (among others) in the diagnosis, treatment, and prevention of HIV infection, AIDS, and AIDS-related opportunistic infections. The FDA also works with the blood banking industry to safeguard the nation's blood supply.

Financial Status Report (FSR - Form 269)
A report that is required to be submitted within 90 days after the end of the budget period that serves as documentation of the financial status of grants according to the official accounting records of the grantee organization.

Genotypic Assay
A test that analyzes a sample of the HIV virus from the patient's blood to identify actual mutations in the virus that are associated with resistance to specific drugs.

Grantee
The recipient of Ryan White HIV/AIDS Program funds responsible for administering the award.

HAART (Highly Active Antiretroviral Therapy)
HIV treatment using multiple antiretroviral drugs to reduce viral load to undetectable levels and maintain/increase CD4 levels.

Health Care for the Homeless Health Center
A grantee funded under section 330(h) of the Public Health Service Act to provide primary health and related services to homeless individuals.

Health Insurance Continuity Program (HICP)
A program primarily under Part B of the Ryan White HIV/AIDS Program that makes premium payments, co-payments, deductibles, and/or risk pool payments on behalf of a client to purchase/maintain health insurance coverage.

High-Risk Insurance Pool
A State health insurance program that provides coverage for individuals who are denied coverage due to a pre-existing condition or who have health conditions that would normally prevent them from purchasing coverage in the private market.

HIV/AIDS Bureau (HAB)
The bureau within the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) that is responsible for administering the Ryan White Treatment Modernization Act.

HIV/AIDS Dental Reimbursement Program
The program within the HRSA HIV/AIDS Bureau's Division of Community Based Programs that assists with uncompensated costs incurred in providing oral health treatment to PLWHA.

HIV Disease
Any signs, symptoms, or other adverse health effects due to the human immunodeficiency virus.

Home and Community Based Care
A category of eligible services that States may fund under Part B of the Ryan White HIV/AIDS Program.

HOPWA (Housing Opportunities for People With AIDS)
A program administered by the U.S. Department of Housing and Urban Development (HUD) that provides funding to support housing for PLWHA and their families.

HRSA (Health Resources and Services Administration)
The agency of the U.S. Department of Health and Human Services that administers various primary care programs for the medically underserved, including the Ryan White HIV/AIDS Program.

HUD (U.S. Department of Housing and Urban Development)
The Federal agency responsible for administering community development, affordable housing, and other programs including Housing Opportunities for People with AIDS (HOPWA).

IDU (Injection Drug User)

IGA (Intergovernmental Agreement)
A written agreement between a governmental agency and an outside agency that provides HIV services.

Incidence
The number of new cases of a disease that occur during a specified time period.

Incidence Rate
The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 persons. AIDS incidence rates are often expressed this way.

Joint Committee
A Committee comprising members from both Part A and Part B.

Lead Agency: The agency within a Part B consortium that is responsible for contract administration; also called a fiscal agent (an incorporated consortium sometimes serves as the lead agency)

Manual
The Local Policies and Procedures Manual of the Planning Council.

Medicaid Spend-down
A process whereby an individual who meets the Medicaid medical eligibility criteria, but has income that exceeds the financial eligibility ceiling, may "spend down" to eligibility level. The individual accomplishes

spend-down by deducting accrued medically related expenses from countable income. Most State Medicaid programs offer an optional category of eligibility, the "medically needy" eligibility category, for these individuals.

Member
A person appointed to the Council by the Board of County Commissioners.

Migrant Health Centers
Federally-funded by HRSA's Bureau of Primary Health Care, centers provide a broad array of culturally and linguistically competent medical and support services to migrant and seasonal farmworkers (MSFW) and their families.

MAI (Minority AIDS Initiative)
A national HHS initiative that provides special resources to reduce the spread of HIV/AIDS and improve health outcomes for people living with HIV disease within communities of color. Enacted to address the disproportionate impact of the disease in such communities. Formerly referred to as the Congressional Black Caucus Initiative because of that body's leadership in its development.

Multiply Diagnosed
A person having multiple morbidities (e.g., substance abuse and HIV infection) (see co-morbidity).

Needs Assessment
A process of collecting information about the needs of PLWHA (both those receiving care and those not in care), identifying current resources (Ryan White HIV/AIDS Program and other) available to meet those needs, and determining what gaps in care exist.

Non-Elected Community Leader
Someone active in the community but not elected in formal governmental elections.

NNRTI (Non-Nucleoside Reverse Transcriptase Inhibitor, called " non-nuke ")
A class of antiretroviral agents (e.g., delavirdine, nevirapine, efavirenz) that stops HIV production by binding directly onto an enzyme (reverse transcriptase) in a CD4+ cell and preventing the conversion of HIV's RNA to DNA.

Nucleoside Analog (Nucleoside Analog Reverse Transcriptase Inhibitor, NRTI, called "nuke")
The first effective class of antiviral drugs (e.g., AZT or ZDV, ddI, ddC, d4T, ABC). NRTIs act by incorporating themselves into the HIV DNA, thereby stopping the building process. The resulting HIV DNA is incomplete and unable to create new virus.

OMB (Office of Management and Budget)
The office within the executive branch of the Federal government that prepares the President's annual budget, develops the Federal government's fiscal program, oversees administration of the budget, and reviews government regulations.

Opportunistic Infection (OI) or Opportunistic Condition
An infection or cancer that occurs in persons with weak immune systems due to HIV, cancer, or immunosuppressive drugs such as corticosteroids or chemotherapy. Kaposi's Sarcoma (KS), pneumocystis pneumonia (PCP), toxoplasmosis, and cytomegalovirus (CMV) are all examples of opportunistic infections.

PACTG (Pediatric AIDS Clinical Trials Group)
Body that evaluates treatments for HIV-infected children and adolescents and develops new approaches for the interruption of mother-to-infant transmission.

Part A
The part of the Ryan White HIV/AIDS Program that provides emergency assistance to localities (EMAs) disproportionately affected by the HIV/AIDS epidemic.

Part B
The part of the Ryan White HIV/AIDS Program that provides funds to States and territories for primary health care (including HIV treatments through the AIDS Drug Assistance Program, ADAP) and support services that enhance access to care to PLWHA and their families.

Part C
The part of the Ryan White HIV/AIDS Program that supports outpatient primary medical care and early intervention services to PLWHA through grants to public and private non-profit organizations. Part C also funds capacity development and planning grants to prepare programs to provide EIS services.

Part D
The part of the Ryan White HIV/AIDS Program that supports coordinated services and access to research for children, youth, and women with HIV disease and their families.

Part F (AETC) (AIDS Education and Training Center)
Regional centers providing education and training for primary care professionals and other AIDS-related personnel. Part F (AETC)s are authorized under Part F of the Ryan White HIV/AIDS Program and administered by the HRSA HIV/AIDS Bureau's Division of Training and Technical Assistance (DTTA).

Part F (SPNS) (Special Projects of National Significance)
A health services demonstration, research, and evaluation program funded under Part F of the Ryan White HIV/AIDS Program to identify innovative models of HIV care. Part F (SPNS) projects are awarded competitively.

PCR (Polymerase Chain Reaction)
A laboratory process that selects a DNA segment from a mixture of DNA chains and rapidly replicates it to create a sample of a piece of DNA. For HIV, this is called RT-PCR, which is a laboratory technique that can detect and quantify the amount of HIV (viral load) in a person's blood or lymph nodes. PCR is also used for the diagnosis of HIV infection in exposed infants.

Phenotypic Assay
A procedure whereby sample DNA of a patient's HIV is tested against various antiretroviral drugs to see if the virus is susceptible or resistant to these drug(s).

PHS (Public Health Service)
An administrative entity of the U.S. Department of Health and Human Services.

Planning Council
A planning body appointed or established by the Chief Elected Official of an EMA whose basic function is to assess needs, establish a plan for the delivery of HIV care in the EMA, and establish priorities for the use of Ryan White HIV/AIDS Program Part A funds.

Planning Process
Steps taken and methods used to collect information, analyze and interpret it, set priorities, and prepare a plan for rational decision making.

PLWHA (People Living with HIV/AIDS); also PWA (People Living with AIDS)

Prevalence
The total number of persons in a defined population living with a specific disease or condition at a given time (compared to incidence, which is the number of new cases).

Prevalence Rate
The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).

Priority Setting
The process used to establish priorities among service categories, to ensure consistency with locally identified needs, and to address how best to meet each priority.

Prophylaxis
Treatment to prevent the onset of a particular disease (primary prophylaxis) or recurrence of symptoms in an existing infection that has previously been brought under control (secondary prophylaxis).

Protease
An enzyme that triggers the breakdown of proteins. HIV's protease enzyme breaks apart long strands of viral protein into separate proteins constituting the viral core and the enzymes it contains. HIV protease acts as new virus particles are budding off a cell membrane.

Protease Inhibitor
A drug that binds to and blocks HIV protease from working, thus preventing the production of new functional viral particles.

Quality
The degree to which a health or social service meets or exceeds established professional standards and user expectations.

QA (Quality Assurance)
The process of identifying problems in service delivery, designing activities to overcome these problems, and following up to ensure that no new problems have developed and that corrective actions have been effective. The emphasis is on meeting minimum standards of care.

QI (Quality Improvement)
Also called Continuous Quality Improvement (CQI). An ongoing process of monitoring and evaluating activities and outcomes in order to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care.

RDR (Ryan White Program Data Report)
Formerly known as the CARE Act Data Report (CADR), a provider-based report generating aggregate client, provider, and service data for all Ryan White HIV/AIDS Program compoonents. Reports information on all clients who receive at least one service during the reporting period.

Reflectiveness
The extent to which the demographics of the planning body's membership look like the demographics of the epidemic in the service area.

Reliability
The consistency of a measure or question in obtaining very similar or identical results when used repeatedly; for example, if you repeated a blood test three times on the same blood sample, it would be reliable if it generated the same results each time.

Representative
Term used to indicate that a sample is similar to the population from which it was drawn, and therefore can be used to make inferences about that population.

RFP (Request for Proposals)
An open and competitive process for selecting providers of services (sometimes called RFA or Request for Application).

Resource Allocation
The Part A planning council responsibility to assign Ryan White HIV/AIDS Programt amounts or percentages to established priorities across specific service categories, geographic areas, populations, or subpopulations.

Retrovirus
A type of virus that, when not infecting a cell, stores its genetic information on a single-stranded RNA molecule instead of the more usual double-stranded DNA. HIV is an example of a retrovirus. After a retrovirus penetrates a cell, it constructs a DNA version of its genes using a special enzyme, reverse transcriptase. This DNA then becomes part of the cell's genetic material.

Reverse Transcriptase
A uniquely viral enzyme that constructs DNA from an RNA template, which is an essential step in the life cycle of a retrovirus such as HIV. The RNA-based genes of HIV and other retroviruses must be converted to DNA if they are to integrate into the cellular genome. (See Retrovirus.)

Risk Factor or Risk Behavior
Behavior or other factor that places a person at risk for disease; for HIV/AIDS, this includes such factors as male-to-male sexual contact, injection drug use, and commercial sex work.

RT-PCR (Reverse Transcriptase Polymerase Chain Reaction)
A laboratory technique that can detect and quantify the amount of HIV (viral load) in a person's blood or lymph nodes.

Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White Program). Enacted in 2006, this legislation reauthorized the Ryan White Program, formerly called the Ryan White CARE Act.

Salvage Therapy:
A treatment effort for people who are not responding to, or cannot tolerate the preferred, recommended treatments for a particular condition. In the context of HIV infection, drug treatments that are used or studied in individuals who have failed one or more HIV drug regimens. In this case, failed refers to the inability to achieve or sustain low viral load levels.

SAMHSA (Substance Abuse and Mental Health Services Administration)
Federal agency within HHS that administers programs in substance abuse and mental health.

SCSN (Statewide Coordinated Statement of Need)
A written statement of need for the entire State developed through a process designed to collaboratively identify significant HIV issues and maximize Ryan White HIV/AIDS Program coordination. The SCSN process is convened by the Part B grantee, with equal responsibility and input by all programs.

Section 340B Drug Discount Program
A program administered by the HRSA's Bureau of Primary Care, Office of Pharmacy Affairs established by Section 340B of the Veteran's Health Care Act of 1992, which limits the cost of drugs to Federal purchasers and to certain grantees of Federal agencies.

Seroconversion
The development of detectable antibodies to HIV in the blood as a result of infection. It normally takes several weeks to several months for antibodies to the virus to develop after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.

Seroprevalence
The number of persons in a defined population who test HIV-positive based on HIV testing of blood specimens. (Seroprevalence is often presented either as a percent of the total specimens tested or as a rate per 100,000 persons tested.)

Service Gaps
All the service needs of all PLWH except for the need for primary health care for individuals who know their status but are not in care. Service gaps include **additional** need for primary health care for those already receiving primary medical care ("in care").

SFAN
South Florida AIDS Network (Part B)

SPNS (See Part F)

STD (Sexually Transmitted Disease)

Surveillance
An ongoing, systematic process of collecting, analyzing and using data on specific health conditions and diseases (e.g., Centers for Disease Control and Prevention surveillance system for AIDS cases).

Surveillance Report
A report providing information on the number of reported cases of a disease such as AIDS, nationally and for specific sub-populations.

TA (Technical Assistance)
The delivery of practical program and technical support to the CARE Act community. TA is to assist grantees, planning bodies, and affected communities in designing, implementing, and evaluating CARE Act-supported planning and primary care service delivery systems.

Target Population
A population to be reached through some action or intervention; may refer to groups with specific demographic or geographic characteristics.

Transmission Category
A grouping of disease exposure and infection routes; in relation to HIV disease, exposure groupings include, for example, men who have sex with men, injection drug use, heterosexual contact, and prenatal transmission.

Unaffiliated Consumer
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.

Unmet Need
The unmet need for primary health services among individuals who know their HIV status but are not receiving primary health care.

Viral Load
In relation to HIV, the quantity of HIV RNA in the blood. Viral load is used as a predictor of disease progression. Viral load test results are expressed as the number of copies per milliliter of blood plasma.

Viremia
The presence of virus in blood or blood plasma. Plasma viremia is a quantitative measurement of HIV levels similar to viral load but is accomplished by seeing how much of a patient's plasma is required to spark an HIV infection in a laboratory cell culture.

Western Blot
A test for detecting the specific antibodies to HIV in a person's blood. It is commonly used to verify positive EIA tests. A Western Blot test is more reliable than the EIA, but it is more difficult and more costly to perform. All positive HIV antibody tests should be confirmed with a Western Blot test.

Wild Type Virus
HIV that has not been exposed to antiviral drugs and therefore has not accumulated mutations conferring drug resistance.

Note 1: The Glossary is a combination of a glossary provided by HRSA and definitions that are from the Broward County HIV Health Services Planning Council By-Laws.

Note 2: Many *of the medical terms included in this glossary were drawn from the glossary of "Treatment Issues", a publication of Gay Men's Health Crisis, Dave Gilden, Editor.*

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Policies and Procedure

Last Updated 2/20/14; Approved: 2/27/14

Policies

The Membership/Council Development Committee 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 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.

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 member and/or alternate shall be deemed absent from a meeting when the member and/or alternate is not present at the meeting at least seventy-five (75) percent of the time.

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.

If a Council member/alternate should resign 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).

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 Policies and Procedure. The Council may recommend the reappointment of members whose absences were caused by extenuating circumstances.

The membership categories for the Council and Consortia shall be consistent with those defined in the Act. Not 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)

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 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. Alternates shall comply with attendance requirements at Council meetings.

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.

The term of office for members and alternates shall be at the pleasure of the appointing Commissioner.

The Committee shall be responsible for recommending removal of Council members and Alternates in accordance with the Council By-Laws.

Procedures

Membership:
Semi-annually the current membership will be evaluated 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);

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 (Approved 2/20/14).

The Membership/Council Development Committee and Broward County HIV Health Services Planning 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.

An open, well publicized recruitment activity 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 Committee Chair is responsible for offering to visit, specifically, case management agencies in efforts to encourage the recruitment of consumers for potential Council membership.

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.

Applicants will be invited to attend an orientation and encouraged to join a 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.

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)

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.

A semi-annual 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.

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

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Mentoring Program

(Approved 10.24.13 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 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 council members. Council members who have volunteered their time to be Mentors will be assigned by the Chair of the Membership/Council Development Committee.

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.

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:

e. Provide strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHAs.
f. 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.*