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

Meeting Agenda: Membership/Council Development Committee
Date/Time: May 12, 2016, 9:30-11:30 a.m.
Location: A335
Chair: Karen Creary **Vice Chair:** Vincent Foster

1. **CALL TO ORDER:** *Welcome, Ground Rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 5/12/16 Agenda and 3/10/16 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Review HIVPC Demographics (Handout A)
      ACTION ITEM: Review demographics and identify populations that are over or under represented. Determine at least one strategy to correct over or under representation.
      ACTION ITEM: Discuss Race/Ethnicity category in PC Roster
   b. Review HIVPC Vacancies (Handout B)
      ACTION ITEM: Review vacancies and identify open seats.
   c. Current Applicants, Interested Parties, and Appointments (Handout C)
      ACTION ITEM: Review list of applicants and identify applicants who can become HIVPC members or alternates. Approve members and alternates. Update on January appointment status.
   d. Review Attendance (Handout D)
      ACTION ITEM: Review attendance for HIVPC and committee members. Identify members who should receive warning or removal letters.
4. **EMERGING ISSUES**
5. **UNFINISHED BUSINESS**
   a. Discuss Work Plan Subcommittee
   b. Update MCDC Policies and Procedures
6. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
By-Laws Recommendations	ACTION ITEM: Make recommendations for By-Laws Parking Lot based on updated P&Ps
Joint CEC/MCDC Training	ACTION ITEM: Determine June meeting date for joint training

7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE:** TBD **VENUE:** A-335

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*
Turn The Curve	ACTION ITEM: Participate in Turn the Curve Training

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

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
• Linkage to Care • Retention in Care • Viral Load Suppression •

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Meeting Agenda: Membership/Council Development Committee
Date/Time: Thursday, March 10, 2016 9:30 a.m.
Location: Governmental Center Room GC-301
Chair: H.B. Katz **Vice-Chair:** Vacant

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Burgess, D.	**X**			Arencibia, Y.
2	Foster, V.		**A**		Robertson, P.
3	Gutierrez, H.		**A**		Hamlet,
4	Huggins, L.	**X**			**Grantee Staff**
5	Katz, H.B., *Chair*	**X**			Jones, L.
6	Runkle, D.	**X**			Degraffenreidt, S.
7	Schweizer, M.	**X**			Odusanya, S.
8	Shamer, D.	**X**			**HIVPC Staff**
					Ewart. L
	Quorum = 5	**6**			Johnson, B.

1. CALL TO ORDER

The Chair called the meeting to order at 9:36 a.m. The 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 that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, Grantee staff and HIVPC staff self-introductions were made. A moment of silence was also recognized.

2. APPROVALS

Motion #1: To approve today's meeting agenda
Proposed by: Runkle, D. **Seconded by:** Burgess, D.
Action: Passed Unanimously

Motion #2: To approve the 2/11/16 minutes
Proposed by: Runkle, D. **Seconded by:** Burgess, D.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a. Review HIVPC Demographics (WP Item 1.1, Handout A): The PC Manager reviewed the reflectiveness of the Planning Council and all Standing Committees. Currently the Planning Council is composed of 35% unaffiliated consumers. However, this number does not reflect the 3 new members awaiting approval from the Board of Commissioners. The HIVPC is underrepresented by males, whites, black consumers and white consumers. There are still 5 vacant mandated seats (Federally Recognized Indian Tribe, Co-Infected with Hep B or Hep C, VA Representative, Representative of Formerly Incarcerated, and Local Public Health Agency). The HIVPC has 23% representation from Part A providers.

b. Review HIVPC Vacancies (WP Item 1.4) and Current Applicants, Interested Parties, and Appointments (Handouts B-C): The PC Manager reviewed the vacant mandated seats that are federally mandated by HRSA (Handout B on file). An applicant for the Representative of the Formerly Incarcerated seat was present at the meeting. The PC Manager presented Handout C (on file), the Active Applicants. The committee then reviewed the application for Bessie Dennis, whose appointment was returned to the MCDC from Planning Council for reconsideration. Staff recommended that Ms. Dennis qualify for a Non-Elected Community Leader seat, and the group reviewed the job description as stated in the MCDC Policies and Procedures. The Grantee asked the committee to review the descriptions for each seat Bessie may qualify for, then determine which role she would best qualify. The group reviewed the AIDS Service Organization/Community Based Organization (ASO/CBO) seat, and discussed whether she could be able to meet the requirement of providing data on funding sources and utilization for the organization's clients. The PC Manager stated that the committee should be able to hold the members responsible by being able to request needed information based on their job description. The Grantee stated that all possibilities should be considered, as well as over-saturation, and whether the applicant can fulfill the role as described in the job description. The committee discussed Bessie's role in the community and how she would qualify for a Non-Elected Community Leader (NECL) seat over an ASO/CBO seat. Bessie discussed her role at Broward Health, and whether she could provide data upon request; she stated that the information her organization collects is public record and that she does have direct access to those statistics. The Grantee asked if she would be authorized to represent her organization in communicating that information to different groups, and she stated that that would be a question for her supervisor, who is another PC member. The PC Manager spoke about Bessie's direct link with the community through her job as a counselor, and how as an NECL she could speak of the community/client perspective.

Motion #3: To appoint Bessie Dennis to the HIV Planning Council in a Non-Elected Community Leader seat pending the completion of an updated application **Proposed by**: Runkle, D. **Seconded by:** Schweizer, M. **Action:** Passed Unanimously

The next qualified applicant is for the Planning Council is Yusi Arencibia, who works for the Broward Sheriff's Office and qualifies for a mandated Representative of Individuals Who Were Formally Incarcerated seat. The PC Manager reviewed the application rating process, as well the Job Description for the seat. The Grantee asked for the members to review the whole criteria, including the stipulation that applicants for a mandated seat are not held to the new applicant attendance requirements. The committee reviewed Yusi's application, and asked her to speak about her role at BSO. Yusi has been a registered nurse for 25 years. She started her work in Diabetes care and education, moved to Florida in 2001, and then switched her focus and became director of nursing for Armor Corrections. She now works as the Inmate Health Care Manager at BSO, and oversees their medical contract with Amor and AHF. She has many inmates in her system with HIV, and works to link inmates with services in the community. She stated that she is eager to learn more about HIV, and the MCDC Chair stated that there is a Mentor program for new members. The Chair asked if she would be able to provide information about inmates in the system, and she said that she would take that request back to her organization and see what she will be able to provide to the PC. The Grantee rep asked what else she could contribute to the committee, she states that she can bring back concerns from the committee to Armor and BSO.

Motion #4: To appoint Yusi Arencibia to the HIV Planning Council in the Representative of Individuals Who Were Formally Incarcerated seat, pending attendance at Orientation.
Proposed by: Schweizer, M. **Seconded by:** Runkle, D.
Action: Passed Unanimously

The Committee reviewed reflectiveness changes based on addition of new members appointed in January, as well as the members appointed at today's meeting. They discussed how the addition of new members decreased PLWHA representation on the Council to under 33%, and the need for more Affected Community members to regain reflectiveness.

Motion #5: To appoint Phillip Robertson to the Planning Council as a full voting member in an Affected Communities seat
Proposed by: Runkle, D. **Seconded by:** Huggins, L.
Action: Passed Unanimously

Motion #6: To appoint David Shamer to the Planning Council in an Affected Communities seat
Proposed by: Runkle, D. **Seconded by:** Burgess, D.
Action: Passed Unanimously

c. Review Attendance (WP Item 3.1) (Handout D): The committee reviewed members who had received Warning Letters for non-compliance with attendance during the month of February.

4. UNFINISHED BUSINESS

a. Review updated Recruitment and Retention Plans (Handout E): The committee reviewed the Recruitment and Retention Plan, which has been updated to include responsible parties to ensure accountability for recruitment by members. Once responsibilities are assigned, the plan will incorporate specific members who are responsible for each task and objective. The members spoke about the need for targeted recruiting based on reflectiveness, i.e. White and Black males. A member reiterated the need to have the events calendar (Pride Center calendar) for multiple agencies to use for active recruitment. The Grantee representative suggested drilling down the Plan to incorporate venues for recruitment, appropriate scripts for each audience, etc. The Grantee representative suggested having a separate meeting specifically devoted to developing the work plan. Dr. Schweizer, David Runkle, David Shamer, Bessie Dennis and Lisamarie Huggins all volunteered to form a workgroup to complete the Plan.
ACTION ITEM: Remove "Retention" from Recruitment and Retention Work Plan, as well as Objective 5.
Staff will send out contact information to Recruitment Work Plan Group members.

b. Welcome Brunch: Staff gave the committee members and update on support groups that may like the members to host one of their meetings. Life Program at the Pride Center s has declined due to client privacy provisions. An HIV support group at Broward Health is willing to allow MCDC members speak to their group in May. Staff has contacted different support groups from a list generated by CEC, and has focused on groups with specific targeted demographics needed for membership on the PC.

5. MEETING ACTIVITIES/NEW BUSINESS

a. Marketing Materials: Staff is in the process of contacting different agencies to design HIVPC marketing materials. Currently, there are no new updates; Staff will continue reaching out.

b. Update P&P: The committee members reviewed changes to the Policies and Procedures that were suggested by Staff. Proposed changes included: changing all "Job Descriptions" to "Service Descriptions"; clarifying that a member in the Local Public Health seat should be an employee of a local governmental agency; and numbering the bullets outlining how new applications will be screened and rated. The Grantee asked about NECL, and the members discussed how to clarify that Affected Communities seats are for unaffiliated consumers, while NECL members may be affiliated consumers. The Grantee stated there should be a quarterly orientation meeting where new applicants can come, learn about seat requirements, and answer questions about their qualifications and commitment to the HIVPC. The committee decided to table this item until the next meeting so as to devote more time to the topic.

ACTION ITEM: Change "Attendance at information luncheon" to "at Orientation;" Change selection process to read: 1. Unaffiliated Consumers, 2. Demographic reflectiveness 3. Federally mandated seats, 4. Vacant seats based on categories
Send MCDC members a copy of the San Antonio EMA By-Laws
Research Miami EMA application process and questions

c. By-Laws: This item was tabled until the next meeting.

Motion #7: To appoint Phillip Robertson to the Membership/Council Development Committee **Proposed by:** Runkle, D. **Seconded by:** Burgess, D. **Action:** Passed Unanimously

6. PUBLIC COMMENT

Bessie Dennis expressed her suggestion that the Work Plan Group would think outside of the box and not limit their work and recruitment to within the HIV community exclusively. She believed that they should reach out to local churches, especially African American churches, where there are diverse populations (heterosexual males, formerly incarcerated people, etc.), and that everyone there is in some way affected by the epidemic. She expressed the need for MCDC members to carry business cards, and use fliers/email blasts to quickly disseminate information.

7. AGENDA ITEMS/TASKS FOR NEXT MEETING: DATE: April 14, 2016 VENUE: TBD

Agenda Items for Meeting	*Action to be taken, presentation, discussion, brainstorm etc.*

8. ANNOUNCEMENTS

None.

9. ADJOURNMENT

Without objection the meeting adjourned at 11:30 a.m.

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MEMBERSHIP/COUNCIL DEVELOPMENT - ATTENDANCE CY 2016

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	21	11	10										
1		0	**1**	Burgess, D	E	X	X										
		1	**2**	Foster, V.	X	X	A										
		3	**3**	Gutierrez, H.	A	A	A										
1			**4**	Huggins, L.	X	X	X										
1		0	**5**	Katz, H.B., *Chair*	X	X	X										
1		0	**6**	Runkle, D.	X	X	X										
			7	Schweizer, M.	X	X	X										
1			**8**	Shamer, D.	N 1/21	X	X										
				Quorum = 5	5	7	6										

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - removed

C - cancelled

W - warning letter

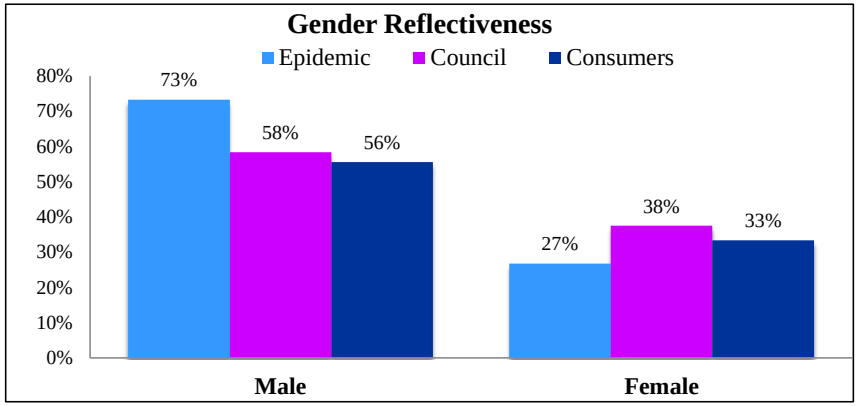
R - removal letter

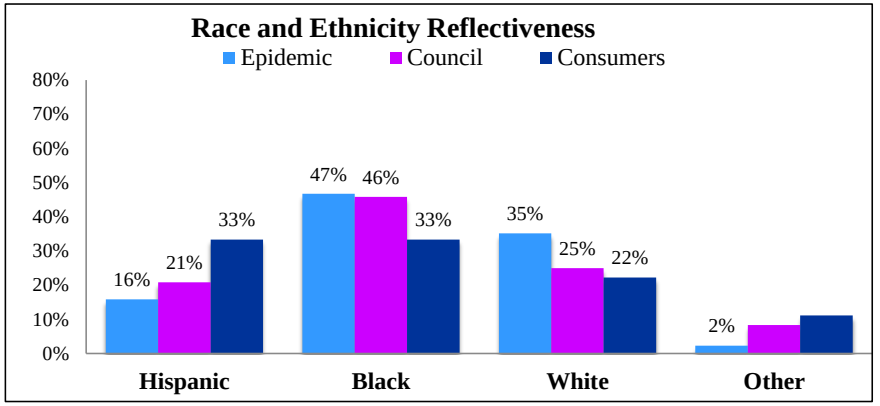
VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

HANDOUT A

HIV Planning Council Membership Report
Current Through May 2016





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	14,204	73%	14	58%	**-15%**	5	56%	**-18%**
Female	5,187	27%	9	38%	**11%**	3	33%	**7%**
Transgender	-	-	1	4%	-	1	11%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	3,068	16%	5	21%	**5%**	3	33%	**18%**
Black	9,063	47%	11	46%	**-1%**	3	33%	**-13%**
White	6,811	35%	6	25%	**-10%**	2	22%	**-13%**
Other	449	2%	2	8%	6%	1	11%	6%
Total	**19,391**	**100%**	**24**			**9**		

Current Members	24
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	**38%**

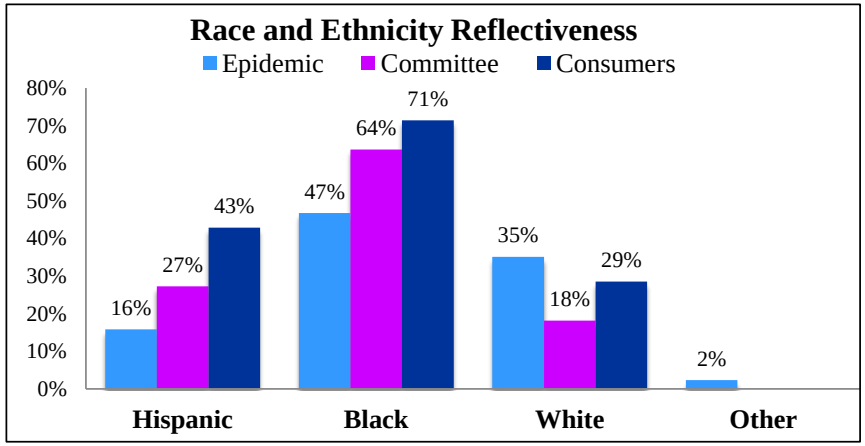
Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. Federally Recognized Indian Tribe Members
3. State Medicaid
4. Individual co-infected with Hep B or Hep C
5. Local Public Health Agency
6. Substance Abuse Provider
7. Representative Formerly Incacerated

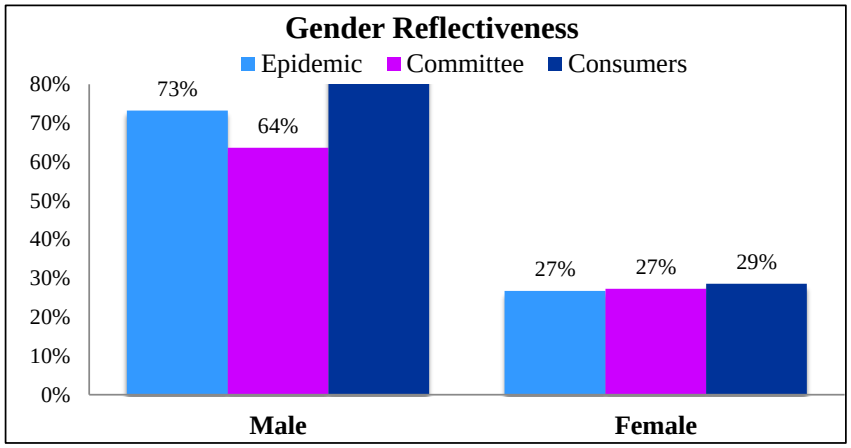
No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time, and no more than 40% of HIVPC members shall be Part A-funded providers.

% Part A-Funded Providers	*25%*

HANDOUT A

Community Empowerment Committee (CEC) Reflectiveness Report
Through May 2016



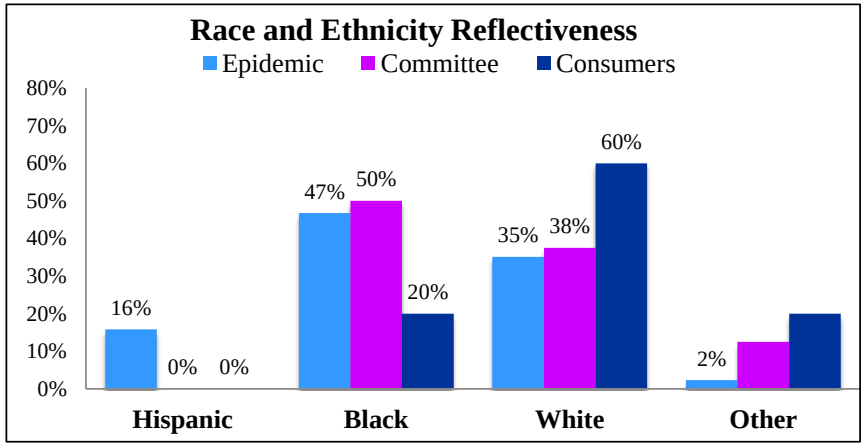


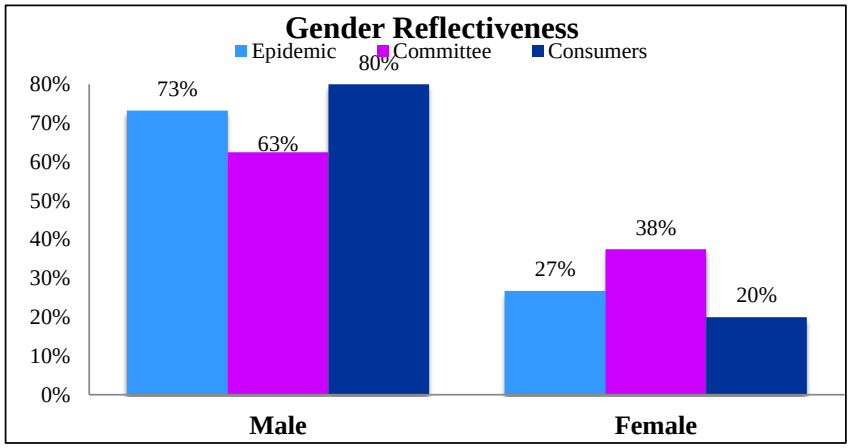
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	7	64%	7	100%	-10%
Female	5,187	27%	3	27%	2	29%	1%
Transgender	-	-	1	9%	1	14%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	3	27%	3	43%	11%
Black	9,063	47%	7	64%	5	71%	17%
White	6,811	35%	2	18%	2	29%	-17%
Other	449	2%	0	0%	0	0%	-2%
Total	19,391		11		7		

Current Members	11
% of Members That Are Unaffiliated Consumers	64%

HANDOUT A

Membership/Council Development Committee (MCDC) Reflectiveness Report
Through May 2016



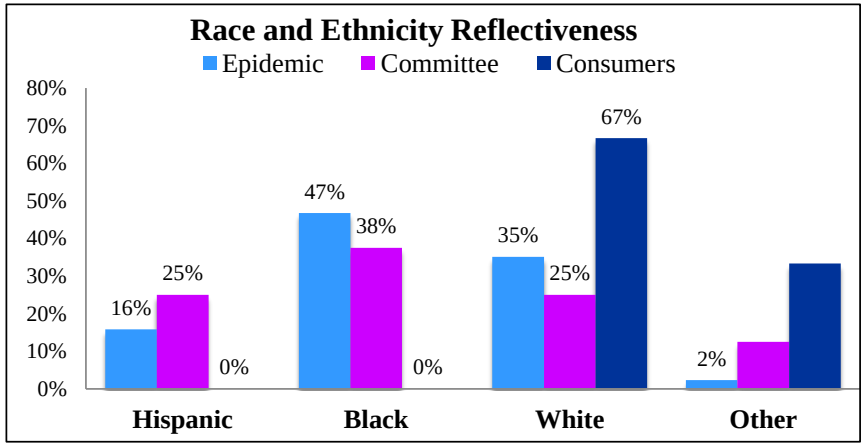


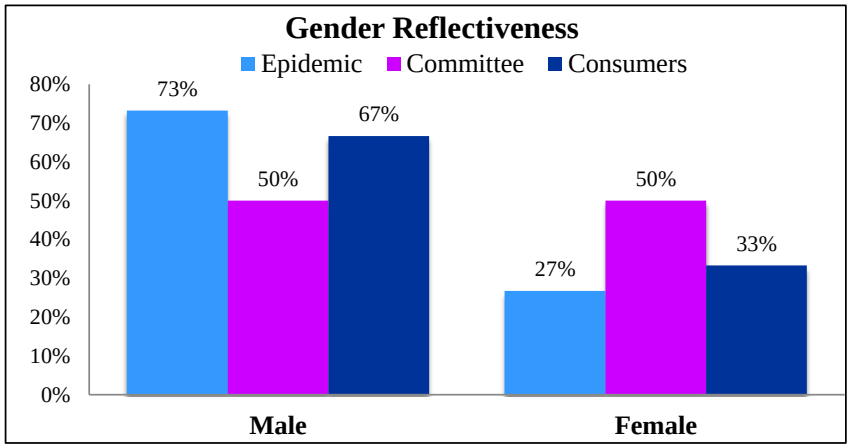
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	5	63%	4	80%	-11%
Female	5,187	27%	3	38%	1	20%	11%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	0	0%	0	0%	-16%
Black	9,063	47%	4	50%	1	20%	3%
White	6,811	35%	3	38%	3	60%	2%
Other	449	2%	1	13%	1	20%	10%
Total	19,391		8		5		

Current Members	8
% of Members That Are Unaffiliated Consumers	63%

HANDOUT A

Quality Management Committee (QMC) Reflectiveness Report
Through May 2016



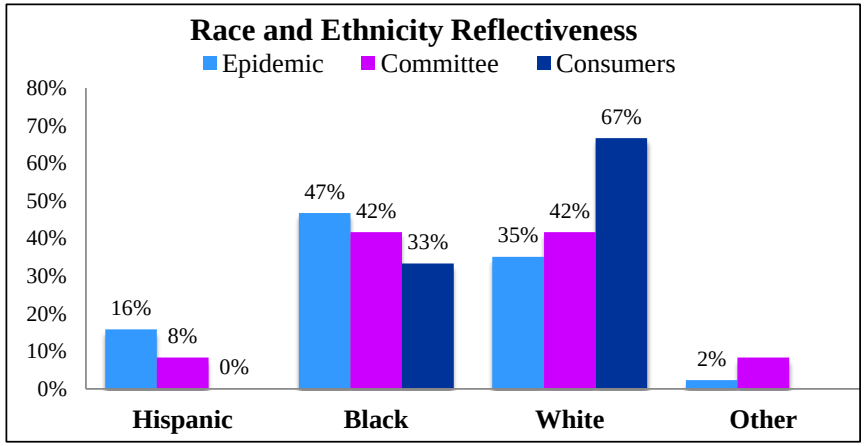


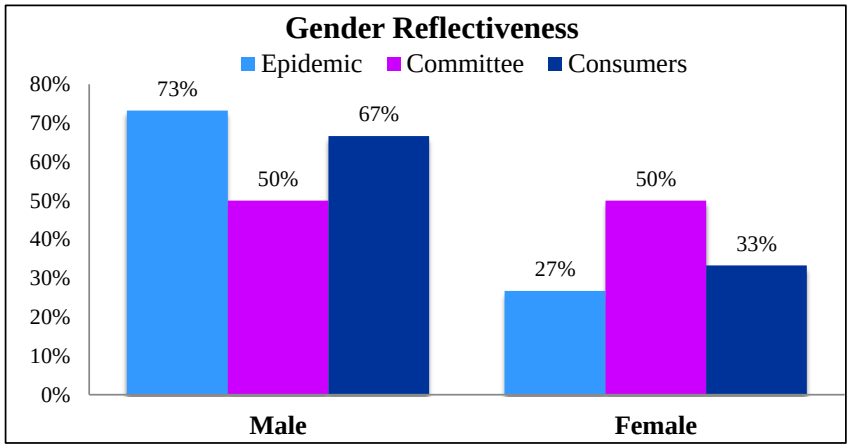
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	4	50%	2	67%	-23%
Female	5,187	27%	4	50%	1	33%	23%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	2	25%	0	0%	9%
Black	9,063	47%	3	38%	0	0%	-9%
White	6,811	35%	2	25%	2	67%	-10%
Other	449	2%	1	13%	1	33%	10%
Total	19,391		8		3		

Current Members	8
% of Members That Are Unaffiliated Consumers	38%

HANDOUT A

Priority Setting & Resource Allocation Committee (PSRA) Reflectiveness Report
Through May 2016



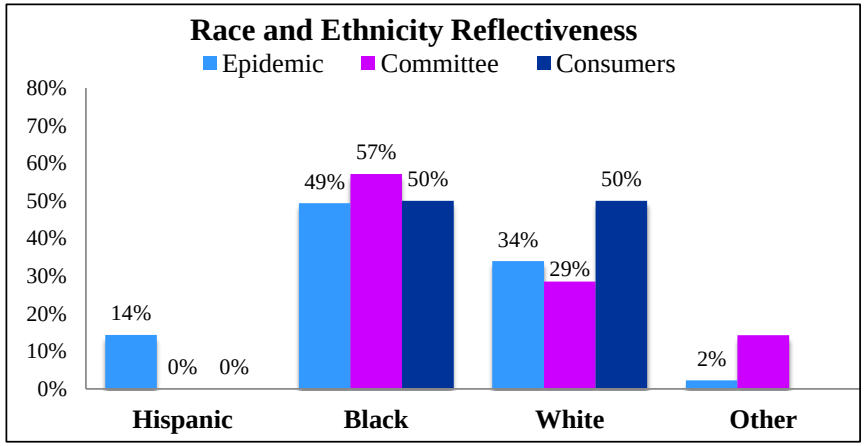


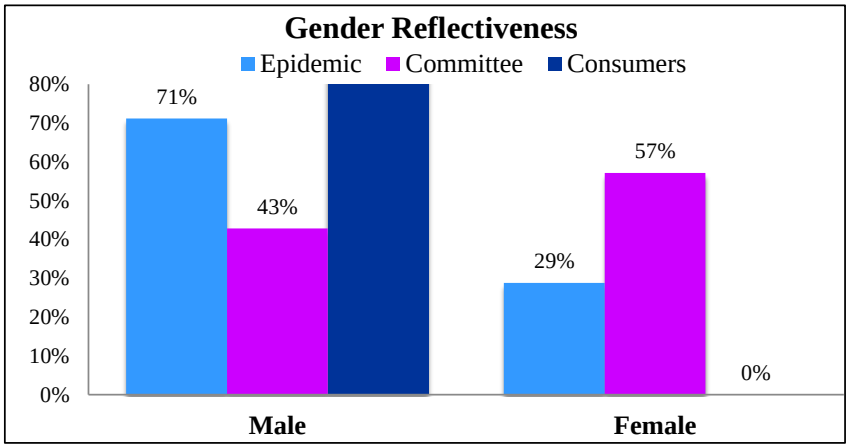
Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	6	50%	2	67%	**-23%**
Female	5,187	27%	6	50%	1	33%	**23%**
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	1	8%	0	0%	**-7%**
Black	9,063	47%	5	42%	1	33%	**-5%**
White	6,811	35%	5	42%	2	67%	**7%**
Other	449	2%	1	8%	0	0%	**6%**
Total	**19,391**		**12**		**3**		

Current Members	**12**
% of Members That Are Unaffiliated Consumers	**25%**

HANDOUT A

System of Care (SOC) Committee Reflectiveness Report
Through May 2016



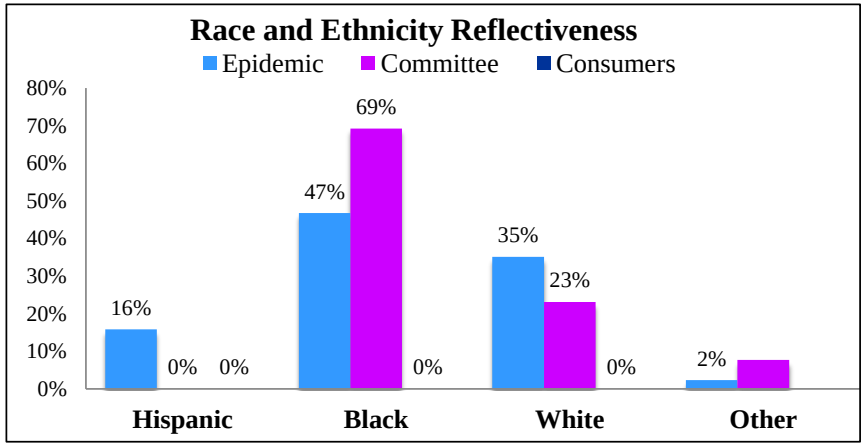


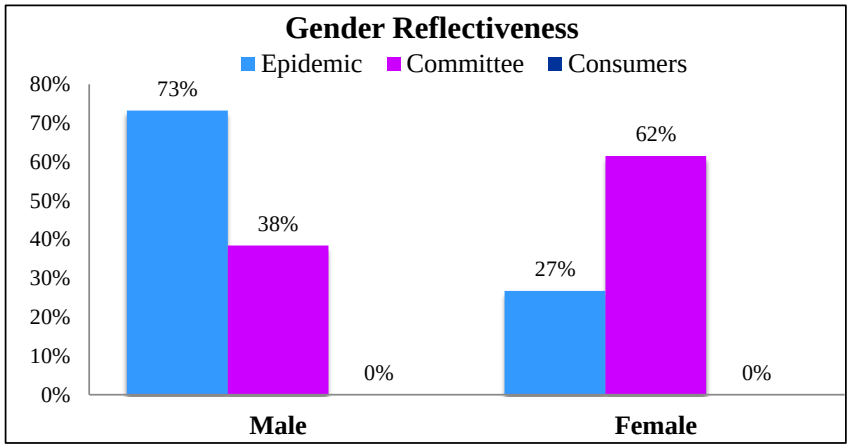
Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	3	43%	2	100%	-28%
Female	4,973	29%	4	57%	0	0%	28%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	0	0%	0	0%	-14%
Black	8,521	49%	4	57%	1	50%	8%
White	5,856	34%	2	29%	1	50%	-5%
Other	395	2%	1	14%	0	0%	12%
Total	**17,248**		**7**		**2**		

Current Members	**7**
% of Members That Are Unaffiliated Consumers	**29%**

HANDOUT A

Executive Committee Reflectiveness Report
Through May 2016





Gender	Epidemic		Committee		Consumers		% Difference
Male	14,204	73%	5	38%	0	0%	-35%
Female	5,187	27%	8	62%	0	0%	35%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	3,068	16%	0	0%	0	0%	-16%
Black	9,063	47%	9	69%	0	0%	22%
White	6,811	35%	3	23%	0	0%	-12%
Other	449	2%	1	8%	0	0%	5%
Total	19,391		13		0		

Current Members	13
% of Members That Are Unaffiliated Consumers	0%

VACANT FEDERALLY MANDATED SEATS

HANDOUT B

Vacant Seats	Interested Party Identified	Application Submitted	Committee	Application Progress	Recommendations	Vacant Since
1. Grantees of other Federal HIV programs - VA	No interested party identified					Continuously
2. Individual co-infected with Hep B or Hep C	No interested party identified					2/1/2016
3. Local Public Health Agencies	No interested party identified					11/1/2012
4. Federally Recognized Indian Tribe members	No interested party identified					Continuously
5. Substance Abuse Provider	No interested party identified					4/28/2016
6. State Medicaid	No interested party identified					5/11/2016

Active HIVPC Applicants

HANDOUT C

Name	Consumer	W	B	H	O	F	M	T	Agency	Date Applied	Orientation	Committee	Date 1	Date 2	Date 3	Application Category	Outcome
King, J.				1			1		AHF	1/20/2016	No	PSRA, NAE	PSRA- 1/20/2016	PSRA- 4/20/16	CEC- 5/3/16	ASO/CBO	In Progress
Valverde, V.				1		1			Memorial	2/23/2016	No	CEC, MCDC, PSRA				ASO/CBO Serving Affected Population	In Progress

April 2016 HIVPC and Standing Committee Attendance

Community Empowerment Committee (CEC)

Last Meeting: February 2, 2016

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	5	2	C	C									
1	Bhrangger, R.	X	X											
2	Burgess, D.	X	X											
3	Creary, K.	X	X											
4	Culpepper, K.	X	A											
5	Fleurinord, P., *V. Chair*	X	X											
6	Franks, H.	X	X											
7	Katz, H.B.	X	X											
8	Lewis, L.	X	Z-2/1											
9	Lint, A., *Chair*	X	X											
10	Marcoviche, W.	X	X											
11	Myers, L.	A	A											Z-4/26
12	Parker, P.	A	A											W-3/10
13	Robertson, P.	X	E											
14	Runkle, D.	E	X											
15	Wilkins, D.	A	E	Z-3/1										
	Quorum = 9	11	9											

Membership Council/Development Committee (MCDC)

Last Meeting: March 10, 2016

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	21	11	10	C									
1	Burgess, D	E	X	X										
2	Foster, V.	X	X	A										
3	Gutierrez, H.	A	A	A										R-4/11
4	Huggins, L.	X	X	X										
5	Katz, H.B., *Chair*	X	X	X										
6	Runkle, D.	X	X	X										
7	Schweizer, M.	X	X	X										
8	Shamer, D.	N 1/21	X	X										
	Quorum = 5	5	7	6										

Needs Assessment/Evaluation Committee (NAE)

Last Meeting: February 8, 2016

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	CX	8	C	C									
1	Katz, H. B.	NQX	E											
2	Moragne, T.	NQX	X											
3	Little, S.	NQX	X											
4	Shirley, J.	NQA	X											
5	Tomlinson, K., *Chair*	NQA	X											
	Quorum = 4		4											

Priority Setting and Resource Allocation Committee (PSRA)

Last Meeting: April 20, 2016

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	20	17	16	20									
1	Bell, J.	N-2/17		X	X									
2	DeSantis, M.	X	A	X	X									
3	Gammell, B.	X	X	X	X									
4	Grant, C.	X	X	X	X									
5	Hayes, M.	X	X	X	X									
6	Katz, H.B.	X	X	X	A									
	Lewis, L.	X	Z-2/1											
7	Lopes, R.		X	X	X									N-1/20
8	Proulx, D.	X	X	X	A									
9	Reed, Y.	X	X	A	A									W-5/11
10	Schickowski, K.	X	A	X	X									
11	Shamer, D.	X	X	X	X									
12	Siclari, R., *V. Chair*	X	X	E	X									
13	Taylor-Bennett, C., *Chair*	X	X	X	X									
	Quorum = 8	12	10	11	10									

Quality Management Committee (QMC)

Last Meeting: March 21, 2016

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	25	22	21	C									
1	De Hoyos, F.	X	X	X										
2	Earp, A.	A	X	X										
3	Grant, C., *Chair*	X	X	X										
4	Huggins, L.			X										
5	Katz, H.B.	X	X	X										
	Lewis, L.	X	Z-2/1											
6	Runkle, D.	X	X	E										
7	Soto, T.	A	X	X										
8	Taveras, J.	N-2/22		X										
	Quorum = 4	4	5	7										

System of Care Committee (SOC)

Last Meeting: March 22, 2016

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	26	23	22	C									
			C											
1	Creary, K.	X	NQA	E										
2	Hayes, M. Chair	X	NQX	X										
3	Katz, H.B.	N-2/25		X										
4	Kress, G.	X	E	X										
5	Lopes, R.	X	NQX	X										
6	Robertson, P.	X	NQX	X										
	Quorum = 4	5	3	5										

Executive Committee

Last Meeting: April 19, 2016

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:		CX	24	19									
1	Creary, K.	N- 4/16			X									
2	Earp, A.	N- 4/16			X									
3	Edwards, C.	N- 4/16			X									
4	Fleurinord, P.	A		A	A									
5	Foster, V.	N- 4/16			X									
6	Gammell, B *Chair* (Chair effective 3/1)	X		X	X									
7	Grant, C.	X		X	X									
8	Hayes, M.	N- 2/16		X	X									
9	Katz, H.B.	X		X	Z- 4/16									
	Lint, A.	A		X	Z- 4/16									
10	Lopes, R., *Vice Chair*	N- 3/1		X	X									
	Reed, Y.,	A	(V. Chair ended 3/1)											
11	Siclari, R.	X		A	X									
	Spencer, W. (Ex-Officio 3/1)	X		A	A									
12	Taylor-Bennett, C.	X		X	X									
	Tomlinson, K.	X	Z- 2/16											
	Quorum (Chairs)= 5	7		8	11									

HIV Planning Council (HIVPC)

Last Meeting: April 28, 2016

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	28	25	C	28									
1	Bell, J.	X	X		X									
2	Bhrangger, R.	X	X		X									
3	Burgess, D.	X	X		X									
4	Creary, K.	X	X		E									
5	DeHoyos, F.	N-4/28												
6	DeSantis, M.	X	X		X									
7	Gammell, B., *Chair*	X	X		X									
8	Grant C.	X	X		X									
9	Guttierrez, H.	A	A		A									W-3/10, R-5/11
10	Hayes, M.	X	X		X									
A	Holness, D. V.C. (Comm)	A	X		A									
11	Huggins, L.M.	X	X		X									
12	Katz, H.B.	X	X		X									
Z	Lewis, L.	X	Z-2/1/16											
13	Lint, A.	X	X		X									
14	Lopes, R., *V. Chair*	X	X		X									
15	Marcoviche, W.	X	X		X									
16	Moragne, T.	X	X		X									
17	Myers-Culpepper, K.	A	A		A									W-3/10, R-5/11
18	Parker, P.	A	E		X									
19	Proulx, D.	X	A		X									
20	Reed, Y.	X	X		X									
21	Robertson, L.	X	X		X									
Alt	Robertson, P. (Alt 1)	X	X		E									
22	Runkle, D.	X	X		E									
23	Schweizer, M.	X	X		E									
Alt	Shamer, D. (Alt 2)	N-4/28			X									
24	Siclari, R.	X	X		X									
25	Spencer, W.	X	X		X									
26	Taylor-Bennett, C.	X	A		X									
27	Thomas-Purcell, K.	N-4/28			X									
28	Tomlinson, K.	X	A		A									Z-4/28

Quorum = 14	24	20		20									

Local Pharmacy Advisory Committee (LPAC)

Last Meeting: April 9, 2015

Count	**Meeting Month:**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Attendance Letters**
	Meeting Date:	CX	CX	CX	CX									
1	Ehren, M.													
2	Leverence, S.													
3	Maharaj, A.													
4	Proulx, D., *Chair*													
5	Sherman, E.													
	Quorum = 4													

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Policies and Procedure

Approved 11/19/15

Policies

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

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

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

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

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

There shall be a minimum of three individuals with HIV who shall serve as alternates appointed and approved by the Broward County Commission (Approved 2/20/14). The latter may only serve as voting members in Council meetings for any period of time that a member with HIV is unable to serve due to HIV-related illness. In such case, the Chair shall appoint an alternate who, to the greatest extent possible, matches the gender, race and/or ethnic background of the individual with HIV that is absent. Thereafter, alternates, as directed by the Chair, shall alternate their substitution for PWA members unable to serve due to HIV-related illness. Alternates shall comply with attendance requirements at Council meetings.

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

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

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

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

REMOVAL PROCESS

A. Removal for Attendance

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

B. Removal for Cause

1. All recommendations for removal of a Member for cause must be documented as follows and submitted to the Membership/Council Development Committee:
    a. Name(s) of Council or Committee Member(s) recommending the removal (required).
    b. Name of Council Member or alternate recommended for removal.
    c. Written description of the action(s) prompting the request.
    d. Date(s) and location(s) where the action(s) took place.
    e. Signature(s) and date of submission of Council or Committee Member(s) recommending the removal.
    f. Written notice of recommendation for removal must be given to a member or alternate.
2. The Membership/Council Development Committee will review the status of current members and alternates and recommend removal from the Council by the Board of County Commissioners if the member or alternate:
    a. Refuses to cooperate in a conflict of interest review;
    b. Has been found to have knowingly taken action(s) intended to influence the conduct of the Council in a manner as defined in the By-Laws as a conflict of interest; or
    c. For violation of the Broward County HIV Health Services Meeting Ground Rules

d. Any violation of the By-Laws
e. Violation of Sunshine Law or Code of Ethics
f. Does not attend a post-appointment training within 3 months of appointment to the Planning Council by the Broward County Board of County Commissioners.

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

C. Removal Recommendation

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

REINSTATEMENT POLICY

A. Any member may elect to resign for personal reasons, and have the right to re-apply for reinstatement at any time. Any member seeking reinstatement after resignation shall:
   a. If seeking reinstatement less than 90 days after resignation or removal, submit a letter to the MCDC, which will be forwarded to the Executive Committee, which will be forwarded to the HIVPC for approval.
   b. If seeking reinstatement more than 90 days after resignation or removal, shall submit a new application and follow the same process as new members.
   c. The letter requesting reinstatement must be submitted to the Chair and/or Vice Chair of the MCDC.
B. A member may only be reinstated once within a 12-month period. A member who is reinstated and subsequently removed may not reapply for reinstatement for the 12-month period following a second removal.

Procedures

Membership:

Open, well publicized recruitment activities 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 MCDC Chair is responsible for offering to visit, specifically, case management agencies in efforts to encourage the recruitment of consumers for potential Council membership. While conducting recruitment, members should encourage interested parties to join committees or the HIVPC, and may discuss the roles, purpose, and benefits of serving on the HIVPC or its committees. Members may not, however, offer an official opinion or statement of the HIVPC, or speak on behalf of the HIVPC.

Council staff will verify that all active/pending applications meet the non-conflict of interest requirements as applicable, note any changes in employment or affiliation status, and present the eligible applications to the Membership Committee for review. All prospective Planning Council members other than those in

mandated seats by virtue of employment are required to participate in any three HIVPC Standing Committee meetings within a 120 day period, and attend a membership orientation prior to being considered for appointment to the Planning Council (Approved 11/19/15). Applicants will receive a package of information that contains specific questions regarding the applicant's interest in becoming a Council and/or a Committee member. Committee information will be included in the package.

Applications will be screened and rated based on:

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

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

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

1. Unaffiliated consumers
2. Demographic reflectiveness
3. Federally mandated seats
4. 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.

The current membership will be evaluated annually for compliance with local, state and federal policies. Deficiencies through attrition, or change in qualifications of members will be documented. A member's qualification may change because of excess absences or by change of employment. Any changes to member's affiliation status will also be noted. Council support staff will report on absences. Current members will be surveyed each year using a form similar to the application. Individuals with HIV who experience extended absence due to illness will be moved to alternate status until they are able to regularly participate again.

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

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

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

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

Post-appointment training will occur quarterly for new members and other interested parties. New appointees will be offered the guidance of a mentor. The Membership Committee will conduct mentoring training for Council members (Approved 11/19/19).

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

- Member does not meet any of the requirements for any vacant ~~mandated~~ seat.
- Planning Council demographics are overrepresented of unaffiliated PLWHAs
- To fulfill By-Laws mandate of a minimum of 3 Alternates

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

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

HIV Planning Council Members – Service Descriptions

(Approved by HIV Planning Council 11/19/15)

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 (Approved 11/19/15)

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. Commit to actively participate in recruitment for HIVPC and Committees.
5. Regularly participate in ongoing education and training provided by the Council.
6. Be willing to participate in discussions mindful of the needs of the EMA, as opposed to an interest group or category of representation.
7. Be willing and able to contribute professional and personal expertise to further the work of the Council.
8. 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~~Roles and Responsibilities **for Affected Communities:**

a. Provide strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHAs.
b. Help develop ideas to engage and educate PLWHAs in the community.
~~b.~~c. Affected Community seats are designated for Unaffiliated Consumers.

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."

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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

Roles and Responsibilities ~~Job Description of~~ for 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)

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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

Roles and Responsibilities ~~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.
~~b.~~c. The representative appointed to this seat should be an employee of a local governmental agency.

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.

Roles and Responsibilities ~~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.

MCDC Mentoring Program

(Approved 11/19/15 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 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, and prospective mentees will be given the opportunity to sign up for a mentor at their Post Appointment Training. Council members who have volunteered their time to be Mentors will be assigned by the MCDC Chair. Interested Parties who are interested in becoming involved in a particular committee will be assigned a mentor by the Chair of the Committee the party is interested in (Approved 11/19/15).

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

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

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

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

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

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

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

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

a. Help new members, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interaction
b. Provide strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and PLWHAs.
c. Take special responsibility for making sure the new member understands the background and context of discussions and actions.
d. Increase new members' knowledge of the HIV Planning Council and retain attendance and membership participation in Council meetings.
e. Complete the Mentor/Mentee evaluation at the conclusion of the mentorship period.

HIVPC Buddy System for Interested Parties

Guidance for Committee Chairs
(Approved 11/20/14 by HIVPC)

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

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

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

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

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

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

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

1. Help interested parties, including PLWHA, feel welcome, learn individual member perspectives, and become comfortable with planning council processes and interactions.
2. Provide strong and informed feedback about the effect of Committee actions and decisions on Ryan White clients and PLWHAs.
3. Take special responsibility for making sure the interested party understands the background and context of discussions and actions.

4. Increase interested party's knowledge of the Committee and retain attendance and membership participation in Committee meetings.
5. Complete the Buddy/Interested Party evaluation at the conclusion of the coaching period (conclusion will be upon mutual agreement between the coach and the interested party).

HANDOUT F

BY-LAWS PARKING LOT ITEMS				
#	**Proposal**	**By-Laws Location**	**Stated Reason**	**Recommendation**
1	Include language regarding advancing Alternates to full HIVPC Committee members, including language on selection based on seniority and reflectiveness	Article IV Section 8	There should be a set process for making long-standing HIVPC Alternates into full Council members	
2	Include language regarding a maximum number of seats held in each membership category	Article IV	To ensure balanced representation by community members and stakeholders	

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL BY-LAWS

Last amended December 2015

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

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

ARTICLE I

NAME AND AREA OF SERVICE

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

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

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

ARTICLE II

PURPOSE AND DUTIES

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

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

ARTICLE III

DEFINITIONS

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

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

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

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

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

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

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

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

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

9. *EMA* means Eligible Metropolitan Area.

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

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

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

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

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

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

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

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

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

ARTICLE IV

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

MEMBERSHIP

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

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

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

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

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

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

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

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

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

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

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

SECTION 11: Removal of Members and Alternates

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

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

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

or the Council Local Procedures Manual, failure to comply with meeting ground rules, or failure to maintain committee membership.

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

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

ARTICLE V

OFFICERS

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

SECTION 2: ELECTIONS

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

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

C. Special Elections. Special Elections will take place as needed. In the event of the resignation or other reason for vacating the Chair or Vice Chair positions, a special election will be held following the procedures outlined in Nominating Procedure (Article VIII, Section 3, Part A). Until the

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

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

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

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

ARTICLE VI

MEETINGS

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

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

SECTION 3: Only duly appointed Members of the Council and/or committee (or the appointed Alternate in their absence) may vote, and each Member (or

Alternate) shall have one vote. Voting privileges are otherwise non-transferable. In the event of a tie vote, there shall be a roll call vote and the Chair shall vote last.

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

SECTION 5: COUNCIL AGENDAS

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

B. The ordinary Council agenda shall include: Call to Order, Welcome and Self-introductions (includes explanation of Ground Rules, Sunshine Law

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

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

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

SECTION 7: TIME LIMITS

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

SECTION 8: LINE OF SUCCESSION

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

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

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

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

the Planning Council, duties will be assumed in the following order:

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

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

ARTICLE VII

CONFLICT OF INTEREST

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

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

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

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

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

abstain from voting on the matter.

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

ARTICLE VIII

COMMITTEES

SECTION 1:

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

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

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

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

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

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) 08/27/15 (Article VIII, Section 11; Article X, Section 4; Article IV, Section 2; Article V, Section 2; Article 5, Section 5) 12/10/15 (Article VIII, Section 4)

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

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

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

A. Ad-Hoc Nominating Committee.

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

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

B. Ad-Hoc By-Laws Committee.

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

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

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

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) 08/27/15 (Article VIII, Section 11; Article X, Section 4; Article IV, Section 2; Article V, Section 2; Article 5, Section 5) 12/10/15 (Article VIII, Section 4)

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 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. In absence of the Standing Committee Chair, the Standing Committee Vice Chair may serve and count towards quorum.

B. The Executive Committee meets to conduct business of the Council (excluding priority setting and allocation decisions). The Executive Committee shall:
   1. Set the agenda for Council meetings
   2. Address Conflict of Interest issues
   3. Review Membership/Council Development Committee Attendance

report to identify Council members not in compliance with attendance requirements

4. Oversee the planning activities established in the comprehensive plan
5. Develop and oversee committee work plans which address comprehensive planning goals and objectives
6. Ratify recommendations for removal for cause from the Membership/Council Development Committee

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

SECTION 5: There shall be a Community Empowerment Committee.

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 9: There shall be a Quality Management Committee.

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

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

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) 08/27/15 (Article VIII, Section 11; Article X, Section 4; Article IV, Section 2; Article V, Section 2; Article 5, Section 5) 12/10/15 (Article VIII, Section 4)

SECTION 10: There shall be a System of Care Committee

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

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

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

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

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

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

collaborative implementation of the Plan, and making appropriate recommendations to the respective planning body.

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

ARTICLE IX
ADOPTION AND AMENDMENTS OF BY-LAWS

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

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

SECTION 3: DATE OF EFFECTIVENESS

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

ARTICLE X
GENERAL PROVISIONS

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

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

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

SECTION 4:

Funds from the Planning Council Support (PCS) budget shall be

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

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) 08/27/15 (Article VIII, Section 11; Article X, Section 4; Article IV, Section 2; Article V, Section 2; Article 5, Section 5) 12/10/15 (Article VIII, Section 4)