



Committee Meeting Agenda: Exploratory Committee

Date/Time: Wednesday, May 20, 2015, 11:00 a.m. **Location:** Gov't Center Room GC-301

Chair: Carla Taylor-Bennett

1. CALL TO ORDER: *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*

2. APPROVAL: 5/20/15 Agenda, 3/18/15 Minutes

3. MEETING ACTIVITIES/NEW BUSINESS

<i>Goal/Work Plan Objective #:</i>	<i>Accomplishments</i>
Review Integrated Group Components (Handout A)	ACTION ITEM: Discuss the criteria for Integrated Work Group membership.
Review By-Laws (Handout B)	ACTION ITEM: Review potential By-Laws changes.

4. GRANTEE REPORT

5. PUBLIC COMMENT

6. AGENDA ITEMS/TASKS FOR NEXT MEETING: TBD

7. ANNOUNCEMENTS

8. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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

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



MEETING MINUTES:

Exploratory Committee

Date/Time: Wednesday, March 18, 2015, 11:00 a.m. **Location:** Gov't Center Annex Room A335

Chair: Carla Taylor-Bennett

ATTENDANCE					
#	Members	Present	Absent	Guests	Grantee Staff
1	Katz, H.B.	X		Hayes, M.	Morris, R.
2	Grant, C.		A	Reed, Y.	Jones, L.
3	Lewis, L.	X			Degraffenreidt, S.
4	Runkle, D.	X		HIVPC Staff	Green, W.
5	Taylor-Bennett, C., <i>Chair</i>	X		Bente, A.	
				Johnson, B.	
	Quorum = 4	4			

1. CALL TO ORDER:

The Chair called the meeting to order at 11:11 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.

2. APPROVALS:

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

3. MEETING ACTIVITIES/NEW BUSINESS

a. Review Integrated Group Components (Handout A) – The Chair gave an overview of the reason for the committee. The committee was assembled to develop the components of the integrated planning process for Ryan White Part A and Prevention. They must also determine if these components are aligned with the current HIVPC By-Laws and if not, propose a revision to the By-Laws to reflect any changes. The integration process will foster the development of a Comprehensive Plan which is due in 2016. HIVPC staff provided a presentation (*copy on file*) regarding the functions of the committee, including responsibilities, leadership, and activities. HIVPC Staff reviewed information regarding the integrated structure such as a work group, standing, or ad-Hoc committee. He included that the integrated plan will be reviewed and approved by both planning bodies and that there would be interactions with numerous teams, work groups, and committees of the HIVPC and Broward County HIV Prevention Planning Council (BCHPPC), but point of contact and coordination will be the Executive Committees of both bodies.

A guest asked whether individuals from the Prevention side should partake in today's meeting. The Chair explained that this committee should be both an integration of thought as well as planning. She explained that it is important that Part A utilize this committee to begin thinking about the process from the Part A perspective. A member asked the level of Council Support for Prevention. The Part A Grantee reiterated that this is a collaborative process and that Prevention would also be responsible for providing support and multiple resources for this process. A guest included that her concern is that the Prevention component would be driven by the FLDOH-BC and that they may not have as much influence on the robust recommendations as Part A would have. The Part A Grantee further explained that the "workgroup" would be representative of each Part. He identified that each part is governed by separate entities, CDC and



HRSA, and that their processes are different. A member suggested an initial training for both parts so that each planning group would become familiar with individual processes.

The Grantee informed the Committee that historically, the Comprehensive Plan has been a responsibility of the Part A Grantee, HIVPC, and support staff and that the role if the integrated group would be to identify the goals, objectives, and context. After much discussion, the committee determined that a workgroup would be the best structural option for this planning body. A member suggested beginning with a workgroup and later transitioning into a standing committee once processes and goals are established. The following motion was passed:

Motion #2: To have the integrated planning body function as a work group.

Proposed by: Katz, H.B **Seconded by:** Lewis, L.

Action: Passed Unanimously

The committee had a discussion regarding how the flow of recommendations would take place on behalf of both planning bodies. They determined that both Executive Committee should be responsible for ratifying these recommendations. A member discussed his concern that many recommendations are currently sent to Part A Executive and are turned down, and that this may be a similar practice for the integrated workgroup. A guest suggested that turning down recommendations is not the goal of the planning group and that each group will have to give and take in order to gain a consensus and make valuable decisions.

Motion #3: The recommendations from the workgroup will flow to both Executive Committees for ratification by both full planning bodies.

Proposed by: Katz, H.B **Seconded by:** Taylor- Bennett, C.

Action: Passed Unanimously

The Committee discussed the demographics of the members of the committee. The Chair suggested that the committee consider utilizing both new and old members of each planning body who are unbiased and embrace the importance of this new process and have a commitment to working together. Members and guests suggested that individuals who are familiar with the process is important, but involving outside community stakeholders is also essential in the planning process. The following motion was made:

Motion #4: To not require full Planning Council membership in order to be a member of the Integrated Work Group.

Proposed by: Taylor- Bennett, C. **Seconded by:** Katz, H.B

Action: Passed Unanimously

The committee went on to determine the membership size for the committee. A member discussed that due to the structure outlined in the presentation, it would be vital to have additional members to be more inclusive of more than leadership roles. The presentation recommends two Co-Chairs and two Co-Vice Chairs which would entail a leader-heavy group. They also considered being flexible if the Prevention planning body decides they would like participation from additional members. The following motion was made:

Motion #5: Membership of the Integrated Work Group should be 8 individuals from each part (for a total of 16 members).

Proposed by: Katz, H.B **Seconded by:** Runkle, D.

Action: Passed Unanimously

The members of the committee discussed the process for determining membership. There was discussion of whether or not this be a function of the MCDC committee or whether this should be a nominating process.



Members examined the possibility that each Executive Committee be responsible for appointing, nominating, approving members that have applied to the Integrated Work Group and have been approved by the Exploratory Committee. This process will establish a By-Laws amendment to the nominations process. A guest gave an overview of the process for Prevention. She explained that there is an application process for potential members. Members of the committee suggested requiring interested parties to apply to the Exploratory Committee, who will approve the applicants to be sent to the Executive Committees for approval. A member of the Grantee staff suggested that HIVPC Staff research and create criteria for membership applicants for the Integrated Workgroup.

ACTION ITEM:

- Come up with criteria for applicants and research membership of other integrated committees
- Refer to “white paper for clinical quality management committee”

b. Review By-Laws (Handout B) – Tabled until the next meeting.

4. GRANTEE REPORT None.

5. PUBLIC COMMENT None.

6. AGENDA ITEMS/TASKS FOR NEXT MEETING: April 15, 2015 11:00 a.m., Gov’t Center Annex Room A-335

<i>Goal/Objective:</i>	<i>Accomplishments</i>
Review Integrated Group Components (Handout A)	ACTION ITEM: Discuss the criteria for Integrated Work Group membership.
Review By-Laws (Handout B)	ACTION ITEM: Review potential By-Laws changes.

7. ANNOUNCEMENTS None.

8. ADJOURNMENT

Exploratory Committee Meeting Attendance CY 2015

Count	Meeting Month:	Mar
	Meeting Date:	18
1	Grant, C.	A
2	Katz, H.B.	X
3	Lewis, L.	X
4	Runkle, D.	X
5	Taylor-Bennett, C. <i>Chair</i>	X
	Quorum =4	4

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Comprehensive Plan Integrated Group

Broward County HIV Health Services Planning Council (HIVPC)
Broward County HIV Prevention Planning Council (BCHPPC)

Background

- Joint letters from the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) directing the development of an integrated Prevention and Care Comprehensive Plan for 2016
- Technical Assistance (TA) meeting in September 2014



DEPARTMENT OF HEALTH & HUMAN SERVICES

February 24, 2014

Dear Ryan White HIV/AIDS Program and CDC HIV Prevention Colleagues:

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) and the Centers for Disease Control and Prevention (CDC), Division of HIV/AIDS Prevention (DHAP) are pleased to support integrated HIV prevention and care planning groups and activities. Integrated planning, reports, and activities will help further progress in reaching the goals of the National HIV/AIDS Strategy and improving outcomes on the HIV Continuum of Care.

HRSA and CDC have determined that the Ryan White HIV/AIDS Program (RWHAP) Parts A and B Comprehensive Plans and the CDC Jurisdictional HIV Prevention Plan will be due in September 2016. Also due at that time will be the RWHAP Part B Statewide Coordinated Statement of Need (SCSN). HRSA and CDC are working to align the guidance(s) for the RWHAP Comprehensive Plans/SCSN and the Jurisdictional HIV Prevention Plan to enable the submission of an integrated HIV Plan that is responsive to the requirements of both HRSA and CDC.

HRSA and CDC encourage RWHAP and HIV prevention programs at the local and state level to integrate planning activities. These encompass comprehensive needs assessment, information and data sharing, cross representation on prevention and care planning bodies, coordinated/combined projects, combined meetings, and merged planning bodies. Planning groups are encouraged to streamline their approaches to HIV planning so that it increases access to and effectiveness of prevention, care and treatment services within the jurisdictions.

Good planning is imperative for effective local and state decision making to develop systems of prevention and care that are responsive to the needs of persons at risk for HIV infection and people living with HIV. Activities to collaborate and/or develop a joint planning body are supported by both HRSA and CDC. Community involvement is an essential component for planning comprehensive, effective HIV prevention and care programs in the United States.

We look forward to continued work with all our partners and stakeholders involved in HIV prevention and care and treatment planning to accomplish the goals of the National HIV/AIDS Strategy and the HIV Continuum of Care Initiative.

Sincerely,

Laura W. Cheever/
Laura W. Cheever, M.D., ScM
Associate Administrator and
Chief Medical Officer
HIV/AIDS Bureau
Health Resources and Services
Administration

Kenneth G. Castro/
RADM Kenneth G. Castro, M.D.
Assistant Surgeon General, U.S. Public Health
Service Commanding Flag Officer,
CDC/ATSDR, Commissioned Corps Acting
Director, Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis,
STD, and TB Prevention
Centers for Disease Control and Prevention

Questions to be Answered

- What kind of group will this be?
 - Standing Committee, ad-Hoc Committee, Work Group
- How will the information flow between this group and the HIVPC?
Who does the group report to?
- Who are the members from the Care side?
 - Do they have to be HIVPC members?
 - Who determines the members?
- Who is the leadership of the integrated group?
 - Who determines the leadership?

Roles for the Integrated Group

1. Development, monitoring, and updating of a integrated prevention and care plan for Broward County
2. Integrated needs assessment
3. Comprehensive analysis and review of data from both Prevention and Care, which will be used to develop the plan and to provide “robust recommendations” to the two planning bodies, specific committees, teams, and work groups (e.g., PSRA, HIP), and to the Grantees
4. Responsibility for receiving information from the HIVPC and BCHPPC, synthesizing the information, and serving as the feedback loop for collaborative implementation of the Plan

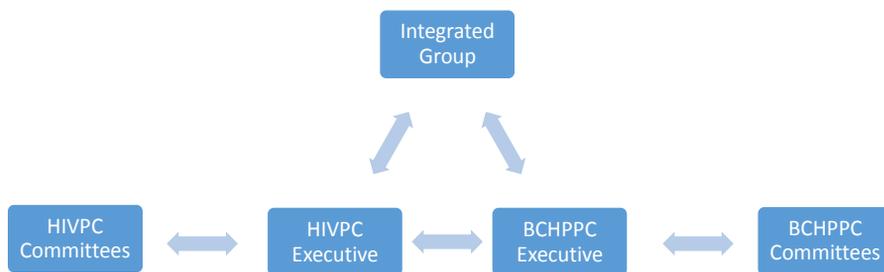
Structure and Relationships

- An ongoing – not time-limited – freestanding group, responsible equally to the HIVPC, BCHPPC, and the Prevention and Ryan White Part A Grantees

Group Type	Purpose	Sunshine	Quorum	Motions	HIVPC Responsibilities
Standing Committee	May change/adapt	Yes	Yes	Yes	Yes
Ad-Hoc Committee	Limited purpose	Yes	Yes	Yes	No
Work Group	Limited purpose	Yes	No	No – robust recommendations	No

Structure and Relationships (Cont.)

- Integrated plan will be reviewed and approved by both planning bodies
- Interactions with numerous teams, work groups, and committees of the HIVPC and BCHPPC, but point of contact and coordination will be the Executive Committees of the HIVPC and BCHPPC



Membership

- **Size:** 8-12
- **Terms:** 2 years with the option to extend the term
- **Composition:**
 - Equal number from HIVPC and BCHPPC – selected by those bodies from their members, committee members, or other individuals (e.g., Past Chairs or past members)
 - Rest to fit various categories
 - Could identify a group of categories with the understanding that not every category will be represented on the IC all the time
 - PIR and reflectiveness; includes consideration of race/ethnicity, risk factor, gender, age

Member Selection

- **Task Force** to coordinate member selection process
- **Task Force members:** 1 non-governmental Co-Chair from each planning body plus the two Grantees
- **Responsibilities:**
 - Decide which categories *must* be represented and which are desirable but not essential
 - Work with HIVPC and BCHPPC to identify individuals that fit these categories
 - Ensure equal number of members from each body
 - Ensure that PIR and reflectiveness are fully addressed
- Will members need to be approved by the HIVPC?

Leadership

- **Two Co-Chairs**
 - 1 from Care, 1 from Prevention
 - Each grantee and body to determine how the Co-Chair it selects is chosen
- **Each Co-Chair to have a Vice Chair or Alternate** to take responsibilities if the Co-Chair is absent
- **Both Grantees to participate actively;**
 - Grantees will not vote
 - Each to have a designated alternate
- Are Co-Chairs and Co-Chair Alternates in addition to the members of the integrated group? Or are they part of the list of members generated by the task force?
- Are Co-Chairs and Co-Chair Alternates chosen by the task force, or by the HIVPC?

Membership Categories

Organizations

- 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

Capacities

- Data analysis/statistics
- Research and evaluation
- Health or community planning
- QM/QI

Populations

- MSM
- Black/African American
- Latino/Hispanic
- Haitian
- Women
- Transgender



HIV PLANNING COUNCIL

BY-LAWS

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

Adopted, January 1992

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

ARTICLE I

NAME, AREA OF SERVICE

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

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

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

ARTICLE II

PURPOSE, DUTIES

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

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

ARTICLE III

DEFINITIONS

1. *Ad-Hoc Committee* means a committee established for a limited time or limited and definite purpose.
2. *Alternate* means a person appointed by the Board that may called upon to participate as a voting member of the Council upon the occurrence of certain conditions.
3. *Board* means the Broward County Board of County Commissioners.

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

4. *Cause* means an action determined by the Council as a basis for discipline or removal from the Council or a Committee.
5. *Committee* means a committee established by the Council in furtherance of Council business.
6. *Community Stakeholder* means representatives from Ryan White Part B, C, D, or F, Prevention, or representatives of HIV/AIDS care in the community, including but not limited to consumers, providers, and regulators.
7. *Consumer* means a person who is an eligible recipient of services under the Ryan White Act.
8. *Council* means the Broward HIV Health Service Planning Council created in Chapter 21, Part X, Broward County Administrative Code, and mandated by the Ryan White Act, Part A
9. *EMA* means Eligible Metropolitan Area
10. *Ex officio* means a committee member who does not have a vote on that committee and does not count as quorum.
11. *Manual* means the Council's Local Policies and Procedures Manual.
12. *Member* means a person appointed to the Council by the Board.
13. *Non-Elected Community Leader* means someone active in the community not elected in formal governmental elections.
14. *PLWHA* means person living with HIV Disease or AIDS. (Also PWA)
15. *Part A* means the Ryan White Act, Part A, administered by the County with advice from the Council.
16. *Ryan White Act* means the Ryan White HIV/AIDS Treatment Extension Act of 2009.
17. *Unaffiliated Consumer* means individuals who are receiving HIV-related services from Ryan White-funded service providers and not compensated by, representative of, or employed by a provider funded under the Ryan White Act.
- 17-18. *Work Group* means a group that has a specific task and makes recommendations but does not follow attendance, membership, or quorum requirements.

ARTICLE IV

MEMBERSHIP

- SECTION 1:** All Members and Alternates of the Council shall be appointed by the Broward County Board of County Commissioners. The process for forwarding recommendations to the Board is outlined in the Membership/Council Development Committee Section of the Manual.
- SECTION 2:** An individual may serve on the Council only if the individual agrees that if the individual has a financial interest in an entity, if the individual is an employee of a public or private entity, or if the individual is a member of a public or private organization, and such entity or organization is seeking amounts from a grant under the Ryan White Act, the individual will not, with respect to the purpose for which the entity seeks such amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purposes.
- SECTION 3:** The membership of the Council shall be as delineated in the Ryan White Act, as amended.
- SECTION 4:** Affirmative recruitment efforts shall be made to attract eligible candidates for membership on the Council and the committees with particular attention to gender balance and adequate representation from racial and ethnic minorities that is reflective of the EMA.
- SECTION 5:** As part of the Council's efforts to increase the percentage of persons living with HIV on the Council, it is recommended that the Council strive, whenever possible, to nominate persons living with HIV disease to vacancies in all other categories as appropriate.
- SECTION 6:** The term of office for members and alternates shall be at the pleasure of the Broward County Board of County Commissioners.
- SECTION 7:** Attendance. Attendance of Council meetings shall be in accordance with the Broward County Code of Ordinances section 1-233. The Council may recommend the reappointment of members who were removed pursuant to Broward County Code of Ordinances section 1-233. The committee attendance policy mirrors the Council attendance policy. The Chair of the Council shall, at his or her discretion, determine whether the member's absence meets any of the criteria for an excused absence as set forth in the ordinance. Excused absences for HIVPC-related business mean for business outside the regular time and place of HIVPC business.
- SECTION 8:** Designation of Alternates. There shall be a minimum of at least three persons living with HIV that reflect the demographics of the epidemic in the County who shall serve as Alternates, appointed and approved by the

Broward County Board of County Commissioners. An Alternate may only serve as a voting member of the Council when a member with HIV is unable to serve due to HIV-related illness. In such case, the Chair shall appoint an alternate who, to the greatest extent possible, matches the gender, race and/or ethnic background of the individual with HIV that is absent. Thereafter, Alternates, as directed by the Chair, shall alternate their substitution for PLWHA members unable to serve due to HIV. Alternates shall comply with attendance requirements at Council meetings. Alternates may be appointed by the chair as a voting member only after Quorum has been established.

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

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

SECTION 11: Removal of Members and Alternates.

- A. Procedure for removal. If a member or alternate fails to comply with Paragraphs B or C, or for reasons documented in Paragraph C, the Council shall recommend to the Broward County Board of County Commissioners the removal of that Member or Alternate, upon vote of a majority of the Council members in attendance at a meeting at which Staff has provided written notification to the member or alternate recommended for removal that such item will be on the meeting's agenda.
- B. The Council shall recommend that a member be removed from service on the Council for refusing to cooperate in a conflict of interest review, or when it is determined that member knowingly took action(s) intended to influence the conduct of the Council in a manner as defined in **ARTICLE IV, SECTION 2** of these By-laws. The Council shall terminate from service any committee member who is not also a Council member for refusing to cooperate in a conflict of interest review, or when it is determined that member knowingly took action(s) intended to influence the conduct of the Council in a manner as defined in **ARTICLE IV, SECTION 2** of these By-laws.
- C. The Council shall recommend that a member be removed from the Council for, but not limited to, failure to comply with County regulations or the Council Local Procedures Manual, failure to comply with meeting ground rules, or failure to maintain committee membership.
- D. A Council Member, Council Chair, or Committee Chair may recommend removal for cause by forwarding to the Membership Committee said recommendation, documenting the reasons for requesting removal. The Membership Committee will review the evidence and make recommendations to the Executive Committee. The Executive Committee will review the recommendation and forward the recommendation to the

Council.

ARTICLE V

OFFICERS

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

SECTION 2: A. Elections. Election of Officers shall utilize a majority vote double election system (primary election and a secondary run-off election). Officers shall be elected by the majority vote of those members or alternates serving as members of the Council present and voting at the meeting during which election is held.

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

C. Special Elections. Special Elections will take place as needed. In the event of the resignation or other reason for vacating the Chair or Vice Chair positions, a special election will be held following the procedures outlined in Section 2A above at the next Council meeting. Until the election is held, the Council will adhere to the line of succession outlined in Article VI, Section 8.

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

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

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

ARTICLE VI

MEETINGS

- SECTION 1:** The Council shall meet at least 9 times per fiscal year (Mar. 1 – Feb. 28). Special meetings may be called by the Chair or upon petition of one third of the membership of the Council. Written notice shall be given at least one week prior to each meeting. All HIV Planning Council meetings are open to the public. Attendance at mandatory Training Activities is also part of Council attendance requirements.
- SECTION 2:** Fifty percent (50%) of the members plus one shall constitute a quorum for the HIV Planning Council, and all standing and ad-Hoc Committees, but with no less than 3 members voting. A majority of those Members present and voting at any meeting at which a quorum is present shall be sufficient to take action on behalf of the Council. The number of Members needed to determine quorum shall be the total number of Members of the Council, but not including the Member representing the Broward County Board of County Commissioners.
- SECTION 3:** Only duly appointed Members of the Council and/or committee (or the appointed Alternate in their absence) may vote, and each Member (or Alternate) shall have one vote. Voting privileges are otherwise non-transferable. In the event of a tie vote, there shall be a roll call vote and the Chair shall vote last.
- SECTION 4:** Public notice of Council meetings shall be given in accordance with Florida Statutes and Broward County Ordinances. Meetings shall be open to the public. Records and data shall be made available to the public under the applicable laws. Minutes of each meeting of the Council or Committee shall be kept. The accuracy of all minutes shall be certified by the Chair of the Council and/or committees.
- SECTION 5: COUNCIL AGENDAS**
- A. The Executive Committee shall meet at least five (5) working days prior to the regularly-scheduled full Council meeting. The Executive Committee (or in the absence of Executive Meeting action, the Council's Designated Staff Member) shall prepare an agenda for full Council meetings based upon the following: Each committee chair, the Grantee, and/or the Council Support Staff will inform the Executive Committee (or Council Designated Staff Member) of committee recommendations and other actions to be presented for the full Council's approval. Motions passed by Committees may be sponsored by the Chair of the Committee on behalf of the committee and annotated on the Council Agenda as sponsored by the Committee. Individual Members of the Council may also request that action items be placed upon the agenda, by providing them in writing to the Council

Designated Staff Member prior to the Executive Committee meeting. Members of the public who wish to bring matters before the full Council for consideration must obtain sponsorship of the item by a Member of the Council. Requesters of all full Council actions will also provide appropriate back-up documentation to explain the action being requested. The Executive Committee may refer proposed actions to the appropriate committee to examine and make a recommendation prior to presenting the matter to the full Council for action. Proposed motions requiring the full Council's vote shall be listed on the agenda which is sent out to members prior to the full Council meeting. At the Executive Committee's discretion, back-up documentation will be labeled and distributed with the Council's agenda. At the discretion of the Council Chair, action items requested at the Council meeting not on the published agenda may be added to the old/new business portion of the agenda, deferred until the next Council meeting, or referred to the appropriate committee.

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

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

SECTION 7: TIME LIMITS

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

SECTION 8: LINE OF SUCCESSION

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)

- A. In the event the Chair and the Vice Chair do not attend the Council Meeting and neither the Chair nor the Vice Chair has notified the Council that they are not attending the Council Meeting, the immediate past chair, if present and a member of the Council, shall chair the meeting.
- B. In the absence of the immediate past chair the Council meeting may be chaired by Committee Chairs, in the following order:
 1. Chair of Priority Setting and Resource Allocation
 2. Chair of Membership/Council Development
 3. Chair of Needs Assessment/Evaluation
 4. Chair of Community Empowerment
 5. Chair of Quality Management
 6. Chair of System of Care

ARTICLE VII

CONFLICT OF INTEREST

- SECTION 1:** Members and Alternates of the Council and all committees established by the Council shall abide by the Florida Statutes, Broward County Ordinances and Administrative Code, as may be amended from time to time, regarding conflicts of interest for public officials and the Government in the Sunshine Law. Copies of these documents shall be furnished to all Council Members and Alternates.
- SECTION 2:** The Executive Committee of the Council shall be authorized to formulate Council policy, review all concerns, and make recommendations to the full Council regarding conflict of interest issues.
- SECTION 3:** All Council members and alternates must identify conflicts of interest, and are encouraged to request a review of a potential conflict of interest for themselves or of another Member or Alternate.
- SECTION 4:** All concerns regarding conflict of interest shall be recorded in the Council's meeting minutes and referred to the Executive Committee for review. The full Council shall take, based on the recommendations of the Executive Committee, whatever actions it deems appropriate and are in compliance with standing Council policies.
- SECTION 5:** In the event of a conflict of interest and/or during the period of review of said conflict of interest, Member(s) or Alternate(s) under review may participate in the discussion of the matter in conflict/question but shall abstain from voting on the matter.

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

ARTICLE VIII

COMMITTEES

SECTION 1:

- A. The Council shall establish standing and ad-Hoc committees necessary to fulfill the requirements of the Ryan White Act.
- B. Committee Chairs and Vice Chairs. All Council committees shall be chaired by a Part A member of the Council. The Council Chair shall appoint the Committee Chairs and Vice Chairs of each Committee beginning with the date of the Council Chair's term of office. The current Committee Chairs and Vice Chairs shall continue to serve until the new Committee Chairs and Vice Chairs are appointed; the Council Chair may ask current Committee Chairs and Vice Chairs to remain in their positions. Committee Chairs and Vice Chairs may be appointed, removed, or replaced at the sole discretion of the Planning Council Chair.
- C. Appointment of Committee membership. Council Committee Chairs shall appoint, with the approval of the Council, the members of each committee. Except as otherwise provided by the By-Laws, a standing or ad-Hoc Committee may include members of the Council, and community stakeholders. Committee membership should all be based on the demographics of the epidemic and consideration shall be given to race, ethnicity, self-acknowledged HIV-positivity, and gender.
- D. Removal of Committee membership. The removal of Committee members shall be that of Council members as provided for in Article 4, Section 11, where applicable.
- E. Committee Policies and Procedures. The Council will approve written policies and procedures for all Committees which will be published in the "Local Procedures Manual." The policies and procedures of each committee must be periodically reviewed by that committee and subsequently approved by the Council.

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

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)

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

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

A. Ad-Hoc Nominating Committee.

1. Membership. The Nominating Committee shall be composed of not less than five (5) Council members who shall be appointed by the Chair. At least one member shall be a person living with HIV/AIDS.
2. Purpose. The Nominating Committee shall provide a slate of nominations for Members for Chair and Vice Chair of the Council from among current Council Members. The process utilized by the Nominating Committee to prepare and present the slate of officers for consideration for office is identified in that committee's written policies and procedures.

B. Ad-Hoc By-Laws Committee.

1. Membership. The members of the committee shall only include Council members and alternates.
2. Purpose. The ad-Hoc By-Laws Committee shall have the responsibility of periodically reviewing, updating and maintaining the Council By-Laws.

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

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

a. Purpose. The Broward County HIV Health Services Planning Council's

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)

Local Pharmacy Advisory Committee (LPAC) shall be representative of all stakeholders in HIV/AIDS care in the community. These stakeholders include consumers, providers, and regulators in the affected community. LPAC shall be dedicated to the ongoing review of the RW Part A Pharmacy Service Category.

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

SECTION 4: There shall be an Executive Committee.

- A. **Membership.** The Executive Committee shall consist of the Council Chair, the Council Vice Chair and the Chair and Vice Chair of each of the standing committees. The immediate past Council Chair (if the past Chair is currently a member of the Council) will serve as an ex officio member of the Committee.
- B. The Executive Committee meets to conduct business of the Council (excluding priority setting and allocation decisions). The Executive Committee shall:
1. Set the agenda for Council meetings
 2. Address Conflict of Interest issues
 3. Review Membership/Council Development Committee Attendance report to identify Council members not in compliance with attendance requirements
 4. Oversee the planning activities established in the comprehensive plan
 5. Develop and oversee committee work plans which address comprehensive planning goals and objectives
 6. Ratify recommendations for removal for cause from the Membership/Council Development Committee
- C. The Committee shall have responsibility for oversight of the planning activities established in the comprehensive plan and development and oversight of committee work plans to address comprehensive planning goals and objectives.

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SECTION 5: There shall be a Community Empowerment Committee.

- A. Membership. The members of the committee shall include, but is not limited to, representatives of the Council and community stakeholders. No less than 51% of the Council committee members shall be unaffiliated individuals living with HIV.
- B. Chair. The Council Committee Chair shall be an unaffiliated individual with HIV.
- C. Purpose. The Committee shall inform and solicit the participation of individuals infected and affected with HIV/AIDS in the planning, priority setting and resource allocation processes.

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

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

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

- A. Membership. The Members of the Committee shall include, but is not limited to, representatives of the Council and community stakeholders.
- B. Purpose. The Committee shall recommend to the Council priorities and allocation of Ryan White Part A. The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for reallocation and/or possible reprioritization. The Committee will facilitate the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). The Committee will develop, review, and monitor eligibility, and service definitions.

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

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

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

SECTION 9: There shall be a Quality Management Committee.

- A. Membership. The members of the Committee shall include, but is not limited to, representatives of the Council and community stakeholders.
- B. Purpose. The purpose of the Quality Management Program for Ryan White Part A in the Broward County EMA is to systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and MAI funded services in Broward County.

SECTION 10: There shall be a System of Care Committee

- A. Membership. The members of the Committee shall include, representatives of Part A, consumers, community stakeholders, and health policy or health care system experts.
- B. Purpose. The purpose of the System of Care Committee is to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people living with HIV in the Broward County EMA. The Committee will be responsible for advising the Planning Council on how these issues may impact the Broward County EMA and may recommend response strategies.

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

- A. Membership. There will be 8 ~~an equal number of~~ members from both the Prevention and Part A programs, for a total of 16 members. Members from the Part A program may include HIVPC members, committee members, or other appropriate community stakeholders. Part A members will be selected for recommendation by a task force but must be approved by the HIVPC. The membership of the work group should be based on the demographics of the epidemic in Broward County, and consideration shall be given to race, ethnicity, self-acknowledged HIV-positivity, and gender.
- B. Membership Categories. Categories shall include representatives from the following organizations: HOPWA/housing; FQHC/Hospital districts; Broward County Public

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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

- C. Leadership. The work group will have one Part A Co-Chair and one Prevention Co-Chair. Each Co-Chair will have an alternate 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 a task force and will be subject to approval by the HIVPC. The Part A Co-Chair's alternate will also be chosen from the list of recommended members and is subject to approval by the HIVPC.
- D. 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. The work group will also be responsible for making recommendations for target populations and questions for an integrated needs assessment.
- E. 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 a recommendation, and is subject to approval of both planning bodies.

ARTICLE IX

BYLAWS: ADOPTION AND AMENDMENTS

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

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

SECTION 3: DATE OF EFFECTIVENESS

Unless otherwise provided, these By-Laws and any amendments shall be

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)

effective immediately upon approval by the Council.

ARTICLE X

GENERAL PROVISIONS

- SECTION 1:** The fiscal year for the Council shall begin on March first and end on the last day of February.
- SECTION 2:** When procedures are not covered by law or these By-Laws, the latest edition of “Robert’s Rules of Order” shall prevail.
- SECTION 3:** Unless otherwise provided for in the Ryan White Act or other law or regulation, the relationship between the Council and the Grantee is described in the document entitled Guiding Principles. Relations between providers and clients are the responsibility of the Grantee.
- SECTION 4:** The priority setting process and budget allocations shall be available for funds to enable Council members who are individuals with HIV and Alternates to be reimbursed for their reasonable expenses for attending Council or Committee meetings which shall include, but not be limited to, the following: transportation, parking, mileage, child care not otherwise being regularly provided to the child, lost wages not including overtime or fringe benefits and appropriate refreshments. The Council member shall execute an affidavit attesting to the validity of the reimbursement request.