



FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Ad-Hoc By-laws and Memorandum of Understanding Committee Meeting

Thursday, July 14, 2022 - 3:00 PM

Location: Poverello

Chair: Brad Barnes • **Vice Chair:**

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 2632 290 7544)

This meeting is audio and video recorded.

Quorum for this meeting is 4

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
 - a. Meeting Ground Rules
 - b. Statement of Sunshine
 - c. Introductions & Abstentions
 - d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for July 14, 2022
5. **ACTION:** Approval of the Minutes for June 9, 2022
6. Standard Committee Items
 - a. Review the prioritized timeline for completed recommendations for each By-Laws parking lot item and MOU Development. (Handout A)
7. New Business
 - a. Review Initial MOU draft and make recommendations for changes (Handout B)
 - b. By-Laws Parking Lot Items: Review the list of By-Laws Parking Lot items and make recommendation for item #4, #1, #2 #3 (Handout C)
8. Public Comment
9. Agenda Items for Next Meeting
 - a. Next Meeting Date: TBA
 - b. Agenda Items for next meeting
 - Review proposals and make recommendations for parking lot items #5, #6 and

#7

- Review MOU second draft including recommendations and revisions.

10. Announcements

11. Adjournment

*For a detailed discussion on any of the above items, please refer to the minutes available at:
[HIV Planning Council Website](#)*

Please complete you [meeting evaluation](#).

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: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.



Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Torey Alston • Nan H. Rich • Tim Ryan • Jared Moskowitz • Michael Udine

[Broward County Website](#)

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES



1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.
2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.
3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.
4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.
5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.
6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.
7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.
8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.
9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.
10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.
11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN



1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.
2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.
3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.
4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.
5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.
6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.
7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.
8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.
9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.
10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.
11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO



1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.
2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.
3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk prezizyon, epi pou li respekte ajanda-a.
4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.
5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.
6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.
7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respekte menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesèsè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.
8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.
9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.
10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.
11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010
ADAP: AIDS Drugs Assistance Program
AETC: AIDS Education and Training Center
AHF: AIDS Health Care Foundation
AIDS: Acquired Immuno-Deficiency Syndrome
ART: Antiretroviral Therapy
ARV: Antiretrovirals
BARC: Broward Addiction Recovery Center
BCFHC: Broward Community and Family Health Centers
BH: Behavioral Health
BISS: Benefit Insurance Support Service
BMSM: Black Men Who Have Sex with Men
BRHPC: Broward Regional Health Planning Council, Inc.
CBO: Community-Based Organization
CDC: Centers for Disease Control and Prevention
CDTC: Children's Diagnostic and Treatment Center
CEC: Community Empowerment Committee
CIED: Client Intake and Eligibility Determination
CLD: Client Level Data
CM: Case Management
CQI: Continuous Quality Improvement
CQM: Clinical Quality Management
CTS: Counseling and Testing Site
DCM: Disease Case Management
DOH-Broward: Florida Department of Health in Broward County
eHARS: Electronic HIV/AIDS Reporting System
EIIHA: Early Intervention of Individuals Living with HIV/AIDS
EFA: Emergency Financial Assistance
EMA: Eligible Metropolitan Area
FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S. Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV
PLWHA: People Living with HIV/AIDS
PrEP: Pre-Exposure Prophylaxis
PRISM: Patient Reporting Investigating Surveillance System
PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*
PSRA: Priority Setting & Resource Allocations
QI: Quality Improvement
QIP: Quality Improvement Project
QM: Quality Management
QMC: Quality Management Committee
RSR: Ryan White Services Report
RWHAP: Ryan White HIV/AIDS Program
RWPA: Ryan White Part A
SA: Substance Abuse
SBHD: South Broward Hospital District (Memorial Healthcare System)
SCHIP: State Children's Health Insurance Program
SDM: Service Delivery Model
SOC: System of Care
SPNS: Special Projects of National Significance
STD/STI: Sexually Transmitted Diseases or Infection
TA: Technical Assistance
TB: Tuberculosis
TGA: Transitional Grant Area
VA: United States Department of Veteran Affairs
VL: Viral Load
VLS: Viral Load Suppression
WMSM: White Men who have Sex with Men
WICY: Women, Infants, Children, and Youth

Frequently Used Terms

Recipient: Government department designated to administer Ryan white Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/‘Staff’: Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient’s care, health outcomes and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

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



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Ad-Hoc Bylaws and MOU Committee

Thursday, June 9, 2022 - 3:00 PM
Meeting at Poverello and via [WebEx](#)

DRAFT MINUTES

Ad-Hoc Bylaws and MOU Members Present: B. Barnes (Committee Chair), V. Biggs, Y. Arencibia, S. Tinsley

Members Absent: V. Moreno

Ryan White Part A Recipient Staff Present: J. Roy, G. James, T. Currie

Planning Council Support Staff Present: G. Berkeley-Martinez, W. Rolle, T. Williams

Guests Present: N. Valdez, E. Gantz-McKay

1. Call to Order, Welcome from the Chair & Public Record Requirements

The Ad-Hoc Bylaws and MOU Committee Chair called the meeting to order at 2:52 p.m. The Ad-Hoc Nominating Committee Chair welcomed all meeting attendees that were present. Attendees were notified that the Ad-Hoc Nominating Committee meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the Ad-Hoc Nominating Committee Chair, committee members, and PCS staff by roll call, and a moment of silence was observed.

2. Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

3. Meeting Approvals

The approval for the agenda of the June 9, 2022, Ad-Hoc Bylaws and MOU Committee meeting was proposed by V. Biggs, seconded by Y. Arencibia, and passed unanimously. The approval of the minutes of the May 11, 2022, meeting was proposed by Y. Arencibia, seconded by V. Biggs, and passes unanimously.

Motion #1: Mr. Biggs, on behalf of Ad-Hoc Bylaws and MOU Committee, made a motion to approve the June 9, 2022, Ad-Hoc Bylaws and MOU Committee agenda as presented. The motion was adopted unanimously.

Motion #2: Ms. Arencibia, on behalf of Ad-Hoc Bylaws and MOU Committee, made a motion to approve the May 11, 2022, Ad-Hoc Bylaws and MOU Committee meeting minutes as presented. The motion was adopted unanimously.

4. Standard Committee Items

Committee members reviewed the prioritized timeline for completed recommendations for each By-Laws parking lot item and MOU Development. It was discussed that the MOU is important to have on file to establish a partnership with the HIV Planning Council and the Recipient office. The Executive Committee must first approve the MOU and By-Laws, then approved by the entire Planning Council. The plan is to present the MOU and By-laws document to Planning Council no later than September 2022. B. Barnes suggested that the upcoming Integrated Plan might influence the language for the updated By-Laws.

Planning Council Support Staff emailed committee members with sample EMA/TGA By-laws and MOU samples. Miami-Dade County does not have an MOU; they use the county ordinance and By-laws to guide their policy and procedures. If there is a request for any data request from the committee members, it can be discussed and reviewed.

5. New Business

Committee members received a presentation from E. Gantz-McKay on MOU overview and training. The MOU clearly states the roles and responsibilities of each entity. It also identifies and provides a timeline for each party to share information (data and reports) regularly. The MOU is crucial in providing a source of “institutional memory” when changes occur in the Recipient office, Planning Council Staff, or leadership. The presenter discussed the HRSA HAB advice on MOUs and provided a sample MOU outline for the Committee members to review. The MOU is effective when all parties sign the document and can be revised and edited as needed. Although there is no duration of time for when the MOU expires, it will always be effective unless all parties decide there is no use for the MOU.

Committee members discussed if the overview and details of the Planning Council’s budget will be outlined in the MOU. The budget will detail the amount to be spent on the Needs Assessment and the Integrated Plan, along with the salary of the Planning Council Support Staff, transportation for consumers, and other necessary funding needed to support the Planning Council. If there is any confusion about the MOU process, it is advised to ask the Project officer for advice. In addition, there are four sample MOUs on the HRSA site that can be used for reference.

Members discussed the assignment of roles and responsibilities for MOU development. Each committee Chair will receive a survey and feedback questionnaire to provide the committee with any comments they would like to add to the MOU for their committee. There is a 2004 initial draft of the MOU that G. Berkeley-Martinez and PCS Staff edited. Committee members agreed to use the 2004 MOU sample to guide the writing of the new MOU, which includes the contract deliverables.

Members reviewed By-Laws Parking Lot items #1, #2, and #3. In addition, PCS Staff presented other EMAs with similar language to Broward County’s By-Laws. Members further discussed adding language in the By-Laws to require commitment from HIVPC members to participate in community outreach events.

HIVPC committees will need to discuss parking lot items #1 and #2 before the ad-Hoc Bylaws and MOU committee can include them for final revision.

6. Recipient’s Report

There was no Recipient report for this meeting.

7. Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

8. Agenda Items for Next Meeting

The next Ad-Hoc By-Laws and MOU Committee meeting will be held on July 14, 2022, at 3:00 p.m. Location: Poverello and via WebEx.

Agenda Items for Next meeting:

- Review proposals and make recommendations for parking lot items #4, #5, and #6
- Review Initial MOU draft and make recommendations for changes.

9. Announcements

- The CEC will be hosting its Community Conversations Series to uplift community voices on June 14, 2022, at 7 pm at the ArtServe location on 1350 E Sunrise Blvd. This session will be concerned with HIV Long-term Survivors Awareness Day.

10. Adjournment

There being no further business, the meeting was adjourned at 4:54 p.m.

Ad-Hoc Bylaws and MOU Committee Attendance for CY 2022

Consumer	PLWHA	Absences	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
			Meeting Date					11	9							
0	0	0	Arencibia, Y.					X	X							
0	0	1	Moreno, V.					X	A							
1	1	0	Biggs, V.					X	X							
1	1	0	Tinsley, Shawn					X	X							
0	1	0	Barnes, B Chair					X	X							
			Quorum = 4	0	0	0	0	5	4	0	0	0	0	0	0	
			<p style="text-align: center;">Legend:</p> <p>X - present N - newly appointed A - absent Z - resigned E - excused C - cancelled NQA - no quorum absent W - warning letter NQX - no quorum present R - removal letter CX - meeting canceled for quorum</p>													

Ad-Hoc Nominating Bylaws and MOU Meeting Minutes – June 9, 2022

Minutes prepared by PCS Staff

HANDOUT A

2022 AD-HOC BY-LAWS AND MOU COMMITTEE TIMELINE

ACTIVITY	DUE DATE
Review Ad-Hoc By-laws/MOU Committee purpose, current By-laws, and By-Laws Parking Lot Items	May 11, 2022
Review and approve timeline	
Review proposals and make recommendations for parking lot items #1 and #2	June 8, 2022
Memorandum of Understanding Overview/Training – Emily Gantts McKay	
Assign responsibilities for MOU Development	
Review proposals and make recommendations for parking lot items #4, #1, #2 #3	July 14, 2022
Request Standing Committee recommendations for additional By-Laws changes.	
Review Initial MOU draft and make recommendations for changes.	
Review proposals and make recommendations for parking lot items #5, as well as additional recommendations from Standing Committees (if proposed).	September 2022
Review MOU second draft including recommendations and revisions.	
Recommendations for By-Laws changes forwarded to HIV Planning Council	September 15, 2022
Recommendations for MOU revisions forwarded to the Executive Committee	
HIV Planning Council votes on recommended By-Laws changes and MOU.	September 22, 2022
Obtain Signatures once the MOU is approved	September 23, 2022

Note: Based on revised By-Laws/MOU, Staff will update the HIVPC Local Procedures Manual which has to be approved by the HIVPC.

HANDOUT B

Memorandum of Understanding between Broward County, Human Services Department, Community Partnerships Division and the Broward County HIV Health Services Planning Council

I. Purpose Statement

A. The Broward County, Human Services Department, Community Partnerships Division, hereinafter referred to as the RECIPIENT, and the Broward County HIV Health Services Planning Council (Planning Council), hereinafter referred to as the PLANNING COUNCIL, have individual and shared responsibilities under Part A of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 and need to discharge these responsibilities in the most efficient and effective manner possible. This Memorandum of Understanding (MOU) is designed to:

- 1) Create a shared understanding of the relationship between the Recipient and the Planning Council.
- 2) Delineate the roles and responsibilities of each entity.
- 3) Encourage a mutually beneficial relationship between these important partners.
- 4) Describe the legislated responsibilities and roles of each party, the locally defined roles, and expectations for how these roles and responsibilities will be carried out. The MOU will help ensure positive and appropriate communication, information sharing, and cooperation that will help ensure the effective and efficient delivery of Ryan White Part A and MAI core and support services for persons living with HIV (PLWH) in the Fort Lauderdale EMA.

II. Roles and Responsibilities of the Planning Council, Planning Council Support, and the Recipient

A. The Planning Council is solely responsible for the following tasks as specified in the Ryan White Program legislation:

- 1) **Planning Council Operations:** Establishing and following Planning Council operating procedures and policies to ensure smooth, efficient, and fair operations. This includes adherence to established bylaws, revising them as needed, orienting and training members, following the established grievance policy and procedures, conducting open meetings, and abiding by conflict-of-interest standards.
- 2) **Priority Setting and Resource Allocation:** Setting priorities among service categories, allocating funds to those service categories, and providing directives to the Recipient on How Best to Meet the Need (HBTMTN). This includes acting upon Recipient recommendations

for reallocation of funds as required during the program year and allocation of carryover funds.

- 3) **Assessment of the Administrative Mechanism:** Assessing the efficiency of the administrative mechanism, which entails the evaluation of how rapidly funds are allocated. The purpose of this assessment is to ensure that funds are being contracted quickly in an open process, and that providers are paid in a timely manner. The assessment is to be done annually. The Planning Council and the Recipient may establish, before the procurement process begins, a written memorandum of understanding outlining a process and timeline for sharing data necessary to evaluate the administrative mechanism. The Recipient must communicate back to the Planning Council the results of the procurement process. The Planning Council may then assess the consistency of the procurement process with the stated service priorities and allocations. The assessment should provide anonymous information only, without identification of individual providers. If the Planning Council finds that the existing mechanism is not working effectively, it is responsible for making formal recommendations for improvement and change. The assessment of the administrative mechanism is not an evaluation of service providers. Evaluation of individual service providers is a Recipient responsibility.
- 4) **Conditions of Award and Grant Application Documents:** The Planning Council Chair will submit the following letters to the Recipient staff as required to meet Ryan White Program Part A grant conditions of award and application requirements:
 - a) Letter from Planning Council Chair that provides assurance that the Planning Council has met its legislative responsibilities including Planning, PSRA, Training, and Assessment of Administrative Mechanism. This letter will include the year of the most recent comprehensive needs assessment and the date of annual membership training.
 - b) Ryan White Part A and MAI Planned Allocations Table and Planning Council Chair Endorsement Letter. This table reports the priority areas established by the Planning Council and the dollar amount of Ryan White Part A and MAI funds allocated to each prioritized core medical and support services category. The letter from the Planning Council Chair indicates the Council's endorsement of the allocations and program priorities.

B. Planning Council Support staff (PCS) is responsible for supporting the work of the Planning Council and its committees, enabling the Planning Council to meet its responsibilities under the Ryan White Program Part A Legislation. PCS is accountable to the Planning Council for the following activities:

- 1) PCS provides logistical support, research and coordination for all Planning Council meetings and authorized committee meetings.
- 2) PCS prepares formal correspondence on behalf of the Planning Council, its committees, and committee chairs as requested and in accordance with the Recipient and Planning Council policies and procedures.
- 3) PCS works with the Planning Council to ensure that data needed for the members to make data driven health planning decisions are available.
- 4) PCS assists the Planning Council with implementing the annual Assessment of the Administrative Mechanism.
- 5) PCS works in coordination with the Planning Council to update membership reflectiveness, representation, and attendance records.
- 6) PCS ensures member orientation and training, including development and implementation of a training plan.
- 7) PCS provides expert advice to the Planning Council regarding Ryan White legislation and guidelines including Planning Council roles and responsibilities.
- 8) PCS will analyze the impact of policy changes made by the Planning Council and its committees and report any findings to the Planning Council and Recipient as identified in the Annual Work Plan of PCS Activities.
- 9) PCS will research best practices to ensure that the Planning Council's by-laws, governance policies, and procedures are amended as needed.
- 10) PCS will conduct the administrative responsibilities of maintaining copies of all written and electronic records, including meeting notices, monthly calendars, minutes, attendance sheets, and all documents or reports distributed to, written by, or produced on behalf of Recipient and Planning Council.
- 11) PCS will develop and maintain the Planning Council's website and social media accounts.
- 12) PCS will manage activities pertaining to grievance resolution in accordance with Planning Council's grievance procedures.

C. The Recipient is solely responsible for the following tasks as set forth in the Ryan White Program legislation:

- 1) **Procurement:** Managing the process for awarding contracts to specific service providers
 - 2) **Contracting:** Distributing funds according to the priorities, allocations, and directives of the Planning Council.
 - 3) **Contract Monitoring:** Monitoring contracts to be sure that providers are meeting their contracted responsibilities in compliance with established standards of care. Recommending re-allocations during the grant year based on service category performance.
 - 4) **Grant Application:** Preparing and submitting the Ryan White Program Part A grant application for the EMA.
 - 5) **Expenditure Reporting:** Reporting Ryan White Part A and MAI expenditures monthly to the Planning Council.
 - 6) **Assessment of the Administrative Mechanism Response:** Providing information in response to the measurement objectives developed by the Planning Council for the Recipient evaluation component of the Assessment of the Administrative Mechanism.
 - 7) **Requests for Technical Assistance:** Submitting requests for Technical Assistance to HRSA when the Planning Council desires Technical Assistance. Providing technical Assistance to service providers on an as-needed basis to build capacity and improve contract compliance and service delivery.
 - 8) **Relay of Communications from HRSA:** Providing the Planning Council with HRSA Ryan White Program policy and guidance communications.
 - 9) **Consumer Grievances:** Establishing and carrying out a mechanism to assist consumers with grievances about the services they receive.
- D. The Recipient and the Planning Council share the following legislative responsibilities with one entity having the lead role for each as stated below:
- 1) **Needs Assessment:** Determining the size and demographics of the population of persons living with HIV in the EMA, and their service needs. The Planning Council has primary responsibility for needs assessment, with the recipient assisting with the process and providing the Planning Council with information such as service utilization data and expenditures by service category
 - 2) **Comprehensive Planning:** Developing an Integrated HIV Prevention and Care plan for the delivery of core and support service within the EMA. The Planning Council takes the lead in developing the Plan, with the Recipient providing information, input, and other assistance. The Recipient can rereview and suggest changes to the draft plan. The plan is developed every three to five years or as specified by the funding agency, the Health Resources and Services Administration's HIV/AIDS bureau (HRSA/HAB)

- 3) **Evaluation:** The Recipient is responsible for measuring the Ryan White Part A and MAI programs' success in meeting performance measure provided by HRSA; determining the impact services are having on overall client health outcomes; and evaluating the cost effectiveness of services. In addition, both parties assess the effectiveness of the services offered in meeting the identified needs via aggregate data provided by the Recipient which may incorporate the findings of special studies.
- 4) **Standards of Care:** Developing and maintaining standards of care indicators in accordance with best practice standards where available for the relevant service categories. Recommendations from a committee of experts will be sought in the development of the standards of care. The Planning Council takes the lead in this effort, with extensive Recipient involvement and final approval. The Recipient is responsible for ensuring that these Standards of Care are implemented.

E. **Administrative Responsibilities-** In addition to these legislative roles, the Planning Council will share the following responsibilities related to Part A planning and management with the recipient:

- 1) **Fiscal Management of PCS Funds:** The Recipient provides fiscal management of PCS funds. The annual PCS budget is part of the allocation of up to 10% of the total grant that may be used for administrative costs. The PCS staff monitors Planning Council expenditures, based on fiscal reports provided by the PCS provider agency. The Recipient is responsible for ensuring that all expenditures meet Ryan White guidelines and Broward County financial management regulations.
- 2) **Contract for Planning Council Consultants or Services:** The PCS provider agency provides contracting services when the Planning Council needs to hire consultants or other contractors. The Planning Council makes the decisions about the qualifications of the provider and the scope of work required of the consultants and other contractors that are paid through Planning Council funds. The Planning Council must consult the Recipient in this process to meet Broward County procurement requirements as well as Ryan White guidelines. The process, including oversight, is managed by PCS.
- 3) **Office Space:** Where possible, the Recipient and the PCS will maintain separate distinct office spaces. The Recipient takes the lead in providing appropriate office space for both entities. Office space for PCS must meet all Americans with Disabilities Act (ADA) requirements.

- 4) **Operational Support:** The Recipient and PCS will provide operational support for the Planning Council including, but not limited to office space, computers, software, telephones, copier, printing services, fax machine, and office supplies; meeting space for Planning Council meetings.
- 5) **Hiring of Planning Council Support Staff:** PCS are hired by the PCS provider agency contracted by the Ryan White Part A program to maintain the independence of Planning Council activities based on legislative responsibilities. Broward County procedures should be followed when PCS positions are advertised.
- 6) **Annual Application Process:** The Recipient has primary responsibility for preparation and submission of the Part A application. PCS provides information for the application sections related to Planning Council membership and responsibilities (such as PSRA). The Planning Council approves the action by the Chair to sign a letter of assurance accompanying the application that indicates whether the Recipient has expended funds in accordance with Planning Council priorities, allocations, and directives.

III. **Information/Document Sharing and Reports/Deliverables**

- A. Overview: It is the intent of this MOU to encourage regular sharing of information and materials throughout the year. This section specifies a set of materials to be provided and information to be shared through meetings. Parties to the MOU may request and receive additional materials or information, except for those that should not be shared for reasons of sensitivity or confidentiality. The responsibilities of the Planning Council are used as the framework for structuring Section III of this MOU. This section is intended to clarify the deliverables of both parties as they relate to the roles and responsibilities defined in the previous section. Further, the Recipient in its role as Grantee recognizes that the Planning Council has sole responsibility for determining priorities and allocations during the priority setting process. During the grants administration process, the Recipient also recognizes that any potential deviation from the Planning Council allocations, directives or changes in the current process must be brought to the the Planning Council for approval ninety (90) days prior to implementation.
- B. The Planning Council will provide the Recipient with the following information and materials:
 - 1) A dated list of Council members and their terms of office, with primary affiliations as appropriate to be provided annually and updated as need throughout the year, in accordance with current Notice of Award (NoA) guidelines.
 - 2) Notification of the Planning Council's monthly meetings, retreats, orientation and training sessions, and other Planning Council events, at the same time notification goes to Planning Council members.

- 3) The meeting notice, agenda, and meeting packet for each Planning Council meeting, to be provided at the same time they are provided to Planning Council members.
 - 4) The annual list of service priorities and resource allocations, along with the process used to establish them and directives to the Recipient or edits to existing directives on how best to meet these priorities. This is the same information that is submitted to HRSA/HAB as part of the Part A application. This information will be provided within two weeks after the Planning Council has approved these priorities, allocations, and directives.
 - 5) Copies of final planning documents prepared for the Planning Council.
 - 6) Information or documents needed by the Recipient to complete sections of the Part A grant application related to the Planning Council and its functions, to be provided on a mutually agreed upon schedule.
- C. The Recipient will provide the PCS Coordinator the following reports and information. These will be the minimum requirements. Additional or different information needs will be discussed and agreed upon at the beginning of each year.
- 1) A copy of any Conditions of Award pertaining to the Planning Council within five days of receipt.
 - 2) Utilization data by service category, including client numbers and demographics to be provided monthly.
 - 3) An oral and written financial report to the PSRA Committee providing information on contracted amounts by service category, amount spent to date, over- and under-expenditures and any unobligated balances by service category and suggested reallocations, will be provided on an as need basis by the Recipient. Any suggested reallocations will be presented to the PSRA Committee when the Recipient determines that a reallocation of funds between categories is necessary.
 - 4) Information and recommendations requested as needed by the Planning Council to carry out its responsibility in setting priorities among service categories, allocating funds to those service categories and providing HBTMTN language to the Recipient. The content and format for this information will be mutually agreed upon each year, but it will typically include epidemiological data, cost and utilization data, and an estimate of unmet need for primary health care among people living with HIV in Broward County. In addition to providing the information in written form, the Recipient will attend data presentations with the Planning Council at the mutually agreed upon dates and times.

- 5) Information requested by the Planning Council to meet its responsibility for assessing the efficiency of the Administrative Mechanism. The content and format for this information will be mutually agreed upon each year, but it will typically include information from the Recipient on the procurement and grants award process; statistics (such as number of applications received, number of awards made, and number of new providers funded), and reimbursement procedures and timelines.
 - 6) Carryover information as it becomes available. This includes the actual carryover from the Financial Status Report, and the approved carryover plan submitted to HRSA/HAB. Each document will be provided to the Planning Council the next business meeting following submission or receipt.
 - 7) The Final Allocations report, as submitted to HRSA/HAB in the final progress report each year. The Planning Council will receive this information at the business meeting following submission.
 - 8) When the Planning Council or a Committee requests special or additional information from the Recipient, the request will always be in writing to the PCS Health Planner. If the request comes from a subcommittee of the Planning Council, the request must come from the Chair of the committee.
- D. PCS on behalf of the Planning Council is responsible for submitting reports and deliverables to the Recipient as follows:
- 1) **Monthly Progress Report:** Prepare a detailed monthly report of Planning Council and sub-committee meetings and activities, including a detailed Annual Work Plan of PCS Activities.
 - 2) **Quarterly Reports:** Prepare a detailed update on all Planning Council meetings, the attendance, the work plan, and the data points that affect the Broward County Ryan White system of care. The quarterly reports should include a Quarterly Planning and Evaluation Report, Priorities Report, Outreach Report, Survey Summary, Training and Development Summary, Community Empowerment Survey Summary, and Evaluation of Meetings Summary Report.
 - 3) **Program Evaluation:** Prepare the Planning Council Annual Report with a comparative analysis of all funded services utilizing the results of clinical quality management activities, outcome information, and client satisfaction survey results. Report should be presented to the Recipient and the Planning Council.
 - 4) **Marketing Plan:** Develop an annual marketing plan for Planning Council meetings and activities with timelines for activities.
 - 5) **Communication Plan:** Prepare a plan for timely and effective communication between PCS, Planning Council, and Recipient.

- 6) **EMA Benchmarking Report:** Develop an annual report using HIV/AIDS population data from Broward County and other comparable eligible metropolitan areas to assess and develop benchmarks. This report must include demographic data, service utilization, and service delivery methods.
- 7) **Recipient's Annual Progress Report:** Prepare a client-level data report that includes an analysis of health outcomes of clients. This report must, at a minimum, assess the capacity and determine the impact of the Broward County Ryan White system of care.
- 8) **Calendar of Monthly Activities:** Provide a calendar of the monthly Planning Council meetings and activities by the 15th of each month for the upcoming month.

IV. Communication

A. In working together, the Recipient and the Planning Council will establish and maintain open and regular communications and a mutually respectful and efficient working relationship. The Planning Council and the Recipient are committed to the following principles of communication:

- 1) **Establishing and maintaining open communication:** Recipient staff, PCS and Planning Council members will share information in a timely fashion and review shared information when it is received.
- 2) **Recipient attendance at Planning Council meetings:** At least one Recipient staff member will attend all full Planning Council and Committee meetings. Every Planning Council standing committee will have an assigned Recipient staff member who attends meetings regularly. Recipient staff attending meetings will be responsible for all communications and information requests related to their assigned committee. Request for information from the Planning Council to the Recipient and vice versa, along with a timeline for producing the information will be recorded in the meeting minutes.
- 3) **Designated Liaisons:** The Recipient and Planning Council will have designated liaisons for information requests, questions or concerns that arise outside of the Planning Council meetings. The Human Services Administrator will be the designated liaison for the Recipient and the Planning Council Chairs or their designees will be the designated liaisons for the Planning Council. In the absence of the Human Services Administrator, the Recipient will designate a representative to act as the liaison.

B. **Confidentiality:** Planning Council and Committee meetings are operated under Florida's Government-in-the-Sunshine Law. This means that meetings and any information shared at meetings are open to the public and recorded so that members of the public can access information about meetings. However, due to confidentiality the following information will not be shared:

- 1) To maintain the confidentiality of sensitive information, the Planning Council will not share the HIV status of Planning Council members

who have not publicly disclosed that they are living with HIV. The HIV status of Planning Council members will not be shared with Recipient staff or with other Planning Council members except with those who are involved in the member nomination process and monitor Planning Council membership reflectiveness.

- 2) The Recipient will not disclose information about applicants for funding to provide services or the performance of individual vendors contracted to provide services. Information will be provided only by service area and activity.
- 3) Information about the individual salaries of Recipient and PCS will not be shared. The Planning Council will not have access to the Recipient's detailed budget. The Part A Administrator will have access to the Planning Council's detailed budget.

C. **Clarification:** The Planning Council and the Recipient will work together to clarify, and revise policies and procedures that are confusing or problematic.

V. Special Requests

- A. All parties agree that all non-routine special requests other than those identified within this MOU must be in writing and submitted by the Recipient's office or a Planning Council Committee Chair. Each party shall have five (5) business days from the date of request to notify the requestor if it can or cannot respond to the request and when they can fulfill the request. During the five (5) business day period, the party to whom the request is being made will consider the following factors when deciding whether to respond to a request: the amount of information, the financial costs of gathering the information, how the request relates to the committee workplans, and how the request affects the operations of the Planning Council.

Where a Planning Council Committee does not agree with a decision not to respond to a request such decision may be appealed through the Executive Committee which will then decide whether the issue should be brought before the full Planning Council for a vote.

VI. Settling Disputes of Conflicts

- A. If conflicts or disputes arise regarding the roles and responsibilities specified in Section II of this MOU, the signatories will pursue the following procedures to resolve them:
- 1) Begin with a meeting between the signatories to attempt to resolve the situation within five working days after the issue or dispute arises.
 - 2) If the situation cannot be resolved, hold a meeting of representatives of the signatories with the Chief Elected Official (CEO) or his/her representative within five working days after the initial meeting between the signatories to resolve the situation. The decision of the

CEO will be final unless the conflict arises from legislative responsibility issues.

- 3) If the meeting with the CEO does not result in resolution, the parties involved will identify a mutually acceptable independent mediator who will attempt to facilitate a resolution between the parties. The meeting with the mediator will occur within 10 working days of the meeting with the CEO.
- 4) If the meeting with the mediator does not result in resolution of the dispute or conflict, the parties may begin a process of binding arbitration. The parties will select and retain an arbitrator who is acceptable to all those involved and agree to accept the arbitrator's decision as final. The parties will select the arbitrator within 10 working days of the meeting with the mediator and the first arbitration meeting will be held within 20 working days after selection. The costs of the mediation and arbitration processes will be split equally between the Planning Council and the Recipient administration budgets.
- 5) The time for each of the above steps used to settle disagreements may be extended by mutual agreement of the parties involved.

VII. Responsible Parties and Contact Information

A. Following are the responsible parties to this MOU, along with the names of the individuals in these positions at the time this MOU was adopted, and their contact information, including the individual within their office who should receive all communications related to this MOU and the Ryan White Part A program.

1) **For the Planning Council**

Planning Council Chair
c/o Planning Council Support Provider currently:
Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100,
Fort Lauderdale, FL 33020
Tel: 954-561-9681
Fax: 954-564-1885
E-mail: hivpc@brhpc.org

2) **For the Ryan White Administrative Agency**

Director Community Partnerships Division
Broward County Human Services department
115 S. Andrews Ave,
Fort Lauderdale, FL 33301
Tel: 954-357-_____
Fax: 954-357-5897
E-mail: _____

VIII. MOU Duration and Review

- A. **Effective Date:** This MOU will become effective once signed by all the authorized individuals representing the Recipient and Planning Council.
- B. **Duration:** This MOU will remain in effect unless or until the parties take action to end it or the Recipient is no longer the recipient of Part A funding for the EMA.
- C. **Process for reviewing and revising the MOU:** This MOU will be reviewed periodically, with the involvement and approval of all parties. Reviews will occur:
 - 1) Following each reauthorization or legislation revision of the Ryan White legislation by the U.S. Congress, to ensure that the MOU remains fully appropriate, updated, and reflective of the Act.
 - 2) At least once every year, at the first meeting of the parties to this MOU.
- D. When the MOU has been reviewed and revised, the amended version will be signed and dated by all parties. The revised version will become effective once signed.

IX. Signatures

Ryan White Part A Representative

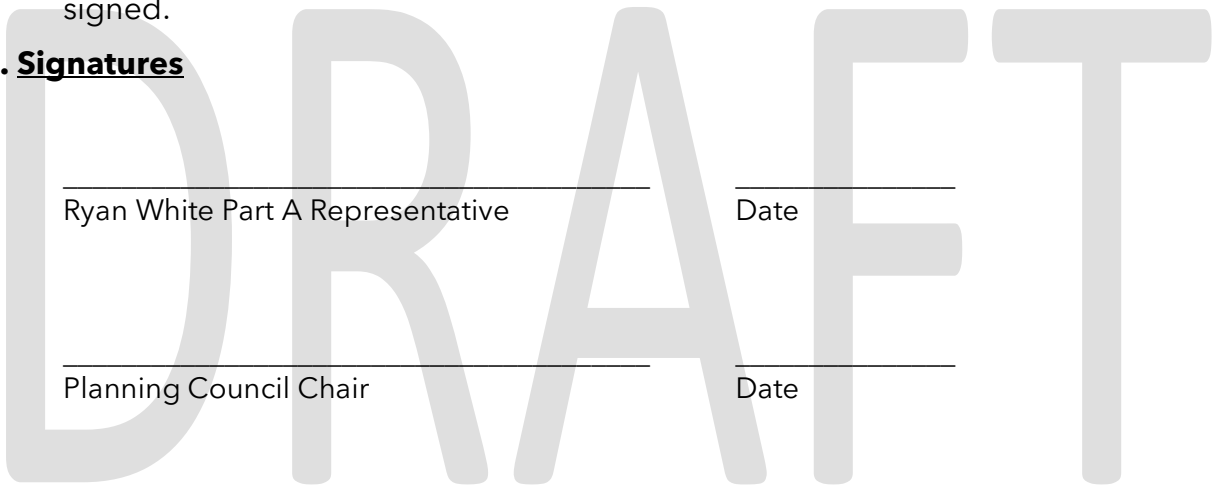
Date

Planning Council Chair

Date

Planning Council Support

Date



HANDOUT C

BY-LAWS PARKING LOT ITEMS

#	Proposal	By-Laws Location	Stated Reason
1	Committee Chair/Vice Chair Qualifications: Policy for leadership affiliation with provider agencies	Article VIII, Section 1, B	Reconsider guideline for standing committee chairs' affiliation with Part A funded provider.
2	Committee Chair/Vice Chair Qualifications: Policy for CEC Committee Chair to be an unaffiliated consumer.	Article VIII, Section 5, B	Reconsider guideline for CEC committee chair to be an unaffiliated individual. Unaffiliated consumer membership is currently below HRSA 33% mandate however there are several affiliated PWH serving on the council. Additionally, history has shown where a person's unaffiliated status may change as they begin networking within the HIVPC/RWHAP
3	Include language for members to be required to participate in outreach activities/tabling.	Article IV	The HIVPC has several opportunities to table at community event as a means of member recruitment and community education. However, in some instances the same few persons are volunteering or no one volunteers. This allows for missed opportunities to recruit new members and/or ineffective to recruitment of new members.
4	Review the purpose of all HIVPC's Committees	Article VIII	The HIVPC has six standing committees, each with their own purpose and work plans. There appears to be a need to review the purpose of each committee to ensure that there is clarity and efforts are not being duplicated across Committees.
5	Include a standard list of accepted excused absences.		Members are allowed excused absences from scheduled HIVPC and Committee meetings throughout the Calendar year. There appears to be a need to create a standardized list of excused absences.
6	Review the removal/resignation process for HIVPC members who have a change in qualifications such as unaffiliated members who later come affiliated, and members who sit on the council by virtue of their employment.	MCDC Policies and Procedures	Currently, when unaffiliated member become affiliated, they must resign and reapply. The same goes for members who sit in job-based seats once they are no longer employed with their current agency. The process for appointment by the County Commissioners is very lengthy and can deter persons who wish to reapply, negatively impacting member retention. As such a need has arisen to reconsider the need for members to be removed/resigned versus the Council voting on a seat change to retain valuable members where possible.
7	Review the number of required meetings for the Council during the fiscal year.	Article VI, Section 1	The Council is currently required to meet at least nine times for the fiscal year. Members have suggested a review of the number of required meetings, as well as the time and location of meetings.

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

- D. Removal of Committee membership. The removal of Committee members shall be that of Council members as provided for in Article 4, Section 11, where applicable.
- E. Committee Policies and Procedures. The Council will approve written policies and procedures for all Committees which will be published in the "Local Procedures Manual." The policies and procedures of each committee must be periodically reviewed by that committee and subsequently approved by the Council.

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

- A. Executive
- B. Community Empowerment
- C. Membership/Council Development
- D. Priority Setting and Resource Allocation
- E. Quality Management
- F. 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, and the ad-Hoc By-Laws 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.

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), 4/17/17 (Article VIII, Section 2; Article VIII, Section 3, C; Article VIII, Section 6; Article VIII, Section 7, B), 8/31/17 (Article VIII, Section 11); 10/25/18 (Article IV, Section 1; Article X, Section4)

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.

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

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), 4/17/17 (Article VIII, Section 2; Article VIII, Section 3, C; Article VIII, Section 6; Article VIII, Section 7, B), 8/31/17 (Article VIII, Section 11); 10/25/18 (Article IV, Section 1; Article X, Section4)

- 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 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 shall develop, review, and monitor eligibility, and service definitions, including improving the quality, cost-effectiveness and allocation of resources to pharmacy services. When recommended, the Committee shall develop and implement a standardized mechanism for pharmacy services (i.e., drug access, formulary changes and cost/impact analysis) and coordinate pharmacy services in collaboration with other funding streams (i.e., ADAP, Part B, Medicaid, private payers, including private insurance providers).

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), 4/17/17 (Article VIII, Section 2; Article VIII, Section 3, C; Article VIII, Section 6; Article VIII, Section 7, B), 8/31/17 (Article VIII, Section 11); 10/25/18 (Article IV, Section 1; Article X, Section4)

SECTION 7: 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 8: 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 9: 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.

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), 4/17/17 (Article VIII, Section 2; Article VIII, Section 3, C; Article VIII, Section 6; Article VIII, Section 7, B), 8/31/17 (Article VIII, Section 11); 10/25/18 (Article IV, Section 1; Article X, Section4)

SECTION 10: There shall be an Integrated Work Group

- A. Membership.** The work group will be composed of the Prevention, Part A and Part B programs, with three members and one alternate representing their respective planning or advisory body, as applicable. 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. Purpose.** The work group will be responsible for monitoring and providing recommendations for the completion of the activities outlined in the Broward County Integrated HIV Prevention and Care Plan. The work group will conduct a comprehensive analysis and review of data from community stakeholders to provide robust recommendations to the Prevention and Care planning bodies and to the Recipients. The work group will serve as the feedback loop for collaborative implementation of the Plan and make appropriate recommendations to the respective planning bodies and HIV funders.
- C. Flow of Information.** The work group is expected to interact with numerous Prevention, Part A and Part B teams, work groups, and committees. The work group's main point of contact and coordination will be the Executive Committees of the HIVPC, Prevention Planning Council and South Florida AIDS Network (SFAN).
- D. Ratification.** All of the work of the work group is provided to the HIVPC, Prevention Planning Council, and SFAN in the form of recommendations, and is subject to approval of the respective planning body.

ARTICLE IX

ADOPTION AND AMENDMENTS OF BY-LAWS

Approved 8/24/09, 11/18/09 (Article VII, Section 1B), 1/28/10 (Article VII, Section 1D), 1/26/12 (Article V, Section 2), 5/23/13 (Article III, Section 15, 18; Article IV, Section 7, 8, 11A,B; Article VI, Section 1, 2, 5A, 8B; Article VIII, Section 1B, 1C, 4A), 12/12/13 (Article IV, Section 11; Article VI, Section 5; Article VIII, Section 4, 5, 7), 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), 4/17/17 (Article VIII, Section 2; Article VIII, Section 3, C; Article VIII, Section 6; Article VIII, Section 7, B), 8/31/17 (Article VIII, Section 11); 10/25/18 (Article IV, Section 1; Article X, Section4)

Ad-Hoc Committee	N/A
Executive	Central Ohio- Executive Committee: This committee is responsible for ensuring the requirements of the Planning Body are carried out by overseeing the process and progress of COHPA and making recommendations to the full membership body.
Community Empowerment	Philadelphia- Positive Committee The <u>Positive Committee</u> is for people living with HIV/AIDS. The Positive Committee supports and enhances the role of people living with HIV in the Planning Council. The Positive Committee is open to all HIV-positive individuals living in the Philadelphia area. The Positive Committee supports the role of consumers of HIV services in planning and decision-making activities through regular trainings, special educational presentations, and group discussion. The activities of the Positive Committee provide a unique opportunity for consumers of HIV services to educate other consumers and service providers about the needs of consumers, available services, and community resources. This committee also helps PLWHA to build the skills necessary to participate effectively in the activities and decision making of the Planning Council.
Membership/Council Development	Central Ohio- Membership Committee: The Membership Committee is responsible for membership retention, and outreach to potential new members to ensure proper representation from the community and partnering agencies. St. Petersburg, Florida- Responsible for understanding the membership process; ensuring that the Care Council adheres to strict legislative membership requirements; ensuring membership application and selection process is effective and administered appropriately; advises governing body in membership issues; works with staff in ensuring appropriate member recruitment, training and orientation, including retreats. A subcommittee of Membership is responsible for review and scoring of all membership applications. This committee is also responsible for the nomination and election process of the Chairperson and Vice Chairperson.
Priority Setting and Resource Allocation	Denver, Colorado- The DHRPC uses needs assessment data as well as data from a number of other sources to set priorities and allocate resources yearly. The members decide which services are most important to people living with HIV in the Denver metro area (priority setting) and then agree on which service categories to fund and how much funding to provide (resource allocation). In setting priorities, the DHRPC should consider what service categories are needed to provide a comprehensive system of care for people living with HIV in the Denver metro area, without regard to who funds those services. St. Petersburg, Florida- This committee is responsible for developing recommendations for the Part A and B funding prioritization and allocation process. They work in close coordination with staff to assure that this process reflects the findings of the needs assessment. The recommendations are then brought to the Council for approval and presented to the Grantee. The committee also meets at various times

	<p>throughout the year to re-allocate funds. The committee may also be called on to participate in SIOC issue discussions, which concern funding.</p>
<p>Quality Management</p>	<p>Sacramento, California- Quality Advisory Committee (QAC): The Quality Advisory Committee (QAC) develops quality assurance plans and standards to be utilized by providers when delivering services paid for through Ryan White funds. Such standards may include policies, procedures, guidelines, and other information pertinent to the effectiveness and efficiency in which consumers are treated and Ryan White funding is spent. To ensure that standards are appropriate for all stakeholders, members are drawn from consumers and providers of Ryan White services, as well as others interested in the delivery of health and human services.</p> <p>Houston, Texas- This committee will be given the responsibility of assessing and ensuring continuous quality improvement within Ryan White funded services. This committee is also the place where service definitions and recommendations on “How to Best Meet the Need” are made. Standards of Care and Outcomes Evaluation, which must be looked at within each year, are monitored from this committee. Whenever possible, this committee should collaborate with the other Ryan White planning groups, especially within the service categories that are also funded by the other Ryan White Parts, to create shared Standards of Care.</p> <p>In addition to these responsibilities, this committee is also designed to implement the Planning Council’s third legislative requirement, assessing the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, or assessing how well the grantee manages to get funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the Planning Council and whether all the funds are spent. This Committee may benefit from the utilization of external members.</p>
<p>System of Care</p>	<p>Orlando, FL- The Service Systems & Quality Committee is responsible for overseeing and making improvements to the system of care from prevention to viral suppression, updating Standards of Care, assessing the efficiency of the Administrative Mechanism, monitoring of performance for clinical quality management activities, and coordinating with federal recipients.</p> <p>Hartford, Connecticut- The Continuum of Care Committee assesses the effectiveness of care strategies based on previous priority setting and resource allocations. The committee often collaborates with the Priorities – Needs Assessment Joint Committee and the Evaluation Committee. Together, these committees use data and recommend directives for use in the priority setting process, as well as any changes to standards of care.</p>

BY-LAWS PARKING LOT ITEMS

#	Proposal	By-Laws Location	Stated Reason
1	Committee Chair/Vice Chair Qualifications: Policy for leadership affiliation with provider agencies	Article VIII, Section 1, B	Reconsider guideline for standing committee chairs' affiliation with Part A funded provider.
2	Committee Chair/Vice Chair Qualifications: Policy for CEC Committee Chair to be an unaffiliated consumer.	Article VIII, Section 5, B	Reconsider guideline for CEC committee chair to be an unaffiliated individual. Unaffiliated consumer membership is currently below HRSA 33% mandate however there are several affiliated PWH serving on the council. Additionally, history has shown where a person's unaffiliated status may change as they begin networking within the HIVPC/RWHAP
3	Include language for members to be required to participate in outreach activities/tabling.	Article IV	The HIVPC has several opportunities to table at community event as a means of member recruitment and community education. However, in some instances the same few persons are volunteering or no one volunteers. This allows for missed opportunities to recruit new members and/or ineffective to recruitment of new members.
4	Review the purpose of all HIVPC's Committees	Article VIII	The HIVPC has six standing committees, each with their own purpose and work plans. There appears to be a need to review the purpose of each committee to ensure that there is clarity and efforts are not being duplicated across Committees.
5	Include a standard list of accepted excused absences.		Members are allowed excused absences from scheduled HIVPC and Committee meetings throughout the Calendar year. There appears to be a need to create a standardized list of excused absences.
6	Review the removal/resignation process for HIVPC members who have a change in qualifications such as unaffiliated members who later come affiliated, and members who sit on the council by virtue of their employment.	MCDC Policies and Procedures	Currently, when unaffiliated member become affiliated, they must resign and reapply. The same goes for members who sit in job-based seats once they are no longer employed with their current agency. The process for appointment by the County Commissioners is very lengthy and can deter persons who wish to reapply, negatively impacting member retention. As such a need has arisen to reconsider the need for members to be removed/resigned versus the Council voting on a seat change to retain valuable members where possible.
7	Review the number of required meetings for the Council during the fiscal year.	Article VI, Section 1	The Council is currently required to meet at least nine times for the fiscal year. Members have suggested a review of the number of required meetings, as well as the time and location of meetings.

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expectations, and voting rights as Commission members, with regard to that specific committee but not with regard to the full Commission.

- v. A named member's failure to attend standing committee meetings per the standards of section 3.17 of these bylaws may result in removal from the committee.
- vi. Named members may be required to sign the forms delineated in section 3.3M of these bylaws.

B. Representation. All committees must include members who are PLWH, and should strive for representation from multiple jurisdictions. Individual committees may have different minimum and maximum sizes and committee membership requirements based on their responsibilities and the extent to which they deal with confidential information.

6.8 **Leadership.** Each standing committee other than Executive Operations shall have a Chair and a Co-Chair. The Chair must be a Commission member, since the Chair serves and votes on the Executive Operations Committee. Co-Chairs are selected by consent of the committee members and may be either Commission members or "Named Members" in accordance with section 6.7 of these bylaws.

6.9 **Staff support.** The Commission staff shall provide meeting coordination and support to the committees. Support staff shall also provide technical support and advice to the committees, and help ensure ongoing recipient/grantee and administrative agent participation in committee meetings so that committees have the information, expertise, and resources to carry out their legislative responsibilities.

ARTICLE 7: CONFLICTS OF INTEREST

7.1 **General.** The Commission shall develop and publish procedures to guard against conflicts of interest for its members. These procedures shall guarantee that no members of the Commission shall participate in any way in consideration of, or making decisions on, grants to their own organizations or to any organization offering the same or similar services. This prohibition extends to any member of the Commission having a family member who is an officer or employee in an organization being considered for a grant. The conflict of interest procedures of the Commission shall also ensure compliance with section 2602(b)(5)(A) and (B) of the Public Health Service Act (42 U.S.C. § 300ff-12(b)(5)(A) and (B)).

7.2 **Statements.** All members of the Commission shall sign a conflict of interest statement delineating their economic or other relationships (for example, contracts, employment, grants, etc.) with entities that may be affected or benefit by Commission decisions. If a conflict of interest arises for any Commission members, those members shall immediately

minutes by action of the HIV Planning Group.

ARTICLE 7: SUBCOMMITTEES

- Section A:** The HIV Planning Group has the authority to establish and to disband, as appropriate, standing and ad hoc subcommittees/task forces as necessary to conduct its business. The actions and recommendations of committees shall not be deemed the action of the HIV Planning Group or its members. A—Standing and ad hoc committees may bring an action item to the HIV Planning Group for approval.
- Section B:** All standing and ad hoc subcommittee meetings shall be chaired by a member of the HIV Planning Group, shall consist of no fewer than three HIV Planning Group members, at least one of whom must be a consumer. Standing subcommittees and ad hoc committees may elect to establish a co-chair who does not have to be a member of the HIV Planning Group. The committee co-chairperson shall assume the role of the committee chairperson should the chairperson become unable to fulfill the role of committee chairperson for three (3) consecutive meetings. If the co-chairperson is not a member of the HIV Planning Group the co-chairperson may assume the role of committee chairperson and may attend the Steering Committee, but may not vote. If the committee chairperson is unable to attend three (3) consecutive meetings, a new committee chairperson will may be appointed per Article 5, Section C of these bylaws.
- Section C:** Members of the HIV Planning Group are appointed to a subcommittee by the HIV Planning Group chairperson, after review and recommendation from the Membership Committee, which will include a discussion of member's preference, availability, and needs of the HIV Planning Group.
- Section D:** All subcommittees shall operate under the bylaws of the HIV Planning Group. Each subcommittee may adopt/establish ground rules and operating procedures, subject to review and approval by the Steering Committee.
- Section E:** The HIV Planning Group shall establish a Steering Committee, led by the chairperson, to set the agenda for HIV Planning Group meetings and to address issues of HIV Planning Group governance. The Steering Committee shall be comprised of the HIV Planning Group chairperson, elected vice chairperson(s) and chairs of all standing committees. In the absence of a subcommittee chairperson, a committee co-chairperson can attend to establish quorum. When the co-chairperson is not a member of the HIV Planning Group, they must abstain from voting. A quorum will be a simple majority of the number of current members of the Steering Committee. Non-HIV Planning Group member committee co-chairpersons who attend the Steering Committee in place of the committee chairperson count towards establishing a quorum, but do not vote at the Steering Committee.

- 1 D. A representative of an agency that receives or is eligible to receive Ryan White Act funds may not
2 serve as a Chair but may serve as a Vice-Chair.
- 3 E. To be nominated as an officer of the Council, the member must be in good standing with the Council
4 membership policy and has served at least six months on the Council.
- 5 F. Whenever the officer deems it appropriate, the Chair or a presiding Vice-Chair may, but is not
6 required to, appoint another member to act as Sergeant at Arms for one or more Council meetings.
7 When a Sergeant at Arms is appointed, officers shall assist in maintaining order and parliamentary
8 proceedings while Council meetings are in session.

9 **Section 2. Nominations and Elections.**

- 10 A. Nominations of Officers shall be initiated a month prior to elections, generally on or before the
11 regular December meeting of the Council.
- 12 B. Nominations shall be made directly by Council members.
- 13 C. Elections generally shall be held on or before the first regular meeting of the new calendar year.

14 **Section 3. Officer Terms.**

- 15 A. Officers shall serve in elected office for terms of one calendar year or until their successors are
16 elected.
- 17 B. No officer shall be eligible to serve more than three consecutive terms in the same office.

18 **Section 4. Powers of the Officers.**

- 19 A. The Chair shall be the chief executive officer of the Council and shall have the general powers and
20 duties of management usually invested in the office of Chair, and shall have other powers and duties
21 as may be prescribed by the Council.
- 22 B. The Chair shall preside at all meetings of the Council and be the Chair of Executive Committee.
- 23 C. In the absence of the Chair, one of the Vice-Chairs shall preside. Should the Vice-Chairs also not be
24 available, the Council may select a member to preside by consensus or vote as necessary.

25 **ARTICLE VI – COMMITTEES AND SUBCOMMITTEES**

26 **Section 1. Standing Committees, Subcommittees, and Task Forces.** There shall be such standing
27 committees, subcommittees, task forces, and special committees established as the Council shall deem
28 necessary to accomplish the purposes set forth in Article II of these bylaws.

29 **Section 2. Committee Policies and Procedures.** Each committee is responsible for developing and
30 conforming to its own policies and procedures. The Council shall approve all revisions to the policies and
31 procedures adopted by its committees. **Committees of the Council shall have a minimum of two officers.**

1 These officers may be either Chair and Vice-Chair or Co-Chairs.

2 **ARTICLE VII – PLANNING COUNCIL SUPPORT**

3 **Section 1. Planning Council Support.** Planning Council support is one or more designated staff that assist
4 the Council in carrying out its legislative functions as outlined in the Planning Council Support policies and
5 procedures.

6 **ARTICLE VIII – COMPENSATION**

7 **Section 1. Compensation for Time.** With the exception of County employees serving on the Council as part
8 of their County employment, persons serving as Council members shall not receive salary or other
9 compensation by the County for their attendance and services at Council meetings or in conjunction with
10 any Council activities.

11 **Section 2. Compensation for Expenses.** Council members, and members of Council committees,
12 designated as “unaligned consumers” and other members with financial need may be compensated for
13 expenses incurred in connection with their duties to the extent allowed by Ryan White Act funding, HIV
14 Planning Council policies, and other County policies. For purposes of travel expenses, any Council or
15 committee member traveling outside of the region for County business purposes may be compensated
16 for travel and training costs consistent with HIV Planning Council policies and County policies governing
17 “registered volunteers.”

18 **ARTICLE IX – CONTRACTS**

19 **Section 1. Contracts.** Council members shall not have the power or authority to bind the County of Orange
20 by any contract or agreement.

21 **ARTICLE X – CONFLICT OF INTEREST**

22 **Section 1. County Ordinances for Conflict of Interest.** All Members of the Council are subject to all County
23 ordinances, including but not limited to, the Council Gift Ban Ordinance, Code of Ethics, and Sexual
24 Harassment Policy.

25 **Section 2. Conflict of Interest.** In addition to the conflict of interest rules set forth herein, County conflict
26 of interest ordinances and FPPC regulations, members are also subject to a separate set of HRSA-approved
27 conflict of interest policies and procedures, which include: Members shall not involve themselves in
28 official Council actions that could materially benefit them personally, their business interests, or the
29 interests of organizations that they represent. Should a material conflict of interest arise, the member
30 must abstain from voting, and the abstention will be recorded in the meeting minutes as outlined in the
31 Conflict of Interest policies and procedures.

32 A. Council members shall biannually disclose any conflict they may have.

33 **Section 3. Conflict of Interest and Committees.**

34 A. Committees of the Council that make funding recommendations to the Council shall operate with
35 the highest standards of integrity and openness. Therefore, no such committee may have, as its
36 sole presiding officer(s), an individual who is an employee or board member of an agency with a

Section 4.2 – Special Committees

Such special committees as may be appropriate may be created by action of the Chairperson of the Ryan White Planning Council of the Dallas Area or by the CEO. Any such committee shall have such powers and duties, and its membership shall be constituted, as the Chairperson of the Ryan White Planning Council of the Dallas Area or the CEO may determine.

Section 4.3– Meetings; Quorums for Committees

Each committee shall meet at such time as it may determine and may act by a majority of those present at any meeting at which a quorum is present. A quorum is a simple majority (51 percent) of the voting members. The Chair or Vice Chair of the Ryan White Planning Council are considered to be ex-officio members of all other standing committees' and therefore may step in and chair a standing committee for the purposes of establishing quorum, but their ability to vote must be consistent with the bylaws.

Section 4.4 – Committee Membership

4.4.1 Each standing or special committee shall have a Chairperson and Vice-Chairperson recommended by the Executive Committee of the Ryan White Planning Council of the Dallas Area through an open nominations process and appointed by the CEO. All Chairs and Vice-Chairs shall be appointed for a one (1) year term. At the end of such time, Chairs and Vice-Chairs will be reviewed by the Executive Committee for reappointment. The Chairperson AND Vice Chairperson of each standing committee shall be a duly appointed member of the Council.

4.4.2 The Executive committee shall make appointments to each standing committee of the Council. This will include a review of the application and an interview if the interviewee is not currently sitting on a Ryan White Planning Council standing committee. The appointments shall be made from the membership of the Council, and other interested citizens who have expressed an interest in serving on the committees of the Council. The standing committees shall consist of no more than fifteen (15) members, except for the Consumer Council Committee, which shall consist of no more than twenty (20) members. There are no non-voting member positions. Committee membership shall reflect in its composition the demographics of the epidemic of the Dallas EMA, in accordance with Section 3.1. All committee members shall be appointed for a one (1) year term. At the end of such time, membership will be reviewed by the Executive Committee for reappointment.

4.4.3 The Ryan White Planning Council of the Dallas Area staff shall ensure that accurate records are kept of the work of the committees.

4.4.4 All committee members shall comply with the conflict of interest standards set out in Section VII below, including the completion of a disclosure statement listing any and all affiliations with agencies which may receive or pursue funding. The Allocations Committee and the Planning and Priorities Committee may not include representation from any service provider currently receiving funds from grants involved in the community planning efforts of the Ryan White Planning Council of the Dallas Area. No member shall dually serve on the Allocations Committee and the Planning & Priorities Committee.

2. Work with Planning Body Support to ensure that the Planning Body Facebook page and website are up to date.
3. Outreach to engage PLWH subpopulations and affected communities.
4. Public information and education efforts.
5. Support of testing and other community events and activities.
6. Input from and information exchange with the “Ryan White PLWH Community Meeting” and any other “Community Meetings” established by the Planning Body.

Section 7.3

Standing Committee Chairs and Vice Chairs

Each Standing Committee shall elect a Chair and a Vice Chair from among its members at the first meeting following the Annual Meeting in September. Chairs and Vice Chairs must be Planning Body members.

They shall serve a one-year term but may be re-elected for a second term by a two-thirds vote of the committee members present at this meeting. Committee Chairs are members of the Executive Committee; Vice Chairs attend and vote in the Executive Committee when their Committee Chair is unable to attend.

Section 7.3.1 **Standing Committee Chairs**

The Committee Chair’s duties and responsibilities shall include, but not be limited to, the following:

1. Direct the affairs of the committee as its administrative officer, chairing meetings, reviewing minutes, and working with Planning Body Support staff to ensure that the committee has the data and materials to carry out its work successfully.
2. Develop an annual work plan for the committee based on legislative responsibilities and the Integrated/Comprehensive Plan.
3. Identify the committee’s training needs and work with the Membership Committee and Planning Body Support staff to meet these needs.
4. Propose the agenda for each meeting in conjunction with the Committee Vice Chair.
5. Provide reports of committee activities and recommendations to the Executive Committee.
6. Obtain Executive Committee approval of work plans and any needed revisions.

Section 7.3.2 **Standing Committee Vice Chairs**

Standing Committee Vice Chairs shall serve a one-year term. The Vice Chair shall automatically ascend to the Chair position upon resignation or removal of the Committee Chair, to complete the former Chair’s term of office. Vacancies shall be filled via election at the next regular Committee meeting, to complete the term of office. The Committee Vice Chair’s duties and responsibilities shall include, but not be limited to, the following:

1. Fulfill the duties of the Chair at any meeting in the absence of the



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The Chair of the Planning Council shall appoint the chairs of all committees except for the Consumer Committee, which shall select its own leadership.

If the chair of a committee is unable to fulfill the role, the individual should submit a letter of resignation to the Planning Council Chair. Committees Chairs who fail to meet their responsibilities may be removed from their position by the Chair of the Planning Council.

With the exception of the Executive Committee, all committee membership assignments are made by the Chair, Chair-Elect in consultation with Planning Council Support Staff, and the Committee Roster is created. If any committee requires more members, the Chair may make assignments if an insufficient number of members volunteer.

Standing committees shall meet at minimum once a month. All public notice practices apply to standing committee meetings. The various standing committees are described in detail below:

Executive Committee (EXEC) Responsibilities

- The Executive Committee shall foster the active and meaningful participation of all Council members, create a supportive environment where input is valued, ensure that Planning Council work and decisions are representative and effective of the full body and the epidemic within the EMA, and regularly assess and review the feedback and needs of Planning Council members.
- Be responsible with the Planning Council Support (PCS) Staff for ensuring the orderly and integrated progression of work of the Planning Council and its committees.
- When necessary, the Executive Committee shall be empowered to make decisions on behalf of the Council when the Council is unable to meet.
- Take leadership on policy and procedural tasks, including amendments to the by-laws, development of agreements with community partners, enforcement of the Code of Conduct and Attendance Policies, and other issues as they arise.