



Metropolitan Jacksonville Area HIV Health Services

PLANNING COUNCIL

Ryan White Part A and Part B Programs
Social Services Division

1809 Art Museum Drive, Suite 100 ♦ Jacksonville, FL 32207

A G E N D A

Meeting Date: **3:00 PM - Thursday, August 25, 2016**

CALL TO ORDER Antoinette Turner

MOMENT OF SILENCE

MISSION STATEMENT Member

ROLL CALL Heather Vaughan

APPROVAL OF JULY 28, 2016 MINUTES Antoinette Turner

ADMINISTRATIVE AGENCY – PART A REPORT Heather Vaughan

LEAD AGENCY – PART B REPORT Max Wilson

COMMITTEE REPORTS:

Executive Page 7 Nathaniel Hendley

W.A.C. Page 15 Errol Schell

PLWHAA Page 17 Gloria Coon

Integrated Comp Plan Page 19 Heather Vaughan

EIIHA Page 35 Todd Reese
Acting Chair

UNFINISHED BUSINESS Antoinette Turner

NEW BUSINESS Antoinette Turner

PUBLIC COMMENTS Members of the Public

ANNOUNCEMENTS All

ADJOURNMENT Antoinette Turner

MEET and GREET Guests and Members

OUR MISSION:

The mission of the Planning Council is to provide a means for planning and implementing a coordinated response to the needs of people living with and affected by HIV.

Committee Reports

Executive

Nathaniel Hendley

On behalf of the Executive Committee, Nathaniel expressed their heartfelt 'thanks' to Kim for all that she's done for the Planning Council. The Executive Committee met August 2 and members shared committee reports.

The highlight of this meeting was the Technical Assistance, or TA, that we had with Miami-Dade and our HRSA Project Officer, Andy Tesfazion. It was a very robust, well-rounded meeting we had with them because we were able to create a dialogue with them and share information. Miami-Dade gave us some ideas about recruitment and retention plans; they thought we might come out better if we renamed our PLWHAA Committee. They have 31 members and one of the things that we shared with them was the Youth Summit and how successful it was.

Women, Adolescents, and Children (W.A.C.)

Errol Schell

The Women, Adolescents, and Children's Committee also thanked Kim Geib for her work on the Planning Council. Errol gave a quick recap; there were a couple of health fairs the committee participated in. One was *Take It To The Streets* on June 4, and that event had about 50 people attending. The other one was the HIV Testing Day event on June 27 at New Bethel AME; 78 people were tested with one reactive.

The W.A.C. Committee discussed at length the Northeast Florida Women's Awareness Conference. The committee decided not to co-host this event next year, but would help out wherever they can.

PLWHAA

Gloria Coon

On behalf of the PLWHAA committee, Gloria extended their well wishes to Kim. The committee met on August 11 and the following scholarship winners were announced: Verlon Murray, Jerry Murray, Terri Mims, Sharon Hunter, Veronica Hicks, Antoinette Turner, Delmar Esannason, Coco Adkins, Mary Glenn, and Gloria Coon. This scholarship is to attend the OASIS Conference in late September. There is a new item for auction donated by Eric Peebles; it is a two carat diamond ring and the bid starts at \$200.

Heather thanked Kim Geib for her work on the Planning Council and the Integrated Comp Plan Committee. The Council has certainly benefited from Kim's knowledge, experience and leadership.

The Integrated Comp Plan met on August 11. If you look at the Comp Plan that is in your Council packet, it states who is responsible for each of the activities listed. If your agency or committee is listed, then please highlight that activity and check to see what you need to do and when that activity is due. Unlike years past, this committee will be monitoring the current Integrated Comp Plan on a regular basis; we will meet quarterly and review all activities through their completion.

Beginning next year, the committee will meet at 2:00 p.m. on the 2nd Wednesday of the month, every quarter. So the next meeting is scheduled for January 11, 2017, with further meetings set for April, July, and October.

EIIHA

Todd Reese

The EIIHA Committee met July 29 and discussed the Youth Summit, which was very successful. Members reviewed their goals and objectives, which now follow the same format as the Integrated Comp Plan. Where there was a duplication of the objectives, those goals and objectives were deleted from the EIIHA Goals, but remained on the Integrated Comp Plan. The end result was that EIIHA's Goals and Objectives are now shorter than they previously were.

EIIHA's next meeting will be Friday, September 16 at 10:30 a.m.

Unfinished Business

- There was no unfinished business.

New Business

- There was no new business.

Public Comments

Torrencia Shiloh, Ellen Schmitt, Beth Parker, and Nathaniel Hendley attended the Ethics Training for Boards & Commissions, and found it informative. Ellen said one thing they learned was that before voting takes place on an issue, the public should be invited to comment on that issue first. Doing so gives the public an opportunity to be heard by their representatives (Planning Council members), before those representatives vote.

Announcements

- Heather Vaughan announced that beginning at 9:00 a.m. on September 9, Lutheran Social Services will have a mobile food pantry and health fair at their location on Philips Highway.
- Nathaniel Hendley announced that the Florida Department of Health – Duval, and Gateway Community Services now offer a Positive Long Term Recovery Support Group. This new support group meets every 3rd Wednesday of the month from 11:00 AM – 12:30 PM. Meetings are held for now at Comprehensive Care Center, 515 West 6th Street, 3rd Floor conference rooms. Lunch is provided and participants are asked to contact Nathaniel Hendley at (904) 253-1167 or Rico Bodin, Facilitator at (904) 397-4661 if they wish to attend. The support group is for positive individuals who are seeking prevention and intervention to change their relationship with HIV/AIDS and substances.
- Torrencia Shiloh reminded the group of the September 27 HIV Conference on PEP and PrEP to be held at UF Health's LRC location. Please pick up a flyer for more details.
- Verlon Murray announced Evelyn Peaches Banquet 2016 and the Hope Picnic. Flyers will soon be available.

Adjournment

The meeting was adjourned at 3:30 p.m.


Antoinette Turner, Chair


Heather Vaughan, Secretary

AT/HV:ss

EXECUTIVE COMMITTEE

Ryan White Part A and Part B Programs

Social Services Division

1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207



Summary of Meeting for Tuesday, August 2, 2016

Committee Members Present: Nathaniel Hendley (*Treasurer*), Gloria Coon (*PLWHA Rep*), Ellen Schmitt (*Parliamentarian*), Dana Barnes (*Pharmacy & Therapeutics*), Kim Geib (*Membership*), and Errol Schell (*W.A.C.*)

Committee Members Absent: Antoinette Turner (*Chair*), Kendall Guthrie (*Vice-Chair*), and Heather Vaughan (*Secretary*)

Support Staff Present: Sandra Sikes

CALL TO ORDER

The meeting began at 3:01 p.m. and was facilitated by Council Treasurer Nathaniel Hendley. There was no quorum.

MOMENT OF SILENCE OBSERVED

COMMITTEE CHAIRS' REPORTS

W.A.C.:

- ♦ Helping Hands is researching to see if they can file as a non-profit organization.

Priority & Allocation:

- ♦ The Planning Council approved last week the prioritized services and funding allocations for FY2017. The next step will be the breakout of funding, and this should be ready sometime in September.

PLWHAA:

- ♦ The Florida HIV Needs Assessment survey begins October 3, and will run to the beginning of January.

Pharmacy and Therapeutics:

- ♦ A committee meeting has been scheduled for 3:30 p.m. Wednesday, August 17. Discussion will be whether to keep Harvoni on the Formulary and to get an update on the Hep C pilot program.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

- ♦ Warning Letter: None.
- ♦ Request for Removal: None.

PUBLIC COMMENTS

None.

ANNOUNCEMENTS

- Max Wilson, Dee Kelley, and Sandy Sikes will be attending the HRSA Conference August 23-26 in Washington, D.C.

TECHNICAL ASSISTANCE (TA) TRAINING

The Executive Committee participated in a conference call with LCDR Anderson Tesfazion (Andy), our HRSA Project Officer, and the following from Miami-Dade:

Robert Ladner, Ph.D, President of Behavioral Science
Karla Llarena
Elizabeth Ross, MPH, Project Manager (PC Support)
Eddie Orozco, Planning Council Chair

Kim and Nathaniel asked if anyone had tips on how to recruit potential Council members who are currently dealing with mental health or substance abuse issues. Miami-Dade stated that potential members often come from their committees, so they can ease into the more structured form of the Planning Council later, if they wish. Starting on a smaller scale (i.e., bunny slope) is less intimidating.

Miami-Dade said Peer Navigators are very active, and serve on most of their committees. This is another boost to recruiting, because the Peers invite PLWHA's to meetings, and when the PLWHA guest attends, they are more comfortable knowing at least one other person at the meeting.

Bob mentioned that a local company donated \$20 Publix gift cards, and the Planning Council was able to use those gift cards and also bus passes as incentives to consumers who participated in certain activities, such as focus groups. And once a PLWHA came to an activity, got involved and learned a little more about the committee, they were easier to recruit.

The Planning Council also does a Community Listening Tour, where members of the Planning Council go out to other areas and hold meetings similar to a Public Hearing.

Miami-Dade's PLWHA committee is called 'Community Coalition'. They said using that name erases a barrier for some people who do not want to go to a meeting named 'PLWHA'. Other information about their Community Coalition:

- This committee meets every other month (six times a year)
- Meetings are held in the evening, from 6:00 to 8:00
- A dinner is served; sounded like the meal was delivered in, rather than the meeting being held at a restaurant
- Committee members must attend a new member orientation and Miami-Dade's Ethics Training class. Committee members are processed much the same as Planning Council members, including going through a back-ground check with the county.
- There are term limits for committee members, as well

Miami-Dade has a website and a Facebook page. The website is <http://aidsnet.org>. Facebook is under Miami-Dade HIV/AIDS Partnership. They currently have 31 members, but have seats for 39, so they consider that they have 8 open slots.

Miami-Dade was interested in Jacksonville's focus on getting younger members involved in the Planning Council and on its committees. Nathaniel recapped the Youth Summit held earlier this month, and said that he expected two or three youth to sign up for committees.

ADJOURNMENT

The meeting ended at approximately 4:55 p.m.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL: None

QUESTIONS FOR MIAMI-DADE PLANNING COUNCIL

(Would like to have Miami-Dade's Planning Council Chair, and committee chairs for PLWHA and Membership.)

Does the Miami-Dade Planning Council attend any non-Council events where they recruit new members or talk about the role of the Planning Council? (The focus here is on recruiting Ryan White consumers, either aligned or non-aligned.)

Yes. We host support group meetings and special Partnership informational sessions at various Ryan White provider agencies throughout the year, which has been very successful, and we also hold Community Coalition meetings throughout Miami-Dade County.

Once a year the Planning Council's recruiting committee, the Community Coalition Committee, attends an annual AIDS Walk sponsored by a Ryan White provider. At the AIDS Walk, the Planning Council staff support and Community Coalition Committee members disseminate brochures, flyers, calendars, and applications to join the Planning Council and engage patrons on the Planning Council, its purpose, membership benefits and membership vacancies. The AIDS Walk welcomes hundreds of patrons each year.

Does the Planning Council conduct any activities on their own, such as an Open House, where they recruit or inform the local Ryan White community about the Planning Council?

No.

How does Miami-Dade engage their local Ryan White agencies in recruiting for the Planning Council? Does the Planning Council routinely get applications, or at least inquiries, from consumers who were referred by their case managers?

- 1) The Staff Support provider designed and disseminated Planning Council recruitment posters to Ryan White agencies to post in case management offices and in the agencies' lobby.
- 2) The Miami-Dade EMA has also added questions about joining the Planning Council to the Comprehensive Health Assessment so that every six months when Ryan White clients are re-assessed for Ryan White services, case managers can determine client eligibility and interest for joining the Planning Council. As of March 2016, there were over 300 Ryan White clients who had expressed interest in learning more about the Planning Council.
- 3) Lastly, during the monthly Ryan White medical case management trainings and quarterly Ryan White Service Provider Forums, the Quality Management provider constantly reminds medical case managers and administrative staff about the need for PLWHA members on the Planning Council.

The above efforts generate a few applications per year.

How does Miami-Dade feel about a Planning Council only recruiting RW consumers from its own PLWHA committee, in lieu of recruiting from outside sources, events, or agencies?

Because the Miami-Dade HIV/AIDS Partnership is an advisory board to the Miami-Dade County Mayor, all Planning Council meetings are publicly noticed and open to the public. We are constantly encouraging all PLWHA members of the public to join the Partnership board but we emphasize the importance of also joining a standing committee—as it is a requirement for all Partnership board members to join a standing committee. We offer advice to prospective PLWHA members on which standing committees are best for them to join based on their stated interests. From past experience, most prospective PLWHA members prefer to join a committee initially then later join the Partnership board.

The Planning Council has seen most success in PLWHA recruitment from outside events, support group visits at Ryan White agencies, and referrals from existing PLWHA members; therefore, the Miami-Dade EMA would not consider forming a PLWHA committee to solely recruit from at this time.

What do they think motivates consumers to want to visit the Miami-Dade Planning Council?

The Staff Support provider has asked the Planning Council's recruiting committee, the Community Coalition Committee, what factors they have heard in the community that hinder or encourage Ryan White consumers' to join the Planning Council. Sometimes while attending recruitment events, the Community Coalition Committee will receive feedback from Ryan White consumers on what motivates or discourages them from joining the Planning Council.

- Guest was invited to a Council meeting by a friend
 - Yes. This is a significant factor. Many of our PLWHA recruits were invited to a meeting by an existing PLWHA member.
- A special event or meeting topic
 - Yes. The Community Coalition Committee plans to continue its attendance to support groups because there have been successful PLWHA recruitment from special events. If recruitment is unfavorable, the committee uses the event as an opportunity to learn why consumers are not interested in joining.
- Person is looking to make a difference
 - Yes.
- Wants to learn more about the Ryan White program, where the money comes from and how it's spent
 - Yes! The Staff Support provider uses the Ryan White consumer input sessions of the Planning Council's annual Needs Assessment as an opportunity to hear consumers' concerns and offer the consumers the opportunity to be part of the Planning Council's quality improvement, planning, priority setting and allocation processes.

- Social need (enjoys being around people and/or looking for something to do)
 - Yes. A couple of our PLWHA members have expressed that joining the Planning Council offers them a support system and a sense of giving back to the community.
- Other

What does Miami-Dade Planning Council do when someone visits their Planning Council meeting for the first time? What's the process – what does staff do, what do Council members do – what does the member do? How do you get that guest to return to the next meeting?

Most guest members contact the Staff Support provider prior to the meeting to confirm their attendance. During the phone call with the guest, the Staff Support provider thoroughly explains the purpose of the meeting the guest is interested in attending, the meeting procedure, the opportunity for the guest to speak on agenda items, the location of the meeting and its accessibility, and upcoming meetings that may interest the guest. Once the guest arrives to the meeting, the Staff Support provider greets the guest, guides the guest through the signing-in process, provides and briefly reviews a copy of the meeting materials and makes sure the guest has a seat. Once the meeting begins, the guest introduces him/herself during introductions and usually Planning Council members at that time will welcome the guest to the meeting and thank him/her for attending. When the meeting ends, the Staff Support provider immediately follows up with the guest to learn about the guest's experience attending the meeting and answer any questions the guest has and assess the guest's interest in returning for future meetings or joining the committee.

First-time guests who have not previously confirmed their attendance with the Staff Support provider are greeted at the meetings and provided the same assistance as detailed above.

What happens after a guest visits? Is there a follow-up with the guest? What happens on their second visit? Anything different, or more, that staff or Council members do?

As mentioned above, the Staff Support provider follows up with the guest immediately after the meeting ends. There is nothing done differently if the guest appears for a second visit.

How often does the Miami-Dade Planning Council meet?

Monthly.

How often does the consumer group (PLWHA committee/caucus) meet?

The Community Coalition Committee meets bi-monthly.

How many committees does Miami-Dade Planning Council have?

There are six standing committees and one subcommittee that meet monthly or bi-monthly and periodically there are workgroups (presently two) that meet monthly or on as-needed basis.

Has Miami-Dade scheduled any committees to meet back-to-back, in order to cut down on number of times to attend meetings? In other words, Committee A meets 2:00 to 3:00, and Committee B meets 3:15 to 4:15?

No.

How does the Miami-Dade Planning Council engage its members during their Council meetings? In other words, how do they get members to talk, to offer suggestions and advice on matters coming before the Planning Council? How does the Council monitor its members to make sure that every member understands the topic they are voting on and/or the business being discussed? How would they make sure that members are making independent decisions, and not 'following the leader'?

All Planning Council members are always encouraged to ask questions specific to agenda items. During the Planning Council's annual Needs Assessment, the Care and Treatment Committee chair carefully read through the Planning Council Members Responsibilities protocol to ensure all members, including PLWHA members, are aware and informed that they can offer advice, provide feedback, and question committee recommendations. We are grateful that most, if not all, of our PLWHA members are vocal about their concerns and are participatory in the planning process.

How do you recruit Planning Council members in the other categories?

For aligned seats on the Planning Council, the Staff Support provider targets recruitment at Ryan White agencies, local Government offices, community-based organizations, and grantees of other HIV federal grants. Targeted recruitment includes initiating and maintaining rapport with representatives at the above mentioned sites and notifying them of vacancies they or their staff are eligible to fill.

What is the hardest mandated category to fill in your EMA?

There are three seats that the Planning Council has had the most difficulty filling. They are: the Federally Recognized Indian Tribe Representative seat, the State Government/Medicaid Agency Representative seat, and the Representative Co-infected with Hepatitis B or C seat.

Does Miami-Dade have a Youth Council that's part of either the Planning Council or the consumer (PLWHA) committee where youth are the members of that council, not just the topic of that council? If so, what is the age range of the youth?

No.

Has Miami-Dade looked at a mentoring program for young PLWHAs (18 to 29), where seasoned Planning Council Members can mentor younger new or potential members?

No.



Summary of Meeting for Thursday, August 4, 2016

Committee Members Present: Errol Schell (*Chair*), Gloria Coon (*Co-Chair*), CoCo Adkins, Valerie Bozeman, Bonita Drayton, Diedre Esannason, Audrey Green, Vivian Lanham, and Ella Russell

Support Staff Present: Sandy Sikes

CALL TO ORDER

The meeting was called to order at 9:00 a.m. by Chair Errol Schell.

MOMENT OF SILENCE OBSERVED

SELF-INTRODUCTIONS BY MEMBERS

RECAP OF HEALTH FAIRS

- ♦ June 4 Take It To The Streets: Alfreda, Gloria, Audrey, and Chris all attended. Alfreda's pastor spoke to the group, and there were free hot dogs and clothing given out. Attendance was estimated at 50.
- ♦ June 27 New Bethel AME Health Fair: This event was in conjunction with the National HIV Testing Day; 78 people were tested, with one reactive. A number of agencies were present, and Lutheran Social Services donated 300 bags of food to those attending. Attendance was around 160. Members reported that there were a couple of high points during the day where a number of people came in. The event was advertised as running from 1:00 to 7:00, however another surge of people rolled in between 6:00 and 7:00, as people were getting off work. Valerie, Gloria, Ella, Alfreda, and Bonita worked at this event.

UNFINISHED BUSINESS

- ♦ West Jacksonville Restoration: This was a health fair scheduled for August 6. Bonita called the contact person who informed her that the health fair was postponed to a later date, not yet determined.
- ♦ 2017 NEFWAC: Members had more discussion on whether they felt the W.A.C. committee could co-host the Northeast Florida Women's Awareness Conference next year. After reviewing the pros and cons, members decided to pass on co-hosting next year's event. The W.A.C. Committee will help out as needed, though.

- ♦ Tablecloth: Bonita brought in information regarding tablecloths and offered to place an order for two, both red and fitting an 8' table. Bonita, Ella, and Errol will share the cost of the tablecloths and donate them to the committee.

Committee members were asked to each bring in at the next meeting a logo and wording for what they would like to see on the tablecloths. The group will then decide at their October 6 meeting.

NEW BUSINESS

- ♦ Display Board: Members looked over the board and see if any updates or changes were needed. A question was raised about one of the photos, and decision was made by the group to not put this on the display board, but to have it on the table or nearby, so that members could use the photo as a teaching moment, should anyone have a specific question about symptoms. Someone should ask Torrencia if the APO has any brochures on STI's and HIV? No other changes were recommended for the display board.
- ♦ AIDS Walk: Gloria has been trying to get in touch with Avery Gardner to confirm W.A.C.'s help after the Walk. The AIDS Walk is scheduled for Saturday, October 8, at 10:00 a.m.; location is the Riverside Avenue Christian Church, 2841 Riverside Avenue (at Cherry Street). During the W.A.C. meeting, Avery did text Gloria, stating that the committee can continue with their plans to host card and/or board games after the Walk. Several members volunteered to bring a deck of cards, a couple of board games, and Bingo. Details will be finalized at W.A.C.'s next meeting, which will be a couple of days before the AIDS Walk. Gloria is the point of contact between W.A.C. and Avery Gardner.

PUBLIC COMMENTS

There were no public comments.

ANNOUNCEMENTS

There were no announcements.

ADJOURNMENT

The meeting adjourned at approximately 9:45 a.m.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL:

None.

PLWHAA COMMITTEE

(People Living With HIV/AIDS and Affected Community)

Ryan White Part A and Part B Programs

Social Services Division

1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207



Summary of Meeting for Thursday, August 11, 2016

Members in Attendance: Gloria Coon (*Chair*), Torrencia Shiloh, Nathaniel Hendley, Deirdre Esannason, Delmar Esannason, Denise Jackson, Frieda Saraga, Terri Mims, Zane Urbanski, Mary Glenn, Beth Parker, Linda Williams, Eric Peebles, Elinor Holmes, Antoinette Turner.

Guests: Denice Grace, Ed Duda, Steven Greene, Walter Morrison, Jonathan Lume, Rachelle Lyons

The PLWHAA Committee meeting was called to order at 12:00 p.m. by Chair Gloria Coon.

Following a **moment of silence**, Denise Jackson read the **Mission Statement**:

Our mission is to educate, advocate, support and empower all PLWHAA (People Living with HIV/AIDS and Affected) in Northeast Florida communities. We exist as a vocal planning body, focused on raising awareness through high impact prevention strategies, leading us to our goal of getting to zero.

Denise took the roll and guests were recognized and encouraged to think about joining this committee. There were no public comments, but there were **announcements along with shared reflections**:

- **Reflections** were shared by committee members.
- **Ouch Rule** re-emphasized by Torrencia
- **Quiet Zone** rule was reiterated and explained by Antoinette
- **Auction item for July** (Jack Daniels and Wine package) was shared and bid list was distributed. Donations for future fundraising are still needed and will continue for 2017.
- **Funds raised** for the OASIS Conference total is \$1123.
- **Positive Living** Scholarship winners were announced as the following: Jerry Murray, Verlon Murray, Terri Mims, Sharon Hunter, Veronica Hicks, Antoinette Turner, Delmar Esannason, Latanya Adkins, Mary Glenn, and Gloria Coon
- **Planning Council Survey** was reviewed and discussed.

AUGUST Birthdays were acknowledged as:

Rico Bodin Janice Murphy Todd Reese

Wrap-up and announcements:

AIDS Walk October 8, 2016 WAC will provide activities after the walk. Location will be Riverside Christian Church 2841 Riverside Avenue. 9a.m. Registration and Walk at 10:00a.m. Suggestion for the Planning Council to have a table at the event

The meeting was adjourned at 1:25p.m.

Next meeting: October 13, 2016

CONTINUUM OF CARE COORDINATION COMMITTEE

Integrated Comp Plan Sub-Committee

Ryan White Part A and Part B Programs

Social Services Division

1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207



Summary of Meeting for Thursday, August 11, 2016

Committee Members Present: Heather Vaughan (*Chair*), Justin Bell, Michael Bennett, Gloria Coon, Bonita Drayton, Audrey Gardner, Kim Geib, Nathaniel Hendley, Frances Lynch, Joe Mims, Patricia Sampson, Torrenca Shiloh, Herb Smith, and Cindy Watson

Guests: Ed Duda, Delmar Esannason, Mary Glenn, Rachelle Lyons, and Frieda Saraga

Support Staff Present: Brian Hopkins, Deidre Kelley, Sandra Sikes, and Graham Watts

CALL TO ORDER

The meeting was called to order at 1:50 p.m. by Committee Chair Heather Vaughan.

MOMENT OF SILENCE OBSERVED

MEMBERS AND GUESTS DID SELF INTRODUCTIONS

IHPCP

Copies of the Jacksonville TGA's Integrated HIV Prevention and Care Plan were distributed to members last month. At today's meeting, Graham distributed copies of the IHPCP broken down by responsibilities. Committee members reviewed the 'responsible parties' column to identify the activities they, or the group they represent, will be responsible for.

The expectation is that each entity or group regularly reports their progress to the Integrated Comp Plan committee. The committee will monitor each activity to ensure that the work is being done according to the established time frame. The progress of each activity will be reported to the Part A and B offices, who will report on to HRSA. If an entity or group needs more resources or assistance, then this can be brought up among the committee members.

It was also noted that rather than having a full committee or group meet to work on smaller pieces of an activity, that it would be OK for only two or three members to meet. Committee members agreed also that it would be good if several people from different groups meet together if they wished, when working on a particular activity. An example would be if the APO, FCCAPP, and EIIHA were all responsible parties for a particular activity. One or two members from each entity could meet and work on their activity, and then each report back to their main group.

The first activities will begin in December, so the committee decided to hold their next meeting on Wednesday, January 11, at 2:00 p.m. Committee is expecting to meet on a quarterly basis going forward, in order to stay on target. Members were polled as to what time and day of the week would work best for them, and most agreed that 2:00 p.m. on the 2nd Wednesday of the month would work fine for them. This will be on a quarterly, not monthly, basis. Sandy Sikes and Graham will get with FCCAPP, EIIHA, MCM Committee, and others to develop a master calendar.

PUBLIC COMMENTS

There were no public comments.

ANNOUNCEMENTS

- Joe Mims said the '*save the date*' notices are being sent out for the September 27 HIV Conference that UF Health is coordinating, along with FDOH and JASMYN.
- Jacksonville Black Pride begins tomorrow, August 12.
- Lutheran Social Services will be holding a health fair and food give-a-way on Friday, September 9.
- A new support group for HIV-positive, long-term substance abuse survivors will be held the 3rd Wednesday of each month at the Florida Department of Health office on 6th Street. Contact Nathaniel Hendley for more details.

ADJOURNMENT

The meeting was adjourned at approximately 2:40 p.m.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL:

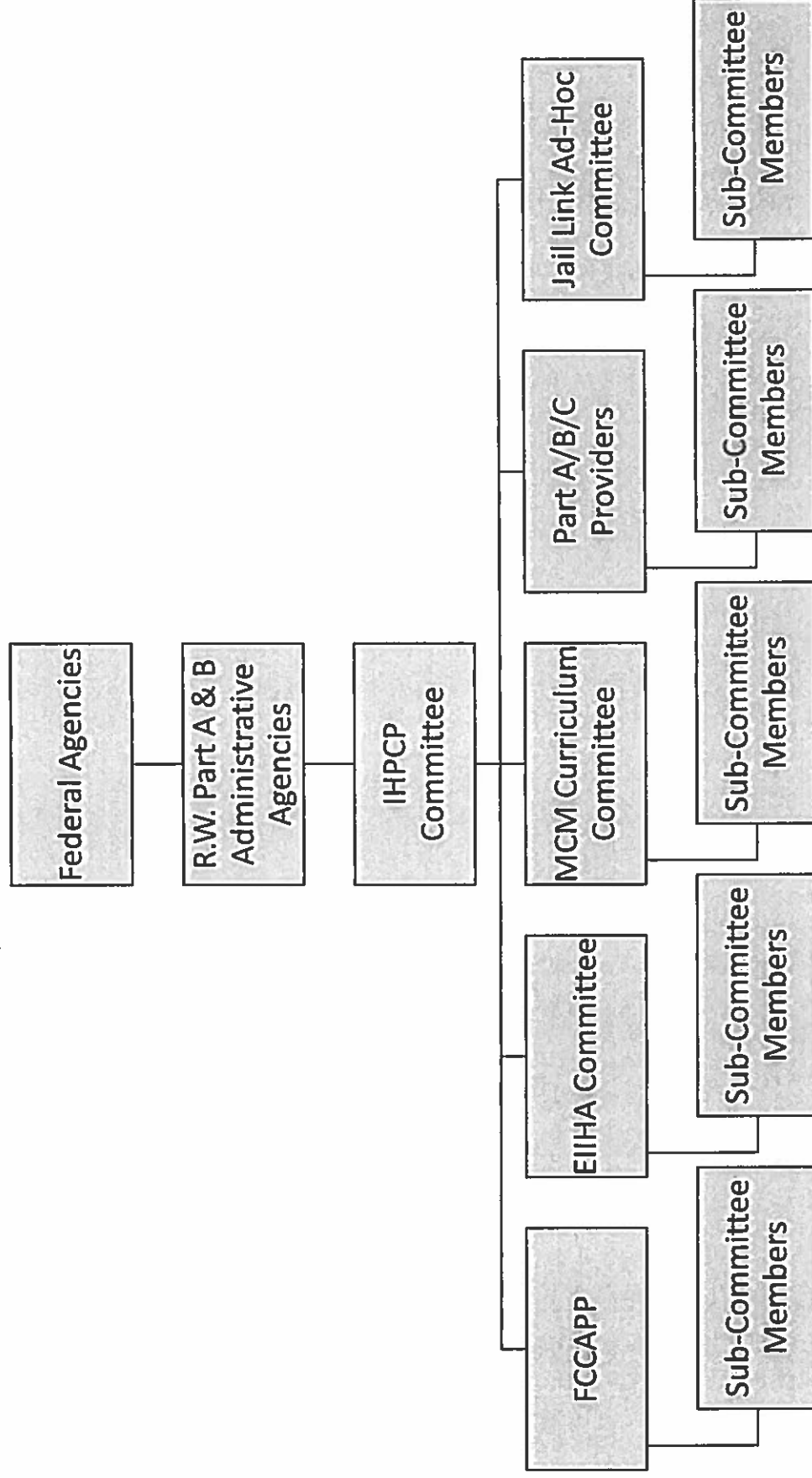
None.

Entities, Agencies & Groups Responsible for JTGA/Area 4 2017-2021 Integrated HIV Prevention and Care Plan (IHPCP) Activities

Deidre Kelley & Graham F. Watts, Sr.

The last update on this file was August 2, 2016

IHPCP 2017-2021 Implementation Reporting Relationships



Each Committee's Chairperson coordinates the committee's work and reports to the IHPCP Committee every 90 days.

[illegible]

[illegible]

| Strategy | Activity | Responsible Parties | Sample Tasks Assignment List | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Dec-18 |
|----------|--|--|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1.5.1 | Identify community gaps in condom distribution | MAC, EIC, APO Prevention Team, FCCAPP | Map condom distribution sites I.D. high vs. low condom saturation I.D. areas of high vs. low needs | | | | | | | | | | | | | | |
| | Disseminate maps/records of current and potential condom distribution locations and partners, (CPCDLP), to FCCAPP membership | MAC, EIC, APO Prevention Team, FCCAPP | Create CPCDLP resource inventory (RI) Distribute RI to FCCAPP members | | | | | | | | | | | | | | |
| 1.5.2 | Conduct site visits or other activities to provide capacity building for condom distribution | MAC, EIC, APO Prevention Team, FCCAPP | Assess condom distribution competence I.D. SWOT in condom distribution Develop trainings to fill existing gaps Conduct trainings where indicated | | | | | | | | | | | | | | |
| 1.6.1 | Conduct gap analysis for the need of evidence based interventions, (EBIs) | FCCAPP Planning Committee START HERE ↓ | Gather data on current usages of EBIs Determine what is missing Make recommendations for types of EBIs | | | | | | | | | | | | | | |
| 1.6.2 | Develop an inventory of funding opportunities, (FOs), for evidence-based interventions | FCCAPP | Gather data on all possible EBIs FOs Determine untapped sources of EBIs FOs Create an EBI FOs handbook | | | | | | | | | | | | | | |
| 1.6.3 | Identify local training resources, (LTRs), for HIV prevention | FCCAPP | Define characteristics of LTRs I.D. who fits the LTRs inclusion criteria Compile list of LTRs Reduce list to promising LTRs | | | | | | | | | | | | | | |
| | Identify national training resources, (NTRs), for HIV prevention | FCCAPP | Define characteristics of NTRs I.D. who fits the NTRs inclusion criteria Compile list of NTRs Reduce list to promising NTRs | | | | | | | | | | | | | | |
| | Provide HIV prevention training to prevention providers | FCCAPP/DOH | I.D. prevention provider's training needs Conduct baseline assessment Package training to close KSA gaps Delivery training in diverse formats Evaluate training effectiveness | | | | | | | | | | | | | | |

KSAs is knowledge, skills, and abilities.

[illegible]

[illegible]

PRN is as needed. BAT is barriers assessment tool. LTC is lost to care. WCBA is women of childbearing age.

[illegible]

IHPCP Implementation Timeline
Goal 3

| Strategy | Activity | Responsible Parties | Sample Task Assignment List | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 |
|----------|---|---|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 3.1.1 | Develop and disseminate a dashboard of clients' perceptions of their health disparities | MCM Curriculum Development Committee, UF CHEQR, FCCAPP | I.D. disproportionately affected pop Develop data collection protocol Collect and store data | | | | | | | | | | | | |
| | Develop and disseminate a dashboard of providers' perceptions of their health disparities | MCM Curriculum Development Committee, UF CHEQR, FCCAPP | I.D. providers Develop data collection protocol Collect and store data | | | | | | | | | | | | |
| | Analyze data and report trends in HIV health disparities, (HD) | Part A administrative agency & IHPCP Task Force | I.D. & trends in HD annually Produce HD report for dissemination | | | | | | | | | | | | |
| 3.2.1 | Develop and promote use of health literacy assessment tools (HLAT)* | MCM Curriculum Development Committee, UF CHEQR, FCCAPP, peer navigator coop | Research HLAT I.D. audience appropriate tool/s Catalog low literacy risk factors Conduct routine literacy screening Develop & disseminate guidance for providers to communicate with clients with low health literacy | | | | | | | | | | | | |

The sample task list is an articulation of what we mean by the activities and objectives.

*Client typology defines a classification/grouping system that is meaningful for conceptualizing clients by key characteristics

**CLD is culturally and linguistically diverse

***CLC is cultural and linguistic competency

****NTN is nutrition therapy needs

*****FNSCAT is food and nutrition services community assessment tool

Goal 3

[illegible]

IHPCP Implementation Timeline

| Strategy | Activity | Responsible Parties | Sample Task Assignment List | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 |
|----------|---|--|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 3.2.2 | Train service providers in the implementation of client confidence building | Best practices service providers, for example AETC, HIVQUAL, CHEQR | Conduct gap analysis I.D. focus areas Select instructional strategy/s Select content Organize & compile training Pilot test training, (if new) Revise training as indicated Deliver training | | | | | | | | | | | | |
| | Implement services that promote client self-worth | Core funded service providers | Develop a client typology* Match what to say to which client Match when to say it to which client Know how to say it to which client | | | | | | | | | | | | |
| 3.2.3 | Identify cultural and linguistic skills of service providers relative to target populations | All Ryan White Parts START REVIEW HERE | I.D. CLD** domains Select appropriate CLD inventory Develop implementation protocol Conduct CLD assessment I.D. strengths & opportunities | | | | | | | | | | | | |
| | Develop CLC*** training modules for presentations in public meetings | All Ryan White Parts | Use CLD strengths & opportunities I.D. focus areas for instructions Select instructional strategy/s Select content for improving CLC Organize & compile training manual Pilot test training manual, (if new) Revise manual as indicated | | | | | | | | | | | | |
| | Disseminate and assess impact of CLC training modules to clients and providers | All Ryan White Parts | Publish CLC training modules Include workbook in training Use multimodal distribution Conduct pretest-posttest | | | | | | | | | | | | |

The sample task list is an articulation of what we mean by the activities and objectives.

*Client typology defines a classification/grouping system that is meaningful for conceptualizing clients by key characteristics

**CLD is culturally and linguistically diverse

***CLC is cultural and linguistic competency

****NTN is nutrition therapy needs

*****FNSCAT is food and nutrition services community assessment tool

INPCP Implementation Timeline

[illegible]

Goal 3

| Strategy | Activities | Responsible Parties | Sample Tasks Assignment List | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 |
|----------|---|---|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 3.4.1 | Assemble coalition to track, organize, and catalog examples of fair treatment and respect, or the lack thereof for marginalized people in Northeast Florida | All Parts, FCCAPP, and other community partners | I.D. members characteristics Unbiased selection process Select diverse quorum Prep schedule of meetings Define work structure Catalog fair/unfair treatment Create objective narratives Frame stakeholder messages | | | | | | | | | | | | |
| | Identify a collaboration partner for the design and dissemination of a digital storyboard***** that shows the status of fair treatment and respect for marginalized people in Northeast Florida | All Parts, FCCAPP, and other community partners | I.D. universe of collaborators List selection criteria Recruit using criteria Develop united focus Prepare a production plan Implement production plan Assemble & test storyboard | | | | | | | | | | | | |
| 3.4.2 | Develop plan to recruit opinion leaders, (OL), ***** to help educate other leaders. | FCCAPP and Planning Council | I.D. social systems/groups List OL selection criteria Select sample of OLs Match OLs to future audience Trim list of OLs | | | | | | | | | | | | |
| | Compile critical information and messages, (CIM), for dissemination to leaders. | FCCAPP and Planning Council | List criteria for CIM Evaluate data by criteria Package CIM for specific leaders | | | | | | | | | | | | |
| | Implement periodic communication with leaders. | FCCAPP and Planning Council | I.D. venue and context Simplify key actionable points I.D. communication media Clarify understanding Negotiate accountability | | | | | | | | | | | | |

*****A storyboard is a visual, communication tool for explaining, sharing, and messaging your target audience.
*****Opinion leaders are people who can influence others through informal and interpersonal communication



Summary of Meeting for Friday, July 29, 2016

Present: Todd Reese (Acting Chair), Ellen Schmitt (Co-Chair), Coco Adkins, Manny Andrade, Rayland Cunningham, Logan Hopkins, Vivian Lanham, Joe Mims, Katrina Odell, Heather Vaughan, and Brandi Williamson

Staff: Brian Hopkins, Deidre Kelley, and Sandy Sikes

CALL TO ORDER

The meeting was called to order at 9:04 a.m. by Todd Reese.

MOMENT OF SILENCE WAS OBSERVED.

MEMBERS DID SELF-INTRODUCTIONS.

ACTION ITEMS

Youth Summit: Several members who attended the Youth Summit held July 19, shared comments about what they learned from the meeting. A copy of the Summit agenda and a print-out of the responses to discussion questions were included in the EIIHA packet. Committee members talked about some of the responses given, and those attending were able to fill in more details.

Audrey Gardner had attended the Youth Summit, and offered a suggestion that for a follow-up Summit, there be two parallel groups discussing the same topic. One group would be agency representatives, and the second group would be youth. It would be interesting to see how close, or how far apart their answers to the topic might be.

EIIHA Goals and Objectives: Earlier this year EIIHA had compiled a Work Plan that was focused on reaching youth in the Jacksonville TGA. The Comprehensive Plan Committee was also working on the Integrated Comp Plan and several parts of the Plan centered on youth. Dee and Graham returned to the EIIHA Work Plan and added strategies, activities, and timeframes, so the Work Plan is now in sync with the Integrated Comp Plan.

Committee members reviewed the Work Plan, now known as the Goals and Objectives, and were able to identify which activities the EIIHA Committee is responsible for. Input from the members was given, and the Goals and Objectives will be presented at the next meeting with only the EIIHA Committee's portion showing. Members understood that some of these activities need to be started by the end of the year, and that activities will be tracked and reported, not only to EIIHA, but also to the Integrated Comp Plan sub-committee as well.

PUBLIC COMMENTS AND ANNOUNCEMENTS

- Manny announced that he will be on Univision Sunday morning, talking about Latino outreach and HIV testing.
- Wade Davis of AHF will be a guest on an upcoming episode of Jax Chat.
- Heather stated that there will be a community event September 9, and their mobile pantry will be on hand.
- Joe announced that UF Health, FDOH, and JASMYN are coordinating a HIV Conference September 27. A save-the-date email will be out soon with more details.

ADJOURNMENT:

The meeting was adjourned at 10:40 a.m.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL: None



The Jacksonville Planning Council

SEPTEMBER 2016



| Mon | Tue | Wed | Thu | Fri |
|--|--|-----------|---|--|
| Planning Council meetings are held at 1809 Art Museum Dr. | | | | |
| MEETINGS ARE SUBJECT TO CHANGE. To verify a meeting's start time, or to see if a meeting is still scheduled, please contact Planning Council Support at 630-3504 or text 719-3449. | | | | |
| 5 LABOR DAY | 6 9:30 RW Staff Meeting 3:30 EXEC | 7 | 8 | 9 9:00 Providers Mtg |
| 12 | 13 | 14 | 15 | 16 10:30 EIIHA |
| 19 Nat'l HIV/AIDS and Aging Awareness Day—Sept. 18 | 20 | 21 | 22 3:00 PLANNING COUNCIL | 23 |
| 26 2 pm Jail Link | 27 HIV Conference on PEP & PrEP at UF Health—LRC Bldg. Nat'l Gay Men's HIV/AIDS Awareness Day | 28 | 29 | 30 HB: Nathaniel Hendley |

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL BYLAWS

Article I Name

Section 1 The name of the organization shall be the Metropolitan Jacksonville Area HIV Health Services Planning Council, herein referred to as the “Planning Council.”

Article II Authority and Purpose

Section 1 The Planning Council is established by the Chief Elected Officer (CEO), the Mayor of the City of Jacksonville, Florida, by Executive Order 94-186 (Appendix A) under authority of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, Public Law 101-381, Title XXVI of the Public Health Service Act as amended by the Ryan White Care Act Amendments of 1996, 2000, Ryan White HIV/AIDS Treatment Modernization Act of 2006, and Ryan White HIV/AIDS Treatment Extension Act of 2009.

Section 2 The purpose of the Planning Council is to provide a means for planning and implementing a coordinated response to the needs of people living with and affected by HIV.

Section 3 These bylaws codify policies and procedures established by the Planning Council.

Section 4 For the purpose of conducting business, a quorum is herein defined as a majority of the Planning Council, including Proxy Pool members called to the Table.

Article III Responsibilities of Planning Council

Section 1 The responsibilities of the Planning Council include but are not limited to the overall Planning Council mandates:

- A. Establish priorities for the allocation of funds within the Transitional Grant Area (TGA), including how best to meet such priorities and additional factors that the Grantee (City of Jacksonville) should consider in the allocation of funds under a grant.
- B. Develop a comprehensive plan for the organization and delivery of HIV health and support services that is compatible with any State of Florida or local plan for the provision of health and support services to individuals with HIV.
- C. Assess the efficiency of the administrative agency in rapidly allocating and/or reallocating funds to the areas of greatest need within the TGA, and at the discretion of the Planning Council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.
- D. Participate in the development of the Statewide Coordinated Statement of Need (SCSN) initiated by the State public health agency, herein known as the Florida Department of Health.
- E. Establish methods for obtaining input on community needs and priorities.

Section 2 The Planning Council will at all times conduct itself in a manner that develops and nurtures a collaboration and mutually-respectful working relationship among the Chief Elected Official, Planning Council, Administrative Agency, Grantee, and all other local, state, and federal agencies.

Section 3 The authorized spokesperson for the Planning Council is the Chair, or in the Chair's absence, the Vice Chair, or designee, as selected by the Planning Council.

Article IV Membership

Section 1 The Planning Council shall be comprised of at least seventeen (17) members (including the Chair and Vice Chair) and no more than thirty-five (35) members, all of whom shall be individuals appointed by the Mayor representing ethnically and geographically (rural and urban) diverse populations from the following categories:

- A. Affected communities, including people living with HIV/AIDS (PLWHA), members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations. Members of the affected community include PLWHAs receiving Part A HIV-related services who are non-aligned to the Part A grantee or its providers and reflect the local seroprevalence demographics and will constitute not less than thirty-three percent (33%) of the Planning Council membership.
- B. Community-based organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs),
- C. Social service providers, including housing and homeless services,
- D. Mental health providers,
- E. Substance abuse providers,
- F. Local public health agencies,
- G. Hospital planning agencies or health care planning agencies,
- H. Health care providers, including Federally Qualified Health Centers (FQHC),
- I. Non-elected community leaders,
- J. State Part B agency,
- K. State Medicaid agency (AHCA),
- L. Part C grantee,

- M. Part D grantee or representatives of organizations with a history of serving children, youth, women and families living with HIV,
- N. Other Federal HIV programs, including providers of HIV prevention services, Special Projects of National Significance (SPNS), AIDS Education Training Center (AETC), Ryan White Dental Program, or Housing Opportunities for Persons With AIDS (HOPWA), and
- O. Representatives of individuals who were formerly Federal, State, or local prisoners, released from custody of the penal system during the preceding three (3) years, and had HIV/AIDS as of the date on which the individuals were released.

Section 2 Members may represent only one category at any given time. There are three exceptions to this rule on separate representation.

- A. One person may represent both the substance abuse provider and the mental health provider categories if their agency provides both types of services and the person is familiar with both programs.
- B. A single Planning Council member may represent both the Ryan White Part B program and the State Medicaid agency if that person is in a position of responsibility for both programs.
- C. One person may represent any combination of Ryan White Part F grantees (SPNS, AETCs, and Dental Programs) and HOPWA, if the agency represented by the member receives grants from some combination of those four funding streams.

Section 3 The Planning Council may choose to include additional representatives within any category to achieve what it considers adequate community representation.

Section 4 The Planning Council will be given full regard and discretion in executing its roles and responsibilities by the Chief Elected Official (CEO).

Section 5 Members shall serve for a term of two (2) years each. Members are permitted to be reappointed for one additional two-year term. Former members may be considered for appointment after a one term (two-year) hiatus.

Section 6 Whenever a vacancy occurs, or is scheduled to occur, the Membership Committee may recommend the names of up to three (3) nominees for each vacancy to the Planning Council for submission to the Mayor.

Section 7 Per Executive Order 94-186, the alternate member appointed as a result of a vacancy will fill the remaining term of the vacant office. If the remainder of the term is less than one year, it will be considered a partial term and will not count towards the alternate's term limit.

- Section 8** To be considered for Planning Council membership, one must:
- A. Submit a membership application,
 - B. Attend one information overview/pre-orientation meeting,
 - C. Attend two Planning Council meetings or one Planning Council and two committee meetings within three (3) months of submitting application,
 - D. Be interviewed by the Membership Committee,
 - E. Score a minimum of seventy-five (75) points in the interview,
 - F. Be nominated by the Membership Committee for membership,
 - G. Be approved by the Planning Council and recommended to the Mayor, and
 - H. Be appointed by the Mayor.
- Section 9** The Mayor may appoint a member to the Planning Council at his/her discretion.
- Section 10** A Planning Council member may be removed from office by either of the following processes:
- A. An officer, Chair, Vice Chair, or any other member may be recommended to the Mayor for removal from the Planning Council by a two-thirds (2/3) majority vote of the Planning Council membership if it is the judgment of the membership that the member in question is not serving the best interest of the Planning Council. The motion for removal of a member may be made at one meeting for discussion and voted on at the next regular Planning Council meeting. The affected Planning Council member will be given an opportunity to respond.
 - B. A member may be removed if their attendance falls below 60% of the total scheduled Planning Council meetings in the calendar year. Members will be given a warning letter from the Planning Council Chair if their attendance drops below 70%. If the attendance drops below 60%, then the Executive Committee shall recommend to the Mayor that the member be removed from the Planning Council due to non-attendance.
- Section 11** Ex-Officio members and former Officers of the Planning Council who are selected and approved by the Planning Council shall advise the Planning Council as needed, but have no voting rights.

Article V Executive Committee/Officers/Staff

- Section 1 The Executive Committee shall consist of the Chair, Vice Chair, and a Person Living with HIV/AIDS (PLWHA) Representative elected from the membership at large, along with the Chairs from each of the Standing Committees.
- Section 2 The Executive Committee may be convened by the Chair, or in the Chair's absence, the Vice Chair, or the Administrative Agency to take action on time-sensitive issues which make it impractical to convene the full Planning Council.
- A. A quorum of four (4) voting members of the Executive Committee must be present to convene the Executive Committee.
 - B. The Chair, or in the Chair's absence, the Vice Chair must be present to convene the Executive Committee.
 - C. Every effort will be made to keep the full membership informed of events requiring Executive Committee action and to solicit specific positions of the membership by telephone or email to the maximum extent allowed by time and circumstance.
 - D. The Chair, or in the Chair's absence, the Vice Chair will make a full report on Executive Committee actions at the next scheduled Planning Council meeting.

Article VI Officers – Duties and Responsibilities

- Section 1 The Chair, Vice Chair, and PLWHA Representative of the Planning Council will be elected from the Planning Council membership by a majority of the quorum of the membership present. The Planning Council Chair and Vice Chair must be approved by the Mayor of the City of Jacksonville. The Committee Chairs shall be appointed to their positions by the Council Chair following the Planning Council's Annual Meeting in January. Committee Chairs will be voting members of the Executive Committee.
- Section 2 The Chair shall serve for one-year. The Chair's duties and responsibilities include, but are not limited to:
- A. Representing the Ryan White Part A Planning Council to the Mayor of the City of Jacksonville (Grantee), Department of Health and Human Services, Health Resources and Services Administration (Grantor), and other interested parties,
 - B. Directing the affairs of the Planning Council as its administrative officer,
 - C. Presiding at all meetings of the Planning Council,
 - D. Presiding at all meetings of the Executive Committee of the Planning Council,
 - E. Being responsible for organizing the items on the agenda for each and every meeting of the Planning Council,

- F. Being an Ex-Officio member of all committees and appoint a committee chair to each of the standing committees,
- G. Shall not serve as a Chair or Co-Chair of a Planning Council Standing Committee during their term of office, and
- H. The Chair cannot be an employee of the Grantee.

Section 3 The Vice Chair shall serve for one-year. The Vice Chair's duties and responsibilities include, but are not limited to:

- A. Items A through E as listed above in the absence of the Planning Council Chair,
- B. The Vice Chair may serve as a committee chair or committee co-chair,
- C. Will record attendance of Planning Council members during the meeting,
- D. Will conduct a roll call vote at Planning Council meetings as needed, such as in the case of voting on Priority and Allocations motions, and
- E. Will request from the support staff a periodic report, not less than annually, to present to the Planning Council, which will include expenditures of the Planning Council Memorial Fund and any other non-grant resources.

Section 4 The Person Living with HIV/AIDS (PLWHA) Representative shall serve for one-year. No PLWHA Representative shall hold office for more than two (2) consecutive one-year terms. The PLWHA Representative's duties and responsibilities include, but are not limited to:

- A. Bringing consumer perspectives to the table and communicate a broad range of prevention and treatment issues to persons affected and infected by HIV,
- B. Mentoring newly appointed Planning Council members, and
- C. Serving as a committee chair.

Article VII Responsibilities of Planning Council Staff

Section 1 Planning Council staff may be retained to provide professional and logistical support for Planning Council work by the Grantee.

Section 2 Planning Council staff duties and responsibilities include, but are not limited to:

- A. Preparing an agenda for each meeting and getting approval of the agenda by the appropriate chair,

- B. Keeping an accurate record of all meetings of the Planning Council, Executive Committee, and all other committees,
- C. Submitting copies of the minutes of each such meeting to the members before the next regularly scheduled meeting,
- D. Notifying all members on the Planning Council of the date, time and place of all Planning Council and committee meetings,
- E. Verifying Public Notices are posted in advance of upcoming Planning Council and committee meetings,
- F. Maintaining an accurate roster of members on the Planning Council, their addresses, telephone numbers, and federally mandated representation category on the Planning Council,
- G. Maintaining Conflict of Interest Disclosure Forms on Planning Council, Proxy Pool, and Priority and Allocations committee members,
- H. Tracking attendance of members at Planning Council and all committee meetings,
- I. Notifying the Executive Committee should a member miss three (3) meetings in a calendar year,
- J. Typing and mailing all correspondence, and
- K. Performing other such duties as delegated by the Chair and Vice Chair or Executive Committee.

Section 3 The Planning Council staff's personnel policies, procedures, and administrative responsibility rest with the Grantee.

Section 4 The Planning Council staff's performance and evaluation process will be monitored by the Planning Council.

Article VIII Responsibilities of CEO (Mayor of the City of Jacksonville)

Section 1 The CEO will establish or designate an entity to serve as Metropolitan Jacksonville Area HIV Health Services Planning Council.

Section 2 The CEO will choose members for the Planning Council from recommendations provided by the Planning Council, always ensuring representation from each category as described in Article IV.

Section 3 The CEO will dismiss and replace members who have been determined by the Planning Council not to have the best interests of the broadly-affected HIV community in mind while conducting Planning Council business. (See Article IV, Section 10.)

- Section 4 The CEO will give full regard and discretion to the Planning Council in the execution of its roles and responsibilities.
- Section 5 The CEO will appoint an Administrative Agency to perform the mandated role as Grantee.

Article IX Responsibilities of Administrative Agency and Grantee

- Section 1 The responsibilities of the Administrative Agency and the Grantee include, but are not limited to:
- A. Assisting with needs assessments,
 - B. Writing the grant applications,
 - C. Allocating/reallocating funds according to the Planning Council plan,
 - D. Providing administration of funds,
 - E. Reporting,
 - F. Monitoring of program (both programmatic and fiscal), and
 - G. Performing day-to-day program administration.

Article X Standing Committees

- Section 1 The Chair of the Planning Council shall appoint the chairs of each of the committees. Committee co-chairs will be selected by their committees during their February meeting, or at their next regular committee meeting. Committee chairs must be members of the Planning Council. A committee co-chair may be a member of the Planning Council or the Proxy Pool. Both chairs and co-chairs will be limited to two (2) consecutive terms per committee. Upon the approval of the committee chair, persons who are not members of the Planning Council may be included as members of the committees.
- Section 2 All committee meetings will be open to the public.
- Section 3 Planning Council committees will include:
- A. Executive Committee – ensures orderly and integrated progression of the Planning Council committee work, plans future activities, and approves Priority and Allocations' recommendations when it is impractical to convene the full Planning Council.

- B. Bylaws Committee – reviews and updates the bylaws as necessary and at least annually.
 - 1) The Chair of the Bylaws Committee should have some knowledge of parliamentary procedures and Roberts Rules of Order. The Bylaws Committee Chair will act as Parliamentarian during Planning Council meetings and be available to advise the Chair during the meeting.
- C. Priority and Allocations – establishes service priorities and allocates/reallocates funds to service categories.
- D. Continuum of Care Coordination Committee – serves as a communication link to the three (3) subcommittees described below:
 - 1) Eligibility – reviews and makes recommendations regarding eligibility for Ryan White services in Area 4 (Baker, Clay, Duval, Nassau and St. Johns Counties),
 - 2) Needs Assessment – identifies needs and barriers to care for individuals affected by HIV, and
 - 3) Integrated Comprehensive Planning – oversees the development and implementation of an Integrated Comprehensive Plan for the Jacksonville Transitional Grant Area (TGA).
- E. Pharmacy and Therapeutics – reviews and recommends changes to the Ryan White Formulary and processes for dispensing pharmaceuticals.
- F. Membership Committee – reviews applications and identifies possible candidates for the Planning Council and Proxy Pool. Conducts interviews of applicants and makes recommendations of successful applicants to the Council. Reviews eligibility of members to run for Planning Council office; conducts the nomination process and the annual election of officers.
- G. Committee on Women, Adolescents, and Children – develops recommendations to address the needs of women, adolescents, children and families.
- H. PLWHAA Committee – acts as a platform within the affected and infected community for the development of treatments and a cure, supports individuals to make informed choices about their HIV health, advocates for quality health care to respond to HIV and related conditions, and promotes medical strategies that prevent new infections.
- I. EIIHA (Early Identification of Individuals with HIV/AIDS) – focuses on facilitating rapid case identification and barrier-free linkage to ambulatory HIV/AIDS care for individuals living in the Jacksonville TGA. This committee looks at providing tools that can assist in the identification of persons who do not know their HIV status or who are out of care and provide the means to link them to health and support services.

Section 4 Ad Hoc Committees

- A. Grievance Committee – resolves complaints relating to matters within the Planning Council's jurisdiction in accordance with Article XIV.

Article XI Planning Council Meetings

Section 1 There shall be an annual meeting of the Planning Council membership in January.

Section 2 The Planning Council will meet at least six (6) times per year, and may meet more frequently as required.

Section 3 Robert's Rules of Order will be used as guidance to conduct meetings, except as provided for in Article II Section 4. The Bylaws Committee Chair, acting as Parliamentarian, will monitor protocol.

Section 4 Regular attendance at meetings is expected. Attendance is defined as being physically present or present via telephone.

- A. Members may participate telephonically one (1) time per year and be counted as present.
- B. If a member is unable to attend, notification must be given to the Planning Council staff.
- C. Members are required to attend 70% of the total scheduled Planning Council meetings in a calendar year. At any time the attendance falls below 70%, the member shall receive a warning letter from the Planning Council Chair. At any time their attendance falls below 60%, the member shall be recommended by the Executive Committee to the Mayor for removal from the Planning Council.
- D. Planning Council members are responsible for reviewing the monthly attendance record in the minutes and must bring any discrepancies to the Planning Council no later than the next Planning Council meeting to challenge the accuracy of their attendance at the meeting in question.

Section 5 A Planning Council member is required to actively participate on at least one (1) standing committee. Failure to actively participate may result in removal from the Planning Council.

Section 6 By vote of the Planning Council, a pool of proxy members will be selected to serve as proxies for members who are absent from a Planning Council meeting.

The procedure for removal of proxy members shall be the same as Planning Council members.

Article XII Voting

- Section 1 Each Planning Council member is eligible to vote on each issue with which they have no conflict of interest. Planning Council members must be physically present at the meeting to vote.
- Section 2 Any member with a conflict of interest on a specific issue will abstain from voting on that specific issue.
- Section 3 Discussion may be initiated by any member concerning conflict of interest before a vote is taken.
- Section 4 A public comment period will be held during each Planning Council meeting to receive input from all interested persons. Only Planning Council members may vote.
- At committee meetings, all members of the public may participate in discussion at the discretion of the committee chair, but only committee members may vote.
- Section 5 Selection of proxy pool members for the purpose of voting shall be done on a rotation basis.
- During the period of service the proxy member will have all of the rights and responsibilities of a Planning Council member, including the right to vote.

Article XIII Conflict of Interest

- Section 1 A Planning Council member who also serves as a director, trustee, board member, or salaried employee or otherwise materially benefits from association with any agency which may seek funds from the Planning Council is deemed to have an “interest” in said agency or agencies.
- Section 2 All Planning Council members must sign a Conflict of Interest Disclosure Form annually, indicating their willingness to leave behind the special interest of their agency during Planning Council deliberations and agree to act only on behalf of the broadly-affected HIV community.
- Section 3 All Planning Council members with a conflict of interest shall abstain from voting on issues that relate to the source of the conflict, but may speak to the conflicted issue if verbally disclosed at the time of the comment. A member may be removed from the Planning Council and all Planning Council sanctioned committees if it is determined that the member knowingly attempted to influence the Planning Council in an area of conflict of interest without disclosing such. (See Article IV, Section 10.)
- Section 4 Any member of the Planning Council may initiate a discussion concerning a potential conflict before a vote is taken.

- Section 5 If a potential conflict is suspected, either the Planning Council Chair or Vice Chair may call for a vote of the members who are present to determine if a conflict exists. Should the members decide that a conflict does exist the conflicted member will not be permitted to vote on the issue giving rise to the conflict.
- Section 6 It is the responsibility of the Planning Council member to update their Conflict of Interest Disclosure Form as necessary, and at least annually, and to be familiar with the Planning Council's Conflict of Interest policy as stated herein.

Article XIV Grievance Procedures

- Section 1 In accordance with the Ryan White HIV/AIDS Treatment Extension Act of 2009, the Planning Council has procedures for addressing grievances, including procedures for submitting grievances and successive stages of the process up to binding arbitration. These procedures are consistent with state and local laws.
- Section 2 For purposes of these bylaws, a grievance is a formal expression of dissatisfaction regarding deviations from an established, written priority-setting or resource-allocation process and/or deviations from an established, written process for any subsequent changes to priorities or allocations brought to the attention of the Planning Council staff who will refer it to the appropriate reviewing body.
- Section 3 It is the intent of the Planning Council to provide a fair and impartial assessment and decision regarding grievances.

Article XV Government-in-the-Sunshine

- Section 1 In accordance with Florida Statute 286.011 a/k/a "Government-in-the-Sunshine Law," all Planning Council members are prohibited from meeting and discussing the business of the Planning Council outside of a properly public noticed gathering of other Planning Council members. The Sunshine Law applies to Planning Council meetings, Planning Council committee and subcommittee meetings, face-to-face meetings including casual gatherings and chance gatherings, workshops and informal discussions, telephone calls between or among members, written and electronic communications between or among members to include but not limited to email and all forms of social media.
- Section 2 Planning Council members may be removed from the Planning Council and all Planning Council sanctioned committees if it is determined that the member "knowingly" violated Florida Statute 286.011 or any other activity that is prohibited by statute.

Article XVI Adoption and Amendments

- Section 1 These bylaws may be amended once a quorum is met, by a two-thirds (2/3) majority vote of the Planning Council members in attendance. Proposed amendments shall be read at one Planning Council meeting and voted on at the next regularly scheduled Planning Council meeting. Any amendments must be in compliance with Ryan White HIV/AIDS Treatment Extension Act of 2009 guidelines and the Mayor's Executive Order.
- Section 2 The Planning Council Chair, Vice Chair, and Administrative Agency shall keep updated copies of the Planning Council bylaws and shall distribute updated copies to all members as needed.
- Section 3 Copies of the bylaws will be provided to each staff and to any other individuals making a request.



APPENDIX 'A'

To the Bylaws of the
Metropolitan Jacksonville Area HIV
Health Services Planning Council

OFFICE OF THE MAYOR

ED AUSTIN
MAYOR

EXECUTIVE ORDER 94- 186

JACKSONVILLE, FLORIDA
32202

TO: All Elected Officials, Department Heads, Division Chiefs, Independent Agencies, Authorities, Boards, Commissions and Councils

FROM: Ed Austin, Mayor

SUBJECT: Creation of the Metropolitan Jacksonville Area Human Immunodeficiency Virus (HIV) Health Services Planning Council

By virtue of the authority vested in me as Mayor by the Charter and as Chief Executive and Administrative Officer of the Consolidated Government, it is ordered:

Section 1. Background. The United States Department of Health and Human Services, through the Health Resources and Services Administration (HRSA), has notified the Eligible Metropolitan Area (EMA) of Jacksonville that it meets the eligibility criteria to receive federal fiscal year (FY) 1995 Title I funding under the authority of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, Public Law 101-381, Title XXVI of the Public Health Service Act. The EMA of Jacksonville consists of Duval, Clay, Nassau and St. Johns counties. Title I of the CARE Act provides emergency assistance to EMAs that are disproportionately affected by HIV.

Title I authorizes grants for outpatient and ambulatory health and support services to EMAs with a cumulative total of more than 2,000 AIDS cases, or that have a per capita incidence of cumulative cases of not less than .0025. Fifty percent of the amount appropriated each year is allocated by formula and the remainder is distributed to those EMAs demonstrating a need for supplemental aid.

The federal legislation states that the Title I grant will be directed to the Chief Elected Official (CEO) in the EMA who administers the public health agency that provides outpatient and ambulatory services to the greatest number of persons with AIDS.

As a first step in meeting the requirements of the legislation, the CEO is responsible for establishing the HIV Health Services Planning Council with representation from the eleven categories outlined in the legislation.

Section 2. Metropolitan Jacksonville Area HIV Health Services Planning Council
Created; Membership; Terms. The Metropolitan Jacksonville Area HIV Health Services Planning Council (the "Council") is hereby created and established as the planning body for Title I Ryan White CARE Act funding. The Council shall be comprised of at least seventeen (17) members (including the Chairperson) and no more than thirty-five (35) members, all of whom shall be individuals (including owners, officers or employees in the specified categories) appointed by the Mayor representing ethnically diverse populations from the following categories:

1. The affected communities, including individuals with HIV disease.
2. Community-based organizations providing services to persons with HIV disease and AIDS service organizations.
3. Social service professionals engaged in providing services to persons affected by HIV disease.
4. Mental health service providers.
5. Local public health agencies.
6. Hospital planning agencies or health care planning agencies.
7. Health care providers.
8. Non-elected community leaders involved with the HIV community.
9. Representatives of a state governmental agencies providing services to HIV-positive individuals.
10. If available, a person from Title ID B grantees.
11. If available, a person from other HRSA HIV-related grantees.
12. A person from each of the three counties of Clay, Nassau and St Johns.
13. A person from the Ryan White Title II consortia (to encourage and assist in fostering communication between said consortia and the Council).
14. Other persons from the community at large, which may include any of the above categories.

No member shall represent more than one category. Appointees from the above listed

Category 1, "Affected Communities", shall reflect the local seroprevalence demographics and constitute 25-33% of the total Council membership.

The initial Chairperson of the Council shall be appointed by the Mayor from the membership of the Council. Members shall serve for a term of two years each; provided that the members first appointed shall be appointed for staggered terms to lend continuity to the membership of the Council with half of the members appointed for one year, and the other half (plus the Chairperson) appointed for two years. Whenever a vacancy occurs or is scheduled to occur on the Council, the Council shall submit the names of at least three nominees for each vacancy to the Mayor. Members shall be entitled to serve until a successor is appointed by the Mayor.

Section 3. Responsibilities. The mandated responsibilities of the Council are:

1. Establish priorities for the allocation of funds within the EMA.
2. Develop a comprehensive plan, compatible with any existing state or local plans, for the organization and delivery of HIV health services.
3. Assess the efficiency of the administrative mechanisms to rapidly allocate funds to the areas of greatest need.

Members of the Council must be capable of prioritizing the needs of persons living with HIV disease above all other concerns.

Section 4. Meetings; organizations; rules.

1. A minimum of six meetings shall be held annually. The Council shall be subject to the provisions of Chapters 119 and 286, Florida Statutes, regarding Public Records and Government in The Sunshine meetings, and the comparable provisions of the Ordinance Code.
2. The Council is authorized to adopt, amend, and repeal rules of organization and procedure and for the conduct of its business. These bylaws or operating procedures should address, at a minimum, the following issues:
 - A. Process for selecting nominees to fill vacancies, including the removal and replacement of members.
 - B. Operating procedures of the Council (e.g., standing committee structure, provision for establishment of ad-hoc committees, right-to-membership in these committees, provisions for community input).

- C. Appointment of executive/steering committee.
- D. Rules regarding meetings; attendance/absenteeism, including the use of alternates to ensure ~~active representation, particularly, in the case of HIV; voting, including the use of proxy votes.~~ members living with HIV; voting, including the use of proxy votes.
- E. Description of coordination mechanisms and procedures, with clear delineation of specific roles and responsibilities for the Council, CEO, and administering government agency.
- F. Voting procedures and voting substitution mechanisms, especially for HIV-positive members who may be absent due to illness.
- G. Mechanisms to address conflict-of-interest issues, including a council member's disclosure of any and all professional and/or personal affiliations with agencies which may pursue funds and appropriate regulations and rules, to cover all legally prohibited conflict of interest (including a member's removal from discussion/voting where a member's affiliate is the potential recipient of funds).
- H. Processes for responding to grievances/complaints.

Section 5. Coordination. Recognizing the importance of coordination in the Council's development of a comprehensive plan for the organization and delivery of HIV health services in the EMA, it shall be a special charge of the Council to consider, in all of its deliberations, the full range of needs of persons living with HIV disease. The Council must be aware of all existing programs and resources, and ensure that its efforts are directed toward maximizing the availability and accessibility of all services.

The Council shall support coordination of efforts with the Title II Ryan White CARE Act consortia, including the comprehensive needs assessment which is a requirement of both Title I and Title II.

Section 6. Officers; Duties of Officers; Quorum.

1. The Council shall have a Chairperson and a Vice-Chairperson. The initial Chairperson, to be appointed by the Mayor, shall serve for one year. The Vice-Chair shall be selected by the Executive/Steering Committee. Thereafter, the Council shall annually elect from among its membership a Chairperson who will serve for one year. No individual shall serve as Chairperson for more than two consecutive years.
2. The Chairperson shall preside over all meetings of the Council. If the Chairperson is unable to attend a meeting, the Vice-Chairperson shall preside. If

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the Chairperson and Vice-Chairperson are unable to attend a meeting, those members present shall select a member to preside. The Chairperson (or, in his/her absence, the Vice-Chairperson or other member presiding) shall sign all formal written motions and resolutions adopted by the Council, and shall arrange for the disbursement of such motions and resolutions to all persons concerned.

3. The Chairperson may create such committees, study groups, or other advisory bodies as may be deemed necessary to assist the Council in the performance of its duties and responsibilities. In those instances where the Chairperson of the Council creates a committee, study group, or other advisory body, the Chairperson shall designate a member of the Council as the Chairperson of the advisory body. A committee, study group, or other body shall report on its progress to the Council, and no report or recommendation may be made unless the matter is considered by the Council.
4. A majority of the members shall constitute a quorum for the transaction of the Council business. A majority of those present during a lawful meeting shall be required to pass any action.

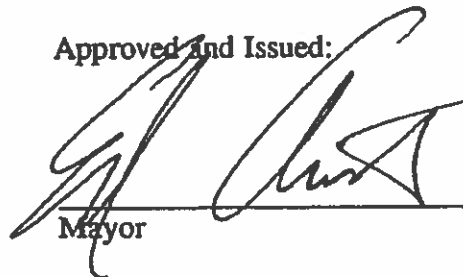
Section 7. Administrative Support. The Council is assigned to the Department of Community Services, Mental Health and Welfare Division, for administrative support, including necessary technical and professional services. The Office of General Counsel shall also provide legal counsel and advice as necessary.

Approved as to conformity with
sound fiscal policy:



Director of Administration and Finance

Approved and Issued:



Mayor

Approved as to Form:



Chief Deputy General Counsel

Approval Date: _____

Effective Date: 9/30/1994

Chief Deputy General Counsel

9/28/94 ITA/ljs