

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL POLICIES AND PROCEDURES

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- 2021.24 Priority Setting and Resource Allocation

POLICIES and PROCEDURES

Issued: 02-27-14

No. 2013-01

Amended: 08-23-18

Procedure for Designated Proxy and Associate Member

Designated Proxy: An individual who is not affiliated with the Planning Council or any of its committees.

Associate Member: An individual who is part of the Planning Council family, and who was voted into the position by the full Planning Council, and who abides by the rules of the Council.

All members of the Metropolitan Jacksonville Area HIV Health Services Planning Council, regardless of their mandated category, will be eligible to have their own designated proxy.

A Planning Council member should complete and sign a Notice of Proxy form, designating their proxy, and submit to the Planning Council support staff for processing. Notice of Proxy forms are not considered activated until they are accepted and signed by the current Planning Council Vice-Chair. After the form is signed, the Council Vice-Chair or the Program Support Aide will advise the Planning Council member.

The following requirements will be in place for selecting your own Designated Proxy:

- Must be 18 years of age or older
- Can not be a Jacksonville Planning Council member, an Associate member, or a member of any Planning Council committee.

There will be an opt-out provision, where the Council Member can have someone from the Associate Membership pool fill in during their absence. Associate members could sit in for any Council member, regardless of their mandated category, and would not be specifically assigned to any one member. Both Council and Associate members would still abide by the Sunshine Law.

Notice of Proxy forms will be submitted to support staff within 30 days of the new Council Member being voted on by the Planning Council for recommendation to the Mayor. The Notice of Proxy form will be in effect until the Council member's term ends. Upon reappointment, the Planning Council member will complete and sign a new form to submit to support staff within 30 days.

The following guidelines should also be noted:

POLICIES and PROCEDURES

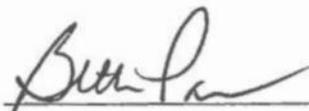
Issued: 02-27-14

No. 2013-01

Amended: 08-23-18

- HIV status is not identified for a Designated Proxy. Members are free to choose their own proxies without regard to the Designated Proxy's HIV status.
- Planning Council members cannot discuss Council business with an Associate member, but they can discuss business with their Designated Proxy. This allows the Council member to advise their designated proxy on how to vote in the member's absence.
- Should a Designated Proxy join a Planning Council committee, their Designated Proxy status would then be voided and the Program Support Aide would notify the Council Member to select another Designated Proxy.
- If the Planning Council member uses a Designated Proxy and both their primary and alternate proxies are absent from a meeting, the Council will not select another person to fill in. Likewise, if a Planning Council member uses the Associate Membership pool and the number of members absent exceeds the number of available Associate members, then that Council member will not have representation at the meeting.
- Designated proxies are not eligible to have their taxi service paid by Ryan White, but eligible Associate members will continue to have this benefit.
- Council packets are not mailed to designated proxies. It is the Council member's responsibility to provide their designated proxy with Planning Council information.
- The Designated Proxy's vote is final. The Planning Council member will have no recourse in voiding a vote that was cast in their name.
- There are no training or membership requirements for designated proxies, other than the proxy being at least 18 years of age. Members are encouraged to consider selecting individuals who would be congenial and respectful to the other Planning Council members and guests. Membership requirements for Associate members remain in force, namely Associate members must go through the interview process, be voted in by the Planning Council, participate on at least one committee, and have their attendance tracked.

Approved by:



Beth Parker, Planning Council Chair

POLICIES and PROCEDURES

Issued: 02-27-14

No. 2013-01

Amended: 08-23-18

NOTICE OF PROXY

Planning Council Member:

IMA FORD

As a member of the Metropolitan Jacksonville Area HIV Health Services Planning Council, I designate the following as my proxies:

_____ Primary Proxy

_____ Alternate Proxy

- This is to serve notice that in my absence, I designate the above Primary Proxy to act on my behalf during the Jacksonville Planning Council meetings, with all rights and privileges that I would normally have during a meeting, including the right to make motions, enter into discussions, and vote.
- In the event my Primary Proxy is not in attendance, has a conflict of interest, or is otherwise unable to fulfill this duty, then I designate my Alternate Proxy with the same privileges as I extended the Primary.
- The Primary and Alternate Proxies I have selected are **not** members of the Planning Council or its committees.

As a member of the Metropolitan Jacksonville Area HIV Health Services Planning Council, I designate any available Associate member as my proxy.

This Notice of Proxy will remain in force for the remainder of my current term on the Council, or until a new Notice of Proxy form is accepted by the Planning Council Vice-Chair.

Ima Ford

Date

Accepted by the Planning Council:

Date

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

POLICY No. 2019.01

PLANNING COUNCIL MEMBERS CHANGING MANDATED CATEGORIES

1
2 This policy is established for Planning Council members who serve in a mandated category that
3 is connected to their job duties or to a board or agency they are affiliated with. Those mandated
4 seats are:

- 5 • Community based organization (CBO)
- 6 • AIDS Service Organization (ASO)
- 7 • Social Service Provider
- 8 • Health Care Provider (including federally qualified health centers)
- 9 • Substance Abuse providers
- 10 • Mental Health providers
- 11 • Local Public Health Agencies
- 12 • State Medicaid Agency
- 13 • Hospital Planning Agencies or other health care planning agencies
- 14 • Part B Grantee (Florida Dept. of Health)
- 15 • Part C Grantee (AHF, DOH, and UF CARES)
- 16 • Part D Grantee (UF CARES)
- 17 • Federal HIV Programs, including HIV Prevention (DOH, FCCAPP)

18
19 Planning Council members representing the above categories should advise Council support if
20 their employment status changes (i.e., retirement, resignation, etc.). If the Member plans to seek
21 a similar job in the TGA and wants to remain on the Council, they should state that as well.

22
23 There will be a sixty (60) day grace period for the Planning Council Member to secure another
24 job, where those job duties would still qualify him/her for that mandated category. At the end
25 of the grace period if they no longer qualify for the mandated category they were serving in, then
26 the Member should submit a written resignation to the Planning Council.

27 28 **Changing Mandated Categories**

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30 If the Planning Council Member wishes to apply for another mandated category, they must first
31 submit a written resignation for their current mandated category.

POLICY No. 2019.01

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After the resignation has been accepted and submitted to the Mayor’s Office, the former member may submit an application for another mandated category. In reviewing the new membership application, the Membership Committee will consider:

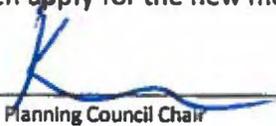
- Is there is a current opening in the mandated category being applied for?
- Can the unaligned ratio support this addition?
- Was the former member in his/her third term, and if so, how many months did they have left to serve?
- Was the former member serving as a committee chair or co-chair, or elected officer, or contributing in some way to the work of the Planning Council?

Consumer – Mandated Category

Ryan White Consumers are listed as ‘Community Affiliated’ and are not further designated by aligned and unaligned. Therefore, if an unaligned consumer becomes aligned, or vice versa, the mandated category does not change. The change between aligned and unaligned happens internally with how the Membership Committee reports the unaligned ratio to the Planning Council and to HRSA.

If a Consumer wishes to move to another mandated category, then they will need to go through the above steps, starting with a written resignation from the Planning Council and then reapplying to the new mandated category they are seeking. The same process will also cover members in other mandated categories who want to move to the Ryan White Consumer (Community Affiliated) seat.

Anytime you request to change your mandated category, you must first resign from the Planning Council, and then apply for the new mandated category seat.

Approved by:  1/27/2022
Planning Council Chair Date

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
ISSUED	09-26-19	Policy for Planning Council Members Changing Their Mandated Categories	2019-01
REVIEWED	1.18.22	Planning Council Members Changing Mandated Categories	2019.01
AMENDED	1.27.22	No change	No change

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

POLICY No. 2021.01

ESTABLISHMENT OF “STANDARDS OF CARE” COMMITTEE AND RELATED COMMITTEE RESPONSIBILITIES

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PURPOSE

This policy establishes guidelines by which a “Standards of Care Committee” shall be formed by the City of Jacksonville Social Service Division Ryan White Part A Recipient (hereafter the Administrative Agency). The Committee shall be convened by the Administrative Agency and shall include members of the Metropolitan Jacksonville Area HIV Health Services Ryan White Planning Council (Planning Council), Ryan White Program consumers, and subject matter experts drawn from agencies that are providing, or will potentially be providing Core Medical Services or Support Services via the Ryan White HIV/AIDS Program (RWHAP). Additionally, this policy will lay out the scope of work and expectations for the Committee and its members.

AUTHORITY

The Administrative Agency is required by HRSA to establish Service Standards for each service category to ensure that all RWHAP service providers offer the same fundamental components of a given service category across a service area. Service Standards must be consistent with applicable clinical and/or professional guidelines, state and local regulations, and licensure requirements. Collectively, these Service Standards form the Standards of Care.

FORMATION OF THE STANDARDS OF CARE COMMITTEE

The Administrative Agency shall form the Standards of Care Committee. The RWHAP Quality Manager, employed by the Administrative Agency, shall establish the Committee by recruiting members from staff of the Administrative Agency, other RWHAP Part representatives (B, C, D, etc.), at least three members of the Planning Council, subject matter experts from each of the service categories from existing or potential service providers, and consumers. If the Quality Manager position is vacant, the Administrative Agency shall assign another staff person to take on these duties until a Quality Manager can be hired. The Quality Manager (or acting staff) shall convene the Committee at least monthly to create and/or review the Service Standards for each of the service categories until the initial Standards of Care document is complete and approved by HRSA (Health Resources & Services Administration).

STANDARDS OF CARE COMMITTEE COMPOSITION

The Executive Committee will assign at least three volunteers from the Planning Council

37 membership who would be willing to serve on the Standards of Care Committee as standing
38 representatives. Those assigned by the Executive Committee to the Standards of Care
39 Committee shall be expected to serve for a minimum of one year. After the initial assignments,
40 which go into effect once this policy is passed, Planning Council members on the Committee shall
41 be assigned by the Executive Committee on a yearly basis in March of each year with a term to
42 begin on March 1. A full one-year term on the Committee for Planning Council members shall
43 begin on March 1 and run through the last day of February. The Executive Committee shall
44 consider a Planning Council member's workload, expertise, and term expirations when making
45 assignments to the Standards of Care Committee. A Planning Council member can be assigned to
46 the Committee for up to three consecutive 1-year terms. The Executive Committee shall assign
47 replacements to the Standards of Care Committee if members are unable to complete their term
48 and the assignments should happen at the next business meeting after the vacancy has occurred.
49

50 Non-Planning Council members are recruited by the Administrative Agency and can serve on the
51 Committee multiple years without restriction given the expertise they bring and that their
52 function is limited in scope to establishing and reviewing Standards of Care.
53

54 **SCOPE OF COMMITTEE RESPONSIBILITIES**

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56 The Quality Manager shall establish a routine meeting schedule to ensure all service categories'
57 Service Standards are reviewed at least once a year. The Quality Manager's meeting schedule
58 should assign approximately one-quarter of the service categories for review by the Committee
59 at each meeting and assure that all categories get reviewed over the course of 1-year. The
60 meeting schedule with service categories shall be included in the Executive Committee's annual
61 timeline/work plan. Service Categories may best be grouped so that categories with similar
62 service standards can be reviewed by the appropriate experts. The Quality Manager may add
63 additional meetings or prioritize a review of a service categories' service standards if a timelier
64 review has been necessitated. An immediate review of service standard may be necessitated if
65 there is a known change in licensure requirements, funding, service category prioritization or
66 allocation, changes in published standards of care, changes in expectations as outlined under
67 HRSA Policy Notice 16-02, administrative findings, or other factors impacting a service categories'
68 service standards that the Quality Manger sees as pertinent.
69

70 **REVIEWING STANDARDS OF CARE**

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72 Each service category, whether it be considered a Core Medical Service or Support Service, shall
73 have its own written Service Standard.
74

75 Core Medical Services categories consist of AIDS Pharmaceutical Assistance, Early Intervention
76 Services (EIS), Health Insurance Premium and Cost Sharing Assistance for Low Income Individuals,
77 Home and Community Based Health Services, Home Health Care, Hospice, Medical Case
78 Management--including Treatment Adherence Services, Medical Nutrition Therapy, Mental
79 Health Services, Oral Health Care, Outpatient/Ambulatory Health Services, and Substance Abuse

80 Outpatient Care. Core Services are further defined in legislation under the Public Health Service
81 Act Section 2604(c)(3)(a-M) and as defined in HRSA/HAB Policy Clarification Notice (PCN) 16-02.

82
83 Support Services include Child Care Services, Emergency Financial Assistance, Food Bank/Home
84 Delivered Meals, Health Education/Risk Reduction, Housing, Legal Services, Linguistic Services,
85 Medical Transportation, Non-Medical Case Management Services, Other Professional Services,
86 Outreach Services, Permanency Planning, Psychosocial Support Services, Referral for Health Care
87 and Support Services, Rehabilitation Services, Respite Care, and Substance Abuse Services
88 (residential).

89
90 Each Service Standard for each service category shall include and be reviewed for the following
91 information:

- 92 a) Service Category Definition
- 93 b) Intake and Eligibility
- 94 c) Key Services Components and Activities
- 95 d) Personnel Qualifications (including licensure)
- 96 e) Assessment and Service Plan (where applicable)
- 97 f) Transition and Discharge Plan
- 98 g) Case Closure Protocol
- 99 h) Client Rights and Responsibilities
- 100 i) Grievance Process
- 101 j) Cultural and Linguistic Competency
- 102 k) Privacy and Confidentiality (including securing records)
- 103 l) Recertification Requirements (where applicable)

104
105 Service Standards will be developed utilizing information consistent with applicable clinical and/
106 or professional guidelines, state and local regulations, and licensure requirements. Medical care
107 service standards must be consistent with U.S. Department of Health and Human Services care
108 and treatment guidelines as well as other clinical and professional standards. Non-clinical Service
109 Standards may be developed using evidence-based best practices, the Part A and Part B National
110 Monitoring Standards, and guidelines developed by state and local government.

111
112 The Administrative Agency is responsible as the recipient for assuring that in addition to these
113 standards all contracts have language requiring the protection of client's confidentiality, and the
114 eligibility for services without regard to race, color, religion, political affiliation, sex, sexual
115 orientation, gender identity, national origin, disability, age, marital status or other impermissible
116 factor. Administrative Agency also requires providers to have clear policies and procedures for
117 client grievances and for the assessment of client satisfaction with services.

118
119 The Standards of Care shall be used by the Quality Manager to develop measurable outcomes of
120 provider services. The Standards of Care and related measurable outcomes shall be made
121 available for review by all Planning Council members, consumers, and the public upon request.
122 The Standards of Care will be presented at a Planning Council meeting at least one time annually
123 by the Quality Manager or designated staff.

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Approved by: KA
Planning Council Chair

1/27/2022
Date

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
EDITED	11.4.21	Establishment of "Standards of Care" Committee and Related Committee Responsibilities	2021.01
REVIEWED	1.14.22	No change	No change
ISSUED	1.27.22	No change	No change

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METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.02

REVISION OF BYLAWS, POLICIES AND PROCEDURES, AND MEMORANDUM OF UNDERSTANDING

1 **PURPOSE**

2
3 This policy establishes guidelines for regular review and revision of the bylaws, policies and
4 procedures, and memorandum of understanding (MOU).
5

6 **BYLAWS**

7
8 The bylaws specify that the Bylaws Committee shall review and update the bylaws as necessary,
9 and at least annually. The bylaws shall be amended by a two-thirds (2/3) vote of the quorum.
10 Proposed amendments shall be read at one Planning Council meeting and voted on at the next
11 regularly scheduled Planning Council meeting. All members shall receive copies of the bylaws
12 upon appointment, and when they are updated.
13

14 **POLICIES AND PROCEDURES**

15 The MOU between the Planning Council and the Administrative Agency sets forth that both
16 entities work together to develop policies and procedures that address Planning Council
17 operations. All policies and procedures shall be drafted by the Executive Committee or an ad-hoc
18 committee called by the Chair, reviewed by the Administrative Agency, and voted on by the
19 Planning Council. At least annually, the Executive Committee shall review current policies and
20 procedures to make updates and corrections, as well as draft new policies and procedures as
21 needed, in accordance with the 2018 RWHAP Part A Planning Council Primer. All members shall
22 receive copies of policies upon appointment, and when they are updated.
23

24 **MEMORANDUM OF UNDERSTANDING**

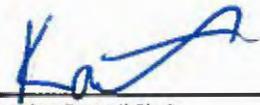
25
26 The MOU between the Planning Council and the Administrative Agency sets forth that it will be
27 reviewed and revised periodically, with the involvement and approval of all parties. At a
28 minimum, reviews will occur:

- 29
- 30 1. Following each reauthorization or legislative revision of the Ryan White legislation by the
31 U.S. Congress, to ensure that the MOU remains fully appropriate, updated, and reflective
of the Act.
 - 32 2. At least once per year by the Executive Committee.
33

POLICY No. 2021.02

34 Any amendments to the MOU shall be agreed to by the Administrative Agency and the Office of
35 General Counsel. The MOU shall receive final approval by a vote of the Planning Council. The
36 amended version will be signed and dated by the Planning Council Chair and the Part A Program
37 Manager. The revised version will become effective once signed. All members shall receive a copy
38 of the MOU upon appointment, and when it is updated.

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Approved by:  1/27/2022
Planning Council Chair Date

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
EDITED	11.4.21	Revision of Bylaws, Policies and Procedures, and Memorandum of Understanding	2021.02
ISSUED	1.27.22	No change	No change

45

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.03

COUNCIL BUDGET MANAGEMENT

1 **PURPOSE**

2
3 This policy is to establish the process used to review and approve the annual budget for the
4 Metropolitan Jacksonville Area HIV Health Services Planning Council and the Support Staff. The
5 planning council's budget is a part of the Administrative Agency's administrative budget.
6

7 **AUTHORITY**

8
9 According to the Ryan White HIV/AIDS Treatment Extension Act of 2009, and a letter of guidance
10 issued by the HIV/AIDS Bureau (April 26, 2007) "Section 2604(h) specifies that the chief elected
11 official of an eligible area shall not use in excess of 10 percent of amounts received under a Part
12 A grant for administrative expenses. The amounts may be used for administrative activities that
13 include all activities associated with the grantee's contract award procedures, including activities
14 carried out by the HIV Health Services Planning Council as established under section 2602 (b) of
15 the Act... While Part A Planning Councils may use Ryan White Program funds to support certain
16 activities related to carrying out required functions, the Planning Council must also work with the
17 grantee to agree on a budget for Planning Council Support activities. Reasonable and necessary
18 activities include both tasks directly related to legislative functions and the following costs that
19 support multiple functions:

- 20
- 21 • Staff support (professional and clerical)
 - 22 • Expenses of Planning Council members as a result of their participation
 - 23 • Activities publicizing the Planning Council's activities for people living with HIV and efforts
24 to substantively enhance community participation in Planning Council activities
 - 25 • Developing and implementing Planning Council grievance procedures for decisions
26 related to funding."

27 **INTENT**

28
29 Create an atmosphere of mutual respect and transparency as the Council works with the CEO
30 and the Administrative Agency to agree on the annual council budget.
31

32 **PROCEDURE**

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34 The following describes the steps to be followed in order to secure approval of the council
35 budget:

POLICY No. 2021.03

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1. Annually, the Administrative Agency and Support Staff work together to prepare a proposed council budget that adheres to Ryan White Program guidelines, HRSA requirements, and city rules.
2. No later than July 1, the Program Manager distributes the proposed budget to members of the Executive Committee, the liaison to the CEO, and the Council Support Staff.
3. The Program Manager presents the proposed council budget to the Executive Committee when they meet to review and make recommendations on the proposed budget.
4. The Executive Committee reviews the budget to make sure that it supports activities related to carrying out the legislatively mandated role of the council and prepares a recommendation regarding the proposed budget to the Planning Council.
5. The Planning Council reviews and votes on the recommendations of the Executive Committee regarding the council budget.
6. The Chair provides the Administrative Agency with the final approved council budget no later than September 1 so it can be included in the grant application.

Approved by:  1/27/2022
Planning Council Chair Date

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
REVIEWED	1.14.22	Council Budget Management	2021.03
ISSUED	1.27.22	No change	No change

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METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

MANAGEMENT OF PLANNING COUNCIL AND COMMITTEE MEETING MINUTES

1 **PURPOSE**

2
3 This policy establishes guidelines for the management of Planning Council and Committee
4 meeting minutes (herein referred to as minutes) in accordance with Robert’s Rules of Order.
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6 **MINIMUM CONTENT REQUIREMENTS**

7
8 Minutes shall include the following items (not in order):

- 9 • The name of the agency;
- 10 • The type of meeting (Planning Council, Committee, etc);
- 11 • The date, time and location of the meeting;
- 12 • The meeting agenda;
- 13 • A mention of whether the previous meeting’s minutes were approved;
- 14 • Action items from the meeting;
- 15 • Exact final wording of all motions with names of movers and seconders;
- 16 • The final number of yeas, nays, and abstentions;
- 17 • Detailed summary of discussion points and outcomes according to each agenda item;
- 18 • An attendance record for Planning Council members;
- 19 • Whether or not a quorum was met;
- 20 • A list of nonmember meeting participants;
- 21 • Time of adjournment; and
- 22 • The chair’s signature.

23
24 **TYPOGRAPHY**

25
26 Minutes shall be typed with 12 point Calibri font. Minutes shall be single spaced and justified.
27 Minutes shall contain page numbers in the bottom left of the footer. Tables and images should
28 be avoided, if possible, to meet Americans with Disabilities Act (ADA) compliance. All minutes
29 that have not been voted on and approved shall have a draft watermark throughout the
30 document. Once approved, the watermark shall be removed. Planning Council Support Staff shall
31 consult the City of Jacksonville’s Communications Style Guide for additional guidance.
32

33 **RESPONSIBILITY**

35 The Planning Council Support Staff is responsible for keeping an accurate record of all Planning
36 Council and committee meetings. An exception to this rule is the Community Connections
37 Committee minutes, which are the responsibility of the Florida Department of Health in Duval
38 County staff.

39

40 **APPROVAL PROCESS FOR PLANNING COUNCIL MINUTES**

41

42 1. All Planning Council minutes shall be prepared by the Planning Council Support Staff in draft
43 form and sent to the Chair within seven (7) calendar days after the meeting.

44 2. The Chair reviews the minutes, makes edits, and sends them back to the Planning Council
45 Support Staff within seven (7) calendar days.

46 3. The Planning Council Support Staff sends the minutes to the Part A Program Manger
47 within two (2) business days of receiving them from the Chair.

48 4. The Part A Program Manager reviews the draft minutes for formatting and grammatical
49 errors and sends them back to the Planning Council Support Staff within seven (7)
50 calendar days.

51 5. The Planning Council Support Staff emails the draft Planning Council minutes to members
52 as part of the Planning Council packet no later than 48 hours prior to the next scheduled
53 Planning Council meeting.

54 6. The draft Planning Council minutes are presented to Planning Council members at the
55 meeting.

56 7. The members make any amendments and vote to approve the minutes.

57 8. The Planning Council Support Staff removes the watermark and makes any amendments,
58 if voted on, and obtains the Chair’s signature.

59

60 Example: Planning Council meets on 7/14. Draft minutes are written by Support Staff and sent to
61 Chair by 7/21. Chair makes edits and sends minutes back to Support Staff by 7/28. Support Staff
62 sends minutes to Program Manager for review by 7/30. Program Manager sends minutes back
63 to Support Staff by 8/6. Support Staff emails the draft minutes out with the meeting packet by
64 8/9. Planning Council approves minutes at next meeting on 8/11.

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66 **APPROVAL PROCESS FOR COMMITTEE MINUTES**

67

68 1. All committee minutes shall be prepared by the Planning Council Support Staff in draft
69 form and sent to the committee chair within seven (7) calendar days after the meeting.

70 2. The committee chair reviews the minutes, makes edits, and sends them back to the
71 Planning Council Support Staff within seven (7) calendar days.

72 3. The Planning Council Support Staff sends the minutes to the Part A Program Manager
73 within two (2) business days of receiving them from the committee chair.

74 4. The Part A Program Manager reviews the draft minutes for formatting and grammatical
75 errors and sends them back to the Planning Council Support Staff within seven (7)
76 calendar days.

- 77 5. The Planning Council Support Staff emails the draft minutes to members and guests along
78 with the meeting agenda no later than 48 hours prior to the next scheduled meeting.
79 6. The draft minutes are presented to committee members at the next committee meeting.
80 7. The committee members make any amendments and vote to approve the minutes.
81 8. The Planning Council Support Staff removes the watermark and makes any amendments,
82 if voted on, and obtains the committee chair’s signature.
83 9. The final committee minutes and any corresponding handouts from the meeting are
84 included in the next Planning Council meeting packet.
85

86 Example: Membership Committee meets on 7/14. Draft minutes are written by Support Staff and
87 sent to Committee Chair by 7/21. Committee chair makes edits and sends minutes back to the
88 Support Staff by 7/28. Support Staff sends minutes to Program Manager for review by 7/30.
89 Program Manager sends minutes back to Support Staff by 8/6. Support Staff emails the draft
90 minutes out with the agenda by 8/9. Membership Committee approves minutes at next meeting
91 on 8/11. The final July Membership Committee minutes are included in the August Planning
92 Council meeting packet.
93

94 **CONFLICT OF INTEREST**
95

96 In the event that a matter which raises a potential conflict of interest comes before the Council
97 or a committee for consideration, recommendation or decision, the disclosure shall be recorded
98 in the minutes of the meeting.
99

100 **VOTES**
101

102 Minutes shall name the members who make motions and seconds, and include the total number
103 of yeas, nays, and abstentions. All roll call votes shall be recorded by name and action in the
104 minutes of the meeting
105

106 **PUBLIC DOCUMENTS**
107

108 Minutes are public documents. Planning Council meeting minutes shall be made available on the
109 City of Jacksonville Ryan White website within 45 days of vote from the Planning Council.
110 Planning Council minutes must be compliant with ADA accessibility requirements prior to being
111 posted to the website. Planning Council Support Staff shall seek guidance on this process from
112 the City of Jacksonville Public Affairs Office.
113

114 **DISCLOSURE**
115

116 Planning Council minutes must not indicate the HIV status of planning council members or any
117 other person unless that person has publicly disclosed that information. Appropriate measures
118 to guard against disclosure of personal information that would constitute an invasion of privacy,

119 including medical or other matters that should not be disclosed, will be taken when writing
120 minutes.

121
122
123
124

Approved by: _____

Planning Council Chair

Date

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
READ AT PC MEETING/SENT BACK	8.26.21	Management of Planning Council and Committee Meeting Minutes	2021.04
EDITED	11.4.21	No change	No change
REVIEWED	12.21.21	No change	No change
ISSUED	1.27.22	No change	No change

125

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.05

OPEN NOMINATIONS, CEO APPROVAL PROCESS, AND COMMITTEE MEMBERSHIP

1 **PURPOSE**

2
3 This policy establishes guidelines by which members are nominated for membership to the
4 Metropolitan Jacksonville Area HIV Health Services Ryan White Planning Council (Planning
5 Council). It also outlines the process for non-Planning Council members to apply for committee
6 membership, also known as affiliate committee membership. These are two separate processes.
7

8 **AUTHORITY**

9
10 The process related to council membership will comply with the most current Ryan White
11 HIV/AIDS Program Part A Manual. The CARE Act as amended (currently referred to as the Ryan
12 White HIV/AIDS Treatment Extension Act of 2009 or the Ryan White Program), Section 2602(b)(1)
13 states: "Nominations to the planning council shall be identified through an open process and
14 candidates shall be selected based on locally delineated and publicized criteria." Since there are
15 no HRSA guidelines for affiliate committee membership, the process for applying and being
16 screened for affiliate committee membership must comply with the Planning Council bylaws,
17 policies, and procedures.
18

19 **CONSIDERATION OF APPLICANTS**

20
21 The Membership Committee will consider all applications to ensure that the Planning Council is
22 reflective of the TGA, complies with the 33% unaligned consumer ratio, and represents diverse
23 populations as directed by HRSA.
24

25 **REFLECTIVENESS**

26
27 The composition of the Planning Council shall be reflective of the local HIV epidemic. The
28 race/ethnicity, gender, and age of members shall be tracked and compared to the HIV prevalence
29 demographics of the TGA. This information shall be periodically reported to the Planning Council
30 and HRSA.
31

32 At least 33% of members are required to be both unaligned (not conflicted) and consumers
33 (clients) of a Ryan White Part A provider. Some members will be unaligned but not consumers.
34 Some members will be consumers and aligned. Those members do not count towards the 33%.

POLICY No. 2021.05

35 To be considered unaligned or not conflicted a member must have no financial or governance
36 affiliation with a funded Ryan White Part A provider. This information shall be tracked and
37 periodically reported to the Planning Council and HRSA.

38

39 **REPRESENTATION**

40

41 According to HRSA, Council members shall represent ethnically and geographically (rural and
42 urban) diverse populations from the following membership categories:

43

- Affected communities
- CBOs serving affected populations/AIDS Service Organizations (ASOs)
- Social service providers
- Mental health providers
- Substance abuse providers
- Local public health agencies
- Hospital planning agencies or health care planning agencies
- Health care providers
- Non-elected community leaders
- State Part B agency
- State Medicaid agency (AHCA)
- Part C grantee
- Part D grantee or representatives of organizations with a history of serving children, youth, women and families living with HIV
- Other Federal HIV programs
- Representatives of individuals who were formerly Federal, State, or local prisoners

44

45 According to HRSA, members may represent only one category at any given time. There are three
46 exceptions to this rule on separate representation.

47 1. One person may represent both the substance abuse provider and the mental health provider
48 categories if their agency provides both types of services and the person is familiar with both
49 programs.

50 2. A single Planning Council member may represent both the Ryan White Part B program and
51 the State Medicaid agency if that person is in a position of responsibility for both programs.

52 3. One person may represent any combination of Ryan White Part F grantees (SPNS, AETCs,
53 and Dental Programs) and HOPWA, if the agency represented by the member receives grants
54 from some combination of those four funding streams.

55

56 In addition, at least two members must publicly disclose their HIV status. This information, along
57 with terms and vacancies, shall be tracked as part of the official Planning Council Roster and
58 periodically reported to the Planning Council and HRSA.

59

60 The Planning Council may request other positions/representation, subject to the approval of the
61 CEO, to maintain diversity within the Planning Council reflecting the pandemic and/or needed

62 expertise within the TGA. These positions shall be subject to the Nominations Screening Process.

63

64 **RECRUITMENT AND ADVERTISEMENT**

65

66 The Membership Committee shall announce the Nominations Screening Process by notification
67 to interested and affected groups in the form of city approved press releases, advertisements,
68 flyers/brochures, etc.

69

70 Announcements should be targeted to the following organizations and communities:

- 71 • Membership categories listed above;
- 72 • Local HIV/AIDS organizations;
- 73 • Historically underserved populations, such as Veterans, Gay, Lesbian, Bisexual,
74 Transgender, African American, Hispanic, Asian, Rural and other communities;
- 75 • Community Connections Members; and
- 76 • Populations experiencing significant disparities in access to services.

77

78 Recommendations for vacant positions will be selected from current applicants.

79

80 **NOMINATION SCREENING PROCESS**

81

82 The Nominations Screening Process for Planning Council membership will be as follows: The
83 process shall be continuous and/or as needed to fill vacancies in council membership. The council
84 shall work with the CEO’s office to ensure that council membership is in compliance with HRSA
85 mandates regarding membership reflectiveness, representation, and alignment.

86

87 All Planning Council applicants will be subject to the Nominations Screening Process conducted
88 by the Membership Committee. The process will be an open-ended process available to all
89 interested persons wishing to serve. The final approval for Planning Council appointment for
90 members will come from the CEO’s office. The final approval for Associate Members will come
91 from the Planning Council.

92

93 **NOMINEE APPLICATION PROCESS**

94

95 Council Application: Forms for Planning Council membership will be reviewed at least annually
96 by the Membership Committee for revisions/changes to the forms. Forms shall be culturally
97 inclusive, promote diversity, be ADA compliant, and made available in English and Spanish.

98

99 Persons interested in serving on the Council must adhere to the Planning Council Bylaws (Article
100 IV, Section 8, A-G) which states a person must:

- 101 a.) Attend two Planning Council meetings and one committee meeting in the three
102 months prior to submitting application,
- 103 b.) Attend the Membership Educational Training (MET) class for orientation,
- 104 c.) Submit a membership application, resume and biography to:

105 <https://www.coj.net/departments/boards-and-commissions/appointment->
106 [opportunities/mayoral-boards-and-commission-application](https://www.coj.net/departments/boards-and-commissions/appointment-)
107 d.) Attend and commit to joining a committee upon becoming a Planning Council
108 member,
109 e.) Score a minimum of seventy-five (75) points in the interview,
110 f.) Be recommended by the Membership Committee to the Planning Council for
111 membership, and
112 g.) Be approved by the Planning Council and recommended to the Mayor for
113 appointment.

114
115 Interviews between the Membership Committee and a potential nominee will be scheduled after
116 an application is received. The interview process will be used to determine the applicants'
117 interest, experience, background, and availability. Open-ended questions will be used to clarify
118 answers given in response to a specific list of questions. The goal is to obtain as much appropriate
119 information as possible about the applicant. During the process, the potential applicant will be
120 able to ask questions of the Membership Committee. If they score 75 points or higher on their
121 interview they are recommended by the Membership Committee to the Planning Council for
122 appointment by the CEO's office.

123
124 Once the CEO has made their decision about appointment, the applicant will be notified by
125 Planning Council Support Staff.

126
127 Associate members follow the same nomination process described above except they are
128 excluded from the requirement of being appointed by the CEO.

129
130

131 **LIST OF MEMBERSHIP CANDIDATES**

132
133 The Membership Committee will refer prospective new members to apply, submit resume, and
134 biography to the City of Jacksonville Boards and Commissions. Once the applicant has successfully
135 completed the interview process and has been voted on by the full council for recommendation
136 for appointment to the CEO's office, Planning Council Support Staff will submit Planning Council
137 minutes for the month that the Council approved the recommendation, if requested.

138 139 **COMMITTEE APPLICATION PROCESS**

140
141 Forms for committee membership will be reviewed annually by the Membership Committee for
142 revisions/changes to the forms. Forms shall be culturally inclusive, promote diversity, be ADA
143 compliant, and made available in English and Spanish. Members of the public wishing to become
144 a member of a non-governance committee (Priority and Allocations, Continuum of Care
145 Coordination, and/or Community Connections) are called affiliate members (see Policy No.
146 2021.21) and must submit a committee application to the Planning Council Support Staff. Only
147 Planning Council members can be members of governance committees (Bylaws, Executive, and

148 Membership). There is no application requirement to join the Community Connections
149 Committee.

150
151 Members of the Planning Council are not required to fill out an application to join a committee.
152 To join a committee, members shall sign up during the March meeting. If a member decides to
153 join or leave a committee after the March meeting, they shall notify the Planning Council Support
154 Staff. The Support Staff shall keep official rosters of committee members, including Planning
155 Council members and affiliate members.

156
157 Ad-hoc committees do not have a regular membership. Instead, the membership consists of
158 those who are in attendance at a particular meeting. Whether or not an ad-hoc committee shall
159 be considered a governance or a non-governance committee depends on whether the standing
160 committee it stems from is a governance or non-governance committee.

161

162 **TIME COMMITMENT**

163
164 Each member applicant shall be informed of the time commitment necessary to participate as a
165 member. Minimum time requirements for a council member are at least five hours per month:
166 two hours for monthly Planning Council meetings, two hours for monthly Standing Committee
167 meetings, and one hour of preparation for meetings. Minimum time requirements for a Standing
168 Committee member are at least two hours per month for committee meetings and one hour of
169 preparation for meetings. This information is to be included on both Council and Standing
170 Committee application forms.

171

172 **CONFLICT OF INTEREST**

173
174 As part of the application process, all candidates will be informed in writing that individuals who
175 are members of or who have a financial interest in an organization receiving and/or seeking Ryan
176 White Part A funding are considered to have a conflict of interest. All members of any Planning
177 Council or standing committees, are required to complete a Conflict of Interest Disclosure Form
178 annually and/or as needed, describing the relationship of the person to each organization that
179 can benefit from an action by the Planning Council. Additionally, all Planning Council members
180 and affiliate members will be required to identify conflicts of interest during a discussion and/or
181 vote, and abstain from voting on issues pertaining to that conflict.

182

183 **HIV DISCLOSURE**

184
185 Persons who are self-identified as living with HIV/AIDS may choose whether to reveal their
186 HIV/AIDS status. All laws regarding HIV/AIDS confidentiality are adhered to. This information is
187 included on application form.

188

189

190
191
192

Approved by:

Planning Council Chair



1/27/2022

Date

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
ISSUED	8.26.21	Planning Council Open Nominations and CEO Approval Process for Membership	2021.05
REVIEWED	11.4.21	No change	No change
REVIEWED	1.14.22	Open Nominations, CEO Approval Process and Committee Membership	No change
AMENDED	1.27.22	No change	No change

193

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

ORIENTATION AND TRAINING

PURPOSE

This policy establishes the expectations of Planning Council members regarding training to ensure members are receiving ongoing training. It will ensure that all council members fully participate in Planning Council meetings and demonstrate competencies for the legislative mandates of planning councils (National Monitoring Standards and Financial Literacy).

AUTHORITY

The Ryan White HIV/AIDS Program Part A (RWHAP) Manual (2013) states that planning councils shall have in place policies and procedures including training for planning council members so they are able to fully participate. In addition, HAB/DMHAP expects planning councils to provide appropriate full council training and ongoing trainings that enable consumers to be fully active participants. The Administrative Agency grant application needs to include plans for training new members, including training on timelines, goals, and budgets. The Planning Council will need to submit a signed assurance, along with the grant application, that such training will take place. Additional guidance is located in the RWHAP Part A Planning Council Primer (2018).

INTENT

Planning Council members shall learn how to participate in the many tasks involved in RWHAP planning. Planning councils must provide orientation for new members, covering topics such as the legislation and their roles and responsibilities in planning, as well as those of the recipient. All planning council members should receive periodic training to help them carry out their roles.

PLANNING COUNCIL

The Planning Council is charged with the following:

- Orienting new members within 90 days of appointment,
- Reviewing and updating full council training annually, and
- Working collaboratively with the Planning Council Support Staff and the Administrative Agency to ensure accuracy with all trainings.

PLANNING COUNCIL SUPPORT STAFF

36 The Planning Council Support Staff is the liaison between the Planning Council and the
37 Administrative Agency. The Planning Council Support Staff is charged with the following:

- 38 • Providing new members with a Planning Council handbook upon appointment.
- 39 • Providing requested documentation to the Planning Council to assist in accurately
40 updating orientation and training materials.
- 41 • Submitting a draft of training material to the Administrative Agency for review to ensure
42 no grammatical errors and all information is accurate according to HRSA and the
43 Transitional Grant Area guidelines.
- 44 • Ensuring equipment is working prior to trainings and all materials are available (copies,
45 pens, folders, updated policies, etc.).
- 46 • Notifying the Planning Council members of training times.
- 47 • Posting training dates and times on the Planning Council website to ensure the Planning
48 Council is not violating the Sunshine Law.
- 49 • Attending all trainings and assisting the Planning Council Chair and Membership Chair
50 with presenting the material to members.

51

52 **NEW MEMBER ORIENTATION**

53 New members will attend a new member orientation within 90 days of appointment. At the
54 orientation, they will learn about the Planning Council's structure, tasks, members, meetings, the
55 Ryan White HIV/AIDS Treatment Extension Act of 2009, and the Planning Council's relationship
56 to the Administrative Agency and other organizations. New members will be contacted by the
57 Planning Council Support Staff to discuss and schedule orientation.

58

59 **ANNUAL TRAINING**

60

61 Annual trainings are organized and provided as a HRSA requirement and to keep current
62 members updated with legislative and Planning Council changes, and to refresh members on
63 Planning Council procedures and information.

64

65 **ONGOING TRAINING**

66

67 On occasion, all Planning Council members will be asked to participate in ongoing or refresher
68 trainings about more complex tasks or issues, such as the annual priority setting and resource
69 allocation process, Roberts Rules, Sunshine Law, etc. Additionally, educational presentations are
70 provided to increase the knowledge of members and to assist with understanding Ryan White
71 legislation and community resources. Ongoing trainings may take place during a regularly
72 scheduled Planning Council meeting.

73

74 **PROCESS**

75

76 Orientation and training for council members is provided by the Planning Council Chair,
77 Membership Chair, and Planning Council Support Staff. New member orientation will occur
78 quarterly and on an as-needed basis. The full Planning Council training will occur bi-annually.
79 According to HRSA guidelines, members must attend a full council training at least once per year.
80 Full council trainings are in April and September. Members who did not attend the April full
81 council training due to being absent or was not appointed at that time, must attend September's
82 full council training.

83

84 The primary objective of orientation and training is to afford council members the opportunity
85 to understand the history, structure, function, and roles of the Planning Council. The Membership
86 Committee will review the PowerPoint and training materials annually to ensure the orientation
87 and trainings cover the newest HRSA expectations. Orientation and trainings will be structured
88 so that the learning objectives are discussed throughout the training and reviewed at the end of
89 the session. Orientation and training sessions will include the following:

90

- HRSA requirements:

91

- Clinical Quality Measures/Performance Measures

92

- Policy Clarification Notices

93

- National Monitoring Standards

94

- AIDS Drug Assistance Program (ADAP) and Financial Literacy

95

- Identify activities as "legislatively mandated" such as the Needs Assessment, Priority Setting and Resource Allocation, Comprehensive Plan, Assessment of the Efficiency of the Administrative Mechanism, and Coordination of Services.

96

97

98

- Robert's Rules of Order should be referenced in the orientation material and supported with ongoing training.

99

100

- Training Objectives:

101

- Responsibilities as a Planning Council member

102

- National HIV AIDS Strategy (NHAS)

103

- Sunshine Law

104

- Flow of the Planning Council/committee meetings

105

- How to conduct yourself in any Planning Council/Committee meeting

106

- RWHAP Parts

107

- History of Ryan White

108

- The Ryan White Program

109

- Executive Order 94-186

110

- Planning Council Mission

111

- Planning Council Legislative Functions

112

- Ethics Training

113

114

Approved by: _____

Planning Council Chair

115

116

1/27/2022
Date

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
ISSUED	9.30.21	Orientation and Training	2021.06
EDITED	11.4.21	No change	No change
REVIEWED	12.21.21	No change	No change
AMENDED	1.27.22	No change	No change

117

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

DEVELOPMENT OF THE PLANNING COUNCIL SLATE OF OFFICERS

1 **PURPOSE**

2
3 This policy establishes procedures for the development of the Planning Council’s Slate of Officers,
4 to include the Chair, Vice Chair, and Community Representative positions.

5
6 **QUALIFICATIONS**

7
8 To be nominated for an officer position, members must meet the following qualifications:
9 1) Be an appointed member of the Planning Council (Associate members are not eligible),
10 and
11 2) Be an active Planning Council member in good standing during the year prior to running.

12
13 **NOMINATIONS**

14
15 During the Membership Committee’s November meeting, the attendance and participation of all
16 Planning Council members will be reviewed to determine which members meet the qualifications
17 for nomination listed in the Qualifications Section.

18
19 At the November Planning Council meeting, the list of members eligible to be nominated will be
20 presented. (If there is no Planning Council meeting in November, the nominations shall be
21 presented at the December Planning Council meeting.) The Membership Chair will ask for
22 nominations for each officer position. Nominations will be made by a simple motion from the
23 floor and do not require a second. Members may nominate themselves. The nominated members
24 may accept or decline the nomination. If a nominated member is not present, they are
25 considered nominated unless they inform Planning Council Support Staff that they decline the
26 nomination. Nominations must be made during this meeting. After this meeting, nominations of
27 eligible candidates may be added from the floor during the election.

28
29 **ELECTIONS**

30
31 Three separate elections will be held at the January Planning Council meeting. The order of
32 elections shall be as follows: Chair, Vice Chair, and Community Representative. Members can be
33 nominated to more than one office; however, once a member wins an election, they may not be

34 elected for another officer position until the following grant year. For offices uncontested, the
35 consensus of the group will be used to elect the officer.

36
37 Prior to ballots being distributed, the Planning Council Chair will suspend all business not related
38 to the elections. The Chair shall call for additional nominations and announce when the
39 nominations are closed in the order of elections above. The Chair of the Membership Committee
40 will introduce each nominee at which time the nominee may make a statement about why they
41 should be elected. After statements are made, the Planning Council Support Staff will distribute
42 one ballot per voting member per election: one for Chair, one for Vice Chair, and one for
43 Community Representative.

44
45 Members shall print the name of the candidate they are voting for on the ballot. Members must
46 also print their name and sign their ballots before submitting. If a member does not print their
47 name and sign the ballot, the ballot will be disqualified and not included in the election results.
48 Write-in candidates who have not accepted a nomination will also be disqualified and not
49 included in the election results.

50
51 The Support Staff will collect the ballots as soon as the member has voted. The Support Staff, an
52 Administrative Agency staff person, and an Associate Member not called to the table will serve
53 as tellers. In the absence of an Associate Member not called to the table, a Planning Council
54 member not nominated for office will service in their place. They will count the ballots and verify
55 they contain the members' printed names and signatures. A simple majority vote will be required
56 to win an election. Both tellers shall sign off on the Election Results Form. The Election Results
57 Form and the ballots shall be handed over to the current Chair who will announce the results. In
58 the event of a tie, the tellers will prepare for a second round of voting, using same steps as above.
59 If the Chair of the Membership Committee is running for one of the elected offices, the
60 Parliamentarian will serve in their place.

61
62 At the end of the Council meeting, the Chair will turn over the Election Results Form and the
63 ballots to the Program Support Staff. The form and ballots will be filed with a hard copy of the
64 minutes. Ballots are available for public inspection; individuals may look through the ballots, but
65 the ballots are to stay under the control of a City of Jacksonville employee.

66
67 **TERMS**

68
69 The newly elected officers will be announced at the January Planning Council meeting and will
70 be installed during the February meeting. Terms of service become effective March 1 and end on
71 the last day of February. All officers shall serve for one (1) year at a time. No individual shall serve
72 in the same officer position for more than two (2) consecutive years.

73
74
75 Approved by:  _____ Date 1/27/2022
76 Planning Council Chair Date
77

78

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
ISSUED	06-22-20	Procedures for Development of the Planning Council Slate of Officers	2006-02
AMENDED	08-23-18	No change	No change
AMENDED	12-02-20	No change	No change
AMENDED	8.26.21	Development of the Planning Council Slate of Officers	2021.07
REVIEWED	11.4.21	No change	No change
REVIEWED	1.18.22	No change	No change
AMENDED	1.27.22	No change	No change

79

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.08

APPOINTMENT AND COMPOSITION OF COUNCIL

1 **PURPOSE**

2
3 This policy establishes guidelines set forth in RWPC Bylaws Rev.01/28/2021, Article VI, Section 1
4 through Section 4 and current HRSA guidelines. This policy will ensure representation of the
5 communities living with HIV on the Planning Council.
6

7 **AUTHORITY**

8
9 Adopted and amended Bylaws of the Metropolitan Jacksonville Area HIV Health Services Planning
10 Council as Revised 01/28/2021; Ryan White HIV/AIDS Treatment Extension Act of 2009 or the
11 Ryan White Program.
12

13 **APPOINTMENT OF COUNCIL**

14
15 All members of the above-mentioned Council will be appointed by the Chief Elected Official (CEO)
16 of Duval County. Vacancies will be filled by appointment of the CEO and serve at the pleasure of
17 the CEO. All candidates are subject to the established Nominations Screening Process (see RWPC
18 Policy No. 2006.02).
19

20 **COMPOSITION OF COUNCIL**

21
22 The Planning Council will be made up of individuals as specified in the Title XXVI of the Public
23 Health Service (PHS) Act Section 2602(b)(2) and will be reflective of the local HIV/AIDS Epidemic
24 according to HRSA policy. The Planning Council may also request other positions/representation
25 in order to maintain diversity within the TGA reflecting the pandemic and/or needed expertise
26 within the TGA subject to approval of the CEO. These positions are subject to the Nominations
27 Screening Process.
28

29 A minimum of 33% of the membership of the Planning Council will be persons living with
30 HIV/AIDS who do not have a conflict of interest (or according to current HRSA policy) and are
31 willing to represent the community.
32

33 Recruitment will comply with the Health Resources Services Administration (HRSA) Program
34 Guidance to ensure Planning Council membership reflects and is representative of those affected
35 by HIV/AIDS throughout the Jacksonville Transitional Grant Area (TGA). Therefore, special
36 recruitment efforts will be made among those least represented on the Planning Council.
37

POLICY No. 2021.08

38 **TERM**

39

40 The CEO shall appoint Council members to no more than three consecutive two-year terms. A
41 term shall begin on March 1 and shall terminate on last day of February of the second year
42 following appointment. All members serve at the pleasure of the CEO through an open
43 application process. Members shall serve for a term of two years each; provided that the
44 members first appointed for staggered terms to lend continuity to the membership of the council
45 with half of the members appointed for one year, and the other half (plus the Chairperson)
46 appointed for two years. Whenever a vacancy occurs or is scheduled to occur on the Council, the
47 Membership Committee shall submit the names of at least three nominees for each vacancy to
48 the Mayor. Members shall be entitled to serve until a successor is appointed by the Mayor (CEO).
49 (Executive Order 94-186, pg. 3, Sec 2)

50

51 **COMPENSATION/REIMBURSEMENT**

52

53 Persons serving as members of the Metropolitan Jacksonville Area HIV Health Services Planning
54 Council shall not receive any salary or other compensation for their services as a member of the
55 Council.

56

57

58

Approved by:  1/14/22
Planning Council Chair Date

59

60

61

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
ISSUED	8.26.21	Appointment and Composition of Council	2021.08
REVIEWED	11.4.21	No change	No change

62

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.09

GRIEVANCES RELATED TO PRIORITY SETTING AND RESOURCE ALLOCATIONS

1 **PURPOSE**

2
3 This policy establishes guidelines for addressing grievances regarding any unresolved
4 controversy, claim or dispute relating to the priority setting and resource allocation process. Any
5 changes made as a result of a hearing, mediation, or arbitration process will affect future
6 decisions and not impact former or current funding decisions.

7
8 **NOTIFICATION**

9
10 Individuals or entities directly affected by the outcome of a decision related to funding wishing
11 to submit a grievance about the priority setting and resource allocation process shall provide
12 written notification using the Grievance Intake Form. The completed form must be given to the
13 Planning Council Support Staff within five (5) business days after the incident or results of the
14 process being grieved are announced. When written notification of grievance is received, the
15 Planning Council Support Staff will establish a file which briefly describes the grievance issue and
16 the remedy being requested.

17
18 Within three (3) business days of receipt of notification, the Planning Council Support Staff will
19 notify the Planning Council Chair and the Chair of Priority and Allocations Committee of the
20 grievance notification. The Planning Council Support Staff will also acknowledge receipt of
21 grievance to grievant in writing.

22
23 Within seven (7) business days of receipt of notification, the Planning Council Chair will convene
24 a Grievance Ad-hoc Committee meeting.

25
26 **HEARING**

27
28 A grievance hearing will be held within fourteen (14) business days after receipt of notification
29 of the grievance. At that time, the Grievance Ad-hoc Committee will determine whether the
30 grievance is within the scope of the procedures. Once a grievance has been filed, if not resolved
31 at the initial hearing, the conversation from here forward must be limited to the items discussed
32 in the grievance hearing. The person who filed the grievance and the party(s) involved will be
33 interviewed by the Grievance Ad-hoc Committee.

35 The grieving party will be notified by certified mail, return receipt requested, of the date, time
36 and place of hearing at least seven (7) business days before the hearing is held.

37
38 The Grievance Ad-hoc Committee will render a decision within ten (10) business days after the
39 scheduled grievance hearing, and Grievant will be notified of said decision by certified mail,
40 return receipt requested, within five (5) business days after rendered decision.

41
42 **MEDIATION**

43
44 If, after being notified of the Grievance Ad-hoc Committee’s decision, any party to the grievance
45 is not satisfied with said decision, that party may request mediation of the dispute. That party
46 must notify in writing to the Planning Council Support Staff of the request for mediation no later
47 than three (3) business days after receiving the Grievance Ad-hoc Committee’s decision.
48 Mediation will be provided by any other such service that is mutually agreed upon by all parties
49 involved, who will provide impartial third parties to mediate the filed grievance. Mediation costs
50 will be shared equally among both parties involved.

51
52 The initial mediation will be scheduled within fourteen (14) business days after the Planning
53 Council Support Staff (subject to the schedule of the mediation service) receives the request. The
54 mediation process will be held at a location designated by the mediation service provider, and all
55 business conducted during the mediation process will be considered confidential. Documents
56 provided during mediation will be subject to the Public Information Act. Maximum amount of
57 time to complete any non-binding process will be eight (8) hours. Additional time may be granted
58 on an “as needed” basis to promote resolution of the grievance.

59
60 **ARBITRATION**

61
62 Any unresolved controversies, claims or disputes that cannot successfully be resolved through
63 the Grievance Ad-hoc Committee process or through good faith negotiations in mediation shall
64 be settled by arbitration. Results of the arbitration will be binding upon all parties involved. The
65 grievant must notify in writing the Planning Council Support Staff of the intent to pursue
66 arbitration within three (3) business days after the mediation process ends.

67
68 A panel of three (3) qualified neutral arbitrators will conduct the arbitration process. An
69 independent, impartial third party organization designated in advance will provide each party
70 with a list of proposed arbitrators who may be familiar with the subject matter involved in the
71 grievance. Each side will have ten (10) business days to strike the names of those individuals on
72 the list that are deemed unacceptable, prioritize the remaining names in order of preference and
73 return the list to the designated organization. The designated organization will contact the
74 arbitrators remaining on the list in order of preference to serve on the panel.

75
76 The Arbitration Committee will hear the dispute within thirty (30) business days after the
77 appointment of the arbitrators. Fees associated with the arbitration process will be borne by the

78 parties equally. However, each party shall be responsible for expenses related to its own counsel,
79 experts, witnesses, and preparation and presentation of documents. Costs and fees may include,
80 but are not limited to, all reasonable pre-award expenses of the arbitrators' fees, administrative
81 fees, travel expense, out-of-pocket expenses for copying and telephone, court cost, witness fees,
82 and attorney's fees.

83

84 **DEFINITIONS**

85

86 Arbitration - A private informal process by which all parties agree, in writing, to submit their
87 disputes to one or more impartial persons authorized to resolve a controversy by rendering a
88 final and binding award.

89

90 Arbitrator - An impartial third party who has completed a minimum of 40 hours of training in
91 dispute resolution techniques in a course conducted by an alternative dispute resolution system
92 or organization. Decisions awarded by arbitrators are binding unless otherwise stipulated in
93 advance of the arbitration proceeding.

94

95 Business Day - Reference to a business day will be understood to mean Monday through Friday,
96 8:00am to 5:00pm.

97

98 Court - Includes an appellate court, district court, constitutional county court, statutory county
99 court, family law court, probate court, municipal court, or justice of the peace court.

100

101 Grievance - Any unresolved controversy, claim or dispute relating to the Planning Council process
102 involving establishing priorities; allocating funds to those priorities and any subsequent process
103 to change the priorities or allocations.

104

105 The Grievance Ad-hoc Committee - The Grievance Ad-hoc Committee will convene as needed
106 and as directed by the Planning Council Chair to address a grievance. All final resolutions by that
107 committee will be presented at the next full Planning Council meeting and presented by the Chair
108 of the Planning Council.

109

110 Grievant - An individual or group of individuals with standing and who file a grievance with the
111 Director of the Office of Support for the Planning Council.

112

113 Hearing - Meeting held with the Grievance Ad-hoc Committee at which an individual or group of
114 individuals provides specific testimony relating to an unresolved controversy, claim or dispute.

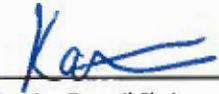
115

116 Mediation - A private, informal process in which an impartial third person facilitates
117 communication among parties to encourage reconciliation, settlement or agreement of a
118 particular dispute, controversy, or claim.

119

120 Mediator - An impartial third person who facilitates the communication between parties in
121 dispute and encourages reconciliation, settlement or agreement of a particular dispute,

122 controversy of claim. Qualifications of a mediator must include a minimum of 40 classroom hours
123 of training in dispute resolution techniques provided by an alternative dispute resolution system
124 or organization. A mediator may not impose his own judgment on the issues for that of the
125 parties.

126
127 Approved by: 
128 Planning Council Chair

1/27/2022
Date

129

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
READ AT PC MEETING/SENT BACK	8.26.21	Grievances Related to Priority Setting and Resource Allocations	2021.09
REVIEWED	1.14.22	No change	No change
ISSUED	1.27.22	No change	No change

130

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

GRIEVANCES RELATED TO PRIORITY SETTING AND RESOURCE ALLOCATIONS INTAKE FORM

The Grievance Process is as follows:

- Grievant must notify the Planning Council Support Staff in writing of a grievance using this form within five (5) business days after the incident or results of the process being grieved are announced.
- Forms can be submitted in three ways:
 - Email to PlanningCouncil@coj.net
 - Fax to (904) 255-3362
 - Mail to 1809 Art Museum Drive, Suite 100, Jacksonville, FL 32207
- The Planning Council Support Staff will notify the Planning Council Chair and the Chair of the Priority and Allocations Committee within seven business days of receipt of notification.
- Within 10 business days of receipt of notification the Planning Council Chair will convene the Grievance Ad-hoc Committee to request and schedule a hearing.
- The Grievance hearing will be scheduled within 21 business days after receipt of notification of the grievance.
- At the hearing, the Grievance Ad-hoc Committee will determine whether the grievance is within the scope of the procedures.
- The person who filed the grievance and the party(s) involved will be interviewed by the Grievance Ad-hoc Committee.
- If a mutual agreeable solution is not reached in this process, the grievant may request mediation.
- Mediation will be provided by a mutually agreed upon service to all parties involved.
- Mediation costs will be shared equally among all parties involved.
- See Policy No. 2021.09 for additional information.

Instructions: Please type or print the information requested in the space provided below. If additional space is needed, please attach additional pages.

Grievant Name: _____ Title: _____

Name of Employer (if applicable): _____

Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

1. Are you an individual or entity directly affected by the outcome of a decision related to funding? Yes _____ or No _____

2. Briefly provide a description of the grievance issue:

3. Briefly provide a description of expectations from the grievance process:

4. Will you have a representative at the hearing? Yes _____ or No _____

5. If yes, please provide the representative's name and affiliation:

6. List the names of witnesses, if any, and write a brief overview of the witnesses' testimony:

Signature

Date

Grievance No. _____
(Assigned by staff)

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

GRIEVANCE TRACKING AND OUTCOMES FORM

Grievance Number: _____
Date of Incident or Results Announced: _____
Date Support Staff Received Notification of Grievance: _____
Date Planning Council Chair is notified of Grievance: _____
Date Chair of Priority and Allocations Committee is notified of Grievance: _____
Date of Grievance Ad-hoc Committee Meeting: _____
Date of Grievance Hearing: _____
Date of Grievance Recommendation: _____
Date Grievance Concluded: _____
Did Grievance go to Mediation? Yes _____ or No _____
Did Grievance go to Arbitration? Yes _____ or No _____

Grievance Ad-hoc Committee's Recommendations

Planning Council Chair Signature

Date

Printed Name

Grievant Signature

Date

Printed Name

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.10

RAPID REALLOCATION OF FUNDS

1 PURPOSE

2
3 This policy outlines the process by which the Planning Council approves the rapid reallocation of
4 Part A funds to ensure that all funds are obligated and spent.

6 POLICY

7
8 During the last quarter of the funding year, the Administrative Agency has the authority to
9 reallocate funds across service categories without prior approval from the Planning Council,
10 provided reallocations are consistent with Planning Council priorities.

12 PROCEDURE

13
14 The Administrative Agency may rapidly reallocate funds without Planning Council consent based
15 on the following conditions:

- 16
17 a. By November 1st of the grant year, 25% or less of the funding award has not been
18 spent.
19
20 b. The reallocations are consistent with Planning Council priorities.
21
22 c. Reallocations shall be consistent with the Planning Council's allocations, ensuring
23 that at least 75% of service dollars are used for core medical services.
24
25 d. The Part A office shall reallocate funds in a timely manner so that all funds are
26 obligated and can be spent during the funding year.
27
28 e. The Part A office shall notify the Planning Council of any reallocation of service
29 dollars across service categories at the next scheduled council meeting.

30
31
32 Approved by: _____

33 Planning Council Chair

34 _____
35 Date

REVISION HISTORY

POLICY No. 2021.10

ACTIVITY	DATE	TITLE	NO.
ISSUED	9.30.21	Rapid Reallocation of Funds	2021.10
AMENDED	1.27.22	No change	No change

36

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL
Record of Rapid Reallocation by Administrative Agency

1. Is it November 1st or later? _____ (if yes, go to number 2/if no, rapid reallocation is not authorized)

2. Is 25% or less of the funding award remaining? _____ (if no, rapid reallocation is not authorized/if yes, go to number 3)

3. Are the reallocations consistent with Planning Council priorities? _____ (if yes, go to number 4/if no, rapid reallocation is not authorized)

4. Do the reallocations align with the requirement that at least 75% of service dollars are used for core medical services? _____ (if yes, go to the table below/if no, rapid reallocation is not authorized)

Priority #	Service Category	Amount Requested	Amount Reallocated
Justification for Reallocation:			
Justification for Reallocation:			
Justification for Reallocation:			
Justification for Reallocation:			

Approved by:

Administrative Agency Signature

Date

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL
Record of Rapid Reallocation by Administrative Agency

Instructions:

- The form shall be filled out by a representative of the Administrative Agency when rapidly reallocating funds according to Policy No. 2021.10.
- The completed form shall be presented at the next Executive Committee meeting and be included in the following Planning Council meeting packet.

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.11

EXPENSE REIMBURSEMENTS

PURPOSE

This policy establishes the guidelines regarding expense reimbursements for unaligned Metropolitan Jacksonville Area HIV Health Services Planning Council members.

AUTHORITY

"Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice 16-02" dated October 22, 2018. Those eligible to receive reimbursement of expenses to attend committee, subcommittee and related meetings include Council and Affiliate committee members.

REIMBURSEMENT

Ryan White HIV/AIDS Program funds are intended to support only the HIV-related needs of eligible individuals. In no case may Ryan White HIV/AIDS Program funds be used to make direct payments of cash to recipients of services. Where direct provision of the service is not possible or effective, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

Grantees are advised to administer voucher programs in a manner which assures that vouchers cannot be used for anything other than the allowable service, and that systems are in place to account for disbursed vouchers. The following service categories represent allowable uses of Ryan White HIV/AIDS Program funds. The Ryan White HIV/AIDS Program Grantee, along with The Metropolitan Jacksonville Area HIV Health Services Planning Council, will make the final decision regarding the specific services to be funded under their Grant. (HIV/AIDS Bureau Policy 1602, pgs. 3-4)

Approved by:



Planning Council Chair

1/14/2022

Date

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
ISSUED	8.26.21	Expense Reimbursements	2021.11

POLICY No. 2021.11

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

MENTORSHIP PROGRAM

PURPOSE

The intent of the mentorship program is to facilitate understanding of the purpose, activities, and procedures of the Metropolitan Jacksonville Area HIV Health Services Planning Council. It will promote timely, informed, and active involvement of the new members regarding Council business and decision-making. Mentors will be offered to all newly appointed Planning Council and Associate members.

The formal mentorship period will last for one year with an emphasis for ongoing teamwork extending throughout the member’s term. During the one-year period, the mentor will act as the primary resource in orienting the new member to the Council's purpose and operating processes.

PLANNING COUNCIL MENTOR ASSIGNMENT PROCESS

The Membership Committee will review and approve mentor and mentees to ensure success. The Membership Committee will create a mentor rotation based upon first come first mentor rotation. The mentee will be assigned to a mentor within 30 days of appointment as a Planning Council or Associate member. The Membership Chair will inform Planning Council Support Staff of the selected mentor/mentee assignment. The Planning Council Support Staff will notify mentor and mentee of the selection. The Membership Chair will inform Planning Council Support Staff to schedule a meeting 30 minutes prior to next Planning Council meeting. The Membership Chair will introduce new members to their mentor. Mentorship activities will occur during or immediately around regularly scheduled meetings of the Planning Council to ensure meetings are adhering to the Sunshine Law. During the initial meeting Membership Chair will discuss Policies and Procedures and the Sunshine Law with mentor and mentee. For future meetings mentor/mentee will inform Planning Council Support Staff one week prior to meeting if they are requesting to meet with their assigned mentor/mentee. Planning Council Support Staff will inform mentor/mentee of this request. Planning Council Support Staff will post scheduled 30-minute meetings on City site to take place prior to normal scheduled meeting time. Each mentor/mentee will be up to 10 minutes to allow proper recording of minutes.

In understanding that personalities are not always compatible, a new member may request a new mentor if an unsuccessful mentor match was assigned. If at any time there is a barrier in the mentor relationship, the new member and mentor should meet with Membership Committee to discuss the challenge and determine the most appropriate next step.

37
38 The mentor relationship is not designed to be exclusive. New members are encouraged to go to
39 any member or staff with technical questions or comments, just as mentors are encouraged to
40 provide technical assistance to any member in need of clarification. The mentor is simply
41 assigned to ensure that all new members have at least one individual (in addition to staff) that
42 they feel comfortable approaching until knowledgeable with the overall purpose and processes
43 of the Planning Council.

44

45 **MENTOR**

46

47 Mentors are experienced Metropolitan Jacksonville Area HIV Health Planning Council members
48 who have a keen understanding of the HIV care system and Planning Council decision making
49 processes. They have strong communication skills that enable them to effectively listen to the
50 needs of the people living with HIV/AIDS (PLWHA) and their fellow Planning Council members
51 and to explain complex concepts in simple understandable terms.

52

53 The mentor must be an active member of the Planning Council in good attendance standing for
54 a minimum of one year to be eligible to serve as a mentor. The Planning Council Mentor may
55 have been a previous member of the Planning Council with no more than three (3) years between
56 previous and current Planning Council membership. All members will receive a copy of this
57 procedure prior to being surveyed to ensure awareness of mentor responsibilities and
58 commitments. Planning Council members will be surveyed March of every grant year to
59 determine interest in serving as a mentor.

60

61 The mentor will act as a tutor, coach, and sounding board for the new member to meet the goals
62 set for the mentorship relationship. Mentor will offer guidance and expertise to coach and
63 develop new Planning Council members in the different facets of their role on the Planning
64 Council, as outlined within the Council Member Orientation and Full Council training. Mentor will
65 offer general support to new Planning Council members. This will be on an as needed basis and
66 may be defined by mentor/mentee in terms of what should be covered. Mentor will offer
67 supportive guidance on the importance of sound practices and encourage full participation in
68 Planning Council and committee meetings. Mentor will ensure new member understands the
69 Conflict-of-Interest Policy, Policy Clarification Notice 16-02, Bylaws, Primer and HRSA Manual.
70 Mentor will be available for mentee before and/or after PC meetings to see if they have questions
71 about the agenda, minutes, or other materials, or meeting presentations or discussion.
72 Mentor/mentee will be mindful they do not discuss any item that may come before the Planning
73 Council for a vote. Mentor will sit by the mentee during the Planning Council meetings for the
74 first year to answer questions. Mentor will provide straightforward guidance based on your
75 experience but refer to others when you don't have the answers. If the mentee is having trouble
76 attending planning council or committee meetings, mentor will help them identify their
77 challenges and develop a plan to resolve them. The mentor will be especially mindful to provide
78 the new member with explanations of acronyms, definitions, an issue's relevance, or its historical
79 context. The mentor will continually encourage new members to raise their questions or voice

80 their comments to the Planning Council during meetings. Mentors will lead by example, asking
81 questions that they feel would be beneficial to the new member's understanding of an issue. To
82 improve the new members comfort level in speaking during meetings, the mentor will assist the
83 new member in navigating Robert's Rules of Order. The mentor will encourage the new member
84 to become actively involved in Planning Council committees. Because all of the work of the
85 Planning Council is done at the committee level, it is vital to engage new members in committee
86 work.

87

88 MENTEE ROLES

89

90 Mentees are newly appointed Planning Council members or Associate members who need to
91 absorb the mentor's knowledge and have the willingness and desire to know what to do with this
92 knowledge.

93

94 New members will document any substantial questions they have over the course of the meeting.
95 The new member and the mentor will use the beginning or the end of the meeting to discuss and
96 develop a clear explanation of the issues in question. The mentee decides upon the amount of
97 help and guidance he/she needs. The mentee takes initiative to ask for help or advice. Mentee
98 should be patient, eager to learn and willing to work as a team player. Mentee should be curious
99 about the planning process and how to make good sound decisions using historical data. Mentee
100 will have a positive attitude. Mentee will be willing to take on leadership roles and mentor others
101 in the future.

102

103 ASSESSING EFFECTIVENESS OF MENTORSHIP PROGRAM

104

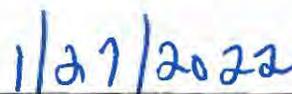
105 Mentor and mentee agree to complete a survey in February to evaluate the effectiveness of the
106 Mentorship Program. Mentor and mentee agree to provide feedback on ways the Mentorship
107 Program can be more successful.

108

109

110

Approved by: 
Planning Council Chair


Date

111

112

113

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
READ AT PC MEETING/SENT BACK	8.26.21	Mentorship Program	2021.12
EDITED	11.4.21	No change	No change
ISSUED	1.27.22	No change	No change

114

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.13

PLANNING COUNCIL MEMORIAL FUND

1 **PURPOSE**

2
3 The purpose of the Planning Council Memorial Fund is to acknowledge eligible recipients in
4 times of bereavement, hospitalization, or extended illness.
5

6 **ELIGIBILITY**

7
8 Eligible recipients are Planning Council members, Associate members, Planning Council Support
9 Staff, and Administrative Agency staff. Final eligibility decisions will be made by the Executive
10 Committee. If needed, this can be done during an emergency meeting with proper notice of the
11 Executive Committee.
12

13 **DONATIONS**

14
15 All eligible recipients are encouraged to donate \$11 per year to the fund. Donations of \$1 per
16 month or a one-time annual donation of \$11 is acceptable. Donations must be made in cash.
17 Additional donations are accepted.
18

19 **HANDLING OF FUNDS**

20
21 Planning Council Support Staff receives the cash donations and gives it to the Administrative
22 Agency Accountant. Together Planning Council Support Staff and Accountant will put funds in
23 the appropriate envelope in the safe and record accordingly. At no time will only one person
24 enter the safe alone. City of Jacksonville policy will be followed for handling funds and
25 accessing the safe. The policy can be accessed through the Part A Program Manager.
26

27 **NOTIFICATION OF BEREAVEMENT OR HOSPITALIZATION**

28
29 The Planning Council Support Staff must receive written notification from the Chair or Vice
30 Chair to expend allocated funds.
31

32 **REPORTING**

33

34 Planning Council Support Staff and Accountant will maintain a journal of funds received and
35 expended which is located inside the safe. The Part A Program Manager will give a report on
36 the Memorial Fund to the Planning Council on a quarterly basis or when funds are expended.

37

38 **EXPENDITURES**

39

40 Gifts for eligible recipients will not exceed \$100, including delivery. Planning Council Support
41 Staff will be responsible for ordering gifts on behalf of the Planning Council.

42

43 The Planning Council Support Staff will purchase get well and/or sympathy cards not to exceed
44 \$5 each and will mail the cards on behalf of the Planning Council. Postage will be purchased
45 separately.

46

47 A memorial quilt panel may be purchased, not to exceed the amount of the approved
48 expenditure, as specified by the bereaved eligible recipient or next of kin.

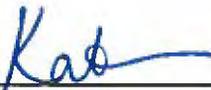
49

50 Exceptions herein may be made by a vote of the full Planning Council.

51

52

53

Approved by:  1/14/2022
Planning Council Chair Date

54

55

56

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
ISSUED	12-07-07	Procedure for the Planning Council Memorial Fund	2007-02
AMENDED	04-01-21	Procedure for the Planning Council Memorial Fund	2007-02
AMENDED	9.30.21	Planning Council Memorial Fund	2021.13

57

58

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.14

TRANSPORTATION FOR PLANNING COUNCIL AND COMMITTEE MEMBERS

1 **PURPOSE**

2
3 This policy is to provide guidance and overall coordination regarding access to transportation for
4 all Planning Council, Committee and Community Connections meetings. The policy is for all
5 committee members who lack private transportation or the ability to utilize private
6 transportation due to special needs or other purposes.
7

8 **AUTHORITY**

9
10 The Ryan White legislation, in Section 2602(b)(5)(C) of Title XXVI of the Public Health Service (PHS)
11 Act, requires that at least 33% of voting planning council members be consumers of Ryan White
12 Part A services who are not officers, employees, or consultants of any entity that receives Ryan
13 White Part A funds. HAB/DMHAP strongly recommends that planning councils adopt a variety of
14 strategies to strengthen the effective participation of PLWHA. The policy further helps planning
15 councils to successfully address the challenges of recruiting and maintaining the active
16 participation of PLWHA in planning council processes. Offering transportation is one of the ways
17 to increase PLWHA attendance and participation.
18

19 **QUALIFICATIONS**

20
21 Transportation is only available to attend the committee they are a member of. Transportation
22 to Planning Council, Committee and Community Connections meetings are limited to two
23 committees. If an individual is a member of at least one committee, he/she may utilize
24 transportation service to attend Planning Council meetings.
25

26 To receive transportation services to attend Planning Council, Committee and Community
27 Connections meetings you must meet certain criteria:
28

- 29
- 30 • Planning Council member, Committee member or Community Connections member who
is an eligible Ryan White Part A consumer.
 - 31 • Members are required to apply for transportation with the Planning Council Support Staff.
 - 32 • Committee member must be a member of the Planning Council, Committee, or
33 Community Connections.
 - 34 • Member must attend two of the past three committee meetings before being able to
35 apply for transportation assistance.

POLICY No. 2021.14

- 36
- 37
- 38
- 39
- 40
- Members are required to call the Planning Council Support Staff 24-48 business hours prior to meeting dates.
 - Requesting transportation assistance does not guarantee assistance.
 - Members will be removed from the committee and not eligible for transportation assistance if their attendance falls below 60%.

41

42 **TRANSPORTATION METHODS**

43

44 Transportation will be offered in two forms:

45

46 Bus Pass – If a consumer is taking the bus to and from meetings, a bus pass will be mailed to member prior to meeting. Bus pass will be to use Jacksonville Transportation Authority. To ensure the member receives bus pass prior to meeting date, individual should contact Planning Council Support Staff one week prior to meeting.

50 Taxi Cab Service – Must contact Planning Council Support Staff 24-48 business hours prior to Planning Council, Committee or Community Connections meeting to request transportation. If multiple consumers are coming from one location, you may share a Taxi to the meeting. If you return to the same location, you may share the Taxi. If returning to separate locations, you will be provided separate a Taxi to protect privacy. This method will be determined on a case-by-case basis.

56 **PROCESS**

57 Members shall contact the Planning Council Support Staff on Monday – Friday, 8 a.m. – 4 p.m. at least 24 - 48 hours prior to the meeting by calling or by email. Members will provide the following information to Planning Council Support Staff:

- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 1) Name
 - 2) Contact information
 - 3) Time and date of meeting
 - 4) Location to be picked up (physical address)
 - 5) Location of meeting and meeting name
 - 6) Special needs
 - 7) Contact Planning Council Support Staff should the ride need to be cancelled.
 - 8) Contact Planning Council Support Staff if the Taxi does not arrive within 10 minutes of pick-up time.

69 Planning Council Support Staff will:

- 70
- 71
- 72
- 73
- 74
- 1) Arrange agreed upon transportation
 - Bus: Planning Council Support Staff will mail bus pass to member.
 - Taxi Service: Planning Council Support Staff will arrange pick up and drop off for member.

75 **FUNDING FOR TRANSPORTATION**

76
77 Ryan White Part A grants allow for planning body administrative support. Federal guidelines
78 allow Ryan White administrative funds to be used to cover expenses for unaligned PLWHA, such
79 as transportation, or other costs directly related to participation. In addition, contracted services
80 can be used, such as transportation services, provided they are paid for through the
81 administrative budget, not from service funds. Planning bodies should establish, explain, and
82 consistently implement specific policies related to expense reimbursements for consumer
83 members. These policies should specify what types of expenses are reimbursable, under what
84 conditions, required documentation, and expenditure limits (Ryan White HIV/AIDS Program Part
85 A Manual—Revised 2013, pg. 255).

86
87 If an individual has been provided transportation to attend a Planning Council, Committee
88 meeting or Community Connections meeting and fails to attend that meeting, the individual may
89 be denied further transportation services for meetings depending on circumstances

90
91
92
93 Approved by:  1/14/2022
94 Planning Council Chair Date

95
96
97

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
ISSUED	9.30.21	Transportation for Planning Council and Committee Members	2021.14

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.15

INCLEMENT WEATHER, DECLARED EMERGENCIES AND DISASTERS, AND TRAVEL BANS

1 **PURPOSE**

2
3 This policy establishes guidelines for ensuring Planning Council members have the ability to safely
4 attend meetings and adhere to attendance requirements.
5

6 **TELEPHONIC PARTICIPATION**

7
8 Planning Council and committee members are allowed to participate in council or committee
9 meetings via telephone for any reason as long as Support Staff has access to the technology
10 needed to accommodate such a request. Per the Bylaws, members can participate via telephone
11 and be counted as present only once per grant year (March 1 – February 28).
12

13 **ABSENCE DUE TO INCLEMENT WEATHER OR DECLARED EMERGENCY OR DISASTER**

14
15 If a Planning Council member cannot attend a meeting in person or via telephone due to
16 inclement weather and/or a Local, State, or Federal Declaration of Emergency or Disaster they
17 will notify Support Staff as soon as possible with documentation of inclement weather or
18 declared emergency or disaster. Support Staff will notify the Chair and Vice Chair. At the request
19 of the member, the reason for absence will be disclosed at the next Planning Council meeting
20 and members will vote as to whether or not the absence will count against the member. If the
21 member does not request this vote, they will be considered absent.
22

23 **ABSENCE DUE TO TRAVEL BANS**

24
25 If a Planning Council member’s place of employment prevents them from traveling for any reason
26 and that ban prevents them from attending a meeting, that member must notify Support Staff
27 as soon as possible and provide documentation from their employer. Support Staff will notify the
28 Chair and Vice Chair. The member may participate via telephone if possible as long as the
29 technology needed to accommodate such a request is available. At the request of the member,
30 the reason for absence will be disclosed at the next Planning Council meeting and members will
31 vote as to whether or not the absence will count against the member. If the member does not
32 request this vote, they will be considered absent.
33
34

35
36
37

Approved by: 
Planning Council Chair

1/27/2022
Date

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
ISSUED	9.30.21	Incident Weather, Declared Emergencies and Disasters, and Travel Bans	2021.15
EDITED	11.4.21	No change	No change
REVIEWED	12.21.21	No change	No change
AMENDED	1.27.22	No change	No change

38

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

TRANSPARENCY IN OPERATIONS

1 **PURPOSE**

2
3 This policy establishes guidelines for adhering to open meeting requirements and operational
4 transparency.

5
6 **OPEN MEETINGS**

7
8 Meetings are open to the public and audio recorded. Meetings that take place on Zoom are
9 video and audio recorded. All meetings of the Jacksonville Planning Council shall be open to the
10 public in accordance with the Florida Government in the Sunshine Law, Section 286.011, Florida
11 Statutes.

12
13 **ACCESSIBILITY**

14
15 All Planning Council Meetings will be conducted in a publicly accessible building.

16
17 **SIGNS, PLACE CARDS, AND BANNERS**

18
19 For public safety purposes, no signs or place cards mounted on sticks, poles, posts, or similar
20 structures shall be allowed in Planning Council meetings. Other signs, place cards and banners
21 shall not disrupt meetings or interfere with others' visual rights.

22
23 **NOTICE OF MEETINGS**

24
25 Except in the case of emergency meetings, the Planning Council shall give notice of all public
26 meetings, hearings, and workshops by publication or on the City of Jacksonville website not less
27 than seven days before the event in accordance with Florida Statutes 120.525. Planning Council
28 Support Staff will ensure that all meetings are posted according to City of Jacksonville (COJ)
29 procedures.

30
31 Current schedule of council and standing committee meetings (subject to change):

- 32 ● Bylaw Committee: 1st Thursday, 2:00pm - 4:00pm
- 33 ● Membership Committee: 2nd Wednesday, 2:00pm - 4:00pm
- 34 ● Community Connections: 2nd Thursday, 12:00pm - 1:30pm
- 35 ● Continuum of Care Coordination Committee (CCCC): 2nd Thursday, 2:00pm - 4:00pm

- Executive Committee: 3rd Tuesday, 2:00pm - 4:00pm
- Priority and Allocations Committee: 2nd Tuesday (As Needed), 2:00pm - 4:00pm
- Planning Council: 4th Thursday, 3:00pm - 5:00pm

39

40 PUBLIC COMMENT

41

42 A public comment period allows the public the opportunity to inform the Planning Council of
43 their views. The council will not engage in dialogue with the public during this time. All Planning
44 Council agendas will include two different times during the meeting to hear public comments.
45 Individuals wishing to make public comments shall fill out a blue card and hand it to the Vice
46 Chair prior to the public comment period. Individuals must identify themselves and whether
47 they have a conflict of interest when speaking. Individuals shall choose if they want to identify
48 themselves as a person living with HIV/AIDS and/or a Ryan White consumer. Individuals may
49 not give their time to other people.

50

51 The remarks of each individual shall be limited to no more than three minutes, unless the Chair
52 extends the time. Any individual who did not speak during the first public comment period shall
53 have the opportunity to speak during the second public comment period. The Chair has the
54 discretion to either extend or reduce time limits based on the number of speakers.

55

56 MINUTES

57

58 Planning Council minutes will be made public by posting them to the COJ Ryan White website
59 within 45 days of council approval. Planning Council minutes must be compliant with Americans
60 with Disabilities Act (ADA) accessibility requirements prior to being posted to the website.
61 Planning Council minutes must not indicate the HIV status of planning council members or any
62 other person unless that person has publicly disclosed that information.

63

64 BYLAWS

65

66 The Planning Council Bylaws shall be made public by posting them to the COJ website. When the
67 Bylaws are updated, the Planning Council Support Staff will send them to the COJ Public
68 Information Office to post to the website.

69

70 HIV DISCLOSURE

71

72 Planning Council members will take appropriate steps to guard against disclosure of another
73 person's personal information that would constitute an invasion of privacy during their tenure as
74 a member. A violation of confidentiality may result in removal from the Planning Council.

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Approved by: Kal
Planning Council Chair

1/14/2022
Date

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
ISSUED	9.30.21	Transparency in Operations	2021.16

82

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

WRITING AND PUBLISHING THE NEWSLETTER

1 **PURPOSE**

2
3 This policy establishes guidelines for writing and publishing the newsletter. The newsletter serves
4 as a vehicle for communicating full and accurate information about the activities, purposes, and
5 goals of the Planning Council to current Planning Council members, potential Planning Council
6 members, and the broader community.
7

8 **RESPONSIBILITY**

9
10 The Planning Council Chair shall select a member who is willing to act as the editor of the
11 publication and facilitate the planning, writing, and approval of content. The editor maintains the
12 newsletter email list. Email addresses are obtained from the Planning Council Support Staff.
13

14 **CONTENT**

15
16 The newsletter shall be named “Council News and Updates.” Articles shall be written by members
17 and associate members of the Planning Council and deemed useful and appropriate for the
18 PLWHA community. Events deemed useful and appropriate to the PLWHA community may be
19 included in the publication. Submissions shall not be about issues that foreseeably may come
20 before the Planning Council. Anonymous submissions or events shall not be accepted.
21

22 **PROCESS**

23
24 A draft copy of the newsletter in pdf and email form will be sent to the Part A Program Manager
25 and the Chief of Social Services for final approval at least one week prior to publication. The
26 newsletter shall be published monthly and will be sent via email no later than the 7th of the
27 month. The Editor will obtain from the Planning Council Support Staff the most up to date email
28 contact list each month before the email is sent. The Editor will send the newsletter in pdf and
29 email form from their email account.
30

31 If the Editor receives a request to be removed from the newsletter distribution list or an email
32 bounces back, the Editor will add the email to the “Do Not Email” spreadsheet and notify the
33 Planning Council Support Staff to remove the person from the list. If the Editor receives a message
34 or question in response to the newsletter, the Editor will respond and/or forward the email to
35 the appropriate person for a response.
36

37 Corrections to newsletters will only be emailed out if the information that was originally sent was
38 incorrect. Updates to events will not be emailed out after the newsletter has been sent. The
39 newsletter is just passing on information. The event holder is responsible for updating event
40 information. A pdf version of the newsletter will be posted on the website at
41 [https://www.coj.net/departments/parks-and-recreation/social-services/ryan-white-c-a-r-e-](https://www.coj.net/departments/parks-and-recreation/social-services/ryan-white-c-a-r-e-act,-part-a/planning-council)
42 [act,-part-a/planning-council](https://www.coj.net/departments/parks-and-recreation/social-services/ryan-white-c-a-r-e-act,-part-a/planning-council).

43

44 MINIMUM REQUIREMENTS

45

46 The newsletter must include:

47

- 47 • COJ logo
- 48 • Planning Council logo
- 49 • Meeting dates
- 50 • The City of Jacksonville's main Ryan White Part A website hyperlink –
51 www.coj.net/rwpc
- 52 • The City of Jacksonville's Ryan White Part A website hyperlink to meeting minutes -
53 [https://www.coj.net/departments/parks-and-recreation/social-services/ryan-white-](https://www.coj.net/departments/parks-and-recreation/social-services/ryan-white-c-a-r-e-act,-part-a/planning-council/about-us#MEETING%20MINUTES)
54 [c-a-r-e-act,-part-a/planning-council/about-us#MEETING%20MINUTES](https://www.coj.net/departments/parks-and-recreation/social-services/ryan-white-c-a-r-e-act,-part-a/planning-council/about-us#MEETING%20MINUTES)
- 55 • The Planning Council Support Staff email address and phone number
- 56 • Instructions for being removed from the distribution list
- 57 • A link to the HRSA HAB website - <https://hab.hrsa.gov>

58

59 Approved by: _____



60 Planning Council Chair

1/27/2022

61

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
EDITED	11.4.21	Writing and Publishing the Newsletter	2021.17
REVIEWED	12.21.21	No change	No change
ISSUED	1.27.22	No change	No change

62

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.18

QUORUM AND VOTING

1 PURPOSE

2
3 This policy establishes guidelines for quorum and voting in accordance with Robert’s Rules of
4 Order and the bylaws.

5 6 DEFINITIONS

7
8 Abstention – When a voter is present but decides not to vote.

9
10 Majority – Majority may mean more than half of voting members present or more than half of
11 the entire voting membership, and shall be specified prior to each vote.

12
13 Majority Vote – Defined as more than half of the votes cast, excluding abstentions.

14
15 Quorum – When a majority (more than half) of total voting Planning Council members,
16 including Associate members called to the table, are present (Art II, Sec 4). Once a quorum has
17 been established, no additional members or Associate members will have the right to vote at
18 the current meeting (Art XIII, Sec 5).

19
20 Quorum Call – Used to determine whether a quorum is present. Quorum calls shall last at least
21 fifteen minutes. The actual amount of time given is at the discretion of the presiding officer.
22 The Vice Chair shall make the quorum call prior to each Planning Council meeting. At
23 committee meetings, the presiding officer shall make the quorum call.

24
25 Roll Call Vote – When a record of how each member votes is required or requested by a
26 majority vote.

27
28 Two-Thirds Vote – Defined as at least two-thirds of those present and voting.

29 30 OFFICER ELECTIONS

31
32 Officers of the Planning Council shall be elected from the Planning Council membership by a
33 majority of the quorum of the membership present (Bylaws Art VI, Sec 1).

34 35 REMOVAL FROM OFFICE

POLICY No. 2021.18

37 An Officer, Chair, Vice Chair, or any other member may be recommended to the Mayor for
38 removal from the Planning Council by a two-thirds (2/3) vote of the Planning Council
39 membership if it is the judgment of the membership that the member in question is
40 not serving the best interest of the Planning Council. The motion for removal of a member
41 may be made at one meeting for discussion and voted on at the next regular Planning Council
42 meeting. The affected Planning Council member will be given an opportunity to respond. (Art
43 IV, Sec 10.A).

44

45 **AMENDMENTS TO BYLAWS**

46

47 Bylaws may be amended by a two-thirds (2/3) vote of the Planning Council members in
48 attendance. Proposed amendments shall be read at one Planning Council meeting and voted on
49 at the next regularly scheduled Planning Council meeting. (Art XVII, Sec 1).

50

51 **VOTES RELATED TO FUNDING**

52

53 When voting on items related to funding, including priorities, allocations, and re-allocations, a
54 roll call vote must be taken. The Vice Chair will call out the name of each member individually
55 and the member shall vote yea, nay, or abstain. (Art VI, Sec 3.D).

56

57 **EXECUTIVE COMMITTEE**

58

59 Per the Bylaws, a quorum of four voting members of the Executive Committee must be
60 present to convene the Executive Committee and one of those members must be the Chair
61 or Vice-Chair (Art. IV). Committee Co-Chairs may serve as a proxy at Executive Committee
62 meetings when the Chair is absent. In this case, the Co-Chair will have the same rights as the
63 Chair, including voting and being counted in the quorum. This proxy designation does not
64 apply at Planning Council meetings, or any other committee meeting.

65

66 Approved by: 

67

Planning Council Chair

1/27/2022

Date

68

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
EDITED	11.4.21	Quorum and Voting	2021.18
REVIEWED	12.21.21	No change	No change
REVIEWED	1.14.22	No change	No change
ISSUED	1.27.22	No change	No change

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METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.19

COMMUNITY INPUT AND FEEDBACK

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PURPOSE

This policy establishes guidelines for encouraging, collecting, and responding to community input and feedback.

AUTHORITY

Section 2602(b)(4)(G) of the Public Health Service Act requires planning councils to “establish methods for obtaining input on community needs and priorities which may include public meetings, conducting focus groups, and convening ad-hoc panels.”

COMMENT BOX

The Executive Committee is responsible for the provision of comment boxes at each Part A provider agency that is to be used to collect Ryan White client comments. In addition, the Community Representative is responsible for bringing a comment box to each Community Connections Committee meeting and making attendees aware of its purpose. The comments in the boxes will be collected from each agency and Community Connections Committee at least quarterly by the Community Representative and read at the next Executive Committee. The Executive Committee will determine the appropriate person or agency to respond to the comment, if necessary. The Community Representative shall send the comments to the person or agency for acknowledgement and resolution within 48 hours after it is reported to the Executive Committee. A copy shall be given to the Support Staff and entered into a spreadsheet for reporting purposes. No personally identifiable information will be entered into the spreadsheet.

MEETING EVALUATION FORM

Meeting evaluation forms shall be available at every meeting of the Planning Council, Community Connections Committee, Priority and Allocations Committee, Continuum of Care Coordination Committee, and ad-hoc committee. The form shall be attached to each meeting agenda. The Planning Council Support Staff is responsible for ensuring availability of the form. The Planning Council Support Staff, or in the case of the Community Connections Committee the Chair, shall collect completed forms at the end of each meeting and forward them to the Chair, or in the Chair’s absence, the Vice Chair, no later than one week before the next

37 Executive Committee meeting. At Executive Committee meetings, the Chair will briefly report
38 on the results of the evaluations and assign follow up as necessary. If follow up is requested, it
39 shall be made within 60 days of the meeting at which the form was filled out. Copies of the
40 forms shall be given to the Support Staff and entered into a spreadsheet for reporting
41 purposes. No personally identifiable information will be entered into the spreadsheet. The
42 meeting evaluation form shall be reviewed and edited annually by the Executive Committee.
43 Questions shall address issues related to accountability, accessibility, quality, engagement, and
44 clarity.

45

46 REPORTING

47

48 The data collected from the comment boxes and the surveys will be evaluated, summarized,
49 and presented in a written report to the Executive Committee by the Support Staff at least
50 quarterly. The information shall be used to improve meetings. Committees shall also utilize the
51 data to address their committee's community engagement goals.

52

53

Approved by: _____

Planning Council Chair

Date

54

55

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
REVIEWED	1.14.22	Community Input and Feedback	2021.19
ISSUED	1.27.22	No change	No change

56

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

Meeting Evaluation Form

Thank you for attending today's meeting. We value your input and would greatly appreciate your feedback. Please fill out this form and turn it in to the Planning Council Support Staff at the end of the meeting. The information collected will be shared with the Executive Committee and used to better meet the needs of the community. Thank you!

Name of Meeting: _____ Date of Meeting: _____

1. I was given the opportunity to provide public comment during the meeting.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable

2. The meeting time was convenient for me.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable

3. The meeting location was easily accessible for me.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable

4. Based on your experience, how likely are you to return to another meeting?

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable

5. How can we improve future meetings?



METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

Meeting Evaluation Form

If the meeting you attended was a meeting of the **Continuum of Care Coordination Committee, the Priority and Allocations Committee, the Community Connections Committee** or an **ad-hoc committee**, please answer the following:

1. The objectives of the meeting were clearly communicated.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable

2. My opinions were valued during the meeting.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable

3. The topics discussed were relevant to the needs of my community.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable

4. The activity or presentation was well organized and easy to follow.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable

If you would like to be contacted you about your responses, please provide your contact information below. Your responses will be reviewed at the next Executive Committee meeting and assigned for follow up. Please note that it may take 30 – 60 days to be contacted, depending on when the next Executive Committee meeting is. If your matter is urgent, please do not use this form.

Name:	Phone:
Email:	

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.20

ASSESSMENT OF THE EFFICIENCY OF THE ADMINISTRATIVE MECHANIM

1 **PURPOSE**

2
3 The purpose of this policy is to establish guidelines for completing the annual Assessment of
4 the Efficiency of the Administrative Mechanism (AEAM), which assesses the Administrative
5 Agency’s process and speed for procuring services and distributing funds to the areas of
6 greatest need within the TGA.

7
8 **AUTHORITY**

9
10 Section 2602(b)(4)(E) of the Public Health Service Act requires planning councils to “assess the
11 efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest
12 need within the eligible area, and at the discretion of the planning council, assess the
13 effectiveness, either directly or through contractual arrangements, of the services offered in
14 meeting the identified needs.”

15
16 **PROCESS**

17
18 The AEAM will be conducted by the Priority and Allocations Committee prior to the submission
19 of the Part A grant application.

20
21 **SCOPE**

22
23 A minimum of the following topics shall be covered in the assessment:

- 24
- 25 • The Administrative Agency’s procurement process, including outreach to potential new
26 service providers, dissemination of the Request for Proposal (RFP), number of
27 applications received and funded, the review process including use of an external review
28 panel (ERP) and the composition of that panel, and criteria used in selection of service
29 providers.
 - 30 • Contracting between the Administrative Agency and providers, including the length of
31 time between receiving the Notice of Grant Award and completion of fully executed
32 subcontracts with providers.
 - 33 • The Administrative Agency’s reimbursement of service providers, including the monthly
reporting and invoicing process and the length of time between the Administrative

POLICY No. 2021.20

- 34 Agency's receipt of an accurate invoice with required documentation and issuance of a
35 reimbursement check to the provider, as well as obstacles to timely reimbursement.
- 36 • Whether the Administrative Agency's contracting and expenditure of RWHAP Part A
37 funds are consistent with allocations made by the planning council, and the proportion
38 of formula and supplemental RWHAP Part A funds that are expended by the end of the
39 program year.
 - 40 • Engagement between the Administrative Agency and the planning council in the
41 planning process, including how and how well the Administrative Agency and planning
42 council work together to carry out shared and coordinated planning tasks to meet
43 legislative requirements, the extent to which the planning council receives the data
44 needed for sound decision making, and evidence of success in maintaining and
45 strengthening the system of HIV care.
 - 46 • The extent to which the Administrative Agency meets their commitments as described
47 in the MOU, with emphasis on the extent to which all agreed-upon data and reports
48 from the Administrative Agency were received on schedule by the planning council and
49 its committees.
 - 50 • Whether the planning council directs the work of the planning council support staff and
51 not the Administrative Agency, including determining the scope of work, and in the case
52 of hiring, the criteria for selection and evaluating proposals.

53

54 **METHODS**

55

56 The following methods shall be used to complete the assessment:

- 57 • An annual survey of funded providers to learn about their experiences related to
58 procurement, contracting, and reimbursement. This shall be done using an online survey
59 format and a combination of multiple-choice and/or rating-scale questions and a few
60 open-ended questions. The survey results shall be aggregated and summarized for
61 planning council review. The goal shall be to obtain a response rate that is more than
62 half the funded providers.
- 63 • Obtaining summary information from the Administrative Agency about each of the
64 topics. This shall include the percent of contracts fully executed within 30, 60, and 90
65 days after notice of grant award; the average time (and the range of days) required each
66 month for the Administrative Agency to process accurate invoices and submit request to
67 Accounting for payment; and the amount and percent of RWHAP Part A funds allocated
68 by the planning council to each service category versus the amount and percent actually
69 spent on each service category.
- 70 • Review of expenditures and related data, usually provided to the planning council
71 monthly by the administrative agency, including expenditures by service category,
72 under- and over-expenditures, and progress and concerns related to funding,
73 contracting, and program management.
- 74 • An annual survey of planning council members to learn about their experiences related
75 to working with the Administrative Agency. This shall be done using an online survey
76 format and a combination of multiple-choice and/or rating-scale questions and a few

77 open-ended questions. The survey results shall be aggregated and summarized for
78 planning council review. The goal shall be to obtain a response rate that is more than
79 half the planning council members.
80

81 **RESULTS**

82
83 The results shall be compiled into a report and shared with the Executive Committee and the
84 Administrative Agency. The Administrative Agency develops a response, including corrective
85 actions if needed. Both the results of the assessment and the response are summarized in the
86 Part A grant funding application for the following year.

87
88 Approved by: 
89 Planning Council Chair

1/27/2022
Date

90

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
EDITED	12.21.21	Assessment of the Efficiency of the Administrative Mechanism	2021.20
REVIEWED	1.14.22	No change	No change
ISSUED	1.27.22	No change	No change

91

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.21

STANDING AND AD-HOC COMMITTEES

1 **PURPOSE**

2
3 The purpose of this policy is to establish guidelines for the roles and responsibilities of each
4 standing and ad-hoc committees.
5

6 **AUTHORITY**

7
8 Through the adoption of its bylaws, the planning council establishes the standing committees
9 and that there will be ad-hoc committees as necessary to carry out additional duties and
10 responsibilities of the planning council.
11

12 **STANDING COMMITTEES**

13
14 There are two types of standing committees, governance and non-governance. Governance
15 committees are concerned with the structure and operations of the planning council. Only
16 planning council members can be members of governance committees. Non-governance
17 committees are concerned with planning processes and community engagement. Planning
18 Council members and members of the public may be members of non-governance committees.
19 Members of the public who are committee members are called Affiliate Members.
20

21 **1. EXECUTIVE COMMITTEE (EC)** – This committee is a governance committee. It shall be
22 composed of the Chair, Vice Chair, and Community Representative, along with the Chairs
23 from each of the Standing Committees. If a committee chair cannot be in attendance at an
24 Executive Committee meeting, the committee co-chair may serve as a proxy for the chair.
25 The committee ensures an orderly and integrated progression of the planning council
26 committee work, plans future activities, and approves resource reallocations when it is
27 impractical to convene the full council.
28

29 **2. BYLAWS COMMITTEE** – This committee is a governance committee. It shall be composed of
30 Planning Council members. The committee shall meet at least twice per year to review the
31 bylaws and update them as necessary.
32

33 **3. MEMBERSHIP COMMITTEE** – This committee is a governance committee. It shall be
34 composed of Planning Council members. The Membership Committee recruits applicants for

POLICY No. 2021.21

35 vacancies on the Planning Council, reviews member attendance and the aligned/unaligned
36 ratio, and conducts the annual nomination process and election of officers.

- 37
- 38 **4. PRIORITY AND ALLOCATIONS COMMITTEE (P&A)** – This committee is a non-governance
39 committee. It shall be composed of Planning Council members and affiliate members. The
40 committee develops and implements an annual priority setting and resource allocation
41 process with the goal of establishing service priorities and allocating funds. The committee is
42 also responsible for reviewing expenditure reports, recommending reallocations to the
43 planning council, and assessing the efficiency of the administrative mechanism.
- 44
- 45 **5. COMMUNITY CONNECTIONS COMMITTEE (CC)** – This committee is a non-governance
46 committee. It shall be composed of the Community Representative, Planning Council
47 members, and affiliate members. The committee acts as a platform for the affected and
48 infected community for the development of treatments and a cure, supports individuals to
49 make informed choices about their HIV health, advocates for quality health care to respond
50 to HIV and related conditions, and promotes medical strategies that prevent new infections.
- 51
- 52 **6. CONTINUUM OF CARE COORDINATION COMMITTEE (CCCC)** – This committee is a non-
53 governance committee. It shall be composed of Planning Council members and affiliate
54 members. The committee oversees the development and implementation of an Integrated
55 Comprehensive Plan for the Jacksonville Transitional Grant Area.

56

57 **AD-HOC COMMITTEES**

58

59 A meeting of an ad-hoc committee may be called by the Planning Council Chair when the
60 need arises. The task of an ad-hoc committee is to plan, research, and relay suggestions back to
61 the standing committee or the Planning Council. These committees are short term in nature and
62 task oriented. Whether or not an ad-hoc committee shall be considered a governance or a non-
63 governance committee depends on whether the standing committee it stems from is a
64 governance or non-governance committee. Other ad-hoc committees may be formed as needed,
65 and dismantled when their mission ends.

66

- 67 **1. GREIVANCE AD-HOC COMMITTEE** – This committee shall function as an ad-hoc committee
68 under the Executive Committee. This committee resolves complaints relating to matters
69 within the Planning Council’s jurisdiction.
- 70
- 71 **2. ELIGIBILITY AD-HOC COMMITTEE** – This committee shall function as an ad-hoc committee
72 under the Executive Committee. This committee reviews and makes recommendations
73 regarding eligibility for Ryan White services in the Jacksonville TGA (Clay, Duval, Nassau, and
74 St. Johns Counties); at least annually, reviews utilization reports from the Ryan White
75 providers.
- 76

77 **3. NEEDS ASSESSMENT AD-HOC COMMITTEE** – This committee shall function as an ad-hoc
78 committee under the CCC Committee. It identifies needs and barriers to care for individuals
79 affected by HIV.
80

81 **COMMITTEE LEADERSHIP**

82

83 The Planning Council Chair shall appoint chairs of each of the standing committees on or around
84 the March Planning Council meeting. Committee chairs must be members of the Planning Council
85 and should have skills appropriate to committee duties. Committee chairs will be limited to two
86 consecutive one year terms per committee.
87

88 Duties and responsibilities of committee chairs:

- 89 • Conduct committee meetings in an orderly fashion;
 - 90 • Review and approve agenda prior to the meeting;
 - 91 • Ensure support staff notifies all members of an upcoming meeting;
 - 92 • Advise Support Staff in advance if copies of hand-outs are needed, if the computer/projector
93 will be used, or if there will be a speaker for the meeting;
 - 94 • Approve draft of the minutes after the meeting and before the next meeting;
 - 95 • Relay information from the Planning Council, the Executive, or any other committee to their
96 committee;
 - 97 • Advise the Executive Committee of any issues or concerns their committee may have;
 - 98 • Prepare and give the committee’s report to both the Executive Committee and to the
99 Planning Council;
 - 100 • Develop short-term goals for the committee and check on a regular basis to see that the goals
101 are on-track; and
 - 102 • Monitor the work of their committee to see that it meets the overall goals of the Planning
103 Council.
- 104

105 Committee co-chairs shall be appointed by the committee chair or selected by a simple majority
106 vote of their committee. A committee co-chair must be a member of the Planning Council, an
107 associate member, or an affiliate member. Committee co-chairs will be limited to two
108 consecutive one year terms per committee.
109

110 Duties and responsibilities of a committee co-chair:

- 111 • In the absence of the committee chair
 - 112 ○ Conduct committee meetings in an orderly fashion;
 - 113 ○ Approve draft of the minutes after a meeting in which they chaired;

- 114 ○ Advise the committee chair or the Executive Committee of any issues or concerns that
- 115 came up during the meeting;
- 116 • In the absence of the chair at either the Executive Committee or Planning Council meeting,
- 117 prepare and/or give the committee’s report;
- 118 • Be prepared to conduct the committee meeting if the committee chair turns the gavel over
- 119 to you while he/she debates or votes on a motion; and
- 120 • Serve as the official greeter at committee meetings.
- 121

122 **COMMITTEE MEMBERSHIP**

123

124 Planning Council members are required to actively participate on at least one standing

125 committee. Any member of the Planning Council can be a member of any committee. Members

126 are required to sign up for committee membership in March at the first Planning Council meeting

127 of the grant year, or upon appointment by notifying Support Staff. Committee members have the

128 right to vote, make motions, and enter into discussions.

129

130 Members of the public may become members of a non-governance committee upon approval by

131 the committee chair. Members of the public wishing to become committee members shall

132 submit a committee membership application and conflict of interest form to the committee chair.

133 It is preferred that members of the public attend two committee meetings before applying to

134 join the committee. Upon approval by the committee chair, the member of the public shall

135 become an Affiliate Member with the right to vote, make motions, and enter into discussions.

136 Affiliate Members must renew their committee membership each year by submitting a new

137 committee application and conflict of interest form.

138

139 **MEMBERS OF THE PUBLIC AT COMMITTEE MEETINGS**

140

141 Members of the public are welcomed to attend committee meetings. All committee meetings

142 are open to the public. Members of the public will be recognized by the chair during

143 introductions, and may speak during public comment and announcements. Members of the

144 public are not able to make motions or cast votes during meetings.

145

146 **SCHEDULING COMMITTEE MEETINGS**

147

148 Standing Committees generally meet once per month for two hours at a time and follow a regular

149 schedule that is determined by the committee chair at the beginning of each grant year. Ad-hoc

150 committees meet as needed or as directed by the Planning Council Chair. Unless necessary,

151 committee meetings shall not be held during the same week as a Planning Council meeting.

152 Committee meetings, except for Community Connections Committee meetings, must take place

153 at a building owned by the City of Jacksonville. Planning Council Support Staff is responsible for
154 securing meeting locations in advance of these meetings and notifying members of the date,
155 time, and location for each meeting.
156

157 **STAFFING COMMITTEE MEETINGS**

158
159 With the exception of the Community Connections Committee, planning council support staff or
160 a designated representative shall attend all committee meetings. Support Staff shall bring sign in
161 sheets, agendas, and any other hand-outs and supplies, including technology, as directed by the
162 committee chair to all committee meetings. If something requested is not available, support staff
163 will notify the committee chair so other arrangements may be made. Support staff shall keep an
164 accurate record of meeting minutes for all committee meetings.
165

166 The Community Connections Committee meetings shall be staffed by an employee or
167 representative of the Part B program.

168
169 Approved by:  1/27/2022
170 Planning Council Chair Date
171

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
REVIEWD	12.21.21	Standing and Ad-hoc Committees	2021.21
REVIEWED	1.14.22	No change	No change
ISSUED	1.27.22	No change	No change

172

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.22

OFFICIAL CORRESPONDENCE

1 **PURPOSE**

2
3 The purpose of this policy is to establish guidelines for official written correspondence from the
4 Planning Council, as well as official letters of recommendation for Planning Council members.
5

6 **AUTHORITY**

7
8 HRSA/HAB requires that the Planning Council provide official correspondence related to certain
9 program and fiscal reports. In addition, official correspondence is also conducted in the regular
10 operations of the council.
11

12 **FORMATTING**

13
14 All official correspondence shall be on the official Planning Council letterhead. The official
15 letterhead shall include the Planning Council logo and the City of Jacksonville logo. Electronic
16 signatures are permitted as long as the processes below are followed. Official correspondence
17 sent via email shall be sent as an attached PDF. Refer to the City of Jacksonville Communications
18 Style Guide for additional formatting guidance.
19

20 **HRSA/HAB CORRESPONDENCE**

21
22 **Ryan White Part A and MAI Planned Allocations Endorsement Letter** – This letter accompanies
23 the table that reports the priority areas established by the Planning Council and the dollar
24 amount of Ryan White Part A and MAI funds allocated to each prioritized service category. The
25 letter shall indicate endorsement of the priorities and allocations by the Planning Council and
26 signed by the Planning Council Chair. The letter shall be drafted by the Administrative Agency,
27 reviewed and edited by the Chair, and voted on by the full Planning Council. The final approved
28 letter shall be signed by the Planning Council Chair. This letter is usually completed during the
29 end of year reporting.
30

31 **Letter of Assurance from Planning Council Chair** – This letter accompanies the Part A grant
32 application. The letter shall provide assurance/concurrence that the Planning Council has met
33 its legislative responsibilities including planning, needs assessment, PSRA, training,
34 representation, and assessment of administrative mechanism. The letter shall be drafted by the
35 Administrative Agency and then sent to the Planning Council Chair. The Planning Council Chair
36 reviews the letter, makes edits, and sends it back to the Administrative Agency (Program

POLICY No. 2021.22

37 Manager). The Administrative Agency corrects grammatical errors and requests signature of
38 Planning Council Chair. The Chair signs the final version and sends it to the Planning Council
39 Support Staff to be included in the grant application. The letter does not need to be voted on,
40 but should be shared with the Executive Committee and/or Planning Council.
41

42 **OPERATIONAL CORRESPONDENCE**

43
44 **Letters of Recommendation** – The Planning Council may provide members with letters of
45 recommendation for things like conference scholarships, trainings, seminars, or advocacy
46 activities. Letters of recommendation cannot be provided for employment applications. The
47 following shall be considered: 1. Member’s involvement with the Planning Council and
48 committees with a focus on attendance and participation; 2. Leadership roles if applicable; and
49 3. Member’s skills relative to the reason they are requesting the letter. The member shall submit
50 the letter request to the Support Staff using the Letter of Recommendation Form for individuals
51 at least 30 days in advance of when the letter is due. The Support Staff drafts a letter based on
52 the request, sends it to the Chair for review, and edits. The Chair sends it back to the Support
53 Staff who will include it in the next Executive Committee meeting’s packet. The Executive
54 Committee reviews, discusses, and votes on the letter at its next meeting. If the Executive
55 Committee approves the request, the Chair will make any edits recommended by the committee
56 and send it to the Support Staff. The Support Staff sends it to the Administrative Agency who will
57 correct any grammatical errors. The Administrative Agency sends it to the Chair for signature.
58 The Chair sends the final signed letter to the Support Staff who sends it according to the request.
59 If the Executive Committee does not approve the request, the Support Staff will notify the
60 member of the decision.
61

62 The Planning Council may also provide agencies with letters of support for things like grant
63 applications. The requesting agency shall follow the same process described above using the
64 Letter of Recommendation Form for agencies.
65

66 **Other Letters** – Other official correspondence may be sent as needed to meet the legislative
67 responsibilities of the Planning Council or to represent the best interest of consumers of the Part
68 A program. No one member shall claim to represent the view of other members unless the other
69 members are also signatories on the letter. Correspondence sent by Committee Chairs shall
70 represent the majority of the committee.
71

72 Approved by:  1/27/2022
73 Planning Council Chair Date
74

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
REVIEWED	12.21.21	Official Correspondence	2021.22
REVIEWED	1.14.22	No change	No change
ISSUED	1.27.22	No change	No change

75

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

LETTER OF RECOMMENDATION REQUEST FORM

(For agencies only)

Requester's name: _____ Date: _____

Requester's agency: _____

Phone # or email: _____

1. This request is for a:

Letter of Support

Other:

2. When is the letter due? _____

3. To whom shall the letter be sent and in what format? _____

What is the purpose of the letter? _____

4. How does the requesting agency support the work of the Planning Council? _____

5. Is there any other information we should consider when deciding whether to write the letter? _____

Please attach any additional information about the purpose of the letter.

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

LETTER OF RECOMMENDATION REQUEST FORM

(For individuals only)

Requester's name: _____ Date: _____

Phone # or email: _____

1. This request is for a:

Letter of Recommendation

Letter of Support

Other:

2. When is the letter due? _____

3. To whom shall the letter be sent and in what format? _____

4. What is the purpose of the letter? _____

5. How long have you been on the Planning Council? _____

6. What leadership roles have you been in on the Planning Council? _____

7. What skills or strengths do you bring to the Planning Council? _____

8. How does your experience with the Planning Council relate to the purpose of the letter?

9. Is there any other information we should consider when deciding whether to write the letter? _____

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.23

OFFICER DUTIES AND RESPONSIBILITIES

1 **PURPOSE**

2
3 This policy establishes and defines the duties of elected Planning Council officers, as well as
4 non-elected positions. It also describes the procedure for replacing an officer mid grant year.

5
6 **AUTHORITY**

7
8 The Planning Council Bylaws establish the duties of each position.

9
10 **DUTIES OF THE PLANNING COUNCIL CHAIR**

11
12 The Planning Council Chair is an elected officer position. The Chair is elected from the Planning
13 Council membership and must be approved by the Mayor. The Chair's term shall be for one
14 year. No one may serve as Chair for more than two consecutive years.

15
16 Duties:

- 17 1. Represent the Planning Council to the Mayor, the Department of Health and Human
18 Services, Health Resources and Services Administration, and other interested parties;
19 2. Direct the affairs of the Planning Council as its administrative officer;
20 3. Preside at all meetings of the Planning Council;
21 4. Preside at all meetings of the Executive Committee;
22 5. Organize the items on the agenda for each and every meeting of the Planning Council;
23 6. Be an Ex-Officio member of all committees;
24 7. Appoint a committee chair to each of the standing committees;
25 8. Shall not serve as a Chair or Co-Chair of a Planning Council Standing Committee during
26 their term of office;
27 9. Shall not be an employee of the Administrative Agency; and
28 10. Collaborate with the Administrative Agency to develop and conduct all required
29 educational and training sessions.

30
31 **DUTIES OF THE VICE CHAIR**

32
33 The Vice Chair is an elected officer position. The Vice Chair is elected from the Planning Council
34 membership and must be approved by the Mayor. The Vice Chair's term shall be for one year.

35
36 Duties:

POLICY No. 2021.23

- 37 1. In the absence of the Planning Council Chair:
38 a. Represent the Planning Council to the Mayor, the Department of Health and
39 Human Services, Health Resources and Services Administration, and other
40 interested parties;
41 b. Direct the affairs of the Planning Council as its administrative officer;
42 c. Preside at meetings of the Planning Council;
43 d. Preside at meetings of the Executive Committee; and
44 e. Organize the items on the agenda for meetings of the Planning Council.
45 2. Serve as a committee chair or committee co-chair;
46 3. Record attendance of Council members during Planning Council meetings;
47 4. Conduct a roll call vote at Planning Council meetings as needed, such as in the case of
48 voting on priority and allocations motions; and
49 5. Request from the support staff a periodic report, not less than annually, to present to
50 the Planning Council, which will include expenditures of the Planning Council Memorial
51 Fund and any other non-grant resources.
52

53 **DUTIES OF THE COMMUNITY REPRESENTATIVE**

54

55 The Community Representative is an elected officer position. The Chair is elected from the
56 Planning Council membership. The Community Representative does not have to be approved
57 by Mayor. The Community Representative's term shall be for one year. No one may serve as
58 Community Representative for more than two consecutive years.
59

60 Duties:

- 61 1. Bring consumer perspectives to the table and communicate a broad range of prevention
62 and treatment issues to persons affected and infected by HIV;
63 2. In the absence of the Planning Council Chair and Vice-Chair, preside at the Planning
64 Council meeting;
65 3. Serving as the Outreach Coordinator for the Planning Council;
66 4. Representing the Planning Council at four or more health fairs in the TGA; and
67 5. Being a member of the Community Connections Committee.
68

69 **DUTIES OF THE PARLIAMENTARIAN**

70

71 The Parliamentarian is appointed by the Planning Council Chair in March at the beginning of each
72 grant year. They serve for a one year term. The Parliamentarian must be a member of the
73 Planning Council and is also the acting Chair of the Bylaws Committee. They shall have some
74 knowledge of parliamentary procedure and Roberts Rules of Order.
75

76 Duties:

- 77 1. Advise the Planning Council Chair and members on parliamentary procedure;
78 2. Make points of order, as needed;
79 3. Notify the Planning Council Chair when a person has reached their time limit for public

- 80 comments and reports;
- 81 4. Act as the subject matter expert on the Planning Council Bylaws;
- 82 5. Ensure there are copies of current Bylaws at each Planning Council meeting; and
- 83 6. Act as a teller during elections if the Chair of the Membership Committee is running for
- 84 office.

85

86 **REPLACING AN OFFICER**

87

88 Following the resignation, removal, untimely demise, or circumstances causing the Planning

89 Council Chair to leave office prior to the expiration of their term, the Vice Chair will become the

90 Chair, and the Vice Chair's seat will be declared open and an election will follow. Following the

91 resignation, removal, untimely demise, or circumstances causing the Vice Chair or

92 Community Representative to leave office prior to the expiration of their term, their seat will

93 be declared open and an election will follow.

94

95 Approved by: 

96 Planning Council Chair

1/27/2022

Date

97

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
REVIEWED	12.21.21	Officer Duties and Responsibilities	2021.23
REVIEWED	1.14.22	No change	No change
ISSUED	1.27.22	No change	No change

98

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

POLICY No. 2021.24

PRIORITY SETTING AND RESOURCE ALLOCATION

1 **PURPOSE**

2
3 This policy establishes guidelines for prioritizing service categories and allocating resources,
4 also called priority setting and resource allocation (PSRA).

5
6 **AUTHORITY**

7
8 Ryan White Part A planning councils are responsible for setting service priorities, determining
9 how best to meet those priorities, and allocating funds to them consistent with Section
10 2602(b)(4)(C) of Title XXVI of the Public Health Service (PHS) Act.

11
12 **PRIORITY SETTING**

13
14 The Planning Council is required to establish priorities for the allocation of funds within the
15 Transitional Grant Area (TGA), including how best to meet each priority. Factors that should be
16 considered when allocating funds under the Part A grant are:

- 17 1. Size and demographics of the population of individuals with HIV/AIDS and the
18 needs of such population.
- 19 2. Demonstrated (or probable) cost effectiveness and outcome effectiveness of proposed
20 strategies and interventions.
- 21 3. Priorities of the communities with HIV/AIDS for whom the services are intended.
- 22 4. Coordination in the services provided to individuals with programs for HIV prevention
23 and for the prevention and treatment of substance abuse, including programs that
24 provide comprehensive treatment for such abuse.
- 25 5. Availability of other governmental and non-governmental resources to cover health care
26 costs of eligible individuals and families with HIV/AIDS.
- 27 6. Capacity development needs resulting from disparities in the availability of HIV-related
28 services in historically underserved communities.

29
30 **RESOURCE ALLOCATION**

31
32 Resource allocation does not mean procurement. Planning councils are strictly prohibited from
33 involvement in the selection of particular entities that receive Part A funding. As stated in Section
34 2602(b)(5)(A) of the PHS Act, selection of those entities is the responsibility of the Administrative
35 Agency, and “the planning council may not designate (or otherwise be involved in the selection
36 of) entities as recipients of any of the amounts provided in the grant.” PSRA requires allocating

POLICY No. 2021.24

37 resources across service categories, whether by absolute dollar amounts or as percentages of
38 total funds. The planning council decides the amount or proportion of Part A program funds to
39 be allocated to each of the service categories it prioritizes. Legal provisions that must be
40 considered in the resource allocation process include:

- 41
42 1. Core Medical Services and Support Services Split – Section 2604(c)(1) of the PHS Act
43 stipulates that not less than 75 percent of service dollars are to be used for core medical
44 services and not more than 25 percent of service dollars are to be used for support
45 services as listed in PCN 16-02 (Policy Clarification Notice). Section 2604(c)(2), however,
46 establishes a waiver provision regarding this requirement.
- 47 2. Early Intervention Services – Section 2604(e) specifies that Part A and Part B funds may
48 be used for Early Intervention Services (EIS) if the Mayor certifies that Federal, State, or
49 local funds are otherwise inadequate, and if funds expended for EIS will supplement and
50 not supplant other funds available to the entity for EIS for the fiscal year.
- 51 3. Priority Setting and Services to Women, Infants, Children, and Youth with HIV/AIDS –
52 Section 2604(f) of the PHS Act requires that a certain proportion of Part A funds be used
53 for care and support services to women, infants, children, and youth (WICY) with
54 HIV/AIDS. The percent of Part A service funds that go to WICY must not be less than the
55 percent of the total population with AIDS in the TGA. The Planning Council is not
56 required to create a special priority for services to these populations. A waiver can be
57 granted if the Planning Council can demonstrate that the needs of each population or
58 combination of these populations is being met through other programs in the TGA, such
59 as Medicaid or other Ryan White Parts.

60 61 **RESPONSIBILITY**

62
63 PSRA is the primary legislative responsibility of the Planning Council. Final decisions must be
64 made by the full Planning Council, and HRSA/HAB recommends that the planning council as a
65 whole be actively involved in deliberations around PSRA. There is no one “right” way to set
66 priorities and allocate resources. Therefore, there are different models available to meet the
67 HRSA/HAB requirements and expectations. For the Jacksonville TGA, it is the Priority and
68 Allocations Committee that usually oversees the PSRA process, while the actual decision making
69 is done by the Planning Council.

70 71 **ANNUAL PSRA PROCESS**

72
73 Each grant year, a PSRA process document is drafted by the Priority and Allocations Committee
74 and approved by a 2/3 vote of Planning Council members. The written process shall at a
75 minimum define the following: Objectives, Ground Rules, Attendance Requirements, Voting
76 Rights, Conflict of Interest, Training, Data Presentation, Information and Data Inputs, Principles
77 and Criteria for Decision Making, Process for Developing Directives, Process for Priority Setting,
78 Process for Resource Allocations, and a Timeline. The main components of the process are 1.
79 Training and Data Presentation, 2. Priority Setting, 3. Directives, and 4. Resource Allocations.

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PSRA TRAINING

Each year, a training on priority setting and resource allocation shall be conducted by the Priority and Allocations Committee or an appropriate designee. The training shall not be conducted by an employee of the Administrative Agency or an employee of a Part A funded provider. All Planning Council members shall attend this training. It shall take place early in the grant year but after the PSRA process has been written. The written PSRA process shall determine the scope of the training, as well as when, where, and how long the training will be. There is a basic PowerPoint presentation about PSRA from TargetHIV that can be used as a template (<https://targethiv.org/planning-chatt/PRSA-webinar-2018>). In addition to a basic overview of the PSRA process, the training shall include:

- The National HIV/AIDS Strategy goals
- Relevant legislative requirements and program guidance
- Service categories and definitions
- The TGA’s most recent comprehensive/integrated plan

DATA PRESENTATION

The Priority and Allocations Committee shall prepare and conduct, or direct an appropriate designee to prepare and conduct, at least one annual data presentation that shall be used in the PSRA process. The data presentation shall not be conducted by an employee of the Administrative Agency or an employee of a Part A funded provider. It is highly suggested that all Planning Council members shall attend this presentation. The written PSRA process shall determine the scope of the data presentation, as well as when, where, and how long the presentation will be. A minimum of the following data shall be included:

- The TGA’s HIV Care Continuum (last five years)
- Part A expenditure reports from the previous year
- Funding award amounts
- Epidemiological profile (last five years)
- Public hearing and focus group information
- Consumer utilization data by service category
- Consumer demographic data (last five years)
- Unit costs by service category
- Resource inventory
- Unmet need data
- Needs assessment focus group and public hearing data

All necessary data shall be requested from the Administrative Agency or Lead Agency in a timely manner.

COMMUNITY INPUT

122 Community input is very important to all of the Planning Council's planning processes.
123 Community members, including people living with HIV/AIDS and those receiving Ryan White
124 services, are highly encouraged to participate. For additional community input, the Priority and
125 Allocations Committee should look to other Planning Council Committees, like the Needs
126 Assessment Committee and the Continuum of Care Coordination Committee, to obtain
127 information from focus groups, surveys, and public hearings. If the Priority and Allocations
128 Committee determines there is a need to hold additional focus groups, surveys, and/or public
129 hearings as part of the PSRA process, they may do so by including it in their written PSRA
130 process document.

131

132 DIRECTIVES

133

134 Directives provide guidance from the Planning Council to the Administrative Agency on how
135 best to meet service priorities. Directives should be written during the priority setting process
136 with input from the Administrative Agency since they may have funding implications. The
137 written PSRA process shall determine the rest of the process used to write directives.

138

139 REALLOCATIONS

140

141 Throughout the grant year, the Priority and Allocations Committee shall suggest reallocating
142 funds across service categories to the Planning Council. Reallocation suggestions from the Priority
143 and Allocations Committee shall be presented to the Executive Committee at their next meeting.
144 If necessary, a special meeting of the Executive Committee will be called to consider and vote on
145 the suggested reallocations. Reallocations shall be consistent with Planning Council priorities and
146 ensure that at least 75% of service dollars are used for core services. Funds shall be reallocated
147 in a timely manner so that all funds are obligated and can be spent during the funding year. The
148 Administrative Agency may redirect funds within a service category without Planning Council
149 approval.

150

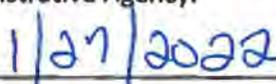
151 SUMMARY PSRA REPORT

152

153 At the end of the PSRA process, the Chair shall write a report that includes a list of meetings, a
154 list of voting members, the final prioritized categories, the final resource allocations, the final
155 PSRA process, the final directives, and the Chair's recommendations for next year. The report
156 shall be provided to the Executive Committee and the Administrative Agency.

157

158 Approved by: 
159 Planning Council Chair

158 
159 Date

160

REVISION HISTORY			
ACTIVITY	DATE	TITLE	NO.
REVIEWED	12.21.21	Priority Setting and Resource Allocation	2021.24

REVIEWED	1.14.22	No change	No change
ISSUED	1.27.22	No change	No change

161