



Orange County HIV Planning Council At-A-Glance

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County of Orange
Health Care Agency

HIV Planning and Coordination
1725-B W. 17th Street
Santa Ana, CA 92706
Planning Council Support: (714) 834-8399
General Office: (714) 834-8711

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1. ABOUT FUNDING SOURCES FOR HIV

Overview of Funding

Funding sources for HIV services in Orange County include: Ryan White Act, Centers for Disease Control and Prevention (CDC), and Housing Opportunities for Persons with AIDS (HOPWA).

Ryan White Act: The largest piece of federal legislation that offers funding for the care and treatment of persons living with HIV/AIDS (PLWH/A) who have no other source for care. Three main goals of the Ryan White Act are:

- To lessen the burden of treatment and care in areas most affected by HIV.
- To foster a coordinated approach to core treatment and support of HIV services.
- To build a community-based, strategic response to HIV by local organizations and advocates, as well as local public entities.

There are several components to the Ryan White Act: Parts A, B, C, and D and Minority AIDS Initiative (MAI) funding. Orange County receives funding from Parts A, B, and C as well as MAI to provide primary medical care and support services to HIV-positive individuals.

HIV Prevention: Federal funding received from the CDC by the California Department of Public Health, Office of AIDS and distributed to local health jurisdictions to provide HIV prevention services including behavioral risk reduction interventions, education and materials, HIV counseling and testing, HIV rapid test kits, and Partner Services activities. Partner Service activities are designed to assist HIV-positive individuals in informing sex or needling-sharing partners of their exposure to HIV.

HOPWA: Federal funding received from the Department of Housing and Urban Development by the City of Santa Ana that address housing needs of low income PLWH/A and their families. HOPWA collaborates with community-based organizations and housing agencies to provide housing and support services to PLWH/A.

2. PLANNING DUTIES

Needs Assessment

A needs assessment provides the information necessary to set priorities by understanding the characteristics of the local HIV epidemic, identifying available services, and determining unmet needs for health care and support services. The Health Care Agency, HIV Planning and Coordination unit works with the Priority Setting, Allocations, and Planning (PSAP) Committee and the HIV Client Advocacy Committee (HCAC) to conduct needs assessments for planning purposes. The PSAP Committee assists in determining types of information that should be gathered and reviewed. The HCAC assists in ensuring that client perspectives are included in the needs assessments.

Comprehensive Planning

Comprehensive planning is designed to help make better decisions about services for PLWH/A and to develop and maintain a continuum of care over time. The Orange County HIV Planning Council and Prevention Planning Committee (PPC) conduct a comprehensive HIV services planning process about every three years.

Priority Setting

Planning councils are responsible for establishing service priorities that reflect the importance of services consistent with locally identified needs and resources. The PSAP committee assists the Planning Council by recommending service priorities. The Planning Council makes the final determination about the setting of priorities.

Resource Allocation

Planning councils are responsible for allocating funds to service priorities based on locally identified needs and resources. The PSAP committee assists the Planning Council by recommending allocation to service priorities. The Planning Council makes the final determination about funding allocated to each service category.

3. HIV PLANNING COUNCIL AND COMMITTEES

The HIV Planning Council has several standing committees that help support its activities and functions. Below is a brief description each.

Planning Council: (Bylaws revised 5/6/08)

- **Meeting Time:** 2nd Wednesday of the month at 6:00pm.
- **Role:** Oversees planning of HIV services in Orange County.
- **Meals:** Food is provided.
- **Quorum:** Majority of voting members not on Leave of Absence (LOA).
- **Membership:** 35 voting members (two-year term) and five affiliate members (one-year term). Mandated seats, unaligned consumers, reflective of Orange County epidemic.
- **Officers:** Chair and up to two Vice-Chairs. One officer must be unaligned consumer. The Health Care Agency (HCA) representative cannot be Chair.
- **Alternates:** Affiliates for unaligned consumer voting member. State Office of AIDS (SOA) seat designated by SOA.
- **Application:** Submit application → recommended by Membership Committee → approved by Council → voting members approved by Board of Supervisors; affiliate members approved by HCA Director Designee.
- **LOA:** May request LOA of up to three months to be approved by Membership Committee.
- **Removal:** Absent for three meetings without LOA or more than six meetings with LOA within 12-month period.

Executive Committee: (Policies revised 8/24/11)

- **Meeting Time:** 1st Wednesday of the month at 5:30pm.
- **Role:** Supervises the affairs of the Council.
- **Meals:** Food is not provided.
- **Quorum:** The majority of voting members.
- **Membership:** Council officers, Chairs of standing committees who are Council members, HCA representative, and up to two at-large members. At least one member must be unaligned consumer. All members must be Council members, except Prevention Planning Committee Chair.
- **Alternates:** Designated Vice-Chair or Co-Chair for Chair of standing committees; HIV Program Manager for HCA representative.
- **At-Large Member Application:** Nominated by Council → appointed by Executive Committee.

Membership Committee: (Policies revised 11/14/12)

- **Meeting Time:** 3rd Wednesday of the month at 5:30pm and as needed.
- **Role:** Conducts ongoing recruitment and retention activities for membership to ensure that the demographic composition of the Council is reflective of HIV/AIDS epidemic in Orange County. Monitors Council member absences for adherence to policy.
- **Meals:** Food is not provided.
- **Quorum:** The minimum of three members. .
- **Membership:** Must be current Council member.
- **Officers:** Chair and Vice-Chair. Chair must be Council Vice-Chair. Vice-Chair is elected by committee.
- **Application:** Recommended by Membership Committee Chair → appointed by Executive Committee.

Priority Setting, Allocations, and Planning (PSAP) Committee:

(Policies revised 8/08/12)

- **Meeting Time:** 4th Wednesday of the month at 5:30pm.
- **Role:** Year round planning body that recommends funding priorities and allocations to the Council.
- **Meals:** Food is provided.
- **Quorum:** Majority of all committee members not on a leave of absence.
- **Membership:** A majority of the committee shall be Council members. Maximum of 20 members.
- **Officers:** Chair and Vice-Chair. Chair must be a Council member.
- **Voting:** Agencies with more than one staff on committee get one vote.
- **Application:** Apply to Council Chair during two-month window period → appointed by Council Chair with consent of Executive Committee.
- **LOA:** May request LOA of up to three months to be reinstated by majority vote upon return.
- **Removal:** Absence from three (3) regularly scheduled meetings during the appointed year.

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HIV Client Advocacy Committee (HCAC): (Policies revised 4/13/11)

- **Meeting Time:** 3rd Monday of the month at 6pm.
- **Role:** Represents and identifies the needs of diverse HIV-infected communities. Assists in the development and recruitment of PLWH/A for Council and committee membership.
- **Meals:** Food is provided.
- **Quorum:** Five or more members.
- **Membership:** Any PLWH/A living in Orange County.
- **Officers:** Chair and Vice-Chair or Co-Chairs. One Chair must be a Council member.
- **Application:** Attend one meeting → express interest → becomes member at next meeting attended.
- **Removal:** Absent for three meetings in a row without notification.

Housing Committee: (Policies revised 7/11/12)

- **Meeting Time:** 1st Monday of the month at 3pm.
- **Role:** Makes recommendations and provides updates regarding the accessibility to housing and related services for the diverse HIV-infected communities in Orange County.
- **Meals:** Food is not provided.
- **Quorum:** Majority of committee members not on a LOA.
- **Officers:** Chair and Vice-Chair or Co-Chairs. One Chair must be a Council member.
- **Voting:** Agencies with more than one staff on committee get one vote.
- **Alternates:** Designated by member with communication to Chair or HIVPAC and application.
- **Application:** Attend meeting → express interest → submit application → becomes member at third meeting attended within six month period.
- **LOA:** May request LOA of up to three months to be reinstated upon return.
- **Removal:** Absence from three (3) consecutive meetings without notification to Committee Chair or designee.

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Prevention Planning Committee (PPC): (Policies revised 6/28/11)

- **Meeting:** 4th Tuesday of the month at 2:30pm; Quarterly meetings at 6pm.
- **Role:** Recommends service priorities, funding, and strategies to increase knowledge and awareness of HIV/AIDS and decrease transmission of HIV in Orange County.
- **Meals:** Food is provided at quarterly evening meetings.
- **Quorum:** 50% + one total votes on committee excluding those not on a LOA.
- **Officers:** Three Co-Chairs. One Chair is the HCA representative.
- **Voting:** Agencies with more than two staff on committee get two votes.
- **Application:** Attend two meetings within three months / submit application → Committee to approve upon 3rd meeting.
- **LOA:** May request LOA of up to three months to be granted by Co-Chairs or Office of HIV Planning and Coordination.
- **Removal:** Two unexcused absences or three consecutive absences.

4. STRUCTURE AND GOVERNANCE

Brown Act Requirements

The Planning Council and its committees are required to follow the Ralph M. Brown Act (Brown Act). The Brown Act requires:

- All meetings be open to the public;
- Only items contained on the agenda may be heard, discussed, deliberated and voted on;
- The public has the right to comment, and time must be set aside for public comment at each meeting;
- Members of the public cannot be asked to pay fees or identify themselves as conditions of attendance;
- The agenda containing the meeting time, location, and brief general description of each matter to be discussed must be posted in a location freely accessible to members of the public at least 72 hours prior to the meeting.

Robert's Rules of Order

Robert's Rules of Order is a set of rules for conducting meetings that allow participants to be heard and to make decisions without confusion. It is often referred to as "parliamentary procedure." The HIV Planning Council has designated Robert's Rules of Order as the authority on matters relating to parliamentary practice and the conduct of all official meetings.

Procedure to Approve an Action Item

Action items are items, almost always stated on the agenda that require action (review and vote) by the Planning Council.

1. **Overview of Item:** A member of the Council or the HIV Planning and Coordination unit staff provides an overview of the action item.
2. **Declaration of Conflicts:** Prior to any action regarding priority setting or allocations being taken, the Chair will ask members to disclose any conflicts and recuse themselves from the voting process.
3. **Motion:** Member raises hand and waits for recognition by the Chair. The member states the motion by saying: "*I move that we _____.*" The member may give a brief explanation for introducing the motion.
4. **Second:** Another member must second the motion to continue.
5. **Discussion:** Chair calls for discussion on this motion. The member who introduced the motion has the right to speak first. Members wishing to discuss the motion raise their hands and wait for recognition from the Chair before speaking.
 - Amendments: During this time, members may amend a motion.
 - Ending Discussion: Members may "call the question" to end discussion.
 - Tabling: Members may motion to temporarily table an item to discuss other business on agenda.
 - Postponing: Members may ask to delay action on an item.
 - Refer to Committee: Members may ask to refer an item back to a committee for further work.
 - Public Comment: Chair may ask for public comment from non-members after members have discussed the motion.
6. **Consensus or Roll-Call Vote:** Chair will ask if anyone blocks consensus of the motion. If no one blocks consensus, the motion carries (is approved). If consensus is blocked, then a roll-call vote is taken.
7. **Announcement of Result:** Chair announces the result of the vote.

Description of Common Actions

Ending Discussion or “Call the Question”: Members may “call the question” to end discussion on the motion if discussion is becoming redundant; however, it is NOT acceptable to call the question to prevent someone from speaking. If a member calls the question, a second and a 2/3 majority vote are required (no discussion) to close discussion and proceed to voting on the motion.

Temporarily Setting Aside a Motion or “Tabling a Motion”:

Tabling a motion sets aside an item of business temporarily to attend other business. A tabled motion cannot be acted on until another item has been transacted. If the tabled motion is not removed from the table by the end of the next meeting, the motion ceases to exist.

Motion to Postpone: A member may move to delay action (voting) on a motion to a certain time, usually the next meeting. A postponed motion is considered unfinished business and automatically comes up for further consideration at the next meeting (or designated date).

Referral to Committee: During discussion, it may become apparent that further information is needed prior to voting on a motion and/or further work is necessary to reword a motion, in which case, the motion may be referred to a committee. The committee should report findings at the next meeting, unless specified otherwise.

Rules of Respectful Engagement

Planning Council members are expected to honor the rules below:

1. Our common enemy is HIV/AIDS. Homophobic, racist, sexist and other discriminatory statements have no place in our deliberations.
2. We value differing interests and opinions.
3. We acknowledge that individuals may have special communication needs and make every effort to meet any special needs of Planning Council members and guests.
4. We avoid unnecessarily repeating statements previously made by other members.
5. We are specific and use examples to define what we mean.
6. We provide feedback to each other in a constructive and respectful manner.
7. We focus on the issue, not the person raising the issue. No personal attacks during or outside of business meetings.
8. We avoid side bar conversations.
9. We observe the group’s agenda or negotiate a change.

Conflict of Interest

A Conflict of Interest exists when a person is engaged in any business, transition or activity, or has a financial interest that is in conflict with or may impair independence of judgment or action in performance of official duties. As a member of the HIV Planning Council (Public Official), one must disqualify themselves from participating in decisions that may affect their personal interests.

Reporting Conflicts of Interest: All members of the Council and its committees must complete the relevant Conflict of Interest Disclosure Worksheet and Report Form as part of the application process. The completed Conflict of Interest Disclosure Report Forms, which documents any potential conflicts of interest, will be kept on file by the Office of HIV Planning and Coordination. All Council members must also complete the Statement of Economic Interest (Form 700) annually.

Declaring Conflicts of Interest During Meetings: At Council and committee meetings where conflicts of interest may occur, a matrix delineating potential conflicts will be available for reference or table tents will be placed in front of each member indicating the individual's affiliation, which may indicate a potential conflict. A public official who holds an office (Planning Council) and also has a financial interest (contracted service providers) in a decision must do all of the following during meetings:

- Publicly identify the financial interest;
- Recuse themselves from discussing and voting on the manner; and
- Leave the room until after the discussion or vote has concluded.

5. LEAVE OF ABSENCE (LOA) POLICY

The LOA policy described below applies only to Planning Council meetings. Please refer to committee policies and procedures for LOA guidelines specific to each committee.

Request for Leave of Absence or Extenuating Circumstances

According to Article III, Section 6.B. of the HIV Planning Council Bylaws: Council members who miss three (3) meetings within a 12-month period shall be deemed to have resigned from the Council except when these absences occur during a leave of absence (LOA). A written request for a LOA, up to three (3) months, may be allowed. Such requests will be granted or denied at the discretion of the Council or the Membership Committee. However, the Membership committee has determined that a Leave of Absence (LOA) will be granted only for illness/medical reason or business trips that relate to HIV. Members and affiliate members granted an official LOA who are absent from more than six (6) monthly meetings in any 12-month period shall be deemed to have resigned from the Council and shall be dropped from the Council membership roster whether or not the absences occurred during an official LOA period. The Membership Committee may consider extenuating circumstances of each member prior to terminating membership.

Difference between LOA and Extenuating Circumstance:

- LOA: Members have the opportunity to apply for an LOA *in advance* of a scheduled meeting. LOA will be approved for illness/medical reasons or business trips that relate to HIV.
- Extenuating Circumstance: An extenuating circumstance may be granted by the Membership Committee in lieu of membership termination.

The request for a LOA or Extenuating Circumstance allows Planning Council members to request a LOA or request consideration of extenuating circumstances. The form is located on the HIV Planning and Coordination website: <http://ochealthinfo.com/hiv>

6. ACRONYM AND ABBREVIATION DEFINITIONS

ADAP [EY-dap] – AIDS Drug Assistance Program. State- and federally-funded program that assists in providing approved HIV pharmaceutical treatments to qualifying clients with HIV/AIDS.

AETC [EY-tek] – AIDS Education and Training Center. Network of centers responsible for a designated geographic area in which they target multidisciplinary education and training for healthcare providers.

AIDS [eyds] – Acquired Immune Deficiency Syndrome. AIDS is a medical condition resulting from HIV infection, usually after many years.

A.P.A.I.T. Health Center – Asian Pacific AIDS Intervention Team Health Center. AIDS service organization with services in Orange County.

A.P.I. – Asian and Pacific Islander

ARIES [AIR-eez] – AIDS Regional Information and Evaluation System. California Office of AIDS administered database used in Orange County to collect and report Ryan White client and service information.

A.S.F. – AIDS Services Foundation. AIDS service organization with services in Orange County.

A.S.O. – AIDS service organization. Agency that provides services to persons living with HIV/AIDS.

C.B.O. – Community-based organization

C.D.C. – Centers for Disease Control and Prevention. Agency of the United States Department of Health and Human Services that works to protect public health and safety.

E.A.M. – Evaluation of the Administrative Mechanism. Annual task of the Council to evaluate the efficiency of the Grantee (Health Care Agency) in distributing funds to areas of greatest need.

E.F.A. – Emergency Financial Assistance

EIHA [EE-hah] – Early Identification of Individuals with HIV/AIDS. Identifying, counseling, testing, informing, and referring diagnosed and undiagnosed individuals to services.

E.I.S. – Early Intervention Services. Activities designed to identify individuals who are HIV positive and get them into care as quickly as possible.

Epi [EP-i] – Abbreviation for epidemiology or epidemiological. Epidemiology is the study of disease trends.

E.M.A. – Eligible Metropolitan Area. A geographic area, with at least 2,000 AIDS cases in the most recent five years, and a population of at least 50,000, that is eligible to receive Ryan White Part A funds.

F.Y. – Fiscal Year

H.C.A. – Health Care Agency. Agency within the County of Orange responsible for medical, behavioral, public health, and correctional health services in Orange County; acts as grantee of Ryan White funds in Orange County.

HCAC [EYCH-kak] – HIV Client Advocacy Committee. The committee of the Orange County HIV Planning Council that represents perspectives of persons living with HIV/AIDS.

HIVPAC [HIV-pak] – HIV Planning and Coordination unit. Unit of Orange County Health Care Agency, Public Health Services, Division of Disease Control and Epidemiology, that coordinates HIV/AIDS care, treatment, support, and prevention services.

HOPWA [HOP-wah] – Housing Opportunities for Persons with AIDS. Program of the United States Department of Housing and Urban Development that funds housing assistance and support services for low income persons living with HIV/AIDS.

HRSA [HUR-sah] – Health Resources and Services Administration. Agency of the United States Department of Health and Human Services that is responsible for improving access to health care services for people who are uninsured, isolated or medically vulnerable; administers the Ryan White Act.

I.D.U. – Injection Drug User

L.B.C.C. – Laguna Beach Community Clinic. Community-based organization with services in Orange County.

LIHP – Low Income Health Program. LIHP is funded by the County and the federal government to provide services similar to Medi-Cal to qualified individuals.

L.O.A. – Leave of absence

M.A.I. – Minority AIDS Initiative. A national initiative implemented in 1998 that provides funding to help address the HIV/AIDS epidemic and eliminate racial and ethnic disparities among minority populations.

M.S.I. – Medical Services Initiative. Mandated state and county-funded safety-net program, responsible for the provision of medical care to medically indigent adults, previously covered by the Medi-Cal program.

M.S.M. – Men who have Sex with Men

M.S.M.W. – Men who have Sex with Men and Women

P.L.W.H./A. – Person Living With HIV/AIDS

P.L.W.H.D. – Person Living with HIV Disease. The term HIV disease is used to describe the entire HIV spectrum, from initial HIV infection to advanced HIV disease (also known as AIDS).

P.L.C. – Public Law Center. AIDS service organization with services in Orange County.

P.P.C. – Prevention Planning Committee. The committee of the Orange County HIV Planning Council that identifies community HIV prevention needs and develops strategies to increase knowledge and awareness of HIV/AIDS in the community.

PSAP [PEE-sap] – Priority Setting, Allocations, and Planning Committee. The committee of the Orange County HIV Planning Council that recommends priorities and funding allocations to the Council.

RAP [rap] – Rental Assistance Program. HOPWA-funded program that provides financial assistance for housing to eligible persons living with HIV/AIDS in Orange County.

REACH [reech] – Risk-reduction Education and Community Health. Program of Orange County Health Agency, Alcohol and Drug Abuse Services that provides HIV/AIDS services in Orange County.

R.F.P. – Request for Proposal. An open solicitation to potential contractors inviting them to compete for money available to provide specific services.

Ryan White Act – Legislation originally enacted in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, reauthorized in 2006 as the Ryan White HIV/AIDS Treatment Modernization Act (RWHATMA) and most recently reauthorized in 2009 as the Ryan White Treatment Extension Act. Funding from this legislation provides services to PLWH/A in the United States who have no other resources for medical and other HIV-related care.

S.O.A. – State Office of AIDS. Unit of the California Department of Public Health, Center for Infectious Diseases responsible for administering HIV/AIDS programs.

STAR [star] – Short Term Assistance for Rent

S.T.D. – Sexually Transmitted Disease

T.G.A. – Transitional Grant Area. A geographic area, with at least 1,000, but not more than 1,999 AIDS cases in the most recent five years, and a population of 50,000 or more, that is eligible to receive Ryan White Part A funds.

[illegible]