

**Marin
HIV/AIDS Care Council**

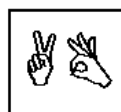
**Member Handbook/
Resource Guide**

(Updated November, 2014)

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Marin HIV/AIDS Care Council Statement of Non-Discrimination:

It is the policy of the Marin HIV/AIDS Care Council to hire employees, subcontract with consultants/contractors, recruit members (not withstanding HRSA requirements for mandated seats and representation by demographics of epidemiological data) without regard to race, color, religion, creed, age, national origin, gender, gender identity, marital status, domestic relationship status, sexual orientation, pregnancy, childbirth, or other related medical conditions, disability, HIV/AIDS status, mode of transmission, veteran's status, or physical disability.



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Section 1

WHAT IS THE MARIN HIV/AIDS CARE COUNCIL?

Defining Our Role

The Marin HIV/AIDS Care Council is convened by the Department of Health and Human Services in accordance with agreements with the City and County of San Francisco Office of AIDS and the San Francisco HIV Health Services Planning Council under Part A guidelines.

Mission Statement

The Marin HIV/AIDS Care Council is a community planning group that oversees the prioritization and allocation of Part A funds from the Ryan White HIV Treatment Extension Act of 2009.

The primary responsibilities of Council members include: establishing methods for obtaining input on community needs and priorities; developing a comprehensive plan for HIV health services; determining service category priorities; and making recommendations for the allocation of funds based on the priorities previously identified for Marin Part A funds received through the San Francisco Eligible Metropolitan Area (EMA).

Ryan White Legislation

What is the Ryan White HIV Treatment Extension Act of 2009?

- The Ryan White CARE Act is Federal Legislation which authorizes spending federal dollars for HIV health services through 5 different titles or parts. The legislation was reauthorized in 2009 and renamed, the Ryan White HIV Treatment Extension Act of 2009.
- It was envisioned as a disaster relief bill to help cities and states overwhelmed by the costs of caring for PLWHA (People Living With HIV/AIDS).
- It helps support a comprehensive continuum of HIV health services for low-income people living with HIV.

Section 2

ADMINISTRATION AND OVERSIGHT

How the Part A Funds are Managed

Federal Administration & Oversight

The Health Resources & Services Administration (HRSA), which is part of the federal Department of Health & Human Services (HHS), administers the Ryan White HIV Treatment Extension Act of 2009.

Local Administration and Oversight

The Marin HIV/AIDS Care Council is part of the San Francisco Eligible Metropolitan Area (EMA), which includes San Francisco, Marin County, and San Mateo County. An EMA is an area, which is eligible for Ryan White funding because of the severity of the HIV epidemic in that area.

The official recipient of Part A funds for the San Francisco EMA, is the chief elected officer for the EMA, which is the mayor of San Francisco. As the official recipient of these funds in the EMA, the Mayor is the grantee, however the mayor usually delegates authority to administer Part A Funds to a public agency or unit, which for the San Francisco Eligible Metropolitan Area, is the HIV Health Services Section of the Department of Public Health (DPH).

The HIV Health Services Section of the Department of Public Health (DPH) then contracts with the County of Marin Department of Health and Human Services, HIV/AIDS Services Program, which serves as the contract manager for Marin County.

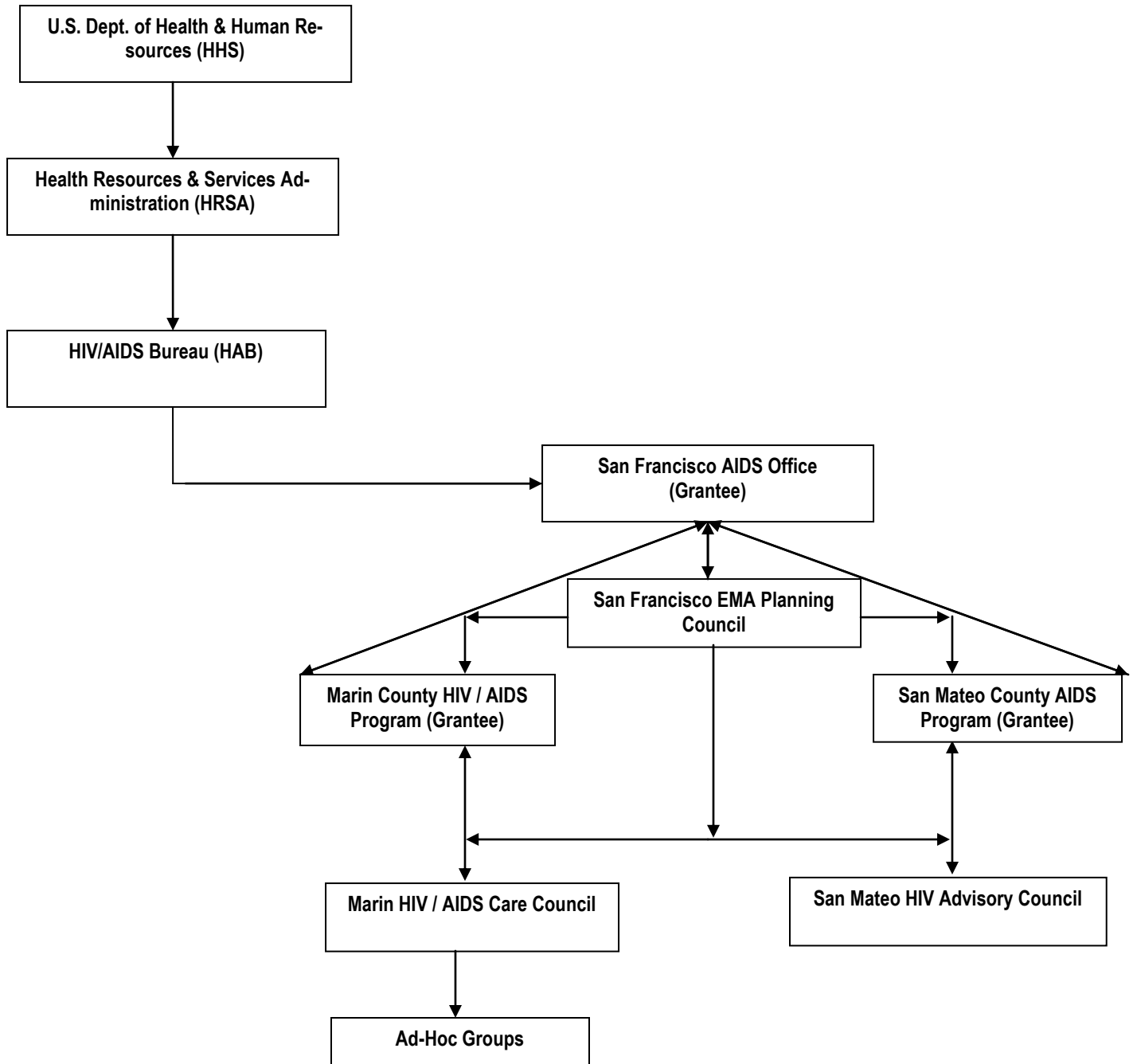
How the Marin HIV/AIDS Care Council is Managed

Use of Part A funds is guided by planning, which takes place through the Part A planning council established by the chief elected official (CEO) of each Part A eligible metropolitan area (EMA). The San Francisco HIV Health Services Planning Council is the planning body that has the ultimate responsibility for Part A prioritization of services and allocation of resources for the entire EMA. The San Francisco HIV Health Services Planning Council supports the concept of local control and planning for prioritization and allocation of resources by requiring that the counties of Marin and San Mateo form local planning advisory groups.

The Marin HIV/AIDS Care Council is the planning body that provides information to the San Francisco HIV Health Services Planning Council regarding Marin County's prioritization of services and funding allocations for Part A funds. The San Francisco HIV Health Services Planning Council uses this information in making final determinations for prioritization of services and allocation of resources for the entire EMA.

The Marin HIV/AIDS Care Council's primary role is determining the prioritization and allocation of Part A funding in Marin. The County of Marin Department of Health and Human Services, Community Health and Prevention Services provides support for the Council in this process. The Marin HIV/AIDS Care Council does not participate in the process of making specific awards for services to any service provider. The County of Marin Department of Health and Human Services, HIV/AIDS Services Program is responsible for the Part A contract management activities.

SAN FRANCISCO EMA ORGANIZATIONAL STRUCTURE



CARE COUNCIL ORGANIZATION

The Marin HIV/AIDS Care Council currently meets bimonthly **with** additional meetings as needed. From 2004 to March 2011, Council Members assisted in managing different facets of Council operations by attending one of the two monthly Council sub-committees meetings in addition to the full Council monthly meeting. On March 9, 2011 the standing Committees were eliminated and the Membership function and Community Outreach and Advocacy function were realigned to the full Council. In addition, the Council has the option to create ad hoc Committees and Work Groups. The order of business of Council meetings includes Membership and Community Outreach and Advocacy discussion on the agenda as needed.

Membership

GOAL STATEMENT

A membership goal of the Marin HIV/AIDS Care Council is to recruit, train, and retain members. (For more information see Appendix A "Membership Guidelines")

Community Outreach & Advocacy

GOAL STATEMENT

A Community Outreach and Advocacy goal of the Marin HIV/AIDS Care Council is to identify opportunities for Community Outreach and Advocacy. The Council identifies and then targets outreach to underserved and severe needs PLWHA populations in Marin County. In order to maximize community attendance, participation, and input into the decision making process, these outreach efforts include Community Fora and other outreach opportunities held at locations either within or accessible to the HIV+ communities. The Council publicizes all events using printed advertisements in mainstream media publications, newsletters for PLWHA, PLWHA caucuses and support groups, service provider groups, and other venues effective in obtaining consumer attendance involvement. (For more information - see Appendix B "Community Outreach and Advocacy Guidelines")

Agendas for all meetings are posted at: www.co.marin.ca.us/depts/hh/main/hs/CARE/CAREcouncil.cfm

Care Council	The Council meets bimonthly on the second Wednesday from 3:00 - 5:00 PM
	Co-Chairs: TBD

Care Council Support Contact Information	
Name/Title	Address
Cio Hernandez Licensed Mental Health Practitioner <i>Marin HIV/AIDS Care Council Support</i> <i>Community Health Policy and Prevention Services</i>	Marin County Community Health Policy and Prevention Services 899 Northgate Drive, Suite 415 San Rafael, CA 94903 Phone: 415-473-2848 or (510) 734-7027 Fax: 415-473-6266 Email: rhernandez@marincounty.org
Cicily Emerson, MSW <i>Program Manager (Grantee Representative)</i> <i>Community Health Policy and Prevention Services</i>	Marin County Department of Health and Human Services Community Health Policy and Prevention Services 899 Northgate Drive, Suite 415 San Rafael, CA 94903 Phone: 415-473-3373 Fax: 415-473-6266 Email: cemerson@marincounty.org
Mark Molnar <i>SF HIV Health Services Planning Council Director</i>	SF HIV Health Services Planning Council c/o Shanti 730 Polk Street San Francisco, CA 94109 Phone: (415) 674-4726 Fax: (415) 674-0371 Email: mmolnar@shanti.org

WHO IS THE MARIN HIV/AIDS CARE COUNCIL?

Membership & Composition

There are up to twenty-one seats on the Council. Federal legislation prescribes a number of areas of representation such as people living with HIV, community based organizations, housing providers and medical providers. It also specifies that organizations funded under other parts of the Ryan White Legislation, such as Part C and Part D, and other federal programs, such as HOPWA, be represented.

MARIN HIV/AIDS CARE COUNCIL MEMBERSHIP ROSTER			
	Name	Organization	
1	Roy Bateman	Co. of Marin Comm. Dev	
2	Kevin Cronin	Unaffiliated	
3	Trinity Dushon	Unaffiliated	
4	Elaine Flores	Unaffiliated	
5	Wade Flores	Unaffiliated Consumer	
6	James Frazier	Unaffiliated Consumer	
7	Walter Kelley	Unaffiliated Consumer	
8	Jennifer Malone	Marin AIDS Project	
9	Scott Marcum	Unaffiliated Consumer	
10	Saulo Bonagrazia	Unaffiliated Consumer	
11	Bobby Moske	Marin AIDS Project	
12	Deborah Kasel	Unaffiliated Consumer	
13			
14			

Categories for Care Council Membership

Membership of the Marin Care Council should reflect the demographics of the population of individuals with HIV disease in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations. Membership of the Council will reflect the categories defined by HRSA, but because Marin is a small county, which is part of a larger EMA, the Marin HIV/AIDS Care Council will not be required to maintain membership from all HRSA categories. Instead, membership shall include representatives of the following 5 categories:

- Affected communities, including individuals with HIV disease, consumers of Ryan White funded services and historically underserved groups and subpopulations
- Health care providers, including federally qualified health centers
- Community-based organizations serving affected populations; HIV/AIDS service organizations
- Non-elected community leaders; representatives of other governmental programs, including HOPWA; providers of HIV prevention services
- Representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area.

Care Council Membership Stipulations

- At least 33% of Council members must be unaffiliated consumers of Ryan White services (not agencies or service providers) and that they reflect the demographics of the epidemic.
- Individuals are eligible for Care Council membership if they live in Marin County, work in Marin County, or receive Ryan White services in Marin County.
- The Council has also decided that a majority of Council members should be people living with HIV.
- In addition, at least one Council Co-Chair must be a person living with HIV.

MARIN HIV/AIDS CARE COUNCIL MEMBERSHIP REPRESENTATION (in terms of HIV/AIDS Status)		
HIV Status	Number	Percentage
Positive	7	58.3%
Negative	3	25%
Undisclosed	2	16.7%
Total Council Membership	12	100%

COMPARISON OF PEOPLE LIVING WITH HIV/AIDS (PLWHA) IN MARIN COUNTY AND MARIN HIV/AIDS CARE COUNCIL DEMOGRAPHICS					
DEMOGRAPHIC MAKE UP OF PLWHA IN MARIN COUNTY (community only) THROUGH 12/31/13			DEMOGRAPHIC MAKE UP OF MARIN HIV/AIDS CARE COUNCIL THROUGH 9/30/14		
Race	Number	%	Race	Number	%
White not Hispanic	405	71%	White not Hispanic	6	50%
African American	41	7%	African American	3	25%
Latino/Hispanic	97	17%	Latino/Hispanic	1	8.3%
Asian Pacific Islander	16	3%	Asian Pacific Islander	0	0%
Am. Indian/Alaska Native	0	0.0%	Am. Indian/Alaska Native	0	0%
Other/Multiethnic/Unknown	9	2%	Other/Multiethnic/Unknown	2	16.7%
Total	568	100%	Total	12	100%
Gender	Number	%	Gender	Number	%
Male	495	87%	Male	8	66.7%
Female	67	12%	Female	3	25%
Transgender	6	1%	Transgender	1	8.3%
Total	568	100%	Total	12	100%
Age	Number	%	Age	Number	%
<13	0	0.0%	<13	0	0.0%
13-29	24	5%	13-29	0	0.0%
30-49	188	34%	30-49	3	25%
50-59	202	36%	50-59	6	50%
60-69	122	21%	60-69	2	16.7%
70+	32	6%	70+	0	0.0%
Unknown	0	0.0%	Decline	1	8.3%
Total	568	100%	Total	12	100%

COUNCIL MEMBER RECOMMENDED COMPETENCIES	
COMPETENCY	DIMENSIONS/TRAINING
Competency 1	Ryan White HIV Treatment Extension Act of 2009 legislation and its intent/HRSA
Competency 2	Meeting Procedures Roberts Rules Group Dynamics
Competency 3	Technical issues, how to interpret & use data as tools for decision making
Competency 4	Roles and responsibilities in community planning
Competency 5	Conflict of Interest, how it can affect deliberations, and how to control its impact
Competency 6	Cultural sensitivity to the view points of all members and cultural needs of consumers
Competency 7	Culturally competent about the needs of underserved communities in their jurisdictions
Competency 8	Grievance Procedures and ways to minimize grievances related to funding
Competency 9	Treatment requirements of HIV disease and how they affect the cost of ambulatory outpatient care, especially primary care.

Section 4

FUNDING - APPROPRIATIONS & SPENDING

Source of Funds for Planning Council Activities

The Planning Council is recipient of Part A and Part B funds.

Part A

Part A funds go directly to the urban areas hardest hit by HIV/AIDS. The funds are for emergency HIV health services. Part A requires a community planning process to prioritize and allocate the funds. (see *Prioritization and Allocation - Main functions of the Planning Council*)

Part B

Part B funds go to the states. A small amount of Part B funds is also distributed to each county in California by the State Office of AIDS.

Other: Other Part's of Ryan White fund different types of programs and the money goes directly to community based organizations and medical facilities. Part C (Early intervention services), Part D (Services for Women, Children and Youth), and Part F (dental services at dental schools), AIDS Education and Training Centers (AETC), Minority AIDS Initiative (MAI) & Special Programs of National Significance (SPNS). San Francisco has programs funded through each of these Parts.

Determinants of San Francisco EMA's Award

Since 1991 the San Francisco EMA has received funding for services for People Living With HIV/AIDS. Congress determines funds through a formula designed by CDC based on the number of HIV/AIDS cases. This accounts for half of the funds for Part A. The other half is allocated through a competitive grant proposal process (supplemental process).

Fiscal Year	EMA Award**	Marin Award
2005-2006	\$29,680,372	\$958,299
2006-2007	\$27,964,864	\$1,022,406
2007-2008	\$17,234,874	\$604,672 *
2008-2009	\$23,536,385	\$677,137
2009-2010	\$26,270,880	\$826,908
2010-2011	\$25,305,146	\$816,529
2011-2012	\$24,851,744	\$793,639
2012-2013	\$20,844,439	\$635,033
2013-2014	\$17,925,024	\$546,427
2014-2015	\$15,897,550	\$467,906

*Supplemental funding from the County of Marin and the State of California increased 07-08 total budget to \$1,022,406

**Includes SF MAI funds

WHAT RYAN WHITE FUNDS MAY BE USED FOR

HRSA Service Categories

The following are HRSA Part A Service Categories. Service categories that are currently funded in Marin are listed in ***bold italics***.

Part A and Part B Allowable Program Services	
Core Medical Services	
a.	<i>Outpatient /Ambulatory health services</i>
b.	AIDS Drug Assistance Program (ADAP) treatments
c.	<i>AIDS Pharmaceutical Assistance (local)</i>
d.	<i>Oral health care</i>
e.	Early Intervention Services
f.	<i>Health Insurance Premium & Cost Sharing Assistance</i>
g.	Home health care
h.	<i>Home and Community-based Health Services</i>
i.	Hospice Services
j.	<i>Mental health services</i>
k.	Medical Nutrition Therapy
l.	<i>Medical Case Management (including Treatment Adherence)</i>
m.	Substance abuse services–outpatient
Support Services	
n.	<i>Case Management (non-medical)</i>
o.	Child care services
p.	<i>Emergency financial assistance</i>
q.	<i>Food bank/home-delivered meals</i>
r.	Health education/risk reduction
s.	Housing services
t.	Legal services
u.	Linguistics Services
v.	<i>Medical Transportation Services</i>
w.	Outreach services
x.	Psychosocial support services
y.	Referral for health care/supportive services
z.	Rehabilitation services
aa.	Respite care
ab.	Substance abuse services-residential
ac.	Treatment adherence counseling

75/25 Stipulation

In 2014, San Francisco received a waiver of this requirement. Prior to 2014, 75% of service allocations had to be spent on “Core Medical Services” and at most 25% spent on “Support Services.”

Other Uses of Funds

In 2014, a portion of funds pays for food and supplies for Planning Council meetings. Prior to 2014, a portion of the funds also paid for Planning Council staff, as well as activities critical for Priority Setting & Resource Allocation, such as: Needs Assessment, Evaluation, and Comprehensive Planning.
(See Priority Setting and Resource Allocation Section)

WHAT RYAN WHITE FUNDS MAY NOT BE SPENT ON

All Ryan White legislation funding is considered funds of last resort.

- Services that may be covered by other available sources of funding (e.g. Medi-Cal)
- Capital improvements/Construction
- Permanent housing services
- Money directly given to consumers
- Funding for counseling and testing or prevention services is limited
- Needle exchange

Section 5

WHAT WE DO & HOW IT IMPACTS THE HIV/AIDS COMMUNITY

MAIN ROLES OF THE COUNCIL	
Role	How We May Do This
Determine the size and demographics of the population with HIV disease	Receive Epidemiological Reports from the Division of Public Health. Make requests to the Division of Public Health on data from additional sources such as the Ryan White client data base
Determining the needs of People living with HIV/AIDS	Coordinate and review data from community forums, focus groups, surveys, outcomes evaluations related to specific services, service utilization data, and information on the extent of unmet need for health services among PLWHA who know their status but are not receiving primary health care
Determining the needs of People living with HIV who are not in care by assessing their needs and developing programs to bring them into care	Find ways to work with HIV prevention and outreach services in Marin to enter into underrepresented communities to encourage testing and treatment; find ways to educate at risk/high risk populations
Setting priorities for the allocation of funds	Using data from needs assessment, community forums, community outreach, service utilization, and other sources to determine where the greatest need lies and making funding decisions to service those needs
Developing a comprehensive plan for the organization & delivery of health services	Work with DHHS and consultants to guide service delivery that is relevant, convenient and integrated with the community of service providers to offer a seamless and convenient system of care This includes determining the capacity development needs of the EMA (like which agencies need help to improve their operations) and how Ryan White services need to work with other agencies, like substance abuse services & HIV prevention agencies
Assessing the efficiency of the grant administration and the effectiveness of services	Conduct assessment of the grantee (Division of Public Health), considering the following: <ul style="list-style-type: none"> • How well are they carrying out the instructions of the Planning Council in terms of prioritization and allocation decisions? • Are there reasonable time expectations for carrying out requests from the Planning Council? • Is the grantee evaluating the different service providers for the best fit? (Cost, service provided, timeliness etc)
Responsibility to ensure that services are coordinated with prevention and substance abuse treatments.	Consider the following: How well linked are services with Prevention and Substance Abuse treatments in order to encourage wider coverage to reach people who need care? Are there opportunities to incorporate services in order to reach target populations that might be clients of both services?

Additional Responsibilities of Council Members

- Recognizing that they are there to represent the community, not interest-based needs or wants
- Respecting cultural differences and challenges of managing/representing a diverse community of people
- Respecting individual differences within the Council
- Self-management and acknowledgement of roles and responsibilities in terms of fulfilling their roles

Conflict of Interest Disclosure

Conflict of Interest may be defined as, an interest by a Council member in an action that may result in personal, organizational, or professional gain – or give the appearance of such gain. All Council members must sign a Conflict of Interest Disclosure Form indicating their willingness to disassociate from any actual or perceived special interests during Council deliberations and agreeing to act only on behalf of the broadly affected HIV community in its totality. (See Section 10, Appendix C: “Conflict of Interest Disclosure Form”)

CONFLICT OF INTEREST POLICY

Approved by Full Council 12/07/05

All Council members must sign a Conflict of Interest Disclosure Form indicating their willingness to disassociate from any actual or perceived special interests during Council deliberations and agreeing to act only on behalf of the broadly affected HIV community in its totality;

Council member conflicts will appear on their name card at the council table;

Council members with an actual or perceived conflict of interest may engage in discussion of issues that may relate to their conflict of interest. All actual or perceived conflicts must be disclosed by the Council member during the discussion of issues and prior to any comment made on an issue;

When voting on individual service categories, all Council members with a conflicts of interest shall recuse themselves from voting on issues that directly relate or appear to relate to an action which may result, or appear to result in personal, organizational or professional gain;

When voting on grouped service categories, all Council members with a conflict of interest in one or more of the grouped categories shall recuse themselves from voting on the particular category on issues that directly relate or appear to relate to an action which may result, or appear to result in personal, organizational or professional gain;

It is the responsibility of the Council Co-Chairs to enforce this policy during Council meetings.

Section 6

OUR CLIENTS

Who can get services?

- People living with HIV/AIDS (PLWHA) who are low income and uninsured or underinsured
- Some service categories are also available to family members of PLWHA (although none of these currently exist in Marin)
- Client must be a resident of the county where the service is located to receive CARE-funded services

Demographic Profile

Clients Receiving Ryan White funded Services in FY 2013/14*		
Race	Number	%
White not Hispanic	159	62.35%
African American	29	11.37%
Latino/Hispanic	54	21.18%
Asian /Pacific Islander	5	1.96%
Am. Indian/Alaska Native	5	1.96%
Other/Multiethnic	3	1.18%
Declines to State	0	0.00%
Unknown	0	0.00%
Total	255	100%
Gender	Number	%
Male	213	83.53%
Female	40	15.69%
Transgender	2	0.78%
Total	255	100%
Age	Number	%
<13	0	0.00%
13-24	7	2.75%
25-49	75	29.41%
50+	144	56.47%
Unknown	29	11.37%
Total	255	100%

* from ARIES Statistical

Analysis Report

Section 7

CARE COUNCIL MEETINGS - PREPARATION, PROCESS, DYNAMICS, & LEADERSHIP

Managing Care Council Meetings

The Marin HIV/AIDS Care Council uses several aspects of Parliamentary procedure as described in Roberts Rules of Order. Parliamentary procedure is a system of conducting business when working in a group such as a *deliberative assembly*- which is a group of people meeting together to openly discuss issues and make decisions that then become the decision of the group. There are several motions and processes used in managing meetings according to the Rules (see Appendix E for some of the more common motions). Some of the stipulations for managing Care Council meetings are captured below:

Quorum: A quorum of the Care Council must be present at any meeting in order for the Council to engage in any formal decision making. A quorum is fifty percent plus one of the membership, excluding those members on an authorized leave of absence.

Council Meeting Proceedings

Council meetings shall be open to the public. The Care Council operates in accordance with the Brown Act. This means that there is public notice of meetings, at least 72 hours in advance of the meeting. Marin County DHHS, Council Support Staff will post meeting agendas to AIDS service providers, the SF EMA, and any interested public. To learn more about how to receive meeting postings, interested parties may contact Council Support.

Meetings will be digitally recorded, with recordings available to Council members and the public for their review. Meeting recordings will be held for a minimum of 3 months.

Written minutes will be made available prior to the following meeting and will be a public document.

Voting

Every official act taken by the Council shall be adopted by majority vote.

Majority vote is 2/3 (66%) all members of the Council present or voting.

If absent, a Council member may specify in writing his or her opinion on an agenda item. Council members who are PLWHA and are absent for a medical reason, may elect a proxy to cast votes for the member they are representing, for votes on noticed agenda items.

Recusal and abstain guidelines: If a Council member has a conflict of interest they shall recuse themselves from the vote. If a Council member does not have sufficient information to make a sound vote they may abstain from voting. A recusal is not counted in the denominator for a vote, whereas an abstention is counted in the denominator.

Proxy Voting

Any member who is absent due to HIV/AIDS related illness may appoint a proxy according to guidelines. (From By-Laws, Article III- Membership, Section 2: No person may substitute for a member at meetings except for members who are PLWHA, who may designate a proxy utilizing a process developed by the Council, who may serve for two meetings for the purpose of maintaining representation of PLWHA when a member is unable to attend due to illness. An individual Council member may serve as proxy for not more than one member.)

Order of Business Format

Order of business typically follows this format:

- I. Roll Call
- II. Approval of agenda
- III. Approval of minutes
- IV. Public Comment (Additional public comment will be taken before every vote by the council and at the end of every agenda item. Council Members are not supposed to respond to Public Comments, because it can disrupt or change the agenda flow of a meeting. Council Members that wish to address a comment made during Public Comment, may do it during a related agenda item or during New Business.)
- V. Co-Chairs report
- VI. Membership report (as needed)
- VII. Community Outreach and Advocacy report (as needed)
- VIII. Report by ad hoc Committees & Task forces (as needed)
- IX. Consideration of main agenda
- X. New business
- XI. Adjournment

Meeting Ground Rules

- Every member will treat everyone with respect. All members will have the opportunity to speak and to be listened to without interruptions
- The chair will establish procedures for discussion and may limit the length of individual presentations and set reasonable time limits on debate. A parliamentarian or timekeeper may be selected to assist with this process
- Decision making will occur in an agreed upon manner (majority rule, two thirds vote, consensus etc) this will be agreed upon before hand
- No personal attacks
- Every member of the group will accept and support decisions made in the agreed upon manner, regardless of personal position
- Information presented in confidence, will be held in confidence
- Members will behave in a manner which reflects recognition of their responsibility to present and consider the concerns of specific communities or population groups, and yet be global in their approach in order to act on the behalf of people living with HIV/AIDS
- All members will speak positively about the Planning Council in public. Problems will be addressed within the group, and not with outsiders
- Any member who feels they cannot support the mission, goals, strategies, programs, and/or leadership of the Planning Council should resign
- Every member will take responsibility for abiding by these ground rules, and also speak out to encourage other members abide by them

Rules of Respectful Engagement for the Care Council

A policy of “Respectful engagement” will underlie all Care Council activities, which include meeting activities as well as one on one interaction of all Council members and any other individuals who may engage with the Council. These rules are to be adopted and standardized through the entire group, not just the Co-Chairs or facilitators. All members of the group/committees are co-facilitators and leaders and are expected to actively participate in encouraging and supporting these member behaviors.

RULES OF RESPECTFUL ENGAGEMENT		
Concept/Rule	Explanation	Kinds of Behaviors that support the Rule
RESPECT	Respect for the work, respect for the process, respect for fellow Council members & respect for self	All behaviors and concepts of Respectful Engagement (see below)
It's OK to disagree	Differing opinions may be openly expressed- respectfully. Everyone arrives with different experiences and opinions, and that is the value we EACH bring	<ul style="list-style-type: none"> • Don't feel offended if someone does not agree with your position, or embarrassed to articulate a differing viewpoint • Take objection to an idea, not to a person
Listen to others	Open up and listen with a view to hearing ALL ideas; you may learn something that may help to change your opinion	Don't block out others' opinions as they speak, or tune out by practicing what you are going to say as they are speaking, especially if you THINK you may disagree; you never know, you may learn something.
Everyone participates, no one dominates	Everyone must be allowed to contribute equally, and this pertains to those who are more vocal than others. This is the process of community decision making	<ul style="list-style-type: none"> • Wait your turn to speak, especially if you have already had a chance to voice your opinions • Facilitator may solicit ideas from those who may not have had a chance to provide input before allowing others to speak again • Carefully observe if others seem to want to talk, and challenge yourself to allow them to speak as well
Honor time limits	Respects times set up for meetings. This allows the meeting to stay on track.	<ul style="list-style-type: none"> • Arrive on time and start on time • Keep an eye on the amount of time spent on one specific agenda item • End on time
Engage in respectful dialogue and interaction that allows the opinions of all – even if you may disagree	Don't denigrate others for ideas that you may not agree with. (this ties into the concept of “it's ok to disagree”) Openly/ Actively LISTEN to and welcome/ encourage all ideas. By allowing the free flow & sharing of ideas, new learning and understanding may be acquired	<ul style="list-style-type: none"> • Listen to all ideas with respect • Use positive comments to affirm & appreciate others opinions, even if they may not be your own • Do not use negative comments to characterize either an idea or a person if you disagree with that opinion. For example, instead of saying “I think you're stupid”, or “your idea is stupid” you may simply say “I respectfully disagree”

Stick to the agenda, stay on task	Respect the group goals by paying attention to the agenda. This is what the meeting is about, help focus the group on what to do to get these tasks accomplished	<ul style="list-style-type: none"> • Discuss matters that are relevant to the discussion topics at hand • Keep side discussions and conversations at a minimum • Monitor the amount of time spent on each agenda item in order to accomplish group goals
Keep an open mind	Learning from each other requires being willing and able to “hear” each other. Be willing to assess, accept and incorporate ideas you may not have understood or entertained before.	<ul style="list-style-type: none"> • Don't have an opinion formed even before someone else starts speaking • Don't begin formulating your response even before they speak • Listen, you might learn something new
Do not repeat what others have said	Take pains to recognize that your role in the group is not about grandstanding or getting recognition for your comments. If it has been said before, you don't need to repeat it, unless it's during the taking of a vote, at which point it's okay to reiterate that you agree with a specific opinion. This helps in time management and group efficiency	<ul style="list-style-type: none"> • Use phrases like “I agree with that thought” “I second that idea” • Don't speak just because you want to get yourself heard. It's about the group's voice being heard
Speak in the simplest possible language	We have diverse professional, educational and personal expertise. It's important that your comments are easily understood by everyone, including the public attending our meetings. Take time to explain complicated concepts, and make sure everyone has enough context to understand the process. This helps new members to fully participate in our work.	<ul style="list-style-type: none"> • Explain any acronym you use. • Don't use jargon or overly professional terminology and if you do, explain it • Minimize “shorthand” references to previous discussions or events • Facilitators should make sure that the group is following the discussion during complex topics, and should check for understanding and summarize as appropriate

COUNCIL SUPPORT AND CO-CHAIRS COMMUNICATION POLICY

Approved by Full Council on 11/2/05 , Rev 11/12/14

Effective operation of the Marin HIV/AIDS Care Council, including meeting the requirements of the Brown Act and maximizing access to the Council for the people it represents, requires a smooth system of coordinated communication. The following protocol has been developed to maintain smooth communication between Council Support, Council Co-Chairs, ad hoc committee, work group, or task force Co-Chairs.

Developing Meeting Agendas

Council Co-Chairs are responsible for setting the agenda for full Council meetings. Ad hoc Committee Co-Chairs are responsible for setting Committee agendas. Ideas and guidance for setting meeting agendas are often generated during the Next Steps and Next Agenda Items section of the preceding agenda. If Council members have additional agenda items that they would like to recommend, they may email them to the respective Co-Chairs ten days prior to the scheduled meeting. Agendas are always considered draft until they are approved by the Council member attendees at the meeting.

Noticing Agendas

Agendas for meetings for the Marin HIV/AIDS Care Council and its committees will be noticed to Council members and interested public via email. If Council members or members of the public would like to add additional names to the email distribution list they should contact Karen Kindig at kkindig@marincounty.org and Chris Santini at csantini@marincounty.org with this information. In addition to this email notification, staff at the HIV Specialty Clinic, MAP, and Tom Steele Clinic have agreed to post agendas at their sites in a public place. Meeting agendas will also be noticed on the Marin HIV/AIDS Care Council web site, www.co.marin.ca.us/depts/HH/main/hs/CARE/CAREcouncil.cfm, and on the San Francisco HIV Health Services Planning Council web site, www.sfcarescouncil.org.

All meetings of the Marin HIV/AIDS Care Council and its committees are subject to the Brown Act. In order for Council support staff from Marin County Department of Health and Human Services and the San Francisco HIV Health Services Planning Council to post agendas in compliance with the Brown Act, they must receive meeting agendas with sufficient time to post them. Council Co-Chairs and committee Co-Chairs should send meeting agendas to Chris Santini at csantini@marincounty.org one week before the meeting. In addition, committee Co-Chairs should cc: Council Co-Chairs when they send the agenda to Council support staff.

Meeting Minutes

All meetings of the Marin HIV/AIDS Care Council and its ad hoc Committees must be documented and minutes made available to the public. At full meetings of the MARIN HIV/AIDS Care COUNCIL, Department of Health and Human Services staff will make digital recordings and take minutes of the meetings. At ad hoc Committee meetings Council members are responsible for taking meeting minutes. All ad hoc Committee minutes must be submitted to Chris Santini at least one week before the next meeting, and should include a cc: to Council Co-Chairs. Minutes will be distributed to the Council and interested public via email and via the Marin HIV/AIDS Care Council web site, www.co.marin.ca.us/depts/HH/main/hs/CARE/CAREcouncil.cfm , and the San Francisco HIV Health Services Planning Council web site, www.sfcarescouncil.org.

DEVELOPMENT OF FULL COUNCIL AGENDA POLICY

Approved by Full Council 10/5/05

The Council Co-Chairs have the responsibility of developing the agenda for the full Council Meeting. In addition, when the full Council votes to put an item on a future agenda, the Co-Chairs shall put that item on the designated agenda.

Requests to place an item on the full Council agenda should be directed to the Council Co-Chairs at least ten (10) days prior to the next full Council Meeting. The Co-Chairs are responsible for limiting the agenda to what can reasonably be expected to be completed during the allotted time for the meeting and should use their discretion to ensure that the most urgent items are addressed. In the event that there is not sufficient time the item will be scheduled for the first available agenda.

The Co-Chairs will submit the draft agenda to the County staff one week prior to the meeting for proper notification.

INTERNAL DOCUMENT HANDLING POLICY

Approved by Full Council 10/05/05

All Council Members shall request documents from County staff and/or Council Support in writing or through email communication. County staff and/or Council Support will forward the request to the appropriate County staff and/or Council Support staff member. A response will be sent to the requestor with the document(s) (if available) within 3 working days. If the document is not available, County staff and/or Council Support will notify the requestor within 3 days and provide an estimated date that the document(s) will be available.

In the event that the County staff and/or Council Support feel unable to create a new document given available resources, the matter will be referred to Council Co-Chairs for resolution.

ELECTION OF COUNCIL CO-CHAIRS POLICY

Approved by Full Council 8/22/05, Rev 11/12/14

- Care Council Co-Chairs shall fulfill the requirements set forth in the By Laws, Article III Section 4;
- The Care Council shall prepare a Job Description for Council Co-Chairs which sets forth Qualifications, Participation Requirements, Responsibilities, and guidelines for facilitation of meetings;
- Nominations for Council Co-Chairs are made from the floor in August/September;
- Nominations remain open until the election of Co-Chairs in October/November;
- Elections for Council Co-Chairs take place at the October/November meeting by paper ballot which is tabulated by Council Support;
- Co-Chair terms begin on 1st of month following the election and last for one year;
- Co-Chairs may serve no more than three consecutive terms

COUNCIL CO-CHAIR JOB DESCRIPTION

Approved by Full Council 12/07/05

The Position

The persons elected for the position of the Council Co-Chair are collectively responsible for the leadership of the MARIN HIV/AIDS Care Council. Leadership accountability ensures the Marin Care Council operates effectively. Skillful leadership provides direction, planning, quality results, and oversight, while fostering trust, motivation, and a sense of community to improve and enhance the lives of persons infected and affected by HIV/AIDS. Co-Chairs collaborate with the County (Grantee), Council Support staff, and various entities to ensure that the Marin Care Council achieves its goals and fulfills its mandated responsibilities. Council Co-Chairs are public officials and serve as official spokes-persons for the Marin Care Council. Council Co-Chairs are nominated and elected to serve for one-year terms, which begin on October 1st, and serve no more than three consecutive terms as Co-Chair.

The Council is committed to promoting leadership of PLWHA and asks that each committee strive to elect at least one Co-Chair who is PLWHA, ideally an unaffiliated consumer, whenever possible.

Qualifications

- Active member of the Marin Care Council in good standing
- Knowledgeable about Ryan White Legislation requirements, Ryan White Part A processes, Marin Council By-laws, and Policies and Procedures
- Understand the Marin Care Council's roles and responsibilities, including the relationship with the County and other HIV planning bodies
- Able to interact effectively with people from diverse social, economic, and cultural backgrounds
- Demonstrated sensitivity to the needs and requirements of communities that are affected by the HIV/AIDS epidemic in Marin County
- Able to collaborate and cooperate with individuals from a broad spectrum of educational and professional back-grounds, including public officials, health care professionals, and members of the community
- Strong written and oral communication skills, including a willingness to speak comfortably in front of large groups, encourage and motivate others, exercise diplomacy and tact, and speak to the media. Experience with group facilitation and Robert's Rules of Order preferred, but not required
- Demonstrates problem-solving and decision-making skills

The Co-Chair(s) fulfilling the HIV+ requirement in the Bylaws must disclose his/her HIV status; otherwise, there is no requirement to disclose status.

Participation Requirements

- Attend all regular or special Marin Care Council meetings
- Attend all mediation and arbitration sessions pursuant to the grievance policy and procedure
- Participate in the review of all contractual documents between County of Marin and the SF AIDS Office
- Represent the Council at local, regional, and national meetings and conferences, as appropriate
- Meet regularly with the other Co-Chair and County staff

Responsibilities

- Advocate for and advance the mission of the Marin Care Council. Ensure community participation is incorporated into the work of the Council
- Shall support PLWHA representation on the Marin Care Council, and advocate for the PLWHA community
- Ensure communication between the Marin Care Council and County (Grantee), members of the community, or organizations that have official business with the Marin Care Council
- Stay informed on issues relevant to the Ryan White Legislation, HIV/AIDS services, and public funding for community health and support services
- Ensure that the Marin Care Council collaborates with HIV prevention, substance abuse, mental health, and other appropriate local, state, and national planning and advocacy groups
- Adhere to the Marin Care Council Bylaws and Policies and Procedures, monitor their implementation in all Council activities, and ensure that they are reviewed annually
- In conjunction with the SF Planning Council, ensure the successful development of the comprehensive plan for the organization and delivery of Ryan White services in the EMA, and foster integration of the plan with other planning efforts
- In conjunction with the SF Planning Council, ensure the participation in the development of the California State-wide Coordinated Statement of Need (SCSN)
- Serve as one of the official, public representatives of the Marin Care Council. As media spokesperson, conduct one-self in a professional manner according to guidelines established by the Marin Care Council in the media contact and public information policy and procedure

Full Council and ad hoc Committee Meetings

- Facilitate meetings of the Council, including developing and reviewing agendas and minutes for all regular and special meetings of the Council
- Determine how Co-Chair responsibilities shall be shared between Co-Chairs
- Ensure coordination and communication among ad hoc Committees in collaboration with Council support staff. Provide guidance to Co-Chairs of ad hoc Committees and work groups
- Ensure ad hoc Committees complete tasks and assignments
- Support implementation of Council Conflict Resolution policy as needed
- Remain objective and impartial as the Co-Chair(s) role changes from participant to facilitator
- Ensure members adhere to ground rules for discussion
- Other duties and activities as required

CARE COUNCIL MEETING FACILITATION POLICY

Approved by Full Council 04/08/09, Rev 11/12/14

If the Chairperson or Co-Chair of the Marin HIV/AIDS Care Council is not present to lead the bimonthly Care Council meeting, any Chairperson or Co-Chair from an ad hoc Committee shall lead the Care Council meeting. If no ad hoc Committee Chairperson is present and a quorum is available, the Council Members present will vote to select a temporary Chairperson to conduct the meeting.

AD HOC COMMITTEE CO-CHAIR JOB DESCRIPTION

Approved by Full Council 12/07/05

The Position

The persons elected for the position of ad hoc Committee Co-Chair are collectively responsible for the leadership of the Marin HIV/ AIDS Care Council. Leadership accountability ensures that the Marin Care Council operates effectively. Ad hoc Committee leadership provides direction and fosters trust and motivation by promoting an inclusive and productive atmosphere at meetings. Co-Chairs collaborate with the Grantee, Council Support staff, and various entities to ensure the Marin Care Council achieves its goals and fulfills its mandated responsibilities. Ad hoc Committee Co-Chairs also serve as part of the Council leadership through their role. Ad hoc Committee Co-Chairs are nominated and elected to serve a term, not to exceed one year. In the spirit of rotation, ad hoc Committee Co-Chairs shall not serve more than three consecutive terms.

The Council is committed to promoting leadership of PLWHA and asks that each ad hoc Committee strive to elect at least one Co-Chair who is PLWHA, ideally an unaffiliated consumer, whenever possible.

Qualifications

- Active member of the Marin Care Council in good standing
- Commitment to become knowledgeable about Ryan White Legislation requirements, Ryan White Part A processes, Marin Council by-laws and policies and procedures
- Understand and have an interest in the committee's roles and responsibilities, including the relationship with the full Council, and the Grantee
- Able to interact effectively with people from diverse social, economic, and cultural backgrounds
- Demonstrates sensitivity to the needs and requirements of communities that are affected by the HIV/ AIDS epidemic in Marin County
- Strong communication skills, including a willingness to speak in front of the ad hoc committee, encourage and motivate others, exercise diplomacy and tact, and a willingness to delegate responsibilities. Experience with group facilitation and Robert's Rules of Order preferred, but not required
- Demonstrates problem-solving and decision-making skills

Participation Requirements

- Attend all scheduled ad hoc Committee meetings
- Maintain regular attendance at all full Council meetings
- Actively participate in the Marin Care Council

Responsibilities

- Advocate for and advance the mission of the ad hoc Committee. Ensure community participation is incorporated into the work of the Committee
- Shall support PLWHA consumers' representation and participation on the ad hoc Committee, and advocate for the PLWHA community
- Ensure communication between ad hoc Committee and other committees, Support staff, Council Co-Chairs, and full Council
- Stay informed on issues relevant to the Ryan White Legislation, HIV/ AIDS services, and public funding for community health and support services
- In conjunction with the Council Co-Chairs, adhere to the bylaws and Marin Care Council policies and procedures
- In conjunction with the Council Co-Chairs, ensure that the tasks of the ad hoc Committee are completed in a timely manner

Ad Hoc Committee Meetings

- Facilitate meetings of the ad hoc Committee, including developing and reviewing agendas and minutes with County staff for all Committee meetings
- Determine how Co-chair responsibilities shall be shared between Co-Chairs
- Ensure coordination and communication with County support staff
- In conjunction with the Co-chairs, ensure the ad hoc Committee complete tasks and assignments related to the core functions outlined
- Present ad hoc Committee recommendations and/or motions to the full Council
- Support implementation of Council Conflict Resolution policy as needed
- Remain objective and impartial as the Co-Chair role changes from participant to facilitator
- Ensure all attendees adhere to ground rules for discussion and encourage and provide opportunity for all attendees to participate
- Other duties and activities as required

ESTABLISHMENT, DEVELOPMENT, AND OPERATION of AD HOC COMMITTEES and WORK GROUPS POLICY

Approved by Full Council 10/05/05

Establishment and Reporting

- The Marin Care Council may, from time to time, form ad hoc Committees or Work Groups. These ad hoc Committees or Work Groups shall be under the authority of the full Council
- The full Council will receive regular updates on the ad hoc Committee's or Work Group's activities through regular reports from the ad hoc Committee or Work Group Co-Chairs
- Each ad hoc Committee or Work Group will have a clearly established purpose and mission
- County staff will assist with all ad hoc Committees and Work Groups

Organization

- Each Council established ad hoc Committee or Work Group will have at least one Council Member serving as Chair or Co-Chair
- The full Council Co-Chairs shall not serve as a Co-Chair of an ad hoc Committee or Work Group
- No Council Member shall serve as Co-Chair for more than two ad hoc Committees at on time
- Ad hoc Committees or work groups may include non-Council Members as (voting/non-voting) members. Voting to be established by the full Council

Notification

- Each ad hoc Committee or Work Group shall establish a regular meeting schedule which will be posted with agendas and minutes taken in accordance with the Brown Act
- Each ad hoc Committee or Work Group will have a pre-established start and end date. After meeting for a period of three (3) months, the full Council shall review the continued need for the ad hoc Committee or Work Group

Termination

At the conclusion of the ad hoc Committee or Work Group, a final report or completed project will be submitted to the full Council. At the time of acceptance of the final report or project by the full Council, the ad hoc Committee or Work Group will formally end.

TELECONFERENCE POLICY

Approved by Full Council 11/16/07

1. In accordance with the Brown Act, the Marin HIV Care Council will follow the Brown Act's guidance regarding telephone participation for Council and Committee Members.
2. A Council member can participate in a meeting by phone under the following conditions:
 - The phone being used at the remote location has speakerphone capacity
 - The remote location is within Marin County and open to the public for the meeting
 - The remote location is publicly noticed on the meeting's agenda
3. It is customary that Council members attend meetings in person. If circumstances require remote participation and the location meets the above requirements, a Council member will forward the phone number and the address to Council Support one week prior to the meeting.

Section 8

MEMBERSHIP

(Revised 4/4/07, 11/12/14)

How to become a member

Membership on the Marin Care Council is defined by a number of membership criteria (*see Section 3, Categories for Council Membership*):

Nomination and Membership Process

- Individuals are eligible for Care Council membership if they live in Marin County, work in Marin County, or receive Ryan White services in Marin County.
- Eligible applicants must fill out a Membership Application. Applications may be received from Council support or Council members. (*Interested new applicants are strongly urged to attend a Council meeting first.*)
- The full Council reviews the application and votes to approve the applicant for interview. The full Council votes to form an ad hoc Committee to conduct the interview or schedules the interview for a future meeting during the Membership agenda.
- Council members are nominated for a 2-year term of office, and can reapply for an additional two year term, as long as they are in good standing with the Council.

Benefits of Membership

- Knowledge and participation - Be part of the decision making process in determining prioritization and allocation decisions that impact service and care for People Living with HIV/AIDS.
- Leverage the positive affects of Empowerment - People Living with HIV/AIDS can reap the benefits to health and welfare through active involvement in decisions that impact their health and welfare.
- Advocacy through representation - Get the voices and views of those you represent heard on the Council. Reflect the views of who you are, what you know about the HIV/AIDS crisis.
- Equity for all through diverse representation - Be seen, heard, and counted. Representation of ALL voices need to be heard in order to get needs met.

Applying for Council Membership

Application forms are available online at the Council's website:

www.co.marin.ca.us/depts/hh/main/hs/CARE/CAREcouncil.cfm and at all Council meetings.

Completed forms should be forwarded to Council Support staff. They may also be handed into to Council staff at any full Council meeting.

Council staff will review applications for completeness and verification of information. Staff will then forward applications to Marin Care Council Co-Chairs who will review the applications and then schedule a full Council review of the application. If approved, an interview date will be set at a full Council meeting or by an ad hoc committee.

Prior to the interview, applicants must attend at least one full Council meeting within the last three months.

Review of Application

The Care Council Co-Chairs shall be responsible for ensuring that the process for the review and approval of new Members, as outlined above, is consistent with the Council's Bylaws, and shall make revisions, and notify the Council of any revisions made to this process.

The Council Co-Chairs shall review all applicants in consideration of the Bylaws requirements concerning representation, and will recommend those applicants which most effectively fill the vacant areas of representation.

The bylaws requirements concerning mandated areas of representation, as well as the composition of the Council membership, and the extent to which it reflects the demographics of the epidemic within Marin, will always be taken into consideration in evaluating applicants. In addition, the Care Council shall take into account the Council's conflict of interest standard, as well as relevant guidance from HRSA regarding membership and conflict of interest.

Interview

The interview is conducted by an ad hoc Committee or by the full Council. This will be determined at the time the full Council reviews the application and votes to interview the applicant. At the interview, Co-Chairs will set procedure appropriate to current situation. All applicants will be asked questions from a set list along with any follow-up questions as necessary. This is done to ensure uniformity and thoroughness of interview. After the interview, the ad hoc Committee and full Council will meet in closed session before making a formal decision.

Decisions are based on the interview and application. Council Co-Chairs will inform applicant within 72 hours after a decision.

Approval

The full Council will review the recommendations of the ad hoc Committee and will vote to approve or reject the Committee's recommendation. If the Council rejects the ad hoc Committee's recommendation, the full Council will reconsider the applicant at its next meeting. If the full Council conducts the interview, a vote will be conducted following the interview to approve or reject the applicant for Council membership. In either event, the applicant will be notified in writing of their standing.

Term Length and Subsequent Term

In accordance with the bylaws as adopted by the Council on August 3, 2005, concerning terms of office, the term of office shall be two years.

Approval for those members representing agencies are only for as long as such individuals are employed by such agencies.

Those individuals seeking approval to a subsequent term shall be contacted by the Council Co-Chairs at least two months prior to the end of their term. This allows time to consider their request and forward recommendations to the Care Council at the Council meeting prior to the end of that member's term. Members seeking approval to subsequent terms shall submit a completed Subsequent Term Application to the Care Council Co-Chairs. A timely response will avoid gaps in membership.

The Council Co-Chairs, with the assistance of Council Support, shall be responsible for maintaining a record of appointment dates of Council members, and for notifying members of the dates of the end of their terms.

Training/Orientation

When specific training needs are identified, trainings will be conducted accordingly. The Marin Care Council will arrange, schedule and coordinate trainings on a regular basis. Within 90 days of approval, all Council members are required to attend an orientation.

Participation

In an effort to diversify levels of understanding, interest, and participation in Council work, Council members are encouraged to volunteer for ad hoc Committees and Work Groups.

Attendance

As stated in the bylaws, the minimum attendance required is Council meetings as scheduled. In addition, Care Council members are expected to attend one San Francisco HIV Health Services Planning Council meeting per term. Attending the annual Marin County Report (May) meeting and/or the Prioritization and Allocation "Summit" (August) meeting would be beneficial. Council members shall be entitled to two excused absences per half year. Council members are responsible to inform Council Support staff when they are unable to attend their designated ad hoc Committee, Work Group, or full Council meeting.

Council Support staff will conduct a quarterly review to determine whether Council members are meeting the minimum attendance requirements, as outlined in the bylaws. Results of review will be reported to the Co-Chairs of the full Council for further action as required. Upon request by Council Co-Chairs, Council Support will provide documentation of meeting attendance used for the quarterly attendance review.

A member in good standing fulfills attendance requirements, as stated in the bylaws. S/he would:

- Regularly communicate with Council Support staff regarding absences
- Attend orientation within 90 days of approval
- Receive ongoing core competency training as overseen by the Marin Care Council

If two consecutive meetings are missed, Council Co-Chairs will contact Council Member to determine his/her status on the Council and if a leave of absence is requested.

Probation

A member may be placed on a 4-month period of probation if any of the following occur:

- Attendance falls below the minimum requirement of no more than 2 excused absences at the full Council, ad hoc Committee, and Work Group meetings as scheduled, within a six month period
- Has not attended orientation within the first year from date of Council approval
- Does not respond to requests made by the Council Support staff or Council Co-Chairs

Members will be informed that they are placed on probation by written correspondence, as instructed by the Council Co-Chairs following the full Council review of attendance.

During the 4 months of probation, the Council member must meet the minimum attendance requirement. If the member is unable to comply with the attendance requirement, the member will need to address his/her circumstances and his/her disposition will be reviewed at the following full Council meeting. If the member does not respond, the Council will vote on whether to retain or remove the member from the Council.

Resignation

A member may be considered for resignation from Council membership if:

- The full Council determines him/her unfit for continued membership based on ongoing probationary status
- Absences exceed six month allowance and Member does not communicate with Council Support staff or Council Co-Chairs when requested to do so

In consideration of the need for representation of persons with HIV, those individuals shall be exempt from the by-laws' termination clause for absences due to illness.

Proxy Voting

Any member who is absent due to HIV/AIDS-related illness may appoint a proxy according to guidelines. (From Bylaws, Article III - Membership, Section 2: No person may substitute for a member at meetings except for members who are PLWHA, who may designate a proxy utilizing a process developed and approved by the Marin Care Council, who may serve for two meetings for the purpose of maintaining representation of PLWHA when a member is unable to attend due to illness. An individual Council member may serve as proxy for not more than one member.)

Leave of Absence

A leave of absence is requested by written notice to the Council Co-Chairs. A leave of absence may not exceed six (6) months. Persons not returning by the end of the six (6) month period will be considered to have resigned. Leaves of absence are granted only for reasons of work or personal or family health or maternity leave, and are ordinarily granted for three (3) months with a possibility of a three (3) month extension. The number of members required to establish a quorum shall be adjusted to exclude members on authorized leaves of absence. Individuals are encouraged to consider the adequate representation of their constituency when deciding between a leave of absence or resignation.

(From Bylaws, Article IV - Leave of Absence)

Reimbursement

In accordance with Ryan White Legislation, reimbursements shall be made available to HIV+ members to facilitate their participation in Council meetings. These reimbursements may be used for transportation, child care, food, and wages lost as a result of attending Council meetings.

Links to Resources

HRSA/Ryan White CARE Act: www.hrsa.gov/

San Francisco Planning Council: www.sfcarecouncil.org/

Marin HIV/AIDS CARE Council: www.co.marin.ca.us/depts/HH/main/hs/CARE/CAREhome.cfm

NEW MEMBER ORIENTATION POLICY

Approved by Membership Committee on 02/07/07

The policy of the Marin HIV/AIDS Care Council is to orient new members within the first three months, utilizing the approved Marin HIV/AIDS Care Council - New Member Orientation Handbook and Resource Guide. The orientation will be conducted by Council members and/or Council Support staff. It is the responsibility of Council Co-Chairs to ensure that the orientation takes place. All members are welcome and encouraged to attend the San Francisco HIV Health Services Planning Council orientation.

Training

When specific training needs are identified, trainings will be conducted accordingly. The Care Council will arrange, schedule and coordinate trainings on a regular basis.

COMMITTEE AND WORK GROUP MOTION AND VOTING POLICY

Approved Full Council on 8/2/07

At all ad hoc Committee meetings, a motion initiating action must be made and seconded by a member in good standing of the Marin Care Council.

All Council members may vote on any motion at any ad hoc Committee or Work Group meeting(s).

Quorum is established only by the ad hoc Committee members present.

EXCUSED/UNEXCUSED ABSENCES POLICY

Approved by Full Council on 6/7/06

Council Members are responsible to inform Council Co-Chairs when they are unable to attend their designated ad hoc Committee, Work Group, or full Council meeting.

Council Members are entitled to two (2) excused absences in a six month period. Excused absences shall be determined by policies established by the Council.

In consideration of the need for representation of persons with HIV, those individuals shall be exempt from termination due to absences as it relates to their illness.

For anticipated consecutive absences, Council Members should request a Leave of Absence.

Absence is considered unexcused when a Council member fails to notify the Council Co-Chairs of their anticipated absence.

Leave of Absence

A leave of absence is requested by written notice to the Council Co-Chairs. A leave of absence may not exceed six (6) months. Persons not returning by the end of the six (6) month period will be considered to have resigned. Leaves of absence are granted only for reasons of work or personal or family health or maternity leave, and are ordinarily granted for three (3) months with a possibility of a three (3) month extension. The number of members required to establish a quorum shall be adjusted to exclude members on authorized leaves of absence. Individuals are encouraged to consider the adequate representation of their constituency when deciding between a leave of absence or resignation. (From Bylaws, Article IV - Leave of Absence)

MEMBER REMOVAL AND DISCIPLINE POLICY

Approved by Full council on 4/5/06

The Marin HIV/AIDS Care Council Co-Chairs may recommend involuntary removal of members to the Council for any of the following reasons:

- Loss of affiliation which qualified the member for appointment to the Marin HIV/AIDS Care Council;
- Conduct or behavior in office that has a negative impact on the integrity of or the community's confidence in the Council including, but not limited to: conflict of interest violations; new conviction of illegal behavior; malfeasance; repeated unsubstantiated allegations under this section; repeated engagement in disruptive behavior with Council members, County or support Staff, or invited presenters; or other conduct that violates the Bylaws or established Policies and Procedures adopted by the Marin HIV/AIDS Care Council.

Purpose: The purpose of this policy is to ensure a fair and open process when it becomes necessary to remove a voting member from the Marin HIV/AIDS Care Council.

Procedure

Removal for Cause Process

- a. Once an allegation has been made by a member of the Council or by a member of the community, it shall be the responsibility of the person receiving the information to request that the complaint be put in writing and immediately notify both of the Care Council Co-Chairs in writing without discussing the matter further with other Council members.
- b. It shall be the responsibility of the Care Council Co-Chairs to notify in writing the Council member against whom the allegation has been made. This notice shall be copied to the San Francisco HIV Health Services Planning Council Co-Chairs.

It shall be the responsibility of the Marin HIV/AIDS Care Council Co-Chairs to review the allegation, including the nature of the allegation and the parties involved.

- c. The Care Council Co-Chairs will convene a meeting of an ad hoc Committee to formulate a plan to investigate the allegation. The person making the allegation and/or the person against whom the allegation has been made may not be a member of the ad hoc Committee or participate in discussions of the allegation. This meeting may be limited to the Marin HIV/AIDS Care Council Co-Chairs in a case where the allegations are of such a nature that the person may be damaged by wider discussion. The individual against whom the complaint is made has discretion to request that all meetings regarding the allegation be open and public. All aspects of the meetings and investigation will be subject to the provisions of the Brown Act.
- d. Investigation may include, but is not limited to: interviewing the complainant, the accused and any witnesses; and gathering any relevant information that may substantiate the allegation.

Investigation shall be conducted as rapidly as possible. The investigation, upon request of the accused, may include a public hearing and opportunity to confront and present witnesses relevant to the complaint.

MEMBER REMOVAL AND DISCIPLINE POLICY

Approved by Full Council on 4/5/06

(cont'd)

- e. Upon completion of the investigation, the ad hoc Committee may by majority vote:
 - i. Find that the allegation is unsubstantiated and recommend no further action;
 - ii. Find that the allegation is substantiated by substantial evidence and recommend disciplinary action less severe than removal from the Council, which may include a letter of discipline documenting the infraction and public or private censure;
 - iii. Find that the allegation is substantiated by substantial evidence, and recommend removal of the member to the full Council.

Recommendations for removal and inclusion on the full Council agenda and vote will be made by the Care Council Co-Chairs . Recommendations for removal will include specific findings of fact, supported by substantial evidence that justify the recommended action.

- f. If the matter is taken to the Council, all information gathered, including statements from the complainant and the accused, and witnesses from any public hearing shall be presented by the Chair.
- g. All persons having knowledge of the process must maintain strict confidentiality throughout.

Removal Due to Change in Status

- a. Council membership is conditioned on the member's ability to further the Council's responsibility to reflect the diversity of affected populations demographically, as well as to represent HIV related institutional and community-based health and support service providers.
- b. This distribution is mandated by the Health Resources and Services Administration (HRSA) and is set forth in Section III of the Council Bylaws. The Care Council Co-Chairs manage this distribution by filling seats on the Council for each mandated category.
- c. Members are responsible for informing the Care Council Co-Chairs of any changes of status that may affect his/her ability to fill their assigned "seat."
- d. Members are responsible for updating their Conflict of Interest Disclosure Statements whenever there is a change in his/her affiliations. Members should file a new statement within 30 days of their change in status. Forms may be obtained from Council Support staff.
- e. When a member experiences a change in status that affects the membership distribution, support staff may re-assign individuals to accommodate HRSA requirements in a timely manner. Staff will notify the Council Co-Chairs when changes are required and/or have been made.
- f. Any change in a member's status that affects the Marin HIV/AIDS Care Council's ability to maintain this balance may be grounds for removal if accommodations cannot be made.
- g. If an appropriate seat is not available the member may be asked to resign and reapply at such time as a appropriate seat becomes vacant.
- h. This policy shall be reviewed annually and revised as necessary or upon changes in the Ryan White Legislation and/or announced HRSA regulations.

MEMBERSHIP RECRUITMENT POLICY

Approved by Full Council on 4/5/06, Rev. 11/12/14

The Marin HIV/AIDS Care Council's bimonthly agenda will include Membership as needed. Periodic review and evaluation of the representation of the membership of the Marin Care Council, will ensure that the Council membership meets the requirements of Ryan White Legislation, locally determined criteria concerning representation outlined in the Council's Bylaws, as revised on August 3, 2005, and all relevant HRSA guidance concerning membership and the approval of new members.

If federally mandated or locally required membership categories are not currently filled, or if the composition of the current membership does not reflect the demographics of the epidemic in Marin, the Council Co-Chairs will identify the areas of needed representation and will prepare to recommend individuals for appointment to correct this lack of representation.

As part of its evaluation process, the Council Co-Chairs may prioritize specific membership vacancies, and emphasize the need to obtain particular areas of knowledge, expertise, or representation.

The Council shall conduct regular, not less than quarterly, targeted recruitment including, but not limited to, public notices in the press to notify the community that vacancies exist in specific membership categories and areas of representation, and that nominations for membership may be submitted.

Advertisements requesting nominations for specific categories of membership, or areas of representation will be placed in newspapers of record in Marin, including papers serving the lesbian/gay/bi/transgender community, and other papers serving the particular communities from whom individuals are being recruited. Such advertisements shall include a description of the Council's attendance and conflict of interest standards, term of office and HIV disclosure guidelines.

Applicants to the Marin HIV/AIDS Care Council are required to complete an application form and attend at least one full Council meeting. The Marin Care Council will review applications and conduct interviews. Interview will consist of meetings with individual applicants. A copy of suggested interview questions is attached.

MEMBERSHIP ELIGIBILITY POLICY

Approved by Full Council on 4/13/11

Individuals are eligible for Care Council membership if they live in Marin County, work in Marin County, or receive Ryan White services in Marin County.

RESIGNATION POLICY

Approved by Full Council on 3/1/06

Resignation from the Council shall be in writing to the Council Co-Chairs. Two weeks notice is preferable and the resignee is encouraged to consider adequate representation of their constituency.

REIMBURSEMENT POLICY

Approved by Full Council on 3/1/06

In accordance with the Ryan White Legislation, reimbursements shall be made available to HIV+ members to facilitate their participation in Council meetings. These reimbursement may be used for transportation, child care, food, and wages lost as a result of attending Council meetings. Receipts and a completed transportation form shall be submitted to County staff within 30 days via mail or in person. County staff will be responsible for submitting receipts for reimbursement. Reimbursement to Council members will happen in a timely manner.

Section 9

OTHER POLICIES & PROCEDURES

MODEL FOR RESOLVING CONFLICT POLICY

Approved by Full Council 11/02/05

Focus on Council/Staff/Health and Human Services Department Conflicts

Scope of Model

This model attempts to deal with conflicts that arise among the Marin HIV/AIDS Care Council, Grantee or the San Francisco HIV Health Services Planning Council. This might include, but is not limited to:

- Differences over the performance expectations or roles of the Council Support staff, the Council, and Health and Human Services Department;
- Difference in understanding and interpretation of technical data and analysis;
- Personal misunderstandings between Council Members and Council Support staff or Health and Human Services Department staff.

Guiding Principles

- **Participation.** Involving people early on in the development of information and in the decision making process may help prevent conflicts that stem from differences in data interpretation or influence.
- **Assertive Problem Solving.** Face-to-face problem solving (including the assertive expression of needs, wants, interests, feelings and limits) is the method of choice regardless of the level at which the conflict is generated, resolved, or who is involved.
- **Resolution First Among the Parties Themselves.** Parties should attempt to resolve conflict at the local level first – between the parties themselves who are directly involved in the conflict when it arises.
- **Move To Next Steps If Necessary.** If the conflict can not be resolved between the parties themselves, one or all of the parties may take the issue to the next step of resolution. The party taking the issue to the next step must submit written documentation of the specific area of conflict and summarize all reasons why initial resolution efforts were unsuccessful. The people representing the next step will help the parties engage in problem solving.
- **As Soon As Possible.** Conflicts should be resolved at the first opportunity for discussion. Any or all parties may take the issue to the next level of resolution if, after 10 days, the issue remains unresolved at that level. The resolution of any conflict should not exceed 30 working days.

Guidance on Conflict External to the Council and Health and Human Services

At times, individuals from the community may approach Council members about a concern or conflict he or she has with a specific agency. Council members shall direct such individuals to the San Francisco HIV Health Services Planning Council’s Consumer Advocate who will work with the individual to resolve the conflict.

If both parties agree at any step in the process, they can use someone else to resolve the conflict (for example: a clergy person, ombudsman, mediator or a community member respected for their role in conflict resolution.)

MARIN HIV/AIDS CARE COUNCIL CONFLICT RESOLUTION PROCEDURE FLOWCHART			
	Council Member/ County Staff Conflict	County as Grantee/ Planning Council Conflict	Council Member/Council or Committee
Step 1	Parties themselves	Parties themselves	Parties themselves
Step 2	Council Member/Council Co-Chairs	H&HS Services Manager/ HIV/AIDS Program Mgr/ Council Co-Chairs	Council Member/Council Co-Chairs/ Committee Co-Chairs
Step 3	Council Co-Chairs/H&HS Services Manager/ HIV/AIDS Program Mgr	Public Health Division Director/ Council Co-Chairs	Council Co-Chairs/H&HS Services Mgr/ HIV/AIDS Program Mgr
Step 4	Council Co-Chairs/Public Health Division Director	H&HS Department Director/ Council Co-Chairs	Council Member/Marin County Public Health Division Director
Step 5	HHS Department Director/SF Planning Council Co-Chairs	Council Co-Chairs/SF Planning Council	Council Co-Chairs/SF Planning Council

PUBLIC INFORMATION AND MEDIA POLICY

Approved by Full Council 10/05/05

The Marin HIV/AIDS Care Council and Grantee shall maintain positive media relations and accurate public information message through designated spokesperson(s), professional media contacts, coordinated and reviewed information, and consistent marketing strategies.

Purpose

To provide accurate and timely information to the community, media, or others who may request information about Marin HIV/AIDS Care Council meetings, activities or planning processes, funding process, procurement results or the quality and cost effectiveness of services supported with the Part A funds, or general information about HIV/AIDS in Marin County.

PROCEDURES

General Information

Whenever a Council member communicates with the news media, or appears at a public meeting or before another City Department to discuss existing or proposed Council policy, the Council member will make every reasonable effort to explain to the Council's audience whether the Council member is expressing an opinion, view or position that is the individual Council member's or a view, position or opinion of the Care Council as a whole. (Marin HIV/AIDS Care Council Bylaws, Article X- Representation of the Council).

The Marin HIV/AIDS Care Council shall identify opportunities to communicate positive messages about the Planning Council, its mission, goals, objectives, and accomplishments.

The Marin HIV/AIDS Care Council shall identify opportunities to communicate positive messages about the availability of Ryan White Part A funds in Marin County, HIV needs, and available services.

All media requests for information shall be referred to the following spokesperson(s):

- a. The Council Co-Chairs or their designee shall serve as the official spokesperson(s) for all inquiries related to the Marin HIV/AIDS Care Council, its Bylaws, legislative mandates, priority settings or resource allocation processes, or policies and procedures related to conflict of interest, confidentiality, and grievances.
- b. The Care Council Co-chair or their designee shall serve as the official spokesperson(s) for inquiries related to recruitment, special events or activities, or public information campaigns.
- c. County staff shall serve as the official spokesperson(s) for inquiries related to general operations or logistics, e.g., meeting time, locations, etc.
- d. The Marin County Department of Health and Human Services, the Grantee, will respond to all inquiries related to the grant application and award.
- e. The Grantee will respond to all inquiries related to HIV/AIDS epidemiological data or general statistical information for Marin County.
- f. Either the Council Co-Chairs or the Grantee's Representative may provide general information related to HIV/AIDS, disease process, modes of transmission, medications, or other care and support services.

The spokesperson(s) shall have sole authority to make comments to the media related to Marin County Ryan White Part A program or the roles and responsibilities of the Marin HIV/AIDS Care Council or Grantee.

PUBLIC INFORMATION AND MEDIA POLICY

Approved by Full Council 10/05/05

(cont'd)

The Media Contact and Public Information Policy and Procedure shall be reviewed annually and revised as needed.

The spokesperson(s) shall attend a media training and conduct themselves according to the standards they have learned.

If a Council member is contacted by a member of the media, they should refer the media contact to the Co-Chairs.

The grantee will track all articles and reporting relevant to Council business and post links on the San Francisco HIV Health Services Planning Council's website.

Media Contacts

Whenever possible, more than one Co-chair shall be present for media interviews related to the Marin HIV/AIDS Care Council.

If a reporter calls, or an interview is conducted, the spokesperson(s) shall document the following information to County Staff for the Marin HIV/AIDS Care Council records: the reporter's name, probable media outlets or publish date, phone and fax numbers, date and time of call, deadline for information, subject of call, and summary of information provided.

The spokesperson(s) shall conduct themselves in a professional manner.

The spokesperson(s) shall respect the reporter's deadline and shall make every effort to provide the requested information promptly.

The spokesperson(s) shall return media phone calls immediately.

The spokesperson(s) shall focus more on solutions than on problems.

If a spokesperson(s) anticipates a conflict of opinion or personality with the reporter, the spokesperson(s) may request that a second spokesperson(s) attend the interview.

The spokesperson(s) shall not divulge any confidential information and shall adhere to the guidelines established by the Marin HIV/AIDS CARE Council in the Bylaws and Policies and Procedures.

PUBLIC INFORMATION AND MEDIA POLICY

Approved by Full Council 10/05/05

(cont'd)

Public Information

All public information materials developed by the Council shall be reviewed by the Council Chairs or designated representative, prior to publication or posting in the community.

All public information materials not developed by a standing committee of the Council, such as request for proposals (RFP), public service announcements, or general information shall be reviewed by the Council Co-Chairs or Grantee prior to publication or posting in the community.

The Marin HIV/AIDS Care Council shall collaborate with funded providers who provide information and referral services to provide accurate and timely information to the community.

All Council Meetings are open to the public and are conducted in accordance with the Brown Act.

Press Releases

All press releases for the Council shall be drafted by the Grantee at the request of the Council Co-Chairs.

All press releases will be disseminated to the full Council in a timely fashion.

All press releases will be distributed to the Council's media contact list, which is maintained by the Grantee.

All press releases will be posted on the San Francisco HIV Health Services Planning Council's website in a timely fashion.

REQUESTS FOR LETTERS OF SUPPORT POLICY

Approved by Full Council 10/05/05

From time to time, the Marin HIV/AIDS Care Council may receive requests for Letters of Support for pending legislative or other matters relating to issues of general interest to the HIV/AIDS community or relating to specific items that may affect the Care Council operations or Ryan White Legislation. The Co-Chairs will bring the request before the full Council for a vote to determine whether the Council will make an endorsement.

Section 10

APPENDICES

- A. Membership Guidelines
- B. Community Outreach & Advocacy Guidelines
- C. Conflict of Interest Disclosure Form
- D. Eligibility Criteria, Severe Need & Special Populations Definitions for SF EMA
- E. Parliamentary Motions Guide from www.jimslaughter.com
- F. SF EMA Mission Statement & Shared Values and Vision
- G. Marin HIV/AIDS CARE Council Bylaws
- H. Proxy Form

APPENDIX A

MEMBERSHIP GUIDELINES

GOAL STATEMENT

The Membership goal of the Marin HIV/AIDS Care Council is to recruit, train, and retain members.

1. Periodic review and evaluation of the representation of the membership of the Marin Care Council will ensure that the Council membership meets the requirements of Ryan White Legislation, locally determined criteria concerning representation outlined in the Council's bylaws, as revised on August 3, 2005, and all relevant HRSA guidance concerning membership and the appointment of new members.
2. If federally mandated or locally required, membership categories are not currently filled, or if the composition of the current membership does not reflect the demographics of the epidemic in Marin, the Council Co-Chairs will identify the areas of needed representation and will prepare to recommend individuals for approval to correct this lack of representation.
3. As part of its evaluation process, the Care Council Co-Chairs may prioritize specific membership vacancies, and emphasize the need to obtain particular areas of knowledge, expertise, or representation.
4. The Council shall conduct regular, not less than quarterly, targeted recruitment including, but not limited to, public notices in the press to notify the community that vacancies exist in specific membership categories and areas of representation, and that nominations for membership may be submitted.
5. Advertisements requesting nominations for specific categories of membership, or areas of representation will be placed in newspapers of record in Marin, including papers serving the lesbian/gay/bi/transgender community, and other papers serving the particular communities from whom individuals are being recruited. Such advertisements shall include a description of the Council's attendance and conflict of interest standards, term of office and HIV disclosure guidelines.
6. Applicants to the Marin HIV/AIDS Care Council are required to complete an application form and attend at least one full Council meeting. The Marin Care Council will review applications and conduct interviews. Interview will consist of meetings with individual applicants. A copy of suggested interview questions is attached.

APPENDIX B

COMMUNITY OUTREACH & ADVOCACY GUIDELINES

STATEMENT OF VALUES

The Marin Care Council values giving consumers and other community members the opportunity to give input to the Council, be educated on HIV/AIDS issues, and be empowered to be a voice for the needs of the HIV/AIDS community, to affect positive change and ensure public policies that enhance the lives of people living with HIV/AIDS in Marin County.

GOAL STATEMENT

Community Outreach and Advocacy by the Marin Care Council identifies and then targets outreach to Underserved and Severe Needs PLWHA populations in Marin County. In order to maximize community attendance, participation and input into the decision making process, these outreach efforts include Community Fora and other outreach opportunities held at locations either within or accessible to the HIV+ communities. The Marin Care Council publicizes all events using printed advertisements in mainstream media publications, newsletters for PLWHA, PLWHA caucuses and support groups, service provider groups, and other venues effective in obtaining consumer attendance involvement.

Consumer Input and Development of Community Fora

Per the goal statement, the Marin Care Council - Community Outreach & Advocacy goals are as follows:

1. Allow consumers to provide input to the Council
2. Educate consumers on issues that affect the HIV/AIDS community
3. Create opportunities for empowerment for consumers to be a voice for the needs of the HIV/AIDS community that can affect positive change and ensure public policies that enhance the lives of people living with HIV/AIDS

In keeping with these the Community Outreach & Advocacy goals, the Marin Care Council will organize and host a series of Community fora and Consumer events for specific demographic groups' representative of the HIV/AIDS epidemic in Marin County.

The objectives of these events will be as follows:

1. Create a forum for education of HIV+ consumers in Marin County on issues of relevance to the community. (Education)
2. Create opportunity to solicit input and data on the needs of said communities (Consumer input)
3. Create opportunity for involvement/empowerment through membership (Empowerment to be a voice)

Process

- a. The designation of specified target groups for outreach will be focused through planning at the beginning of the Council year.
- b. These targets will be in alignment with Council goals for inclusion of under-represented populations or to address immediate inequities or for recruiting purposes.
- c. These fora will offer opportunities for members of the public to offer input on issues that affect Council activities in planning, prioritization and allocation.
- d. Such events will be advertised in areas that are specific to target populations and events will be held in locations that are convenient or populated by target demographics.
- e. The number of community events will be determined by Care Council decision in terms of ability to host, support and manage community events.

APPENDIX B

COMMUNITY OUTREACH & ADVOCACY GUIDELINES

(cont'd)

- f. There will be an evaluation of the event to review effectiveness of the event and analyze usefulness.
- g. There will be an agenda catering to interests and needs of target group as well as focused Community Outreach and Advocacy goals (as articulated above). This may include featured speakers, and other topics of relevance that meet the educational component of the goals.
- h. These events may be focused towards recruiting, education, data gathering, or support.
- i. A budget will be developed at the beginning of the year that addresses major costs and projected expenses of said events.

Provider Input

The Health Resources & Services Administration (HRSA) requires provider input in order to ensure collaborative work between service providers and consumers on the Marin HIV/AIDS Care Council.

Community Outreach & Advocacy activities, in keeping with the HRSA mandate will ensure Provider input as follows:

- 1. Encourage and invite input and representation at Community events from providers that serve/target that demographic group. (E.g. provider meeting representative)
- 2. These providers may be utilized for shared recruiting, outreach, advertising and co-hosting events in target communities.
- 3. Community Outreach and Advocacy partnership opportunities with providers that serve target communities will be explored. (Street outreach, needle exchange programs etc). This may provide opportunities to expand penetration into hard to reach/at risk/severe need populations.
- 4. The Care Council will send regular updates and emails surrounding upcoming events to providers that serve consumers

Community Outreach

In keeping with the Community Outreach and Advocacy goal statement, work will be targeted towards Community Outreach using a variety of mechanisms and strategies:

- 1. The Marin Care Council will consistently evaluate identified yearly target groups and populations for outreach on a quarterly basis.
- 2. The Marin Care Council will host/co-host regular events in these target communities.
- 3. The Marin Care Council will consistently evaluate yearly targets for outreach and penetration. This will ensure that planned projections and targets of recruiting are still relevant and pertinent.
- 4. The Marin Care Council will attempt to expand outreach through concerted efforts such as co-sponsoring/attending events hosted by providers that involve different kinds of outreach (e.g. street outreach through condom giveaways etc.) This will increase visibility, deepen penetration and create opportunities for provider liaisons. (See "Provider input")

APPENDIX B

COMMUNITY OUTREACH & ADVOCACY GUIDELINES

(cont'd)

Consumer Rights and Responsibilities

The Marin Care Council will work diligently through Community Outreach and Advocacy to ensure that consumer rights and responsibilities are acknowledged.

Consumer Rights

These include:

1. Right to & open opportunity to offer feedback to the Marin Care Council. This involves welcoming all community PLWHA to meetings, events etc.
2. Right to diverse opinions and the opportunity to voice those.
3. Right to have those opinions heard and represented.
4. Physical accessibility to Community Outreach & Advocacy events (e.g. handicap accessibility).
5. Public accessibility and appropriate foreknowledge of Community Outreach & Advocacy events. Responsibility includes; appropriate advertising and publicity using flyers, publications, including mainstream media and newsletters of PLWHA caucuses and support groups and public notice of meetings and agendas for discussion.
6. Confidentiality and safety of attendees at community events. This includes choices of disclosure or non disclosure of names, HIV status etc.
7. Ability to access information according to state laws and regulations.
8. Opportunity for advocacy through the Marin Care Council.

Consumer Responsibilities

These include:

1. Acknowledgement of the rights of all People Living with HIV/AIDS to voice different opinions/voices
2. Respectful engagement (per Marin Care Council standards)
3. Honesty in representation of your voice

APPENDIX C

MARIN HIV/AIDS CARE COUNCIL CONFLICT OF INTEREST DISCLOSURE FORM

In order to maintain a fair and transparent process during the course of Council meetings or activities, Council members are requested to sign a written statement agreeing to voluntarily disclose any potential conflicts of interest.

HRSA's Ryan White Manual defines conflict of interest as, "An actual or perceived interest in an action that will result—or has the appearance of resulting—in personal, organizational, or professional gain... conflict of interest occurs when a planning council member has a monetary, personal, or professional interest in a planning council decision or vote."

According to HRSA, "Unaligned refers to consumers who do not have a conflict of interest, meaning they have no financial or governing interest in funded agencies. Consumers who volunteer with Ryan White provider are not considered to "represent" that entity and are eligible for consumer membership on the planning council as unaligned members." Council members who are unaffiliated or unaligned may opt to disclose a perceived conflict of interest on this form in an effort to establish full transparency.

Please check all of the service categories below with which you have had a conflict of interest. In addition, please list any actual or perceived conflict of interest over the last three years with organizations that have received Ryan White funds in Marin County, or organizations which could apply for such funds in the foreseeable future. Include employment, consulting, board memberships, employment of family members and partners, or any other relationship that could appear to cause a conflict of interest. Council members should provide open disclosure and description of potential conflicts, and abstain from voting in the event of an actual conflict as determined by the Council.

- Primary Medical Care, Case Management, Food Bank/Delivered Meals, Substance Abuse Treatment, Benefits Counseling, Transportation, Direct Emergency Assistance, Home Health Care/ Attendant Care, Dental Care, Unaffiliated/Unaligned, Mental Health

Please detail the name of organization and nature of conflict:

Blank lines for detailing the name of organization and nature of conflict.

Council Member Name: _____ Date: _____

Signature: _____

APPENDIX D

ELIGIBILITY CRITERIA, SEVERE NEED, AND SPECIAL POPULATIONS DEFINITION

(Approved by the HIV Health Services Planning Council on June 28, 2004, Updated April 24, 2006)

Eligibility

The proposal is to redefine the eligibility criteria for Ryan White Legislation Part A & Part B funded services in the San Francisco EMA. To receive services, an individual must meet *all* of the following criteria:

- Be HIV positive. For some family services, such as childcare, there must be an HIV positive family member
- Live in the EMA where they are accessing services
- Be uninsured or underinsured for the service being provided
- Have a low income, defined as an annual federal adjusted gross income equal to or less than 400% of the Federal Poverty Level (FPL), which for 2014 is \$46,680 for one person. This is the same criteria as that used by the California AIDS Drug Assistance Program

Severe Need

The following is to define severe need and special populations for the purposes of prioritizing and targeting Ryan White funded services.

To be in the “severe need” category, an individual must meet all of the following criteria:

- Disabled by HIV/AIDS or with symptomatic HIV diagnosis
- Active substance abuse or mental illness
- Poverty, defined as an annual federal adjusted gross income equal to or less than 150% of FPL, which for 2014 is \$17,505 for one person, or \$23,595 for two people

Special Populations

The Council recognizes special populations which have unique or disproportionate barriers to care. They need additional, or unique services, or require a special level of expertise to maintain them in care. The following populations were identified, based on the data that has been presented to the Council:

- Transgender individuals.
- Populations with the lowest rates of use of HAART. (cite 2 or 3 examples based on current demographics/data)
- Communities with linguistic or cultural barriers to care. The Committee included undocumented individuals in this category, as well as monolingual Spanish speakers.
- Individuals who are being released from incarceration in jails or prisons, or who have a recent criminal justice history

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APPENDIX E

PARLIAMENTARY MOTIONS GUIDE

Based on *Robert's Rules of Order Newly Revised (10th Edition)*

The motions below are listed in order of precedence. Any motion can be introduced if it is higher on the chart than the pending motion.

YOU WANT TO:	YOU SAY:	INTERRUPT?	2ND?	DEBATE?	AMEND?	VOTE?
\$21 Close meeting	I move to adjourn	No	Yes	No	No	Majority
\$20 Take break	I move to recess for	No	Yes	No	Yes	Majority
\$19 Register complaint	I rise to a question of privilege	Yes	No	No	No	None
\$18 Make follow agenda	I call for the orders of the day	Yes	No	No	No	None
\$17 Lay aside temporarily	I move to lay the question on the table	No	Yes	No	No	Majority
\$16 Close debate	I move the previous question	No	Yes	No	No	2/3
\$15 Limit or extend debate	I move that debate be limited to ...	No	Yes	No	Yes	2/3
\$14 Postpone to a certain time	I move to postpone the motion to ...	No	Yes	Yes	Yes	Majority
\$13 Refer to committee	I move to refer the motion to ...	No	Yes	Yes	Yes	Majority
\$12 Modify wording of motion	I move to amend the motion by ...	No	Yes	Yes	Yes	Majority
\$11 Kill main motion	I move that the motion be postponed indefinitely	No	Yes	Yes	No	Majority
\$10 Bring business before assembly (a main motion)	I move that [or "to"] ...	No	Yes	Yes	Yes	Majority

Jim Slaughter, Certified Professional Parliamentarian -Teacher & Professional Registered Parliamentarian
 (336) 378-1899(W) (336) 574-3993(H) P.O. Box 41027, Greensboro, NC 27404 web site: www.jimslaughter.com

APPENDIX E

PARLIAMENTARY MOTIONS GUIDE
(cont'd)

Incidental Motions - no order of precedence. Arise incidentally and decided immediately.

		Yes	No	No	No	No
§23	Enforce rules					None
§24	Submit matter to assembly	Yes	Yes	Varies	No	Majority
§25	Suspend rules	No	Yes	No	No	2/3
§26	Avoid main motion altogether	Yes	No	No	No	2/3
§27	Divide motion	No	Yes	No	Yes	Majority
§29	Demand rising vote	Yes	No	No	No	None
§33	Parliamentary law question	Yes	No	No	No	None
§33	Request for information	Yes	No	No	No	None

Motions That Bring a Question Again Before the Assembly - no order of precedence. Introduce only when nothing else pending.

§34	Take matter from table	No	Yes	No	No	Majority
§35	Cancel previous action	No	Yes	Yes	Yes	2/3 majority. w/ notice
§37	Reconsider motion	No	Yes	Varies	No	Majority

APPENDIX F

SAN FRANCISCO EMA MISSION STATEMENT

To create the ideal health care system for people living with HIV/AIDS

SAN FRANCISCO EMA SHARED VALUES AND VISION

The needs and visions of clients, providers, funders, and community members of the San Francisco EMA have guided the development of a client centered system of care for the delivery of comprehensive HIV services. The evolution of the system of care was directed by two major themes.

First, in order to meet the needs of people living with HIV disease, clients of the HIV service system must be fully involved in the design, implementation and governance of the system. Second, the range of HIV services must be planned, developed, coordinated, and evaluated at the system level as parts of a unified whole. These two themes were first identified in the "1994 Voices of Experience" and "1994 Comprehensive Needs Assessment." The current system of service delivery reflects these themes. Feedback from the "1999 Comprehensive Needs Assessment" reiterated the desire of clients for an integrated, client centered system of care and evaluated the progress of the current system to meet the needs of clients. The process identified the core values essential to providing an effective and meaningful client-centered system of care. These values and visions were adopted by the HIV Health Services Planning Council in May 2001.

For this plan, information and input from the Planning Council, HIV service providers, the department of Public Health, and community members have been collected and synthesized to update the core values. Many of the values remain the same, but changes in the epidemic have highlighted two key pieces. The first change is related to the improved health of many people living with HIV/AIDS (PLWH). The importance of including people living with HIV/AIDS, particularly those who are consumers of services, in the planning and delivery of services is a central theme. As more people with HIV return to the workplace, their skills and insights continue to be needed at all levels of service delivery, planning, and evaluation, including the top levels of agency management. People with HIV/AIDS want to have a stronger sense of ownership of the system of care. Self-sufficiency and empowerment are themes that were repeated as being important, particularly by the PWA Caucus of the Planning Council.

The second change is the increasing complexity of the medical and social service needs of some clients. CARE prioritizes services for low income, uninsured and underinsured people living with HIV/AIDS. CARE clients are more likely than the overall population of people living with HIV in the EMA to be very low income, homeless, and in need of mental health and substance abuse services. The CARE-funded system focuses on those with the most severe needs and challenges. The system has to address poverty and homelessness as barriers to care. Integration of services is central to the Planning Council and the providers' responses to the increased complexity of providing care. Services are becoming more multi-disciplinary and better coordinated to reach clients. Themes of coordination, communication, and outreach to that not in care are all present as well as an acknowledgement of the additional work needed to make the system accessible to those with severe or complex needs.

Definitions

Client Centered: Clients, consumers, and people living with HIV/AIDS are at the center of the system as planners, providers, consumers, and evaluators. Services are planned and developed from a client-centered perspective. A client-centered perspective must govern the planning, delivery and evaluation of services. People living with HIV/AIDS are essential at every stage of the process, including as volunteers, staff, management, and Board members of AIDS service providers. Services are ultimately evaluated by improved health outcomes for their clients and by the satisfaction of those clients.

System: This system is a network of interrelated elements. Each piece relies on the other pieces and all work together. Communication, integration, and coordination are central to the functioning of the system.

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Care: Care is assistance or treatment to those in need. It includes the services needed by people living with HIV/AIDS such as health care, housing, substance abuse treatment, mental health services, and the full spectrum of support services.

Core Values

These core values shared by all of the partners in the HIV Health services system guide the continued development of the comprehensive client-centered system of care. The values inform the shared vision of an ideal system of care, which in turn guides the development of the goals and objectives needed to bring the current system closer to the ideal system.

- Access
- Compassion and respect
- Excellence
- Partnership
- Integration
- Informed choice
- Equity

Shared Vision

This section represents the articulation of the values into a vision of the system of care. Each of these values has multiple meanings depending on context. The meanings described here can be expanded for each service category, target population, and barrier to care. The vision component gives a short description of how the values inform an ideal system of care. This ideal system is the goal towards which the Planning Council in partnership with the Department of Public Health, the AIDS service providers and the larger community of the EMA is striving. The values and visions described here have been articulated in a number of different forums. Most were identified in previous planning process and updated to be more responsive to the current state of the epidemic. Some of the values were defined and elaborated upon during the Council's priority setting processes of the last few years. The PWA Caucus has added clarity and emphasis to the values and vision statement.

Value: ACCESS

Vision: The system must be accessible to all who need services. Creating equal access to all services and eliminating disparities in care are the highest priorities of the Planning Council as well as HRSA.

Access incorporates both the ability of a client to find the service and feel comfortable using it and the physical availability of the service.

Accessibility includes providing consumers with the information they need to know what is available.

Access means welcoming new clients and reaching out to those who are not in care and bringing them in to the system.

Bringing new clients in to the system must be complemented by retaining existing clients. Access must be on-going and consumers must continue to feel welcomed. Services should be available when and where people need them.

Outreach efforts must focus on hard to reach, underserved, or overlooked communities of PLWH in the EMA, particularly those individuals who know that they are HIV positive but are not in care. Outreach includes one-on-one communication in easily understood language from someone to whom the recipient can relate.

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The extent to which the continuum of care is accessible is often dependent on the funding for the various components. Primary care and case management are widely available. Housing, mental health care, and substance abuse treatment are not adequately funded by any funding stream. The lack of housing is also acknowledged as a barrier to accessing other care. CARE resources help make some services accessible but are not ultimately enough to make all universally available. Maximizing access to insurance and other entitlements for individuals, and to increased reimbursement and other funding streams for services, are both important steps towards full access to services.

Value: COMPASSION AND RESPECT

Vision: Compassion and respect are core values that should guide all human interactions. They are essential to the CARE system and inform the shared vision of an ideal system of care. Being treated with compassion and respect goes beyond individual interactions and describes an ethic of care designed to respect clients' choices, time, life decisions, cultural and ethnic identity, and current ability to address their HIV status. A continuum of care centered on compassion and respect means a system that:

- Ensures that providers are well informed, well trained, and dedicated to serving the HIV Community
- Treats individuals in a holistic and helpful manner
- Can serve all clients "where they are" by employing a harm reduction model of service delivery for those who need it and continuing to respect the rights of those who do not need it
- Embraces diversity by actively addressing the needs of all groups of PLWH
- Recognizes the value that employing PLWH as providers of services at all levels brings to the system
- Respects cultural diversity by providing culturally competent services
- Provides consumers with information about their rights and responsibilities
- Respects the rights and needs of the communities in which it is based.

Value: EXCELLENCE

Vision: Excellent, high quality services are described by clients, providers, and members of the HIV Planning Council as services that:

- Meet the highest professional standards of quality
- Are comprehensive, holistic, and responsive to client needs
- Are effective at improving health status and health outcomes
- Provide the most appropriate level of care and services for the appropriate amount of time to all clients
- Are provided by trained, competent, sensitive staff
- Support clients in becoming and remaining healthy
- Address social services needs as issues that affect health status
- Engage clients in the planning, delivery, and evaluation of services
- Incorporate quality assurance and evaluation into program design

Excellence is measured through evaluation, particularly outcome measurement. The Council has encouraged the use of client-centered and client-defined outcomes in relation to the following:

- Access to treatment & other services
- Utilization of services and adherence to care
- Quality of life of positive changes for clients
- Harm reduction goals and interventions
- Quality of services & competence of providers

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Value: PARTNERSHIP

Vision: The system of care is a partnership among funders, providers, consumers, and community members. Each member of the system has rights and responsibilities within the system and each part relies on the other parts. Trust is essential to strengthen a successful partnership. A free flow of information among all partners and a strong sense of accountability engender trust. Effective and open communication about the resources available and decision-making processes and timelines promotes active participation in the process. Decision-making should be made with input from all stakeholders including appropriate community members and groups. Accountability of each part of the system to each other part must be built into the structure of the system. The system as a whole is also accountable to the federal government including the Health Resources & Services Administration (HRSA) and Congress and ultimately to the people of the United States. Trust, accountability, and openness are all keys to building a system of care that feels like a partnership to those involved in it. Acknowledging the other members of the system as partners also promotes a feeling of ownership, empowerment and inclusion.

Value: INTEGRATION

Vision: An integrated system is one in which all parts work together. There must be clear communication from one service or agency to another to promote integration and collaboration. Clients move smoothly from service to service based on their need for care. Clients are treated in a holistic and respectful manner, and are provided services that meet all of their needs. Integration includes a streamlined approach to agency intake, so clients do not have to go through repetitive forms and interviews to access multiple services. The system must be comprehensive enough to include all necessary services. Integrated services are particularly important for those people with HIV/AIDS who have multiple and complex needs, including those with severe needs as defined by the Council.

Integration reaches beyond HIV-specific services to include substance abuse, mental health and housing. In particular, HIV and STD prevention services need to be incorporated into HIV care. The Council has previously defined integration as including these components:

- Housing and primary care as centers of integrated services;
- Services that reach clients where they are, such as home based care, mobile teams, and drop-in or after-hours services; and
- Multiple services at one location, including health care, mental health, housing and substance abuse services, provided by a multi-disciplinary team of providers.

Value: INFORMED CHOICE

Vision: Information and choice are central to a number of aspects of the system of care. Clients want to have a choice of agencies, including those that are culturally or geographically specific and those that have a broader focus. Where possible, the system should provide a choice of providers and multiple options for care, reflecting the diversity of clients and communities served. Information, referral, and education about the system of care for clients, potential consumers and service providers are essential, as are cultural and linguistic competencies. As service providers are essential, as are cultural and linguistic competencies. As treatment regimens become more complicated, clients require reliable, comprehensive, and easily accessed information available for all levels of understanding and in culturally and linguistically competent formats. Consumers want to be trusted with the information necessary to make informed decisions about their treatment and services. Informed choice also builds a sense of ownership on the part of people with HIV toward the system of care and helps to develop self sufficiency and empowerment.

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Value: EQUITY

Vision: Equity means dealing fairly and equally with all and not showing bias or treating individuals differently. Eliminating disparities in access to care is one of the priorities of HRSA for CARE funds and is shared by the Planning Council. Equity in access to services is essential, as is equity in treatment by staff once someone has accessed a service. Equitable access must be followed by equitable treatment. Not all consumers have the same needs for services and everyone should get those services that are appropriate for them, but for those with equal needs, the service delivery system should respond in the same respectful, compassionate, high-quality manner. Consumers should not be treated unequally based on real or perceived variations in race, ethnicity, gender, family status, sexual orientation, mode of HIV transmission, physical disability, age, immigration status, history of incarceration, substance use, mental health, or communication skills. Equal access to care is governed by multiple local, state, and federal laws and regulations, and all service providers must live up to the highest standards. Eliminating disparities and ensuring equity across the system also requires challenging social and economic barriers to care such as poverty, racism, homelessness, homophobia, sexism and anti-immigrant sentiments.

The values and visions described here serve as the foundation for the goals and objectives of the comprehensive plan for the San Francisco HIV Health Services Planning Council. The vision is that of the ideal system of care. It is the responsibility of the Council, the Department of Public Health, HIV service providers and people living with HIV/AIDS to work as partners and advocates to make it a reality. An accessible, compassionate respectful, high quality, integrated and equitable client-centered continuum of care will provide the health status and quality of life for people living with HIV/AIDS.

APPENDIX G

MARIN HIV/AIDS CARE COUNCIL BYLAWS

Approved by Full Council 8/3/05 (Revised 05/09/12)

ARTICLE I - NAME

Section 1. The name of this Council shall be the Marin HIV/AIDS Care Council.

ARTICLE II - PURPOSE

The Council shall:

- Section 1. Determine the size and demographics of the population of individuals with HIV disease.
- Section 2. Determine the needs of such population, with particular attention to individuals with HIV disease who know their HIV status and are not receiving HIV-related services; and disparities in access and services among affected subpopulations and historically underserved communities.
- Section 3. Establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that the County should consider in allocating funds under a grant based on the:
- a. Size and demographics of the population of individuals with HIV disease and the needs of such population;
 - b. Cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available (either demonstrated or probable);
 - c. Priorities of the HIV-infected communities for whom the services are intended;
 - d. Coordination in the provision of services to such individuals with programs for HIV prevention and for other treatment services; and
 - e. Capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.
- Section 4. Develop a comprehensive plan for the organization and delivery of health and support services that:
- a. Includes a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities;
 - b. Includes a strategy to coordinate the provision of such services with programs for HIV prevention and other treatment services; and
 - c. Is compatible with any existing State or local plan regarding the provision of health services to individuals with HIV disease.
- Section 5. Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the County and, at the discretion of the Care Council, assess the effectiveness of the services offered in meeting the identified needs.
- Section 6. Establish and implement methods for obtaining input on community needs and priorities that may include public meetings, conducting focus groups, and convening ad-hoc panels
- Section 7. Work collaboratively with other agencies or entities that provide or fund HIV related services (e.g. Marin Medical Society, HIV Prevention Local Implementation Group and Marin County Community Development Agency (HOPWA)) in an effort to best fulfill its purpose(s).

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ARTICLE III – MEMBERSHIP

Section 1. The membership shall be comprised of persons selected according to the Care Council's Process for the Nomination of New Members and be elected by the Council.

Section 2. Individuals are eligible for Care Council membership if they live in Marin County, work in Marin County, or receive Ryan White services in Marin County. The Care Council shall reflect in its composition the demographics of the population of individuals with HIV disease in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations. The Care Council shall monitor composition and will include representatives from the following 5 categories:

- a. Affected communities, including individuals with HIV disease, consumers of Ryan White funded services and historically underserved groups and subpopulations
- b. Health care providers; including federally qualified health centers;
- c. Community-based organizations serving affected populations and AIDS/HIV service organizations;
- d. Non-elected community leaders;
- e. Representatives of other Governmental programs, including HOPWA, providers of HIV prevention services, and representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area.

In addition to the above categories of representation, the Care Council shall maintain as a goal for nomination to the Council the greatest number of HIV-positive persons possible, always ensuring that the minimum number required by the Federal Legislation is met, where applicable. With this in mind, the Care Council will maintain a majority of HIV-positive members (equal to or greater than 51%) regardless of minimums outlined elsewhere.

The Care Council will meet the minimum unaffiliated consumer representation as called for in the Federal Legislation (33%), and will hold this only as a minimum, and will make efforts to exceed it. Unaffiliated Consumers shall be consumers of Part A funded services at the time of their appointment who are free of conflict of interest, defined as not being officers, employees, or consultants to any entity that receives Part A funds and not representing any such entity. They shall reflect the demographics of the population of individuals with HIV disease in the eligible area. For purposes of this section, an individual shall be considered to be receiving services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services.

At times the Council may not meet the goals for Membership as described in this section, but must develop and follow a plan to achieve these goals.

No person may substitute for a member at meetings, with the exception of members who are PLWH, who may designate a proxy utilizing the proxy voting process developed and approved by the Council, who may serve for two meetings for the purpose of maintaining representation of PLWH when a member is unable to attend due to illness. An individual Council member may serve as proxy for not more than one member.

Section 3. Officers. The Care Council shall elect, using a voting mechanism determined by the Care Council, two Co-Chairs, and at least one of the elected Co-Chairs shall be a person living with HIV/AIDS, and with due consideration of the importance of bringing women and people of color with HIV/AIDS into leadership positions.

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The responsibilities of the Co-Chairs include:

- a. Being the liaison between the Care Council and the County to ensure that Care Council responsibilities are accomplished in accordance with timelines established to meet the needs of people living with HIV /AIDS;
- b. Ensuring that the Care Council develops service category prioritization and allocation recommendations within the appropriate time frame;
- c. Facilitating Care Council meetings and ensuring compliance with the agenda;
- d. Nurturing group cohesion and supporting respectful engagement; and
- e. Supporting the development of Care Council policies and procedures.

Section 4. The term of office on the Care Council shall be two years. The size of the Care Council shall be no more than twenty-one (21) members.

Section 5. The Care Council shall develop an annual Membership Plan to identify membership needs, recruitment strategies and criteria to help ensure appropriate membership representation on the Council.

ARTICLE IV - LEAVE OF ABSENCE

Section 1. A leave of absence is requested by written notice to the Care Council Co-Chairs or their designee. A leave of absence may not exceed six (6) months. Persons not returning by the end of the six (6) month period will be considered to have resigned. Leaves of absence are granted only for reasons of work or personal or family health or maternity leave, and are ordinarily granted for three (3) months with a possibility of a three (3) month extension. The number of members required to establish a quorum shall be adjusted to exclude members on authorized leaves of absence. Individuals are encouraged to consider the adequate representation of their constituency when deciding between a leave of absence or resignation.

ARTICLE V - MEETING ATTENDANCE/TERMINATION

Section 1. Members of the Care Council will be required to attend a Council Orientation, as well as attend Council meetings. In addition, Care Council members are expected to attend one San Francisco HIV Health Services Planning Council meeting per term. Attending the annual Marin County Report (May) meeting and/or the Prioritization and Allocation "Summit" (August) meeting would be beneficial. Members may be terminated from the Council if they do not meet the minimum attendance. Attendance of members shall be reviewed semiannually by the Care Council. Any member not in compliance with the attendance policy will be contacted by the Care Council Co-Chairs or their designee. If the Co-Chairs determine through conversation that the member is unable to meet membership requirements, the Co-Chairs will make a proposal to the Council recommending termination. The final decision shall be made by the full Council.

Section 2. Council members shall be entitled to two excused absences per half year. Excused absences shall be determined by policies established by the Council.

Section 3. In consideration of the need for representation of persons with HIV, those individuals shall be exempt from the above termination clause for absences due to illness.

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ARTICLE VI - MEETINGS

- Section 1. Quorum. A quorum of the Care Council must be present at all times during any regular or specially scheduled meeting when the Council engages in formal decision-making. A quorum is defined as fifty percent of the membership, plus one member, excluding those members on an authorized leave of absence.
- Section 2. Proceedings. Care Council meetings shall be open to the public. Written minutes will be made available prior to the following meeting and will be a public document.
- Section 3. Voting. While the Care Council will strive for consensus, every official act taken by the Council shall be adopted by a super majority vote. A super majority vote shall mean two-thirds (66%) of all members of the Care Council present or voting. If absent, a Care Council member may specify in writing (including FAX) his or her opinion on an identified agenda item. This information will be shared with the Council by County staff, but will not be considered a vote. Care Council members holding proxies limited to specific agenda items acting on behalf of people living with HIV/AIDS may cast votes for the member they are representing.
- Section 4. Parliamentary Procedure. The rules of parliamentary practice, as set forth in Robert's Rules of Order, shall govern all Meetings of the Care Council except as otherwise provided herein.
- Section 5. Order of Business. The order of business of any Regular Meeting shall be as follows:
- I. Roll Call
 - II. Approval of Agenda
 - III. Approval of Minutes
 - IV. Public Comment - (additional public comment will be taken before every vote taken by the Council and at the end of every agenda item)
 - V. Co-Chairs Report
 - VI. Reports on Membership and Community Outreach and Advocacy (as needed)
 - VII. Consideration of Main Agenda
 - VIII. New Business
 - IX. Adjournment
- Section 6. Notice. Written notice of the time and place of every full Care Council Meeting shall be given to members of the Council and to the public at least seventy-two (72) hours before the time of such meeting.
- Section 7. Regular Meetings. Regular Meetings of the Care Council shall be held bimonthly or according to the approved annual meeting calendar. Extension of meeting times or additional meetings will be scheduled as needed. Any change in meeting schedule shall be announced at least seventy-two (72) hours in advance.
- Section 8. Meeting Facilitation. If the Chairperson or Co-Chair of the Marin HIV/AIDS Care Council is not present to lead the bimonthly Care Council meeting, any Chair or Co-Chair from an ad hoc Committee shall lead the Care Council meeting. If no Committee Chairperson is present and quorum is available, the Council Members present will vote to select a temporary Chairperson to conduct the meeting.
- Section 9. Special Meetings. Special Meetings may be called and scheduled by the Co-Chairpersons or by four or more members. The agenda, place, and time of such Meetings shall be set forth in the Meeting notice, at least seventy-two (72) hours before the time of such meeting.
- Section 10. Ad hoc Committee and Work Group Meetings. Ad hoc Committee and Work Group meetings of the Council shall be set forth in the Meeting notice. Ad hoc Committees shall be designated by vote of the membership.

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Section 11. General. All Care Council meetings, including ad hoc Committee and Work Group meetings shall be open to the public, unless closed pursuant to State Law, and shall be subject to the provisions of Chapter 9 (commencing with Section 549500 of Part 1 of Division 2 of Title 5 of the California Government Code relating to meetings of local agencies) the Brown Act. All meetings shall be held at locations consistent with requirements of the Americans with Disabilities Act (ADA).

ARTICLE VII - GRIEVANCES AND APPEALS

It shall be the policy of the Care Council to attempt to resolve grievances regarding Care Council decisions through informal dispute mechanisms, including appropriate use of Council committees and facilitated mediation. To assist in the understanding of the basis for Council and grantee actions, written documentation regarding the Council's and the County's procedures, particularly those related to the prioritization of services, allocation of funds, and vendor selection, shall be provided as part of the Council's informal dispute mechanism.

Persons or agencies must submit an appeal request in writing to the Co-Chairs. Decisions subject to grievance shall include the needs assessment process; comprehensive planning process; priority setting process; and, process for the allocation of funds to service categories. This appeal must meet the following criteria:

- The appeal request must be received in writing within ten (10) business days of a Care Council decision;
- The appeal request must specify the reasons for an appeal. Available supporting documentation regarding an alleged violation of the Care Council's process must be included.

The Co-Chairs shall review the request for appeal of a Care Council decision and shall determine within fifteen (15) days if a basis for appeal exists. If a basis for appeal is found to exist the matter shall be referred to the Council. If no basis for appeal is determined, the appealing party may request reconsideration of the Co-Chairs decision by the full Care Council. The decision of the Care Council shall be final.

After a finding that the basis for appeal exists, the Care Council shall convene a Grievance Committee, which shall meet within thirty (30) days to conduct informal dispute resolution, including facilitated mediation, fact-finding, hearing and decision-making. Representatives of the appealing party shall be consulted, and shall have the opportunity to address the Grievance Committee, in addition to other parties as deemed appropriate by the Grievance Committee. The Grievance Committee shall issue a written recommendation to the full Care Council regarding the appeal within sixty (60) days after referral to the committee. The Care Council shall act upon the committee's recommendation within thirty (30) days of receipt of the written recommendation. The decision of the Care Council shall be final and not subject to further appeal, except for grievances related to funding which shall be governed by the San Francisco HIV Health Services Planning Council provisions.

ARTICLE VIII - PERSONAL LIABILITY

The members of the Marin HIV/AIDS Care Council shall not be personally liable for any debt, liability, or obligation of the Care Council. All persons, corporations, or other entities extending credit to, contracting with, or having any claim against the Care Council may look only to the funds and property of the Council for payments of any such contract or claim, or for payment of any debt, damages, judgment, or decree, or of any money that may otherwise become due or payable to them from the Care Council.

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ARTICLE IX - CONFLICT OF INTEREST

The Care Council recommends that each member review the requirements for the reporting of economic interests established by the California Fair Political Practices Commission, pursuant to California Government Code Section 87100 et seq. If required by the County of Marin or the City and County of San Francisco, Council members must file annual statements of economic interest. In addition, pursuant to Section 2602(b) of the Ryan White CARE Act of 1996, the Care Council or its members may not be directly involved in the administration of the Part A grant; may not designate particular entities as recipients of any amounts of Part A funding; and, individuals serving on the Care Council who have a financial interest, as defined in Government Code Section 87100 et seq., or are members of a public or private entity seeking Part A funding, will not participate directly or in an CARE capacity, in the process of selecting entities to receive Part A funding within that particular service category.

In order to avoid the appearance of conflict of interest in the course of Care Council meetings or activities, Care Council members shall sign a written statement agreeing to voluntarily disclose any interests in a transaction or decision where the member; member's family, including domestic partners; employer; or business affiliation, including board membership, will receive a benefit or gain. Care Council members should provide open disclosure and description of potential conflicts, and abstain from voting in the event of an actual conflict as determined by the Care Council.

ARTICLE X - REPRESENTATION OF THE COUNCIL

Whenever a Care Council member communicates with the news media, or appears at a public meeting, or before any groups or agencies to discuss existing or proposed Care Council policy, the Care Council member will make every reasonable effort to explain to the audience whether the Care Council member is expressing an opinion, view, or position that is the individual Care Council member's or a view, position, or opinion of the Care Council as a whole.

Whenever the Care Council learns that a view, position, or opinion of the Care Council as a whole has been misinterpreted or misrepresented in the media, or at a public meeting, the Care Council, through the Co-Chairs or the Co-Chairs' appointed representative, shall make every reasonable effort to promptly clarify the Care Council's true position as soon as practicable, and within a period not to exceed 45 days. A Care Council member may contact a group or agency on behalf of the Care Council only with the knowledge and consent of a Co-Chair.

ARTICLE XI - AMENDMENTS

These Bylaws may be amended by the Care Council at any Regular Meeting by a super majority (two-thirds) vote, following thirty (30) days notice of any proposed changes.

APPENDIX H

MARIN HIV AIDS/CARE COUNCIL PROXY FORM

I, _____, a duly appointed member of the Marin HIV/AIDS Care Council, unable to attend the Council and cast my vote, do hereby appoint _____ to be my true and lawful attorney in fact for me in my name and stead to vote at the Marin HIV/AIDS Care Council on _____.

INSTRUCTIONS TO PROXY HOLDER (Optional):

Agenda Item –

Instructions to vote as follows –

Elections, (This may include instructions no the vote the proxy in elections.)

Vote for –

For the position of –

A signed copy of this document must be delivered to the Marin HIV/AIDS Care Council, Council Support or to one of the Co-Chairs in advance of, or on arrival at the meeting at which the proxy is to be voted. A fax copy will suffice temporarily, but the original signed copy must be mailed or hand-delivered later. Original and fax Proxy forms will be retained as a part of the permanent Minutes of the Marin HIV/AIDS Care Council meeting for the date of the proxy.

Date: _____

(Signature of Member)

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