

San Francisco Eligible Metropolitan Area

**HIV Community Planning Council**

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# **Policy & Procedure Manual**



# Table of Contents

## **1. Council Foundation**

- Bylaws
- Mission and Vision

## **2. Membership**

- Council Member Job Description
- Appointed Seats
- Meeting Attendance Requirements
- Leave of Absence
- Conflict of Interest
- Recruitment
- Application, Selection, & Appointment
- Orientation & Training for new Council members
- Mentoring Program
- Membership Renewal
- Expense Reimbursement
- Conflict Resolution
- Corrective Action & Involuntary Removal

## **3. Officers & Representatives**

- Council Co-Chair Job Description
- DPH Government Co-Chair Job Description
- Committee Co-Chair Job Description
- At-Large Seats
- CAEAR Coalition Representative
- UCHAPS Representative
- LTCCC Representative
- Getting to Zero Representative

## **4. Meetings**

- Rules of Respectful Engagement
- Standing Committees
- Steering Committee
- Work Groups
- COLA Mission Statement & Description
- Agenda Setting
- Public Comment
- Consumer and Community Member's Rights and Responsibilities

## **5. Decision-making & Voting**

- Progression of Motions
- Priority Setting and Resource Allocation
- CDC Letter of Concurrence Process
- Development of the Integrated Plan
- Grantee Assessment
- Unfunds
- Tie Votes
- Relationship between HCPC and Counties' Councils
- Requests for Letters of Support
- Researchers' Requests for Letters of Support

## **6. Operations**

- Council Staff Roles and Responsibilities
- Public Communications
- Yahoo! Group

## **7. Grievances**

- Grievances & Appeals

## **8. Appendix**

- Mentor Guidelines
- Council Cultural Humility Statement
- Acronyms

**1**

# **Council Foundation**

# San Francisco EMA HIV Community Planning Council

## By-Laws

### Article I – Name

The name of this Council shall be the San Francisco EMA (Eligible Metropolitan Area) HIV Community Planning Council.

### Article II – Purpose

The purpose of the Council is to:

- Support broad-based community and stakeholder participation in HIV care and prevention planning, in order to prioritize populations and geographic areas heavily impacted by or at risk for HIV, identify priority HIV prevention needs, ensure that resources are allocated appropriately, and identify gaps in the service delivery models.
- Determine the size and demographics of the population of individuals with or at risk for HIV disease;
- 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
- 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 (including outreach and early intervention) and for the prevention and treatment of substance use (including programs that provide comprehensive treatment services for such abuse); and
  - c) Is compatible with any existing State or local plan regarding the provision of health services to individuals with or at risk for HIV disease
- Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area and, at the discretion of the planning council, assess the effectiveness of the services offered in meeting the identified needs
- Participate in the development of the Statewide coordinated statement of need
- 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
- Coordinate with Federal grantees that provide HIV-related services within the eligible area.

## **Article III – Membership**

### **Size**

The size of the Council shall be no more than fifty (50) members.

### **Application, Selection, and Appointment of Members**

Applications for membership to the Council are solicited through an open, public, and proactive process. The protocol for submission, review of applications, selection and appointment of Council members should be clearly delineated in the Policies and Procedures manual. Parity, inclusion, and representation (PIR) for the Council shall be understood in terms of the HIV epidemiologic profile of the San Francisco EMA, not the national profile, and this shall be reflected in the composition of the full Council. The membership shall be comprised of persons recommended by the Membership Committee and appointed by the Mayor, according to the Council's Process for the Nomination and Appointment of New Members and alternates.

### **Term**

The term of office on the Council shall be two years.

### **Termination and Resignation**

The Council shall establish policies and procedures for the dismissal of members from the Council due to failure to fulfill their responsibilities. A member may resign from the Council at any time by notifying the Co-Chairs or Council staff in writing. Individuals who resign or are dismissed from the Council may continue to participate in Council activities and meetings as members of the public and are eligible to reapply for membership in the future.

### **Conflict of Interest**

The Council shall be governed by 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., including the filing of annual statements of economic interest. In addition, pursuant to the Ryan White legislation, the Council, its members, or its Director 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 Planning Council, or its Director, 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 advisory capacity, in the process of selecting entities to receive Part A funding within that particular service category.

### **Representation and Composition of the Council**

Membership shall reflect in its composition the demographics of the population of individuals with or at risk for HIV disease in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations. The

Membership Committee shall monitor the composition of the Council. Membership shall include representatives of:

- 1) Affected communities, including individuals with or at risk for HIV disease, consumers of Ryan White Program funded services and historically underserved groups and subpopulations;
- 2) Health care providers; including federally qualified health centers;
- 3) Community-based organizations serving affected populations and HIV service organizations;
- 4) Social service providers, including providers of housing and homeless services;
- 5) Mental health and substance use providers;
- 6) Local public health agencies (including San Francisco, San Mateo and Marin Counties);
- 7) Hospital planning agencies or health care planning agencies;
- 8) Non-elected community leaders;
- 9) State government (including the State Medicaid agency and the agency administering the program under Part B);
- 10) Grantees of Centers of Excellence and early intervention programs;
- 11) Grantees under other Federal HIV programs, including Part C, Part D and HOPWA, and providers of HIV prevention services;
- 12) Grantees under section 2671, or, if none are operating in the area, representatives of organizations with a history of serving children, youth, and families living with HIV and operating in the area;
- 13) Representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV disease as of the date on which the individuals were released;
- 14) Representatives from federally recognized American Indian Tribes;
- 15) Representatives HIV+ / Hepatitis C Co-infected;
- 16) A member of the Mayor's Long Term Care Coordinating Council;
- 17) Representatives from the faith community;
- 18) Representatives from business/labor; and
- 19) Representatives from local education agencies/academic institutions.

The Planning 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 and/or Part B 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 and/or Part B 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.

#### **Article IV – Officers**

There will be four officers (Co-Chairs) of the Council: one government co-chair seat (shared by HHS and CHEP), and three co-chair seats that include the following communities or attributes: people of color, women, HIV positive consumers, a consumer of prevention services, and an individual who is unaffiliated.

## **Article V – Meetings**

### **Quorum**

A quorum of the Council must be present at any regular or specially scheduled meeting in order for the Council to engage in formal decision-making. A quorum is defined as more than one-half of the membership, excluding these members on an authorized leave of absence or excused absence. In addition, at least 25% of the membership present must be PLWH in order to constitute a quorum for all meetings. Absentee votes shall not be permitted.

A quorum of Council members must be present at any regular meeting of the Council, the Leadership Committee, or a working group in order for voting to take place. A quorum is defined as more than (1/2) of the current eligible voting membership of the group that is meeting. This may be different when dividing even and odd numbers. It is the policy of the Council to round up to odd numbers. For example, in a working group with thirteen (13) members, six-and a half (6.5) would be rounded up to (7), which means that at least (7) members must be present at the working-group meeting to form a quorum. For another example, assume you have twelve (12) members in a working group; six (6) would be half (1/2) of the working group's membership, and so you would need one (1) additional member present for a total of seven (7) members present to form a quorum.

### **Proxy Designation and Voting**

Any PLWH member who is absent due to illness may appoint a proxy according to the By-laws.

- The use and designation of a proxy must be communicated to Planning Council Staff prior to use, including when a Council member becomes ill during a meeting and would like to designate a proxy. Designation of a proxy must be noted in writing within the Council Support files.
- A designated proxy must be a voting member of the Council.
- A proxy 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.
- A standing proxy may be established by a PLWH Council member by communicating the names of those designated as proxies in advance to council staff. Standing proxies must be noted as ongoing or temporary.
- Proxies do not affect quorum.

### **Abstentions**

An abstention is not considered a vote, and thus does not count towards the total of votes cast.

### **Voting and Majority**

Every official action taken by the Council shall be adopted by a majority vote, except where a two-thirds (2/3) vote is required by these bylaws. If two-thirds (2/3) vote is required, it shall be at least two-thirds (2/3) of all votes cast, provided a quorum is present. A majority vote shall be more than half (1/2) of all votes cast provided a quorum is present. Council members who recuse themselves due to a conflict of interest will be deducted from Members present and voting for determining a majority vote. An abstention is not considered a vote, and thus does not count towards the total of votes cast. Unanimous consent can be used for routine business, such as the approval of minutes and agendas, written ballots can be used for elections, and roll call votes should be used for everything else. Unanimous consent permits action without a motion or a vote when there is no opposition anticipated. All votes taken by the full Council will be made public in the minutes.

#### **1. Voting through Unanimous Consent**

Unanimous consent can only be used for routine business, such as the approval of minutes and agendas.

#### **2. Voting with Ballots**

Voting with ballots can only be used for elections. The results of a vote taken with ballots will be recorded in the meeting's minutes.

#### **3. Voting by Roll Call**

All major or fiscal actions taken by the Council (other than routine business and elections) must be taken through roll-call votes.

### **Motions and Decisions**

Motions should be worded affirmatively, that is, to take an action, accept a report, etc. Discussion of the motion is then in order, and the motion is open for amending, as discussed below. Discussion proceeds by the presiding Co-Chair recognizing in order members who wish to speak to the motion or to amend it.

A new motion cannot be made until the motion on the floor has been withdrawn or voted on, except by any amendments that directly affect the original motion, namely

- To amend the motion, or
- To table further discussion of the motion.
- To send the motion to a committee or work group.



During discussion of a motion it may become clear that the motion is not ready for action. The member proposing the original motion may choose to withdraw it before it is voted on

Motions submitted by a committee or work group do not need to be moved or seconded as they come from more than one individual.

### **Motions made by individual voting members:**

Individual voting members may submit motions for consideration on agenda items that have been identified for “vote”. A member introduces a motion by being recognized by the Co-Chair or working- group facilitator by saying “I move [that an action be taken].” The action is the body of the motion. Motions should be worded affirmatively, i.e., to take an action, accept a report, etc.

A motion submitted by an individual voting member, must be seconded by another voting member calling out “I second the motion,” or simply “Second,” before discussion occurs on the motion. If there is no second, the motion dies. It is customary to allow the mover to speak to a motion first and, if desired, again before it is voted on. Discussion proceeds by the Co-Chair or working-group facilitator recognizing individuals who wish to speak in order.

### **Amendments to Motions**

A voting member may move an amendment to the original motion. An amendment may delete, substitute, or add words that modify the original motion on the floor, but it must not negate or change the original intent of the motion.

In order for the motion to amend be accepted, it must be seconded by another voting member. If there is no second, the amendment dies. An amendment, once recognized by the Co-Chair or working-group facilitator and seconded, immediately becomes a new motion on the floor, temporarily replacing the original motion. The details of the proposed amendment are discussed, not the original motion, in the same way as the original motion and then the amendment is voted on. An amendment cannot be itself amended, but it can be defeated and replaced with another amendment.

**If the amendment passes,** the chair should read out the newly amended motion, which is now a new motion to be discussed, if desired, and voted on.

**If the amendment fails,** the previous motion becomes again the motion on the floor.

### **Voting Process**

When all members who wish to speak have done so, the chair should call the roll of those present for their votes including members represented by a proxy.

**Calling for a vote:** The Co-Chair will ask “is the item ready for a vote?” A member who believes a vote is being called for too soon or is being delayed too long may raise a Point of Order and may move that “we delay the vote for further discussion” or that “we vote

now,” as appropriate to the situation. Such a motion needs a second and is voted on without discussion.

**Members’ right to speak:** Every member has a right to speak at least once regarding a motion, but, in a large meeting, the chair may limit speakers’ time if no one objects, or, if a member objects, a motion to limit time may be passed with little or no discussion.

After the members have decided to vote, the chair should read the motion to be voted on so as to make certain all members understand it and then should call the roll and announce the result of the vote.

**Points of order:** A member who believes that order is being breached may, at any time, say “Point of order.” The Co-Chair should immediately acknowledge this member, and ask the member to briefly explain why she or he believes good order is being breached. The Co-Chair then rules on the point, either by correcting the situation or explaining why it is in order.

If the Co-Chair declares that the situation is in order, the member may exercise **one (1) last option** by saying “I request a vote on this point of order.” First the member and then the Co-Chair briefly explain their reasons. Then, the Co-Chair calls the roll for a vote on the point of order, and the members must abide by the result of the vote.

### **State & Local Ordinances**

The Council shall abide by state and local ordinances pertaining to meeting procedures, including the Sunshine Ordinance and the Brown Act, and where these bylaws conflict with such ordinances, the ordinances shall supersede these bylaws.

### **Meeting Announcements**

Written notice of the time and place of every regularly and special meeting of the Council shall be disseminated to council members and made publicly available at least seventy-two (72) hours in advance of the meeting. Any changes in the location or schedule of meetings shall be publicly announced at least twenty-four (24) hours before the scheduled time of the meeting.

### **Open Meetings**

All Council meetings shall be open to the public. Meetings will be tape recorded, with recordings available to Council members and the public for their review. Meeting recordings will be held for a minimum of three months. Written minutes will be made available prior to the following meeting and will be a public document.

## **Article VI – Committee & Work Groups**

The committees for the merged Council will be as standing: Steering Committee, Community Engagement, Membership Committee, and Council Affairs. Committees and Work Groups will both be considered options as Council member's "home" committee.

#### **Article VII – Grievance Procedures**

In the event of a grievance, the Council shall refer the involved parties to the grievance procedure set forward in the Council's Policy & Procedure manual. It shall be the policy of the Council to attempt to resolve grievances through informal dispute mechanisms.

#### **Article VII – Amendments**

These Bylaws may be amended by the Council at any regularly meeting by a majority (two-thirds) vote, following thirty (30) days public notice of any proposed changes. Amendments adopted by the Council shall be implemented by or at the next regularly scheduled meeting of the full Council.

#### **Article VIII - Personal Liability**

Council members shall not be personally liable for any debt, liability, or obligation of the Council. All persons, corporations, or other entities extending credit to, contracting with, or having any claim against the 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 Council.

## **Mission**

Ensure that there is meaningful collaboration that supports the continuum of HIV prevention, care and treatment services;

Ensure that San Francisco has functional networks that provide seamless service delivery; and

Support models that increase health equity among populations heavily impacted by HIV.

## **Vision**

To create an ideal health care system for people living with or at risk for HIV/AIDS

**2**

# **Membership**

## **Council Member Job Description**

### **The Position**

The mandated responsibilities of Council members include:

- establishing prioritization of service categories and the allocation of Ryan White funds within the EMA, including how best to meet each such priority
- reviewing the health department's Cooperative Agreement application to the CDC for federal HIV-prevention funds, including the proposed budget, and voting to send a letter of concurrence, concurrence with reservations, or non-concurrence;
- developing the Integrated HIV Prevention & Care Plan, compatible with existing state and local plans for HIV services;
- assessing the efficiency of the administrative mechanism in rapidly allocating funds to areas of greatest need;
- participating in the development of a statewide coordinated statement of need;
- identifying priority populations to receive HIV services based on a thorough review of the epidemiologic, evaluation, behavioral, and other data on the San Francisco EMA's populations and communities; and
- establishing methods for obtaining input on community needs and priorities.

### **Additional responsibilities:**

1. Attend monthly Full Council meetings and assigned Committee meetings
2. Prepare for all Council meetings by reading the pre-meeting materials, including the minutes of the previous meeting
3. Communicate respectfully with fellow Council members, the public, health department staff, and all others involved in the community planning process
4. Attend all Orientation and training events (where mandated)
5. Remain informed about HIV policy issues pertaining to Subject Matter Jurisdiction of the Planning Council
6. Be able/willing to participate in discussions relevant to the needs of the EMA as opposed to interest group/category of representation
7. Willingness to participate in Council events in order to further the Council's mission and goals (e.g. attending community forums etc.)

**Qualifications**

1. Inclusion/membership in a specified category per legislation and HRSA/CDC guidelines
2. Ability to communicate opinions freely, honestly and respectfully per the Rules of Respectful Engagement
3. Commitment to adhere to the By-laws and policies and procedures of the Council
4. Ability to operate/function collaboratively to contribute to and participate in Council activities.

**Eligibility**

The membership of the Council shall be restricted to persons who currently reside in or work in the San Francisco EMA (San Francisco, San Mateo, & Marin counties).

**Term Length**

The term of appointment for Council Members shall be two years beginning on the date of the mayoral appointment.

## **Appointed Seats**

Appointed seats for the HCPC will come from the following organizations or department representatives- Behavioral Health Services, Disease Prevention and Control, Jail Health Services, Primary Care, Housing (Mayor's Office of Housing & Community Development), Part B, LTCCC, Housing (Housing and Urban Health or its successor department), San Mateo, and Marin.

Appointed seats will be required to come to Full Council Meetings. Attendance at committee meetings is recommended but optional. Appointed seat attendance at committee meetings will not be counted towards attendance requirements. Appointed seats are not allowed to have an alternate.



## Meeting Attendance

1. The minimum attendance required is four meetings in a three consecutive month period, including Council and home Committee meetings. If there are fewer than three Council meetings or home committee meetings scheduled in a three consecutive month period, the minimum expectation for attendance will be reduced by the number of Council meetings or home committee meetings canceled. Council members are responsible to inform Council Support when they are unable to attend their designated committee, or the Council meeting.

Prior to receiving their Mayoral letter of approval, new members are strongly advised to adhere to the same attendance requirements as current Council members.

2. A Council member will receive a letter of warning if they have not met minimum attendance requirements during the last 3 months. A letter of warning does not change a Council member's voting or membership privileges.
3. A Council member will be automatically placed on probation if they have not met minimum attendance requirements during the last 4 months, and they will be notified of this in writing. Probation means that:
  - the Council member's voting privileges are suspended,
  - the member does not count toward quorum at either Council or home committee meetings, and
  - the member on probation is still entitled to sit at the table and join in discussion.
4. A Council member may be placed on probation by the Membership Committee if the member:
  - Has not attended orientation within sixty days of appointment or made arrangements with Council Support; or
  - Does not respond to written requests for information within a one-month period made by Council Support or the Membership Committee.
5. A member is taken off of probation when the issue resulting in probation is resolved, i.e. when minimum attendance requirements have been met during the last 3 months, or when orientation or communication requirements have been resolved.
6. A member who is absent from Council and home Committee meetings for two consecutive months without communication with Council Staff will be assumed to have resigned.
7. A Council member will be automatically dismissed from the Council after their third month of probation within a twelve month period.
8. Excused absence:
  - Council members shall be entitled to one absence that is excused per quarter for illness or previously scheduled vacation. 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 for absences due to HIV-related illness, but not exempt from the requirement to communicate. Any absence which is indicated to Council Support as due to

HIV-related illness will be excused and minimum expectation for attendance will be reduced by that number.

- Leaves of Absence are considered to be excused absences.
  - Council members missing a meeting while attending business related to the Council or due to advocacy on behalf of the Council are considered to be excused absences.
  - All PLWH absent from full Council meetings or sub-committee meetings due to HIV related illness are excused and the absence will not be counted against their attendance requirements. Council members should make a good faith effort to contact Council staff, committee co-chairs or Council Co-chairs prior to their absence.
9. Each month, Council Support staff will report whether Council members are meeting the minimum attendance requirements, whether any members should be placed on probation or removed from probation, and provide an attendance and probation report to the Membership Committee for the prior three months.
10. Council members will be informed that they are placed on probation or assumed to have resigned by written correspondence. Decisions regarding either probation or dismissal, made either automatically or by committee, can be appealed to the Membership Committee.

## **Leave of Absence**

A leave of absence is requested by written notice to the Council Support staff or Membership Committee. A leave of absence may not exceed two (2) months. Persons not returning within thirty (30) days after the end of the two (2) month period will be presumed to have resigned. The number of members required to establish a quorum shall be adjusted to exclude members on authorized leaves of absence. A maximum of two (2) Leaves of Absence may be granted within a twelve (12) month period of time.

## **Conflict of Interest**

A conflict of interest may be held by a Council member who has a fiscal relationship with an agency (e.g. staff or executive board member) that receives or may receive Ryan White Part A services. Council members shall follow the conflict of interest guidelines in the By-laws and as set forth in these policies and procedures (see below).

### **Conflict of Interest**

1. All Council members must sign the Conflict of Interest Disclosure Form and the FPPC 700 Form indicating their willingness to disassociate from any actual or perceived special interest during Council deliberations and agreeing to act only on behalf of the broadly affected HIV community in its totality;
2. 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;
3. When voting on individual service categories, all Council members with a conflict of interest will 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;
4. 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, organization or professional gain;
5. Council members who are PLWH who serve as staff or governing board members of RWPA funded services are also considered having conflict of interest in those service categories.

The Membership Committee will take into account all prospective Council members' conflict of interest before nominating them to the Council.

## **Recruitment**

- 1)** Recruitment is the charge of the Membership Committee. This Committee meets monthly to evaluate representation of the membership of the Planning Council, and will ensure that the Council membership meets the requirements of the CDC and the Ryan White Program, locally determined criteria concerning representation outlined in the Council's By-laws, 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 the San Francisco EMA, the Committee will identify the areas of needed representation and will prepare to recruit and recommend individuals for appointment to correct this lack of representation.
- 3)** As part of its evaluation process, the Membership Committee may prioritize specific membership vacancies, and emphasize the need to obtain members who have particular areas of knowledge, expertise, or representation.
- 4)** The Committee, in partnership with Council Support and the Community Engagement Committee, may conduct regular, targeted recruitment as needed. All Council members are encouraged to assist in Council member recruitment.

## **Application, Selection, & Appointment**

Applications for membership to the Council are solicited through an open, public, and proactive process. The protocol for submission, review of applications, selection and appointment of Council members should be clearly delineated in the Policies and Procedures manual. Parity, inclusion, and representation (PIR) for the HCPC shall be understood in terms of the HIV epidemiologic profile of San Francisco, not the national profile, and this shall be reflected in the composition of the full Council.

The HCPC strongly values diverse representation and builds on the concepts of parity, inclusion, and representation.

The Council is committed to ensuring that the application, selection, and appointment of members are conducted in a manner that is transparent and has full integrity. The members of the Council are solicited through an open, public, and proactive process.

### **Application Process for Council Membership**

Application forms are available online at the Council's website [www.sfhivplanningcouncil.org](http://www.sfhivplanningcouncil.org) and at all Council meetings and subcommittee meetings. Applicants must attend at least one Full Council meeting prior to submitting an application.

Completed forms should be forwarded to Council support staff. They may also be submitted to Council support staff at any full Council or committee meeting.

Council support staff will review applications for completeness and verification of information. They will then forward applications to the Membership Committee who will review the applications and vote on whether or not to interview the candidate. If an interview is to be scheduled, Council support staff will work with the Membership Committee to set a date for the committee interview.

Prior to the committee interview, Council support staff will conduct a minimum of two reference checks per applicant and report on them at the time of the interview.

### **Interview and Appointment Process for Council Membership**

At the committee interview, Membership Co-chairs will set a procedure appropriate to the current situation. All applicants will be asked questions as determined by the Membership Committee.

The Committee will make a decision based on the reference check findings, interview, application and demographics of current Council needs. If the Committee votes to recommend the candidate to the Council for Membership, the vote will be noticed on the agenda for the next full Council meeting. Council support staff will inform the applicant of the Committee decision.

The Planning Council will review the recommendations of the Membership Committee, and will vote to accept or reject the Committee's recommendation. All nominations and votes will be considered on an

individual basis by the Council. If the Council votes to accept the Membership Committee's recommendation, the recommended nominees will be submitted to the Mayor for appointment.

Until mayoral appointment occurs, the nominee shall be considered a member of the public.

### **Appointed Seats**

- 1) Each organization or department that has an Appointed seat will identify a primary representative.
- 2) These representatives should have department-level expertise and knowledge that will be relevant to planning and implementing HIV prevention and care in San Francisco.
- 3) Appointed members speak on behalf of the section and/or organization that they represent rather than on personal opinion.
- 4) They are subject to the same interview, application and mayoral appointment processes as other members.
- 5) The application, selection and appointment of the Government Co-Chair seat is determined in the Government Co-Chair policy.

## Orientation & Training for New Council Members

Orientation and training for council members is provided by Council staff with the support of council members and SFDPH. They will occur at least once per year and on an as-needed basis.

The primary objective of orientation and training is to afford council members the opportunity to understand the history, structure, function, and roles of the San Francisco EMA HCPC.

A pre-orientation and training needs assessment with prospective council members will take place prior to the orientation and training. This pre-orientation will allow the development of individual learning objectives that take into consideration each prospective or new member's experience and needs. The orientation and training will be structured so that these learning objectives are considered throughout the session and reviewed at the end of the session.

The orientation and training session will include review and discussion of the following:

- CDC Guidance. Overview and breakdown of CDC community planning guidance
  - Letter of Concurrence
  - Behavioral Risk Populations
  - Drivers
  - Stakeholder Identification
- Ryan White legislation. Overview and Reauthorization update.
- HHSPC Federal Mandate:
  - Service Category Prioritization
  - Resource Allocation
  - Needs Assessment
  - Grantee Assessment and Continuing Quality Assurance
  - Comprehensive Planning
  - Coordination with other HIV services
  - Develop and implement Standards of Care
  - Develop and implement Council Policies and Procedures
- History of Council & Community Planning Process in San Francisco
- The San Francisco Model of Care - Continuum of Prevention, Care, and Treatment
- Mission Statement and Council Values
- Definition of Terms
- Legal Basics of SF EMA HCPC
- State & Local Ordinances: Sunshine Ordinance, Brown Act
- Severe Need Definition and Eligibility Criteria



- Integrated Plan Overview
- The Grantee, Budget Spreadsheets, and Fiscal Years
- Service Categories Review
  - Housing in the SF EMA
- Prevention Services Review
- Summary of Priority Setting and Resource Allocation Process
  - Steps leading to annual Summit
  - Government & Provider Presentations
  - Community Needs Assessment
- Community Engagement and Needs Assessment: Overview & Example
- Structure of the Council; Committees and Work Groups
- Parity, Inclusion, Representation
- Decision-Making Process. Advisory Capacity for General Funds.
- Democratic Rules of Order
- Roles and responsibilities of New Council Members and support opportunities
  - Website
  - Council Policy & Procedures Manual
  - Mentoring
  - Council Support Staff
  - Attendance
  - Selecting a Home Committee
- Cultural Humility and Equity – activity and discussion
  - Activity: Having Difficult Conversations
  - Activity: Conflict Resolution and Rules of Respectful Engagement
- HIV Consumer Advocacy Project

## Mentoring Program

In an effort to facilitate inclusion, community building, and organizational understanding, new Planning Council members to the San Francisco HIV Community Planning Council will continue their orientation process through mentoring and coaching. The Membership Committee offers this program to new members by Planning Council members who can provide the required knowledge, skills and abilities, and who have served on the Council for at least one (1) year. The Membership Committee will review and approve mentor and mentees to ensure success.

### **Mentor Roles:**

1. Offer **guidance** and expertise to coach and develop new Planning Council members in the different facets of their role on the Planning Council, as outlined within the Council Member Job Description.
2. Offer **general support** to new Planning Council members. This will be on an as-needed basis, and may be defined by mentor/mentee in terms of what should be covered.
3. Offer **supportive guidance** on the importance of cultural humility and equity, including Council practices that support full participation and inclusion such as the Rules of Respectful Engagement, the Conflict Resolution Policy, etc.
4. Meet regularly to discuss and review Council operations, documents and processes.

## Membership Renewal

### **I. Objectives for the Council Member Renewal Process are to:**

- 1) Decide if a Council Member seeking renewal (the Renewal Applicant) remains on the Council for another term
- 2) Obtain feedback from the Renewal Applicant on her/his Council experience
- 3) Provide the Renewal Applicant feedback on his/her Council participation

### **II. Steps for the Council Member Renewal Process are:**

- 1) The Renewal Applicant will submit a completed "Renewal Application", including the completed "Renewal Questions" (Attachment A: "Renewal Application") to Council staff or to the Membership Committee at least one month prior to the expiration of the Council Member's term.
- 2) The Membership Committee will:
  - a) Assess the Renewal Applicant re: Member "Good Standing" Standards (i.e. not on probation), to be defined by the following criteria, per the Council Member Job Description Qualifications:
    1. Inclusion/membership in a specified category per legislation including CDC and HRSA guidelines
    2. Ability to communicate opinions freely, honestly, and respectfully
    3. Commitment to adhere to rules and regulations of Council
    4. Ability to operate/function at a level adequate to contribute and participate in Council activities.
  - b) Review and clarify the Renewal Applicant's completed Renewal Application
  - c) Offer the Renewal Applicant the opportunity to have a dialogue with and give additional feedback to the Membership Committee. Additional feedback may also be provided in writing as an attachment to the Renewal Application.
  - d) The Membership Committee will discuss and vote on the recommendation to renew the Renewal Applicant.
- 3) The Membership Committee's motion for renewal will be brought to the next Full Council meeting for a discussion and vote.

4) In the event of a nonrenewal the Steering Committee will review the decision made by the Membership Committee.

**Renewal Questions:**

1. What is your primary reason for seeking renewal on the Council?

2. Did your service on the Council turn out to be what you expected?

Yes       No

Please explain:

3. What Committee(s) and Workgroup(s) did you serve on, and what did you learn / how did you benefit from your Committee/Workgroup involvement?

4. What do you think you have contributed to the Council and Committee(s)/Workgroup(s)?

5. Would you be interested in serving in a leadership role on the Council?

Yes       No

Please explain:

**Signature:**

By signing this Renewal Application I certify that all information contained herein is true and accurate to the best of my understanding. I also certify that I have read and understand the membership requirements outlined in the HIV Community Planning Council's bylaws and Policies and Procedures, and if accepted for membership renewal, I will fulfill all membership requirements as put forth in the HIV Community Planning Council's bylaws and Policies and Procedures.

\_\_\_\_\_  
\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date submitted

**Thank you for your service on the Council!**

## **Expense Reimbursement**

Reimbursements can be made available to non-aligned consumers of services. These reimbursements may potentially be used for expense reimbursements or wages lost as a result of attending Council meetings. Requests for reimbursement may be submitted to Council Support and should include receipts for expenses whenever possible.

Expenses should not be reported as taxable income by Council Members.

## Conflict Resolution

Conflict resolution is a multi-step process between Council Members:

**Step 1.** Both parties meet to informally resolve conflict. If a resolution does not occur, then the parties will move on to step 2.

**Step 2.** Mediation: A mediator may be one person selected by both parties, or a panel of three, with each party choosing a mediator, and these two mediators choosing a third. The decision by the mediator(s) will be the conclusion of the conflict resolution process at the Council Level.

**Step 3.** If the conflict between the parties escalates and/or persists and leads to disruptive behavior in the course of Council activities, then the Corrective Action Policy will apply. Disruptive behavior includes anything that violates the Council's core values as defined in the Council Member's Rights and Responsibilities.

If conflict occurs between Council Members and Council Staff, the parties involved may choose one or both of the following:

- 1) If both parties agree, the Conflict Resolution policy as stated above may be used.
- 2) Either party may bring a complaint to the contractor for the Administrative Support contract, via that contractor's internal Grievance Policy.
- 3) At any time, a Council Member may choose to address any conflicts, issues, or problems through any other formal or informal channels that are available to the public.

## **Corrective Action & Involuntary Removal**

**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 Council.

The Council Membership Committee may recommend involuntary removal of members to the Planning Council and the Chief Elected Official for any of the following reasons:

- a. Change of status and/or loss of affiliation which qualified the member for appointment to the Planning Council; members are responsible for informing a Co-chair of the Membership Committee of any changes of status and/or loss of affiliation that may affect his/her ability to serve as a member.
- b. 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; malfeasance; making repeated unsubstantiated allegations under this section; unwelcome behavior or language that has the effect of offending, intimidating or demeaning a person on the basis of their sexual orientation, marital status, pregnancy, sexuality, gender identity, race, disability, age, or political or religious beliefs; repeated engagement in disruptive behavior or personal attacks, as defined by the Rules of Respectful Engagement, with council members, support staff, HIV Health Services Office Staff, or invited presenters; or other conduct that violates the By-laws or established Policies and Procedures adopted by the Planning Council.

### **Procedure**

#### **I. Removal by Chief Elected Official (CEO, Mayor of San Francisco)**

- a. At any time, the CEO may terminate membership of a Planning Council member without the recommendation or approval of the Planning Council.

#### **II. 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 one or both of the Membership Co-chairs in writing without discussing the matter further with other Council members.
- b. It will be the responsibility of the Membership Co-chairs to notify in writing the Council member against whom the allegation has been made. This notice shall be copied to the Mayor's representative and to City Legal Counsel.
- c. It will be the responsibility of the Membership Co-chairs to forward the written allegation to the three Council Co-chairs within seven days of receipt.
- d. The Membership Co-chairs will initiate the investigation within 30 days upon receipt of the written allegation and will manage the process. If the person making the allegation and/or the person against whom the allegation has been made are members of the Membership Committee, they shall not participate in discussions of the allegation. This investigation may be limited to the Membership 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.
- e. Investigation may include, but is not limited to: interviewing the complainant, the accused and any involved parties; and gathering any relevant information that may substantiate the allegation. The investigation, upon request of the accused, may include

a public hearing and opportunity to confront and present other involved parties relevant to the complaint.

- f.** Upon completion of the investigation, the Membership Committee may by majority vote:
  - i.** Find that the allegation is unsubstantiated and recommend no further action;
  - ii.** Find that the allegation is substantiated, and recommend corrective action less severe than removal from the Council which may include a letter of corrective action documenting the infraction, public or private censure, or removal from committee assignments;
  - iii.** Find that the allegation is substantiated, and recommend removal of the member to the Steering Committee and Council.
  - iv.** Ask the member to resign from the HCPC or working group, dismiss the member from the HCPC or working group, or some other appropriate option.
- g.** Recommendations for removal will be made to the Steering Committee for review and final approval and inclusion for a vote on the Council agenda. Recommendations for removal will include specific findings of fact, supported by substantial evidence that justifies the recommended action.
- h.** If the matter is taken to the Council, all information gathered, including statements from the complainant and the accused, and involved parties will be presented by the Membership Co-chairs.
- i.** All persons having knowledge of the allegation and the investigative process must maintain strict confidentiality outside of the Council.



**3**

**Officers &  
Representatives**

## **Council Co-Chair Job Description**

### **Election/Terms**

To foster diversity in leadership over time, a Community Co-Chair may not serve more than three (3) consecutive terms.

A Community Co-Chair can run in no more than three (3) regular elections. A Community Co-Chair may be elected in a special election to fill out the term of a Community Co-Chair who has resigned. If the remainder of the term is one (1) year or less, the new Community Co-Chair can run in up to three (3) later regular elections; if the remainder of the term is more than one (1) year, the Community Co-Chair can run in no more than two (2) later regular election.

Co-chairs are nominated and elected to serve for two-year terms and serve no more than three consecutive terms as Co-chair. If the co-chair is elected to complete a partial term, that partial term does not count toward the three consecutive term limit.

The HIV Community Planning Council will open nominations for new Council Co-chairs at a Full Council meeting. The nomination will be open until they are formally closed at the next Full Council meeting. The election will be held by written ballot at that meeting. The elections shall follow the guidelines in the Council By-laws.

One Co-chair will be up for nomination in years ending in an even number. The remaining two Co-chairs will be up for nomination in years ending with an odd number.

The Council will make a good faith effort that at all times, the seat(s) up for election along with the seat(s) that are continuing for the remainder of their term will comply with the demographic requirements for Co-chairs set forth in the By-laws

Council Support shall have the responsibility of maintaining records of seats that are up for election;

The ballots (votes) will be recorded in the minutes as public information. Council Support will tabulate the ballots before the end of the Council Meeting. The nominees with the most votes will be those announced as elected to be the new Co-chairs of the HIV Community Planning Council before the end of the meeting.

### **Resignation of a Community Co-Chair**

If a Community Co-Chair resigns from office prior to the end of his/her two (2)-year term, the HCPC shall elect another Community Co-Chair who will serve the remainder of the unexpired term.

### **Co-Chair Roles and Responsibilities:**

1. Facilitate meetings of the Planning Council and the Steering Committee, including developing and reviewing agendas for all regular and special meetings of the Council and the Steering Committee.

2. Develop agendas for full Council meetings, in conjunction with Steering Committee and Council staff
3. Advocate for and advance the mission of the Planning Council;
4. Ensure community participation is incorporated into the work of the Council;
5. Ensure communication between the Planning Council and Grantee, CEO (Mayor), HRSA, CDC, members of the community, or organizations that have official business with the Planning Council.
6. Adhere to the By-laws and Planning Council policies and procedures, monitor their implementation in all council activities, and ensure that they are reviewed as appropriate.
7. Serve as one of the official, public representatives of the Council;
8. Sign official documents;
9. Adhere to the Council's Rules for Respectful Engagement at all times, and support all attendees' adherence to Council's Rules of Respectful Engagement at all times;
10. Ensure continuity and concordance among Council work, work groups, the Integrated Plan, the Cooperative Agreement, and resource allocation;
11. Present Steering Committee recommendations and/or motions to the Council.
12. Support implementation of Council Conflict Resolution policy as needed, and act as the first-level arbiter in resolving grievances.
13. Remain objective and impartial as the Co-chair(s) role changes from participant to facilitator;
14. Encourage and provide opportunity for all attendees to participate;
15. An active Co-Chair may be designated to preside over meetings during the absence of the appointed Co-Chairs.
16. Stay informed on issues relevant to the HIV/AIDS services, HIV Prevention services, Ryan White programs, and public funding for community health and support services.
17. Other duties and activities as required.

### **Qualifications**

1. Active member of the Planning Council in good standing.
2. Knowledgeable about CDC and Ryan White requirements and processes, Planning Council by-laws, and Planning Council policies and procedures. Understand the Planning Council's roles and responsibilities, including the relationship with the Grantee and other HIV planning bodies.
3. Able to interact effectively with people from diverse social, economic, and cultural backgrounds.
4. Demonstrated sensitivity to the needs and requirements of communities that are affected by the HIV/AIDS epidemic in the San Francisco, San Mateo, and Marin County- the San Francisco Eligible Metropolitan Area (EMA).
5. Able to collaborate and cooperate with individuals from a broad spectrum of educational and professional backgrounds, including public officials, healthcare professionals, and members of the community.
6. Demonstrates written and oral communication skills, including the ability to speak comfortably in front of large groups, encourage and motivate others, exercise diplomacy and tact, and speak with the media. Experience with large-group facilitation preferred, but not required.

7. Demonstrated problem-solving and decision-making skills.
8. The Co-chair(s) fulfilling the HIV+ Consumer requirement in the By-laws must disclose his/her HIV status; otherwise there is no requirement to disclose status.

### **Participation Requirements**

1. Attend all regular or special Planning Council meetings.
2. Maintain regular attendance at regular or special Steering Committee meetings.
3. Attend and actively participate in one other committee of the Planning Council.
4. Periodically attend meetings of all standing committees.
5. Attend all mediation and arbitration sessions related to grievances of council prioritization and resource allocation decisions.
6. Participate in the review of the grant application.
7. Represent the Planning Council at statewide collaborative meetings, local, regional, and national meetings and conferences, as appropriate.
8. Meet regularly with the other co-chairs, Council support staff, and HHS and CHEP staff.

## **DPH Government Co-Chair Role**

1. The resulting Planning Council from the merger of the HIV Health Services Planning Council and the HIV Prevention Planning Council will designate one of the four co-chairs as a DPH seat.
2. The Directors of the DPH sections of Community, Health Equity & Promotion (CHEP) and HIV Health Services (HHS) will each appoint one staff person to serve jointly as one of the Council Co-Chairs.
3. Staff appointed to dually fulfill the responsibilities of the DPH Co-Chair should be:
  - a. familiar with the HIV systems of care and prevention funded by and administered by CHEP and HHS,
  - b. well-versed in the requirements and regulations of the federal grant funders (HRSA and CDC), and
  - c. capable to represent the CHEP and HHS sections and provide advice and direction to the councils when requested and make informed decisions.
4. While the two appointed DPH staff will share the responsibilities and duties of this office, they will have only one vote.
5. While both staff should attend all Council meetings as they are able, only one will actively serve as a chair during meetings.
6. The two staff appointed to this position will be required to actively serve together on the Leadership Committee and the Full Council, sharing one vote.
7. The terms for the staff serving in the DPH Co-Chair position will be an appointment term of two years.
8. If possible, terms of the two staff sharing Co-Chair responsibility may be staggered so as to have one more senior staff person serving to train potential new staff assuming the responsibilities.
9. If during the term of these appointments the leadership of the Councils feel that the DPH representation is not meeting the duties of this role, or that they are preventing the conducting of appropriate Council business the other three Co-Chairs may petition to the Directors of CHEP and HHS for alternative staff for these duties.
10. In the event of a transition, the new appointment will be communicated to Planning Council staff and the appointee will attend the next scheduled Membership Committee meeting.

## **Committee Co-Chair Job Description**

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 Planning Council achieves its mission and goals and fulfills its mandated responsibilities. Committee Co-chairs also serve as part of the Council leadership through their role on the steering committee. Co-chairs are nominated and elected to serve for one-year terms, and serve no more than three consecutive terms as Co-chair of the same committee. If the Co-chair is elected to complete a partial term, that partial term does not count toward the three consecutive term limit.

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

### **Qualifications**

1. Active member of the Planning Council in good standing.
2. Commitment to become knowledgeable about CDC and Ryan White requirements and processes, Planning Council By-laws, and Planning Council policies and procedures.
3. Understand and have an interest in the committee's roles and responsibilities, including the relationship with the Steering Committee, the Council, and the Grantee.
4. Able to interact effectively with people from diverse social, economic, and cultural backgrounds.
5. Demonstrates sensitivity to the needs and requirements of communities that are affected by the HIV/AIDS epidemic in the San Francisco, San Mateo, and Marin County - the San Francisco Eligible Metropolitan Area (EMA).
6. Demonstrates communication skills, including a willingness to speak in front of committees, encourage and motivate others, exercise diplomacy and tact, and a willingness to delegate responsibilities. Experience with group facilitation preferred, but not required.
7. Demonstrates problem-solving and decision-making skills.

### **Participation Requirements**

1. Attend all regular or special home committee meetings.
2. At least one Co-Chair from each Committee must maintain regular attendance at all Steering Committee meetings.
3. Attend and actively participate in the Planning Council.

### **Responsibilities**

4. Advocate for and advance the mission of the Committee. Ensure community representation is incorporated into the work of the Committee.
5. Shall support unaffiliated consumers of care and prevention services representation and participation on the Committee, and advocate for these communities.
6. Ensure communication between the Committee and the Steering committee, Council Support staff, Council co-chairs, and full Council.
7. Stay informed on issues relevant to CDC and Ryan White Programs, HIV/ AIDS services, and public funding for community health and support services.

8. In conjunction with Council support staff, adhere to the bylaws and Planning Council policies and procedures.
9. In conjunction with Council support staff, ensure that the tasks of the committee are completed in a timely manner.
10. Adhere to the Council's Rules for Respectful Engagement at all times.

### **Committee Meetings**

1. Facilitate meetings of the Committee, including developing and reviewing agendas and minutes with Council Support staff for all committee meetings.
2. Determine how Co-chair responsibilities shall be shared between Co-chairs.
3. Ensure coordination and communication with Council support staff.
4. In conjunction with Council support staff, ensure committees complete tasks and assignments related to the core functions outlined in committee formats.
5. Present Committee recommendations and/or motions to Steering committee and/or the full Council.
6. Support implementation of the Council's Conflict Resolution policy as needed.
7. Remain objective and impartial as the Co-chair(s) role changes from participant to facilitator
8. Support all attendees' adherence to Council's Rules for Respectful Engagement at all times; encourage and provide opportunity for all attendees to participate.
9. An active Co-Chair may be designated to preside over meetings during the absence of the appointed Co-Chairs.
10. Other duties and activities as required.

## **At-Large Seats**

The purpose of at-large seats is to broaden representation in leadership.

### **Terms**

At-Large Steering Committee members are elected for 2-year terms, for up to no more than 3 consecutive terms. If the At-Large member is elected to complete a partial term, that partial term does not count toward the three consecutive term limit.

### **Qualifications**

1. Active member of the Planning Council in good standing.
2. Commitment to become knowledgeable about CDC and Ryan White requirements and processes, Planning Council By-laws, and Planning Council policies and procedures.
3. Understand and have an interest in the committee's roles and responsibilities, including the relationship with the Steering Committee, the Council, and the Grantee.
4. Able to interact effectively with people from diverse social, economic, and cultural backgrounds.
5. Demonstrates sensitivity to the needs and requirements of communities that are affected by the HIV/AIDS epidemic in the San Francisco, San Mateo, and Marin County - the San Francisco Eligible Metropolitan Area (EMA).
6. Demonstrates communication skills, including a willingness to speak in front of committees, encourage and motivate others, exercise diplomacy and tact, and a willingness to delegate responsibilities. Experience with group facilitation preferred, but not required.
7. Demonstrates problem-solving and decision-making skills.

### **Responsibilities**

1. Advocate for and advance the mission of the Committee. Ensure community representation is incorporated into the work of the Committee.
2. Shall support unaffiliated consumers of care and prevention services representation and participation on the Committee, and advocate for these communities.
3. Ensure communication between the Committee and the Steering committee, Council Support staff, Council co-chairs, and full Council.
4. Stay informed on issues relevant to CDC and Ryan White Programs, HIV/ AIDS services, and public funding for community health and support services.
5. In conjunction with Council support staff, adhere to the bylaws and Planning Council policies and procedures.
6. In conjunction with Council support staff, ensure that the tasks of the committee are completed in a timely manner.
7. Adhere to the Council's Rules for Respectful Engagement at all times.

### **Participation Requirements**

1. Maintain regular attendance at all Steering Committee meetings.
2. Attend and actively participate in the Planning Council.



# **CAEAR Coalition Representation**

## **CAEAR COALITION REPRESENTATIVE JOB DESCRIPTION**

### **The Position**

CAEAR (Communities Advocating Emergency AIDS Relief) Coalition Representation will be provided by a primary representative and a minimum of two alternate representatives. CAEAR Coalition Representatives are elected for a renewable 2-year term. Ryan White funds will not be used for CAEAR Coalition representation.

### **Qualifications**

1. Active member of the Council in good standing. CAEAR Coalition Representation will always include the demographic characteristics of a PLWH consumer of services.
2. Commitment to become knowledgeable about Ryan White requirements and processes, Planning Council By-laws, and Planning Council policies and procedures.
3. Understand and have an interest in the CAEAR Coalition Representative's roles and responsibilities, including the relationship with the Council, and the Grantee.
4. Able to interact effectively with public policy makers and other associated stakeholders.
5. Demonstrates sensitivity to the needs and requirements of communities that are affected by the HIV/AIDS epidemic in the San Francisco, San Mateo, and Marin Counties - the San Francisco Eligible Metropolitan Area (EMA).
6. Strong familiarity with legislative processes and the current political landscape.
7. Strong communication skills, including a willingness to speak in front of committees, 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.
8. Demonstrates problem-solving and decision-making skills.
9. Demonstrates ability to listen, hear and represent diverse points of view of Council members.

### **Responsibilities**

1. A CAEAR Coalition Representative will represent the HCPC at all business meetings of the CAEAR Coalition and participate in the Coalition's advocacy days, given available non Ryan White funding for membership dues and travel expenses.
2. The CAEAR Coalition Representative will advocate for relevant funding, public policies and other associated issues.
3. The CAEAR Coalition Representative will regularly brief the Council with updates from Coalition meetings and will inform the Council of relevant issues regarding Ryan White in a timely manner.
4. The CAEAR Coalition Representative will participate in the CAEAR Coalition PLWHA Caucus monthly calls.
5. The primary CAEAR Coalition Representative will keep alternate representatives up to date on all CAEAR related activities.
6. Other duties and activities as required.

## **UCHAPS Representative**

### **UCHAPS Description**

The Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) is a national collaboration of community partners and health departments dedicated to preventing new HIV infections and reducing health disparities, morbidity, and mortality. UCHAPS member jurisdictions are among the epicenters of the urban HIV epidemic and are often at the forefront of piloting new intervention strategies.

UCHAPS has sought, since its founding, to bring enhanced attention and resources to metropolitan areas that have faced a disproportionate burden of HIV infection. UCHAPS believes that by working together, government officials, community planning leaders and those impacted by HIV can develop and implement sound public health programs that prevent new HIV infections and increase the health and wellbeing of individuals.

### **The Position**

Each full member selects four active representatives to UCHAPS—two governmental representatives and two community representatives. One of the governmental representatives must be from the health department and is traditionally the lead staff person for HIV prevention programs within the jurisdiction; the jurisdiction may select their other governmental representative based on their own criteria.

One of the community representatives must be the past, present or future community co--chair of the HIV Community Planning Council. An alternate representative will also be designated. Community representatives must be members of the HIV Community Planning Council. UCHAPS Representatives are elected for a renewable 2-year term.

### **Qualifications**

1. Active member of the Planning Council in good standing. If possible, representation will strive to include both a consumer and provider of services.
2. Demonstrates an understanding of the HIV prevention care continuum.
3. Understand and have an interest in the UCHAPS Representative's roles and responsibilities.
4. Able to interact effectively with associated stakeholders.
5. Demonstrates sensitivity to the needs and requirements of the communities that are affected by the HIV/AIDS epidemic.
6. Demonstrates ability to listen, hear and represent diverse points of view.

### **Responsibilities**

1. The UCHAPS Representative will represent the HCPC at all UCHAPS meetings and may participate in UCHAPS' various work groups and events.
2. The UCHAPS Representative will advocate for relevant funding, public policies and other associated issues.
3. The UCHAPS Representative will regularly brief the Council with updates from UCHAPS meetings and will inform the Council of relevant issues in a timely manner.
4. Other duties and activities as required.

# **LTCCC Representative Job Description**

## **Long-Term Care Coordinating Council Description**

The Long Term Care Coordinating Council (LTCCC) is charged to: (1) advise, implement, and monitor community-based long term care planning in San Francisco; and (2) facilitate the improved coordination of home, community-based, and institutional services for older adults and adults with disabilities. It is the single body in San Francisco that evaluates all issues related to improving community-based long term care and supportive services.

## **The Position**

The LTCCC Representation will be provided by a representative and possible alternate representative(s). The LTCCC Representative will facilitate information sharing and collaboration between the HCPC and the LTCCC. LTCCC Representatives are elected for a renewable 2-year term. LTCCC Representatives will be evaluated by the Council at the end of every term.

## **Qualifications**

1. Active member of the Planning Council in good standing. If possible, representation will strive to include an age 50+ PLWH consumer of services.
2. Understand and have an interest in the LTCCC Representative's roles and responsibilities.
3. Able to interact effectively with associated stakeholders.
4. Demonstrates sensitivity to the needs and requirements of the communities that are affected by the HIV/AIDS epidemic in San Francisco county.
5. Demonstrates ability to listen, hear and represent diverse points of view.

## **Responsibilities**

1. The LTCCC Representative will represent the HCPC at all full council meetings of the LTCCC and may participate in the LTCCC's various work groups and events in addition to their regular Council member attendance requirements.
2. The LTCCC Representative will advocate for relevant funding, public policies and other associated issues.
3. The LTCCC Representative will regularly brief the Council with updates from LTCCC meetings and will inform the Council of relevant issues in a timely manner.
4. The primary LTCCC Representative will keep alternate representatives up to date on all LTCCC related activities.
5. Other duties and activities as required.

## **Getting to Zero Representative Job Description**

### **Getting to Zero**

San Francisco's Getting to Zero initiative is a multi-sector, independent consortium operating under the principles of collective impact. Modeled after the UNAIDS goals, Getting to Zero's vision is to reduce HIV transmission and HIV-related deaths in San Francisco by 90% before 2020.

The Getting to Zero strategic plan describes a comprehensive approach that continues funding for successful efforts and calls for 3 signature initiatives to start or expand—PrEP expansion, RAPID (Rapid ART Program for HIV Diagnoses), and retention in care—which focus on eliminating new HIV infections, preventing HIV-related deaths, and reducing health disparities for HIV-affected populations in San Francisco.

The San Francisco Getting to Zero initiative is a volunteer-led effort. Getting to Zero is committed to: maintaining current funding levels for HIV prevention and treatment; not competing for new funding through Getting to Zero efforts; and prioritizing reaching underserved populations. Goals are established and prioritized in working committees with efforts based on measurable objectives and plans, including budgets, for implementation.

### **The Position**

Getting to Zero Representation will be provided by a representative and possible alternate representative(s). The GTZ Representative will facilitate information sharing and collaboration between the HCPC and Getting to Zero. GTZ Representatives are elected for a renewable 2-year term.

### **Qualifications**

1. Active member of the Council in good standing.
2. Understand and have an interest in the Getting to Zero Representative's roles and responsibilities.
3. Able to interact effectively with other associated stakeholders.
4. Demonstrates sensitivity to the needs and requirements of communities that are affected by the HIV/AIDS epidemic in the San Francisco EMA.
5. Demonstrates ability to listen, hear and represent diverse points of view.

### **Responsibilities**

1. The GTZ Representative will represent the HCPC at all Steering Committee and full Consortium meetings of Getting to Zero and may participate in GTZ's various committees, work groups, and events in addition to their regular Council member attendance requirements.
2. The GTZ Representative will inform the GTZ Steering on relevant HCPC-related funding, public policies and other associated issues.
3. The GTZ Representative will regularly brief the Council with updates from GTZ meetings and will inform the Council of relevant issues in a timely manner.
4. The primary GTZ Representative will keep alternate representatives up to date on all GTZ related activities.
5. Other duties and activities as required.

**4**

# **Meetings**

## **Rules of Respectful Engagement**

A policy of “Respectful Engagement” will underlie all Planning Council activities, which include meeting activities as well as one on one interaction of all Planning Council members & any other individuals who may engage with the Council. These rules are to be adopted & 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.

<b>Concept/Rule</b>	<b>Explanation</b>	<b>Kinds of Behaviors that support the rule</b>
1. RESPECT	Respect for the work, respect for the process, respect for fellow Council members & respect for self	1. All behaviors and concepts of Respectful Engagement (see below)
2. 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	<ol style="list-style-type: none"> <li>1. Don't feel offended if someone does not agree with your position, or embarrassed to articulate a differing viewpoint.</li> <li>2. Take objection to an idea, not to a person.</li> </ol>
3. 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	1. 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.
4. 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	<ol style="list-style-type: none"> <li>1. Wait your turn to speak, especially if you have already had a chance to voice your opinions.</li> <li>2. Facilitator may solicit ideas from those who may not have had a chance to provide input before allowing others to speak again.</li> <li>3. Carefully observe if others seem to want to talk, and challenge yourself to allow them to speak as well.</li> </ol>
5. Honor time limits	Respects times set up for meetings. This allows the meeting to stay on track.	<ol style="list-style-type: none"> <li>1. Come in on time</li> <li>2. Keep an eye on the amount of time spent on one specific agenda item</li> <li>3. End on time</li> </ol>
6. Engage in respectful dialogue and interaction that allows the opinions of all – even if you may disagree	<p>Don't denigrate others for ideas that you may not agree with. (this ties into the concept of "it's ok to disagree")</p> <p>Openly/Actively LISTEN to &amp; welcome/encourage all ideas. By allowing the free flow &amp; sharing of ideas, new learnings and understanding may be acquired</p>	<ol style="list-style-type: none"> <li>1. Listen to all ideas with respect</li> <li>2. Use positive comments to affirm &amp; appreciate others opinions, even if they may not be your own.</li> <li>3. 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"</li> </ol>

<p>7. Stick to the agenda, stay on task</p>	<p>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</p>	<ol style="list-style-type: none"> <li>1. Discuss matters that are relevant to the discussion topics at hand.</li> <li>2. Keep side discussions and conversations at a minimum</li> <li>3. Monitor the amount of time spent on each agenda item in order to accomplish group goals</li> </ol>
<p>8. Keep an open mind</p>	<p>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.</p>	<ol style="list-style-type: none"> <li>1. Don't have an opinion formed even before someone else starts speaking</li> <li>2. Don't begin formulating your response even before they speak</li> <li>3. Listen- you might learn something new</li> </ol>
<p>9. Do not repeat what others have said</p>	<p>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.</p>	<ol style="list-style-type: none"> <li>1. Use phrases like "I agree with that thought" "I second that idea"</li> <li>2. Don't speak just because you want to get yourself heard. It's about the group's voice being heard.</li> </ol>



## Committee Descriptions

### **Community Engagement**

(currently meets 1<sup>st</sup> Wednesday of the month, 3:00-5:00)

Mission Statement: To be responsible for educating the Council on specific underserved communities and high risk populations and ongoing and emerging issues for people living with HIV and at highest risk for HIV.

### **Council Affairs**

(currently meets 2<sup>nd</sup> Tuesday of the month, 3:00-5:00)

Mission Statement: To facilitate education of the Council on mandated legislative and important provider issues in order to inform HIV prevention strategies, effective annual service prioritization and resource allocation.

### **Membership**

(currently meets 2<sup>nd</sup> Thursday of the month, 3:00-5:00)

Mission Statement: To recruit, screen, train, and retain Council Members, in accordance with the values and by-laws of the HCPC.

### **Steering**

(currently meets 3<sup>rd</sup> Thursday of the month, 4:00-6:00)

Mission Statement: To oversee all of the Council's active committees and ad hoc work groups.

## **Steering Committee**

The Steering Committee of the HIV Community Planning Council is made up of the Council Co-Chairs, a co-chair of the Council's standing committees and four (4) At-Large Members. The Steering Committee oversees the work of all of the Council's standing committees, ad hoc committees and work groups. The Steering Committee acts on behalf of the Planning Council in situations where there is insufficient time to convene a Council meeting or in matters requiring an emergency response. The Steering Committee reviews requests for letters of support submitted by agencies and researchers. The Steering Committee supports the creating and finalizing of the agenda for the upcoming Council meeting.

### **Membership**

The membership of the Steering Committee consists of the Council Co-chairs and Co-chairs of each of the regularly established committees, and includes four (4) At-Large Members. Ad Hoc or Working Group committee Co-chairs are not members of the Steering Committee, but are strongly encouraged to attend and provide updates on Ad Hoc or Work Group activities.

All Council members can attend, participate, and vote at Steering Committee meetings.

## Work Groups

### Establishment and Reporting

1. The Council or one of the committees may from time to time form an ad hoc work group.
2. The Council or home committee will receive regular updates on the ad hoc work group activities through regular reports.
3. Each ad hoc work group will have a clearly established purpose and mission.
4. All motions or recommendations from ad hoc work groups will go to the Council or their home committee for review and approval.
5. Planning Council Staff shall be assigned to all ad hoc work groups.

### Organization

1. The first meeting of the ad hoc work group will determine co-chairs, membership requirements, duration, quorum, and voting privileges. These determinations may then be reviewed and approved by the home committee.
2. Each ad hoc work group will strive to have representation from unaffiliated consumers of services.
3. Each ad hoc work group shall establish a meeting schedule which will be posted with agendas and minutes taken in accordance with the Brown Act and San Francisco Sunshine Ordinance.
4. An ad hoc work group must have Council representation and may include non-Council members as voting or non-voting members. The HCPC actively encourages and invites community members to join and fully participate in the activities of the HCPC's working groups. Community members of working groups have the same authority and responsibilities as HCPC members who serve on working groups. This includes the responsibility to:
  - Attend all meetings of the working group;
  - Stay informed about relevant issues;
  - Prepare for meetings;
  - Express opinions;
  - Help form working-group recommendations to the full Council;
  - Vote at working-group meetings.

## COLA Mission Statement & Description

### **Mission Statement**

It is the responsibility of the COLA (Community Outreach and Listening Activities) Team to proactively gather and disseminate relevant information to and from people living with HIV and at highest risk for HIV.

### **Structure**

Membership is open to all HCPC members and council members are encouraged to participate in COLA Team activities on a rotating basis. The Team shall include a representative from HCAP (the HIV Consumer Rights Advocacy Project).

The COLA Team shall report directly to the CE (Community Engagement) Committee. Information gathered, including experiences noted by consumers and recommendations for priority-setting, will be shared with CE and the Full Council on an on-going or as-needed basis.

The COLA Team shall have targeted sessions approximately once per quarter.

COLA Outreach sessions have several goals:

- To disseminate information about the HCPC
- To disseminate information about HCAP
- To outreach to consumers of services as potential council members
- To provide small-scale needs assessments that focus on the San Francisco EMA system of prevention and care, in particular:
  - To collection information regarding Service Prioritization from consumers of services
  - To collect information regarding Unmet Need and Barriers to Care
  - To solicit input and obtain feedback on the overall service needs of people living with HIV and at highest risk for HIV

COLA Team meetings shall be structured as follows:

1. Welcome and Introductions
2. Purpose of Meeting
3. Discussion of HCPC role and duties
4. Discussion of HCAP role and duties
5. Service Category Description and Service Prioritization Exercise
6. Discussion of Service Continuum and Consumer Concerns
7. Q&A/Thank You
8. Evaluation

## **Agenda Setting**

An agenda is the list of items of business to be presented and discussed at a meeting. All agendas are developed by Co-Chairs and group members and is drafted by the planning council support staff; all draft agendas are approved by group Co-Chairs. Agendas may be amended upon draft agenda approval, but may not include a new item for vote. The agenda must be published to the members and the public before each meeting as required by the Bylaws. In order for items to be considered for a vote the agenda must indicate that it is either a “vote” or “possible vote”.

Emergency requests to place items on the Planning Council agenda may be directed to one of the Council Co-chairs as long as the request is consistent with the 72 hour notification requirement of the Sunshine Ordinance.

## **Public Comment**

Any member of the public may provide public testimony before the Planning Council during Public Comment periods. Council members may also speak as members of the public.

General public comment shall be allowed near the beginning of every agenda. The public also has the right to comment before any item up for a vote before the Council. The public comment period shall take place after the Council members have completed their discussion on the item and immediately before voting.

Each member of the public may address the Council for up to three (3) minutes. The time limitations for Public Comment will be enforced by the Co-chairs.

A brief summary of the comments will appear in the minutes of the meeting. Persons wishing to submit written public comment may provide a written statement, not to exceed 150 words, to Planning Council Support Staff prior to the close of the meeting where testimony is presented.

Public comment is not a forum for answering questions. The Planning Council will not respond to public comment. The Planning Council Co-chairs, at their discretion, may ask for clarification from members of the public on agenda items. If members of the public have questions related to items on the agenda, they may submit those questions to Planning Council Support who will either provide the answer or direct members of the public to the appropriate resource for answering their questions.

The Brown Act forbids the Council from taking action or discussing any item not appearing on posted agendas, including items raised during public comment.

The Planning Council requests that those members wishing to provide testimony before the Council do so in a manner that supports a considerate and respectful process. The Planning Council Co-chairs will ensure that these procedures are applied equally and consistently with all members of the public.

## **Consumer and Community Member's Rights and Responsibilities**

These rights and responsibilities pertain to members of the public participating in Council meetings.

### **Rights:**

1. The right and opportunity to offer feedback and comment on Council activities.
2. The right to respectfully voice personal opinions.
3. The right to voice opinions related to the perceived needs of communities living with or at risk of HIV.
4. The right to physical access to Council meetings ensured by holding all events in ADA compliant venues.
5. The right to reasonable accommodation to facilitate the participation of consumers and/or community members with disabilities and language interpretation needs.
6. The right to timely and public access to noticing of all Council meetings.
7. The right to self disclosure (or non disclosure) of personal information, including but not limited to name and HIV status.
8. The right to access to all information deemed by State and Local Law and Regulations (including the Brown Act and the Sunshine Ordinance) to be in the Public Domain.

### **Responsibilities:**

1. Respectful engagement of fellow community members, consumers and Council members as defined in the Council's Rules of Respectful Engagement. Adhere to the Public Comment policy as outlined in the Policy Procedure manual.

The Planning Council reserves the right to bar/eject anyone who threatens violence or behaves violently towards other participants or refuses to follow meeting procedures regarding public comment.

**5**

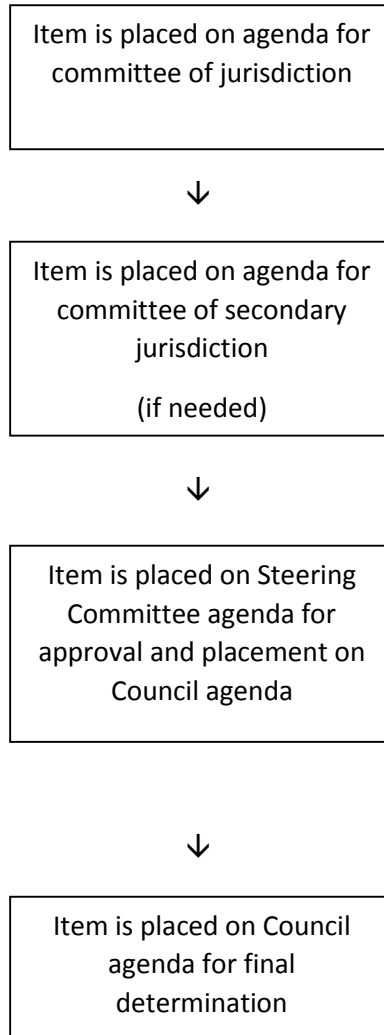
## **Decision-making & Voting**



## Progression of Motions

### Council Decision-Making

The San Francisco HIV Community Planning Council operates with a committee structure. Accordingly, items that are presented to the Planning Council for a decision should proceed through the committee system prior to being placed before the Council for a decision. The decision making flow chart is as follows:



In the event of an urgent matter, as determined by the Leadership Committee, an item may be placed on the Leadership Committee agenda for placement on the Council agenda without being first considered by the committee of jurisdiction. In the event of lack of quorum, the committee or work group of jurisdiction may request that the Leadership Committee review an item that has not been approved by the committee or work group. Such an item will be considered by the Leadership Committee upon the request of at least one of the Committee Co-chairs.

The Leadership Committee may:

1. approve the motion as is and forward to the Full Council for consideration.
2. amend the motion and forward to the Full Council for consideration.
3. send the motion back to the committee of jurisdiction for revision, correction or update.
4. table the item because further information is required
5. not approve the motion. In this case, the committee of jurisdiction may request to place the motion directly before the council.

The Full Council may:

1. approve the motion as is.
2. amend the motion.
3. send the motion back to the committee of jurisdiction for revision, correction or update.
4. table the item because further information is required
5. not approve the motion.

A document describing an item should include the historical progression of a motion throughout committees, including amendments and all relevant steps.

## **Priority Setting & Resource Allocation**

The main functions of the San Francisco HIV Community Planning Council is to develop priorities and determine resource allocations for Ryan White Part A and to ensure funding matches Behavioral Risk Populations in the San Francisco EMA. The purpose of this policy is to establish broad guidelines to follow each year in order to establish consistency in this annual process.

Throughout the year the following processes will be followed:

- The previous year's process (including presentations and their format) is reviewed with recommendations for changes and improvements. The Council follows a calendar of presentations with possible adjustments.
- In order to inform decision making, the Council will receive presentations (including epi data) and needs assessment updates.
- Review and modify any definitions such as Severe Need or Eligibility Criteria that need approval by the Planning Council.
- Before the end of August, develop recommendations for service category prioritization and resource allocation for the annual Prioritization and Allocation Summit. At this Summit, the Council finalizes and approves recommendations for prioritization and allocation and the CDC Letter of Concurrence.
- Following the Summit, HIV Health Services and Community Equity & Promotion develops and/or implements HCPC recommendations for prioritization and allocation.

## CDC Letter of Concurrence Process

The CDC requires a letter of concurrence, concurrence with reservations, or non-concurrence signed by representatives of the designated Prevention Planning Group (i.e., the HCPC) concurring (or with reservations or not concurring) that

1. The Jurisdictional Integrated HIV Prevention & Care Plan demonstrates a collaborative, coordinated results-oriented approach to increased access to HIV prevention, care and treatment services; and
2. CDC-funded services are directed to the populations and geographical areas with the greatest burdens of HIV disease so as to achieve reductions in HIV incidence.

The HCPC is expected to inform and review the Jurisdictional Integrated HIV Prevention & Care Plan and submit a letter to CDC signed by its Co-Chairs on behalf of the Council membership. The letter can be one of concurrence, concurrence with reservations, or non-concurrence. The letter should be submitted with the Jurisdictional Integrated HIV Prevention & Care Plan. The Council should submit a letter annually, as necessary, based on updates or changes to the Jurisdictional Integrated HIV Prevention & Care Plan.

The following **must** be included in the letter:

- Documentation that the HCPC informed or did not inform the development of the Jurisdictional Integrated HIV Prevention & Care Plan;
- Description of the process used by the HCPC to review the Jurisdictional Integrated HIV Prevention & Care Plan;
- Whether the HCPC concurs with the Jurisdictional Integrated HIV Prevention & Care Plan;
- If the HCPC concurs with reservations or does not concur, the letter must provide in detail the reason(s) why it is submitting a concurrence with reservations or non-concurrence
- Signatures of the Co-Chairs.

The letter **should not**:

- Relate to internal health department issues, such as salaries of individual health department staff;
- Address specific proposed activities; or
- Advocate for a specific group, agency, or issue.

If the CDC does not receive a letter of concurrence, the project officer may initiate the following:

- Obtain more input or information from the Council and health department regarding the non-concurrence or reservations;

- Meet with the Co-Chairs and health department staff;
- Negotiate with the health department concerning any issues raised by the HCPC;
- Recommend local mediation between the health department and the HCPC;
- Request that the health department provide a detailed corrective plan to address areas of concern expressed by the HCPC and specify a timeframe for its completion;
- Conduct an on-site comprehensive program assessment to identify and propose steps to the health department to resolve areas of concern;
- Conduct an on-site HCPC assessment focused on specific concerns;
- Develop a detailed technical assistance plan for the jurisdiction to systematically assist in addressing concerns and request technical assistance from CDC's Division of HIV/AIDS Prevention Capacity Building Assistance (CBA) program;
- Place conditions or restrictions on the health department's funding awards; and/or
- Overrule any of the HCPC's objection(s) if the health department can provide fact-based evidence of the collaborative input, development, and review of the jurisdictional plan by the Council.

## **Development of the Integrated Plan**

Every five (5) years, SFPDPH is charged with the development of an Integrated Plan in cooperation with the San Francisco HIV Community Planning Council. The timing and content of the Integrated Plan is subject to HRSA and CDC guidelines with respect to general content and timing of submission.

To facilitate this process, SFPDPH and the Planning Council will convene a Work Group that includes council members and other stakeholders to be established for the purpose of developing an Integrated Plan. The draft plan will be reviewed by the Work Group and the Steering Committee, and then referred to the full Council; the approved plan is reviewed and monitored by the Council Affairs Committee.

## Grantee Assessment

The Council is responsible for evaluating the process and quality of how funds are provided to contractors by the San Francisco Department of Public Health/HIV Health Services (the Grantee). This evaluation includes how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the Council and the amounts contracted for each service category are the same as the Council's allocation.

Grantee Assessment occurs in several formats:

- Monthly Grantee Self-Assessment during Council meetings and service category updates provided to the Council throughout the year.
  
- Discussion and Evaluation of shared Council-Grantee goals.
  
- A Provider Survey reviewing the evaluation goals noted above. The survey will also include an evaluation of Grantee program assessment mechanisms.
  
- A Council Survey evaluating the ongoing relationship between the SFDPH and the Council.

# Unfunds

## Background

Each year, for various reasons, Ryan White Part A funds become available that must be expended in order to ensure that they are not unused and returned to HRSA. These funds are defined by the HCPC as “unfunds.” In addition, the HCPC may have advisory capacity over other funding streams, including unfunds from other sources.

## Definitions

Unfunds can occur because of staffing/budget changes, lack of response to a program, or funds that are not spent in a service category. These types of funds are as follows:

**Rollover Funds:** These funds are monies that remain unspent at the end of a contract year and are “rolled over” or “carried-forward” into a new contract year. An application must be made to HRSA/CDC to request the use of funds and HRSA/CDC must approve the request before any rollover funds are used.

**Unobligated Funds:** These are funds that remain following contract negotiations due to: 1.) a contractor or the grantee decides not to proceed with a contract, or 2.) funds remain that are not encumbered by contracts. HHS begins the process of contacting providers about nine (9) months into the contract period in order to begin identifying these funds. The effective expenditure of these funds during a contract year will help to reduce **Rollover Funds**.

## Use and Expenditure of Unfunds

**Rollover Funds:** These funds may be used for HRSA/CDC eligible one-time projects such as special consultants, projects or services. They may also be used for any of the purposes listed under “Unobligated Funds” below. These funds must be spent prior to the end of the fiscal year into which they have been “rolled over.”

**Unobligated Ryan White Part A Funds:** These funds may be used for any or all of the following purposes:

- Increase the amount of service provided within established service categories, prioritizing funding based on the Planning Council’s prioritized service categories. The dollars are used for direct client services such as emergency financial assistance or to purchase additional UOS (Units of Service);
- Special projects or consultants for the Planning Council or Grantee;
- Provider infrastructure support for established service categories, prioritizing funding based on the Planning Council’s prioritized service categories;
- System development and evaluation such as needs assessments or comprehensive planning;
- Vouchers such as food and transportation.



## **Process**

The Grantee provides the Planning Council with the amount of Rollover funds once each year and the amount of unobligated funds once each year. The Grantee will also provide recommendations for expenditures of these funds for review.

The Grantee provides, where applicable, provide for an appropriate solicitation to providers for one-time funds under this policy.

## **Tie Votes**

In the event of a tie for any election, a runoff vote will be held. If the outcome is still a tie after the runoff vote, the final decision will be made by the Steering Committee.

# **Relationship between Council & Counties' Care Councils**

## **I. Introduction**

The San Francisco EMA HIV Community Planning Council supports the concept of local control and planning for prioritization of services and allocation of resources for the counties of Marin and San Mateo as integral parts of the San Francisco Eligible Metropolitan Area (EMA). Recognizing that the San Francisco EMA HIV Community Planning Council has the ultimate responsibility for prioritization of services and allocation of resources for the entire EMA. The following principles will guide the formation and ongoing operation of local planning bodies in the counties of Marin and San Mateo so that the San Francisco EMA HIV Community Planning Council may have confidence in the process utilized for determining local service priorities and funding allocations.

## **II. Formation of Local Planning Advisory Groups**

The counties of Marin and San Mateo shall form local planning advisory groups which have an obligation to provide information to the San Francisco EMA HIV Community Planning Council regarding their local prioritization of services and funding allocations for their share of Ryan White Part A funds. The San Francisco EMA HIV Community Planning Council will utilize this information in making final determinations for prioritization of services and allocation of resources for the entire EMA. The following shall apply to the formation of these local planning advisory groups:

1. The advisory group shall adopt guidelines or by-laws that govern its operation, and that shall include minimum and maximum numbers of members, set forth the level of consumer involvement and membership, membership demographics, and involvement of persons living with HIV. The membership should be representative of the demographics of the epidemic in the county and should include local providers of HIV services, identified special needs populations, and local health care providers. In addition, the guidelines or by-laws should include information on the operation of the advisory group, committees, conflict of interest provisions, and governance.
2. Each local advisory group shall operate independently of the respective county Department of Public Health (or similar agency that serves as the local grantee) with respect to the prioritization of services and allocation of resources related to Ryan White Part A funding.
3. Each local advisory group shall operate under the provisions of the Brown Act or other local open public meeting law.
4. Each local advisory group shall keep a record of all agendas and minutes of meetings of the local planning body and any committees.
5. Nothing in this section shall prohibit the local advisory group from being charged with other duties and responsibilities that may be required by the local Department of Public Health such as HIV Prevention Planning, or resource allocation for non Ryan White Part A funding for HIV services.

6. The local advisory group or any member thereof shall not participate in the process of making specific awards for services to any service provider. This shall be the sole responsibility of the local health department in cooperation with the San Francisco Department of Public Health HIV Health Services Office.

### **III. Reporting to San Francisco EMA HIV Community Planning Council**

Each local advisory group shall make reports, in cooperation with the local health department, at least once per year, to the full San Francisco EMA HIV Community Planning Council. At least one (1) of these reports must be a part of the overall prioritization and allocations process of the San Francisco EMA HIV Community Planning Council. Consumers of Ryan White Part A funded services in the respective counties will be encouraged to attend the presentations of the report and make comments on the report.

The report that is submitted during the overall prioritization and allocations process shall include the following information:

- a. A report on the demographics of the epidemic in the county;
- b. A report on any local needs assessment that was conducted in the county that was utilized in the local priority setting and allocations process;
- c. A report on the service priorities that have been determined in the local priority setting process;
- d. A report on the funding allocations that were determined in the local funding allocations process;
- e. A report on the process and data utilized in reaching priority setting and funding allocations decisions;
- f. A report on assessed unmet needs of people living with HIV in the county.
- g. Any instructions to the local health department regarding the provision of services.
- h. A report on efforts to obtain community input in the overall planning process including, but not limited to, local community meetings or community forums.

### **IV. Shared Responsibilities of Local Advisory Group and Local Department of Public Health**

A comprehensive local planning process requires a cooperative working relationship between the local planning group and the local Department of Public Health. Shared responsibilities include that the local Department of Public Health and Advisory Group will cooperate in providing the required presentations to the San Francisco EMA HIV Community Planning Council and sharing of Advisory Group and Committee calendars to help ensure coordinated and timely activities.

### **V. Responsibilities of the San Francisco EMA HIV Health Services Planning Council**

The San Francisco EMA HIV Community Planning Council has the ultimate responsibility for setting service priorities and making funding allocations within the overall San Francisco EMA. The local planning bodies are serving in an advisory capacity to the San Francisco EMA HIV Community Planning Council in order to ensure that the local priorities and needs of the HIV epidemic are being met.

The San Francisco EMA HIV Community Planning Council has the following additional responsibilities:

1. The Council and Council Support Staff shall coordinate and make trainings available to members of the local advisory groups.
2. The Council shall include the counties of Marin and San Mateo in overall needs assessments and comprehensive plans. Representatives from each county shall participate in all aspects of the needs assessment process by providing input for the Needs Assessment Tool, determining any special local information that may be required, determining local priority populations that should be assessed, and suggesting locations and possible methods for reaching such populations within their county. In addition, representatives from each county shall participate in all aspects of developing and finalizing any EMA wide comprehensive plan.
3. The Council Membership Committee should make every effort to include consumer representatives on the HIV Community Planning Council from the counties of Marin and San Mateo in addition to official representatives from the respective local Health Departments.

## **Requests for Letters of Support**

The San Francisco EMA HIV Community Planning 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 Planning Council operations the CDC or the Ryan White Program.

Actions or requests for support that relate directly to CDC and Ryan White Program issues may be brought to the Planning Council for determination of support.

Letters of support for grant funded activities or other matters that are within the overall goals of the Planning Council and the Integrated Plan may be approved and signed by the Co-chairs of the Planning Council.

## **Researchers' Requests for Letters of Support**

This policy applies to local organizations and to individual researchers who request letters of support from the HCPC for grant applications or proposals for funding of research studies.

The HCPC Co-Chairs shall sign a letter of support for a research proposal on behalf of the HCPC if

1. the Steering Committee votes in favor of writing such a letter, based on whether the researcher's institution agrees to fulfill the requirements listed below (the letter of support shall state that it is conditional upon fulfillment of these requirements), and
2. the researcher's institution has followed the procedure described here for requesting such a letter.

The Council may provide letters of support for multiple proposals from competing institutions based on the following philosophy: The HCPC supports all the proposed research activities and expects that the organizations awarded funds will coordinate their projects to avoid duplication of work. This concern will be explained in the letters of support.

In order to receive a letter of support from the HCPC, a researcher must agree to complete the following activities to disseminate his or her findings within six (6) months after the conclusion of data analysis. If a researcher who receive a letter of support from the HCPC does not fulfill these requirements within six (6) months after finishing data analysis, the HCPC will write him or her a letter of concern stating that and indicating that the researcher's failure to fulfill the requirements will be considered should he or she request a letter of support in the future. Researchers must

- Convene at least one community-engagement meeting that allows a diversity of viewpoints regarding the study and its results to be shared. The meeting shall be appropriately publicized and advertised (e.g., if the study subjects are MSM, an advertisement should be placed in local gay publications, such as the Bay Area Reporter).
- Disseminate a final written report to the community and all appropriate stakeholders (e.g., if the subjects are clients at a particular agency, the agency, as well as any other agencies that might find the results relevant to their work, should receive copies of the report) and anyone requesting a report should receive one.
- Request to present study results to a full Council meeting.
- Post the results on the Internet and inform community members about the site where the results have been posted.

Agencies requesting letters of support for research grant proposals or other activities must submit a letter to the HCPC Co-Chairs via the health department no less than fourteen (14) days prior to the date by which they need the letter (e.g., for grant proposals, the proposal-submission deadline). The letter of request must identify the funding agency; briefly summarize the proposal; and indicate how the results will be disseminated at the conclusion of the research. The HCPC Co-Chairs will bring the letter of request to the Steering Committee for review at its next regularly scheduled meeting and inform the researcher (or the organization) that it will be considered at that meeting. The Co-Chairs, the

researcher, or a representative of the organization will present the request to the Steering Committee. After the presentation, Steering Committee members may ask questions about the proposed project(s) and then will vote on whether to write a letter or letters of support. The health department will prepare the letter(s), ensure that the Co-Chairs sign it or them, and send it or them to the proper recipient(s). The Co-Chairs Report will inform the HCPC at its next regularly scheduled meeting regarding any letters of support provided. If the request is submitted on time but the Steering Committee does not meet before a letter of support is needed, the Co-Chairs may approve the letter of support.



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# **Operations**

## **Council Staff Roles and Responsibilities**

Council staff is responsible for several activities related to the community planning process. The following describes Council staff roles and responsibilities as related to HCPC work and described in government documents, the HCPC Bylaws, and elsewhere in this manual.

Council staff is responsible for the administrative and logistical tasks related to community planning, as well as providing technical support to the HCPC, the Steering Committee, Committees and work groups.

### **Roles and Responsibilities**

- Type and post meeting agendas in accordance with state and local ordinances regarding open meetings;
- Distribute meeting agendas and supporting materials, including minutes of preceding meetings, to HCPC members prior to Council, Steering Committee, Committee and work group meetings;
- Gather and present information and data as requested by the Council and its Committees and work groups;
- Assist the Steering Committee, Committees and work groups chairs and co-chairs in developing agendas and managing working-group activities;
- Ensure accomplishment of the five (5) core objectives of community planning as outlined in the CDC and HRSA mandates.
- Collaborate with the Health Department, Council leadership, Council members, community stakeholders and other parties as appropriate.

## **Public Communications Policy**

The San Francisco EMA HIV Community Planning Council shall maintain positive media relations and accurate public information messages through designated spokesperson(s), professional media contacts, coordinated and reviewed information, and consistent public relations strategies.

All Council Meetings are open to the public and are conducted in accordance with the San Francisco Sunshine Ordinance.

### **Purpose**

To provide accurate and timely information to the community, media, or others who may request information about the HIV Community Planning Council meetings, activities or planning processes, relating to services supported with CDC and or HRSA funds, or general information about HIV in the San Francisco EMA.

### **Procedures**

#### **Media Contact**

1. 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 Council, its Bylaws, legislative mandates, priority setting or resource allocation processes, or policies and procedures related to conflict of interest, confidentiality, and grievances.
  - b. A member of the Steering Committee or Council Staff shall serve as the official spokesperson(s) for inquiries related to recruitment, special events or activities, or public information campaigns.
  - c. Council Staff shall serve as the official spokesperson(s) for inquiries related to general operations or logistics, e.g., meeting time, locations, etc.
  - d. All inquiries related to the grant application and award will be referred to The San Francisco Department of Public Health, (the Grantee) for response.
  - e. Inquiries related to HIV epidemiological data or general statistical information for the San Francisco EMA will be referred to the Grantee.
2. 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 Council as a whole.
3. Council Staff will track relevant articles and reporting regarding Council business and post links on the Council's website.

### **Marketing or Public Information**

1. All marketing or public information materials developed by a standing committee of the Council shall be reviewed by the Co-Chairs of the respective Committee, or designated representative, prior to publication or posting in the community.
2. All marketing or public information materials not developed by a standing committee of the Council, such as job descriptions, requests for proposals (RFP), public service announcements, or general information shall be reviewed by Council Staff in consultation with appropriate Council stakeholders, as needed, prior to publication or posting in the community.
3. The Council may contract with another provider to disseminate information about the Council and its activities.

### **Press Releases**

1. All press releases for the Council shall be issued by DPH and or Council Staff.
2. All press releases will be disseminated to the full Council in a timely fashion.
3. All press releases will be distributed to the Council's media contact list, which is maintained by Council Staff.
4. All press releases will be posted on the Council's website in a timely fashion.

## **Yahoo! Group Policy**

The San Francisco EMA HIV Community Planning Council Yahoo! Group is to be used as one means of dissemination of Council information, required public notices and agendas, and any other information pertinent, for the Planning Council and the planning groups in Marin and San Mateo counties.

Occasionally, job opportunities, events, or trainings that may be of direct educational or advocacy interest to the HIV Community may be sent out to the group. This will be done at the discretion of Council Staff and the Council Co-chairs.

At no time can personal solicitations, spam, fundraising announcements or advertisements of any kind be sent to the group. In addition, items that either support or oppose specific candidates, or any other items considered inappropriate by Council Staff, will not be sent to the San Francisco HIV Community Planning Council Yahoo! Group. All announcements must comply with the Council's Rules of Respectful Engagement policy.

Council Staff will be responsible for moderating the group messages and maintaining the membership of the group. Anyone is allowed to join the group and a link to join is available on the Council's website at all times. If a member of the Yahoo! Group attempts to send messages to the group contrary to this policy, more than 3 times, a member can be removed from the group involuntarily. An email will be sent to the member informing them of his or her removal.

**7**

# **Grievances**

## **Grievances and Appeals**

It shall be the policy of the Planning Council to attempt to resolve grievances regarding Council decisions through informal dispute mechanisms, including appropriate use of Council subcommittees and facilitated mediation. To assist in the understanding of the basis for Council and grantee actions, written documentation regarding the Council's and the grantee'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:

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

The Co-Chairs shall review the request for appeal of a 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 appropriate committee as designated in the Policies and Procedures Manual for informal dispute resolution or fact-finding, hearing and decision-making. If no basis for appeal is determined, the appealing party may request reconsideration of the Co-Chairs decision by the full Planning Council. The decision of the Planning Council shall be final, except for grievances related to funding.

After a finding that the basis for appeal exists, the Steering Committee shall within thirty (30) days meet 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 Steering Committee, in addition to other parties as deemed appropriate by the Steering Committee. The Steering Committee shall issue a written recommendation to the full Council regarding the appeal within sixty (60) days after referral to the committee.

Appeal determinations shall be forwarded to the Planning Council for approval, modification, or referral to committee. The Council shall act upon the committee's recommendation within thirty (30) days of receipt of the written recommendation. The decision of the planning Council shall be final and not subject to further appeal, except for grievances related to funding which shall be governed by the following provisions.

Following the exhaustion of the procedures described above, including informal dispute resolution, consideration and action by the Steering Committee, and consideration and action by the Planning Council, grievances may be submitted for arbitration as described herein. Requests for submittal to arbitration must be received by the Co-Chairs in writing within ten (10) days of final Council action. The Co-Chairs shall request the Directors of Public Health in San Francisco, Marin, and San Mateo to each appoint a neutral individual, knowledgeable of health services for person with HIV and familiar with the procedures and requirements of the Ryan White legislation, to serve on an arbitration panel to hear the

grievance. A neutral party shall be defined as an individual who is not a member of the Council, employee of the grantee, or employee or board member of an agency affected by the action subject to arbitration. The arbitration panel shall convene within thirty (30) days of the written request for arbitration.

The arbitration panel shall have the authority to determine whether (1) the Planning Council has acted outside the scope of its jurisdiction, such as taking actions not authorized under the Ryan White legislation, Council By-laws, or Council policies and procedures; (2) there was a fair consideration of the grievance through the Council's Grievance and Appeals Process; and (3) there was abuse of discretion. An abuse of discretion is established if (a) the grieving party demonstrates that the Council or grantee has proceeded in a manner that violates the Ryan White legislation, the Council's By-laws, or established Council policies and procedures; (b) the Council failed to articulate the reason for its decision; or (c) there were no facts presented to the Council which would reasonably support its decision.

The arbitration panel shall select a Chair, who shall schedule a hearing as soon as practicable. The Chair shall receive all communications from the grieving party and the Council and shall, after communicating with the other panel members and determining that at least two panel members agree as to any decision, make decisions in response to issues raised by the parties in connection with the arbitration. The arbitration panel shall submit its decision in writing to the Council within sixty (60) days of the written request for arbitration. The decision of the arbitration panel shall be final and binding.

If the arbitration panel determines that the Council acted outside the scope of its jurisdiction, failed to give fair consideration of the grievance, or committed an abuse of discretion, the panel shall remand the matter back to the Council with the directive that it vacate its prior decision and take action consistent with the panel's decision. The decision of the arbitration panel shall not limit or control in any way the discretion legally vested in the Council or Grantee.



**8**

# **Appendix**

## **Mentor Program Guidelines**

### **Overview:**

This guide explains the mentor program developed by the HIV Community Planning Council. All members of the Planning Council can learn from the guide because:

- Everyone has been a new member at some point and can appreciate how a mentor would help navigate the complex, wide-ranging issues engaged by the council.
- Members who are considering leadership roles have the option of requesting a mentor.
- All council members learn complex information throughout the year, often by listening to other council members. This accumulated learning can serve new members during meetings and through the mentor program.
- New members of the council will want to know how to select a mentor and best use their mentor's expertise.
- Members who have served on the council for at least a year may become mentors, and they need to understand that role.

### **Vision of the Mentoring Program:**

This program has been designed to cultivate leadership and community spirit in all council members as well as provide supportive guidance for navigating the council system and structure. Additionally, mentoring intends to deepen council members' cross-cultural communication and trust as well as to broaden understanding of the system of care and prevention. The desired outcomes of the mentoring program include:

- Nurture the leadership capacity in all council members through giving and receiving support in one-on-one mentoring.
- Develop skills for reflective/critical thinking and decision making around important council issues.
- Develop skills for understanding council processes.
- Increase the retention of new council members, in particular our consumer base.

### **What are the Goals of the Mentor Program?**

The goal of the mentor program is to nurture leadership by providing one-on-one support for each new council member. Mentoring furthers the larger goal of the HIV Planning Council which is to create a culture of understanding and decision making where each council member appreciates their unique contribution to the group. The mentor program is designed to integrate some fifty council members from wide-ranging backgrounds.

Successful mentoring ensures continuity of membership and enhanced participation. Mentoring teaches how to contribute by answering questions common to all new members about process, funding and other key issues.

## **How does the Mentor Program Function?**

To address the potential confusions faced by new members, it was decided to set up a one-on-one match where older council members would volunteer to give advice and historical background to new council members. The mentor program formalizes knowledge transfer between established council members and new arrivals.

Once the new council member selects a mentor and the mentor agrees to the match, it's up to the two members to coordinate their connection. The key agreement is that the mentor be available to explain council-related issues. They can visit over coffee, by email, over the phone, etc.

Mentors agree to give council information to the new members. A key part of delivering knowledge includes giving all members the freedom to vote with their own conscience.

## **How Does a New Council Member Select a Mentor?**

New council members select their mentor, who is ideally an established member with experience on the council. New council members may ask for guidance from Council Staff about which council members are available to serve as mentors. The Membership Committee then approves the mentor relationship.

The mentor relationship is administered by the Council Support Staff. Prospective council members are told about the mentoring program during their pre-orientation. Once voted onto the council, new members, Council Support staff and the pool of available mentors complete the following steps:

- 1)** Council Support explains the mentor program and asks the new members to read these guidelines.
- 2)** The new council member drafts a short list of people on the council who they would like to be their mentor.
- 3)** Council Support reviews the list of prospective mentors and determines if the top choice is already mentoring sufficient people. If new member requests a mentor who is unavailable, Council Support asks the new member to work with their second choice. If the second choice is also fully booked, then the third choice mentor will be selected.
- 4)** Council Support calls the requested mentor and asks if they will work with the new member.
- 5)** Mentors stepping into this role for the first time attend a meeting set up by Council Support Staff to review these guidelines and clarify the expectations and duties for both mentors and new council members.
- 6)** The mentor and the new council member build their relationship. It's suggested that they meet at least once or twice in person plus phone conversations and email check-ins during the new council member's first three months on the council. They may set up a regular meeting time or meet on an as needed basis.
- 7)** If a new Council member wishes to have a different mentor, that request should be made to Council Support.

- 8) The intention of the mentoring program is to support new members until they are sufficiently grounded in council activities.
- 9) The mentoring cycle is complete when a council member feels sufficiently adept at council activities to become a mentor for new members.

## How will the Mentor Program be Implemented?

The Mentor training will be supported by a combination of HIV Planning Council groups including:

- **Membership Committee:** In conjunction with Council Support, the Membership Committee prepares, sends out and gathers results from the mentoring survey. This annual evaluation of the mentoring program solicits information about how the program is effective and what can be done to improve the program.
- **Council Support:** Council support identifies mentors and negotiates the matches between mentors and new council members and monitors the mentor program. Additionally, Council Support prepares the new council members to select a mentor during orientation training

## What is the Mentor Skill Set?

Council Support determines which council members are ready to be mentors based on criteria that include:

- Mentors have been on the council long enough to have participated in a complete yearly HRSA and CDC funding cycle, as well as the San Francisco General Fund budget cycle. These cycles drive the allocation and prioritization efforts that are the Council's main responsibility, and it's important that mentors understand these annual rhythms that move the council forward.
- A demonstrated ability to teach and explain council concepts. Since mentors are asked to provide guidance, it's important that they be able to clarify concepts.

## The Mentoring Lifecycle

On a semi-annual basis, Council Support will review the currently active mentor relationships. Council Support checks in with both the mentor and the new council member after the mentoring relationship has been active for a full year. In an email or phone call, Council Support asks if the mentoring relationship is still ongoing, or if the mentoring relationship can be dissolved.

The mentoring relationship may continue at the request of the participants. If the mentoring relationship is dissolved, the mentor may request another new council member, or the mentor may request a break from mentoring.

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## **Frequently Asked Questions**

**Is it required to have a mentor?** Having a mentor is voluntary. No new council member is required to be assigned to a mentor.

**How often should I meet with my mentor?** That will be determined by you and your mentor.

**Can I request a different mentor?** Yes, contact Council Staff if you feel you need a new mentor.

## **Council Cultural Humility Statement**

In order to fully realize our mission and vision, we are committed at every organizational level of the Council to actively foster a culture of humility as a path to full inclusion and equity throughout our programmatic, developmental, and operational efforts. It is the shared commitment of all Council members to model and uphold the values of cultural humility in the way we work together, arrive at decisions, and resolve conflict.

### **What is Cultural Humility?<sup>1</sup>**

*Cultural humility* is a lifelong process of self-reflection and self-critique. It is a commitment to understanding and respecting different points of view, and engaging with others humbly, authentically, and from a place of learning (Tervalon & Murray-Garcia, 1998). Tervalon and Murray-Garcia developed this concept while addressing disparities and institutional inequities in the field of public health care.

### **An Expanded Look**

*Cultural humility* is a unique framework for moving us toward equity. It is a philosophy that addresses the role of power and privilege in a system, including the imbalanced powers of voice and power to make decisions. Understanding institutional, interpersonal, and internalized oppression is an essential and ongoing aspect to this approach to organizational transformation.

*Cultural humility* upholds each individual or community group as the experts and teachers on the content of their personal culture. Thus, creating time and space for sharing personal stories, world views, approaches to trust/team building, and workplace dynamics should become part of the day-to-day strategy for inclusion and organizational development. This dialogue can help deepen organizational understanding around questions such as:

- What does it mean to be professional?
- What does it mean to be a team member?
- What does it mean to be successful?
- What does it mean to be a role model?

Questions such as these are culturally informed and shape the way all Council members engage and help meet the Council's larger vision and mission.

*Cultural humility* asks that we meet each person where he or she is, by suspending judgment and resisting the need to impose personal values, beliefs, "truths," and notions of right and wrong. This reduces the harm of prejudice and oppression and opens opportunities for equity. Meeting each person where they are, challenging and naming assumptions/biases, sharing the hidden rules of success, and redefining the cultural norms of an organization are part of deepening individual and organizational cultural humility.

***The Goal of the Cultural Humility Initiative is Institutional Equity***

Specifically, cultural humility focuses on:

- Shared voice and power
- Enhanced sense of value and trust
- Enhanced sense of intergroup understanding and commitment to professional and personal development
- High performing culturally inclusive teams
- Organizational consistency

This Cultural Humility Initiative aims to achieve a more equitable experience for all, which will result in better decisions and outcomes.

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<sup>i</sup> Summary developed by Veronica A. K. Neal, Ed.D., Equity Specialist, 2012.

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## A

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ACA	Affordable Care Act
ADA	Americans with Disabilities Act
ADP	California State Office of Alcohol and Drug Programs
ADAP	AIDS Drug Assistance Program
AETC	AIDS Education and Training Center
AHCA	Agency for Health Care Administration
AICP	AIDS Insurance Continuation Program
AIDS	Acquired Immunodeficiency Syndrome
ALRP	AIDS Referral Legal Panel
AMA	American Medical Association
APA	AIDS Pharmaceutical Assistance
API	Asian & Pacific Islander
ARIES	AIDS Regional Information and Evaluation System
ARV	Antiretroviral
ART	Antiretroviral Therapy
ASO	AIDS Service Organization

## B

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BHP	Bureau of Health Professions
BLS	Bureau of Labor Statistics
BOHA	Bureau of HIV/AIDS

## C

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CAEAR	Communities Advocating Emergency AIDS Relief
CBO	Community Based Organization
CBHS	Community Behavioral Health Services
CCSF	City and County of San Francisco
CDC	Centers for Disease Control
CEO	Chief Executive Officer
CHC	Community Health Center
CHEP	Community Health Equity and Promotion
CIED	Centralized Intake Eligibility Determination
CLAS	Culturally and Linguistically Appropriate Services
CMS	Centers for Medicare/Medicaid Services

COE	Center of Excellence
COLA	Community Outreach Listening Activity
CPG	California Planning Group
CQA	Clinical quality assurance
CTS	Counseling and testing site
CQI	Continuous quality improvement

## D

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DCF	Department of Children and Families
DEA	Drug Enforcement Agency
DHS	Department of Human Services
DHSH	Department of Homelessness and Supportive Housing
DIS	Disease Intervention Specialist
DOC	Department of Corrections
DOH	Department of Health
DPH	Department of Public Health

## E

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ED	Emergency Department
EHARS	Enhanced HIV/AIDS Reporting System
EIIHA	Early Intervention of Individuals living with HIV/AIDS
EIS	Early intervention service
ELR	Electronic lab reporting
EMA	Eligible Metropolitan Area
EMR	Electronic medical records
EPI	Epidemiology

## F

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FIMR	Fetal infant Mortality Review
FOA	Funding Opportunity Agreement
FOG	Frontline Organizing Group
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FTE	Full Time Equivalent
FY	Fiscal Year

## G

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GLBTQQ	Gay, Lesbian, Bisexual, Transgendered, Queer, Questioning
GTZ	Getting to Zero

## H

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HAB	HIV/AIDS Bureau
HAART	Highly Active Antiretroviral Therapy
HARS	HIV/AIDS Reporting System
HCAP	HIV Consumer Advocacy Project
HCPC	HIV Community Planning Council
HCV	Hepatitis C Virus
HHS	HIV Health Services
HIV	Human Immunodeficiency Virus
HIPAA	Health Information Portability and Accountability Act
HOPWA	Housing Opportunities for Persons with AIDS
HRSA	Health Resources and Services Administration
HUD	Housing and Urban Development
HUH	Housing and Urban Health

## I

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ICM	Intensive Case Management
IDU	Injection Drug User
IHSS	In-home Support Services
Incidence	The rate of occurrence

## J

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JHS	Jail Health Services
JLP	Jail Linkage Program

## L

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LCSW	Licensed Clinical Social Worker
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LIS	Low Income Subsidy
LINCS	Linkage, Integration, Navigation and Comprehensive Services
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual
LMFT	Licensed Marriage and Family Therapist
LTC	Linkage to Care

## M

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MAI	Minority AIDS Initiative
MCM	Medical Case Management
MHRC	Mental Health Rehabilitation Center
MOU	Memorandum of Understanding
MSA	Metropolitan Statistical Area
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
MUA	Medically Underserved Area
MUP	Medically Underserved Populations

## N

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NASTAD	National Alliance of State and Territorial AIDS Directors
NGO	Non-governmental organization
NHAS	National HIV/AIDS Strategy
NHBS	National HIV Behavioral Surveillance

## O

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OP	Outpatient Services
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## P

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PBM	Pharmacy Benefits Manager
PCIP	Pre-existing Conditions Insurance Plan
PEP	Post-Exposure Prophylaxis
PES	Psychiatric Emergency Services
PHI	Protected Health Information
PIR	Parity, Inclusion, Representation
PLWA/PLWH	People Living With AIDS/HIV

PrEP            Pre-Exposure Prophylaxis

## Q

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QA            Quality Assurance  
QI            Quality Improvement  
QIP          Quality Improvement Project  
QM            Quality Management

## R

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RARE        Rapid Assessment Response Evaluation  
RAPID       Rapid Antiretroviral Program Initiative for new Diagnoses  
RFP          Request for proposals  
RFQ          Request for qualifications  
RWHAP      Ryan White HIV/AIDS Program  
RWPA        Ryan White Part A  
RWPB        Ryan White Part B

## S

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SA            Substance Abuse  
SAMHSA     Substance Abuse and Mental Health Services Administration  
SCSN        Statewide Coordinated Statement of Need  
SF            San Francisco  
SFGH        San Francisco General Hospital  
SFMHP      San Francisco Mental Health Plan  
SPNS        Special Projects of National Significance  
SS            Social Security  
SSA          Social Security Administration  
SSDI        Social Security Disability Insurance  
SSI          Supplemental Security Income  
STD/STI     Sexually Transmitted Disease/Infection

## T

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TA            Technical Assistance

TANF	Temporary Aid to Needy Families
TAY	Transitional Age Youth
TB	Tuberculosis
TC	Therapeutic Community
TCM	Targeted Case Management Program
TGA	Transitional Grant Areas
TL	Tenderloin
TYS	Transitional Youth Services

## U

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UCHAPS	Urban Coalition for HIV/AIDS Prevention Services
UDC	Unduplicated Client
UNAIDS	Joint United Nations Program on HIV/AIDS
UOS	Units of Service

## V

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VA	Veterans Administration
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## W

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WHO	World Health Organization
WIC	Women, Infants, and Children
WICY	Women, Infants, Children, Youth
WMSM	White Men who have Sex with Men

## Y

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YGC	Youth Guidance Center
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