



**KEEP IN COUNCIL BINDER**

**Orange County  
HIV Planning Council  
At-A-Glance**

January 2024

OC Health Care Agency

HIV Planning and Coordination  
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# 1. ABOUT FUNDING SOURCES FOR HIV SERVICES

## Overview of Funding

Funding sources for HIV services in Orange County include: Ryan White Act, Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), and Department of Housing and Urban Development (HUD).

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

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

There are several components to the Ryan White Act: Parts A, B, C, and D and Minority AIDS Initiative (MAI) funding. The Orange County Health Care Agency receives funding from Parts A, B, C, and MAI and AltaMed Health Services receives Part D funding to provide primary medical care and support services to PLWH.

**HIV Prevention:** Federal funding received from the CDC by the California Department of Public Health, State Office of AIDS and distributed to local health jurisdictions to provide HIV prevention services including Pre-Exposure Prophylaxis (PrEP), HIV counseling and testing, and Partner Services activities. Partner Service activities are designed to assist HIV-positive individuals in informing sex or needling-sharing partners of their exposure to HIV.

**HOPWA:** Federal funding received from HUD by the City of Anaheim to address housing needs of low income PLWH and their families. HOPWA provides funding for housing and support services to PLWH.

**Ending the HIV Epidemic:** Federal funding received from HRSA and the CDC used in conjunction with Ryan White funding to implement effective and innovative strategies, interventions, approaches, and services to reduce new HIV infections in the United States.

## **2. PLANNING DUTIES**

### **Needs Assessment**

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

### **Comprehensive Planning for the Integrated HIV Prevention and Care Plan (Integrated Plan)**

Comprehensive planning is designed to help make better decisions about services for PLWH and to develop and maintain a continuum of care over time. The HIV Planning Council (Council) and Integrated Plan Committee (IPC) are tasked with the development of an Integrated HIV Prevention and Care Plan.

### **Priority Setting**

The Council is responsible for establishing service priorities that reflect the importance of services consistent with locally identified needs and resources that ultimately lead to improvements along the HIV Care Continuum. The HCAC and PSAP Committees assist the Council by recommending service priorities. The Council makes the final determination about the setting of priorities.

### **Directives (e.g., Instructions to the Grant Recipient)**

Directives are established on how to best meet each service need and additional factors that should be considered for procurement of services.

### **Resource Allocation**

The Council is responsible for allocating funds to service priorities based on locally identified needs and resources. The PSAP Committee assists the Council by recommending allocations to service categories. The Council makes the final determination about funding allocated to each service category.

### **Coordination of Services**

The process to coordinate with other funding sources (i.e., ACA Implementation, Other Ryan White Parts Funding, HOPWA Funding, Ending the HIV Epidemic Funding, etc.) and resources for the provision of HIV related services to ensure that Ryan White Part A is the payer of last resort.

### **Cost-Effectiveness and Outcomes Evaluation**

The use of data on cost effectiveness, outcome effectiveness, strategies, and interventions to determine and/or develop service models.

### **Assess the Efficiency of the Administrative Mechanism (AAM)**

Assessment of how rapidly the Grant Recipient procures and reimburses for services to the areas of greatest need.

## **3. HIV PLANNING COUNCIL AND COMMITTEES**

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

#### **Council:** (Bylaws revised 7/26/22)

- **Meeting Time:** 2<sup>nd</sup> Wednesday of the month at 6:00pm.
- **Role:** Oversees planning of HIV services in Orange County.
- **Meals:** Food is provided.
- **Quorum:** Majority of voting members not on Leave of Absence (LOA).
- **Membership:** Up to 27 voting members (two-year term) and five (5) affiliate members (one-year term). Mandated seats, unaligned consumers, reflective of Orange County epidemic.
- **Officers:** Chair and up to two Vice-Chairs. One officer must be an unaligned consumer. The Local Public Health Agency representative cannot be Chair.
- **Application Process:** Individual submits application to Council Support → Executive Committee recommends approval → Council recommends approval → Board of Supervisors approves voting members → HCA Director Designee approves affiliate members.
- **LOA:** May request LOA of up to three (3) months.
- **Removal:** Absence from three (3) meetings without LOA or more than six (6) meetings with LOA within 12-month period.

**Executive Committee:** (Policies revised 29/2022)

- **Meeting Time:** 1<sup>st</sup> Wednesday of the month at 6:00pm.
- **Role:** Supervises the affairs of the Council.
- **Meals:** Food is provided.
- **Quorum:** The majority of voting members.
- **Membership:** Council officers, immediate past Chair of Council, Chairs of standing committees, Local Public Health Agency representative, and up to three at-large members. At least one member must be unaligned consumer.
- **Alternates:** Designated Vice-Chair or Co-Chair for Chair of standing committees; HIV Program Manager for Local Public Health Agency representative.
- **At-Large Member Application:** Nominated and approved by Council annually.
- **LOA:** May request LOA of up to three (3) months.
- **Removal:** Absence from three (3) regularly scheduled meetings during the appointed year.

**HIV Client Advocacy Committee (HCAC):** (Policies revised 4/13/2022)

- **Meeting Time:** 3<sup>rd</sup> Monday of the month at 6:00pm.
- **Role:** Represents and identifies the needs PLWH. Assists in needs assessment.
- **Meals:** Food is provided.
- **Quorum:** Three (3) or more members.
- **Membership:** Any PLWH living in Orange County.
- **Officers:** Chair and Vice-Chair. One (1) officer must be a Council member.
- **Application Process:** Attend one (1) meeting → express interest → become member at next meeting attended.
- **LOA:** May request LOA of up to three (3) months.
- **Removal:** Absence from three (3) meetings in a row without notification.

**Integrated Plan Committee (IPC):** (Policies developed 9/14/22)

- **Meeting:** 3<sup>rd</sup> Wednesday of the month at 6:00pm.
- **Role:** Development of the Integrated HIV Prevention and Care Plan.
- **Meals:** Food is provided.
- **Quorum:** 50% + one (1) total votes excluding those on a LOA.
- **Membership:** Maximum of 25 members on the committee. Representatives from Prevention, Support, and Care Services, affected communities and PLWH.
- **Officers:** Chair and Vice-Chair
- **Voting:** Chair and Vice-Chair. One (1) officer must be a Council member.

- **Application Process:** Apply during three-month recruitment window period (August - October)→ appointed by Council.
- **LOA:** May request LOA of up to three (3) months.
- **Removal:** Absence from three (3) regularly scheduled meetings during the appointed year.

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

(Policies revised 1/26/2022)

- **Meeting Time:** 4<sup>th</sup> Wednesday of the month at 6:00pm.
- **Role:** Recommends funding priorities and allocations to the Council.
- **Meals:** Food is provided.
- **Quorum:** Majority of all committee members not on a LOA.
- **Membership:** A majority of the committee shall be Council members. Maximum of 20 members.
- **Officers:** Chair and Vice-Chair. Chair must be a Council member.
- **Voting:** Agencies with more than one (1) staff get one (1) vote.
- **Application Process:** Apply during four-month recruitment window period (December – March)→ appointed by Council with consent of Executive Committee.
- **LOA:** May request LOA of up to three (3) months.
- **Removal:** Absence from three (3) regularly scheduled meetings during the appointed year.

## **4. OTHER COMMITTEES**

### **Housing Committee:**

- **Meeting Time:** 1<sup>st</sup> Monday of each quarter at 3:00pm.
- **Role:** Makes recommendations and provides updates regarding the accessibility to housing and related services for PLWH.
- **Meals:** Food is not provided.

### **Ryan White Quality Management Committee:**

- **Meeting Time:** 1<sup>st</sup> Monday of each month at 6:00pm.
- **Role:** Oversees Quality Improvement activities for HIV programs.
- **Meals:** Food is provided.
- **Membership:** Membership is comprised of the following backgrounds: 1) HIV core service providers; 2) HIV prevention providers; 3) HIV support service providers; 4) consumers of HIV services who have first-hand knowledge of the needs of PLWH; 5) HIV Planning and Coordination staff; and 6) other individuals who have knowledge about the HIV needs of the community.
- **Application Process:** Submit application and resumé or curriculum vitae (CV) for Quality Management Committee review and approval.



## 5. STRUCTURE AND GOVERNANCE

### Ralph M. Brown Act Requirements

The Council and its committees are required to follow the Brown Act. The Brown Act requires:

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

### Robert's Rules of Order

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

### Procedure to Approve an Action Item

Action items are items that require review and vote by the Council.

1. **Overview of Item:** A member of the Council or the HIV Planning and Coordination unit staff provides an overview of the action item.
2. **Declaration of Conflicts:** Prior to any action regarding priority setting or allocations being taken, the Chair will ask members to disclose any conflicts and recuse themselves from the voting process.
3. **Motion:** A member states the motion by saying: "*I move that we \_\_\_\_\_.*" The member may give a brief explanation for introducing the motion.
4. **Second:** Another member must second the motion to continue.
5. **Discussion:** Chair calls for discussion on the motion. The member who introduced the motion has the right to speak first. Members wishing to discuss the motion wait for recognition from the Chair before speaking.
  - Amendments: During this time, members may amend the motion.
  - Ending Discussion: Members may "call the question" to end discussion.

- **Tabling:** Members may motion to temporarily table an item to discuss other business on agenda.
  - **Postponing:** Members may ask to delay action on an item to a meeting at a later date.
  - **Refer to Committee:** Members may ask to refer an item back to a committee for further work.
  - **Public Comment:** Chair may ask for public comment from non-members after members have discussed the motion.
6. **Vote:**
- For agenda and minutes approval, the Chair will ask if anyone blocks consensus of the motion. If no one blocks consensus, the motion carries (is approved). If consensus is blocked, then a roll-call vote is taken. In a roll call vote, the majority vote wins.
  - For all other action items, the Chair will ask for yay votes. The Chair will then ask for nay votes. If the yay votes are not unanimous, a roll call vote will be taken. In a roll call vote, the majority vote wins.
7. **Announcement of Result:** The Chair announces the result of the vote.

### **Description of Common Actions**

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

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

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

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

## **Rules of Respectful Engagement**

All members are expected to honor the rules below:

1. Homophobic, racist, sexist and other discriminatory statements have no place in our meetings.
2. We value differing interests and opinions and encourage members to bring ideas to the table for discussion and advocacy.
3. We acknowledge that individuals may have special communication needs and make every effort to meet any special needs of Planning Council members and guests.
4. We are specific and use examples to define what we mean.
5. We provide feedback to each other in a constructive and respectful manner.
6. We focus on the issue, not the person raising the issue.
7. We avoid unnecessary side bar conversations.
8. We make decisions based on data.

## **Conflict of Interest**

Conflict of interest can be defined as an ***actual or perceived*** interest in an action that will result—or has the appearance of resulting—in personal, organizational, or professional gain. Conflict of interest is inherent in all activities of the Council; as such, Ryan White legislation prohibits three types of activities:

1. Council involvement in the management of grant funds;
2. Council participation in the selection of particular entities as recipients (contract providers) of funds; or
3. Financial or governance relationship with funded (contracted) providers on the part of “unaligned” consumer membership on the Council.

Council members must remember that because the activities of the Council are so central to the allocation and disbursement of resources (funds), the actions of any one member or a group can actually be – or be perceived to be – based on the individual rather than common interest. It is the expectation that Council members make decisions based on data and not personal agendas nor advocate for a particular service provider.

Examples of conflict of interest in the priority setting and allocation process include the following:

- Failure to use the Council's criteria to set priorities.
- Priorities that are set based on who is the most vocal at the meeting.

- Efforts by members affiliated with providers to influence priorities and allocations for their own benefit.
- Efforts by individual members to advocate narrowly for the interests of a particular subpopulation or geographic community instead of basing decisions on the needs of all PLWH.
- A choice to fund services that do not match the needs identified in the needs assessment.

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

**Reporting Conflicts of Interest:** All Council members must also complete the Statement of Economic Interest (Form 700) upon appointment, annually, and when leaving office.

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

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

## **6. LEAVE OF ABSENCE (LOA) POLICY**

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

### **Request for Leave of Absence or Extenuating Circumstances**

According to Article IV, Section 7.B. of the HIV Planning Council Bylaws: Council members who miss three (3) meetings within a 12-month period shall be deemed to have resigned from the Council except when these absences occur during a leave of absence (LOA). A written request for a

LOA, up to three (3) months, may be allowed. Members granted an official LOA who are absent from more than six (6) monthly meetings in any 12-month period shall be deemed to have resigned from the Council and shall be dropped from the Council membership roster whether or not the absences occurred during an official LOA period.

**Difference between LOA and Extenuating Circumstance:**

- LOA: Members have the opportunity to apply for an LOA *in advance* of a scheduled meeting. LOA will be approved for illness/medical reasons, bereavement/family emergency, religious holiday, education/school, incarceration, public health emergency/crisis or business trips that relate to HIV.
- Extenuating Circumstance: An extenuating circumstance may be granted in lieu of membership termination.

Prior to the meeting, members may contact Council Support to complete the LOA/Extenuating circumstance form on their behalf. The LOA or Extenuating Circumstance form is also located on the HIV Planning Council website:

[www.ochealthinfo.com/hivcouncil](http://www.ochealthinfo.com/hivcouncil)

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## 7. ACRONYM AND ABBREVIATION DEFINITIONS

**A.A.M.** –Assessment of the Administrative Mechanism. Annual task of the Council to evaluate the efficiency of the Grant Recipient (Health Care Agency) in distributing funds to areas of greatest need.

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

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

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

**A.P.I.** – Asian and Pacific Islander

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

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

**C.B.O.** – Community-based organization

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

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

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

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

**F.Y.** – Fiscal Year

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

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

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

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

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

**I.P.C.** – Integrated Plan Committee. The committee of the Orange County HIV Planning Council that develops the Integrated HIV Prevention and Care Plan.

**LEO** [LEE-oh] – Local Evaluation Online. California Department of Public Health, State Office of AIDS administered database used in Orange County to collect and report HIV testing and prevention client and service information.

**L.O.A.** – Leave of absence

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

**P.L.W.H.** – Person Living with HIV

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

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

**R.F.A.** – Request for Applicants. An open solicitation to potential contractors that results in funding all providers who meet specific service requirements.

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

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

**S.O.A.** – State Office of AIDS. Unit of the California Department of

**S.T.D.** – Sexually Transmitted Disease

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









