

Orange County Planning Council

Policies and Procedures

Subject: Non-Discrimination Policy

Number: XXIII

Date Effective: 11/13/19

Revised: 11/10/21, 10/11/23

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1. **PURPOSE:** The purpose of this policy/procedure is to establish a non-discrimination standard as it relates to Planning Council (Council) recruitment, membership, and meeting attendance. This policy aligns with XIV-Rules of Respectful Engagement policies and procedures to create and support a safe, welcoming, and respectful atmosphere for the Council and its committees to conduct business. This policy is also in compliance with the Board of Supervisors Code of Ethics and Commitment to Public Service. Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act also provide nondiscrimination protections for participants of any health program or activity that receive federal funding from the Department of Health and Human Services.
2. **APPLICATION:** This policy applies to all members of the Council and its committees.
3. **RULES:** No person shall be discriminated against with respect to recruitment or membership on the Council or its committees because of any of the following:
 - 3.1. Race
 - 3.2. Ethnicity
 - 3.3. National origin or ancestry
 - 3.4. Marital status
 - 3.5. Sexual orientation
 - 3.6. Gender identity
 - 3.7. Age
 - 3.8. Spoken and written language
 - 3.9. Physical disability
 - 3.10. Mental disability
 - 3.11. Medical condition
 - 3.12. Political opinion or affiliation
 - 3.13. Family or social relationships
4. **ENFORCEMENT OF THE NON-DISCRIMINATION POLICY:**
 - 4.1. All members of the Council and its committees are responsible for adhering to and reminding other members to adhere to the non-discriminatory policy.
 - 4.2. The Executive Committee will ensure compliance with the non-discrimination policy.
5. **VIOLATION OF RULES:** The Council and its committees may address violation in a manner deemed most appropriate, depending on the violation, as follows:
 - 5.1. The Council Chair or Committee Chair, based on the violation, may meet with the individual to address the incident or behavior that is in violation of this policy. If the violator is the Chair, then the Vice-Chair shall meet with the individual.

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- 5.2. The Council Chair or Committee Chair may meet with the individual who was discriminated against.
- 5.3. Repeated violations by the individual may be cause for termination of membership in accordance with the Council Bylaws.

6. FACT FINDING AND/OR INFORMAL HEARING:

- 6.1. Any individual may submit a written complaint if they feel discriminated against. The written complaint should include, at minimum, date and time of the incident, description of the incident, and a list of witnesses, if any.
- 6.2. Individuals may request assistance from HIV Planning and Coordination (HIVPAC) staff to document their complaint in writing. While not required, a template is available for individuals to use to document their complaint in writing (Attachment 1).
- 6.3. All complaints will be submitted to the Executive Committee for review.
- 6.4. The Executive Committee will review the complaint at the next available meeting after receipt of the complaint.
- 6.5. If the complaint is against a member or members of the Executive Committee, those members will be excluded from the review of the complaint.
- 6.6. The Executive Committee will conduct a review of the pertinent facts.
- 6.7. The Executive Committee shall interview the individual(s) submitting the complaint as well as the individual(s) for whom the complaint is against.
- 6.8. The Executive Committee will make written recommendations regarding the complaint within ten (10) working days from the conclusion date of the hearing.

7. STAKEHOLDER HEARING:

- 7.1. If the complainant disputes the outcome of the Executive Committee, they may request that a stakeholder hearing be scheduled.
- 7.2. Requests for stakeholder hearings must be in writing and must be requested within three (3) working days of the decisions rendered by the Executive Committee.
- 7.3. The written request for a stakeholder hearing will be filed with HIVPAC.
- 7.4. Within five (5) working days from the receipt of the request for a stakeholder hearing, the hearing will be scheduled at a date/time that allows for sufficient preparation and is convenient for all parties, but which is no later than fifteen (15) working days from the original hearing request. All written material to be reviewed at this hearing must be submitted at least three (3) working days before the actual hearing date.
- 7.5. Within three (3) working days from the receipt of hearing material, the materials will be copied and provided to all pertinent parties for review.

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- 7.6. On the hearing date, the Stakeholder Panel will meet to hear the oral evidence. At the conclusion of testimony, the Stakeholder Panel will retire to render its decision on the testimony as presented. A memo, enumerating the decision(s) of the Stakeholder Panel will be provided to all the parties involved within two (2) business days after the conclusion of the hearing.
- 7.7. The decision(s) of the Stakeholder Panel are final.
8. **COMPOSITION OF THE STAKEHOLDER PANEL:** In order to facilitate a fair and impartial mediation process, the panel shall be made up of the following members: the Chair of the Council; at least one (1) Vice Chair of the Council; the Chair of the HIV Client Advocacy Committee; the Health Care Agency's Division Director of Clinical Services (or designee) ; and a professional member of the staff of the provider of legal services to persons living with HIV within the County, as available.

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Attachment 1: Discrimination Event Complaint Form

Instructions for completing this form:

- Answer all questions on this form.
- Submit your completed form to HIV Planning and Coordination. You can submit the form in-person, by mail, or by fax.
- For help with completing this form please contact HIV Planning and Coordination.

HIV Planning and Coordination Contact Information

1725B W. 17th St.

P.O. Box 6099

Santa Ana, CA 92706

Phone: (714) 834-8399

Fax: (714) 834-8270

Contact Information		
Last Name	First Name	Middle Initial
Address		
City		Zip code
(____) ____-____		
Preferred Phone Number		
Discrimination Event Information		
Date of Event:		Time of Event:
List any person(s) who witnessed the event (if any):		
Describe Event:		
Signature:		Date
		/ /
Name of person completing this form on behalf of individual:		Date