LOS ANGELES COUNTY
COMMISSION ON HIV

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BYLAWS REVIEW TASKFORCE

Virtual Meeting

Wednesday, June 14, 2023
3:00-4:30PM (PST)

Agenda and meeting materials will be posted on our website at https://hiv.lacounty.gov/meetings/ *Other Meetings

The Bylaws Review Taskforce extends a warm welcome to members of the public to actively participate in the review process of the Commission's bylaws. This inclusive approach aims to ensure that the bylaws remain relevant and aligned with current federal, state, and county policies, procedures, and practices. Additionally, it seeks to ensure that the bylaws continue to accurately reflect the Commission's overarching Vision and Mission.

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TO JOIN BY PHONE: +1-213-306-3065 **MEETING #/ACCESS CODE**: 2590 821 2610

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LOS ANGELES COUNTY
COMMISSION ON HIV

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CODE OF CONDUCT

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

1) **We strive for consensus and compassion in all our interactions.**
2) **We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
3) **We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
4) **We encourage all to bring forth ideas for discussion, community planning, and consensus.**
5) **We focus on the issue, not the person raising the issue.**
6) **We give and accept respectful and constructive feedback.**
7) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
8) **We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including misogyny, transphobia, ableism, and ageism).**
9) **We give ourselves permission to learn from our mistakes.**

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22)**

LOS ANGELES COUNTY
COMMISSION ON HIV

BYLAWS REVIEW TASKFORCE

VIRTUAL MEETING AGENDA

Wednesday, June 14, 2023 @ 3-4:30PM

WEBEX LINK:
https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=me29ccb002d3c8592542f065777c58bd0

MEETING PASSWORD: BYLAWS
TO JOIN BY PHONE: +1-213-306-3065 **MEETING #/ACCESS CODE:** 2590 821 2610

Members:
Everardo Alvizo (Co-Chair), Alasdair Burton (Co-Chair), Pearl Doan, Kevin Donnelly, Arlene Frames, Luckie Fuller, Bridget Gordon, Joe Green, Dr. William King, Lee Kochems, Mario J. Peréz, Ricky Rosales, & Justin Valero

1. CO-CHAIR WELCOME & INTRODUCTIONS 1:00PM-1:05PM
2. CO-CHAIRS REPORT 1:05PM-1:30PM
    a. May 24, 2023, Meeting Recap
        1. Review Supporting Materials
            - List of Commissions for HIV Partnership
            - HRSA Planning Body Composition Requirements
            - Planning CHATT Guidance, "*How Planning Councils/Planning Bodies Address Common Membership Issues in Their Bylaws*"
3. DISCUSSION 1:30PM-2:15PM
    a. "Form follows Function": What is the function of the Commission? Establish mission and goal.
4. NEXT STEPS 2:15PM-2:25PM
5. AGENDA DEVELOPMENT & SCHEDULE FOR NEXT MEETING 2:25PM-2:30PM
6. ADJOURNMENT 2:30PM

Current Bylaws Can Be Accessed Here

LOS ANGELES COUNTY
COMMISSION ON HIV

BYLAWS REVIEW TASKFORCE (BRT)
SUMMARY FOR MAY 24, 2023 VIRTUAL MEETING

The BRT is a closed membership body and is not subject to the Brown Act. Meetings are open to the public unless otherwise indicated. Meeting materials can be found on the Commission's website here.

Taskforce Members:

Everardo Alvizo (Co-Chair), Alasdair Burton (Co-Chair), Pearl Doan, Kevin Donnelly, Arlene Frames, Luckie Fuller, Bridget Gordon, Joe Green, Dr. William King, Lee Kochems, Mario J. Peréz, Ricky Rosales, & Justin Valero.

CO-CHAIR WELCOME & INTRODUCTIONS. Co-Chairs, Everardo Alvizo and Alasdair Burton opened the meeting and led introductions. E. Alvizo, A. Burton, P. Doan, K. Donnelly, A. Frames, B. Gordon, J. Green, L. Kochems, M. Peréz and R. Rosales were in attendance. Commission staff Cheryl Barrit and Dawn Mc Clendon were also in attendance.

"SETTING THE STAGE"

a. Goals & Expectations. Cheryl Barrit shared that the BRT was formed to exercise a comprehensive review of the bylaws and referred to the guidance and tracker document in the meeting packet for additional information regarding framework and recommendations captured among the membership, DHSP and HRSA.

b. Historical Background & Context. Ricky Rosales shared his experience in participating in the last 2013 review and update of the bylaws as a result of the integration of the Prevention Planning Committee (PPC) and the Commission (COH) to help inform the review process. Key highlights included:

- Due to integration, the membership was expanded to be more inclusive of community-based organizations (CBOs), HIV prevention representatives, and increase the number of consumers represented to balance out membership and to ensure an equitable representation of consumer=provider ratio.
- The review process started off as a 1:1 process and grew to a more represented effort including those from the PPC, COH, DHSP and HRSA, among other stakeholders, to design a structure that met the goals and objectives of an integrated prevention and care planning body.
- Although an arduous process, there were existing frameworks already in place that were used to build upon which provided a foundational structure; the PPC had policies and procedures while the COH had its bylaws.
- The HIV landscape has significantly evolved since the last bylaws update and

it is crucial to review again for updates to assess whether the current structure still works and if not, improve to ensure it meets our needs now and in the future.

- The integration did not work as well as had hoped; it's difficult to prioritize competing and multiple issues at the same time, i.e., HIV prevention, HIV care, emerging and complimenting public health issues and social determinants.

M. Perez, as the RWP grantee representative, shared his early recollection of the establishment of the Commission, and provided additional historical context in relation to the Commission to help inform bylaws review. Key points included:

- Prior to 1990, LA County was slow in responding to the state of HIV; unfortunately noting a stain on public health history. As a result, the community took it upon themselves to actively address HIV prevention and care for people living with HIV, which shifted the balance of public health responsibility to CBOs.
- While there were planning bodies established prior 1990, i.e., regional boards, there was a high HIV mortality rate and consequently, a significant amount of frustration in the community coming together to collectively address HIV.
- In 1990, the Ryan White CARE Act was authorized by congress which required planning bodies to be established for funds to be received by the grantee; this provision formalized a much-needed structure for effective HIV planning.
- In 1993, the Center for Disease Control (CDC) HIV Prevention funded the six most impacted jurisdictions, to include LA County, with dedicated HIV prevention funding, which was subsequently expanded to additional jurisdictions, with a requirement to have a community planning body, hence the PPC. The PPC was to be autonomous and not be comprised of COH members in order to have a separate planning process for HIV prevention.
- Historically, the COH played a very prominent and key role as planners in addressing the local HIV epidemic. Meetings were attended regularly by the "whose who" in HIV and included a wide range of stakeholders, to include health deputies, CBO senior leadership and front-line staff, and other representatives in the public health, academic, and local government arena. This is no longer the case.
- In regards the Ending the HIV Epidemic (EHE) Steering Committee a requirement to have a planning body established, EHE resources did not come with a required planning component like the RWP or the former PPC.

Discussion Highlights: Following are concerns shared among the group on the needs and gaps of the Commission and recommendations on how to improve the Commission's effectiveness and role in HIV planning.

- The Commission must increase HIV prevention planning and be prepared to expand focus beyond HIV alone to address emergent syndemics and infections, i.e., mpox, meningitis, housing & homelessness, substance use disorders, etc.
- The Commission's name, in and of itself, is not comprehensive enough as the Commission's efforts should reach beyond HIV to truly make impactful en roads to ending HIV locally. "HIV-only days are over."
- To address competing syndemics of HIV, must take on an "upstream" approach and create a cross-collaborative partnership within the County; work with the CEO and BOS Executive Office to achieve. Also, a coalition of stakeholders across multiple disciplines, i.e., health, economics, housing, etc, should be represented at the at the table.
- The Commission must expand its collaboration and partner up with other County commissions whose work intersects with the Commission's, i.e., Maternal Child Commission, commissions tied to economic development, County/City housing and homelessness authorities, Public Health Commission, Mental Health Commission and the Commission on Alcohol and Other Drugs. Include commission representatives on membership.
    - After review of approximately 300+ County commissions, COH staff previously compiled a list of relevant County commissions whose work could potentially compliment and support the Commission's. Additionally, staff have already begun to coordinate introductory meetings between the COH Co-Chairs and leadership of three key commissions: Public Health Commission, Mental Health Commission, and the Commission on Alcohol & Other Drugs. *See list of relevant County commissions attached.*
- The current bylaws do not have a sunset date which does not provide an accountability structure to ensure that the bylaws are reviewed regularly. As a result, the BRT is performing the exercise in lieu of a formalized review process. It is important that the review process not be performed in isolation and that the EO, BOS and CEO be involved.
- The Commission must take a closer look at the composition of its membership and include key alliances around the table that can be effective and instrumental in HIV planning.
- Must look at the definition of a consumers and although there is no wiggle room around HRSA's RWP definition of a consumer and the required 33% composition, outside of those requirements, the Commission should be creative and expand the consumer definition especially around prevention.

Need to be realistic in designating membership seats; prioritize membership seats that we know we can fill.

- See attached list of legislatively required membership categories/seats for RWP planning body.

We should not fear deconstructing and redesigning the Commission to effectively meet the emerging and changing needs of the local HIV landscape.

- Explore redesigning the Commission to have a subset of the membership responsible for RWP planning and another subset comprised of HIV stakeholders and consumers to address prevention and/or other issues. Now that we are on a 3-year planning cycle, the RWP portion of the Commission can gather when needed versus on a standing schedule.

"Form follows Function" It is necessary to establish the function of the Commission before deciding its form. In other words, we must determine what are we trying to achieve as a planning body and then create a structure that works toward achieving that purpose.

- *Use the Comprehensive HIV Plan to help frame the Commission's function.*

DISCUSSION

4/10/23 Meeting Recap.

- Please refer to the meeting packet.

Bylaws Review Guidance & Tracker.

- Add determine function of the Commission and create collaborative partnerships with County commissions to the tracker.

Member Commitment.

- The review process will be, at minimum, a year long process and is expected to be an arduous process. All members to commit to actively participating.

Meeting Schedule

- The group agreed to meet monthly, with additional meetings scheduled as needed. COH staff will send a Doodle Poll to schedule next meeting.

NEXT STEPS

- Agendize "Form follows Function" discussion to determine function of the Commission at the next meeting to establish a baseline understanding.
- As the BRT progresses, engage all the Commission's committees, caucus, taskforces, and workgroups to ensure planning is inclusive and is representative.
    - A standing report should be included on all meeting agendas and a BRT representative report out on the BRT's progress and solicit feedback.
    - All BRT members to use meeting summary to highlight key points of discussions, action items and next steps at their respective meetings.
- COH staff to send BRT HRSA's legislative requirements for membership and voting

- COH staff to send BRT a list of the County commissions whose work intersect with the Commission's for collaboration.

AGENDA DEVELOPMENT FOR NEXT MEETING

- **"**Form follows Function": What is the function of the Commission? Establish mission and goal.

LOS ANGELES COUNTY
COMMISSION ON HIV

BYLAWS/ORDINANCE REVIEW TRACKER
Updated June 14, 2023 **updates highlighted*

The following information has been compiled from former Commission discussions and recent HRSA site visit feedback*. **Official HRSA findings are pending*

"Commission Bylaws Approval: The Commission's Bylaws must be amended accordingly following amendments to the Ordinance. Amendments or revisions to these Bylaws must be approved by a two-thirds vote of the Commission members present at the meeting, but must be noticed for consideration and review at least ten days prior to such meeting (see Article XVI)." July 11, 2013 Bylaws.

AREA OF CONCERN	RECOMMENDATION	REFERENCES	NOTES/COMMENTS
Stipends	Increase amount of monthly stipends to UAs	Ordinance 3.29.080 Compensation Bylaws Section 5. Commission Member Compensation	Staff polled other jurisdictions; we are one of very few jurisdictions that offer stipends; refer to compilation of feedback doc. I.e., Oregon assigns an $ amount to various meeting/event types.
Meeting Frequency		Ordinance 3.29.060 Meetings and committees Bylaws Section 5. Regular meetings	"Reimaging" discussion pending. Bylaws and Ordinance currently state that the Commission must meet 10x per year barring cancellation by COH Co-Chairs and/or EXEC Committee.
DHSP Staff Membership & Vote Status	Update language re: DHSP representation to non-voting member status. *As an example, many years ago, Dr. Doug Frye was reflected as a non-voting DHSP member.*	Ordinance 3.29.060 Meetings and committees Ordinance 3.29.030 Membership Bylaws IX. COMMISSION WORK STRUCTURES Section 4. Committee Membership	Per HRSA site visit feedback, there must be a separation between DHSP and the PC, removing DHSP's ability to vote.

AREA OF CONCERN	RECOMMENDATION	REFERENCES	NOTES/COMMENTS
		Bylaws X. EXECUTIVE COMMITTEE: Section 1. Voting Membership Bylaws XII. PLANNING, PRIORITIES AND ALLOCATIONS (PP&A) COMMITTEE: Section 1. Voting Membership Bylaws XIII. PUBLIC POLICY (PP) COMMITTEE: Section 1. Voting Membership XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE: Section 1. Voting Membership	
Annual Bylaw Review	Codify annual review in Bylaws		Requested by member(s). Refer to Sunset Date item in tracker.
Conflict of Interest		Ordinance 3.29.046 Conflict of interest	Per HRSA site visit feedback, providers will no longer be able to participate in the PSRA decision making process regarding funding & services.
DHSP Ending the HIV Epidemic (EHE) Steering Committee	Include required partnership with DHSP EHE Steering Committee and/or EHE initiative efforts		Requested by member(s)
Status Neutral Language Inclusion			

AREA OF CONCERN	RECOMMENDATION	REFERENCES	NOTES/CONCERNS
Sunset Date	Add sunset date back to the bylaws to provide an accountability structure and to ensure the bylaws are reviewed regularly.	Ordinance 3.29.110 Sunset review date: "The sunset review date for the Commission is indefinite. The Commission shall continue as long as it is federally funded or upon other order of the Board of Supervisors."	A sunset date was included as part of the bylaws pre-integration.
Member composition does not include key alliances	Identify key partners that should be included as members, i.e., County Commissions whose work intersects with the COH.		See May 11, 2023 BRT Meeting Summary.
COH's name is not comprehensive enough	The Commission's name, in and of itself, is not comprehensive enough as the Commission's efforts should reach beyond HIV to truly make impactful en roads to ending HIV locally. "HIV-only days are over		See May 11, 2023 BRT Meeting Summary
Determine the minimum authorized/prescribed number of PC/PB members according to PC/PB bylaws	Half of the membership since the membership is divided into two staggered terms.	*See notes	HRSA has inquired as to what is the minimum number of members authorized per our bylaws. The bylaws do not currently prescribe a minimum number.

LIST OF LOS ANGELES COUNTY COMMISSIONS FOR HIV PARTNERSHIPS (3.14.23)

NAME	ROLE/PURPOSE
HEALTH	
Public Health Commission https://phcommission.ph.lacounty.gov/	The mission of the County of Los Angeles Public Health Commission is to review, study, advise and make recommendations to the Los Angeles County Board of Supervisors, the Director of Public Health and Health Officer, the Chief Deputy of Public Health and Department of Public Health Programs on all matters related to public health as established by Ordinance 4099 of the Administrative Code 1. The Public Health Commission plays an integral role in the work that DPH conducts through their inquiry, oversight, review, and recommendations. The Public Health Commission members are active in their respective roles in their communities, lending a voice to DPH's work that supports the Department's mission to protect health, prevent disease and promote the health and well-being of all persons in Los Angeles County. The Public Health Commission examines the management of delivery of public health services to all cities and unincorporated areas in Los Angeles County as well as the management and response to emerging public health issues. This provides a necessary level of accountability and oversight for DPH, the Board of Supervisors, and the residents of Los Angeles County.
Community Prevention and Population Health Task Force http://publichealth.lacounty.gov/plan/taskforce/index.htm	Report to the Board of Supervisors with priority recommendations to promote health, equity, and community well-being in Los Angeles County with a focus on population health improvement. Make recommendations to the Board of Supervisors, the Alliance for Health Integration, and the Department of Public Health on public health priorities, initiatives and practices that will achieve health equity and healthy communities. Serve as the advisory body to the Center for Health Equity (CHE). Provide leadership and strategic direction for community health planning in Los Angeles County, including the Community Health Improvement

LIST OF LOS ANGELES COUNTY COMMISSIONS FOR HIV PARTNERSHIPS (3.14.23)

	Plan (CHIP), and other strategic efforts to promote strong population health, health equity, and racial justice.
Commission on Alcohol and Other Drugs (CAOD) http://publichealth.lacounty.gov/sapc/public/commission-on-alcohol.htm	Advises and makes recommendations to the Board of Supervisors on alcohol and drug related issues with the goal of reducing the negative impact of substance use disorders on the quality of life for individuals and their families residing in Los Angeles County.
Mental Health Commission https://dmh.lacounty.gov/about/mental-health-commission/	Advises the Los Angeles County Board of Supervisors and Department of Mental Health Director on issues impacting the County mental heal Reviews and approves the procedures used to ensure community and professional involvement at all stages of the planning process.
HEALTHCARE	
Hospitals and Health Care Delivery Commission https://dhs.lacounty.gov/who-we-are/hospital-and-health-care-delivery-commission/	Consults with and advises the Director of Health Services and the Board of Supervisors on all matters pertaining to patient care policies and programs.
LA Care Health Plan (aka Local Initiative Health Authority Governing Board) https://www.lacare.org/about-us/about-la-care/board-governors	Organizes, administers, and arranges for the provision of managed health care services for the targeted Medi-Cal population consistent with the State's plan.
HOUSING	
Housing Advisory Committee	Reviews and makes recommendations on Section 8 and public housing policies and procedures.
Los Angeles Housing Authority Commission https://www.lahsa.org/commission	Has authority to make budgetary, funding, planning and program policies.

Other Partner(s)/Non-County:

- **Community Clinic Association of Los Angeles County** (non-County) - https://ccalac.org/about/

Ryan White HIV/AIDS Program

Part A Manual

U.S. Department of Health and Human Services
Health Resources and Services Administration
HIV/AIDS Bureau

Last Updated: March 2023

DIVISION OF METROPOLITAN HIV/AIDS PROGRAMS
5600 FISHERS LANE, ROCKVILLE, MARYLAND 20857
Email: HABDMHAPPARTA@HRSA.GOV

HRSA
Ryan White & Global HIV/AIDS Programs

CONTENTS

Section III. Planning Council/Planning Body

III. Chapter 1. Overview

The PC works in partnership with the recipient, but *not* under its direction. The PC must be given full authority and support to carry out its legislatively mandated roles and responsibilities. While the authority to appoint the PC is clearly vested in the CEO, the PC is not advisory in nature. The PC has legislatively provided authority to make determinations and carry out its duties, independent from but in coordination with the recipient.

While most RWHAP Part A jurisdictions have a PC, TGAs established after 2006 may utilize a PB. A PB is required to provide a process for obtaining community input from people with lived experience. There is a distinction between the two types of bodies – the PC has specific legislative authority to make decisions, while the PB makes informed recommendations. Programmatically, however, HAB DMHAP holds both entities to many of the same standards in operation.[19]

III. Chapter 2. Legislative Background

Section 2602(b)(1) of the PHS Act requires the CEO to "establish or designate an HIV health services planning council that shall reflect in its composition the demographics of the population of individuals with HIV/AIDS in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations."

Section 2609(d)(1)(A) of the PHS Act states a PB must detail the process used to obtain community input for formulating the overall plan for priority setting and allocating funds. HRSA HAB maintains many of the same expectations for PBs as it holds for PCs. (See Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectations Letter.)

An important responsibility for RWHAP Part A entities is to provide programs that contribute to improved health outcomes in the most cost-efficient manner. Section 2602(b)(4)(C)(ii) of the PHS Act requires RWHAP Part A PCs to establish priorities for the allocation of funds, including how best to meet priorities, considering factors such as demonstrated (or probable) cost effectiveness and outcome effectiveness of proposed strategies and interventions. Similarly, Section 2603(b)(1)(D) of the PHS Act requires supplemental grants to be based on applications that demonstrate the ability to utilize "supplemental financial resources in a manner that is immediately responsive and cost-effective."

[19] HRSA HAB Letter to RWHAP Part A Grantees, 2022. Available at https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/planning-council-planning-body-requirements-expectations.pdf.

The RWHAP legislation specifies a number of mandated activities that a PC must accomplish, other requirements, and prohibitions related to their operations. Section 2602(b)(5)(A) of the PHS Act prohibits a PC from being "directly involved in the administration of a grant" and does not permit it to "designate (or otherwise be involved in the selection of) particular entities as [sub]recipients" of RWHAP Part A funds. The RWHAP legislation also requires the PC to address grievances in their bylaws and prohibits them from being "chaired solely by an employee of the grantee."[20]

Section 2602(b)(4)(C) of the PHS Act requires PCs to "establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that a grantee should consider in allocating funds under a grant." When establishing service priorities and the allocation of resources, PCs must consider relevant legislative funding requirements, such as the requirement that at least 75 percent of funds be spent on core medical services per Section 2604(c)(1) of the PHS Act.

The remaining chapters in this Section III detail all of the legislative requirements related to a PC and programmatic requirements related to a PB.

III. Chapter 3. Composition of the Planning Council/Planning Body

It is a legislative requirement and programmatic expectation that PC/PB membership reflect the demographics of the population of individuals with HIV in the EMA/TGA. Special consideration must be given to historically underserved populations and those experiencing significant disparities in access to services. It is a legislative requirement and programmatic expectation that no less than 33 percent of members be people with HIV who receive RWHAP Part A services (in the case of minors, this would include their caregivers) and who are unaffiliated with subrecipient provider agencies. PC membership must (and PB membership should) meet these requirements to ensure a representative planning body.

HRSA HAB recognizes that a PC/PB may perform planning activities for HIV prevention and care as well as other related infectious diseases; however, the RWHAP legislative and programmatic requirements still apply.

Reflectiveness

Reflectiveness is the extent to which the demographics of the PC/PB membership look like the epidemic of HIV in the EMA/TGA. Section 2602(b)(1) of the PHS Act requires a RWHAP Part A PC to "reflect in its composition the demographics of the population of individuals with HIV/AIDS in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations." Reflectiveness is required for the whole PC as well as the client membership and is a programmatic expectation for a PB.

[20] Sections 2602(b)(6), (7)(A) of the PHS Act.

Representation

The PC must include at least one member to separately represent each of the designated membership categories (unless no entity from that category exists in the EMA/TGA). Separate representation means that each member can fill only one legislatively required membership category at any given time, even if qualified to fill more than one. As membership on the PC changes, an individual member may be appointed by the CEO to another representation category to meet legislative requirements. Section 2602(b)(2) of the PHS Act lists 13 specific membership categories that must be represented on the PC. The membership categories include:

A. health care providers, including federally qualified health centers;
B. community-based organizations serving affected populations and AIDS service organizations;
C. social service providers, including providers of housing and homeless services;
D. mental health and substance [use] providers [*considered two separate categories*];
E. local public health agencies;
F. hospital planning agencies or health care planning agencies;
G. affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations;
H. non-elected community leaders;
I. State government (including the State [M]edicaid agency and the agency administering the program under [P]art B) [*considered two separate categories*];
J. grantees under subpart II of [P]art C;
K. grantees under section 2671 [Part D], or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area;
L. grantees of other Federal HIV programs, including but not limited to providers of HIV prevention services; and
M. 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 as of the date on which the individuals were so released.

It is a HRSA HAB expectation that, at a minimum, the PB must include representatives of each of the various stakeholders in the TGA. HRSA HAB defines stakeholder representation based on the above 13 membership categories required for a PC.

There are three exceptions to the rule on separate representation:

1) One person may represent both the substance use provider and the mental health provider categories if their agency provides both types of services and the person is familiar with both programs.

2) A single PC member may represent both the RWHAP Part B and the state Medicaid agency if that person is in a position of responsibility for both programs.
3) One person can represent any combination of RWHAP Part F grant recipients (SPNS, AETCs, and dental programs) and Housing Opportunities for Persons with HIV/AIDS (HOPWA), if the agency represented by the member receives grants from some combination of those four funding streams (e.g., a provider that receives both HOPWA and SPNS funding), and the individual is familiar with all these programs.

In the event a jurisdiction does not have or is unable to fill a required membership category, documentation of efforts to fill the category, including annual certification by the CEO or designee, must be submitted to HRSA with the Program Submission Report in the electronic handbooks (EHB).

Clients

Section 2602(b)(5)(C) of the PHS Act states that no less than 33 percent of the members must be unaffiliated clients who:

- "are receiving HIV-related services" from RWHAP Part A-funded providers;
- "are not officers, employees, or consultants" to any providers receiving RWHAP Part A funds and "do not represent any such entity"; and
- "reflect the demographics of the population of individuals with HIV/AIDS" in the EMA/TGA.

This means that the demographics of the HIV epidemic must be reflected by the whole PC membership and by the client membership. (Client is synonymous with the term consumer.) The PB, at a minimum, must include representatives of the various stakeholders in the TGA, and must reflect the demographics of the population of individuals with HIV in the jurisdiction. In addition, for a PC/PB, at least two of these client representatives must be willing to disclose their HIV status to the PC/PB in order to meet the legislative and programmatic requirement for representation. Other disclosures can remain within confidentiality procedures of the nomination and appointment process of the PC/PB.

Obtaining and maintaining effective involvement of people with HIV has major benefits but can also be a challenge. Barriers to eliciting and maintaining such involvement include time constraints, complex planning duties, costs of participation, and health concerns. Recruitment measures using a variety of outreach techniques are needed to identify clients prepared to serve actively on the PC/PB. Retention measures are needed to help members stay engaged and participate fully, such as orientation and training, mentoring, and financial support for the costs of PC participation.

RWHAP Part A funds cannot be used to provide cash payments such as stipends or honoraria. Rather, payments must represent reimbursements for actual allowable expenses, supported by documentation. Generally, reimbursement for expenses incurred is provided only for unaffiliated client members of the PC.

Non-Member Involvement of People with HIV

All PCs should incorporate input from people with HIV who are not members, as only a small number of individuals with HIV are appointed members, and they cannot fully represent the entire client community. PCs can more effectively enhance community and public input by:

1) Welcoming the people with HIV community to open PC and committee meetings;
2) Providing a public comment period at each meeting;
3) Opening non-governance committees (e.g., Needs Assessment) to non-members;
4) Codifying in its bylaws a standing committee of clients or people with HIV, with its membership including both formal PC/PB members and non-members;
5) Providing people with HIV opportunities for input into RWHAP Part A needs assessment and comprehensive planning processes through methods like town hall/community meetings, sessions, and formal communication structures with people with HIV caucuses and support groups, call-in opportunities, and use of social media, and focus groups;
6) Involving non-members on task forces and work groups so they can have an active voice in the process without making long-term commitments; and
7) Providing regular feedback and information access to appropriate segments of the people with HIV community.

Non-members cannot chair committees or serve on the Executive Committee of the PC/PB. RWHAP Part A funds cannot be used to reimburse expenses of non-members to attend PC/PB meetings as observers. However, the PC/PB can reimburse actual expenses related to attending meetings for clients who serve on committees or task forces or make requested presentations.

III. Chapter 4. Roles and Responsibilities of the Planning Council and Planning Body

The PC/PB cannot carry out its responsibilities without the help of the recipient, and the recipient cannot carry out its responsibilities without the help of the PC/PB. Some of these responsibilities are identified clearly in the RWHAP legislation. Others must be decided locally. It is important that the PC/PB and the recipient work together and come to an agreement about their responsibilities. This agreement should be written in an MOU between the recipient and the PC/PB.

The PC/PB and the recipient identify the needs of people with HIV by conducting a needs assessment and preparing and Integrated HIV Prevention and Care Plan. Both also ensure that other sources of funding work well with RWHAP funds and that RWHAP is the payor of last resort. Coordination of services and the development of service standards also are shared responsibilities. While the PC/PB contributes to CQM, the recipient ultimately is responsible for all activities pertaining to the CQM plan.

A primary task of the PC/PB is to conduct a needs assessment collaboratively with the recipient to determine which RWHAP Part A services are needed in the jurisdiction and which populations should be prioritized. Based on the needs assessment, the PC/PB decides what

services to fund in the EMA/TGA (priority setting) and decides how much of the RWHAP Part A award should be used for each of these services (resource allocation). The PC/PB works with the recipient to develop a long-term plan on how to provide these services (comprehensive plan). The PC/PB also looks for ways RWHAP Part A services work to fill gaps in care with other RWHAP Parts (through the SCSN as well as other services like Medicaid and Medicare coordination). The PC/PB also evaluates how efficiently providers are selected and paid (assessment of the efficiency of the administrative mechanism).

Per Section 2602(b)(4) of the PHS Act, the duties of the PC are as follows (these duties also apply to the PB per Section 2609(d)(1)(A) and HRSA HAB policy letters):

a. Determine the **size and demographics** of the population of individuals with HIV/AIDS;
b. Determine the **needs** of such population, with particular attention to individuals who know their status but are not in care, disparities in access to services, and individuals with HIV/AIDS who do not know their HIV status;
c. Establish **priorities** for the allocation of funds within the eligible area, how to best meet each such priority, as well as additional factors to consider when allocating RWHAP Part A grant funds;
d. Develop a **comprehensive plan** for the organization and delivery of health and support services;
e. Assess the **efficiency of the administrative mechanism** in rapidly allocating funds to the areas of greatest need within the EMA/TGA, and assess the effectiveness of the services offered in meeting the identified needs, if/as needed;
f. Participate in the development of the **Statewide Coordinated Statement of Need** initiated by the state public health agency;
g. Establish methods for obtaining **community input** regarding needs and priorities; and
h. **Coordinate with** other federal grantees that provide HIV-related service in the EMA/TGA.

Needs Assessment

Needs assessment is defined as a process of collecting information about the needs of people with HIV, both those receiving care and those not in care. Steps involve gathering data from multiple sources on the number of HIV and AIDS cases through an epidemiological profile. These data are typically provided by the local or state/territory health department and are used by the PC/PB to determine the needs of people with HIV, service barriers and gaps along the HIV care continuum, and current resources (RWHAP and other public/private) available to meet those needs.

If there are gaps in the needs assessment's ability to reach and address the needs of people with HIV or emerging communities (e.g., insufficient access points, cultural or language barriers), the PC/PB and recipient must address capacity development needs.

RWHAP resources are only one source of HIV care. Therefore, needs assessments should identify where coordination across services is needed to identify individuals with HIV who do not know their status and individuals who know their status but are not receiving HIV primary

health care. For example, coordination with HIV prevention and with substance use prevention and treatment programs, including programs that provide comprehensive substance use treatment, can enhance efforts, provide risk reduction services to these individuals, enable them to access and remain in care, and better address the full range of service needs.

Many needs assessments have primarily focused on people with HIV who were receiving HIV-related services (individuals already "in care"). The RWHAP legislation requires PCs to expand their needs assessments to also determine the needs of those individuals who know their HIV status but are not in care, and to determine strategies for identifying individuals with HIV who do not know their status and ensuring that they are tested and linked to care. Section 2602(b)(4)(B)(ii) of the PHS Act states particular attention must also be paid to identifying "disparities in access and services among affected subpopulations and historically underserved communities."

The needs assessment should be a joint effort between the PC/PB and the recipient, with the PC/PB having the lead responsibility. Some PCs/PBs use contractors to conduct the needs assessment, which is an administrative cost. Regardless of who performs the work, it must include direct input from a diverse group of people with HIV.

HAB DMHAP recommends EMAs/TGAs align their needs assessment cycle with the Integrated HIV Prevention and Care Plan or with the three-year period of performance when possible. If using the Integrated Plan needs assessment cycle, the comprehensive needs assessment should inform the Integrated Plan with focused assessments in the subsequent years. If using the three-year needs assessment cycle, the comprehensive needs assessment should inform the competitive application or year one of the three-year cycle with focused assessments in subsequent years. This practice allows focus on high-impact populations and an update on the resource inventory that will support annual priority setting and resource allocation activities. Epidemiologic data should be obtained annually as part of that process in evaluating the progress of the Integrated HIV Prevention and Care Plan that supports decision-making for reallocation and Priority Setting and Resource Allocation (PSRA).

Priority Setting and Resource Allocation

PSRA is *the single most important legislative responsibility of a PC/PB*; it greatly influences the system of HIV care in the EMA/TGA. Needs assessment data and data from other sources such as service cost, utilization data, and amounts paid by Medicaid and other private funders are used by the PC/PB to set priorities and allocate resources.

HAB DMHAP has established four components to the annual PSRA process:

1. Priority setting is the process of deciding which HIV services are the most important according to the criteria established in the EMA/TGA. All RWHAP Part A services **must be prioritized annually**.
2. Guidance to the recipient on how best to meet priorities, sometimes referred to as "directives," involves instructions for the recipient to follow in developing requirements for subrecipients in the provision of RWHAP HIV core medical and support services.

This guidance usually addresses populations to be served, geographic areas to be served, and/or service models or strategies to be utilized.

3. Resource allocation is the process of distributing available RWHAP Part A program funds across the prioritized HIV service categories. Through resource allocation, the PC/PB instructs the recipient how to distribute the funds among RWHAP HIV core medical and support services.
4. Reallocation is the process of moving program funds across RWHAP HIV service categories after the initial allocations are made. This may occur during the budget period when funds are underspent in some service categories and additional needs exist in other service categories. The PC/PB must approve such reallocations, unless the PC/PB has an agreement with the recipient allowing the recipient to reallocate funds across service categories.

Based on the findings of the needs assessment, the PC/PB establishes priorities for the provision of HIV services in the local community. Service priorities are based on:

- The size and demographics of the population of individuals with HIV and their needs, including those who know their HIV status but are not in care;
- Compliance with the legislative requirement to use not less than 75 percent of funds to provide core medical services, unless a waiver has been approved;
- Cost effectiveness and outcome effectiveness of proposed services and strategies
- Priorities of people with HIV for whom services are intended;
- Coordination of services with programs for HIV prevention and treatment of substance use;
- Availability of other governmental and non-governmental resources in the service area; and
- Capacity development needs, resulting from disparities in the availability of services for people with HIV with highest need.

Only HIV core medical services and support services included in the RWHAP legislation can be prioritized,[21] and **all** RWHAP core medical and support services **must be prioritized annually**.[22] The PC/PB does not have to allocate funding to all prioritized core medical and support services. Typically, the PC/PB makes resource allocations based on three funding scenarios for the upcoming fiscal year to account for potential increases, decreases, or level funding. This eliminates the need for reallocation once the final NoA is received, which would further delay contracting once the final NoA is received. The recipient will use one of the three PC/PB allocation scenarios to allocate the final award.

The PC/PB makes resource allocations in accordance with the legislative requirement to use not less than 75 percent of funds to provide core medical services.[23] The PSRA process involves the PC/PB in determining how much funding will be dedicated to each service category, as well as any directives deemed necessary for such services. The PC/PB may review requests for proposals (RFPs) to ensure that the PC/PB's directives are properly reflected. The PC/PB does

[21] Section 2604(a)(1) of the PHS Act.
[22] Section 2602(b)(4)(C) of the PHS Act.
[23] Section 2604(c)(1) of the PHS Act.

not, however, select the providers to deliver services nor participate in the management of subawards.

The PC/PB must provide the recipient with the results of the PSRA process, both to include in the RWHAP Part A application or NCC and as a basis for the selection of subrecipients during the procurement process. The grant application must demonstrate that grant funds were expended in accordance with the priorities that were established by the PC/PB.[24] The letter of assurance submitted with the application must be signed by the PC/PB chair or co-chairs and must indicate that formula, supplemental, and MAI funds awarded to the EMA/TGA are being expended according to the priorities established by the PC/PB.

At any time during the fiscal year, the PC/PB may be asked to approve the reallocation of funds across service categories. Data provided by the recipient can help the PC/PB evaluate the expenditure patterns within the EMA/TGA as a whole, as well as for specific service categories. If money is not being spent in an efficient manner, the PC/PB can reallocate funds to another service category within the current budget period. As a best practice and to facilitate the effective programming and use of funds through "rapid reallocation," the recipient and PC/PB should put in place an agreement allowing for a redistribution of funds within a certain percentage or absolute dollar amount for previously established service priorities.

Statewide Coordinated Statement of Need and Comprehensive Plan

The RWHAP legislation directs the PC to participate in the development of the SCSN and to develop a comprehensive plan for the organization and delivery of health and support services.[25] (See Section II, Chapter 2 of the Part A Manual.)

The PC, in conjunction with the recipient, develops a comprehensive plan to serve as a jurisdictional HIV strategy guiding all HIV-related resources for the jurisdiction. This responsibility is included under the requirement to submit an Integrated HIV Prevention and Care Plan (Integrated Plan), including the SCSN, as per HRSA and CDC guidance. Guidance for the current Integrated Plan covers years 2022-2026 and can be found at: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/integrated-hiv-dear-college-6-30-21.pdf.

The PC shares responsibility with the recipient for ensuring that RWHAP Part A-funded services are coordinated with other programs and services to provide a comprehensive continuum of care for people with HIV. This includes looking for ways that RWHAP Part A services can work with other RWHAP Parts and non-RWHAP organizations to fill gaps in care. The PC learns about service needs and gaps from the perspective of all RWHAP Parts through the SCSN that is developed under the coordination of the RWHAP Part B recipient, where special attention is given to early intervention services, HIV prevention, substance use prevention and treatment, and ongoing coordination with other services.

[24] Section 2603(d) of the PHS Act.
[25] Sections 2602(b)(4)(D), (F) of the PHS Act.

Coordination with Other Funds and Services

Although they usually operate fairly independently, RWHAP Part A PCs must work together with RWHAP Part B recipients, PBs, and consortia in pursuit of common goals to strengthen the service continuum for people with HIV. The PC is responsible for ensuring that RWHAP Part A resource allocation decisions account for and are coordinated with other funds and services. The planning tasks (needs assessment, PSRA, integrated/comprehensive planning) require getting substantial input, including identifying what other sources of funding exist. For example, the needs assessment should identify what HIV prevention and substance use treatment services already exist. Integrated/comprehensive planning helps the PC consider the changing healthcare landscape and the implications for HIV services. This information helps avoid duplication in spending and reduces gaps in care. More practical benefits can include reduced administrative and planning costs and less duplication of effort.

Coordination efforts are driven by recipient initiative and RWHAP requirements, such as cross-part membership in planning groups, consistency across state/territory and local Integrated Plans, and joint work on the SCSN. Among the more visible areas of coordination are pharmaceutical assistance and use of ADAP dollars in RWHAP Part A jurisdictions and/or RWHAP Part A contributions to state/territory ADAPs. Other areas for coordination with RWHAP Part B include state/territory programs like Medicaid and substance use prevention/treatment/disorder block grants. Tools to streamline planning and enhance services might be jointly developed, thus benefiting providers who are funded under both RWHAP Parts.

Coordination across RWHAP Parts A and B can occur on multiple levels, from less formal information sharing to more structured efforts, such as:

- Cooperation on planning-related tasks (e.g., needs assessment, comprehensive plans);
- Joint service-related tasks (e.g., design of data collection processes, standards of care, quality management, evaluation); and
- Consolidation or merger of planning bodies.

Service Standards

Service standards guide subrecipient providers in implementing funded services. They typically address the elements and expectations for service delivery, such as service components, intake and eligibility, personnel qualifications, and client rights and responsibilities. The service standards set the minimal level of service or care that a RWHAP-funded subrecipient provider may offer within a jurisdiction and serve as a base on which the recipient's CQM program is built. Developing service standards is usually a joint activity; the PC works with the recipient, providers, clients, and experts on particular service categories. While it is ultimately the responsibility of the recipient to ensure that service standards are in place, the PC typically takes the lead in developing service standards for funded service categories. These service standards must be consistent with HHS guidelines on HIV care and treatment as well as HRSA HAB standards and performance measures, including the National Monitoring Standards (NMS).

Service standards need to establish the minimum requirement for service provision and comply with HAB PCNs.

Efficiency of the Administrative Mechanism

Section 2602(b)(4)(E) of the PHS Act requires a PC to "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 [PC], assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs." Section 2609(d)(1)(a) of the PHS Act requires a PB to establish a PSRA process and, as such, HRSA HAB also requires the PB to assess the administrative mechanism.

A PC/PB must conduct an annual assessment of the administrative mechanism to ensure that services are being funded as indicated by PC/PB priorities, that funds are contracted in a timely and transparent process, and subrecipient providers are reimbursed in a timely manner. All requirements that are not being met in an EMA/TGA should be documented, and a corrective action plan (CAP) should be implemented. The PC/PB signs an assurance that is submitted with the competitive application and NCC that the assessment of grant recipient activities ensured timely allocation/contracting of funds and payments to subrecipient providers.

III. Chapter 5. Planning Council and Planning Body Operations

The PC/PB (and its support staff) carry out complex tasks to ensure smooth and fair operations and processes. The development of bylaws, policies and procedures, memoranda of understanding, grievance procedures, and trainings are crucial for the success of the PC/PB. The work also involves establishing and maintaining a productive working relationship with the recipient, developing and managing a budget, and ensuring necessary staff support to accomplish the work. Establishing and operationalizing these policies, procedures, and systems facilitates the ability of the PC/PB to effectively meet its legislative duties and programmatic expectations.

Planning Council/Planning Body Support

The PC/PB must carry out many complicated planning activities to assess the service needs of people with HIV living in the EMA/TGA and specify the kinds and amounts of services required to meet those needs. PC/PB support assists with fulfilling these activities and tasks by providing for the hiring of staff or consultants.

Funds used for PC/PB support are part of the 10 percent administrative cost cap of the RWHAP Part A award.[26] The PC/PB must negotiate the size of its support budget with the recipient to carry out its legislative and programmatic responsibilities and then is responsible for developing and managing said budget within the recipient's grants management structure. PC/PB support funds may be used for such purposes as hiring staff, developing and carrying out needs

[26] Section 2604(h)(3)(B) of the PHS Act.

assessments and estimating unmet need (sometimes with the help of consultants), conducting planning activities, holding meetings, and assuring participation of people with HIV.

The procedures to be used in hiring PC/PB support staff or contracting with consultants need to be agreed upon between the PC/PB and the recipient in advance of hiring or contracting support and should be included as a part of the MOU between the PC/PB and the recipient. Though support staff may be employed by the recipient, measures must be taken to ensure that the PC/PB, not the recipient, directs the work of such support staff and that the PC/PB maintains a mechanism for evaluating support staff performance.

HAB DMHAP has always discouraged the practice of having the same staff person perform work for the recipient and provide support to the PC/PB. However, HAB recognizes that there may be times, because of limited funds, when this situation may be unavoidable. The challenge presented in such situations is to balance the dual role of providing the PC/PB with full authority and autonomy to carry out its mandated responsibilities while also performing the duties of the recipient. Having a single staff member perform dual roles could compromise objectivity and lead to the recipient having undue and improper influence or control over the PSRA process and other PC/PB programmatic responsibilities.

Bylaws

Each PC/PB must have written rules, called bylaws,which explain how the PC/PB will conduct its business.[27] Bylaws must be clear and exact and include the following:

- Mission of the PC/PB;
- Member terms and how members are selected (open nominations process);
- Duties of members;
- Officers and their duties;
- How meetings are announced and run, including how decisions are made and recorded in the minutes;
- What committees the PC/PB has and how they operate;
- Conflict of Interest Policy;
- Grievance Procedures;
- Code of Conduct for members; and
- How the bylaws can be amended.

Policies and Procedures

The ability of the PC/PB to carry out its legislative and programmatic responsibilities depends on structure that includes comprehensive policies and procedures that are subject to periodic review and revision to resolve issues in a timely and appropriate manner. PC/PB policies and procedures should, at a minimum, include:

[27] Section 2602(b)(6) of the PHS Act.

- Review of service standards;
- Review of bylaws, the approval process, and signature;
- Nominations for members based on an open process, with criteria clearly stated and publicized, including a conflict of interest standard;
- Orientation and training for PC/PB members so they are able to fully participate in PC/PB meetings and demonstrate competencies for legislative and programmatic requirements of PCs/PBs;
- Leadership policies and procedures ensuring the PC/PB is not chaired solely by an employee of the recipient, PC/PB meetings are open to the public, and meeting minutes that protect the medical privacy of individuals are publicly available;
- Representation, reflectiveness, and client membership are essential to fulfilling legislative and programmatic requirements on PC/PB membership, i.e., 33 percent of members, compliance validated by the chair or co-chairs, must be clients of RWHAP services who are unaffiliated with funded providers;
- Grievance procedures with respect to funding decisions, including procedures for submitting grievances that cannot be resolved informally or by mediation to binding arbitration; and
- PC/PB member expense reimbursement for attending PC/PB meetings, travel, and childcare in accordance with HRSA HAB guidance on limitations.

Conflict of Interest

A 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. As appropriate, the definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child. Any group making funding decisions for the RWHAP Part A should be free from conflicts of interest; when conflicts do exist, members must abstain from the discussion and voting, and abstentions should be noted in the meeting minutes.

While the CEO may designate a specific department within local government to administer the RWHAP Part A award, it is not appropriate for the recipient to perform duties related to the PC/PB legislative and programmatic responsibilities. To preserve the independence of the PC/PB, a separation of PC/PB and recipient roles is necessary to avoid conflicts of interest. Recipient staff administer the RWHAP Part A grant in their jurisdiction (including selection of subrecipients to provide services); moreover, the PC is prohibited from administering the RWHAP Part A grant, including the designation or selection of subrecipients. [28] As such, recipient staff cannot have a voting role in the PC to avoid this conflict of interest, and it is HRSA's expectation that jurisdictions with PBs do not include recipient staff in a voting role.

A separation of PC/PB and recipient roles is necessary to avoid conflicts of interest. The legislation prohibits PC public deliberations from being "chaired solely by an employee of the grantee."[29] A recipient representative, whose position is funded with RWHAP Part A funds,

[28] Section 2602(b)(5)(A) of the PHS Act.
[29] Section 2602(b)(7)(A) of the PHS Act.

provides in-kind services, or has significant involvement in the RWHAP Part A grant, shall not occupy a seat in the PC nor have a vote in the deliberations of the PC.

If a member of the PC/PB has a financial interest, is an employee, or is a member of an organization seeking RWHAP Part A funds, the PC/PB member cannot participate (directly or in an advisory capacity) in the process of selecting subrecipients/providers.[30]

Memorandum of Understanding

To clarify the roles of the PC/PB and the recipient and to encourage a collaborative working relationship, HAB DMHAP recommends the development of a written agreement or a Memorandum of Understanding (MOU). The MOU should identify the individual and shared responsibilities of both parties, provide a timeline for sharing information or reports that will be regularly provided, and specify communication mechanisms and a process for solving conflicts. A clear delineation of roles and responsibilities will help ensure timely and efficient completion of the RWHAP Part A tasks. The role of PC/PB staff should also be included. The MOU must be consistent with bylaws and operating policies and procedures.

Term Limits

To ensure the PC/PB is reflective of the demographics of the population of individuals with HIV in the jurisdiction, HRSA HAB expects the PC/PB to establish term limits and membership rotations.

The intent of term limits is to ensure compliance with the RWHAP legislative requirement that requires the PC/PB to be reflective of the demographics of the population of individuals with HIV in the jurisdiction. Therefore, HRSA HAB expects the PC/PB to establish term limits and membership rotations for the required membership categories and unaligned persons with lived experience (i.e., persons receiving RWHAP Part A services and are not affiliated with funded RWHAP Part A providers as staff, board members, or consultants[31,32.] HRSA expects that jurisdictions determine term limits and rotations that are in alignment with legislative and programmatic requirements, such as the integrated planning efforts, the comprehensive needs assessment, and the three-year period of performance. Jurisdictions should implement a predetermined period of time, during which outgoing members cannot reapply, to allow other community members the opportunity to serve. In addition, jurisdictions can add additional members that include representation for long-term survivors to maintain input.

Grievance Procedures

The PC/PB must establish procedures to address grievances related to funding, including procedures for submitting grievances that cannot be resolved to binding arbitration.[33] There should be periodic local review of grievance procedures and their implementation to ensure

[30] Section 2602(b)(5)(B) of the PHS Act.
[31] Section 2602(b)(1) of the PHS Act.
[32] 2602(b)(5)(C)(1) of the PHS Act.
[33] Section 2602(b)(6) of the PHS Act.

legislative requirements are being met and grievances are being resolved in a timely and appropriate manner.

Open Meeting and Records

To carry out the array of planning tasks and duties required by HRSA HAB and the RWHAP legislation, the PC/PB meets regularly throughout the year in committees and as a whole. PC/PB meetings must be open to the public, with appropriate advance public notice provided for all meetings. This includes meetings of PC/PB committees and task forces as well as the general PC/PB meetings.

Records, reports, transcripts, minutes, agendas, or other documents that were made available to or prepared for or by the PC/PB shall be available for public inspection and copying at a single location. Detailed minutes of each meeting of the council shall be kept. The accuracy of all minutes shall be certified to by the PC/PB chair or co-chairs. PC/PB documents and information made available by the PC/PB should not include any disclosure of personal information, including disclosure of medical information, HIV status, or personnel matters.[34]

Meeting times and locations should be announced on the PC/PB and/or health department website and on other appropriate online media. Both the minutes and other documents or materials made available to or prepared for the PC/PB should be available to the public within six weeks after the meeting date. It is important that detailed minutes are kept. Minutes need to show how the PC/PB arrived at funding decisions; this is especially true should a grievance be brought. A sound practice is to post approved PC/PB and committee minutes on the PC/PB website. If local, county, or state/territory regulations are more stringent than RWHAP requirements for open meetings, the PC/PB should follow the more stringent requirements.

Chair/Co-Chairs

The PC/PB needs to identify a chair or co-chairs. The legislation does not permit an employee of the RWHAP Part A recipient to serve solely as the chair.[35] An employee of the recipient may serve as a co-chair, provided the bylaws of the PC/PB permit or specify that arrangement. Bylaws should specify whether there is to be a chair or co-chairs and how they are selected. They may specify that the chair is to be appointed by the CEO or elected by the PC/PB from duly appointed members. Often, if a co-chair is appointed by the CEO or is an employee of the recipient, bylaws must require that the PC/PB elect the co-chair. An acknowledged best practice is to have bylaws require that one co-chair be a person with HIV. A number of jurisdictions have adopted this best practice with great success.

Orientation and Training

In order to meet RWHAP Part A requirements, HAB DMHAP expects the PC/PB to provide appropriate orientation and annual training and other support that enables members to be fully active participants and to fulfill their legislative responsibilities. At a minimum, annual

[34] Section 2602(b)(7)(B) of the PHS Act.
[35] Section 2602(b)(7)(A) of the PHS Act.

membership training must occur, inclusive of client members. The PC/PB is responsible for providing updated training as needed to ensure that members understand their roles, responsibilities, and expectations for participation, how work is undertaken, and how formal decisions are made. Members also must understand policies/ground rules and have skills that make them comfortable when actively participating in meetings (e.g., understanding of Robert's Rules of Order). All PC/PB members need such training, but there may be additional needs for clients and for other members without prior experience in community planning processes.

III. Chapter 6. Technical Assistance, Links, and Resources

Planning Council Primer: https://targethiv.org/planning-chatt/planning-council-primer

Planning CHATT: https://targethiv.org/planning-chatt

Technical Assistance Resources/ Models for an Effective PSRA Process: https://targethiv.org/ihap/priority-setting-and-resource-allocation

Service Standards: Guidance for Ryan White HIV/AIDS Program Grantees/Planning Bodies: https://targethiv.org/library/service-standards-guidance-ryan-white-hivaids-program-granteesplanning-bodies

Integrated HIV Prevention and Care Plan Guidance: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/integrated-hiv-dear-college-6-30-21.pdf

National Monitoring Standards (NMS): https://ryanwhite.hrsa.gov/grants/manage/recipient-resources.

HRSA HAB Letter to RWHAP Part A Recipients, 2013: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/transitional-grant-areas-planning-councils-moving-forward.pdf

Service Standard Guidance: https://targethiv.org/library/service-standards-guidance-ryan-white-hivaids-program-granteesplanning-bodies

How Planning Councils/Planning Bodies Address Common Membership Issues in Their Bylaws

Introduction

One of the most frequent challenges facing Ryan White HIV/AIDS Program (RWHAP) Part A Planning Councils and Planning Bodies (PC/PBs) is membership – appropriate requirements and expectations for members, and guidance for recruiting, engaging, and managing a diverse and active membership so it meets planning needs and legislative requirements.

PC/PBs typically include policies around membership in their bylaws, and then develop procedures (e.g., Open Nominations Process, Committee Operating Procedures) to help implement those policies. Recommending what to include in the bylaws is usually a task for the Executive or Governance Committee.

Many factors affect decisions about membership. When the PC/PB is an official city or county board or commission, it may need to meet some official requirements and have proposed bylaws provisions reviewed by the city or county counsel. The recipient usually does not play a formal role in membership recruitment, and to avoid conflicts of interest, does not serve as a voting member of the PC/PB.[1] However, the recipient sometimes assists in interactions with the Chief Elected Official (CEO) or helps to identify a RWHAP Part B or Medicaid representative. An integrated prevention-care PC/PB may have special membership needs. Some PC/PBs allow use of alternates when a member cannot attend a meeting; their roles and selection need to be addressed in bylaws.[2]

These and many other aspects of membership need to be considered and then addressed in the bylaws. Often the responsible committee finds it helpful to begin by reviewing the legislation, identifying sound practice, and exploring how other PC/PBs handle the issue.

This document is designed to support that process. It addresses issues related to membership that can be challenging for PC/PBs:

1. **Open nominations:** policies around member recruitment, application review, and recommendations to the Chief Elected Official (CEO) for appointment, based on legislative requirements and the local environment
2. **Number of members:** determining an appropriate size for your PC/PB so that it includes all legislatively required membership categories and is workable for your jurisdiction, and deciding what to include in the bylaws
3. **Reflectiveness** of membership as a component of member recruitment and PC/PB self-assessment
4. **Committee membership:** active participation in a committee(s) for PC/PB members

5. **Attendance requirements:** level of required participation in full PC/PB meetings, committee meetings, and sometimes other required PC/PB activities, and action to be taken if these requirements are not met
6. **Disclosure of HIV status** by members to meet the requirement that at least 33 percent of voting members be people with HIV who receive RWHAP Part A services and are not affiliated with a provider with RWHAP Part A funding
7. **Change in status or affiliation:** what the PC/PB should do when a member no longer meets the requirements for the "seat" they were appointed to fill
8. **Term limits:** limits on the number times a PC/PB member can be re-elected or the number of consecutive terms a member can serve
9. **Resignations:** how members may submit their resignation and when it becomes effective
10. **Renominations:** how the PC/PB should determine whether a current member interested in reappointment will be recommended to the CEO for an additional term

For each of these membership topics this resource includes:

- A brief description of the issue and why it is often a concern for PC/PBs;
- Bullets summarizing sound practice; and
- Example bylaws provisions from at least two PC/PBs that address the issue, usually in different ways.

The bylaws excerpts are exact quotations, with identifying information about the jurisdiction removed. In some excerpts that address multiple topics, the most relevant information is highlighted in **Bold**.

1. Open Nominations

The legislation requires that "Nominations for membership on the council shall be identified through an open process and candidates shall be selected based on locally delineated and publicized criteria" [Section 2602(b)(1)]. The *Ryan White HIV/AIDS Program Part A Manual, 2013 version,* specifies that member selection must be through "an open nominations process that has been approved by HRSA" [p 80]. Such a process is considered "necessary to obtain a planning council whose membership meets both legislative requirements and the practical needs of the RWHAP Part A program". Appointments are made by the CEO, who is expected to "approve and/or appoint as planning council members only individuals who have gone through the open nominations process" [p 117].

Sound Practice

- All applicants for membership, regardless of the seat they will fill, need to be reviewed through the open nominations process before they are recommended by the PC/PB and appointed by the CEO.
- PC/PBs need to ensure that an appropriate open nominations process exists and that it is followed consistently. Bylaws should clearly describe both membership criteria and requirements, and the open nominations process.

- The process should be "further detailed and adopted as policy by the full council" [Part A Manual, 2013 version, p 126] as part of local policies and procedures.
- The process should specify required membership positions (representation requirements) as well as locally specified membership needs, the need to ensure that membership reflects the epidemic in the Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA) (reflectiveness requirement), and conflict of interest requirements.
- Both self-nominations and nominations by others should be permitted.
- Outreach, application, vetting, PC/PB recommendations, and CEO appointment procedures should be clearly explained, including any additional vetting done by the CEO.
- The application form – which should be available online – should describe the open nominations process and appointment by the CEO, and explain requirements including time and attendance demands, the policy on disclosure of HIV status, and required disclosures and forms.
- The process and membership needs should be widely publicized through traditional and social media, HIV service providers, and on the PC/PB website.
- Timing depends on the PC/PB's recruitment schedule. If membership terms all end on the same date (for example, terms end on December 31, with half one year, half the next if you have two-year terms), then you may do one major recruitment a year, supplemented as needed to fill partial terms when vacancies occur. If terms end on different dates depending on when a member was appointed, the PC may do frequent or ongoing recruitment. It can still be helpful to do heavy recruitment once or twice a year, to have applications on hand when terms end or vacancies occur.
- All PC/PB members should be familiar with the open nominations process.
- Members of the committee responsible for nominations should receive in-depth training in the open nominations process.

Example Bylaws

Open Nominations Example Bylaw
West Coast EMA
IV. NOMINATION PROCESS:
Section 1. Open Nominations Process. Application, evaluation, nomination and appointment of [Planning Council] members shall follow "…an open process (in which) candidates shall be selected based on locally delineated and publicized criteria," as described in Section 2602(b)(1) of the Ryan White legislation and "develop and apply criteria for selecting [HIV planning group] members, placing special emphasis on identifying representatives of at-risk, affected, HIV-positive, and socio-economically marginalized populations," as required by the CDC *HIV Planning Guidance*.

A. The [Planning Council's] Open Nominations Process is defined in Policy/ Procedure #09.4205 (*[Planning Council] Membership Evaluation and Nominations Process*) and related policies and procedures.

B. Nomination of candidates that are forwarded to the [Board of Supervisors (BOS)] for appointment shall be made according to the policy and criteria adopted by the [Planning Council].

Section 2. Application. Application for [Planning Council] membership shall be made on forms as approved by the Commission and detailed in Policy/Procedure #09.4203 (*Planning Council Membership Applications*).

A. All candidates for first-time [Planning Council] membership shall be interviewed by the Operations Committee in accordance with Policy/Procedure #09.4204 (*[Planning Council] Candidate Interviews*).
B. Any candidate may apply individually or through recommendation of other stakeholders or entities.
C. **Candidates cannot be recommended to the [Planning Council] or nominated to the [Board of Supervisors (BOS)] without completing appropriate [Planning Council]-approved application materials and being evaluated and scored by the Operations Committee.**

Section 3. Appointments. All [Planning Council] members ([Members], Alternates and Community Members) must be appointed by the BOS.

Open Nominations Example Bylaw
Northeastern EMA
Section 4.2 Member Recruitment

...The CEO of the EMA, shall have the responsibility to officially appoint members following an open nominations process.

Members of the Planning Council shall be recruited through a well-publicized, open nominations process. The guidelines for this process are included in the applications that are distributed to potential members. Recruitment publicity shall include mailings, posted materials, attendance at public events and other means, and media with contact phone numbers for request of an application packet. The website, phone number, and email address of the Planning Council support unit will be clearly advertised on all recruiting documents, and the documents will be made available in multiple languages.

Members and potential members with limitations, such as mobility, visual, hearing, or others, will be accommodated so that their limitation does not impact their ability to serve as a council member. Individuals seeking to serve on the Planning Council shall be required to fill out a written application for membership. The applications shall contain information sheets detailing all aspects of the open nominations process, including rules, regulations, selection criteria, and roles and responsibilities of Planning Council members. The Planning Council's conflict of interest policy shall be detailed in these materials. The applications shall be reviewed by the Membership and Nominating Committee.

Open Nominations Example Bylaw
Midwest TGA
Article IV – MEMBERSHIP
Section 4.2 Open Nominations Process

a) **All potential members of the Planning Council must go through the Planning Council's open nominations process, which is managed by the [Membership]**

Committee, through a Membership Interview and Recommendation Panel. The process will comply with the Health Resources [and] Services Administration (HRSA) guidance, federal rules and regulations, and terms of the Intergovernmental Agreement (IGA). This process shall include broad recruitment for potential members, use of an approved application form, interviews and assessment using clearly established criteria, and Membership Committee recommendation of a slate of nominees for membership (one per available slot) to the Grantee for coordination with the City and the County Executive in accordance with the Intergovernmental Agreement. The County Executive and County Council shall make the final decisions and appointments while complying with applicable federal law. The "Open Nominations Process" is incorporated into these bylaws and included as Appendix D.

Open Nominations Example Bylaw
Southern TGA
Section 4. Election of Members:
...The PC shall follow an open nominations process for membership recruitment. Open nominations process shall include:

- PC will define clear criteria for recruitment including but not limited to:
  - o Federally mandated categories which are vacant.
  - o Demographics needed to ensure PC reflects persons living with HIV/AIDS in the TGA.
  - o Locally determined membership needs.
  - o Incorporation of conflict of interest requirements.
  - o Skills needed to fulfill Planning Council charge.
- Ongoing announcements based upon membership needs, including but not limited to notice to service providers, local HIV publications, press releases and other community resources.
- Announcements shall include PC member requirements including but not limited to:
  - o Time commitments involved with PC service.
  - o Conflict of interest standards.
  - o HIV disclosure requirements.
- Nominations process shall incorporate open-ended questions to capture information about applicant's background, experience and skills.
- Representative and impartial membership committee to review nominations.

2. Number of Members

A PC/PB needs a diverse membership that is reflective of the local epidemic and includes legislatively-required representation. The minimum number of members required to include all those seats – and have at least 33 percent of members that are unaligned people with HIV who are receiving RWHAP Part A services – depends on the number of RWHAP and other HIV-related federal grants, but is generally about 21. Many PC/PBs include additional seats based on local considerations. For example, some have one representative from each

county supervisory district. Where the service area covers multiple counties, some include representatives from other county health departments. PC/PBs often specify a minimum and/or maximum number of members in their Bylaws. This has both advantages and disadvantages.

Sound Practice

- The PC/PB is expected to ensure that its membership includes at least 33% unaligned RWHAP Part A clients. That means that for every two non-client members added, one additional client seat is required.
- Specifying a maximum number of members for the PC/PB can be helpful. It helps keep the PC/PB at a practical size – large enough to provide diverse perspectives and meet legislative requirements, but small enough to be manageable, especially where PCS funding is limited. A stated maximum also helps discourage expanding membership size by allowing members to stay on when a change of status makes them ineligible for their current seat.
- A stated maximum should be large enough to permit adding a seat if needed to meet legislative requirements. For example, the PC/PB may have had a single member representing both mental health and substance abuse services, but when that individual's term ends, be unable to find a replacement with both types of expertise – so an additional seat is required.
- An integrated prevention and care PC/PB may need a larger number of members than a care-only body, to ensure representation from sectors and subpopulations important in prevention planning.
- PCS should work with the committee responsible for membership to periodically identify new HIV-related federal grants, since the PC/PB is expected to provide representation for each RWHAP Part or type of HIV project – e.g., Housing Opportunities for Persons with AIDS (HOPWA), HIV prevention, Part C, Part D, Part F AIDS Education and Training Centers (AETCs), Part F dental programs, Part F Special Projects of National Significance (SPNS).
- Specifying a minimum number of members is not necessary, since that is determined by required seats. Moreover, some jurisdictions have found that if they state a minimum in the bylaws and vacancies bring them below that minimum, they are not permitted by the city or county to do any business until the membership is once more at or above the minimum.

Example Bylaws

Number of Members Example Bylaw (Neither maximum nor minimum number of members stated)
Southeastern EMA
SECTION 3: The membership of the Council shall be as delineated in the Ryan White Act, as amended.

Number of Members Example Bylaw (Neither maximum nor minimum number of members stated)
Western TGA
ARTICLE III – MEMBERSHIP
B. SIZE: The Council shall consist of the number of members necessary to fulfill all applicable federal legislation and guidance regarding membership positions.
Number of Members Example Bylaw (Maximum number of members stated)

Southern TGA (planning body)
Section A. Membership
1. Advisory Council shall consist of no more than thirty (30) members

Number of Members Example Bylaw (Maximum number of members stated)
Southwestern EMA
Section 3.5 – Number of Members
The maximum number of Council members shall be thirty-three (33), including the Chairperson.

Number of Members Example Bylaw (Maximum number of members stated)
Southwestern TGA
Section 3.1: Composition of Voting Membership
...
The Planning Council **shall have not more than 25 voting members.** In recommending members, the Planning Council shall comply with membership requirements of the Ryan White Act, and shall attempt to reflect the diversity of affected populations, demographically and
geographically, as well as HIV-related institutional and community-based health and support
service providers.

Number of Members Example Bylaw (Minimum and maximum number of members stated)

Midwestern TGA
[Prevention-care integrated planning body]

Article 2 – Membership
Section 2.1 Number and Qualifications
The [Name of body] has no less than 15 and no more than 40 members. The number of members may be modified so long as, at all times, the number is sufficient to fulfill the requirements of the [body].

Number of Members Example Bylaw (Minimum and maximum number of members stated)

Southeastern EMA
[Prevention-care integrated planning body]

Article III: Members
Section 3.1.1 Number of Members
The Planning Body shall have not less than 15 and not more than 35 regular voting members.

3. Reflectiveness

RWHAP legislation requires that PC/PB membership "reflect in its composition the demographics of the population of individuals with HIV in the Part A jurisdiction," and this applies to both overall membership [Section 2602(b)(1)] and "unaligned consumer" members, persons with lived experience who are receiving RWHAP Part A services and are not affiliated with funded Part A providers as staff, board members, or consultants [Section 2602(b)(5)(C)(1)].

The recipient is required to submit a PC/PB Reflectiveness and Roster Tool as part of the annual Program Report; the Tool asks for data on race/ethnicity, gender, and age for HIV Prevalence in the EMA/TGA, Total Members of the PC/PB, and Unaligned RWHAP Clients on PC/PB. PC/PBs often use these factors in recruitment. Questions sometimes arise about what demographics should be considered in order to recruit a reflective membership. Sometimes PC/PBs choose to include additional factors such as sexual orientation. Stating and explaining reflectiveness in the bylaws help ensure its consistent consideration as part of recruitment and applicant review.

Sound Practice

- PC/PB members should become familiar with legislative requirements around reflectiveness.
- Many PC/PBs reference or include legislative language in the bylaws, with focus on the requirement that both the membership of unaligned people with HIV who receive RWHAP Part A services and the full PC membership are expected to be reflective of the local epidemic.
- Bylaws should state the reflectiveness requirement; policies and procedures related to open nominations should specify how to ensure reflectiveness.
- Typically, PC/PBs include at least the demographic factors that HRSA specifies in the annual reporting format on representation and reflectiveness that is required as part of the Programs Report from the recipient: race/ethnicity, gender, and age.
- Many PC/PBs place strong emphasis on ensuring diverse membership, considering additional factors such as gender identity, language or immigrant status, and place of residence within the EMA or TGA. Usually, the PC/PB receives updated epidemiologic data annually, so demographics of the local epidemic can be used in setting reflectiveness goals.

- There needs to be clear responsibility for addressing reflectiveness. Typically, the committee responsible for membership is expected to monitor member reflectiveness and ensure that it is considered in member recruitment, as part of the open nominations process.

Example Bylaws

Reflectiveness Example Bylaw
Northeastern TGA
Section 5.2 Membership Categories and Eligibility
A. ...At a minimum, membership shall include the congressionally mandated categories of membership, plus thirty-three (33) percent of unaligned consumers, and **shall resemble, as closely as possible, the race, ethnicity, gender and geography of the local epidemic.**

Reflectiveness Example Bylaw
Southeastern EMA
Section 3.1.2 Member Diversity
Member recruitment efforts are expected to ensure that the Planning Body as a whole and its consumer members reflect the diversity of the area's affected populations, demographically and geographically, as well as HIV-related institutional and community-based prevention, health, and support service providers.

Reflectiveness Example Bylaw
Midwestern TGA
[Prevention-care integrated planning body]
Section B.2 Additional Membership Requirements
b) Representativeness/Reflectiveness: Both unaffiliated consumers and the [PC] as a whole should be **representative/reflective of the HIV epidemic in the TGA, considering race/ethnicity, gender, sexual orientation, and age**. Membership of the [PC] should include members of special populations, including prevention consumers, transgender persons, HIV Prevention staff and Hispanic/Latinx persons. The [PC] should also include those disproportionately affected by HIV; including, for example, young adults who were pediatric cases, transgender persons, and/or individuals with various risk factors. [PC] membership should represent those who are disproportionately impacted by HIV/AIDS and include representatives from areas within the TGA that have high HIV/STI incidence/prevalence. Membership of the [PC] should be assessed to ensure that the membership stricture achieves community and stakeholder Parity, Inclusion and Representation.

4. Committee Membership

PC/PBs differ in the participation requirements they establish for members. Most expect members to attend PC/PB meetings, and some require participation in other PC/PB activities (i.e., committees, training, an annual retreat). There is sometimes a question about whether all members should be required to be active members of a committee. Committees are extremely important in planning. However, this requirement can make it harder to recruit members, especially individuals who are very busy or live outside the central city or even outside the Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA). For example, the RWHAP Part B or Medicaid representative may live in the state capital, which can be far from the EMA or TGA. Where online participation is not permitted, such a requirement can make it difficult to fill such seats. Some PC/PBs include in the bylaws both a requirement for committee participation and exceptions to that requirement. This makes the expectation clear and makes it easier to consistently enforce whatever requirement is specified.

Sound Practice

- HRSA has not specified requirements regarding committee participation, but most PC/PBs require members to serve actively on a committee. Usually the requirement is for participation on a standing committee, but PC/PBs that make frequent use of ad hoc committees may make them an option as well.
- Typically, the procedure is for each member to have a "committee of record" and to meet the same attendance requirements for that committee as for full PC/PB meetings.
- Bylaws should specify who makes committee appointments. Often it is the Chair or Co-Chairs, and sometimes the committee responsible for membership. In either case, engagement is likely to be greater when the member's committee preference is considered; often, members are asked to provide two options.
- Support staff keep records of PC/PB and committee of record meeting attendance – and attendance at Steering/Executive Committee meetings for members serving on that committee – and provide this information to the committee responsible for membership, so it can monitor participation and take action when attendance does not meet requirements.
- Committees may spend a lot of time answering questions asked by irregular attendees to explain what they did and why or to rethink decisions made at a meeting not attended. Sound practice is to require members who want to serve on a committee(s) to join only if they commit to attending regularly.
- Non-PC/PB members may serve on all committees except governance committees (e.g., Steering, Membership). Some PC/PBs require that members of the committee responsible for allocations be PC/PB members, since such members have to meet strict conflict of interest standards. Usually the committee chair must be a PC/PB member.
- Sometimes a PC/PB exempts members from committee participation if they live far away – usually this applies primarily to members like a Part B representative who works in the state capital, when the EMA or TGA is not located in the capital. Sometimes there are other exceptions. However, exceptions need to be limited or there is a perception of unequal treatment.

- Where open meeting laws permit, committee meetings can be held via teleconference or as hybrid meetings, to make participation easier, especially for those who live far from the meeting location.

Example Bylaws

Committee Membership Example Bylaw (Requirement)
Southern TGA
4.5 All Planning [Council] Members shall **serve on and actively participate in at least one (1) Standing Committee.**

Committee Membership Example Bylaw (Requirement)
Southeastern EMA
(b) A [Planning] Council member is required to **actively participate on at least one standing committee** to retain [Planning] Council membership. Failure to actively participate will result in removal from council membership.

Committee Membership Example Bylaw (Requirement, but with exceptions)
Western EMA
Section 2. Committee Assignments. [PC members] are required to be a member of at least one **standing committee, the member's "primary committee assignment**," and adhere to attendance requirements of that committee.

A. **[PC members] who live and work outside of [X] County as necessary to meet expectations of their specific seats on the Commission are exempted** from the requirement of a primary committee assignment.
B. [PC members]... are allowed to voluntarily request or accept "secondary committee assignments" upon agreement of the Co-Chairs.

Southeastern EMA
Article IV – Membership
Section 1: All Members and Alternates of the Council shall be appointed by the Broward County Board of County Commissioners....
Section 9: Council members and Alternates shall be a member of at least one standing Committee. Failure to participate on a standing committee shall be grounds for removal from the Council.

5. Attendance Requirements

RWHAP community planning calls for decision-making by a diverse group of PC/PB members representing a variety of populations and expertise. No business can be done if poor attendance leads to the lack of a quorum. Continuity of attendance is also important, because discussions at one meeting often build on the decisions made at the prior meeting. Most PC/PBs have some form of attendance requirement for PC/PB meetings, committee meetings, and other key events, such as the data presentation for Priority Setting and Resource Allocation and annual PC/PB training.

Sound Practice

- Bylaws should clearly state attendance requirements and summarize the action to be taken if they are not met.
- Attendance requirements should exist for both full PC/PB meetings and committee meetings. Typically, a member is not permitted to miss more than a specified number of consecutive meetings or a specified number of meetings per year. Participation is separately documented for full PC/PB meetings and other PC/PB events, and for committee meetings.
- Some PC/PBs require that attendance not only involves being present at roll call at the beginning of the meeting, but for the entire meeting or at least a specified portion of it (e.g., 75 percent). A few PC/PBs call the roll more than once during a meeting, to document continued attendance, or repeat the roll call if someone questions whether a quorum exists.
- Where permitted by the office of the CEO, PC/PB bylaws sometimes specify that a member who has missed a specified number of consecutive meetings or more than a certain number of meetings in a year is assumed to have resigned, and is automatically removed from membership. Others recommend removal of the member by the CEO for non-participation.
- Some PC/PBs distinguish between excused or unexcused absences, and allow more absences if they are excused – e.g., the member indicated absence prior to the meeting and there was an acceptable reason as defined in the bylaws or policies, such as illness.
- Some PC/PBs offer a leave of absence for a member who cannot participate for a period of up to six months, as an alternative to removal. They do not consider a member on leave of absence to be an active member, and therefore the absence does not affect quorum. This practice can help PC/PBs avoid losing valued members, including people with HIV, due to illness or other temporary challenges. However, not more than one or two members should be given leave at the same time, especially in a relatively small PC/PB, since it is important to retain the diversity of perspectives at meetings.
- Monitoring attendance requires careful documentation at each meeting. Usually, planning council support (PCS) staff are responsible for recording attendance, and a record of attendance is provided regularly to the committee responsible for membership. The committee and PCS often work together to monitor attendance and inform leadership and members about attendance issues.
- A PC/PB experiencing serious attendance problems should ask the committee responsible for membership or operations to explore the situation and see if action is needed. For example, the meeting time or location may be inconvenient, or a high level of tension or negativity may be discouraging attendance.
- Some PC/PBs have more flexible attendance requirements for members with HIV than for other members, but this has become less common in recent years.
- Attendance requirements should be clearly stated in the membership application package and during orientation, to ensure that everyone who joins the PC/PB is aware of them.

Example Bylaws

Attendance Requirements Example Bylaws (Summary in bylaw)
Northeastern EMA

Section 4.6 Member Vacancy, Resignation, and Removal

The Planning Council Support staff will monitor member attendance and provide attendance summaries once a month at the Executive Committee meeting. Members who fail to attend three (3) consecutive meetings without requesting permission will receive a warning issued by the CEO or his representative. The member will be entitled to a response period of 30 days in which they may respond to the warning in writing and justify or provide detail of their situation. Members who accrue five (5) total absences, regardless if they are consecutive or non-consecutive and regardless if they are excused, after written notice, shall forfeit their position on the Planning Council. Reasonable accommodations shall be extended to those members who require them because of an illness or disability.

Attendance Requirements Example Bylaws (Summary in bylaw)
Upper Midwestern TGA

2.8. Attendance Requirements

Members are required to attend all regularly scheduled meetings of the council and their assigned committees. In addition, members are required to attend ad hoc committee meetings when scheduled. Members are required to attend 50 percent of meetings and cannot miss three consecutive regularly scheduled meetings in a rolling calendar year to maintain membership on the council.

2.9. Removal for Non-Attendance

If a member accrues two consecutive absences, or five total absences during the most recent twelve-month period, whether it is from the full council or their assigned committee meetings, they will automatically receive a warning letter. **If a member misses three consecutive meetings, or six total absences during the most recent twelve-month period, they will automatically be removed from the council.**

Attendance Requirements Example Bylaws (Detail in bylaw)

Midwestern TGA

Section B.5 Attendance Requirements

Regular attendance at HIV [Planning Council] meetings and regular attendance at one assigned committee are a requirement of continuing membership. Members are required to attend regularly-scheduled meetings of their assigned committee with the same minimum frequency as meetings of the HIV [Planning Council].

a) All HIV [Planning Council] members must attend at least two-thirds of regularly scheduled [Planning Council] meetings and two-thirds of regularly-scheduled committee meetings each rolling calendar year, based on the date of appointment to the HIV [Planning Council].
b) Members who are unable to attend regularly scheduled meetings for one of the following reasons may submit, in writing or by telephone to the HIV [Planning Council] Support office, a request for an excused absence, which, if approved, will not count against their maximum allowed absences.

1. Personal sickness;
2. Personal or family emergency;
3. Death in the family/funeral;
4. Vacation (with mandatory advanced notice); and
5. Conflicting work or advocacy commitments (with mandatory advanced notice).

c) Members are allowed a maximum of three excused absences each for HIV [Planning Council], Executive Committee, and HIV [Planning Council] committee meetings.

Section B.9 Removal for Non-attendance or Death

HIV [Planning Council] members who fail to meet either HIV [Planning Council] attendance requirements or committee attendance requirements may be subject to recommendation for removal from the HIV [Planning Council]. If a member makes no contact for three consecutive months, they may also be removed. The Membership and Stakeholder Engagement Committee is responsible for reviewing current HIV [Planning Council] and committee attendance and any other circumstances that affects membership on the HIV [Planning Council]. The Membership and Stakeholder Engagement Committee will present specific recommendations to the HIV [Planning Council] for removal of members. Voting privileges for members who are recommended to the Mayor's Office for removal will be denied while the Mayor's Office is formally processing the removal request.

Leave of Absence Example Bylaws
[Prevention-care integrated planning body]
Midwestern TGA

Section B.6 Leave of Absence

A [name of body] member may request a leave of absence from the Membership Committee. A leave of absence may be not less than two nor more than six months. A leave of absence may be granted by a majority vote of the committee for reasons included in Section B.5 [personal sickness, personal or family emergency, etc.]... A member who is on a leave of absence shall not be counted as an active member in determining quorum. If a member is unable to return to active membership...after the approved end date of leave of absence (maximum of 6 months from original approval), that person may be recommended for removal from the [body] by the Membership Committee. If there are consecutive excused absences prior to a leave of absence request, they will be included as part of the leave.

Attendance Requirements Example Bylaws (Process laid out in bylaws)
Mid-Atlantic EMA

3.17 **Attendance.** The aim of the [Planning Council] is for each member to attend in person every regular meeting of the [Planning Council] and to participate actively in at least one standing committee. **Attendance at a meeting means the member arrives within thirty (30) minutes of the published meeting start time and remains for the duration of the meeting.**

A. All members of the [Planning Council] must attend a minimum of two-thirds of the regularly scheduled meetings held during each program year (for example, at least 6 of 9 [Planning Council] meetings), as well as a minimum of two-thirds

of the regularly scheduled meetings of the standing committee(s) on which they serve.

B. Should any member accrue more than two absences from [Planning Council] or standing committee meetings within a 12-month program year without extenuating circumstances, the member will be notified of the initiation of the warning and removal process in 3.19 of these bylaws.

C. Absences under extenuating circumstances must be communicated to the [Planning Council] support staff as soon as possible, but no later than two weeks after the meeting date.

3.19 **Removal for Non-Attendance.** A member's failure to meet established attendance requirements under section 3.17 of these bylaws may result in loss of membership on the [Planning Council]. **The [Planning Council] shall first attempt to improve attendance, and if this fails, shall recommend to the Mayor, through the Mayor's Office of [Boards and Commissions], that the non-attending member be removed in accordance with these bylaws**, subject to the following process and conditions:

A. *Warning letter.* If a member is in danger of failing to satisfy the meeting attendance requirement (after two [Planning Council and/or standing committee absences during a single program year) the Executive Operations Committee shall work with the Government Co-Chair and [Planning Council staff to send out a warning letter to notify the non-attending member in writing that unless attendance immediately improves, the [Planning Council] will recommend to the Mayor that the non-attending member be removed for failure to meet attendance requirements.

B. *Response period.* The [Planning Council] shall allow the non-attending member 30 calendar days from the date of the letter to respond in writing, indicating that the member will attend meetings regularly and if relevant, indicating why attendance has been insufficient.

C. *Letter to [Mayor's Office].* If the member does not begin regularly attending Commission and committee meetings or provide a response that adequately explains special circumstances that caused this non-attendance, the Executive Operations Committee shall recommend the member's removal to [the Mayor's Office of Boards and Commissions]. Following such action, a letter shall be sent to [that office] to request removal of the non-attending member. Written notice of all such actions shall be authored by the Government Co-Chair and provided to the Community Co-Chair, the Executive Operations Committee, and the [Planning Council] staff at the same time correspondence is sent to [the Mayor's Office].

D. **The application for [Planning Council] membership shall clearly state attendance requirements,** estimate the typical number or range of hours per month required to meet these requirements, and ask applicants to indicate by signing the application that they understand and are prepared to meet these requirements. These requirements shall be discussed at interviews with prospective members, and all new members shall be asked to sign a member agreement that includes a commitment to meet these requirements.

6. Disclosure of HIV Status

PC/PBs vary in their requirements for members with HIV to publicly disclose their status. HRSA HAB guidance is that at least two members with HIV who are receiving RWHAP Part A services must be publicly disclosed, and this is in the bylaws of many PC/PBs. The committee responsible for membership needs to know the status of individuals applying for membership as people with HIV who are receiving RWHAP Part A services but are not affiliated with a RWHAP Part A-funded provider. Some PC/PBs require that members in this category be publicly disclosed, since they link the PC/PB with people with HIV in the community. Others have found that requiring public disclosure makes it harder to recruit such members. Sometimes PC/PBs require that a specific number of members to publicly disclose their status, but allow others to disclose their status only to the committee responsible for membership, or to disclose in limited ways. When full disclosure is not a requirement, the PC/PB needs requirements and procedures to protect the confidentiality of information about members' HIV status.

Sound Practice

- The legislation is silent on disclosure, but it is important to have some publicly disclosed members who are willing to discuss their experiences as people with lived experience with HIV.
- Unaligned people with lived experience may be asked to disclose their HIV status, since being a person with HIV is one of the requirements for the membership slots they fill and disclosure helps them serve as leaders and representatives of the PC/PB in the community.
- Disclosure requirements need careful consideration, based on factors like level of stigma and discrimination in a community. Sometimes requiring full disclosure makes it very difficult to meet reflectiveness requirements, since certain subpopulations face greater stigma and discrimination.
- Various forms of partial disclosure are offered by some PC/PBs and these can be helpful, though open meetings laws may make partial disclosure difficult.
- Some PC/PBs require members to sign confidentiality agreements that include not publicly disclosing the HIV status or any personal health information about any other PC/PB or committee member.
- The PC/PB Code of Conduct often specifies that members may not disclose another individual's HIV status or other medical status information, and policies and procedures specify action to be taken if this non-disclosure requirement is violated.
- An active people with HIV committee (often called the consumer committee) can provide support and make it easier for people to disclose their status.

Example Bylaws

Disclosure Example Bylaw
Midwest TGA
Article VI – Membership
Section 6.2 Composition
At least two consumer representatives must publicly disclose their HIV status.

Disclosure Example Bylaw
Western TGA
2. The consumer membership of the Council shall reflect the demographics of the populations of infected or affected individuals living with HIV in the TGA. **At least two of these members must be openly living with HIV and be willing to sign a release allowing public identification of their HIV status.**

Disclosure Example Bylaw (Protection of confidentiality)

Southwestern TGA
d. Member Disclosure of HIV Status
Due to HRSA requirements, a percentage of Planning Council members must be HIV-positive. **Members who are HIV-positive shall be asked to disclose their status to the Executive Committee. This information shall be treated as confidential and used for Planning Council purposes of ensuring HRSA requirements only.**

Disclosure Example Bylaw (Protection of confidentiality)
Northeastern TGA
Section VII – Approval of Nominees/Closed Session
In order to protect the confidentiality of persons nominated for membership on the Planning Council, **the approval of nominations shall occur during a closed session at the end of the Planning Council meeting.** All non-Planning Council members, as well as potential membership candidates, re-appointees, and any affected parties will be asked to temporarily leave the meeting while Planning Council members vote to approve the nomination of new members and reappointment of members.

Disclosure Example (Items in the Code of Conduct designed to protect confidentiality)
Midwestern TGA
7. Recognizing that within the confines of the [State] Open Meetings Act all information presented at a Council or Committee meeting is part of the public record, Council members shall exercise discretion when discussing confidential or sensitive information, most notably an individual's HIV status.

Disclosure Example (Items in the Code of Conduct designed to protect confidentiality)
Southern TGA
2. Hold confidential any information presented in a meeting in regards to an individual's HIV status or other medical/personal information.

Disclosure Example (Items in the Code of Conduct designed to protect confidentiality)
Mid-Atlantic EMA

11. Follow the Council's Confidentiality Policy, as stated in the Confidentiality Pledge signed by each member. This means not disclosing personal information about any Planning Council or committee or subcommittee member – such as the HIV status of anyone who is not publicly disclosed, or medical or personal/personnel information that would constitute an invasion of privacy – that was obtained through their Planning Council relationships and activities.

7. Change in Status or Affiliation

PC/PB members are chosen to fill specific "seats," often legislatively required. Sometimes a member's status changes partway through their term, and they no longer fit into that seat or category. For example, a member who is the project director for a Part C grantee may resign from that position, so they are no longer affiliated with a Part C provider. The term "unaffiliated" is also often used to describe a person with HIV who is receiving RWHAP Part A services and is "unaligned" – legislatively defined as not serving as an officer, employer, or consultant to any provider receiving RWHAP Part A funds. At least 33% of members must meet this requirement. A member filling one of these seats might be hired by a RWHAP Part A service provider and therefore lose unaligned status. The PC/PB needs clear and consistent policies for addressing such situations, to guide both the member and the PC/PB.

Sound Practice

- Any member whose status changes should be required to inform the PC/PB (usually PCS staff and either the Chair or the Membership Chair) within a specified time period – often 14 calendar days (two weeks).
- The planning body needs a clear process for handling changes in affiliation, since having someone who does not currently fit into an approved membership slot could lead to a grievance if that member votes on a decision related to funding (e.g., priorities, allocations, or reallocations). An individual appointed to fill a specific seat who no longer meets membership requirements should not be permitted to vote.
- The committee responsible for membership should address the situation.
- If the member qualifies for another vacant seat, the PC/PB can request their appointment to that seat.

Example Bylaws

Change in Status Example Bylaw (Automatic resignation)
Northeastern TGA

A. Removal of Planning Council [Members].

1. Automatic Removal for Cause if:

i. A [PC member] fails to maintain membership qualifications pursuant to Section [X.X] above, whether for membership category or entity affiliation or fails to maintain the

qualifications for membership set forth in ... Act, the [member] shall **automatically forfeit [membership]** on the Council....

Change in Status Example Bylaw (Required resignation)
Northeastern EMA
4.11 Replacement of Members.
Change in Position. At such time as a member of the Planning Council changes their professional responsibilities so that they no longer represent the constituency/category for which they were originally appointed, **that member shall immediately resign** from the Planning Council in a written notice to the Chief Elected Official, Council Chair and Council Secretary copied to the Project Manager.

Change in Status Example Bylaw (Recommendation for removal to CEO)
Western TGA
2. The Council may recommend to the CEO that a member be removed for any of the following reasons:
   a. **loss of the affiliation which qualified the member** to represent a membership category as defined in Section 4.C and Section 4.D;
   b. failure to comply with the duties of membership as defined in Section 4.I.1; or
   c. unreasonable conduct or behaviors that significantly interfere with the business of the Planning Council.

8. Term Limits

In order to ensure that each PC/PB is "reflective of the demographics of the population of individuals with HIV in the jurisdiction, HRSA HAB expects the PC/PB to establish term limits and membership rotation." Bylaws should specify the limit on how many times a PC/PB member can be renominated by the PC/PB for reappointment by the CEO. Sometimes the Bylaws specify the number of consecutive terms a member may serve and require the member to be absent from the PC/PB for a specified amount of time and then permit the individual to be considered for renomination and reappointment.

Sound Practice

- Bylaws should specify the length of member terms and the number of consecutive terms an individual may serve.
- PC/PBs should have term limits to provide for what HRSA HAB refers to as "membership rotations." Term limits make room for new members and new perspectives and provide opportunities for younger people to serve, an important consideration in ensuring reflectiveness. Allowing more than one term helps provide "institutional memory," but limits are needed.
- The appropriate number of terms depends partly on the length of a term. Most PC/PBs have either two- or three-year terms. When a term is two years, members are often permitted to serve three terms or a total of six years. If a term is three years, a limit of two terms allows for the same six years.

- If a member is appointed to fill an uncompleted term, Bylaws sometimes do not count that partial term towards limits, so the member is permitted to serve the specified number of full terms in addition to the partial term.
- Most PC/PBs with term limits make them limits on consecutive terms, and allow a former member to reapply for membership after a specified period (often one year). While this can allow for the return of an exceptionally valuable member, PC/PBs should offer other opportunities for engagement, such as membership on non-governance committees.
- It often takes time for a new member to become comfortable with PC/PB duties and roles, especially if they have no previous community health planning experience. Members may not feel ready to serve as officers until they have served for at least two years. For these reasons, some PC/PBs believe that allowing members to serve more than one term helps make the PC/PB effective.
- Some PC/PBs with term limits allow a Chair or Co-Chair's period of membership to be extended by up to one year to allow them to finish their term.
- PC/PBs that face recruitment challenges often find term limits challenging. However, some have found that they are better able to recruit new members if it is made clear that it is acceptable for a member to serve only one term -- term limits specify the maximum commitment rather than the minimum expectation.
- Some PC/PBs have exceptions to term limits in unusual instances when only a single individual can fill a required seat.
- PC/PBs with alternates or other non-voting members differ in their use of terms and term limits for those members. If they become voting members, their time as alternates is generally not counted in determining term limits.

Example Bylaws

Consecutive Term Limits Example Bylaw
Southwestern EMA
Article III – Membership
Section 3.4 – Terms of Members
Terms of membership on the Planning Council shall be limited to two (2) consecutive, three- (3-) year terms. After serving two consecutive 3-year terms, individuals must wait twelve (12) months before reapplying for membership on the Planning Council.

Consecutive Term Limits, Extension for Co-Chairs Example Bylaw
Northeastern TGA
Article IV - Membership
Section V – Term of Membership
Terms of membership on the Planning Council shall be two (2) years. Upon expiration of their terms, members may be nominated and re-appointed to one additional two (2) year term, except that nonaligned persons with HIV/AIDS (i.e. persons who do not work full time (30 hours or more) for or serve on the board of an agency receiving Ryan White Part A funds) may be nominated and appointed to a third consecutive two (2) year term up to six years....

After serving two (2) or three (3) consecutive terms, individuals must wait six (6) months before re-applying for membership on the Planning Council. Former members are always invited and encouraged to participate in Planning Council meetings and activities.

If the term of membership of a co-chair of the Planning Council will expire during his or her term of membership, the membership shall be extended to coincide with his or her term as co-chair.

Consecutive Term Limits with Exception Example Bylaw
Southeastern EMA
[Prevention-care integrated planning body]
Article III – Membership
Section 3.6 Terms and Vacancies
In accordance with [jurisdiction] ordinance, an individual shall not serve more than 6 consecutive years without a break in membership of at least 12 consecutive months. Term limits shall not apply to a member who is the only person who can fill a required slot. A waiver of the six-year time limit shall be sought from the [jurisdiction] where necessary.

No Terms or Limits for Non-Voting Members Example Bylaw
Southwestern EMA
Section 6.
...The term of service for Planning Council [non-voting] members shall not be limited unless removal of an individual member is recommended under the provisions of the By-Laws.

9. Resignations

Bylaws should specify the process PC/PB members should follow if they wish to resign prior to the end of their term. Bylaws should provide information about how a member informs the PC/PB of their resignation, to whom the resignation should be communicated, and when the resignation will take effect. Sometimes more detailed procedures are laid out separately in policies and procedures, but clear language in the bylaws often makes this unnecessary.

Sound Practice

- Ideally, resignations should be in writing, via email or letter, so there is a clear record. Some PC/PBs permit a verbal resignation made during a regularly scheduled PC/PB or committee meeting, with the resignation acknowledged and documented in the minutes. Others either ask a member who verbally resigns to put the resignation in writing, or confirm the verbal resignation with a letter or email from the PC/PB, usually prepared by PCS.
- It is helpful to have resignations be sent to both the Chair or Co-Chairs and the Planning Council Support manager. Some PC/PBs ask that the Office of the CEO or the recipient be included.

- Bylaws should address when the resignation becomes effective. Usually it is effective immediately upon receipt of the written or verbal resignation unless a different date is specified in a resignation letter or email.
- Once a resignation is effective, the CEO's office should be informed and the individual's name removed from the membership roster.
- Generally, once the notice of resignation has been received and become effective, it cannot be reversed. Return to the PC/PB would require going through a new application process.

Example Bylaws

Resignation Example Bylaw
Mid-Atlantic EMA

3.21 Resignation or Removal.

A. Resignation. Any member of the [Planning Council] may resign at any time by written notice that bears a valid signature and is delivered in person, via fax, mail or by email to the [Planning Council] Government Co-Chair. The resignation shall take effect at the time specified in the notice, or if not so specified, immediately upon receipt of the notice.

Resignation Example Bylaw
Midwestern TGA
Section B.7 Resignation

HIV [Planning Council] members may resign by:

a. Providing written or electronic notice to Support Staff and/or one or more Co-Chairs of the HIV [Planning Council] or the committee from which they are resigning; or
b. Providing verbal notice while the HIV [Planning council] or committee is in session, with such resignation being acknowledged by the members and recorded in the minutes.

Resignation Example Bylaw
Midwestern TGA (combined prevention/care planning body)
Section 5.12 – Resignation of Membership

A Prevention/Planning Council member wishing to resign must give verbal or written (letter or email) notice to the Prevention/Planning Council Program Manager, who will forward it to the Chair. Verbal resignation will be confirmed [by staff] in writing within 5 days of receipt.

Resignation Example Bylaw
West Coast TGA
Section 10 – Resignation of Members

Any member of the Council may resign, and that resignation shall be given in writing to the Community Co-Chair or the Council Support Staff. The resignation shall be effective immediately, unless a specific date is given, and then the specific date shall be the effective date of resignation.

10. Renominations

As described in section (Term Limits), most PC/PBs allow members to serve more than one term. Bylaws need to summarize how a member who wants to be reappointed requests renomination from the PC/PB, and how the PC/PB (usually through the committee responsible for membership) is expected to decide whether to recommend the member for an additional term. Bylaws often summarize requirements, and details are provided in policies and procedures, in a special section in the Open Nominations Process that addresses renominations.

Sound Practice

- Reappointment should not be automatic – current members whose terms are ending must reapply.
- A re-application form can be somewhat simpler than the normal application form, but should clarify continued eligibility for the current seat or membership category (or a request for appointment to a different seat), ask about new expertise or relationships that may be valuable to the PC/PB, and require a commitment to meet member requirements/ expectations (the same as for new applicants).
- An interview with the committee responsible for membership may be required of all applicants for renomination, or may be required only if there is some question about renomination – e.g., level of participation and contribution.
- The committee responsible for membership receives and reviews attendance data for all members seeking renomination – including attendance at PC/PB meetings, committee meetings, annual retreats, PSRA-related sessions, and whatever else is expected – and any violations of the Code of Conduct.

Example Bylaws

Renomination Example Bylaw
Mid-Atlantic EMA
2.4.1. Each member of the Planning Council shall be assigned to a staggered term position. Positions will be staggered so that no more than one third of the Planning Council seats are vacated in a given year. **Persons interested in serving a second term must express their interest to the Nominating Committee and be recommended by the Nominating Committee to the Council for approval.** No member who has served for two consecutive full terms shall be eligible for reappointment by the Mayor until at least one year has elapsed.

Renomination Example Bylaw
Midwestern TGA
Section 6.3 Terms of Membership
All terms of Council membership shall be for three years. Members may serve an unlimited number of three year terms, but **must reapply for membership at the end of each three year term.**

Renomination Example Bylaw
Midwestern TGA
Members may be re-appointed to serve two consecutive terms as long as they follow an open nominations process.

Renomination Example Bylaw
Western TGA
E. Term
Each member shall be appointed for a two year term beginning on the date the letter from the CEO is signed. At the end of each two year term, **any member who has performed their duties as a Council member shall be given the opportunity to renew their membership** for another term.

Renomination Example Bylaw
Western TGA
Section 3.5, Terms
Candidates for reappointment, including those filling mandated positions, will **be selected following the same policies and procedures used for new members.**

Endnotes

1. A recent RWHAP Part A Recipient Letter from the Director of the Division of Metropolitan HIV/AIDS Programs (DMHAP) states that "A recipient representative, whose position is funded with RWHAP Part A funds, provides in-kind services, or has significant involvement in the RWHAP Part A grant, shall not occupy a seat in the PC/PB, nor have a vote in the deliberations of the PC/PB." See https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/planning-council-planning-body-requirements-expectations.pdf.

2. For more information on use of alternates, see "Use of Alternates and Proxy Voting by RWHAP Planning Councils/Planning Bodies, a Planning CHATT resource available at https://targethiv.org/planning-chatt/proxy-voting.