

HIV Planning Group Bylaws

ARTICLE 1: PURPOSE AND AUTHORITY

- Section A:** On December 15, 2015, the San Diego County Board of Supervisors established the County of San Diego HIV Planning Group (HPG).
- Section B:** The HIV Planning Group is established in order to participate in the Federal Ryan White HIV/AIDS Treatment Extension Act of 2009, and any subsequent amendments. The HIV Planning Group is also established in accordance with guidance from the Centers for Disease Control and Prevention (CDC) for purposes of developing an engagement process to plan for services to prevent new HIV infections, identify, inform, link and retain people with HIV in care to achieve viral suppression.
- Section C:** Finally, the HIV Planning Group provides planning and coordination of the County of San Diego's Getting to Zero initiative. This initiative was adopted in recognition that, due to advances in HIV treatment as well as development of highly effective HIV prevention interventions, HIV has become a winnable battle. Getting to Zero focuses on:
1. Ensuring the wide availability of testing in community-based and health care settings;
 2. Providing access to treatment and supportive services that promote retention in care for all persons living with HIV;
 3. Preventing new infections through a combination of evidence-based interventions; and
 4. Engaging communities in developing strategies to improve health outcomes related to HIV.
- Section D:** The HIV Planning Group is a non-partisan, non-sectarian, non-profit making organization. It does not take part officially in, nor does it lend its influence to any political issues.

ARTICLE 2: MEMBERSHIP AND TERM OF OFFICE

- Section A:** **Open Nomination Process:**
1. The HIV Planning Group shall solicit nominations for consideration for appointment to the HIV Planning Group through an open nominations process, and as required by the Ryan White legislation.
 2. Nominees shall be recommended for membership based on legislative requirements and criteria publicized by the HIV Planning Group. The criteria shall include representation, reflectiveness and Conflict of Interest standards.
 3. Requirements for open nomination process do not eliminate or change the authority of the County Board of Supervisors to appoint members of the HIV Planning Group.
 4. The County Board of Supervisors will approve and/or appoint as HIV

Planning Group members only individuals who have gone through the open nomination process.

Section B

The membership of the HIV Planning Group consists of forty-four (44) members. The HIV Planning Group will limit the number of individuals from HIV, STD and Hepatitis Branch of Public Health Services (HSHB) or a single agency/entity to two (2); however the Membership Committee will take into account the needs of the HIV Planning Group, including subject matter expertise, and recommend a waiver to consider more than two (2) individuals from HSHB or a single agency/entity. The waiver must provide justification for why having an additional member from HSHB or single agency/entity outweighs the membership requirement. The waiver will be reviewed and voted on by the HIV Planning Group.

Members who presently are on the HIV Planning Group in which there are more than two (2) members from HSHB or a single agency may fulfill their current term. The Membership Committee will consider appointments when seats are being renewed and/or filled.

HIV Planning Group members shall be appointed by the Board of Supervisors as follows:

1. Unaffiliated consumer (# 1)*
2. Unaffiliated consumer (# 2)*
3. Unaffiliated consumer (# 3)*
4. Unaffiliated consumer (# 4)*
5. Unaffiliated consumer (# 5)*
6. Unaffiliated consumer (# 6)*
7. Unaffiliated consumer (# 7)*
8. Unaffiliated consumer (# 8)*
9. Unaffiliated consumer (# 9)*
10. Unaffiliated consumer (# 10)*
11. Unaffiliated consumer (# 11)*
12. Unaffiliated consumer (# 12)*
13. Unaffiliated consumer (# 13)*
14. Unaffiliated consumer (# 14)*
15. Unaffiliated consumer (#15)*
16. Chairperson
17. Health care provider, including Federally Qualified Health Center (FQHC)
18. Community-based organizations serving affected populations and/or AIDS service organizations (one seat)
19. Social service provider, including providers of housing and homeless services
20. Mental health provider
21. Substance abuse treatment provider
22. Local public health agency – Health and Human Services Director or designee
23. Local public health agency – Public Health Officer or designee
24. Hospital planning agency or health care planning agency
25. Non-elected community leader
26. Prevention services consumer/advocate
27. Prevention services consumer

28. State government—State Medicaid
29. State government— California Department of Public Health (CDPH) Office of AIDS (OA) Part B
30. Recipient of Ryan White Part C
31. Recipient of Ryan White Part D
32. Representative of individuals who formerly were federal, state or local prisoners, were released from custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date of release
33. Board of Supervisors – District 1 representative
34. Board of Supervisors – District 2 representative
35. Board of Supervisors – District 3 representative
36. Board of Supervisors – District 4 representative
37. Board of Supervisors – District 5 representative
38. Recipient of other federal HIV programs – prevention provider
39. Recipient of other federal HIV programs – Part F, AIDS Education and Training Center and/or Ryan White dental provider
40. Recipient of other federal HIV programs – Housing Opportunities for Persons with AIDS (HOPWA)/Housing and Urban Development (HUD)
41. Recipient of other federal HIV programs – Veterans Administration
42. HIV testing representative
43. Prevention intervention representative
44. Affected community, including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with hepatitis B or C, and historically underserved group and/or subpopulation

* Section 2602 (b)(5)(C) of the Public Health Services Act defines unaffiliated consumers as consumers who

- “are receiving HIV-related services” from Ryan White Part A-funded providers;
- “are not officers, employees, or consultants” to any providers receiving Ryan White Part A funds, and “do not represent any such entity;” and
- “reflect the demographics of the population of individuals with HIV/AIDS” in the eligible metropolitan area.

Section C:

Term of Office

1. Members shall serve a term of four years.
2. A member shall be appointed to no more than two consecutive four-year terms. The terms shall begin on the day of appointment by the Board of Supervisors and end in four years.
3. In the event that a member with a four-year term completes eight years of service, that member may serve on the HIV Planning Group without voting rights until a successor has been appointed.
4. After the completion of two consecutive four-year terms, an individual may reapply after one year.

Section D:

Consumer Members-Elect. The Board of Supervisors may appoint three consumer members-elect, recommended by the HIV Planning Group Steering Committee, who shall substitute, with voting authority, for any consumer member appointed under Article 2, Section A, seats 1-14. Each consumer member-elect shall be able to participate in the HIV Planning

Group discussions, and may substitute, with voting authority, in the absence of one of the designated consumer members. Term limit shall be four-years from the date of appointment. Persons appointed under this subsection shall not be officers, employees, or consultants to, and may not represent, any entity that receives Ryan White Part A funding.

Section E: Requirements

1. Each newly appointed member shall file a Statement of Economic Interest (Form 700). Annual Statements of Economic Interest shall be filed within 30 days of appointment and no later than March 31 of each year.
2. Each member shall complete an annual HIV Planning Group Disclosure Form no later than March 31 of each year.
3. Members are required to complete periodic Ethics Training as required by the Fair Political Practices Commission and California Law AB 1234.
4. New members are required to attend an orientation session at the beginning of their appointment.

Section F: HIV Planning Group Attendance

1. To remain in good standing, a member must have not more than three HIV Planning Group absences in a row or six absences in a 12 month period.
2. To remain in good standing with the right to vote at committees, members must meet committee attendance requirements, outlined in the committee operational guidelines. Attendance is tracked by support staff and reviewed at subcommittee meetings. Members not able to participate in the required number of committee meetings may participate as non-voting committee members.
3. For HPG members who do not meet the HIV Planning Group attendance requirements, a recommendation will be forwarded to the Board of Supervisors for termination from the HPG.

Section G: Vacancies

1. A vacancy shall occur as a result of any one of the following events before expiration of a term:
 - a. The death of the incumbent.
 - b. The resignation of the incumbent.
 - c. Termination of membership.
 - d. Members who have not filed a Statement of Economic Interest within 30 days of appointment or by March 31 of each year shall be recorded in meeting minutes as absent, and shall not be permitted to vote on matters before the HIV Planning Group starting April 1. For members who are more than 90 days delinquent in filing a statement of economic interest, a recommendation will be forwarded to the Board of Supervisors for termination from the HIV Planning Group.
 - e. Members who do not complete periodic ethics training as required by the Fair Political Practices Commission and California Law AB 1234 by the due date shall not be permitted to vote on matters before the HIV Planning Group. For members who are more than 90 days delinquent in completing the ethics training, or for any

reasons specified in Government Code Section 1770, a recommendation will be forwarded to the Board of Supervisors for termination from the HPG.

2. When a vacancy occurs, both the member and the Clerk of the Board of Supervisors shall be notified by the HIV Planning Group Chair or designee. In the event of a vacancy of a consumer, a member-elect shall become a full voting member of the HIV Planning Group.

Section H: Standard of Conduct:

1. HIV Planning Group members shall conduct themselves in a professional and courteous manner at all times during an HIV Planning Group or committee meeting. Repeated failure to follow this standard of conduct adopted by the HPG may result in a two-thirds majority (not counting the vote of the affected member) of the HIV Planning Group voting to recommend to the Board of Supervisors for termination from the HPG. Any recommendation to terminate an HIV Planning Group member shall be placed on the HIV Planning Group's agenda and the member being recommended for termination shall be permitted to address the termination recommendation.

ARTICLE 3: CONFLICT OF INTEREST

Section A: Members may be appointed to the HIV Planning Group who will, from time to time, have conflicts of interest in matters before the HIV Planning Group. Conflicts of interest shall be managed as follows:

1. Per Article 2, Section G (1), each newly appointed member of the HIV Planning Group shall file a statement of economic interest, pursuant to the Conflict of Interest Code adopted by the HIV Planning Group. Failure to file a statement of economic interest in the specific time period is subject to vacancy provisions in Article 2, Section G.
2. Conflict of Interest Definition and Scope: As defined in the Ryan White Part A Manual, Conflict of Interest (COI) is "an actual or perceived interest in an action that will result or has the appearance of resulting in a personal, organizational, or professional gain" for the HPG member or their immediate family members. Conflict of Interest does not refer to persons living with HIV disease whose sole relationship to a Part A funding provider is as a client receiving services or an uncompensated volunteer.
3. Ryan White legislation does not permit the HPG to "be directly involved in the administration of a grant," or to "designate (or otherwise be involved in the selection of) particular entities as recipients of any of the amounts provided in the grant." In addition, the legislation states that: "A Planning Body member who has a financial interest in an entity, is an employee of or consultant to a public or private entity, or is a Board member of a public or private organization that receives or is seeking funding from Ryan White [Part A] grant funds, will not participate, directly or in an advisory capacity, in the process of selecting entities to receive such funding

for such purposes.” [Ryan White HIV/AIDS Treatment Extension Act, Section 2602(b)(5)(A) and (B)]

4. Member responsibility during meetings: HPG members are expected to follow applicable local, state and federal rules governing COI. It is the responsibility of each HPG member to disclose all conflicts of interest.
5. Members shall refrain at all times from referring to specific agencies that are funded or seeking funds.
6. The HIV Planning Group is prohibited from participating in the making of contracts.
7. Members who have a conflict of interest, or who appear to have a conflict of interest shall abstain from all voting on the action item. HPG who have a COI may speak to points of information to provide subject matter expertise in response to a question and as requested from the Chair. A subject matter expert may ask permission to speak on a subject for which he/she has expertise. The member must raise their hand for discussion, and once called upon by the Chair, shall state their conflict prior to speaking on the matter.
8. If the HIV Planning Group discovers a member was in conflict subsequent to the vote, the vote is invalid and shall be retaken.

ARTICLE 4: DUTIES

Section A: Duties and responsibilities of the HIV Planning Group shall be as set forth in the Ryan White HIV/AIDS Treatment Extension Act legislation and the Centers for Disease Control and Prevention planning guidance.

Section B: Needs Assessment, with particular attention to:

1. Individuals who are at high-risk for acquiring HIV
2. Individuals who are unaware of their HIV status
3. Individuals living with HIV disease who know their HIV status and are not receiving HIV-related services
4. Individuals at risk of falling out of care
5. Communities that experience disparities in access and services.
6. Establishing methods for obtaining input on community needs and priorities, which may include surveys, public meetings, focus groups, and ad hoc panels

Section C: Establish priorities for the allocation of Ryan White HIV/AIDS Treatment Extension Act funds. The HIV Planning Group should consider the following:

1. Size and demographics of the population of individuals with HIV disease and needs of such population;
2. Demonstrated (or probable) cost effectiveness and outcome effectiveness of proposed strategies and interventions, to the extent that data are reasonably available;
3. Priorities of the communities with HIV disease for whom the services are intended;
4. Coordination of services with HIV prevention and substance abuse treatment, mental health services and housing;
5. Availability of other governmental and non-governmental resources to cover health care costs; and

6. Capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.

Section D: Develop a comprehensive plan for individuals living with or at risk of acquiring HIV for the delivery of health services in accordance with applicable Health Resources and Services Administration (HRSA)/HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program legislation and guidance, Centers for Disease Control and Prevention requirements and compatible with the Statewide Coordinated Statement of Need.

Section E: Assess the efficiency of the administrative mechanism in rapid allocation of Ryan White HIV/AIDS Treatment Extension Act funds to the areas of greatest need within San Diego County and assess the effectiveness of the services offered in meeting the identified needs.

Section F: Participate in the development of the Statewide Coordinated Statement of Need initiated by the California Department of Public Health, Office of AIDS.

Section G: Coordinate with other federally funded programs that provide HIV-related services in San Diego County.

Section H: Assist the Board of Supervisors in ensuring San Diego County's full and complete compliance with the Ryan White HIV/AIDS Treatment Extension Act and its subsequent amendments.

Section I: Advise and make recommendations to the San Diego County Board of Supervisors pertaining to the HIV continuum of care.

Section J: Gather information to support/inform health department decisions regarding HIV prevention priorities and interventions.

ARTICLE 5: OFFICERS

Section A: The chairperson of the HIV Planning Group shall be appointed by the chairperson of the Board of Supervisors, and cannot be an employee of HSHB or the County of San Diego, for a length of term decided upon by the Board of Supervisors. The chairperson acts as the sole spokesperson for the HIV Planning Group.

Section B: HIV Planning Group members will elect two vice-chairpersons, one of whom shall be a consumer member. An employee of HSHB cannot be a vice-chair. The vice-chairpersons shall serve a term of two years.

Section C: Duties of the Chairperson:

1. Presides over the HIV Planning Group and Steering Committee
2. Recommends subcommittees, ad hoc committees and task force meetings
3. Appoints the chair and members to the subcommittees
4. Directs Planning Group Support Staff

Section D: Duties of the vice-chairperson(s):

1. If the chair is unable to perform the duties of the position for sixty days or more, the chair and/or Steering Committee shall provide a letter of designation to delegate the duties to the vice-chairperson(s).
2. The vice-chairperson(s) can assume responsibility for all meetings in the absence of the chair including conducting and convening meetings.

ARTICLE 6: ORGANIZATION PROCEDURES

Section A: Robert's Rules of Order govern the operation of the HIV Planning Group in all cases not covered by the Ralph M. Brown Act, or these bylaws. The HIV Planning Group may formulate specific procedural rules of order to govern the conduct of its meetings.

Section B: Any group voting is on the basis of one vote per person and no proxy, telephone or absentee voting is permitted.

Section C: All meetings of the HIV Planning Group and its subcommittees are open to the public to the extent required by the Ralph M. Brown Act and the Ryan White HIV/AIDS Treatment Extension Act. Meetings are held in accessible, public places. Notice of all meetings shall be posted in a publicly accessible place for a period of 72 hours prior to the meeting. Special meetings require 24 hour notice. In addition, such notice will be emailed and posted on www.sdplanning.org. Notices will be mailed upon request.

Section D: The HIV Planning Group shall establish a regular meeting schedule, shall meet a minimum of six (6) times each year, and shall give public notice of the time and place of meetings in compliance with the requirements of the Ralph M. Brown Act and the Ryan White HIV/AIDS Treatment Extension Act.

Section E: A simple majority of members currently appointed shall constitute a quorum. Unless otherwise indicated in the bylaws, an action by HIV Planning Group is considered to be consensus or majority vote of a quorum of voting members in a publicly noticed HIV Planning Group meeting. If a quorum cannot be established or no consumers are present at the meeting, the meeting shall not proceed.

Section F: The HIV Planning Group shall keep detailed minutes of its meetings, electronic or hard copies of which shall be available for inspection and copying at the HIV, STD and Hepatitis Branch of Public Health Services. The minutes are also posted on the HIV Planning Group website, www.sdplanning.org. The accuracy of all minutes shall be certified by the chairperson of the HIV Planning Group, following approval of the meeting

minutes by action of the HIV Planning Group.

ARTICLE 7: SUBCOMMITTEES

- Section A:** The HIV Planning Group has the authority to establish and to disband, as appropriate, standing and ad hoc subcommittees/task forces as necessary to conduct its business. The actions and recommendations of committees shall not be deemed the action of the HIV Planning Group or its members. A—Standing and ad hoc committees may bring an action item to the HIV Planning Group for approval.
- Section B:** All standing and ad hoc subcommittee meetings shall be chaired by a member of the HIV Planning Group, shall consist of no fewer than three HIV Planning Group members, at least one of whom must be a consumer. Standing subcommittees and ad hoc committees may elect to establish a co-chair who does not have to be a member of the HIV Planning Group. The committee co-chairperson shall assume the role of the committee chairperson should the chairperson become unable to fulfill the role of committee chairperson for three (3) consecutive meetings. If the co-chairperson is not a member of the HIV Planning Group the co-chairperson may assume the role of committee chairperson and may attend the Steering Committee, but may not vote. If the committee chairperson is unable to attend three (3) consecutive meetings, a new committee chairperson ~~will~~ may be appointed per Article 5, Section C of these bylaws.
- Section C:** Members of the HIV Planning Group are appointed to a subcommittee by the HIV Planning Group chairperson, after review and recommendation from the Membership Committee, which will include a discussion of member's preference, availability, and needs of the HIV Planning Group.
- Section D:** All subcommittees shall operate under the bylaws of the HIV Planning Group. Each subcommittee may adopt/establish ground rules and operating procedures, subject to review and approval by the Steering Committee.
- Section E:** The HIV Planning Group shall establish a Steering Committee, led by the chairperson, to set the agenda for HIV Planning Group meetings and to address issues of HIV Planning Group governance. The Steering Committee shall be comprised of the HIV Planning Group chairperson, elected vice chairperson(s) and chairs of all standing committees. In the absence of a subcommittee chairperson, a committee co-chairperson can attend to establish quorum. When the co-chairperson is not a member of the HIV Planning Group, they must abstain from voting. A quorum will be a simple majority of the number of current members of the Steering Committee. Non-HIV Planning Group member committee co-chairpersons who attend the Steering Committee in place of the committee chairperson count towards establishing a quorum, but do not vote at the Steering Committee.

Section F: The HIV Planning Group shall establish a Membership Committee to monitor membership, composition and attendance, recruit candidates for existing and anticipated vacancies, and recommend applicants for appointment through an open nominations process, which includes recruiting widely, clarifying the membership criteria, publicizing the membership criteria, addressing conflict of interest requirements, using an application form, maintaining an active Membership Committee and providing nominees to the Board of Supervisors as appropriate. All members of the Membership Committee shall be members of the HIV Planning Group. The Membership Committee shall forward recommendations to the HIV Planning Group for approval.

ARTICLE 8: GRIEVANCE PROCEDURES

Section A: HIV Planning Group Grievance Procedures as it relates to Ryan White services can be found in Attachment 1.

Section B: Other grievances based on outlined process for making decisions shall be addressed by the Steering Committee.

1. Members have the right to grieve any decision made by the HIV Planning Group they feel did not follow established process.
2. To file a grievance, member will contact HIV Planning Group Chairperson and HIV Planning Group support staff, who will forward to the Steering Committee.
3. Member will be invited to the Steering Committee to present grievance.
4. Steering Committee will decide on grievance or ask for more information.
5. Steering Committee will resolve grievance within two regularly scheduled meetings.

ARTICLE 9: STAFF ASSISTANCE

Section A: The HIV, STD and Hepatitis Branch of Public Health Services, Health and Human Services Agency shall provide staff assistance pursuant to the legislative requirements and guidelines. The HIV Planning Group oversees the work of the HIV Planning Group support staff who will report to non-Recipient County staff for supervision.

Section B: HIV Planning Group support staff shall be responsible for the keeping of records of all actions and reports of the committee and shall submit these actions and reports to the HIV Planning Group on a regular basis.

ARTICLE 10: COMPENSATION AND EXPENSE

Section A: Members of the HIV Planning Group shall serve without compensation. HIV Planning Group consumers and members-elect appointed pursuant to

Article 2, Section B and D may be reimbursed for expenses incurred in performing their duties under this article, including mileage reimbursement in accordance with Administrative Code Section 472, provided that the HIV Planning Group allocates Ryan White HIV/AIDS Treatment Extension Act funds for this purpose. Transportation and childcare reimbursements shall be limited to those eligible members.