

**GREATER HAMPTON ROADS HIV HEALTH SERVICES
PLANNING COUNCIL BYLAWS**

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GREATER HAMPTON ROADS HIV HEALTH SERVICES PLANNING COUNCIL BYLAWS

PREAMBLE

The Ryan White HIV/AIDS Treatment Modernization Act of 2006 is federal legislation that seeks to improve the lives of persons living with HIV/AIDS (PLWH) and respond to their unmet needs, by funding primary health care and support services for those who cannot pay for the care they need. The Ryan White HIV/AIDS Treatment Modernization Act of 2006 helps cities and other areas with the high costs of HIV/AIDS care. As the Chief Elected Official (CEO) of the Transitional Grant Area, the mayor of the City of Norfolk is the recipient of the Ryan White HIV/AIDS Treatment Modernization Act of 2006, Part A grant funds. The CEO, as part of his duties and responsibilities, forms and appoints a Planning Council. The CEO established the Planning Council on June 15, 1996, pursuant to 42 U.S.C.A §300ff-12(b) (1). The Council is not incorporated under the laws of the Commonwealth of Virginia or any other jurisdiction.

Article I - NAME, SERVICE AREA

Section 1 - Name

The name of the Planning Council shall be the Greater Hampton Roads HIV Health Services Planning Council. As used in these Bylaws, the terms “Planning Council” and “Council” shall refer to this organization.

Section 2 – Service Area

Pursuant to the requirements of the Health Resources and Services Administration (HRSA), the Transitional Grant Area (TGA) to be served by the Council shall encompass the following localities: the cities of Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, Williamsburg, and the counties of Isle of Wight, James City, Gloucester, Mathews, and York, in Virginia, and the county of Currituck in North Carolina.

Article II – PURPOSE AND MISSION

Section 1 - Mission

The mission of the Council is to ensure the effective and efficient delivery of medical and support services to persons affected and infected by HIV disease in the Norfolk Transitional Grant Area.

Section 2 – Duties and Responsibilities

The purpose and duties of the Planning Council shall be:

1. Determine the size and demographics of the population of individuals with HIV/AIDS;
2. Determine the needs of the affected population, with particular attention to:
 - (i) individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related services; and
 - (ii) disparities in access and services among affected subpopulations and historically underserved communities;
3. Establish priorities for the allocation of funds within the TGA including how best to meet these priorities and additional factors that the Grantee should consider in allocating funds under a grant based on the:
 - (i) size and demographics of the population of individuals with HIV/AIDS and the needs of such population;
 - (ii) demonstrated cost effectiveness and outcome effectiveness of proposed strategies and interventions, to the extent that data are reasonably available;
 - (iii) priorities of the communities with HIV/AIDS for whom the services are intended;
 - (iv) coordination in the provision of services to such individuals with programs for HIV prevention and for the prevention and treatment of substance abuse, including programs that provide comprehensive treatment for such abuse;
 - (v) availability of other governmental and non-governmental resources, including the State Medicaid plan under Title XIX of the Social Security Act and the State Children's Health Insurance Program under Title XXI of such Act to cover health care costs of eligible individuals and families with HIV/AIDS and;
 - (vi) capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities;

4. Develop a Comprehensive Plan for the organization and delivery of health and support services as described in Section 2604 that:
 - (i) includes a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities, and including discrete goals, a timetable, and an appropriate allocation of funds;
 - (ii) includes a strategy to coordinate the provision of such services with programs for HIV prevention (including outreach and early intervention) and for the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for such abuse) and;
 - (iii) is compatible with any Federal, State or Local plan for the provision of services to individuals with HIV/AIDS disease;
5. Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the Transitional Grant Area, and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs;
6. Coordinate with Federal, State and Local Grantees that provide HIV-related services within the Transitional Grant Area;
7. Provide for facilitation and collaboration among all funded AIDS programs within the TGA, including, but not limited to the Ryan White HIV/AIDS Treatment Modernization Act of 2006 Part A, B, C, D, and F; Housing Opportunities for People with AIDS (HOPWA) funds; and Centers for Disease Control and Prevention (CDC) funds;
8. Establish methods for obtaining input on community needs and priorities, which may include public meetings; conducting focus groups, and convening Ad hoc panels and;
9. Participate in the development of the statewide coordinated statement of need initiated by the state public health agency responsible for administering grants under Part B (Title II).

Article III – MEMBERSHIP

Section 1- Non-Discrimination Statement

The officers and the members of the Planning Council shall be selected entirely on a non-discriminatory basis with respect to age, gender, race, ethnicity, religion, disability, sexual orientation or national origin, except as may be necessary to comply with applicable statutory and regulatory requirements. Affirmative efforts shall be made to ensure representation of populations infected or affected by the HIV virus or by AIDS.

Section 2 – Composition

The voting membership will be made up of at least twenty-eight individuals and a maximum of thirty-three individuals who are representative of the membership categories stated in the Ryan White HIV/AIDS Treatment Modernization Act of 2006 reflective of the demographics of the HIV/AIDS epidemic in the Norfolk TGA. This flexibility enables the Planning Council to retain members who change their affiliation and protects the confidentiality of undisclosed consumers. The Mayor as Chief Elected Official (CEO) appoints members and sends the letters of appointment. These appointments are made from candidates recommended by the Planning Council based on the open nominations process. The membership will reflect the following categories:

1. Health Care Providers, including federally qualified health centers;
2. Community-Based Organizations serving affected populations and AIDS Service Organizations;
3. Social Service Providers, including providers of housing and homeless services;
4. Mental Health Providers;
5. Substance Abuse Providers;
6. Local Public Health Agencies;
7. Hospital Planning Agencies or Health Care Planning Agencies;
8. 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;
9. Non-Elected Community Leaders;

10. State Government (including the State Medicaid agency and the agency administering the program under Part B);
State Title II Agency
11. State Title II agency
12. Grantees under subpart II of Part C (Formerly Title III)
13. Grantees under section 2671 Part D (Formerly Title IV], 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;
14. Grantees of other Federal HIV Programs, including, but not limited to Providers of HIV Prevention programs;
15. A representative of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding three years, and had HIV disease when released; and
16. A representative of the City Manager's Office.

The Planning Council will include a representative from the City Manager's office who acts as a liaison between the Planning Council and the Mayor's office. This position does not count towards the overall Planning Council membership. While the representative for this position holds no voting rights on the Planning Council, regular meeting attendance is encouraged.

Not less than 33% of the voting membership of the Planning Council must be consumers of HIV-related services from Part A-funded providers who do not represent and are not members of the Board of Directors, employees, or consultants of providers receiving Part A funds. These consumers must reflect the demographics of the population of individuals with HIV/AIDS in the Norfolk TGA. At least two of these consumer representatives must publicly disclose their HIV status.

A member whose affiliation changes and any unaffiliated consumer who becomes affiliated with a funded Part A provider must inform the Planning Council Co-Chairs and the Planning Council Support staff coordinator of this change within two weeks.

Section 3 – Term of Membership

All terms of Planning Council members shall be for three years and shall commence on or about the first day of June and end on the 31st of May or until the Mayor appoints the individual's successor and that person has assumed office. Terms shall be staggered so that about one-third of the terms end each year. Members may serve no more than two consecutive three-year terms. Following the end of the allowed two terms

of membership, the individual must rotate off for one calendar year. At the end of that year, s/he will be eligible for an additional appointment. In the event of a vacancy, the selected candidate shall complete the unexpired term of the vacancy. Upon completion of the unexpired term, such person remains eligible to serve two consecutive three-year terms. There is no term limit for the representative of the Virginia Department of Health Title II Program, the representative of the Virginia Department of Medical Assistance Services, and the representative of the City Manager's Office.

Section 4 – Nominations

The Membership & Nominations Committee uses an open nomination process to identify and screen potential Planning Council members. Annually, sixty days before current member terms end, the Membership & Nominations Committee submits to the Executive Committee a list of qualified candidates for Council membership to fill all positions for which terms are ending as well as any vacant positions. In the event of a vacancy, the Membership & Nominations Committee submits names for appointment to the Executive Committee within sixty days after the vacancy occurs. The Committee submits two candidates for every position wherever possible. All candidates must go through the nominations process.

The Executive Committee reviews these nominees, then forwards them to the full Planning Council with its recommendations for review and action. The Council approves nominations by majority vote. These nominations are then forwarded to the CEO for consideration. Wherever possible, the CEO receives two nominations for every available position, with the Planning Council's preferred candidates identified. Along with the names of recommended members, the Planning Council provides the CEO biographical and contact information. (*See "Open Nominations Policy" for details.*)

Section 5 – Attendance

Regular attendance at Planning Council meetings and committee meetings is a requirement of membership. Four absences from regular meetings of the Planning Council within any twelve-month period will be deemed a voluntary resignation from the Planning Council. However, when serving on a committee, ex-officios are exempted from the attendance policy.

Additionally, all members of the Planning Council must attend at least two-thirds of regularly scheduled meetings each year. Every member is also expected to serve on at least one standing committee and to attend at least two-thirds of its regularly scheduled meetings each year. The same rules for excused absences apply. Council Support Staff will submit to the Co-Chairs of the Council and the Secretary a monthly member attendance list for Planning Council and committee meetings. One of the Co-Chairs of the Planning Council will communicate with members who are at risk of removal for non-attendance. A member who meets Planning Council attendance requirements but

fail to meet committee attendance requirements is subject to removal from the Planning Council based on committee attendance requirements.

Section 6 - Members' Duties and Responsibilities

Voting members are expected to:

1. Attend and actively participate in Council monthly, special, and emergency meetings, trainings and retreats;
2. Actively participate in at least one standing committee;
3. For all new members, participate in new member orientation and training and review orientation materials provided by the support staff within thirty days after appointment.
4. For all members, participate in Council-sponsored training at least once a year.
5. Participate in the annual priority setting and resource allocations process training and in the session at which needs assessment data is presented and discussed. Participation in both of these sessions is mandatory in order to participate in the priority setting and resource allocations process. Planning Council members who are unable to attend one or both of these sessions must review the entire videotape of the missed session or sessions;
6. Review materials of Council and/or committee discussion/action before scheduled meetings.

Planning Council Members shall not receive any salary and/or other compensation for their services as a member of the Council. However, the Planning Council may reimburse Council members for allowable expenses, based on approved policies and budgeted funds. (*See "Planning Council Member Reimbursement Policy" for details.*)

Section 7 – Resignation

A Council member shall serve his/her designated term unless he/she shall resign, and/or shall be removed, and/or otherwise be disqualified to serve.

Absences as described in Section 5 of this article shall result in voluntary resignation. A person who fails to meet specified attendance requirements shall be assumed to have resigned. A Planning Council member may also resign by giving written notice to a Planning Council Co-Chair; the notice of resignation must be signed and dated, and shall take effect immediately. The Co-Chair shall immediately transmit the resignation to the Membership & Nominations Committee and notify the CEO of the vacancy.

Section 8 – Termination

The loss of or change in affiliation that qualified the member for appointment to the Planning Council will result in an immediate termination of the member's position as a representative in that membership category. It will also result in termination of Planning Council membership unless a slot without categorical requirements is available and moving the member to such a slot would not negatively affect Planning Council reflectiveness or representativeness. If no slot exists, a Co-Chair will inform the member and the Mayor that s/he can no longer serve on the Planning Council. If there is a vacancy without categorical requirements, the Membership Committee will recommend to the Executive Committee either a change in membership status or termination. The Executive Committee will make a recommendation to the full Planning Council, which will make a decision by majority vote. If the Council votes to move the member to another membership slot, the Mayor will be informed of this change in representation. If the Council votes not to move the member, the Mayor will be asked to take formal action to inform the individual that s/he is no longer a Planning Council member.

Upon an affirmative vote of Council, the Co-Chairs may recommend to the CEO the immediate removal of a member for any of the reasons described in the paragraph below. Any recommendation for termination of membership shall require a two-thirds vote at any regularly scheduled meeting of the Council at which a quorum is present, or at a properly called special meeting with no fewer than seven days' prior notice having been given.

Any member who, while a member, fails to perform his/her duties as defined, exhibits disruptive behavior or other conduct that negatively impacts the Council's integrity or the community's confidence in the Council, such as conflict of interest violations, conviction for a felony, or malfeasance; displays conduct that violates these Bylaws; or displays any other inappropriate conduct, may be recommended to the CEO for termination by the Council, after a two-thirds vote of a quorum of the Planning Council in favor of removal.

Article IV – OFFICERS

Section 1 – Eligibility, Nomination and Election of Officers

All officers must be voting members of the Planning Council. All officers shall be elected by the Planning Council. Open nominations for officers shall take place during the May meeting of the Planning Council, and officers will be elected by a vote of the majority of a quorum of the Planning Council at the June meeting. All candidates must have a consistent attendance record and at least one year of leadership experience with leadership roles held within the Planning Council and or HIV/AIDS community. Exceptions can be made depending on Planning Council tenure. All officers shall serve one-year terms except for the Co-Chairs, who shall serve two-year staggered terms, with

one Co-Chair elected each year at the June meeting. No officer shall serve more than four consecutive years in the same position.

Section 2 – List and Duties of Officers

- A. The Co-Chairs. The Co-Chairs will share leadership roles and divide certain responsibilities. One Co-Chair will preside at the Planning Council meetings and the other Co-Chair will preside at Executive Committee meetings. The Senior Co-Chair shall be the Co-Chair who is in the second year of his/her term. Co-Chairs will work with other officers and staff to develop the agenda for Planning Council and Executive Committee meetings. A Co-Chair will certify the accuracy of all Council meeting minutes. Together, the Co-Chairs will serve as ex-officio, non-voting members of every committee, with the two Co-Chairs equitably dividing responsibility for the committees. The Co-Chairs will be responsible for correspondence to members regarding attendance and participation. They will serve as the official spokespersons of the Planning Council. Whenever possible, one of the Co-Chairs will be a consumer.
- B. The Secretary. The Secretary will be responsible for ensuring the taking, approval, and filing of minutes of Planning Council meetings. S/he will assist the Chair in developing an agenda for the Council meetings, providing ballots to voting members, and announcing results of roll call votes. S/he will receive from staff a record of attendance at Planning Council and committee meetings and keep the Co-Chairs and Executive Committee informed about attendance issues that require action.

Section 3 - Removal of Officers

Elected officers may be removed for cause (See Article 3, Section 8) by a two-thirds vote of a quorum at any regularly scheduled or special meeting of the Planning Council.

Article V – COMMITTEES

Section 1 – General

The Planning Council shall maintain at least the standing committees listed in Section 2 below. The Council may create additional standing committees and ad hoc committees to meet the operational needs of the Council, consistent with these Bylaws. The new committees shall have such duties as the Planning Council may prescribe.

Each member of the Planning Council is required to serve actively on at least one committee. Each committee shall have at least three members who are Planning Council members, or a larger number as specified below.

Some standing committees (as specified in Section 2 below), will also have non-Planning Council members among their membership. All members will be held to the same participation, conflict of interest disclosure, and ethical standards. Non-Planning Council members will participate fully in all working sessions and consensus decision-making. Only Planning Council members may vote on formal resolutions recommending action to the Planning Council, except that all members of the Community Access Committee shall have full voting powers.

A Planning Council member who joins more than one committee must meet attendance requirements for each committee.

Each year, the Co-Chairs will ask Planning Council members to indicate their first and second choices for a primary committee and their interest in serving on additional committees. Based on this information and the specified number of members needed for each committee, the Co-Chairs will assign members to committees. It is the responsibility of the Co-Chairs to ensure that each committee has at least the required minimum number of members and adequate representation and reflectiveness.

Each standing or ad hoc committee shall be headed by a Chair and a Vice-Chair who is appointed by the Planning Council Co-Chairs and is a Planning Council member. The Co-Chairs shall request committee recommendations for the position of Chair and Vice-Chair. Diversity should be considered when making appointments. The committee Chairs and Vice-Chairs shall serve a one-year term, renewable up to three times. Each committee must have at least one PLWH/A as a member. The Chair of the Community Access Committee must be a PLWH/A whose status is publicly disclosed. Committees whose membership may include non-Planning Council members may also have a non-Planning Council member as an additional Vice-Chair. Such a Vice-Chair may not serve as the Alternate on the Executive Committee.

Upon separation of Officers and Committee Chairs, the outgoing Officers and Chairs should facilitate the sharing of information, written documents, etc, to facilitate a transition.

Section 2 – Standing Committees

A. **Executive** – The Executive Committee is responsible for coordination of Planning Council activities, including the work of the other committees. It helps to ensure that all legislative functions of the Planning Council are being met and facilitates coordination with the grantee. It assesses Planning Council training needs and arranges with staff support to meet these needs. Normally, action items for the Planning Council are first presented to and reviewed by the Executive Committee, which then forwards them to the full Planning Council, with or without a recommendation, or sends them back to the

committee for additional work. Such review is not a requirement, however; action items can go directly to the full Planning Council when expedited action is required. When action is urgently needed between Planning Council meetings due to time deadlines or external factors beyond the Planning Council's control, and there is broad consensus on the issue, the Executive Committee may make a decision on behalf of the Planning Council, provided it makes a full report at the next scheduled Planning Council meeting. The Executive Committee has up to eleven members, all of them Planning Council members. Membership will include the Co-Chairs, Secretary, and Chairs of all other standing Committees, and the Representative of the City Manager's Office. In the absence of the Committee Chair, the Vice-Chair of each Standing Committee will serve as the Alternate at the Executive Committee meetings with full voting rights.

B. Needs Assessment and Comprehensive Planning – The Needs Assessment and Comprehensive Planning Committee develops and recommends to the Planning Council a needs assessment process, plan, and schedule, which may be a three-year cycle of needs assessment activities. In developing this process, it works closely with the Community Access Committee and the Priority Setting and Resource Allocation Committee. It coordinates the needs assessment effort, working with consultants as appropriate. It ensures the involvement of service providers, both Part A-funded and others, in identifying consumers and PLWH/A who are not in care for participation in needs assessment activities. The Committee reviews needs assessment results, and works with the Priority Setting and Resource Allocation Committee to arrange the presentation of needs assessment data prior to the priority setting and resource allocations process. Throughout the year, the Committee works with staff to identify the need for help, arrange, and review the results of special studies that contribute to an understanding of unmet need and service gaps. The Committee uses the information obtained through needs assessment and special studies to provide input to the Comprehensive Plan, and has primary responsibility for working with the staff and consultants as appropriate in the development of a Comprehensive Plan. In this effort, the Committee works closely with the Care Strategy Committee. This Committee plays a lead role in Council involvement in the Statewide Coordinated Statement of Need (SCSN). The Committee's membership includes at least five members who are from the Planning Council as well as an unlimited number of other members, including PLWH/A and providers as well as researchers and other interested individuals.

C. Priority Setting and Resource Allocation – The Priority Setting and Resource Allocation Committee is responsible for recommending the process to be used by the Planning Council in priority setting and resource allocation, and managing that process. It ensures that conflict of interest is managed appropriately, arranges for the entire Planning Council to receive training annually on how the process works, encourages the participation of all Planning Council members in this process, and prepares directives to the grantee on how best to meet the stated priorities. In preparing for the annual process, the Committee ensures that information needed for decision making from the Needs Assessment Committee and staff is made available in user-friendly formats, and arranges for preparation of a matrix or other summary

of information available for decision making. The Committee also recommends reallocation of funds during the program year as necessary to ensure that priority service needs are met and Part A funds are fully expended. It works closely with the grantee and the Finance Committee in this effort. The Committee has at least seven members, all of them voting members of the Planning Council.

D. **Care Strategy** – The Care Strategy Committee is responsible for the development of standards of care and outcome measures for service categories, in cooperation with the grantee. Because the grantee has the lead role in quality management and the Planning Council has the lead role in evaluating service outcomes, the Planning Council assists the grantee in using these standards and including outcome measures as part of its quality management program. The Committee plays a lead role in any other evaluation of the effectiveness of service strategies undertaken by the Planning Council. The Committee also plays a lead role in developing and assessing the continuum of care for the TGA, and assists the Needs Assessment Committee in the development of the Comprehensive Plan. The Committee also helps to develop linkages between the Planning Council and other HIV-related and supportive service programs and entities, helping to meet the Planning Council’s responsibility for service coordination. The Care Strategy Committee has at least three members who are voting members of the Planning Council. Its membership is open to non-members of the Planning Council as well, with special focus on PLWH/A, provider representatives, and other individuals with expertise related to the various service categories.

E. **Community Access** – The Community Access Committee coordinates PLWH/A involvement with the Planning Council, providing outreach to and serving as liaison with consumers. The Committee helps ensure ongoing consumer input to Planning Council activities, with special emphasis on needs assessment and the identification of individuals who know their HIV status but are not receiving regular primary medical care. It offers advice to the Planning Council about issues affecting consumers. The Committee also helps to develop linkages between the Planning Council and other HIV-related and supportive service programs and entities, helping to meet the Planning Council’s responsibility for service coordination. Membership includes at least three Planning Council members as well as an unlimited number of individuals who are not members of the Planning Council, with emphasis on consumers of Part A services. Membership is also open to other PLWH/A within the TGA, including both individuals who publicly disclose their status and those whose status is not disclosed. Non-PLWH/A may also serve as members. Both Planning Council members and non-Planning Council members are voting members of this committee. The Committee will frequently invite PLWH/A who are not Committee members to participate in its activities.

F. **Membership and Nominations** – The Membership and Nominations Committee recommends candidates for Planning Council membership, using an open nominations process. The Committee develops, regularly updates, and consistently uses a standard application form for Planning Council membership. It works with the staff, Community Access Committee, and other entities to ensure active, ongoing outreach to identify potential members, particularly unaffiliated consumers, interviews prospective members,

and maintains a listing of eligible applicants. Annually or when vacancies arise, it recommends to the Executive Committee and Planning Council nominees for each open slot on the Planning Council, providing two nominees for each open slot whenever possible. For potential consumer members who do not wish their status to be made public, the Committee provides information necessary for the Executive Committee and Planning Council to make an informed decision about recommended membership while protecting the confidentiality of the individual's HIV status. The Committee recommends individuals to fill the categories of membership stated in the legislation and the Planning Council's bylaws, and to ensure that membership represents these categories and is reflective of the epidemic in the TGA. An individual representing a specific agency category will provide a letter of endorsement from an appropriate agency. The Committee's recommendations eventually go to the Mayor (as CEO) for appointment. Each year the Committee also recommends nominees for Co-Chair (one slot opens each year) and Secretary of the Planning Council. The Committee is also responsible for working with the Executive Committee and staff to ensure prompt orientation and mentoring of new members. This Committee's members must be Planning Council members. The Committee has at least four members.

G. Policies and Procedures – The Policies and Procedures Committee is responsible for ensuring that the Planning Council has the policies and procedures necessary to carry out its legislative responsibilities. It is responsible for bylaws review and amendments, including ensuring that bylaws reflect any changes in the Ryan White HIV/AIDS Treatment Modernization Act of 2006 legislation. It also recommends to the Planning Council needed changes in grievance procedures, conflict of interest policies and procedures, and other policies guiding Planning Council operations. The Committee monitors and facilitates the grievance process. Wherever possible, a member of this Committee will chair each three-person grievance committee. The Committee has at least three members, all of them members of the Planning Council.

H. Finance – The Finance Committee is responsible for working with staff to develop and monitor the Planning Council support budget, and to recommend any changes in that budget during the year. The Committee also monitors expenditures for services and service utilization, by service category, using reports provided monthly by the grantee. It works closely with the Priority Setting and Resource Allocation Committee to keep it informed of over- and under-expenditures, and the possible need to reallocate funds. It monitors grantee contracting and expenditures by service category to ensure that they are consistent with Planning Council allocations and directives. It works with staff and consultants as appropriate to evaluate the administrative mechanism at least every other year. Committee membership will include individuals with experience in budgeting and financial management. The Planning Council will arrange for committee members to receive training in interpreting reports from the City of Norfolk's fiscal management system, AFMS, as well as grantee service utilization reports. Committee membership is open only to Planning Council members, and includes at least three people.

Section 3 – Ad Hoc Committees

The Planning Council may create ad hoc committees, at its discretion, to address specific needs. Most decisions will be made by consensus. The resolution establishing an ad hoc committee shall state its responsibilities, membership, and expected duration. An ad hoc committee must be dismissed upon the completion of its assigned task.

Article VI – PLANNING COUNCIL AND COMMITTEE MEETINGS

Section 1 – Compliance with the Virginia Freedom of Information Act

The Council and its committees shall conduct their meetings as prescribed in the Virginia State Code (Code), 1950, as amended, in Chapter 37, Virginia Freedom of Information Act. All meetings of the Planning Council shall be open to the public. No closed session shall be conducted except as permitted by the Code. Record keeping and access shall also comply with the Code requirements, as well as the requirements of the Ryan White HIV/AIDS Treatment Modernization Act of 2006.

Section 2 – Frequency and Location

The Planning Council shall hold its regular meetings monthly; other meetings may be scheduled as necessary. Special meetings shall be held at the call of the Co-Chairs; a conference call format is permissible for special meetings only. Planning Council meetings will be rotated quarterly among TGA localities to increase the visibility of the Planning Council.

Regular and special committee meetings will be held as needed.

Section 3 – Notices

- A. **Membership Notification.** All Planning Council members will be notified at least five days in advance of Planning Council and Committee meetings either through the mail or by facsimile transmission or e-mail. A minimum of two working days will be required to notify members should a special meeting be called. All members will receive notice at their last known address, by e-mail, fax, or by telephone message. Committees will use an agreed-upon notification process to inform members of meetings.
- B. **Public Notice.** The public shall be afforded adequate notice of Planning Council meetings in the form of a published announcement and agenda in the local press of the TGA and website, in accordance with the Virginia Freedom of Information Act. The Council will prominently post the notice in its office. The notice must include the date, time, place, and agenda of the scheduled meeting. In addition, the Planning Council will publicize its calendar of meetings. Monthly meeting

schedules of all Planning Council committees and an annual schedule of regular Planning Council and Executive Committee meetings will be posted on the Planning Council website. Special meetings of committees will be posted at Planning Council offices, and will also be posted on the website wherever possible. The website will include an indication of any sessions that are not open to the general public for reasons of confidentiality (such as some Membership and Nominations Committee meetings involving interviews with consumers who are not publicly disclosed).

Section 4 – Meeting Materials

For each regularly scheduled Planning Council and Executive Committee meeting, members will receive pertinent materials needed for decision making at least five working days before the meeting.

Section 5 - Quorum

The attendance of a majority of current Planning Council members shall constitute a quorum for Council meetings. Half the members of any committee shall constitute a quorum at committee meetings.

Section 6 - Voting

Official action adopted by the Planning Council requires a majority vote by a quorum of the Council. There will be no proxy votes. The Council Co-Chair who is chairing a meeting will vote only in the case of a tie or where his/her vote would create a required super-majority.

Section 7 - Conducting Meetings

All meetings will be conducted in an orderly manner, and governed by these Bylaws. Planning Council and Executive Committee meetings will be conducted using *Robert's Rules of Order*, as revised. The Co-Chair chairing a meeting shall manage public comments and participation at that meeting.

Committee meetings that are primarily working sessions will typically be run informally, with decisions made by consensus. The Committee Chair will decide when to use *Robert's Rules of Order* and formal motions.

Section 8 - Meeting Attendance by Telephone

Members of the Planning Council and committees are expected to attend meetings in person, but when in-person attendance is not possible due to circumstances such as travel, illness, bad weather, or job responsibilities, they may connect by telephone. In similar circumstances, committees may meet by conference telephone.

Section 9 - Decisions without a Meeting

Where top-priority decisions must be made with a very short time frame, the Planning Council or Executive Committee may agree at a meeting to make final decisions that require only a yes or no vote (with no amendments) through fax or e-mail. Such decisions will require an affirmative vote of at least two-thirds of current Planning Council or Executive Committee members.

Article VII – CONFLICT OF INTEREST, CODE OF CONDUCT AND GRIEVANCE PROCEDURE

Section 1 – Conflict of Interest

This policy shall not be construed as preventing any member of the Planning Council from full participation in discussion and debate about community needs, service priorities, and allocation of funds to broad service categories, and from participating in the evaluation of service effectiveness. Rather, individual members are expected to draw upon their professional experiences and knowledge in such discussions, as intended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006.

All members of the Planning Council are expected to keep their focus on directing the grant funds to meet the needs of individuals affected by the HIV/AIDS virus, in the most expeditious manner possible.

As mandated by the Ryan White HIV/AIDS Treatment Modernization Act of 2006 legislation 2602 (5) (A) (B), a Planning Council member who serves as a director, trustee or salaried employee, or who derives a financial or economic benefit from association with an agency that currently receives or is a current applicant for funds allocated by the Council, is deemed to have an interest in said agency. The same conflict of interest exists if the spouse or partner of a member serves in any of these capacities. Conflict of interest does not apply to PLWH/A whose relationship to a grant-funded service provider is only as a client receiving services.

Conflict of interest will be managed as follows:

- A. In order to prevent the existence or the appearance of the existence of a conflict of interest, each Council member shall complete a Disclosure Affidavit annually, and it shall be kept on file in the office of the Planning Council. The member shall update the affidavit when there is a change in his/her affiliation.
- B. A member with a conflict of interest with an agenda item must so declare before the discussion of the item begins at a meeting; the declaration must be recorded in the minutes of the meeting. Any unresolved complaints will be referred to the Executive Committee for further discussion and resolution.

- C. A member with a conflict of interest, or whose spouse or domestic partner has an interest as described in the second paragraph above, shall not vote on matters that come before the Council or a committee regarding the establishment of priorities or the allocation of funds to service categories in which the agency with which the conflicted member, or spouse or domestic partner, is associated, or from which s/he seeks or has obtained funds. A member with such a conflict will answer questions and provide factual information when asked, but will not initiate dialogue about those service categories. Where voting is on an entire slate of priorities or allocations, such members may vote.

Section 2 – Code of Conduct

The Planning Council will establish and each member of the Planning Council will sign the Code of Conduct. These same requirements shall apply to committee members who are not Planning Council members. The Planning Council as a whole will discuss the Code of Conduct at the beginning of each program year. Each member will receive a copy; the original will be placed in the member's personal file.

Section 3 – Grievance Procedure

Open, honest communication results in fewer disputes. Respect for the opinion of others and civility, as well as the promotion of a public dialogue create good will and prevent ill will. Planning Council members shall encourage discussions and public input so as to foster an inclusive decision-making culture. They shall also attempt to resolve problems and complaints informally. However, the Planning Council provides a grievance process for disputes that remain unresolved.

The Grievance Procedure, attached hereto as Appendix 2, is hereby incorporated by reference.

Article VIII – PLANNING COUNCIL SUPPORT STAFF

The Planning Council office shall be staffed to support the work of the Council members. The duties and responsibilities of the support staff shall include:

1. Conducting research to assist the Council in developing mandated plans, priorities and allocations;
2. Collecting and assessing data necessary for the work of the Council, and assisting in the selection and monitoring of contractors or consultants hired by the Planning Council to assist in meeting its legislative responsibilities;

3. Ensuring that the Planning Council receives regular financial reports on the status and use of Planning Council support funds;
4. Posting and publishing notices of all Council and committee meetings as prescribed by the Bylaws;
5. Notifying Council members of the date, time and place of Council and committee meetings, in a timely fashion;
6. Keeping records of members' attendance and alerting the Secretary and Co-Chairs about members who are not meeting attendance requirements;
7. Preparing and keeping minutes of Planning Council and Executive Committee meetings, and preparing committee reports for Standing Committees;
8. Ensuring that the Co-Chairs and the committee Chairs approve the minutes and reports of the meetings in a timely fashion and distributing copies to the members at least five working days before the next scheduled meeting;
9. Maintaining a file for each Council member with all documents relating to that member, including the Disclosure Affidavit, contact information sheet, completed membership application, etc.;
10. Providing clerical and secretarial support to the Co-Chairs, Secretary, and committee Chairs in the performance of their duties and tasks as Council leaders;
11. Maintaining records and files containing minutes, correspondence, and copies of official documents needed to support the work of the Planning Council;
12. Preparing official correspondence on behalf of the Council;
13. Maintaining public documents and making them available upon request pursuant to the Virginia Freedom of Information Act; and adhering to record retention policies that meet state and federal guidelines;
14. On a day-to-day basis, serving as liaisons between the Planning Council and grantee, and between the Planning Council and the Mayor's Liaison, and keeping the Co-Chairs fully informed of all matters related to these bodies.

Article IX – GENERAL PROVISIONS

Section 1 – Memorandum of Understanding

The relationship between the Planning Council and the grantee's office shall be governed by a memorandum of understanding (MOU) between the two parties; the MOU shall delineate their respective roles and the duties and responsibilities they share, as well as communications mechanisms. The MOU will be reviewed annually by the Executive Committee and Planning Council Support Staff, in consultation with the grantee's office.

Section 2 – Contractual Obligations

Neither the Council nor any of its members shall have the power or authority to bind the City of Norfolk or the CEO by any contract or agreement. All contracts shall be administered by the City of Norfolk on behalf of the Council. Any contract shall be exclusively with Part A Ryan White HIV/AIDS Treatment Modernization Act of 2006 grant funds according to terms and practices consistent with the City of Norfolk's procurement Code.

The Planning Council shall have the right to monitor the progress and quality of performance under consultant and program support contracts the City enters into on its behalf, in addition to the City's contract monitoring.

Section 3 – Severability

In the event that any provision in these Bylaws is unlawful, it shall be severed and deemed null and void and shall not impair the validity of the remaining provisions of these Bylaws.

Article X – AMENDMENTS AND RATIFICATION

Section 1 – Amendments

A written notice of any alteration, amendment or the repeal of the Bylaws shall be given to the Planning Council members at least ten days in advance of the meeting at which the alteration, amendment, or repeal will be put to vote. A two-third vote of the quorum shall be required to pass any alteration, amendment, or repeal. Any amendments shall be subject to approval of legal form and correctness by the Norfolk City Attorney's Office. Any such change shall be with the concurrence of the CEO, which should not be unreasonably withheld.

Section 2 – Ratification

These Bylaws shall go into effect upon the two-thirds (2/3) majority vote of the quorum of the Council and approval of the CEO.

Approved by the Planning Council on _____
Date

Signatures:

Co-Chair: _____ Date: _____

Co-Chair: _____ Date: _____

Chair, Policies/Procedures: _____ Date: _____

Approved by CEO: _____ Date: _____

DEFINITIONS AND ACRONYMS

The following definitions shall have the ascribed meaning when used in these Bylaws, except to the extent that the context clearly requires and indicates otherwise.

HIV/AIDS and Ryan White HIV/AIDS Treatment Modernization Act of 2006 Terms

AIDS: (Acquired Immune Deficiency Syndrome) A disease of the immune system characterized by increased susceptibility to opportunistic infections. It is chiefly transmitted through blood or blood products or other bodily fluids.

CARE Act: (Comprehensive AIDS Resources Emergency Act) Federal legislation created to address the health care and service needs of people living with HIV/AIDS and their families.

CEO: (Chief Elected Official) The Mayor of the City of Norfolk, who is the official recipient of Part A Ryan White HIV/AIDS Treatment Modernization Act of 2006 funds within the Transitional Grant Area (TGA). The CEO is ultimately responsible for administering all aspects of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 in the TGA and ensuring that all legal requirements are met.

HIV: (Human Immunodeficiency Virus) The entire spectrum of the HIV virus, from post-infection to the clinical definition of AIDS.

HRSA/HAB: (Health Resources and Services Administration - HIV/AIDS Bureau) The Department of Health and Human Services agency that oversees the Ryan White HIV/AIDS Treatment Modernization Act of 2006.

Part A: (Formerly known as Title I): The part of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 that provides emergency relief to localities disproportionately affected by HIV epidemic.

Part B: (Formerly known as Title II): The part of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 that provides funding to states and territories to improve the quality, availability, and organization of health and support services for individuals living with HIV/AIDS and their families.

Part C: (Formerly known as Title III): The part of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 that provides funding to public and private nonprofit organizations for outpatient HIV early intervention services (EIS), and for early intervention services planning, and capacity building.

Part D: (Formerly known as Title IV): The part of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 that provides funding to public and private organizations for family-centered and community-based services to children, youth, and women living with HIV and their families.

Part F: The part of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 that comprises Special Projects of National Significance, AIDS Education & Training Centers, Dental Programs and Minority AIDS Initiative.

PLWH/A: (Persons Living With HIV/AIDS)

Ryan White HIV/AIDS Treatment Modernization Act of 2006: Federal legislation created to address the health care and service needs of people living with HIV/AIDS and their families.

TGA: (Transitional Grant Area) The geographic area eligible to receive Title I Care Act funds. The Census Bureau defines the boundaries of the TGA.

Title I: The part of the CARE Act that provides emergency relief to localities disproportionately affected by HIV epidemic.

Title II: The part of the CARE Act that provides funding to states and territories to improve the quality, availability, and organization of health and support services for individuals living with HIV/AIDS and their families.

Terms Related to Grievances

Arbitration: The submission of a dispute to an impartial or independent individual or panel for a binding determination. Arbitration is carried out in conformity with a set of rules.

Binding Arbitration: A process in which parties agree to be bound by the decision of an arbitrator, which generally has the force of law, although it does not set a precedent.

Mediation: A voluntary process in which an impartial and usually independent third party assists parties to a dispute in reaching an acceptable resolution to the issues in the dispute. The results of mediation may become binding if the parties agree to make them binding.

Party: A participant in the grievance process.

Remedy: The relief or result sought by the grievant.

Third Party: A term used to describe an independent or impartial person, a mediator or an arbitrator.

GREATER HAMPTON ROADS HIV HEALTH SERVICES PLANNING COUNCIL GRIEVANCE PROCEDURE

The Greater Hampton Roads HIV Health Services Planning Council will utilize every possibility to avoid entering into formal grievance procedures by utilizing non-threatening dispute prevention measures. The Ryan White HIV/AIDS Treatment Modernization Act of 2006, as amended, requires the Planning Council to adopt a grievance procedure as a condition of eligibility for funding. The procedure has to include a mechanism for the submission of grievances to binding arbitration.

What is covered under the grievance procedure?

- I. Deviations from an established written priority setting or resource allocation process, or from policies and procedures of the Planning Council.
- II. Deviations from an established written process for any subsequent changes to priorities and allocations.

Who may file a grievance?

A directly affected person or entity, including the following, may file a grievance:

- I. Providers eligible to receive Ryan White HIV/AIDS Treatment Modernization Act of 2006 Funding.
- II. Consumer groups/PLWH coalitions and caucuses.
- III. Planning Council members.
- IV. Grantee

How to file a grievance

The grieving party shall fill out a “Grievance Intake Form,” which can be obtained from the support staff of the Planning Council. Staff shall provide the grievant with a copy of the grievance procedure and answer any questions regarding the process. The grieving party can send the completed form through the mail, deliver it in person to the Planning Council office, or fax it in. E-mail may be used only if it enables the grievant to provide a personal signature.

When to file a grievance

All grievances must be filed within ten days of the disputed action or decision by the Planning Council. The date of filing of a grievance shall be the date a completed “Grievance Intake Form” is received at the office of the Planning Council.

Where to obtain a “Grievance Intake Form” and file a grievance

The address and phone numbers for the office of the Planning Council are as follows:

Greater Hampton Roads HIV Health Services Planning Council
741 Monticello Avenue, Room 201, Norfolk, VA 23510
Telephone: (757) 823-4410/4409 Fax: (757) 664-6018

THE GRIEVANCE PROCESS

A. Initiation of Grievance Process

1. The Planning Council support staff shall log in the intake form. Data recorded shall include the date and time received, the name and address of the grievant and the nature of the grievance. An individual grievant file shall be initiated to hold all correspondence and documentation.
2. Written notification shall be sent to the grievant, within ten working days, during which time the Co-Chairs of the Planning Council and the Chair of the Policies and Procedures Committee will decide whether the grievance is accepted for consideration, based on a determination of eligibility of the grievance and the grieving party. A copy shall simultaneously be sent to the Chairperson of the Policies and Procedures Committee.
 - a. If the grievance is rejected, the letter must explain the reasons for the rejection and inform the grievant that the Chair of the Policies and Procedures Committee must be contacted within 10 days of the date of the letter of rejection, in order to note an appeal of the rejection.
 - b. If the grievance is accepted, it shall be reviewed by the Ad Hoc Grievance Committee no more than 10 days from the date of the determination of eligibility or receipt of the notice of appeal by the Committee Chair.

B. Grievance Committee Review

The Co-Chair of the Planning Council responsible for the Policies and Procedures Committee shall appoint a three-member Ad Hoc Grievance Committee. The Chair of the Grievance Committee will typically be a member of the Policies and Procedures Committee. A Co-Chair of the Planning Council may elect to be a member of the Grievance Committee.

1. The Chair of the Grievance Committee shall inform the grievant of the date, time and location of the review. The grievant shall be afforded time to answer questions posed by committee members before the formal review process begins.
2. The Grievance Committee Chair shall send the recommended resolution to the grievant, by certified mail, within five working days after the date of the review.

C. Mediation

If the Grievance Committee does not satisfactorily resolve the grievance, the grievant may elect to proceed with mediation.

1. The grieving party shall notify the Planning Council in writing, within five working days, at the Planning Council's address, if it elects to have the grievance mediated.
2. Mediation shall be conducted by a mediator who is certified by the Virginia Supreme Court and whose business address is within the TGA.
3. The Planning Council staff shall contact the mediator and the Grievance Committee Chair to begin the mediation process.

4. The mediator shall summarize in writing any agreement reached, or provide the Grievance Committee and the grievant a summary of discussion if a resolution is not reached.

D. Arbitration

If a satisfactory resolution is not achieved by mediation, the grievant may elect to proceed to binding arbitration.

1. The grieving party shall notify the Planning Council in writing, within five working days, at the address provided above, if it elects to proceed to arbitration.
2. The support staff of the Planning Council shall provide the grievant with a list of arbitrators within five working days of the notification.
3. Binding arbitration shall be conducted by an arbitrator who is licensed by the Virginia Supreme Court, in accordance with the standards set forth by the American Arbitration Association.
4. The grievant shall prioritize the selection of an arbitrator by ranking the arbitrators listed and returning the list to the office of the Planning Council within five working days after the date the list was provided.
5. The staff of the Planning Council shall endeavor to retain one of the top three arbitrators as ranked by grievant and shall document the effort. If none of them is available, the staff shall go down the list three priority ranks at a time until an arbitrator is retained.
6. Time is of the essence. Unavailability of an arbitrator within the prescribed time limit is sufficient grounds to deem an arbitrator unavailable.
7. The arbitration shall commence within 30 days of the date that the list of arbitrators was provided to the grievant.
8. The arbitrator shall fix the date and time of each arbitration session, which shall be held at a convenient location within the Norfolk TGA.
9. The arbitrator shall issue his/her ruling in writing, no later than 30 days from the date of the closing of the hearing.

E. Decisions and Remedies

1. Any agreement related to a grievance shall be put in a written document and signed by all parties.
2. No monetary damages shall be awarded. Mediation and/or arbitration fees shall be borne equally by the parties. However, each party shall be responsible for the expenses and costs related to its own counsel and presentation.
3. All decisions and remedies that result in a change of policy or procedure shall not be retroactive.

**GREATER HAMPTON ROADS HIV
HEALTH SERVICES PLANNING COUNCIL
GRIEVANCE PROCEDURE**

Grievance Intake Form

1. Full Name of Grievant: _____
2. Current mailing Address: _____
3. Telephone Number: _____ Fax Number: _____

Statement of grievance, reason for grievance, and explanation of how the person or organization submitting the grievance has been affected by the decision of the Planning Council. Please be brief and to the point.

Signature: _____ Title: _____

4. Date of action that is subject of grievance: _____
5. What result is sought by the grievant?
6. The “grievance Intake Form” may be hand-delivered, faxed or mailed to:

Greater Hampton Roads HIV Health Services Planning Council
741 Monticello Avenue, Room 201, Norfolk, VA 23510
Telephone: (757) 823-4410/4409 Fax: (757) 664-6018

The day that the “Grievance Intake Form” is received at the Planning Council Office will be considered the date of filing.

**The Greater Hampton Roads HIV Health Services
Planning Council
Code of Conduct**

- (A) Every member of the Planning Council will treat every other member with courtesy and respect his/her legitimate right to be a part of discussions and decision-making. This means that all members/participants in meetings will have the opportunity to speak and be listened to without interruptions.
- (B) Every member will be truthful and honest.
- (C) Every member will honor commitments and be prepared for all Planning Council work.
- (D) A member who is a potential Part A Provider shall identify him/herself as such when participating in Council discussion relevant to his/her service.
- (E) There will be no personal attacks on anyone; disagreements will focus on issues, not upon individuals.
- (F) Once decisions are made, every member of the Planning Council will support the decision, regardless of his/her personal position.
- (G) Information presented in confidence will be held in confidence and not discussed outside the meeting.
- (H) Every member will honor his/her responsibility to present and consider the concerns of specific communities or populations, but shall also consider the overall needs of people living with HIV disease and balance the interests of both in discussion and decision making.
- (I) Every member will speak positively about the Planning Council in public: problems will be addressed within the group.
- (J) Any member who feels s/he cannot support the mission, goals, strategies, programs, and/or leadership of the Planning Council as agreed upon by the members should resign.
- (K) Every member will take responsibility not only for abiding by these rules of conduct personally, but also for speaking out to assure that all members abide by them.
- (L) No member may speak or publish materials, or provide endorsements on behalf of or represent the Council without express permission of the Council.
- (M) Every member will participate and allow the participation of every other member without discrimination with respect to gender, sex, age, race, ethnicity, religious belief, sexual orientation, political belief, or physical, mental, or social impairment.
- (N) The Planning Council members promote healthy lifestyles and no member shall use alcohol, other drugs or be under the influence of such, at any meeting or activity, formal or informal, of the Planning Council.

Print Name

Signature/Date

Revision Dates

The following dates indicate when amendments were made to the Bylaws:

- Thursday, November 4, 2004
- Thursday, May 5, 2005
- Thursday, July 7, 2005
- Thursday, January 12, 2006
- Thursday, April 5, 2007
- Thursday January 3, 2008
- October 2, 2008