

Planning Council Bylaws

Approved by the Council 3/10/08

ARTICLE I - LEGAL AUTHORITY

The Seattle HIV/AIDS Planning Council (Council) was established by the King County Executive on August 11, 1992. It functions pursuant to the requirements of the federal Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White), specifically the rules guiding the funds targeted to metropolitan areas with substantial need for services (Part A), known as **Transitional Grant Areas (TGA)**; and the Centers for Disease Control and Prevention (CDC) Guidance on HIV Community Planning (CDC Guidance), and the Washington State Ellensburg Agreement.

ARTICLE II - DUTIES

The duties of the Planning Council are outlined in the Ryan White Act, the CDC Guidance, and the Ellensburg Agreement and include:

A. General Duties:

- a. Ensure the Council balances its attention between prevention/education activities and care services.
- b. Ensure that the actions and decisions of the Council are implemented in a timely way.

B. Care-related Duties:

- a. Determine the needs of people living with HIV in King County;
- b. Establish the service category priorities;
- c. Allocate the locally pooled Ryan White Part A and B funds to these priority services;
- d. Set caveats and sub-priorities for the provision of care services in King County.
- e. Develop a comprehensive plan for the organization and delivery of eligible care services described in the Ryan White Act that is compatible with any existing State or local plans regarding provision of care services to individuals living with HIV/AIDS.
- f. Review Public Health's procurement to ensure that it follows the Council's plan;
- g. Assess the efficiency of Public Health in rapidly allocating funds to areas of greatest need;
- h. Assess the efficacy of Public Health's administrative mechanism in rapidly allocating Ryan White Part A funds to the areas of greatest need within King County.
- i. Participate in the development of the statewide coordinated statement of need (SCSN) initiated by the Washington State Department of Health (DOH), which is the grantee for Ryan White funds directed to Washington State (Part B).

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- C. Prevention-related Duties:
- a. Help determine the needs of at-risk populations in King County;
 - b. Use the Epidemiologic Profile to determine the populations on which HIV prevention resources will be focused;
 - c. Prioritize these populations as part of the King County Prevention Plan;
 - d. Identify and prioritize appropriate interventions for each population and set caveats, sub-priorities and sub-populations for 100% of CDC and 50% of the Omnibus funds allocated to King County;
 - e. For funds set aside by the Public Health Prevention Planners for competitive grants, assign percentages of the available pot to the priority populations;
 - f. Review Public Health's allocation and contracting of prevention funds to ensure that it follows the Council's plan per the requirements of the CDC Planning Guidance and the Ellensburg Agreement.
 - g. Participate in the Washington State Prevention Planning Group (SPG) to develop the statewide prevention plan and, using the Letter of Concurrence process, ensure that statewide prevention funding follows the Washington State Prevention Plan.

ARTICLE III - MEMBERSHIP

- A. APPOINTMENT:** Council members are appointed by the County Executive. The Council shall recommend appointments through the nominations process described herein, with the exception of the Public Health – Seattle & King County (Public Health) and the Washington State Department of Health (DOH) representatives, who shall be recommended by their respective department directors.
- B. SIZE:** The Council shall consist of that number of members necessary to fulfill all applicable federal legislation and guidance regarding membership positions.
- C. REPRESENTATION:** The Council shall have the representatives required by the Ryan White legislation and the CDC Guidance. Specific representational positions are included as Appendix E of this document. At least one-third of the Council's membership shall be *unaligned consumers*. The Council as a whole and its unaligned consumer subset shall reflect the demographics of the epidemic of HIV disease in the Seattle TGA, with particular consideration to disproportionately affected and historically underserved groups.
- D. TERMS OF MEMBERSHIP:** Applicants approved by the Council shall be recommended for appointment to a two-year term. Terms end on the anniversary of appointment by the Executive. Members who fill a need may be recommended for appointment to a second two-year term. In exceptional circumstances, a member may be recommended for appointment to a third term. Any former member of the Council, regardless of the number of terms served, may reapply for

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membership after an absence of at least one year. The term limit policy does not apply to the Public Health and State Part B representatives, who may serve as long as they remain the appointees of their respective health departments.

E. MEMBERSHIP PROCESS: The Membership Committee will be responsible for identifying areas of needed member representation and shall coordinate with Council staff the following tasks:

- 1. Recruitment:** The Council shall conduct ongoing recruitment processes targeting potential members.
- 2. Applications:** Following Council approved protocols (see Appendix D), the Membership Committee shall make recommendations to the Council, which will make recommendations to the County Executive.

F. COUNCIL MEMBER DUTIES: The duties of Council Members are to:

1. Attend a Council orientation;
2. Attend and actively participate in all Council meetings;
3. Review and understand materials for Council or committee discussion/action prior to meetings;
4. Participate in a care or prevention prioritization process at least once each term;
5. Complete a King County financial disclosure form upon initial nomination, and again annually for each year of service;
6. Adhere to the King County Code of Ethics and HRSA and CDC Guidance documents;
7. Disclose all conflicts of interest and work actively to ensure that they do not influence the Council's decisions.

Council members are also strongly encouraged, but not required, to participate in on-going and ad hoc committees.

G. RESIGNATION: A Council member may resign by giving written notice. The notice shall specify an effective date of resignation.

H. REMOVAL: Council members may be removed only by the County Executive. The Council may recommend to the Executive that a member be removed for any of the following reasons:

1. Excessive absences from Planning Council meetings, as determined by the Membership Committee;
2. Habitual behavior which inhibits the Council's ability to conduct business in a timely and efficient manner;
3. Conduct that negatively impacts confidence in the Council, including, but not limited to a violation of conflict of interest rules;

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4. Behavior that could prevent others (Council members, staff, Public Health staff or members of the public) from attending meetings.

Process for recommending removal: Recommendation for removal for any above reason shall be reviewed by the Executive Committee, and if the Executive Committee finds merit, it shall forward the proposed removal to the Council for a vote. Notice of, and the reasons for the Executive Committee's proposed removal will be sent to the member and the County Executive. If the Council votes to recommend removal of the member, the recommendation shall be forwarded to the County Executive.

- I. **MEMBER EMERITUS STATUS:** Any member who identifies that he or she will be unable to participate in Council-related activities for two or more consecutive months due to ill health may be placed on "member emeritus" status. This member will remain officially on the Council roster but will not be counted toward the quorum at Council meetings.

ARTICLE IV - OFFICERS AND ELECTIONS

- A. **Officers:** The officers of the Council shall be:
 1. Community Care Co-Chair;
 2. Person Living with HIV/AIDS (PLWH) Care Co-Chair;
 3. Community Prevention Co-Chair (must not be an employee of either state or local Public Health); and
 4. Public Health Prevention Co-Chair (non-elected position).These will be four separate people.
- B. **Eligibility:** To be eligible for election to office, a member must be a duly appointed member and must have agreed to be a candidate for office. The member must be eligible to serve on the Council for the full term of office.
- C. **Term of Office:** The term of office shall be one year, April 1 through March 31. A member may hold elected office for up to three successive one-year terms. The appointed Public Health Prevention Co-Chair shall serve as an officer as long as he or she remains the appointee of Public Health.
- D. **Election/Appointment:** An annual election shall be held to identify the three elected Co-Chairs. In the event of a mid-year vacancy in an elected Co-Chair position, the Executive Committee shall appoint an officer for the remainder of the term, or if the vacancy resulted from a Co-Chair's placement on emeritus status, until that Co-Chair returns from emeritus status.
- E. **The duties of the officers shall be as follows:**

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1. **Care Co-Chairs:** Provide leadership to the Council on care issues and ensure that the Council fulfills the planning and prioritization requirements as specified in the Ryan White guidance. Participate in the Executive Committee and the annual evaluation of the Council Administrator. Perform other duties incidental to carrying out the functions of the position, including those outlined in the Public Health/Planning Council's Cooperative Agreement and the Co-Chair Job Description.
2. **Prevention Co-Chairs:** Provide leadership to the Council on prevention issues and ensure that the Council fulfills the planning and prioritization requirements as specified in the CDC Guidance. Participate in the Executive Committee and the annual evaluation of the Council Administrator. Perform other duties incidental to carrying out the functions of the position, including those outlined in the Public Health/Planning Council's Cooperative Agreement and the Co-Chair Job Description.
3. The four co-chairs will determine among them who will facilitate the Executive Committee and/or Council meeting in the absence of the Council Administrator.

ARTICLE V. – PRIORITIZATION PROCESSES

Prioritization of care services and of prevention populations, allocations to care services and prioritization of prevention interventions are the primary purposes of the Council, as noted in Article II, A & B.

- A. **Prioritization Steering Committees.** For each prioritization process, the Executive Committee shall appoint a Steering Committee, including the two relevant co-chairs. Relevant grantee staff may attend meetings to assist the committee. Each prioritization steering committee shall:
 1. Identify the membership of the prioritization committee,
 2. Define the processes for prioritization, to include a method for managing conflicts of interest,
 3. Bring prioritization committee membership and process description to the Council for approval, and
 4. Establish the schedule, arrange for presentations, monitor the processes and any other relevant activities.
- B. **Prioritization Committees.** At least two-thirds of the membership of each prioritization committee shall be Planning Council members. Up to one-third of each prioritization committee may be non-Council members identified by the Steering Committee.
 1. All work products from prioritization committees must be approved by a two-thirds vote of the Council. Any product not approved shall be returned to the committee.

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2. Work products which have been approved by the Council may be changed only for the following reasons:
 - a. The actual Ryan White Act or CDC/Omnibus award received is significantly different from the projected amount the prioritization committee based its work product on; or
 - b. There is a significant change to HRSA, CDC or State guidance; or
 - c. There is a significant and unanticipated change in the HIV/AIDS environment.

ARTICLE VI. - MEETINGS

A. OPEN PUBLIC MEETINGS. All meetings of the Council shall be open to the public, as required by the Ryan White Act and consistent with the Washington State Open Public Meetings Act.

B. REGULAR MEETINGS: In general, meetings of the Council will be held on the second Monday of each month from 4:00 pm to 6:30 pm. Information about current meeting times and locations is available from Planning Council staff at 206-296-4527. The Executive Committee, assisted by Council staff, shall prepare or cause to be prepared a proposed agenda, which shall be mailed to all Council members not less than four working days prior to the meeting. The Council Administrator shall facilitate Council meetings or, in that person's absence, the Council Co-Chairs will determine amongst themselves who shall facilitate. No action may be taken on any item not included on the agenda approved at the meeting. This requirement may be suspended by an affirmative majority vote.

C. SPECIAL MEETINGS: Special meetings may be held on call of any two officers or by a majority of the members of the Council. Such call shall include an agenda setting forth the specific action item to be considered at the meeting, and no other action may be taken at such meeting. Written notice shall be provided consistent with RCW 42.30.080.

D. QUORUM: At any Council meeting, the presence of a majority of the members (meaning one more than half the current membership (50% + 1, not including emeritus members) and the presence of a majority (50% + 1) of the unaligned consumers (not including emeritus members) shall be necessary to constitute a quorum for the purpose of taking action on any agenda item. Proxies are not permitted for either the establishment of a quorum or for the conduct of business.

E. MINUTES: Detailed minutes of each meeting shall be kept. The accuracy of all minutes shall be approved by a majority vote of the Council.

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For meeting procedures please see Appendix B, Standing Rules for Council meetings.

ARTICLE VII - COMMITTEES

Work shall flow from the committees to the Council. The Council may not predetermine the specific work product or process of any committee. The Council shall either approve or reject, as a whole, a work product of a committee. If the Council rejects a work product of the committee, the product shall go back to that committee for revision based upon input from the Council.

- A. **Executive Committee:** An Executive Committee comprised of the four Council Co-Chairs, Membership Committee Co-Chairs, and at least one Co-Chair from each current committee shall review work plans; set Council meeting agendas; consider special issues; provide advocacy; make recommendations to the Council for removal of Council members; consider, review and reply to correspondence; determine disposition of issues about which the Bylaws are silent; and coordinate Council activities. All Council members may attend and vote at any Executive Committee meeting.
- B. **Membership Committee:** A committee comprised of Council members with both care and prevention expertise will address issues of Council membership. These include creating membership recruitment goals, reviewing Council applications, interviewing Council applicants, bringing new Council candidate recommendations before the Council for approval, bringing recommendations to the Council for reappointment of members, setting attendance policies, reviewing procedures for training Council and committee members, and developing and revising reimbursement plans for Council members. **For membership policies see Appendix D.**
- C. **Ad Hoc Committees.** Other committees may be formed as needed.

ARTICLE VIII - CONFLICT OF INTEREST

A. Planning Council members are subject to rules about conflict of interest under the King County Code of Ethics, Ryan White Part A legislation and guidance, and CDC community planning guidance. See Appendix C for additional information about Conflict of Interest.

B. **Disclosure Forms:** As a condition of membership on the Council, all members shall complete upon appointment, and then annually, a King County Statement of Financial and other Interests for King County Board and Commission Members.

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D. Limits of Council Funding Authority: The Council shall be involved in fund allocation decision making in accord with HRSA and CDC guidance documents. Public Health shall be responsible for soliciting and reviewing proposals and awarding funds to specific agencies. Council members may not serve on proposal review/allocation panels.

ARTICLE IX - ACCOMMODATION POLICIES

Persons with special needs may request reasonable accommodation in advance to attend Planning Council meetings and the Council will attempt to meet these needs.

ARTICLE X - GRIEVANCE PROCEDURES

In accordance with the Ryan White Act, the Council shall develop, maintain and publicize grievance procedures regarding Ryan White priorities and allocations. See Appendix G for these grievance procedures.

ARTICLE XI - OFFICIAL COMMUNICATIONS AND REPRESENTATION

No officer or member of the Council shall perform any action or make any statement or communication under circumstances that might reasonably give rise to an inference that he or she is representing the Council, except when:

- A. S/he has been given the express authority by the Council or Executive Committee to so represent the Council's decisions on specific topic(s) for specific periods of time.
- B. Any Council member appointed to serve on a work group or task force shall make every effort to fairly represent the interests of the Council and may speak on behalf of the Council at the meetings of such groups or task forces.

ARTICLE XII - MAINTENANCE OF RECORDS

Records shall be maintained by Public Health – Seattle & King County in the HIV/AIDS Program offices or in King County records storage and archives. Copies of public documents shall be supplied upon request under the provisions of the Public Records Act.

ARTICLE XIII - AMENDMENTS TO BYLAWS

Amendments to these Bylaws shall require a two-thirds majority vote of those members present at the meeting during which proposed amendments are on the agenda. Unless otherwise specified, the amendment(s) shall take effect immediately upon adoption.

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APPENDIX A: DEFINITIONS

“**Caveat**” is an additional direction included in a prioritization and allocation plan which directs Public Health (and its procurement panel) to give favorable consideration to proposals which address a specific need identified by the prioritization committee.

“**CDC**” means the Centers for Disease Control & Prevention, which provides funds allocated through states to local planning groups for the provision of locally determined HIV prevention education intervention priorities.

“**Council**” means the “Seattle HIV/AIDS Planning Council” established by the King County Executive.

“**County Executive**” or “**Executive**” is the King County Executive, who is the recipient of Ryan White Part A funds by virtue of being the chief elected official of the city or urban county administering the grant.

“**DOH**” refers to the Washington State Department of Health.

“**Ellensburg Agreement**” is the agreement between Public Health departments and community planning groups which outlines that 50% of Washington State AIDS Omnibus funds must be responsive to the priorities outlined by the community planning groups.

“**Letter of Assurance**” (for Care) is a letter written by the Care Co-Chairs at the direction of the Council and is submitted to HRSA as part of the annual grant application. One of its purposes is to assure HRSA that Public Health has procured services in accordance with the Council’s care prioritization and allocation plan.

“**Letter of Concurrence**” (for Prevention) is a letter written by the Prevention Co-Chairs at the direction of the Council and is submitted to the Washington State Department of Health as part of the annual King County Prevention Plan. Its purpose is to assure the State that Public Health has allocated its prevention dollars in accordance with the Council’s priorities.

“**Member**” or “members” refers to those persons who have been duly appointed to the Council by the King County Executive.

“**Omnibus**” means the State of Washington HIV/AIDS Omnibus Act which allocates funds through local health agencies for the provision of mandated and locally determined services and prevention education interventions.

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“**Part A,**” refers to the part of the Ryan White act which provides grants to metropolitan areas with severe need for services, including Eligible Metropolitan Areas (EMA) and Transitional Grant Areas (TGA). Seattle is a TGA.

“**Part B,**” refers to the part of the Ryan White act which provides grants to states for services and prescription drugs.

“**Part C,**” refers to the part of the Ryan White act which provides grants to clinics for early intervention and other medical services for HIV disease.

“**Part D,**” refers to the part of the Ryan White act which provides grants for coordinated services to women, infants, children and youth.

“**Public Health**” is Public Health – Seattle & King County.

“**Ryan White**” refers to the federal Ryan White HIV/AIDS Treatment Modernization Act of 2006.

“**Seattle TGA**” or “**TGA**” stands for “Transitional Grant Area” means the counties of King, Island and Snohomish.

“**Sub-population**” is a sub-group within one of the identified priority populations noted by the prioritization committee in the prevention plan as an acceptable target for a prevention activity.

“**Sub-priority**” restricts funding in a care service category or prevention priority population to a specific activity.

“**Unaligned Consumer**” is a person living with HIV who is receiving HIV-related services pursuant to the Ryan White Part A grant, is not an officer, employee or consultant to any entity that receives amounts from such a grant and does not represent any such entity.

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APPENDIX B: STANDING RULES FOR THE COUNCIL

1. **Facilitation:** The Planning Council Administrator facilitates Council meetings. In the absence of the Administrator, those Council co-chairs present shall determine who from among their membership shall facilitate the meeting.
2. **Quorum:** No action item can be resolved in the absence of a quorum.
3. **Agenda:** At the beginning of the meeting, the proposed agenda shall be submitted to the Council for adoption. Any additional substantive items may be added or deleted by means of amendment.
4. **Motions:** In most cases, decisions are to be made by means of a motion made by a member and seconded by another member. The motion is then restated, offered for debate, and then voted on by the group.
5. **Decisions by Acclamation:** For issues such as adoption of the agenda and minutes, the Council may choose to make decisions by acclamation. The facilitator or a member will ask if the item can be approved by acclamation, and if there are no objections, then the issue is approved. If there is dissent, then the Council must make a motion and vote as in number 4 above.
6. **Discussion:** Any Council member may speak on an item under consideration for up to two-minutes. No member may speak a second time until all those wishing to speak on that question have spoken. Members may not yield their time to another member. Members of the public wishing to speak on a specific agenda must sign up to do so at the beginning of the meeting for up to two minutes, but may speak only once. The facilitator will recognize members of the public during discussion.
7. **Closing the Discussion:** If discussion does not end of its own accord the facilitator will check in with the Council to determine if there has been ample discussion. If there is a conflict among Council members about whether the discussion should or should not continue, the group will vote to “call the question.” Calling the question is not debatable, and if the vote to call the question passes, then the original motion is voted on without any further discussion. Motions to call the question pass by a simple majority.
8. **Friendly Amendments:** Changes in the main motion may be proposed by means of amendments proposed by a member. Amendments must be relevant. If an amendment is proposed, it must be approved by the original person who made the motion, and the one who seconded it.
9. **Tabling a Motion:** If a member feels that that additional discussion time or information is needed before voting on a motion, they can propose to “table the

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motion” to a specified future time. A motion to table is debated and voted on. Motions to table pass by a simple majority.

10. **Voting:** Each Council member shall be entitled to one vote upon any question before the Council, provided that a quorum is then present. Voting upon any question shall be by voice vote or by show of hands of the members. Unless otherwise specified, motions are carried by a simple majority vote of the quorum; in the event of a tie, the motion fails. Voting by proxy is not allowed.
11. **Reconsidering a Vote Previously Taken:** If a member wishes to reconsider a vote taken at a prior meeting, a two-thirds vote is required in order to reconsider the motion. If the motion to reconsider passes, the assembly shall return to the point in the debate at which the vote to be reconsidered was taken. The discussion shall proceed as though the first vote had never been taken.

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Appendix C: Conflict of interest

The King County Code of Ethics, the Ryan White law, and the CDC Guidance contain provisions to ensure that the personal and financial interests of Planning Council members do not influence the decisions of the Council. Additionally, the King County Code of Ethics requires Council members to file an annual “Statement of Financial and other Interests.”

Who is conflicted:

1. A Council member has a conflict of interest if they or their immediate family,(to include domestic partners) during the past twelve months:
 - Are or have been employed by, own or have an ownership interest in;
 - Are or have been a board member of;
 - Are or have been a consultant to; or
 - Are or have been personally involved in a contractual relationship with any entity doing business with the County.
2. For the Council’s purposes, “entities doing business with the County” include all of the agencies which apply for funding in the care and prevention competitive RFP processes.
3. A consumer, whose only relationship with an agency is as a client or unpaid volunteer, should **not** be considered to have a conflict of interest.

Managing, rather than eliminating conflict of interest:

The Council shall utilize methods to minimize the potential for conflict of interest, including:

1. Disclosure
 - All Council members shall complete the King County “Statement of Financial and other Interests” upon being nominated to the Council, and again each year;
 - All Council members must state their affiliations upon introducing themselves at each Council meeting;
 - All persons participating in prioritization processes (Council and non-Council members) must disclose their conflicts at the beginning of the process;
 - All persons participating in the prioritization process must remind the committee of their conflicts at various points as determined by the Steering Committee.
2. Minimizing the influence of conflict of interest
 - The Steering Committee for each prioritization process shall develop or modify a process for minimizing conflict of interest. Examples of methods to minimize conflict include:

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1. Not allowing a conflicted member to vote, if the process used involves voting
 2. Not allowing a conflicted member to hold up consensus, if the process used is a consensus process
 3. Requiring conflicted members to hold a "C" or "Conflict" card while speaking, so other members know that the person is speaking from a place of conflict
- Council members should represent themselves and their constituencies on the Council, but not the interests of any agency.
 - The Council gathers and uses data, including epidemiology, needs assessments, behavioral research and performance to make decisions and emphasizes the key role of data in decision-making.
 - The Council and individual Council members are not involved in choosing which agencies are selected to provide services

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APPENDIX D: Membership Policies and Procedures

Recruitment: Targeted recruitment is conducted through posters at agencies, emails and one-on-one contacts to identify persons to fill specific representational Council slots. Candidates are recruited, vetted and accepted throughout the year.

Application: All recruits for the Council must complete an application for membership.

Application Review: The Membership Committee reviews all applications* received and determines whether the candidate should be invited for an interview based on their ability to fill a vacant membership slot as identified in these By-laws (Appendix B) and/or contributing positively to the demographics of the Council as defined by the Demographic Targets at the end of this document:

- Candidate fills, or may fill a Council slot which is currently vacant, or will become vacant in the next four months.
- Candidate does not fill a specific Council vacancy, but brings expertise which the Membership Committee feels is lacking on the Council. In this case there must be sufficient membership by consumers on the Council such that adding the member will not put in jeopardy the 33% minimum consumer membership.
- Candidate does not fill a specific Council vacancy, nor has specific expertise missing from the Council, but has shown a commitment to the Council's work through a history of appropriate participation in Council subcommittees. In this case there must be sufficient membership by consumers on the Council such that adding the member will not put in jeopardy the 33% minimum consumer membership.

Interview: An interview is conducted with at least two people from the Membership Committee. Interviews include questions designed to determine:

- If the candidate appropriately fills the vacancy
- The candidate's ability to read, understand and form opinions about data used by the Council
- The candidate's ability to participate productively and appropriately in group process in which there may be conflicts
- Candidate's ability to carry out the work of the Council in terms of time commitment
- Candidate provides the names and contact information for three references

Interview Discussion: If the Membership Committee determines that the candidate meets these criteria, they have staff conduct reference checks and forward the candidate for a vote by the Council.

Reference Checks: Staff conduct reference checks for candidates who have passed the interview process*. These reference checks are designed to determine:

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- Candidate's ability to participate productively and appropriately in a group process in which there is conflict
- Candidate's ability to follow through on commitments

Candidates Attend Council Meeting: Previous to the meeting at which the candidate is voted on, the candidate must attend a Council meeting. It does not have to be the Council meeting immediately prior to the meeting at which they are voted on—any full Council meeting in the past six months is acceptable.

Candidates Voted on by Council: At a meeting which the candidate attends, the Council has the opportunity to ask additional questions and then votes on the candidate. If the vote is in favor (by a simple majority), then the candidate is forwarded to the King County Executive.

Candidate Forwarded to the King County Executive: The King County Executive has the sole authority to appoint members to the Planning Council. S/he does this based on recommendations from the Planning Council. If the Council votes in favor of the candidate, his/her name is forwarded to the Executive for appointment. While waiting for appointment from the Executive's Office, members-in-waiting sit at the table during Council meetings, but cannot vote.

*Two Council positions are exempt from this process, the Public Health representative and the State Part B representative. These positions are identified by their health departments, at which time they fill out an application for membership, and provide the Council with references. The application and the results of the reference check are then immediately forwarded to the County Executive for appointment.

Other Membership Policies:

Attendance Policies

Expectations: Council members will endeavor to be in attendance at all Council meetings for the entire meeting. This is important because, A) each member of the Council has been chosen to bring a particular knowledge base to the discussions, and when the person is absent, their knowledge and perspective is not heard and B) a quorum of members must be present for the Council must be present in order for the Council to conduct business.

Excused absences: Council members may miss up to the equivalent of three full Council meeting in cases of:

- Illness;
- Work conflict;
- Vacation

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if the member contacts Planning Council staff in advance of the meeting. For illness or last minute work conflict, notice should be given as early as possible, but at least one hour prior to the meeting. Council members should give notice of their vacations as soon as possible, but at least by the previous Council meeting.

Unexcused absences: If a Council member misses a meeting for any other reason than those above, the absence will be noted as an unexcused absence. If a member misses more than three meetings in a rolling twelve months, further absences will be considered unexcused, regardless of the reason for the absence.

Missing part of a meeting: Arriving late to, or leaving early from a meeting follows the same rules as those for excused and unexcused absences. The amount of time missed will be noted, and will count toward the excused or unexcused absences of the member.

Violation of attendance policies: If a member has unexcused absences, or excused absences in excess of three full meetings, s/he is considered to be in violation of the Council's attendance policy.

Determining if an absence is excused: If a member does not call at least one hour in advance of the meeting or if there is a question about whether the absence is due to illness, work conflict or vacation, the issue will be brought to the Membership Committee to determine whether the absence is excused or unexcused.

Consequences:

After a member has had three unexcused absences, they will be sent a form letter from the Membership Committee informing them that A) that if they believe that they can commit to greatly improving their attendance that they must come to the next regularly scheduled Membership Committee meeting to make the case for how and why their attendance will improve, or B) if they cannot greatly improve their attendance, they should resign from the Council. The Membership Committee will do one of the following:

- Determine that the Council member has the intention and ability to attend future meetings. In this case, the committee will make a written agreement about attendance with the member;
- Determine that the Council member will not be able to attend future meetings, and therefore will ask the member to submit his/her resignation.

If a Council member, after receiving the above letter from the Membership Committee:

- Does not respond to the letter or
- Misses another Council meeting

the member will be contacted by a Membership Committee member by phone or email and asked to send in a resignation letter or email within two weeks.

If a Council member fails to adhere to the written attendance agreement they have worked out with the Membership Committee, they will be asked to resign.

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If at Council member has been asked to resign by a representative of the Membership Committee and has not done so within the time allotted, the Membership Committee will inform the Executive Committee who will request that the member be removed by the King County Executive.

Emeritus:

If a member is aware that s/he will be unable to attend meetings for an extended period due to ill health or other extenuating circumstances, s/he may apply to the Membership Committee to be placed on emeritus status for up to three months. During that time, the member does not count against quorum for Council meeting purposes.

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APPENDIX E: COUNCIL MEMBERSHIP POSITIONS AS IDENTIFIED IN THE RYAN WHITE ACT AND THE CDC GUIDANCE

- Health care provider to PLWH, including Federally Qualified Health Centers
- Social service provider, including housing and homeless services provider
- Community-based AIDS service organization serving affected populations
- Mental health provider
- Substance use treatment provider
- Local public health agency
- Hospital planning or health care planning agency
- Affected communities, including people with HIV/AIDS, a member of a Federally recognized tribe, and a person co-infected with HIV and Hepatitis B or C
- Non-elected community leader
- State Medicaid agency
- State Part B grantee agency
- Formerly incarcerated person living with HIV, or their representative
- Part C grantee agency
- Part D representative or organizations with a history of serving children, youth and families with HIV if no Part D grantee agency exists
- Other Federal HIV program
- Local education agency
- Corrections agency
- Epidemiologist
- Behavioral scientist
- Evaluation researcher
- Community-based organization serving those at risk
- At least one representative of each of the highest risk populations per the epidemiologic profile used in the most recent prevention prioritization process

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APPENDIX F: COUNCIL DEMOGRAPHIC TARGETS

MEMBERSHIP DEMOGRAPHIC TARGETS

	TGA Prev %	TGA Inc. %	Average %	Goal at 40 Members	Target Range* #	Target Range* %	Current Council N=27	Current Council %	Status
Male	90%	87%	88%	30	24-36	60-90%	20	74%	Acceptable
Female	10%	13%	12%	10	4-16	10-40%	7	26%	Acceptable
White	71%	57%	64%	26	23-29	58-73%	17	63%	Acceptable
US Born Black	10%	11%	11%	4	1-7	3-18%	4	15%	Acceptable
Hispanic	9%	11%	10%	4	1-6	3-15%	4	15%	Acceptable
A/PI	3%	4%	4%	2	0-2	0-5%	1	4%	Acceptable
NA/AN	1%	1%	1%	1	0-2	0-4%	1	4%	Acceptable
Foreign Born Black	5%	11%	11%	4	1-4	3-10%	0	0%	low
Unaligned Consumers	N/A	N/A	N/A	14 At least	14-28	>33%	9	33%	Acceptable

UNALIGNED CONSUMERS:

	EMA Prev %	EMA Inc. %	Average %	Goal at 40 Members	Target Range* #	Target Range* %	Current PLWH N=9	Current PLWH %	Status
Male	90%	87%	88%	13	11-13	79-93%	9	100%	high
Female	10%	13%	12%	3	1-3	7-21%	0	0%	low
White	71%	57%	64%	9	7-11	50-79%	5	56%	Acceptable
US Born Black	10%	11%	11%	2	1-3	7-21%	2	22%	High, barely
Hispanic	9%	11%	10%	1	1-3	7-21%	1	11%	Acceptable
A/PI	3%	4%	4%	1	0-1	0-7%	0	0%	Acceptable
NA/AN	1%	1%	1%	1	0-1	0-7%	1	11%	High
Foreign Born Black	5%	11%	11%	2	0-2	0-14%	0	0%	low

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NOTES ON DEMOGRAPHIC TARGETS:

1. Calculated the average of the proportions for the Seattle TGA prevalence and incidence to determine population proportions for Council targets.
2. Used Chi-square (c^2) to determine ranges within margin of significance for both prevalence and incidence. Used the overlap of both of these ranges to set the "Target Range #" and "Target Range %". Therefore, ranges are statistically acceptable for both prevalence and incidence ranges.
3. Repeated these methods both for the entire Council, and the Unaligned Consumer subset.
4. For the Council only (not the unaligned consumer subset), increased the number of women due to the high proportions of women employed in HRSA mandated representational positions, such as Social Service and Health Service. This information is from the Bureau of Labor Statistics "Women in the Labor Force: A Databook (2006 Edition)." United States Department of Labor, Bureau of Labor Statistics, September 2006, Report 996: Table 11.
5. Determined that the "Goal" on a 40 member Council would be to have each population represented both in terms of the Council overall, and in unaligned consumers. As a result, the Council would need to have a total of 16 unaligned consumers, and this is represented in the Goal numbers.
6. Calculated proportions of the current Council membership based on the "Target Range %", since the Council currently has 27, rather than 40 members.

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APPENDIX G: Grievance Procedures

I. Types of Grievances Covered and Who May Bring a Grievance

Individuals or entities directly affected by the outcome of a decision related to funding are eligible to file a formal grievance with the Seattle TGA HIV/AIDS Planning Council. Directly affected parties are defined as:

provider agencies eligible to receive Ryan White funding;

consumer groups which include persons living with HIV/AIDS (PLWHA), PLWHA Coalitions and Caucuses, and;

other affected entities and/or a group of at least three unaligned consumers who are eligible to receive Ryan White funded services.

Basis for Filing Grievances

Individuals or entities meeting the above criteria are eligible to grieve deviations from the Council's established written processes for the following funding-related decisions:

priority setting process;

resource allocation process, and;

changes to priorities or resource allocations, throughout the year, subsequent to original processes.

The Planning Council's By-laws describe the role of its prioritization, resource allocation, and decision points. In addition, Council meetings and minutes, which are open and available to the public, describe the established criteria for priority setting, resource allocation, service category definitions, increment and decrement planning, and changes to priorities and funding levels throughout the course of the year. **Departures or deviations from the above processes may be grounds for grievance by eligible parties.**

II. Non-Binding Procedures for Resolving Conflicts

1. Groups of individuals or entities wishing to file a grievance are asked to contact the Planning Council Administrator (or other Council staff, at (206) 205-5511).
2. Groups of individuals or entities filing the grievance will be provided a standard grievance form to complete (see attached form) which will formally initiate the grievance process.
3. Groups of individuals or entities submitting a standard grievance form will be provided a copy(ies) of the Council's grievance procedures, which include rules that apply to non-binding mediation and binding arbitration processes, steps in the processes, and time periods associated for each step.

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Confidentiality: All confidentiality standards and measures that apply to Public Health - Seattle & King County (grantee) will be observed.

Time Period(s): (a) The grievant has 5 business days from the receipt of the grievance form to file the grievance with the Council, (b) The Council will respond to an individual's or entity's filing of the grievance form within 5 business days, (c) a non-conflicted, third party mediator will be designated and contacted within 10 business days by the Council, and (d) a meeting of the parties with the mediator, if necessary, will take place within 21 business days. **NOTE: Time periods run consecutively.**

Meeting Place Designation: The third party mediator will arrange a meeting location that is mutually acceptable to all parties involved.

Time Limit for Non-Binding Process: If no agreement has been reached within 5 business days after the parties have met, the mediator will end the process and inform the parties of the process to pursue binding arbitration.

III. Binding Arbitration

1. The Council has identified and retained the services of the local chapter of the American Arbitration Association (AAA) to receive and review requests by the grievant for binding arbitration.
2. At the conclusion of an unsuccessful non-binding mediation, the grievant is provided a copy of the standard grievance form to complete and return to the Planning Council Administrator (or other Council staff). Submission of this form will initiate the binding arbitration process.
3. Individuals or entities submitting a standard grievance form will be provided a copy(ies) of the Council's grievance procedures, which include rules that apply to binding arbitration processes, steps in the processes, costs, and time periods associated for each step.

Time Period(s): (a) After completing the mediation process, the grievant has 5 business days to request binding arbitration, (b) the grievant has 5 business days to complete and submit a new grievance form, (c) the Council will respond to an individual's or entity's filing of the grievance form within 5 business days, (d) the AAA will arrange a hearing of the parties, if necessary, to take place within 21 business days, and (e) the arbitrator will render and communicate a decision within 5 to 10 business days. **NOTE: Time periods run consecutively.**

Meeting Place Designation: The AAA will arrange a hearing location that is mutually acceptable to all parties involved.

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IV. RULES FOR GRIEVANCE PROCESS

Timing

A. Length of Time to Bring a Grievance: In order to ensure continuity of the Council's processes and prevent delays or interruption in the provision of services, a grievance may be considered only up to 20 business days after a funding decision has been made by the Council.

B. Time Periods for the Conduct of Non-Binding Process (Periods run consecutively)

Initial contact, receipt of grievance form, and Council determination that party and grievance fall within the scope of procedures - up to 5 business days.

Selection of non-conflicted by the Council - up to 10 business days.

Meeting of parties, if necessary - up to 21 business days.

Resolution or non-resolution of grievance by mediator - up to 5 business days.

The maximum amount of time from the initial contact by the grievant through completion of the non-binding mediation process shall be no longer than 36 business days.

The length of time after the unsuccessful conclusion of the non-binding mediation process for the grievant to initiate binding arbitration shall be no more than 5 business days.

C. Time Periods for the Conduct of the Binding Arbitration Process (Periods run consecutively)

Grievance Initiated and Council Response - up to 15 business days.

Arbitration organization (AAA) schedules a hearing, if necessary, and conducts the hearing - up to 21 business days.

Binding decision made by arbitrator and parties notified - up to 10 business days.

The maximum amount of time from the initiation of the grievance through the binding arbitration process shall be no longer than 46 business days.

Costs

The steps involved in administering the grievance process may include fees for administration of the grievance and third party mediators and arbitrators. To balance the need for recovery of reasonable costs associated with administering the grievance process, without discouraging the filing of legitimate grievances, the Planning Council has established the following policy:

Anyone filing a grievance will be subject to a \$15 filing fee to cover administrative costs. The Council has secured appropriate mediation (non-binding) services at no cost by naming the InterLocal Conflict Resolution Group as their choice to conduct non-binding mediation processes. This non-profit, community organization does not charge for their services. The Council has

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secured appropriate binding arbitration services by naming the American Arbitration Association as their choice to conduct binding arbitration processes. The following is a listing of their fees:

Initial filing fee:	\$300.00
Arbitration depends on cost of claim:	up to \$10,000 (\$500.00)
	\$10,001 - \$50,000 (\$750.00)
	\$50,001 - \$100,000 (\$1,250.00)
	\$100,001 - \$250,000 (\$1,500.00)
	\$250,001 - \$500,000 (\$2,000.00)
	\$500,001 - \$1,000,000 (\$2,500.00)
Hearing fee:	\$150.00 per day

In the event that fees are charged, the Council and grievant will equally share the cost (payable prior to the first meeting/hearing). The exception to this rule is informal groups of three or more unaligned consumers (i.e. *not* legal entities, such as 501(c)3 organizations). Such informal groups will pay \$50 for binding arbitration, and the rest of the cost will be paid by the Council.

Funding of Projects after a Grievance is Filed

The Council's position is that actions taken in resolution of grievances may be applied prospectively, with regard to funding projects, and thus will not include reversals of previously established priorities or allocations.

Reviewing Grievance Requests

Upon receipt of the standard grievance form, the Council's Executive Committee will determine if the individual(s) or entity(ies) are eligible under the established procedures to bring a grievance AND if the subject of the dispute qualifies as a grievance according to the procedures. The Council's grievance procedures reflect Ryan White legislative requirements and HRSA's Model Grievance Procedures.

Selection of Third Parties

The Planning Council, in conjunction with the King County Executive's (CEO) office has agreed to retain the services of the InterLocal Conflict Resolution Group who will select an independent, non-conflicted mediator to conduct the non-binding portion in the grievance process. The Planning Council, in conjunction with the King County Executive's (CEO) office has agreed to retain the services of the American Arbitration Association who will select an independent, non-conflicted arbitrator to conduct the binding portion of the grievance process.

The Council has considered a number of factors in the selection of these organizations including, conflicts of interest, experience, cost, and availability to perform in the required time frame. Selected third party mediators/arbitrators will be deemed to be independent of the specific process that is the subject of the dispute, and will not have any direct interest in the decision that is the subject of the grievance. Conflict of interest and confidentiality statements will be signed by any mediator/arbitrator that is named to conduct the grievance process(es).

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APPENDIX H: CO-CHAIR JOB DESCRIPTION

Term of Office:

- 1 year, beginning April 1 and ending March 31
 - A chair can serve up to 3 terms*
 - Council members are encouraged to seek seats, even if there are other co-chair candidates
- * The Public Health Co-Chair serves as long as s/he remains the designee of the Director of Public Health, and is not elected by the Council.

Four Co-Chair Positions:

No one individual can hold more than one co-chair position at any one time—in other words, there must be four separate co-chairs.

Person Living with HIV Care Co-Chair:

1. Has experience of care services as a consumer of those services
2. Is a person living with HIV who is “unaligned”
3. Cannot be an employee of Public Health or a funded care agency

Community Care Co-Chair:

1. Has some care experience as a provider, consumer, etc.
2. Is generally not an employee of Public Health

Community Prevention Co-Chair:

1. Has some prevention experience as a provider, prevention consumer, etc.
2. Cannot be an employee of Public Health or DOH

Public Health Prevention Co-Chair*:

1. This the only non-elected position
2. This Co-Chair is a Public Health employee, and is appointed as both a Council member and an officer by the Director of Public Health Seattle & King County
3. This Co-Chair can serve as long as S/he remains the designee of the Director of Public Health

Co-Chair Responsibilities:

1. Participate in Prioritization and Allocation Steering Committee (Care Co-Chairs participate in Care; Prevention Co-Chairs participate in Prevention). Facilitate steering committee meetings in the absence of the Council Administrator.
2. Participate in Prioritization and Allocation processes.
3. Sign the Letter of Assurance, Letter of Concurrence, Letter of Assurance with Reservations, Letter of Concurrence with Reservations, Letter of Non-Assurance and/or Letter of Non-Concurrence based on a vote of the Council.
4. Help Council members to understand and participate in Council processes.
5. Encourage Council members to express their opinions at meetings, and serve as a mentor.
6. Facilitate Council meetings in the absence of the Council Administrator.
7. Arrive a few minutes early to Council meetings to answer last minute questions that Council members may have.
8. Participate in annual performance evaluation of the Council Administrator.
9. Attend the Executive Committee and facilitate these meetings in the absence of the Administrator.

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10. Make presentations to the Council and other committees
11. Represent the Council at meetings and forums

Co-Chair Qualities:

- Arrives at meetings on time, and early to Council meetings to assist other Council members
- Always prepared for the meeting, and feels comfortable facilitating if needed
- Is prepared to present information on Council topics at meetings
- Participates appropriately in meetings—follows the rules, doesn't interrupt others
- Encourages participation by others, does not dominate conversations, and does not put down the ideas of others
- Listens well to the ideas of others and helps to draw them into the conversation
- Is aware of Council Bylaws and policies and procedures in order to help with procedural issues
- Is aware of the duties and responsibilities of the Council Administrator and is willing to be trained on how to evaluate the Administrator
- Is easy to reach (by phone or email), to provide guidance to the Council Administrator and staff.

END