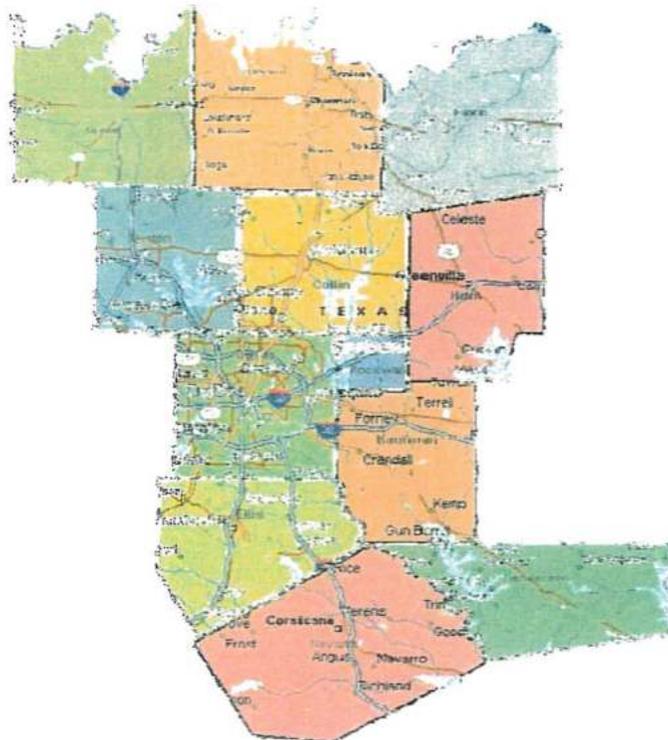
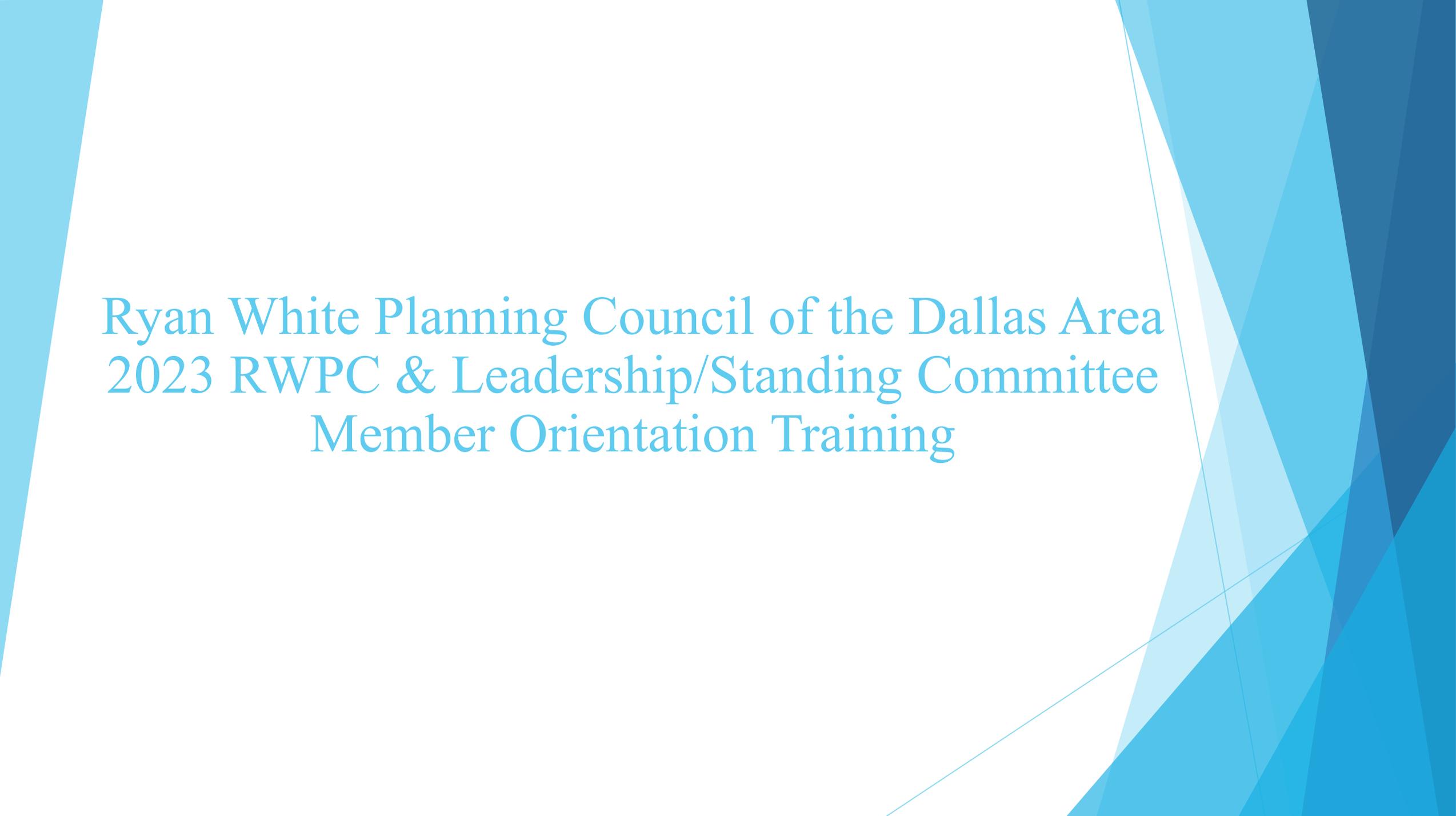




Ryan White Planning Council of The Dallas Area New Members



The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The text is centered in the white space between these shapes.

Ryan White Planning Council of the Dallas Area
2023 RWPC & Leadership/Standing Committee
Member Orientation Training

Chief Elected Official for Ryan White



Judge Clay Jenkins

The Dallas County Judge is the Official Grantee of Part A funds

The Judge has the following responsibilities:

- ▶ Appoint Planning Council members
- ▶ Establish and monitor Planning Council activities
- ▶ Establish and monitor the Administrative Agency
- ▶ Ensure appropriate use of Part A funds
- ▶ Assure all legal requirements
- ▶ Oversee administration of CARE Act requirements

Dallas County Health and Human Services Director/Health Authority



*Dr. Philip Huang
DCHHS Director/Health Authority*

- ▶ Dr. Philip Huang has been the Director of the Health Authority for the Dallas County Health and Human Services Department since February 2019.
- ▶ Dr. Huang received his undergraduate degree in Civil Engineering from Rice University, his MD from the University of Texas Southwestern Medical School, and his MPH from Harvard.
- ▶ Prior to joining DCHHS Dr. Huang served 11 years as the Medical Director for the Austin Public Health Department.

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the left and right sides of the frame, creating a modern, dynamic feel. The central area is a clean, white space where the text is placed.

Ryan White Planning Council 101

Training Objectives

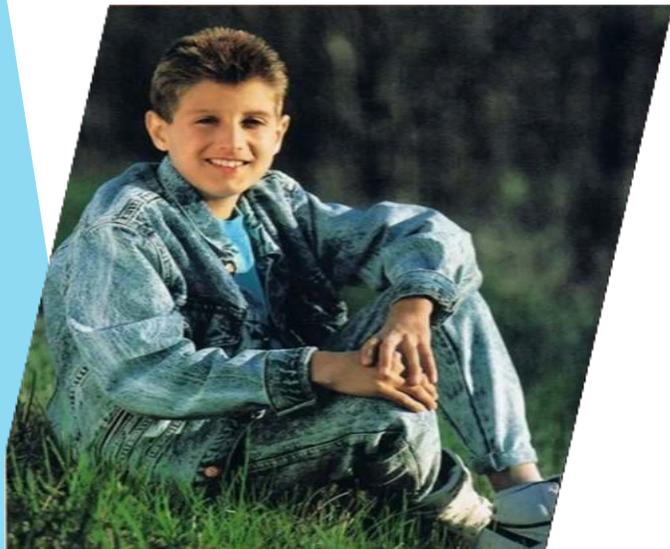
Following the Ryan White 101 training, participants will be able to:

- ▶ Explain how the legislation and HRSA/HAB guidance together define and explain PC/PB and recipient responsibilities
- ▶ List and explain the roles and responsibilities of RWHAP Part A PC/PBs
- ▶ Describe and differentiate the roles and responsibilities of the recipient/administrative agency and those of the PC/PB
- ▶ Ensure understanding of how PC/PB support staff and recipient staff work with PC/PBs
- ▶ Identify 2 key similarities and 2 important differences between a RWHAP Part A planning council and a RWHAP Part A planning body

The Ryan White Planning Council

Who is Ryan White?

Born December 6, 1971, he was a teenager from Kokomo, Indiana. Ryan became infected with HIV from a contaminated blood treatment. After his school found out about Ryan being infected, they expelled him. A long legal battle with the school system and media coverage of the case made Ryan a national celebrity and spokesman for AIDS research & public education. Today, the Ryan White HIV/AIDS Treatment Extension Act of 2009 is the law that gives authority to create the Planning Council. The Ryan White Treatment Extension Act also allows money to be appropriated to each area for services.



The Ryan White Planning Council is a community group that has been appointed by the County Judge, to plan the organization and delivery of HIV services funded by Part A, Part B, MAI, & State Services of the Ryan White HIV/AIDS Treatment Extension Act. Each Council member is a caring, dedicated volunteer who has been carefully selected to reflect the diversity of our community. Members represent the general public, people living with HIV, funded service providers, and other health and social service organizations. Planning Council members work together to identify the care needs of people living with HIV. The Council then determines which services are of the highest priority, and approve funding allocations for services.

Mission- To optimize the health and well-being of people living with HIV/AIDS through coordination, evaluation, and continuous planning to improve the North Texas regional system of medical, supportive, and prevention services.

Legislative Requirements for the Planning Council

Legislation specifies duties of RWHAP Part A planning councils and activities in which they must not be involved, to prevent conflict of interest [§2602(b)(4) and (5)]

HRSA/HAB/DMHAP provides ongoing **guidance** to clarify PC/PB roles and responsibilities and how they fit into RWHAP Part A, through such means as:

- ▶ The RWHAP Part A Manual
- ▶ Policy Clarification Notices (PCNs) and Program Letters
- ▶ Annual Notice of Funding Opportunity (NOFO)
- ▶ Notice of Award (including Conditions of Award)
- ▶ Project Officer calls and guidance
- ▶ Training and technical assistance

Conflict of Interest

- ▶ Disclosure statements of conflict must be kept on file for all members and updated annually
- ▶ Conflicted individuals may respond to direct questions from Council members
- ▶ Members may not use their position to influence conflicted issues
- ▶ Members are expected to draw on their expertise and knowledge regarding broad service category discussion
- ▶ All members are expected to assist in keeping the focus on directing funds to meet consumer needs
- ▶ Must adhere to grantor conflict policies for Council decisions

Quick Scenario D: Boundaries

- ▶ A PC/PB member who runs a sub recipient agency that also has Part C funding reports to the PC/PB each month about Part C activities. He also discusses why his agency needs more funding, complains about the amount of time it takes to prepare for Part A and HRSA/HAB Part C monitoring visits, and talks about late reimbursements or other challenges the agency is facing. PC/PB members sometimes ask questions that lead to more of this. You are a PC/PB Co-Chair, and you know that the PC/PB should not discuss contracting or monitoring issues or issues related to a specific agency, but you aren't sure how to deal with this situation, since the members like the updates.

What should be done? How can the PC/PB receive useful information about Part C without overstepping boundaries?

Differences between Planning Councils & Planning Bodies

RWHAP Part A planning councils have:

- ▶ Clearly defined legislative roles and responsibilities
- ▶ Legislatively required membership categories
- ▶ Additional guidance from HRSA/HAB

Other Part A planning bodies have:

- ▶ A legislative requirement for obtaining “community input (particularly from those with HIV)...for formulating the overall plan for priority setting and allocating funds from the grant” [§2609(d)(1)(A)]
- ▶ No legislatively required membership categories or responsibilities for appointment

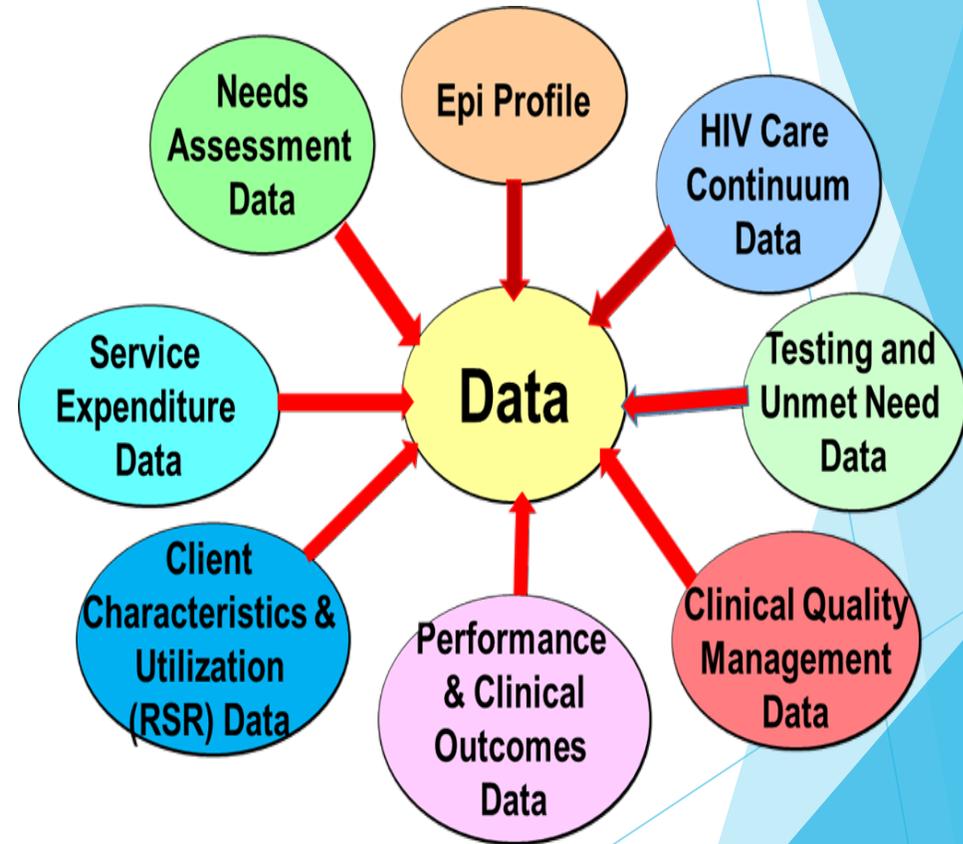
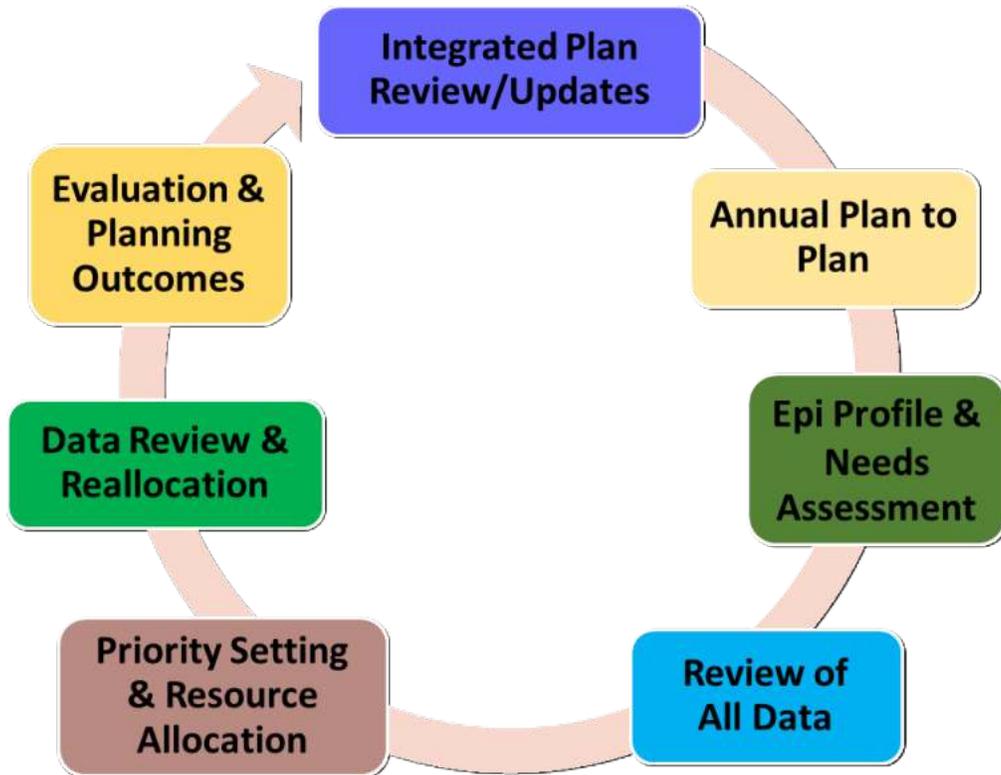
In spite of these differences:

HRSA/HAB strongly encourages PBs to look and act as much like PCs as possible, in terms of:

- ▶ Membership
- ▶ Roles and responsibilities

TGAs with PBs must meet the same application requirements as those with PCs, including expectations for community planning and consumer input

Planning Cycle & Data Needs for Ryan White Planning



Robert's Rules of Order & Tips for Effective Planning Council Meetings

What are Robert's Rules of Order?

- ▶ Guiding Principle
- ▶ Everyone has the right to participate in discussion if they wish, before anyone may speak a second time.
- ▶ Only urgent matters may interrupt a speaker.
- ▶ Only one thing (motion) can be discussed at a time.

Tips for Effective Planning Council Meetings:

- ▶ Be sure members and staff understand the importance of effective meetings to Planning Council/Body (PC/B) success
- ▶ Recognize symptoms of ineffective meetings and make changes
- ▶ Plan meetings carefully
- ▶ Develop an agenda prior to meetings
- ▶ Be sure all meeting materials are provided
- ▶ Be sure meetings are open and accessible to the public
- ▶ Establish ground rules and enforce them consistently
- ▶ Provide informed meeting management and facilitation of the meeting, by the Chair, with support as needed.
- ▶ Access and learn from experience
- ▶ Complete minutes promptly

****See simplified version in training manual****



Needs Assessment

- ▶ Determine what services are needed, what services are being provided, and what service gaps exist, overall and for particular populations, both in and out of care
- ▶ Includes obtaining PLWH input on service needs and gaps
- ▶ PC has primary responsibility and “ownership” – design, direct work or oversight of consultants or volunteers
- ▶ Recipient provides support but not leadership – data, help in hiring a consultant if one is needed, staff assistance
- ▶ Active community involvement needed – especially consumers and providers
- ▶ Need a multi-year plan for assessing needs of PLWH in and out of care
- ▶ Presentation of findings in user-friendly formats as input to decision-making, especially priority setting and resource allocation

Integrated Plan Participation

- ▶ Legislation requires Ryan White Part A and Part B programs to prepare integrated plans that set goals and objectives and guide the annual planning cycle
- ▶ All RWHAP Parts expected to participate in the Statewide Coordinated Statement of Need (SCSN) process, which is led by Part B
- ▶ Part A and Part B recipients prepared 5-year HRSA/CDC Integrated HIV Prevention and Care Plans based on a combined guidance from CDC and HRSA
- ▶ Combined guidance designed to help reach the national goals to end the epidemic and improve performance along the HIV care continuum
- ▶ Programs expected to review Integrated Plan progress regularly and refine objectives and strategies as needed
- ▶ Collaborative Integrated plan implementation and monitoring by prevention and care (and between Part A and Part B) encouraged

Priority Setting and Resource Allocation (PSRA)

Most important legislative responsibility—planning councils decide, planning bodies recommend:

- ▶ **Priority setting:** determining what service categories are most important for PLWH in the EMA or TGA
- ▶ **Resource allocation:** specifying how much RWHAP Part A program funding should go to each prioritized service (best done in both dollars and percent)
- ▶ **Directives to the recipient** on how best to meet these priorities – e.g., what service models for what populations in what geographic areas
- ▶ **Reallocation of funds** during the program year to ensure that all funds are expended on needed services

Assessment of the Efficiency of the Administrative Mechanism

- ▶ PC must “assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area” [Legislation, §2602(b)(4)(E)]
- ▶ Done annually
- ▶ Assesses recipient procurement, disbursement of funds, support for the PC’s planning process, and adherence to PC priorities and allocations
- ▶ Written report goes to recipient, which indicates actions it will take to address any identified problem areas, and summarizes this in the annual application
- ▶ Planning bodies usually do not perform this role

RWPC Leadership

2023 Committee Chairs and Vice Chairs	
RWPC Chair	Helen Zimba
RWPC Vice Chair	John Dornheim
RWPC Vice Chair	Naomi Green
Allocations Chair	James Kleitches
Allocations Vice Chair	Naomi Green
Evaluation Chair	Helen Zimba
Evaluation Vice Chair	Vacant
P&P Chair	Helen Zimba
P&P Vice Chair	Vacant
CCC Chair	Donna Wilson
CCC Vice Chair	Vacant
Needs Assessment Chair	Lionel Hillard
Needs Assessment Vice Chair	John Dornheim

Helen Zimba, RWPC Chair



Helen Zimba's professional background encompasses both business management and communications, as well as extensive experience in the field of health, specifically HIV. Helen worked in the airline industry for years prior to shifting her professional and volunteer focus to HIV. She has served as a grant reviewer for HRSA, SAMSHA and the NIH over the past twenty years and was a Board member and trainer for AIDS Alliance. Helen earned a certificate in nonprofit leadership from Southern Methodist University in 2010. She has worked in Dallas as a Case Manager for people living with HIV/AIDS and is currently the Chair of the Ryan White Planning Council and a member of the Positive Women's Network USA. Helen is a dedicated leader and mentor to many women in her community and an experienced professional with a unique blend of both business and nonprofit skills.

John Dornheim, RWPC Vice Chair



John Dornheim is a graduate of SMU, and a long-time mental health advocate who has been a NAMI (National Alliance on Mental Illness) member since 1999. He first learned of NAMI while working at Medical City Green Oaks Psychiatric Hospital (1996-2012). John is the former Chair of the Dallas County Ryan White Planning Council, appointed by Dallas County Judge Clay Jenkins. He previously served as the NAMI Tarrant County walk manager, while teaching Mental Health First Aid throughout the community.

Former Board President, NAMI Texas

Former Board President, NAMI Dallas

Former Board President, Dallas County Adult Protective Services Community Board

Former Board President, Texas Substance Abuse Prevention Coalition

Former Board President, Galaxy Counseling Center

Former Conference Committee Chair, Collin County Council on Family Violence

Former Board member, New Conservatory of Dallas

Former member, Garland ISD Light Council Advisory Board

Naomi Green, RWPC Vice Chair



Naomi Green is a Black trans woman with an established history and reputation of advocating and serving trans people of color. She has been an advocate of the Kiki Ballroom and House Community; Black and Latinx transgender men and women, Black Queer, Gay, and Bisexual men and Cisgender women. Naomi currently serves as the Vice-Chair of the RWPC and Allocations Committee of the Dallas Area.

Ryan White Planning Council, Chair
Allocations Committee, Vice Chair
Board Member, Black Ladies in Public Health
Board Member, Texas Pride Impact Funds
Adjunct Professor for Marketing, Lone Star College

EXECUTIVE COMMITTEE

Charge: Ensures the orderly and integrated progression of work conducted by the standing committees of the Ryan White Planning Council. Plans future activities.

The following are the Executive Committee's core responsibilities:

Review of standing committees' recommendations:

- ▶ Committee can either send action items back to the original committee for additional work or send them on to the Planning Council with its support.
- ▶ Work with the RWPC staff and ensures the work of the standing committees progress in an orderly fashion.
- ▶ Sets the date and agenda for the following scheduled Planning Council meeting.
- ▶ Track member's attendance records at Planning Council and committee meetings. Takes appropriate action.
- ▶ Receives reports and updates from the standing committee Chairs/Vice Chairs
- ▶ Coordinates the work of the Planning Council with the Administrative Agency
- ▶ Assesses the performance of the Administrative Mechanism
- ▶ Performs other duties as may be required or by vote of the Planning Council
- ▶ Recruit, screen and recommend potential candidates for membership to the Planning Council
- ▶ Track Planning Council membership classifications and demographics as well as changes in the local PLWHA population
- ▶ Review the Nomination Process
- ▶ Establish a mentoring program
- ▶ Perform other duties as may be required or as assigned by the Planning Council

EXECUTIVE COMMITTEE

The following are some of the Executive Committee's past accomplishments:

- ▶ Executive Committee analyzed the interview process of several other Planning Councils by using best practices, our own ideas, and sound judgment to streamline the interview process. The new process will allow the committee to gather useful information from applicants to make informed decisions regarding their ability to serve on the Planning Council and our Standing Committees.
- ▶ Also, we have developed our mentoring program for the Consumer Council Committee, where new members are paired with one of the more experienced members who can assist with any issues or challenges that may arise for the new member.



James Kleitches, Chair

Naomi Green, Vice Chair

ALLOCATIONS COMMITTEE

Charge: Develop recommendations for distribution of funds among priority goals using all available information regarding community and agency needs, current funding for HIV services, and trend data; develop recommendations for service category allocations. Recommendations for service category allocations will include how best to meet each established priority.

- ▶ The Committee is comprised of infected/affected consumers, non-funded providers, and interested community members.
- ▶ Committee is responsible for allocating funds based on Needs Assessment data, cost-effectiveness and outcome-effectiveness data, priority rankings, and the availability of other governmental/non-governmental resources.



Helen Zimba, Chair

EVALUATION COMMITTEE



Charge: Evaluate whether provider services coincide with set service priorities, and evaluate the efficacy of the Administrative Mechanism and the performance of the Planning Council according to its goals.

- ▶ Ensure that the service categories set out are being met.
- ▶ Conducting an annual evaluation of the efficacy of the Administrative Mechanism and provide that evaluation to the EEO and Dallas County Commissioners Court; provide recommendations for improvement to the Administrative agency
- ▶ Evaluation the effectiveness of Services, categorically and system-wide
- ▶ Evaluative study as outlined in the Comprehensive Plan (as needed)

Helen Zimba, Chair

PLANNING AND PRIORITIES COMMITTEE



Charge: To oversee development and implementation of a process to identify needs and barriers, keep the assessment of needs current and develop a comprehensive plan to implement the priority goals of the Planning Council.

- ▶ Developing and implementing the Comprehensive Plan (every 3 years)
- ▶ Advising the Administrative Agency on how best to meet the need for prioritized services
- ▶ Ensuring the Needs Assessment process is conducted and is current (every 3 years)
- ▶ Determining program development and capacity need recommendations
- ▶ Updating the Continuum of Care annually, or as appropriately needed.
- ▶ Prioritize Core Medical and Support Service
- ▶ Annual review of the Standards of Care
- ▶ Priority Setting and Resource Allocation Process

Donna Wilson, Chair

CONSUMER COUNCIL COMMITTEE



Charge: Empowering consumers through education by providing the tools and knowledge to interact with those individuals and committees that affect categorical service delivery of the Ryan White Treatment Extension Act, including the Texas Department of State Health Services (DSHS).

The Consumer Council Committee advocates on important issues for the Dallas EMA HIV Community by participating in:

- ▶ The Service Prioritization and Setting Process
- ▶ Various community events
- ▶ National and local conferences and summits
- ▶ Producing a series of educational forums

What should you know?

- ▶ We provide ongoing various education and outreach for the EMA, HSDA and EMSA on Ryan white treatment, HOPWA policies, DSHS regulations, and other public policies that effect RWPC decision making.
- ▶ We advocate and provide HIV consumer input of the development policies and programs; this would include the annual priority ranking process done by planning and priorities and the development of statewide coordinated statement of need.
- ▶ Obtain feedback from consumers on issues that are authorized by executive committee.

Lionel Hillard, Chair

NEEDS ASSESSMENT COMMITTEE



Charge: To oversee the development and implementation of the needs assessment process to identify the needs, barriers to care, and gaps in services for PLWH, and to ensure that Planning Council activities are working towards meeting the needs, overcoming the barriers and closing the gaps.

- ▶ Designs consumer surveys that will comprehensively gather demographic, epidemiologic, behavioral, and service-related data.
- ▶ Develops strategies to target special populations and organize focus groups to determine what information to gather and how to collect it.
- ▶ Determines the best means by which to conduct the comprehensive needs assessment that meets the frequency needs of the Health Resources and Services Administration.
- ▶ Identifies needs trends as discovered by consumers from previous assessment cycles.
- ▶ Provides recommendations related to consumer needs to the other Ryan White Planning Council standing committees.

BEING ON THE RWPC AS A PROVIDER

What can I do as Provider?

- ▶ Provide expertise on your subject matter
- ▶ Opportunity to give back
- ▶ Coordination of services
- ▶ Strategic Features

****Please note that Providers CANNOT serve on the Allocations or Planning & Priorities Committees as it is a conflict*

*of interest.****

Where can I serve?

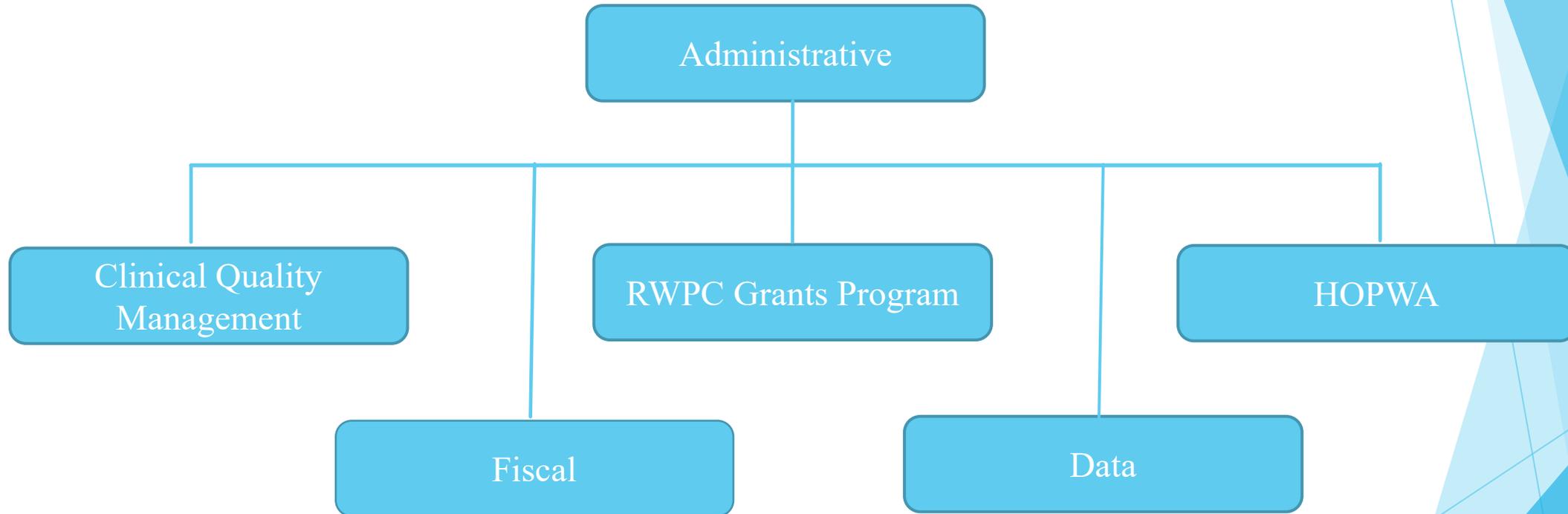
- ▶ Consumer Council Committee
- ▶ Evaluation Committee
- ▶ Needs Assessment Committee
- ▶ Ryan White Planning Council

Dallas County Health and Human Services Assistant Director, Ryan White Grants Compliance



*Sonya Hughes, Assistant Director, Ryan White
Grants Compliance*

Ryan White Grants Management Division Organizational Structure



Speaker: Sonya Hughes



Ryan White Recipient Responsibilities

Responsibilities

- ▶ Procurement of Services
- ▶ Contract Monitoring
- ▶ Ensure funds are used to fill gaps and do not pay for care that can be supported with other existing funding
- ▶ Ensure services are accessible to eligible clients
- ▶ Ensure delivery of services to women, infants, children and youth with HIV
- ▶ Control recipient and provider administrative costs
- ▶ Clinical Quality Management and Evaluation of Performance and Outcomes
- ▶ Meet HRSA/HAB reporting requirements
- ▶ Submit annual RWHAP Part A funding application

Shared Responsibilities

- ▶ Support PC Operations
- ▶ Needs Assessment
- ▶ Integrated/Comprehensive Planning
- ▶ Service Standard Development
- ▶ Coordination with other Ryan White HIV/AIDS activities and services

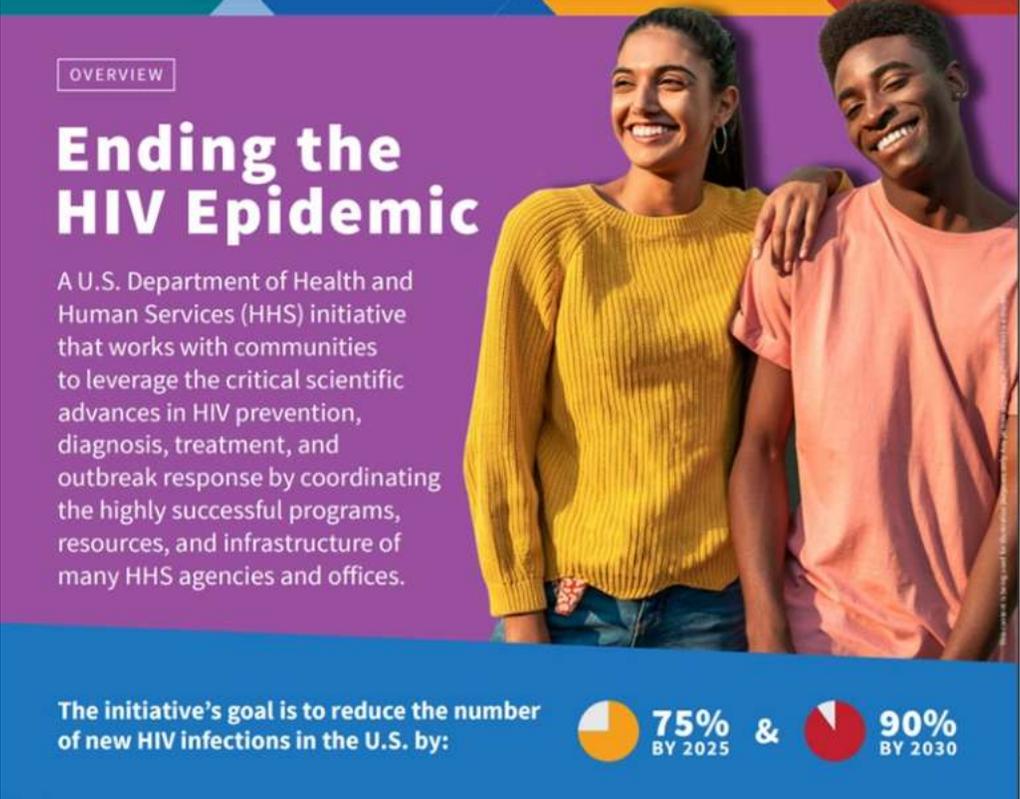
Ending the HIV Epidemic

Dallas County 2023

Miranda Grant

Coordinator, Ending the HIV Epidemic

Miranda.grant@dallascounty.org



OVERVIEW

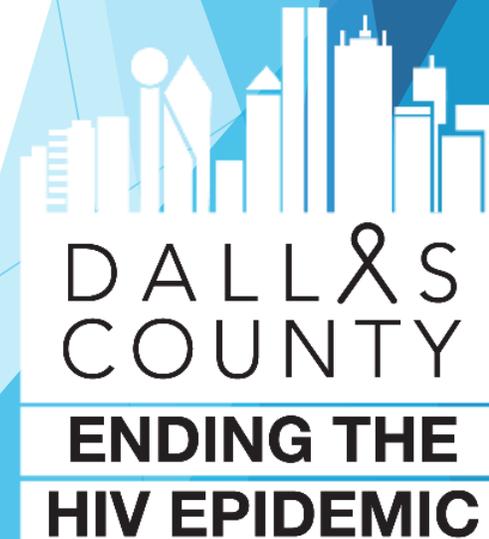
Ending the HIV Epidemic

A U.S. Department of Health and Human Services (HHS) initiative that works with communities to leverage the critical scientific advances in HIV prevention, diagnosis, treatment, and outbreak response by coordinating the highly successful programs, resources, and infrastructure of many HHS agencies and offices.

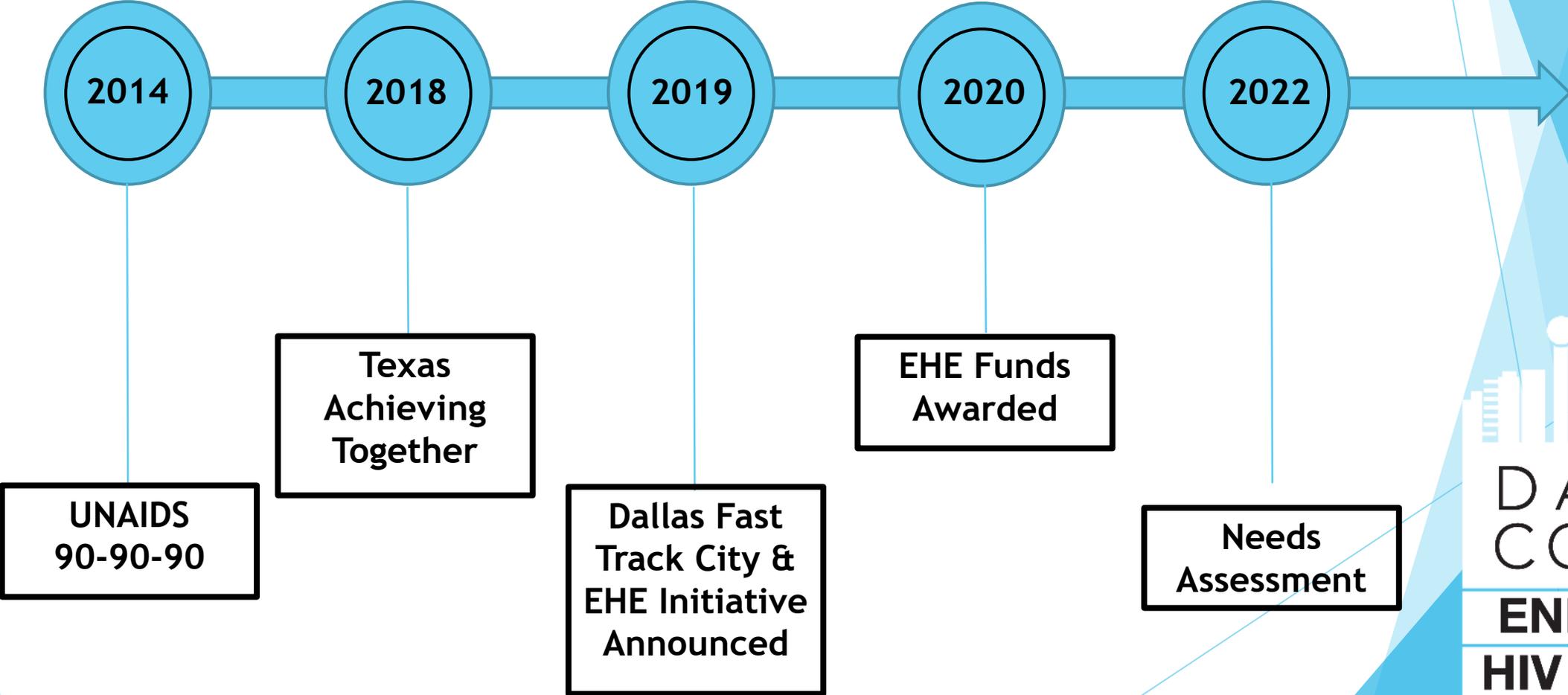
The initiative's goal is to reduce the number of new HIV infections in the U.S. by:

- 75% BY 2025
- &
- 90% BY 2030

The infographic features a young couple smiling and embracing. The background is a mix of purple and blue. The text is white and yellow. The statistics are represented by pie charts.



EHE- A Brief History



DALLAS
COUNTY

**ENDING THE
HIV EPIDEMIC**

The HIV Epidemic- Nationally

New HIV Infections Fell 8% from 2015 to 2019, After a Period of General Stability

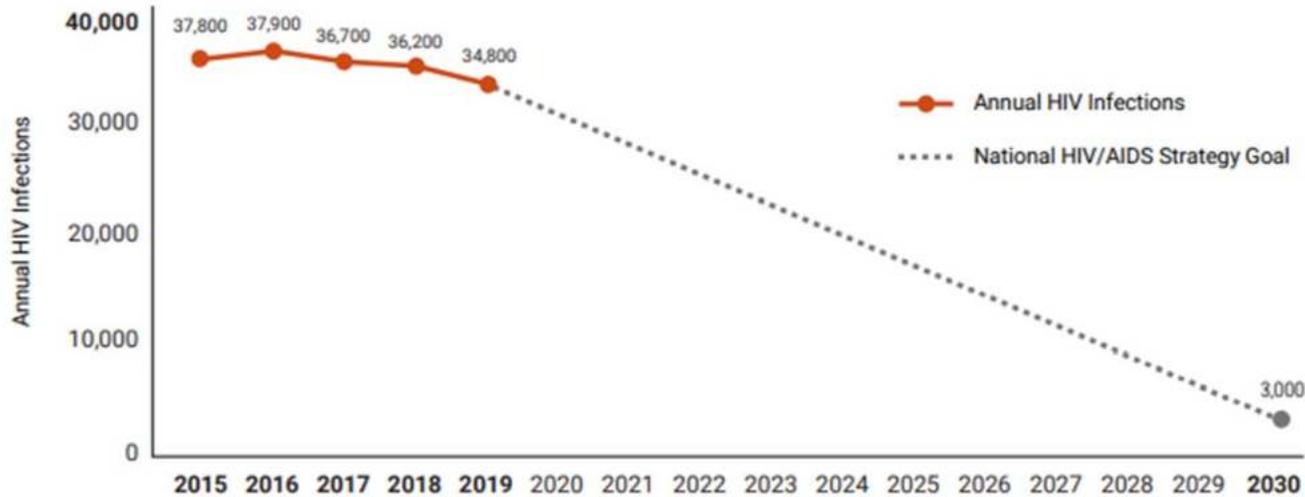
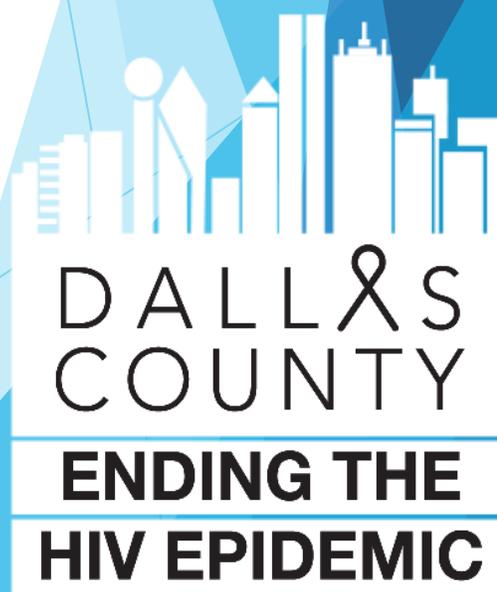


Figure 1. Annual HIV infections in the United States, 2015–2019



Get Involved: Stakeholder Communications

- ▶ RWPC
- ▶ HIV Task Force
- ▶ Fast Track Cities
- ▶ One-on-One Meetings or Calls



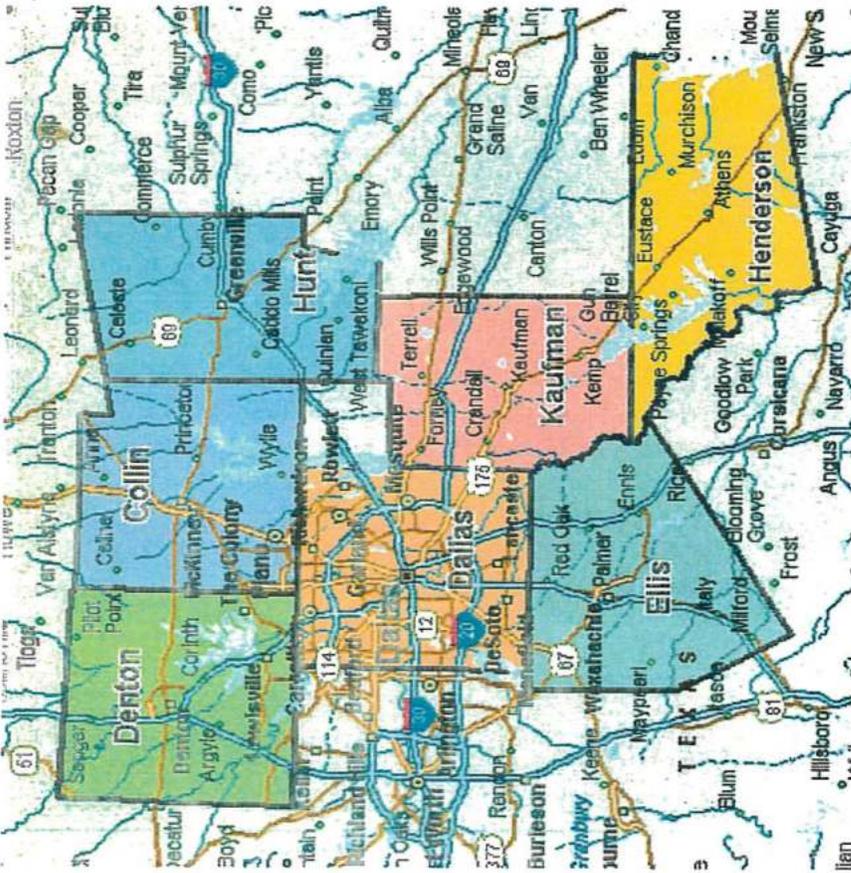
Jonathan Gute

Program Manager - Outreach & Retention

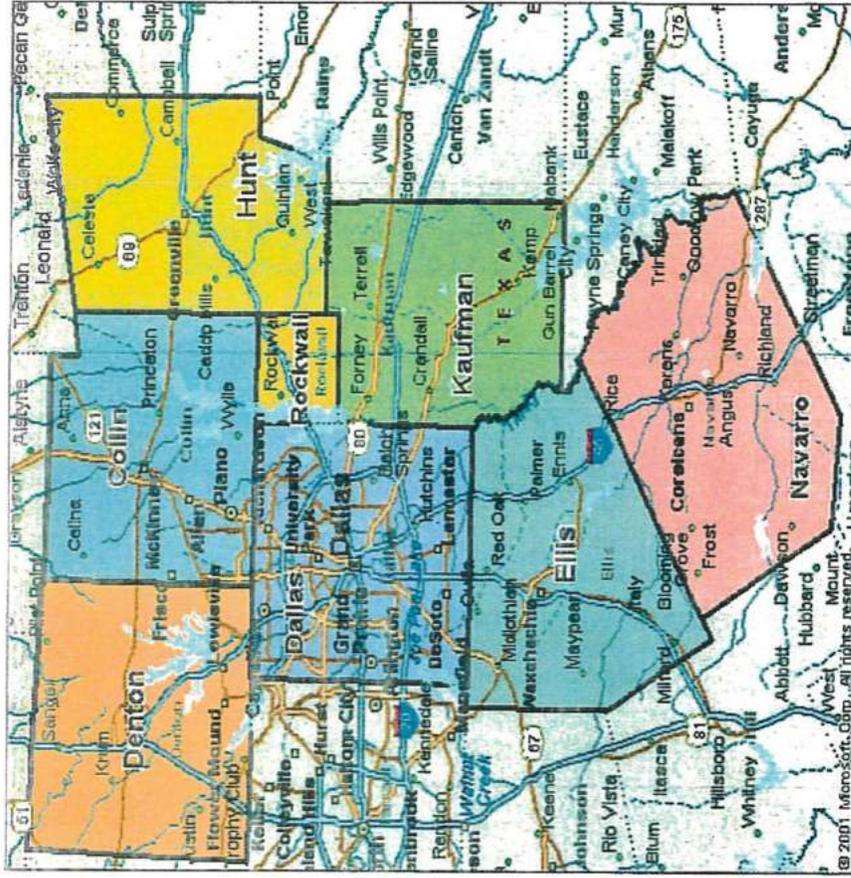
ACCESS Clinic – Parkland Health

Q & A



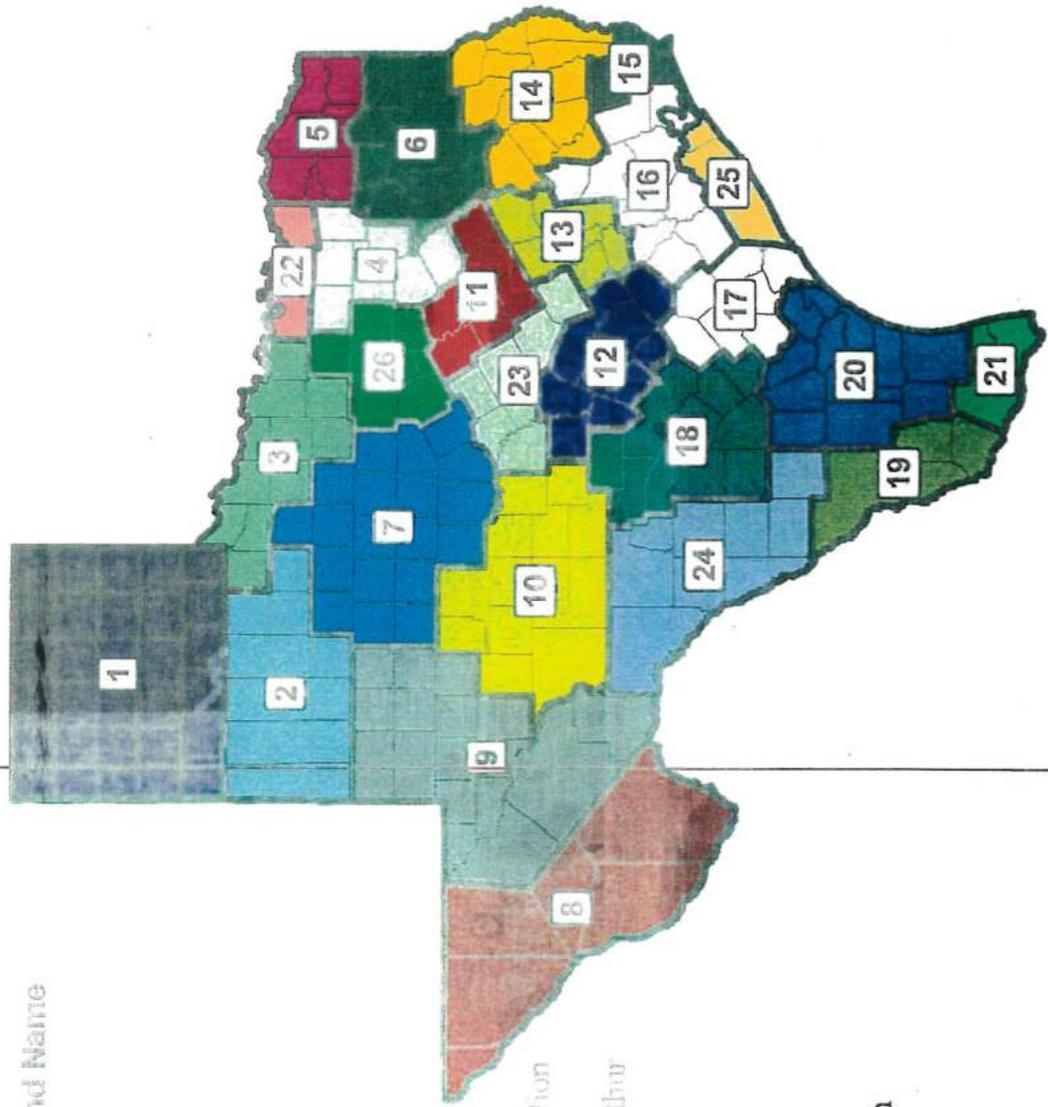


DALLAS EMA



DALLAS HSDA

Texas HIV Service Delivery Areas (HSDAs)



HSDA Number and Name

- 1 Amarillo
- 2 Lubbock
- 3 Wichita Falls
- 4 Dallas
- 5 Texarkana
- 6 Tyler
- 7 Abilene
- 8 El Paso
- 9 Permian Basin
- 10 Concho Plateau
- 11 Waco
- 12 Austin
- 13 Bryan-College Station
- 14 Lufkin
- 15 Beaumont-Port Arthur
- 16 Houston
- 17 Victoria
- 18 San Antonio
- 19 Laredo
- 20 Corpus Christi
- 21 Brownsville
- 22 Sherman-Dennison
- 23 Temple-Killeen
- 24 Uvalde
- 25 Galveston
- 26 Fort Worth





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Annie Sawyer-Williams

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annie.williams@dallascounty.org

Recipient Name:			
Grant Number:			
Membership Categories	Vacant (Y/N/NA)	Vacancy Duration (if applicable)	Comment Section: Comments are required for all legislatively mandated categories. Include barriers for recruitment and plans to address vacancy.
Healthcare Provider, including Federally Qualified Health Center			
Community Based Organization (CBO) Serving Affected Populations/AIDS Service Organization (ASO)			
Social Service Provider - Housing and Homeless Services			
Social Service Provider - Other			
Mental Health Provider			
Substance Abuse Provider			
Mental Health & Substance Abuse Provider			
Local Public Health Agency			
Hospital Planning Agency or Healthcare Planning Agency			
Affected Communities, including People with HIV and Historically Underserved Subpopulations			
Non-Elected Community Leader			
State Medicaid Agency			
State Part B Agency			
State Part B Agency & State Medicaid Agency			
Part C Recipient			
Part D Recipient, or if none present, Representative of Organization Addressing the Needs of Children, Youth, and Families with HIV			
Other Federal HIV Programs, including HIV Prevention programs			

Planning Council/Planning Body Reflectiveness Table

(Use most recent HIV Prevalence data)

HIV Prevalence in Dallas EMA (TDSHS-data source) and year of data: 2021

Race/Ethnicity	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
White, not Hispanic	5560	26.60%	6	21.43%	2	16.67%
Black, not Hispanic	8405	40.22%	17	60.71%	10	83.33%
Hispanic	5738	27.46%	3	10.71%	0	0.00%
Asian/Pacific Islander	29	0.14%	2	7.14%	0	0.00%
American Indian/Alaska Native	7	0.03%	0	0.00%	0	0.00%
Multi-Race	938	4.49%	0	0.00%	0	0.00%
Other/Not Specified	222	1.06%	0	0.00%	0	0.00%
Total	20899	100%	28	100%	12	100%
Gender	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
Male	16496	78.94%	18	64.29%	9	75.00%
Female	4156	19.89%	9	32.14%	2	16.67%
Transgender: male-to-female	239	1.14%	1	3.57%	1	8.33%
Transgender: female-to-male	7	0.03%	0	0.00%	0	0.00%
Other gender identity	0	0.00%	0	0.00%	0	0.00%
Total	20898	100%	28	100%	12	100%
Age	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
13-19 years	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
20-29 years	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
30-39 years	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
40-49 years	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
50-59 years	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
60+ years	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Total	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!

Standing Committee's Charge

- ▶ **Planning and Priority Committee' Charge:** To oversee development and implementation of a process to identify needs and barriers, keep the assessment of needs current and develop a comprehensive plan to implement the priority goals of the Planning Council.
- ▶ **Needs Assessment Committee's Charge:** To oversee the development and implementation of the needs assessment process to identify the needs, barriers to care, and gaps in services for PLWH, and to ensure that Planning Council activities are working towards meeting the needs, overcoming the barriers, and closing the gaps.
- ▶ **Allocation Committee's Charge:** Develop recommendations for distribution of funds among priority goals using all available information regarding community and agency needs, current funding for HIV services, and trend data; develop recommendations for service category allocations. Recommendations for service category allocations will include how best to meet each established priority.
- ▶ **Consumer Committee's Charge:** Empowering consumers through education by providing the tools and knowledge to interact with those individuals and committees that affect categorical service delivery of the Ryan White Treatment Extension Act, including the Texas Department of State Health Services (DSHS).
- ▶ **Evaluation Committee's Charge:** evaluate whether provider services coincide with set service priorities and evaluate the efficacy of the Administrative Mechanism and the performance of the Planning Council according to its goals.

RYAN WHITE PLANNING COUNCIL 2022 DELIVERABLES (Year-To-Date)

Calendar of Deliverables	Annual Deliverables/Recommendations to be approved by the RWPC	Committee Responsible for the Work Product/Recommendation	Completion Status
January 2022	<ul style="list-style-type: none"> FY 2022 Memorandum of Understanding between RWPC & the Administrative Agency 	RWPC	Completed January 12, 2022
February 2022	<ul style="list-style-type: none"> FY 2021 Part A/COVID/Part B/MAI/Dallas State Rebate/Carryover Re-Allocation Recommendation 	RWPC Approved Recommendation	Completed February 9, 2022
March 2022	<ul style="list-style-type: none"> Approve the FY 2022 Standards of Care Document to Forward to Administrative Agency 	RWPC Approved Recommendation	Completed March 9, 2022
	<ul style="list-style-type: none"> FY 2022 Part B Reallocation CCC Forum: HIV & Women of Color/Reproductive Justice 	CCC Committee	Completed March 9, 2022
April 2022	<ul style="list-style-type: none"> CCC Forum: The Cultural Effect of HIV 	CCC Committee	Completed April 8, 2022
	<ul style="list-style-type: none"> RWPC Standing Committee Member Orientation Status Neutral Needs Assessment/Comprehensive Plan Review-Integrated HIV Prevention/EIHA/EETE/ETE for America 	All Committee Members All Committees	Completed April 13, 2022 Ongoing
May 2022	<ul style="list-style-type: none"> CCC Forum: HIV and the Faith based Community 	CCC Committee	Completed May 13, 2022
June 2022	<ul style="list-style-type: none"> Approved Empower Dallas Project-Pilot for Recruitment 	RWPC Approved Recommendation	Completed – June 8, 2022
	<ul style="list-style-type: none"> Approved FY 2023 (PSRA) Priority Service Ranking Recommendations Review and Approve the FY 2021 Evaluation/Assessment of the Administrative Mechanism & Recommendation (EAM/AAM) 	RWPC Approved Recommendation RWPC Approved Recommendation RWPC Approved Recommendation	Completed – June 8, 2022 Completed – June 8, 2022
July 2022	<ul style="list-style-type: none"> Approve to forward the FY 2022 Actual Part A/MAI Full Award Allocation Approve to forward the Endorsement Letter for the Full FY 2022 Part A/MAI Award Allocations Approve to forward the FY 2022 Allocation of Unobligated Funds Approve to forward the FY 2023-24 Part A/MAI/Part B/ SS Resource Allocation Recommendations CCC Forum: Know Your Rights Legal 101 	RWPC Approved Recommendation RWPC Approved Recommendation RWPC Approved Recommendation RWPC Approved Recommendation CCC Committee	Completed July 13, 2022 Completed July 13, 2022 Completed July 13, 2022 Completed July 13, 2022 Completed July 29, 2022
	<ul style="list-style-type: none"> FY 2022 YTD Expenditure Reports for Grants FY 2022 Integrated Plan Vendor Introduction/Presentation- Collaboration/Development Recommendations FY 2022 Status Neutral Need Assessment Vendor Introduction/Presentation (Court Approved Contract) CCC Forum: HIV and Mental Health Ryan White Conference 	RWPC RWPC Approved Recommendation RWPC/Needs Assessment Recommendation CCC Committee RWPC	Completed August 10, 2022 Completed August 10, 2022 Completed August 16, 2022 Completed August 12, 2022 Completed August 23-26, 2022
August 2022	<ul style="list-style-type: none"> Prepare Letter from the Chair for Grant Application Extension FY 2022 Part A Formula/MAI/B/SS State Rebate (Expenditure Reports) FY 2022 Integrated Plan Vendor Introduction/Presentation- Collaboration/Development Recommendations FY 2022 Status Neutral Need Assessment Vendor Introduction/Presentation (Court Approved Contract) 	RWPC Approved Recommendation RWPC Approved Recommendation RWPC/Needs Assessment Recommendation RWPC Approved Recommendation	Completed September 13, 2022 Completed September 14, 2022 Completed September 20, 2022 Completed September 21, 2022
	<ul style="list-style-type: none"> USCHA Conference RWPC Leadership Team FY 2021 Part A/COVID/Part B/MAI/Dallas State Rebate/Carryover Re-Allocation Recommendation CCC Forum: Let's Get PrePARED 	Executive Committee Allocations Committee CCC Committee	Completed October 7-11, 2022 Completed October 17, 2022 Completed October 14, 2022
October 2022			

Calendar of Deliverables	Annual Deliverables/Recommendations to be approved by the RWPC	Committee Responsible for the Work Product/Recommendation	Completion Status
November 2022	<ul style="list-style-type: none"> ▪ Receive Integrated Plan Report/Approve Letter of Concurrence for Submission to RWPC ▪ Leadership Recruitment Training ▪ Approve Part B Formula Reallocation Recommendation 	<ul style="list-style-type: none"> P&P/Executive Committee RWPC Membership RWPC Membership 	<ul style="list-style-type: none"> Projected November 8, 2022 Projected November 9, 2022 Projected November 10, 2022

* Please note all Committee Project/Recommendations, ongoing or special will be approved by the RWPC.





Dear Ryan White HIV/AIDS Program Part A Recipients:

This letter provides clarification on the Health Resources and Services Administration, HIV/AIDS Bureau's (HRSA HAB) expectations of a required community input process for Ryan White HIV/AIDS Program (RWHAP) Part A awards. The Chief Elected Official, as the recipient of RWHAP Part A funds, is ultimately responsible for establishing the planning body to spearhead the development of a comprehensive HIV service system for the Eligible Metropolitan Area or Transitional Grant Area (EMA/TGA) through a planning council (PC) or planning body (PB).

Section 2602(b) of Title XXVI of the Public Health Service Act outlines the roles and responsibilities of the PC. Section 2609(d)(1) outlines the requirement for TGAs to have a formal community input process to formulate the overall plan for priority setting and resource allocations in TGAs.

This program letter clarifies HRSA HAB requirements and expectations for the PC/PB. Unless otherwise noted, the requirements and expectations apply to both PCs and PBs.

**Roles and Responsibilities-
Priority Setting and Resource
Allocation**

Priority Setting and Resource Allocations (PSRA) is the single most important legislative responsibility of a PC/PB, and greatly influences the system of HIV care in the EMA/TGA. The PSRA process must prioritize all RWHAP HIV core medical and support services annually.
[2602(b)(4)(C)] and 2602(d)(1)]

PC Membership

The PC must include a representative from each of the 13 legislatively required membership categories. The PC must also include at least one member to separately represent each of the designated membership categories (unless no entity from that category exists in the EMA/TGA). Separate representation means each PC member can fill only one legislatively required membership category at any given time, even if qualified to fill more than one. There are only three situations that allow one person to represent two membership categories. PC members must reflect the demographics of the population of individuals with HIV in the jurisdiction. Additionally, no less than 33 percent of PC membership must be comprised of unaffiliated clients receiving RWHAP Part A services in the jurisdiction.
[2602(b)(2)]

PB Membership

At a minimum, the PB must include representatives of the various stakeholders in the TGA, and must reflect the demographics of the population of individuals with HIV in the jurisdiction. Additionally, no less than 33 percent of PB membership must be comprised of unaffiliated clients receiving RWHAP Part A services in the jurisdiction.

Term Limits

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

Separation of PC/PB and Recipient Roles

A separation of PC/PB and recipient roles is necessary to avoid conflicts of interest. The legislation prohibits PC public deliberations to be "chaired solely by an employee of the grantee." [2602 (7)(A)]. A recipient representative, whose position is funded with RWHAP Part A funds, provides in-kind services, or has significant involvement in the RWHAP Part A grant, shall not occupy a seat in the PC/PB, nor have a vote in the deliberations of the PC/PB.

If you have any questions regarding the information outlined in this letter, please consult your project officer.

Sincerely,

/s/ Chrissy Abrahms Woodland, MBA

Chrissy Abrahms Woodland, MBA
Director
Division of Metropolitan HIV/AIDS Programs

Roles and Responsibilities of RWHAP Part A Planning Councils/Bodies and Recipients

Slides for Module 2

Topic: Community Planning

Overview and Value of RWHAP Part A Community Planning

- Definition and Components of Community Health Planning
- Overview of RWHAP Part A HIV Community Planning Requirements
- Uniqueness and Value of RWHAP Part A PC/PBs

Training Objectives

Following the training, participants will be able to:

1. Define and describe key elements of “community health planning”
2. Describe HIV community planning requirements for RWHAP Part A jurisdictions
3. Explain the value and importance of PC/PBs in the RWHAP Part A program

Group Discussion

Consider this question individually for a minute, before discussion with the full group.

Question:

Why is it important for the RWHAP Part A program to include an HIV community planning process – what are the benefits?

What is “Community Health Planning” ?

- Community health planning is a deliberate effort to involve the members of a geographically defined community in an open public process designed to improve the availability, accessibility, and quality of healthcare services in their community as a means toward improving its health status
- That public process must provide broadly representative mechanisms for identifying community needs, assessing capacity to meet those needs, allocating resources, and resolving conflicts

Source: American Health Planning Association, John Steen, 2008

Legislative Requirements for RWHAP Part A HIV Planning

- CEO in an Eligible Metropolitan Area (EMA) must establish an “HIV health services planning council” [§2602(b)]
- In a Transitional Grant Area (TGA) established after 2006, CEO may choose a different process “to obtain community input (particularly from those with HIV) in the transitional area”
- TGAs established before 2006 not legislatively required to maintain planning councils after FY 2013, but have been “strongly encouraged to maintain that current structure” by HRSA/HAB

Overview of RWHAP Part A Planning

- 5-year Integrated HIV Prevention and Care Plan to serve as a blueprint
- Annual planning cycle to help support “a comprehensive continuum of high quality, community-based care for low-income individuals and families with HIV” in the EMA/TGA [Part A Manual]
- People living with HIV (PLWH) and community involvement, including “methods for obtaining input on community needs and priorities” [Legislation, §2602(b)(4)(G)]

Core Planning Tasks

- Determine service needs
- Establish “priorities for the allocation of funds”
- Provide guidance to the recipient on “how best to meet these priorities”
- Help ensure coordination of RWHAP and other services, including prevention
- Assess the efficiency of the recipient’s “administrative mechanism in rapidly allocating funds to the areas of greatest need”

Source: 2009 Legislation

HRSA/HAB Suggested Principles for RWHAP Planning

RWHAP Planning:

- Is community-based, including diverse stakeholders
- Requires consumer input to needs assessment and decision making
- Is a collaborative partnership between the planning body and the recipient
- Is designed to meet national goals for ending the epidemic and strengthen performance along the HIV Care Continuum
- Is an ongoing, cyclical process
- Requires data from multiple sources, gathered through varied methods
- Uses data-based decision making

Value and Importance of Planning in RWHAP Part A

- “PCs provide a significant and unique venue for the required involvement of and input from people living with HIV/AIDS”*
- Benefits include:
 - Capturing the community’s experience and voice through formalized opportunities for continuous community input
 - Providing multiple roles and opportunities for input and decision making for consumers and other PLWH
 - Allowing for a local system of HIV care that reflects documented jurisdictional needs and priorities

*Quotation from 12/3/13 Letter from Director of HAB Division of Metropolitan HIV/AIDS Programs (DMHAP), HRSA/HAB

Uniqueness of RWHAP Planning Councils

No other federal health/human services programs require such a body:

- Many programs require community planning, but planning bodies usually advisory rather than decision-making
- Federally funded nonprofits sometimes required to include consumers on their boards (for example, community health centers)
- Planning bodies may include consumers, but rarely require them to be such a high proportion of voting members (33%)
- Almost none have such specific legislative responsibilities – including decision-making about how service funds are allocated

Sum-Up

- HIV community planning is a broadly representative open process designed to improve HIV services
- RWHAP Part A planning councils provide a unique model of data-based community planning and decision making that includes strong consumer involvement
- EMAs are required to have planning councils; HRSA/HAB strongly urges TGAs with PCs to maintain them
- PCs carry out a set of legislative roles through an annual planning cycle, guided by a 5-year Integrated HIV Prevention and Care Plan

Post-Session Discussion in Small Groups

- 1. In your small group, brainstorm important things to know about HIV community planning, then agree together on those that are most important.*
- 2. Put your list on easel pad paper to share with the full group.*

Question:

If you wanted a potential PC/PB member without community planning experience to understand HIV community planning, what are the 3-5 most important things you would discuss with that person?

BYLAWS
of the
RYAN WHITE PLANNING COUNCIL OF THE DALLAS AREA
Revised December 2017

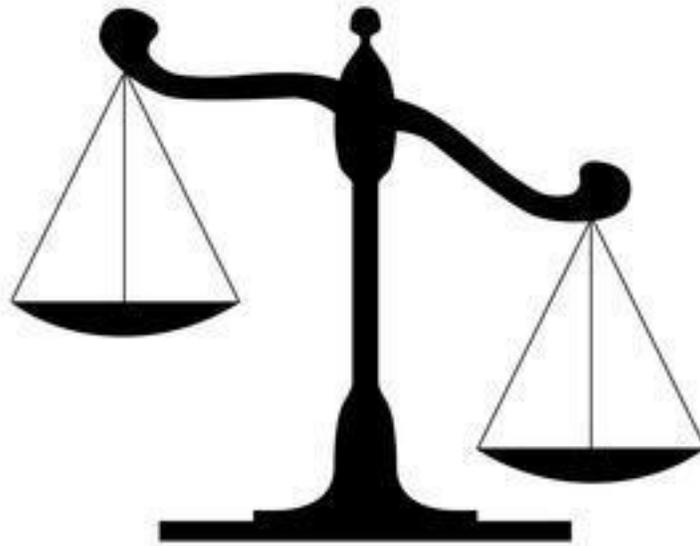


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BYLAWS

RYAN WHITE PLANNING COUNCIL OF THE DALLAS AREA

ARTICLE I: NAME

Section 1.1 – General

The name of this HIV Health Services Planning Council (HSPC) organization is The Ryan White Planning Council of the Dallas Area.

ARTICLE II: PURPOSE

Section 2.1 – General

The purpose of the Ryan White Planning Council of the Dallas Area shall be to:

- (a) Establish priorities for the allocation of the funds from the Ryan White Treatment Extension Act, and any subsequent amendments for the Dallas Eligible Metropolitan Area (EMA) and determine how best to meet such priorities in allocating funds under grants based on the following factors:
 - (i) determine the size and demographics of the population of individuals with HIV disease;
 - (ii) determine the needs of such populations, with particular attention to
 - a. individuals with HIV disease who know their HIV status and are not receiving HIV-related services; and
 - b. disparities in access and services among affected subpopulations and historically underserved communities.
 - (iii) cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available (either demonstrated or probable);
 - (iv) priorities of the HIV-infected communities for whom the services are intended;
 - (v) coordination of the provision of services with HIV prevention programs and substance abuse treatment programs;
 - (vi) availability of other governmental and non-governmental resources for funding the identified needs; and
 - (vii) capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.
- (b) Develop an integrated HIV prevention and care plan for the organization and provision of HIV health and support services. The plan must:
 - (i) include a strategy to identify People Living with HIV (PLWH) out of care and to inform and enable them to utilize the services available; eliminate disparities in access and services among selected target populations, affected sub-populations, and historically underserved communities; include discrete goals, such as increased retention in care and viral suppression to reduce community viral load, a timetable, and an appropriate allocation of funds;

- (ii) include a strategy to coordinate the provision of such services with programs for HIV prevention and for substance abuse prevention and treatment; and
 - (iii) be compatible with any State or local plan for the provision of services to individuals with HIV disease.
- (c) Assess the efficiency of the administrative mechanism in allocating funds rapidly to the areas of greatest need within the Dallas EMA and evaluate the effectiveness of services offered in meeting the identified needs.
 - (d) Participate in the development of the Statewide Coordinated Statement of Need (SCSN) initiated by the Texas Department of State Health Services (DSHS).
 - (e) Establish methods and procedures for obtaining input on community needs and priorities which may include holding public meetings, conducting focus groups or community surveys, convening ad hoc panels, and other means as deemed appropriate.
 - (f) Coordinate with Federal grantees that provide HIV-related services within the eligible area.

All business conducted by the Ryan White Planning Council of the Dallas Area will adhere to all Dallas County and Grantor policy and procedure requirements.

Section 2.2 – Prohibition of Profit to Members

None of the income or net earnings of the Ryan White Planning Council of the Dallas Area shall inure to the profit of, or be distributed to, any director, trustee, officer, or any other private person, except that the Ryan White Planning Council of the Dallas Area shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of its stated purpose. The Ryan White Planning Council of the Dallas Area may not contract for compensated service with a Council member, the spouse of a member nor a relative of a member or a spouse to the second degree of consanguinity.

Section 2.3 – Regarding Propaganda and Influencing Legislation

No part of the activities of the Ryan White Planning Council of the Dallas Area shall involve propaganda or other attempts to influence legislation at any level of government. The Ryan White Planning Council of the Dallas Area shall not participate in or intervene in any political campaign on behalf of a candidate for public office, including the publishing or distribution of statements on behalf of a candidate or political party.

ARTICLE III: MEMBERSHIP

Section 3.1 – Composition

The Ryan White Planning Council of the Dallas Area members shall be nominated by the Executive Committee of the Ryan White Planning Council of the Dallas Area, utilizing an open process described in Addendum A. Final appointments will be made by the Part A Grantee who is the Dallas County Judge, herein after known as the Chief Elected Official (CEO). Planning Council members are to reflect the demographics of the local epidemic with particular consideration given to consumers of Ryan White services and to disproportionately affected and historically underserved groups and sub-populations. Consumer representation must comply with federal requirements. The Ryan White Planning

Council of the Dallas Area shall include, as a minimum, all federally mandated categories and reflectiveness requirements for membership.

Section 3.2 – Nominations Process for Ryan White Planning Council of the Dallas Area Membership

The Executive Committee shall be chaired by the Ryan White Planning Council of the Dallas Area Chairperson. The Committee will consist of no more than fifteen members. Pursuant to the Ryan White Treatment Extension Act, nominations to the Ryan White Planning Council of the Dallas Area, as set out in Addendum A, shall be identified through an open process and candidates shall be selected based on locally delineated and publicized criteria, including a conflict of interest standard for each nominee. Addendum A is attached hereto and fully incorporated by reference.

Section 3.3 – Qualifications of New Membership

New members must meet selected qualifications for being selected to the Ryan White Planning Council or specific standing committees as determined by the Executive Committee.

Section 3.4 – Terms of Members

Terms of membership on the Planning Council shall be limited to two (2) consecutive, three-(3-) year terms. After serving two consecutive 3-year terms, individuals must wait twelve (12) months before reapplying for membership on the Planning Council. Former members are always encouraged to participate in Planning Council meeting discussions and activities from the audience. If there is no qualified new applicant for a HRSA mandated category seat or officer position, an exception can be made and a member can serve an additional year in an emeritus position or until the position can be filled.

An individual's term begins the first day of appointment, even when filling a vacancy of an unexpired term.

Section 3.5 – Number of Members

The maximum number of Council members shall be thirty-three (33), including the Chairperson. The Ryan White Planning Council of the Dallas Area shall reflect demographic breakdown of HIV/AIDS in the Dallas EMA. In respect for each individual's right to privacy and confidentiality, it is understood that when qualifications for membership on the Ryan White Planning Council of the Dallas Area, its standing committees, sub-committees, ad hoc committees, or task forces of these groups refer to "self-identified HIV-positive" persons, such persons may limit disclosure of status to the CEO, and Ryan White Planning Council of the Dallas Area Chairperson and staff, who will be bound by confidentiality but who must attest that stipulated percentages of membership are met.

Section 3.6 – Residency of Members

The 33 members of the Ryan White Planning Council of the Dallas Area shall be residents of the Dallas Eligible Metropolitan Area, with the exception of the legislatively mandated membership categories.

Section 3.7 – Vacancies

Any vacancy occurring in federally mandated seats on the Ryan White Planning Council of the Dallas Area shall be filled by appointment of the CEO within thirty (30) days of written notice provided by the Council Chairperson. The Executive Committee will employ targeted recruitment strategies to fill vacancies and will meet with potential new planning council members quarterly to appoint vacant positions. The nomination process as described in Addendum A shall be utilized in filling vacancies on the Ryan White Planning Council of the Dallas Area.

Section 3.8 – Attendance & Forfeiture

If any member of the Planning Council/standing committee fails to attend either (i) three (3) consecutive regularly scheduled meetings during the calendar year or (ii) seventy-five (75%) percent of the meetings in any twelve- (12-) month period, (excluding excused absences), the member will forfeit their seat. A warning letter will be sent to those members that have 2 unexcused absences, notifying them of their potential forfeiture of seat. To ensure substantive involvement of the affected community, if the member of the Ryan White Planning Council of the Dallas Area or its committees has missed three (3) consecutive regularly scheduled meetings due to illness or if the member indicates an inability to attend regularly scheduled meetings, upon the member's request the CEO may appoint an alternate member to the Council to serve in place of the member. The RWPC Chair also may appoint an alternate member to the Consumer Council Committee to serve in place of the member if they are a member in good standing with the Consumer Council Committee when a member of that committee is unable to serve due to illness or disability, upon request of the committee member. Every attempt shall be made to appoint an alternate who is demographically reflective of the member. If the regular member is unable to return after three (3) additional consecutive regularly scheduled meetings, the member forfeits membership and the alternate member may be considered for regular membership with an effective RWPC appointment date beginning the day alternate status was acquired, tolled¹ for periods of inactive alternate status.

Section 3.9 – Resignation

Members that no longer desire or are unable to fulfil the requirements to sit on the Planning Council or its standing committees must give the chair of the council/committee and/or the office of support a written resignation.

Section 3.10 – Leave of Absence/ Medical Leave

Any member may request a three (3) month Medical Leave, by notifying Ryan White Planning Council staff. The Ryan White Planning Council staff will present the request to the Executive Committee for approval. At the end of the granted Medical Leave, the Ryan White Planning Council staff shall update the Executive Committee on the medical status of the committee member. It shall be understood that granting medical leave status permits excused absence at the member's monthly meetings and shall not pause the member's term of service.

ARTICLE IV: COMMITTEES

Section 4.1– General

The standing committees of the Ryan White Planning Council of the Dallas Area shall include:

- (a) Planning and Priorities Committee
- (b) Allocations Committee
- (c) Evaluation Committee
- (d) Consumer Council Committee
- (e) Needs Assessment Committee
- (f) Executive Committee

¹ Total time served equals an aggregate of days served.

Section 4.2 – Special Committees

Such special committees as may be appropriate may be created by action of the Chairperson of the Ryan White Planning Council of the Dallas Area or by the CEO. Any such committee shall have such powers and duties, and its membership shall be constituted, as the Chairperson of the Ryan White Planning Council of the Dallas Area or the CEO may determine.

Section 4.3– Meetings; Quorums for Committees

Each committee shall meet at such time as it may determine and may act by a majority of those present at any meeting at which a quorum is present. A quorum is a simple majority (51 percent) of the voting members. The Chair or Vice Chair of the Ryan White Planning Council are considered to be ex-officio members of all other standing committees' and therefore may step in and chair a standing committee for the purposes of establishing quorum, but their ability to vote must be consistent with the bylaws.

Section 4.4 – Committee Membership

- 4.4.1** Each standing or special committee shall have a Chairperson and Vice-Chairperson recommended by the Executive Committee of the Ryan White Planning Council of the Dallas Area through an open nominations process and appointed by the CEO. All Chairs and Vice-Chairs shall be appointed for a one (1) year term. At the end of such time, Chairs and Vice-Chairs will be reviewed by the Executive Committee for reappointment. The Chairperson AND Vice Chairperson of each standing committee shall be a duly appointed member of the Council.
- 4.4.2** The Executive committee shall make appointments to each standing committee of the Council. This will include a review of the application and an interview if the interviewee is not currently sitting on a Ryan White Planning Council standing committee. The appointments shall be made from the membership of the Council, and other interested citizens who have expressed an interest in serving on the committees of the Council. The standing committees shall consist of no more than fifteen (15) members, except for the Consumer Council Committee, which shall consist of no more than twenty (20) members. There are no non-voting member positions. Committee membership shall reflect in its composition the demographics of the epidemic of the Dallas EMA, in accordance with Section 3.1. All committee members shall be appointed for a one (1) year term. At the end of such time, membership will be reviewed by the Executive Committee for reappointment.
- 4.4.3** The Ryan White Planning Council of the Dallas Area staff shall ensure that accurate records are kept of the work of the committees.
- 4.4.4** All committee members shall comply with the conflict of interest standards set out in Section VII below, including the completion of a disclosure statement listing any and all affiliations with agencies which may receive or pursue funding. The Allocations Committee and the Planning and Priorities Committee may not include representation from any service provider currently receiving funds from grants involved in the community planning efforts of the Ryan White Planning Council of the Dallas Area. No member shall dually serve on the Allocations Committee and the Planning & Priorities Committee.

4.4.5 One liaison position from the Consumer Council Committee will be assigned to the Allocations, Evaluation, Planning and Priorities, Needs Assessment, and Executive Committees and any special committees. The Consumer Council Committee will nominate an eligible Consumer Council Committee member to serve as a liaison and be granted voting privileges on assigned standing committee. The Chair/Vice Chair of the Consumer Council Committee will present the liaison recommendation to the Executive Committee for approval. The sole purpose of the liaison is to establish a formal link between the two stakeholder groups and the Ryan White Planning Council of the Dallas Area committee structure. The Service Providers Council position is optional and advisory only, and not subject to voting rights.

4.4.6 No member shall serve on more than two (2) standing committees, unless you are a non-aligned consumer serving on the Consumer Council Committee or a standing committee chair sitting on the Executive Committee, in which case they would be allowed to sit on up to three (3) standing committees.

Section 4.5 – Charges to Committees

4.5.1 The charge of the Planning and Priorities Committee is to oversee development and implementation of a process to identify needs and barriers, develop strategies to meet needs and overcome barriers, prioritize the need for core medical and support services in the Ryan White community, identify priority populations, and implement a comprehensive plan that integrates prevention and care strategies. The Planning and Priorities Committee will:

- Oversee development and implementation of a process to identify needs and barriers to care and work closely with the current Needs Assessment Committee. The process must be objective; ethnically, culturally, and linguistically sensitive; and yield statistically valid results. A current integrated comprehensive plan to implement the priority goals approved by the Ryan White Planning Council of the Dallas Area will be initiated and approved for recommendation by the Planning and Priorities Committee, with support provided by the Planning Council Staff. Review, amendment, and adoption of the final document and its implementation are charged to the Ryan White Planning Council of the Dallas Area; and
- Provide recommendations for services to be purchased and prioritized based on required grantor processes, and to include recommendations on how best to meet each established priority.

4.5.2 The charge of the Allocations Committee is to develop recommendations for distribution of funds among priority goals using all available information regarding community and agency needs, current funding for HIV services, and trend data; develop recommendations for service category allocations. Recommendations for service category allocations will include how best to meet each established priority. The Allocations Committee will:

- Develop recommendations for distribution of funds among priority goals using all available information regarding community, consumer, agency needs, current funding for HIV services from all identifiable sources, priority rankings, and trend data in making recommendations; and

- Develop recommendations for service category prioritization approved by the Ryan White Planning Council of the Dallas Area. Consideration of the available community resources as well as their coordinating capacities will also be given.

4.5.3 The charge of the Evaluation Committee is to evaluate whether provider services coincide with set service priorities, and evaluate the efficacy of the Administrative Mechanism and the performance of the Planning Council according to its goals. The Evaluation Committee will:

- Ensure that the service categories set out are being met;
- Conduct an annual evaluation of the efficacy of the Administrative Mechanism and provide that evaluation to the CEO and Dallas County Commissioners Court;
- Evaluate the effectiveness of services, categorically and system-wide.

4.5.4 The charge of the Consumer Council Committee is to empower consumers through education by providing the tools and knowledge to interact with those individuals and committees that affect categorical service delivery. The Consumer Council Committee will:

- Provide the tools and knowledge to interact with those individuals and committees that affect categorical service delivery of the Ryan White Treatment Modernization Act, Texas Department of State Health Services (DSHS), and Housing Opportunities for Persons with AIDS (HOPWA) funded services;
- Conduct ongoing educational conferences and outreach for Eligible Metropolitan Area (EMA), the Eligible Metropolitan Statistical Area (EMSA), and the Health Services Delivery Area (HSDA) consumers on the Ryan White Treatment Modernization Act, Roberts Rules of Order, HOPWA policies, DSHS regulations, and other public policy that affects the Ryan White Planning Council of the Dallas Area decision-making;
- Provide HIV consumer input to the development of EMA, EMSA, and HSDA related policies and programs. This includes consumer input into the development of the Statewide Coordinated Statement of Need and the annual priority ranking process done by the Planning & Priorities Committee;
- Work with the Chair of the Ryan White Planning Council of the Dallas Area and the Executive Committee, recruit consumers for standing committees and the Ryan White Planning Council of the Dallas Area;
- Obtain feedback from consumers on issues that are authorized by the Executive Committee; and Represent all consumers including but not limited to: disproportionately affected and historically underserved groups and sub-populations and PLWH out-of care.

4.5.5 The charge of the Needs Assessment Committee is to oversee the development and implementation of the needs assessment process to identify the needs, barriers to care, and gaps in services for PLWH, and to ensure that Planning Council activities are working towards meeting the needs, overcoming the barriers and closing the gaps. The Needs Assessment Committee will:

- Design consumer surveys that will comprehensively gather demographic, epidemiologic, behavioral, and service-related data.
- Develop strategies to target special populations and organize focus groups to determine what information to gather and how to collect it. .
- Determine the best means by which to conduct the comprehensive needs assessment that meets the frequency needs of the Health Resources and Services Administration.
- Identify needs trends as identified by consumers from previous assessment cycles.
- Provide recommendations related to consumer needs to the other Ryan White Planning Council standing committees.

4.5.6 The charge of the Executive Committee, in collaboration with the CEO, will oversee an open nomination process (as described in Addendum A) for Ryan White Planning Council of the Dallas Area membership. They will also oversee how well the Ryan White Planning Council is functioning overall. They will routinely review how we operate and why we operate that way. The Executive Committee will:

- Review the annual Ryan White Planning Council budget with the office of support in order to negotiate with the Administrative Agency.
- Review the Ryan White Planning Council bylaws annually to ensure that the structure and purpose of the Planning Council and the mechanisms that make it function are still not prohibitive towards getting PLWH services they need to improve their quality of life and increase their viral suppression.
- Partner with the Administrative Agency to regularly review and agree on a Memorandum of Understanding that illustrates a beneficial, synergistic partnership.
- Make qualified appointments to each standing committee of the Council. This will include a review of the application, but will not require an interview.
- Make qualified recommendations to the CEO for members' appointment to the Ryan White Planning Council through an open nominations process.
- To review the Planning Council and standing committee membership and to develop recruitment strategies

In addition to the standing committees, there will also be an Executive Committee full of Planning Council and standing committee leadership. The charge of the Executive Committee is to ensure the orderly and integrated progression of work of the committees of the Ryan White Planning Council and plan future activities. The Executive Committee will:

- Consist of the Chairperson and Vice Chairperson(s), of the Ryan White Planning Council of the Dallas Area, the Chairpersons or Vice-Chairperson(s) of each standing committee, and at a minimum, a representative of the County Judge's office, and a representative of the Administrative Agency;

- Meet periodically to ensure the orderly and integrated progression of work of the committees of the Council, and to plan future activities. Unless expressly authorized by the full membership of the Ryan White Planning Council of the Dallas Area, the Executive Committee is not authorized to act on behalf of the Council on any matters that it is charged with executing; and
- Review the Ryan White Planning Council and all standing committees' attendance to make sure members are complying with Section 3.8.
- Serve as the governance committee to periodically review changes in the governing documents of the Ryan White Planning Council.

ARTICLE V: OFFICERS

Section 5.1 – List of Officers

The officers of the Ryan White Planning Council of the Dallas Area shall be the Chairperson and Vice Chairperson(s).

Section 5.2 – Appointment

The officers of the Ryan White Planning Council of the Dallas Area & standing committees shall be appointed from the membership of the Council. The Chairperson and Vice Chairperson(s) shall be appointed by the CEO.

Section 5.3 – Limitations of Terms

No person shall hold the same office for more than three (3) consecutive years. The officers shall be appointed or reappointed each year by the CEO, and an open application process will take place each year.

Section 5.4 – Duties

The duties and powers of the officers shall be those usually pertaining to their respective offices.

Planning Council Chair: The Chair of the Planning Council shall preside at their respective meetings. The Chair is the only official spokesperson for the Council and will be responsible for interfacing with the public and with the media. They will be responsible for correspondence to members regarding attendance and participation issues. The Chair of the Council is an ex-officio member of all committees (standing, subcommittee and work groups), and therefore may step in and chair a standing committee for the purposes of establishing quorum, but their ability to vote must be consistent with the bylaws.

Planning Council Vice Chair: The Vice Chair of the Planning Council shall preside at meetings of the Council in the absence of the Chair. The Vice Chair shall perform such other duties as the Chair may designate.

Standing Committee Chair/Vice Chair: The standing committee Chairs shall preside at all meetings of their respective committees. They may be responsible for correspondence to members regarding attendance and participation issues. The Committee Vice Chair shall preside at all committee meetings in the absence of the Chair. The Committee Chairs are responsible for the execution of the duties prescribed herein for the Committees and for such other duties as may be prescribed by the Chair of the Council.

Section 5.5 – Parliamentary

The Executive Committee may reference a current member of the Planning Council as a parliamentarian if there is a qualified and willing member to serve in such a position.

Section 5.6 – Vacancies

Vacancies occurring in an officer's position shall be filled by appointment by the CEO as specified in Section 5.2.

ARTICLE VI: MEETINGS

Section 6.1 – Frequency of Meetings

The Ryan White Planning Council of the Dallas Area shall meet not less than quarterly each year at such times and places as it may determine, or as may be specified in the notice of the meeting. Additional or emergency meetings of the Ryan White Planning Council of the Dallas Area may be called by the CEO, the Chairperson, or by at least eight (8) members of the Ryan White Planning Council of the Dallas Area.

Section 6.2 – Notice of Meetings

Notice of each meeting of the Ryan White Planning Council of the Dallas Area shall be mailed or emailed to each Council member, at their last known address as carried on the records of the organization, not less than three (3) days prior to the date of the meeting. Should an emergency meeting be called, all Council members shall be notified by telephone, and public notice of the meeting time and place shall be posted in accordance with Federal, State, and local laws.

Section 6.3 – Quorum

A quorum of the planning council/standing committee must be present at any regular or specially scheduled meeting in order for the council to engage in the meeting. A quorum of the council is defined as a simple majority (51 percent) of the planning council/standing committee membership. In computing a quorum, a vacant seat on the council shall not be considered. At all meetings of the Ryan White Planning Council of the Dallas Area, a majority of duly appointed Council members shall constitute a quorum.

Section 6.4 – Open Meetings

All meetings of the Ryan White Planning Council of the Dallas Area and committees of the Council are deemed to be covered by provisions of all applicable Federal, State, and local laws. To ensure compliance with federal, State, and local requirements, all scheduled meetings of the Council or committees must be cleared with the Ryan White Planning Council of the Dallas Area staff to ensure availability of meeting space, staff resources, and proper public posting of meetings as specified in the Texas Open Meetings Act.

Section 6.5 – Conduct of Meetings

The most up to date Robert's Rules of Order shall generally govern the conduct of meetings of the Ryan White Planning Council of the Dallas Area for Planning Council/standing committee members, the office of support, and to the public attending the meeting.

Section 6.6 – Structure of Meetings

The person chairing the committee has the authority to start the meeting on time, regardless of quorum being established, with the understanding that voting items may not be voted on until quorum has been met. Meetings will have scheduled start and finish times and also have public comment periods at the discretion of the committee chair. The person

facilitating the meeting will conduct the meeting following Robert's Rules of Order. Agenda items for regularly scheduled meetings should include discussion items, action items, and reports if pertinent. Discussion items are items typically accompanied with materials for members to review to have thorough and thoughtful discussion of consequence, action items are items that will be voted on and have an impact on the local Ryan White system, and reports are opportunities for people of other committees or bodies to summarize ongoing efforts.

Section 6.7 – Voting

Each member of the planning council/standing committee shall be entitled to one vote on any business matter coming before the council/committee. Only members of the council or standing committee are entitled to vote on matters coming before council/committee. A cast vote is defined as a positive (“aye”) vote or a negative (“nay”) vote. Abstentions are not considered to be cast votes. A simple majority of the members present and voting is required to pass any matter coming before the Council/Committee. The Chair of the Council or Standing Committee shall not vote at their respective meetings, except in the event of a tie.

Section 6.8 – Minutes

Minutes must be taken of each council and committee meetings. These minutes must state the names of all in attendance and the names of members absent. Minutes must state all motions, recommendations, requests or action items fully. Minutes must also indicate any votes taken with abstentions indicated. The planning council & committee minutes must be signed by the leadership to certify that the above stated conditions are met. Any council or committee member wishing to propose corrections to the minutes shall propose corrections at the meeting at which the minutes are subject to approval.

Section 6.9 - Training

Newly appointed members are required to complete New Member Orientation within 90 days of appointment and submit their certificate of completion to the RWPC Office of Support to be included in their member file. Members are also required to sign a confidentiality statement to be kept on file yearly. Members should also participate in regular trainings given by the office of support throughout the grant year via various training materials.

ARTICLE VII: CONFLICTS OF INTEREST

Section 7.1 - General

It is the policy of the Ryan White Planning Council of the Dallas Area that any member of the Ryan White Planning Council of the Dallas Area or member of a Council standing or special committee who also serves as director, trustee, salaried employee, Board Member, or one who has a financial interest in any Agency receiving funds from grants involved in the community planning efforts of the Ryan White Planning Council or otherwise materially benefits from association with any agency that may seek funds from the Grantee is deemed to have an "interest" in said agency or agencies. The term “materially benefit” is not meant to include services received by an individual as a client that are within the normal realm of services provided by the provider agency. These members may not vote or otherwise participate in deliberations, except in response to direct questions, that come before the Ryan White Planning Council of

the Dallas Area or committees of the Ryan White Planning Council of the Dallas Area regarding awarding of funds directly to the agency/ies, or definition for the purchase of said service, in which they have an interest

This policy shall not be construed as preventing any member of the Ryan White Planning Council of the Dallas Area from full participation in discussion and debate about community needs, service priorities, allocation of funds to broad service categories, and the processes for, and results of, evaluation of service effectiveness. Rather, individual members are expected to draw upon their lay and professional experiences and knowledge of the HIV service delivery system in the Dallas area when such matters are under deliberation. In order to safeguard the Ryan White Planning Council of the Dallas Area's recommendations from potential conflict of interest, each member shall disclose any and all professional affiliations and/or service as director, advisor, or other volunteer capacity that exist currently with agencies which may receive or pursue funding. A Conflict of Interest statement form will be completed by each Council and committee member and kept on file. The Ryan White Planning Council of the Dallas Area Staff shall maintain these records and have forms updated not less than every 12 months.

All members of the Ryan White Planning Council of the Dallas Area are expected to assist in keeping the Council focused to meet the needs of individuals affected by the HIV epidemic in the most expeditious manner possible without undue regard to the benefit to specific agencies or programs. Grantor Conflict of Interest Policies must be followed.

ARTICLE VIII: NON-DISCRIMINATION

Section 8.1 - General

The officers, directors, employees, and committee members of the Ryan White Planning Council of the Dallas Area shall be selected entirely on a non-discriminatory basis with respect to age, sex, gender identity or expression, race, religious or spiritual beliefs, disability (except as a result of HIV infection), sexual orientation, or national origin.

ARTICLE IX: CODE OF CONDUCT

Section 9.1 – Purpose

This Code of Conduct has been created by the Ryan White Planning Council of the Dallas Planning Area in order to guide Planning Council and standing committee members, individually and collectively, adhere to the highest possible ethical standards.

Section 9.2 – Code of Conduct

- 9.2.1** Every Planning Council/standing committee member will treat every other member, support staff, Administrative Agency staff, and members of the public with courtesy and professionalism. Each Planning Council/standing committee member is reminded to respect and recognize the legitimate right of all other members to be a part of any discussions and decision-making processes.
- 9.2.2** Every member will conduct business related to the Planning Council/standing committees in ways that are honest, respectful of diversity, compassionate and nonjudgmental.
- 9.2.3** Every member will honor their time and meeting attendance commitments and be prepared to contribute to the best of their ability for all Council/committee work.

9.2.4 While recognizing the individual’s right to dissent, once decisions are made, every member will recognize the final decision, regardless of their personal position.

9.2.5 Planning Council/standing committee members will exercise discretion when discussing confidential or sensitive information, most notably an individual’s HIV or health status.

9.2.6 Every member will refrain from spreading misinformation related to the Ryan White Planning Council. The Planning Council/standing committee members will strive to address problems internally.

9.2.7 Every member should strive to support the mission, goals, strategies, programs, and/or leadership of the planning body as agreed upon by the members.

9.2.8 No member shall be under the influence of alcohol or illegal drugs at any Planning Council/standing committee meeting.

9.2.9 All items listed above are applicable to audience members as well as council/committee members.

ARTICLE X: OFFICIAL COMMUNICATIONS AND REPRESENTATION

Section 10.1 - Media Contact and Public Information

The Planning Council and standing committees shall maintain positive media relations and accurate public information messages through designated spokesperson(s), professional media contacts, coordinated and reviewed information, and consistent marketing strategies.

Planning Council/standing committee members shall refer any need for media contact or public information to the Planning Council Chair. The Chair shall select the appropriate spokesperson(s).

ARTICLE XI: REMOVAL PROCEDURES

Section 11.1 – Professionalism

The goal of disciplinary action is to ensure inappropriate and unacceptable behavior does not occur and/or repeat and that all members and participants, and the business of the Planning Council/standing committees, is protected from inappropriate/unacceptable behavior in the course of doing the Planning Council/standing committees’ work.

Section 11.2 – Removal from a Meeting

If a person willfully disrupts a meeting to the extent that its orderly conduct is made impractical, the person may be removed from the meeting. The chair of the public body may, without vote of the body, declare a recess to remove a person who is disrupting the meeting. If said person refuses to leave the meeting, the office of support will request help from building security.

Section 11.3 – Removal from the Planning Council

Planning Council members may be removed only by the Chief Elected Official (CEO). The Ryan White Planning Council may recommend to the CEO that a member be removed for any of the following reasons:

- Habitual behavior which inhibits the Planning Council’s ability to conduct business in a timely and efficient manner;

- Conduct that negatively impacts confidence in the Planning Council, including, but not limited to a violation of Conflict of Interest rules and/or Code of Conduct;
- Behavior that could prevent others (Planning Council/standing committee members, Office of Support staff, Administrative Agency staff, or members of the public) from attending or participating in meetings.

The CEO shall have the power to remove Planning Council members without the approval of the Planning Council.

Section 11.4 – Process for Recommending Removal from the Planning Council

Recommendation for removal for any above reasons shall be reviewed by the Ryan White Planning Council and put to a vote. Notice of, and the reasons for the Planning Council’s proposed removal will be sent to the member and the CEO. If the Planning Council votes to recommend removal of the member, the recommendation shall be forwarded to the CEO. No member should be removed by less than a two-thirds vote, a quorum voting. The Executive Committee may make a recommendation for removal of a member for any of the above stated reasons.

Section 11.5 – Removal from a Standing Committee

Standing committee members may be removed by a majority vote from the Executive Committee. Any standing committee may recommend to the Executive Committee that a member be removed for any of the following reasons:

- Habitual behavior which inhibits the standing committee’s ability to conduct business in a timely and efficient manner;
- Conduct that negatively impacts confidence in the standing committee, including, but not limited to a violation of Conflict of Interest rules and/or Code of Conduct.
- Behavior that could prevent others (Planning Council/standing committee members, Office of Support staff, Administrative Agency staff, or members of the public) from attending or participating in meetings.

Section 11.6 – Process for Recommending Removal from a Standing Committee

Recommendation for removal for any above reason shall be reviewed by the Executive Committee and if the Executive finds merit, it shall proceed with the removal of a standing committee member. No member should be removed by less than a two-thirds vote, a quorum voting. Notice of, and the reasons for the Executive Committee’s proposed removal will be sent to the member and the CEO. If the Executive Committee votes to recommend removal of the member, the recommendation shall be forwarded to the CEO.

ARTICLE XII: GRIEVANCE PROCEDURES

Section 12.1 - General

The Ryan White Planning Council of the Dallas Area shall follow procedures for addressing grievances with respect to funding, including procedures for submitting grievances that cannot be resolved to binding arbitration as described in Addendum B, the Dallas EMA Ryan White Planning Council of the Dallas Area Grievance Procedure. Addendum B is attached hereto and fully incorporated by reference.

ARTICLE XIII: AMENDMENTS

Section 13.1 - General

The Ryan White Planning Council of the Dallas Area shall have the power to alter, amend, or repeal these Bylaws at any meeting at which a quorum is present, provided that written notice of the proposed change is given at least five (5) days

prior to such meeting. Such amendments must be reviewed and approved by the Commissioners Court prior to their taking effect.

ARTICLE XIV: DISSOLUTION

Section 14.1 - General

Upon dissolution of the organization of the Ryan White Planning Council of the Dallas Area, the CEO shall, after paying or making provision for payments of all known liabilities of the Ryan White Planning Council of the Dallas Area, dispose of all of the assets of the Ryan White Planning Council of the Dallas Area in such a manner, or to such an organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at that time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Revenue Law, as the Ryan White Planning Council of the Dallas Area shall determine.

APPROVED BY THE MEMBERSHIP OF THE RYAN WHITE PLANNING COUNCIL OF THE DALLAS AREA ON

DATE:

BY: _____

CHAIRPERSON

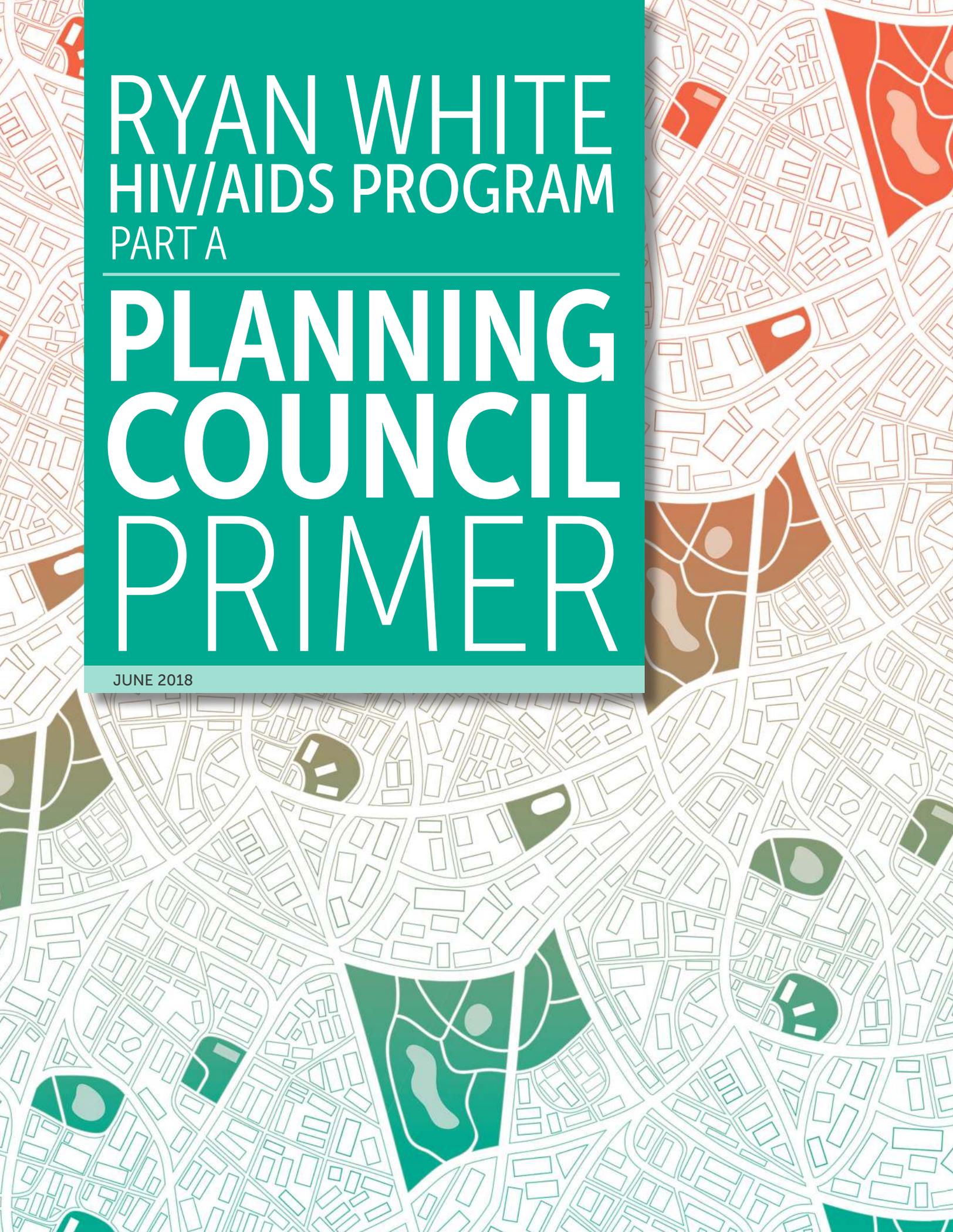
APPROVED BY THE DALLAS COUNTY COMMISSIONERS COURT ON _____

BY: _____

CHIEF ELECTED OFFICIAL

Adopted: 1-1991

Amended: (10-19-1991), (07-21-1992), (04-06-1993),
(06-09-1993), (01-25-1994), (10-05-1994),
(06-11-1997), (12-10-1997), (12-08-1999),
(01-12-2000), (02-15-2005), (04-11-2007),
(11-20-2012), (12-10-2014), (12-12-2017),



RYAN WHITE
HIV/AIDS PROGRAM
PART A

PLANNING
COUNCIL
PRIMER

JUNE 2018



PLANNING CHATT

Community HIV/AIDS
Technical Assistance & Training

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Introduction

Uniqueness and Value of Planning Councils

One of the important aspects of the Ryan White HIV/AIDS Program (RWHAP) is its focus on community health planning for HIV care and treatment. Community health planning is a deliberate effort to involve diverse community members in “an open public process designed to improve the availability, accessibility, and quality of healthcare services in their community.”¹ The process involves “identifying community needs, assessing capacity to meet those needs, allocating resources, and resolving conflicts.” For RWHAP Part A, planning councils/planning bodies play that role.

RWHAP planning councils are unique. No other federal health or human services program has a legislatively required planning body that is the decision maker about how funds will be used, has such defined membership composition, and requires such a high level of consumer participation (at least 33 percent). When more than 100 recipients, planning council leaders, and planning council support staff were asked in a recent national assessment² about the greatest value of planning councils, they most often identified the following benefits:

- Community involvement in decision making about HIV services
- A consumer voice in decisions about services
- Collaboration among diverse stakeholders, including consumers and other people living with HIV, providers, the local health department, researchers, and other community members, with everyone sitting at the same table and working together to make the best decisions for the community
- Positive impact on the service system, including improvements in access to and quality of care, and contributions to positive client outcomes including viral suppression.

Individuals who serve as RWHAP planning council members make a vital contribution to their communities by helping to strengthen and improve the service system for people living with HIV.

1 Stern J. Community Planning, American Health Planning Association, 2008. available at http://www.ahpanet.org/files/community_health_planning_09.pdf

2 McKay E., et al. Engaging RWHAP Consumers in Planning and Needs Assessment, 2016 National Ryan White Conference on HIV Care & Treatment. available at <https://careacttarget.org/sites/default/files/supporting-files/6746McKay.pdf>

Purpose of the Primer

This Primer is designed to help Ryan White HIV/AIDS Program (RWHAP) Part A planning council members better understand the roles and functioning of planning councils.

The Primer explains what RWHAP does, and describes what planning councils do in helping make decisions about what RWHAP services to fund and deliver in their geographic areas. The Primer is intended to be a basic reference to help prepare planning council members to actively engage in planning council activities, and effectively carry out their legislatively defined community health planning duties.

While most RWHAP Part A jurisdictions have planning councils, a few smaller areas have planning bodies, which serve the same purpose but are not subject to the same legislative requirements as planning councils. This Primer describes the expectations for planning councils; there are no specific requirements for other types of planning bodies. However, Health Resources and Services Administration (HRSA) encourages such planning bodies to be as similar as possible to planning councils in their membership, and to carry out the same activities as planning councils³, as outlined in the legislation. Therefore this Primer should be useful to planning bodies as well as planning councils.

³ HRSA/HAB Letter to RWHAP Part A Grantees, 2013. Available at <https://hab.hrsa.gov/sites/default/files/hab/Global/transitionalgrantareasplanningcouncilsmoving-forward.pdf>

The Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured. The Program works with cities, states, and local community-based organizations to provide HIV care and treatment services to more than half a million people each year. The Program reaches over half of all people diagnosed with HIV in the United States.

The majority of Ryan White HIV/AIDS Program funds support primary medical care and essential support services. A smaller but equally critical portion is used to fund technical assistance, clinical training and the development of innovative models of care. The Program serves as an important source of ongoing access to HIV medications that can enable people living with HIV to live close to normal lifespans.

The RWHAP legislation is known as the Ryan White HIV/AIDS Treatment Extension Act of 2009, and is also Title XXVI of the Public Health Service Act. The legislation was first passed in 1990 as the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act. The 2009 law is the fourth reauthorization of RWHAP by Congress. The program helps people living with HIV get into care early, stay in care, and remain healthy.

Most RWHAP funds are used for grants to local and state areas to address the needs of people living with HIV. Many decisions about how to use the money are made by local planning councils/planning bodies and state planning groups, which work as partners with their governments.

RWHAP is administered by the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA). The Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving access to health care by strengthening the healthcare workforce, building healthy communities and achieving health equity.

The RWHAP legislation supports grants under the five sections of the Act: Parts A, B, C, D, and F. Below is a short description of each. The majority of the funding that goes to RWHAP Part A and Part B is awarded under a formula based on the number of living HIV and AIDS cases in these areas.

RYAN WHITE HIV/AIDS PROGRAM FUNDING

- **RWHAP Part A:** Grants to metropolitan areas hardest hit by the epidemic for HIV medical care and support services
- **RWHAP Part B:** Grants to states and territories for HIV medical care and support services, including HIV-related medications through the AIDS Drug Assistance Program (ADAP)
- **RWHAP Part C:** Community-based early intervention services grants for HIV medical care and support services
- **RWHAP Part D:** Community-based grants for family-centered primary and specialty medical care and support services for infants, children, youth, and women living with HIV
- **RWHAP Part F:** Support for five programs—Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), HIV Dental Programs, and the Minority AIDS Initiative (MAI)

RWHAP Part A: Grants to Eligible Metropolitan and Transitional Areas

RWHAP Part A funds go to local areas that have been hit hardest by the HIV epidemic. The goal of RWHAP Part A is to provide optimal HIV care and treatment for low-income and uninsured people living with HIV to improve their health outcomes.

Almost three quarters of people living with HIV in the U.S. live in RWHAP Part A-funded areas. These areas are called eligible metropolitan areas (EMAs) or transitional grant areas (TGAs):

- EMAs are metropolitan areas with at least 2,000 new cases of AIDS reported in the past five years and at least 3,000 cumulative living cases of AIDS as reported by the Centers for Disease Control and Prevention (CDC) in the most recent calendar year for which data are available. As of early 2018, there were 24 EMAs.
- TGAs are metropolitan areas with between 1,000 and 1,999 new cases of AIDS reported in the past five years and at least 1,500 cumulative living cases of AIDS as reported by the CDC in the most recent calendar year for which data are available. As of early 2018, there were 28 TGAs.

RWHAP Part A funds go to the **chief elected official (CEO)** of the major city or county government in the EMA or TGA. The CEO is usually the mayor; however sometimes the CEO is the county executive, chair of the board of supervisors, or county judge. The CEO is legally the recipient of the grant, but usually chooses a lead agency such as a department of health or other entity to manage the grant. That entity is also called the **recipient**. The recipient manages the grant by making sure RWHAP funds are used according to the RWHAP legislation, program policy guidance, and grants policy. The recipient works with the **RWHAP Part A planning council/planning body**, which is responsible for making decisions about service priorities and resource allocation of RWHAP Part A funds.

RWHAP Part A funds are used to develop or enhance access to a comprehensive system of high quality, community-based care for low-income people living with HIV. RWHAP Part A recipients must provide comprehensive primary health care and support services throughout the entire geographic service area. RWHAP Part A funds may be used for HIV primary medical care and other medical-related services and for support services (like medical transportation) that are needed by people living with HIV in order to stay in care, and linked to positive medical outcomes.

At least 75 percent of service funds must be used for core medical-related services, and up to 25 percent may be used for approved support services, unless the EMA or TGA successfully

applies for a waiver. A limited amount of the money (up to 10 percent of the total grant) can be used for administrative costs, which include planning, managing, monitoring, and evaluating programs. Administrative funds are also used to support a comprehensive community planning process, through the work of a planning council or other planning body. In addition, some funds (up to 5 percent of the total grant or \$3 million, whichever is less) are set aside for clinical quality management, to ensure service quality.

RWHAP Part B: Grants to States and Territories

RWHAP Part B provides funds to improve the quality, availability, and organization of HIV health care and support services in states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the U.S. Pacific Territories and Associated Jurisdictions.

Like RWHAP Part A funds, RWHAP Part B funds are used for medical and support services. A major priority of RWHAP Part B is providing medications for people living with HIV. The RWHAP legislation gives states flexibility to deliver these services under several programs:

- Grants for medical and support services for people living with HIV
- The AIDS Drug Assistance Program (ADAP), which provides access to HIV-related medications through the purchase of medications and the purchase of health insurance
- Grants to states with emerging communities that have a growing rate of HIV/AIDS.

States can receive ADAP funds through three types of grants:

- Formula funding that goes to every state and territory based on the number of living HIV/AIDS cases reported by the CDC in the most recent calendar year
- Competitive ADAP supplemental funding, supported through a five percent set aside of the ADAP base award and provided to states and territories that meet RWHAP legislative eligibility criteria and apply for additional funds to address a severe need for medications
- Competitive ADAP Emergency Relief Funding (ERF), available to states and territories that can demonstrate the need for additional resources to prevent, reduce, or eliminate waiting lists, including through cost-containment measures.

ADAP funds are used to provide HIV antiretroviral medications to low-income people living with HIV. Funds may also be used to pay for health coverage, copays, and deductibles* for eligible clients and for services that enhance access and adherence to drug treatments, or monitor drug treatments.

ADAP FORMULARY REQUIREMENTS

Each ADAP must cover at least one drug from each class of HIV antiretroviral medications on its ADAP formulary. RWHAP funds may only be used to purchase FDA-approved medications. Within these requirements, each ADAP decides which medications to include on its formulary and how those medications will be distributed. ADAP eligibility criteria must be consistently applied across the state or territory, and all formulary medications and ADAP-funded services must be equally and consistently available to all eligible enrolled people throughout the state or territory.

As with RWHAP Part A, 75 percent of RWHAP Part B service dollars must be used for core medical-related services unless the state obtains a waiver. RWHAP Part B recipients can use no more than 10 percent of their grants for administration, including indirect costs. They can also use up to 10 percent for planning and evaluation, but the total for both types of activities must be no more than 15 percent of the RWHAP Part B grant. As with RWHAP Part A, recipients may also spend up to 5 percent of their grant or up to \$3 million, whichever is less, for the establishment and implementation of a clinical quality management program.

States are required to conduct a needs assessment to determine service needs of people living with HIV. Based upon needs assessment results, states must set priorities and allocate resources to meet these needs. States must also prepare an integrated HIV prevention and care plan, including a **Statewide Coordinated Statement of Need (SCSN)**, which is a guide on how to meet these needs.

Planning is an essential part of determining how to use limited RWHAP Part B funds in providing a system of HIV/AIDS care. States are required to obtain community input as a component of planning for the use of RWHAP Part B resources, and many states do this through RWHAP Part B advisory groups. A state can choose to oversee planning itself through statewide or regional planning groups, or can assign the responsibility to consortia. Consortia are associations of public and nonprofit healthcare and support service providers and community-based organizations that the state contracts with to provide planning, resource allocation and contracting, program and fiscal monitoring, and required reporting. Some are statewide groups, while others cover specific local areas or regions. Some regional consortia also directly deliver medical and support services.

Some states also receive **Emerging Communities** grants to establish and support systems of care in metropolitan areas that are not eligible for RWHAP Part A funding but have a growing rate of HIV. To be eligible for these funds, a metropolitan area must have between 500 and 999 AIDS cases reported in the past five years. To stay eligible, it must have at least 750 cumulative living AIDS cases as of the most recent calendar year. Some Emerging Communities eventually become eligible for RWHAP Part A funding.

RWHAP Part C: Community-Based Early Intervention Services

RWHAP Part C funds local, community-based organizations to provide comprehensive primary health care and support services in an outpatient setting for people living with HIV.

RWHAP Part C funding is through **Early Intervention Services (EIS)** program grants. RWHAP Part C funds also help organizations more effectively deliver HIV care and services. Unlike RWHAP Part A and Part B, these funds are awarded competitively and go directly to community agencies like community health centers, rural health clinics, health departments, and hospitals. While RWHAP Part C funds many locations around the nation, a funding priority under the legislation is support for HIV-related primary care services in rural areas or for populations facing high barriers to access.

RWHAP Part C recipients must use at least 50 percent of the grant for EIS. They may use no more than 10 percent of their grants for administration, including indirect costs. In addition, RWHAP Part C recipients must use at least 75 percent of their grant funds for core medical services and up to 25 percent for support services. This is the same requirement that applies to Parts A and B.

RWHAP Part C also provides Capacity Development grants. **Capacity Development** grants help public and nonprofit entities strengthen their organizational infrastructure and improve their capacity to provide high-quality HIV primary care services.

RWHAP Part D: Services for Women, Infants, Children, and Youth

RWHAP Part D funds are used to provide family-centered primary medical care and support services to women, infants, children, and youth living with HIV. RWHAP Part D funds are competitive grants that go directly to local public or private healthcare organizations including hospitals, and to public agencies.

RWHAP Part D grants are used for medical services, clinical quality management, and support services, including services designed to engage youth living with HIV and retain them in care. Recipients must coordinate with HIV education and prevention programs designed to reduce the risk of HIV infection among youth. RWHAP Part D recipients can use no more than 10 percent of their grants for administration, including indirect costs.

RWHAP PART C EARLY INTERVENTION REQUIRED SERVICES

EIS programs must include the following components:

- HIV counseling
- High-risk targeted HIV testing
- Referral and linkage of people living with HIV to comprehensive care, including outpatient/ambulatory health services, medical case management, substance abuse treatment, and other services
- Other HIV-related clinical and diagnostic services

RWHAP Part F: SPNS, AETC, Dental Programs, and MAI

RWHAP Part F provides grant funding that supports several research, technical assistance, and access-to-care programs.

- **Special Projects of National Significance (SPNS):** SPNS funds are awarded competitively to organizations that are developing new and better ways of serving people living with HIV and addressing emerging client needs. Projects include a strong evaluation component.
- **AIDS Education and Training Centers (AETCs):** AETC regional and national centers train health care providers treating people living with HIV. AETCs train clinicians and multidisciplinary HIV care team members. They help to increase the number of health care providers prepared and motivated to counsel, diagnose, treat, and medically manage people living with HIV.
- **HIV/AIDS Dental Reimbursement Program:** These funds go to dental schools and other dental programs to help pay for dental care for people living with HIV.
- **Community Based Dental Partnership Program:** These funds are used to deliver community-based dental care services for people living with HIV while providing education and clinical training for dental care providers, especially in community-based settings.
- **Minority AIDS Initiative (MAI):** MAI funds are used to improve access to health care and medical outcomes for racial and ethnic minorities— communities that are disproportionately affected by HIV. RWHAP Part A programs apply for MAI funds as part of their annual applications, and receive funds on a formula basis. They are expected to administer MAI activities as an integral part of their larger programs.

How RWHAP Part A Works

The goal of RWHAP Part A is to provide optimal HIV care and treatment for low-income and uninsured people living with HIV residing in the EMA/TGA, in order to improve their health outcomes. This section of the Primer describes the people and entities that participate in RWHAP Part A and what they do.

Participants

Participants in the RWHAP Part A grant for the EMA or TGA include the following:

- The chief elected official (CEO), who receives the funds on behalf of the EMA or TGA
- The recipient, the entity chosen by the CEO to manage the grant and make sure funds are used appropriately
- The planning council (or planning body), which conducts planning, decides how to allocate resources, and works to ensure a system of care that provides equitable access to care and needed services to all eligible people living with HIV in the EMA or TGA
- The HRSA HIV/AIDS Bureau's Division of Metropolitan HIV/AIDS Programs (HAB/DMHAP), the federal government entity within HRSA that makes sure the RWHAP Part A program is implemented appropriately.

The Chief Elected Official (CEO)

The CEO is the person who officially receives the RWHAP Part A funds from HRSA. The CEO is the chief elected official of the major city or urban county in the EMA or TGA that provides HIV care to the largest number of people living with HIV. The CEO may be a mayor, chair of the county board of supervisors, county executive, or county judge. The CEO is responsible for making sure that all the rules and standards for using RWHAP Part A funds are followed. The CEO usually designates an agency to manage the RWHAP Part A grant—generally the county or city health department. The CEO establishes the planning council/planning body and appoints its members.

The Recipient

As the person who receives RWHAP Part A funds, the CEO is the recipient. However, in most EMAs and TGAs, the CEO delegates responsibility for administering the grant to a local government agency (such as a health department) that reports to the CEO. This agency is called the recipient. The word “recipient” means the person or organization that actually carries out RWHAP Part A tasks, whether that is the CEO, the public health department, or another agency that reports to the CEO.

THE RWHAP PART A AWARDS PROCESS

Each year Congress appropriates funds for the Ryan White HIV/AIDS Program, including RWHAP Part A. The money for RWHAP Part A is divided into formula and supplemental funds and Minority AIDS Initiative (MAI) funds.

- **Formula funds** are awarded to EMA or TGAs based on the number of persons living with HIV and AIDS in the EMA or TGA.
- **Supplemental funds** are awarded to the EMA or TGA based on increasing prevalence rates, documented demonstrated need and service gaps, and a demonstrated disproportionate impact on vulnerable populations.
- **RWHAP Part A MAI funds** are allocated based on each EMA's or TGA's percentage of all living HIV disease cases among racial and ethnic minorities.

EMAs or TGAs must submit a grant application to HRSA to receive RWHAP Part A formula, supplemental, and MAI funds.

The recipient should prepare the application with planning council/planning body input. The funding year begins on March 1.

The Planning Council

Before an EMA/TGA can receive RWHAP Part A funds, the CEO must appoint a planning council. The planning council must carry out many complex planning tasks to assess the service needs of people living with HIV living in the area, and specify the kinds and amounts of services required to meet those needs. The planning council is assisted in fulfilling these complex tasks by **planning council support (PCS) staff** whose salaries are paid by the grant.

The RWHAP legislation requires planning councils to have members from various types of groups and organizations, including people living with HIV who live in the EMA/TGA. A key function of the planning council is to provide the consumer and community voice in decision-making about medical and support services to be funded with the EMA/TGA's RWHAP Part A dollars.

TGAs do not have to follow the legislative requirements related to planning councils, but must provide a process for obtaining consumer and community input. TGAs that have currently operating planning councils are strongly encouraged by the HIV/AIDS Bureau to maintain that structure.

HRSA/HAB

The HRSA HIV/AIDS Bureau (HAB) is the office in the federal government that is responsible for administering RWHAP Part A throughout the country. The HRSA/HAB office is located in Rockville, Maryland. HRSA develops policies to help implement the legislation, and provides guidance to help recipients understand and implement legislative requirements. These include Policy Clarification Notices (PCNs), related Frequently Asked Questions (FAQs), and Program Letters.

Each EMA or TGA is assigned a **Project Officer** who works in HRSA/HAB. Project Officers help the recipient and planning council do their jobs and make sure that they are running the local RWHAP Part A program as the RWHAP legislation, National Monitoring Standards, and other federal regulations say they should. Project Officers make periodic site visits and hold monthly monitoring calls with the recipient. The planning council Chair is sometimes included on a part of these calls.

Planning Council and Recipient: Separate Roles and Mutual Goals

The RWHAP Part A planning council and the recipient have separate roles that are stated in the RWHAP legislation, but they also share some duties.

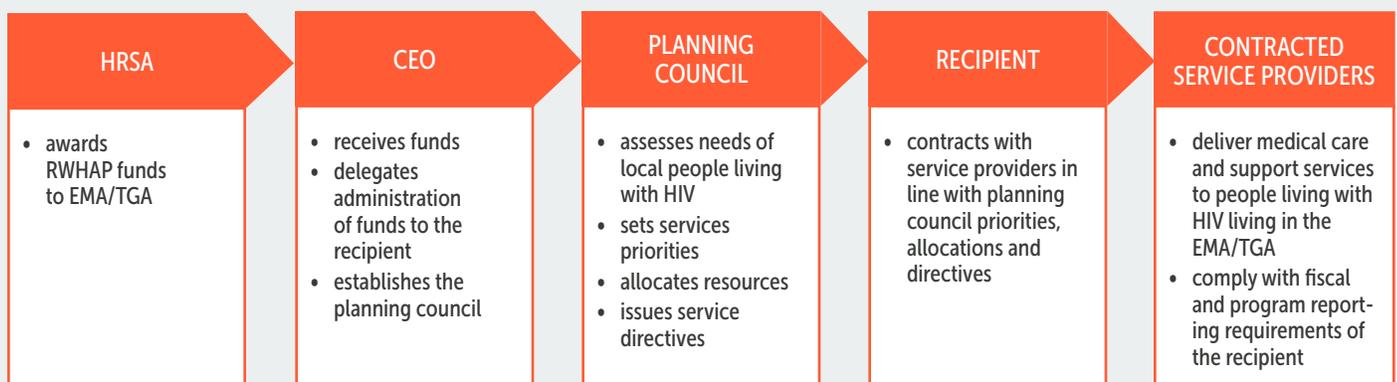
The planning council and the recipient work together on identifying the needs of people living with HIV (by conducting a needs assessment) and preparing a **CDC and HRSA Integrated HIV Prevention and Care Plan**, formerly known as a comprehensive plan (which is a long-term guide on how to meet those needs).

Both also work together to make sure that other sources of funding work well with RWHAP funds and that RWHAP is the “payor of last resort.” This means that other available funding should be used for services before RWHAP dollars are used to pay for them.

The planning council decides what services are priorities for funding and how much funding should be provided for each service category, based upon the needs of people living with HIV in the EMA/TGA. The recipient is accountable for managing RWHAP Part A funds and awarding funds to agencies to provide services that are identified by the planning council as priorities, usually through a competitive “Request for Proposals” (RFP) process.

The planning council cannot do its job without the help of the recipient, and the recipient cannot do its job without the help of the planning council. Some of the responsibilities are identified clearly in the RWHAP legislation. Others must be decided locally. It is important that the planning council and the recipient work together and come to an agreement about their duties. This agreement should be written in planning council bylaws and in a memorandum of understanding (MOU) between the recipient and the planning council.

How RWHAP Part A Improves Access and Services for People Living with HIV



The table below shows which RWHAP Part A participant has responsibility for specific roles and duties. Each of these roles/duties is described in detail in the following sections of the Primer.

Roles/Duties of the CEO, Recipient, and Planning Council

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	<i>Optional</i>
Development of Service Standards		✓	✓
Clinical Quality Management		✓	<i>Contributes but not responsible</i>
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

Planning Council Duties

The planning council (and its staff) must carry out many complex tasks, summarized in the box and described below.

The first step is to set up rules and structures to help the planning council to operate smoothly and fairly (**planning council operations**). This includes bylaws, grievance procedures, conflict of interest policies and procedures, procedures that ensure open meetings, and an open nominations process to identify nominees for the planning council. It also includes a committee structure. Planning councils must be trained in planning, and new members must receive orientation to their roles and responsibilities and those of the recipient.

The planning council must find out about what services are needed and by which populations, as well as the barriers faced by people living with HIV in the EMA or TGA (**needs assessment**). Next—based on needs assessment, utilization, and epidemiologic data—it decides what services are most needed by people living with HIV in the EMA or TGA (**priority setting**) and decides how much RWHAP Part A money should be used for each of these service categories (**resource allocations**).

The planning council may also provide guidance to the recipient on service models, targeting of populations or service areas, and other ways to best meet the identified priorities (**directives**). The planning council works with the recipient to develop a long-term plan on how to provide these services (**integrated/comprehensive planning**, formerly called comprehensive planning). The planning council reviews service needs and ways that RWHAP Part A services work to fill gaps in care with other RWHAP Parts through the Statewide Coordinated Statement of Need (SCSN) as well as with other programs like Medicaid and Medicare (**coordination**).

The planning council also evaluates how providers are selected and paid, so that funds are made available efficiently where they are most needed (**assessment of the efficiency of the administrative mechanism**). All of these roles are described below.

Planning Council Operations

Planning councils must have procedures to guide their activities. Planning council operations are usually outlined in their bylaws and described in greater detail in policies and procedures covering the following areas:

MEMBERSHIP

The planning council needs a membership committee and a clear and open nominations process to choose new planning council

PLANNING COUNCIL ROLES AND RESPONSIBILITIES

- Planning council operations: structure, policies, and procedures, and membership tasks
- Needs assessment
- Integrated/comprehensive planning
- Priority setting and resource allocations
- Directives: guidance to the recipient on how best to meet priorities
- Coordination with other RWHAP Parts and other HIV-related services
- Assessment of the efficiency of the administrative mechanism
- Development of service standards
- Evaluation of program effectiveness (optional)

members and to replace members when a member's term ends or the person resigns. This includes making sure that the planning council membership overall and the consumer membership meet the requirements of **reflectiveness**—having characteristics that reflect the local epidemic in such areas as race, ethnicity, gender, and age, and **representation**—filling the required membership categories as stated in the legislation (See page 17). Particular attention should be paid to including people from disproportionately affected and “historically underserved”⁴ groups and subpopulations. At least 33 percent of voting members must be consumers of RWHAP Part A services who are “unaffiliated” or “unaligned.” This means they do not have a conflict of interest, meaning they are not staff, paid consultants, or Board members of RWHAP Part A-funded agencies.

Open nominations require member vacancies and nomination criteria to be widely advertised. The announcement of an opening on the planning council should include the qualifications and other factors that are considered when choosing members. Nomination criteria must include a conflict of interest standard so that planning council members make decisions that are best for people living with HIV in the EMA or TGA, without considering personal or professional benefits for themselves or their families. The planning council reviews nominations against vacancies and recommends members to the CEO for appointment.

LEADERSHIP

Every planning council has a leader, usually called the Chair. This responsibility may be shared by two or more persons, called Co-Chairs, or there may be a Chair and Vice Chair(s). HRSA suggests that the Chair of the planning council be elected by its members. Sometimes a Chair or one Co-Chair is appointed by the recipient from the list of members recommended by the planning council. A person who works for the recipient may not be the only Chair of the council—in this case, there must be Co-Chairs.

COMMITTEES

Planning councils do much of their work in committees. Most planning councils require each member to participate actively on one committee and to attend full planning council meetings. Bylaws usually specify several permanent “standing committees,” and may permit special ad hoc temporary or time-limited committees or caucuses as well. Committee structures vary, but most planning councils have an executive or steering committee, a membership committee (sometimes also responsible for operations such as policies and procedures), and a people living with HIV or consumer committee or caucus. In addition, they usually have one or several committees responsible for carrying out major legislative responsibilities related

⁴ Ryan White HIV/AIDS Treatment Extension Act of 2009
www.hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/legislationtitlexxvi.pdf

Required Planning Council Membership Categories



PEOPLE LIVING WITH HIV & COMMUNITY

- Members of affected communities*
- Non-elected community leaders
- Representatives of recently incarcerated people living with HIV
- Unaffiliated consumers



PUBLIC HEALTH & HEALTH PLANNING

- Public health agencies
- Healthcare planning agencies
- State agencies**



HEALTH & SOCIAL SERVICE PROVIDERS

- Healthcare providers, including FQHCs
- Community-based organizations and AIDS service organizations
- Social service providers
- Mental health and substance abuse treatment providers



FEDERAL HIV PROGRAMS

- RWHAP Part B recipients
- RWHAP Part C recipients
- RWHAP Part D recipients†
- Recipients under other federal HIV programs‡

* Including people living with HIV, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and “historically underserved⁴ groups and subpopulations

**Including state Medicaid agency and agency administering the RWHAP Part B program

† If there is no RWHAP Part D recipient in the EMA or TGA, representatives of organizations with a history of serving children, youth, and families living with HIV

‡ Including HIV prevention services

PLANNING COUNCIL BYLAWS

Each planning council must have written rules, called bylaws, which explain how the planning council operates. Bylaws must be clear and exact. They should include at least the following:

- Mission of the planning council
- Member terms and how members are selected (open nominations process)
- Duties of members
- Officers and their duties
- How meetings are announced and run, including how decisions are made
- What committees the planning council has and how they operate
- Conflict of interest policy
- Grievance procedures
- Code of Conduct for members
- How the bylaws can be amended

to needs assessment, integrated/comprehensive planning, priority setting and resource allocations, and maintaining and improving the system of care. Committees typically discuss issues, develop plans or recommendations, and bring them to the executive/steering committee for review and possible revision. Then the recommendations go to the full planning council for final discussion and action.

TRAINING

Members need to learn how to participate in the many tasks involved in RWHAP planning. Planning councils must provide orientation for new members, covering topics such as the legislation and their roles and responsibilities in planning, as well as those of the recipient. All planning council members should receive periodic training to help them carry out their roles. HRSA requires planning councils to confirm in the annual RWHAP Part A application that training for all members occurred at least once during the year.⁵

GROUP PROCESS

This includes a Code of Conduct, as well as rules for committee and full planning council operations, meeting times, and locations. These decisions are usually summarized in the bylaws and detailed in official policies and procedures.

DECISION MAKING

The planning council needs to agree on how decisions will be made—for example, by voting or consensus—and how grievances related to funding decisions and conflict of interest will be managed (see Planning Council Bylaws). For example, the planning council needs to decide whether its meetings will follow *Robert's Rules of Order*. These rules and procedures are usually included in the bylaws and further described in separate policies and procedures.

CONFLICT OF INTEREST

The planning council must define **conflict of interest** and determine how it will be handled as the planning council carries out its duties. The planning council must develop procedures to assure that decisions concerning service priorities and funding allocations are based upon community and client needs and not on the financial interests of individual service providers or the personal or professional interests of individual planning council members. Conflict of interest procedures generally include a disclosure form completed by all members that states in writing any affiliations that could create a conflict of interest.

⁵ The FY 2018 Notice of Funding Opportunity (NOFO) for RWHAP Part A requires that the letter of assurance from the planning council or the letter of concurrence from the planning body leadership provide evidence that “ongoing, annual membership training occurred, including the date(s)” [p 15].

Usually, conflict of interest policies also apply to specified family members. Thus, planning councils must decide how planning council members may or may not participate in making decisions about specific services if they or close family members are staff, consultants, or Board members of agencies that are receiving RWHAP Part A funds for these specific services, or are competing for such funds. For example, if a planning council member works for a substance abuse treatment provider receiving RWHAP Part A funds, the member may not participate in decision making about priorities, allocations, or directives related to substance abuse treatment. However, members may freely share their insights and expertise at appropriate times in a non-voting context, such as during data presentations or community input sessions, since all members can benefit from hearing a variety of perspectives and expertise.

GRIEVANCE PROCEDURES

The planning council must develop ***grievance procedures*** to handle complaints about how it makes decisions about funding. The grievance procedures must specify who is allowed to file a grievance, types of grievances covered, and how grievances will be handled. The recipient must also have its own grievance procedures, which focus on handling of complaints about the process used for funding of ***subrecipients*** who provide services. The two sets of grievance procedures should be written to be in alignment with each other so that they do not conflict.

PLANNING COUNCIL SUPPORT

Planning councils need personnel to assist them in their work, and money to pay for things like a needs assessment and meeting costs. This is called ***planning council support***. Planning council support should cover reasonable and necessary costs associated with carrying out legislatively mandated functions. The planning council's budget is a part of the recipient's administrative budget, so the planning council and recipient decide together what funds are needed. The planning council then works with its support staff to develop its own budget and monitor expenses, but must meet RWHAP and recipient rules regarding use of funds. In deciding how much planning council support to pay for, planning councils and recipients should balance the need for support in order to meet planning requirements with the need for other administrative activities and for direct services for people living with HIV.

HRSA encourages planning councils to use some planning council support funds to reimburse unaffiliated consumer members for their actual expenses related to participation in the planning council, such as travel or child/dependent care. However, RWHAP funds may not be used to provide stipends to members.

Needs Assessment

The planning council works with the recipient to identify service needs by conducting a needs assessment. This involves first finding out how many persons living with HIV (both HIV/non-AIDS and AIDS) are in the area through an **epidemiologic profile**. Usually, an epidemiologist from the local or state health department provides this information. Next the council determines the needs of populations living with HIV and the capacity of the service system to meet those needs. This assessment of needs is done through surveys, interviews, key informant sessions, focus groups, or other methods.

The needs assessment seeks to determine:

- Service needs and barriers for people living with HIV who are in care
- The number, characteristics, and service needs and barriers of people living with HIV who know their HIV status and are not in care
- The estimated number, probable characteristics, and barriers to testing for individuals who are HIV-infected but unaware of their status
- The number and location of agencies providing HIV-related services in the EMA or TGA—a resource inventory of the local “system of care”
- Local agencies’ capacity and capability to serve people living with HIV, including capacity development needs
- Service gaps for all people living with HIV and how they might be filled, including how RWHAP service providers need to work with other providers, like substance abuse treatment services and HIV prevention agencies.

The needs assessment must include direct input from people living with HIV. Needs assessment is usually a multi-year task, with different components updated each year.

The needs assessment should be a joint effort of the planning council and recipient, with the planning council having lead responsibility. It is sometimes implemented by an outside contractor under the supervision of the planning council. Usually the costs for needs assessment are part of the planning council support budget. Regardless of who does this work, it is important to obtain many perspectives, especially those of diverse groups of people living with HIV, and to consider the needs of people living with HIV in and out of care, including the need to identify those who do not know their status. Results should be carefully analyzed and compared with other data, such as information from the recipient on client characteristics and utilization of funded services. (See Appendix I for a description of the multiple data sources the planning council reviews in making its decisions.)

Priority Setting and Resource Allocations

The planning council uses needs assessment data as well as data from a number of other sources to set priorities and allocate resources. This means the members decide which services are most important to people living with HIV in the EMA or TGA (priority setting) and then agree on which service categories to fund and how much funding to provide (resource allocations). In setting priorities, the planning council should consider what service categories are needed to provide a comprehensive system of care for people living with HIV in the EMA or TGA, without regard to who funds those services.

The planning council must prioritize only service categories that are included in the RWHAP legislation as core medical services or support services. These are the same service categories that can be funded by RWHAP Part B and RWHAP Part C programs. (See page 22 for a list of service categories eligible for RWHAP Part A funding.)

After it sets priorities, the planning council must allocate resources, which means it decides how much RWHAP Part A funding will be used for each of these service priorities. For example, the planning council decides how much funding should go for outpatient/ambulatory health services, mental health services, etc. In allocating resources, planning councils need to focus on the legislative requirement that at least 75 percent of funds must go to cover medical services and not more than 25 percent to support services, unless the EMA or TGA has obtained a waiver of this requirement. Support services must contribute to positive medical outcomes for clients. Typically, the planning council makes resource allocations using three scenarios that assume unchanged, increased, and decreased funding in the coming program year.

The planning council makes decisions about priorities and resource allocations based on many factors, including:

- Needs assessment findings
- Information about the most successful and economical ways of providing services
- Actual service cost and utilization data (provided by the recipient)
- Priorities of people living with HIV who will use services
- Use of RWHAP Part A funds to work well with other services like HIV prevention and substance abuse treatment services, and within the changing healthcare landscape
- The amount of funds provided by other sources like Medicaid, Medicare, state and local government, and private funders—since RWHAP is the “payor of last resort” and should not pay for services that can be provided with other funding.

ELIGIBLE RWHAP PART A & PART B SERVICES

Core medical-related services, including:

1. AIDS Drug Assistance Program (ADAP) Treatments
2. Local AIDS Pharmaceutical Assistance Program (LPAP)
3. Early Intervention Services (EIS)
4. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care

Support services, including:

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Other Professional Services [for example, Legal Services and Permanency Planning]
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Healthcare and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)

The planning council also has the right to provide directives to the recipient on how best to meet the service priorities it has identified. It may direct the recipient to fund services in particular parts of the EMA or TGA (such as outlying counties), or to use specific service models. It may tell the recipient to take specific steps to increase access to care (for example, require that Medical Case Management providers have bilingual staff or that primary care facilities be open one evening or weekend a month). It may also require that services be appropriate for particular subpopulations—for example, it may specify funding for medical services that target young gay men of color. However, the planning council cannot pick specific agencies to fund, or make its directives so narrow that only one agency will qualify. The planning council may review sections of the Request for Proposals (RFP) the recipient develops for RWHAP Part A services, to ensure that directives are appropriately reflected, but it cannot be involved in any aspect of contractor selection (**procurement**) or in managing or monitoring RWHAP Part A contracts. These are recipient responsibilities.

The planning council allocates RWHAP Part A service funds only. The planning council's own budget is a part of the recipient's administrative budget (as described in the Planning Council Operations section above). The planning council does not participate in decisions about the use of administrative funds other than planning council support, or in the use of clinical quality management (CQM) funds. These decisions are made by the recipient.

Once the EMA or TGA receives its grant award for the upcoming year, the planning council usually needs to adjust its allocations to fit the exact amount of the grant. During the year, the recipient usually asks the planning council to consider and approve some **reallocation** of funds across service categories, to ensure that all RWHAP Part A funds are spent and that priority service needs are met, or establishes a standard mechanism to reallocate up to some agreed-upon percentage.

Integrated/Comprehensive Planning

The planning council works with the recipient in developing a written plan that defines short- and long-term goals and objectives for delivering HIV services and strengthening the system of care in the EMA or TGA. This is called a comprehensive plan in the legislation, but is now called the CDC and HRSA Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN).

The legislation gives the planning council a lead role in the planning process, which must be carried out in close coordination with the recipient. The EMA or TGA may submit a joint plan with the state RWHAP Part B program. The plan is based, in part, on the results of the needs assessment and other information such as client utilization data. It is used to guide decisions about how to deliver HIV services for people living with HIV. The plan should be consistent with other existing local or state plans and with national goals to end the HIV epidemic.

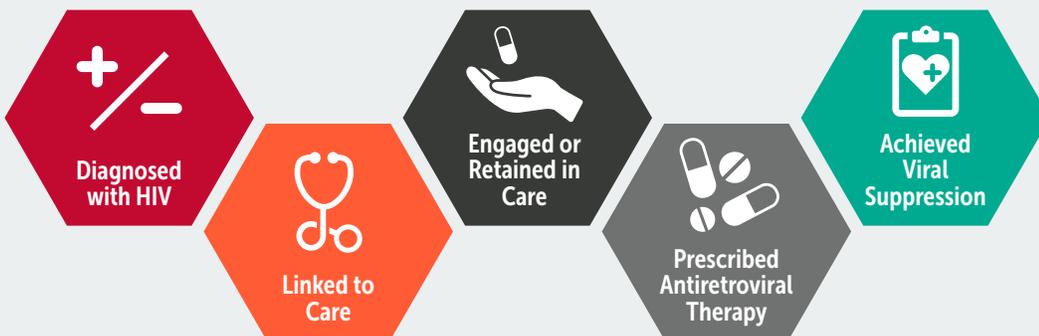
The plan should ensure attention to each stage of the **HIV care continuum**, which measures the steps or stages of HIV medical care from diagnosis to linkage to care, retention in care and treatment, prescribing of HIV medications, and achieving the goal of viral suppression (a very low level of HIV in the body).

CDC and HRSA/HAB provide joint guidance on what the integrated HIV Prevention and Care Plan should include and when it needs to be completed. The first Integrated Prevention and Care Plan was submitted to CDC and HRSA on September 30, 2016 as a five-year plan covering the years 2017–2021. The plan should be reviewed, and where necessary updated, annually, and should be used as a roadmap for implementation of the jurisdiction’s RWHAP Part A programs.

NATIONAL GOALS TO END THE HIV EPIDEMIC

- Reduce new HIV infections
- Increase access to care and improve health outcomes for people living with HIV
- Reduce HIV-related health disparities
- Achieve a more coordinated national response to HIV

HIV Care Continuum



Coordination with Other RWHAP Parts and Other Services

The planning council is responsible for ensuring that RWHAP Part A resource allocation decisions account for and are coordinated with other funds and services. The planning tasks described earlier (needs assessment, priority setting and resource allocation, integrated/comprehensive planning) require getting lots of input, including finding out what other sources of funding exist. This information helps avoid duplication in spending and reduce gaps in care. For example, the needs assessment should find out what HIV prevention and substance abuse treatment services already exist. Integrated/comprehensive planning helps the planning council consider the changing healthcare landscape and the implications for HIV services.

The ***Statewide Coordinated Statement of Need***, called the SCSN, is a way for all RWHAP activities in a state to work together to identify and address significant HIV care issues related to the needs of people living with HIV, and to use that information to maximize coordination, integration, and effective linkages across programs. Representatives of the planning council—and the recipient—must participate with other RWHAP Parts (Parts B, C, D and F) in the state to develop a written SCSN. The SCSN is a part of each state's Integrated HIV Prevention and Care Plan.

Assessment of the Efficiency of the Administrative Mechanism

The planning council is responsible for evaluating how rapidly RWHAP Part A funds are allocated and made available for care. This involves ensuring that funds are being contracted for quickly and through an open process, and that providers are being paid in a timely manner. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the planning council and whether the amounts contracted for each service category are the same as the planning council's allocations. The results of this ***assessment of the efficiency of the administrative mechanism*** are shared with the recipient, who develops a response including corrective actions if needed. Both the results of the assessment and the recipient response are summarized in the RWHAP Part A funding application for the following year.

Development of Service Standards

Establishing service standards is a shared responsibility of the recipient and the planning council. While it is ultimately the responsibility of the recipient to ensure that service standards are in place, the planning council typically takes the lead in developing service standards for funded service categories.⁶ **Service standards** guide providers in implementing funded services. They typically address the elements and expectations for service delivery, such as service components, intake and eligibility, personnel qualifications, and client rights and responsibilities. The service standards set the minimum requirements of a service and serve as a base on which the recipient's clinical quality management (CQM) program is built. Developing service standards is usually a joint activity; the planning council works with the recipient, providers, consumers, and experts on particular service categories. These service standards must be consistent with HHS guidelines on HIV care and treatment as well as HRSA/HAB standards and performance measures, including the National Monitoring Standards.

Evaluation of Services

The planning council may choose to evaluate how well services funded by RWHAP Part A are meeting identified community needs, or it can pay someone else to do such an evaluation. The Part A recipient's CQM program can provide information on clinical outcomes that informs the planning council about the impact of services. The recipient may include planning council members on its CQM committee. In addition, most planning councils regularly review EMA/TGA performance along the HIV care continuum. The planning council uses evaluation findings in considering ways to improve the system of care, including changing service priorities and allocations and developing directives.

To carry out the array of planning tasks described above the planning council meets regularly throughout the year, as a whole and in committees. See Appendix II for a sample calendar describing the approximate timing of various planning council activities by months of the year.

⁶ Service Standards: Guidance for Ryan White HIV/AIDS Program Grantees/ Planning Bodies. 2014. Available at www.targethiv.org/servicestandards

CEO and Recipient Duties

CEO Duties Related to the Planning Council

The CEO has three important duties related to the planning council:

- **Establish the Planning Council:** The CEO must establish and maintain the planning council—or, in the case of a TGA, some other process to obtain community input, particularly from people living with HIV. This includes making sure that the planning council membership meets requirements related to representation, reflectiveness, and participation of unaffiliated consumers. The CEO should ensure that these requirements are specified in planning council bylaws.
- **Choose Planning Council Members:** The CEO establishes the first planning council. After that, the council itself is responsible for identifying and screening candidates and forwarding their names, the membership categories they will fill, and other requested information to the CEO so they can be considered for appointment. The CEO retains sole responsibility for appointment and removal of planning council members. If some nominees submitted by the planning council are not appointed, the CEO informs the planning council, and it provides additional nominees.
- **Review and Approve Bylaws and Other Processes:** The CEO establishes the planning council and thus has the authority to review and approve planning council bylaws and other policies. Often, the planning council is considered an official board or commission of the city or county. Its bylaws and procedures must fit the policies established for these bodies as well as meeting RWHAP legislative requirements.

Recipient Duties

The recipient has several planning duties that are shared with the planning council. These include assisting the planning council with needs assessment and integrated/comprehensive planning and providing information the planning council needs to carry out its priority setting and resource allocation responsibilities. It also shares responsibility for coordination with other RWHAP activities and services. In addition, the recipient has administrative duties, which means that it is responsible for making sure that RWHAP Part A funds are fairly and correctly managed and used. The main duties of the recipient are described below.

ADDITIONAL RECIPIENT ADMINISTRATIVE DUTIES

- Establish intergovernmental agreements (IGAs) with other cities/counties in the EMA or TGA
- Establish grievance procedures to address funding-related decision making
- Ensure delivery of services to women, infants, children, and youth with HIV
- Ensure that RWHAP funds are used to fill gaps and do not pay for care that can be supported with other existing funds
- Ensure that services are available and accessible to eligible clients
- Control recipient and provider administrative costs
- Prepare and submit the annual RWHAP Part A funding application
- Meet HRSA/HAB reporting requirements

Appendix III briefly describes these duties.

RECIPIENT ADMINISTRATIVE DUTIES

Below are the major RWHAP Part A recipient duties designed to make sure that funds are used fairly and appropriately, in a way that maximizes linkage of people living with HIV to care, retention in care, and positive medical outcomes. Additional duties are listed in the box and described in Appendix III.

Procurement of Services

The recipient is responsible for identifying and selecting qualified service providers for delivering RWHAP Part A services. The recipient must award service funds to eligible providers (**subrecipients**) based on a fair and equitable system, usually through a competitive Request for Proposals (RFP) process.

In contracting for services, the recipient must distribute RWHAP Part A funds according to the priority setting and resource allocation decisions of the planning council. The recipient can only spend the amount of money that the planning council decides should be used for each funded service category. In addition, the recipient must follow planning council directives about “how best to meet” priority needs.

The planning council has no say about how the recipient uses funds for its own administrative expenses.

Contract Monitoring

Once subrecipient contracts have been awarded, the recipient must manage them and regularly monitor subrecipients. The recipient must make sure that the providers who receive RWHAP Part A funds use the money according to the terms of the subrecipient contract they signed with the recipient and meet RWHAP Part A National Monitoring Standards and other federal requirements established by HRSA/HAB. The recipient monitors subrecipients to determine how quickly they spend RWHAP Part A funds, and if they are providing the contracted services, providing services only to eligible clients, using funds only as approved, and meeting reporting and other requirements. Contract monitoring is solely a recipient responsibility.

The planning council receives monitoring results only by service category, not by subrecipient.

The recipient must keep track of how rapidly RWHAP Part A money is, or isn't, being spent. If funds are not being spent in a timely fashion, there are two options:

1. The recipient may reallocate the funds to another provider within the same service category, or
2. The planning council may agree to reallocate funds to a different prioritized service category.

The recipient and the planning council must share information and work together to ensure that any changes are in agreement with the priorities and allocations established by the planning council.

Clinical Quality Management Activities and Evaluation of Performance and Outcomes

The recipient must establish a **clinical quality management (CQM)** program, designed to improve patient care, health outcomes, and patient satisfaction. Components include infrastructure, performance measurement, and quality improvement.

- An ideal **infrastructure** includes leadership, dedicated staffing and resources, a quality management plan that covers all funded medical and support services, a CQM committee, consumer and stakeholder involvement, and assessment of the CQM program.
- **Performance measurement** is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes, and patient satisfaction with the services they receive. Recipients select a portfolio of performance measures based on funded services, local HIV epidemiology, the identified needs of PLWH, and the national goals to end the epidemic.
- Based on performance measurement results, recipients work with subrecipients in the development and implementation of **quality improvement** activities to make changes to the program to improve services.

Subrecipients must be actively involved in CQM activities. Recipients are expected to ensure that subrecipients have the capacity to contribute to the CQM program, have the resources to conduct CQM activities, and implement a CQM program in their organization.

Recipients can use up to 5 percent of the award or \$3 million (whichever is less) to conduct CQM programs. The recipient shares with the planning council the results of its CQM activities. The planning council receives information by service category, but not about individual providers/subrecipients. These CQM data help the planning council in future cycles of priority setting and resource allocation.

QUALITY MANAGEMENT, QUALITY ASSURANCE, AND QUALITY IMPROVEMENT

Clinical Quality Management is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction, as described in this section.

Quality Assurance refers to activities aimed at ensuring compliance with minimum quality standards. Quality assurance activities include the process of looking back to measure compliance with standards (e.g., HHS guidelines, professional guidelines, service standards). Site visits and chart reviews are examples of commonly used quality assurance activities.

Quality Improvement is a part of CQM. It uses CQM performance data as well as data collected as part of quality assurance processes to strengthen patient care, health outcomes, and patient satisfaction.

As part of, or along with, CQM, the recipient often evaluates clinical outcomes. These outcomes are often measured using the HIV care continuum, with its focus on linkage to care, retention in care, use of antiretroviral therapy, and viral suppression. These results may be reviewed for all people living with HIV in the service area, for all RWHAP clients, and for key client subpopulations. Subpopulations may be defined by characteristics such as race/ethnicity, gender, age, place of residence, and/or risk factor. This helps the planning council in future decision making.

RECIPIENT DUTIES SHARED WITH THE PLANNING COUNCIL

Support for Planning Council Operations

The recipient must cooperate with the planning council by negotiating and managing its budget, providing staff expertise to support committees, and providing information the planning council needs to carry out its responsibilities. This includes data on client characteristics, service utilization, and service costs, as well as information for assessing the efficiency of the administrative mechanism.

Both the planning council and the recipient have the responsibility to support participation of people living with HIV on the planning council, although primary responsibility lies with the planning council. Examples include reimbursing expenses of consumer members such as travel and child care costs. The planning council establishes reimbursement policies; the recipient helps to ensure timely payment of reimbursements. The recipient assists in training planning council members by explaining recipient roles and helping planning council members understand information provided by the recipient such as data on service costs and client utilization of funded services.

Needs Assessment

The recipient works with the planning council to assess the needs of communities affected by HIV. It usually arranges for an epidemiologic profile to be provided by its surveillance unit or by the state's surveillance unit, and it ensures that funded providers cooperate with needs assessment efforts such as surveys and focus groups of people living with HIV and providers.

Integrated/Comprehensive Planning

The recipient and planning council work together to develop, review, and periodically update the CDC and HRSA Integrated HIV Prevention and Care Plan for the organization and delivery of HIV services. The recipient helps develop goals and objectives, and works with the planning council to ensure a workable joint plan for implementing them. Usually the recipient plays a key role in arranging to collect performance and outcomes data to evaluate progress towards the goals and objectives of the plan. Both recipient and planning council participate in reviewing and updating the plan.

Coordination with Other RWHAP Parts and Other Services

The recipient and planning council work together to make sure that RWHAP Part A funds are coordinated with other services and funders. This coordination occurs partly through planning, including needs assessment and the Statewide Coordinated Statement of Need. Throughout the year, the recipient helps keep the planning council informed about changes in HIV-related prevention and care services and funding, as well as the evolving healthcare landscape.

RECIPIENT PLANNING DUTIES SHARED WITH THE PLANNING COUNCIL

- Needs assessment
- Integrated/comprehensive planning
- Development of service standards
- Coordination with other RWHAP activities and other services, including:
 - Participation in the Statewide Coordinated Statement of Need (SCSN)
 - Ensuring that use of RWHAP funds is coordinated with other funding sources and with other healthcare systems and services

Technical Assistance

The RWHAP Part A recipient and the planning council/planning body may request technical assistance from HRSA to help them develop the knowledge and skills needed to meet the responsibilities outlined in this Primer. Examples of the kinds of technical assistance that HRSA can provide include: supporting participation of people living with HIV in RWHAP planning, training the planning council on using data for decision making, helping in the design of a needs assessment, assisting the planning council to refine committee structures and operations, and providing training to help the planning council and recipient understand their roles and work well together. HRSA can provide information describing what other EMAs or TGAs have done, offer model training materials, or provide experts to work with the planning council and recipient either long distance or on-site.

RWHAP Part A recipients and planning councils may seek and request technical assistance through the following channels:

- **HRSA/HAB Project Officer:** HRSA federal Project Officers are the first point-of-contact for RWHAP recipients in accessing technical assistance. Requests for technical assistance for the recipient or the planning council must be made in writing by the recipient to the HRSA/HAB Project Officer. For more information, visit the HAB Web Site at www.hab.hrsa.gov
- **TargetHIV.org** The TargetHIV website is the central source and “one-stop shop” for finding technical assistance and training resources for the Ryan White HIV/AIDS Program. Among the website's key features are a resource library, a calendar of technical assistance and training events, contact information for RWHAP recipients, a Help Desk, and information about specific programs and services including tools and tips. Users can search for information on a particular topic or directed at a particular audience. Visit the TargetHIV website at www.targetHIV.org
- **Planning CHATT:** The *Community HIV/AIDS TA and Training for Planning* project (*Planning CHATT*) builds the capacity of RWHAP Part A planning councils and planning bodies across the U.S. to meet their legislative requirements, strengthen consumer engagement, and increase the involvement of community providers in HIV service delivery planning. The Planning CHATT project provides training and technical assistance to support the work of planning council/planning body members, staff, and RWHAP Part A recipients. Find Planning CHATT on the TargetHIV website: www.targetHIV.org/planning-chatt

References and Resources for Further Information

Descriptions of Ryan White HIV/AIDS Treatment Extension Act of 2009

Materials available on the HRSA/HAB website describing the Ryan White HIV/AIDS program (RWHAP), including each of its Parts:

Overview

- About the Ryan White HIV/AIDS Program
www.hab.hrsa.gov/about-ryan-white-hivaids-program/about-ryan-white-hivaids-program

RWHAP Fact Sheets

Fact sheets on all RWHAP Parts

www.hab.hrsa.gov/publications/hivaids-bureau-fact-sheets

- Part A: Eligible Metropolitan Areas and Transitional Grant Areas
- Part B: States and U.S. Territories
- Part B: AIDS Drug Assistance Program
- Part C: Early Intervention Services and Capacity Development
- Part D: Women, Infants, Children, and Youth
- Part F: Special Projects of National Significance
- Part F: AIDS Education and Training Centers Program
- Part F: Dental Programs

RWHAP Part A

- RWHAP Part A: Grants to Eligible Metropolitan and Transitional Areas, including list of current Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs)
www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-a-grants-emerging-metro-transitional-areas

RWHAP Part B

- RWHAP Part B: Grants to States & Territories
www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-b-grants-states-territories
- RWHAP Part B: AIDS Drug Assistance Program
www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-b-aids-drug-assistance-program

RWHAP Part C

- RWHAP Part C: Early Intervention Services and Capacity Development Program Grants
www.hab.hrsa.gov/about-ryan-white-hiv-aids-program/part-c-early-intervention-services-and-capacity-development-program-grants

RWHAP Part D

- RWHAP Part D: Services for Women, Infants, Children, and Youth
www.hab.hrsa.gov/about-ryan-white-hiv-aids-program/part-d-services-women-infants-children-and-youth

RWHAP Part F

- Special Projects of National Significance
www.hab.hrsa.gov/about-ryan-white-hiv-aids-program/part-f-special-projects-national-significance-spns-program
- AIDS Education and Training Centers
www.hab.hrsa.gov/about-ryan-white-hiv-aids-program/part-f-aids-education-and-training-centers-aetc-program
- Dental Programs
www.hab.hrsa.gov/about-ryan-white-hiv-aids-program/part-f-dental-programs
- Minority AIDS Initiative
www.hab.hrsa.gov/about-ryan-white-hiv-aids-program/part-f-minority-aids-initiative

RWHAP Recipients

- Recipient lists and addresses by RWHAP Part, and list of RWHAP Part A planning councils/planning bodies
www.targethiv.org/content/grantees-part

Planning Council Legislative Requirements

Current legislation, which is a part of the Public Health Service Act

- Ryan White HIV/AIDS Treatment Extension Act of 2009
www.hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/legislationtitlexxvi.pdf
- Title XXVI, HIV Health Care Services Program, of the Public Health Service Act
www.legcounsel.house.gov/Comps/PHSA-merged.pdf

Service Standards

- Service Standards: Guidance for Ryan White HIV/AIDS Program Grantees/Planning Bodies. December 2, 2014
www.targetHIV.org/ServiceStandards

The Planning Process

Strengthening the Healthcare Delivery System through Planning: a three-part planning institute at the 2016 National Ryan White Conference on HIV Care and Treatment

www.targetHIV.org/planning-CHATT/planning-institute-2016

- Planning Bodies 101
- Planning Infrastructures 201
- Data-Driven Decision Making 301

Planning Council Roles, Responsibilities, and Operations

RYAN WHITE HIV/AIDS PROGRAM PART A MANUAL, REVISED 2013

A primary source of information about requirements, expectations, and suggested practices for planning council operations and for implementation of legislative responsibilities. Chapters identified below address legislative duties and some key aspects of planning council operations.

www.hab.hrsa.gov/sites/default/files/hab/Global/happartamanual2013.pdf

Implementing Legislative Responsibilities

- Planning Council Responsibilities: Section X. Chapter 3
- Needs Assessment: Section XI. Chapter 3
- Priority Setting and Resource Allocations: Section XI. Chapter 4
- Integrated/Comprehensive Plan: Section XI. Chapter 5
- Effectiveness of Funded Services to Meet Identified Need: Section X. Chapter 9
- Outcomes Evaluation: Section X. Chapter 10

Planning Council Operations

Membership

- Planning Council Membership: Section X. Chapter 4
- Planning Council Nominations: Section X. Chapter 5
- Member Involvement and Retention: Section XI. Chapter 8

People living with HIV/Consumer Participation

- Section X. Chapter 6
- Section XI. Chapter 9

Policies and Procedures

- Grievance Procedures: Section X. Chapter 7
- Conflict of Interest: Section X. Chapter 8

Federal Regulations and Guidelines

National Monitoring Standards (NMS)

See Monitoring Standards Guidance under www.hab.hrsa.gov/program-grants-management/ryan-white-hiv-aids-program-recipient-resources

- Frequently Asked Questions
www.hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringfaq.pdf
- Universal Monitoring Standards
www.hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf
- RWHAP Part A Fiscal Monitoring Standards
www.hab.hrsa.gov/sites/default/files/hab/Global/fiscalmonitoringparta.pdf
- RWHAP Part A Program Monitoring Standards
www.hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf

Policy Clarification Notices (PCNs) and Program Letters

www.hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters

Among the PCNs and program letters most important to Planning Councils are the following:

- *Transitional Grant Areas and Planning Councils Moving Forward*, Program Letter, December 4, 2013. Clarifies expectations and recommendations around the continued maintenance of planning councils by Transitional Grant Areas (TGAs) that were formerly Eligible Metropolitan Areas (EMAs) after Fiscal Year 2013.
- *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds* Policy Clarification Notice (PCN) #16-02, Revised December 5, 2016 and effective for awards made after October 1, 2016. Identifies eligible individuals, describes allowable service categories for RWHAP, and provides program guidance for implementation.
- *Clinical Quality Management*, Policy Clarification Notice (PCN) #15-02, undated. Clarifies HRSA RWHAP expectations for clinical quality management (CQM) programs.

Uniform Guidance

- For all federal awards, *OMB Uniform Guidance: Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Guidance)*, 2 CFR [Code of Federal Regulations] Part 200. The Guidance will supersede and streamline requirements from OMB Circulars A-21, A-87, A-110, A-122, A-89, A-102 and A-133 and the guidance in Circular A-50 on Single Audit Act follow-up.
www.bit.ly/2EJqWwt
- For HHS Programs: *45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*
www.bit.ly/2GX2Cc9

RWHAP Part A Application Requirements

Ryan White HIV/AIDS Program Part A, HIV Emergency Relief Grant Program, Notice of Funding Opportunity (NOFO) No. HRSA-18-066

www.targetHIV.org/library/funding-opportunity-rwhap-fy18-part-hrsa-18-066

Program Use and Impact

- *Annual Client-Level Data Report: Ryan White HIV/AIDS Program Services Report (RSR) 2015*. Health Resources and Services Administration, December 2016.
www.hab.hrsa.gov/sites/default/files/hab/data/datareports/2015rwhapdatareport.pdf

Appendix I: Types of Data Reviewed by Planning Councils for Priority Setting and Resource Allocation

Epidemiologic profile: A description of the HIV epidemic in the EMA or TGA, usually prepared annually by local or state HIV surveillance staff, for use in both HIV prevention and HIV care planning. It usually describes characteristics of the general population, persons newly diagnosed with HIV infection, persons living with HIV disease, and persons at risk for HIV. Data help planning councils identify trends in the epidemic that will affect service needs.

Needs assessment data: Information about the number, characteristics, and service needs and barriers of people living with HIV, both in and out of care; current provider resources available to meet those needs; and service gaps. These data help the planning council improve service access and quality, overall and for specific subpopulations.

Service expenditure and cost data: Information provided by the recipient showing how much money is spent for each funded service category and what it costs to provide one “unit” of service or to serve one client for a year. Planning councils use this information in funding decisions and estimating the costs of serving additional clients.

Client characteristics and service utilization data: Data on the total number and characteristics of local RWHAP clients, including the number and characteristics of RWHAP Part A clients served in each service category. Data usually come from the annual Ryan White Services Report (RSR). Data help planning councils understand the demand for specific services and identify subpopulations facing barriers to access.

HRSA performance measures and clinical outcomes data: Data used to monitor and improve the quality of care across the EMA/TGA and in individual provider organizations, usually based on the percent of clients that meet the goal or service standard. Measures may relate to a process (such as frequency of medical visits or development of a case management care plan) or clinical outcome (such as viral suppression). Data help planning councils make funding decisions and agree on changes in service standards or models of care.

Clinical Quality Management (CQM) data: Information on patient care, health outcomes, and patient satisfaction. Performance measures are gathered through CQM processes. Then subrecipients work together on structured quality improvement projects that make changes to address identified weaknesses. CQM data help planning councils decide whether program or funding changes are needed to improve service quality and outcomes.

Testing/EIHA data: Data on the number of people who receive HIV tests, the number and percent testing positive and their characteristics, and the number referred to needed services. HRSA/HAB requires RWHAP Part A programs to implement a strategy for the Early Identification of Individuals with HIV/AIDS (EIHA). This includes identifying key target populations, locating individuals with HIV who do not know their HIV status, informing them of their status through testing, and helping link them to medical care and support services.

Unmet Need data: An estimate of the number of people living with HIV in the service area who know they are HIV-positive but are not receiving HIV-related medical care. May also include an assessment of the characteristics of individuals with unmet need and their service barriers and gaps. Planning councils use this information to make decisions about use of funds to find people with unmet need and link or relink them to care.

HIV care continuum data: Data that outline the steps or stages of HIV care that people living with HIV go through, and the number and proportion of individuals at each stage in the EMA or TGA. The continuum may begin with the estimated total number of people living with HIV (including those unaware of their status) or with the number diagnosed and living with HIV. Typical steps include diagnosis, linkage to care, retention in care (based on doctor visits and/or laboratory tests), treatment with antiretroviral therapy, and viral suppression (a very low level of HIV in the body). Planning councils use this information to improve services all along the continuum, often based on HIV care continuum data for specific RWHAP Part A subpopulations (for example, young gay men of color or African American women).

Appendix II: Sample Planning Council/ RWHAP Part A Program Calendar

Most planning councils operate on a RWHAP Part A program year, which runs from March through February. The chart below provides a “typical” annual calendar, though of course planning councils vary in their timing of key activities. Recipient activity is included in the chart, since some tasks, especially priority setting and resource allocations (PSRA), need to link to recipient deadlines, especially submission of the RWHAP Part A application. The application is usually due in September. The chart does not include regular committee meetings, but most planning councils have them monthly except in December. Most planning councils also have a retreat and/or some training during the year, but there is no set time for them.

MONTH	PLANNING COUNCIL ACTIVITY	RECIPIENT ACTIVITY
January	<ul style="list-style-type: none"> • Beginning of member terms [most frequent date] • Orientation for new members • Needs assessment 	<ul style="list-style-type: none"> • Final reallocations • Review of RWHAP Part A competitive applications and selection of subrecipients for program year beginning March 1
February	<ul style="list-style-type: none"> • Election of officers [date varies] • Needs assessment (continued) • Committee development/approval of work plans for coming year 	<ul style="list-style-type: none"> • Receipt of Notice of Award (NOA) for program year starting March 1—often a partial award
March	<ul style="list-style-type: none"> • Final allocations based on actual award amount [if full award is received; happens later if a partial award is received because there is not yet a final federal HHS budget] • Needs assessment (continued) • Review of progress on Integrated Plan 	<ul style="list-style-type: none"> • Initial closeout of prior program year • Submission of Ryan White Services Report (RSR) • Review/preparation of response to conditions of award • Contracting with providers
April	<ul style="list-style-type: none"> • Town halls for input to PSRA • Obtain and review/integration of data from various sources • Directives development • Updating of Integrated Plan work plan as needed, with assignments to committees [process more complicated if joint plan was developed with state] 	<ul style="list-style-type: none"> • Review of performance and outcome measures for prior year • Input to Integrated Plan update • Completion or obtaining of epi profile/trends report
May	<ul style="list-style-type: none"> • Identification of any data problems or gaps • Assessment of the efficiency of the administrative mechanism (AAM) begins • Data presentation 	<ul style="list-style-type: none"> • Final closeout of prior year • Submission of Annual Progress Report for prior year • Submission of Program Expenditure Report for prior year
June	<ul style="list-style-type: none"> • Directives development (continued) • Priority setting and resource allocation (PSRA) begins 	<ul style="list-style-type: none"> • Review of first quarter expenditures • Subrecipient monitoring [ongoing]

MONTH	PLANNING COUNCIL ACTIVITY	RECIPIENT ACTIVITY
July	<ul style="list-style-type: none"> • PSRA work sessions and final approval • Presentation/adoption of directives • Submission of PSRA results to recipient 	<ul style="list-style-type: none"> • Submission of Annual Federal Financial Report • Planning for submission of RWHAP Part A application
August	<ul style="list-style-type: none"> • Presentation/discussion of AAM report • PC sections of RWHAP Part A application • Negotiation of PC budget amount with recipient • Development of PC budget • Reallocation of funds if needed based on expenditures 	<ul style="list-style-type: none"> • Preparation of RWHAP Part A application • Negotiation of PC budget amount • Recommendations for reallocation of funds if needed based on expenditures • Response to AAM report
September	<ul style="list-style-type: none"> • Review of draft application • Preparation of PC letter to accompany application, signed by Chair/Co-Chairs 	<ul style="list-style-type: none"> • Completion and submission of RWHAP Part A application
October	<ul style="list-style-type: none"> • Review of service standards 	<ul style="list-style-type: none"> • Issuance of RFP for RWHAP Part A services (selected services each year; often a 3-year cycle)
November	<ul style="list-style-type: none"> • Rapid reallocations • Planning for needs assessment 	<ul style="list-style-type: none"> • Rapid reallocations • Receipt of provider applications in response to RFP for RWHAP Part A services
December	<ul style="list-style-type: none"> • Planning for new program year, including committee work plans 	<ul style="list-style-type: none"> • Estimated Unobligated Balance (UOB) and estimated carryover request

Appendix III: Additional Recipient Administrative Duties

Establish Intergovernmental Agreements (IGAs): The recipient must make sure that RWHAP Part A funds reach all communities in the EMA or TGA where need exists. Thus, it must establish formal, written agreements with cities and counties within the EMA or TGA that provide HIV-related services and also account for at least 10 percent of the EMA's or TGA's reported AIDS cases. This agreement is called an Intergovernmental Agreement (IGA.) An IGA should describe how RWHAP Part A funds will be distributed and managed.

Establish Grievance Procedures: The recipient must develop grievance procedures to handle complaints about funding, such as the process by which contractors (subrecipients) are chosen. Like the planning council's grievance procedures, they must specify who is allowed to file a grievance, types of grievances covered, and how grievances will be handled.

Ensure Services to Women, Infants, Children, and Youth with HIV/AIDS: The recipient must assure that the percentage of money spent on serving women, infants, children, and youth with HIV is at least in proportion to each group's percent of the total number of cases of HIV disease in the EMA or TGA. An exception is allowed when the recipient can show that their needs are met through other programs like Medicaid, Medicare, or RWHAP Part D. The planning council must consider this requirement when setting priorities and allocating resources.

Ensure that RWHAP Funds are Used to Fill Gaps: RWHAP Part A recipients must ensure that RWHAP Part A funds do not pay for services that are funded by other sources and are not used to replace local spending on HIV care. The legislation requires that RWHAP be the "payor of last resort." This means, for example, that the recipient must require subrecipients such as clinics to make sure clients are not eligible for Medicaid or some other source of funding before they use RWHAP Part A funds to pay for their care. This requirement makes sure that RWHAP funds are used to assist people living with HIV who do not have any other source of payment for the services they need.

Ensure Availability and Accessibility of Services to Eligible Clients: Recipients must ensure that RWHAP Part A services are available regardless of an individual's health condition or ability to pay and in settings that are accessible to low-income people living with HIV.

Outreach must be provided to inform people of the availability of services and to link them to care. One of the most important

priorities of the RWHAP legislation is to identify people who are unaware of their HIV status and need to be tested, help them determine their status, and refer and link people newly diagnosed with HIV to care. (This process is called Early Identification of Individuals with HIV and AIDS, or EIIHA.) Another priority is to find people who know their HIV status but are not receiving regular HIV-related medical care (people with “unmet need”) and help them to enter and stay in care.

Subrecipients receiving RWHAP Part A funds must be required to work with other providers so that people living with HIV have access to services. This network of providers is called a “continuum of care” or “system of care.” As part of this, providers should prioritize getting people into care as soon after diagnosis as possible by maintaining what the legislation calls “appropriate relationships with entities that constitute key points of access to the health care system.” Key points of access include, for example, testing sites, emergency rooms, substance abuse treatment programs, and sexually transmitted disease clinics. Processes must be in place to ensure that people newly diagnosed with HIV are immediately referred and linked to care and helped to remain in care.

Control Administrative and Quality Management Costs: The recipient may use up to 10 percent of the RWHAP Part A grant for managing the RWHAP Part A program and for other administrative activities, including planning council support, and up to 5 percent of the grant for Clinical Quality Management. Examples of administrative duties include writing applications, preparing reports, and activities related to procurement and contract monitoring (including reviewing provider applications, negotiating and monitoring contracts, and paying subrecipients). The recipient must control those costs, and also ensure that local subrecipients, contractors, and other entities, collectively, spend no more than 10 percent of total RWHAP Part A service funds for administrative expenses.

Prepare and Submit the RWHAP Part A Application: The recipient is responsible for preparing and submitting a RWHAP Part A application to the federal government each year. Although this is the recipient’s responsibility, the planning council should participate in the preparation of this application because the application requires information about the planning council and how it works, as well as the planning council’s priorities and proposed resource allocations for the coming year. The Chair or Co-Chairs of the planning council must certify in writing to HRSA that the priorities in the application are the ones developed by the planning council. They must also verify that the recipient spent funds in the past year according to the planning council’s allocation decisions and indicate how the planning council established priorities for the upcoming program year.

Meet HRSA/HAB Reporting Requirements: As a federal grantee, the recipient is required to meet a variety of HRSA/HAB requirements, including submission of data, programmatic, and fiscal reports. Some reports include input from the planning council/planning body or reflect its decisions. For example, the Program Terms Report and the Program Submission are due 90 days after the final Notice of Award. The Program Terms Report includes information such as a consolidated list of contractors (subrecipients). Among the information required for the Program Submission are a signed endorsement letter from the planning council Chair or Co-Chairs endorsing the priorities and allocations submitted by the recipient, and a planning council membership roster and information on member reflectiveness. The recipient also submits an Estimated Unobligated Balance (UOB) and an estimate of anticipated carryover funding to HRSA by December 31, a RWHAP Part A and Minority AIDS Initiative Final Expenditure Report and an Annual Progress Report 90 days after the end of the program period, and a Carryover Request for any unspent funds within 30 days after the Final Expenditure Report.

All recipients under RWHAP Parts A-D, along with their contracted subrecipients, must also submit an annual client-level data report called the Ryan White Program Services Report (RSR) that covers the calendar year. The RSR provides data on the characteristics of RWHAP recipients, providers, and clients served. RSR data document program performance and accountability. RSR data on client characteristics and service utilization are used by the planning council and recipient in decision making about use of funds and the system of care. Because it provides data from all recipients, the RSR provides information used by HRSA/HAB for monitoring client health outcomes, assessing organizational capacity and service utilization, monitoring the use of RWHAP to address HIV in the U.S., and tracking progress toward the national goals to end the epidemic.



**PLANNING
CHATT**

Community HIV/AIDS
Technical Assistance & Training

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02*

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in [45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#). HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see [45 CFR §§ 75.351-352](#)).

[45 CFR Part 75, Subpart E—Cost Principles](#) must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

and program specific requirements set forth in the RWHAP statute. Recipients, planning bodies, and others are advised that independent auditors, auditors from the HHS' Office of the Inspector General, and auditors from the U.S. Government Accountability Office may assess and publicly report the extent to which an HRSA RWHAP award is being administered in a manner consistent with statute, regulation and program policies, such as these, and compliant with legislative and programmatic policies. Recipients can expect fiscal and programmatic oversight through HRSA monitoring and review of budgets, work plans, and subrecipient agreements. HRSA HAB is able to provide technical assistance to recipients and planning bodies, where assistance with compliance is needed.

Recipients are reminded that it is their responsibility to be fully cognizant of limitations on uses of funds as outlined in statute, 45 CFR Part 75, the [HHS Grants Policy Statement](#), and applicable HRSA HAB PCNs. In the case of services being supported in violation of statute, regulation or programmatic policy, the use of RWHAP funds for such costs must be ceased immediately and recipients may be required to return already-spent funds to the Federal Government. Recipients who unknowingly continue such support are also liable for such expenditures.

Further Guidance on Eligible Individuals and Allowable Uses of Ryan White HIV/AIDS Program Funds

The RWHAP statute, codified at title XXVI of the Public Health Service Act, stipulates that "funds received...will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made under...an insurance policy, or under any Federal or State health benefits program" and other specified payment sources.¹ At the individual client-level, this means recipients must assure that funded subrecipients make reasonable efforts to secure non-RWHAP funds whenever possible for services to eligible clients. In support of this intent, it is an appropriate use of HRSA RWHAP funds to provide case management (medical or non-medical) or other services that, as a central function, ensure that eligibility for other funding sources is vigorously and consistently pursued (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, or State-funded HIV programs, and/or private sector funding, including private insurance).

In every instance, HRSA HAB expects that services supported with HRSA RWHAP funds will (1) fall within the legislatively-defined range of services, (2) as appropriate, within Part A, have been identified as a local priority by the HIV Health Services Planning Council/Body, and (3) in the case of allocation decisions made by a Part B State/Territory or by a local or regional consortium, meet documented needs and contribute to the establishment of a continuum of care.

HRSA RWHAP funds are intended to support only the HIV-related needs of

¹ See sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.

eligible individuals. Recipients and subrecipients must be able to make an explicit connection between any service supported with HRSA RWHAP funds and the intended client's HIV care and treatment, or care-giving relationship to a person living with HIV (PLWH).

Eligible Individuals:

The principal intent of the RWHAP statute is to provide services to PLWH, including those whose illness has progressed to the point of clinically defined AIDS. When setting and implementing priorities for the allocation of funds, recipients, Part A Planning Councils, community planning bodies, and Part B funded consortia may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services. HRSA HAB expects all HRSA RWHAP recipients to establish and monitor procedures to ensure that all funded providers verify and document client eligibility.

Affected individuals (people not identified with HIV) may be eligible for HRSA RWHAP services in limited situations, but these services for affected individuals must always benefit PLWH. Funds awarded under the HRSA RWHAP may be used for services to individuals affected by HIV only in the circumstances described below:

- a. The primary purpose of the service is to enable the affected individual to participate in the care of a PLWH. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for a PLWH.
- b. The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a HRSA RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage that client, or childcare for the client's children while they receive HIV-related medical care or support services.
- c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.
- d. Services to affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.

Unallowable Costs:

HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and

cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,² vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.³

Other unallowable costs include:

- Clothing
- Employment and Employment-Readiness Services, except in limited, specified instances (e.g., Non-Medical Case Management Services or Rehabilitation Services)
- Funeral and Burial Expenses
- Property Taxes
- Pre-Exposure Prophylaxis (PrEP)
- non-occupational Post-Exposure Prophylaxis (nPEP)
- Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- International travel
- The purchase or improvement of land
- The purchase, construction, or permanent improvement of any building or other facility

Allowable Costs:

The following service categories are allowable uses of HRSA RWHAP funds. The HRSA RWHAP recipient, along with respective planning bodies, will make the final decision regarding the specific services to be funded under their grant or cooperative agreement. As with all other allowable costs, HRSA RWHAP recipients are responsible for applicable accounting and reporting on the use of HRSA RWHAP funds.

Service Category Descriptions and Program Guidance

The following provides both a description of covered service categories and program guidance for HRSA RWHAP Part recipient implementation. These service category descriptions apply to the entire HRSA RWHAP. However, for some services, the

² Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.

³ General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

HRSA RWHAP Parts (i.e., A, B, C, and D) must determine what is feasible and justifiable with limited resources. There is no expectation that a HRSA RWHAP Part recipient would provide all services, but recipients and planning bodies are expected to coordinate service delivery across Parts to ensure that the entire jurisdiction/service area has access to services based on needs assessment.

The following core medical and support service categories are important to assist in the diagnosis of HIV infection, linkage to and entry into care for PLWH, retention in care, and the provision of HIV care and treatment. HRSA RWHAP recipients are encouraged to consider all methods or means by which they can provide services, including use of technology (e.g., telehealth). To be an allowable cost under the HRSA RWHAP, all services must:

- Relate to HIV diagnosis, care and support,
- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV⁴ and other related or pertinent clinical guidelines, and
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

Recipients are required to work toward the development and adoption of service standards for all HRSA RWHAP-funded services to ensure consistent quality care is provided to all HRSA RWHAP-eligible clients. Service standards establish the minimal level of service or care that a HRSA RWHAP funded agency or provider may offer within a state, territory or jurisdiction. Service standards related to HRSA RWHAP Core Medical Services must be consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards. Service standards related to HRSA RWHAP Support Services may be developed using evidence-based or evidence-informed best practices, the most recent HRSA RWHAP Parts A and B National Monitoring Standards, and guidelines developed by the state and local government.

HRSA RWHAP recipients should also be familiar with implementation guidance HRSA HAB provides in program manuals, monitoring standards, and other recipient resources.

HRSA RWHAP clients must meet income and other eligibility criteria as established by HRSA RWHAP Part A, B, C, or D recipients.

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

⁴ <https://aidsinfo.nih.gov/guidelines>

AIDS Pharmaceutical Assistance
Early Intervention Services (EIS)
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
Home and Community-Based Health Services
Home Health Care
Hospice
Medical Case Management, including Treatment Adherence Services
Medical Nutrition Therapy
Mental Health Services
Oral Health Care
Outpatient/Ambulatory Health Services
Substance Abuse Outpatient Care

RWHAP Support Services

Child Care Services
Emergency Financial Assistance
Food Bank/Home Delivered Meals
Health Education/Risk Reduction
Housing
Legal Services
Linguistic Services
Medical Transportation
Non-Medical Case Management Services
Other Professional Services
Outreach Services
Permanency Planning

Psychosocial Support Services

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)

Effective Date

This PCN is effective for HRSA RWHAP Parts A, B, C, D, and F awards issued on or after October 1, 2016. This includes competing continuations, new awards, and non- competing continuations.

Summary of Changes

August 18, 2016 –Updated *Housing Service* category by removing the prohibition on HRSA RWHAP Part C recipients to use HRSA RWHAP funds for this service.

December 12, 2016 – 1) Updated *Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals* service category by including standalone dental insurance as an allowable cost; 2) Updated *Substance Abuse Services (residential)* service category by removing the prohibition on HRSA RWHAP Parts C and D recipients to use HRSA RWHAP funds for this service; 3) Updated *Medical Transportation* service category by providing clarification on provider transportation; 4) Updated *AIDS Drug Assistance Program Treatments* service category by adding additional program guidance; and 5) Reorganized the service categories alphabetically and provided hyperlinks in the Appendix.

October, 22, 2018 – updated to provide additional clarifications in the following service categories:

Core Medical Services: *AIDS Drug Assistance Program Treatments; AIDS Pharmaceutical Assistance; Health Insurance Premium and Cost Sharing Assistance for Low-income People Living with HIV; and Outpatient/Ambulatory Health Services*

Support Services: *Emergency Financial Assistance; Housing; Non-Medical Case Management; Outreach; and Rehabilitation Services.*

Appendix

RWHAP Legislation: Core Medical Services

AIDS Drug Assistance Program Treatments

Description:

The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV.⁵ HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

Program Guidance:

HRSA RWHAP Parts A, C and D recipients may contribute RWHAP funds to the RWHAP Part B ADAP for the purchase of medication and/or health care coverage and medication cost sharing for ADAP-eligible clients.

See PCN 07-03: [The Use of Ryan White HIV/AIDS Program, Part B AIDS Drug Assistance Program \(ADAP\) Funds for Access, Adherence, and Monitoring Services](#)

See PCN 18-01: [Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance](#)

See *also* AIDS Pharmaceutical Assistance and Emergency Financial Assistance

AIDS Pharmaceutical Assistance

Description:

AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

1. A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP

⁵ <https://aidsinfo.nih.gov/guidelines>

has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
 - A recordkeeping system for distributed medications
 - An LPAP advisory board
 - A drug formulary that is
 - Approved by the local advisory committee/board, and
 - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
 - A drug distribution system
 - A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
 - Coordination with the state's HRSA RWHAP Part B ADAP
 - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
 - Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)
2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients in the absence of any other resources.

HRSA RWHAP Parts C or D recipients using CPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- A financial eligibility criteria and determination process for this specific service category
- A drug formulary consisting of HIV-related medications not otherwise available to the clients
- Implementation in accordance with the requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

Program Guidance:

For LPAPs: HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

For CPAPs: HRSA RWHAP Part C or D funds may be used to support a CPAP to routinely refill medications. HRSA RWHAP Part C or D recipients should use the Outpatient/Ambulatory Health Services or Emergency Financial Assistance service

categories for non-routine, short-term medication assistance.

See *also* AIDS Drug Assistance Program Treatments, Emergency Financial Assistance, and Outpatient/Ambulatory Health Services

Early Intervention Services (EIS)

Description:

The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance:

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA RWHAP Parts A and B EIS services must include the following four components:
 - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
 - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
 - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
 - Referral services to improve HIV care and treatment services at key points of entry
 - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
 - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

- HRSA RWHAP Part C EIS services must include the following four components:
 - Counseling individuals with respect to HIV
 - High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
 - Recipients must coordinate these testing services under HRSA RWHAP Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
 - The HIV testing services supported by HRSA RWHAP Part C EIS funds cannot supplant testing efforts covered by other sources
 - Referral and linkage to care of PLWH to Outpatient/Ambulatory Health

Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals

- Other clinical and diagnostic services related to HIV diagnosis

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only

when determined to be cost effective.

Program Guidance:

Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

See PCN 14-01: [Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act](#)

See PCN 18-01: [Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance](#)

Home and Community-Based Health Services

Description:

Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Program Guidance:

Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Home Health Care

Description:

Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care

- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:

The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Hospice Services

Description:

Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

Program Guidance:

Hospice Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for Hospice Services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

Medical Case Management, including Treatment Adherence Services

Description:

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:

Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Medical Nutrition Therapy

Description:

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance:

All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a

registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

See also Food-Bank/Home Delivered Meals

Mental Health Services

Description:

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:

Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

See also Psychosocial Support Services

Oral Health Care

Description:

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Program Guidance:

None at this time.

Outpatient/Ambulatory Health Services

Description:

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy

- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:

Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

See PCN 13-04: [Clarifications Regarding Clients Eligible for Private Insurance and Coverage of Services by Ryan White HIV/AIDS Program](#)

See also Early Intervention Services

Substance Abuse Outpatient Care

Description:

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention

Program Guidance:

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific

guidance.

See *also* Substance Abuse Services (residential)

RWHAP Legislation: Support Services

Child Care Services

Description:

The HRSA RWHAP supports intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

Program Guidance:

The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

Emergency Financial Assistance

Description:

Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Program Guidance:

Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Food Bank/Home Delivered Meals

Description:

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:

Unallowable costs include household appliances, pet foods, and other non-essential products.

See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

Health Education/Risk Reduction

Description:

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:

Health Education/Risk Reduction services cannot be delivered anonymously.

See *also* Early Intervention Services

Housing

Description:

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search,

placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:

HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits,⁶ although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Housing, as described here, replaces PCN 11-01.

Legal Services

See Other Professional Services

Linguistic Services

Description:

Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWHAP-eligible services.

Program Guidance:

Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Medical Transportation

Description:

Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:

Medical transportation may be provided through:

⁶ See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Non-Medical Case Management Services

Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children’s Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Program Guidance:

NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

Other Professional Services

Description:

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
 - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
 - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
 - Preparation of:
 - Healthcare power of attorney
 - Durable powers of attorney
 - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
 - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
 - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

Program Guidance:

Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

See [45 CFR § 75.459](#)

Outreach Services

Description:

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

- 1) use data to target populations and places that have a high probability of reaching PLWH who
 - a. have never been tested and are undiagnosed,
 - b. have been tested, diagnosed as HIV positive, but have not received their test results, or
 - c. have been tested, know their HIV positive status, but are not in medical care;
- 2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
- 3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Program Guidance:

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Outreach Services, as described here, replaces PCN 12-01.

See *also* Early Intervention Services

Permanency Planning

See Other Professional Services

Psychosocial Support Services

Description:

Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Caregiver/respite support (HRSA RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:

Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals).

HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership.

For HRSA RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under HRSA RWHAP Part D.

See *also* Respite Care Services

Rehabilitation Services

Description:

Rehabilitation Services provide HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

Program Guidance:

Allowable activities under this category include physical, occupational, speech, and

vocational therapy.

Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable.

Referral for Health Care and Support Services

Description:

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:

Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

See also Early Intervention Services

Respite Care

Description:

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-to-day care.

Program Guidance:

Recreational and social activities are allowable program activities as part of a Respite Care provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.

See also Psychosocial Support Services

Substance Abuse Services (residential)

Description:

Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

FY 2023-2024 WORK PLAN OF PLANNING COUNCIL SUPPORT (RWPCS) ACTIVITIES

ACRONYM KEY
RW Planning Council - RWPC
Executive Committee - Exec
Priority Setting & Resource Allocation Committee - PSRA -Allocations
System of Care Committee – P&P (TBD) Integrated Committee - IC
Quality Management Committee – QMC - Evaluation
Membership/Council Development Committee – MCDC – Exec/Nomination/RWPC Trio
Community Empowerment Committee – CEC - CCC

OBJECTIVE 1. POLICIES & PROCEDURES					
Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
RWPCS Staff	1.1 Conduct research of at least five (5) other EMAs about committee policies and procedures based on committee directives or identified changes to determine best practices (if applicable).	Data & Research	December 2022- February 2023	All Committees	
RWPCS Staff	1.2 Present recommendations to each committee for changes to the policies and procedures based on committee directives and best practice research.	Committee Policies & Procedures	As Necessary		
RWPCS Staff	1.3 Maintain a current list of by-laws parking lot items based on member inquiries or directives.	Bylaws Parking Lot	February –June 2023	ad-hoc Bylaws Committee	
RWPCS Staff	1.4 Review by-laws for additional changes beyond member inquiries or directives based on RWPC HIV data or needs.		As Necessary		
RWPCS Staff	1.5 Conduct research on by-laws of at least ten (10) other EMAs and determine best practices (if applicable).	Data & Research	February –June 2023	Executive Committee	
RWPCS Staff	1.6 Present recommendation to Executive Committee about reconvening ad-hoc Bylaws Committee based on parking lot items and necessary changes, with recommended timeline for completion.	Presentation to Executive	As Necessary		

OBJECTIVE 1. POLICIES & PROCEDURES					
Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
RWPCS Staff	1.7 Present recommendations for changes to bylaws and accompanying research about best practices to ad-hoc Bylaws Committee.	Update Bylaws	February – June 2023	ad-Hoc By-Laws Committee	
RWPCS Staff	1.8 Conduct research on work plans, especially pertaining to the activities and timelines of the Integrated Plan, and determine best practices for implementation, per committee.	Data & Research	October 2023 – January 2024	All Committees	In Progress:
RWPCS Staff	1.9 Update committee work plans for FY 2023-2024 based on HRSA- required activities, research of other EMAs, Integrated Plan Activities, and committee needs.	Update Work Plans	January - February 2023		In Progress:
RWPCS Staff	1.10 Present recommendations for changes and updates to work plans to each committee, based on committee needs, Integrated Plan Activities, and directives.		February – March 2023		In Progress:

OBJECTIVE 2. MEMBERSHIP					
Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
RWPCS Staff, MCDC	2.1 Review membership documents and application process for necessary changes based on RWPC needs.	Membership & Application Process Documents	Monthly	Membership workgroup	In Progress: Committee Application update
RWPCS Staff	2.2 Present recommendations for changes to membership documents/roster or the application process to MCDC.		Monthly		In Progress: Committee Application update
RWPCS Staff, MCDC	2.3 Keep current data on RWPC and committee demographics, including percentage of unaffiliated consumers to ensure RWPC and committee reflectiveness. (RWPC roster)	RWPC & Committee Rosters	Monthly	RWPC	Ongoing
RWPCS Staff, MCDC	2.4 Identify populations that are underrepresented on the RWPC and committees and conduct research on best practices for engaging those populations, including methods of engagement and target locations and events in Dallas EMA	Data & Research	Quarterly	Membership workgroup Executive Committee	Ongoing
RWPCS Staff	2.5 Make recommendations to MCDC for targeted activities/events to recruit underrepresented populations and/or HRSA mandated seats based on research.	MCDC Recruitment Plan	As Necessary		
RWPCS Staff, MCDC	2.6 Keep current data on mandated seats, including vacant seats, to ensure a representative RWPC with diverse perspectives.	RWPC Roster	Monthly	MCDC, RWPC	
RWPCS Staff, RWPC, All Committees	2.7 Work in collaboration with RWPC and committee members to identify potential candidates to fill vacant seats	Applications for Mandated Seats	Monthly	MCDC	
RWPCS Staff	2.8 Develop at least four topics for the FY 2023-2024 training plan based on HRSA requirements, emerging issues, and RWPC needs or directives.	RWPC Training Plan	May - August 2023	MCDC, Exec	
RWPCS Staff	2.9 Present the training plan to MCDC & Executive Committee for approval.		As necessary		
RWPCS Staff	2.10 Conduct research on recruitment and retention plans and materials of at least five (5) other EMAs, focusing on consumers, hard to reach populations, and vacant mandated seats.	Recruitment & Retention Plan	May - August 2023	MCDC	
RWPCS Staff	2.11 Present recommendations for changes and updates to Recruitment and Retention plan, including materials (printed and digital), to MCDC.		March - August 2023		

OBJECTIVE 3. NEEDS ASSESSMENT					
Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
RWPCS Staff	3.1 Use results of needs assessment to inform PSRA process, determine issues in the system of care for further research, and topics for community presentations and forums.	Research & Analysis	February - May 2023	P&P, Allocations, QM Committees	
RWPCS Staff, NA Consultant	3.2 Use previous needs assessment analyses to determine priority populations, target questions, and methodologies for the needs assessment.	Needs Assessment Components, Methodology, and Focus Areas	March - December 2023	Allocations Committee, P&P Committee	

OBJECTIVE 4. INTEGRATED PLAN/END THE EPIDEMIC/FAST TRACT PLANS

Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
RWPC, Fast Track, Needs Assessment Committee	<p>4.1 Plan for one major needs assessment activity each year, plus some smaller efforts, for example:</p> <ul style="list-style-type: none"> – PLWH survey Year 1, special study on unmet need Year 2, profile of provider capacity and capability Year 3 – Focus groups with key populations and/or key informant groups or interviews Year 2 or 3 – Town hall or community forum every year 	<p>1. Step 1 .Plan for the needs assessment</p> <ul style="list-style-type: none"> – Determine the scope of the needs assessment – ideally, based on an existing multi-year plan & cycle – Determine the timetable – Develop the budget and ensure needed funds are available in the RWPC/PB budget – Agree on responsibilities for conducting and overseeing the needs assessment, including whether a consultant or contractor is needed – and begin the contracting process – Include a process for community input each year 	Jan – February 2023		
RWPCS Staff, IC, Integrated Plan “Champions”	4.2 Review the Integrated Plan to determine progress and identify successful or underperforming activities.	Recommendations for change/Implementation	May 2021 – May 2026	IC, RWPC	In Progress
Needs Assessment Committee, Fast Track	<p>4.3 Discuss strategies for maximizing consumer and other PLWH involvement in needs assessment</p> <ul style="list-style-type: none"> • Survey • Focus Groups • Town Hall or Community Forums • Special Studies 	Timeline Recommendations/ Activities			
Needs Assessment/Fast Track	4.4 Identify factors to consider in making needs assessment findings understandable and useful for decision making	Workshops/Education Activities			

OBJECTIVE 5. PRIORITY SETTING AND RESOURCE ALLOCATION

Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
Allocations, Grantee	5.1 Monitor expenditures and allocations and note any trends in expenditures.	Expenditure & Utilization Report	Monthly	Allocations	Ongoing
Allocations, RWPC, Grantee	5.2 Recommend reallocations to ensure sufficient core funding and the effective use of funds.	Reallocation of Funds	As Needed	Allocations, CCC, RWPC	1 st Round - April - May 2023 2 nd Round - May –June 2023 To be completed Oct 2023- Jan 2024
RWPCS Staff	5.3 Develop PSRA timeline to include a review of all necessary data points, presentations, and ranking and allocations.	PSRA Timeline	February 2023		
RWPCS Staff	5.4 Review important data sources, including, but not limited to EIIHA, epidemiology surveillance, unmet need, and service category scorecards focused on clients not achieving health outcomes.	Data & Analysis	April - June 2023	Allocations	
RWPCS Staff, NA Consultant	5.5 Develop a PSRA report and presentation with research including, but not limited to, service needs and gaps, cost effectiveness, and priorities and allocations in similar EMAs.	Presentation to Allocations	June 2023	Allocations, RWPC	
RWPCS Staff, NA Consultant	5.6 Present PSRA report to committee to assist in establishing priorities and allocating resources. 5.6.a Updates to the Priority Setting Guide and Resource Allocation Guide		June 2023		
Allocations, CCC, RWPC	5.7 Priority rank service categories, using research and information from data points, scorecards, and the PSRA presentation and report.	Priority Rankings	June 2023	Allocations RWPC, Grantee	Complete in September 2023
RWPCS Staff, P&P, CCC	5.8 Develop directives for 'How Best to Meet the Need.		As Necessary		
Allocations, RWPC	5.9 Allocate/Re-Allocate Part A & MAI funds by service category using research and information from data points,	Service Allocations	July 2023		

	scorecards and the PSRA presentation and report				
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OBJECTIVE 6. PLANNING AND PRIORITY SETTING					
Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
P&P, Grantee	6.1 note any trends in expenditures.	HIV Prevalence Report	Monthly	P&P	Ongoing
P&P, RWPC, Grantee	6.2 Recommend changes to ensure sufficient core services and support are available for the community.	Service Priority	As Needed	P&P c, CCC, RWPC	1 st Round - April - May 2023 2 nd Round - May –June 2023 To be completed Oct 2023- Jan 2024
RWPCS Staff, NA Consultant	6.3 Review the current 2022- 2023 Status Neutral Needs Assessment- discuss finding & changes needed; make recommendations & Develop timeline for implementation. - Letter of Concurrence review/ Update	2022 Needs Assessment Report 2021 Needs Assessment 2019 Needs Assessment	February 2023		
RWPCS Staff, P&P	6.4 Service Priority Review to include a review of all necessary data points, presentations, and ranking and allocations. Joint meeting with Consumer Council Committee		April –May 2023	P&P	
RWPCS Staff, P&P	6.5 Review important data sources, including, but not limited to EIIHA, epidemiology surveillance, unmet need, and service category scorecards focused on clients not achieving health outcomes.	Data & Analysis	April - June 2023	P&P, CCC	
RWPCS Staff, NA Consultant	6.6 Develop a PSRA report and presentation with research including, but not limited to, service needs and gaps, cost effectiveness, and priorities and allocations in similar EMAs.	Presentation to P&P	June 2023	P&P, RWPC	
RWPCS Staff, NA Consultant	6.7 Present PSRA report to committee to assist in establishing priorities and allocating resources.		June 2023	P&P	
RWPCS Staff, P&P, CCC	6.8 Develop directives for 'How Best to Meet the Need.'	How Best to Meet the Need	As Necessary		

P&P, CCC, RWPC	6.9 Priority rank service categories, using research and information from data points, scorecards, and the PSRA presentation and report.	Priority Rankings	June 2023	RWPC, Grantee	To be Complete by July 2023
P&P, RWPC	6.10 Rank and Prioritize Services category using research and information from data points, scorecards and the PSRA presentation and report	Service Allocations	July 2023		To be Complete by July 2023

OBJECTIVE 7. ASSESSMENT OF THE ADMINISTRATIVE MECHANISM – Evaluation Committee					
Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
RWPCS Staff	7.1 Conduct research on administrative mechanism methodologies of at least five other EMAs.	Annual Methodology	January-March 2023	RWPC, Grantee	
RWPCS Staff	7.2 Develop a methodology to assess the efficiency of the administrative mechanism.		January –February 2023		
RWPCS Staff	7.3 Collect resulting data from Assessment of the Administrative Mechanism analysis.	Data	March 2023	RWPCS Staff	
RWPCS Staff	7.4 Develop a full narrative report, including identified areas for improvement, with supporting documentation.	Assessment of the Administrative Mechanism	March – May 2023	RWPC, Grantee	
RWPCS Staff	7.5 Distribute the narrative report, including identified areas for improvement, and any necessary steps for action.		June- July 2023	PSRA, RWPC, Grantee	
RWPCS Staff	7.6 Develop methodology to measure progress on identified	Quarterly Methodology	June, September, December 2023	Grantee	

	areas for improvement. Distribute progress updates, including identified areas for improvement, with supporting documentation.				
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OBJECTIVE 8. COMMUNICATION & LEADERSHIP SUPPORT – Executive Committee					
Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
Committee Leadership, Grantee	8.1 Hold coordination meetings with RWPC and committee leadership prior to monthly meetings to review and make changes to meeting documents and discuss any emerging issues.	Coordination Meeting	Monthly	RWPC & Committee Leadership, Grantee	Ongoing
RWPCS Staff	8.2 Develop a communication plan for timely and effective communication between RWPCS Staff, the RWPC, and the Grantee.	Communication Plan	April 2023	Grantee	
RWPCS Staff	8.3 Develop a marketing plan containing RWPC meetings and activities with timelines for activities.	Marketing Plan	August 2023	RWPC, Grantee	

OBJECTIVE 9. PART A GRANT APPLICATIONS					
Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
RWPC, RWPCS Staff, FLDOH-BC	9.1 Review and revise EIIHA Strategy in preparation for Part A grant application.	Grant Application Narrative	July 2023	Grantee	
RWPCS Staff	9.2 Develop a work plan of responsibilities and timelines within specific grant application deadlines.	Work Plan and Timeline	Within 7 days of application release		
RWPCS Staff	9.3 Conduct research and assist with writing the grant application as directed by grant application work plan.	Grant Application Narrative	Annually		
Grantee, RWPCS Staff, RWPC Chair	9.4 Draft the 'Letter of Assurance' assuring the RWPC is reflective of the epidemic and ensure it is signed by the RWPC Chair.	Letter of Assurance	30 days prior to Application due date		
Grantee, RWPCS Staff, RWPC Chair	9.5 Draft the 'Letter of Endorsement' containing funding allocations and ensure it is signed by the RWPC Chair.	Letter of Endorsement	60 Days Post Award		
Grantee, RWPCS Staff, RWPC Chair	9.6 Memorandum of Understanding between RWPC and AA	MOU	January 2023		Completed January 2023

OBJECTIVE 10. EMPOWERMENT CONSUMER/COMMUNITY - CCC

Responsible Party	Description	Deliverable	Projected Date(s)	Due To	Progress
Committee Chair RWPCS Staff	10.1 Use results of needs assessment to inform PSRA process, determine issues in the system of care for further research, and topics for community Education presentations and forums.	Scheduled Community Forums	March 2023 – February 2024		Complete January/ February 2023: CEC Community Forum & Needs Assessment Presentation
RWPCS Staff, NA Consultant	10.2 Use previous education Forum survey analyses to determine priority populations, target questions, and methodologies for the educations/advocacy need assessment and Special projects: Community Outreach for Emergency Rooms	Needs Assessment Components, Methodology, and Focus Areas	March 2023 - December 2024		Complete February 2023
RWPC Staff CCC Chair and Members	10.3 Host and participate with community Events/Speaker forums conducted in the Dallas EMA	Development/Provision of information/resource materials, Identify and secure speakers	As need as the Annual Schedule (April-October 2023)		

This calendar is a template for the FY 2023 RWPC/Standing Committee Deliverables and Activities.

RWPC 2023 Master Calendar

FY 2023 MULTI-YEAR GRANT - PART A/MAI

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Part A		End FY	Start of new Fiscal Year				Allocations Plan Vote		6 month Reallocation Vote			9 month Reallocation Vote
MAI		End FY	Start of new Fiscal Year				Allocations Plan Vote		6 month Reallocation Vote			9 month Reallocation Vote
Part B	9 month Reallocation Vote		End FY/6 month Reallocation Vote	Start of new Fiscal Year				Allocations Plan Vote		6 month Reallocation Vote		
State Services		Allocations Plan	6 month Reallocation Vote (State Service)			9 month Reallocation Vote		End FY	Start of new Fiscal Year			
MEMBERSHIP ORIENTATION/MEMBERSHIP ORIENTATION/MEMBERSHIP ORIENTATION - - - - - April 13, 2023												
Review	FY 2022 Year-End Report Due/HBTMTN Training & Service Category Recommendations/Review for next Fiscal Year/PSRA Training Presentation	Finish HBTMTN Forward for Approval/HIV Data Presentation/Request/Service Priorities and Related Fund Allocations Training	Approve HBTMTN Doc for next Fiscal Year/ HIV DATA - Presentation/Training	Receive Training Priority Setting Guide/Ballot Introduction/FY 2023 Priority Ranking Process – Comprehensive Overview/Ballot Introduction PRSA Joint Allocation/Expenditure	Receive Training Priority Setting Guide/Ballot Introduction/ RWPC approved FY 2023 Priority Service Ranking	Joint meeting W/CCC Vote on Priority Rankings for next Fiscal Year/EHE Plan Update/ Introduction to the National Strategic Plan Training	Approve & Forward FY 2024 Service Priority Ranking Recommendation/Presentation Ending the HIV Epidemic Plan Update	Standards of Care Review for change Updates /EHE Presentation/CHATT Learning Collaborative Training – Integrated Plan Workshop Training	Standards of Care Review for change Updates /EHE Presentation	Start HBTMTN for following Fiscal Year (2-3 a month) - include unmet need, service gaps, other funding sources, demographic/geographic breakdown of need/EHE	Review the 5-year Integrated Plan and Approve the Draft Letter of Concurrence	Submit the Approved Letter of Concurrence to the AA Continuum of Care & Priority Populations
Ongoing P&P projects	How Best to Meet the Priority -> 2-3 a month; Integrated Prevention and Care Plan (work with work group); Inform Needs Assessment Committee of current unmet needs and gaps in services in area											
Allocations Committee	9 month Reallocation Vote for Part B funds	State Services Allocations Plan Vote/ FY 2022 Year-End Report Due	Receive FY Part A & MAI/Part B and SS Allocations Plan/Expenditure Report/ Vote/RECEIVE Allocations Planning Guide	RECEIVED Allocations Guide/Full Partial Award Part A & MAI/B & SS Allocation Endorsement/ Endorsement Letter Review/Vote	Received FY 2022-2023 Allocations Guide/Multi-Year Expenditure Reports/Reallocation/FY Allocation/Alignment/Re-allocations Unobligated	Committee completed the Reviewed and Approved the Actual FY 2023 Award Allocations and Approved the Letter of Concurrence/9 month Reallocation Vote for State Services funds/Multi Year Expenditure Reports	All Funds (Part A/B/MAI/SS Rebate/FY 2022-2023- ALLOCATION Recommendations	RE-Allocations Part A/MAI/Part B/SS State Rebate Allocation/Expenditure Reports	Expenditure Update	6 month Reallocation Vote for All Grant Parts funds		9 month Reallocation Vote for Part A/MAI funds
Ongoing Allocations projects	Committee completed the FY 2023 Allocation Recommendations											
Consumer Council Committee	Plan forums for Calendar Year/Plan forums for Calendar Year	FY 2023 Forum Topic Rankings/Scheduling/CCC FORUM: Liaison Reports	CCC booth Volunteers /CCC FORUM/Liaison Reports	Receive Training Priority Setting Guide Ballot Introduction/CCC FORUM/Liaison Reports	Joint meeting w/P & P Committee Input Vote on Priority Rankings/Ballot Vote for next Fiscal Year CCC FORUM:	Joint meeting w/P&P Vote on Priority Rankings for next Fiscal Year/ CCC FORUM/Liaison Reports	CCC FORUM/Planning/Liaison Reports - HIV & Youth	CCC FORUM/Planning/Liaison Reports	CCC FORUM/Planning/Liaison Reports	CCC FORUM/Planning	CCC FORUM/Planning	Vote on CCC Forum topics for next calendar year
Ongoing CCC projects	Ongoing community forums; advisory to P&P processes; advisory to NA processes; recruitment and CCC reps on all standing committees; interventions from Integrated Prevention and Care Plan											
Needs Assessment Committee	FY 2022 Status Neutral Needs Assessment Report Findings Review/Needs Assessment Strategy/Workplan	Ongoing: Comprehensive Needs Assessment Update /Methodology/Develop Recommendations	FY 2023 NA Criterion Components/Questions /Priority POP /Strategy/Develop Recommendation	FY 2023 NA Criterion Components/Questions/Target population/Strategy	FY 2023 Needs Assessment Criterion/Components/Questions/Target population/Strategy- Collaboration with EHE Program - RFP BIDOut	Professional Consultant Mini FOCUS Group Coordination	Vendor selection process underway DA review and approve the Contract for Status Neutral Needs Assessment Project (s) (Transgender, Latino & MSMs	Needs Assessment Project/Vendor Contract Approved/Conduct Committee-Vendor Meet and Greet/Present Committee's Packet to Vendor	Mini Needs Assessment Focus Groups/Need Assessment for Target Population(s) (Transgender, Latino & MSMs	Report Needs Assessment Outcomes	Approved FY 2023 Mini Needs Assessment Report/FY 2022/2021/2019 Needs Assessment Report Findings Review	
Ongoing NA projects	CQM 4 Focus Groups reflective of the TARGET Populations were conducted for Service Utilization Oral Health/Transportation/											
Evaluation Committee	Leadership Training/Workplan/The Basics Training Presentation- Assessment of EAM Process	Assessment of EAM Process/ FY 2022 document Review/Assessing the efficiency of the Administrative Mechanism	Review AA Response to FY 2022 EAM/Develop Recommendations	Planner Starts EAM for FY 2022 Findings to Eval Committee	Planner presents EAM Findings to Eval Committee/CQM Presentation	Committee Approved the EAM REPORT/HIV Taskforce Presentation	EAM Recommendations to AA/Presentation: Quality Management/ Quality Indicator Plan	340-B Panel Discussion	EAM review/EAM Recommendations to AA	Work with QM on Joint Objectives		Start planning for next EAM
Ongoing Evaluation projects	Evaluate the effectiveness of services; Integrated Prevention and Care Plan Evaluation Plan Reporting and Update											
Executive Committee	Leadership Training/Workplan/Calendar/Bylaws distribution for Review /Candidate Interviews/Approve RWPC Agenda	Approve FY 2022 Part A/B/MAI/Dallas State Rebate Reallocation Recommendations/Candidate Interview/RWPC Agenda	Bylaws; MOU Review/Update/Signed/Candidate Interviews/ Approve RWPC Agenda	Approve Partial/Full Part A/B/MAI/SS Rebate Award Endorsement Letter/Candidate Interviews/Approve RWPC Agenda	Approve Alloc/Alignmt/Endorsement Letter Recmdations/Candidate Interviews/ Review/Approve EAM	Review and Approve EAM/Approve NEW's Priority Service Rankings/HBTMTN Recommendations/Interviews/Approve RWPC Agenda	Review and approve SS Rebate Reallocations/Interview Candidates/Approve RWPC Agenda	Quarterly New Member interviews	Submit RWPC Leadership Applications		Quarterly New Member interviews	
Ongoing Executive projects												

This calendar is a template for the FY 2023 RWPC/Standing Committee Deliverables and Activities.

RWPC 2023 Master Calendar

FY 2023 MULTI-YEAR GRANT - PART A/MAI

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Ryan White Planning Council	Evaluate the effectiveness of services; Integrated Prevention & Care Plan Evaluation Plan Reporting & ETE Update; EIIHA Update, Review & Approve Action Items/ Annual Housing Opportunities Presentation	Review and Approve Action Items: Approve FY Part A/MAI/Part B/Dallas State Rebate Grant Reallocations	Q1 NEWSLETTER	MEETING WAS CANCELLED FOR Leadership/ Membership Orientation Annual Training	Approve EAM- Endorsement Letters Part A Full Award/Unobligated Fund Allocations to Align RWPC Approved Percentages/ Allocation Alignment with RWPC Approved Percentages - HBTMTN Report - PKLD	Approve Priority Rankings; Approve 6 mo. SS Reallocation <i>Q1 NEWSLETTER</i>	ACTUALLY HAPPEN - Approve Priority Rankings; Approve 6 mo. SS Reallocation	Review and Approve EAM	Q3 NEWSLETTER	Approve the FY 2022 Status Neutral Needs Assessment Report		Q 4 NEWSLETTER
Ongoing RWPC projects												
Office of Support	Leadership Training	RWPC Retreat Training February 2023		Leadership Training								
RWPC Manager	Work	Coordinate MOU Update	collaborate with AA to Develop		Have Allocation Planning Guide ready for Allocations Committee	Part A Application		ACTUALLY HAPPEN - Have Allocation Planning Guide ready for Allocations Committee	Part A Application Submission to HRSA			
RWPC Health Planner	Work	Training	Training	Have Priority Setting Guides ready for P&P and CCC	Allocation planning Guide	Part A Application; Epi profile	Epi profile		Part A Application Submission to HRSA TBD			
RWPC Coordinator	Work		End of Year Report out			Part A Application	Newsletter		Part A Application Submission to HRSA			

2021

OPEN MEETINGS ACT

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The  symbol indicates sections that have been updated since the previous publication.

OPEN MEETINGS ACT¹

THE GENERAL POLICY

People are Entitled to Information About Governmental Action

The Open Meetings Act is a Texas statute codified as Chapter 551 of the Government Code.² The Act provides for public access to meetings of governmental bodies.³ A federal court has held that “Transparency is furthered by allowing the public to have access to governmental decision making.”⁴

When a group of people takes action or makes a decision, some meeting of the minds has occurred to make that action possible. With respect to actions taken by governmental bodies, it is the process by which this meeting of the minds occurs that the Open Meetings Act intends to be open to public scrutiny.⁵ To accomplish its end, the Open Meetings Act requires that every meeting of a governmental body, with certain narrowly drawn exceptions, be open to the public and that the public be given notice of the time and place of meetings and the subject matter to be discussed or acted on.⁶ The Open Meetings Act explicitly lists a commissioners court as a governmental body.⁷

The Open Meetings Act does not set out all procedures applicable to meetings of governmental bodies.⁸ However, any additional procedure that a governmental body adopts for the conduct of its meetings must be consistent with the Open Meetings Act.

¹ This publication includes changes adopted by the 87th Legislature through the Third Special Session (2021).

² The office of the Texas Attorney General publishes a comprehensive Open Meetings Handbook. You may obtain a copy from that office or access it through the Attorney General’s website (<https://www.texasattorneygeneral.gov/open-government/governmental-bodies>). Attorney General opinions are also available on that site.

³ *Acker v. Texas Water Comm’n*, 790 S.W.2d 299, at 300 (Tex. 1990)

⁴ *Asgeirsson v. Abbott*, 696 F.3d 454 (5th Cir. 2012)

⁵ Tex. Att’y Gen. Op. No. DM-0095 (1992); citing *Cox Enterprises Inc. v. Board of Trustees of Austin Indep. School Dist.*, 706 S.W.2d 956, 960 (Tex. 1986) (the act is intended to safeguard the public’s interest in knowing the workings of its governmental bodies)

⁶ Tex. Gov’t Code §§551.002, 551.041

⁷ Tex. Gov’t Code §551.001(3)(B)

⁸ Appendix A is a sample of procedural rules for commissioners court meetings. The sample, as well as the sample notice of open meeting, public participation form, and certified agenda, was provided by the County Judges and Commissioners Association of Texas through its General Counsel, Jim Allison.

Training Required

The Open Meetings Act requires elected and appointed officers of governmental bodies to complete training on the Act.⁹ The attorney general has developed a course and has made it available on the Internet free of charge to members of governmental bodies. An official must complete the training not later than 90 days after taking office. An official's failure to satisfy the training requirement does not affect the validity of an action taken by the governmental body.¹⁰

The Act's Requirements for Openness

The three central requirements of the Open Meetings Act are that: (1) the public be permitted to attend meetings;¹¹ (2) the subject matter of meetings be posted prior to the meetings to give the public notice of the meeting;¹² and (3) minutes or recordings of meetings be kept.¹³ Everything else is built around these main ideas.

The Open Meetings Act requires that a meeting must be "physically accessible to the public."¹⁴ However, a governmental body may be able to hold a meeting at a location that requires the presentation of photo identification for admittance.¹⁵

Definition of a "Meeting"

A meeting is a "**deliberation**" among a quorum of the commissioners court, or between a quorum of the commissioners court and another person, concerning an issue within the court's jurisdiction.¹⁶ Deliberation is defined as a verbal or written exchange between a quorum of the commissioners court or between a quorum of the court and another person concerning an issue within the jurisdiction of the court.¹⁷ Depending on the facts of a particular case, electronic communications constitute a deliberation and meeting for the purposes of the Open Meetings Act.¹⁸

Except as discussed below, a "meeting" is also a gathering called and conducted by a commissioners court, or for which it is responsible, at which a quorum of the court is present and receives information from, gives information to, asks questions of, or receives

⁹ Tex. Gov't Code §551.005

¹⁰ Tex. Gov't Code §551.005(f)

¹¹ Tex. Gov't Code §551.002

¹² Tex. Gov't Code §551.041

¹³ Tex. Gov't Code §551.021

¹⁴ Tex. Att'y Gen. Op. Nos. GA-1079 (2014), JC-0487 (2002), and JC-0053 (1999)

¹⁵ Tex. Att'y Gen. Op. No. KP-0020 (2015)

¹⁶ Tex. Gov't Code §551.001(4)(A)

¹⁷ Tex. Gov't Code §551.001(2)

¹⁸ Tex. Att'y Gen. Op. No. GA-0896 (2011)

questions from any third person, including a county employee, about the public business or policy over which the court has supervision or control.¹⁹

The term “meeting” does not include the gathering of a quorum of the commissioners court at a social function unrelated to county business or the attendance of a quorum at a convention, workshop, ceremonial event, press conference, candidate forum, appearance or debate if no formal action is taken by the court and any discussion about county business is incidental to the event.²⁰ See also, *Special Circumstances: Reports About Items of Community Interest, Communication by Internet Message Board, and Attendance at Legislative Meetings* below.

A Quorum is Required for Commissioners Court Action

A quorum of a commissioners court is three members.²¹ Note that a special quorum of four is required when the court is levying a tax.²²

Avoid Accidental Communication with a Quorum About Public Business

It is possible for members of a governmental body to violate the Open Meetings Act even though they are not physically present in one place, for example, by discussing public business of the governmental body over the telephone.²³ By the same logic, exchanges among members of the court by such methods as e-mail and even memoranda may violate the Act.²⁴ Whether members of a governmental body have engaged in deliberations that violate the Act has been characterized as a fact question.²⁵

The attorney general has considered a hypothetical situation in which a county commissioner made successive telephone calls to other members of the court to discuss public matters and to urge the other members to vote on those matters in a certain way. At no time was a quorum on the phone simultaneously. The attorney general reasoned that these successive discussions between two members at a time would nonetheless result in a quorum taken as a whole. These secret discussions on a public matter by officers who conspire together in numbers less than a quorum violate the Act.²⁶

¹⁹ Tex. Gov’t Code §551.001(4)(B)

²⁰ Tex. Gov’t Code §551.001(4)

²¹ Tex. Local Gov’t Code §81.006(a)

²² Tex. Local Gov’t Code §81.006(b)

²³ Tex. Att’y Gen. Op. Nos. GA-0896 (2011), GA-0326 (2005), JC-0307 (2000), LO-95-055 (1995), DM-0095 (1992); *Hitt v. Mabry*, 687 S.W. 2d 791 (Tex. App. - San Antonio 1985, no writ)

²⁴ A “verbal exchange” may occur through written words. See footnote 16, *supra*. *Esperanto Peace & Justice Ctr. v. City of San Antonio*, 316 F.Supp.2d 433 (W.D.Tex. 2001); *Willmann v. City of San Antonio*, 123 S.W.3d 469 (Tex. App. – San Antonio 2003, pet. denied)

²⁵ Tex. Att’y Gen. Op. Nos. JC-0053 (1999) at fn.3; LO-95-055 (1995)

²⁶ Tex. Att’y Gen. Op. No. GA-0326 (2005)

Walking Quorum

In February 2019, in *State v. Doyal*, the Texas Criminal Court of Appeals found the walking quorum provision in the Open Meetings Act to be unconstitutionally vague.²⁷ In an opinion following the ruling, the attorney general noted that although the court had struck down the criminal penalties for a walking quorum, civil penalties remained in that actions taken by a governmental body in violation of the Act are voidable.²⁸

The *Doyal* decision was rendered while a legislative session was in progress. The Legislature amended the Act to preserve the concept of prohibiting deliberations of subsets of a governing body in a manner intended to avoid the meeting requirements of the Act. As amended, the Act provides that it is an offense if a member: (1) knowingly engages in at least one communication among a series of communications that (2) each occur outside of an meeting authorized under the Act (3) concerning a matter under the Commissioners Court's jurisdiction in which the members engaging in the individual communications constitute fewer than a quorum of the court and (4) the member knew at the time he or she engaged in the communications that the series of communications involved or would involve a quorum and would constitute a deliberation once a quorum of members engaged in the series of communications.²⁹

Committee Meetings

Unless its role is purely advisory, a committee chosen by a governmental body from its membership may be subject to the Open Meetings Act, even though it consists of less than a quorum of the parent body.³⁰ If a committee has the power to make final decisions or if its decisions are likely to be routinely adopted by the commissioners court, it must comply with the Open Meetings Act.³¹ For example, the attorney general determined that a nine-member "evaluation committee" appointed by a commissioners court to recommend the selection of an architect, and including the county judge and one county commissioner, was subject to the Open Meetings Act because it was authorized to negotiate contract terms on behalf of the county, requiring only one additional vote to adopt the committee's recommendation.³² The circumstances led the attorney general to conclude that the committee was more than advisory and that the commissioners court was more likely to act as a rubber-stamp.

²⁷ *State v. Doyal*, 589 S.W.3d 136 (Tex. Crim. App. 2019)

²⁸ Tex. Att'y Gen. Op. No. KP-0254 (2019)

²⁹ Tex. Gov't Code §551.143(a)

³⁰ Tex. Att'y Gen. Op. Nos. JC-0060 (1999), JH-0003 (1973), JH-0238 (1974)

³¹ Tex. Att'y Gen. Op. Nos. GA-0999 (2013), JC-0060, (1999), JH-0994 (1977); *Willmann, supra*, at 474

³² Tex. Att'y Gen. Op. No. JC-0060 (1999)

Additionally, even if a committee is purely advisory, attendance of a quorum of the commissioners court at a committee meeting triggers the requirements of the Open Meetings Act.³³ The visiting members of the court do not have to participate in the deliberation for the statute to apply, so long as any voting member of the committee participates in a verbal exchange about public business or policy.³⁴

However, a group of district judges meeting to appoint the county auditor is not a governmental body under the Open Meetings Act and is not required to post notice of the group's meetings.³⁵ Similarly, a group of district and county judges meeting to appoint a community supervision and corrections department director is not a governmental body because of the statutory curtailment of the group's managerial role with respect to the department.³⁶

Staff Briefing

The commissioners court may not confer with one or more of its employees outside of an open meeting to receive information from the employees or to question the employees.³⁷ This is because the Act specifically includes in the definition of a "meeting" a gathering of a quorum of the court at which a county employee is present to give or receive information or to ask or answer questions about county business. However, a member of the commissioners court may leave an open meeting to confer privately with a county employee.³⁸ If a quorum attends department meetings at which the county budget and other county business is discussed, it would be a meeting subject to the Act.³⁹

Open Meetings Act and Public Information Act

Both the Open Meetings Act and the Public Information Act⁴⁰ are intended to make government more accessible. However, the requirements of the two laws do not overlap. The Public Information Act does not authorize a governmental body to hold an executive session to discuss particular information merely because the information falls within the exceptions to the Public Information Act.⁴¹ The converse is also true – documents reviewed in an executive session may be subject to disclosure under the Public Information Act.

³³ Tex Att'y Gen. Op. Nos. GA-0957 (2012), JC-0313 (2000)

³⁴ See also Tex. Att'y Gen. Op. No. JC-0203 (2000)

³⁵ Tex. Att'y Gen. Op. No. KP-0038 (2015)

³⁶ Id.

³⁷ Tex. Gov't Code §551.001(4)(B)(iv)

³⁸ Tex. Att'y Gen. Op. No. GA-0989 (2013)

³⁹ Tex. Att'y Gen. Op. No. KP-0172 (2017)

⁴⁰ Tex. Gov't Code Ch. 552

⁴¹ Tex. Att'y Gen. Op. No. GA-0019 (2003)

SPECIAL CIRCUMSTANCES

Reports About Items of Community Interest

At a regular meeting, the commissioners court may receive a report from staff or a member of the court concerning an item of community interest, such as expressions of thanks, congratulations or condolence, information on holiday schedules, recognition of an official, employee or citizen, a reminder of an upcoming county event, or an announcement involving an imminent threat to the public that arose after the posting of the agenda, without notice of the report being on the agenda.⁴² However, no action or deliberation on the item may occur. In the case of an emergency requiring action by the commissioners court, the court would need to follow the posting requirements discussed below.⁴³

Communication by Internet Message Board

The commissioners court may communicate via an Internet message board under limited circumstances.⁴⁴ No vote or other action can be taken on the Internet site.

A county that maintains a website may operate a single message board or similar Internet application that allows members of the commissioners court and specifically authorized staff members to communicate in writing with one another. A staff member's posted communication must indicate the name and title of the staff member. The message board must also be prominently displayed on the county's Internet home page and be no more than 'one click away' from the home page. The site must be viewable and searchable by the public. All communication must be displayed in real time and retained on the Internet for no less than 30 days after it is first posted. The county must maintain any communication removed from the message board for six years. All posted communication is subject to the Public Information Act. No communication or posting permitted under Government Code §551.006 is to be construed to be an action of the commissioners court.

⁴² Tex. Gov't Code §551.0415

⁴³ Tex. Gov't Code §551.045

⁴⁴ Tex. Gov't Code §551.006

Attendance at Legislative Meeting

Attendance of a quorum of the commissioners court at a legislative meeting to offer public testimony and comment and to publicly respond to questions asked by a member of a legislative committee or agency is not considered a meeting of the court.⁴⁵ Under these circumstances, the commissioners court is not required to post a notice of the meeting.



Deliberation Regarding Disaster or Emergency

If the governor has issued an executive order or proclamation declaring a state of disaster or emergency for a county and transportation to the meeting location is dangerous or difficult as a result of the disaster or emergency, a commissioners court may hold an open or closed meeting, including a telephone conference call, solely to deliberate about disaster or emergency conditions and related public safety matters that require an immediate response; the meeting can be held without complying with provisions of the Open Meetings Act, including the requirement to provide notice before the meeting or to first convene in an open meeting.⁴⁶

However, the commissioners court shall, to the extent practicable, provide reasonable public notice of the meeting; and, if the meeting is an open meeting, allow members of the public and press to observe the meeting.

Additionally, the commissioners court may not vote or take final action on a matter during the meeting; and shall prepare and keep minutes or a recording of the meeting, which should be made available to the public as soon as practicable.

TELEPHONE AND VIDEOCONFERENCE MEETINGS

The Open Meetings Act permits a governmental body to conduct a meeting even though one or more members of the body are not physically present at the usual meeting location under certain limited circumstances.⁴⁷ However, all the general rules governing open and closed meetings apply. In addition, there are other procedural requirements that must be met.

Telephone Conference Calls⁴⁸

A commissioners court may conduct a meeting in which one or more members of the

⁴⁵ Tex. Gov't Code §551.0035

⁴⁶ Tex. Gov't Code §551.091, added by SB 1343, 87th (R) Leg., effective Sept. 1, 2021. Note that this section expires Sept. 1, 2027.

⁴⁷ Tex. Gov't Code §§551.125, 551.127

⁴⁸ See also, *Special Circumstances: Deliberation Regarding Disaster or Emergency* above.

court participate by telephone only if an emergency or public necessity exists and it is difficult or impossible for a quorum of the court to convene at one location.⁴⁹ Under the Open Meetings Act, an emergency or urgent public necessity exists only if immediate action is required by the court because of an imminent threat to public health and safety or because of a reasonably unforeseeable situation.⁵⁰ If a quorum of the commissioners court is able to meet at one location, the other members of the court are not authorized to participate from other locations by telephone conference call.⁵¹

The notice posted for a meeting including participation by telephone conference must specify the location that the court usually convenes as the meeting location. The notice does not need to state that the meeting will be held by telephone conference call. The portion of a telephone conference meeting that is open to the public must be audible to the public and must be recorded and made available to the public. Two-way communication during the telephone conference must be provided and the identity of each party to the call must be clearly stated before each person speaks.

Videoconference Calls

A “videoconference call” is defined by the Open Meetings Act and may be conducted over a telephone network, a data network, or the Internet.⁵² A videoconference meeting may be conducted by a commissioners court only if a quorum of the court is physically present at one location or if the requirements of Government Code §551.127(c) are complied with.⁵³ Videoconferencing is permitted as a substitute for in-person meetings only under very limited circumstances.⁵⁴ Section 551.127(c) requires that a governmental body make publicly available at least one suitable physical space located in or within a reasonable distance of the geographic jurisdiction of the governmental body that is equipped with videoconference equipment that provides an audio and video display, as well as a camera and microphone by which a member of the public can provide testimony or otherwise actively participate in the meeting. The county judge or other presiding officer must be present at the designated physical location.⁵⁵ A member of the governmental body is considered absent, and may not be counted toward a quorum, if

⁴⁹ Tex. Gov’t Code §551.125. Note, an advisory board may hold a meeting by telephone conference call; but see Tex. Att’y Gen. Op. No. GA-0908 (2012)(telephone conference meeting may only be held under limited circumstances described in statute).

⁵⁰ Tex. Gov’t Code §551.045

⁵¹ Tex. Att’y Gen. Op. No. JC-0352 (2001)

⁵² Tex. Gov’t Code §551.001(8)

⁵³ Tex. Gov’t Code §551.127(b)

⁵⁴ Tex. Att’y Gen. Op. No. JC-0487 (2002). See also, Tex. Att’y Gen. Op. No. GA-1079 (2014)

⁵⁵ Tex. Local Gov’t Code §81.001(b)

audio or video communication is lost or disconnected.⁵⁶ Participation by a member of the public must be allowed as if the person were physically present at a meeting not conducted by videoconference call.

The notice of the meeting must specify as a location of the meeting the location where a quorum will be present. The notice must also specify each remote location at which a member of the commissioners court who will be participating in the meeting is physically present. The location where a quorum is present must be open to the public during the open parts of the meeting.

The Open Meeting Act sets additional technical requirements for a videoconference meeting.⁵⁷ Each part of the meeting that is required to be open to the public must be visible and audible to the public at each location. A recording of the meeting must be made. There must be two-way communication between and at the locations. While speaking, the face of each participant to the call must be visible and his or her voice audible to each other participant. During the open parts of the meeting, each speaker must also be visible, and the speaker's comments must be audible to the public at each location.⁵⁸ If a problem occurs in the public audio or video signal, the meeting must be recessed until the problem is resolved or, if the problem persists for six hours or more, adjourned.⁵⁹

Consultation With an Attorney by Telephone or Videoconference

A commissioners court may use a telephone or video conference or an internet communication to consult with its attorney in an open or closed meeting, unless the attorney is a regular employee of the county (a person from whose salary the government body deducts employment taxes).⁶⁰ If the consultation occurs during an open meeting of the court, the communications with the attorney must be audible to the public at the location specified in the notice of the meeting as the physical location of the meeting.

⁵⁶ Tex. Gov't Code §551.127(a-3)

⁵⁷ Tex. Gov't Code §551.127(f)-(h)

⁵⁸ The Texas Department of Information Resources has set minimum standards for audio and video signals for a videoconference call meeting and the quality of the signals at each location must meet these standards.

⁵⁹ Tex. Gov't Code §551.127(f); Tex. Att'y Gen. Op. No. DM-0480 (1998)

⁶⁰ Tex. Gov't Code §551.129

NOTICE REQUIREMENTS

Required Information

The Open Meetings Act requires written notice of all meetings. As a practical matter, many counties post the commissioners court agenda as “notice” of the meeting. The notice must include the date, hour, place and subject of a meeting.⁶¹ The notice must be sufficient to apprise the general public of the subjects to be considered during the meeting.⁶² The notice must be more specific if the public has a special interest in the topic under discussion.⁶³ Unless it is otherwise required by law, a county is not required to post notice of an open meeting in a newspaper. For example, the county is required to post notice of the public hearing on the budget in at least one newspaper of general circulation in the county.⁶⁴

There are three important considerations in creating a proper written notice of a meeting:

1. **The right balance of information.** The notice must describe the subject matter that will be discussed or acted on with enough specificity that a member of the general public will know what is to be discussed.⁶⁵ It’s never sufficient to use catch-all listings like “other business,” “real estate matters,” and the like.⁶⁶ Additionally, a posting of “staff briefing” or “employee briefing” does not provide adequate notice to the public of the subjects to be considered in the meeting.⁶⁷ A posting should have enough information to allow a reader to know the subject matter the court will consider, without overwhelming the reader with so much detail that the posting becomes meaningless.⁶⁸

⁶¹ Tex. Gov’t Code §551.041. See Appendix B for a sample of a notice.

⁶² *Friends of Canyon Lake v. Guadalupe-Blanco River Authority*, 96 S.W.3d 519 (Tex. App. – Austin, 2002, pet. denied); *City of San Antonio v. Fourth Court of Appeals*, 820 S.W.2d 762 (Tex. 1991). See also, Tex. Att’y Gen. Op. No. GA-0872 (2011)

⁶³ Tex. Att’y Gen. Op. No. GA-0668 (2008); *Cox, supra*, at 959; *Markowski v. City of Marlin*, 940 S.W.2d 720, 726 (Tex. App. -- Waco 1997 no writ); *Mayes v. City of De Leon*, 922 S.W.2d 200, 203 (Tex. App. – Eastland 1996, writ denied)

⁶⁴ Tex. Local Gov’t Code §111.0075

⁶⁵ *City of San Antonio, supra*, at 765. (“The intended beneficiaries of the Act are not individual citizens, such as the particular landowners affected by this condemnation, but members of the interested public.”)

⁶⁶ *Cox, supra*, at 959. (“Selection of a new school superintendent is not in the same category as ordinary personnel matters – and a label like ‘personnel’ fails as a description of that subject.”)

⁶⁷ Tex. Att’y Gen. Op. No. JC-0169 (2000)

⁶⁸ *City of San Antonio, supra*, at 766 (“Far from serving the purposes of the Act, this degree of specificity would so overwhelm readers that it would prove even less informative than the current notice.”)

“Public comment” is a sufficient notice under the Act to advise that members of the general public will address the governmental body.⁶⁹ However, “public comment” or a similar term will not provide adequate notice if, before a meeting is posted, the governmental body is aware or reasonably should have been aware of specific topics to be raised.

2. **Flexibility for court action.** A notice shouldn’t be so specific that it ties the commissioners court’s hands. For instance, a posting that set out in intricate detail the terms of a contract that the court changes during approval of the item would be open to an accusation that the final action wasn’t authorized by the notice.

Remember, the purpose of the Open Meetings Act is to open the decision-making process to the public. If the notice is tightly scripted, it implies that the decisions have already been made.

3. **Simple language.** A notice should use plain, concise English. A posting should avoid jargon, hyper-technical language, or idiosyncratic usage that only someone intimately involved with the subject matter could be expected to understand. The audience to which a notice should be aimed is the general public.⁷⁰

Posting an Executive Session

The Act does not require the notice to specify whether a matter will be considered in an open or closed session.⁷¹ However, the attorney general has cautioned that a governmental body’s abrupt departure from a practice of indicating which items will be taken up in open session and identifying those to be covered in an executive session may raise a question of whether the less specific notice adequately informs the public. A commissioners court may also include language in each of its agendas that any item may be considered in closed session as authorized by the Open Meetings Act. The notice of a closed meeting does not need to include the section number of the Open Meetings Act that authorizes the closed meeting.⁷²

Posting a Committee Meeting

As discussed above, the meetings of a committee that has authority to act or whose recommendations may be “rubber-stamped” by the commissioners court must be posted.⁷³ Additionally, if a quorum of the commissioners court is likely to attend the

⁶⁹ Tex. Att’y Gen. Op. No. JC-0169 (2000)

⁷⁰ *City of San Antonio, supra*, at 765

⁷¹ Tex. Att’y Gen. Op. No. JC-0057 (1999)

⁷² Tex. Att’y Gen. Op. No. GA-0511 (2007)

⁷³ Tex. Att’y Gen. Op. Nos. GA-0999 (2013), JC-0060 (1999), JH-0994 (1977); *Willmann, supra*, at 473

meeting of a committee of less than a quorum, it is sufficient for the posting to indicate that a quorum may be present.⁷⁴

Place of Posting

All meeting notices must be physically posted in a particular location. As of January 1, 2020, all counties are required to have a website and are required to post a meeting notice or copy of its agenda electronically.⁷⁵

Physical Posting

All counties must comply with a “physical” notice requirement by posting a hard copy notice of its meetings on a bulletin board at a place in the county courthouse.⁷⁶ The physical notice must be readily accessible by the general public *at all times* for at least 72 hours before the scheduled time for the meeting.⁷⁷ This requirement demands strict compliance and is mandatory. If it’s not followed to the letter, the posting is legally insufficient.⁷⁸ As discussed below, this requirement is relaxed if the county also posts its notice electronically. A practice of stamping the date and time of posting on the notice itself may avoid a challenge to the timeliness of the notice.

Electronic Posting

Counties must concurrently post notice of a meeting on the Internet website.⁷⁹ An electronic notice that fails to comply with the requirements is not invalid if the county makes a good faith attempt to comply and the failure is due to a technical problem beyond the commissioners court’s control.⁸⁰ The commissioners court in a county with a population of 65,000 or more is also required to post the “agenda” for the meeting on its Internet website along with the meeting notice.⁸¹

For a county that posts both physically and electronically, the physical posting accessibility requirement is less stringent. In that circumstance, the statute is satisfied by

⁷⁴ Tex. Att’y Gen. Op. No. GA-0957 (2012)

⁷⁵ Tex. Tax Code §26.16; Tex. Gov’t Code §551.056

⁷⁶ Tex. Gov’t Code §551.049

⁷⁷ Tex. Gov’t Code §551.043. The Texas Supreme Court found a notice posted in a locked courthouse was not accessible to the public and failed to meet the posting requirement of 72 hours. *Smith County v. Thornton*, 726 S.W.2d (Tex. 1986).

⁷⁸ *City of San Antonio, supra*, at 768

⁷⁹ Tex. Gov’t Code §551.056

⁸⁰ Tex. Gov’t Code §551.056(d); *Argyle ISD v. Wolf*, 234 S.W.3d 229 (Tex. App. – Fort Worth 2007, rehearing overruled)

⁸¹ Because the two terms are used interchangeably in the statute and in common parlance, it is not clear what additional information should be included under this provision.

making the physical notice readily accessible to the general public during normal business hours, rather than at all times during the 72-hour period.⁸²

Time of Posting

The notice of an open meeting must be posted for at least 72 hours before the scheduled meeting.⁸³ This requirement demands strict compliance and is mandatory. However, as more fully discussed below, in the case of an emergency, notice is only required to be posted one hour before the scheduled meeting.⁸⁴

Responsibility for Preparing Agenda and Notice

The constitution vests responsibility in the commissioners court, acting as a whole, to exercise the power and jurisdiction over all county business prescribed by the constitution or by statute.⁸⁵ The commissioners court may adopt procedures related to preparation of the agenda. The commissioners court is charged to issue notices necessary for the proper execution of its powers and duties.⁸⁶ According to the attorney general, the court's agenda is a "notice" which is made "necessary" by the Open Meetings Act for the court's proper execution of its duties.⁸⁷ The court may designate an agenda clerk to compile items to be placed on the agenda, and the court may prescribe the manner in which items are to be submitted for inclusion. The court may appoint a person to post the notice of a meeting on behalf of the court. However, each member of the court *must* be permitted to place on the agenda any item of his or her choosing.⁸⁸ The county judge or three county commissioners may call a special meeting of the commissioners court.⁸⁹

Additional Posting for a Recessed Meeting

The commissioners court is authorized to recess a properly posted meeting and continue it on the next regular business day.⁹⁰ There is no additional posting required for this continuation so long as the body's action is taken in good faith and not to circumvent the Act. However, the statute does not allow the governing body to recess the continued meeting to yet another day without posting the proper notice.

⁸² Tex. Gov't Code §551.043(b)

⁸³ Tex. Gov't Code §551.043(a)

⁸⁴ Tex. Gov't Code §551.045

⁸⁵ Tex. Const., Art. V, §18(b)

⁸⁶ Tex. Local Gov't Code §81.022

⁸⁷ Tex. Att'y Gen. Op. Nos. DM-0228 (1993), JM-0063 (1983)

⁸⁸ Tex. Att'y Gen. Op. No. JM-0063 (1983)

⁸⁹ Tex. Local Gov't Code §81.005(b). Whether the three commissioners calling a special meeting constitute a quorum in violation of the Open Meeting Act is not addressed.

⁹⁰ Tex. Gov't Code §551.0411

Supplemental Posting

Except in an emergency or urgent public necessity, nothing may be added to an agenda after the 72-hour deadline for posting the notice.⁹¹ As noted, a posting must be continuously available to the public for 72 hours before the scheduled time of the meeting. If a non-emergency item is to be added to the agenda, it must satisfy the usual 72-hour notice requirement.

Emergency Posting⁹²

In an emergency or when there is an urgent public necessity, the notice of a meeting to deliberate or take action on the emergency or public necessity (or supplemental notice to add the deliberation as an item to the agenda of a previously called meeting) may be posted as late as one hour before the meeting is scheduled to begin.⁹³ However, the meeting must be required to respond to a real emergency or urgent public necessity.⁹⁴ An emergency exists only if immediate action is required of a governmental body because of an imminent threat to public health and safety or a reasonably unforeseeable situation. A reasonably unforeseeable situation includes fire, flood, earthquake, tornado, or wind, rain, or snowstorm. It also includes power failure, transportation failure, or interruption of communication facilities. It also includes epidemics, riots, civil disturbances, enemy attack, or other actual or threatened acts of lawlessness or violence. The Act includes “the sudden relocation of a large number of residents from the area of a declared disaster to a governmental body’s jurisdiction” within the scope of reasonably unforeseeable situations.⁹⁵ The posting must clearly identify the emergency.⁹⁶ The need for quick action, without more, is not an emergency.⁹⁷

Meeting Prevented by Catastrophe

If the commissioners court is prevented from convening a properly posted meeting because of a catastrophe, the court may convene in a convenient location within 72

⁹¹ Tex. Gov’t Code §§551.043, 551.045

⁹² See also, *Special Circumstances: Deliberation Regarding Disaster or Emergency* above.

⁹³ Tex. Gov’t Code §551.045

⁹⁴ *Piazza v. City of Granger*, 909 S.W.2d 529, 535, n.3 (Tex. App. – Austin 1995, no writ). (“Even if the meeting notice clearly identified an emergency, the actions taken at the emergency meeting will be void if an emergency did not in fact exist.”)

⁹⁵ Tex. Gov’t Code §551.045(e)

⁹⁶ *Piazza, supra*, at 533. (“[E]ven if an emergency...exists, notice of an emergency meeting is nevertheless defective if it fails to clearly identify the existing emergency.”)

⁹⁷ *Id.* at 534. (“[T]he development of a ‘lack of confidence’ in a police officer by a governing body is a foreseeable situation...”)

hours if the court complies with the posting requirements for an emergency meeting.⁹⁸ If it is not possible to convene within that 72-hour period, the court must post a new notice before it may meet.

REGULAR MEETINGS

Minutes or Recording

The Open Meetings Act requires a governmental body to keep minutes, or make a recording, of every meeting.⁹⁹ “Recording” is defined to mean a tangible medium on which audio or a combination of audio and video is recorded, including a disc, tape, wire, film, electronic storage device or other medium.¹⁰⁰ The minutes, or the recording, are a public record.¹⁰¹ If minutes are kept, they must state the subject of each discussion, and record each vote, order, decision, or other action taken.¹⁰² A county with a population of 10,000 or more must post each record of a commissioners court meeting on its Internet website.¹⁰³ Another statute requires the county clerk to keep the minutes of the commissioners court meetings.¹⁰⁴ Keeping the minutes of the commissioners court’s meetings is a core duty of the county clerk and may not be assigned to another person.¹⁰⁵



Votes Must be Taken in Public

The commissioners court’s votes must be taken in public and recorded in the minutes. Secret ballots are not permitted.¹⁰⁶

⁹⁸ Tex. Gov’t Code §551.0411, “Catastrophe” is defined as a condition or occurrence that interferes physically with the ability of a governmental body to conduct a meeting, including a fire, flood, earthquake, power failure, or civil disturbance.

⁹⁹ Tex. Gov’t Code §551.021. See also, Tex. Att’y Gen. Op. No. GA-0727 (2009) (Rule requiring a state agency to create and maintain written minutes of an open meeting inconsistent with §551.021.)

¹⁰⁰ Tex. Gov’t Code §551.001(7)

¹⁰¹ Tex. Gov’t Code §551.022

¹⁰² Tex. Gov’t Code §551.021

¹⁰³ Tex. Gov’t Code §2051.201

¹⁰⁴ Tex. Local Gov’t Code §81.003

¹⁰⁵ Tex. Const., Art. V, §20; Tex. Att’y Gen. Op. No. GA-0277 (2004)

¹⁰⁶ Tex. Att’y Gen. Op. No. JH-1163 (1978)

Posting Required for Discussion

The commissioners court may not deliberate or take action on an item that is not posted. However, if a member of the public (or, for that matter, a member of the court) raises a subject that has not been included in the notice for the meeting, any discussion of the subject must be limited to providing specific factual information or reciting existing policy or a proposal to place the subject on the agenda for a future meeting.¹⁰⁷

Internet Broadcast of Open Meeting

A commissioners court for a county that has a population of less than 125,000 may broadcast its meetings over the Internet if it establishes an Internet website and provides access to the broadcast from that site.¹⁰⁸ Additionally, the court must provide notice of the meeting on the Internet site that meets all the regular requirements for posting notice.

A commissioners court for a county that has a population of 125,000 or more is required to make a video and audio recording of each regularly scheduled open meeting that is not a work session or special called meeting and make available an archived copy of the recording on the Internet not later than seven days after the date of the recording.¹⁰⁹ The county's Internet website must make conspicuously available either the archived recording or an accessible link to the archived recording. Archived recordings on the Internet must be maintained for not less than two years after the date the recording was first made available. The county may also broadcast a regularly scheduled open meeting on television.

The Rights of the Public

The Open Meetings Act gives the public the right to have timely notice of the time and place of the meeting and of the matters to be discussed or acted on;¹¹⁰ the right to attend the meeting;¹¹¹ and the right to record open meetings with a recorder or a camera.¹¹² The court's authority to adopt reasonable rules to maintain order at a meeting may reasonably limit the right to record. For example, the court may restrict where a camera may be set up, so long as the rules do not prevent the person from exercising that right.

¹⁰⁷ Tex. Gov't Code §551.042. Tex. Att'y Gen Op. No. GA-0668 (2008); *Hays County Water Planning P'ship v. Hays County*, 41 S.W.3d 174 (Tex. App. – Austin 2001, pet. denied)

¹⁰⁸ Tex. Gov't Code §551.128(b)

¹⁰⁹ Tex. Gov't Code §551.128. Thirty-six counties meet this population bracket according to the 2020 census.

¹¹⁰ Tex. Gov't Code §551.041

¹¹¹ Tex. Gov't Code §551.002

¹¹² Tex. Gov't Code §551.023

Public Testimony

The Act requires the commissioners court to allow each member of the public who desires to address the court regarding an item on the agenda for an open meeting to address the court regarding the item at the meeting before or during the court's consideration of the item.¹¹³ If the court provides the opportunity for public comment prior to consideration of an agenda item, the comment on the item is not required to occur immediately adjacent to court discussion of the item or separately from discussion of other agenda items.¹¹⁴

The commissioners court may adopt reasonable rules regarding the public's right to address the court, including restricting the amount of time a member of the public may address the court on a given item.¹¹⁵ The attorney general has opined that a court also may adopt a rule limiting the total amount of time an individual member of the public may have to address all items on the agenda so long as the rule is reasonable.¹¹⁶

A time restriction rule must provide that if the court does not use simultaneous translation equipment, a member of the public who addresses the court through a translator will have at least twice the amount of time to speak as a member of the public who does not require a translator.¹¹⁷

If the court provides general public comment sessions i.e., an opportunity for a member of the public to address the commissioners court about matters not appearing on the agenda, the opportunity must be made available in an evenhanded manner. The commissioners court may not prohibit public criticism of the court, including criticism of any act, omission, policy, procedure, program or service.¹¹⁸ The opportunity of a person to address the body may not be restricted because of what the person may have to say.¹¹⁹

Finally, if a law requires a public hearing, that law may impose additional requirements for members of the public to be heard.

¹¹³ Tex. Gov't Code §551.007(b)

¹¹⁴ Tex. Att'y Gen. Op. No. KP-0300 (2020)

¹¹⁵ Tex. Gov't Code §551.007(c)

¹¹⁶ Tex. Att'y Gen. Op. No. KP-0300 (2020)

¹¹⁷ Tex. Gov't Code §551.007(d). See Appendix C for a sample public participation form.

¹¹⁸ Tex. Gov't Code §551.007(e)

¹¹⁹ These are basic First Amendment concepts.

CLOSED MEETINGS/EXECUTIVE SESSIONS

Definition of Closed Meetings or “Executive” Sessions

Closed meetings or executive sessions are meetings that are permitted to be conducted in private. The Open Meetings Act refers to these as “closed meetings,” but the term “executive session” is frequently used. In this publication, the terms are used interchangeably.

The most common reasons a commissioners court would convene a closed session are: consideration of specific personnel matters, including those related to an advisory body;¹²⁰ consultation with its attorney;¹²¹ discussion about the value or transfer of real property;¹²² discussion of a contract being negotiated;¹²³ discussion about security personnel, devices or a security audit;¹²⁴ discussions about a prospective gift or donation;¹²⁵ and discussion of an economic development matter.¹²⁶

While the Act permits executive sessions in specific circumstances, it *never* permits a body to meet without posting the subject matter to be discussed.¹²⁷ An executive session may be held on any posted matter if an executive session is permitted under the Act. So long as the posting for an item identifies the subject matter that will be discussed, the Act does not require that the fact that the item will be discussed in a closed meeting be specified in the posting. However, as discussed earlier, if the commissioners court is in the practice of indicating which items will be covered in an executive session if this information is known in advance, the attorney general has cautioned against an abrupt departure from this practice.¹²⁸

¹²⁰ Tex. Gov’t Code §§551.074, 551.0745

¹²¹ Tex. Gov’t Code §551.071

¹²² Tex. Gov’t Code §551.072

¹²³ Tex. Gov’t Code §551.0725

¹²⁴ Tex. Gov’t Code §551.076

¹²⁵ Tex. Gov’t Code §551.073

¹²⁶ Tex. Gov’t Code §551.087

¹²⁷ *Cox, supra*, at 958

¹²⁸ Tex. Att’y Gen. Op. No. JC-0057 (1999)

Procedural Requirements for Holding a Closed Meeting

Before the commissioners court goes into a closed meeting, it must first convene publicly.¹²⁹ The presiding officer, the county judge if present, must publicly announce the section of the Open Meetings Act that permits the session to be closed to the public.¹³⁰ No vote or final action may be taken in a closed meeting.¹³¹

Record of a Closed Meeting

Except in the case of a closed meeting held to receive legal advice, the executive session must be recorded or a “certified agenda” kept.¹³² The recording or certified agenda must include an announcement by the presiding officer of the date and time that the closed meeting began and ended.¹³³ The certified agenda or recording of an executive session must be kept a minimum of two years after the date of the session.¹³⁴ A member of the commissioners court may review a certified agenda or recording of a closed meeting, even if the member did not attend the meeting.¹³⁵

The commissioners court may turn off the recorder during the portion of a closed meeting that involves consultation with an attorney. The commissioners court as a governmental body is the proper custodian of the certified agenda or recording of a closed meeting. Acting as a body, the commissioners court may designate any appropriate county official as the custodian of the certified agenda or recording.¹³⁶ The recording or the certified agenda is confidential, but a judge in a lawsuit challenging compliance with the Open Meetings Act may review it.¹³⁷ As discussed below, there are criminal penalties for releasing a copy of a certified agenda to the public.¹³⁸

Personnel Matters

The commissioners court may discuss personnel matters in a closed meeting under certain circumstances. The discussion may include the appointment, employment, evaluation, reassignment, duties, discipline or dismissal of a county officer or employee or a member of a county advisory board.¹³⁹ The purpose of the exception is to permit a

¹²⁹ Tex. Gov’t Code §551.101

¹³⁰ *Cox supra*, at 958; Open Records Letter No. 2003-2361 (2003)

¹³¹ Tex. Gov’t Code §551.102; *Cox supra*, at 958; *Weatherford v. The City of San Marcos*, 157 S.W.3d 473 (Tex. App. – Third Court of Appeals (2004)

¹³² Tex. Gov’t Code §551.103

¹³³ Tex. Gov’t Code §551.103

¹³⁴ Tex. Gov’t Code §551.104. A sample certified agenda is included as Appendix D.

¹³⁵ Tex. Att’y Gen. Op. Nos. JC-120 (1999), DM-0227 (1993)

¹³⁶ Tex. Att’y Gen. Op. No. GA-0277 (2004)

¹³⁷ Tex. Gov’t Code §551.104

¹³⁸ Tex. Gov’t Code §551.146

¹³⁹ Tex. Gov’t Code §§551.074, 551.0745

governmental body to preserve the reputation of a public officer or employee.¹⁴⁰ The exception does not necessarily require that the commissioners court have final authority to appoint, employ, evaluate, reassign, discipline, or dismiss the particular county officer or employee discussed in a closed meeting.¹⁴¹ However, if the officer, employee, or advisory board member who is the subject of the deliberation requests that the item be heard in a public meeting, the commissioners court must do so. Any final action by the court on a personnel matter must be taken in an open meeting.¹⁴²

Consultation with Attorney

A closed session related to legal advice may only be held if the attorney is physically present or participating by telephone as authorized by Open Meetings Act §551.129.¹⁴³ Additionally, the private consultation must be to seek advice about pending or contemplated litigation, a settlement offer, or a matter subject to attorney-client confidentiality. General discussions of policy, unrelated to legal matters, are not permitted under the attorney consultation exception.¹⁴⁴ Except as discussed below, the commissioners court may consult with its attorney in an executive session to discuss legal issues raised by a proposed contract, but may not, under this provision, discuss the merits of the proposed contract, financial considerations, or other non-legal matters related to the contract.¹⁴⁵

Real Property

If the discussion of real property in open meeting would have a detrimental effect on the county's ability to negotiate with a third party, the commissioners court may discuss the purchase, exchange, lease, or value of the real property in a closed meeting.¹⁴⁶ Action related to a real property transaction must be taken in an open session.

Economic Development Negotiations

Economic development negotiations are a permitted topic for an executive session.¹⁴⁷ Under this exception, the commissioners court may discuss or deliberate commercial or financial information that the county received from a business prospect that the county seeks to have locate, stay, or expand in or near the county and with which the county is

¹⁴⁰ Tex. Att'y Gen. Op. No. JC-0167 (2000); *Cox, supra*, at 958

¹⁴¹ Tex. Att'y Gen. Op. No. JC-0167 (2000)

¹⁴² Tex. Gov't Code §551.102

¹⁴³ Tex. Gov't Code §§551.071, 551.129

¹⁴⁴ *Texas State Bd. Of Public Accountancy v. Bass*, 366 S.W.3d, 751 (Tex.App. - Austin, 2012); *Finlan v. City of Dallas*, 888 F.Supp. 779 (N.D.Tex. 1995)

¹⁴⁵ Tex. Att'y Gen Op. No. JC-0233 (2000)

¹⁴⁶ Tex. Gov't Code §551.072

¹⁴⁷ Tex. Gov't Code §551.087

conducting economic development negotiations, or to deliberate an offer of a financial or other incentive to such a business prospect. The governing board of a county hospital or county hospital authority can have closed meetings to discuss pricing or financial planning information related to a bid for provision of services to another person, if disclosure would give advantage to the hospital's competitors and also to deliberate proposed new services before publicly announcing new service.¹⁴⁸

Security Matters

Governmental bodies may conduct closed meetings to deliberate on matters relating to acts of terrorism and related criminal activity including discussions of security systems, vulnerability of critical infrastructure, and details about communications systems used to prevent, detect, or investigate terrorist acts or related criminal activity.¹⁴⁹ A governmental body that meets in executive session on homeland security matters must make a recording of the proceedings.¹⁵⁰

Contract Under Negotiation

The commissioners court may conduct a closed meeting to deliberate business and financial issues relating to a contract being negotiated by the county. However, before the commissioners court may meet in such an executive session, the court must vote unanimously that deliberation in an open meeting would have a detrimental effect on the court's position in negotiations with a third person, and the attorney advising the court must issue a written determination that an open meeting would be detrimental to the court's negotiations on the matter. The commissioners court must make a recording of the proceedings of a closed meeting to deliberate the information.¹⁵¹

¹⁴⁸ Tex. Gov't Code §551.085

¹⁴⁹ Tex. Gov't Code §§418.181, 551.076, and 551.089.

¹⁵⁰ Tex. Gov't Code §418.183

¹⁵¹ Tex. Gov't Code §551.0725

People Authorized to Attend an Executive Session

Attendance at an executive session is not limited to the commissioners court. Generally, a governmental body may include in a closed meeting a person whose interests are not adverse to the governmental body's interests and whose participation is necessary to the matter under discussion.¹⁵² The commissioners court may exclude the county clerk from its executive sessions notwithstanding the clerk's statutory duty to record and keep the commissioners court's minutes and records.¹⁵³ The commissioner's court may not admit selected members of the public to a closed meeting.¹⁵⁴

When the basis of a closed meeting is consultation with its attorney regarding pending litigation or settlement options, the governmental body must take other factors into consideration as well, including whether a person's presence will waive the attorney-client privilege.¹⁵⁵ For example, the commissioners court could exclude one of its members if the person had sued the county.¹⁵⁶ The attorney general has opined that the Smith County commissioners court was authorized to include the county auditor in a closed meeting with the county's attorney, if the auditor's interests were not adverse to the county's, her participation was necessary to the issues to be discussed, and her presence did not waive the attorney-client privilege.¹⁵⁷

Confidentiality

The Open Meetings Act does not prohibit a member of the commissioners court from discussing or making statements about what occurred in a closed meeting.¹⁵⁸ Additionally, notes made by an official during a closed meeting may be subject to disclosure under the Public Information Act, depending on their content and creation. For example, documents containing attorney-client privileged information may be withheld.

VIOLATIONS AND PENALTIES

Criminal Violations

Four acts are criminalized by the Open Meetings Act: meeting in a number less than a quorum with the intent to violate the act (commonly called a "walking quorum");¹⁵⁹

¹⁵² Tex. Att'y Gen. Op. No. JC-0375 (2001)

¹⁵³ Tex. Att'y. Gen. Op. Nos. GA-0277 (2004), JM-0006 (1983)

¹⁵⁴ Tex. Att'y Gen. Op. No. GA-0511 (2007)

¹⁵⁵ Tex. Att'y Gen. Op. Nos. KP-0006 (2015) and JC-0506 (2002)

¹⁵⁶ Tex. Att'y Gen. Op. No. JM-1004 (1989)

¹⁵⁷ Tex. Att'y Gen. Op. No. JC-0506 (2002)

¹⁵⁸ Tex. Att'y Gen. Op. No. JM-1071 (1989)

¹⁵⁹ Tex. Gov't Code §551.143

participating in an illegal closed meeting;¹⁶⁰ participating in a closed meeting knowing that a certified agenda or recording is not being made;¹⁶¹ and disclosing a certified agenda or recording of a closed meeting without authority.¹⁶² The Texas Court of Criminal Appeals upheld the conviction of a local official for violating the Open Meetings Act.¹⁶³ A federal court has upheld the Act's criminal violations, ruling that they are not unconstitutionally overbroad or vague nor a violation of the First Amendment free speech of elected officials.¹⁶⁴

The Court of Criminal Appeals also held that a criminal prosecution under the Open Meetings Act is appropriate for either a procedural or substantive violation. The court held that if a closed meeting is authorized (i.e., an exception applies), the governing body must comply with the procedural steps enumerated in the Act. On the other hand, if one of the exceptions does not apply, then the closed meeting is violative of the Act regardless of whether the governing body complied with the procedural steps.¹⁶⁵

Criminal Penalties

All violations of the Open Meetings Act are misdemeanors. Meeting in numbers less than a quorum with the intent to violate the law and participating in an illegal closed meeting are misdemeanors punishable by a fine between \$100 and \$500, confinement between one month and six months, or both a fine and confinement.¹⁶⁶ Meeting in an executive session knowing that a certified agenda or a recording is not being kept is a Class C misdemeanor punishable by a fine not to exceed \$500.¹⁶⁷ Improperly disclosing the recording or certified agenda of an executive session is a Class B misdemeanor punishable by a fine not to exceed \$2,000, confinement for up to 180 days, or both a fine and confinement.¹⁶⁸

Affirmative Defenses

It is an affirmative defense to prosecution for participating in an illegal closed meeting if the member of the governmental body reasonably relied on a court order or a written interpretation of the Act in an opinion issued by a court, the attorney general, or the

¹⁶⁰ Tex. Gov't Code §551.144

¹⁶¹ Tex. Gov't Code §551.145

¹⁶² Tex. Gov't Code §551.146

¹⁶³ *Tovar v. State*, 978 S.W.2d 584 (Tex. Crim. App., 1998). The defendant, Mr. Tovar, was convicted of having knowingly participated in a closed meeting of the school board that was not permitted under the Act, and of having called or aided in calling and organizing a closed meeting of the school board that was not permitted under the Act. See Gov't Code §551.144.

¹⁶⁴ *Asgeirsson, supra*, at 458

¹⁶⁵ *Martinez v. State*, 879 S.W.2d 54 (Tex. Crim. App. 1994)

¹⁶⁶ Tex. Gov't Code §§551.143, 551.144

¹⁶⁷ Tex. Gov't Code §551.145; Tex. Penal Code §12.23

¹⁶⁸ Tex. Gov't Code §551.146; Tex. Penal Code §12.22

governmental body's attorney.¹⁶⁹ If a county official has any reservations about the legality of a closed meeting, the official would be well advised to seek a written opinion from the county attorney.

It is also a defense to prosecution for unlawful disclosure of a certified agenda or recording of a closed meeting if the member had good reason to believe the disclosure was lawful or the disclosure was the result of a mistake of fact concerning the nature or content of the certified agenda or recording.¹⁷⁰

Prosecution and Defense of a Criminal Offense Under the Open Meetings Act

District courts and criminal district courts have original jurisdiction over all misdemeanors involving official misconduct.¹⁷¹ Official misconduct is an offense that is an intentional or knowing violation of a law committed by a public servant while acting in an official capacity.¹⁷² A criminal violation of the Open Meetings Act is, therefore, a misdemeanor involving official misconduct.¹⁷³

In criminal prosecutions in district court, the district attorney represents the state.¹⁷⁴ When requested, the county attorney may aid the district attorney in a prosecution in district court.¹⁷⁵ The attorney general may prosecute alleged violations of the Act at the request of the local prosecutor.¹⁷⁶

The county does not have a duty to provide legal counsel to defend a county judge or commissioner accused of a criminal violation of the Act.¹⁷⁷ The commissioners court may not authorize the expenditure of public funds to reimburse the legal expenses of a county judge or commissioner who is found guilty of a violation.¹⁷⁸ However, a governmental body that determines that a public purpose will be served by paying the expenses of an officer after an acquittal may do so.¹⁷⁹ The attorney general has opined that a county has the authority to pay attorney's fees for a member of the commissioners court who sought legal representation for a criminal investigation that did not result in any criminal charges being filed, provided that the commissioners court determines, subject to judicial review,

¹⁶⁹ Tex. Gov't Code §551.144(c)

¹⁷⁰ Tex. Gov't Code §551.146(c)

¹⁷¹ Tex. Code Crim. Pro. Art. 4.05

¹⁷² Tex. Code Crim. Pro. Art. 3.04

¹⁷³ *Tovar v. State*, 978 S.W.2d 584 (Tex. Crim. App. 1998)

¹⁷⁴ Tex. Code Crim. Pro. Art. 2.01

¹⁷⁵ Tex. Code Crim. Pro. Art. 2.02

¹⁷⁶ Tex. Gov't Code §402.028

¹⁷⁷ *White v. Eastland County*, 12 S.W.3d 97 (Tex. App – Eastland 1999, no pet.)

¹⁷⁸ Tex. Att'y Gen. Op. No. JC-0294 (2000) at 8

¹⁷⁹ Tex. Att'y Gen. Op. Nos. GA-0523 (2007), JC-0294 (2000) and KP-0037 (2015)

that the payment will serve a public purpose and not merely the member's private interest. A member of the commissioners court is precluded by public policy from voting on county payment of the member's criminal defense fees.¹⁸⁰

Removal From Office

A county judge or commissioner may be removed from office for official misconduct.¹⁸¹ Conviction of a county judge or commissioner for a misdemeanor involving official misconduct operates as an immediate removal from office of that officer.¹⁸² Therefore, a county judge or commissioner convicted for a violation of the Open Meetings Act is automatically removed from office.

Civil Sanctions

The Open Meetings Act provides mandamus or injunction (writs used to compel or prevent action by an agency of the government) as civil remedies to stop, prevent, or reverse violations of the Act.¹⁸³ Actions taken by a governmental body in violation of the Act are voidable.¹⁸⁴

Right to Bring Suit

The Open Meetings Act grants broad standing to citizens to sue to prevent or reverse actions taken in violation of the Act. Accordingly, Texas courts have liberally granted standing to challenge an action under the Act.¹⁸⁵ In addition, a federal district court found that taxpayer citizens who had a "keen interest (although such an interest is not necessary) in the workings of their government" were entitled to bring an action under the Act to seek an injunction.¹⁸⁶ The courts have also held that that "the intended beneficiaries of the Open Meetings Act are 'members of the interested public'."¹⁸⁷ It is not necessary to be a taxpayer or person entitled to vote in a particular jurisdiction to qualify to bring suit under the Act.¹⁸⁸ The risk that a governmental body's action will adversely affect a person's neighborhood was sufficient to confer standing, without the person

¹⁸⁰ Tex. Att'y Gen. Op. No. KP-0016 (2015)

¹⁸¹ Tex. Local Gov't Code §87.013

¹⁸² Tex. Local Gov't Code §87.031

¹⁸³ Tex. Gov't Code §551.142

¹⁸⁴ Tex. Gov't Code §551.141

¹⁸⁵ *Save Our Springs Alliance, Inc. v. Lowry*, 934 S.W.2d 161, 162 (Tex. App. – Austin 1996)

¹⁸⁶ *Finlan, supra* at 784

¹⁸⁷ *Save Our Springs, supra*, at 164

¹⁸⁸ *Id.* at 163; *cf. Laidlaw Waste Sys. (Dallas), Inc. v. Wilmer*, 904 S.W.2d 656, 660 (Tex.1995) (assuming without deciding that company holding permit to construct and operate municipal solid waste landfill on site annexed by city had standing under the Open Meetings Act).

being required to prove the extent of future harm to proceed.¹⁸⁹

Retroactive Ratification of Action Taken in Violation of the Open Meetings Act Prohibited

An action taken in violation of the Open Meetings Act may not be retroactively ratified.¹⁹⁰ Assuming proper notice under the Act, the governing body may, of course, vote to take the same action as it originally intended at the previous meetings. However, that subsequent vote may not be given retroactive effect.¹⁹¹ There is no “cure” for a criminal violation.

BEST PRACTICES

The best way to avoid adverse consequences concerning your participation in meetings of the commissioners court is to familiarize yourself with the basic requirements of the Open Meetings Act. Review the agenda posted for each meeting to assure yourself that your court is not attempting to deliberate on a matter not properly posted.

Before participating in a closed meeting, make sure that the presiding officer announces the exception that allows the meeting to be closed to the public. See that a recording or certified agenda is kept of any closed meeting you attend.

In short, conscientiously follow the letter and spirit of the law. Finally, if you are in doubt about the propriety of the commissioners court’s proposed actions under the Open Meetings Act, obtain prompt written legal advice from your county attorney or a private attorney you retain to represent you as to that issue.

¹⁸⁹ *Save Our Springs, supra*, at 162

¹⁹⁰ *Mayes v. City of De Leon*, 922 S.W.2d 200, 204 (Tex.App. – Eastland 1996, writ den’d); *Lower Colorado River Authority v. City of San Marcos*, 523 S.W.2d 641 (Tex. 1975); *Dallas County Flood Control District No. 1 v. Cross*, 815 S.W.2d 271, 283 (Tex. App. – Dallas 1991, writ den’d).

¹⁹¹ *Lower Colorado River Authority, supra*, at 647; Tex. Att’y Gen. Op. No. GA-0477 (2006)

Appendix A

RULES OF PROCEDURE

_____ County Commissioners Court Rules of Procedure, Conduct and Decorum

1. All Regular, Special, Emergency and Executive Session Meetings of the _____ County Commissioners Court will be called and conducted in accordance with the provisions of the Texas Open Meetings Act, Chapter 551, Government Code.
2. Regular, Special and Emergency Meetings of the _____ County Commissioners Court are open to the public and to representatives of the press and media. Executive Sessions of the Commissioners Court are not open to the public, the press or the media and only those individuals expressly requested or ordered to be present are allowed to attend Executive Sessions.
3. The _____ County Commissioners Court meets in Regular Session on the second and fourth Mondays of each month. In order for a matter or issue to appear as an agenda item on the Agenda of any Regular Meeting of the Commissioners Court, a request must be filed with and approved by at least one member of the Commissioners Court and/or the County Judge by 12:00 p.m. (noon) on the Wednesday immediately preceding the next Regular Meeting of the Commissioners Court.
4. The business of _____ County is conducted by and between the members of the _____ County Commissioners Court and by those members of the county staff, elected officials, department heads, consultants, experts and members of the public requested to be present and participate. While the public is invited to attend all meetings of the Commissioners Court (except Executive Sessions) the public's participation therein is limited to that of observees unless a member (or members) of the public is requested to address the Commissioners Court on a particular issue (or issues) or unless the member (or members) of the public completes a Public Participation Form and submits same to the County Clerk prior to the time the agenda item (or items) is addressed by the Court. A sample of the _____ County Commissioners Court Public Participation Form is attached hereto as Exhibit "A".
 - A. Each member of the public who appears before the Commissioners Court shall be limited to a maximum of five minutes to make his/her remarks. Time for

each speaker shall be maintained by the County Clerk or such other designated representative of the Commissioners Court.

- B. In matters of exceptional interest, the Commissioners Court may, by the majority vote of the members of the Court in attendance at the meeting, either shorten or lengthen the time allocated for a particular member of the public, all members of the public or the amount of time allocated for all agenda items or a specific agenda item.
- C. It is the intention of the Commissioners Court to provide open access to the citizens of _____ County to address the Commissioners Court and to express themselves on issues of county government. Members of the public are reminded that the _____ County Commissioners Court is a Constitutional Court, with both judicial and legislative powers, created under Article V, Section 1 and Section 18 of the Texas Constitution. As a Constitutional Court, the _____ County Commissioners Court also possesses the power to issue a Contempt of Court Citation under Local Government Code §81.023. Accordingly, all members of the public in attendance at any Regular, Special or Emergency meeting of the Commissioners Court shall conduct themselves with proper respect and decorum in speaking to, or addressing the Court; in participating in public discussions before the Court; and in all actions in the presence of the Court. Proper attire for men, women and children is mandatory. Those members of the public who are inappropriately attired or who do not conduct themselves in an orderly and appropriate manner will be ordered to leave the meeting. Refusal to abide by the Commissioners Court's order or continued disruption of the meeting may result in a Contempt of Court Citation.
- D. It is not the intention of the _____ County Commissioners Court to provide a public forum for the demeaning of any individual or group. Neither is it the intention of the Court to allow a member (or members) of the public to insult the honesty and integrity of the Court, as a body, or any member or members of the Court, individually or collectively. Accordingly, profane, insulting or threatening language directed toward the Commissioners Court or any person in the Court's presence or racial, ethnic, or gender slurs or epithets will not be tolerated. Violation of these rules may result in the following sanctions:
1. cancellation of a speaker's remaining time;
 2. removal from the Commissioners Courtroom;

3. a Contempt Citation; and
 4. such other civil and criminal sanctions as may be authorized under the Constitution, Statutes and Codes of the State of Texas.
5. The County Judge is the presiding officer of the _____ County Commissioners Court and is a fully participating member thereof. In the event of the absence of the County Judge, the senior member of the Commissioners Court (in terms of total number of years as an elected representative) present at the Regular, Special, Emergency meeting or Executive Session, shall serve as the Judge Pro-Tem of the Court. However, nothing shall prevent the senior member of this Commissioners Court from delegating this duty to another member of the Commissioners Court.
 6. The County Judge (or the designated Judge Pro-Tem of the Commissioners Court), as presiding officer of the Commissioners Court, is responsible for conducting all meetings and members of the public who have properly completed a Public Participation Form and submitted it to the County Clerk must wait to be recognized before they will be allowed to address the Court.
 7. Special rules for the press and media:
 - A. No media personnel or equipment, including lights, cameras or microphones will be located on the Commissioners Court bench nor closer than five feet in front of the Commissioners Court bench.
 - B. Reporters and media technicians are required to structure their movements, equipment set-up and take-down and adjustments, etc., in such a manner as to not disrupt the Commissioners Court deliberations or the ability of the public to see, hear, and participate in the proceedings.
 - C. Interview shall not be conducted inside the Commissioners Courtroom during the time the Court is in session.
 - D. Media interviews which are conducted outside the Commissioners Courtroom should be conducted in such a manner that the interview does not disturb, impede or disrupt the proceedings of any regular, special, emergency or executive session of the court.
 8. The Sheriff of _____ County, Texas, or his designated deputy, shall serve as the bailiff at all regular, special, and emergency meetings of the Commissioners Court. However, if: the Sheriff is absent; there is a conflict of interest between the Sheriff,

any member of the Sheriff's department, and the Commissioners Court; or there is an executive session of the Court in which the Sheriff is not an authorized participant, then the Court shall appoint another commissioned peace officer to serve as bailiff.

9. From time to time, the Commissioners Court may conduct town meetings and public hearings. These rules of procedure, conduct and decorum shall also apply to town meetings and public hearings; however, the Commissioners Court may adopt additional and supplemental rules for a town meeting or public hearing as may be necessary and appropriate to conduct the meeting or hearing in an orderly, efficient and proper manner.

10. These Rules of Procedure, Conduct and Decorum at Meetings of the _____ County Commissioners Court shall be effective immediately upon adoption by the Court and shall remain in full force and effect until amended or repealed by a majority vote of the Commissioners Court.

ADOPTED BY THE UNANIMOUS VOTE OF THE _____ COUNTY COMMISSIONERS COURT on this the ____ day of _____, _____.

County Judge

Commissioner, Pct. 1

Commissioner, Pct. 2

Commissioner, Pct. 3

Commissioner, Pct. 4

Attest:

County Clerk

Appendix B

NOTICE OF OPEN MEETING

**DISCLAIMER: This document is provided as a guideline only.
Legal advice should be sought on the proper posting of specific items of county
business.**

_____ County Commissioners Court

Notice of Open Meeting

DATE OF MEETING: *(Include day/time)*

STREET LOCATION:

CITY LOCATION:

COMPLETE AGENDA:

[REVISED AGENDA: *If necessary*]

Call to Order – *(Include day/time)*

DELIBERATE AND CONSIDER ACTION ON THE FOLLOWING ITEMS:

Minutes of *(date)* Commissioners Court meeting

Open and consider/award bids received for purchase of *(equipment)* for *(specific precinct or department)*.

Departmental reports:*

Treasurer

County Clerk

Commissioner Pct. 1

Commissioner Pct. 2

Commissioner Pct. 3

Commissioner Pct. 4

Sheriff

Auditor

*Include detailed description of any item in report that may be of public interest.

Proposed Budget Draft

Request for Budget Amendment from *(department)*

Appoint members of the _____ Committee

Bid specifications to be published for purchase of *(equipment)* for *(specific precinct or department)*

Interlocal cooperation agreement with *(other political subdivision)* relating to *(describe project or purchase)*

Construction/repair of road/bridge located at *(specific address or location, including precinct)*

Procure easement necessary to widen County Road ___ in Precinct ____

Employee Grievance by *(describe position or name employee)*

Report from consultant on *(ex. Year 2000 computer compliance procedures for all county departments)*

Public Comment (NO DISCUSSION OR ACTION) (5 minutes per speaker)

Adjourn.

Pursuant to the authority granted under Government Code, Chap. 551, the Commissioners Court may convene a closed session to discuss any of the above agenda items. Immediately before any closed session, the specific section or sections of Government Code, Chap. 551 that provides statutory authority will be announced.

CERTIFICATION

ATTEST:

NAME: *(County Clerk or other authorized official)*

TITLE:

SIGNATURE OF CERTIFYING OFFICIAL: _____

DATE:

TELEPHONE NUMBER: 000-000-0000

FAX NUMBER: 000-000-0000

Appendix C

PUBLIC PARTICIPATION FORM

NOTE: This Public Participation Form must be presented to the County Clerk prior to the time the agenda item (or items) you wish to address are discussed before the Court.

_____ **County Commissioners Court**
Public Participation Form

Instructions: Fill out all appropriate blanks. Please print or write legibly.

NAME: _____

HOME ADDRESS:

HOME TELEPHONE:

PLACE OF EMPLOYMENT:

EMPLOYMENT TELEPHONE:

Do you represent any particular group or organization? Yes No (circle one)
If you do represent a group or organization, please state the name, address and telephone number of such group or organization.

Which agenda item (or items) do you wish to address? _____

In general, are you for or against such agenda item (or items)? _____

Signature: _____

Appendix D

CERTIFIED AGENDA

_____ County Commissioners Court

Certified Agenda of Closed Meeting

I, _____, THE PRESIDING OFFICER OF THE _____ COUNTY COMMISSIONERS COURT, CERTIFY THAT THIS DOCUMENT ACCURATELY REFLECTS ALL SUBJECTS CONSIDERED IN AN EXECUTIVE SESSION OF THE COURT CONDUCTED ON _____ (date).

1. The executive session began with the following announcement by the presiding officer: "The _____ County Commissioners Court is now in executive session on (date) at (time)."

2. SUBJECT MATTER OF EACH DELIBERATION

Agenda Item #: (insert basis for closed session and general description of the deliberation.).

Agenda Item #: (insert basis for closed session and general description of the deliberation.).

3. No further action was taken.

4. The executive session ended with the following announcement by the presiding officer: "This executive session ended on (date) at (time)."

Presiding Officer

Robert's Rules of Order – Simplified

<https://blogs.cornell.edu/deanoffaculty/files/2016/01/RobertsRulesSimplified-1ybt2mk.pdf>

Guiding Principle:

Everyone has the right to participate in discussion if they wish, before anyone may speak a second time.

Everyone has the right to know what is going on at all times.

Only urgent matters may interrupt a speaker.

Only one thing (motion) can be discussed at a time.

A **motion** is the topic under discussion (e.g., “I move that we add a coffee break to this meeting”). After being recognized by the president of the board, any member can introduce a motion when no other motion is on the table. A motion requires a second to be considered. Each motion must be disposed of (passed, defeated, tabled, referred to committee, or postponed indefinitely).

How to do things:

You want to bring up a new idea before the group.

After recognition by the president of the board, present your motion. A second is required for the motion to go to the floor for discussion, or consideration.

You want to change some of the wording in a motion under discussion.

After recognition by the president of the board, move to amend by

- adding words,
- striking words or
- striking and inserting words.

You like the idea of a motion being discussed, but you need to reword it beyond simple word changes.

Move to substitute your motion for the original motion. If it is seconded, discussion will continue on both motions and eventually the body will vote on which motion they prefer.

You want more study and/or investigation given to the idea being discussed.

Move to refer to a committee. Try to be specific as to the charge to the committee.

You want more time personally to study the proposal being discussed.

Move to postpone to a definite time or date.

You are tired of the current discussion.

Move to limit debate to a set period of time or to a set number of speakers. Requires a 2/3^{rds} vote.

You have heard enough discussion.

Move to close the debate. Requires a 2/3^{rds} vote. Or move to previous question. This cuts off discussion and brings the assembly to a vote on the pending question only. Requires a 2/3^{rds} vote.

You want to postpone a motion until some later time.

Move to table the motion. The motion may be taken from the table after 1 item of business has been conducted. If the motion is not taken from the table by the end of the next meeting, it is dead. To kill a motion at the time it is tabled requires a 2/3^{rds} vote. A majority is required to table a motion without killing it.

You believe the discussion has drifted away from the agenda and want to bring it back.
Call for orders of the day.

You want to take a short break.
Move to recess for a set period of time.

You want to end the meeting.
Move to adjourn.

You are unsure that the president of the board has announced the results of a vote correctly.
Without being recognized, call for a "division of the house." At this point a roll call vote will be taken.

You are confused about a procedure being used and want clarification.
Without recognition, call for "Point of Information" or "Point of Parliamentary Inquiry." The president of the board will ask you to state your question and will attempt to clarify the situation.

You have changed your mind about something that was voted on earlier in the meeting for which you were on the winning side.
Move to reconsider. If the majority agrees, the motion comes back on the floor as though the vote had not occurred.

You want to change an action voted on at an earlier meeting.
Move to rescind. If previous written notice is given, a simple majority is required. If no notice is given, a 2/3^{rds} vote is required.

You may INTERRUPT a speaker for these reasons only:
to get information about business – **point of information**
to get information about rules – **parliamentary inquiry**
if you can't hear, safety reasons, comfort, etc. – **question of privilege**
if you see a breach of the rules – **point of order**
if you disagree with the president of the board's ruling – **appeal**

Quick Reference					
	Must Be Seconded	Open for Discussion	Can be Amended	Vote Count Required to Pass	May Be Reconsidered or Rescinded
Main Motion	√	√	√	Majority	√
Amend Motion	√	√		Majority	√
Kill a Motion	√			Majority	√
Limit Debate	√		√	2/3 ^{rds}	√
Close Discussion	√			2/3 ^{rds}	√
Recess	√		√	Majority	
Adjourn (End meeting)	√			Majority	
Refer to Committee	√	√	√	Majority	√
Postpone to a later time	√	√	√	Majority	√
Table	√			Majority	
Postpone Indefinitely	√	√	√	Majority	√

Tip Sheet: Effective Planning Council/Body (PC/B) Meetings¹

- 1. Be sure members and staff understand the importance of effective meetings to Planning Council/Body (PC/B) success.** A PC/B's ability to carry out its responsibilities for needs assessment, planning, and other decision-making roles, while ensuring broad-based community input, depends heavily on its ability to hold effective meetings.

When meetings are effective, planning body and committee members are more likely to participate, feel involved, and choose to remain active. Effective meetings therefore contribute to member recruitment and retention as well as to the successful completion of planning body tasks.

- 2. Recognize the symptoms of ineffective meetings so that changes can be made.** They include the following:

- High levels of conflict
- Divisions among members
- Limited participation
- Low attendance
- Inability to complete scheduled tasks and decision making
- A feeling that time is being wasted
- A feeling that the PC/B is not making progress or making a difference

- 3. Plan the meeting carefully:**

- Establish meeting goals and use them to guide meeting planning and implementation
- Plan the meeting location and ensure full access to all members, including individuals with limited mobility. Remember that the American with Disabilities Act (ADA) requires “reasonable accommodations” for individuals with disabilities including limited mobility² in federal programs – and a PC/B needs to ensure that accessibility is never a barrier to participation by PC/B members or the public.
- Determine necessary attendance based on the agenda, and give as much advance notice as possible to needed individuals (anyone besides members and regularly attending PCS and recipient staff); this includes identifying whether a meeting would benefit greatly from community input, then actively urging the attendance of targeted groups

- 4. Develop an agenda that:**

- Starts with a core “standing” agenda that includes items that are almost always included
- Includes items identified for action at the Executive Committee meeting before the PC/B meeting
- States what must be accomplished by the end of the meeting
- Lists in order every activity or topic of discussion planned for the meeting

¹ Refined from information from the *Training Guide: Preparing Planning Body Members*, HIV/AIDS Bureau, 2002. Developed by Mosaica; updated by EGM Consulting, LLC.

² See “Introduction to the ADA” (undated), at https://www.ada.gov/ada_intro.htm.

- Schedules the most critical items relatively early in the agenda, when attendance is highest, to assure adequate time for discussion and full participant attention
- Includes time frames (starting and ending times) for the entire meeting and for each item
- Specifies who will present information for each section (such as a committee chair)
- Clarifies which items involve action items and which are for discussion only
- References relevant materials, preferably available in order and numbered by agenda item
- Is finalized by the Chair, working with PC Support staff
- Is sent out and posted online as required by open meeting/Sunshine laws and PC/B policies and procedures

5. Be sure all needed materials are provided:

- Identify needed materials at the Executive Committee meeting
- Distribute materials in advance, including minutes of the last meeting and a timed agenda
- Be sure printed versions of materials are made available before and at meetings for those members who need them – do not assume that all members can print out materials or project them on a laptop or tablet during the meeting
- Make materials as concise as possible, write them in plain language, and present them in user-friendly formats
- Provide electronic or printed copies of PowerPoint presentations
- Be sure PCS staff or an officer has available copies of the Bylaws, policies and procedures, ground rules, and other relevant documents (such as the current integrated plan, list of service priorities, and current allocations by service category) in case they are needed during discussion

6. Be sure meetings are open and accessible to the public. In addition to following all local or state open meeting/sunshine law requirements, comply with Ryan White legislative requirements for well publicized open meetings, public access to materials disseminated at meetings, and access to minutes. Establish and carefully follow policies and procedures for public comment; this might include providing a public comment period at the beginning and/or end of each meeting, and in some cases allowing the public to comment on proposed actions – often at committee meetings.

7. Establish and consistently follow and enforce “groundrules” that are understood and agreed upon by everyone – and apply to both members and the public. Here are some commonly used groundrules; establish your own, project them or post a copy in your meeting room:

- Treat everyone with respect – as an intelligent person with a legitimate right to be a part of discussions and decision making
- Let every member or recognized speak, without interruptions
- Follow the direction of the Chair; for example, where necessary, observe limits set by the Chair on speaking time for individuals, and give each member an opportunity to speak before calling on members who have already spoken on the issue
- If you believe a proposed action or process is inconsistent with the Bylaws or policies

and procedures, immediately but politely bring that to the attention of the Chair, either directly or through the PCS staff

- Participate in decision making that follows the process established in the Bylaws or established for a specific issue prior to discussion
- Do not attack people or criticize them personally – focus on issues, not individuals
- Know when to be an advocate and when to be a planner – recognize your responsibility to present and consider the concerns of specific communities or PLWH subpopulations, and to make decisions that consider the needs of all PLWH
- Make decisions based on the best available data; do not urge actions based on your own narrow self-interest
- Help new members, and non-members understand the discussion by using plain language, avoiding use of abbreviations and complex terminology, and not assuming a knowledge of past actions
- When information is shared in confidence, maintain that confidence; do not share information on anyone’s HIV status, medical condition, or personal situation unless the individual indicates it can be shared publicly
- Accept and support decisions made by the PC/B in the agreed-upon manner, regardless of your personal position
- Speak positively about the PC/B and its members in public; address problems with the group, not outside it
- Take responsibility not only for following these groundrules, but also for speaking out to assure that other members follow them

8. Provide informed meeting management and facilitation of the meeting, by the Chair, with support as needed:

- Follow simplified *Robert’s Rules of Order* or other agreed-upon procedures
- Start and end on time
- Follow the established agenda unless the group approves an agenda revision (and meeting laws permit this)
- Keep track of policy decisions and action items during the meeting
- Use an agreed-upon decision-making process that is familiar to all participants
- Encourage active participation by all members
- Establish a balance between “doing business” and addressing other tasks, including maintaining a supportive relationship among members

9. Assess and learn from experience, by asking members and the public for advice and assistance in improving meetings.

- Try going around the table and asking everyone to comment on the positive and negative aspects of the meeting, and to offer suggestions for improving future meetings
- Periodically use a written assessment of meeting content, flow, management, use of member time, and productivity/results

10. Complete minutes promptly, and make them available for review by the Chair (and Secretary if there is one), approval at the next meeting, and posting on the PC/B website for use by the public within 6-8 weeks following the meeting.

Typical Responsibilities for Committee and Planning Council/Body (PC/B) Meetings: PC/B Leaders and PC Support (PCS) Staff¹

Area of Responsibility	Senior Leaders (Chair/Co- or Vice Chairs)	Committee Chairs/Co-Chairs	Planning Council Support (PCS) Staff
Preparation for Committee Meetings	<ul style="list-style-type: none"> • Communicate with Committee Chairs about any issues that need to be addressed and any action items committee needs to recommend at the next Executive Committee meeting (Each senior leader responsible for such communication with half the committees, based on agreed-upon assignments) 	<ul style="list-style-type: none"> • Work with PCS staff on preparations at least one week before the meeting • Work with assigned PC support staff member to develop an agenda and agree on needed materials • Work with Staff as appropriate to prepare materials • Communicate with staff if unable to attend and chair the committee (should occur as soon as Chair is aware s/he cannot attend) 	<ul style="list-style-type: none"> • If PC/B has multiple staff, have a person assigned to each committee; usually best to have the same person attend regularly for continuity and expertise • Handle logistics for committee meetings – send out notices at least one week before the meeting, post meeting schedule on website, arrange meeting locations, arrange food • Request and receive RSVPs from Committee members (should be received 48 hours before the meeting – or set local deadline for excused absence) • Work with Committee Chairs/Co-Chairs to prepare an agenda with action items (contact them at least one week before the meeting) • Work with Committee Chairs/Co-Chairs on preparation of materials for mail-out and identification of any supplemental resources PCS staff should bring to the meeting • E-mail materials to members 3-5 days before meeting (agenda, prior meeting minutes, content information needed for deliberations and decision making) – set local minimum time for review; arrange to send hard copies as necessary based on specific member needs, access to printer • Set up conference call if necessary, and send out call-in number • Check with Chair/Co-Chairs 24 hours ahead to review arrangements and RSVPs

¹ Prepared by Mosaica and updated by EGM Consulting, LLC; most recent update for DMHAP in March 2017

Area of Responsibility	Senior Leaders (Chair/Co- or Vice Chairs)	Committee Chairs/Co-Chairs	Planning Council Support (PCS) Staff
Committee Meetings	<ul style="list-style-type: none"> • Where possible, attend meetings of assigned committees, usually serving as an <i>ex officio</i>, non-voting member [unless Bylaws specify something different] • Offer advice and assistance as needed 	<ul style="list-style-type: none"> • Chair meeting • Ensure that Committee follows agenda, and discusses and votes on action items that need to be recommended to the Executive Committee and full PC/B • If this is not done by the PCS staff, prepare bullet points summarizing decisions and next steps, as well as any specific requests to the recipient 	<ul style="list-style-type: none"> • Handle logistics at meetings: set up communications, food • Staff committee meeting • Take attendance, documenting excused and unexcused absences • Take minutes, including exact wording of resolutions and results of voting or consensus reached [<i>Note:</i> In a PC/B with limited staff resources, sometimes the Chair/Co-Chair or another committee member takes responsibility for minutes; in such situations, PCS staff must ensure that minutes are taken and prepared for review] • Record and summarize any data or information requests from the committee to the recipient
Committee Meeting Follow Up	<ul style="list-style-type: none"> • Where attendance at committee meeting was not possible, communicate with the Committee Chair/Co-Chairs to receive an update and identify issues that will be coming to the Executive Committee 	<ul style="list-style-type: none"> • Review draft minutes • Identify issues and activities that will need to be addressed at the next Committee meeting and work to be done in preparation for the next meeting • Communicate with PCS staff about needed follow up such as data requests to the recipient 	<ul style="list-style-type: none"> • Prepare minutes and provide to Committee Chair/Co-Chairs for review; revise based on their input [or if policy allows for this, assume permission is given to share the draft minutes if no changes are received within a specified period]
Preparation for Executive Committee Meetings	<ul style="list-style-type: none"> • Work with PCS staff on agenda and review action items from committees • Work with staff to ensure appropriate materials are available 	<ul style="list-style-type: none"> • Work with PCS staff to ensure that Committee materials needed for the Executive Committee are prepared/ revised • Prepare Committee report to PC (oral/written) • Inform staff if unable to attend Executive Committee 	<ul style="list-style-type: none"> • Handle logistics – send out notices at least one week before the meeting; arrange food • Request and receive RSVPs from Executive Committee members (should be received at least 48 hours before the meeting) • Work with whoever chaired each Committee meeting to finalize committee materials needed for Executive Committee review and action • Work with Co-Chairs on meeting agenda and action

Area of Responsibility	Senior Leaders (Chair/Co- or Vice Chairs)	Committee Chairs/Co-Chairs	Planning Council Support (PCS) Staff
		meeting (as soon as this is known)	items <ul style="list-style-type: none"> • E-mail materials to members at least 48 hours before meeting (agenda, prior meeting minutes, committee reports/action items, and other content information needed for deliberations and decision making) • Set up conference call if necessary and send out dial-in number • Check with PC/B senior leadership 24 hours ahead to review arrangements and RSVPs • Provide Chair (or Secretary, if the PC/B has one) a list of excused absences for upcoming meeting
Executive Committee Meetings	<ul style="list-style-type: none"> • Chair meeting • Provide leadership and advice as needed 	<ul style="list-style-type: none"> • Make Committee report, present action items, and request recommendation from the Executive Committee to the PC 	<ul style="list-style-type: none"> • Handle logistics at meetings: set up communications and food • Staff meeting • Make staff report • Take minutes
Preparation for Planning Council/Body (PC/B) Meetings	<ul style="list-style-type: none"> • Work with PCS staff on agenda and review action items from Executive Committee • Communicate with staff about issues and possible concerns and make needed preparations to address them 	<ul style="list-style-type: none"> • Revise/refine Committee report and action item presentation as needed, based on Executive Committee discussion/action • Work with staff on revisions as needed to written materials for PC review • If unable to attend the PC meeting, inform staff as soon as this is known and agree on who will present the report for the Committee 	<ul style="list-style-type: none"> • Handle logistics – send out notices at least one week before PC meeting, arrange food • Prepare Executive Committee minutes and provide to senior leadership (or Secretary, if there is one) for review • Request and receive RSVPs from PC members (should be received at least 48 hours before the meeting) • Work with Committee Chairs/Co-Chairs to finalize committee materials needed for PC final review and action (based on Executive Committee direction) • Work with senior leaders on meeting agenda and action items • E-mail materials to members at least 2-3 days before meeting (agenda, prior meeting minutes, Executive Committee minutes, committee reports/action items, and other content information needed for deliberations and decision making); provide

Area of Responsibility	Senior Leaders (Chair/Co- or Vice Chairs)	Committee Chairs/Co-Chairs	Planning Council Support (PCS) Staff
			printed materials to members based on need <ul style="list-style-type: none"> • Set up conference call if call-in is permitted, and send out call-in number with materials • Check with senior leaders 24 hours ahead to review arrangements and RSVPs • Provide senior leaders or Secretary list of excused absences for upcoming meeting
PC/B Meetings	<ul style="list-style-type: none"> • Chair and manage meeting • Provide leadership and advice as needed • Vote only when there is a tie 	<ul style="list-style-type: none"> • Make committee report and presentation of action items brought forward from the Executive Committee 	<ul style="list-style-type: none"> • Handle logistics at meetings: set up communications and food, provide sign-in sheets for members and public/guests • Make all needed arrangements for presenters • Staff meeting • Make staff report • Take minutes; includes recording votes and exact language of resolutions and other action items • Have copies of Bylaws, key policies and procedures for reference if needed • Obtain information from individuals making public comments if the PC/B indicates that any follow up is required • Unless the PC/B has a parliamentarian, be prepared to answer questions about procedures and about RWHAP legislation and PC/B guidance
Follow Up to PC/B Meetings	<ul style="list-style-type: none"> • Work with Staff to ensure appropriate follow up on actions taken or tasks referred to committees • Meet with people on behalf of the PC as needed 	<ul style="list-style-type: none"> • If PC/B assigns any tasks to the Committee, ensure that work on these items is on the agenda for the next meeting 	<ul style="list-style-type: none"> • Prepare minutes • Provide minutes to senior leaders (or first to Secretary if there is one) for review and make needed revisions • Follow up with Committee Chairs/Co-Chairs on any assignments made at the PC/B meeting • Follow up with the recipient on any requests made of the recipient during the PC/B meeting
New Members	<ul style="list-style-type: none"> • Where possible, attend and participate in new member orientation for those committees for which each 	<ul style="list-style-type: none"> • Ensure that new committee members receive a personal orientation to the committee purposes and responsibilities, 	<ul style="list-style-type: none"> • Work with Membership Committee to ensure prompt orientation of new members • Work with Committee Co-Chairs to ensure that new committee members receive a committee orientation

Area of Responsibility	Senior Leaders (Chair/Co- or Vice Chairs)	Committee Chairs/Co-Chairs	Planning Council Support (PCS) Staff
	senior leader is responsible	protocols for operations, annual plan and timeline, meeting schedule, relationship to other committees, any special processes and procedures, and how to read and analyze typical materials used by the committee <ul style="list-style-type: none"> • Play a lead role in this orientation 	
Other	<ul style="list-style-type: none"> • Serve as spokespersons for the PC • Follow up with members who are not meeting attendance requirements 	<ul style="list-style-type: none"> • Identify membership needs and communicate them to PC Staff and senior leaders • Recruit non-PC members for committee with help from Membership Committee • Ensure that committee prepares an annual written plan • Review progress towards plan • Arrange for any needed committee training, working with PCS staff 	<ul style="list-style-type: none"> • Ensure that all communications related to committee leadership activities go by e-mail to both the senior leaders and to the Chair/Co-Chairs overseeing that committee • Maintain committee records • Provide advice and support to committee Chairs/Co-Chairs

**Quick Reference for Planning Council Support (PCS) Staff:
Legislative Requirements for Planning Councils/Bodies,
with HRSA/HAB Definitions, Clarifications, and Expectations¹**

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
Establishment of a Planning Council or Body		
Establishment of a Planning Council	CEO “shall establish an HIV health services planning council” [Section 2602(b)(2)(A)(ii)]	All EMAs must have planning councils that meet legislative requirements.
Exception to Planning Council Requirement for TGAs	“The chief elected official of the transitional area may elect not to comply with the provisions of section 2602(b) [establishment of a planning council] if the official provides documentation to the Secretary that details the process used to obtain community input (particularly from those with HIV) in the transitional area for formulating the overall plan for priority setting and allocating funds from the grant” [Section 2609(d)(1)(A)]	<ul style="list-style-type: none"> ▪ “All TGAs that have operating PCs are strongly encouraged by DMHAP to maintain that current structure”— “in conformity with PC legislative requirements.” [Letter to RWHAP Part A Grantees on TGA Planning Councils Moving Forward, December 4, 2013] ▪ All jurisdictions are expected to have planning bodies. [Integrated HIV Prevention and Care Plan Guidance, p 4] ▪ DMHAP encourages TGAs with planning bodies to make them similar to PCs in terms of member representation and reflectiveness as well as roles. [EGMC discussion with DMHAP Project Officers, January 23, 2017]
Planning Council/Body Membership		
Representation: Membership Categories	Section 2602(b)(2): “REPRESENTATION.—The HIV health services planning council shall include representatives of— (A) health care providers, including federally qualified health centers; (B) community-based organizations serving affected populations and AIDS service organizations; (C) social service providers, including providers of housing	<ul style="list-style-type: none"> ▪ “Representation is the extent to which the planning council includes individuals from the legislatively defined categories of membership.” [p 110] ▪ The category of grantees under Category L, other Federal HIV programs “is to include, at a minimum, a representative from each of the following:” <ul style="list-style-type: none"> - Federally-funded HIV prevention services. - A grantee funded under Part F’s SPNS, AETC, and/or Ryan

¹ Prepared in March 2017 for DMHAP based on Ryan White HIV/AIDS Treatment Extension Act of 2009. Prepared under Task Order TA003111 through MSCG/Ryan White Technical Assistance Contract.

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
	<p>and homeless services; (D) mental health and substance abuse providers; (E) local public health agencies; (F) hospital planning agencies or health care planning agencies; (G) affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations; (H) nonelected community leaders; (I) State government (including the State medicaid agency and the agency administering the program under part B); (J) grantees under subpart II of part C; (K) grantees under section 2671 [Part D], or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area; (L) grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services; and (M) representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released.”</p>	<p>White Dental Programs.</p> <ul style="list-style-type: none"> - Housing Opportunities for Persons With AIDS (HOPWA). - Other Federal programs that provide HIV/AIDS treatment such as the Veterans Health Administration. [p 110] ▪ “The planning council must include at least one member to separately represent each of the designated membership categories (unless no entity from that category exists in the EMA/TGA)....<i>Separate representation means that each planning council member can fill only one legislatively required membership category at any given time, even if qualified to fill more than one.</i>” [p 110] ▪ There are 3 exceptions, in which a single person can represent multiple categories: <ul style="list-style-type: none"> - Both substance abuse and mental health provider categories “if his/her agency provides both types of services and the person is familiar with both programs.” - “Both the Ryan White Part B program and the State Medicaid agency if that person is in a position of responsibility for both programs.” - Any combination of Ryan White Part F grantees (SPNS, AETCs, and Dental Programs) and HOPWA, if the agency represented by the member receives grants from some combination of those four funding streams...and the individual is familiar with all these programs.” [p 110]

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
Consumer Members	<ul style="list-style-type: none"> ▪ “Not less than 33 percent of the council shall be individuals who are receiving HIV-related services [under RWHAP Part A], are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV/AIDS” ▪ Includes parents or caregivers of children with HIV [Section 2602(b)(5)(C)(i)] 	<p>“DMHAP and its predecessor, the Division Service Systems (DSS), have consistently emphasized that planning councils can be truly effective in meeting their legislated responsibilities only if they have well-supported consumer participation and membership reflective of the local demographics of the HIV/AIDS epidemic.” [p 109]</p>
Reflectiveness	<p>PC “shall reflect in its composition the demographics of the population of individuals with HIV/AIDS in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations” [Section 2602(b)(1)]</p>	<ul style="list-style-type: none"> ▪ “Reflectiveness is the extent to which the demographics of the planning council’s membership look like the epidemic of HIV/AIDS in the EMA/TGA.” ▪ Must include “at least the following: race/ethnicity, gender, and age at diagnosis.” ▪ Reflectiveness required for both the whole planning council membership and the consumer membership. ▪ PLWH should be selected “without regard to the individual’s stage of disease.” ▪ “Reflectiveness does not mean that membership must identically mirror local HIV/AIDS demographics.” [p 111] ▪ “The composition of the PC or planning body must reflect the demographics of the HIV/AIDS epidemic in the EMA/TGA.” [FOA HRSA-17-030, RWHAP Part A Continuing Continuation for FY 2017, p 22] ▪ The required PC/B letter that accompanies the RWHAP Part A application must indicate “that representation is reflective of the epidemic in the EMA/TGA” or, if it is not, “Note variations between the demographics of the non-aligned consumers and the HIV disease prevalence of the EMA/TGA and “provide a plan and timetable for addressing each vacancy.” [FOA HRSA-17-030, RWHAP Part A Continuing Continuation for FY 2017, p 24]

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
Open Nominations	“Nominations for membership on the council shall be identified through an open process and candidates shall be selected based on locally delineated and publicized criteria.” [Section 2602(b)(1)]	<p>HAB/DMHAP expects that:</p> <ul style="list-style-type: none"> ▪ The open nominations process will be “described and announced before the nominations process begins,” will “specify clear criteria on the planning council composition being sought,” will be publicized, allow people to “apply for membership or be nominated by others,” and use a “standardized, plain-language application form.” ▪ “The CEO will approve and/or appoint as planning council members only individuals who have gone through the open nominations process.” [p 118]
Roles and Responsibilities		
Duties	“(4) DUTIES — The planning council) shall— (A) determine the size and demographics of the population of individuals with HIV/AIDS; (B) determine the needs of such population...; (C) establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that a grantee should consider in allocating funds under a grant...; (D) develop a comprehensive plan for the organization and delivery of health and support services...; (E) assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible 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; (F) 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;	<ul style="list-style-type: none"> ▪ <i>Extensive guidance on key duties in RWHAP Part A Manual, with separate chapters on Needs Assessment, Comprehensive Planning, Priority Setting and Resource Allocations, and the Statewide Coordinated Statement of Need RWHAP Part A Manual, Section XI. Planning and Planning Bodies, Chapters 3-6]</i> ▪ Legislatively required tasks include: <ul style="list-style-type: none"> - “Conduct an assessment of local community needs. - Develop a comprehensive service plan, compatible with existing State and local plans. - Allocate funds according to service priorities set by the planning council. - Participate along with other Ryan White partners in the development a Statewide Coordinated Statement of Need (SCSN) to enhance coordination among Ryan White HIV/AIDS programs in addressing key HIV/AIDS care issues. - Coordinate with Federal, State, and locally funded grantees providing HIV-related services. - Assess the efficient administration of funds.” [p 80]

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
	<p>(G) establish methods for obtaining input on community needs and priorities which may include public meetings..., conducting focus groups, and convening ad-hoc panels; and</p> <p>(H) coordinate with Federal grantees that provide HIV-related services within the eligible area.” [Section 2602(b)(4)]</p>	
Conflict of Interest and Grievance Procedures		
Conflict of Interest: Planning Council	<p>A planning council:</p> <ul style="list-style-type: none"> ▪ “May not be directly involved in the administration of a grant” under RWHAP Part A. ▪ “May not designate (or otherwise be involved in the selection of) particular entities as recipients” of RWHAP Part A funds. [Section 2602(b)(5)(A)] 	<ul style="list-style-type: none"> ▪ “Planning councils are strictly prohibited from involvement in the selection of particular entities to receive [RWHAP] Part A funding.” [p 191] ▪ “As part of their responsibility to determine how best to meet stated priorities, planning councils may stipulate what provider characteristics the grantee should look for in its procurement process (e.g., community-based AIDS service providers, multi-service organizations or public agencies that provide a specific service or target a specific population). They may also specify that providers should be sought in specific parts of the Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA).” [p 191] ▪ “While the legislation prohibits planning councils from participating or otherwise being involved in selecting particular entities for funding, they may be involved in selecting particular entities and individuals to carry out activities directly related to planning council functions and responsibilities” such as general planning council administrative duties, needs assessments, planning activities such as writing the comprehensive plan, assessment of the administrative mechanism, technical assistance, and program evaluation. [p 145]

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
Conflict of Interest: Individual Members	<p>An individual planning council member who has a financial interest, is an employee, or is a member of an entity that is seeking RWHAP Part A funds:</p> <ul style="list-style-type: none"> ▪ will not “participate (directly or in an advisory capacity) in the process of selecting entities” for RWHAP Part A funding. [Section 2602(b)(5)(B)] 	<ul style="list-style-type: none"> ▪ “Conflict of interest can be defined as an actual or perceived interest in an action that will result—or has the appearance of resulting—in personal, organizational, or professional gain. To illustrate, conflict of interest occurs when a planning council member has a monetary, personal, or professional interest in a planning council decision or vote. Any group making funding decisions for a Ryan White program should be free from conflicts of interest.” [p 143] ▪ “As appropriate, the definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child.” [p 147] ▪ “HAB/DMHAP expects planning councils to employ a variety of strategies to minimize conflict of interest and its potential adverse effects, such as keeping members self-aware of the potential for conflict of interest and using procedures that can minimize or address conflicts.” Of particular importance are adoption of COI policies and procedures “and their routine and consistent application in planning council deliberations and decision making.” [p 150] ▪ “Because of an individual member’s relationship to the planning council, sound practice is not to have them serve on external review panels for the selection of [RWHAP] Part A providers.” [p 144]
Grievance Procedures	<ul style="list-style-type: none"> ▪ A planning council “(1) shall develop procedures for addressing grievances with respect to funding under this subpart, including procedures for submitting grievances that cannot be resolved to binding arbitration. ▪ “Such procedures shall be described in the by-laws of the planning council and be consistent with the requirements of subsection (c)” <i>[which call for model grievance procedure to be provided by the Secretary of HHS and planning council grievance procedures to be</i> 	<ul style="list-style-type: none"> ▪ “The Ryan White HIV/AIDS Program requires [RWHAP]Part A planning councils to establish procedures to address grievances related to funding. At local discretion, grievance procedures can also address other types of disputes faced by planning councils.” [p 134] ▪ “HAB/DMHAP has developed model grievance procedures to guide local efforts in adequately addressing potential grievances....There should be periodic local review of grievance procedures and their implementation to ensure that legislative

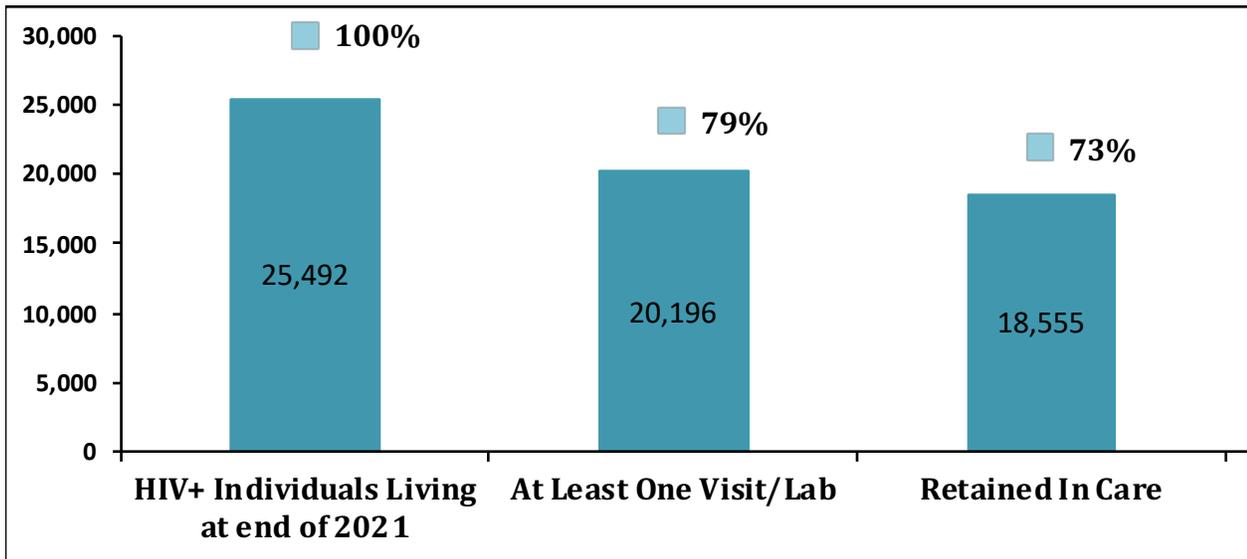
Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
	<i>reviewed by the Secretary</i> . [Section 3602(b)(6)]	requirements are being met and grievances are being resolved in a timely and appropriate manner. Any revisions in these grievances should be sent to the HAB/DMHAP project officer to be approved and kept on file.” [p 134]
Planning Council Support and Operations		
Support/Funding	Among the allowable uses of administrative funds, which are capped at 10% of the total grant, are “all activities associated with the grantee's contract award procedures, including the activities carried out by the HIV health services planning council...” [Section 2604(h)(3)(B)]	<ul style="list-style-type: none"> ▪ “The planning council needs funding to carry out its responsibilities. HAB/ DMHAP refers to these funds as ‘planning council support.’ Planning Council Support funds are part of the 10 percent administrative funds available to the grantee for managing the [RWHAP] Part A program.” [p 104] ▪ “The grantee must also ensure adequate funding for PC mandated functions within the administrative line item.” [p 31] ▪ “The planning council must negotiate the size of the planning council support budget with the grantee and is then responsible for developing and managing that budget within the grantee’s grants management structure.” [p 104] ▪ “Planning council support funds may be used for such purposes as hiring staff, developing and carrying out needs assessments and estimating unmet need, sometimes with the help of consultants, conducting planning activities, holding meetings, and assuring PLWHA participation.” [p 104]
Officers	“The council may not be chaired solely by an employee of the grantee” [Section 2602(b)(7)(A)]	“The planning council needs a chair or co-chairs. The legislation does not permit an employee of the [RWHAP]Part A grantee to serve as the chair of a planning council. An employee of the grantee may serve as a co-chair, provided the bylaws of the planning council permit or specify that arrangement. Bylaws should specify whether there is to be a chair or co-chairs and how they are selected. They may specify that the chair is to be appointed by the CEO or elected by the Planning Council. Often, if the chair is appointed by the CEO or is an employee of the

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
		grantee, bylaws require that the planning council elect the co-chair. Sometimes bylaws require that one co-chair be a PLWHA.” [p 100]
Member Training and Materials	“The Secretary shall provide to each chief elected official receiving a grant under [RWHAP Part A] guidelines and materials for training members of the planning council...regarding the duties of the council.” [Section 2602(e)]	<ul style="list-style-type: none"> ▪ “Members must be trained to enable them to fulfill their responsibilities, in accordance with guidance from” DMHAP. [p 80] ▪ “PC or planning body members must be trained regarding their legislatively mandated responsibilities and other competencies necessary for full participation in collaborative decision making.” [FOA HRSA-17-030, RWHAP Part A Continuing Continuation for FY 2017, p 22] ▪ Letter from PC/B included in the RWHAP Part A application must address “that ongoing, and at least annual membership training took place, including the date(s).” [FOA HRSA-17-030, RWHAP Part A Continuing Continuation for FY 2017, p 24]
Public Deliberations/ Open Meetings	<p>“(i) The meetings of the council shall be open to the public and shall be held only after adequate notice to the public.</p> <p>(ii) The records, reports, transcripts, minutes, agenda, or other documents which were made available to or prepared for or by the council shall be available for public inspection and copying at a single location.</p> <p>(iii) Detailed minutes of each meeting of the council shall be kept....” [Section 2602(b)(7)]</p>	<p>“To comply with legislative requirements around open meetings and public access to minutes and other planning council documents, planning councils must:</p> <ul style="list-style-type: none"> ▪ Ensure that meetings are open to all members of the general public and maintain a system that provides for public written notice of all council meetings. This includes publication of the meeting notices in local print media and through other forums accessible to the disabled (<i>i.e.</i>, the hearing- or speech-impaired). Meeting times and locations should be announced on the planning council or health department website and on other appropriate online media. ▪ Have a summary of the minutes that has been approved by the planning council and certified by the chair of the planning council available for public inspection. Both the minutes and other documents or materials made available to or prepared for the planning council should be available to the public within six weeks after the meeting date.

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
		<ul style="list-style-type: none"> ▪ Have a publicly accessible location where minutes and other legislatively required information can be inspected and copied if requested. It is important that detailed minutes are required...Minutes need to be able to show how the Council arrived at their funding decisions, especially if there is a grievance.” ▪ ...“Make available for public inspection records of the recommendations made by committees or other subgroups to the planning council, as well as the subsequent actions taken by the planning council. A sound practice to implement this requirement is to post approved planning council and committee minutes on the planning council website. ▪ Where local, county, or State regulations, ordinances, or statutes are more stringent than Ryan White requirements, follow these more stringent requirements. For example, many States and municipalities have open meeting laws that have very specific public notice or other requirements. Planning councils must adhere to these requirements, and planning council members and support staff should receive information and training about these requirements.” [pp 100-101]
Public Disclosure of Member Status	<p>“The requirement for public deliberations “does not apply to any disclosure of information of a personal nature that would constitute a clearly unwarranted invasion of personal privacy, including any disclosure of medical information or personnel matters.” [Section 2602(b)(7)] <i>[Legislation does not address public disclosure of status by consumer members]</i></p>	<ul style="list-style-type: none"> ▪ At least two of the unaligned consumer representatives must publicly disclose their HIV status. [p 109] ▪ The planning council must “take appropriate steps to guard against disclosure of personal information that would constitute an invasion of privacy. For example, minutes should not indicate the HIV status of planning council members unless they are publicly disclosed, and should never provide medical or health status information about a member.” [p 101]

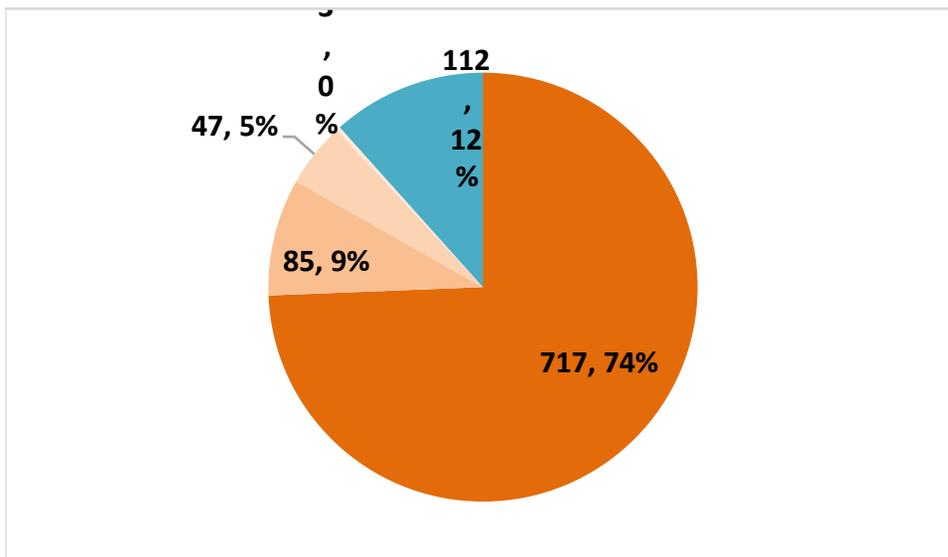
Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations <i>[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]</i>
Relationship between the Recipient and Planning Council/Body		
CEO Responsibility for Planning Council/Body	“To be eligible for assistance under <i>[RWHAP Part A]</i> , the chief elected official...shall establish or designate an HIV health services planning council.” [Section 2602(b)(1)]	“The CEO must establish a planning council and, once the planning council is established, appoint members through the planning council’s nominations process. For the TGAs funded after 2006, the CEO has the option of establishing a planning council or a process for securing community input....CEOs must enable planning councils to carry out their legislatively mandated responsibilities....” [p 80]
Recipient Compliance with Priorities and Allocations Set by the Planning Council/Body	“The Secretary...may not make any grant...to an eligible area unless the application submitted by such area... demonstrates that the grants made...to the area for the preceding fiscal year (if any) were expended in accordance with the priorities...that were established...by the planning council serving the area.” [Section 2603(d)]	<ul style="list-style-type: none"> ▪ “The planning body must provide the grantee or administrative agent with the results of the priority setting and resource allocation process, both to include in the <i>[RWHAP]</i> Part A application and as a basis for the selection of providers (the procurement process).” [p 219] ▪ The letter of assurance provided by the planning council or the letter of concurrence provided by the planning body for submission with the RWHAP Part A application must indicate whether “Formula, Supplemental, and MAI funds awarded to the EMA/TGA are being expended according to the priorities established by the PC or planning body.” [FOA HRSA-17-030, RWHAP Part A Continuing Continuation for FY 2017, p 23]

Texas HIV Treatment Cascade for Dallas_EMA, 2021

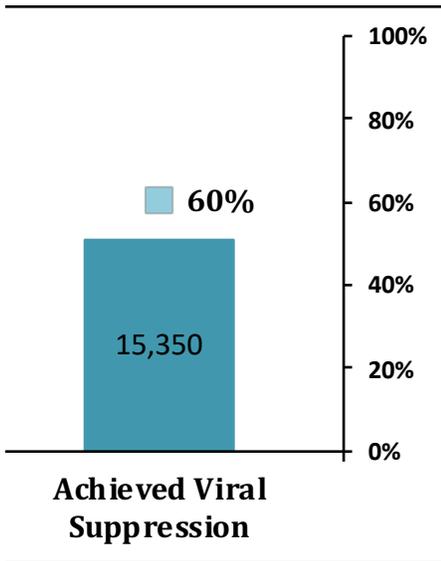


HIV+ Individuals at end of 2021 => No. of HIV+ individuals (alive) at the end of 2021.
 At Least One Visit in 2021 => No. of PLWH with a met need (at least one: medical visit, ART prescription, VL)
 Retained in Care => number of PLWH with at least 2 visits or labs, at least 3 months apart or suppressed at
 Achieved Viral Suppression at end of 2021 => No. of PLWH whose last viral load test value of 2021 was <= 1

Linkage to Care



Sources: Enhanced HIV AIDS Reporting System as of July 1, 2022, Medicaid, ELR, Ryan White Services data
 Prepared by Program Informatics and Evaluation Group, HIV/STD Branch at the Texas Department of State
 Questions? Contact Terri.Moore@dshs.texas.gov

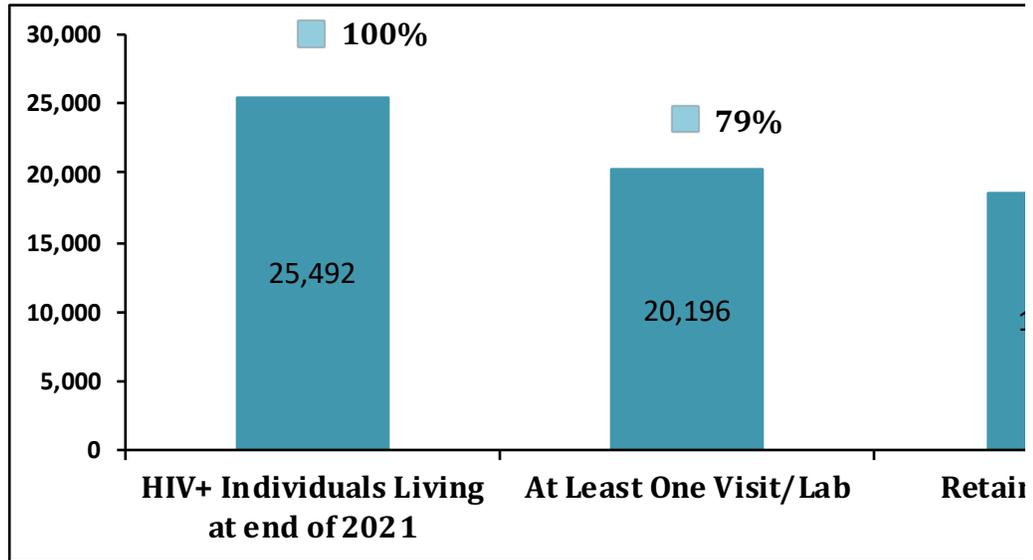


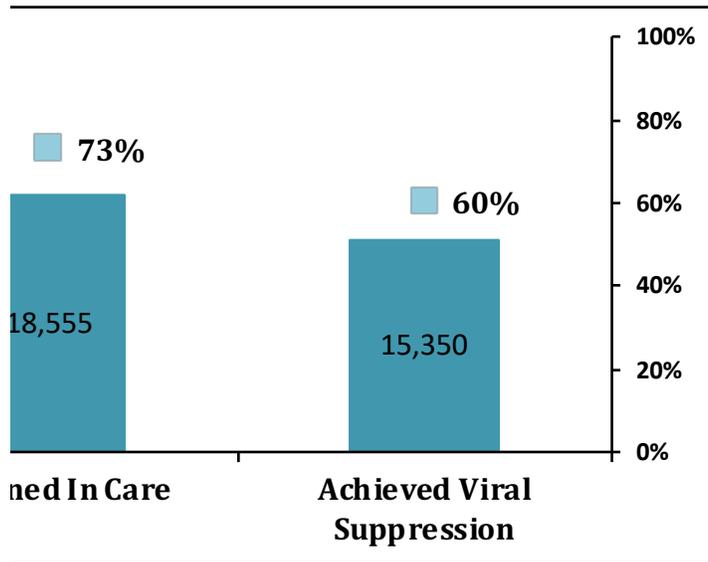
L test, or CD4 test) in 2021.
 end of 2021.
 200 copies/mL.

stage	number_clients	pct_clients
Total New Diagnoses	964	
Linked in 1 month	717	74%
Linked in 2-3 months	85	9%
Linked in 4-12 months	47	5%
Linked in 12+ months	3	0%
Not Linked	112	12%

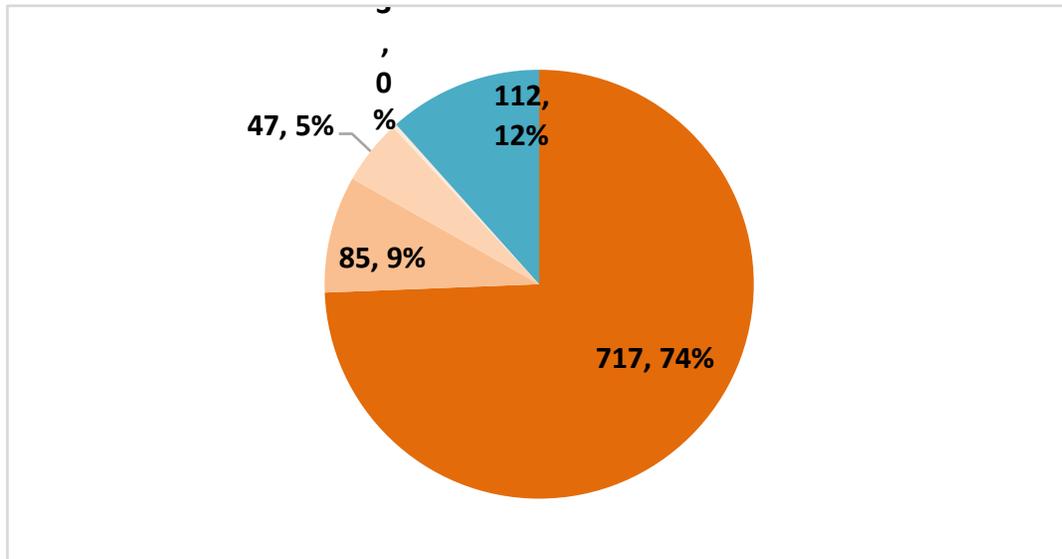
i (ARIES), ADAP, and private payers
 e Health Services, July, 2022

stage	number_clients	pct_clients
HIV+ Individuals Living at end of 2021	25,492	100%
At Least One Visit/Lab	20,196	79%
Retained In Care	18,555	73%
Achieved Viral Suppression	15,350	60%





stage	number_clients	pct_clients
Total New Diagnoses	964	
Linked in 1 month	717	74%
Linked in 2-3 months	85	9%
Linked in 4-12 months	47	5%
Linked in 12+ months	3	0%
Not Linked	112	12%



definitions

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Retained in Care => number of PLWH with at least 2 visits or labs, at least 3 months apart or suppressed at end of 2021.

Achieved Viral Suppression at end of 2021 => No. of PLWH whose last viral load test value of 2021 was ≤ 200 copies/mL.

Report Information:

Sources: Enhanced HIV AIDS Reporting System as of July 1, 2022, Medicaid, ELR, Ryan White Services data (ARIES), ADAP, and

Prepared by Program Informatics and Evaluation Group, HIV/STD Branch at the Texas Department of State Health Services, J

Questions? Contact Terri.Moore@dshs.texas.gov

Ryan White Planning Council Dallas- Membership Orientation

4/12/2023 Membership Orientation Evaluation

Type your text

What did you think of the Membership Orientation? Please provide your feedback, so we can improve the class for next time! Your name is optional. Thank you for your help!

1. What was your favorite part of the Membership Orientation?

2. How can we improve the Membership Orientation?

3. How much do you agree or disagree with the following statements? Please check the box that best fits to your answer using the scale provided:

	Strongly Agree				Strongly Disagree
	5	4	3	2	1
The <u>Membership Orientation</u> met my expectations.	<input type="checkbox"/>				
I know more about RWPC/Standing Committees as a result of the orientation.	<input type="checkbox"/>				
I am confident that I can use what I learned in the orientation meeting at my committee meetings.	<input type="checkbox"/>				
I am comfortable communicating more effectively about committee/council projects and deliverables.	<input type="checkbox"/>				
There was enough time to address any questions I had during the orientation.	<input type="checkbox"/>				
There was enough time to interact with the staff and Executive Leadership on 4/13/2022.	<input type="checkbox"/>				
The orientation was well organized and facilitated.	<input type="checkbox"/>				
The Speakers were very knowledgeable about the RWPC, Standing Committees & related topics.	<input type="checkbox"/>				
Today's orientation supplements were useful & improved my understanding about the RWPC.	<input type="checkbox"/>				
Today's class was a safe and supportive learning environment.	<input type="checkbox"/>				
I am pleased with my decision to participate with membership orientation.	<input type="checkbox"/>				
I will tell others about the Ryan White Planning Council?	<input type="checkbox"/>				

4. Overall, today's class was: (Please check one)

- Excellent
 Very good
 Good
 Fair
 Poor

Email to RWPC Office of Support: Jasmine.Sanders@dallascounty.org or Fax: 214-819-2063