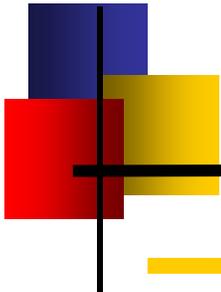INLAND
EMPIRE
H I V
PLANNING
COUNCIL

New Member Orientation Manual

Riverside/San Bernardino, California
Transitional Grant Area

NEW MEMBER ORIENTATION MANUAL
TABLE OF CONTENTS

Welcome!

Congratulations on becoming a member of the Inland Empire HIV Planning Council!

Working on a Planning Council will be a rewarding experience, but it will also be very challenging. It will demand a lot of time, hard work, and sometimes, require a lot of new skills.

This Orientation Manual has been developed to serve as a guide to help you in your role as a new Planning Council member, to be effective participants and make informed decisions that will impact persons living with HIV/AIDS (PLWH/A) in Riverside and San Bernardino Counties.

Information from this manual will start your training. It will provide you with information and tools and assist you in building your confidence and skills to help you make a difference by serving the PLWH/A community as an active and informed member of the Inland Empire HIV Planning Council (IEHPC).

These are just some of the reasons many individuals have cited for volunteering to serve on a Planning Council:

- To feel valued and appreciated;
- To be part of something important or necessary;
- To connect with the PLWH/A community;
- To be a member of a larger group;
- To network and meet new people;
- To learn new skills and talents; and/or
- To accomplish the goals of the Planning Council.

The Inland Empire HIV Planning Council recognize the importance of well-informed, active planning council members and how they play a critical role in ensuring success in establishing and maintaining a comprehensive, system of care for people living with HIV and AIDS (PLWH/As).

To meet the challenging and demanding volunteer job as a Planning Council member, you will need accurate, updated information about the Ryan White legislation, the specific roles and responsibilities of Planning Councils, policies and guidance related to program planning and implementation, and special challenges facing planning bodies. You will also need a special understanding of the importance of full membership and participation by consumers. You will also need information about group process and how to manage conflict, and ideas about how diverse members can work together efficiently and

effectively. This Orientation Manual was designed to enable planning bodies to meet these needs.

The information in this Orientation Manual has been gathered by various training resources from the Health Resources Services Administration (HRSA). It consists of four sections: Mastering the Basics; Can I Really Do This; the Nuts and Bolts of the Job; and The Art of Communication. Some of the sections have examples and simple exercises. You will also find quoted statements in a box [*In Their Own Words…*]. These comments were gathered from other Planning Council members as a result of a survey that was conducted in 1999 by the AIDS Alliance for Children, Youth, and Families. In this survey, members provided insight and information on how they felt when they first became a member of a Planning Council and the kinds of information and training they felt would have been helpful in their role as a member.

We hope this Orientation Manual will be useful to you. Please use it as your personal guide. It is by no means comprehensive; there will be more training required.

Good luck with your journey as a Planning Council member, and thank you for your commitment!

Inland Empire HIV Planning Council's
<u>Mission Statement</u>

To maintain the optimum health

of all those living with HIV/AIDS

in Riverside and San Bernardino Counties

through the development and implementation

of a comprehensive, consumer-centered

continuum of care.

SECTION ONE: MASTERING THE BASICS

In this section some basic information about the Ryan White Legislation, Roles & Responsibilities and Consumer Involvement in mandated activities is presented. This is your first step in your education to becoming a Planning Council member.

It is the responsibility of existing Planning Council members to provide information to their new members. They are also required to provide that information in useful and understandable ways. When you are ready for more information, ask the community-chair of your group, your contact person, Planning Council support staff, or your mentor to provide it. Ask them, as well, about any training or orientation programs they may provide for new members.

THE RYAN WHITE LEGISLATION

Ryan White HIV legislation provides federal funding to improve care for individuals with HIV and their families. It provides a "safety net" for hundreds of thousands of people who are unable to pay for health care or other basic needs. Ryan White is sometimes called the "payer of last resort." This means that Ryan White money pays for services that other programs, like Medicaid/Medicare or Medi-Cal, do not cover.

Historical Background

Congress enacted the Ryan White CARE Act in 1990 to help communities and states provide care to people with HIV/AIDS. Since that time, the CARE Act has provided money to communities and states across the country to deliver HIV-related services. In 1996, 2000 and again in 2006, Congress "reauthorized" (renewed) the Ryan White HIV Treatment Modernization Act.

IN THEIR OWN WORDS …

"One of the hardest things was learning about the Ryan White CARE Act ."

"Getting basic information about the Ryan White CARE Act was the most helpful thing."

"I still can't explain what the Ryan White Act is --- in simple terms."
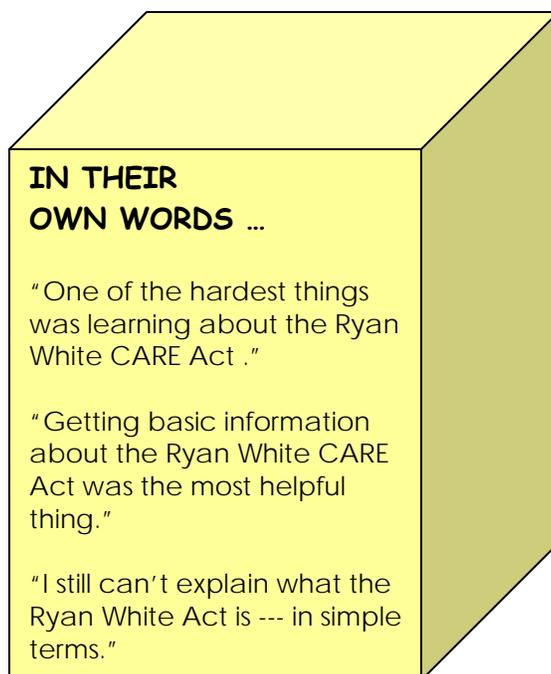
The Ryan White HIV/AIDS Treatment Modernization Act Of 2006

The goal of the newly reauthorized Ryan White Program is to get care and treatment into communities and states where the infection is increasing the most, especially among vulnerable populations (e.g., the uninsured, low-income, disenfranchised populations)

The Ryan White Act provides funding for a range of HIV-related services. These include medical care for people living with HIV disease, supportive services for individuals affected by HIV and their families, training for health care providers who treat people with HIV, and assistance to organizations providing HIV-related services.

The Ryan White Act was named in honor of Ryan White, a young man who was diagnosed with HIV when he was 13. Ryan, with his mother and rest of his family, fought to overcome the fear and ignorance of his neighbors in a small-town in Indiana and became a symbol of bravery and integrity. Ryan died in 1990 at the age of 18.
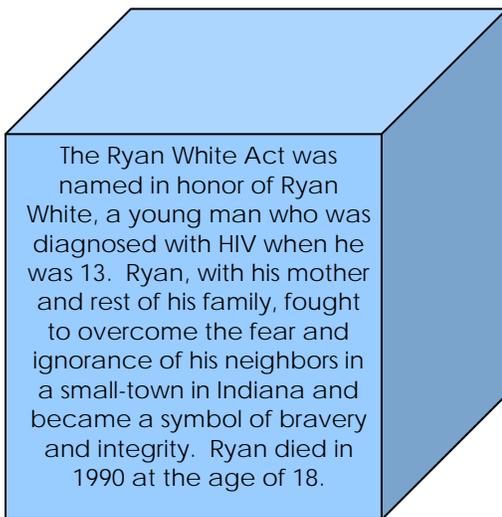
Ryan White money comes from taxpayers to the Federal government in Washington, DC and goes to cities, counties, states, and community-based programs. The different types of Ryan White funding flows from Washington to states and communities are referred to as:

Part A (formerly known as Title I)
Part B (formerly known as Title II)
Part C (formerly known as Title III)
Part D (formerly known as Title IV)
Part F

Each of these parts, or sections, has a different focus. However, all programs funded by the Act are required to work together at the state and local community levels to maximize coordination of services.

At the federal level, all Ryan White programs are administered by the HIV/AIDS Bureau of Health Resources and Services Administration (HAB/HRSA) of the U.S. Department of Health and Human Services in Washington, DC.

- ## PART A - What is Part A? (formerly known as Title I)

    Part A of the Ryan White Act provides funding to the areas (sometimes several cities or counties in one state) which have felt the greatest impact of the HIV epidemic. These areas are called either Eligible Metropolitan Areas (EMAs) or Transitional Grant Areas (TGAs).

    - In order to be an EMA, communities must have reported more than 2,000 AIDS cases during the most recent five-year period. EMAs must also have a population of at least 50,000 or more persons.

○ In order to be a TGA, communities must have reported at least 1,000 AIDS cases but not more than 1,999 AIDS cases during the most recent five-year period. TGAs must also have a population of at least 50,000 or more persons.

By HRSA's definition, Riverside and San Bernardino is identified as a Transitional Grant Area (TGA).

How are Part A funds used?
EMAs and TGAs may use Part A funds to meet needs for medical and support services that are not met by any other program. These *could include*, for example, primary medical care, home health and hospice care, dental services, case management, mental health care, substance abuse treatment, housing assistance, transportation, nutrition services, early intervention services, and day care.

EMAs and TGAs are required to spend Part A funds in accordance with the local demographics of AIDS, including proportional allocations for infants, children, youth, and women. EMAs and TGAs fund services according to priorities set by a local HIV Health Services Planning Council such as the Inland Empire HIV Planning Council.

■ PART B - What is Part B? (formerly known as Title II)
Part B of the Ryan White Act provides funds to all the states, the District of Columbia, Puerto Rico, and U.S. territories. Part B enables states to improve the quality, availability, and organization of health care and support services for individuals and families with HIV/AIDS. Typically, Part B money is administered by state health departments. Part B is designed to assure that all people living with HIV have access to adequate care, whether they live in rural, suburban, or urban areas.

How are Part B funds used?
States may direct Part B funds toward a range of primary medical care and support services (the same support services that Part A may fund). Part B funds may also be used to pay for health insurance programs which enable people with HIV to continue their private health insurance coverage if they can no longer afford their premiums, or to buy health insurance. Part B also contains funds for states to reduce mother-to-child (perinatal) HIV transmission.

- **Part B and ADAP**

  The AIDS Drug Assistance Program (ADAP) is a special part of Part B. ADAP helps people with HIV who are uninsured or underinsured pay for HIV-related medications. ADAP has enabled many people with HIV to afford treatments, including powerful antiviral drugs and other medications to treat HIV disease.

- PART C – **What is Part C? (formerly known as Title III)**

  Part C of the Ryan White Act provides grants (funding) to public and private community-based clinics to provide primary care and support services for people with HIV with very low incomes based on Federal Poverty Levels..

  Part C grantees include, for example, community and migrant health centers, hospital and university-based medical centers, and city and county health services. Many Part C programs are targeted at people in historically under-served and/or geographically remote communities. .

  ### How are Part C funds used?

  Part C funds may be used for a range of activities, including HIV counseling and testing, primary medical care, medications, dental services, case management, mental health care, nutrition services, and treatment of tuberculosis and substance abuse.

- PART D – **What is Part D? (formerly known as Title IV)**

  Part D of the Ryan White Act provides funding for HIV-related care and services for children, youth, women, and families. The money is awarded through a competitive process to public and private nonprofit institutions and organizations.

  ### How are Part D funds used?

  Part D funds are used to develop and sustain comprehensive systems of care and support and may include primary medical care, social services such as case management, and access to research. In addition, Part D funds have also been used to develop HIV-testing and prenatal care programs for women, as well as comprehensive care to HIV-positive pregnant women. Part D money has also gone to support innovative model programs for adolescents in selected cities.

- ## PART F – **What is Part F**

   Part F of the Ryan White CARE Act authorizes three separate programs:

   - **The AIDS Education and Training Centers (AETC).** This network of 14 centers throughout the United States and its territories – along with several national provider resource centers – provides multidisciplinary education and training programs for health care providers. The AETC program helps to ensure that health care and social service providers, including those in rural areas, have the necessary skills and knowledge to provide state-of-the-art HIV care. More than 700,000 providers have been trained by AETCs since 1991.

   - **Special Projects of National Significance (SPNS).** This competitive grant program supports the development and evaluation of innovative models of HIV care. A percentage of the funds appropriated for Parts A, B, C, and D is given to the SPNS program. SPNS projects usually target traditionally under-served groups, including adolescents, residents of rural areas, people in prison, and Native Americans.

   - **The HIV/AIDS Dental Reimbursement Program**. This program provides reimbursement to dental schools, programs, and community-based providers who work with them, for oral health care to uninsured and indigent people with HIV.

Ryan White Programs at a Glance

PART	DESCRIPTION/PURPOSE
Part A	Provides funding to eligible metropolitan areas (EMAs) and transitional grant areas (TGAs) that have felt the greatest impact of the HIV epidemic.
Part B	Provides funds to all states and territories to improve HIV-related care and services.
Part B - ADAP	AIDS Drug Assistance Program (ADAP), helps people with HIV who are uninsured or under-insured pay for medications.
Part C	Provides funds to community-based clinics to provide early intervention services and outpatient health services to people with HIV.
Part D	Provides funding for HIV-related care and services for women, infant, children, and youth.
Part F	**AETC (AIDS Education and Training Centers** Network of centers providing education and training on HIV care for health care professionals.
	SPNS (Special Projects of National Significance) Provides money (through a competitive process) for development and evaluation of innovative models of HIV care.
	Dental Program Provides reimbursement to dental schools and programs, and community-based providers, working with them, for oral health care to uninsured people with HIV.

A GLOSSARY OF RYAN WHITE TERMS

This glossary explains a few of the words that were used in this section to describe the Ryan White HIV Treatment Modernization Act. For a more comprehensive list of words, you can review the glossaries in the various Ryan White CARE Act Manuals and at www.hab.hrsa.gov.

ADAP – AIDS Drug Assistance Program helps eligible people pay for HIV-related medications.

AETC (AIDS Education and Training Centers) – Network of centers providing education and training programs on HIV-related issues for health care providers.

Eligible Metropolitan Areas (EMAs) – Communities which are eligible to receive funding under Part A of the Ryan White HIV Treatment Modernization Act because of the impact of the HIV epidemic on their population. These communities are usually large metropolitan areas. In order to be an EMA, communities must have reported more than 2,000 AIDS cases during the most recent five-year period. EMAs must also have a population of at least 50,000 or more persons.

Transitional Grant Areas (TGAs) – Communities which are eligible to receive funding under Part A of the Ryan White HIV Treatment Modernization Act because of the impact of the HIV epidemic on their population. These communities are usually large metropolitan areas. In order to be a TGA, communities must have reported at least 1,000 AIDS cases but not more than 1,999 AIDS cases during the most recent five-year period. TGAs must also have a population of at least 50,000 or more persons.

HIV/AIDS Bureau – The department (called a bureau) within HRSA that administers the Ryan White CARE Act.

HRSA – Health Resources Services Administration. The federal agency in the U.S. Department of Health and Human Services that administers the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act.

Needs assessment – A process used to determine the needs of particular populations, the extent of the need, the services that are available and the gaps that exist.

Planning Council – The planning body that is appointed to develop a plan for the delivery of HIV services in the EMA or TGA and to establish priorities for the use of Part A funds that the EMA or TGA receives.

SPNS (Special Projects of National Significance) – A program funded under Part F of the CARE Act that provides grants for demonstration, research, and evaluation.

ROLES & RESPONSIBILITIES

Planning Council Roles and Responsibilities (Mandated Activities)

- **Establish priorities for the allocation of funds within the TGA**
  (1) Determine which services are most needed,
  (2) Determine the level of funding for each identified service priority, and
  (3) Additional factors to consider in allocating the funds:
       particular populations, geographic areas, special considerations.

- **Development of a comprehensive plan for the TGA**
  (1) Short- and Long-term goals for improving, organizing, and delivering services,
  (2) Based upon comprehensive needs assessment data and information, and
  (3) Must be compatible with any existing California Statewide Coordinated Statement of Needs.

- **Establish methods for obtaining input on community needs and priorities**
  (1) Public meetings,
  (2) Focus groups,
  (3) Convening ad-hoc panels,
  (4) Conducting surveys, and
  (5) Key Informant Interviews.

- **Assess the efficiency of the administrative mechanism of the Grantee**
  (1) Speed in allocating the funds,
  (2) How quickly contracts with agencies are signed and executed,
  (3) How long the Grantee takes to pay providers,
  (4) If the funds were spent appropriately,
  (5) Were all funds spent, and
  (6) Effectiveness of the services meeting the identified needs.

- **Participate in the development of the Statewide Coordinated Statement of Need**
  (1) Cooperation between the other Ryan White Parts to avoid duplication of services.

Other Responsibilities

- **Conflict of Interest**
  (1) Define conflict of interest,
  (2) Develop a procedure to address conflict of interest, and
  (3) Explain the procedure to insure the mitigation of conflict of interest.

HRSA's Definition of Conflict of Interest: *The actual or appearance of a bias in the decision-making process is based upon the dual role of a member, who in addition to serving on the Council may be aligned with other organizations, either as an employee/er, a member, or in some other (decision-making) capacity.*

- All Council members ***shall*** identify potential, actual, or perceived conflicts of interest. A member of the Council shall not permit his or her individual or organizational interests to supersede the Council's decision-making processes, including needs assessment, comprehensive planning, priority setting, resource allocation, and evaluation. A member of the Council shall not influence or attempt to influence a decision or election/vote regarding a particular matter in which the member has a conflict of interest.

- The Council shall not be directly involved in the administration of the Part A grant or recommend or select particular entities or organizations to receive funds provided by the Part A grant.

- **Planning Council**
  (a) Members ***CANNOT*** be involved in managing Part A (Title I) contracts,
  (b) Members ***CANNOT*** compete for Part A (Title I) funds,
  (c) Members ***CANNOT*** assist the Grantee in selecting agencies, and
  (d) Members ***CANNOT*** talk about or mention specific providers at meetings.

- **Grievance Procedures**
  (1) Development of procedures for receiving and responding to complaints,
  (2) Clarification on who may file a grievance and the time frame for filing, and
  (3) Determine how a decision will be made if the complaint is legitimate.

Grantee Roles and Responsibilities

The Ryan White Grantee for the Riverside/San Bernardino TGA is the County of San Bernardino, Department of Public Health. The Grantee is the official recipient of Ryan White funds within the transitional grant area and is ultimately responsible for administering all aspects of the Ryan White Program in the TGA and ensures that all legislative requirements are met.

- **Establish the Planning Council**
  - (1) Must be at least 33% PLWH/A and
  - (2) Reflect the population with HIV in the TGA.

- **Distribute funds according to the priorities** established by the Planning Council.
  - (1) Part A direct services funds can ONLY be spent on Planning Council priorities, and
  - (2) In accordance with Planning Council directives as to "how best to meet" the Priorities.
    - <u>**Directives are a tool to:**</u>
      - o Reach underserved populations,
      - o Distribute resources to a neglected area, and
      - o Target services to populations where existing programs are not meeting their needs (as identified by Planning Council).

    - <u>**Directives Must NOT:**</u>
      - o Involve Council in procurement, and
      - o **Related to any specific provider.**

- **Make awards to public or nonprofit entities**

- **Provide information to the Planning Council to accomplish tasks**

- **Prepare and submit the appropriate applications**
  - (1) With the cooperation of the Planning Council

- **Use funds to supplement, not replace, local funds provided for HIV services**

- **Provide Program and Fiscal Monitoring**

- **Assure that support services are provided:**
  - (1) Based on client's eligibility to receive services,
  - (2) Without regard to individual's ability to pay,
  - (3) Without regard to individual's past or present health condition, and
  - (4) In an accessible setting for low-income individuals living with HIV.

- **Submission of Required Reporting**
  - (1) Conditions of Grant Award,
  - (2) CARE Act Data Report, and
  - (3) End-of-Year Reporting.

- **Establish and Implement a Grievance Procedure**

- **Establish Intergovernmental Agreements (IGAs) between San Bernardino and Riverside County Health Departments.**

- **Establish and Oversee a Quality Management Program**
    (1) Coordinate a Quality Management Work Group,
    (2) Develop a Quality Management Plan,
    (3) Conduct Quality Assurance Activities for the TGA,
    (4) Monitoring of Ryan White-funded Subcontractor's, and
    (5) Monitoring of all Aspects of Grant Management.
    (6) Responsible for the coordination of ARIES – AIDS Regional Information & Evaluation System. ARIES is a client management system, designed for Ryan White funded providers, which will enhance services to clients with HIV by helping providers automate, plan, manage and report on client services.

Shared Responsibilities of Planning Council and Grantee

- **Planning Council Membership**
    (1) Ensure a clearly defined and "open" process of choosing Planning Council members,
    (2) Define a replacement process, and
    (3) CEO (County of San Bernardino, Department of Public Health) retains sole responsibility for appointment of all members to the planning council.

- **Membership of PLWH/A**
    (1) Joint responsibility Planning Council and Grantee to encourage, recruit, recognize, accommodate and support PLWH/A.

- **Services to Women and Children**
    (1) Ensure that the same or greater percentage of funds goes to women and children based on the related population of AIDS cases.

- **Needs Assessment**
    (1) Cooperative effort, and
    (2) Work may be performed by the grantee, Planning Council or outside contractor.

- **Reallocation of Funds**
    (1) Grantee may allocate funds to another provider within the same service priority, or

(2) Planning Council may reallocate funds between service areas and between service categories.

CONSUMER INVOLVEMENT

The Act requires that people living with HIV/AIDS (PLWH?A) be part of the planning and decision-making process. There are many ways that consumers can become involved. They can help identify unmet service needs in the community, make decisions about how Ryan White funds are spent, and evaluate the quality of existing programs.

"Unmet need is the need for HIV-related health services by individuals with HIV disease who are aware of their HIV status, but are not receiving primary health care."

Below are some examples on how consumers and other Planning Council members can become involved in the various activities.

Needs Assessment – The Voice of Consumers – Identifies the needs of the HIV/AIDS community, the services available to meet these needs, and the gaps between needs and services.

The Role of PLWH/A and other Planning Council members in the Needs Assessment Process:

- Help find special subpopulations of PLWH/A.

- Assist in planning community meetings.

- Ensure the involvement of PLWH/A organizations.

- Ensure that survey and focus group questions are linguistically and culturally appropriate for the different PLWH/A populations.

- Serve as peer interviewers and/or focus group facilitators.

- Provide an informed context for analyzing information.

- Ensure that PLWH/A in the community are informed of the needs assessment results.

Comprehensive HIV Services Plan – Improving Services for Consumers – A strategic plan on how services will be improved and delivered to the HIV/AIDS community in the TGA.

The role of PLWH/A and other Planning Council members in the Comprehensive Plan Process:

- Ensure that the purpose of planning remains focused on addressing the needs of PLWH/A.
- Help to ensure a sound Comprehensive HIV Services Plan for the TGA with community "buy in."
- Identifying and obtaining the participation of key individuals in the planning process.
- Serving as a liaison with PLWH/A caucuses in organizing community forums.
- Minimizing obstacles to PLWH/A participation in planning.
- Help to identify barriers to care and other factors that might affect the appropriateness of particular interventions for specific populations.

Priority Setting & Resource Allocation – Based on consumer needs, what services will be funded and how much will be allocated

The role of PLWH/A and other Planning Council members in the PS& RA process:

- Help to ensure that appropriate attention is given to the needs of various infected (PLWH/A) and affected (family & friends) populations and subpopulations.

- Question assumptions made by other Planning Council members based on their roles as consumers, service providers, and health officials.

- Help to ensure that important community factors are considered in projecting future service needs.

- Help to ensure that consideration of specific strategies and interventions takes into account their appropriateness and probably impact on particular populations of PLWH/A.

Quality Management and Evaluation – Improvement in the access to, and quality of, HIV health and supportive services.

The role of PLWH/A and other Planning Council members in the Quality Management and Evaluation process:

- Serve on Committees involved in the evaluation of program effectiveness, quality management, and client satisfaction.

- Help to develop client questionnaires and interview guidelines and make sure that the right questions are asked in culturally appropriate ways to not offend those participating in surveys or interviews.

- Provide information from a consumer perspective about the appropriateness and impact of services.

- Assure that specific PLWH/A concerns are addressed in the evaluation design phase.
- Provide a client perspective in the often impersonal numbers game, to complement and explain quantitative data.

SECTION TWO: CAN I REALLY DO THIS?

THE BENEFITS OF BECOMING A PLANNING COUNCIL

MEMBER

This section will provide you with some insight from other members about being involved in planning groups.

The Rewards of Participation

What Other Members Have Said

IN THEIR OWN WORDS…

"Don't feel afraid, intimidated, or like you are not as educated or important as other people who are in the group – you are very important!"

Consumers and other Planning Council members were asked, "What were the most rewarding things about

being on the Planning Council?" Below is a sample of what they said.

Benefits for Me and for Other Consumers

- "It means I have a voice."

- "It helps me understand where the funding comes from and where it goes."

- "It means I am part of the decision-making."

- "It increases my involvement in my own health care – I'm not just a bystander."

- "It feels good knowing that my decisions will help people with HIV."

- "It helps me to feel like I'm not alone."

- "It helps me to make contacts with other consumers."

- "It gives me information that I can use."

- "It gives me a sense of inner peace, goodwill, self-esteem, and pride."

- "It means I can speak for the young who can't speak for themselves."

Benefits for the Programs and the Providers

- "It makes the system more responsive to consumer needs."

- "It directs funds where they are most needed."

- "It makes the programs more real."

- "It brings about change and improves conditions."

- "It increases the providers' knowledge of consumer needs."

- "It improves relationships between providers and clients."

- "It develops a group of consumers who can advocate for the program."

- "It helps save money."

Identifying Your Strengths

<div style="background-color:#3333aa; color:white; padding:10px;">

Strengths Inventory (A simple exercise)

</div>

Read the list of strengths and **check** √ the ones that are most like you. Then find someone you trust – and discuss them. Talk about how these qualities help you understand what it is like for people with HIV/AIDS and how you can use your strengths to help other PLWH/A.

Now, look at the list again. This time cross off **X** the qualities you feel you need to work on to improve. Again, talk with someone you trust about the qualities you circled.

Identifying Strengths and Weaknesses

☐ I am able to communicate well.

☐ I understand my own health care needs.

☐ I am committed to improving services.

☐ I am able to listen well.

☐ I am organized.

☐ I can work well with others.

☐ I am able to network with other consumers and providers.

☐ I am optimistic.

☐ I am a caring person.

☐ I am confident.

☐ I am not judgmental.

☐ I have experience working with other PLWH/A.

☐ I am comfortable talking about my HIV status.

☐ I am willing to share my life's experiences.

☐ I am accepting of myself and others.

☐ I am an outgoing person.

☐ I want to help others.

☐ I can speak comfortably about my own situation.

☐ I am willing to learn.

☐ I can ask for help.

☐ I am able to share.

☐ I am able to interact with many different kinds of people.

☐ I understand the needs of PLWH/A beyond my own and my family's needs.

☐ I am able to provide and receive support.

☐ I am an honest person.

☐ I have an attitude of partnership.

Secrecy, Disclosure, and My Participation

For Consumers [Persons Living with HIV/AIDS]
Telling other people that you or someone in your family is HIV positive is a very personal decision. And, people deal with it in many different ways. Some don't find an HIV diagnosis to be an issue requiring secrecy. They may share the information with family or friends almost immediately. Others decide to keep the information private. They may fear being rejected, or losing their job or health insurance. Many people may spend months or sometimes years keeping HIV a secret part of their lives – even from their friends and closest loved ones.

People living with PLWH/A in the United States have been the targets of stigma since the first cases were diagnosed. HIV-related stigma refers to unfavorable attitudes, beliefs, and policies directed toward people perceived to have HIV/AIDS as well as their loved ones, associates, social groups, and communities. HIV-related stigma plays a role in delaying HIV testing, non-disclosure of sero-positive status, and postponing entry into HIV medical care.

Over time many people living with HIV may decide to let others know. They may choose to disclose their HIV status to family, to neighbors, and even to members of their broader community.

Some consumers have stated that it was very important to be able to talk about being HIV positive at Planning Council meetings. In fact, they said that when people knew they were HIV positive, it helped their effectiveness. A few people, who had not disclosed their HIV status in the community, said they sometimes worried about their participation in the Planning Council. They were especially worried because they could not control the level of confidentiality at the meetings.

If you decide to serve on a Planning Council, you may or may not choose to tell anyone else in the group about your HIV status. For your own comfort, though, you should think carefully about how your work with such a group might affect your decisions about disclosure.

IN THEIR OWN WORDS …

"I fear the loss of privacy and possible repercussions because of going public."

"I'm speaking for women who can't and for those who are afraid."
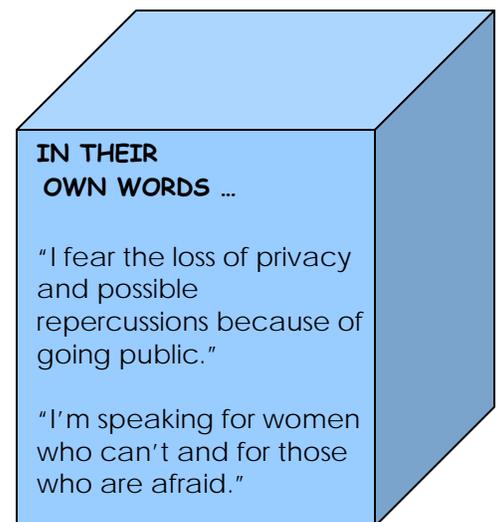
Partnership: Working With Others

Planning Councils may have from 10-45 or more members. Some of them will be providers and some will be other people living with HIV/AIDS. One of the things you will have to do if you agree to serve on the Planning Council is to work closely with people from many different kinds of backgrounds, (e.g. ethnic, professional, educational, etc.).

The following are some guidelines which might strengthen the partnership between Planning Council members.

Guidelines for a Strong Partnership

- Respect each other's skills and knowledge.
- Be clear and honest when you talk with each other.
- Try to understand each other's point of view.
- Work toward the same goals.
- Develop plans and make decisions together.
- Share information with each other.
- Ask each other, "How is our partnership working?" and "How can we make it better?"
- Try to think the very best about each other.
- Work hard to understand and appreciate our differences.

Adapted from: Focal Point, (1987), Vol. 2, No. 2, Research and Training Center, Regional Research Institute for Human Services, Portland State University, Portland, OR.

SECTION THREE: THE NUTS AND BOLTS OF THE JOB

In this section tools are presented to help you participate in meetings more effectively. The material is designed to increase your confidence. You will find background information to help Planning Council members understand the process that groups use to get their business done. These are practical strategies and tips for being an informed participant. Most of the information presented in this section comes from the experiences of other Planning Council members.

MEETINGS BY THE "RULES":
A GUIDE TO PARLIAMENTARY PROCEDURE

Formal meetings, such as the Inland Empire HIV Planning Council meetings, are usually organized by a set of procedures called Robert's Rules of Order. These "rules" establish the ways in which things get done at meetings. They ensure that meetings are conducted in an organized way.

Robert's Rules of Order are based on three important principles, or "rights":
- The right of the majority to make decisions,
- the right of the minority to be heard, and
- the right of the individual to have a voice in the decision-making process

Robert's Rules of Order are sometimes referred to as parliamentary procedure. Under this system, business is conducted by acting on **motions**— ideas or actions that members suggest.

An Example of a Parliamentary Procedure

A member of the Planning Council introduces a **motion**.
- "I move that we have ice cream and cake at all meetings."

Another member then **seconds the motion** (supports it).
- "I second the motion."

The person in charge of the meeting then **restates the motion**.
- "It has been moved that ice cream and cake be served at meetings."

The maker of the motion can first discuss the motion, then opens the meeting to **discussion** about the motion.
- "Is there any discussion?"

Discussion takes place.
- "I think it is a really good idea. I'm always hungry when I come to these meetings, and it would be great to have ice cream and cake to look forward to."

- "I'm not so sure about this. Ice cream and cake are not healthy foods. I think we should have carrot sticks instead."

- "I'm in favor of the motion. These meetings are so long. It would be great to have a break and have ice cream and cake at each one."

After a while, when discussion is finished, or when it is time to stop the discussion, the person in charge of the meeting asks if participants are ready to **vote** on the motion. If there is general agreement (consensus), the person in charge restates the motion and takes a vote.

- "All those in favor of the motion?" (People can vote with their voices or by raising their hands.)

- "All those opposed?" (Again, people can vote verbally or by raising their hands.)

In the case of the ice cream and cake motion, all the members of the committee voted "Aye!" They were in favor of the motion and it passed unanimously!! In the future, ice cream and cake will be served at meetings.

**Sometimes, though, the process is not so simple.
For example:**

During discussion one committee member was concerned about the expense of having refreshments served at meetings.
- "I don't think our committee can afford to have ice cream and cake at every meeting. I would like to **amend** the motion to have ice cream and cake at every other meeting."

There are various rules about whether the original motion can be **amended** (changed).
- Sometimes the person who made the original motion is asked to accept a **friendly amendment**. In this case, to change the wording of the original motion to have ice cream and cake at every other meeting.
- In more formal meetings, the person in charge may ask that the original motion be withdrawn, and then restated to include the proposed changes.
- Or the person in charge may require that the original motion be voted on. If it is defeated, a new motion, which includes the proposed changes, can then be introduced.
- Another choice is a formal amendment to the motion.

In our example, the **friendly amendment** was not accepted. The original motion was put to a vote, and it passed. Ice cream and cake will be served at all meetings!

Here's another example:

There were many concerns about the cost of ice cream and cake at committee meetings. Discussion continued. Finally, someone suggested that the matter be **referred to a sub-committee/committee**.

- "We have so many questions about this issue. I propose that we **refer** the motion to a subcommittee to find out exactly what it will cost."
- This will require a motion, discussion, and regular vote.

If there is a vote based on a motion, the person in charge of the meeting refers the motion to a subcommittee.

- "Please gather the necessary information and report back to the full committee at next month's meeting."

And one more example:

Discussion about ice cream and cake dragged on and on and on. Some people were concerned about the cost; others worried about the nutritional value. Many, however, thought it was a splendid idea. No one could agree. After quite a long time, someone acted to end the discussion and require the members to vote on the **motion** to have ice cream and cake at all meetings.

- "I move the previous question." (make a motion to end discussion and take a vote)

Someone else supports the idea to end discussion or calls for a question.

- "I second the motion."

The person in charge then asks for a vote. If two-thirds of the members vote to end the discussion, the discussion ends. Then they take a vote on the original motion. And, finally, it is agreed that ice cream and cake will be served at all meetings or the motion is defeated.

Summary of Steps in Handling a Motion

1. A member addresses the Chair of the Committee/Subcommittee.
2. The Chair recognizes the member.
3. The member states the motion.
4. Another member seconds the motion.
5. The Chair restates the motion, thus placing it before the Council for consideration.
6. The Council may discuss the motion if it is debatable and amend the motion if is amendable.
7. The Chair takes the vote.
8. The Chair announces the results.

Remember, Robert's Rules of Order are intended to provide a fair decision-making structure. They are not meant to stop important discussions or to take up lots of valuable time. They are meant to allow the majority to make a decision while enabling the minority to be fairly heard. The next Table presents the terms you are most likely to hear during meetings. Keep it as a handy reference on parliamentary procedure.

Robert's Rules of Order: A Glossary of Terms

Motion - an idea or action that a Planning Council member suggests or recommends

Second the motion - support a suggestion or recommendation that has been made

Amend the motion - offer a change or addition to a motion

Refer the motion - ask a committee or subcommittee to gather additional information about a motion

Table the motion - delay a motion until a stated future time

Move the previous question - bring an end to discussion and take a vote on the motion

Point of order -   suggest that a "rule" of parliamentary procedure has been
                              Broken

Point of Information   Where is the bathroom; I don't understand.

WHO IS ROBERT?

Henry Martyn Robert was an officer in the United States Army. One day, without any warning, he was asked to run a meeting at his church. It was a disaster! People wouldn't listen to each other; they wouldn't take turns speaking. He was very embarrassed, and he vowed never to attend another meeting until he understood proper meeting procedures. He studied many books on British parliamentary procedure and in 1876 published the first edition of Robert's Rules of Order.

GETTING THE MOST OUT OF MEETINGS – TIPS FOR SUCCESS:

As a member of the Inland Empire HIV Planning Council, one of your primary responsibilities will be to attend regular meetings. That's where the important discussions take place and decisions are made. Sometimes though these meetings may seem overwhelming – especially when you are new to the group.

Below are some suggestions for ways to make participation in meetings easier and more productive. They offer ideas on how to prepare for meetings as well as what to do during meetings.

Before you go to the meetings:

☐ Ask for directions to the meeting and if parking is available. This information is usually included in the meeting packets that you receive beforehand.

☐ Get a phone number to leave with your family or sitter.

☐ Find out who is in charge in case concerns arise.

> **IN THEIR OWN WORDS**
>
> …
> "Ask immediately how the group works and how you can be a fully functioning member."
>
> "Ask questions if something is being said that you don't understand. Don't let the conversation go on to the next topic until you understand."
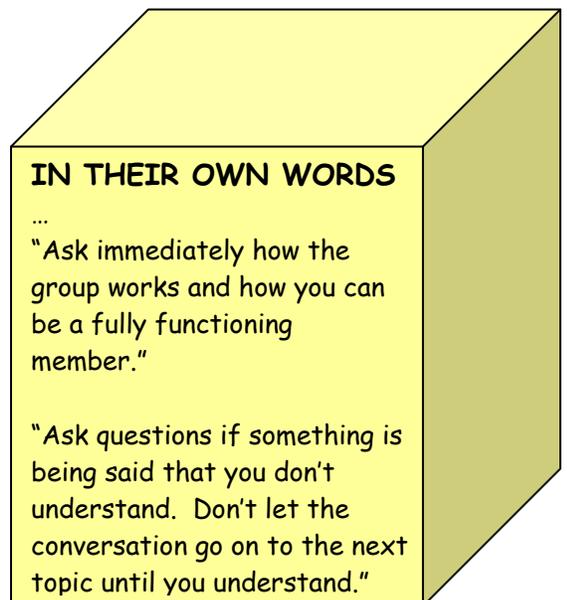
☐ Read the materials {meeting packets} you've received ahead of time.

☐ Seek out a buddy in the group and don't go to meetings alone, especially the first few times.

At the meetings:

☐ Introduce yourself, and ask people to introduce themselves if they haven't.

☐ Take notes – they will help you remember later.

☐ Remember, it's okay not to know. It takes time to feel comfortable. Listen carefully.

☐ Ask questions – there is no such thing as a dumb question. Someone else probably has the same question and feels too shy to ask.

☐ Ask for a list of commonly used terms and initials. Don't hesitate to ask what something means.

☐ Observe body language – you'll pick up a lot of clues about how people are feeling.

☐ Attend regularly. It will help you understand the issues, and understand the group's dynamics.

☐ Learn the subtle rules that make a difference – where to sit, what is done about lunch and breaks, and the best time to arrive and leave.

☐ Know yourself – be clear about your values and priorities.

☐ Be open to the perspective of others in the group.

Between meetings:

☐ Think through the best way to handle the sharing of family or personal information so you can make your points most effectively.

☐ Get to know the other members. Learn about their perspectives.

☐ Talk with other consumers in your community to learn their perspectives on issues.

☐ Read, read, and read as much information as you can.

GROUND RULES FOR RESPECTFUL ENGAGEMENT

The following are some guidelines for ground rules and meeting conduct to ensure successful planning council meetings.

Ground Rules

- Listen
- Don't Interrupt
- Don't Just Disagree, Offer Alternatives
- Give Respectful, Constructive Feedback
- Don't Judge
- Respect Others' Opinions; Keep an Open Mind to Others' Opinions
- Have All Issues on the Table; No Hidden Agendas
- Gossip and Hearsay Hinder Efforts to Build Trust
- Focus on the Situation, Issue or Behavior--Not the Person
- Participate With Your Heart and Mind in Balance With Each Other
- Each Member Is Responsible to Help Maintain the Ground Rules

Meeting Conduct

We will use Robert's Rules of Order to conduct meetings when they do not conflict with the Intergovernmental Agreement or the Brown Act. We will strive for decisions by consensus; when consensus cannot be reached, we will operate by majority vote.

- The Chair Will Keep a Speakers List; Wait to Be Recognized Before Speaking
- Be on Time for Meetings; Stay for the Entire Meeting
- Respect Others' Time; Begin and End on Time

- Minimize Side Conversations

- Don't Monopolize the Discussion

- Don't Repeat What Has Already Been Stated

- Turn Off Beepers and Cell Phones, or Keep Them on Silent

- **Do Not Put Down any Individual, Group, Organization or Agency**.

- Once You've Spoken on a Topic, Let Other Members Speak Before You Request to Speak Again

SECTION FOUR: THE ART OF COMMUNICATION

Communication is at the heart of your job as a Planning Council member. Just think about it:

- ❖ You **listen** to the concerns of people affected by HIV/AIDS in your community.
- ❖ You **share** those concerns, as well as your own perspectives and experiences.
- ❖ You **ask questions** so that you will have complete information and an understanding of the issues.
- ❖ You **discuss** ideas and options with other members of the group.

Good communication skills are the key to effectiveness. And yet, we know that many Planning Council members feel their own communication skills are inadequate. Some feel shy about speaking up in public. Some are uncomfortable expressing differences of opinion, especially with service providers and program administrators. Some even worry about how to maintain contact with other people with HIV/AIDS in their communities.

CONNECTIONS WITH OTHER CONSUMERS - IDEAS FOR STAYING IN TOUCH:

These suggestions contain information and ideas that members can use in their work on the Planning Council. They can help you sharpen your communication skills.

Talking with other women, young people, and family members about their concerns will help you know what the current and important issues are. This will also make you a more

credible advocate. Remember, your voice speaks for the voices of many others in your community. Here are some ideas for staying in touch with other consumers.

❖ Ask your group members for their ideas and concerns.

❖ Develop a flyer that asks PLWH/A to contact you with their ideas and concerns.

❖ Distribute the flyer to AIDS organizations and support groups in your community.

❖ Ask local AIDS organizations to host "Consumer Coffees" so you can meet informally with others in your community to learn about their issues.

❖ When important or controversial issues are slated for committee discussion, telephone a representative group of consumers before the meeting to learn their perspectives.

☐ Write a "Consumer Column" for AIDS-focused newsletters on issues that come before the planning group.

SPEAKING UP: TIPS FOR SUCCESS

As a Planning Council member, you will have to speak up before the group to discuss ideas, make statements about what you think should be done, or comment on actions being proposed. Many people feel nervous or shy about speaking up at meetings. However, that's why you are a member of the Planning Council. Here are some tips for controlling your nervousness, so that you can be an effective Planning Council member participant.

☐ **Know what you are talking about.** If you don't know the issue or are not familiar with the topic being discussed, your nervousness will probably increase. Read your materials before the meeting, so that you can participate in a meaningful way.

☐ **Think about what you want to say before the meeting.** Talk to your friends, your family, or your partner about the issues you'd like to raise. Write down your thoughts using words that are "natural" for you. Stand in front of a mirror and speak as if you are in the meeting.

☐ **Visualize yourself speaking to the group.** Imagine yourself speaking, your voice

is loud, clear, and confident. When you visualize yourself as successful, you will be successful.

☐ **Realize that people want to hear what you have to say.** You bring a unique perspective to the discussion. People want to hear about it. They want to know about your experiences, and they want you to be successful.

☐ **Focus on your message – not your nervousness**
Focus your attention away from your own anxieties. Instead focus on your message and the people you are talking to. Your nervousness will go away.

☐ **Use notes.** If you have important points you want to be sure to cover, jot them down on an index card or notepad. They will help you stay focused on your message.

☐ **Don't apologize.** It's okay if you are a little nervous, but you don't need to share that feeling with the group.

☐ **Relax.** Take a deep breath to ease your tension. Remember, you have important information and insights to share. Be as natural as you can.

QUESTIONS - THE KEY TO UNDERSTANDING

Ask questions! That's something we heard again and again from new members. There is so much to learn, especially when you are a brand new member of a Planning Council. And the only way to be a productive member is to understand what is being said.

But many people feel shy about asking questions. They think, "Oh, that's a silly question." Or, "Everyone else seems to understand. I must be the only one who doesn't ." Or even, "If I ask that question they will think I'm stupid."

The number one thing to remember: There are no stupid questions! In fact, it's a pretty good bet that if you have a question, someone else in the group has the same one but is too shy to speak out.

Questions can serve a number of purposes. And there are different kinds of questions. For example specific, **closed-ended questions** enable you to gather the exact information

you need to participate in the discussion and in the decision-making process. The following are examples of closed-ended questions:

- What do those initials stand for?
- What is a funding formula?
- Can you please explain what Part B is?

Questions can also give you a deeper understanding of the planning group's   history and process, especially if you ask more **open-ended questions** such as:

- How did the Planning Council first become interested in this agency?
- Can you give me a little background?
- Are you able to tell me some more about the history of this issue?

You can also use questions to open up new ways to think about an issue. Consider these questions:

- Are there some other ways to look at this issue?
- What would be our ideal outcome?
- What would happen if we changed the way that we distribute these funds?

Finally, questions can be used to bring all participants into the discussion. For example:

- Does anyone else have thoughts on this issue?
- Are there other issues or concerns that our group should be thinking about?

Questions are tools to help you gain information and understanding – about issues and about people. Use them wisely, and use them often!

GUIDELINES FOR GIVING REPORTS

One of the best ways to take an active role in your planning body is to serve on a committee or subcommittee. These smaller committees tackle such issues as community outreach, Bylaws, and clinical advances as well as other subjects. Reports and recommendations from subcommittees are presented to the full Planning Council for discussion and final decision-making.

IN THEIR OWN WORDS …

"Ask questions, questions, and more questions!"

"Ask questions – don't let the conversation go on until they've been answered."
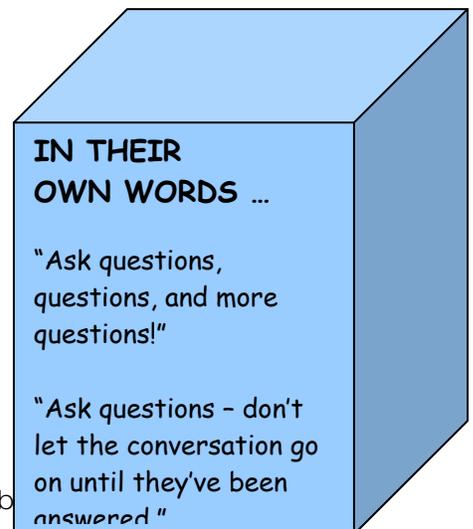
If you serve on one of these committees or subcommittees you may be asked to give a report to the full Planning Council, or, you might report on an important issue that affects your community. If so, here are nine easy steps to follow. Included are examples to illustrate each step.

1) **Keep it Simple.** Begin with a simple statement of the issue. Briefly describe the work the committee has done on the issue. For example:
   - "Our committee was asked to find ways to provide childcare for members during Planning Council meetings. We interviewed members about their childcare needs and developed a list of ways we could meet those needs."

2) **Present the key information your committee discovered about the issue.** Don't offer your personal opinion. For example:
   - "Twenty percent of the people we interviewed said lack of childcare was a barrier to attending meetings. We identified three ways to overcome that barrier:
     (1) hire childcare workers during meetings;
     (2) find community volunteers to provide childcare during meetings;
     (3) or, provide money to group members to pay their own childcare expenses."

3) **Explain what is important about the findings.** For example:
   - "Quite a few of our group members have a problem coming to meetings because of the lack of childcare. These members are all consumers – and we know how important it is to have consumers present at meetings. So, we must deal with this issue. We have looked at three ways to address this issue. (here you would describe the pros and cons of each approach to meeting the childcare need). And we've decided that giving individual members money for childcare is the best approach."

4) **If necessary, give a clear example to make your point concrete.**
   - You could describe one consumer's struggle to find babysitters for her children while she attends monthly meetings. You could report that she would prefer to pay a babysitter she already knows in her own community, rather than having to bring her kids with her to the meeting.

5) **Ask for questions.** Be thorough, objective, and do not be defensive, be positive in your answers.

6) **If your report calls for action, make a proposal.** For example:

- "We recommend that our group pay childcare expenses for members and we recommend that the money be given to members at the time of each meeting, rather than in the form of a reimbursement."

7) **Explain what would be changed or improved if the committee's proposal is accepted.** For example:
   - "If we pay for childcare for our consumer members, we will make it much easier for them to attend meetings. It will also show how much we value their input by helping to overcome this barrier to their attendance."

8) **Describe the proposal's cost, who would be involved, and how it would be administered.**

9) **If appropriate, make a resolution motion for the committee/ subcommittee, or PC to vote on.** Draft the motion ahead to vote on time. For example:
   - "I move that the childcare expenses of consumer members be paid for by the Planning Council. Money for childcare expenses will be given to consumers at the time of each meeting."

"YOU JUST DON'T UNDERSTAND!"

One of the greatest communication challenges facing Planning Council members is dealing with anger and frustration during meetings. It is completely normal to feel upset from time to time, but an effective advocate must be able to communicate calmly and clearly under these difficult circumstances.

Conflict and disagreements are part of all human interactions. Committees of all kinds deal with differences of opinion among committee members. Just realizing that these differences are "normal" can relieve your worry.

Here are some common causes of disagreements:

- ❖ Differences in values, philosophies, or goals

- ❖ Differences in perception

- ❖ Simple misunderstandings

- ❖ Poor communication due to inaccurate or insufficient communication

- ❖ Limited resources

❖ Fights for power, turf, or control

Differences of opinion will almost always occur. Your job as a Planning Council member is to increase the skills you need to deal with those differences. Learning to communicate respectfully and openly with other Planning Council members will increase your effectiveness and make you a valued member of the group.

MY COMMUNICATION WORKSHEET

Now that you've learned more about the communication skills you'll need to be an effective Planning Council member, it's time to assess your own style and abilities.

In this final section of the Orientation Manual you will find a Communication Worksheet. This worksheet is a tool to help you think about how you communicate with others. Here's how to use it:

❖ First, read the statements, and then rate yourself on each one.

❖ When you identify an area of weakness, think about how you could improve. Write down your ideas. Share the information with someone you trust. Try to put your ideas into practice.

Be sure to refer to the Worksheet regularly to see how your communication skills have improved. You'll be proud of you and your progress!

IN THEIR OWN WORDS

"Stay open-minded and willing to learn."
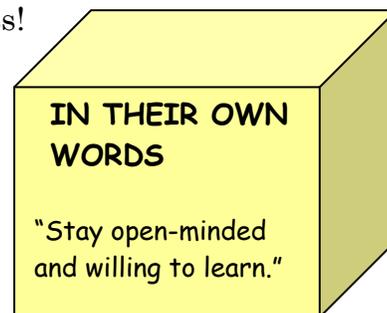
Good luck in your new role as a Planning Council member, and remember the Inland Empire HIV Planning Council and the Grantee are here to help you become successful!

My Communication Worksheet

My Beliefs & Behavior	No	So-So	Yes	How Can I Improve ?
I believe that the perspectives and opinions of all group members are important.				
I am patient and courteous towards other group members.				
I put aside my emotions and preconceived ideas.				
I limit comments and conversation with those sitting near me so I don't distract others.				

When I Listen	No	So-So	Yes	How Can I Improve ?
I am an active listener.				
I focus on understanding what is being said.				
I concentrate on being present by not thinking about other issues.				
I ask myself, "Do I understand what that means?" If not, I ask for clarification.				
To make sure that I understand someone's point of view, I restate their message in my own words and ask for confirmation.				
I try to be objective in evaluating what others are saying.				

When I Speak	No	So-So	Yes	How Can I Improve ?
I express what I want in a positive way.				
I state my ideas clearly and concisely with an appropriate level of feeling.				
I participate actively in the discussion, and support my points with evidence and examples.				
I aim to create a shared understanding of issues and ideas.				
I answer other member's questions and challenges seriously and diplomatically.				
I speak for no more than five minutes at a time.				

When I Disagree	No	So-So	Yes	How Can I Improve ?
I express my ideas and feelings without being critical of others.				
I accept that other points of view will differ from my own and that we are all "right."				
I am receptive to opposing viewpoints.				
I count to 10 before speaking when I'm angry.				
I use "I" statements that represent my thoughts and feelings without blaming others for seeing things differently.				

Other documents you will need to be an Effective and Informed Planning Council Member:

A checklist √

☐ A copy of the IEHPC Bylaws

☐ A copy of the IEHPC Policies and Procedures

☐ A copy of the Most current Comprehensive Needs Assessment

☐ A copy of the Most recent Specialized Needs Assessments

☐ A copy of the Most current Comprehensive HIV Services Plan

☐ A copy of the Most current Ryan White application to HRSA.

Websites you can find other information on Ryan White, Planning Councils and HIV/AIDS:

www.iehpc.org – Inland Empire HIV Planning Council's Website

www.hrsa.gov – Health Resources Services Administration's Website

www.careacttarget.org – HRSA's Information Center

www.dhs.ca.gov – California Department of Health Services

Resources Utilized to create this Orientation Manual:

Caring for CARE Act Planning Bodies – January 2004
CAEAR Coalition Foundation

Getting Comfortable – Understanding the Ryan White CARE Act Planning Bodies
AIDS Alliance for Children, Youth, & Families (2001)

HRSA/HAB Planning Council Primer Booklet

HRSA Ryan White C.A.R.E. Act Title I Manual

HRSA Training Guide – Preparing Planning Body Members

HRSA/HAB Consumer Digest – Making a Difference!
Consumer Digest for the Participation of Persons Living with HIV on CARE Act
Title I and Title II Planning Bodies

NOTES

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Inland Empire HIV Planning Council

Committee Structure Organizational Chart

LEGEND

───────── Planning Council Committee/Subcommittee

- - - - - - Ancillary Advisors & Consultants

```
                              PLANNING
                              COUNCIL

Honorary
Advisors
                                              Bylaws
                                              Subcommittee
                          Executive
Consultants               Committee
                                              EAM
                                              Subcommittee
```

```
Planning          Council            Empowerment        QM
Committee         Development        Committee          Committee
                  Committee
```

```
Needs          Comprehensive   Priority Setting    Community        Standards       Evaluation
Assessment     Plan            & Allocations       Access           Subcommittee    Subcommittee
Subcommittee   Subcommittee    Subcommittee        Subcommittee
```

Term	Definition
3TC	Epivir (antiviral)
AAC	The AIDS Action Council provides media and policy focus to federal AIDS legislative and policy issues.
AAR	Annual Administrative Report. The AAR is required of all CARE Act Title I grantees, and provides information on agencies funded by CARE Act Title I.
AARP	American Association of Retired Persons
ACMS	Automated Case Management System (IMACS). ACMS is a corporation that developed IMACS.
ACRS	AIDS Contractor Reporting System. ACRS is used by some providers of outpatient medical care in Los Angeles County to report the number of clients and services provided.
ACTG	AIDS Clinical Trial Group. A national group that advises the National Institutes of Health on clinical trials related to HIV/AIDS treatments.
ADA	Americans with Disabilities Act. Federal legislation designed to protect and ensure the rights of the disabled. The ADA protects people with HIV and AIDS.
ADAP	AIDS Drug Assistance Program. ADAP is supported by Title II of the CARE Act. In California, ADAP is funded by the Title II ADAP set-aside, state general funds, Title II general funds and a mandatory manufacturer's rebate.
ADHC	Adult Day Health Care. A licensed category of care administered by the State of California.
AETC	AIDS Education Training Centers. The AETC are supported by Part F of the CARE Act and are responsible for providing AIDS education to health care professionals.
AFDC	Aids to Families with Dependent Children.
AHF	AIDS Healthcare Foundation
AHPA	Associate Health Program Advisor
AIAC	American Indian Alaskan Native
AIDS	Acquired Immune Deficiency Syndrome. Originally called GRID (gay related immune deficiency), the term "AIDS" was proposed by Bruce Voeller and adopted in July 1982.
AJR	Assembly Joint Resolution
AMCWP	AIDS Medi-Cal Waiver Program. Administered by the State of California, AMCWP supports in-home health and attendant care.
ANTIRETROVIRAL THERAPY	Any drug, agent or therapy used against HIV or other retroviruses. An antiretroviral drug is any compound that stops or suppresses the reproduction or activity of HIV (or another retrovirus) in a patient's bloodstream.
APHA	American Public Health Association
API	Asian and Pacific Islanders. A category to describe the racial/ethnic characteristics of individuals.
APLA	AIDS Project Los Angeles
ARC	AIDS Related Condition (Complex). Formerly used to denote a medium acuity of HIV disease.

ARF	Adult Residential Facility. A licensed category of care administered by the State of California. The Office of AIDS Programs and Policy (OAPP) maintains 2 ARF contracts.
ARS	Acute Retroviral Syndrome
ASC	AIDS Service Center
ASO	AIDS Service Organization
ASTHO	Association of State and Territorial Health Officers
ATS	Alternative Test Site, Anonymous Test Site. Anonymous testing for HIV is provided at ATS.
AUTHORIZING COMMITTEE	The committee of either the House of Representatives or U.S. Senate responsible for drafting legislation. The authorizing committees for health related matters are usually the Commerce Committee in the House of Representatives and the Health, Education, Labor and Pensions Committee of the U.S. Senate.
AZT	Azidothymidine (Zidovudine). The first medication approved for anti-retroviral therapy.
BCP	Budget Change Proposal. Following submission of the annual State of California budget, BCP are proposed by members of the legislature and, less often, of the Administration.
BHS	Behavioral Health Services
BRGS	Behavioral Risk Group(s) is an organizing principle for planning care and prevention services. The individuals to be targeted for services are organized by behavior they have in common.
BY	Budget Year. The number of months associated with a budget period. Budget years are not always twelve months long, do not always begin in January and frequently vary among funding sources.
CAEAR COALITION	Cities Advocating Emergency AIDS Relief Coalition. Established in 1991, CAEAR advocates for the legislative, administrative, budgetary, appropriations and public policy interests of Title I and III consumers, grantees, planning councils and community-based providers.
CAPS	Center for AIDS Prevention Studies. A university-based research program located in San Francisco.
CARE ACT	Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, amended and reauthorized in 1995 and again in 2000.
CARE/HIPP	Health Insurance Premium Payment. Funded by Title II of the CARE Act and administered by the OA. CARE/HIPP will pay the insurance premium costs for eligible clients with HIV/AIDS. CARE/HIPP cannot be used to purchase a new insurance policy.
CASC	Community Assessment Service Centers.
CBC	Congressional Black Caucus
CBC	Community Based Care Section Office of AIDS
CBO	Community Based Organization. Usually a non-profit organization.
CCLAD	California Conference of Local AIDS Driectors.
CCLHO	California Conference of Local Health Officers
CD4	One of two protein structures on the surface of a human cell that allows HIV to attach, enter, and thus infect a cell.
CD4 CELL COUNT	The most commonly used surrogate marker for assessing the state of the immune system. As CD4 cell count declines, the risk of developing opportunistic infections increases. The normal range of CD4 cell counts is 500 to 1500 per cubic millimeter of blood. CD4 counts should be rechecked at least every six to 12 months if CD4 counts are greater than 500/mm3. If the count is lower, testing every three months is usual.

CDBG	Community Development Block Grant. A federal program designed to support housing and related services. Typically, the CDBG program is coordinated with local HOPWA programs.
CDC	The Atlanta, Georgia based Centers for Disease Control and Prevention is a federal agency within the U.S. Department of Health and Human Services. It administers HIV/AIDS prevention programs including the HIV Prevention Community Planning process, among other programs. It also monitors and reports infectious diseases, administers AIDS surveillance grants and publishes epidemiological reports such as the HIV/AIDS Surveillance Report.
CDE	California Department of Education
CFR	Code of Federal Regulation
CHAC	California HIV Advocacy Coalition. An umbrella advocacy organization for AIDS service organizations, government agencies and individuals with AIDS.
CHEAC	County Health Executive Association of California
CHIPTS	Center for HIV Identification, Prevention and Treatment Services
CHPG	California HIV Planning Group Formed by the California Office of AIDS (OA) by merging the CCWG and the CPWG (Comprehensive Care Working Group and Community Prevention Working Group) at the end of 1999, the CHPG advises the OA on a wide variety of planning and policy issues.
CMP	Case Management Program. A designation used by the State of California for funded programs.
COB	Close of Business
COBRA	Consolidated Omnibus Budget Reconciliation Act of 1985. Among other policies, COBRA governs the continuation of insurance following termination of employment.
COG	Council of Governments
COMPIS	CD-4 Online Mgmt & Patient Information System
COMPREHENSIVE PLANNING	The process of determining the organization and delivery of HIV services; strategy used by a planning body to improve decision making about services and maintain a continuum of care for PLWH
CONFERENCE COMMITTEE	A conference committee is typically created when legislation passed by one House of Congress is significantly different from the legislation passed by other House. In the reauthorization of the CARE Act in 2000, the version of the CARE Act passed by the House of Representatives was significantly different from the version passed by the Senate. Although these differences would have in most circumstances caused a conference committee to be created, differences were resolved without a conference committee.
CONSORTIUM (HIV CARE CONSORTIUM)	A regional or statewide planning entity established by many State grantees under Title II of the CARE Act to plan and sometimes administer Title II services; an association of health care and support service providers that develops and delivers services for PLWH under Title II of the CARE Act
CPG	A regional or statewide planning entity established by many state grantees under Title II of the CARE Act to plan and sometimes administer Title II services; an association of health care and support service providers that develops and delivers services for PLWH under Title II of the CARE Act
CPR	Cardiopulmonary Resuscitation
CPWG	California Prevention Working Group. A CPG created by the State of California. The CPWG merged into the CHPG in 2000.
CRA	Community Reinvestment Act

CRAS	Community Risk Assessment Survey
CRC	Community Resource Center (for referrals)
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
CSW	Commercial Sex Worker
CTRPN	Counseling, Testing, Referral and Partner Notification
CTS	Confidential Testing Site
CVAG	Coachella Valley Association of Governments
CVHC	Coachella Valley Housing Coalition
D4T	Zerit (antiviral)
DAP	Desert AIDS Project
DCFS	Department of Children and Family Services
DDC	Antiviral
DDI	Antiviral
DHHS	Department of Health and Human Services
DHS	Department of Health Services
DHS/OA	Department of Health Services/Office of AIDS
DNA	Deoxyribonucleic Acid. A molecule that is the basis of heredity.
DOC	Department of Corrections
DOE	Department of Education.
DPH	Department of Public Health
DPSS	Department of Public Social Services
DRUG RESISTANCE	Reduction in a pathogen's sensitivity to the effects of a particular drug or an increase in the ability of the pathogen to resist the action of a drug. Resistance is thought to result mainly from genetic mutation. In HIV, mutations can change the structure of viral enzymes and proteins so that an antiretroviral agent can no longer interact with the protein to block viral replication.
DSH	Disproportionate Share Hospital
DSS	Division of Service Systems The entity within HRSA's HIV/AIDS Bureau responsible for administering Title I and Title II of the CARE Act, including AIDS Drug Assistance Program.
DTC	Drug Treatment Center
EFSG	Emergency Food and Shelter Program
EGHP	Employer Group Health Plan
EIA	Enzyme Immunoassay
EIP	Early Intervention Program
ELISA	(Enzyme-Linked Immunosorbent Assay): The most common test used to detect the presence of HIV antibodies in the blood, which are indicative of ongoing HIV infection. A positive ELISA test result must be confirmed by another test called a Western Blot.
EMA	Eligible Metropolitan Area. The geographic area eligible to receive Title 1 CARE Act funds. The Census Bureau defines the boundaries of the metropolitan area while AIDS cases reported to the CDC determines eligibility. Some EMAs include just one city and others are composed of several cities and/or counties; some EMAs extend over more than one state.
EMSA	Eligible Metropolitan Statistical Area (HOPWA)
EPI	Epidemiology
ESG	Emergency Shelter Grant Program

FAP	Foothill AIDS Project
FEMA	Federal Emergency Management agency
FI	Fiscal Intermediary
FNP	Family Nurse Practitioner
FSS	Family Self Sufficiency Program
FY	Fiscal Year. See also Budget Year
GAO	General Accounting Office
GENE	A unit of heredity or a region of DNA or RNA that controls a discrete hereditary characteristic.
GENETIC CODE	The universal language in which genetic instructions are written in all living things.
GENOME	The totality of genetic information belonging to an organism, the complete set of genes. The human genome is composed of three billion bases of DNA, while the HIV genome is approximately 10,000 bases of RNA.
GENOTYPE	The genetic constitution (gene type) of an organism, as contrasted with the physical manifestation (phenotype) that the genes produce.
GENOTYPING	The action to determine the genetic constitution of an individual by sequencing the genetic code. In HIV, a genotyping assay is performed in order to establish what the sequence is and what mutations are present, which may be associated with the drug resistance.
GHPP	Genetically Handicapped Person Program
GLI	Group Level Interventions
GRANTEE	The recipient of state or federal funds responsible for administering the funds.
HAB	HIV/AIDS Bureau. The entity within HRSA responsible for administering the CARE Act.
HARRT	(Highly Active Antiretroviral Therapy): Aggressive anti-HIV treatment usually including a combination of protease and reverse transcriptase inhibitors whose purpose is to reduce viral load to undetectable levels.
HCBC	Home and Community Based Care. A model of case management services funded by the State of California. See also CMP.
HCFA	Health Care Financing Administration.
HERR	Health Education Risk Reduction
HHS	Health and Human Services Department (Federal Cabinet level)
HICCP	Health Insurance Continuum of Coverage Program
HICP	Health Insurance Continuation Program
HIPP	Health Insurance Payment Premium
HIV	Human Immunodeficiency Virus
HIV/EIS	(HIV Early Intervention Services/Primary Care): Applied in the outpatient setting. Assures a continuum of care which includes (1) identifying persons at risk for HIV infection and offering to them counseling and testing services, and (2)providing lifelong comprehensive primary care for those living with HIV/AIDS The Health Resources and Services Administration is the agency of the Department of Health and Human Services that administers all components of the Ryan White CARE Act.
HMO	Health Maintenance Organization
HOP	Homeless Outreach Program. Los Angeles County CBO.
HOPWA	Housing Opportunities for People with AIDS. A federal program designed to support housing and related services for people with HIV and their families. The City of Los Angeles is the grantee for HOPWA funds to be used in the County of Los Angeles.

HPV	Human Papilloma Virus
HRSA	The Health Resources and Services Administration is the agency of the Department of Health and Human Services that administers all components of the Ryan White CARE Act.
HTPP	HIV Transmission Prevention Project
HUD	Housing and Urban Development Department (federal)
ICF	Intermediate Care Facility
IDU	Injection Drug User
IEHPC	Inland Empire HIV Planning Council
IFB	Invitation for Bid
IGA	Intergovernmental Agreement
IHMC	In-Home Medical Care
IHSS	In-Home Support Service
ILI	Individual Level Interventions
INCIDENCE	The number of new cases of a disease that occur during a specified time period.
INCIDENCE RATE	The number of new cases of a disease per population per specified time period often expressed per 100,000 population.
IV	Intravenous
IVDU	Intravenous Drug User
JCAHO	Joint Commission on Accreditation of Health Care Organizations
KABB	Knowledge, Attitudes, Beliefs and Behaviors — used in outcome measurement of HIV programs
KARNOFSKY PERFORMANCE STATUS SCALE	Scale that measures physical function (activities of daily living). The Karnofsky scale is often used to assess eligibility for in-home or other supportive services.
KS	Kaposi's Sarcoma, a form of cancer associated with HIV disease.
LAFAN	Los Angeles Family AIDS Network. LAFAN is a CARE Act Title IV grantee.
LAO	Legislative Analyst's Office. The LAO provides objective analysis of legislation and policy options for the State of California.
LCSW	Licensed Clinical Social Worker
LEAD AGENCY	The agency within a Title II consortium responsible for contract administration; also called a fiscal agent.
LHJ	Local Health Jurisdiction
LIHTC	Low Income Housing Tax Credit
LIG	Local Implementation Group. See CPG
LOI	Letter of Intent
LVN	Licensed Vocational Nurse
MAI	Minority AIDS Initiative. The Congressional Black Caucus (CBC) took leadership in 1998 to create the CBC Initiative, now known as the Minority AIDS Initiative, a source of funding for HIV/AIDS care and prevention services to communities of color.
MAINTENANCE OF EFFORT	Requirement of the CARE Act Title I and II to maintain expenditures for HIV-related services and activities at a level equal to that of the preceding year.
MCWP	Medi-Cal Waiver Program. A Medi-Cal waiver is an agreement to allow federal Medicare funds to be used to support services not always supported by Medicare. Applicants are generally required to demonstrate cost neutrality or cost effectiveness to secure a waiver.
MFCC	Marriage Family and Child Counselor (now MFT)

MFT	Marriage and Family Therapist (formerly MFCC), a certification given by the State of California.
MGA	Master Grant Award. A mechanism used by the State of California to allocate funds to local health jurisdictions.
MICRS	Medically Indigent Care Reporting System
MIG	Medicare Insured Group
MLB	Multicultural Liaison Board. Convened and supported by the State of California Office of AIDS, the MLB reviews materials for cultural appropriateness and likely effectiveness and advises the OA.
MMIS	Medicaid Management Information System
MMWR	Morbidity and Mortality Weekly Report. A publication of the CDC. The first cases of what we now know as AIDS were reported in the MMWR on June 5, 1981.
MOA	Memorandum of Agreement
MOE	See Maintenance of Effort
MOU	Memorandum of Understanding
MRMIP	Major Risk Medical Insurance Program
MSM	Men who have Sex with Men. MSM defines individual by behavior, and is inclusive of gay and bisexual men, as well as those men who have sex with other men but do not identify themselves as gay or bisexual.
MSMW	Men Who Have Sex With Men and Women. See also MSM.
MTU	Mobile Testing Unit
MUTATION	A process by which a gene undergoes a structural change. For example, a genetically different form of HIV may have different growth properties, or be less susceptible to a drug.
NAPWA	The National Association of People with AIDS. It represents the health public policy, HIV-treatment and prevention issues of people living with HIV disease.
NASTAD	The National Alliance of State and Territorial AIDS Directors represents the state AIDS Directors on legislative, administrative, policy, budget, and appropriation issues.
NEEDS ASSESSMENT	A systematic process to determine the service needs of a defined population; a definition of the extent of need, available services, and service gaps by population and geographic area.
NEP	Needle Exchange Program
NF	Nursing Facility
NGO	Non-Governmental Organization
NIAID	National Institute of Allergies and Infectious Disease
NIDA	National Institutes on Drug Abuse
NIH	(The National Institutes of Health). The 23 individual institutes that collectively provide the largest source of federally biomedical and behavioral research. Includes, among others, the Office of AIDS Research, the National Cancer Institute (NCI), the National Institute of Allergic and Infectious Diseases (NIAID), the National Institute on Drug Abuse (NIDA) and the National Institute for Mental Health (NIMH).
NIJ	National Institute of Justice
NIMH	National Institute of Mental Health
NLM	National Library of Medicine
NMAC	The National Minority AIDS Council provides technical assistance to community-based minority providers, public policy support and sponsors the annual US conference on AIDS.
NNAAPC	National Native American AIDS Prevention Center

NOFA	Notice of Funds Availability (federal)
NORA	(National Organizations Responding to AIDS). About 150 organizations- AIDS specific and non-AIDS specific-who advocate at the national level on AIDS policy and appropriations.
NP	Nurse Practitioner
OA	Office of AIDS. The entity within the California Department of Health Services responsible for planning and administration for AIDS services within the state. Vanessa Baird is the Acting Chief of the organization.
OLL	Office of Legislative Liaison
OMB	(Office of Management and Budget). Office within the Federal executive branch, which prepares the President's annual budget, develops the Federal government's fiscal program, oversees administration of the budget, and reviews government regulation.
OMH	The Office of Minority Health is a component of the Office of the Secretary (OS) within the Department of Health and Human Services. It attempts to provide support to and focus on the many health issues that disproportionately impact communities of color.
ONAP	(Office of National AIDS Policy). Created by President Clinton, within the White House, to provide focus on the HIV/AIDS epidemic at the highest level of government. Currently directed by Sandra Thurman.
OPPORTUNISTIC INFECTION	An infection or cancer that occurs especially or exclusively in persons with weak immune systems due to AIDS, cancer or immunosuppresive drugs such as corticosteroids or chemotherapy. Also more loosely termed Opportunistic Infection (OI)
PACHA	Presidential Advisory Commission on HIV/AIDS
PBM	Pharmacy Benefits Manager. Usually a for-profit corporation that ensures access to prescription medicines. The PBM for the AIDS Drug Assistance Program is PMDC.
PCM	Prevention Case Management
PCP	Pneumocystis Carinii Pneumonia
PCRS	Partner Counseling and Referral Service
PEP	Post Exposure Prophylaxis
PHENOTYPING	A test that measures some aspect of an organism's functions, for example, the amount of a certain drug needed to inhibit the growth of HIV in a test-tube culture.
PI	Protease Inhibitor
PLANNING COUNCIL	A body appointed or established in an EMA which plans the delivery of HIV care services in the EMA and establishes priorities for the use of Title I CARE Act funds.
PLWA	Person(s) Living with AIDS.
PLWH	Persons(s) Living with HIV
PMDC	Professional Management Development Corporation. A corporation contracted to manage the California AIDS Drug Assistance Program (ADAP).
PNA	Personal Needs Allowance
POE	Payment of Eligibility
POPA	People of Positive AIDS. POPA is a coalition of members of the California HIV Planning Group.
POS	Point of Service
PPG	Performance Partnership Grant
PPO	Preferred Provider Organization
PPP	Public Private Partnership. A PPP is a contractual between the Los Angeles County Department of Health Services and non-profit health care providers to support health care to indigent clients.

PREVALENCE	The total number of persons with a specific disease or condition at a given time.
PREVALENCE RATE	The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).
PRIORITY SETTING	The process used by a planning council or consortium to establish numerical priorities among service categories, to ensure consistency with locally identified needs, and to address how best to meet each priority
PRO	Peer Review Organization
PROPHYLAXIS	Treatment to prevent the onset of a particular disease (primary prophylaxis) or recurrence of symptoms in an existing infection that has been brought under control (secondary prophylaxis or maintenance therapy).
PROTEASE	An enzyme that triggers the breakdown of proteins. HIV's protease enzyme breaks apart long strands of viral protein into the separate proteins constituting the viral core and the enzymes it contains. HIV protease acts as new virus particles are budding off a cell membrane.
PROTEASE INHIBITOR	A drug that binds to HIV protease and blocks it from working, thus preventing the production of new functional viral particles.
PVO	Private Voluntary Organization
PWA	Person With AIDS
PWH	Persons with HIV
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement
QMB	Qualified Medicare beneficiary
RAC	Residential AIDS Center
RALFP	Residential And Licensed Facility Pending
RAS	Residential AIDS Shelter (before 1996)
RCCA	Riverside County Consortium on AIDS
RCFCI	Residential Care Facility for Chronically Ill.
RDL	RDL Enterprises. A corporation contracted for meeting and logistical planning for the California Office of AIDS.
RETROVIRUS	A type of virus that, when not infecting a cell, stores its genetic information on a single-stranded RNA molecule instead of the more usual double-stranded DNA. HIV is an example of a retrovirus. After a retrovirus penetrates a cell, it constructs a DNA version of its genes using a special enzyme, reverse transcriptase. This DNA then becomes part of the cell's genetic material.
REVERSE TRANSCRIPTASE	A uniquely viral enzyme that constructs DNA from an RNA template, which is an essential step in the life cycle of a retrovirus such as HIV. The RNA-based genes of HIV and other retroviruses must be converted to DNA if they are to integrate into the cellular genome.
RFA	Request for Application
RFP	(Request for Proposals): An open and competitive process for selecting providers of service (sometimes called RFA or Request for Application).
RNA	Ribonucleic Acid. A family of single-stranded molecules structurally similar to DNA. In HIV, RNA is the molecule that carries the genetic information in the virus. In the process of infection, the HIV genome must be converted to DNA to successfully infect a cell.
RTI	Reverse Transcriptase Inhibitor. A drug that binds to HIV reverse transcriptase and blocks it from working, thus preventing the production of new functional viral particles.

RVS	Relative Value Scale
SAFAH	Supplemental Assistance Facilitated to Assist the Homeless Program
SALVAGE THERAPY	A final therapy for people who are non-responsive to or cannot tolerate other available treatments for a particular condition.
SAMHSA	The Substance Abuse and Mental Health Services Administration - agency within the Department of Health and Human Services that administers state block grant funds for substance abuse and mental health services and directs service grants to community-based organizations serving individuals living with HIV/AIDS and substance abuse or mental health issues.
SAMS	(Self Assessment Modules): Self-assessment tools for planning councils and consortia.
SCSN	Statewide Coordinated Statement of Need. A written statement of need for the entire State developed through a process designed to collaboratively identify significant HIV issues and maximize CARE Act program coordination. The SCSN process is convened by the Title 11 grantee, with equal responsibility and input by all programs; representatives must include all CARE Act titles and Part F managers, providers, PLWH, and public health agency(s).
SDI	State Disability Insurance
SEQUENCE	The particular order of nucleotides in DNA, RNA or of amino acids in a protein. The sequence is a signature of identification.
SEROCONVERSION	Development of detectable antibodies to HIV in the blood as a result of infection. It normally takes several weeks to several months for antibodies to the virus to develop after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.
SEROPREVALENCE	The number of persons in a population who test HIV-positive based on serology (blood serum) specimens. It is often presented as a percent of the total specimens tested or as a rate per 100,000 persons tested.
SEROPREVALENCE REPORT	A report that provides information about the percent or rate of people in specific testing groups and populations who have tested positive for HIV.
SHMO	Social Health Maintenance Organization
SHP	Supportive Housing Program (federal)
SMI	Supplemental Medical Insurance
SNF	Skilled Nursing Facility. SNF is a licensure category administered by the State of California.
SOC	Share of Cost. The payment required by individuals to receive Medi-Cal benefits. For very low-income individuals, the share of cost is zero.
SPNS	(Special Projects of National Significance) A health services demonstration, research, and evaluation program funded under Part F of the CARE Act.
SRO	Single Room Occupancy. Usually a kind of residence hotel, frequently used for temporary housing for very low-income individuals.
SSA	Staff Services Analyst
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
STD	Sexually Transmitted Disease. Usually, STD refers to chlamydia, gonorrhea or syphilis. Less often, STD is used to include hepatitis B and/or HIV. Synonymous with VD, STI.
STI	Sexually Transmitted Infection
SURVEILLANCE	An ongoing systematic process of collecting, analyzing, and using data on specific health conditions and diseases (e.g., Centers for Disease Control and Prevention surveillance system for AIDS cases).

SURVEILLANCE REPORT	A report providing information on the number of reported cases of a disease such as AIDS, nationally and for specific sub-populations.
TANF	Temporary Aid for Needy Families. A State of California program for low-income families. Formerly AFDC.
TAR	Treatment Authorization Request. A TAR authorizes a treatment or therapy for Medi-Cal reimbursement.
TARGET POPULATION	A population to be reached through some action or intervention; may refer to groups within specific demographic or geographic characteristics.
TB	Tuberculosis
THE ADMINISTRATION	Technically refers to the White House and the executive branch of government. Also commonly used by AIDS advocates to refer to the OMB (Office of Management and Budget), the National Office of AIDS Policy, and (or) the Department of Health and Human Services.
TRANSMISSION CATEGORY	A grouping of disease exposure and infection routes; in relation to HIV disease, exposure groupings include injection drug use, men who have sex with men, heterosexual contact, perinatal transmission etc.
UARP	University-wide AIDS Research Program. This is a program of the University of California, with research centers and projects at multiple sites.
UR	Utilization Review
URS	Uniform Reporting System. A system developed by HRSA to standardize data collected on CARE Act clients and services.
VD	Venereal Disease
VIRAL LOAD	The amount of HIV RNA per unit of blood plasma. Indicates virus concentration and reproduction rate. HIV viral load is also used as a predictor of diseased progression. It can be measured by PCR or bDNA tests and is expressed in number of copies of or equivalents to the HIV RNA genome per milliliter of plasma.
VIRAL LOAD TEST	Diagnostic tools to help physicians predict HIV disease progression and evaluate the effectiveness of antiviral drugs used to treat patients with HIV infection.
VIREMIA	The presence of virus in blood or blood plasma. Plasma viremia is a quantitative measurement of HIV levels similar to viral load but is accomplished by seeing how much of a patient's plasma is required to spark an HIV infection in a laboratory cell culture.
VNA	Visiting Nurses Association. An organization (including affiliates in many parts of California) that provides home health and attendant care.
VPS	Volume Performance Standard
WESTERN BLOT	A test for detecting the specific antibodies to HIV in a person's blood. It is commonly used to verify positive ELISA tests. A Western Blot test is more reliable than the ELISA, but it is harder and more costly to perform. All positive HIV antibody tests should be confirmed with a Western Blot test.
WHO	World Health Organization, an entity within the United Nations, headquartered in Switzerland.
ZIDOVUDINE	See AZT.

Brown Act

Govt. Code §§ 54950-54960.5

THE BASICS

Meetings of public bodies must be "open and public," actions may not be secret, and action taken in violation of open meetings laws may be voided. (§§ 54953(a), 54953(c), 54960.1(d))

WHO'S COVERED

- **Local agencies**, including counties, cities, school and special districts. (§ 54951)
- "**Legislative bodies**" of each agency, the agency's governing body, plus "covered boards," that is, any board, commission, committee, task force or other advisory body created by the agency, whether permanent or temporary. (§ 54952(b))
- Any **standing committee** of a covered board, regardless of number of members. (§ 54952(b))
- **Governing bodies of non-profit corporations formed by a public agency** or which includes a member of a covered board and receives public money from that board. (§ 54952(c))

WHO'S NOT COVERED

- **Ad hoc advisory committees** consisting of less than a quorum of the covered board (§54952(b))
- Most other **non-profit corporations**
- All **other government agencies**. State governmental agencies are covered by the Bagley-Keene Open Meeting Act. (Govt. Code §§ 11120-11132)

WHAT'S COVERED

A "meeting" is any gathering of a majority of the members of a covered board to hear, discuss, or deliberate on matters within the agency's or board's jurisdiction. (§ 54952.2(a))

Note: No vote or action is required for the gathering to be a meeting, nor must the members meet face to face. (§ 54952.2)

WHAT MUST HAPPEN

Under the Brown Act an agency must:

- **post notice and an agenda** for any regular meeting, (§§ 54954(a), 54954.2(a)); mail notice at least three days before regular meetings to those who request it, (§ 54954.1); post notice of continued meetings, (§54955.1); deliver notice of special meetings at least one day in advance to those who request it, (§ 54956); and deliver notice of emergency meetings at least one hour in advance to those who request it. (§§54956, 54956.5)
- **notify the media** of special or emergency meetings if requested, (§§ 54956, 54956.5); allow media to remain in meetings cleared due to public disturbance. (§54957.9)
- **hold meetings in the jurisdiction** of the agency except in limited circumstances, (§§ 54954(b)-(e)), and in places accessible to all, with no fee. (§ 54961(a))
- **not require a "sign in"** for anyone. (§54953.3)
- **allow non-disruptive recording** and broadcast of meetings, (§54953.5(a)), and let the public inspect any recording made by the agency of its open meetings. (§54953.5(b)) The agency may destroy recordings it made after 30 days. (§54954.3(b))
- **allow the public to address** the covered board at regular or committee meetings on any item in the agency's jurisdiction not addressed by the agency at an open earlier meeting. (§54954.3(a))
- **conduct only public votes**, with no secret ballots. (§54953(c))
- **treat documents as public** "without delay," if distributed to all or a majority of members of a board before or at the meeting, unless they are also exempt under the Public Records Act. (§54957.5)

WHAT IF. . .

- a council member is on a board of a non-profit corporation—is the board covered?
  - YES, if the council both appointed him or her to the board, and funds the corporation. (§54952(b),(c)(1))
- an agency delegates authority to another entity—is the entity covered?
  - YES, if it was created by the agency's elected body. (§§ 54952(b),(c)(1))
- a council committee meeting has less than a quorum—is it required to meet openly?
  - YES, if it is a standing committee and has either a set meeting schedule or a continuing subject matter jurisdiction. (§ 54952(b))
- members use individual contacts to collectively decide an issue—is that a violation?
  - YES, information communicated to a quorum through a series of contacts, individual phone calls ("daisy chain"), or a third person ("spoke and wheel") to evade the public is a "meeting" (§ 54952.2(b); 63 Ops.Atty.Gen. 820 (1980); Stockton Newspapers v. Stockton Redevelopment Agy., 171 Cal.App.3d 95 (1985); Common Cause v. Stirling, 147 Cal.App.3d 518 (1983).
- agency members attend a conference called by someone else—is this covered?
  - NO, so long as they do not discuss specific business matters within their jurisdiction (§ 54952.2(c))
- a meeting is held by video/teleconference.
  - YES, if the public's rights are protected. (§54953(b))
  - Every video/teleconference location must be accessible to the public, and at least a quorum of the members must participate from locations within the body's jurisdiction. (§ 54953(b))

CLOSED MEETINGS

Closed meetings are the exception and permitted only if they meet defined purposes and follow special requirements (§§ 54953(a), 54954.5, 54962).

EVEN AT CLOSED MEETINGS...

Special public notice and agenda requirements apply (§§ 54954, 54954.2, 54954.5, 54957.7).

All actions taken and all votes in closed session must be publicly reported orally or in writing (§ 54957.1(b)), and copies of any contracts or settlements approved must be made available promptly (§ 54957.1(b),(c)).

CLOSED MEETINGS MAY BE HELD FOR:

Personnel

Only to discuss the appointment, employment, performance evaluation, discipline, complaints about or dismissal of a specific employee or potential employee (§ 54957). The employee may request a public meeting on any charges or complaints.

But closed sessions are **NOT ALLOWED** for discussing:
- general employment
- independent contractors not functioning as employees
- salaries
- the performance of any elected official, or member of the board
- the local agency's available funds
- funding priorities or budget

Pending Litigation

Only if open discussion "would prejudice the position of the agency in the litigation." The litigation must be named on the posted agenda or announced in open session unless doing so would jeopardize the board's ability to service process on an unserved party or conclude existing settlement negotiations to its advantage. (§4956.9)

To qualify, the agency must:
- be a party to pending litigation (§ 54956.9(a))
- *or* expect, based on certain specified facts, to be sued (§§ 54956.9(b)(1),(b)(2))
- *or* expect to file suit itself (§ 54956.9(c))

Labor Negotiations

Only to instruct the agency's identified negotiator on compensation issues (§ 54957.6). (Note: school districts are covered by the Rodda Act, Govt. Code §§ 3540-3549.3.)

Property Negotiations

Only to discuss, with an agency's identified bargaining agent, price or payment terms. The parcel, negotiators and the prospective seller or purchaser must be identified on the agenda. (§ 54956.8) Final price and payment terms must be disclosed when the actual lease or contract is discussed for approval. (§ 54957.1(a))

Others

License applications for people with criminal records (§54956.7); threats to public services or facilities; (§54957) insurance pooling (§54956.95).

WHAT TO DO IF:

A MEETING IS CLOSED THAT SHOULD BE OPEN

- Refuse to leave, and use this Guide to check the law, to protest, and to enforce all notice requirements.
- Leave only if ordered by law enforcement.
- Call your editor or lawyer at once.

AN ILLEGAL CLOSED MEETING HAS BEEN HELD

- Ask participants what happened, and get reports of actions taken and copies of contracts approved.
- Call FAP, SPJ or CFAC (phone numbers are on the cover of this Pocket Guide).
- Write a story or letter to the editor about it.
- Contact the District Attorney under § 4959, or take legal action under § 54960(a) against violations or a "gag rule" imposed on a body's members.
- A court may: (1) force the agency to make and preserve tapes of closed sessions (§ 54960(b)); (2) declare actions taken null and void (§ 54960.1(d)); (3) award costs and attorneys fees (§ 54960.5).

A POCKET GUIDE TO
OPEN MEETING LAWS IN CALIFORNIA: THE BROWN ACT

HOW TO USE THIS GUIDE

This pocket guide is intended to be a quick reference and provide general information to journalists and citizens. It addresses some common public meetings problems, but does not substitute for research or consultation with a lawyer on detailed questions. This guide current as of December 3, 2003.