HIV Health Services Planning Council
Sacramento TGA

Policy and Procedure Manual

Section 8 - Affected Communities Committee

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HIV Health Services Planning Council
Sacramento TGA

Policy and Procedure Manual

Subject: Affected Community Statement of Values and Guiding Principles for Design/Delivery of HIV/AIDS Services

No: ACC 01
Date Effective: 9/97
Date Revised: 04/27/16
Date Reviewed: 08/26/20

Policy: The following statements reflect the belief and intent of the affected community relative to design, delivery and participation in HIV/AIDS services in the Sacramento TGA.

Statement of Value

As Persons Living with HIV/AIDS, we seek full participation in our care, and believe the client perspective is essential to effective HIV service design and delivery.

Whether in self-care or patient-care, we believe choice, health, self-esteem and our humanity must be preserved.

Guiding Principles for the Design and Delivery of HIV/AIDS Services

- *Consumers deserve services delivered by agencies whose governance, management and evaluation actively and meaningfully include consumers.*
- *Consumers deserve a service environment where a consumer's self-esteem and humanity are not diminished but enhanced.*
- *Consumers deserve service models where consumer perspective and preferences are central.*
- *Consumers deserve service solutions to consumer needs that promote choice.*
- *Consumers deserve a service perspective that focuses on positive health and living with HIV/AIDS rather than illness and death.*

Approved: _____ Dated: 08/26/20
Kristina Kendricks-Clark, Chair

HIV Health Services Planning Council
Sacramento TGA

Policy and Procedure Manual

Subject: Consumer Rights and Responsibilities

No: ACC 02
Date Approved: 9/97
Date Revised: 08/22/18
Date Reviewed: 08/26/20

Policy: The following statements reflect the rights and responsibilities of consumers who seek services within the Sacramento TGA. All Ryan White providers must have a Consumer Rights and Responsibilities policy that incorporates the following major provisions:

Statement of Consumer Rights

1. RESPECT, COURTESY, PRIVACY
   The consumer has the right to be treated at all times with respect and courtesy within a setting, which provides the highest degree of privacy possible.

2. FREEDOM FROM DISCRIMINATION
   The consumer has the right to freedom from discrimination because of age, economic status, education, ethnicity, gender, disability, religion, sexual orientation, values and beliefs, marital status, medical condition or any other arbitrary criteria.

3. ACCESS TO HIV/AIDS SERVICE INFORMATION
   The consumer has the right to full access to information from the health care provider about current FDA approved or other proven HIV/AIDS treatments. The consumer has the right to full access to information from all service providers about HIV related social and support services.

   Any biases or conflicts of interest the health care service provider may have will be disclosed. Consumers must be advised of the risk and benefits of any proposed treatment considered to be of an experimental nature. The provider will discuss alternatives or complimentary treatments and may make recommendations.

4. IDENTITY AND PROVIDER CREDENTIALS
   The consumer has the right to know the identities, titles, specialties and affiliations of all health and social service providers, as well as

anyone else involved in the consumer's care.

The consumer has the right to know about the health or social service organization's rules and regulations that are pertinent to the care, or type of care, a client receives.

5. CULTURALLY SENSITIVE SHARING OF INFORMATION
The consumer has the right to have information shared in a way, which is easily understood, and sensitive to each consumer's background, culture and orientation.

6. CONSENT AND CARE PLAN
The consumer has the right to be involved in and make decisions about the plan of care prior to the start of and during the course of treatment. Consumers must have the right to renegotiate the care plan at any time.

The consumer has the right to give informed consent before undergoing any health care procedure or receiving any social services. The consumer may change his or her mind after refusing or consenting to services without affecting ongoing care.

No punitive measures will be taken against any consumer for being non-compliant or resistant to a medical case management plan. However, the agency has the right to terminate medical case management services consistent with the Medical Case Management Standards.

7. SELF DETERMINATION
The consumer has the right to access, assuming eligibility, all available services including, but not confined to, HIV prevention and education services, case management, and referral for support services, HIV primary care services, specialty care and diagnostic services, second opinions, drug trials, home care services, counseling and peer support.

The consumer will not be denied or intentionally left unaware of Ryan White services because they are not available or are inadequate**,** from the consumer's usual health or social service provider.

Although the Council may not provide funding for the full continuum of HIV/AIDS care in its service area, the consumer has the right to be informed of needed services beyond those directly provided by the Ryan White Program.

Treatment decisions will not be made by the willingness of third party payers to pay. These decisions must rest with the consumer and the health care or social service provider.

8. DECLINING SERVICES
The consumer has the right to refuse to participate in any research studies, drug trials, or any care plan which they believe will have an adverse affect on their health.

The consumer may change his or her mind after refusing consent to treatments, trials, counseling or any other service without affecting ongoing care.

9. NAMING AN ADVOCATE
The consumer has the right to identify, by registering with each service provider, an advocate such as a family member or other person to support the consumer. An advocate ensures the consumer's rights are not diminished**,** ensuring the consumer is receiving the appropriate levels of HIV service and care.

10. AN ADVANCED DIRECTIVE FOR CARE
The consumer has the right to have an advanced directive such as a living will, health care proxy or durable power of attorney for health and social services, and to have that directive followed within the context of existing law.

The consumer has the right to know, in a timely manner, any HIV care facility or provider rules or preferences which may affect the consumer's directives.

All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.

11. ACCESS TO FINANCIAL INFORMATION
The consumer has the right to inspect and receive an explanation of health care bills or proposed charges**,** regardless of payment source, and to receive needed referrals and support with payment problems.

The consumer has the right to receive timely notification of termination of eligibility for reimbursement by any third party.

12. A CONSUMER GRIEVANCE PROCEDURE
The consumer has the right to voice complaints and suggest changes**,** and to be informed of the process to do so within the service

provider's posted grievance procedure**,** for problem resolution, without interference, pressure or reprisal.

The consumer has the right to receive a written response to a grievance in a timely manner.

13. CONFIDENTIALITY AND ACCESS TO RECORDS
Service providers will maintain confidential files of all communications and records pertaining to your care. The consumer has the right to confidentiality and access to ***most*** treatment records and communications to the consumer's case. Copies of the requested records must be furnished and at a fair cost, as allowed by law.

The consumer's written permission is needed to release treatment records to anyone.

14. FREEDOM FROM CONSTRAINTS
The consumer has the right to open and honest discussion in all dealings with health or social service providers without constraints regarding fear of reprisal.

15. TRANSFER AND CONTINUITY OF CARE
The consumer has the right to continuity of care. When possible, consumer requests for transfer to another HIV care provider or facility or for a second opinion should be promptly honored and carried out.

The provider and/or health care system is prohibited from engaging in coercive biased or prejudicial behavior for the purpose of impeding or altering unrestricted access to competent quality care by the consumer. All referral or deferred care must be coordinated with full participation and consent of the consumer. Discharge from care for the non-adherent, disruptive, abusive and/or criminal behavior of the consumer must be consistent with the service agency's due process, grievance and clinical standards of care as appropriate and prescribed.

16. DOCUMENTATION REQUIREMENTS
All Ryan White provider agencies must maintain signed documentation that clients have received a copy of their agency's "Clients Rights and Responsibilities" Policy and agency Grievance Policy.

Statement of Consumer Responsibilities

1. RESPECT AND COURTESY
   Health and social service providers have the right to be treated at all times with respect and courtesy.

2. GIVING CORRECT AND COMPLETE INFORMATION
   To the best of their ability, the consumer is responsible for giving correct and complete information to the current health or social service provider about his/her health and social status, and the uses of other treatments, medications and health or social service providers.

   Consumers should come prepared to appointments with a list of any questions or concerns, so that the health and social service provider can have a chance to address them.

3. SEEKING FACTS ABOUT YOUR CARE
   The consumer is responsible for seeking the facts and asking questions about the risks, benefits and financial aspects of a recommended procedure or course of treatment. If he/she does not fully understand, the consumer has the right and responsibility to involve his or her registered advocate in seeking facts about care.

4. FOLLOWING THE CARE PLAN
   The consumer is responsible for following the agreed upon care plan. The consumer is responsible for the results if s/he chooses to act against professional advice or does not follow instructions of an agreed treatment plan.

5. SCHEDULED APPOINTMENTS
   The client is responsible for arranging services in a way that avoids emergencies whenever possible.

   The consumer is responsible for keeping the scheduled appointments. The consumer must attempt to cancel or communicate with the care provider when appointments cannot be kept.

6. COMMUNICATING YOUR FINANCIAL AND ELIGIBILITY NEEDS
   The consumer is responsible for making sure financial burdens of his/her care are adequately addressed by giving correct information about payer sources, promptly submitting reimbursement forms or asking for help prior to receiving health or social services. Consumers who need assistance from the Ryan White Program will be required to submit proof of eligibility, every six months, as outlined by the Ryan

White CARE Program Service Standard 5 – Eligibility and Fees.

7. RULES AND REGULATIONS OF PROVIDER ORGANIZATIONS
The consumer is responsible for following rules and regulations of the health and social service providers and the facilities involved in their care.

8. BEING THOUGHTFUL OF OTHERS
The consumer is responsible for being thoughtful of the rights, property and confidentiality of others.

9. VOICING COMPLAINTS
The consumer is responsible for voicing complaints and asking for change in an appropriate and timely way through health and social service providers or the facility's chain of command.

10. CONTINUING CARE
The client is responsible for maintaining periodic contact with their relevant services provider(s). When leaving the provider's facility, the consumer or their designated advocate is responsible for knowing when and where to get further treatment, if needed, and what to do at home to help with following through with the care plan.

Approved:  Date: 08/26/20

Kristina Kendricks-Clark, Chair

HIV Health Services Planning Council
Sacramento TGA

Policy and Procedure Manual

Subject: Community Outreach

No: ACC 03
Date Approved: 12/01/04
Date Revised: 05/25/22
Date Reviewed: 05/25/22

Background

The purpose of the Affected Communities Committee is to recruit, empower and involve people living with HIV/AIDS in the strategic planning and advocacy of HIV/AIDS care and services. Outreach and access to funds to conduct outreach is a necessary precursor to successfully accomplishing these tasks.

Policy:

The Affected Communities Committee (ACC) of the Planning Council shall have primary responsibility for outreach to members of communities affected by HIV and the recruitment of members for Council participation. The ACC shall have the authority to direct the use of funds for outreach activities.

Procedure:

1. The ACC will keep and maintain a comprehensive calendar of community recruitment and outreach activities as a guide for planning Committee work. When possible, the calendar will include date, time, location, sponsor and costs associated with each event.

2. To maximize efficiency and effectiveness of outreach efforts, the Committee will coordinate with appropriate provider and community organizations that focus on HIV outreach efforts.

3. The ACC will review the community recruitment and outreach calendar and submit a tentative budget request to the Ryan White Recipient by June of each year for inclusion in the Planning Council Support budget allocation. The ACC outreach budget line item will be listed as part of the HIV Health Services Planning Council Operating Budget, as appropriate.

4. The ACC can authorize use of the allocated funds in increments of no more than one hundred dollars ($100) for the purpose of outreach and recruitment activities. The ACC will submit approval request for expenditure of over one hundred dollars ($100) for any single event to the Executive Committee consistent with the scheduled meeting dates of the Executive Committee.

5. If an event date does not allow for consideration by the ACC at a regularly scheduled meeting or does not allow for a formal request to be presented at a regular Executive Committee meeting, the Chair of the ACC will contact the Chair of the Planning Council for authorization of expenses.

6. Participation of the ACC in community events will be prioritized as follows:
   - the event targets at risk or afflicted population groups, or anticipates significant attendance from communities disproportionately affected by HIV/AIDS;
   - the availability of sufficient ACC representatives and Council volunteers to effectively staff the event.

7. Planning Council staff retains the authority to use the community recruitment and outreach funding for production or acquisition of needed activity materials.

Adopted:  Date: 05/25/22

Richard Benavidez, Chair

HIV Health Services Planning Council
Sacramento TGA

Policy and Procedure Manual

Subject: Community Forum Ground Rules

No: ACC04
Date Effective: 08/24/05
Date Revised: 05/25/22
Date Reviewed: 05/25/22

Background
In order to fulfill its mission to facilitate community involvement in the Ryan White planning processes, the Affected Communities Committee (ACC) hosts public forums periodically during the year. The ACC generally hosts forums that deal with a specific issue of concern to the Affected Community, as well as reserving space on each agenda for an Open Forum for community discussion. This policy is intended to provide ground rules for the facilitation of consumer forums.

Policy:
The Affected Communities Committee will ensure that Forum Ground Rules are acknowledged and followed at community forum.

Procedure:
The Chair of the Affected Communities Committee or the Chair's delegate will ensure that the established Forum Ground Rules are made known and followed over the course of each Affected Communities Forum.

- Comments made at the forums will not be attributed to any individual guest.
- Forums are intended to provide general feedback from the community, not to criticize specific agencies or individuals.
- Forum participants will be respectful of each other, ACC members and Council staff.
- Each speaker will be allowed to speak without interruption.
- Each issue will be discussed until a solution(s) is offered and action plans are recorded.
- A report of all comments made will be provided to the Recipient of the Sacramento HIV Health Services Planning Council.
- Progress on the issues raised at forums will be reported at the next Forum.

Adopted:  Date: 05/25/22

Richard Benavidez, Chair

HIV Health Services Planning Council
Sacramento TGA

Policy and Procedure Manual

Subject: Member Representation by Alternate **No.:** ACC05
Date Approved: 08/98
Date Reviewed: 04/26/17
Date Revised: 08/26/20

As directed by the HIV Health Services Planning Council priorities, when funded, the following service standards will apply to Ryan White contracted service providers.

Policy:
The Council seeks to assemble a body of members, which are representative of various constituencies, including persons affected by HIV disease, service providers, governmental representatives, and others. Recognizing that the involvement of persons infected with HIV/AIDS is critical to the success of the Council, regulations governing the CARE Act permit use of alternates at times when the HIV positive Council member is unable to attend meetings or perform other Council-related duties due to HIV-related appointments, services or treatments. Alternates are intended to help maintain the level of representation of people with HIV on the Council.

Only Council members with HIV infection may have or use an alternate in any capacity. All alternates must be themselves HIV positive. Alternates, when voting, are to vote on behalf of persons who are infected and do not serve as a proxy for the absent Council member. Council members who are not HIV positive are referred to the Bylaws and relevant policies/procedures regarding absences.

A specific process will be used to identify alternates, maintain a pool of alternates, and notify the alternates of the need to fill in for an absent HIV positive member and the circumstances under which an alternate may vote.

Procedure:

1. The open nomination and Council application process will be used to identify and appoint a pool of alternate members, if all available

consumer seats are filled. The goal will be to have at least six (6) alternates available at all times, if possible.

2. Each alternate will be asked to commit to attending Council meetings and participating in Council activities, with the exception of voting unless officially representing an absent HIV positive Council member.
3. Alternates who are active in Council proceeding will be given priority consideration to fill vacant Council seats for which they may be qualified.
4. Following development of the alternate pool, each HIV positive Council member will be asked to identify an alternate that he/she would like to have called in the event of his/her absence. The Executive Committee will assign alternates to each Council member should the member not make a selection.
5. If during a meeting, an immediate need arises for an alternate, given the unexpected absence of a Council member, lots will be drawn among the alternates present. The alternate selected in this fashion will continue to fill the absent member's position as long as the need exists.
6. When the number of active, available alternates becomes low, additional alternates will be sought. Applications on file will be reviewed prior to initiation or other recruitment activities.
7. A committee that chooses to use Alternates will follow the same policies and procedures as the Council. The committee Chair and Vice-Chair or any persons designated by the committee will serve as a nominations task group for the committee with the nominees sent to the Council for final approval.
8. Voting Representatives for Mandated Seats: HRSA has mandated categories of representation to ensure that certain expertise is available during the Council decision-making processes. It is important that the expertise mandated by HRSA is represented at each meeting. It is recommended that an individual, serving in a mandated category, which can only be filled by a single agency, be able to designate a specific person to participate as a voting representative in the absence of the regular member. This would affect HRSA mandated seats.
9. The above policy is intended to benefit the Council and is not designed to encourage frequent absences.

Adopted:  Date: 08/26/20

Kristina Kendricks-Clark, Chair

HIV Health Services Planning Council
Sacramento TGA

Policy and Procedure Manual

Subject: Nominations of Members

No.: ACC06
Date Approved: 5/97
Date Revised: 04/26/17
Date Reviewed: 08/26/20

Purpose: The purpose of the Member Selection Committee's Policies and Procedures is to provide an open and objective process through which members can be recruited and selected for the Sacramento HIV Health Services Planning Council.

Goal: The goal of the selections process is to create a Council that reflects broad community representation and provides a diverse range of perspectives during Council deliberations.

Process Guidelines:

1. Selections to the Council shall be identified through an open process and candidates shall be selected based on established and publicized criteria;

2. Selections will be sought to augment the Council's composition to best reflect as appropriate the epidemic demographics specific to the Sacramento TGA/EMA with particular emphasis on the disproportionately affected and historically underserved groups and subpopulations.

3. Individuals nominated to serve on the Council will be required to declare any potential conflicts of interest as either defined by the Political Reform Act of California or added stipulations as may be determined through Council bylaws, policies and procedures:
   a. Individuals who are applying for membership on the Council will be informed of conflict of interest policies and the need to disclose any potential conflict of interest;
   b. Before final approval, individuals who are nominated as Council members must agree in writing, not to participate (directly or in an advisory capacity) in the process of selecting entities to receive CARE Act funding under the authority of the Council.

4. The Sacramento County Board of Supervisors will, at their discretion, approve and/or appoint members of the Council who have gone through the selections process and appointments will be made in a timely manner to assure minimal disruption of Council activities.

5. The selection process shall include:
   a. applications will be accepted year-round
   b. if a targeted recruitment process is necessary to fill specific seats, it will be described and announced in a variety of media formats including but not limited to local HIV publications, notices to service providers, press releases, and other community newsletters or venues .
   c. identify targeted membership composition being sought consistent with and including mandated representation, reflecting the epidemic characteristics and geographical region of the TGA/EMA;
   d. provide an opportunity for nominees to respond to open-ended questions to capture information about the nominee experience and background;
   e. utilize a representative and impartial selection committee that receives and reviews all selections, including nominees forwarded directly from the Board of Supervisors;

6. All recruitment and application materials shall address the following information: potential candidates experience both personal and professional specific to the focus of Council activities, categories of candidates representation, availability and willingness to serve, experience and/or willingness to work within a group decision-making process, acknowledgement and willingness to participate within the requirements of conflict of interest policies and a willingness to self-disclose their HIV status as part of the selections process if they wish to represent non-aligned consumers advocating for effective and efficient HIV/AIDS related services.

Representation:

1. The Council will strive to reach a goal of 33% representation of people living with HIV/AIDS;
2. The Council shall include at least one representative from each of the following *federally mandated* categories:
   a. Health care providers, including Federally Qualified Health Centers;
   b. Community-based organizations serving affected populations and AIDS service organizations;
   c. Social service providers;
   d. Mental health and substance abuse providers;
   e. Local public health agencies;
   f. Hospital planning agencies or health care planning agencies;
   g. Affected communities, including people with HIV disease or AIDS; parents, related caretakers and historically underserved groups and subpopulations;
   h. Non-elected community leaders; and
   i. State government including a representative from Medi-Cal and the State Office of AIDS;
   j. Title III (b) Early Intervention Program;
   k. Title IV, or organizations operating in the area with a history of serving

children, youth, and families with HIV;
l. Other federal HIV Programs
(1) Housing Opportunities for People with AIDS (HOPWA)
(2) Area AIDS Education and Training Center (AAETC)

3. Additional representatives *required by the TGA/EMA* are:
a. County health officers from Sacramento, El Dorado and Placer or their appointed representatives
b. a representative of the Sacramento County Board of Supervisors.
4. Specific priorities may be established from time to time to insure that the Council fully reflects the epidemic as it appears in the TGA/EMA and that specific expertise or subpopulations are represented.

Operational Procedures:

1. Time-frame: For the purpose of business and historical continuity, membership term periods may be split up to a limit of fifty percent (50%) of the total Council membership. Current term end date is December 31.

2. Recruitment: New member recruitment will be active and ongoing. All announcements will include an explanation of the Council, the criteria for participation, the membership composition being sought, the selections process, how applications can be obtained, and the deadline for submitting applications. Candidates will be solicited from a wide variety of public and private sources including but not limited to community based agencies, consumers, hospitals and care centers, government agencies, advocacy groups, policy makers, and interest groups within the community.

   Active solicitation for membership is a responsibility of seated Council members and includes the following activities:
   a. Maintenance and publication of member term status;
   b. on-going and active recruitment for potential candidates by Council members;
   c. outreach to service providers and staff working with clients;
   d. direct mailings and/or distribution of announcements, applications or other materials through provider networks;
   e. distribution of flyers and/or educational materials including applications at various community events;
   f. use of appropriate, diverse media and/or specialty publications related to the work of the Council;
   g. targeted outreach to populations that would benefit from personal contact, or focused solicitation.

3. Application: An application form is available through the Council staff, members of the Council, and/or on the Council website at www.sacramento-tga.com. An application form is given to anyone who requests one. Applications can be administered in any other way to meet an applicant's need. Council staff and members are available to provide clarification on the application process and to facilitate effective and

proactive completion of the selection process.

Current application design contains the following components:

a. section for general identification of the applicant;
b. open-ended questions to address interest, experience with HIV/AIDS, experience with planning functions related to HIV or other health services, experience with group process, identification of significant issues in HIV/AIDS service delivery;
c. membership expectations;
d. section to indicate specific demographics, HIV status, and categories of representation, interest, and current affiliations;
e. identification of references;
f. place to return, and signature.

4. Selection: A Selection Committee is convened by the Public Health Advisory Board (PHAB), an advisory body appointed by the Board of Supervisors to provide general guidance and recommendations related to public health planning and policy development. In Sacramento County, The Public Health Advisory Board represents the community as a whole and includes a diversity of membership and wide expertise in a variety of public health issues and health care issues. It is supported by professional staff and has credibility and authority derived from its appointment by the Board of Supervisors. The PHAB has a history of providing an objective body to process and make recommendations for a variety of HIV/AIDS committees, working groups and panels.

   The Selection committee will be appointed by the Executive Committee. No members of the Selection Committee will be a potential candidate for a position or new term on the Council.

5. Review: If more than one application is received, the initial process of review is anonymous. Each application is given a number as it is received with identifying information redacted as appropriate. Pre-determined objective criteria are scored with essential demographic and representation category information provided for the second phase of candidate assessment. At this point in the selection process the Selection Committee reviews the prior ranking and evaluates any open ended questions. The final phase of candidate evaluation includes an analysis of the candidate profile and application scoring for available vacancies, need for mandated seats or other identified priority. Individuals with disclosed status who are not considered for appointment can participate in the pool of alternates.

   Following the Selection Committees' recommendations, staff will, contact and verify references, communicate with candidates and carry out any other action necessary to insure the accuracy of the application materials. Discrepancies or other discovery made by staff that threatens the viability

of a candidate will be communicated to the Selection Committee in the most expedient manner available for the purpose of receiving further direction.

6. Recommendation: Selection Committee's final recommendations will be submitted to the Public Health Advisory Board for their review and comment. Upon Council concurrence with PHAB the names of new members and alternates will be sent to the Sacramento County Board of Supervisors for appointment.

7. Appointment: Appointment is the responsibility of the Sacramento County Board of Supervisors.

   Selected members will be seated at the first regular meeting following Board of Supervisors appointment resolution.

8. Vacancies: Vacancies may be created by termination or resignation. New members may be appointed by the Council subject to approval by the Board of Supervisors. The Council will prioritize the filling of any vacancies in federally mandated categories and actively recruit for and fill general vacancies when membership is equal to or below the minimum number of seats required by the Council by-laws.

   A Selection Committee will be maintained to review all preliminary applications, make recommendations and provide ongoing recruitment support to the Council at large. Upon recommendation of the Selection Committee an interim appointee may serve the unexpired portion of the term and if commencing with a new term shall be subject to the established selection process policies and procedures for BOS appointment.

Adopted:  Date: 08/26/20

Kristina Kendricks-Clark, Chair

HIV Health Services Planning Council
Sacramento TGA

Policy and Procedure Manual

Subject: Annual Training Calendar

No.: ACC07
Date Approved: 01/05/99
Date Revised: 04/26/17
Date Reviewed: 08/26/20

Policy:
The Council will offer training and skill development opportunities to its members throughout the year. The focus of such sessions will be:

- to improve overall knowledge of HIV infection, care management and service availability
- provide current information on CARE Act policy, pending or new legislation and epidemic trends
- orient new members to Council history, function, role and responsibilities
- develop specific skills or abilities within the membership as determined by Council leadership and/or general membership as necessary for organizational growth.

The development of the annual training calendar is the responsibility of the Affected Communities Committee (ACC).

Procedure:

1. The Affected Communities Committee will consult with the Executive Committee, Council Staff, CARE program representatives and general membership to identify areas of interest and/or skill development need.

2. ACC will use a variety of resources including but not limited to the Council self-evaluation, Needs Assessment, etc., in the development of topical areas for training focus.

3. ACC will develop a calendar of in-service or training for the Council that specifies the topic, date and times of training, as well as anticipated speakers.

Adopted: _____ Date: 08/26/20
Kristina Kendricks-Clark, Chair

HIV Health Services Planning Council
Sacramento TGA

Policy and Procedure Manual

Subject: Mentorship Program

No: ACC08
Date Approved: 12/01/04
Date Revised: 05/24/17
Date Reviewed: 08/26/20

Background:

The intent of the mentorship program is to facilitate understanding of the purpose, activities, and procedures of the Planning Council. The goal is to expedite support and tutoring so that new participants will achieve comfort in their membership role as quickly as possible. The mentorship program is designed to promote timely, informed and active involvement of the new member in Council business and decision-making. A well-informed, proactive and consistent membership will enable the Council to equitably distribute the work of the organization and draw upon a stronger diversity of ideas.

Policy:

The HIV Health Services Planning Council will utilize a mentorship program to facilitate informed, active participation and long-term retention of new members. Each newly appointed member will be assigned a mentor at the onset of the participant's Council term.

Procedure:

To ensure that an equal opportunity and positive experience is extended to each new member, the following procedures will be used to guide the assignment of mentors and the expectations for interaction and mentorship.

<u>Assignment of Mentors</u>

1. An individual must be an active member of the Planning Council in good attendance standing for a minimum of one year to be eligible to serve as a mentor.

2. All members will receive an overview of the mentorship program and a copy of this procedure prior to being surveyed to ensure awareness of mentor responsibilities and commitments.

3. Planning Council members will be surveyed once a year to determine interest in serving as a mentor.

4. Planning Council staff and the ACC Chair (or ACC Co-Chair in absence of an ACC Chair) will consult to match mentor volunteers with newly appointed members. Every effort will be made to match mentors and new members with similar backgrounds or life experiences. If there are more mentor volunteers than new members, the selection of a mentor will be determined by the most appropriate match to the new member. If there are more new members than mentor volunteers, a volunteer may be asked to act as a mentor to more than one new member.

5. Mentors will be offered to all newly appointed Planning Council members (including alternate members).

6. In understanding that personalities are not always compatible, a new member may request a new mentor if an unsuccessful mentor match was assigned. If at any time there is a barrier in the mentor relationship, the new member and mentor should meet with staff to discuss the challenge and determine the most appropriate next step.

The formal mentorship period will last for six months with an emphasis for ongoing teamwork extending throughout the members term. During the six-month period, the mentor will act as the primary resource in orienting the new member to the Council's purpose and operating processes. Typically mentorship activities will occur during or immediately around regularly scheduled meetings of the Planning Council but may involve odd hour and/or weekend activity participation.

The following guidelines support a successful mentorship:

<u>Interaction Between New Member-Mentor</u>

1. New members will be introduced to their mentor at the New Member Orientation Session. Mentors are expected to attend and fully participate in the orientation session. The orientation session will offer an opportunity for mentors to frame the history and relay past or current events of the Planning Council to new members.

2. The new member and mentor will discuss and record goals for the relationship. Issues to consider when setting mentorship goals include: what each participant hopes to get out of the mentorship relationship,

why, and what activities are necessary to achieve those goals. Because it may compromise the mentorship relationship established for the Planning Council, and because mentors are not trained to do so, it is not the mentor's role to act as a life/peer counselor. All goals should be tied to building skills and knowledge needed to be an effective Planning Council member.

3. The mentor will act as a tutor, coach, and sounding board for the new member to meet the goals set for the mentorship relationship.

4. Mentor will place a reminder phone call to the new member two days prior to each of the first six Planning Council meetings of the new member's term. In addition to acting as a meeting reminder, the call will be used to answer any preliminary questions that the new member might have.
5. New members and mentors will arrive to Planning Council meetings ten minutes before the meeting's scheduled start time. At that time, an explanation of the agenda and overview of what will be presented for each agenda item will be provided.

6. The mentor will sit with the new member at all Planning Council meetings during the six-month mentorship period. The mentor will be available throughout the meeting to answer any questions and provide any needed clarification. The mentor will be especially mindful to provide the new member with explanations of acronyms, definitions, an issue's relevance, or its historical context.

7. New members will document any substantial questions they have over the course of the meeting. The new member and the mentor will use the break or the end of the meeting to discuss and develop a clear explanation of the issues in question.

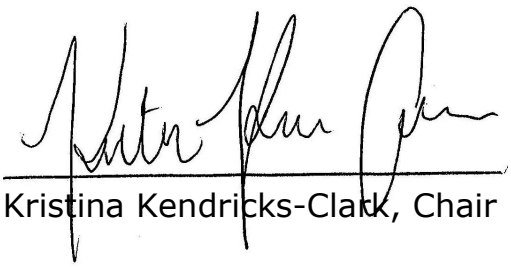
8. The mentor will continually encourage new members to raise their questions or voice their comments to the Planning Council during meetings. Mentors will lead by example, asking questions that they feel would be beneficial to the new member's understanding of an issue. To improve the new members comfort level in speaking during meetings, the mentor will assist the new member in navigating Robert's Rules of Order Newly Revised.

9. The mentor will encourage the new member to become actively involved in Planning Council committees. Because all of the work of the Planning Council is done at the committee level, it is vital to engage

new members in committee work. The mentor will play an integral role in assessing the new member's interests, and connecting the new member to the most appropriate committee.

10. The new mentor relationship is confidential. Any questions, comments, or statements made in confidence will not be shared by either participant.

The mentor relationship is not designed to be exclusive. New members are encouraged to go to any member or staff with questions or comments, just as mentors are encouraged to provide assistance to any member in need of clarification. The mentor is simply assigned to ensure that all new members have at least one individual (in addition to staff) that they feel comfortable approaching until knowledgeable with the overall purpose and processes of the Planning Council.

Adopted:  Date: 08/26/20

Kristina Kendricks-Clark, Chair