

**Community Feedback: Notes From The Bylaws Review Meeting For The New HIV/AIDS Prevention
And Care Integrated Planning Body**

06/25/2015

1.2. Planning Body Responsibilities (p. 3-4 of the bylaws *after point j.*)

- Add SES status after homophobia
- Add mental health issues/conditions
- Add stigma
- Add drug Abuse
- Add co-morbidities
- Add chemical health (or alcohol and drug use)
- Add Lack of employment opportunities for HIV/AIDS workers
- Add HIV criminalization
- Add legal status
- Add stereotyping

2. Membership: 2.1. Composition (p. 4-6 of the bylaws)

- Bump unaligned consumers # to 35 members
- Get maximum to 50% unaligned consumers
- Use minimum language for unaligned consumers
- Why only fulfill the minimum, why not try to get more than a minimum
- Perhaps we can put in a range (demonstrates that we are trying to achieve more—no less than 15 members of unaligned consumers, for example)
- Inclusion of an expert on HIV and aging
- Inclusion of a pharmacist
- Inclusion of a maximum of unaligned consumers
- Have a maximum for both aligned and unaligned consumers
- Let's come up with a precise number (BUT HRSA requirements must be followed)
- Planning Council folks talks about consumers, but CCCHAP talks about those at risk
- HRSA Delineates 33% members = unaligned consumers
- Perhaps we need to include consumers of prevention services on the planning body
- Clarify unaligned consumers
- Count all categories of consumers
- Can there be open forums for non-members to vote/join meetings
- HIV negative folks from CCCHAP side (seats need to be available for negative consumers)
- Health department representative

2. Membership: 2.1. Composition (continued) (p. 5 of the bylaws, *particularly point m.*)

- Confusion over conflict of interest

- Part B is advisory, as is Part A funds (statement)
- Very unclear conflict of interest rule
- How will conflict of interest be managed? (we need to make this very clear for a Part A person on the Planning Council)
- We need to look at how other councils managing Part A Member conflict of interest
- Perhaps it will be hard to recruit providers
- We will have discussion before motion (Robert's Rules)

2.6 Appointment and Service (p. 7-8 of the bylaws)

- 2 term term limits, but can the other staggered half participate in 2 terms...?
- Minimum absence-1 term (eliminate year wording and replace with term)
- If you are serving someone's term who has resigned, can your terms renew without penalty?
- Add the verbiage of full terms (2 full terms)
- Add language about clarifying stepping into someone else's term
- It has been a problem for the planning council to fill certain seats
- Membership Selection Committee fills the board
- Minimum absence (add one term and not 1 year)

3. Leadership (p. 9-10 of the bylaws)

- 1 term v. 2 consecutive terms
- What if the co-chair who can serve 2 terms does not wish to do this? ...then there will not be staggering
- 1 community chair must be an unaligned consumer (could a prevention person be at the table)
- Can we change consumer language to prevention or care services (Unaligned community representative)
- Hank-one co-chair must be an openly positive person, and one has to be from the TGA
- Staggered terms seem messy

5. Governance of Meeting (p. 11-13 of the bylaws)

- Strike consensus language
- We could have an open forum
- Consensus should be aspirational, but not listed in the bylaws
- We should define when consensus works, but we can also have majority vote second
- Each member should have the right to ask for a role-call vote
- Co-parliamentarian slide (p. 11):
- Everyone follows Robert's Rules
- They make sure that the meeting runs according to the bylaws
- Perhaps a community member should be a parliamentarian (perhaps there is a conflict of interest here)
- Parliamentarians should not have voting rights as there is a potential conflict of interest

- Perhaps a staff member should be a parliamentarian
- Don't have 2 parliamentarians, just have 1 or none
- We should self-police (anyone should be able to call out infractions)
- Perhaps with the initial group, we should have a parliamentarian but then phase them out and the coordinator will assume this position

General feedback:

- Could we get more input from medical professionals
- Can we have meetings at night or on the weekend
- When is the next meeting?
- The verbiage in the IGA states planning council
- Faith-based member (a CCCHAP requirement) –why do we need this? Faith is a slippery slope (we may leave others out)