

CHSPAC

Comprehensive HIV Services Planning and Advisory Council

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PROCEDURES MANUAL

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This edition of the Procedures Manual (2.1) received final approval from the full council on October 21, 2009. All changes were immediately effective.

PREFACE

HISTORY IN BRIEF

The Comprehensive HIV Services Planning and Advisory Council (herein referred to as CHSPAC or, simply, the Advisory Council) was formed by the Division of HIV/STD at the Indiana State Department of Health (ISDH) in 1998. The Advisory Council was created in an effort to assist the State of Indiana as it addressed the challenges of providing statewide HIV services. Using an interim development committee, the Division was able to accomplish the following:

- Develop a membership matrix which reflects various communities impacted by HIV in Indiana, experience in the delivery, development, and receipt of HIV-related health and human services, and community leadership;
- Develop a mechanism and timeline by which individuals become members;
- Identify and plan for orientation and training needs;
- Eliminate the Division's existing Medical Advisory Board and proposed Health Advisory Board;
- Develop and implement an effective plan to ensure medical and clinical expertise is provided in a timely manner to formalize formularies and clinical standards of care;
- Add technical support as needed for policy development; and,
- Incorporate the policy development role of the AIDS Policy Group whose function of informing and shaping policy recommendations to the State Health Commissioner for HIV-related issues was to be integrated into advisory council process.

At the time, the statewide Consumer Advisory Board (CAB) program was already operating in Indiana. Though CAB was to continue its previous direction; it was operationally incorporated into the Advisory Council. In 2009, CAB became an official standing committee, and its name was changed to Consumer Advisory Bureau.

The first Advisory Council meeting was held in September 1999. Since its inception, the council has faced many challenges but the mission remains the same.

PURPOSE

The Advisory Council's purpose is to advise the Division regarding the development of a continuum of high quality, culturally sensitive, cost effective, client-centered, health care and support services for persons with HIV disease and their families. Moreover, as it provides its advice, the Advisory Council is expected to consider all affected sub-populations and impacted regions within the state regardless of sexual orientation, gender, race, ethnic origin, disability, religious beliefs, lifestyle, or manner in which HIV infection was contracted.

MISSION STATEMENT

The overall mission of the Advisory Council is to work in partnership with ISDH. Jointly, the Advisory Council and ISDH share the mission of assuring HIV-positive individuals and their families access to a comprehensive network of high quality care and treatment services. The Advisory Council's mission will be accomplished by carrying out the following necessary steps in HIV Services planning:

- Assess the present and future extent, distribution, and impact of HIV in the State of Indiana using ISDH epidemiological demographic data;
- Identify current HIV care and treatment services, and document the unmet HIV service needs of individuals and their caregivers with particular attention to identifying severe unmet need;
- Prioritize HIV service needs and propose high priority strategies and interventions;
- Develop the Statewide Comprehensive Plan, based on an accurate community needs assessment, for the organization and delivery of HIV-related services in concert with any other HIV related services planning effort that the Advisory Council and ISDH may create, including the Statewide Coordinated Statement of Need;
- Foster and promote the organization, coordination, and delivery of HIV services in the state of Indiana; and,
- Assess the effectiveness, either directly or through contractual arrangements, of the broad categories of services offered in meeting the identified need.

SECTION I: GOALS AND FUNCTIONS

PRIMARY GOALS OF THE ADVISORY BODY

The U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), and Division of Service Systems (DSS) have certain expectations of all planning bodies. These, as they relate to the Advisory Council, are as follows:

Prioritize Services

The purposes for priority setting include helping to ensure that appropriate attention is given to the needs of various infected and affected populations and subpopulations. Methods for obtaining input on community needs and priorities include:

- Holding public meetings;
- Conducting focus groups;
- Convening ad-hoc panels; and,
- Initiating needs assessment surveys.

Work with ISDH to Develop a Statewide Coordinated Statement of Need (SCSN)

The purpose of the SCSN is to provide a mechanism to collaborate in identifying and addressing significant HIV care issues related to the needs of people living with HIV in order to maximize coordination, integration, and effective linkages across the various Ryan White grantees. The document must reflect, without replicating, a discussion of existing needs assessments. The SCSN should include a brief overview of epidemiological data, existing qualitative and quantitative information, and emerging trends and issues affecting HIV care and service delivery in the State.

Assist ISDH in writing the Comprehensive Plan

Purposes of the Comprehensive Plan include helping make better decisions about services for people living with HIV disease and to develop and maintain a long-term continuum of care. The Comprehensive Plan must be compatible with any existing State or local planning regarding the provision of health services to individuals with HIV disease and their families and must complement or incorporate the Statewide Coordinated Statement of Need (SCSN).

Assure Collaboration with the Community Advisory Group (CPG)

The CPG is an independent group with an established direction; however, the Advisory Council has requested that CPG refine its analysis and planning to ensure optimal integration and synergy between prevention services and the direct care service system. Particular emphasis should be focused on the referral into care and follow-up process for individuals testing HIV-positive.

PRIMARY FUNCTIONS OF THE ADVISORY BODY

In accordance with its mission statement, the Advisory Council shall work in partnership with ISDH. Jointly, the Advisory Council and ISDH share the mission of assuring HIV-positive individuals and their families access to a comprehensive network of high quality care and treatment services by carrying out the following necessary steps:

- Assess the present and future extent, distribution, and impact of HIV in the State of Indiana using ISDH epidemiological demographic data;
- Identify current HIV care and treatment services, and document the unmet HIV service needs of individuals and their caregivers with particular attention to identifying severe unmet need;
- Prioritize HIV service needs and propose high priority strategies and interventions;
- Develop the Comprehensive Plan, based on an accurate community needs assessment, for the organization and delivery of HIV-related services in concert with any other HIV-related services planning efforts that the Planning Council and ISDH may create, including the statewide coordinated statement of need;
- Foster and promote the organization, coordination, and delivery of HIV services in the State of Indiana; and,
- Assess the effectiveness, either directly or through contractual arrangements, of the broad categories of services offered in meeting the identified need.

SECTION II: MEMBERSHIP

COMPOSITION

The Advisory Council shall consist of no more than forty-nine (49) voting members. It shall strive to have its membership composition reflect the demographics of the HIV epidemic in Indiana. Particular attention shall be given to the recruitment of individuals from target populations and regions that have been disproportionately affected and historically under-served. Representatives from each of the categorical areas delineated below shall be seated. Vacancies shall not prevent the Advisory Council from conducting business.

The Advisory Council shall be comprised of members experienced in the delivery or receipt of HIV-related health and human services. Particular attention shall be paid to ensuring that the Advisory Council, through its membership, is representative of all populations currently or likely to be affected by HIV in Indiana. Members will reflect – as accurately as possible – the demographics of the HIV epidemic in Indiana. However, the Advisory Council may overly reflect certain communities to ensure a reasonable minimum presence on the council from those communities. A minimum of 33% of the members of the Advisory Council shall be individuals infected with HIV. The Advisory Council will also include HIV-positive persons who are unaffiliated, either through employment or volunteerism, with any HIV service providers.

The Advisory Council membership matrix must include, but is not limited to, the twenty-one (21) specific representational categories delineated below. Any one member's characteristics may not satisfy more than one category. ISDH shall have a voice but not a vote in the deliberations of the Advisory Council and its committees.

1. Representatives from the each HIV Care Coordination region (12 seats)
2. Representatives from geographic areas with the more than 500 living HIV cases at the end of the calendar year (5 seats)
 - a. Region 1
 - b. Region 2
 - c. Region 3
 - d. Region 6
 - e. Region 7
3. Affected communities, including historically underserved groups (3 seats)
 - a. Non-whites
 - b. Injection drug user (past or present)
 - c. Females
4. Consumer Representatives (15 seats)
5. HOPWA administration (1 seat)
6. Other Federal HIV grantees (Part A-F) (5 seats)
 - a. Part A
 - b. Part C - North
 - c. Part C - Central
 - d. Part C - South
 - e. Part F
7. Mental health services providers (1 seat)
8. Substance abuse services providers (1 seat)
9. Primary care physician or nurse practitioner providing services to PLWH (1 seat)
10. Pharmacist providing services to PLWH (1 seat)
11. Community-based or other organizations (2 seats)
12. Community Planning Group (CPG) or other community members (2 seats)
13. Infectious disease physician or nurse practitioner (1 seat)
14. Office of Medicaid Policy & Planning (1 seat)
15. Office of Family Social Services Administration (1 seat)
16. Dentist providing services to PLWH (1 seat)

17. Hospital or health advisory agencies (1 seat)
18. Legal services provider to PLWH (1 seat)
19. Representatives from philanthropic institutions with a history of grant-making for HIV-related care and treatment services (1 seat)
20. Federally-Qualified Healthcare Centers (1 seat)
21. Representatives from Division of HIV/STD (no limit)

From this list, 1-12 are voting positions, while 13-21 are considered to be non-voting technical advisors. This distinction is made to recognize that providers in some categories cannot make the commitment of time necessary to function as a voting position.

Recruitment

The HIV Services Advisory Board Liaison (hereinafter referred to as the *liaison*) will follow a formal membership recruitment plan that defines key occupational, geographic, demographic, and social characteristics representative of the areas and populations served by the Advisory Council. The need for representation by specific populations, skill sets, or life experiences that are deemed necessary for the Advisory Council to complete its mission will form a set of core objective parameters. The liaison will work closely with Advisory Council members (including consumer participants) to identify potential applicants. As needed, the liaison may call an ad hoc Membership Committee to address recruitment and other related concerns (see appendix). The Advisory Council will assist in promoting consumer participation as part of its recruitment activities.

Applications

Any interested individual may apply for membership in the Advisory Council by completing a written membership application. Inquiring or solicited parties shall receive a nomination packet containing an Advisory Council application form and information detailing all aspects of the open nomination process, including rules, regulations, and selection criteria. The Advisory Council's Conflict of Interest, Code of Ethics, Confidentiality Policy, and a description of member's roles and responsibilities shall also be detailed in these materials.

Applications for Advisory Council membership are submitted to the liaison who presents the candidates to the Executive Committee for approval.

Length of Term

A membership term shall be defined as a period of twelve months. This term will begin on January 1st. For any member who is seated within six months of the end of a term (i.e., between July 1st and December 31st of the year), the remainder of the term then in progress and the following full term shall be considered that member's first membership term. No member shall serve more than three (3) consecutive terms. Prior members may reapply for membership six months after their final date of service.

Responsibilities and Duties

As a member of the Advisory Council, it is expected of each member to do the following:

- Make a commitment to the advisory process;
- Actively participate on at least one of the Advisory Council's standing committees in addition to regular participation at full Advisory Council meetings;
- Undertake special tasks, as requested by the Advisory Council;
- Gather data and information as needed;
- Educate the public about Advisory Council activities; and,
- Support membership outreach activities.

Resignations

Any member of the Advisory Council may resign at any time by written notice to the liaison. The liaison will immediately notify the Chair. Any such resignation shall take effect at the time specified in the notice or, if not so specified, immediately upon receipt of notice by the liaison. The member's voting and all other rights, title, and interest in the council shall cease on the termination of membership.

Vacancies

As vacancies occur, the liaison shall review all relevant applications and propose a slate of individuals to fill the vacancies. Applications for Advisory Council membership are submitted to the Executive Committee for approval. At each full Advisory Council meeting, the liaison will inform the Advisory Council of the number of vacancies, if any, that are to be filled and any relevant representational criteria to be considered in any ensuing recruitment efforts.

Removal

Members may be removed upon a vote of a simple majority of the Advisory Council membership for any of the following reasons:

- The member's designated term has ended;
- Absences as delineated in Section IV of this procedure manual have been documented; or,
- The member has displayed continued gross or willful neglect of duties, or conduct deleterious to the best interests of the Advisory Council including, but not limited to, mismanagement of the affairs of the Advisory Council, breach of duties or loyalty, willful disregard of a dutifully executed action of the Advisory Council, commitment of a breach of confidentiality or code of ethics, or improper use of confidential or sensitive information.

Any Advisory Council member proposed for removal shall be notified by the Executive Committee at least thirty (30) days prior to the taking of a vote. Notification shall include the time and place at which the vote is scheduled to take place and the reason for the proposed removal. The member proposed for removal shall be entitled to appear at such meeting and be heard. The affirmative vote of a simple majority of Advisory Council members present shall be necessary to remove a member for cause.

Technical Advisors

Technical advisors are regular or occasional attendees without voting privileges but whose subject matter expertise is necessary for the Advisory Council to perform its functions. Technical advisors are invited guests and are not subject to the application process. Their attendance does not affect quorum. Technical advisors do agree to abide by the same Code of Conduct as voting members (see appendix).

SECTION III: LEADERSHIP

OFFICERS

The leadership of the Advisory Council shall be composed of the Chair, Vice-Chair, and such other officers as the Advisory Council may designate and elect. Whenever possible, the Chair or Vice Chair position (but not both) should be held by a consumer. The term “officer” does not apply to the chairs and co-chairs selected to represent the standing committees.

Description of Chair

The Chair shall preside at all meetings of the Advisory Council and while presiding, votes only to break a tie. If neither the Chair nor Vice-Chair is present, the Chair shall designate a member of the Executive Committee to preside over the meeting.

Description of Vice Chair

The Vice Chair is a voting member of the Advisory Council. In the absence of the Chair, the Vice Chair shall preside and, while presiding, shall vote only to break a tie.

Nominations and Elections

Nominations to replace retiring members and officers shall take place in the third quarter of the calendar year. Voting on such nominations shall take place in the fourth quarter of the same year. Approved new members are officers shall take their respective seats on January 1st of the following calendar year.

All officers of the Advisory Council shall be elected by the membership of the Advisory Council. In the event an election yields a tie for any office, a special election will be held only for the office(s) that yielded a tie in the previous election.

When possible, either the Chair or the Vice Chair shall be a member of the Advisory Council infected with HIV. When possible, it is recommended that the seated Vice Chair be considered for the vacant Chair position.

Length of Term

An officer's term shall be defined as a period of twelve months. This term will begin on or about January 1st (unless elected mid-year, in which case the term shall begin immediately upon election). For any officer who is seated within six months of the end of a term, the remainder of the term then in progress and the following full term shall be considered that officer's first term. No officer shall serve more than two (2) consecutive terms in the same office.

Primary Functions of Chair and Vice Chair

The Chair and Vice Chair shall:

- Provide leadership to members in expediting the council's goals;
- Guide the Advisory Council in fulfilling its stated roles and responsibilities;
- Conduct the Advisory Council meetings efficiently and effectively, assuring adequate discussion of all issues;
- Conduct the Executive Committee meetings efficiently and effectively, assuring adequate discussion of all issues; and,
- Represent the Advisory Council in all matters that affect it.

Resignations

Any officer may resign at any time by written notice to the liaison. The liaison will immediately notify the Chair. Any such resignation shall take effect at the time specified in the notice or, if not so specified, immediately upon receipt of notice by the liaison. Any vacancy occurring in any office as the result of a resignation shall be filled through election by the Advisory Council membership.

Removals

Officers may be removed by a two-thirds vote of the Advisory Council membership. Any officer proposed for removal shall be notified by the Executive Committee at least thirty (30) days prior to the taking of a vote. Notification shall include the time and place at which the vote is scheduled to take place and the reason for the proposed removal. The member proposed for removal shall be entitled to appear at such meeting and be heard. The affirmative vote of a two-thirds majority of Advisory Council members present shall be necessary to remove an officer. Removal from an office does not remove a member from the Advisory Council. In order to immediately fill the vacancy, a special election shall be held at the meeting where the officer was removed. The newly elected officer shall only complete the term of the officer being replaced.

SECTION IV: MEETINGS

SCHEDULE

Regular meeting of the Advisory Council shall be held at least six times each year (every other month). The time, date, and location of the meetings shall be announced at the previous meeting. Members shall receive written notice at least ten (10) days prior to the meeting.

Special meetings may be called by ISDH or the Executive Committee for the transaction of only such business as is stated in the call for the meeting. In cases of emergency, the Executive Committee may act; such action shall be noted in a special memorandum and reported in the minutes of the next regularly scheduled meeting.

Attendance

Members are expected to attend all meetings during their term of membership. Members are required to attend the entire full Advisory Council meeting in order to be considered "present." Attendance will be taken twice during each full meeting, once at the beginning and again at the end of the session. Early departure must be approved by the Chair in advance.

Absences

Members who are absent from 50% of regular meetings within a calendar year shall forfeit their position and create a vacancy on the Advisory Council. However, reasonable accommodations shall be extended to all members who require accommodations due to illness, disability, a medical condition, or personal hardship. Members who have two (2) consecutive unexcused absences will receive an Attendance Notice from the liaison as a courtesy. Conference call options will be made available if requested and as funding allows.

Proxy

A voting member may designate a voting proxy, who is also a voting member of the Advisory Council, for two (2) regular meetings in a calendar year. The member must provide written designation of the proxy for a particular meeting to the liaison prior to that meeting. The member is responsible to notify the proxy of any voting wishes. At the beginning of the meeting, the Chair or Vice Chair will ask the liaison if any member's have designed proxies for the meeting. The proxy counts toward quorum (i.e., the proxy counts as two toward quorum) but still results in an absence to the voting member.

Format

All meetings shall be subject to Open Door Laws of Indiana as stated in Indiana Code Section 5-14-1.5-6.1. All meetings of the Advisory Council and its committees shall be held in accordance with any other applicable requirements of the State or Federal agency making funds available to ISDH. For the purpose of addressing legal and personnel matters, the Advisory Council and the Executive Committee may use closed executive sessions when supported by a majority vote of the Advisory Council.

Agenda

The Chair with the liaison shall develop and establish the full Advisory Council meeting agenda. The agenda shall be created at least two (2) weeks before the Advisory Council meeting.

Quorum

For any binding vote to occur, a quorum must be established. A quorum of the Advisory Council shall be a simple majority of voting members. A quorum of the Executive Committee shall be a simple majority of the Executive Committee.

Decision-Making

The Advisory Council will vote on any motion made, seconded, and on the floor for deliberation. It will strive to achieve a style of consensus in the process of its decision-making. This effort will be applied both in full council deliberations and in committee. Whenever a decision cannot be reached by consensus, the rules contained in the current edition of *Robert's Rules of Order* shall govern the council and its committees in all instances when they are applicable and not inconsistent with these procedures

and any other special rules the Advisory Council may adopt. In striving for a “consensus style” of decision-making, members will attempt to arrive at a shared decision. This requires all parties involved in the process to remain open-minded and unbiased. Striving toward consensus decision-making requires that all parties continue to work together and discuss the issue until an amenable compromise solution is found. Consensus style means that:

- All members contribute to the discussion;
- All members are able to state the issue or problem in their own words;
- Everyone is given reasonable opportunity and time to express their opinion about the matter;
- Members vote based on factual information rather than supposition or emotion; and,
- All members agree to take responsibility for the implementation of final decisions.

Voting

Only designated Advisory Council members shall have voting privileges during meetings of the Council. If members are present electronically, those members must be able to hear all discussion and ask questions prior to a vote. Each member shall be entitled to one (1) vote on each matter submitted to the Advisory Council for a vote. Proxy voting is allowable as described above.

Minutes

There shall be minutes maintained of all proceedings of the Advisory Council, its committees, and any other such meetings as may be required for the proper conduct of its business and affairs.

SECTION V: COMMITTEES

STANDING COMMITTEES

Four standing committees shall be established to assist the Advisory Council in its functions. These will consist of the Planning, Evaluation, Consumer Advisory Bureau (CAB), and Executive Committees. ISDH will designate at least one staff person to serve as a technical assistant to each committee. The technical assistant will provide guidance and assistance in obtaining materials, data, and other information needed to accomplish the tasks and responsibilities of the committee.

The Advisory Council Chair may appoint Planning and Evaluation Committee members from the matrix of the Advisory Council membership. Individuals who are not members of the Advisory Council may serve as technical advisors to these committees; however the majority of each committee shall be Advisory Council members.

Membership of the CAB Committee is prescribed within the matrix of the Advisory Council. Only those members serving in the 15 designated CAB positions may participate unless otherwise requested by the CAB Committee. Members cannot self-select to join this committee.

The Planning, Evaluation, and CAB Committees shall recommend to the Executive Committee from among its members a slate of up to three candidates for the positions of committee chair and co-chair. The Executive Committee shall approve the chairpersons of all the committees of the Advisory Council. Approved chairpersons shall serve for a term of one year and may serve multiple but not consecutive terms in each designated position. Terms begin upon approval by the Executive Committee. Chair and co-chair terms are expected to become staggered naturally over time due to attrition from the committees or the Advisory Council.

The Advisory Council Chair may not serve as a standing committee chair. The Advisory Council Vice Chair should refrain from serving as a standing committee chair, except in cases where transitional shifts in officers are occurring.

In addition to meeting minutes, recommendations and other significant products of committee work shall be submitted in written form by the chair of each committee to the liaison. It is the liaison's responsibility to distribute such documents to the Executive Committee and, as needed, to the entire Advisory Council. Verbal reports will be requested at the full meetings as well, the content of which will be entered into the record via the Advisory Council meeting minutes.

Executive Committee

Purpose

The Executive Committee is responsible for ensuring the orderly and integrated progression of the Advisory Council's work.

Structure

This committee is composed of the chair and co-chair from the Planning, Evaluation, and CAB Committees (six people), the Advisory Council Chair and Vice Chair, and the liaison and key Division staff (ex officio, non-voting). The liaison is responsible for procedural and membership issues and passes any business requiring a vote through the Executive Committee for presentation to the full Advisory Council.

Scope of work

This committee is responsible for the following:

- Meeting on a bi-monthly basis to plan and coordinate the meetings of the full Advisory Council;
- Coordinating communication between the other standing and ad hoc committees to ensure progress on the designated goals and objectives within the mission of the Advisory Council;
- Identifying and delegating committee tasks and assignments;
- Developing strategies to maintain full membership and optimal attendance;
- Approving all new applicants for membership;
- Working with the liaison and representatives of ISDH to develop work plans to assist the Advisory Council in accomplishing its work in a timely manner and in compliance with all administrative deadlines; and,
- Completing additional work as necessary to assure that the Advisory Council carries out its charge.

Paramount focus

Oversight

Planning Committee

Purpose

The Planning Committee is responsible for assisting in the creation and updating of the Statewide Comprehensive Plan for HIV services which also contains Indiana's Statewide Coordinated Statement of Need. Within this document, the committee updates the goals and objectives for discrete services provided through Part B funding, and it articulates overarching goals and objectives for the larger HIV services delivery system. With input from the Evaluation Committee and key technical advisors, it identifies gaps in services as well as needs of discrete populations and develops plans for response. The Planning Committee considers and recommends alterations or modifications to the plan to minimize disruption of services.

The Planning Committee is also responsible for analyzing local policy, federal policy and legislative issues, and advising the Advisory Council on how these issues may impact the Comprehensive Plan or the HIV community of Indiana in general. The committee shall recommend response strategies, coordinate such response activities, and update the Comprehensive Plan accordingly.

Scope of Work

The committee is responsible for the following:

- Working with the liaison to ensure yearly revision of the Comprehensive Plan;
- Working with the Evaluation Committee as it develops the standards of care and analyzes the continuum of care for Indiana's HIV service delivery system;
- Providing the Advisory Council with updates on policy issues impacting people with HIV, populations in severe need, and the general HIV service delivery within the state;
- Proposing response strategies to the Advisory Council to assist in efforts to prepare for changes to the health care delivery system due to emerging policy issues;
- Coordinating action steps or responses that reduce sudden detrimental shifts to the health care delivery system due to emerging policy issues;
- Working with the liaison to explore new grant opportunities and study relevant legislative issues; and,
- Regularly updating and issuing the statewide *Practical Resource Guide* to the state's HIV Care Coordination providers and other interested parties.

Paramount focus

Comprehensive Plan

Evaluation Committee

Purpose

The Evaluation Committee is responsible for assessing, either directly or through contractual arrangements, the effectiveness of the services extended to meet identified HIV-related needs. In order to accomplish this mission, it implements assessment processes, summarizes existing evaluation information, and analyzes a variety of data relating to the overall goals and objectives of the Advisory Council.

Scope of Work

The committee is responsible for the following:

- Working with the liaison to ensure yearly updating of needs assessment information in order to identify emergent needs within the state and recommend response strategies to the full Advisory Council;
- Working with the Planning Committee to develop the standards of care and continuum of care for the State of Indiana;
- Working with the liaison to summarize evaluation data;
- Assessing the implications of evaluation results for the work of the Advisory Council;
- Defining and recommending other evaluation projects on a yearly basis;
- Tracking process towards the goals outlined in the Comprehensive Plan; and,
- Tracking and reporting on the established clinical quality management activities of the Division.

Paramount focus

Needs Assessment

Consumer Advisory Bureau Committee

Purpose

The CAB Committee is responsible for providing a mechanism through which people with HIV infection can have meaningful input into the development of policies and programs designed to address their needs. The CAB Committee provides input on the quality and functionality of existing HIV-related services, and it identifies service delivery gaps in and proposes solutions to improve the continuum of care. The CAB Committee works with consumers in the state's 12 recognized HIV Care Coordination regions to identify concerns and share information. It seeks to increase overall consumer involvement on the Advisory Council.

Scope of Work

The CAB Committee is responsible for the following:

- Ensuring Advisory Council consumer representation from each of the 12 recognized regions as well as three multi-region “at-large” areas (North, Central, and South);
- Providing regional opportunities for other consumers (those who are not members of the Advisory Council) to provide feedback regarding local and statewide HIV services;
- Providing regional opportunities for other consumers to learn about care, services, and ways to maintain health and self-sufficiency;
- Maintaining a mechanism for informing interested parties of the unique mission and activities of the CAB Committee;
- Working closely with regional AIDS Service Organizations to ensure consumers and staff are aware of CAB Committee activities and opportunities;
- Identifying technical assistance and capacity development needs for effective consumer participation in the advisory process; and,
- Providing the Advisory Council and the Division accurate and representative input from the consumer community as well as insight on a variety of topics from the unique perspective of the consumer.

Paramount focus

Consumer Involvement

AD HOC COMMITTEES

Ad hoc committees will be called as necessary by the liaison on behalf of the Advisory Council or Division staff. Ad hoc committees may include technical advisors and individuals who are not members of the Advisory Council. Commonly established ad hoc committees include Membership, Medical, and Clinical Quality Management. As with standing committees, ISDH will designate at least one staff person to serve as a technical assistant to each ad hoc committee. The technical assistant will provide guidance and assistance in obtaining materials, data, and other information needed to accomplish the tasks and responsibilities of the committee. Ad hoc committees do not elect chairs for representation on the Executive Committee.

In addition to meeting minutes, recommendations and other significant products of committee work shall be submitted in written form by each ad hoc committee to the liaison. It is the liaison's responsibility to distribute such documents to the Executive Committee and, as needed, to the entire Advisory Council. Verbal reports will be requested at the full meetings as well, the content of which will be entered into the record via the Advisory Council meeting minutes.

Membership

Purpose

This group is called by the liaison on behalf of the Executive Committee whenever membership issues require particular attention (e.g., when organized recruitment efforts become necessary).

Scope of Work

The committee is responsible for the following:

- Recruiting and sustaining a diverse Advisory Council membership that is reflective of the various communities impacted or likely to be affected by HIV within the State of Indiana;
- Ensuring that at least one-third of Advisory Council membership is composed of persons infected with HIV or otherwise affected by the disease (i.e., a parent or adult child of any infected person); and,
- Ensuring that the Advisory Council is comprised of members experienced in the delivery or receipt of HIV-related health or human services.

Medical

Purpose

This group is typically called by the liaison on behalf of Division staff to review and update the Medical Services Program's formulary and service packages. It often includes participants who are not official Advisory Council members. Consumer participation is encouraged.

Scope of Work

The committee is responsible for the following:

- Regularly reviewing and proposing improvements to the existing AIDS Drug Assistance Plan formulary;
- Regularly reviewing and proposing improvements to the existing Early Intervention Plan list of covered services; and,
- Providing feedback as requested on a variety of topics related to the Division's provision of medical service assistance.

Clinical Quality Management

Purpose

This group is called by the liaison on behalf of Division staff to review and expand the Division's internal quality assessments. This group serves to enhance the regular quality management activities performed by the Evaluation Committee. It often includes participants who are not official Advisory Council members. Consumer participation is encouraged.

Scope of Work

The committee is responsible for the following:

- Reviewing the existing quality management reports;
- Suggesting changes to the report design and data elements; and,
- Designing mechanisms to track clinical outcomes based on the available data.

RECOGNIZED AFFILIATE

The Advisory Council works in close conjunction with other state-sponsored boards and groups with an interest in HIV service or prevention. Currently, the Advisory Council's primary partner is the Community Planning Group.

Community Planning Group

The Community Planning Group (CPG) is not a committee of the Advisory Council; however, CPG members are invited to join the Advisory Council to represent the State's concerns regarding HIV prevention efforts. Likewise, the designated CPG liaison is invited to attend Advisory Council meetings and may be asked to provide relevant updates during full Advisory Council meetings.

SECTION VI: SPECIAL RESPONSIBILITIES FOR CONSUMER REPRESENTATIVES

INTRODUCTION

Originally a semi-independent body, the Consumer Advisory Board became a full-fledged standing committee of the Advisory Council in 2009, providing it with representation on the Executive Committee. To retain its acronym, this consumer-oriented committee was christened the Consumer Advisory Bureau (CAB) Committee.

Unlike the other standing committees, the CAB Committee is composed of only those Advisory Council members holding the 15 designed consumer positions in the membership matrix. Persons cannot self-select to serve on this committee. Members must reside within region they have been selected to represent.

The CAB Committee retains its previous mission (stated below), and its members accept additional responsibilities beyond those assigned to other Advisory Council members. This section is designed to highlight those additional requirements and responsibilities. It also includes specific job descriptions for its regional and at-large representatives and its chair and vice chair person.

MISSION

It is the overall mission of the Consumer Advisory Bureau Committee to provide a mechanism through which people with HIV infection can have meaningful input into the development of policies and programs to address their needs.

IMPLICATIONS OF SERVICE

Service on the CAB Committee requires a high degree of dedication. The following sections provide details related to the CAB Committee's scope of work, time requirements, individual commitment, expectations for regional and at-large representatives, chair and co-chair responsibilities, and member rights.

Scope of Work

The CAB Committee is responsible for the following:

1. Ensuring Advisory Council consumer representation from each of the 12 recognized regions as well as three multi-region "at-large" areas (North, Central, and South);
2. Providing regional opportunities for other consumers (those who are not members of the Advisory Council) to provide feedback regarding local and statewide HIV services;
3. Providing regional opportunities for other consumers to learn about care, services, and ways to maintain health and self-sufficiency;
4. Maintaining a mechanism for informing interested parties of the unique mission and activities of the CAB Committee;
5. Working closely with regional AIDS Service Organizations to ensure consumers and staff are aware of CAB Committee activities and opportunities;
6. Identifying technical assistance and capacity development needs for effective consumer participation in the advisory process; and,
7. Providing the Advisory Council and the Division accurate and representative input from the consumer community as well as insight on a variety of topics from the unique perspective of the consumer.

Time Requirements

Serving on the CAB Committee may require a dedication of time beyond that required for other positions within the Advisory Council. CAB Committee members must be prepared to devote a significant amount of time over the course of the year to address CAB Committee business. (A conservative annual time commitment estimate would be 180 hours.) This will include:

1. Six bi-monthly three-hour Advisory Council meetings in Indianapolis;
2. Six bi-monthly three-hour committee meetings in Indianapolis (held immediately prior to the Advisory Council meetings);
3. Travel time to Indianapolis for Advisory Council and CAB Committee meetings (up to eight hours round-trip) at least six times per year;
4. Planning, Evaluation, and Executive Committee conference calls as appropriate (usually 90 minutes each, held at varying intervals);
5. Ad hoc committee meetings and conference calls (usually 2-4 hours each, held annually);
6. Additional trainings and workshops as required, including initial orientation (as many 60 hours annually including travel time; and,
7. Up to eight hours per month for reading, study, specific task completion, special local events, AIDS Service Organization collaborations, etc.

Individual Commitment

CAB Committee members are expected to promote the maturation of the committee and the effectiveness of its work. Members must agree to abide by the guidelines and policies set forth for the Advisory Council and the CAB Committee and to submit written Activity Reports and any additional documentation related to CAB business (including such documentation required for reimbursements) to the liaison at each bi-monthly meeting. Additionally, each member must make an individually commitment to be responsible for the following:

1. Representing without personal bias the HIV-positive community members within the designated region;
2. Diligently gathering, summarizing, and presenting to the CAB Committee input regarding HIV service quality and availability from other individual consumers within the local community;

3. Assisting the Division and the Advisory Council with implementing activities designed to gather information from other consumers *en masse* throughout the state (including needs assessment activities conducted by the Evaluation Committee);
4. Assisting the CAB Committee in articulating community concerns to the Advisory Council in a concise manner;
5. Providing thoughtful input regarding the development of CAB Committee initiatives designed to engage and educate other consumers throughout the state on topics relevant to living successfully with HIV disease;
6. Assisting in the implementation of regional CAB Committee initiatives to engage and educate other consumers;
7. Providing accurate and useful information to community members regarding HIV, related services, and opportunities for CAB Committee and Advisory Council involvement;
8. Actively working to facilitate positive relationships between the CAB Committee and the various AIDS Service Organizations in each of the State's 12 HIV Care Coordination regions;
9. Closely working with local AIDS Service Organization in an effort to increase the overall level of participation in the mission of the CAB Committee;
10. Supporting local AIDS Service Organizations in efforts to educate and assist consumers;
11. Actively participating in either the Planning or Evaluation Committee in order to ensure that the consumer perspective is adequately represented; and,
12. Assisting the Division in reviewing public health policies, funding opportunities, and grant proposals as requested by the Division; and,
13. Developing position statements representing the consumer perspective on pertinent topics as requested by the Division or the Advisory Council.

Unique Regional Representative Expectations

The CAB Committee's basic structure is dictated by the Advisory Council's membership matrix which includes 12 Regional Representatives, each representing one of the 12 HIV Care Coordination regions in the State of Indiana. In addition to the responsibilities described above for all CAB Committee members, Regional Representatives are expected to

1. Serving as the primary point of contact with local AIDS Service Organizations regarding CAB Committee activities;
2. Identifying regional technical assistance needs of local AIDS Service Organizations related to program planning, implementation, and evaluation of HIV services;
3. Identifying individual or group barriers to be addressed to ensure effective consumer participation in the advisory process;
4. Serving as the primary organizer for regional activities designed to gather information from consumers throughout the state; and,
5. Serving as the primary organizer for regional opportunities designed to engage and educate consumers throughout the state on topics relevant to living successfully with HIV disease.

Unique At-Large Area Representative Expectations

According to the Advisory Council's membership matrix the CAB Committee's structure also includes three positions reserved for multi-region at-large consumer representatives. The at-large areas are defined as follows:

North:	Regions 1, 2, and 3
Central:	Regions 4, 5, 6, 7, and 9
South:	Regions 8, 10, 11, and 12

Together, the three At-Large Area Representatives serve a leadership function for the 12 remaining Regional Representatives and assume certain additional responsibilities, including:

1. Serving as the "Acting Regional Representative" in the event of regional vacancies within the assigned at-large areas;
2. Actively recruiting appropriate applicants to fill regional vacancies within the assigned at-large areas;

3. Serving as a mentor and support resource to the Regional Representatives within the assigned at-large areas, providing the leadership necessary to ensure that Regional Representatives are operating efficiently and observing the goals, purpose, and mission of the CAB committee and Advisory Council;
4. Serving as the primary designers of activities to engage and educate consumers throughout the state on topics relevant to living successfully with HIV disease;
5. Serving as the primary evaluators of the CAB Committee's progress toward its goals of consumer engage, educations, and input solicitation; and,
6. Making a concerted effort to represent without bias the consumers within the entire multi-region area in which the At-Large Area Representative resides.

CAB Committee Chair and Co-Chair Terms, Duties, and Tasks

Approved chairpersons shall serve for a term of one year and may serve multiple but not consecutive terms in each designated position. Terms begin upon approval by the Executive Committee. It is anticipated that chair and co-chair terms will become staggered naturally over time due to attrition from the committees or the Advisory Council. For consistency of operations, it is recommended that the current co-chair be considered by the CAB Committee for the chair position at any such time as the chair position becomes vacant. Together, the CAB Committee chair, the co-chair, and the At-Large Representatives shall function as the CAB Committee's leadership team.

The chair and co-chair of the CAB Committee share equally the following duties and tasks:

1. Working with the liaison to develop an agenda for each CAB Committee meeting;
2. Facilitating (or, in case of absences, arranging for the liaison to facilitate) the CAB Committee meetings;
3. Working with the liaison to monitor attendance;
4. Participating briefings with the liaison prior to each meeting;
5. Participating in debriefings with the liaison after each meeting;
6. Working with the liaison to manage and resolve any conflicts between CAB Committee members;
7. Coordinating CAB Committee work assignment and review all submitted reports;
8. Ensuring that each meeting is accurately represented in the meeting minutes;
9. Working with the liaison to address recruitment and other membership issues (including any potential conflicts of interest which may be identified);
10. Working with the liaison to address and resolve any perceived violation of the Advisory Council's Code of Ethics; and,
11. Representing the CAB Committee to the public.

Rights of CAB Committee Members

Along with the many responsibilities assigned to CAB Committee members, the Advisory Council recognizes the following rights to which each member shall be afforded:

1. To be fully informed about the responsibilities, time commitment, and organization before accepting the position of CAB Committee member;
2. To have opportunities for orientation and continuing training to assist the member in functioning effectively within the CAB Committee structure;
3. To be kept informed through accurate reports and regular briefings about the operation of the CAB Committee and outcomes of its efforts;
4. To expect that volunteer time will not be wasted by lack of planning, coordination, and cooperation within the CAB Committee or the Advisory Council;
5. To be assigned jobs which are worthwhile, challenging, and utilize members' existing skills or allow for the development of new skills;
6. To be able to decline assignments which are beyond the ability of the member;
7. To be trusted with confidential information which may help the member complete assignments and fulfill responsibilities; and
8. To be recognized, as appropriate, for one's work and involvement as a CAB Committee member.

OPERATIONS

Of all the standing committees, CAB is the most structured. The following sections detail the regular operations which are essential to fulfilling the CAB Committee's mission.

Recruitment Process

The Advisory Council membership matrix ensures that consumer representation is geographically diverse by establishing one position for each of the 12 HIV Care Coordination regions and three additional at-large positions representing the large multi-region North, Central, and South areas.

Within the confines of the matrix, CAB Committee members and the liaison shall encourage applications for Advisory Council membership from qualified candidates representing the diverse communities affected by HIV disease. The CAB Committee further shall strive to solicit participation from consumers who are unaffiliated (either through employment, board membership, or volunteerism) with HIV service providers.

Application Process

Applications for CAB positions within the Advisory Council membership matrix will be forwarded to the CAB Committee for review and approval. During the review process, the CAB Committee may elect to interview the candidate via telephone or in person to ensure that the needs of the regional consumers, the local AIDS Service Organizations, the CAB Committee, and the Advisory Council can be satisfied by the candidate. Approved applications will be presented to the Executive Committee by the liaison for final approval according to the guidelines established for all Advisory Council membership applications.

CAB Committee Meeting Facilitation

Each meeting will be conducted by the chair and co-chair in a standardized manner, following the conventions described in Robert's Rules of Order. Elements of a standard meeting will include the following:

1. Opening the meeting at the appointed time by taking the chair and calling the meeting to order;
2. Ascertaining if quorum has been established and announcing the result;
3. Recognizing guests and technical advisors who may be present;
4. Stating the mission of the CAB Committee;
5. Announcing in proper sequence the business to be presented according to the established agenda;
6. Ensuring sufficient discussion of each agenda item and calling for motions to vote on issues as appropriate;
7. Ensuring that non-productive motions or discussions are minimized in respect of members' time; and,
8. Calling for a motion to adjourn the meeting after all business within the agenda has been addressed or at another mutually agreed upon point in time due to extraneous circumstances.

Working With AIDS Service Organizations

In the course of conducting CAB Committee business, members will have frequent contact with local AIDS Service Organizations, particularly the HIV Care Coordination Program providers. CAB Committee members should be prepared to collaborate with these agencies on a variety of projects including the review of local policies, programming, or requests for funding, and combined CAB Committee recruitment efforts.

Review of Local Policies, Programming, and Requests for Funding

CAB Committee members may be requested by local service providers to provide input and feedback as local policies, programming, or requests for funding are developed. When providing this type of feedback, it is important to consider the subject matter objectively and methodically. The following steps are recommended:

1. The Regional or At-Large Area Representative will request that the solicitation for advice be placed in writing and submitted to the liaison.
2. The liaison will work closely with the appropriate Regional or At-Large Area Representatives and other CAB Committee members to review and consider all implications of the subject matter from the consumer perspective.
3. If necessary and feasible, the Regional or At-Large Area Representatives may convene other local consumers who may be affected by the subject matter to elicit additional feedback.
4. After all feedback has been considered, the liaison will work with the CAB Committee to reach a consensus on the issue and draft a written response to the solicitor within 30 days of the request for advice.
5. If requested, the CAB Committee may issue a letter of support in addition to the written advice.
6. Thirty days after the advice has been rendered, the liaison will request from the solicitor a summary of the extent to which the CAB Committee advice was considered. This summary will be presented to the CAB Committee and Advisory Council upon receipt.

Combined Recruitment Efforts

All ISDH-funded HIV Care Coordination service providers are expected to collaborate with and provide support to the CAB Committee. Specifically, in an effort to ensure that consumer representatives serving on the Advisory Council reflect the diversity and demographics of the service, funded providers in each region are expected to assist in the recruitment of consumers for the advisory process.

Working with the Division

One of the primary roles of the CAB Committee is to provide consumer input into policies governing programs at the state level. The Division believes that the opinions, experiences, and expertise of individuals directly affected by HIV are essential to the development of any strategies that will effectively address the issues and needs raised by the HIV pandemic. The Division recognizes that the CAB Committee is a mechanism through which people with HIV infection can have meaningful input into the development of policies and programs to address their HIV-related service needs.

It is the Division's intent to include the CAB Committee's perspective in all areas of program development. However, by necessity, all decisions regarding ISDH programs and policies related to HIV services ultimately rest with the Division.

Generally, formal requests for consumer advice beyond that obtained through the regular Advisory Council process will concern the following matters: review of statewide policies, programming, or requests for funding; review of funding proposals received from potential vendors; and general solicitations for consumer advice on specific issues.

Review of Statewide Policies, Programming, and Requests for Funding

CAB Committee members may be requested by the Division to provide input and feedback as statewide policies, programming, or requests for funding are developed. When providing this type of feedback, it is important to consider the subject matter objectively and methodically. The following steps are recommended:

1. The Division will submit the request for advice in writing to the liaison.
2. The liaison will work closely with the CAB Committee to review and consider all implications of the subject matter from the consumer perspective.
3. If necessary and feasible, the Regional or At-Large Area Representatives may convene other local consumers to elicit additional feedback;
4. After all feedback has been considered, the liaison will work with the CAB Committee to reach a consensus on the issue and draft a written response to the Division within 30 days of the request for advice;
5. If requested, the CAB Committee may issue a letter of support in addition to the written advice.
6. Thirty days after the advice has been rendered, the liaison will request from the Division a summary of the extent to which the CAB Committee advice was considered. This summary will be presented to the CAB Committee and Advisory Council upon receipt.

Review of Funding Proposals from Potential Vendors

Periodically, the Division will issue Requests for Proposals to solicit vendors to perform a variety of HIV-related services (such as HIV Care Coordination). At times, CAB Committee members may be requested by the Division to participate in the formal review process. Members may be asked individually to review one or more proposals; alternately, the CAB Committee itself may be asked to review one or more proposals as a group in the course of a regular CAB Committee meeting. All parameters and guidelines for the review process will be provided to the CAB Committee at the time the request for assistance is made by the Division.

General Solicitations for Consumer Advice

On occasion, the Division may seek advice on specific topics unrelated to policies and programming, or an entity other than the Division or its agents may initiate a request for consumer advice. These entities may include the Office of Legislative Affairs, the City of Indianapolis, the Indiana Housing and Community Development Authority, and local providers, among others. For these circumstances, the following process is recommended:

1. The liaison will ensure that the solicitation for advice is placed in writing.
2. The liaison will work with the Division to obtain any legislation, policies, or other documentation necessary to conduct the subject matter review in an informed manner;
3. The CAB Committee chairpersons will convene a meeting or (if the matter is urgent) a conference call to conduct the review;

4. The liaison will work closely with the CAB Committee to review and consider all implications of the subject matter from the consumer perspective.
5. If necessary and feasible, the Regional or At-Large Area Representatives may convene other local consumers to elicit additional feedback;
6. After all feedback has been considered, the liaison will work with the CAB Committee to reach a consensus on the issue and draft a written response to the Division within 30 days of the request for advice (or sooner if the matter is urgent);
7. If requested, the CAB Committee may issue a letter of support or position paper in addition to the written advice.
8. Thirty days after the advice has been rendered, the liaison will request from the solicitor a summary of the extent to which the CAB Committee advice was considered. This summary will be presented to the CAB Committee and Advisory Council upon receipt.

Initiatives to Engage and Educate Other Consumers

In addition to gathering input from consumers, another primary role of the CAB Committee is to provide quality, accurate information back to the consumer population. The Division believes that the opinions, experiences, and expertise of individuals directly affected by HIV are essential in successfully disseminating information regarding care, services, and ways to maintain health and self-sufficiency to other persons similarly affected by HIV. To that end, a number of initiatives have been developed. These include the following activities and projects:

Consumer Forums

Consumer Forums are events, usually held during evening hours, to which consumers are invited to learn about specific topics related to the management of their HIV care from professional presenters. A minimum of four forums are to be scheduled each year. Forums are to be staged regionally in an effort to engage consumers throughout the state. Forums will always include information regarding participation on the Advisory Council and may serve as an opportunity to administer survey tools and questionnaires to persons who are not typically engaged through the HIV Care Coordination system. Each forum will include an evaluation component to capture participants' opinions of the event. Local HIV Care Coordination programs are commonly requested to assist in promoting Consumer Forum attendance and program staff are typically invited to attend.

"Meet-N-Greets"

Meet-N-Greets are events held regionally, usually in areas with poor or no current consumer participation on the Advisory Council or CAB Committee. These events serve as the prime mechanism to educate other consumers regarding the mission of the Advisory Council and the CAB Committee. Generally, Meet-N-Greets are less formal than Consumer Forums, do not have professional presenters, and may not include representation from local HIV Care Coordination staff.

IndianaCAB.org

The CAB Committee is empowered by the Division to maintain an independent internet site. This website, currently at IndianaCAB.org, shall provide information related to the Advisory Board and its committees, including a calendar of events and meetings. The site may also serve as a mechanism to disseminate other HIV-related health information and to post surveys and questionnaires relevant to the assessment of local needs. The CAB Committee is responsible for identifying a webmaster to ensure that the site is updated and maintained appropriately. The liaison is responsible for approving all content prior to posting.

Special Events

The Division encourages the CAB Committee to develop strategies to ensure their presence at key public events where other consumers are likely to congregate. Examples of such events are *Indy Pride* and the *Three Rivers Festival* in Fort Wayne. These events are recognized to be additional opportunities for the CAB Committee to educate other consumers regarding the mission of the Advisory Council and the CAB Committee (similar to the Meet-N-Greets).

Name Recognition Preservation

The CAB Committee is empowered by the Division to create and maintain its own logo which should be identifiable by consumers and used to promote the mission of the CAB Committee. The logo may be used on the IndianaCAB.org site, on business cards provided through the liaison, and on customized letterhead. Whenever the logo is used, it must be accompanied by the CAB Committee's mission statement.

SECTION VII: REIMBURSEMENT

All members of the Advisory Council shall serve without compensation; however, ISDH recognizes the distinct reimbursement needs of its HIV-positive consumer representatives. Therefore, ISDH shall reimburse the travel expenses of any voting member who has publicly disclosed and is willing to document an HIV-positive status.

Reimbursements are based on established State of Indiana travel guidelines and apply to all official council activities, with the following conditions:

- No reimbursement for members representing an agency under contract with ISDH;
- Reimbursement for mileage, parking, per diem, and lodging for members representing a non-contracted agency; and,
- Reimbursement for childcare, mileage, parking, per diem, and lodging for members not affiliated with any agencies.

With the exception of standard mileage, parking, and per diem for the bi-monthly full Advisory Council meetings, all expenses must be pre-approved by the liaison. Expenses that have not been pre-approved may not be reimbursed.

All reimbursements are subject to the availability of funds and are not guaranteed.

Mileage

Mileage requests for travel within the same city (e.g., Indianapolis) must be accompanied by printed maps (which can be obtained from internet sources such as randmncally.com) showing the distance traveled from point to point. Mileage requests for travel from one city to another (e.g., from South Bend to Indianapolis) will be paid according to the ISDH Travel Mileage Chart; no printed maps are required.

Parking

Up to \$12 per day may be claimed for parking expenses related to council activities. Receipts are required. Members must sign these receipts for tracking purposes.

Per Diem

When an individual is performing council activities for a continuous period of 12 or more hours in a single day, per diem may be requested. This includes travel time. Per diem also may be provided in the event of overnight travel. Per diem is intended to compensate for the cost of meals (breakfast, lunch, and dinner) which are not otherwise provided. The amount of per diem provided will vary according to the length of travel. These variations are detailed in the ISDH Travel Policies. Receipts are not required.

Childcare

Childcare expenses may be reimbursed at a rate of up to \$10 per hour for each hour of council activity. This does not include travel time. Receipts from a licensed child care facility or individual are required.

Incidentals

Certain other expenses may be reimbursed when related to council business. These may include the cost of supplies, postage, and printing.

How To Claim Reimbursement

The traveler must submit a Travel Reimbursement Form with all required receipts and documentation to the liaison within 60 days of incurring the expense. The liaison will review and make corrections as necessary. Requests will be processed once per month. Requests received after 3:00 PM EST on the fourth Wednesday of the month will be processed the following month. While every attempt will be made to expedite payments, travelers should allow up to 30 days after the fourth Wednesday for reimbursements to be processed and mailed.

SECTION VIII: CONFLICT OF INTEREST

The Advisory Council shall not be directly involved in the administration of funds authorized under any Part of the Ryan White Program, Indiana General Assembly Budget Line Items for HIV Services and Prevention, Department of Housing and Urban Development funds, or any other State and Federal funds made available to ISDH, nor any funding made available through private philanthropic institutions or individuals. With respect to compliance with the preceding sentence, the Advisory Council may not designate (or otherwise be involved in the selection of) particular entities as recipients of any amounts provided through ISDH's grant-making process. In making policy to ISDH concerning priorities, the Advisory Council will operate in compliance with all applicable Federal, State and local conflict of interest laws.

Officers of the Advisory Council must declare any conflict of interest or the perception of conflict of interest, between their duties as an officer and their employment or other significant affiliations. The Director of the ISDH Division of HIV/STD, the HIV Services Coordinator, or any member of the Advisory Council may raise a potential conflict of interest with regard to an officer of the Advisory Council by requesting the Executive Committee to consider the matter. The Executive Committee will determine whether to invoke the following Resolution Procedure: in the event of such a potential conflict of interest with regard to an officer of the Advisory Council, that is considered to have deleterious effects upon the Council, that officer shall not perform the duties of the office until the executive committee determines that no such potential conflict exists or until the potential conflict is resolved. The next officer in authority shall assume that officer's duties in the interim, or in the case of a potential conflict involving the Vice Chair, the Chair shall appoint a member of the Executive Committee to assume the duties in the interim. The officer affected by the potential conflict of interest should participate in the Executive Committees' discussion and resolution process, but shall not participate in any vote on the matter.

In order to safeguard the Advisory Council's policy decisions from potential conflicts of interest, each member shall disclose all professional affiliations with agencies that may pursue funding. A Disclosure Statement Form will be completed by each group member annually and kept on file. It is the responsibility of each Advisory Council member to update the disclosure statement to reflect the member's current situation (see appendix).

An individual may serve on the Advisory Council only if the individual agrees that if the individual has a financial interest in any entity, if the individual is an employee of a public or private entity, or if the individual is a member of a public or private organization, and such entity or organization is seeking funding from ISDH or is currently receiving funding from ISDH, the individual shall agree to declare their conflict of interest at the beginning of any discussion related to the category of service in which their conflict arises. Furthermore, the individual shall have a voice but no vote on an action that places them in conflict.

SECTION IX: CONFIDENTIALITY

All Indiana governmental agencies are required to adhere to local, state, and federal laws, including open records laws. Health records shall be kept confidential as required by law. This shall also apply to the Advisory Council. See appendix for IC16-41-8-1.

SECTION X: NON-DISCRIMINATION

It is the policy of the Advisory Council to maintain an environment free of all forms of unlawful discrimination. The Advisory Council proposes equal opportunity to all individuals without regard to race, color, sex, religion, age, marital status, sexual orientation, gender identity or expression, disability, veteran status, or national origin. The Advisory Council will not discriminate against any member because of disability. The Advisory Council subscribes fully to all federal and state legislation and regulations regarding discrimination.

SECTION XI: ORIENTATION

Orientation to the Advisory Council will be offered to the new members within six weeks of the beginning of their first term. Orientation will include documentation of the new member's review of the CHSPAC orientation video.

SECTION XII: EXPECTATIONS OF ISDH

Pursuant to the mission and functions for which ISDH created the Advisory Council, the council can expect the following activities to be completed by ISDH:

- Development of all applicable applications for Federal and State HIV-related funding for HIV services, using the Comprehensive Plan as a fundamental guide;
- Implementation of the goals and objectives of the final approved Comprehensive Plan by allocating funds to the prioritized service categories as outlined therein;
- Initiation of funding grants and contracts to qualified providers to deliver the services;
- Performance of all program and fiscal monitoring (e.g., assessing the quality and quantity of the services delivered by providers under contract with ISDH); and,
- Provision of support for the work of the Advisory Council, including:
 1. Technical assistance,
 2. Logistical and administrative support,
 3. Periodic aggregate client service utilization data, and
 4. Epidemiological demographic data.

In addition, ISDH and the Advisory Council shall share the following responsibilities:

- Resolving disputes identified in Advisory Council deliberations;
- Resolving conflicts of interest for members of the Advisory Council;
- Orienting new members; and
- Maintain policies for Confidentiality and the Code of Ethics.

SECTION XIII: CONFLICT RESOLUTION

The Advisory Council shall use consensus-building techniques to resolve disputes which may arise within the council or its subcommittees.

Consensus is the willingness to acceptance and support of decisions by all members of the group and for the good of all.

However, consensus is not unanimity. It does require a full discussion, individual and collective honesty, a full sharing of all relevant information, and sacrificing personal positions for the sake of interests of the group and support or ownership of the group decision.

The Chairs and all members shall strive to foster a climate conducive to conflict resolution. This climate allows for member difference to add to, rather than distract from, the advisory process and establish a safe environment of mutual respect.

The Chairs are responsible for monitoring disputes or conflicts. They shall be particularly sensitive to ensuring that the climate or environment is conducive to consensus building.

If a conflict (defined as “an expressed opposition between two or more parties”) has developed into a dispute (defined as “a conflict in which the parties involved have openly disagreed”) and remains unresolved after considerable consensus-building, then the Chair shall consult with the Executive Committee to develop strategies or approaches for resolution.

SECTION XIV: PROCESS FOR AMENDING PROCEDURES MANUAL

The liaison will review the Procedures Manual annually. Council members may propose amendments for further consideration and placement at any time. Any proposed changes to the manual are to be sent through the liaison to the Executive Committee and then to the full council for a vote. With the exception of corrections to typographical errors and revisions to internal ISDH policies, notice of any proposed guidance changes shall be provided to each member at least 30 days prior to the date of the meeting at which the proposed changes are to be voted upon by the membership.

SECTION XV: POSITION STATEMENTS

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APPENDIX 1: STANDARD CODE OF CONDUCT

**DIVISION OF HIV/STD
STANDARD CODE OF CONDUCT FOR ADVISORY BODIES**

1. During meetings, members shall show respect and sensitivity for fellow members and all other individuals present.
2. Abusive language shall not be allowed. Infractions will be tracked on an annual basis by the advisory body liaison.
 - a. First infraction – member will be spoken to regarding conduct by the chair.
 - b. Second infraction – member will receive written warning by the chair
 - c. Third infraction – member will be removed from the body by the chair.
3. Insensitivity for a person’s physical limitations, cultural differences or other differentiating characteristics shall not be tolerated. Infractions will be tracked on an annual basis by the advisory body liaison.
 - a. First infraction – member will be spoken to regarding conduct by the chair.
 - b. Second infraction – member will receive written warning by the chair
 - c. Third infraction – member will be removed from the body by the chair.
4. Violence during a meeting shall result in immediate permanent expulsion from the body
5. No one shall be intoxicated (by alcohol or drugs) while performing duties on state time, including meeting attendance and traveling. Violation will result in immediate expulsion from the body for the remainder of their term.
6. When interacting with the media, members shall refer questions regarding ISDH and its programs and policies to the Division of HIV/STD. Members may respond to other questions as body representatives only when the issue involves matters upon which the body has taken official action and only based on that action as documented in the official record. Otherwise, members may only respond as individuals and not on behalf of the body.

I have read, understand and will abide by this code of ethics:

Printed Name: _____
Signature: _____
Date Signed: _____

APPENDIX 2: DISCLOSURE STATEMENT

**DIVISION OF HIV/STD
CONFLICT OF INTEREST DISCLOSURE**

The Comprehensive HIV Services Advisory and Advisory Council is organized and will operate exclusively for the purpose of advising in the planning and development of a continuum of high quality, culturally sensitive, cost effective, client-centered, health care and supportive services for persons with HIV disease and their families for needs throughout the state of Indiana.

Membership on the council is acceptance of the purpose of the council to promote and not hinder activities. Each member shall be knowledgeable and compliant of the Conflict of Interest statement.

I, _____, am affiliated with the following ISDH-funded providers or grantees:

Also, please indicate any other potential conflicts of interest below (use back side of form or attach additional sheets of paper if needed):

I, _____, am affiliated with the following ISDH-funded agencies and declare that I have no conflict of interest.

I have read and understand the council's policy regarding conflicts of interest and will remove myself from any vote that may create a possible conflict of interest:

Printed Name: _____
Signature: _____
Date Signed: _____

APPENDIX 3: CONFIDENTIALITY STATEMENT

**DIVISION OF HIV/STD
CONFIDENTIALITY STATEMENT**

As a member of the Comprehensive HIV Services Advisory and Advisory Council, I understand that, during my term of service, I may have access to information of a highly sensitive nature. Examples of this are, but are not limited to, a person's medical condition(s) or HIV status, services rendered, sexual orientation, a person or agencies, or a program's financial status. I understand that all information must be treated as completely confidential.

I further realize that unauthorized disclosure of confidential information may have serious legal consequences and constitutes grounds for immediate removal from the Council. The obligation of this statement does not expire with termination of service.

Printed Name: _____
Signature: _____
Date: _____

APPENDIX 4: CONFIDENTIALITY CODE – IC 16-41-8-1

Information Maintained by the Office of Code Revision Indiana Legislative Services Agency

08/19/2008 11:15:07 AM EDT

IC 16-41-8

Chapter 8. Communicable Disease: Confidentiality Requirements

IC 16-41-8-1

Confidentiality of information; violations; release of records; voluntary disclosure

Sec. 1. (a) Except as provided in subsections (d) and (e), a person may not disclose or be compelled to disclose medical or epidemiological information involving a communicable disease or other disease that is a danger to health (as defined under rules adopted under IC 16-41-2-1). This information may not be released or made public upon subpoena or otherwise, except under the following circumstances:

(1) Release may be made of medical or epidemiologic information for statistical purposes if done in a manner that does not identify an individual.

(2) Release may be made of medical or epidemiologic information with the written consent of all individuals identified in the information released.

(3) Release may be made of medical or epidemiologic information to the extent necessary to enforce public health laws, laws described in IC 31-37-19-4 through IC 31-37-19-6, IC 31-37-19-9 through IC 31-37-19-10, IC 31-37-19-12 through IC 31-37-19-23, IC 35-38-1-7.1, and IC 35-42-1-7, or to protect the health or life of a named party.

(b) Except as provided in subsection (a), a person responsible for recording, reporting, or maintaining information required to be reported under IC 16-41-2 who recklessly, knowingly, or intentionally discloses or fails to protect medical or epidemiologic information classified as confidential under this section commits a Class A misdemeanor.

(c) In addition to subsection (b), a public employee who violates this section is subject to discharge or other disciplinary action under the personnel rules of the agency that employs the employee.

(d) Release shall be made of the medical records concerning an individual to:

(1) the individual;

(2) a person authorized in writing by the individual to receive the medical records; or

(3) a coroner under IC 36-2-14-21.

(e) An individual may voluntarily disclose information about the individual's communicable disease.

(f) The provisions of this section regarding confidentiality apply to information obtained under IC 16-41-1 through IC 16-41-16.

As added by P.L.2-1993, SEC.24. Amended by P.L.181-1993, SEC.1; P.L.1-1997, SEC.99; P.L.28-2002, SEC.2; P.L.99-2002, SEC.7; P.L.135-2005, SEC.2.

IC 16-41-8-2

Voluntary contact notification program information; use as evidence; release

Sec. 2. (a) Identifying information voluntarily given to the health officer or an agent of the health officer through a voluntary contact notification program may not be used as evidence in a court proceeding to determine noncompliant behavior under IC 16-41-1 through IC 16-41-16.

(b) A court may release to:

(1) an individual; or

(2) a representative designated in writing by the individual;

information or records relating to the individual's medical condition if the individual is a party in a pending action involving restriction of the individual's actions under IC 16-41-1 through IC 16-41-16. A person who obtains information under this subsection is subject to section 1 of this chapter.

As added by P.L.2-1993, SEC.24.

IC 16-41-8-3

Violations

Sec. 3. (a) Except as otherwise provided, a person who recklessly violates or fails to comply with this chapter commits a Class B misdemeanor.

(b) Each day a violation continues constitutes a separate offense.

As added by P.L.2-1993, SEC.24.

APPENDIX 5: MEMBERSHIP APPLICATION

This document is currently under revision.

APPENDIX 6: OFFICIAL GUIDANCE

COMPREHENSIVE HIV SERVICES PLANNING AND ADVISORY COUNCIL GUIDANCE

Article I

The name of the organization shall be the Indiana State Department of Health (ISDH) Division of HIV/STD Comprehensive HIV Services Planning and Advisory Council (CHSPAC), hereinafter referred to as the Advisory Council. The Advisory Council shall operate at the behest of the Indiana State Health Commissioner.

Article II Mission

The overall mission of the Advisory Council is to work in partnership with ISDH. Jointly, the Advisory Council and ISDH share the mission of assuring HIV-positive individuals and their families access to a comprehensive network of high quality care and treatment services by:

- Assess the present and future extent, distribution, and impact of HIV in the State of Indiana using ISDH epidemiological demographic data;
- Identify current HIV care and treatment services and document the unmet HIV service needs of individuals and their caregivers with particular attention to identifying severe unmet need.
- Prioritize HIV service needs and propose high priority strategies and interventions;
- Develop the Comprehensive Plan, based on an accurate community needs assessment, for the organization and delivery of HIV related services that is in concert with any other HIV related services planning efforts that the Advisory Council and ISDH may create, including statewide coordinated statement of need;
- Foster and promote the organization, coordination, and delivery of HIV services in the state of Indiana; and,
- Assess the effectiveness, either directly or through contractual arrangements, of the broad categories of services offered in meeting the identified need.

Article III Membership

Sec. 1. Composition

- A. The Advisory Council shall be comprised of members experienced in the delivery or receipt of HIV-related health and human services.
- B. The Advisory Council shall consist of no more than forty-nine (49) members. The Advisory Council shall have its membership composition reflect the demographics of the HIV epidemic in Indiana. A minimum of 33% of the members of the Advisory Council shall be individuals infected with HIV. The Advisory Council membership matrix must include, but is not limited to, the twenty-one specific representational categories delineated below. Any one member's characteristics may not satisfy more than one category. ISDH shall have a voice but not a vote in the deliberations of the Advisory Council and its committees. From this list, 1-12 are voting positions, while 13-21 are considered to be non-voting technical advisors.
 1. Representatives from the each HIV Care Coordination region (12 seats)
 2. Representatives from geographic areas with the more than 500 living HIV cases at the end of the calendar year (5 seats)
 - a. Region 1
 - b. Region 2
 - c. Region 3
 - d. Region 6
 - e. Region 7

3. Affected communities, including historically underserved groups (3 seats)
 - a. Non-whites
 - b. Injection drug user (past or present)
 - c. Females
4. Consumer Representatives (15 seats)
5. HOPWA administration (1 seat)
6. Other Federal HIV grantees (Part A-F) (5 seats)
 - a. Part A
 - b. Part C - North
 - c. Part C - Central
 - d. Part C - South
 - e. Part F
7. Mental health services providers (1 seat)
8. Substance abuse services providers (1 seat)
9. Primary care physician or nurse practitioner providing services to PLWH (1 seat)
10. Pharmacist providing services to PLWH (1 seat)
11. Community-based or other organizations (2 seats)
12. Community Planning Group (CPG) or other community members (2 seats)

13. Infectious disease physician or nurse practitioner (1 seat)
14. Office of Medicaid Policy & Planning (1 seat)
15. Office of Family Social Services Administration (1 seat)
16. Dentist providing services to PLWH (1 seat)
17. Hospital or health advisory agencies (1 seat)
18. Legal services provider to PLWH (1 seat)
19. Representatives from philanthropic institutions with a history of grant-making for HIV-related care and treatment services (1 seat)
20. Federally-Qualified Healthcare Centers (1 seat)
21. Representatives from Division of HIV/STD (no limit)

Sec. 2: Applications

Individuals seeking to serve on the Advisory Council will be required to fill out a written application for membership. Any interested individual may apply for membership in the Advisory Council.

Sec. 3: Appointment and Removal

- A. The Indiana State Health Commissioner or a designee shall appoint members of the Advisory Council.
- B. Members may be removed for cause upon a vote of a simple majority of a quorum of the Advisory Council membership. Termination of membership for cause is defined as the continued gross or willful neglect of duties, conduct deleterious to the best interests of the Advisory Council, or absences from at least 50% of regular meetings within a calendar year.
- C. A voting member may designate a voting proxy, who is also a voting member of CHSPAC, for two (2) regular meetings in a calendar year. The voting member must provide written designation of the proxy for a particular meeting to the liaison prior to that council meeting. The proxy counts toward quorum but still results in an absence to the voting member.

Sec. 4: Length of Term

An Advisory Council membership term shall be defined as a period of twelve months. This term will begin on or about January 1st. For any member who is seated within six months of the end of a term, the remainder of the term then in progress and the following full term shall be considered that member's first membership term. No member shall serve more than three (3) consecutive terms. Prior members may reapply for membership six months after their final date of service.

Sec. 5: Vacancies

On at least a quarterly basis, the Advisory Board Liaison will inform the Advisory Council of the number of vacancies and any relevant representational criteria to be considered in any ensuing recruitment efforts.

Sec. 6: Duties

Members of the Advisory Council shall perform those duties prescribed by the law, this guidance, and the Procedures Manual.

**Article IV
Officers**

Sec. 1: Composition

Officers shall be the Chair, Vice Chair, and such other officers the Advisory Council may designate and elect.

Sec. 2: Election

- A. Officers shall be elected by the Advisory Council membership prior to the first day of each fiscal year.
- B. In the event of a tie, a special election will be held only for that office.

Sec. 3: Duties

Officers shall perform those duties prescribed by the law, this guidance, and the Procedures Manual.

Sec.4: Term of Office

An officer's term shall be defined as a period of twelve months. The term of office shall begin on the first day of the calendar year (unless elected mid-year, in which case the term shall begin immediately upon election). No individual shall hold the same office for more than two (2) consecutive terms. For any officer who is seated within six months of the end of a term, the remainder of the term then in progress and the following full term shall be considered that officer's first term.

Sec. 5: Vacancies

- A. Any vacancy occurring in any office shall be filled through election by the Advisory Council membership.
- B. Any officer may resign at any time by written notice to the liaison. The liaison will immediately notify the Chair. Any such resignation shall take effect at the time specified in the notice or, if not so specified, immediately upon receipt of notice by the liaison.
- C. In the event that an office is vacant due to the removal of an officer, then a special election shall be held at the meeting where the officer was removed. The newly elected officer shall only complete the term of the officer being replaced.

**Article V
Meetings**

Sec 1: Meetings

Regular and special meetings of the Advisory Council shall be held at least quarterly.

Sec. 2: Notice

Written notification of meetings shall be provided to members at least ten days in advance.

Sec. 3: Quorum

- A. Quorum of the Advisory Council shall be a simple majority of voting members.
- B. Quorum of the Executive Committee shall be a simple majority of the Executive Committee.

Sec. 4: Special Meetings

Special meetings may be called at any time by ISDH or the Executive Committee for the transaction of only such business as is stated in the call for the meeting.

**Article VI
Parliamentary Authority**

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Advisory Council except in cases specified by this guidance, standing rules, or special rules of order adopted by the members.

**Article VII
Amendments**

Proposed guidance amendments can be presented to the Executive Committee at any time. Proposed amendments will be approved by a two-thirds vote of the Executive Committee. Once the Executive Committee passes the proposed amendments, they will be presented to the Advisory Council membership for final approval. Written notice of the proposed guidance changes shall be mailed or delivered to each member at least 30 days prior to the date of the meeting at which the proposed changes are to be voted upon by the membership. Guidance changes require a two-thirds vote of members present.

**Article VIII
Dissolution**

The Indiana State Commissioner of Health organizes the Advisory Council and authorizes its mission. Therefore, the Commissioner holds the responsibility to dissolve the Advisory Council when it is deemed appropriate.