

**MICHIGAN HIV/AIDS COUNCIL  
Policies and Procedures**

**A. MISSION**

The Mission of the Michigan HIV/AIDS Council (MHAC) is to represent the diversity of those affected by HIV/AIDS in Michigan, maintain parity among prevention and care issues, and to develop and sustain a statewide comprehensive plan(s) for HIV/AIDS prevention and care that: 1) is responsive to the current and projected epidemic as described in the most recent epidemiological profile in Michigan; 2) is consistent with the needs and priorities identified through a community-based planning process; 3) states goals, objectives and activities consistent with addressing these needs and priorities; 4) encourages coordination and collaboration between prevention and care planning and program activities at the state and local level; and 5) reflects the active involvement of persons living with HIV/AIDS as well as representatives from the affected communities in the development of the plan.

To fulfill this Mission, the Council will 1) advise the Department on all planning and implementation activities associated with the plan; 2) monitor compliance with the plan; and 3) advocate for effective HIV/AIDS policy and programs for both prevention and care services at the local, state and national level.

**B. MEMBERSHIP**

The membership of the Council shall be consistent with its mission, representing the diversity of those affected by the HIV epidemic in Michigan. It shall provide equal membership opportunities to all eligible persons without regard to race, religion, national origin, age, gender, parental status, sexual orientation, disability, HIV status, or membership in any organization.

Membership shall always strive to meet the criteria of parity, inclusion, and representation as outlined in the Supplemental Guidance on HIV Prevention Community Planning.

Membership on the council shall be limited to forty (40) voting members. Members are selected through an objective application process conducted by the Department and the MHAC membership committee. Membership is open to all Michigan residents. Voting members will be selected in four different categories as defined in Appendix G of the Policies and Procedures.

**B.1. CONDITIONS OF MEMBERSHIP**

Members are selected for a three-year term. A voting member may serve on MHAC for not more than three years, with the option of serving one additional term. Any voting member completing his/her third year of membership and who desires to serve an additional term is required to submit an application to the Membership Committee. A member who has served two consecutive terms is required to be off the council for one

full year before he/she is eligible to re-apply for membership. This condition may be waived with the approval of the full MHAC. If said member chooses to re-apply for a third 3-year term, the individual will need to address the Council as to his/her reasons why they should be allowed to remain a MHAC member, and voting will be conducted via a secret ballot. After the third 3-year term is completed, the member must take a year off before re-applying. There will be no exception after this third and final term. (5/09)

In keeping with the goal of representing the HIV epidemic in Michigan and in maintaining a manageable committee, MHAC will actively seek the input from a variety of advisors in order to meet its goals. In general, there are two types of advisors: Expert Advisors and At-Large Advisors. No advisor is granted voting privileges, yet MHAC and its designated committees will use the experience and perspectives provided by such advisors when making decisions. Full descriptions of such advisors can be found in Appendix G of the Policies and Procedures.

Membership may be terminated as follows:

- 1) Submission of a letter of resignation to the Membership Committee chair
- 2) Failure of a member to meet the attendance requirement
- 3) For "Good Cause" as determined and recommended by the Membership Committee and approved by a majority vote of the Council.

All members are expected to fully participate in all of the Council's deliberations and strive to fulfill the member position expectations detailed in Appendix A.

## B.2. ATTENDANCE

Members are required to attend at least seventy-five percent of the Council meetings held within a twelve month period. A member sign-in sheet shall be used at all Council meetings to document attendance. No individual may sign-in for another individual. Failure to comply with these requirements shall be brought to the attention of the Membership Committee for action resulting in one of the following:

1. Written notice to the member regarding their possible removal from membership.
2. Member may appeal to the Committee citing extenuating circumstances.
3. Inform the Council of the Committee's action.
4. Inform the organization/agency represented of any adverse action taken.

## B.3. CONFLICT OF INTEREST

All members shall submit, prior to attending their first meeting, a signed Conflict of Interest Disclosure Form, as found in Appendix B. Members shall update this form annually, or as soon as relevant changes in their status occurs. Conflict of interest, if

alleged by another member, shall be determined by the Membership Committee.

#### B.4. STATEMENT OF CONFIDENTIALITY

Each Council member shall sign a Statement of Confidentiality agreeing to maintain strict confidentiality of any members or advisors HIV status. Guests will declare themselves at the beginning of each meeting, and will sign a statement of confidentiality.

#### C. QUORUM

A quorum shall exist if a minimum of more than fifty (50%) percent of the membership is present for the first vote of the meeting and that quorum shall remain for the rest of the meeting. If a quorum does not exist, time sensitive action items will be referred to the Executive Committee, with the recommendations from those present at the full Council meeting, for their approval on behalf of the full body. (9/04)

#### D. VOTING

Each member is entitled to 1 (one) vote on all matters coming before the Council and requiring a vote. The Chair and Community Co-Chairs do not vote. In the event of a tie, the Community Co-Chair living with HIV shall vote to break the tie.

Proxies, written votes in advance delivered to the Chair, will be allowed under the following circumstances:

- 1) The voting member communicates to the Community Planner at DHWDC/HAPIS regarding their absence no less than 5 working days prior to the meeting. Additionally, the voting member requests in writing their need to place a vote by proxy.
- 2) The decision of the voting member on specific actions items is communicated in writing to the Community Planner and delivered to the Committee Chair the day of the MHAC meeting.

An announcement will be made prior to the commencement of each meeting of who has submitted proxies.

#### E. OFFICERS

There shall be a Chair and two Community Co-Chairs. The Chair shall be appointed by the Department of Community Health. It is the expectation of the Council that one Co-Chair will be a person living with HIV disease. Community Co-chair nominations must be of voting members who have served on the Council for at least one full year. (9/11)

Co-Chairs shall chair the meetings of the Council. The term of the community co-chair is two years, with the opportunity to be re-elected for one additional term. Therefore, a

community co-chair can only retain said position for four years continually. (5/09)  
Responsibilities of the Chair and Co-Chairs are found in Appendix D. The need for additional officers shall be determined by the Council as the need arises.

## F. MEETINGS

The Council shall meet a minimum of 4 (four) times each year. Co-Chairs shall chair the meetings of the Council. If neither Co-Chair is present due to unexpected circumstances, the meeting will be chaired by the Chair. (9/11)

One meeting shall be the Annual meeting, one shall be devoted, in part, to the federal prevention funding application and one shall be devoted to, in part, the federal care funding application. (See Appendix F for description of Annual Meeting). All other meetings shall focus on current prevention and care issues.

For functional purposes and to address issues not specifically covered in these Policies and Procedures, Robert's Rules of Order, Newly Revised, shall be used to govern the meetings of the Council.

All meetings shall be held within the state and conform to the State of Michigan and the Department of Community Health's regulations and specifications directed by the Membership. All meeting locations shall be in compliance with the State of Michigan's barrier-free and life safety laws and regulations.

Notice of all meetings with draft agendas including potential action items shall be provided to the membership at least two (2) weeks in advance of the meeting, by mail, by facsimile, or any other means of communication available to both the Department and the members. All items on the agenda which require action by the Council or Committees shall be clearly noted on the final agenda.

Additional meetings may be called by the agreement of the Chair and the Co-Chairs and may be held in person or by telephone conference call providing that all members may hear/communicate and that all members are advised as to who is participating in the call. Meetings of committees and workgroups may be held in person or via telephone conference call.

Minutes and records of all proceedings shall be kept to meet federal requirements and for future review by the Department and the members of the Council. Minutes of all proceedings shall be distributed to the Membership prior to their next meeting.

Members are to comply with meeting ground rules as detailed in Appendix E.

## G. COMMITTEES/WORKGROUPS

The Chair and Co-Chairs and the majority of the membership shall establish committees/workgroups as needed to facilitate achieving the mission of the Council. The

following standing committees/workgroups shall exist initially to carry-out the work of the Council.

All committees/workgroups shall be chaired by a Voting Member of MHAC although the committee/workgroup may take full advantage of the input of Expert and At-Large Advisors, guests, and stakeholders in reaching decisions. All committee/workgroup members may vote on their respective committee/workgroup activities. (9/05)

EXECUTIVE COMMITTEE: The Executive Committee shall consist of the Chair and the elected Co-Chairs, the Chairs and Co-Chairs of all other standing committees, which serve as members of the Council. The Committee shall be chaired by the Co-Chairs. This Committee shall act for the Council making interim decisions including setting the meeting agenda, recommending action items and all other necessary and timely actions for the Council. If a quorum does not exist at a full MHAC meeting, in a sufficient time to meet all activities at hand, time sensitive action items will be referred to the Executive Committee, with the recommendations from those present at the full Council meeting, for their approval on behalf of the full body. All decisions made on behalf of the Council shall be communicated to the Council at their next meeting. The quorum of this Committee is set at a minimum of five persons, with one person needing to be a PLWH/A. The Committee shall meet at least four times per year, one month before the full Council meeting and more frequently as needed. (09/04)

MEMBERSHIP COMMITTEE: This Committee shall:

1. Assure preparation and maintenance of a list of Council members for the record. This list and all subsequent updated lists shall be distributed to all members at Council meetings.
2. Establish and maintain along with the MDCH/DHWDC/HAPIS an open member recruitment, application, and selection process consistent with federal/state guidance.
3. Recommend for the Council's approval, new members as vacancies occur in the general membership and/or member replacement, as needed, according to the procedure defined in Appendix G.
4. Recommend to the Council for the Council's approval, policies and procedures regarding membership attendance, removal procedures and criteria for membership. Assure all members are active on a committee or workgroup, and a PLWH/A sits on each committee and workgroup. (4-04)
5. Determine, if necessary, conflict of interest policy violations.
6. Develop and maintain an orientation process for new members. This includes current PLWH/A members mentoring incoming PLWH/As, when it is requested, as defined in the Orientation of New Members. (4-04)

COMPREHENSIVE PLAN COMMITTEE: This Committee shall advise the Council on the development or revision of the Comprehensive Plan(s) consistent with the mission of the Council. Specifically the Committee shall:

- (1) Develop, implement and maintain a mechanism(s) to compile the Comprehensive Plan.
- (2) Review an analysis of gaps in HIV prevention services to identify areas for clarification as well as gaps in information.
- (3) Develop, implement and maintain a mechanism(s) by which populations, prevention needs and interventions to address identified needs are prioritized.

The Committee may convene ad hoc workgroups to accomplish these tasks.

NEEDS ASSESSMENT COMMITTEE: This Committee advises the Council regarding needs that are to be described in the Comprehensive Plan(s). Specifically, the Committee shall:

- (1) Review the statewide epidemiologic profile to identify areas for clarification as well as gaps in information.
- (2) Recommend sources of information and data appropriate to identifying populations, their needs and interventions by which to address these needs.
- 3) Review the statewide inventory of HIV services to identify areas for clarification as well as gaps in information.
- 4) Review, advise and provide input regarding needs assessment activities related to HIV services. (4-04)

The Committee may convene ad hoc workgroups to accomplish its objectives, existing workgroups or other entities for this purpose, where possible.

This Committee will also develop, every three years, the Statewide Coordinated Statement of Need (SCSN), a statement(s) which describes the needs and strategies for meeting these needs for both prevention and care programs as required by federal funders. The Committee shall consist of representatives of all funded CARE Act grantees in Michigan, HOPWA, the Department of Corrections, PLWH/As and representatives from HAPIS and Disease Surveillance. (4-04)

AFRICAN AMERICAN AIDS ADVISORY COMMITTEE: This Committee advises the Council regarding the disproportionate impact of the HIV/AIDS epidemic on the African American community. Specifically, the Committee shall:

- (1) Identify culturally competent prevention and care strategies targeting African American communities.
- (2) Advocate for these strategies within the African American community.
- (3) Advise the Council on cultural and historical antecedents that may affect the planning and outcome of other committee activities, i.e., needs assessment strategies conducted in African American communities, etc.
- (4) Assist in planning activities for the Annual Black AIDS Awareness Campaign.
- (5) Engage in the development of, and provide feedback on, the statewide prevention plan, including matching the needs of the African American community to evidence-

based interventions; the statewide care plan, and the statewide coordinated statement of need (SCSN).

The committee may consist of representatives from the African American community, stakeholders, and other individuals and/or organizations needed to accomplish these tasks; as well as convene ad hoc workgroups to accomplish said tasks. (11/06)

AD HOC WORKGROUPS. Workgroups shall be convened ad hoc, on the basis of demonstrated need and advocacy. All workgroups shall be dissolved at the end of each calendar year, or sooner if goals and objectives have been accomplished. Workgroups shall adhere to the following principles:

1. Each workgroup must have a designated Chairperson.
2. Each workgroup must have a clear mission and goals which are consistent with the Mission of the Council.
3. Each workgroup must submit a written statement of mission, goals, objectives and a time line by which objectives will be achieved to the Executive Committee.
4. Workgroup missions, goals and objectives must be endorsed by the Council before a workgroup convenes.
5. Each workgroup shall submit quarterly progress reports detailing progress toward meeting goals and objectives.
6. The Council Chair and Co-Chairs shall review progress and performance periodically and may recommend to the Executive Committee to dissolve workgroups if workgroups fail to demonstrate adherence to these principles or progress toward meeting stated goals and objectives.
7. Each workgroup shall develop its own procedures for decision-making.

#### H. ROLES AND RESPONSIBILITIES OF ALL PARTIES

Members shall conform and comply with the requirements as outlined in Appendices A-C and E.

Chairs and Co-Chairs shall execute their duties as found in Appendix D.

Committee and workgroup chairs shall execute their duties as found in Appendix H.

MDCH/HAPIS shall:

1. Disseminate any meeting materials to each Council Member at least two weeks prior to their meeting.
2. Ensure that any material printed, mailed and/or distributed prior to the meeting is also available at the meeting.
3. Maintain an updated mailing list of all membership.

4. Maintain all minutes and records of proceedings.
5. Help in the mentoring process of new members.
6. Provide logistical support to committees and workgroups, including dissemination of meeting announcements, reproduction of necessary materials and documents, scheduling meeting locations and teleconferences, and preparation of highlights.
7. HAPIS will not provide physical transportation to/from Council, committee or workgroup meetings or associated activities.

#### I. STAFFING AND BUDGET

The Department shall assume the required financial support for the activities of the Council and the Council's Committees/Workgroups including necessary staffing to facilitate achieving the mission of the Council and its Committees and Workgroups.

#### J. AMENDMENTS

Amendments to these Policies and Procedures for the Council may be proposed by any Committee or Workgroup or any member provided that they are presented to the membership of the full Council two (2) weeks prior to the Council's next meeting.

# **APPENDIX A**

## **COUNCIL MEMBER JOB EXPECTATIONS Michigan HIV/AIDS Council**

The roles and responsibilities of a member of the Council include:

1. Make a commitment to the Council process and its results.
2. Prepare for and attend Council meetings.
3. Undertake special tasks, as requested by the Council, and the Council's leadership and as agreed to by the member.
4. Promote the Council and the planning process.
5. Work to accomplish and support inclusion, representation and parity within the Council.
6. Actively participate in all Council discussions.
7. Accept, endorse and commit to the Council Policies and Procedures as adopted by the Council.
8. Participate as an active member in at least one committee or workgroup.
9. Serve as a liaison to disseminate information about Council activities to the represented agency or group and other interested parties.
10. Participate in activities related to evaluation of the planning process.
11. Participate in skills-building and technical assistance opportunities.
12. Commit adequate personal and/or professional time to fulfill the above.
13. Recruit advisers and stakeholders to participate in workgroups.

# **APPENDIX B**

## **CONFLICT OF INTEREST DISCLOSURE Michigan HIV/AIDS Council**

The Council has members who are professionally or personally affiliated with the organizations that receive or request funds for HIV prevention and care activities. Because of the potential for conflict of interest, the Council has adopted this Conflict of Interest Disclosure, which all current and future Council members must complete and provide to the Council for their records.

The reputation and credibility of the Council rests on its ability to make fair, objective and impartial decisions. Accordingly, it is essential to avoid situations where a conflict of interest may influence, or appear to influence, the decision-making process. Conflict of interest arises when a member has an affiliation or other conflict of loyalties that may lead to or suggest influence over the outcome of a decision.

The following guidelines are intended to help the Council avoid conflicts.

### **GENERAL**

From time to time, a member may serve as an officer, staff member, director, trustee, active volunteer or consultant to an organization with a vested interest in the outcome of the decision-making process. Situations may also arise where a member's business or personal interests may be affected by the outcome of a decision. Recipients of services are generally not considered as having a conflict of interest. In all such cases, the potential for conflict should be recognized and disclosed, and appropriate steps taken to prevent influence or favoritism by such members in the decision-making process.

### **DISCLOSURE**

Each member is under an obligation to the Council and to the other Council members to inform them of any position they serve or have served in the past twelve (12) months in a staff, consultant, officer, board member, advisor capacity, and the investment in any business, or any volunteer activities that may result in a possible conflict of interest with the following organizations that received, may seek, and/or are eligible for HIV prevention and/or care funding within the Council's scope of influence. A member should also disclose any activity or interest that may cause bias for or against a particular action or policy being considered by the Council.

### **INVESTIGATION OF APPARENT CONFLICT**

The Council Membership Committee shall, upon the request of the Council, investigate and make recommendations to the Council concerning any member's conflict of interest or the appearance thereof. The Council shall take whatever action it considers appropriate, which may include expulsion of the member from the Council.

**CONFLICT OF INTEREST DISCLOSURE**  
**Michigan HIV/AIDS Council**

**Member Disclosure of Conflict of Interest** (attach additional pages as necessary)

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Organization name

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Title or position held

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Period of affiliation

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Organization name

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Title of position held

---

Period of affiliation

I have read, understand and support the attached Conflict of Interest Disclosure policy and have complied with this policy by providing information, to the best of my knowledge, regarding potential conflicts of interest in the space above.

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Type or printed member name

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Signature of member

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Date signed

---

Council Coordinator signature

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Date received

# APPENDIX C

## Michigan HIV/AIDS Council

### Confidentiality Statement

I, \_\_\_\_\_ as a  member or  advisor, or  guest (check appropriate box), agrees to respect and maintain the confidentiality of all participants' personal characteristics which could potentially result in stigmatization and discrimination, and which is consistent with Section 333.5131 of the Public Health Code as amended.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# APPENDIX D

## COUNCIL CHAIR and CO-CHAIRS JOB EXPECTATIONS Michigan HIV/AIDS Council

The roles and responsibilities of the Chair and Co-Chairs of the Council include:

### GENERAL

1. Take primary responsibility for accomplishing the process and goals of the Council.
2. Take primary responsibility for meeting process and outcome objectives established by the Council.
3. Develop meeting agendas, based on input from members.
4. Participate in briefings on the agenda prior to each meeting with support staff and other individuals.
5. Participate in debriefings after each meeting with support staff and other individuals.
6. Help prevent unnecessary conflicts, as well as help to manage and resolve conflicts.
7. Help facilitate committee work and reports.
8. Advocate for the work of the Council.
9. Help review the minutes from each meeting to ensure that they reflect what actually occurred at each meeting.
10. Ensure that group members' individual, private agendas do not interfere with the Council's need to proceed.
11. Ensure that the Council completes tasks on time.
12. Continually communicate with regional groups to ensure they understand the planning process and are up-to-date with all new information.
13. Attend the National Prevention Co-Chairs Meeting.
14. Commit adequate personal and professional time to fulfill all of the above.

### CHAIR SPECIFIC ROLES

1. Represent the Department and the requirements for the CDC Prevention Cooperative Agreement, the RWCA Title II Formula Grant, and the resources available through the Michigan Health Initiative and Healthy Michigan Fund.
2. Support Administratively and technically the leadership of the Co-Chairs.

### CO-CHAIRS SPECIFIC ROLES

1. Chair all meetings of the Council and Executive Committee.

# APPENDIX E

## MEETING GROUND RULES Michigan HIV/AIDS Council

***Meeting Attendance:*** Members will place a high priority on attending Council and committee meetings. Members will notify the Council staff in advance of anticipated absences.

***Promptness:*** As courtesy to one another, members will come to the meeting on time and stay until the meeting's conclusion. Co-Chairs will begin and adjourn meetings on time.

***Participation:*** Every member's viewpoints are valuable. Members will commit to contributing fully to all activities and discussions.

***Conversational Courtesies:*** Members will (a) listen attentively and respectfully when others are speaking; (b) avoid engaging in side conversation; (c) avoid interrupting others (one person speak at a time); (d) avoid dominating conversations, but instead encourage others to speak; (e) observe time limits on speaking when the group has invoked them; (f) totally refrain from personal attacks or comments directed at any member; and, (g) refrain from repeating a point that has already been made.

***Assignments:*** Members will complete tasks on time when agreeing to take on tasks.

***Confidentiality:*** When discussing planning process related issues outside of meetings, members will separate issues from persons by discussing issues rather than personalities.

***Recognition of Intentional Diversity:*** Members will not use factors that are not connected to substantive issues (factors such as race, ethnicity, class, sexual orientation, religious preference, HIV status, and any other aspect of human diversity) against other members.

***Media Relations:*** Members will refer inquiries from the media to the Council Chair.

## APPENDIX F

### <sup>1</sup>Annual Meeting

The term *annual meeting* is used in two senses.

Certain types of societies may hold only one business meeting of the general membership each year, perhaps leaving the management of the organization's affairs in the meantime to a board. Such a meeting is then the annual meeting of the society.

In local organizations that hold regular business meetings throughout the year, however, the bylaws may provide that one of these regular meetings held at a specified time each year shall be known as the annual meeting. The only difference between this kind of annual meeting and the other regular meetings is that the annual reports of officers and standing committees, the election of officers, and any other items of business that the bylaws may prescribe for the annual meeting are in order, besides the ordinary business that may come up. The minutes of the previous regular meeting are read and approved as usual at the annual meeting, and the minutes of the annual meeting are read and approved at the next regular meeting. Minutes of one annual meeting should not be held for action until the next one a year later.

Business that is legally required to be done at the annual meeting can be done at any time (when it is in order) during session of the annual meeting, or, in other words, either at that meeting as originally convened or any adjournment of it. If such an item of business has actually been taken up as required and proves impossible - or impractical to complete during the session of the annual meeting in a case where no more than a quarterly time interval will elapse until the next regular business session, the matter can also be postponed to the next regular session for completion.

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<sup>1</sup>The Scott, Foresman Robert's Rule of Order Newly Revised, 1990 Edition, 9th Edition, pg. 94-95.

# APPENDIX G

## RECRUITMENT, NOMINATION AND SELECTION OF MEMBERSHIP Definitions, Policies and Procedures Michigan HIV/AIDS Council

Ratified September 5, 2002

### Categories of Membership:

The MHAC Policies and Procedures defines two categories of membership: 1) Voting members and, 2) Advisory members. It is the goal of MHAC to represent the epidemic relative to behavior/risk category, geographic distribution of the epidemic, age, and race, and to select members based also upon their specific expertise and/or perspectives into particular areas of interest to the council.

### Voting members:

There shall be four categories of voting membership on MHAC and each category has a specific number of seats allocated by the number of votes in each category. Membership shall be selected in the following categories following submission of an application from interested persons.

1) **Persons Living with HIV/AIDS** Four (4) votes/seats shall be allocated to this category.

2) **AIDS Service Organizations/Community-Based Organizations/Non-Governmental Organizations** Eight (8) votes/seats are allocated to this category. The goal is to select individuals with specific expertise and/or perspectives into a particular constituency of interest to MHAC and not to assign votes to a particular organization or agency. It is the constituency the individual serves, as opposed to the agency the individual may work for. Following submission of an application by interested persons, the Membership Committee shall select eight persons based upon the constituency that the organization serves. Staff, board members or members of a specific organization are eligible in this category. A voting membership granted in this category is not provided to a specific agency, but to the individual selected for membership on MHAC.

3) **Local Public Health** Four (4) votes/seats are allocated to this category. Following submission of an application by interested persons, two members will be selected who are employed by a local public health department considered to be in a rural area, and two will be selected from local health departments considered to be in urban areas. Votes are not granted to a specific local health department, but are granted to the individual person based upon their expertise and or perspectives into particular issues of interest to MHAC. Ruralness is defined as an area located outside of Metropolitan Statistical Areas (MSA). MSAs are areas which include core counties containing a city or several smaller cities totaling 50,000 or more people and a total area population of 100,000.

4) **Community Members** Twenty-four (24) seats/votes shall be allocated in this category. Following submission of an application by interested persons, twenty-four persons will be selected in this category based upon the current profile of the HIV/AIDS epidemic in Michigan and with the goal of achieving inclusion, representation and parity as defined by the Centers for Disease Control and Prevention Supplemental Guidance on HIV Prevention Community Planning.

### **Voting Members Change of Status** (09/05)

If a member's voting membership category changes during their term, (i.e., retires or changes positions/agencies) it is expected that the member will resign from their voting membership seat. For example, if a member who holds a Local Public Health - Urban Area voting seat and retires from that position during their term, it is expected that the member resign from that seat so another representative can be appointed in that category. If they do not voluntarily resign, they will be asked to do so by the Membership Committee.

### **Advisory members:**

There shall be two types of advisors to MHAC: 1) Expert advisors, and 2) At-Large Advisors. All advisors will serve three-year terms, and are not subject to term limits. They may re-apply after their term has ended. Advisory members are not voting members of MHAC, and they are not bound by member attendance policies; however, if an advisor misses four consecutive meetings, they may be removed at the Membership Committee's discretion. (9/11) Advisory members should expect to fully participate in all discussions. (09/04) As committee and/or workgroup members, all advisors may vote on their respective committee and/or workgroup regarding committee/workgroup activities. (09/05)

**1) Expert Advisors** These advisors attend committee or workgroup meetings and full Council meetings, as needed to provide the MHAC with specific information and disciplinary expertise (e.g. behavioral/social science, epidemiology, health planning) relevant to planning for HIV/AIDS prevention and care efforts in Michigan. The Council may offer advisory membership to persons representing specific units of government, or any other area based upon the needs of the Council. Expert Advisors must be replaced by the department/function they represent. (09/04) At a minimum, members in this category shall include the:

- HIV/AIDS Surveillance Section, Bureau of Epidemiology, Michigan Department of Community Health
- Division of Health, Wellness and Disease Control – STD, Michigan Department of Community Health
- Office of Drug Control Policy, Michigan Department of Community Health
- Michigan Department of Corrections
- Michigan Department of Education
- Ryan White Parts A, B, C D and F (9/11)
- Mental health/substance abuse service providers

### **2) At- Large Advisors**

Based upon the needs of the Council and in keeping with the goal of obtaining input from the broadest possible cross-section of stakeholders, MHAC will seek the advisory input from other constituencies as necessary to achieve the mission of the council, including but not limited to:

- Advocates for or direct representatives of communities at increased risk for HIV (e.g. homeless, mentally ill, substance abusers, migrant farm workers)
- At-risk adolescents and young adults
- Veterans

- Persons with disabilities
- Faith-based communities
- Persons representing specific geographical areas of the state, including persons from rural areas

MHAC meetings will be open to all participants unless the activity or topic under discussion is specifically designated as “closed” to all those except voting members.

### **Attendance**

HAPIS staff will maintain a summary of MHAC meeting attendance, based upon sign-in sheets, for periodic review by the Membership Committee. The MHAC Policies and Procedures require members to be present at 75 percent of all MHAC meetings held annually. The Membership Committee is responsible for assessing and ensuring compliance with attendance requirements.

### **Membership Resignation**

Resignations from members and advisors are effective immediately. If a member/advisor wishes to rescind the resignation, he/she must re-apply for membership and go through the membership application process to be considered for membership. (05/09)

### **Membership Removal**

Membership reserves the right to revoke membership and advisor status when the business of MHAC is not conducted in observance of both the spirit and the letter of applicable federal and state laws and MHAC guidelines; MHAC opportunities, authority and influence are not to be used for private benefit; and expenses incurred in the furtherance of MHAC business are to be reasonable, necessary and substantiated. If a member is found to have made intentional misrepresentations in seeking reimbursement for expenses, the remedies available to MHAC and/or to MDCH include but are not limited to immediately seeking the member’s withdrawal from the MHAC and any and all MHAC subcommittees. (09/05) Complaints against members or advisors’ activities and/or actions must be in writing, requesting action by the Executive Committee, and must be signed by the complainant. Anonymous complaints will not be addressed. (05/09)

### **New Member Recruitment and Selection**

**Recruitment:** Recruitment and selection of Voting members and Advisors will be guided by the following criteria:

- 1) The Voting member/Advisor’s constituency and/or primary area of expertise/experience is necessary to fulfilling the mission of the MHAC.
- 2) The Voting member/Advisor demonstrates knowledge of and commitment to the community planning process.
- 3) The individual applicant demonstrates a commitment and capacity to communicate regularly with and for the constituency that they represent.
- 4) The individual demonstrates the interest and ability to actively participate in the planning process.
- 5) Affiliations do not suggest a conflict of interest.

**Voting Members:** Notices of MHAC voting membership openings shall be announced through

available means including: Notices mailed to provider agencies/organizations, notices mailed to other providers of social and human services, notices distributed through HAPIS/DHWDC list servs, website postings including the michigan.gov/hivstd website (9/11) and through word of mouth by MHAC members and advisors.

**Advisory Members:** Specific advisory members shall be identified by the Council and directly recruited either by a Council member or HAPIS/DHWDC staff. At-Large Advisors shall be identified by Council members, HAPIS/DHWDC staff, other advisors, through stakeholder meetings, focus groups, and through provider agencies/organizations and by other means, as appropriate.

**Application and Selection Process:** Persons interested in obtaining Voting Member status on MHAC are required to submit a completed application to the Membership Committee. The application/selection process will occur on an annual basis beginning in September of each calendar year for the purpose of filling vacant seats.

Voting membership may not exceed forty (40) persons, and only the required number of open voting seats will be available for new or returning members. Notices of application availability will be conducted as described above in the Recruitment Section of Appendix G. When voting membership falls below forty at a time other than during the annual application/selection process, the Membership Committee may select Voting Members for the remainder of the term of the vacated seat from existing applications retained on file by HAPIS based upon established criteria.

Applications will be evaluated based upon the number of available seats and according to the Voting Members categories described in Appendix G. Once the Voting Member category of each applicant is determined, additional selection criteria will be based on the principles of inclusion, representation and parity as defined by the Centers for Disease Control and Prevention Supplemental Guidance on HIV Prevention Community Planning. Other factors used to determine Voting Membership will be the criteria as defined in the Recruitment section of Appendix G.

**Guests:** MHAC meetings are open to the public unless a meeting is determined to be “closed” to all those except voting members. Guests with a specific interest in a particular issue are encouraged to participate in MHAC Committee meetings at any time unless the meeting has been determined to be “closed” to those except voting members.

## **ORIENTATION OF NEW MEMBERS:**

1. An MHAC member volunteer is to serve as a "mentor" for new members. This individual is to meet with the new member, per the Mentoring Program, to provide an overview of the MHAC, the planning process and to provide the member with information regarding the issues addressed by the MHAC. Current PWA members will be encouraged to volunteer to mentor incoming new PLWH/A members. All new PLWH/As will be mentored by fellow PLWH/As, when it is requested. (4-04)
2. The Membership Committee will convene periodic orientation sessions via teleconference or face-to-face.
3. New members are to be provided with the following materials, either in their Membership Manual or directed toward the michigan.gov/hivstd website:

- MHAC Operating Policies & Procedures, including Committee Descriptions
- What is HIV Prevention Community Planning and Community Planning in Michigan
- MHAC Mission Statement
- Michigan HIV Prevention and Care Definitions and Acronyms
- Scheduled MHAC meetings and travel reimbursement information
- Organizational chart for HAPIS/DHWDC/MDCH
- Organizational chart for MHAC

*On line documents:*

- Current Statewide Epidemiologic Profile
- Link to the CDC Guidance on HIV Prevention Community Planning Prevention Comprehensive Plan
- Link to the Ryan White HIV/AIDS Treatment Extension Act of 2009
- Care Comprehensive Plan
- Care Needs Assessment
- Care Statewide Coordinated Statement of Need (SCSN) (9/11)

### **MEMBERSHIP GRIEVANCE AND APPEAL PROCESS**

A. The process by which individuals can set forth grievances and appeal decisions of the Michigan HIV/AIDS Council's Executive Committee and/or Membership Committee is as follows:

1. The grievance or appeal must be in writing, with the original signature(s) of the person making the grievance and submitted within 30 days of the incident/decision being grieved and/or appealed.
2. The written grievance and/or appeal must specify the reasons for the grievance and/or appeal, and must include supporting documentation.
3. At least one of the following criteria must form the basis of the grievance and/or appeal:
  - a. irregularity in the process
  - b. inconsistency with finding or fact
4. The written grievance and/or appeal must be submitted to the MHAC Chair or Co-Chairs. The Chair and Co-Chairs receiving a grievance and/or appeal have 15 days to notify the other members of the Executive Committee, which will include the Membership Committee Chair.

If the written grievance and/or appeal is from an Executive Committee member, the member will still submit their grievance to the MHAC Chair or Co-Chairs, but must excuse themselves from the deliberation process that follows.

5. All grievances or appeals will be subject to fact finding conducted by the Executive Committee. The Executive Committee has 15 days after their notification to decide on the merit of the grievance and/or appeal, and to notify the person who submitted the grievance and/or appeal, of their decision. The decision should be in writing with a copy retained in the official MHAC records.
6. Any further grievance and/or appeal burden shall fall upon the filing party.

## **APPENDIX H**

**COMMITTEE and WORKGROUP CHAIR JOB EXPECTATIONS  
Michigan HIV/AIDS Council**

**Ratified September 5, 2002**

The roles and responsibilities of Committee and Workgroup Chairs include:

**GENERAL**

1. Take primary responsibility for accomplishing the goals and objectives of the committee or workgroup.
2. Develop committee or workgroup meeting agendas, based on input from members.
3. Schedule committee or workgroup meetings.
4. Conduct and/or facilitate all meetings of the committee or workgroup.
5. Help prevent unnecessary conflicts, as well as help to manage and resolve conflicts.
6. Ensure that committee or workgroup members' individual agendas do not interfere with the task of the committee or workgroup.
7. Ensure that the committee or workgroup completes tasks on time.
8. Prepare and submit reports detailing committee or workgroup progress to the Council.
9. Provide written agendas, reports or materials to HAPIS for reproduction and dissemination in a manner which ensures their timely distribution to the Council, committee or workgroup members.
10. Commit adequate personal and professional time to fulfill all of the above.
11. Actively recruit committee and workgroup members.
12. Identify Co-Chair.

**GLOSSARY  
OF  
TERMS**

Affected - Used as affected community or affected persons. Affected community indicates need for direct representation from communities impacted by the HIV/AIDS epidemic consistent with the epidemiologic profile. Affected persons include persons who are family members, partners, and care givers of persons living with HIV disease.

Inclusion - Assurance that all affected communities are represented and involved in a meaningful manner in the community planning process.

Infected - An individual living with HIV disease.

Parity - The condition whereby all members of the HIV prevention community planning group have equal opportunity for input and participation as well as equal voice in voting and other decision-making activities.

Representation - Assurance that those who are representing a specific community truly reflect that community's values, norms, and behaviors.