

**California Planning Group (CPG)  
Governance, Operating Principles and Procedures Document  
Version 9 (6/11/14)**

The purpose of this document is to provide guidance on the management and operation of the CPG. This document is a living document and may be modified as needed by consensus.

**Table of Contents**

Article 1. Purpose and Principles .....2

Article 2. Membership.....2

Article 3. Committees and Work Groups .....4

Article 4. Membership Responsibilities.....5

Article 5. Co-Chairs .....7

Article 6. Community Input .....8

Article 7. Meetings, Conduct of Business and Public Participation.....8

Article 8. Code of Ethics and Conflict of Interest .....11

Article 9. Staff Support .....12

Article 10. Amendments and Dissolution.....13

Article 11. Reports and Recommendations .....13

Article 12. Glossary of Terms .....13

## **Article 1. Purpose and Principles**

### **1.1 Purpose**

The California Planning Group (CPG) is convened by the California Department of Public Health, State Office of AIDS (OA) to develop a comprehensive HIV/AIDS surveillance, prevention, care, and treatment plan in collaboration with the State Office of AIDS (OA) and then to monitor the implementation and impact of this plan and revise accordingly. The CPG may provide timely advice on emergent issues identified by OA, the Advisory Network and/or other key stakeholder parties. The CPG is committed to working openly as a group to make decisions and is guided by the principles of equity, fairness, and respectful engagement.

### **1.2 Principles**

- HIV/AIDS planning is an ongoing process that is intended to improve the effectiveness of California's HIV/AIDS care, treatment, testing and prevention programs.
- HIV/AIDS services planning is evidence-based, using both qualitative and quantitative data such as HIV/AIDS statistics, epidemiological and program utilization data, as well as the views and perspectives of groups at risk for and living with HIV/AIDS.
- The CPG is committed to working openly as a group to make decisions.
- Community involvement in decision-making is encouraged to acknowledge diversity and a mutuality of interests. This requires proactive engagement on the part of CPG, with the support of OA.
- The CPG is committed to the principles of equality and respectful engagement.
- The CPG is committed to the CDC and HRSA principles of parity, inclusion and representation. The CPG and OA will endeavor to explore new and creative ways to enhance parity and representation beyond CPG membership and allowing open meetings.

## **Article 2. Membership**

The CPG shall consist of 17-23 members appointed by OA. The knowledge, experience and expertise of all members shall be strongly considered. The CPG and OA shall maintain at all times a fair and open application and appointment process for membership. The membership shall support the planning, development and decision-making processes of the CPG. All CPG members shall commit to a three-year term of service. A new cohort of CPG members shall be appointed every three years. Members may apply for a second term (additional 3 years).

The CPG shall be composed of members with skills necessary to function as an effective planning body. The CPG shall use the “Member Skills List” as a guide to ensure that the total composition of the CPG encompasses the skills necessary for a successful planning body. Vacancies shall be filled in accordance with the guidance set forth in Section 2.2 “Selection and Appointment of Interim Members”.

### **2.1 Selection Process for Individual Members**

All appointed members shall be selected through an application process, which shall be conducted every three years, **or as needed**, to replace members who have resigned from the CPG. At a minimum, the Membership Committee shall meet once a year to review vacancies, assess gaps in members’ skills set, and develop recommendations for interim replacement if the Membership Committee deems that critical planning skills are missing from the overall composition of the CPG.

It is recommended that this review take place at an annual meeting that ideally would occur at the beginning of the calendar year and would be conducted face-to-face, or via teleconference if necessary. The annual Membership Review Meeting process shall be designed to identify potential new members in terms of planning skills, knowledge, experience and expertise, areas of interest, and other specific factors as determined annually by the CPG and OA. The CPG shall strive for at least 25% of membership demographic of persons living with HIV (as voluntarily identified within their membership application to the CPG). The Membership Committee shall:

- Be composed of CPG members in good standing. Members in good standing are members who have complied with the membership responsibilities listed in Article 4.
- Obtain input from the existing CPG members regarding the need for key new member expertise, skills, characteristics, and qualifications at the end of the calendar year. The input shall be used by the Membership Committee in the development of the application for membership and selection of new members.
- Develop a recruitment plan and timeline for filling CPG vacancies.
- Develop a Membership Application form in collaboration with OA staff.
- Advertise the Call for Applications for new members through various communication channels, including but not limited to, the Electronic Advisory Network, OA website, and local planning bodies.
- Applications for membership shall be sent to the Office of AIDS by a specified due date. A membership profile of continuing members shall be developed by Office of AIDS staff which reflects the identified key characteristics, including planning skills identified in the “Members Skills List” (see Attachment A).

- Recommend new members to OA no later than June of the year before the current group's 3-year term expires. The OA has final authority in appointing new members. New members shall be notified of their selection by July 31 and shall begin their terms at the next scheduled CPG meeting for the new class of CPG members.

## **2.2. Selection and Appointment of Interim Members**

The Membership Committee shall recommend interim members to fill vacancies as a result of resignations during the course of the established three-year term for members. The OA shall have final authority in appointing interim members. Interim members shall be defined as individuals completing a term of service as replacements for resignations that occur during the three-year cycle for the current CPG membership. The Membership Committee shall:

- Review applications received by OA from previous call for applications to identify potential interim members.
- Advertise the Call for Applications for interim members through various communication channels, including but not limited to, the Electronic Advisory Network, OA website, and local planning bodies.
- Shall develop recommendations for interim replacement if the Membership Committee deems that critical planning skills are missing from the overall composition of the CPG.

## **Article 3. Committees and Work Groups**

The CPG shall establish, as it deems necessary, Committees and Work Groups to facilitate the work of the CPG. Meetings of Committees and Work Groups may include members, invited guests (non-voting) and members of the public (non-voting). All committees and work groups must minimally be comprised of both OA staff and CPG members.

Committees and Work Groups shall designate a Lead(s) to provide leadership, organization and management of tasks and activities. Committee and Work Group Leads shall prepare any necessary reports, recommendations and presentations.

### **3.1 Membership Committee (See also Article 2)**

The Membership Committee shall be a standing committee composed of members of the CPG. The Membership Committee is responsible for assessing, monitoring and developing mechanisms necessary to recruit, train and maintain CPG membership at numbers and expertise required to successfully accomplish the work of the group. The Membership Committee shall:

- Minimally convene near the beginning of each year to assess vacancies and develop a recruitment plan to fill CPG vacancies, if necessary.

- Develop a mentoring system to support new members, and implement such system as necessary.
- Receive and develop concepts for member continuing education as requested or necessary.
- Review membership applications, convene interview panels, and make recommendations for membership selections to the full CPG.
- Refer to Article 2.1 for Selection Process for Individual Members.

#### **Article 4. Membership Responsibilities**

All members of the CPG shall meet the requirements for membership as put forth in this Governance, Operating Principles and Procedures document. Additionally, members are expected to adhere to the following responsibilities:

#### **Stakeholder Representation, Communication, and Input:**

- Act on behalf of all communities affected by HIV/AIDS in the decision-making process.
- Identify information needed to improve the quality of decisions made by the CPG.
- Identify ways to obtain information critical to the planning process from persons with HIV/AIDS, service providers, state and local government, and others.
- As a representative of the CPG, report back to local HIV planning bodies on activities of the CPG.
- Enhance transparency of statewide planning efforts by identifying as a CPG member and providing updates on CPG activities, whenever relevant and appropriate.
- Promote, participate in and gather input from the Electronic Advisory Network.
- Represent HIV-related issues that impact the whole State of California.

#### **Comprehensive HIV/AIDS Surveillance, Prevention, Care and Treatment Plan Development:**

- Identify and describe the continuum of HIV testing, prevention and care services in California.
- Identify the necessary HIV care services required by those in all clinical stages of HIV infection.

- Identify the necessary HIV prevention services by all those affected by HIV.
- Collaborate to define ways to improve and sustain HIV testing, prevention and care efforts.
- Provide recommendations to OA on priority setting (interventions and populations) and associated resource allocation principles related to federal and state HIV testing, prevention and care resources administered by OA.
- Make recommendations that integrate aspects of HIV care, treatment, testing and prevention programs.
- Describe and respond to gaps and barriers to service delivery, prevention and care for persons with HIV/AIDS.

#### **Administrative Duties:**

- Uphold the goals, objectives, policies and procedures of the CPG.
- Participate fully in CPG's deliberations, discussions and decision-making practices during meetings.
- Attend a member orientation and comply with all other training requirements approved by CPG or OA; (examples of orientation topics may include, but not limited to member roles and responsibilities, review of key OA documents, and CPG charge).
- Share specific knowledge and expertise with fellow CPG members in an effort to educate, guide or mentor, as needed.
- Devote up to ten hours a month to work on CPG activities, and meetings either virtually or in person;
- Travel to face-to-face meetings no more than two times a year.
- Participate in the full CPG meeting, from the scheduled convening to the adjournment, unless prior approval is obtained. Members must notify OA in advance if they cannot attend, will be late, or need to leave early.
- Sign and comply with an OA Confidentiality Agreement, which prohibits disclosing/releasing any personally identifying information about any individual named in any HIV/AIDS confidential public health record.
- Comply with guidelines or restrictions on travel expenses and support.

- Read and become familiar with meeting preparation materials.

#### **4.1 Resignations, Leave of Absence and Removal from CPG**

- Members may resign by sending a letter of resignation to the Co-Chairs.
- Members may request a leave of absence by submitting a written request to the Co-Chairs. Leaves of absence shall be granted at the discretion of the Co-Chairs.
- Removal from the CPG may result when: 1) a member misses two consecutive meetings in one calendar year, 2) there is an ongoing conflict of interest, or 3) there is good cause. Good cause is defined as, but not limited to: not fulfilling the responsibilities as set forth in the Membership Responsibilities as specified in this Governance, Operating Principles and Procedures document. All removals for good cause must pass with a majority (50% plus one vote) of the established quorum.
- CPG discussions of removal of a member shall happen in a meeting of the full membership. The Co-Chairs may use the secret ballot method to determine the group's decision on the removal of a CPG member.
- A notice of termination shall be sent to the member.

#### **Article 5. Co-Chairs**

The duties of the Co-Chairs of the CPG shall be the shared responsibilities of the Community Co-Chairs and OA-designated Co-Chairs.

##### **5.1 Assignment of the Co-Chairs**

The CPG shall have four Co-Chairs. Two Co-chairs shall be staff from the Office of AIDS, appointed by the OA Division Chief. The other two Community Co-Chairs shall be nominated and elected by the CPG members. Hereinafter, the four Co-Chairs shall be referred to as "Co-Chairs".

- The Co-Chairs representing the Office of AIDS shall be appointed by the Division Chief, Office of AIDS.
- The Community Co-Chairs shall have a term of one year with an option to run for two additional terms (up to three years total).
- Election of the CPG Community Co-Chairs shall take place at the last CPG meeting of the calendar year. The Community Co-Chairs shall be elected by 50%, plus one vote, of the established quorum. In the event that this is not achieved in the first round of voting, an immediate run-off vote shall be held between the two candidates receiving the most votes.

- When a Community Co-Chair vacancy occurs due to attrition or illness, an election for a new Community Co-Chair shall take place at the next scheduled CPG meeting. The term of service for the member elected as Community Co-Chair shall be for the remainder of the original term.
- A Co-Chair may resign by filing a written letter of resignation which shall take effect at the time specified in the letter.
- Membership may remove any elected Co-Chair for good cause provided that reasonable notice and opportunity for a hearing by all CPG members are first provided. All removals of Co-Chair must pass with a majority (50% plus one vote) of the established quorum of the CPG present at the meeting.

## **5.2 Co-Chair Responsibilities**

The responsibilities of the Co-Chairs include:

- preparing, managing, organizing and facilitating the remote and face-to-face meetings of the CPG;
- collaborating with the Membership Committee and providing leadership and direction on membership recruitment, retention, and orientation activities;
- communicating with CPG members on issues and activities that require input or action from the full membership; note however that communication with CPG by any CPG member or OA staff does not require vetting through the co-chairs;
- developing and conducting the annual new member orientation and recommendation of educational presentations for the membership;
- representing the CPG at additional meetings (e.g., CDC, HRSA) and reporting back to the CPG;
- reviewing and signing the Letters of Concurrence, as required; and
- performing other activities that are necessary to provide leadership and guidance to the CPG.

## **5.3 Co-Chairs Voting Privileges**

The Co-Chairs shall be full voting members of the CPG and their attendance at meetings shall count towards the 2/3 quorum required for the conduct of business.

## **Article 6. Community Input (to be updated as necessary in collaboration with the Stakeholder Engagement Work Group)**

The CPG is dedicated to meaningful community involvement in HIV testing, prevention, care and treatment planning, to improve the scientific basis of program decisions, and to target resources to those communities at highest risk for HIV transmission/acquisition. To ensure an open and robust process for gathering community input, the CPG shall utilize the OA's Advisory Network Model to reach a large and diverse group of stakeholders and community advisors. The CPG shall solicit community feedback on important planning documents such as, the Comprehensive Prevention and Care Plan, Statewide Coordinated Statement of Need, and other documents deemed critical by the CPG and OA. Community members must submit their feedback in writing and within a designated due date determined by the CPG. CPG members shall also solicit feedback from their local planning bodies.

### **Article 7. Meetings, Conduct of Business and Public Participation**

The CPG shall conduct no more than two (2) face-to-face meetings in a given calendar year. Additional meetings may be conducted via teleconferences and webinars as necessary. CPG relies on the full participation of its members and on organized, well-managed processes leading to careful deliberations and decisions.

#### **7.1 Decision-Making**

In general, the CPG shall work to make decisions through respectful and meaningful discussion.

- In general, to ensure fair and unbiased discussions, the Co-Chairs shall be responsible for facilitating the large group decision-making process.
- At times deemed appropriate by the CPG, Co-Chairs, or OA, a facilitator may be engaged to assist with the conduct of CPG meetings and decision-making processes. Such appointment shall be approved by a majority vote of the CPG.
- The CPG meeting shall contain adequate time for each Committee or Work Group to present recommendations, answer questions and engage in discussion about their proposals.
- The CPG shall use the consensus decision-making as its primary group decision-making process in its deliberations and conduct of business. The CPG, along with the recommendation of the Co-Chairs, may use the majority vote model if the group is unable to come to a decision using the consensus model.
- Quorum shall be represented by attendance of 2/3 of the membership at meetings. Meeting attendance includes in-person, teleconference, or web-based attendance by CPG members.

#### **7.2 Consensus Process**

The basic premise used in determining actions or recommendations from CPG is consensus which, as practiced by CPG over the years, has meant that 100% of attending members agree to, or will not stand in the way of approval of any given proposal. In action, the process of reaching consensus proceeds as follows:

- a. A motion is made and is seconded by CPG members. If a motion arrives on the floor from a Committee or Work Group, it is considered already moved and seconded.
- b. An opportunity for discussion is provided. The time allotted for discussion will be guided by the approved agenda, any approved motions from the membership to extend or limit discussion, and/or the limits of the discussion itself.
- c. When discussion on the motion is determined to be complete, members are polled for consensus. If there is no consensus, the floor will be opened for additional information or further discussion. The discussion of a motion is considered complete when the time allotted at the beginning of the discussion period has elapsed and there is no motion to continue the discussion.
- d. When a concern has been fully discussed and cannot be resolved, it is appropriate for the facilitator to ask those persons with this concern if they are willing to stand aside; that is, acknowledge that the concern still exists, but allow the proposal to be adopted.
- e. No more than three polls to obtain consensus will be taken prior to moving to a formal majority vote.

### **7.3 Motions from Members**

Motions and additions to the meeting agendas may come from individual members.

### **7.4 Urgent Issues**

With the agreement of the Co-Chairs, an emergency meeting of the CPG may be called.

- The Co-Chairs shall review the issue, agree to the process to be used and recommend agenda modifications required to bring the issue forward to the CPG.
- The Co-Chairs shall ask the CPG to agree to modify the agenda.
- If agreed, the member requesting shall present the issue and the CPG shall follow its decision making process.

### **7.5 Records of Meetings**

Records of meetings shall be maintained such that the recommendations and actions of the CPG can be retrieved and referenced as needed.

- Minutes of the proceedings of the CPG shall be produced following the conclusion of each meeting session.
- The minutes are to be of a summary nature, reflecting the general course of discussions, exact motions and specific actions taken or actions to be taken.

### **7.6 Public Participation**

The CPG welcomes the participation and input of the general public. Expectations include:

- Members of the public are welcome to attend and observe CPG meetings and activities.
- Members of the public are not eligible to participate in the voting process on any motion.
- Members of the public are welcome to provide public testimony and input during designated public comment periods noted on the agenda of the CPG meeting.
- Testimony may be provided verbally (in person at a meeting), in writing, or by other communication methods. Timeframes for acceptance of public comment in writing and/or via the CPG web site shall be established prior to each scheduled meeting.
- The Co-Chairs retain the right to limit the amount of time available for individual public comment and/or for public comment as a whole, as required by the numbers of persons wishing to provide public comment, the workload of the CPG, the amount of time available on the agenda for public comment and other factors.
- Members of the public are expected to respect the processes and the time frames of the CPG and its meetings.
- Members of the public shall identify themselves, their organizational affiliations and potential conflicts of interest when attending or observing CPG meetings.

### **7.7 Participation by People with Disabilities (PWD)**

The CPG is committed to assuring full participation by its members in all aspects of its process. Every possible accommodation shall be made for people with disabilities (including but not limited to HIV-related disabilities) in the logistics and planning of each meeting. Careful attention shall be paid to addressing the special needs related to travel, facilities and food, as well as any physical limitations in access, vision or hearing. Ease, comfort and safety are essential qualities to enable the full and continued participation by people with disabilities.

## **Article 8. Code of Ethics and Conflict of Interest**

The CPG is committed to conduct its business in an ethical and principled manner.

### **8.1 Code of Ethics**

- The CPG is committed to the principles and practices of inclusion. All benefits and responsibilities of the organization shall be available to all people without regard to race, color, national or ethnic origin, creed, gender identity/status, sexual orientation, religion, age, marital status, socioeconomic status, physical or mental handicap, or veteran status.
- All information of a personal and/or confidential nature shall not be disclosed to any person outside the CPG without the written consent of the individual to whom such information pertains. Disclosure of such information shall occur only in response to a written request to the Co-Chairs and after written consent if provided to the Co-Chairs. Unauthorized or willful disclosure shall be considered grounds for removal from the CPG.
- The CPG is committed to working together in a respectful, professional, open and supportive manner at all times.
- The CPG shall not be operated for profit. No property or profit shall benefit any person, partnership, or organization except in the furtherance of the benevolent purposes of the organization.
- As a body, the CPG may not take positions on, or engage in, efforts to lobby or otherwise influence legislation. However, as private citizens, CPG members are encouraged to actively and fully participate in legislative processes.
- As a body, the CPG shall not participate in or intervene in (including publishing or distribution of statements) any political campaign on behalf of any candidate for public office.
- An individual CPG member may not speak on behalf of the CPG body without specific permission of the full CPG or Co-Chairs.

### **8.2 Conflict of Interest**

The CPG recognizes that opportunities for real or perceived conflicts of interest may arise in discussion and decision-making processes involving groups of mixed backgrounds, experiences and preferences. The following items reflect the CPG's approach to conflict of interest that may arise during group process, especially related to resource allocation decisions:

- Participants in conflict should remove themselves from both discussion and voting when appropriate. This includes both small and large group sessions.
- CPG members are responsible for monitoring their own management of conflict of interest.
- Members shall identify their potential conflict(s) of interest at the appropriate times.

### **Article 9. Staff Support**

The CPG shall have assistance from the Office of AIDS, including assigned staff, consultants, logistics planners and/or facilitators as determined to be needed by the Office of AIDS. This assistance shall be designated to provide support services necessary for keeping the organizational records of CPG and carrying out its policies, procedures and programs in accordance with this Governance and in conformity with applicable state and federal laws.

### **Article 10. Amendments and Dissolution**

This Governance may be adopted, amended or repealed by consensus. If the group is not able to reach consensus, the Governance document may be adopted, amended or repealed by a two-thirds vote of members present at a properly constituted meeting of the CPG. This is the only instance in which a two-thirds vote is required. Notice of all proposed amendments shall be emailed and/or mailed to each member at least 15 days prior to the meeting at which such amendment(s) is/are to be considered for adoption. This Governance and any subsequent amendments shall be effective immediately upon adoption by the CPG. The CPG may be dissolved by the Office of AIDS, by unanimous vote of the membership or by requirement of the state or federal government.

### **Article 11. Reports and Recommendations**

The CPG is committed to providing the time and resources necessary to facilitate the careful consideration of reports and recommendations as developed by its members. To that end, the following procedure shall be used:

1. Each CPG meeting agenda shall provide adequate time for Committee and Work Group reports.
2. At least one week prior to a CPG meeting, each group shall be made aware of the amount of time on the agenda for reports to be presented.
3. Committees and Work Groups shall present a report to the full membership at each meeting as warranted depending on the groups' activities.
4. Members shall be responsible to receive and read the reports and recommendations during a designated period on the CPG agenda.

### **Article 12. Glossary of Terms**

Advisory Group: A body which provides knowledgeable opinion and recommendations about issues, concerns and needs. CPG is an advisory body to the Office of AIDS.

Advocacy: The act or process of supporting or promoting a cause or proposal.

Attendance: Meeting attendance includes in-person, teleconference, or web-based attendance by CPG members.

Centers for Disease Control and Prevention (CDC): The Federal agency within the U.S. Department of Health and Human Services that administers HIV/AIDS prevention programs, including the HIV Prevention Community Planning process.

Conflict of Interest: A conflict of interest is when the public obligations of a CPG member are in conflict with their private interest. A potential conflict exists when decisions may directly affect a member's personal, financial, or organizational interests. A conflict of interest occurs when: 1) a voting member of the CPG as a direct fiduciary interest (which includes ownership, employment, contractual, creditor, or consultative relationship to; or Board or staff membership) in an organization (including any such interest that existed at any time during the twelve months preceding her/his appointment), with which the CPG has a direct, financial and/or recognized relationship; and/or 2) when a member of the CPG knowingly takes action or makes a statement intended to influence the conduct of the CPG in such a way as to confer any financial benefit on the member, family member(s), or on any organization in which s/he is an employee or has significant interest.

Consensus: A decision-making process through which discussion, deliberation and debate are used to shape opinion until the group is in agreement about the outcome or decision. This is the primary type of decision-making utilized in CPG.

Good Cause: One criterion that may be used to remove a member or officer of CPG from the organization or office. Defined by, but not limited to, not fulfilling the responsibilities as set forth in the Governance, Appendices and/or Policies and Procedures. All removals for good cause must pass with a majority (50% plus one vote) of the established quorum of the CPG.

Health Resources Services Administration (HRSA): The primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable.

Interim Members: Individuals completing a term of service as replacement for resignations that occur during the three-year cycle for the full membership.

Officers: Co-Chairs of the CPG

Meeting: An official convening of CPG membership which may take place as a face-to-face meeting, conference call or webinar.

Nondiscrimination: The CPG is committed to the principles and practices of nondiscrimination. All benefits and responsibilities of the organization shall be available to all people without regard to race, color, national or ethnic origin, creed, gender identity/status, sexual orientation, religion, age, marital status, socioeconomic status, physical or mental handicap, or veteran status.

Parity, Inclusion and Representation (PIR): Parity is the condition whereby all members of the planning group have equal opportunity and status to provide input to and participate in CPG activities, as well as an equal voice in voting and other decision making activities. Inclusion is assurance that all affected communities are represented in the community planning process. Representation is assurance that those who are representing a specific community truly reflect that community's values, norms and behavior (i.e., representation shall reflect gender, ethnicity, mode of transmission, sexual orientation, geographic area, etc.)

Polls: The act of sampling for attitudes or opinions on a given subject used as part of consensus-based decision making.

Prevention: Actions taken to reduce the incidence of HIV through education, information and outreach aimed at persons exhibiting high-risk behaviors for HIV infection and person already HIV positive.

Public: Interested persons who are not members in good standing of the CPG.

Quorum: The minimum number of CPG members required in order to conduct an official and valid meeting. The CPG quorum is attendance of 2/3 of the membership at meetings. A member may attend a meeting via teleconference call or webinar and his/or her attendance shall be counted towards the quorum.

Ryan White HIV/AIDS Treatment Extension Act: Federal legislation created to address the emergency health care and service needs of people living with HIV. It was formally known as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, until a reauthorization in 2009.

Stakeholder: An individual or member of an identifiable group having an interest in the issue of HIV/AIDS in California.

State: State of California

## ATTACHMENT A

### REQUIRED AND DESIRED MEMBERS SKILLS SET

The ideal candidate will embody attributes that contribute to the formation an effective planning body.

#	Skill	Required or Desired
1	Experience in and/or knowledge of community planning, including but not limited to, priority-setting, needs assessment, plan development, monitoring and evaluation, program management, and community engagement/organizing.	Required
2	Knowledge of, and/or experience, in providing HIV-related services in California.	Required
3	Familiarity with HIV-related systems of testing, prevention, care, support, and community resources.	Required
4	Demonstrated leadership, teamwork, organizational, oral communication and presentation, and writing and problem-solving skills.	Required
5	Ability to set clear boundaries between advocacy efforts and planning needs/efforts.	Required
6	Understanding and sensitivity to issues of cultural diversity among impacted populations (care and prevention).	Required
7	Skills and willingness to use computer-based technologies for meetings and sharing work documents.	Required
8	Demonstrated ability or aptitude to gather, analyze, synthesize and communicate about HIV/AIDS issues, trends and research.	Required
9	Understanding of the relationship between and among HIV/AIDS, mental health, substance use issues, incarceration, and other co-factors.	Desired
10	Solid understanding of behavioral/social science and epidemiology.	Desired
11	Understanding of research methods.	Desired
12	Knowledge of medical and psychosocial co-morbidities.	Desired
13	Understanding of federal funding requirements and State statute, regulations, and policy.	Desired

---

14	Familiarity with best practices for HIV care and prevention.	Desired
15	Understanding of HIV/AIDS within a context of social justice.	Desired

---