***Operating Policies & Procedures (OPPs)***

**continuum of care committee**

1. **GOAL**

The COC’s purpose is to make recommendations to the Planning Council and appropriate Council Committees regarding the development and implementation of efficacious, quality care and treatment services for the HIV infected/affected communities within the Newark EMA.

1. **OBJECTIVES**
* Make recommendations to the Planning Council and other council committees regarding the development and implementation of efficacious, quality care and treatment services for the HIV infected/affected communities based on available data within the Newark EMA.
* Assesses the current health care delivery system, both within and outside of the Ryan White arena, to identify gaps in service delivery.
* Develops and/or endorses the implementation of Standards of Care for Core and Supportive Services for the Newark EMA.
1. **MEMBER PROFILE**

The committee members must reflect fair and equal representation from the five counties of Essex, Union, Morris, Sussex and Warren, including representatives from the HIV/AIDS infected and affected communities within those counties. The Continuum of Care Committee will be comprised of a minimum of seven (7) committee members.

1. **MEMBERSHIP**
2. All prospective committee members must complete a standard Council Committee application and submit it to the Council Office. The Council office will forward the application to the Committee Chairperson for review.
3. A member in good standing is a member with an application on file and who has not missed (this includes both excused and unexcused absences) 3 or more consecutive regularly scheduled meetings, or fifty percent (50%) of the regularly scheduled meetings in any six (6) month period. The Committee secretary, in conjunction with Council staff, is responsible for maintaining committee attendance records. In the event a committee member misses 3 or more consecutive meetings, the chairperson will be informed and the member notified that s/he is no longer in good standing. The Committee chairperson, in consultation with the member, will decide whether the member will re-commit and re-apply to the committee or resign.
4. There will be an open application process by which the committee will accept membership applications on an ongoing basis.
5. All members are allowed to have an alternate. The alternate will allow the member to maintain their record of attendance but will have no voting privileges or count towards quorum.
6. Members of the COC are responsible for notifying Support Staff via email about their alternate representative at least two days prior to the meeting.
7. **COMMITTEE LEADERSHIP AND ROLES OF OFFICERS**

The committee will have a Chair, Vice-Chair and Secretary to guide its work. The Council Chairperson will appoint the Committee Chair. The Committee Vice-Chair and Secretary will be voted in by the full committee membership.

The Committee Chair is responsible for working with staff, ensuring agendas are completed on time, and minutes are accurate and completed in a timely manner. Council staff will work with the Committee Chair and Secretary to write, distribute and maintain Committee agendas and minutes. Council staff will be responsible for the maintenance of up-to-date committee membership lists. The Chair is also responsible for providing monthly reports to the full Planning Council during “Committee Reports” section of the Council’s agenda.

In the absence of the Chair, the Vice Chair will conduct meetings. In the absence of both the Chair and Vice Chair, the Secretary will conduct meetings.

1. **CONDUCTING BUSINESS**

The Committee will establish a calendar of monthly meetings. In the event that a monthly meeting is cancelled, business will be tabled to the next monthly meeting.

The Committee Chairperson has the option of canceling meetings due to e.g. lack of business or expected poor attendance.

Committee meetings will follow an adaptation of parliamentarian procedures as indicated by the Chairperson. In the event of disagreement on how the meeting should be conducted, Roberts Rules of Order will take precedence.

Committee meetings will be audio-recorded to facilitate the preparation of meeting minutes by Council staff.

All Committee meetings shall be open to the public for observation. Committees must entertain public comment during a “Public Testimony” section of the agenda. The Committee Chair before the next scheduled meeting, if deemed necessary and appropriate, must make responses to public testimony in writing. Individuals will be allowed 5 minutes and groups 7 minutes for public testimony.

1. **DECISION MAKING PROCESS**

Quorum voting will take place with 50% + 1 of eligible voting committee members present. All Committee members in good standing are eligible to vote except the Committee Chair. The Chair is not eligible to vote, unless there is a tie, but is eligible to participate in discussion.

There will be no proxy votes in absentia. Alternates are not allowed.

All Committee decisions will be brought forward to the full Council as recommendations for action, which must be approved and voted on by the Council membership.

1. **GRIEVANCE AND COMPLAINTS**

Complaints/grievances related to the Continuum of Care Committee or committee meetings should, initially, be brought to the attention of the Committee Chair or The Planning Council Staff as an informal complaint.

If the complainant feels that her/his issue was not properly dealt informally, s/he may submit a letter to the Planning Council Support Staff. This letter should state that it is a formal letter of complaint, it should also outline the nature of the complaint and steps undertaken to solve it thus far. The Planning Council Support Staff must forward this letter to the Planning Council Chair within five working days.

The Planning Council Chair then has 30 days to respond to the written complaint. If still unsatisfactorily resolved, either the Planning Council Chair or the complainant may appeal to the Chair of The Planning Council Support Staff as a last resort.

Reviewed/Approved by the Continuum of Care Committee on February 6, 2018

Revised by the COC on January 9, 2020

Approved by the Continuum of Care Committee on April 9, 2020