

Charter and Bylaws for Virginia HIV Community Planning Group

Article I. Name

The name of the committee shall be the Virginia HIV Community Planning Group (CPG).

Article II. Mission

The mission of the Virginia HIV Community Planning Group (CPG), in concert with the Virginia Department of Health, is to identify the most effective HIV prevention and care strategies for Virginia. This includes the development of a comprehensive HIV prevention plan, HIV care plan and a Statewide Coordinated Statement of Need. In addition, the CPG will set priorities for HIV/STD primary and secondary prevention services in collaboration with consumers and providers.

This mission will be accomplished in collaboration with the Virginia Department of Health (VDH) by developing the following key products of HIV community planning.

Prevention Services

1. A Comprehensive HIV Prevention Plan that is updated every five years and based on both scientific and community needs.
2. A Community Services Assessment that describes the prevention needs of populations at risk for HIV infection, the prevention activities/interventions implemented to address these needs, and service gaps;
3. Prioritized Populations that focuses on a set of target populations (identified through the epidemiologic profile and community services assessment) that require prevention efforts due to high rates of HIV infection and high incidence of risky behaviors;
4. Appropriate science-based prevention activities/interventions (based on intervention effectiveness and cultural/ethnic appropriateness) necessary to reduce transmission in prioritized populations; and
5. A Letter of Concurrence/Concurrence with Reservations/Non-Concurrence that describes, via a written response from the CPG, whether the health department application does or does not, and to what degree, agree with the priorities set forth in the Comprehensive HIV Prevention Plan.

Care Services

1. A Statewide Comprehensive Plan for HIV Services that is updated every three years and describes the goals and objectives for HIV Care services for Virginia.
2. A Statewide Coordinated Statement of Need (SCSN) that describes the care needs of populations at risk for HIV infection, the prevention activities/interventions implemented to address these needs, and service gaps;

Prevention and Care Services

1. An Epidemiologic Profile that describes the impact of the HIV epidemic in the jurisdiction and provides a foundation for prioritizing target populations;
2. A Resource Inventory that includes Prevention and Care resources available throughout Virginia. The inventory includes listing of agencies by location, populations served, and services provided.

Article III. Roles and Responsibilities (*from Section V of the HIV Prevention Community Planning Guide*)

Section 1. Role of the Health Department

1. Create and maintain at least one CPG that meets the goals and objects and operating principles described in the *Guidance*.
2. Appoint the Health Department Co-Chair.
3. Ensure collaboration between community planning and other relevant planning processes.

4. Develop the Epidemiologic Profile and conduct the community services assessment and SCSN.
5. Provide the CPG with information on other federal/state/local public health services for high-risk populations identified in the comprehensive HIV prevention plan.
6. Assure that CPGs have access to current information (including relevant budget information) related to HIV prevention and analysis of the information, including potential implications for HIV prevention in the jurisdiction.
7. Develop an application to the CDC for federal HIV prevention cooperative agreement funds based on the comprehensive HIV prevention plan(s) developed through the HIV prevention community planning process.
8. Allocate, administer and coordinate public funds (including state, federal, and local) to prevent HIV transmission and reduce HIV-associated morbidity and mortality.
9. Provide regular updates to the CPG on successes and barriers encountered in implementing the HIV prevention services described in the comprehensive HIV prevention plan.
10. Report progress and accomplishments to CDC

Section 2 Role of the HIV Community Planning Group.

1. Participation in meetings will include active contribution to the work at hand. Therefore, members are expected to review materials prior to the meeting in order to actively participate in the discussion and decision making process.
2. Elect the two Community Co-Chair(s), representing Prevention and Care services, who will work with the health department-designated co-chair(s).
3. Review and use key data to establish prevention priorities. The Community Planning Group's first priority population will also be people living with HIV/AIDS as directed by CDC.
4. Develop a Comprehensive HIV Prevention Plan and assist with the development of a Comprehensive HIV Care Plan and SCSN.
5. Collaborate with the health department in reviewing and finalizing key community planning activities.
6. Review the health department application to the CDC for federal HIV prevention funds, including the proposed budget, and develop a written response that describes whether the health department application does or does not, and to what degree, agree with the priorities set forth in the comprehensive HIV prevention plan.
7. Review the Statewide Comprehensive Plan for HIV Services and submit a written response that supports the content and strategies within as appropriate.

Section 3. Shared Responsibilities between VDH and the HCPG include:

1. Process Management to develop procedures/policies that address membership, roles, and decision making.
2. Membership selection including the development and application of criteria for selecting CPG members.
3. Determining the most effective Input Mechanisms for the community planning process.
4. Providing input on the use of Planning Funds.
5. Providing a thorough Orientation for all new members as soon as possible after appointment.
6. Evaluating the community planning process to assure that it is meeting the core objectives of community planning.

Article IV. Membership

Section 1. Number. The HCPG shall consist of no less than 25 members and no more than 35. A vacancy shall not prevent the HCPG from conducting business. If a potential member represents a demographic category needed, but not currently represented on the HCPG, the Committee may choose to exceed the membership limit in order to achieve appropriate representation.

Section 2. Eligibility. Executive directors of organizations that may compete for HIV-related funding from VDH are not eligible to serve on the HCPG. Staff, volunteers, clients, and members of boards of directors are encouraged to apply. Application for membership is also open to members of governmental organizations and citizens without an agency affiliation. One third of the membership will be comprised of HIV+ individuals.

Membership will be limited to one employee from an agency; however, if job changes result in multiple representations from an agency, those members will be allowed to remain on the HCPG.

Section 3. Term. Members are asked to make a two-year commitment to the HCPG. At that time, members may elect to continue for another two-year term.

Section 4. Appointment and Removal. Nominations for membership are identified through statewide mailings and other public announcements to community-based organizations, local health departments, community services boards and other interested agencies and individuals. Candidates are selected by a Membership Committee made up of the Co-Chairs and two additional HCPG members selected by the Committee. Individuals on the membership committee shall serve a term of two years. Age, race, gender, sexual orientation, HIV status, geographic region, education, and life experiences are considered in conjunction with the expertise of the nominees in order to create a committee that is representative of the epidemic. The Membership Committee's recommendations are brought before the entire HCPG, with name identifiers removed, for approval and then forwarded to the State Health Department for reference checks and appointment. The nomination process will remain open. VDH will maintain a file of nomination forms. The VDH and community Co-chairs will meet with members who are continually disruptive to the HIV community planning process. If a successful resolution is not reached, the individual may be removed from the HCPG by a two-thirds majority vote of the quorum. This issue will be identified on the agenda for the meeting at which the vote takes place.

Section 5. Representatives. HCPG members may designate a representative to attend a meeting in his or her absence. The HCPG member is responsible for briefing the representative on current issues under review, as well as the roles, responsibilities and other norms the HCPG may have adopted. The representative will not have voting privileges. Any HCPG member who sends a representative to a meeting will not have an absence counted against them. HCPG members may send a proxy vote with the representative for previously announced votes.

Section 6. Vacancies. Vacancies may occur prior to the end of the two-year term. The Membership Committee will make recommendations to the HCPG from the pool of nominees maintained by VDH. If suitable applicants needed to maintain a committee representative of the epidemic cannot be drawn from the existing pool, VDH will advertise a call for additional nominees. The Membership Committee will seek to maintain a balance of members representing both HIV prevention and care.

Section 7. Chairs. VDH will select an employee, or a designated representative as one Co-chair, and the HCPG will select two Co-chairs. The Co-chairs share responsibility for guiding the HCPG in accomplishing its mission and goals.

Article V. Meetings

Section 1. Scheduled Meetings. The Virginia Community Planning Group will meet approximately every 6-8 weeks per calendar year.

Section 1. Attendance. Three unexcused or four total absences in a 12-month time period shall be reason for termination of membership. An excused absence is defined as 72 hours advance notification provided to a Co-Chair or VDH staff person, except in cases of illness or emergency. Members will not be considered absent if attending only one day of a two-day meeting. Members will not be considered absent if a representative is sent. This policy shall be in effect only when one month's notice is given for meetings.

Following one unexcused or two total absences, members will receive a letter or email from the Co-Chairs notifying them of their status, reminding them of the attendance policy, offering assistance to facilitate attendance, and requesting a commitment to the process or resignation. Following two unexcused or three total absences, the HCPG will be notified of the pending action, and the terminated member will be notified by letter.

Section 2. Agenda. The agenda will be determined by the members of the HCPG and the Co-chairs. Meeting agendas will be mailed to members prior to each meeting.

Section 3. Open to Public. Meetings of the HCPG are open to the public. Public attendees may comment, as time allows, but may not vote. Individuals requesting time on the agenda to formally address the HCPG must do so 30

days prior to the meeting at which they wish to speak. Written comments may also be submitted to the HCPG and must be submitted no later than 10 days prior to the meeting date.

Section 4. Quorum. The HCPG shall have the power to vote on issues only when a quorum is present. A quorum shall constitute one-half (1/2) of the HCPG membership.

Section 5. Decision Making. The HCPG will strive to arrive at decisions by consensus whenever possible. If the HCPG is unable to arrive at a consensus, a majority vote by show of hands will be used to make decisions.

Section 6. Conflict of Interest. In making recommendations to VDH concerning priorities, the HCPG must operate in compliance with all applicable state and local conflict of interest laws. In order to safeguard the HCPG's recommendations from potential conflict of interest, each member shall disclose any and all professional and/or person affiliations with agencies that may pursue funding. A Disclosure Statement form will be completed by each member and kept on file. On issues where an HCPG member's affiliate is the potential recipient of funds, that member may not vote or participate in the discussion.

Section 7. Conflict Resolution. Disagreements that cannot be resolved within the HCPG shall be mediated by the Co-chairs and the parties involved. If the issues still can not be resolved, an outside mediator will be brought in to assist in conflict resolution.

Article VI. Subcommittees and Task Forces

Section 1. General. Subcommittees or task forces may be appointed by a majority vote of the quorum to address specific tasks or to do background work which will then be brought to the entire HCPG for action.

Article VII. Books and Records

The HCPG shall keep meeting summaries of all proceedings of the HCPG and such other books and records as may be required for the proper conduct of its business and affairs.

Article VIII. Amendments

This charter may be amended at any regular or special meeting of the HCPG. Written notice of the proposed Charter change shall be mailed or delivered to each member at least 3 days prior to the date of the meeting. Charter changes require a two-thirds (2/3) majority vote of the HCPG members.

Article IX. Ratification

This charter goes into effect upon a two-thirds (2/3) majority vote of the HCPG quorum.

Article X. Dissolution

The HCPG has been formed to assist VDH in the HIV community planning process. This committee will continue to meet contingent upon funding from the Centers for Disease Control and Prevention.

Ratified: February 27, 2009