Charter and Bylaws for
Virginia HIV Planning Group

Article I. Name

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

Article II. Mission

The mission of the Virginia HIV Planning Group (HPG) is to develop specific strategies to enhance coordinated, collaborative, and seamless access to HIV prevention, care, and treatment services (including mental health and substance abuse) for the highest risk populations.

This mission will be accomplished by assisting the Virginia Department of Health (VDH) in the development of key products outlined in the CDC HIV Planning Guidance as well as informing the HIV Care Comprehensive Plan and the Statewide Coordinated Statement of Need (SCSN).

Article III. Roles and Responsibilities

Section 1. Role of the Health Department

1. Create and maintain one HPG per jurisdiction that meets the objectives, activities, and principles of the HIV Planning Guidance.
2. Appoint the HD co-chair.
3. Implement the engagement process and plan with assistance from the HPG.
4. Keep the HPG informed of other planning processes related to HIV care, treatment, and other mental health and substance abuse services in the jurisdiction, such as Ryan White Planning Councils and Substance Abuse and Mental Health Services Administration (SAMHSA) planning activities, to ensure collaboration between the HPG and the other entities.
5. Provide the HPG with information on federal, state, and local public health services (e.g., STD, TB, hepatitis, mental health, etc.) for high-risk populations identified in the jurisdiction's HIV prevention plan.
6. Ensure that HPGs have access to current HIV prevention information and analyses of the information, including potential implications for HIV prevention in the jurisdiction.
    - Sources of information include evaluations of program activities, surveillance data, local program experience, programmatic research, the best available science (including cost-effectiveness data), and other relevant information, especially as it relates to at-risk populations.
7. Provide HPG with information on the application and its relationship to accomplishing the goals set forth by the Division of HIV/AIDS Prevention and NHAS.
8. Allocate, administer, and coordinate other HIV public funds (federal, state, and local) to maximize the impact of interventions to prevent HIV transmission, and to reduce HIV-associated morbidity and mortality.
9. Provide regular updates to HPG on successes and barriers encountered in implementing the engagement process and HIV prevention services described in the Jurisdictional HIV Prevention Plan.
10. Determine the amount of planning funds necessary to support HIV planning, including meetings and other means for obtaining key stakeholder or community input, facilitation of member involvement, capacity development, technical assistance (T A) by outside experts, and representation of the HPG at necessary jurisdictional or national planning meetings. HDs should discuss this with their CDC project officer.
11. Develop an application to CDC for federal HIV prevention cooperative agreement funds.

Section 2 Role of the HIV Planning Group

1. Elect the community co-chair who will work with the HD-designated co-chair.

2. Participation in meetings will include active contribution to the work at hand. Members are expected to review materials prior to the meeting in order to actively participate in the discussion and decision making process.
3. Ensure membership structure achieves community and key stakeholder representation (parity and inclusion).
4. Ensure information is presented in a clear and comprehensive manner.
5. Inform the development or update of the Jurisdictional HIV Prevention Plan, Comprehensive HIV Care Plan and SCSN.
6. Review the Statewide Comprehensive Plan for HIV Services and the SCSN and submit a written response that supports the content and strategies within as appropriate.
7. Submit a letter of concurrence, concurrence with reservations, or non-concurrence with the Jurisdictional Plan.

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

1. Develop (and renew annually) procedures and policies that address membership, roles, and decision making, specifically HPG composition, roles and responsibilities, conflict of interest, and conflict resolution.
2. Develop and apply criteria for selecting HPG members, placing special emphasis on identifying representatives of at-risk, affected, and socioeconomically marginalized groups.
3. Provide a thorough orientation for all new HPG members.
4. Determine the most effective strategies for input into the HIV planning process and engagement process.
5. Monitor or assess the HIV planning process to ensure it meets the objectives of HIV planning.
6. Ensure that HIV prevention efforts are guided by High-Impact Prevention activities.
7. Review and update the HPG's progress yearly- addressing challenges and conclusions from the engagement process and describing any recommended changes to the process.

Article IV. Membership

Section 1. Number. The HPG shall consist of no less than 25 members and no more than 35. A vacancy shall not prevent the HPG from conducting business. If a potential member represents a demographic category needed that is not currently represented on the HPG, 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 HPG. 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 any one agency. However, if job changes result in two representatives from an agency, both members will be allowed to remain on the HPG for the remainder of their respective terms.

Should job changes result in more than two current members representatives from an agency, only two members will be allowed to remain on the committee. If two membership slots are being held by affiliates of one agency, that agency is barred from additional representation for the duration of those members' terms. Thus, if an additional current member changes status through a new affiliation with a barred agency, that individual will concurrently be deemed to have submitted his/her resignation from the HPG.

Section 3. Term. Members may serve up to three consecutive two-year terms. Prior to the end of each term, members may elect to continue for another two-year term by submitting a "letter of continuing commitment." At the end of the third term, members will cycle off of the HPG and must remain off for

at least one two-year term before reapplying for membership.

Section 4. Appointment. 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. The nomination process will remain open, with no deadlines. Submitted applications will be kept for a period of two years .Candidates will be selected by a Membership Committee made up of the Co-Chairs and three additional HPG members selected by the HPG. Individuals on the Membership Committee shall serve a term of two years, after which time the HPG will select new members to serve on the committee.

Age, race, gender, sexual orientation, HIV status, geographic region, education, and life experiences will be 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 will be brought before the entire HPG, with name identifiers removed, for approval and then forwarded to the Virginia Department of Health, Division of Disease Prevention for reference checks and appointment.

Section 5. Removal. The VDH and community Co-chairs will meet with members who are continually disruptive to the HIV planning process. If a successful resolution is not reached, the individual may be removed from the HPG 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. See also Article V, Section 1 for Attendance requirements.

Section 6. Representatives. HPG members may designate a representative to attend a meeting in his or her absence. The HPG member is responsible for briefing the representative on current issues under review, as well as the roles, responsibilities, state travel regulations and other norms the HPG may have adopted. The representative will not have voting privileges. HPG members may send a proxy vote with their representative for previously announced votes.

Section 7. Vacancies. Vacancies may occur prior to the end of the two-year term. The Membership Committee will make recommendations to the HPG 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 8. Chairs. The Co-chairs share responsibility for guiding the HPG in accomplishing its mission and goals. VDH will select an employee, or a designated representative as the Health Department Co-chair. Every two years, the HPG will elect a Community Co-chair to serve a two-year term. If re-elected, the Community Co-Chair may serve one additional term (for a maximum of 4 consecutive years).

Article V. Meetings

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

Section 1. Attendance. Absence (excused or unexcused) from half of the meetings held within a 12-month 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. If it is necessary to

remove a member from the group due to attendance issues (absence from half of the meetings in a 12-month period), the HPG 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 HPG and the Co-chairs. Meeting agendas will be sent to members prior to each meeting.

Section 3. Open to Public. Meetings of the HPG are open to the public. Public attendees may comment, as time allows, but may not vote. A 15-minute public comment period (with individual comments limited to five minutes each) will be scheduled at each HPG meeting. Individuals wishing to make formal presentations must submit their request 30 days prior to the meeting. Written comments may also be submitted to the HPG and must be submitted no later than 10 days prior to the meeting date.

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

Section 5. Decision Making. The HPG will strive to arrive at decisions by consensus whenever possible. If the HPG 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 HPG must operate in compliance with all applicable state and local conflict of interest laws. In order to safeguard the HPG's recommendations from potential conflict of interest, each member shall disclose any and all professional and/or personal affiliations with agencies that are funded or may pursue funding. A "Conflict of Interest Disclosure Form" will be completed by each member and kept on file.

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

Article VI. Subcommittees and Task Forces

Subcommittees, Ad Hoc committees, or task forces may be organized by a majority vote of the quorum to address specific tasks or to do background work which will then be brought to the entire HPG for action.

Article VII. Books and Records

The HPG shall keep meeting summaries of all proceedings of the HPG 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 HPG. 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 HPG members.

Article IX. Ratification

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

Article X. Dissolution

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

Ratified: June 1, 2012