

Charter and Bylaws for Virginia Community HIV Planning Group

Article I. Name

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

Article II. Mission

The mission of the CHPG is to develop specific strategies to enhance a coordinated, collaborative, and seamless method to access to HIV prevention, care, treatment and support services for people at risk for, and living with HIV in Virginia.

CHPG will accomplish this mission by assisting the Virginia Department of Health (VDH) in the development of the Integrated HIV Prevention and Care Services Plan (IP) 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 CHPG per jurisdiction that meets the objectives, activities, and principles of the HIV Planning Guidance.
2. Appoint the Department of Health co-chair.
3. Implement the engagement process and plan with assistance from the CHPG.
4. Keep the CHPG informed of other planning processes related to HIV prevention, 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 CHPG and the other entities.
5. Provide the CHPG with information on federal, state, and local public health services (e.g., STD, TB, hepatitis, mental health, etc.) for priority populations identified in the IP.
6. Ensure that CHPGs have access to current HIV prevention, care and treatment 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. 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.
8. 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 (TA) by outside experts, and representation of the CHPG at necessary jurisdictional or national planning meetings.
9. The Department of Health will develop its grant applications in alignment with the goals of the Integrated HIV Services Plan.

Section 2. Role of the HIV Planning Group

1. Elect the community co-chair who will work with the VDH-designated co-chair.
2. Participation in meetings will include active contribution to the work at hand. Members are expected to review materials provided prior to the meeting in order to actively participate in the discussion and decision making process.
3. Use plain language and the principles of health literacy to present health information to all stakeholders in a clear and comprehensive manner.
4. Inform the development or update of the IP and SCSN.
5. Review the SCSN and submit a written response that supports the content and strategies within as

appropriate.

6. Submit a letter of concurrence, concurrence with reservations, or non-concurrence with the IP.

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

1. Develop (and renew annually) procedures and policies that address membership, roles, and decision making, specifically CHPG composition, roles and responsibilities, conflict of interest, and conflict resolution.
2. Develop and apply criteria for selecting CHPG members, placing special emphasis on identifying representatives of at-risk, affected, and socioeconomically marginalized groups.
3. Provide a thorough orientation for all new CHPG 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 and HIV Care's efforts are in alignment with the goals of the IP.
7. Review and update the CHPG's progress yearly - addressing challenges and conclusions from the engagement process and describing any recommended changes to the process.
8. Ensure membership structure achieves community and key stakeholder representation (parity and inclusion).

Article IV. Membership

Section 1. Number. The CHPG shall consist of 25 - 35 members. A vacancy shall not prevent the CHPG from conducting business. If a potential member represents a demographic category needed that is not adequately represented on the CHPG, the Committee may choose to exceed the membership limit in order to achieve appropriate representation.

Section 2. Eligibility. Anyone who lives or works in VA is eligible to apply for membership. Application for membership is also open to members of governmental organizations and VA residents without an agency affiliation. One third of the membership will be comprised of HIV+ individuals. Executive directors of organizations that may compete for HIV-related funding from VDH will be considered for membership if their organization staffs 5 or fewer FTEs, and on a case-by-case basis. Staff, volunteers, clients, and members of boards of directors are encouraged to apply.

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 CHPG 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 CHPG.

Should an agency lose representation on the CHPG, new applications for membership will be reviewed by the membership committee. It is not possible for an agency to replace a representative.

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 notifying the co-chairs of their intent to continue. At the end of the third term, members will cycle off the CHPG and must remain off for at least two years 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 CHPG members selected by the CHPG. Individuals on the Membership Committee shall serve a term of two years, after which time the CHPG 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 CHPG, 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 CHPG 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. CHPG members may designate a representative to attend a meeting in his or her absence and notify VDH staff at least 48 hours before the meeting. A member can send a representative for up to two meetings in a 12 month period: any more will be considered an absence. The CHPG 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 CHPG may have adopted. The representative will not have voting privileges. CHPG members may send a written proxy vote with their representative for previously announced votes. Proxy representatives are not allowed to vote except for the person they are representing, who has supplied them with a written and signed vote.

Section 7. Vacancies. Vacancies may occur prior to the end of the two-year term. The Membership Committee will make recommendations to the CHPG 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 CHPG 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 CHPG 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). To be eligible for election as community co-chair, member must have at least two years left to serve on the CHPG.

If a co-chair resigns or is removed from CHPG, a special election will be held to fill the remainder of the co-chair's term. In this event, members seeking to become co-chair must have at least the amount of service time left on CHPG as the co-chair term they are seeking to fill.

Article V. Meetings

Section 1. Scheduled Meetings. The CHPG 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 CHPG 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 CHPG and the co-chairs. Meeting agendas will be sent to members at least one week prior to each meeting.

Section 3. Open to Public. Meetings of the CHPG 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 CHPG meeting. Individuals wishing to make public comments must notify VDH at least 10 days prior to the meeting. Individuals wishing to make formal presentations must notify VDH at least 30 days prior to the meeting. Written comments may also be submitted to the CHPG and must be submitted no later than 10 days prior to the meeting date.

Section 4. Guests of committee members. Members may bring guests. Members who wish to bring guests must notify VDH at least 48 hours prior to meeting. VDH does not pay for lodging, travel or lunch of guests.

Section 5. Quorum. The CHPG shall have the power to vote on issues only when a quorum is present. A quorum shall constitute one-half (1/2) of the CHPG membership.

Section 6. Decision Making. The CHPG will strive to arrive at decisions by consensus whenever possible. If the CHPG is unable to arrive at a consensus; a majority vote by show of hands will be used to make decisions.

Section 7. Conflict of Interest. In making recommendations to VDH concerning priorities, the CHPG must operate in compliance with all applicable state and local conflict of interest laws. In order to safeguard the CHPG'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. The Conflict of Interest Disclosure Form will be completed at the time of orientation, when information on the form changes, and at the beginning of each year.

Section 8. Conflict Resolution. Disagreements that cannot be resolved within the CHPG 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 work groups

Subcommittees, Ad Hoc committees, or work groups 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 CHPG for action. Participation will be required as per the discretion of the co-chairs.

Article VII. Books and Records

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

Article IX. Ratification

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

Article X. Dissolution

The CHPG 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

Amended: October 19, 2018