

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 strategies to enhance a coordinated, collaborative, and seamless approach to HIV prevention, care, treatment and support services for people vulnerable to HIV and those with HIV in Virginia.

The CHPG will accomplish this mission by assisting the Virginia Department of Health (VDH) in the development of the Integrated HIV 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, hepatitis, sexually transmitted infections (STI), mental health, and substance use disorder services in the jurisdiction, such as Ryan White Planning Councils and the Substance Abuse and Mental Health Services Administration 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., STI, TB, hepatitis, mental health, etc.) for priority populations identified in the IP.
6. Ensure that the CHPG has access to current HIV prevention, care/treatment information, and analyses for Virginia. 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 populations with risk factors for HIV.
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. VDH will develop its grant applications in alignment with the goals of the Integrated Plan.

Section 2 Role of the HIV Planning Group

1. Elect the Community Co-Chair and Vice Chair who will work with the VDH-designated Co-Chair.
2. Actively participate in meetings. 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 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, decision-making, 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 populations with risk factors for HIV and those affected by HIV.
3. Provide a thorough orientation for all new CHPG members, either in-person or virtual.
4. Determine the most effective strategies for input into the HIV planning process and engagement process.
5. Monitor and evaluate the HIV planning process to ensure it meets the objectives of HIV planning.
6. Ensure that the Division of Disease Prevention'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 well 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. At least one-third of the membership will be comprised of people with HIV. The CHPG will consider executive directors of organizations that may compete for HIV-related funding from VDH if their organization has five or fewer FTEs, and on a case-by-case basis. Other agency staff, volunteers, clients, and members of boards of directors are encouraged to apply.

Membership will be limited to one employee/volunteer from any one agency. However, if job changes result in two representatives from an agency, both members can stay on the CHPG for the remainder of their terms.

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

Should an agency lose representation on the CHPG, new applications for membership must be

submitted to VDH and the membership committee for consideration. The agency cannot replace a member with another 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. Membership terms shall end exactly two years after the beginning of their term with a maximum of three terms. 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. VDH will keep applications for two years. Candidates will be selected by a Membership Committee made up of the Co-Chairs, the Vice Chair, 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, life experiences and expertise will be considered to create a committee that is representative of the epidemic. The Membership Committee's recommendations will be shared with the entire CHPG, with name identifiers removed, for approval. VDH will then conduct reference checks and inform applicants of their appointment to the CHPG.

Section 5. Removal. The VDH and Community Co-chairs will meet with any members who are 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 placed on the meeting agenda for discussion and voting. See also Article V, Section 1 for Attendance requirements.

Section 6. Representatives. CHPG members may designate a representative to attend a meeting in their absence and notify VDH staff at least 48 hours before the meeting. A member can send a representative for up to two meetings in 12 months. Any more will be considered an absence. The CHPG member is responsible for briefing the representative on current issues under review, as well as 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.

Section 7. Vacancies. Vacancies may occur prior to the end of a member's 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, as well as ensuring representation from Ryan White Part A, C, D, and F.

Section 8. Chairs. The Co-Chairs share responsibility for guiding the CHPG in accomplishing its mission and goals. VDH will select the Health Department Co-Chair. 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, the member must have at least two years left to serve on the CHPG.

The CHPG will elect a Vice Chair to assist the Chairs and Planners in facilitating meetings and breakout

sessions, planning agendas, serving on the Membership Committee, and representing one of the Chairs if they are unable to attend a meeting. This will provide a leadership development opportunity for members. The Vice Chairs is not a Chair Elect and must stand for election if they would like to become Community Co Chair.

Should the Community-Co Chair resign or be removed from the CHPG prior to the end of their term, the Vice Chair will assume the role of Community Co-Chair until the end of the term. If a Vice Chair, who finished out the term of a prior Community Co-Chair, is elected as the next Community Community-Co Chair, their prior service as Chair will not be counted toward their term limit as Chair.

Article V. Meetings

Section 1. Scheduled Meetings. The CHPG will meet approximately every 6-8 weeks per calendar year.

Section 2. Attendance. Absence (excused or unexcused) from half of the meetings held within 12 months shall be reason for termination of membership. An excused absence is defined as 72-hour 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 a representative is sent (up to two meetings per year, excluding the annual member retreat). Members are expected to be present for and engage in both in-person and virtual meetings. Attending half or less of meetings will be considered an absence.

- In-Person:
 - Laptops should not be used during presentations and discussions.
- Virtual:
 - Virtual attendees should be on camera and participate fully in presentations and discussions by unmuting or using the chat function.

Following two absences, members will receive a letter or email from the Co-Chairs or Planners 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 12 months), the CHPG will be notified of the pending action, and the terminated member will be notified in writing.

Members may request up to four months' leave of absence from CHPG duties due to serious illness or other hardship by notifying the Co-Chairs. If the absence will extend beyond four months, the member will be asked to step down from the CHPG and is welcome to reapply for membership in the future. A leave of absence will not extend the member's term of service.

Section 3. Agenda. Input on agendas will be requested at each meeting. The final agenda will be set by the Co-Chairs, Vice Chair, and the VDH planners. VDH will send meeting agendas to members at least one week prior to each meeting.

Meeting agendas will coincide with the Commonwealth of Virginia communications guidance to include:

- Providing notice of the meeting on the Town Hall and meetings at least 3 business days in advance.
- Post draft minutes within 10 business days following the initial meeting.
- Post final minutes within 3 business days of the meeting in which minutes were approved by the group.

Section 4. 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 5. 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 cannot pay for lodging, travel or meals for guests.

Section 6. 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 7. 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 9. 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 10. 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 that will then be brought to the entire CHPG for action. Participation will be required at 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 sent 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 and the Health

Resources and Services Administration.

Ratified: June 1, 2012

Amended: October 19, 2018

Amended: June 16, 2022

Amended: 2023

Amended: January 1, 2024

Amended: February 12, 2026