

NEW HAMPSHIRE HIV COMMUNITY PLANNING GROUP BYLAWS

Article I. Name

The name of the Planning Group shall be the New Hampshire HIV Community Planning Group (CPG)

Article II. Mission

The New Hampshire HIV Community Planning Group seeks to promote effective HIV care and prevention programs in the State of New Hampshire. Through an ongoing and informed participatory process we seek to improve the quality of life for individuals living with HIV/AIDS infection and to reduce the further spread of HIV/AIDS infection.

As a planning group we strive to reflect in our composition the characteristics of the current HIV epidemic. The group is comprised of HIV/AIDS service providers and community representatives from across the state, and includes persons at risk for and living with HIV. In partnership with the New Hampshire Department of Health and Human Services' Division of Public Health Services (DPHS), Centers for Disease Control (CDC), Ryan White, HUD/HOPWA and Titles 1-4 including part F grantees we will:

1. Assess the present and future extent, distribution, and impact of HIV/AIDS in defined populations throughout New Hampshire.
2. Assess existing community resources for HIV/AIDS services to determine communities' capability to respond to the epidemic in a culturally competent manner.
3. Identify unmet HIV/AIDS service needs within defined populations.
4. Examine the potential impact of specific strategies and interventions to prevent new HIV infections in defined populations.
5. Foster the organization, coordination and delivery of services in New Hampshire.
6. Prioritize HIV/AIDS care and prevention needs by defined at-risk populations and by specific strategies and interventions.
7. Develop and update a comprehensive HIV/AIDS services plan for the organization and delivery of HIV/AIDS services that is in concert with existing state and local plans/ policies. The priorities set forth in this plan will be prioritized based on the state's epidemiological profile and persons living with HIV/AIDS will be ranked as the number one population to be served.
8. Evaluate the effectiveness of the planning process.

Article III. Definitions

Section 1. Member: A member shall be defined as an individual who actively participates in the CPG process. There are two types of members participating in the CPG, those with voting privileges and those without voting privileges.

Section 2. Membership: Membership of the CPG consists of individuals who are directly affected by HIV/AIDS, service providers, youth and advisors. Those who are directly affected by HIV/AIDS, providers and youth are members who have voting privileges. Advisors are members who do not have voting privileges.

Section 3. Directly Affected: Directly affected members shall be defined as consumers who are voting members of the CPG, who are HIV+ and/or represents one or more of the target populations as defined by the CPG or is a family member or partner of an individual living with HIV/AIDS infection.

Section 4. Service Provider: Service providers shall be defined as voting members or advisors of the CPG who receive a wage, excluding stipends or honorariums, for providing HIV/AIDS related services, or is a member of the Board of Directors of an agency that provides HIV/AIDS related services.

Section 5. Youth: Youth shall be defined as a New Hampshire resident 14 to 24 years of age.

Section 6. Advisor: Advisors are key persons selected by the CPG who bring unique and vital information to the group. An advisor may be a service provider or community member.

Section 7. Decision Making: A quorum must be present for decision-making voting to occur. Decision-making shall be by consensus whenever possible. If consensus cannot be reached following two attempts, decisions shall be made by a majority vote of members present and voting. Votes shall be conducted by a show of hands or, when requested by a member of the group, by written vote.

Section 8. Quorum: A quorum is defined as a majority of voting members.

Section 9. Majority: A majority is defined as more than 50% of the voting members. Refer to Section 7.

Section 10. Consensus: Consensus is defined as the unanimous concurrence of all voting members present.

Section 11. Conflict of Interest: According to the American Heritage Dictionary; conflict of interest is simply "conflict between the private interests and the public obligations of a person in an official position". In making recommendations to the NH DPHS concerning priorities, the CPG must operate in compliance with all applicable state and local conflict of interest laws.

Possible conflict of interest occurs when a voting member or advisor of the CPG receives a wage or is a member of the Board of Directors of an agency that receives any state or federal HIV/AIDS related funding, and/or when the voting member or advisor makes a statement intended to influence the conduct of the CPG in such a way as to confer any financial benefit on the member, advisor or any organization in which s/he has any significant interest.

Conflict of interest can occur when CPG members who are advocates for a particular group takes part in the process intended to meet the needs of many groups. Conflicts of interest must not rule the group.

In order to safeguard the CPG's recommendations from potential conflict of interest, each member shall complete a conflict of interest form provided by the Membership, Mission and Bylaws Committee during their membership orientation and before any vote concerning any prioritization, budgets or other funding issues. In some cases voting privileges may be restricted. If a conflict is identified and brought before the CPG, members can choose to vote to restrict the voting privileges of that member. Privileges will only be restricted if a majority of the present voting members vote to restrict the member's privileges.

Article IV. Membership

Section 1. Members: The CPG membership shall consist of no less than 24 and no more than 42 members representing consumers, youth, service providers and advisors. The membership shall consist of no less than 51% consumer representation (individuals directly affected and infected by HIV/AIDS) and no more than 49% being service providers. One third of the consumer representation must be willing to disclose their HIV+ status. Vacancies shall not prevent the CPG from conducting business. The Membership, Mission and Bylaws Committee will monitor membership to ensure appropriate representation is present.

Section 2. Multiple Agency (Service Provider) Members: No agency funded by HIV/AIDS related services funding will have more than two service provider representative, one representative from care and one from prevention.

***Section 3a. Co-Chair Elect:** DPHS will select two employees, or a designated representative as Public Health Co-chairs elect, one for prevention, one for care, and the CPG elects the Community Co-Chairs. Ideally, Co-chairs elect will be selected at least six months before the respective Vice-chairs leave their positions.

Section 4a. Length of Commitment - Members: CPG members are asked to serve for a minimum of 1 year and a maximum of 3 years. After 3-year commitment members must re apply to the Membership, Mission and Bylaws Committee to be a member of the CPG.

Section 4b. Length of Commitment - Co-Chairs: CPG Co-Chairs are asked to serve for a period of two years. The Public Health and Community Vice-Chairs may serve as a voting member for a period of time in excess of the three-year commitment as a planning

group member in order to serve the length of commitment as Co-Chairs. The Co-Chairs will not exceed a period of five years as voting members.

Section 5a. Meeting Attendance Policy: All voting CPG members must maintain a seventy-five percent (75%) attendance rate annually at major meetings. Those meetings will include Main CPG meetings, Prevention and Care subcommittee meetings. All voting members must participate on either the Care subcommittee or Prevention subcommittee. The MMB will review members who are not able to meet the above requirement taking into consideration such things as:

- Reason for absence,
- Whether or not the member has communicated the absence to another CPG member prior to the meeting,
- Whether or not the member has made an effort to obtain meeting information, reports, data, etc.,
- Overall contributions to the CPG process.

Members who fail to meet the standard for attendance will be notified by the MMB chair of the review process. The MMB chair will also notify the member of the committee's decision regarding continued membership. Any member who fails to maintain a 75% attendance rate can be requested to resign as a voting member of the CPG.

Section 5b. Work Group Attendance Policy: Work Groups are additional meetings and play an important role in the CPG process. Members participating on Work Groups in addition to the required meetings listed above do so on a voluntary basis. If the attendance of members participating on Work Groups falls below what is acceptable by the Work Group Chair, the Chair will ask the member to reassess their ability to participate on that Work Group. The Chair may make recommendations for that member to relief themselves of the responsibilities of participating with the Work Group.

Section 6. Proxies: CPG members may not designate a proxy to attend a meeting in his or her absence.

Section 7. Leave of Absence: If a member knows that she/he is or will have a difficult time attending meetings because of health or other extreme reasons, the member may resign for a period of time not to exceed six months. If the issues have been resolved within the six-month leave period, the member may reapply for membership. This is a one-time option during that year. The amount of time the individual was on leave from the group will not be counted toward membership commitment. Only actual time served will accumulate to meet the one to three year membership commitment.

Section 8. Removal for Other Cause: Members will be removed for inappropriate or abusive behavior while conducting CPG business, falsification or failing to disclose conflict of interest. In these instances, a two-thirds (2/3) vote of the Membership, Mission and Bylaws Committee is required for removal.

Section 9. Appointment and Vacancies: When the CPG membership falls below twenty four and/or the percentages cited in Article IV Section 1, the Membership, Mission and Bylaws Committee will alert the CPG of what vacancies must be filled. Members of the CPG will recruit persons to fill the vacancies, and the Membership,

Mission and Bylaws Committee will review nomination applications and select new members.

Section 10. Orientation: New members are brought onto the group when seats are vacated and appropriate persons are identified to become members. An orientation packet has been developed. The logistical support contractor receives the new member information from the Membership, Mission and Bylaws Committee along with the name of the mentor assigned to each member. Orientation of new members will take place within two months of the new member taking a seat on the CPG. In addition, the Membership, Mission and Bylaws Committee will offer two scheduled new member orientations, one in March and one in September. The new member is given the orientation packet and is required to attend an orientation. The packet includes:

- A welcoming letter
- NH Community Planning Group Bylaws
- Member list
- Expectations of members
- Description of the Community Planning Group
- Glossary of terms
- Meeting Schedule
- Explanation of the planning cycle
- Responsibilities of the Community Planning Group members [What members do and do not have responsibility for doing.]
- Conflict of Interest Form

Section 11. Compensation: All consumer members may request a stipend of one hundred dollars (\$100.00) for meetings totaling four to six hours. A stipend of fifty dollars (\$50.00) may be requested for attending Care and Prevention subcommittee meetings, Membership, Mission and Bylaws Committee meetings, Steering Committee meetings and Work Group meetings of two or more hours and a twenty-five (\$25.00) dollar stipend may be requested if the member attends via conference call. Service providers that are not otherwise compensated are eligible for meeting stipends. These stipends are offered only when members arrive on time to meetings and remain for the full meeting.

Childcare and travel reimbursement are also available. Childcare arrangements for service providers are available upon advanced request to the Membership, Mission and Bylaws Committee.

All compensation is dependent upon available funding.

***Article V. Officers**

Section 1. Election of Co-Chairs

1. All voting members in good attendance standing can be nominated for Co-Chair positions.

2. A voting member may nominate him or herself for Co-Chair position.
3. Anyone can nominate a voting member to the Co-Chair position. It would be a good idea to check with that individual before you nominate them to be sure they can accept the nomination.
4. To officially nominate an individual, please contact the Logistics Coordinator with the name of the member you wish to nominate by telephone or by email.
5. The logistics coordinator will contact those nominated to assure they have received the Community Co-Chair Candidate Statement during the month that follows the nomination process.
6. Nominees must complete and return the Candidate Statement to the logistics coordinator during the month in which the candidate was contacted.
7. The logistics coordinator will distribute the completed Candidates' Statements to all voting members along with a ballot of candidate names and photos at the full CPG meeting two weeks to one month prior to the voting meeting.
8. Voting members should read the Candidate Statements and vote for the candidate of their choice.
9. All ballots must be returned to the logistics coordinator on the day of or sometime prior to the full CPG meeting during the month of voting. **That would be the month of November for the Care Community Co-Chair and the month of July for the Prevention Community Co-Chair.**
10. The Logistics coordinator will inform the MMB Chair of the voting tally and results. The MMB Chair will inform the CPG members of the results during the meeting.
11. In the event that the Co-Chair elect declines or is unable to serve, the nominations process would begin again.

Section 2. Roles and Responsibilities of Co-Chair/Co-Chair Elect

1. The Co-Chairs will serve for a term of two years.
2. Make a commitment to this process and it's results.
3. Participate in all decisions and problem solving.
4. Undertake special tasks, as requested by the CPG.
5. Gather data and information as needed.

6. Spread the word about the planning process.
7. Participate in the development of meeting agendas with the Steering Committee, based on input from the CPG and in conjunction with the other co-chair, for each meeting.
8. Facilitate each meeting of the CPG, dividing responsibilities between co-chairs.
9. Come prepared for all meetings.
10. Manage and resolve conflict during meetings of the CPG.
11. Present meeting updates during Steering Committee meetings and Main CPG meetings.
12. Be knowledgeable regarding Co-chair roles and responsibilities, duties, and tasks.
13. Review the minutes from each meeting and ensure that an accurate portrayal of the deliberations of the CPG Main meeting, Care and Prevention subcommittee meetings are presented.
14. Help each CPG member air his/her individual agenda then set this agenda aside so that the work of the CPG may proceed unencumbered.

Section 3. Selection of Membership, Mission and Bylaws Committee Chair and Workgroup Chairs

1. All active CPG members and Advisors can be nominated to the Chair positions of the Membership, Mission and Bylaws Committee (MMB) and Work Groups.
2. Participating members of the MMB Committee and Work Groups are encouraged to submit nominations and can nominate themselves.
3. Nominations are submitted to the Steering Committee for review.
4. The Steering Committee will select the most appropriate candidate to Chair positions of the MMB Committee and Work Groups.

Section 4. Roles and Responsibilities of MMB Committee Chair and Workgroup

Chairs: The Chair will serve for a term of two years, with an option to renew for another two years. During that term the role and responsibilities will be to:

1. Facilitate the meetings
2. Develop the meeting agenda with input from committee and work group members

3. Ensure members' and guests' opinions are respected during the meetings
4. Accomplish the tasks of the meeting
5. Have participating members and guests complete evaluation forms
6. Address and Follow-up on issues presented appropriately
7. Attend Steering Committee meetings
8. Report on Committee and Work group progress to Steering Committee and during Main CPG meetings.

Article VI. Roles and Responsibilities

Section 1. Role of CPG: The role of the Community Planning Group is to:

1. *Develop a Combined Comprehensive Plan for HIV Care and Prevention Services and a Statewide Coordinated Statement of Need for HIV Care Services.
2. Delineate technical assistance and capacity development needs for effective community participation in the planning process.
3. *Ensure parity, inclusion and representation of all members through the provision of orientation and the assigning of a Mentor to all new members.
4. Review available epidemiologic, evaluation, behavioral and social science, cost-effectiveness, and needs assessment data sources as well as other information required to prioritize HIV care and prevention needs. Collaborate with Division of Public Health Services (DPHS) on how best to obtain additional data and information.
5. Assess existing community resources to determine the community's capability to respond to the HIV/AIDS epidemic.
6. Identify unmet HIV/AIDS service needs within defined populations.
7. Prioritize HIV/AIDS service needs by target populations and propose high priority strategies and interventions.
8. Identify the technical assistance needs of community-based providers in the areas of program planning, intervention, and evaluation.
9. Strive to recruit advisors with expertise in Behavioral Science, Epidemiology, Evaluation, Education, Justice System, Public Health, Substance Abuse, Housing and Program Development Services

10. Consider how: a) counseling, testing, referral, and partner notification (CTRPN), early intervention, primary care, and other HIV-related services; b) STD, TB, and substance abuse prevention and treatment; c) mental health services; and d) other public health needs are addressed within the Comprehensive HIV Care and Prevention Plans.
11. Evaluate the HIV Care and Prevention Community Planning process and assess the responsiveness and effectiveness of the Division of Public Health Services (DPHS) application in addressing the priorities identified in the Comprehensive HIV Care and Prevention Plans.

Section 2. Role of the Division of Public Health Services (DPHS):

1. Administer and coordinate public funds from a variety of sources, including Federal, state and local entities, to prevent HIV transmission and reduce associated morbidity and mortality.
2. Ensure accessible and quality care for individuals living with HIV/AIDS.
3. Administer HIV prevention funds awarded under the cooperative agreement, ensuring that funds are awarded to contractors in a timely manner, monitoring contractor activities, and documenting contractor compliance.
4. Administer the AIDS Drug Assistance Program and the insurance continuation-primary care programs to ensure client access to HIV medications and other essential medical services.
5. Promote continuity of care by providing unit rate reimbursement for case management and home based care.
6. Provide HIV/AIDS surveillance and other relevant data and analyses of statewide, regional and/or local data to assist the community planning process in establishing program priorities based on the current and future extent, distribution, and impact of the HIV/AIDS epidemic.
7. Collaborate with state, local, and community partners to determine the most effective means for implementing HIV/AIDS care and prevention community planning in New Hampshire.
8. Ensure that specific policies are in place articulating the roles and responsibilities of the various components of the HIV/AIDS care and prevention community planning process.
9. Provide expertise and technical assistance, including ongoing training on HIV/AIDS care and prevention planning, the interpretation of epidemiologic and

evaluation data, to ensure that the planning process is comprehensive and scientifically valid.

10. Develop an application for HIV prevention cooperative agreement funds based on the comprehensive HIV prevention plan(s) developed through the Community Planning process.
11. Ensure that technical assistance is provided to meet the needs of grantees and community-based providers in the areas of program planning, intervention, and evaluation as identified in the HIV/AIDS care and prevention plans. Grantees should meet these needs by drawing on expertise from a variety of sources (e.g. health departments, academia, professional and other national organizations, and non-governmental organizations).
12. Allocate resources based on the Comprehensive HIV care and prevention plans.
13. Ensure program effectiveness through specific evaluation activities, including conducting or contracting for outcome evaluation studies, providing technical assistance in evaluation, or ensuring the provision of evaluation technical assistance to funding recipients.

***Section 3. Role of Advisors:** There will be two specific categories of advisors: Individual advisors selected for their specific areas of expertise and advisors from identified agencies, organizations or government offices. Agencies, organizations or government offices may select their own designee to fill the advisor seat. An agency may have an advisor as their representative, if there is not a provider of that agency seated as a voting CPG member. A curriculum vitae/resume will be requested from each proposed advisor to assure their areas of expertise are appropriate to the needs of the CPG. Prior members may be invited to become advisors in their areas of expertise.

The role and responsibilities of the advisor are to:

1. Provide the CPG input from their areas of expertise and to help foster communication between professional perspectives and community perspectives.
2. Share with the CPG their expertise in the form of a presentation or participate on a specific committee or work group if requested.
3. Advisors are encouraged to attend all CPG meetings and to participate in all discussions however; they do not have a vote.
4. Advisory seats are appointed positions and are at-will appointments that can be terminated by either the advisor(s) or the CPG.
5. *Advisors are not eligible to receive stipends but may submit a request for mileage reimbursement in the same manner as other members of the CPG. (Refer to Travel Reimbursement in the Orientation Guide).

***Section 4. Responsibility of CPG to Advisors:**

1. The CPG logistical support contractor will notify advisors of meetings and events relating to the CPG.
2. The CPG will subsidize the cost for advisors to attend the annual CPG retreat. If an advisor cannot attend, a designee from the same organization or agency shall be requested to attend.
3. The CPG may at its' discretion and depending on available funding, subsidize conference attendance for advisors at selected conferences. Such subsidy will be limited to conference registration, commercial travel, meals (according to established per diem rates) and lodging.

***Section 5. Role of Mentors:** The role of a mentor is to work closely with a new member, providing advice and support regarding the obligations and responsibilities of a CPG member. The responsibilities of a Mentor are to:

1. Be assigned to work with a new member when he/she [new member] is seated.
2. Work closely with the new member for 3-6 months based on the needs of the new member and be available to the new member for the first year as needed.
3. Use the Mentoring Orientation Guide as a guidance tool when working with new members.

Section 6. Shared Responsibility: Responsibility will be shared between the DPHS and the Community Planning Group to:

1. Select Co-Chairs: DPHS appoints two Co-Chairs, one for care the other for prevention. The community selects two Co-Chairs for these same groups.
2. Establish policies that address planning group composition, selection, appointment, and terms of office, in consultation with health authorities and community leaders.
3. Ensure that the planning group reflects the population's characteristics of the current epidemic in state and local jurisdictions in terms of age, race/ethnicity, gender, sexual orientation, geographic distribution, and HIV exposure category.
4. Develop procedures that address (a) policies and provisions for reaching decisions on attendance at meetings; (b) resolution of disputes identified in planning deliberations; and (c) resolution of conflicts of interest for members and advisors of the Planning Group.
5. Determine the distribution of planning funds to support: (a) CPG meetings, participation of CPG members, public meetings, and other activities necessary for

obtaining community input; (b) capacity development for parity, inclusion, and representation of community representatives, and for other members of the CPG to participate effectively in the process; (c) technical assistance by outside experts to health department and CPG; (d) community health planning infrastructure for the HIV community planning process; and (e) collect and/or analyze and disseminate relevant data.

6. Assess the present and future extent, distribution, and impact of HIV/AIDS in defined populations in New Hampshire.
7. Conduct a needs assessment process to identify unmet HIV care and prevention needs within defined populations.
8. Identify specific high priority strategies and interventions for defined target populations.
9. Develop goals and measurable objectives for HIV care and prevention strategies and interventions within defined target populations.
10. Promote linkages among the local community HIV services providers, public health agencies, and behavioral/social scientists who are either in the local area or who are familiar with the local HIV needs, issues, and at-risk populations
11. Develop and periodically update comprehensive HIV care and prevention plans including the provision of technical assistance to meet the needs of the DPHS and community-based providers in the areas of program planning, implementation, and evaluation.

Section 7. Individual Responsibilities: All members and advisors are responsible to;

1. Come prepared to all meetings having reviewed materials pertinent to the meeting.
2. Operate with an attitude of mutual respect and to pay attention to the voices of those impacted by HIV with particular attention to those living with HIV.
3. To openly and immediately express concerns that arise during the course of the meetings.
4. All members must serve on either the prevention or care subcommittee.

Article VII. Governance of Meetings

Section 1. Agenda: The Co-Chairs in consultation with the Steering committee shall develop meeting agendas.

Section 2. Open to Public: All meetings shall be open to the public.

Article VIII. Committees and Work Groups

Section 1a. Standing Committees: The CPG shall have four standing committees: Prevention Services, Care Services, Membership, Mission and Bylaws, and Steering committees and two work groups: Public Policy Review, and Data, Assessment and Evaluation work groups. All of the committees and Work Groups will have Chairs that will facilitate the meetings. The Chair position is confirmed by the Steering Committee. (See Policy and Procedure Addendum for Confirmation Process).

Section 1b. Prevention Services: Is comprised of no less 51% being directly affected and no more than 49% being service provider. Prevention Services deals with the prevention aspect of the program as mandated by the CDC.

Section 1c. Care Services: Is comprised of no less than 51% being directly affected and no more than 49% being service providers. Care Services deals with the care aspects of the program as mandated by HRSA.

Section 1d. Steering Committee: Is made up of the Vice-Chairs and committees chairs along with STD/HIV Program Staff. This committee acts as a liaison between STD/HIV Program and the CPG. The committee is responsible (in conjunction the STD HIV Bureau for oversight of CPG activities, develop meeting agendas, etc.

Section 1e. Membership, Mission and Bylaws Committee (MMB): Is responsible for maintaining familiarity with the Bylaws and to provide guidance to ensure that CPG operates within the guidance set forth in the Bylaws. The committee proposes revisions to the Bylaws to the full planning group as needed. MMB recruits and interviews potential members with attention to the need to maintain appropriate representation of populations impacted by the epidemic, and of behavioral science and epidemiology. The MMB monitors the main body to ensure that the CPG is operating in line with the CDC Community Planning Core Process Objectives.

Section 1f. Public Policy Review Work Group: Is responsible for oversight and implementation of existing policies relating to HIV care and prevention issues. This committee is also responsible for drafting new policies that would impact HIV care and prevention issues.

Section 1g. Data, Assessment and Evaluation Work Group: Is responsible for assessing HIV related data such as the state epi-profile, Ryan White Care data, etc. This committee is also responsible for looking at the evaluation methods used in HIV care and prevention and the requirements from CDC and HRSA to ensure compliance is being met.

Section 2. Ad Hoc Committees: As needed committees shall be appointed by a majority vote of the CPG to address specific tasks or to do background work, which is then brought to the entire CPG for action. Each CPG member is encouraged to be on a committee.

Article IX. Books and Records

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

Article X. Amendments

The Bylaws may be amended at any regular or special meeting of the CPG. Written notice of the proposed Bylaws changes shall be mailed or delivered to each member at least 7 days prior to the date of the meeting. Bylaws changes require a two-thirds (2/3) majority vote of the CPG members present.

Article XI. Ratification

These Bylaws go into effect upon a two-thirds (2/3) majority vote of the Planning Group members.

Last ratified by the CPG: October 18, 2003
Latest ratification by CPG: August 27, 2004
Latest ratification by CPG: January 28, 2005
Latest ratification by CPG: March 24, 2006
Latest ratification by CPG March 23, 2007