

Attachments

Bylaws



IOWA HIV/AIDS COMMUNITY PLANNING GROUP CHARTER



**IOWA HIV/AIDS COMMUNITY PLANNING GROUP
CHARTER
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IOWA HIV/AIDS COMMUNITY Planning Group Charter

Article I. Name

The name of the Planning Group shall be the Iowa HIV/AIDS Community Planning Group (CPG). The headquarters shall be located at the Iowa Department of Public Health in Des Moines, Iowa, hereafter referred to as IDPH.

Article II. Mission

The mission of the Iowa CPG is to develop a comprehensive HIV/AIDS plan, which provides for an effective and efficient continuum of services including prevention/education, early intervention, and patient care within the state of Iowa.

SECTION 1: Goals: The goals of the Iowa CPG are to:

1. Implement and maintain through an ongoing participatory process, an effective prevention, early intervention and care planning process that seeks to improve the quality of life for individuals living with HIV/AIDS and to reduce the further spread of HIV.
2. Ensure diverse community input, participation and involvement in HIV/AIDS related planning activities.
3. Strive to maximize the effectiveness of prevention and care services through effective planning among service providers and other concerned community members.
4. Strengthen local and statewide coordination in the fight against HIV disease.

SECTION 2: Accomplishment of Mission: This mission will be carried out in accordance with the guidelines specified in the Centers for Disease Control and Prevention (CDC) Announcement for Human Immunodeficiency Virus Prevention Projects and the Guidance on HIV Prevention Community Planning and the most current Supplemental Guidance, the Healthy Iowans 2010 Objectives, and the Health Resources Services Administration (HRSA) Ryan White Care Act and HUD/HOPWA. The mission of the CPG will be accomplished in collaboration with IDPH by carrying out the following steps:

1. Assess the present and future extent, distribution, and impact of HIV/AIDS in defined populations throughout Iowa.
2. Assess existing community resources for HIV prevention and care to determine the community's capability to respond to the epidemic in a culturally competent manner. These resources should include fiscal, personnel, and program resources as well as support from public (federal, state, county, municipal), private, and volunteer sources. This assessment should identify all HIV/AIDS prevention and care programs and activities according to definitions of high-risk behaviors as determined and set forth by CDC and HRSA.
3. Identify unmet HIV prevention and patient care needs within defined high-risk and increased-risk target populations.
4. Identify barriers to HIV prevention and care services within defined high risk and increased risk target populations.
5. Examine the potential impact of specific strategies and interventions to prevent new HIV infections in defined populations.
6. Foster the organization, coordination and delivery of services in Iowa.
7. Prioritize HIV prevention and care needs by defined at-risk populations and specific strategies and interventions.
8. 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.
9. Evaluate the effectiveness of the HIV/AIDS prevention and care planning process.

Article III. Roles and Responsibilities

SECTION 1: Role of the Community Planning Group:

1. Establish policies that address CPG membership, composition, selection, appointment, and terms of office, in consultation with state and local health authorities and community leaders.
2. Delineate technical assistance and capacity-building development needs for effective community participation in the planning process.

3. Review available epidemiological, evaluation, behavioral and social science, cost-effectiveness, and needs assessment data and other information required to prioritize HIV prevention and care needs and collaborate with the IDPH HIV/AIDS Program on how best to obtain additional data and information.
4. Assess existing community resources to determine the community's capability to respond to the HIV epidemic.
5. Identify unmet HIV prevention and care needs within defined populations.
6. Prioritize HIV prevention and care needs by target populations and geographic areas, and propose high-priority strategies and interventions.
7. Identify the technical assistance needs of governmental, private, and community-based HIV providers in the areas of program planning, implementation, management, and evaluation.
8. Address in the HIV/AIDS comprehensive plan the linkages among:
 - a. Primary and secondary prevention;
 - b. Counseling, testing, referral, and partner counseling and referral;
 - c. Surveillance;
 - d. Early intervention and primary care services;
 - e. Sexually transmitted disease prevention and treatment;
 - f. Tuberculosis prevention and treatment;
 - g. Substance abuse prevention and treatment;
 - h. Mental health services;
 - i. Dental care services;
 - j. Case management; and
 - k. Other public health and social service needs.
9. Evaluate the HIV/AIDS Community Planning process and assess the responsiveness and effectiveness of the IDPH application in addressing the priorities identified in the comprehensive HIV/AIDS Plan.
10. Indicate concurrence/non-concurrence on the comprehensive statewide HIV plan and application.

SECTION 2: Role of the Iowa Department of Public Health:

1. Administer and coordinate public funds from a variety of sources, including federal, state, and local agencies, 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 and care funds, ensuring that funds are allocated to providers in a timely manner, monitoring provider activities, and documenting provider compliance.
4. Administer the AIDS Drug Assistance Program to ensure client access to HIV medications.
5. Review, distribute, and secure HIV/AIDS surveillance and other relevant data and analyses of statewide, and/or local data to assist the HIV/AIDS community planning group in establishing program priorities based on the current and future extent, distribution, and impact of the HIV/AIDS epidemic.
6. Collaborate with state, local, and community partners to determine the most effective means for implementing and managing community planning in Iowa.
7. Ensure that specific policies are in place articulating the roles and responsibilities of the various components of the community planning process.
8. Provide expertise and technical assistance, including ongoing training on HIV/AIDS prevention and care planning and the interpretation of epidemiological and evaluation data, to ensure that the planning process is comprehensive and scientifically valid.
9. Develop applications for HIV prevention and care funds based on the Comprehensive HIV Plan developed through the HIV community planning process.
10. Ensure that technical assistance is provided to meet the needs of community-based providers in the areas of program planning, intervention, and evaluation as identified in the Comprehensive Plan.
11. Allocate resources based on the Comprehensive Plan.
12. Ensure planning and program effectiveness through specific evaluation activities, including conducting process, impact, and outcome evaluation studies; and providing or ensuring the provision of technical assistance for evaluation to funding recipients.
13. Assure support for the CPG, the working committees and workgroups. This includes timely distribution of the meeting notices, agendas and minutes of the general meeting to all members.

SECTION 3: Shared Responsibilities between IDPH and the CPG:

1. Ensure the CPG reflects the population characteristics of the current epidemic in state and local jurisdictions, respectively, in terms of age, race/ethnicity, gender, sexual orientation, geographic distribution, and HIV risk exposure category.
2. Select Co-chairs for the Community Planning Group. IDPH selects a health department employee as IDPH Co-chair, and the CPG selects a Community Co-chair. The community Co-chair will serve for a three-year term, and may be re-appointed for additional terms.
3. Establish procedures that address policies and provisions for reaching decisions on attendance at meetings, resolution of disputes identified in planning deliberations, and resolution of conflict(s) of interest for members, proxies and advisors of CPG.
4. Determine the distribution of planning funds to support HIV/AIDS Community Planning Group meetings, public meetings, and other activities necessary for obtaining community input.
5. Ensure the development of parity, inclusion, and representation of community representatives through training and information sharing.
6. Provide technical assistance to IDPH and the Community Planning Group.
7. Support the community planning infrastructure for the HIV community planning process.
8. Collect and/or analyze and disseminate relevant data.
9. Conduct a needs assessment process to identify unmet HIV prevention and care needs within defined populations.
10. Assess the present and future extent, distribution, and impact of HIV/AIDS in defined populations in Iowa.
11. Develop goals and measurable objectives for priority HIV/AIDS prevention and care strategies and interventions.
12. Promote linkages among the local community HIV/AIDS services providers, public health agencies, community members, persons affected by or infected with HIV, and behavioral and social scientists who are either in the local area or who are familiar with local prevention and care needs, issues, and at-risk/affected populations.

13. Develop and periodically update the comprehensive HIV/AIDS Plan, including the provision of technical assistance to meet the needs of the IDPH and community-based providers in the areas of program planning, implementation, and evaluation.

SECTION 4: Individual Responsibilities:

The specific responsibilities of the CPG members and proxies, co-chairs, and department staff are outlined in job descriptions developed by IDPH and approved by the Community Planning Group; these job descriptions will be updated or revised as agreed upon by the CPG and the department every two years.

SECTION 5: Role of Advisors:

The role of the advisor is to provide the CPG input from their areas of expertise and to help foster communication between professional perspectives and community perspectives. Advisors are key persons who bring unique and vital information to the group. An advisor may be a service provider or community member. Advisors are invited to participate in all discussions; however, they do not have a vote.

Article IV. Membership

SECTION 1: Number of Members

The CPG shall consist of no less than 23 members and no more than 45. The membership shall consist of no less than 33% consumer representation (individuals directly affected and infected by HIV/AIDS). A vacancy shall not prevent the CPG from conducting business. The Membership/Orientation/By-Laws Committee (MOB Squad) will monitor membership to ensure that the principles of parity, inclusion, and appropriate representation are met.

SECTION 2: Appointment and Length of Commitment

Applications for membership are subject to review by the Membership/Orientation/By-Laws Committee (MOB Squad) and selection is made based on the population characteristics of the current epidemic in state and local jurisdictions, respectively, in terms of age, race/ethnicity, gender, sexual orientation, geographic distribution, and HIV risk exposure category.

Members shall commit to a three-year term with the option of being re-appointed by the MOB Squad.

SECTION 3: Attendance

A record of attendance shall be kept for each meeting of the CPG and of committee meetings.

Automatic removal is considered when a member misses two consecutive meetings without notification or three meetings in a 12-month time period. The member is considered non-participating and will be replaced.

Members who are unable to attend a particular meeting are responsible for:

1. Notifying the IDPH Co-Chair or other responsible party in advance.
2. Sending reports, material, etc. to the meeting.
3. Updating self on meeting business

SECTION 4: Committee Member Requirements

All CPG members are required to join and participate in at least one committee within the first three months after being selected. The committees hold additional meetings and play an important role in the CPG process. Non CPG members may attend committee meetings but do not have voting privileges. Each committee must select a chair person who must be a member of the CPG. If the attendance of members participating on Committees falls below what is acceptable by the Committee Chair, the Chair will ask the member to reassess their ability to participate on that committee. The Chair may make recommendations for that member to relieve themselves of the responsibilities of participating with the committee.

SECTION 5: 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 three-year membership commitment.

SECTION 6: Multiple Agency Members

No agency will have more than two representatives as CPG members unless they fulfill a gap in representation on the CPG.

SECTION 7: Removal for Other Cause

The CPG shall have the right to remove CPG members for inappropriate or abusive behavior or falsification of “Conflict of Interest” Disclosure Form or of the “Application Form”. In these instances, a two-third (2/3) majority is required for removal.

SECTION 8: Proxies

CPG members may designate a proxy to attend a meeting and vote in his or her absence. The CPG member is responsible for briefing the proxy on current issues under review, as well as the roles, responsibilities and other norms the CPG may have adapted. Proxy representation two meetings in a row will require re-evaluation of commitment of the member to the CPG.

SECTION 9: Vacancies

When the CPG membership falls below thirty (30), the Membership, Orientation 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, Orientation, Bylaws Committee will review applications and select new members.

SECTION 10: Mentors

A mentor is an established CPG member who shall work closely with a new member, guiding the new member regarding the obligations and responsibilities of a CPG member, with friendship. The mentor shall be assigned to the new member when he/she [new member] is seated. The role of the mentor shall include working closely with the new member – calling and sitting with the new member for 3-6 months and be available to the new member for the first year. Mentors need to be more proactive with new members during the first 3-6 months.

SECTION 11: Orientation

New members are brought onto the group when seats are vacated and appropriate persons are identified to become members. An orientation process has been developed. Orientation of new members will take place within two months of the new member taking seat on the CPG. The MOB Squad will conduct the new member orientations. The new member is given the orientation book and is required to attend an orientation. The packet includes:

- A welcoming letter
- IA Community Planning Group Charter
- 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
- Current Plan

SECTION 12: Chairs

IDPH will select an employee, or a designated representative as one co-chair, and the CPG will select the community Co-Chair. The community Co-Chair will serve a term of three years. The Co-Chairs share responsibility for guiding the CPG in accomplishing its mission and goals. If a Co-Chair cannot attend a meeting of the CPG, said Co-Chair will designate a committee member to assist in leading the conduction of business at said meeting. A Co-Chair elect will be selected at the end of the second year of the community co-chair term. This person will be “in training” prior to taking office of the community Co-chair.

Article V. Governance of Meetings

All business that may come before the Community Planning Group shall be addressed with an open, consensus building decision process. Should consensus building activities fail to facilitate the effective conduct of any business at hand, CPG Co-chairs may elect to conduct a meeting or any part thereof according to the procedures established in Robert’s Rules of Order.

SECTION 1: Quorum

A quorum of the CPG must be present at any regular or specially scheduled meetings in order for the CPG to engage in formal decision-making. A quorum is defined as more than one half of the membership.

SECTION 2: Agenda

An agenda will be developed for each meeting by the Co-Chairs.

Members of the CPG may request items be added to the agenda through a request to the Co-Chairs.

SECTION 3: Open to Public

CPG meetings shall be open to the public; there will be an open forum for discussions. Interested parties will be required to submit to the Co-chairs a written outline or summary of issues.

SECTION 4: Decision-Making

1. All committee processes shall be directed by the CPG Ground Rules.
2. Each member is encouraged to participate in the decision and stay within the ground rules regarding time limits.
3. 50% of membership plus 1 (one) constitutes a quorum.
4. It is the philosophy of the CPG to make decisions by consensus. Consensus is defined as all members being willing to support and “sign-off” on decisions when a quorum is present. Should consensus not be achieved, voting procedures shall follow the guidelines set forth in Robert’s Rules of Order. (Most require only a majority vote, but motions concerning the rights of the group or its members need a 2/3 vote to be adopted.)

SECTION 5: Conflict of Interest

1. Definition of Conflict of Interest.

Conflict of interest occurs when: (1) an appointed voting member of the CPG has a direct or fiduciary interest, (which includes ownership; employment; contractual, creditor, or consultative relationship to; or Board or staff membership) in an organization (including any such interest that existed at any time during the twelve months preceding her/his appointment), with which the CPG has a direct, financial and/or recognized relationship and (2) when a member of the CPG knowingly takes action or makes a statement intended to influence the conduct of the CPG in such a way as to confer any financial benefit on the member, family member(s) or on any organization in which she/he is an employee or has a significant interest.

2. Members shall abstain from voting when there is a “Conflict of Interest” as defined in Appendix A.
3. Oversight Responsibility. The Membership/Orientation/Bylaws Committee (MOB Squad) of the CPG shall be authorized to formulate CPG policy, review all concerns, and make recommendations to the full CPG regarding conflict of interest issues.

All CPG members are encouraged to identify conflict of interest, or request a review of a potential conflict of interest of another member.

4. Disclosure Form. All members must sign, upon appointment to the CPG, a “Conflict of Interest Disclosure Form” which shall be formulated by the MOB Squad and approved by the full CPG. The completed Disclosure Forms shall be kept on file at the IDPH HIV/AIDS/Hepatitis Program office and made available for public inspection.

CPG members shall review and update their Disclosure Forms on an annual basis, or as otherwise precipitated by a change in employment, Board service, consultative relationship, or other status.

5. Determination of Conflict. All concerns regarding conflict of interest shall be recorded in the CPG meeting minutes and referred to the MOB Squad for review. The full CPG shall take, based on the recommendations of the committee, whatever actions it deems appropriate and are in compliance with standing CPG regulations.
6. Participation and Voting. In the event of a conflict of interest and/or during the period of review of said conflict of interest, member(s) may participate in the discussion of the matter in conflict/question but shall abstain from voting on that matter.
7. A member shall be terminated from service on the CPG and any of its committees for refusing to cooperate in a conflict of interest review, or when it is determined that she/he knowingly took action(s) intended to influence the conduct of the CPG in a manner as defined in Article 5, Section 6, #1 of these Bylaws.

ARTICLE VI. 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. The Iowa Department of Public Health will assign a recording secretary to take and prepare minutes of each meeting. The minutes of each meeting shall be distributed to CPG members. CPG co-chairs shall select someone to keep other books and records as may be required.

ARTICLE VII. Amendments

This charter may be amended at any regular or special meeting of the CPG. Written notice of the proposed Charter change shall be mailed to each member. Charter changes require a majority vote of the CPG members.

ARTICLE IX. Ratification

This Charter goes into effect upon a two-thirds (2/3 majority) vote of the Planning Group members.