

ARKANSAS HIV PLANNING GROUP BYLAWS

Article I. Name

Section 1.01

The name of the community planning group for the prevention of HIV/AIDS shall be the ***Arkansas HIV Planning Group***, hereinafter referred to as the AHPG.

Article II. Mission and Purpose

Section 2.01 Mission

To provide an engagement process to inform, develop, or update the Health Department's Jurisdictional HIV prevention plan and to guide/enlighten the efforts of individuals or organizations, whose goal is to provide HIV education, prevention, testing, treatment, or linkage to care.

Section 2.02 Purpose

- a) To collaborate and participate in the development of a comprehensive plan for the prevention of HIV transmission
- b) Identify precedence in HIV prevention needs based on priority target populations
- c) Consider health inequities that drive the epidemic and ensure diversity of representation of the most affected communities.
- d) The AHPG will ensure that appropriate HIV prevention resources are directed to priority populations and interventions.
- e) Identify and implement various strategies to recruit and retain HPG members
- f) Identify, encourage, and facilitate the participation of key community partners and HIV service providers who can best inform and support the goals of the HIV planning process.
- g) Develop strategies that will increase access to HIV prevention, care, and treatment services
- h) Development of services where they currently do not exist, but need is evident.
- i) Reduce HIV related health disparities.
- j) Enhancement of services in content, format, or delivery so that consumers are more willing to use them.
- k) Removal or mitigation of various structural barriers that currently impede access to existing services.
- l) Will identify and employ various methods to elicit input on the development and implementation of the Jurisdictional HIV Prevention Plan
- m) Sign a letter of concurrence, concurrence with reservations, or non-concurrence as necessary based on HPG updates or changes to Jurisdictional HIV Prevention Plan

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Article III. Values and Guiding Principles

1. AHPG will actively foster and pursue local community planning [*defined as a process through which Arkansans from different occupations, interests, responsibilities, and levels of involvement in HIV come together to inform, develop, and support the development and implementation of a Jurisdictional HIV prevention plan*].
2. The epidemiological profile of the jurisdiction along with other appropriate available data sources will be used by the AHPG to identify populations and communities with greatest burden of HIV and populations greatest exposure for HIV acquisition or transmission.
3. AHPG will reflect an open, participatory process emphasizing collaboration and cooperation of all communities and HPG membership
4. Guiding principles for all AHPG:
 - a) Inclusion [*meaningful involvement of all views, perspectives, and needs of affected communities*]
 - b) Parity [*all members can equally participate and conduct planning tasks or duties*]
 - c) Representation [*varying races, ethnicities, genders, sexual orientations, HIV status, ages and other characteristics, backgrounds, professions, and expertise*]
5. Meeting the goals of national strategies to end the epidemic
6. Equal, seamless access to HIV prevention, care, and treatment services.

Article IV. Bylaws

- a) The AHPG bylaws are intended to establish and regulate the structure, procedures, and dispute resolution processes for the AHPG.
- b) A request to amend the bylaws may be submitted at any meeting”.
- c) Notice of proposed amendments must be provided to all members at least ten business days prior to the date of AHPG meeting.
- d) Ratification of amendments requires at least a two-thirds [2/3] majority vote.
- e) The bylaws should be examined once every year to ensure alignment with the changing needs of the community and remain in compliance with state and federal requirements.

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Article V. Role of AHPG, ADH, and Shared Responsibilities

Section 5.01 The role of the AHPG

- a) Election of community co-chair
- b) Development of operational policies and procedures.
- c) Development and facilitation of appropriate mechanism for statewide community participation.
- d) Provision of timely orientation for new members.
- e) Operational adherence to ADH and CDC guidelines.
- f) Periodic review of AHPG bylaws, subject to revision to maintain current objectives.
- g) Evaluate concurrence between the ADH application to the CDC
- h) Consult in matters regarding HIV prevention programming.

Section 5.02 The role of ADH

- a) Development of application for federal funds.
- b) Collaboration with the AHPG in achieving the purpose stated in Article II.
- c) Appointment of State-designated CO-Chair for the AHPG.
- d) Provision of resources and dissemination of information that supports the AHPG process.
- e) Monitoring of the AHPG to determine compliance with ADH and CDC policies.
- f) Reporting of data regarding the successes and shortcomings of implementation of prevention activities.

Section 5.03 The shared roles of the AHPG and ADH

- a) Assures that member of the AHPG meets **parity, inclusion, and representation** requirements.
- b) Identify and facilitate necessary supports and capacity building needs of the AHPG.
- c) Obtain successful achievement of the mission and purpose outlined in Article II.
- d) Establish cooperative partnerships to effectively address HIV/STD prevention needs in Arkansas.
- e) Identify priority populations and evaluate proposed interventions, goals, and objectives for prevention activities.

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Article VI. AHPG Membership

Section 6.01 Membership

The Arkansas HIV Planning Group membership is a group of individuals united for the common purpose. AHPG members serve by virtue of their life experiences and expertise and are not functioning as representatives of any agency or organizational affiliation. The AHPG membership is charged with developing the multi-year prevention plan as well as recommended interventions and activities. In addition, they review the Department of Health's applications for funding from The Centers for Disease Control (CDC) and the Health Resources and Services Administration (HRSA). They also provide input and recommendations to the Division of HIV/AIDS on other care and prevention related issues.

Section 6.02 Membership Requirements

- a) Membership should be comprised of Arkansas residents who are committed to the mission, vision, and values of the AHPG.
- b) Individuals interested in participating in the AHPG membership must submit a completed application to Co-Chairs [via paper form or electronically].
- c) Voting membership consists of those who have completed the membership form.
- d) AHPG membership will be maintained by active participation in the committee and planning work of the AHPG.
- e) AHPG shall strive to have equal representation from each of the five public health regions.
- f) The membership should reflect the values of parity, inclusion, and representation. Recruitment activity should focus on these values – including, but not limited to, populations most impacted by HIV, state and local health department HIV/STD prevention staff, CBO's, Ryan White service providers, faith-based organizations, behavioral/mental health services, and governmental agencies providing HIV prevention, treatment, and other related services.
- g) Prevention grantees and community connectors are encouraged to be active participants in the AHPG membership.
- h) All AHPG email notifications of meetings, announcements, or business-related items will include the entire membership list.
- i) Annual evaluations will be provided as to efforts to accomplish the goal of statewide inclusion and representation.

Section 6.03 Removal of members

- a) AHPG may revoke membership for lack of participation, disruptive behavior, or refusal to abide by code of conduct in AHPG meetings and events.
- b) Disruptive or unacceptable behaviors may result in members being dismissed by AHPG from the meeting.

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- c) Persistent behavior in subsequent meetings may result in a formal request for the member's resignation.
- d) Upon removal, individuals may appeal via the grievance procedure.
- e) Decisions made by the AHPG are final.

Article VII. Committees

Section 7.01 Participation and Expectations

- a) Every member of the AHPG will actively serve on one of the planning sub-committees.
- b) Each group will appoint a lead spokesperson for the committee.
- c) Committees will provide reports and recommendations to the main body based on the task assigned to the committee.
- d) Committee recommendations will be offered to the full membership for further discussion and votes when appropriate.
- e) Regular reports regarding efforts to promote statewide knowledge and awareness of HIV prevention, treatment, and other information deemed appropriate by the AHPG shall be given at regular meetings.

Section 7.02 Sub-Committees

- a) **Living Positive** – Committee comprised of persons living with HIV in the state of Arkansas who are receiving care, case management, and other treatment resources. This committee will actively evaluate and inform the HPG regarding present treatment services statewide. This group will seek to reduce HIV related health disparities and offer suggestions to enhance current services in content, format, or delivery so that consumers are more willing to use them. This committee should seek to remove or mitigate various structural barriers that currently impede access to existing services and allow for seamless treatment services.
- b) **High Impact**- This committee is comprised of representatives of communities most impacted by HIV [*or work specifically with communities most impacted*]. This committee ensures the HPG guiding principles of inclusion, parity, and representation are met. This committee will consider health inequities that drive the HIV epidemic and ensure diversity of representation of the most affected communities in the process. This committee will ensure that HIV prevention resources and interventions are directed to priority populations. This committee will devise strategies to address the HIV-related needs of priority communities as it relates to HIV prevention and education.
 - a. *Rural burden of HIV prevention and treatment*
 - b. *Transgender*
 - c. *MSM*

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- d. *MSM of color*
 - e. *IDU*
 - f. *Spanish speaking community*
 - g. *Women*
 - h. *Youth/adolescents*
- c) **Needs Assessment** -This community will use the epidemiological profile of the jurisdiction and other available data sources. Surveys (or the best tool for the target population) will be used to identify the needs and concerns of priority populations.
- d) **Prevention Strategies**-This committee will develop strategies to increase access to HIV prevention, care, and treatment services. This committee will research new strategies and campaigns to address emerging trends of the HIV epidemic. The committee is instrumental in the development of services where they currently do not exist, but need is evident.

Article VIII. Budget and Finance

- a) The budget will be prepared under the guidance of the State and Community Co-Chairs.
- b) An annual budget will be present to the AHPG prior to submission to CDC for review and recommendation.
- c) The budget shall include designation for the AHPG group to hold meetings, and recruit or educate new members.
- d) Additional funding [when available] will be designated for conference attendance, capacity building, technical assistance training, AHPG retreats, as well assessment and evaluation objectives deemed appropriate by the AHPG.

Article IX Co-Chairs

Section 9.01 The Infectious Disease Branch Chief, in compliance with the CDC, will appoint a Department CO-Chair from ADH.

Section 9.02 Community Co-Chair

- a) The AHPG nominates and elects the community Co-Chair.
- b) Any member except ADH Co-Chair or ADH staff may serve as community Co-Chair.

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- c) To ensure that all AHPG members are given the opportunity to participate in the nomination process, written notification must be shared with all members at least two weeks prior to implementation nomination and election process.
- d) Nominees for Co-Chair shall be considered by the AHPG in accordance with the attributes, characteristics, and qualifications outlined by AHPG.
- e) Co-Chairs must attend meetings for one consecutive year before consideration for nomination for position.
- f) Community Co-Chair should be elected by the AHPG by a simple majority vote of voting membership.
- g) Each applicant will receive written notification of the acceptance/rejection from the AHPG within 5-7 business days of the election process.

Section 9:03 Terms for Co-Chairs

- a) Co-Chairs are elected by the AHPG membership to serve a term of two years unless they are voted to continue serving based upon the needs of the organization.
- b) Co-Chairs may serve consecutive terms based upon the needs of the group and the vote of the organization.
- c) Co-Chairs must actively participate on Committees and have knowledge of the organizational activity.

Article X. Conflict of Interest

Section 10.01 The CDC Arkansas HIV Planning Group provides two points to consider when determining a conflict of interest, defined as “conflict between the private interest and the public obligations of a person in an official position.”

- a) The member of AHPG has a direct fiduciary interest in an organization with which the AHPG has a direct, financial and/or recognized relationship, which includes ownership, employment, contractual, creditor or consultative relationship to, or board/staff membership.
- b) The AHPG member knowingly acts or makes a statement intended to influence the conduct of the AHPG in such a way as to confer any financial benefit on the member, family member[s], or any organization in which the member is an employee or has a significant interest.

Section 10.02 Informal disputes regarding conflict of interest may be addressed by the AHPG during regular sessions of the AHPG upon discussion among AHPG membership and resolution consensus by a simple majority decision by AHPG voting membership.

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Section 10.03 Formal disputes of conflict of interest will be addressed and resolved following procedures outlined in Article XII Conflict Resolution.

Article XI. Conflict Resolution

Section 11.01 Issues of conflict of interest or disputes shall be formally presented in writing to an ad-hoc Conflict Resolution Committee, designated by the Co-Chairs.

Section 11.02 Members appointed to the Conflict Resolution Committee shall complete and submit an AHPG Conflict of Interest Disclosure Form [Appendix A] prior to participation in conflict resolution proceedings.

Section 11.03 The Conflict Resolution Committee shall respond within five business days with written acknowledgment of receipt of statement of conflict of interest or dispute.

Section 11.04 Procedure:

- a) A written statement of dispute must be submitted to AHPG Co-Chairs.
- b) Co-Chairs then notifies, in writing, all parties involved in the dispute with specific allegations or issues identified.
- c) Co-Chairs will appoint a 5-member ad-hoc Conflict Resolution Committee to review and investigate the complaint.
- d) A closed session meeting with all involved parties will be convened in a timely manner to hear and review statements.
- e) All information pertaining to resolution process will be signed, dated, and labeled and will remain confidential.
- f) The following principles of conflict resolution will be observed:
 - i. Distinction shall be made to identify the problem separate from the parties involved.
 - ii. A goal shall be established to address the problem.
 - iii. A climate of mutual respect and fairness will be maintained.
 - iv. All parties shall willingly identify their interest and positions.
 - v. Areas of mutual agreement will be identified and serve as foundation for resolution.
 - vi. AHPG will make every effort to utilize a win-win approach to foster as well as build effective solutions for overall mutual gain.
 - vii. Focus will be identified through objective criteria.
- g) A two-thirds majority decision must be rendered by the committee within thirty days of submitted written grievance.
- h) All proceedings will be substantiated through written documentation and presented in a written confidential summary statement at the next regularly scheduled AHPG meeting.

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Article XII. Meetings

Section 12.01 Procedures

- a) The membership of AHPG shall receive written notification of meetings at least two weeks prior to scheduled meetings.
- b) Notifications shall include proposed agenda to be presented and minutes of the previous meeting.
- c) The AHPG will operate in accordance with Robert's Rules of Order.
- d) The Co-Chairs will serve as Parliamentarian or designate an individual to serve in an advisory capacity.
- e) Voting will be determined by a simple majority of members present.
- f) Membership forms must be completed before an individual may vote. Voting privileges may not be assigned to other participants.
- g) Valid appeals of procedural challenge must be presented in writing to AHPG Co-Chairs within 30 days of a decision.
- h) All general meetings of the AHPG shall be open to the public.

Section 12.02 Attendance

- a) Members must attend at least 50% of meetings [3 of 6] to be considered active.
- b) Active members will be approved for lodging first at off-site events.
- c) Meeting minutes shall reflect all those in attendance.
- d) Any voting member with more than three absences within a 12-month period shall be considered to have resigned. Names of those person will be removed from the roster, and they must reapply for membership.

Section 12.03 Grievances

- a) Every grievance shall be submitted to Co-Chairs and acknowledged immediately.
- b) Co-Chairs should seek guidance and assistance from everyone available to assist in resolving the grievance, while acknowledging the confidential nature of the information and individuals involved.
- c) If unable to achieve resolution, action can be taken to address the matter through the formal Conflict Resolution Procedure.

XIII. Conferences and Training Opportunities

Co-Chairs may review budget reports and make meeting arrangements for discussion and vote with AHPG membership for capacity building, annual retreats, and educational meetings.

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XIV. Dissolution

Section 14.01 The AHPG will adopt new charter or By-laws on an as needed basis.

- Revision March 27, 2019, Discussion, voted and approved update of Bylaws by majority vote.
- Revision June 20, 2019, Discussion, voted and approved update of Bylaws by majority vote.