



Bylaws

REVISED AND ADOPTED
APRIL 2011

Bylaws for the New Mexico HIV Prevention Community Planning and Action Group (CPAG)

Article I: Name

The name of this community planning group, inclusive of the Statewide Planning Group and the Regional Advisory Groups (RAG), will be the New Mexico HIV Prevention Community Planning and Action Group (CPAG).

Article II: Mission

The overall mission of the New Mexico CPAG is to develop a comprehensive plan for HIV prevention in the State of New Mexico. This process will promote health and prevent HIV and other diseases by facilitating collaboration among New Mexico's diverse communities and empowering its people through advocacy, respect, dignity, compassion and social justice.

Article III: Vision

The New Mexico HIV Prevention Community Planning and Action Group (CPAG) is committed to eliminating HIV infection.

Article IV: Group Core Values

- Respect Diversity
- Support and Care for all Membership
- Commitment to the Process
- Accountability
- Catalyst

Article V: Roles and Responsibilities

A. The New Mexico HIV Prevention Community Planning and Action Group (CPAG)

1. Delineate technical assistance and capacity development needs for effective community participation in the planning process;
2. Develop and implement activities to provide technical assistance and address needs;
3. Ensure effective community participation in the planning process;
4. Review available epidemiologic, evaluation, behavioral and social science, cost effectiveness, and needs assessment data and other information required to prioritize HIV prevention needs, and collaborate with the New Mexico Department of Health (NMDOH) and the HIV Prevention Program on how best to obtain additional data and information;
5. Assess existing regional community resources to determine the community's capability to respond to the HIV epidemic;
6. Identify unmet prevention needs within defined populations;
7. Prioritize target populations and appropriate interventions for each target population subsequent to the analysis of HIV prevention needs;

8. Make recommendations to the NMDOH's HIV Prevention Program regarding HIV prevention activities;
9. Ensure that the Comprehensive HIV Prevention Plan completely and appropriately addresses the range of HIV prevention and related services, including the following:
 - HIV counseling, testing and referral services (CTRS), partner services (PS), and linkage to HIV care and support;
 - STD, Hepatitis, TB, and Harm Reduction;
 - Behavioral health services including referrals to substance abuse and mental health prevention and treatment services;
10. Review the NMDOH funding application to CDC and provide the required letter of concurrence or non-concurrence; and
11. Evaluate the HIV prevention community planning process and assess the responsiveness and effectiveness of the NMDOH HIV Prevention Program's application to the CDC in addressing the priorities identified in the Comprehensive HIV Prevention Plan.

B. New Mexico Department of Health (NMDOH) HIV Prevention Program

1. Collaborate with the NMDOH Epidemiology and Response Division (ERD) to provide HIV/AIDS surveillance and other relevant data and analyses of state, regional and local data to assist the HIV prevention community planning process in establishing program priorities based on the current and future extent, distribution and impact of the HIV/AIDS epidemic;
2. Collaborate with state, local, and community partners to determine the most effective means for implementing HIV prevention community planning in the New Mexico;
3. Ensure that specific policies are in place articulating the roles and responsibilities of the various components of the HIV prevention community planning process;
4. Ensure that the CPAG reflects the population characteristics of the current epidemic in the state and the regions in terms of age, race/ethnicity, gender, gender identity, sexual orientation, geographic distribution, and HIV exposure category;
5. Appoint NMDOH employees to serve on the CPAG as needed to ensure NMDOH participation in the community planning process;
6. Provide expertise and technical assistance to the CPAG, including on-going training on HIV prevention planning and the interpretation of epidemiological and evaluation data to ensure that the planning process is comprehensive and scientifically valid;
7. Promote linkages among the local community HIV prevention service providers, public health agencies, and behavioral and social scientists who are either in the local area or are familiar with local prevention needs, issues, and at-risk populations;
8. Develop an application for CDC funds based on the Comprehensive HIV Prevention Plan developed by the CPAG;
9. Allocate resources based on the Comprehensive HIV Prevention Plan; and
10. Share all CDC information related to prevention planning with the CPAG in a timely manner.

C. Shared Responsibilities of the NMDOH HIV Prevention Program and CPAG leadership

1. Coordinate and facilitate the CPAG process, including arranging meetings and preparing documents and reports;
2. Develop work plans for and provide guidance to the CPAG;
3. Arrange for technical assistance for the CPAG as needed;
4. Prepare and submit to CDC the CPAG's Comprehensive HIV Prevention Plan;
5. Maintain regular communication among the CPAG, the HIV Prevention Program and CDC.

6. Recruit Regional and affected community representatives for the CPAG as needed to ensure parity, inclusion and representation of all communities affected by HIV and AIDS;
7. Ensure that specific policies are in place articulating the roles and responsibilities of the various components of the HIV prevention community planning process;
8. Monitor CPAG membership in order to ensure it reflects the population characteristics of the current epidemic in the state and the regions in terms of race/ethnicity, gender, gender identity, age, sexual orientation, geographic distribution, and HIV exposure category;
9. Develop procedures that address:
 - a) policies and provisions for reaching decisions on planning group composition, including selection, appointment, and terms of office;
 - b) resolution of disputes identified in planning deliberations; and
 - c) resolution of conflict(s) of interest for members of the planning group;
10. Determine the distribution of planning funds to
 - a) support planning group meetings, and the participation of group members, public meetings and other means for obtaining input from affected communities;
 - b) support capacity development for parity, inclusion, and representation of community representatives, and for other members of the planning groups to effectively participate in the process;
 - c) provide technical assistance by outside experts to health departments and community planning groups;
 - d) support community health planning, and infrastructure for the HIV prevention community planning process; and
 - e) collect and/or analyze and disseminate relevant data;
11. Assess the present and future extent, distribution and impact of HIV/AIDS in defined populations in New Mexico;
12. Conduct a needs assessment process periodically to identify unmet HIV prevention needs within defined populations;
13. Identify specific high priority strategies and interventions for defined target populations;
14. Develop goals for HIV prevention in defined target populations;
15. Integrate regionally identified prevention priorities and strategies into a statewide Comprehensive HIV Prevention Plan and foster integration of the HIV prevention community planning process with other relevant planning efforts;
16. Develop and periodically update a Comprehensive HIV Prevention Plan, including the provision of technical assistance, to meet the needs of the NMDOH and community based providers in the areas of program planning, implementation and evaluation; and
17. Evaluate the CPAG planning process on a periodic basis in accordance with the evaluation plan.

Article VI: Governance

A. Meetings

CPAG meetings will be held on a monthly basis, or more often as needed as determined by the CPAG, NMDOH Co-Chair, Community Co-Chair, and PLWA Co-Chair. Quorum shall consist of 50% of the decision-making members.

In addition to the CPAG meetings, Regional Advisory Groups (RAG) will be expected to hold a minimum of one meeting every quarter. Every other year, the first regional meeting of the planning cycle will be used to nominate Regional Co-Chairs as decision-making membership for

consideration by the state CPAG. These meetings will be structured to maximize local community input.

B. Attendance by Decision-making Body

The expectation is that CPAG decision-making members attend all meetings for the meetings' duration. In the event they cannot attend, they should notify one of the three state Co-Chairs by e-mail or telephone twenty-four hours prior to the meeting as a courtesy to ensure there will be quorum. The annual CPAG Planning Summit is mandatory for all decision-making members.

Upon missing two (2) consecutive or three (3) overall meetings within a calendar year, the member will be contacted by the PIR committee by both telephone and a letter sent via the United States Postal Service. The purpose of this contact is to offer assistance in getting the member to CPAG meetings.

After three (3) consecutive or four (4) overall meeting absences within a calendar year, the PIR committee will send a letter notifying the member that they are no longer a decision-making member but are encouraged to continue to attend as a community participant. The PIR Committee will notify the co-chairs within 5 business days after a member has been removed. At the next CPAG meeting, members will be informed about the former decision-making member's change of status to community participant.

A member who is recommended for removal by the CPAG is able to reapply for membership after a period of 6 months. After that, the process for reapplying is the same as for anyone applying for membership to the CPAG (e.g. attend two consecutive months then apply through the PIR Committee).

C. Resolution of Conflicts

In the event of a conflict of interest or other dispute in the CPAG's planning deliberations, a formal Conflict Resolution Model will be implemented to facilitate the resolution of the problem (SEE ATTACHMENT).

D. Decision-making Process

A formal Consensus Model will be implemented to facilitate decision-making for all CPAG meetings (SEE ATTACHMENT). Only decision-making members (regional Co-Chairs and at-large members) make proposals during meetings. Only decision-making members may participate in the consensus process on proposals or decisions. However, any community members present at the meeting may participate in the discussion prior to the formal Consensus Model process. Quorum is required to make a decision by consensus. As stated in Article VI, Section A, quorum shall consist of 50% of the decision-making members.

E. Open to Public

All CPAG meetings are open to the public. Only CPAG decision-making members may participate in the consensus process.

Article VII: Membership

A. Number and Type of Members

The maximum number of decision-making members of CPAG will be 30. The membership term for all members will be 2 years from the date they join as decision-making members.

- Each Regional Advisory Group (RAG) shall have two representatives (Regional Co-Chairs) for a total of twelve (12). DOH shall appoint four of these regional representatives, namely the NMDOH Health Educators who will serve as co-chairs of Regions 2, 3, 4 and 5. All other regional representatives are nominated by the region and approved by consensus for decision-making membership by the state CPAG.
- In addition, there will be fifteen (15) at-large members from across the state. As with the regional advisory group Co-Chairs, at-large group membership will be representative of the epidemic in New Mexico. Prospective at-large candidates will be recommended to the Parity, Inclusion and Representation Committee which will, in turn, nominate selected candidates for decision-making membership approval by the CPAG as a whole.
- The three remaining positions are the statewide Co-Chairs (one from NMDOH, one from community, and one person living with HIV/AIDS). The Department of Health HIV Program Manager will appoint the NMDOH statewide Co-Chair subject to the concurrence of the Secretary of Health. The community statewide Co-Chair and PLWA Co-Chairs will be nominated and approved by decision-making members of the CPAG.

In addition to the decision-making members, Ex-Officio (non-decision-making) membership may consist of representatives from: NMDOH Epidemiology and Response Division (ERD), Public Education Department (PED), Behavioral Health Services Division (BHSD), Health Management Alliances (HMA) and other HIV services providers, Department of Corrections, Children, Youth, and Families Department (CYFD), NMDOH Maternal and Child Health (MCH) program and other representatives deemed valuable by the CPAG. These persons can provide guidance, expert input and training to the CPAG as needed.

B. Orientation

Upon joining CPAG, all new members will be provided with orientation materials and offered a current CPAG member as mentor. The orientation materials shall be provided by the HIV Prevention Program and shall include a copy of the current Comprehensive HIV Prevention Plan, CPAG orientation packet, a copy of the CPAG bylaws, and an acronym guide. New member orientation will be conducted by the CPAG Co-Chairs and will take place at appropriate intervals throughout the planning cycle as new membership requires. Orientation of new members shall include, but not be limited to, the following: instruction on the CDC Community Planning Guidance, an introduction to epidemiology and key CPAG planning principles and practices; overview of the history of the New Mexico CPAG as well as the national community planning process; and the roles and responsibilities of the CPAG members.

C. Regional Advisory Groups (RAG) and Representatives

The CPAG is divided into 6 planning regions as follows

- Region 1 is the Northwestern area of New Mexico and corresponds with NMDOH's Public Health region one.
- Region 2 is the Northeastern area of New Mexico and corresponds with NMDOH's Public Health region two including Santa Fe County.

New Mexico HIV Prevention Community Planning and Action Group (CPAG) – Bylaws – Adopted April 6, 2011

- Region 3 is Bernalillo County including the city of Albuquerque and corresponds with NMDOH’s Public Health region three.
- Region 4 is the Southeastern area of New Mexico and corresponds with NMDOH’s Public Health region four.
- Region 5 is the Southwestern area of New Mexico and corresponds with NMDOH’s Public Health region five.
- Region 7 is comprised of all the Native American Nations within in the State of New Mexico.

Two Regional Co-Chairs will be nominated in the local regions and approved by the state CPAG decision-making body to represent each of six regions for a total of twelve seats. However, in Regions 2, 3, 4 and 5, one of these seats will be filled by the NMDOH Regional Health Educator, assigned by the department. All other Regional Co-Chairs will be nominated to the state CPAG by the regional advisory groups. The nomination will go first to the PIR committee and then to the statewide CPAG body for consensus on becoming a Regional Co-Chair and a decision-making member. This shall happen when a vacancy occurs and/or at the conclusion of their two-year term.

The following describes the roles to be shared equally by the regional groups and both of their Regional Co-Chairs. This applies to each of the 6 CPAG Regional Advisory Groups.

The Co-Chairs shall:

- Schedule, organize and facilitate regional meetings,
- Facilitate administrative needs of the regional meetings (e.g. travel reimbursements of participants),
- Attend and actively participate in the NM statewide CPAG meetings as well as any of the committees,
- Assist in developing recruitment strategies for regions in accordance with the PIR needs and requirements,
- Attend the annual CPAG Planning Summit.

In addition regional Co-Chairs are often asked to:

- Be the voice of the communities within their regions by representing the “actual” picture of the communities to the statewide CPAG membership for the development of the Comprehensive HIV Prevention Plan,
- Advocate for the target populations within their regions which have been identified and prioritized by the statewide CPAG membership, by serving as a liaison between the communities, the statewide CPAG membership and the NMDOH,
- As liaison, serve as a link by which needs and services within the communities can be identified:
 - For the development of the Comprehensive HIV Prevention Plan
 - When the Regional Advisory Group (RAG) identifies service gaps those should be communicated to the statewide CPAG membership and/or NMDOH, thus initiating possible access to or creation of services,
- Collect information (e.g. community needs assessments, resource lists, etc.) to be used for the development of the Comprehensive HIV Prevention Plan,

D. Terms

The membership term will be 2 years from the date an individual is voted in as a decision-making member by the statewide CPAG. Decision-making members wishing to continue beyond their 2 year term must resubmit an application to the PIR Committee at least one month prior to the end of their current term. They will then be required to go back through application process. If an application form is not submitted, then the member's status will be changed to community member and they will be subject to the rules of reapplication.

A member who is nominated and accepted for the role of statewide Community Co-Chair or PLWH/A Co-Chair will have an anniversary date that is 2 years from when they received this position. After this 2 year period, the co-chair will be required to resubmit an application to the PIR Committee.

E. Committees and Task Forces

The expectation is that all decision-making members will participate in at least one (1) task force or standing committee as terms of their active CPAG status. At least 2 of the statewide co-chairs will be members of the Bylaws Committee and 2 statewide co-chairs will be members of the PIR Committee. Permanent standing committees will consist of:

- Parity, Inclusion and Representation (PIR) Committee (aka the membership committee);
- Bylaws Committee
- Persons Living with HIV/AIDS (PLWH/A) Task Force

Every CPAG Committee must have a decision-making member as Chair or Co-Chair.

Additional advisory and/or ad hoc committees/task forces may be convened at the discretion of the CPAG to address specific tasks or to do background work, which is then presented to the CPAG.

F. Parity, Inclusion and Representation (PIR) Committee

The CPAG's Membership/PIR Committee will act, in collaboration with CPAG state co-chairs and regional co-chairs, to recruit community representatives for the CPAG to ensure parity, inclusion and representation of all communities affected by HIV/AIDS. The PIR committee will be responsible for tracking and reviewing attendance and absences by decision-making members. It will also send out warning/removal letters of decision-making member status and acknowledgement of resignation letters. The PIR Committee will also provide monthly reports to the decision-making members at statewide CPAG meetings on the current status of membership and any committee actions that have occurred during the preceding months.

G. Application for Decision-Making Membership

All persons who want to become a decision-making member of CPAG will need to attend two consecutive CPAG statewide meetings. They will then fill out and submit a membership application to the PIR Committee. The PIR committee will review the application and then come to consensus about whether the applicant will contribute to parity, inclusion and representation of the current HIV/AIDS epidemic in New Mexico. If approved, the PIR Committee will bring this application to the next statewide CPAG meeting for review by the full group for consensus.

H. Bylaws Committee

The purpose of the Bylaws Committee is to review and amend, if necessary, the CPAG bylaws on a regular basis.

The Bylaws Committee shall be Co-Chaired by 1 Statewide Co-Chair and one other decision making member. The membership of the Bylaws Committee shall be no more than 7 decision making members, including the 2 Co-Chairs.

The Bylaws Committee shall meet at least twice per year, or as deemed necessary by the CPAG membership, to review the bylaws and suggest amendments if necessary. The Bylaws Committee will solicit recommendations from the CPAG for consideration.

All decisions made by the Bylaws Committee will be made by consensus. Upon review, any recommended changes to the bylaws will be presented to the CPAG decision-making body for ratification per Article VIII of the bylaws.

I. Records and Minutes

The HIV Prevention Program, in consultation with the CPAG, is responsible for the writing and distributing of agendas, minutes and other CPAG generated documents. Regional Advisory Group Co-Chairs are responsible for creating agendas for and recording all regional community meetings.

J. Resignation

All decision-making members of CPAG including State and Regional Co-chairs and At-Large Members must notify the three statewide Co-Chairs in writing with their signature when resigning from the CPAG or when resigning from any position held in the CPAG. A facsimile copy with a signature or an electronic letter with an electronic signature is acceptable. The resignation will be in effect upon receipt of notification by the State Co-Chairs and a letter of acknowledgement will be drafted and sent to the resigning party and the NMDOH HIV Prevention Program by the PIR Committee. The State Co-Chairs will then notify the CPAG membership and interested parties of the resignation and vacancy at the next statewide CPAG meeting.

K. State Co-Chair Roles

The State PLWH/A Co-Chair, the Community Co-Chair and the NMDOH Co-Chair serve as both CPAG leaders and decision makers. State Co-Chairs are expected to help in facilitating CPAG meetings. Other roles include drafting letters regarding concurrence with the NMDOH HIV Prevention Program's application to the CDC and position letters that support the mission of the CPAG. State Co-Chairs may expect to work on CPAG business an average of three hours per week. Only decision-making members of the CPAG who have attended three consecutive statewide CPAG meetings may be considered as the State Community Co-Chair or PLWH/A Co-Chair.

For both the PLWH/A and Community Co-Chair positions, there will be a formal process at the end of each two year term. This will allow other CPAG decision-making members to apply for these positions and then go through the formal consensus process.

Article VIII: Amendments and Ratification

These bylaws may be changed at any regular or special CPAG meeting. Written notice of the proposed change will be sent to each member at least five business days before the meeting. Changes to the bylaws require consensus of all CPAG members in attendance. The bylaws go into effect upon consensus of all members at the CPAG meeting.