



Bylaws

REVISED January 27, 2017
ADOPTED February 10, 2017

Bylaws for the New Mexico HIV 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 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 and services 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 social justice, and commitment to the process.

Article III: Roles and Responsibilities

A. The New Mexico HIV 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 needs, and collaborate with the New Mexico Department of Health (NMDOH) 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 needs for HIV prevention and care services within defined populations;
7. Ensure that the State's HIV plans completely and appropriately addresses the range of HIV prevention and services;
8. Review the documents submitted by NMDOH to CDC and HRSA as required, and provide a letter of concurrence or non-concurrence; and
9. Evaluate the HIV community planning process.

B. Shared Responsibilities of NMDOH and CPAG

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. Recruit regional and affected community representatives for the CPAG as needed to ensure parity, inclusion and representation (PIR) of all communities affected by HIV;
5. Ensure that specific policies are in place articulating the roles and responsibilities of the various components of the HIV community planning process;

6. Monitor CPAG membership 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; and
7. Determine the distribution of planning funds to support CPAG work.

Article IV: Governance

A. Meetings

CPAG statewide meetings will typically be held monthly, based on current tasks, as determined by the CPAG Statewide Co-Chairs. Quorum shall consist of 50% of the decision-making members.

In addition to the CPAG statewide meetings, Regional Advisory Groups (RAG) will normally be expected to hold a minimum of one meeting every quarter, based on need. On a regular basis or as needed when there are vacancies, each RAG shall nominate and select Regional Co-Chairs, who will also become decision-making membership of the statewide CPAG. These RAG 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. The annual CPAG Planning Summit is a regular business meeting.

Decision-making members are strongly encouraged to participate regularly. A member who expects to miss two (2) or more consecutive meetings should contact the PIR committee.

A member may request a leave of absence from CPAG and the PIR committee shall review the request. It should be approved if there is any reasonable justification such health, work conflicts or other extenuating circumstances. If the member does not expect to be able to return in a reasonable amount of time, they may want to consider resigning and reapplying when they can participate regularly again.

Decision-making members who miss three (3) or more meetings in a calendar year without requesting a leave of absence may be recommended for removal from decision-making status. This shall be discussed in the PIR Committee and brought the full group for a decision.

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 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 V: Membership

A. Number and Type of Members

The maximum number of decision-making members of CPAG will be 30.

- 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, who will usually be the NMDOH Regional HIV Health Educators who will serve as co-chairs of Regions 1, 2, 3, 4 and 5. All other regional co-chairs are nominated and selected by the region and then automatically become decision-making members of the statewide 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 HIV epidemic in New Mexico. Prospective at-large candidates will be recommended to the Parity, Inclusion and Representation (PIR) 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). The NMDOH HIV, STD and Hepatitis Section Manager will appoint the NMDOH Statewide Co-Chair subject to the concurrence of the Secretary of Health. The Statewide Community Co-Chair and PLWH Co-Chairs will be nominated and approved by the decision-making members of the CPAG.

In addition to the decision-making members, Ex-Officio (non-decision-making) membership may consist of representatives from state agencies and other organizations with unique statewide experience deemed valuable by the CPAG.

B. Orientation

At each meeting, newcomers will be provided with orientation materials and offered a current CPAG member as mentor. The orientation materials shall include a copy of the current HIV plans, CPAG orientation packet, a copy of the CPAG bylaws, and an acronym guide. This information is also available on www.nmcpag.org.

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 Federal Planning Guidance, an introduction to HIV epidemiology; key CPAG planning principles and practices; overview of the history of the New Mexico CPAG as well as the national HIV planning processes; 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 Northwest Public Health region.
- Region 2 is the Northeastern area of New Mexico and corresponds with NMDOH’s Northeast Public Health region two including Santa Fe County.
- Region 3 is the Albuquerque Metropolitan area and corresponds with part of NMDOH’s Northwest Public Health region.
- Region 4 is the Southeastern area of New Mexico and corresponds with NMDOH’s Southeast Public Health region.
- Region 5 is the Southwestern area of New Mexico and corresponds with NMDOH’s Southwest Public Health region.
- Region 7 is comprised of all the Native American Nations within the State of New Mexico.

Two Regional Co-Chairs will be nominated in the local regions and shall automatically become decision-making members of the statewide group. However, in Regions 1, 2, 3, 4 and 5, one of these seats will be assigned and appointed by the NMDOH HIV, STD and Hepatitis Section Manager. All other Regional Co-Chairs will be selected by the regional advisory groups.

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 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 Statewide HIV Plans.
- Advocate for the target populations within their regions which have been identified 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 Statewide HIV 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 Statewide HIV Plan.

D. Terms

There is no term limit for decision-making membership.

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

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 (PLWH) 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 Statewide 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. The PIR committee will be responsible for tracking and reviewing attendance and leaves of absence by decision-making members. It will also send out acknowledgement of resignation letters. The PIR Committee will also provide regular reports to the decision-making members at statewide CPAG meetings on the 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 one (1) CPAG statewide meeting. 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 epidemic in New Mexico. If approved, the PIR Committee will bring this application to the next statewide CPAG meeting for review and approval by the full group via 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 one Statewide Co-Chair and one other decision-making member.

The Bylaws Committee shall meet as deemed necessary by the CPAG membership or statewide co-chairs, 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 NMDOH HIV, STD, and Hepatitis Section, 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 all Statewide Co-Chairs in writing (including email) when resigning from the CPAG or when resigning from any position held in the CPAG. The resignation will be in effect upon receipt of this notification by the Statewide Co-Chairs. The Statewide Co-Chairs will then notify the CPAG membership and interested parties of the resignation and vacancy at the next statewide CPAG meeting.

K. Statewide Co-Chair Roles

The Statewide Co-Chairs, serve as both CPAG leaders and decision makers. Statewide Co-Chairs are expected to help in facilitating CPAG meetings. Other roles include drafting letters that support the mission of the CPAG. Only decision-making members of the CPAG who have attended two consecutive statewide CPAG meetings may be considered as the Statewide Community Co-Chair or PLWH Co-Chair.

Article VI: 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 the CPAG members in attendance. The bylaws go into effect upon consensus of all members at the CPAG meeting.