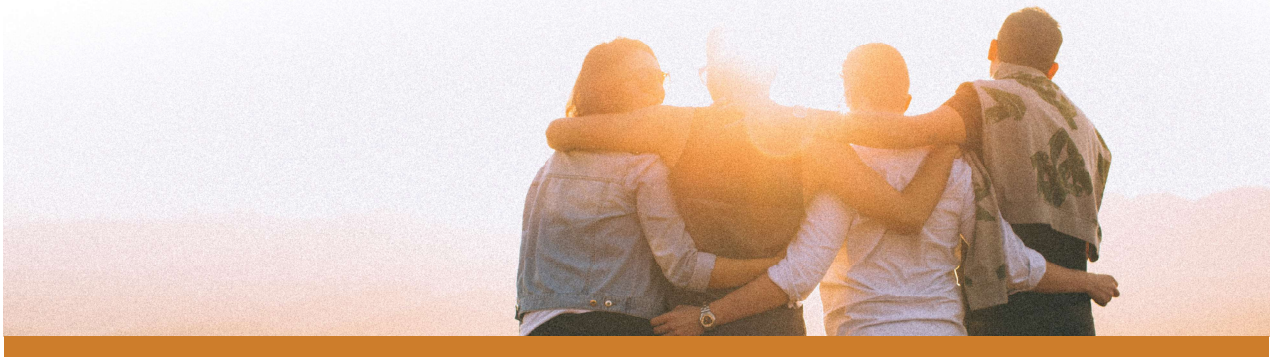
GET INVOLVED!

# THE COMMUNITY PLANNING AND ACTION GROUP

is seeking to grow its membership to ensure that the voices and expertise of the diverse community impacted by HIV are included in the planning of New Mexico's statewide Integrated Plan for HIV Prevention and Care. Anyone with an interest in the future direction of HIV services in New Mexico should consider being a member.



# WHAT DOES IT MEAN TO BE A MEMBER OF THE GROUP?

As a member of the group, you will have the opportunity to share your **insights about what is happening in your local community regarding HIV medical treatment, support services and prevention service**s. The CPAG meets monthly and there is significant information shared about statewide planning efforts and presentations that highlight new innovations in HIV treatment and prevention strategies.

CPAG is made up of 30 decision-making members. This membership is intended to **reflect the demographics of New Mexico's current population who are living with HIV**. However, it is not necessary to become a decision-making member in order to participate. In fact, the majority of monthly meeting attendees are not decision-making members and their participation and contributions are always welcome.

Monthly CPAG statewide meetings are moving to a hybrid format. That means that anyone can choose to attend in person in Albuquerque at the Alamosa Community Center - or virtually via the WebEx system (similar to ZOOM). Both decision-making members and community participants can receive support for attendance in person. That includes joining the group for lunch. Mileage reimbursement is also available for advocates, people living with HIV, and other persons who do not work in the field of HIV prevention or care. There are also local meetings of Regional Advisory Groups (RAG) which aim to get greater participation and input from all parts of the state.

NMCPAG
NEW MEXICO COMMUNITY PLANNING & ACTION GROUP

To learn more about CPAG membership and participation, visit **NMCPAG.ORG** or email us at **andrew.gans@state.nm.us.**

# Welcome to New Mexico's HIV Community Planning and Action Group (CPAG)

CPAG was founded in 1995 to ensure that the voices and expertise of the diverse communities impacted by HIV were included in planning. It has worked for over 20 years to ensure that New Mexico has excellent HIV prevention services.

In 2015, CPAG expanded its mission to conduct integrated planning for all activities related to HIV – including HIV medical treatment, support services and other care for persons living with HIV (PLWH). CPAG worked during 2015 and 2016 to create the first *New Mexico Integrated Plan for HIV Prevention and Care*. This five-year plan describes work to improve HIV outcomes during 2017-2021.

**The Integrated Plan highlights the new mission statement adopted by the CPAG:**

*New Mexico will be a place where 1) new HIV infections are prevented, 2) persons with HIV know their status and are retained in high quality care so they can achieve their full potential across their life span, and 3) barriers, stigma, discrimination and disparities are eliminated. This will achieve health equity and social justice for all persons and communities impacted by HIV regardless of race/ethnicity; sexual orientation; gender, gender identity, and gender expression; age; socio-economic circumstance; disability; language; immigration status; religion, spirituality and cultural tradition; and geographic locations including rural, frontier and tribal areas.*

CPAG is made up of 30 decision-making members. This membership is intended to reflect the demographics of New Mexico's current population who are living with HIV. It is not necessary to become a decision-making member in order for your participation to be openly welcomed and contributions valued. Currently many people who are not decision-making members participate in CPAG meetings regularly, offering input and their unique perspectives. Everyone is welcome to attend as often as they can!

We meet monthly in Albuquerque for a statewide meeting. CPAG has regional advisory groups (RAG) representing the Northwest, Northeast, Albuquerque metropolitan, Southwest and Southeast areas, plus a special group called "Region 7" that seeks input from American Indian tribes and nations. These groups set their own meeting schedules, on average about once a quarter. These groups allow people who are unable to attend the statewide meetings to hear what we are working on and give their input, as well as providing a way for regions to let the statewide group know of local concerns. RAG's are open to everyone, regardless if they can attend the statewide meetings.

We welcome anyone to join our meetings and consider decision-making membership. For more information on who we are, what we do and for membership requirements, please e-mail Andrew Gans Andrew.Gans@state.nm.us

| | | |
|---|---|---|
| Mattee Jim | David Wylie | Andrew Gans |
| Statewide Community Co-Chair | Statewide PLWH Co-Chair | Statewide NMDOH Co-Chair |

**Statewide Monthly meeting are held the second Friday of the month.**

- All meetings are open to the public
- Lunch is provided on-site

**Agenda Planning**

CPAG plans the agenda for the following month's meeting via a brief Agenda Planning Conference Call, normally held on the 4th Friday of the month at 10:00 am. It is held via conference call only. All are welcome to join to set direction for the group.

**Statewide monthly meetings**
Alamosa Community Center
6900 Gonzales Road SW, Meeting Room A
Albuquerque, NM 87121

To sign up for the CPAG email list, send an email to nm-cpag+subscribe@googlegroups.com

Need more information: Feel free to contact us – we're here to help!

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# NMCPAG
## NEW MEXICO COMMUNITY PLANNING & ACTION GROUP

ACTION EQUALS LIFE

c/o HIV Prevention Program, New Mexico Department of Health (NMDOH)
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**What is the New Mexico HIV Prevention Community Planning and Action Group (CPAG)?**

CPAG is a partnership between the New Mexico Department of Health and community members who are infected with or affected by HIV or who have an interest in HIV prevention. It fulfills a mandated role to develop a statewide *Comprehensive HIV Prevention Plan* and update it annually.

**What is community planning for HIV prevention?**

Community planning for HIV prevention is a collaborative process in which people from different walks of life, with different interests, responsibilities , and involvement in HIV prevention come together as a group to plan how to prevent HIV infection where they live.

Beginning in 1994, the Federal Centers for Disease Control and Prevention (CDC) changed the manner in which federally-funded state and local HIV prevention programs were planned and implemented. State and local health departments receiving federal prevention funds are required to share the responsibility for developing a statewide *Comprehensive HIV Prevention Plan* with representatives of affected communities.

This community-based process enhances HIV prevention in three important ways by: 1) increasing meaningful community involvement in prevention planning, 2) improving the scientific basis of program decisions, and 3) ensuring that resources target those communities at highest risk for HIV transmission.

Prevention efforts are most successful when they are designed to meet the unique needs, cultures and issues of local communities. Because the populations at greatest risk of HIV infection vary across different parts of the United States, local planning efforts ensure that each community delivers HIV prevention appropriately.

**Why do we call our group CPAG and not just CPG?**

Among the Unites States, most HIV planning bodies are called "Community Planning Groups (CPG)" or "Prevention Planning Groups (PPG)." The New Mexico group added **Action** to its name to demonstrate its commitment to be an active and vocal advocate for issues related to HIV, sexually transmitted diseases (STD) and hepatitis. We are the Community Planning and ACTION Group because we believe that if "Silence = Death", then Action = Life!

**Who serves on the CPAG?**

The CPAG has up to 30 members including:

- People living with HIV/AIDS, their partners and families
- Concerned individuals who provide prevention and/or services to people with HIV/AIDS and disproportionately affected communities.
- Representatives of state government agencies

- Persons from communities at high risk of HIV infection
- Community leaders and advocates

The membership term is 2 years from the date an individual is selected to be a **decision-making member**. The CPAG has three statewide co-chairs. The co-chairs of six Regional Advisory Groups also serve as members of the statewide group. These co-chairs are nominated by the region and approved by consensus to serve as decision-making membership by the state CPAG. In addition, there are 15 at-large members from across the state. The membership must be representative of the HIV epidemic in New Mexico.

Members of the group include people of varied ages, gender, races, and sexual orientation. Some have been involved in the field of HIV/AIDS prevention for a long time; some are new to dealing with these issues. Many are people whose lives have been personally touched by HIV/AIDS or who themselves are living with HIV/AIDS.

All members share a common vision of stopping the spread of HIV. All are equal in the group. They have been selected for membership to allow their unique backgrounds, expertise and experience to enrich the community planning process. Everyone's opinion is important.

The CPAG seeks application for membership on an ongoing basis. Individuals are nominated for membership either by themselves or by others.

**What are the responsibilities of the CPAG?**

The primary task of the CPAG is to develop a statewide **Comprehensive HIV Prevention Plan** that describes prioritized target populations and a set of prevention activities for each target population. These priorities are identified based on their ability to prevent new HIV infection.

Key information necessary to develop the comprehensive HIV prevention plan is found in an epidemiologic profile and in statewide and regional Community Services Assessments (CSA). These must incorporate current data and best practices, using behavioral and social science theories when appropriate.

After developing and reviewing the findings and data in these resources, CPAG uses this evidence to set priorities regarding the target populations at greatest risk of new HIV infection. CPAG then works to identify the mix of HIV prevention strategies, models and interventions that will best meet the needs of each prioritized target population.

**How often does the CPAG meet and how are decisions made?**

The full membership of the CPAG meets every second Friday of the month, from 9:30AM – 2:30PM. These meetings typically run for approximately 5 hours including lunch, which is provided for all participants.

All decision of the statewide CPAG are made using a **consensus** process. For this reason, members are known as decision-makers rather than voting members.

**What are CPAG Committees and Taskforces?**

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

- Membership/PIR Committee
- By-Laws Committee
- Technical Assistance Committee

In addition, there are 4 population-based taskforces the look at the specific trends, needs and issues faced by their respective populations. The taskforces contribute to the prioritization of sub-populations and effective interventions for the communities they represent. These taskforces are:

- Injection Drug Users (IDU) / Substance Users Task Force
- Persons Living with HIV/AIDS (PLWH/A) Task Force
- Gay/Bisexual/Transgender/MSM Task Force
- Heterosexual at Risk (HAR) Task Force

**Is the CPAG only for planning prevention efforts? What about services for HIV-positive individuals?**

The CPAG primarily works to stop the spread of HIV through community engagement, the education of key stakeholders, and development of a statewide Comprehensive HIV Prevention Plan. The Department of Health uses this plan as the basis for its HIV/AIDS prevention funding decisions.

Though not directly providing services for HIV-positive individuals, the CPAG has played a role in the implementation of many important changes in New Mexico including:

- The availability of anonymous HIV testing
- The creation of a needle exchange program
- The creation and implementation of HIV prevention programs designed and delivered specifically to persons living with HIV/AIDS (PLWH/A).

CPAG feels strongly about the need to involve PLWH/A in the community planning process. This led the group to create a third co-chair position which must be filled by a PLWH/A, to ensure such presentation among CPAG's leadership.

There is a parallel planning process for HIV services. This is conducted by the New Mexico Governor's Commission on AIDS. Some members of CPAG serve on this Commission as well, to ensure coordination between the two planning efforts.

**Who funds the activities of the CPAG?**

The CPAG is funded by the Federal Centers for Disease Control and Prevention (CDC), through the HIV Prevention Program of the New Mexico Department of Health (NMDOH).

**How can I get involved?**

The CPAG seeks applications for membership on an ongoing basis. Individuals are either self-nominated or nominated by others for membership.

Members whose expenses for participation are not covered by their employment are reimbursed for mileage.

**Membership Responsibilities**

Decision-making members of CPAG are expected to fulfill the following roles.

- Participate actively in the community planning process
- Attend regular statewide meetings of the full CPAG. Failure to attend 3 consecutive meetings or 4 total meetings annually will result in their removal from decision-making member status.
- Participate actively on at least one committee or task force.
- Share one's experience and expertise with the CPAG.
- Serve as liaison with the public regarding community planning and activities. Keep the CPAG informed about the needs of the public.
- Assist in recruitment of CPAG members and committee participants.
- Participate in orientation trainings and learn about community planning principles and CPAG processes.
- Become familiar with the CPAG bylaws and the statewide *Comprehensive HIV Prevention Plan*.
- Review materials prior to meetings to be prepared to actively participate in discussions and decisions.
- Serve as formal or informal mentors to new members of the CPAG.

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# Bylaws

***ADOPTED August 10, 2018***

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

## Article I: Name

The name of New Mexico's coalition for integrated HIV prevention and care planning shall be the New Mexico HIV Community Planning and Action Group (CPAG).

## Article II: Vision

New Mexico will create a future where 1) new infections are rare, 2) all persons with HIV know their status and are retained in high quality care that improves their health outcomes, and 3) barriers, stigma, discrimination and disparities based on race/ethnicity, sexual orientation, gender, gender identity and expression, age, socio-economic circumstance, disability, language and immigration status are eliminated.

## Article III: Roles and Responsibilities

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

1. Identify technical assistance and capacity development needs for effective community participation in the planning process;
2. Ensure effective and diverse community participation in the planning process;
3. Review available epidemiologic, evaluation, behavioral and social science, cost effectiveness, and needs assessment data and other information to define needs, gaps, barriers and priorities for HIV prevention and care services across the state;
4. Assess existing statewide and regional community resources to determine the community's capability to respond to the HIV epidemic;
5. Ensure that the State's integrated HIV prevention and care plans completely and appropriately addresses the range of HIV prevention and services;
6. Review the documents submitted by the New Mexico Department of Health (NMDOH) to CDC and HRSA as required, and provide a letter of concurrence or non-concurrence; and
7. Evaluate the HIV community planning process.

### B. Shared Responsibilities of NMDOH and CPAG

1. Coordinate and facilitate the community planning process, including arranging meetings and preparing documents and reports;
2. Develop work plans for and provide guidance to the CPAG membership and participants;
3. Provide training and technical assistance for the CPAG as needed;
4. Recruit diverse 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.

Regional Advisory Groups (RAG) offer opportunities for community members to engage in HIV planning without having to attend statewide CPAG meetings which are normally held only in Albuquerque. Each RAG will set its own goals and priorities. Meeting frequency is determined by the RAG based on these tasks.

### B. Status of Decision-Making Members and Attendance

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. The PIR committee shall review each 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 when they are not on a leave of absence will be removed from decision-making status. To ensure that members are aware of that they may lose their membership, the PIR committee shall reach out to decision-making members after they miss two (2) meetings in a calendar year to note that another absence will mean this change in status.

Members can lose their status as decision-makers for cause. If an individual feels that a member should be removed due to hostile or aggressive behavior or other activities that hinder the operation of the group and community involvement, they should bring this issue to the PIR committee. The PIR committee can then make a recommendation for removal that must be confirmed by consensus of the full membership at the next regular meeting, where the person in question cannot block consensus.

### 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.

**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.

- State employees including staff of the New Mexico Department of Health (NMDOH) often are active participants and subject matter experts for CPAG. However, all state employees except the NMDOH Co-Chair shall serve as ex-officio members rather than decision-making members who count towards this maximum of 30.

- Each Regional Advisory Group (RAG) shall have two co-chairs. It is recommended but not required that these co-chairs participate in the statewide group, to ensure good communication with their RAG. At least one co-chair should maintain status as a decision-making member by applying for an open seat. Typically, at least one RAG co-chair is a NMDOH employee, however this is not required. NMDOH employees will not be decision-making members of the statewide group even if they serve in this RAG co-chair role.

- CPAG will have a total of three (3) co-chairs who will be decision-making members. They shall represent:
  - Community Co-Chair: Any person representing a community impacted by HIV.
  - Persons Living With HIV (PLWH) Co-Chair: A person living with HIV.
  - NMDOH Co-Chair: An employee of NMDOH appointed by the HIV, STD and Hepatitis Section Manager.

- In addition, there will be twenty-seven (27) at-large members from across the state. 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.

**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

plan, 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**

- Northwest Region is part of the NMDOH Northwest Public Health Region and includes San Juan, McKinley and Cibola Counties.
- Northeast Region matches the 10 counties of the NMDOH Northeast Public Health Region.
- Metro Region is the Albuquerque metropolitan area, which includes Bernalillo, Valencia and Torrance Counties of the NMDOH Northwest Public Health Region.
- Southeast Region matches the 8 counties of the NMDOH Southeast Public Health Region.
- Southwest Region matches the 8 counties of the NMDOH Southwest Public Health Region.
- Southwest Indigenous Initiative (SWII), formerly known as Region 7, is comprised of all the Native American Nations within the State of New Mexico.

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.
- Serve as a link by which needs and services within the communities can be identified for inclusion in integrated HIV prevention and care plans.
- Collect information (e.g. community needs assessments, resource lists, etc.) to be used for the development of integrated HIV prevention and care plans.

**D. Terms**

There is no term limit for decision-making membership.

A member who is nominated and accepted for the role of 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:

- Agenda Planning Committee
- 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 immediately upon consensus of all members at the CPAG meeting.

# FORMAL CONSENSUS

# A MODEL FOR MANAGEMENT AND COMMUNITY ORGANIZATION

FORMAL CONSENSUS:

- Specific kind of decision making
- Provides: foundation, structure & Collection of techniques for efficient and productive group discussions

Advantages:

- Non-violent
- Decisions will reflect entire group and not just the leaders
- Ownership of decisions by all and therefore, plans are carried out with greater satisfaction
- Two or more heads are better than one
- Requires practice and commitment for active cooperation, disciplined speaking, listening, respect

Formal Consensus Defined:

Group dynamics: A group is a number of individuals having some unifying relationship.

- Conflict is encouraged, supported and resolved cooperatively with respect, non-violence and creativity… it is desirable!
- Majority rule/competition vs. consensus/cooperation:

  Majority Rule is a competitive dynamic created because the group is being asked to choose between two or more possibilities. Ideas are <u>owned</u> by individuals and defended in the face of improvements.

  Consensus is a cooperative dynamic where one proposal (idea) is considered at a time. Everyone works together to make the best decision for the group. All voices are heard. Ideas are <u>shared</u> by the group = solutions <u>shared</u>. Characteristics of formal consensus:

- Consensus is the least violent decision making process. The will of minority taken into account…everyone is respected. It lacks power to dominate…all contributions are valued.

- It is the most democratic decision making process. It is inclusive…encourages participation…equal access to power…develops cooperation, empowerment. It creates a sense of individual responsibility for group synthesis and evolution vs. competition/attrition.
- It is based on principles of the group. Objections must address concerns of the individual and be in the best interest of the group as a whole.
- Works better when more people participate. Ideas build one upon the next = creative interplay.
- Not inherently time consuming…works better with patience as any process does.
- Cannot be secretly disrupted if practiced as taught – disruptive behavior must not be tolerated.

STRUCTURE OF FORMAL CONSENSUS

Levels or Cycles:

The purpose of defining levels is to allow the introduction of additional structure into the discussion to help resolve concerns and reach consensus.

LEVEL ONE: Broad scope to consider philosophical/political implications, general merits, drawbacks and other relevant information. The focus is on the proposal as a whole.

LEVEL TWO: Discussion limited to the general or overall concerns, they are identified and listed. The focus is on resolving the entire body of concerns or groupings of similar concerns.

LEVEL THREE: Scope is very narrow. The focus is to limit discussion to a single unresolved concern, remaining until resolved. This process requires strong facilitation and discussion techniques.

FLOW OF FORMAL CONSENSUS PROCESS

Ideally, proposals are submitted in writing and briefly introduced first time on the agenda.

INDTRODUCTION OF PROPOSAL BY FACILITATOR

- Introduces individual presenting the proposal
- Gives short update/previous action
- Explains process which brought proposal to meeting
- Explains process to consensus/insure all understand structure

Proposal must be written and distributed (when possible in advance of the meeting); presenter reads out loud with background information; addresses benefits, reasons to adopt and concerns that pre-exist.

LEVEL ONE: BROAD DISCUSSION (GROUP OF CONCERNS)

- Philosophical/political debate: How proposal may effect group
- Individual concern not the focus
- Comments/ideas/other factual discussion
- General problems entertained
- Facilitator or presenter of proposal calls for consensus

CALL FOR CONSENSUS

Facilitator asks: "Are there any unresolved concerns?"/ "Concerns Remaining?" If no concerns…facilitator declares consensus reached and proposal is read or submitted for the record. Allow for silence to encourage everyone to be at peace with consensus. Any concerns for which someone stands aside are listed with the roposal and become part of it. If concerns remain…

LEVEL TWO: BRAINSTORM TO LIST CONCERNS AS A WHOLE

Discussion begins with brainstorming to identify and list all concerns. Facilitator diverts efforts to defend proposal or resolve concerns. After listed, group reflects on concerns as a whole, then discussion and attempt to resolve concerns as a whole…not focused on one particular concern. Do comments resolve concerns? If yes, call for consensus. If concerns remain…

LEVEL THREE: INDIVIDUAL CONCERNS

Restate concerns one at a time (Resolved concerns are removed) One concern:
Questions which clarify the concern to achieve understanding before discussion begins: focus on suggestions, ideas to resolve. Repeat process until all are resolved. If concern/s remain…

CLOSING OPTIONS

1. Withdraw Concern: "Standing Aside"
   Voluntary withdrawn: Facilitator asks if person/s with the concern are willing to "stand aside", acknowledge that the concern still exists and allow adoption of the proposal. The unresolved concern is written down with the proposal in the record and becomes part of the proposal.

2. Send proposal to committee (or postpone decision till next meeting) If time allows:
   - Committee clarifies the concern/s, bring new and creative resolutions to the group.
   - Committee represents those who voiced the concerns and those most supportive of the proposal.

3. Declare a block to proposal
   Facilitator recognizes all levels followed, time out, major concerns remain unresolved. The group is unwilling to allow more time or send the proposal to committee so the facilitator must declare the proposal blocked and move to the next agenda item.

RULES OF FORMAL CONSENSUS

1. Once a decision has been adopted by consensus, it cannot be changed without reaching new consensus.
2. One person speaks at any moment. (Role of peacekeeper/facilitator exempt from this rule to maintain order)
3. All structural decisions (i.e., which roles to use, who fills role, facilitation technique, etc.) are adopted without debate. Any objection creates new selection.
4. All content decisions (i.e., agenda contract committee reports, proposals, etc.) are adopted with and after debate. Discussed before consensus.
5. A concern must be based upon principles of the group to justify a block to consensus.
6. Every meeting which uses formal consensus must have evaluation.

CONFLICT AND CONSENSUS

This concept involves group's honest assessment of ability to honor the principles.

- Group must have statement of purpose/constitution that includes principles and values.
- The environment promotes:

TRUST: Examination of attitudes; open to new ideas; acknowledge and appreciate personal and cultural differences.

RESPECT: Listen; No interruptions; ideas taken seriously; criticize act, no the person; validate emotional and logical concerns.

UNITY OF PURPOSE AND NON-VIOLENCE: Use power to make decisions and achieve goals while respecting differences and cooperating; basic understanding about goals and purpose of group is shared.

SELF EMPOWERMENT: All participate.

COOPERATION: Shared responsibility in finding solutions to all concerns.

CONFLICT RESOLUTION: Conflict is expression of disagreement and diverse viewpoints; focus and explore strengths and weaknesses of attitudes, assumptions and plans; work together to discover which choice is best for all members; creates growth; engenders and requires patience.

COMMITMENT TO GROUP: Personal responsibility to behave with respect, good will and honesty; group needs prioritized over desires of an individual.

ACTIVE PARTICIPATION: Process of synthesis promotes trust by creating atmosphere where every contribution is considered valuable.

EQUAL ACCESS TO POWER: Avoid hierarchical structures by sharing power, skills, information; roles shared.

PATIENCE: More time to allow for creative interplay of ideas.

DEGREES OF CONFLICT

- Group determines a concern's legitimacy based on principles of the group/relevance to the group as a whole.
- If reasonable solution is offered and not accepted by the individual raising the concern, the group may decide the concern is resolved and individual is out of order for failing to recognize it.
- Individual expresses concern and the group resolves the concern.
- Blocking concern must be based on group principle, not individual preference, must be essential to group's welfare.

EVALUATION

Time at the end of the meeting that is devoted to:

- Improvement of structure of process/dynamics of the group
- Process interactions between members
- No discussion nor opportunity to comment on each others statements
- Not intended to re-open debate on agenda item
- Express feelings; highlight problems; foster communication
- Praise facilitator, members, process
- Focus on learning/growing
- Avoid blaming
- Open to pleasure of group

ROLES

AGENDA PLANNERS:

- Collect items/arrange
- Assign presenters
- Brainstorm discussion techniques
- Set time limits write up proposed agenda

FACILITATOR: "to make easy" "good will"

- Conducts group business/guides formal consensus process
- Role rotated for power/skill sharing
- Co-facilitation for balance (gender/ethnic/age etc.)
- Non-directive leadership, responsibility for:
  1. moving through agenda in allotted time
  2. guiding the process
  3. suggesting alternate/additional techniques
- If facilitator wants to participate, s/he must relinquish role and speak as an individual
- Needs of group, balance input
- Clarity of process: review what happens
- Responsible for honoring agenda contract

PEACEKEEPER: Large group/controversial topics – selected w/o debate

- Not personally invested in discussion
- Tensions are up, peacekeeper steps in to remind group of common goals and commitment to cooperation
- May call for moment/s of silence
- May interrupt speaker
- Comments always directed to group not individual
- Points out when group did something well

ADVOCATE: Selected w/o debate/last resort

- Interrupt meeting when someone is unable to be understood, invite individual to stop outside and discuss one to one to review concern and its relationship to the best interest of the group
- Presents the concern to the group for the individual

TIMEKEEPER: Makes the facilitator/group aware of the time remaining in discussion

PUBLIC SCRIBE: Writing for group to see process

NOTETAKER: Makes written record of the content of meeting

- Post decision (if no scribe), read notes for accuracy
- Record accurately for group access

DOORKEEPER: Welcomes people, distributes literature, informs of pertinent information

TECHNIQUES

- Clarifies point of information vs. debate
- Equalizing participation
- Listening
- Stacking: organize order of speakers
- Pacing: flow of meeting
- Checking the process
- Silence
- Taking a break
- Call for consensus
- Summarizing
- Reformulating the proposal
- Stepping out of role
- Passing the clipboard: collect information
- Polling: used cautiously
- Censoring: used to control individual who breaks rules/structure by facilitator
- Expulsion: individual removed for extreme disruption

GROUP DISCUSSION TECHNIQUES

- Identification: names
- Whole group
- Small group
- Go rounds – inclusion
- Active Listening: repeat
- Caucusing: to clarify points
- Brainstorming
- Fishbowl: inner group within larger group discuss

# PROCESS OF FORMAL CONSENSUS

<u>INTRODUCTIONS</u>

INTRODUCTIONTION BY FACILITATOR
PROPOSAL BY PRESNETER
QUESTIONS TO CLARIFY PROPOSAL

<u>LEVEL ONE: BROAD DISCUSSIONS</u>

GENERAL DISCUSSION
CALL FOR CONSENSUS ——— YES ——→
NO ↓
<u>LEVEL TWO: GROUPS OF CONCERNS</u>

LIST ALL CONCERNS
RESOLUTION OF CONCERNS
CALL FOR CONSENSUS ——— YES ——→
NO ↓
<u>LEVEL THREE: INDIVIDUAL CONCERNS</u>

RESTATE EACH CONCERN
QUESTIONS TO CLARIFY CONCERN
DISCUSS THE CONCERN
EACH CONCERN RESOLVED??
CALL FOR CONSENSUS ——— YES ——→
NO ↓
WITHDRAW CONCERN/STAND ASIDE
SEND PROPOSAL TO COMMITTEE
DECLARE THE PROPOSAL BLACKED

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# Common Acronyms

| | | |
|---|---|---|
| **3MV** | Intervention | Many Men, Many Voices, a DEBI evidence-based intervention |
| **AAIHB** | Organization | Albuquerque Area Indian Health Board, Albuquerque |
| **ACA** | General | Affordable Care Act (also called the Patient Protection and Affordable Care Act) |
| **ACCESS** | General | A client-centered entry system for HIV Services Providers (HSP) in the State of New Mexico using a single application form for all HIV Services. |
| **ADAP** | General | AIDS Drug Assistance Program |
| **AETC** | Organization | AIDS Education and Training Center |
| **AHCH** | Organization | Healthcare for the Homeless, Albuquerque |
| **AIDS** | General | Acquired Immunodeficiency Syndrome |
| **ANM** | Organization | Alianza of New Mexico |
| **APTC** | General | Advance Premium Tax Credit, part of the ACA |
| **ART** | General | Antiretroviral Therapy (also see HAART) |
| **ARTAS** | Intervention | Anti-Retroviral Treatment and ACCESS to Services, a DEBI evidence-based intervention |
| **ASO** | Organization | AIDS Service Organization |
| **BHSD** | Organization | Behavioral Health Services Division, part of the New Mexico Human Services Department |
| **CAB** | Organization | Community Advisory Board |
| **CAC** | Organization | Consumer Advocacy Council |
| **CAPS** | Organization | Center for AIDS Prevention Studies, San Francisco |
| **CARE Act** | General | Ryan White Comprehensive AIDS Resource Emergency Act, also known simply as “Ryan White” |
| **CBA** | General | Capacity Building Assistance |
| **CBO** | Organization | Community Based Organization |
| **CCC** | Organization | Community Collaborative Care Program, Las Cruces |
| **CDC** | Organization | Federal Centers for Disease and Control and Prevention |
| **CLI** | Intervention | Community Level Intervention |
| **CM** | Intervention/Service | Case Management |
| **COH** | General | Circle of Harmony bi-annual conference on HIV among American Indians |
| **CPAG** | General | New Mexico HIV Community Planning and Action Group |
| **CQM** | General | Clinical Quality Management |
| **CRCS** | Intervention | Comprehensive Risk Counseling and Services, formerly known as PCM |
| **CSA** | General | Community Services Assessment, a planning task |
| **CSAP** | Organization | Federal Center for Substance Abuse Prevention |
| **CSR** | General | Cost Sharing Reduction |
| **CTRS** | Intervention | HIV Counseling, Testing and Referral Services |
| **DAP** | General | Dental Assistance Program |

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| **DEBI** | Intervention | Diffusion of Effective Behavioral Interventions, a program of CDC to promote effective prevention models that have a scientific research basis |
| **DHAP** | Organization | CDC Division of HIV/AIDS Prevention |
| **DPS** | General | Disease Prevention Specialist (typically called Disease Intervention Specialist) |
| **DPT** | General | Disease Prevention Team |
| **DSHP** | Organization | Federal Division of State HIV/AIDS Programs, part of HRSA HAB that manages Ryan White Part B |
| **DSTDP** | Organization | CDC Division of STD Prevention |
| **DTC** | General | Data to Care |
| **DVH** | Organization | CDC Division of Viral Hepatitis |
| **EBI** | Intervention | Effective Behavioral Interventions (also see DEBI) |
| **ECHO** | Organization | Extensions for Community Healthcare Outcomes Project of the University of New Mexico |
| **EFA** | Intervention/Service | Emergency Financial Assistance |
| **eHARS** | General | Enhanced HIV/AIDS Reporting System |
| **EIA** | General | Enzyme ImmunoAssay |
| **EIIHA** | General | Early Identification of Individuals with HIV/AIDS |
| **EIS** | General | Early Intervention Services |
| **ELISA** | General | Enzyme-Linked Immunosorbent Assay, a type of HIV screening test |
| **ERD** | Organization | Epidemiology and Response Division, a unit of NMDOH |
| **FNCH** | Organization | First Nations Community Healthsource, Albuquerque, Farmington and Gallup |
| **FPL** | General | Federal Poverty Level |
| **FYI** | Organization | Families and Youth Incorporated, Las Cruces |
| **GLBT** | Population | Gay, Lesbian, Bisexual, Transgender |
| **GMOC** | Population | Gay Men of Color |
| **GSA** | Organization | Gay-Straight Alliance |
| **HAART** | General | Highly Active Anti-Retroviral Therapy (also see ART) |
| **HAB** | Organization | Federal HIV/AIDS Bureau, part of HRSA |
| **HAR** | Population | Heterosexual(s) at Risk |
| **HBV** | General | Hepatitis B Virus |
| **HC/PI** | Intervention | Health communications/public information |
| **HCV** | General | Hepatitis C Virus (also see Hep C) |
| **HE/RR** | Intervention | Health Education and Risk Reduction |
| **HEART** | Intervention | Helping Enhance Adherence to Antiretroviral Therapy |
| **HEP C** | General | Hepatitis C (also see HCV) |
| **HHS** | Organization | Federal Department of Health and Human Services |
| **HIP** | General | High Impact Prevention |
| **HIPAA** | General | Health Insurance Portability and Accountability Act |
| **HIV** | General | Human Immunodeficiency Virus |
| **HIV EPI** | Organization | HIV and AIDS Epidemiology Program, a unit of NMDOH |
| **HIX** | Organization | New Mexico's Health Insurance Exchange |

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| **HMO** | Organization | Health Maintenance Organization |
| **HOPWA** | General | Housing Opportunities for Persons with AIDS |
| **HPV** | General | Human Papilloma Virus, also known as genital warts |
| **HR** | Intervention | Harm Reduction |
| **HR** | Intervention | Healthy Relationships, a DEBI evidence-based intervention |
| **HRSA** | Organization | Federal Health Resources and Service Administration |
| **HSD** | Organization | New Mexico Human Services Department |
| **HSP** | Organization | HIV Service Provider network organization |
| **HUD** | Organization | Federal Housing and Urban Development agency |
| **IAP** | General | Insurance Assistance Program to assist with health insurance co-pays and premiums for persons living with HIV |
| **IDG** | Intervention | Intervention Delivered to Groups |
| **IDI** | Intervention | Intervention Delivered to Individuals |
| **IDNS** | General | Infectious Disease Nurse Specialist staff member of NMDOH |
| **IDU** | Population | Injection Drug User (also see PWID and PWIS) |
| **iHEAL** | Intervention | Incarcerated Health Education for Addictive Lifestyles curriculum for inmates, developed by NMDOH |
| **LC** | General | Linkage Coordinator |
| **LGBTIQ** | Population | Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and/or Questioning |
| **LTC** | General | Linkage to Care or Linked-to-Care |
| **MCM** | Intervention/Service | Medical Case Management |
| **MP** | Intervention | A program that uses the Mpowerment model |
| **MSM** | Population | Men/Man who has Sex with Men |
| **MSM/IDU** | Population | Men who have Sex with Men and who inject drugs |
| **NA** | General | Needs Assessment |
| **NASTAD** | Organization | National Alliance of State and Territorial AIDS Directors |
| **NCHHSTP** | Organization | CDC National Centers for HIV, Hepatitis, STD, and TB Prevention (includes DHAP, DVH and DSTDP) |
| **NCSD** | Organization | National Coalition of STD Directors |
| **NHAS** | General | National HIV/AIDS Strategy, developed by the White House Office of National HIV/AIDS Policy |
| **NIC** | General | Not in Care (also see OOC) |
| **NIR** | General | No Reported or No Identified Risk |
| **NLAAD** | General | National Latino AIDS Awareness Day |
| **NMAC** | Organization | National Minority AIDS Council |
| **NMAS** | Organization | New Mexico AIDS Services, Albuquerque and Farmington |
| **NMDOH** | Organization | New Mexico Department of Health |
| **NMMIP** | Organization | New Mexico Medical Insurance Pool, a high-risk pool operated by Blue Cross and Blue Shield |
| **NNAAPC** | Organization | National Native American AIDS Prevention Center, Denver |

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| **nPEP** | General | Non-occupational post-exposure prophylaxis |
| **OD** | General | Overdose |
| **OMH** | Organization | Federal Office of Minority Health |
| **OMHRC** | Organization | Federal Office of Minority Health Resource Center |
| **ONAP** | Organization | Office of National AIDS Policy, at the White House |
| **OOC** | General | Out of Care (also see NIC) |
| **OOS** | General | Out of State |
| **OR** | Intervention | Outreach |
| **Part A** | General | Section of the Ryan White legislation that provides funding to the most heavily impacted cities (none of which are in New Mexico) |
| **Part B** | General | Section of the Ryan White legislation that provides funding to states |
| **Part C** | General | Section of the Ryan White legislation that provides funding to clinical providers |
| **PCC** | General | Patient Care Conference |
| **PCM** | Intervention | Prevention case management, now known as CRCS |
| **PED** | Organization | New Mexico Public Education Department |
| **PEMS** | General | Program Evaluation Monitoring System, an evaluation database formerly used by CDC |
| **PEP** | General | Post-exposure prophylaxis |
| **PfH** | Intervention | Partnership for Health, a DEBI evidence-based intervention |
| **PHD** | Organization | Public Health Division, a unit of NMDOH |
| **PIR** | General | Parity, Inclusion, and Representation, the membership process for CPAG |
| **PLWA** | Population | People/person living with AIDS |
| **PLWHA** | Population | People/person living with HIV/AIDS |
| **POL** | Intervention | Popular Opinion Leader, a DEBI evidence-based intervention |
| **PPACA** | General | Patient Protection and Affordable Care Act (also see ACA) |
| **PrEP** | Intervention | Pre-exposure prophylaxis |
| **PROMISE** | Intervention | Peers Reaching Out and Modeling Intervention Strategies, a DEBI evidence-based intervention |
| **PS** | General | Partner Services |
| **PSA** | Intervention | Public Service Announcement |
| **PSE** | General | Public Sex Environment(s) |
| **PWID** | Population | Person who Injects Drugs (also see IDU) |
| **PWIS** | Population | Person who Injects Substances (also see IDU) |
| **QA** | General | Quality Assurance |
| **QIP** | General | Quality Improvement Plan |
| **QM** | General | Quality Management |
| **RAG** | General | Regional Advisory Group, one of six advisory bodies to CPAG that cover local issues and needs |

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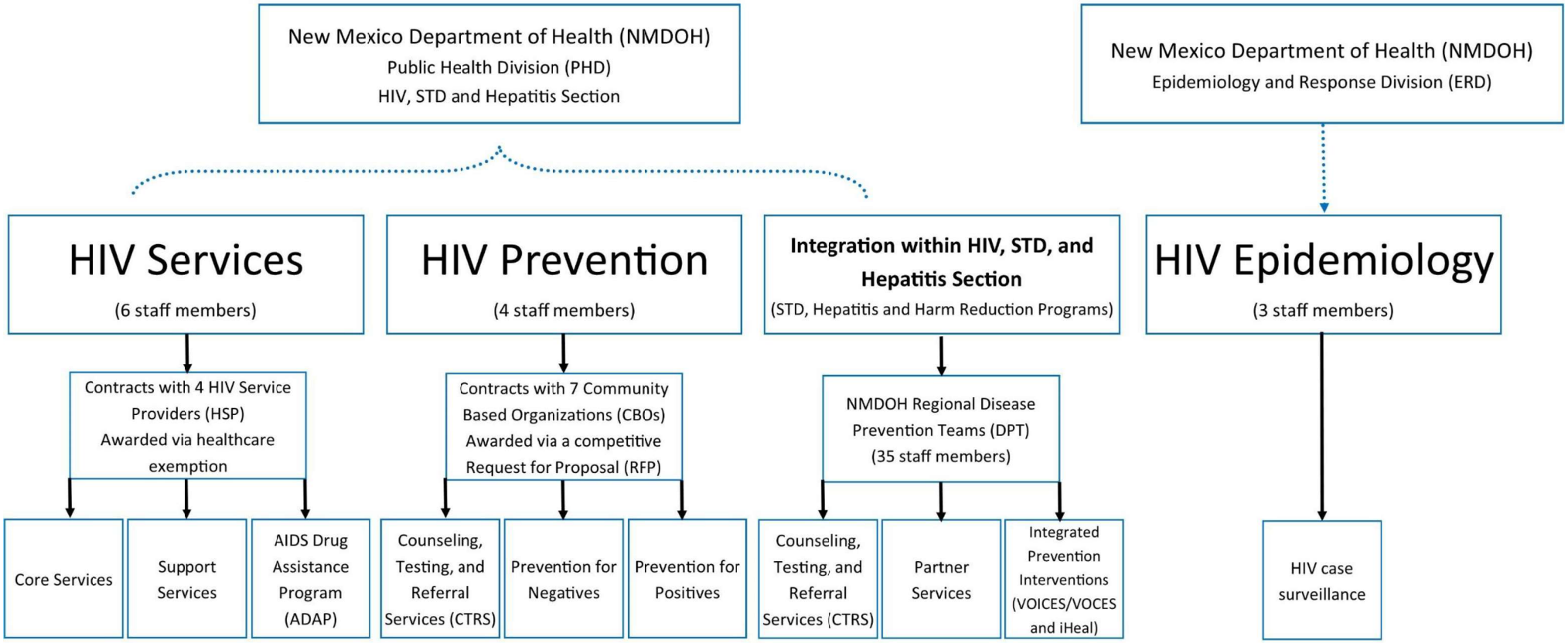
| **RAPP** | Intervention | Real AIDS Prevention Program, a DEBI evidence-based intervention |
| **RFP** | General | Request for Proposals |
| **RWHAP** | General | Ryan White HIV/AIDS Program |
| **SAMHSA** | Organization | Federal Substance Abuse and Mental Health Services Administration |
| **SBCM** | General | Strength Based Case Management |
| **SCC** | Organization | Southwest C.A.R.E. Center, Santa Fe and Albuquerque |
| **SEP** | General | Special Enrollment Period, part of the ACA |
| **SES** | General | Socio-Economic Status |
| **SFMC** | Organization | Santa Fe Mountain Center, Santa Fe |
| **SIPI** | Organization | Southwestern Indian Polytechnic Institute |
| **SISTA** | Intervention | Sisters Informing Sisters on Topics about AIDS, a DEBI evidence-based intervention |
| **SLCSP** | General | Second Lowest Cost Silver Plan, part of the ACA |
| **SPNS** | General | Federal funding under Ryan White for Special Projects of National Significance |
| **SSDI** | General | Social Security and Disability Insurance |
| **SSI** | General | Social Security Income |
| **SSP** | Intervention | Syringe Services Program, formerly known as SEP for Syringe Exchange Program |
| **STD** | General | Sexually transmitted disease (also called Sexually Transmitted Infection) |
| **TA** | Intervention | Technical Assistance |
| **TasP** | Intervention | Treatment as prevention (TasP) |
| **TG** | Population | Transgender |
| **TGRCNM** | Organization | Transgender Resource Center of New Mexico, Albuquerque |
| **TLC** | Intervention | Teens Linked to Care – an evidence-based intervention |
| **TSM/MST** | Population | Transgender persons who have sex with men/men who have sex with transgender persons |
| **UNM** | Organization | University of New Mexico |
| **VA** | Organization | Federal Veterans Affairs/Administration agency |
| **VL** | General | Viral Load |
| **VOICES/ VOCES** | Intervention | Video Opportunities for Innovative Condom Education and Safer Sex, a DEBI evidence-based intervention |
| **WB** | General | Western Blot, a test for HIV |
| **YDI** | Organization | Youth Development, Inc., Albuquerque |
| **YMSM** | Population | Young Men who have Sex with Men |
| **YRRS** | General | Youth Risk and Resiliency Survey of secondary school students, based on Youth Risk Behavior Survey (YRBS) |

# New Mexico – HIV Services Continuum




**HIV Community Planning and Action Group (CPAG)**
Integrated Planning and Community Engagement

**Funding sources for HIV Activities**

Centers for Disease Control and Prevention (CDC): $1,300,000
Heath Resources and Services Administration (HRSA): $4,200,000
Program income /revenue: $1,000,000
State General Funds: $2,400,000

# Membership Application

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.

If you have questions about this application, please call Andrew Gans at 505-476-3624

General Information

Name: _____ Pronouns: _____

Address: _____City and Zip Code: _____

E-mail: _____Day Phone (include area code): _____

Agency or Affiliation (if any): _____

Region: Please check one. (*If you are part of Southwest Indigenous Initiative, please check Southwest Indigenous Initiative and one other)

☐ Southwest Indigenous Initiative (American Indian)
☐ Northwest – Region 1 (Gallup/Farmington)
☐ Northeast – Region 2 (Santa Fe)
☐ Metro -Region 3 (Bernalillo County / Albuquerque)
☐ Southeast – Region 4 (Roswell)
☐ Southwest – Region 5 (Las Cruces)

Why would you like to be member of the New Mexico HIV Community Planning and Action Group (CPAG)? If nominated as a member what skills and experience do you have that would benefit CPAG?

_____

_____

_____

_____

Indicate which categories you have experience and can represent as a member of CPAG? (Check all that apply)

☐ HIV Service Provider
  ☐ Prevention ☐ Care ☐Other: _____
☐ Other Service Provider (Primary Care, Mental Health, Hepatitis, Social Service, etc.…)
  ☐ Prevention ☐ Care ☐Other: _____
☐ Consumer (Person Living with HIV/AIDS)
☐ Community Member
  ☐ Faith Community ☐ Family/Friend of Consumer ☐Other: _____

How did you hear about CPAG? _____

# Membership Application

Demographics:

Age: _____

Do you consider yourself Hispanic/Latino? Yes ☐ No ☐

What race do you consider yourself? (check all that apply)

☐ Asian
☐ Black/African-American
☐ Native American/Alaska Native
Tribal affiliation _____
☐ Pacific Islander/ Native Hawaiian
☐ White/Caucasian
☐ Other_____

What was your assigned sex at birth?

☐ Male
☐ Female

What is your current gender identity?

☐ Male
☐ Female
☐ Transgender MTF
☐ Transgender FTM
☐ Transgender Unspecified
☐ Other_____

What is your sexual orientation?

☐ Straight
☐Gay
☐ Lesbian
☐ Bisexual
☐ Other_____

Which groups do you personally identify with? (Check all that apply)

☐ Person living with HIV
☐ MSM
☐ MSM/IDU
☐ IDU or history of IDU
☐ Transgender
☐ Sex worker
☐Youth at Risk (under age 25)
☐ Other_____

Please return the application to:
Andrew Gans
New Mexico Department of Health
HIV Prevention Program
1190 S. St. Francis Drive. S 1302
Santa Fe, NM 87502
Andrew.Gans@state.nm.us
Fax: 505-827-2862