



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.