
BYLAWS



of the

**Community Cooperative Council
on HIV/AIDS Prevention**

Revised September 2009

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BYLAWS of the Community Cooperative Council on HIV/AIDS Prevention

I. CHARGE

The primary charge of the Community Cooperative Council on HIV/AIDS Prevention (CCCHAP) is ~~to work in partnership with~~ ~~serve as an advisory body to~~ the Minnesota Department of Health's STD and HIV Section (MDH-STD & HIV) for the purpose of contributing to the development of a comprehensive HIV prevention plan that includes prioritized target populations and a set of priority co-factors that impact the risk of HIV infection or transmission within the target populations. This plan will guide efforts in Minnesota to prevent the transmission of the Human Immunodeficiency Virus (HIV). The plan will identify specific HIV prevention strategies that are responsive to high priority, community-validated needs within defined populations.

The work of the CCCHAP is primarily focused on HIV prevention. However, the CCCHAP also considers issues related to the prevention of other sexually transmitted diseases (STDs), as appropriate, given the close relationship to HIV prevention. The CCCHAP has specific responsibilities in relation to STD prevention planning, as referenced in III.A.2. of the Bylaws. The MDH-STD & HIV also has specific responsibilities as referenced in III.E.3. of the Bylaws.

The MDH-STD & HIV will develop an application for federal funds for HIV prevention based on the Minnesota Comprehensive HIV Prevention Plan. The CCCHAP is charged with assessing the responsiveness and effectiveness of this funding application in addressing the priorities identified in the Minnesota Comprehensive HIV Prevention Plan, and must provide a letter of concurrence, concurrence with reservations, or non-concurrence with the funding application.

CCCHAP discussion and decisions are informed by:

- Understanding of:
 - Behavioral science, epidemiology, research and program evaluation
 - How to gather appropriate community input and apply it to the planning process
 - Broad community health issues that impact HIV and STD transmission
 - Racism, sexism, homophobia and their impact on HIV and STDs
- Basic knowledge of:
 - HIV and STD transmission
 - Knowledge of local and national resources
- Experience in:
 - Delivery of prevention interventions
 - Participation in prevention interventions

II. PREAMBLE

The CCCHAP holds the following values in common: **Realness**: defined as a proactive honesty to self and others, and a personal spirituality; **Respect**: defined as teamwork, communication, and a spirituality that values others; **Diversity**: defined as respect for other people's needs and differences, including proactive listening to others' points of view; **Passion**: defined as commitment, perseverance, responsibility, activism, and expertise; **Integrity**: defined as loyalty, self-respect, and accountability; **Collaboration**: defined as self and community empowerment, and empathy; **Faith/Trust**; and **Service**.

The CCCHAP is one venue for individuals to work for continued integration and collaboration between communities on the issue of HIV. These values demand that we examine racism, sexism, and heterosexism within the CCCHAP, and that all members take responsibility for addressing institutional and personal oppressions, as well as internalized oppressions. In addition, the CCCHAP commits to providing equal access to persons with disabilities.

III. ROLES AND RESPONSIBILITIES

A. CCCHAP

1. Roles and Responsibilities of the CCCHAP

The CCCHAP is a group convened and funded by the MDH-STD & HIV, and charged to perform specific actions as outlined in the Center for Disease Control and Prevention's (CDC) *HIV Prevention Community Planning Guide*:

- a. Arrive at consensus regarding priority HIV prevention needs (a set of priority target populations and priority co-factors for each identified target population) for Minnesota.
- b. Contribute to the development of a comprehensive HIV prevention plan for Minnesota.
- c. Through the concurrence process, document whether or not the MDH-STD & HIV's application for federal HIV prevention funds reflects priorities identified in the prevention plan.

Additional responsibilities have been jointly developed by the CCCHAP and the MDH-STD & HIV:

- a. Assist in gathering appropriate community input to inform the community planning process.
- b. Serve as an advisory body to the MDH-STD & HIV in planning for HIV prevention interventions and activities.
- c. Should an agency or individual request the written support of the CCCHAP in its efforts to acquire funding for HIV prevention programming, the CCCHAP shall provide a letter that describes the extent to which the proposed programming matches the high priority HIV prevention needs and interventions described in the comprehensive HIV prevention plan. It may not provide an assessment of the quality of the agency or the proposed program.

2. Roles and Responsibilities of CCCHAP in Relation to STD Prevention Planning

CCCHAP members will be asked to participate in STD prevention planning activities undertaken by the MDH-STD & HIV. Additionally, the CCCHAP will:

- a. Review and utilize STD surveillance data in planning for HIV prevention.
- b. Understand the relationship between HIV infection and transmission and STDs.

3. Role of CCCHAP Independent of the Commissioner of Health and MDH-STD&HIV

The CCCHAP as a body cannot act independently of the Commissioner of Health and the MDH-STD & HIV. Individual CCCHAP members wishing to take independent action must find an alternative venue that will not involve MDH-STD & HIV resources or staff support.

B. CCCHAP Members

1. Role of CCCHAP Members

The role of a member of the Community Cooperative Council on HIV/AIDS Prevention is to:

- a. Elect the community co-chairs, who will work with the MDH-STD & HIV-designated co-chair.
- b. Review and use key data to establish prevention priorities.
- c. Contribute to the development of a comprehensive HIV prevention plan through participation in consensus processes for the purpose of:
 - Identifying priority target populations and priority co-factors; and
 - Prioritizing unmet needs.
- d. Review the comprehensive plan and provide guidance on its development to the MDH-STD & HIV.
- e. Collaborate with MDH-STD & HIV in developing key community planning processes, such as prioritization of target populations and co-factors, and gap analysis.
- f. Collaborate with MDH-STD & HIV in reviewing and finalizing key community planning activities, such as the epidemiological profile and community services assessment.
- g. Review the health department application to the CDC for federal HIV prevention funds, and as a result of the concurrence process, review and approve a written response that describes whether the MDH-STD & HIV application does or does not, and to what degree, agree with the priorities set forth in the Minnesota Comprehensive HIV Prevention Plan.
- h. Make a commitment to this process and its results.
- i. Participate in discussions, decisions, and problem solving activities.
- j. Keep the concepts of coordination and shared responsibility in the forefront.
- k. Articulate the needs of the community you have experience with, and communities you gather information from, while you work to develop an

- objective, comprehensive plan which identifies the populations most at risk and the most effective interventions for each population.
- j. Review meeting minutes and ensure that an accurate portrayal of the deliberations of the CCCHAP has been presented.
 - k. Gather data, community input, and information as needed.
 - l. Encourage peers in your communities to participate in the various planning activities within the communities.
 - m. Ensure that the HIV prevention needs of populations not reflected in the experience of CCCHAP members receive consideration in the development of the Minnesota Comprehensive HIV Prevention Plan.

2. Major Duties and Tasks of CCCHAP Members

- a. Attend all meetings of the CCCHAP as referenced in IV.D. of the Bylaws.
- b. Participate in a committee of the CCCHAP as referenced in V.E.3.b. of the Bylaws.
- c. Identify training and orientation needs of CCCHAP members for effective participation in the planning process.
- d. Participate in training provided through the Membership and Training Committee as it is offered.
- e. Support and assist new CCCHAP members in gaining additional knowledge to inform CCCHAP discussions and decisions.
- f. Serve as mentors to new members of the CCCHAP, as needed.
- g. Learn and/or understand the fundamentals of planning processes.
- h. Learn and/or understand group dynamics and decision making processes.
- i. Do required homework in order to prepare for meetings.
- j. Become familiar with available epidemiological, evaluation, behavioral and social science, and needs assessment data that describe the state of HIV prevention in Minnesota today and predict trends for the future.
- k. Become familiar with existing systems and community resources in Minnesota that seek to prevent HIV transmission.
- l. Identify unmet HIV prevention needs and appropriate strategies to meet those needs within a defined population by convening a community forum or attending an established community group on an annual basis.
- m. Through consensus, prioritize target populations most at risk for HIV infection or transmission and co-factors that impact that risk.
- n. Identify unmet needs and prioritize the unmet needs through consensus.
- o. Review and provide guidance to the MDH-STD & HIV on the development of the comprehensive plan.
- p. Review and provide feedback to the MDH-STD & HIV on the prevention application(s) to CDC.
- q. Provide concurrence, concurrence with reservations, or nonconcurrence on HIV prevention application(s) to CDC.
- r. Review and approve letters of concurrence, concurrence with reservations, or nonconcurrence with the state's applications for federal HIV prevention funds.
- s. Evaluate effectiveness of the HIV community prevention planning process.

C. CCCHAP Co-Chairs

The CCCHAP shall be chaired by three co-chairs. One co-chair will be appointed by the MDH-STD & HIV, the others will be elected by the CCCHAP and will be referred to as the community co-chairs.

1. Role of Community Co-Chairs

The role of the community co-chairs of the Community Cooperative Council on HIV/AIDS Prevention will be to:

- a. Initiate agenda items and assist in the development of CCCHAP meeting agendas
- b. Moderate and facilitate CCCHAP meetings.
- c. Manage and resolve CCCHAP conflicts.
- d. Motivate participation in the CCCHAP meetings.
- e. Structure group and individual interactions at meetings and lead the group toward decision making.
- f. Represent the CCCHAP to the media and the public.
- g. Represent the CCCHAP at local and national meetings and/or on other advisory groups as appropriate or needed.

2. Criteria to Serve as Community Co-Chair

- a. Community co-chair candidates must be a current voting member of the CCCHAP, and have served a minimum of six months of their first term.
- b. It is imperative that the community co-chairs have experience of different spectrums of the epidemic.
- c. Community co-chairs must be able to devote an average of five hours per week to perform the duties of the community co-chair.

3. Election of Community Co-Chairs

One community co-chair will be elected by CCCHAP members each year to allow for staggered terms. Elections must take place in September of each year. Co-chair terms will run from October to September. An ad hoc nominations committee consisting of three to five CCCHAP members not seeking election for community co-chair will present nominations to the CCCHAP for consideration. Members may nominate themselves or others, and the community co-chair elect will be elected by a simple majority vote of CCCHAP members present via secret ballot. If necessary, a run-off ballot will occur to achieve a majority vote. One member of the Membership and Training Committee will be asked to assist MDH-STD & HIV staff with the collection and counting of ballots.

4. Length of Appointment of Community Co-Chairs

The length of a community co-chair's term is defined as two years. Community co-chairs may be elected to serve up to 2 two-year terms, but their co-chair term may not exceed their membership term. Community co-chairs may be removed from office by a two-thirds majority vote of the current membership. Voting on a motion to remove a community co-chair is held no earlier than two weeks after the motion was seconded, and must be conducted by secret ballot.

5. *Estimated Time Required of Community Co-Chairs*

In addition to the time requirements outlined for all CCCHAP members, the community co-chairs can expect to spend additional time each month on CCCHAP business including meetings with MDH-STD & HIV staff, reviewing CCCHAP and CDC documents, signing documents, etc.

6. *Major Duties and Tasks of Community Co-Chairs*

In addition to the Duties and Tasks outlined for CCCHAP members, the community co-chairs will be asked to perform or participate in the following duties:

- a. Decide how the community co-chairs will share their joint responsibilities.
- b. Work with MDH-STD & HIV staff to prepare an agenda for each CCCHAP meeting.
- c. Review meeting minutes and ensure that an accurate portrayal of the deliberations of the CCCHAP has been presented.
- d. Ensure that the HIV prevention needs of populations not reflected in the expertise of CCCHAP members receive consideration in the development of the Minnesota Comprehensive HIV Prevention Plan.
- e. Mentor members, as needed, in order to ensure the integrity and effectiveness of the CCCHAP.
- f. Lead each CCCHAP meeting so that meetings run smoothly, agenda goals are met, and ensuring that all members have an equal opportunity to be heard.
- g. Serve as a member of the Membership and Training Committee during the first year of each co-chair term.
- h. Attend Joint Co-chair Committee meetings, and rotate responsibility to facilitate the meetings with co-chairs of the Minnesota HIV Services Planning Council (Planning Council).
- i. Implement joint planning activities between the CCCHAP and Planning Council, as appropriate and needed.
- j. Strategize planning process with MDH-STD & HIV co-chair and staff.
- k. Work with the Parliamentarians to implement CCCHAP procedures and decision-making processes.

7. *Role of MDH-STD & HIV-Appointed Co-Chair*

- a. Serve as primary liaison to MDH-STD & HIV and the Commissioner of Health.
- b. Represent MDH-STD & HIV programs.
- c. Advise the CCCHAP and community co-chairs as to capacity and limitations of the MDH-STD & HIV in implementation and administration of programs.
- d. Facilitate linkage between the CDC and the community co-chairs.
- e. Represent the linkage between the CCCHAP and MDH-STD & HIV to the media and the public.
- f. Represent the linkage between the CCCHAP and MDH-STD & HIV at local and national meetings and/or on other advisory groups, as appropriate.

8. Length of Appointment of MDH-STD & HIV-Appointed Co-Chair

The MDH-STD & HIV Co-Chair serves at the 'pleasure' of the Minnesota Commissioner of Health.

9. Representation of the CCCHAP to the Public

It will be the role of the CCCHAP co-chairs to officially represent the CCCHAP to the public and the media. Individual members will not speak to the media on behalf of the CCCHAP without prior approval of all co-chairs.

D. Parliamentarians

The role of the Co-Parliamentarians is to advise the co-chairs on CCCHAP procedures and decision-making processes, and to maintain awareness and compliance with the CCCHAP's conflict of interest policy as referenced in VI.F. of the Bylaws. The Parliamentarians are required to be a CCCHAP member and are required to attend CCCHAP, Executive Team meetings. The Co-Parliamentarians may not be co-chairs. The co-chairs will request volunteers for this position and the CCCHAP will elect two Co-Parliamentarians by a simple majority vote of CCCHAP members present via secret ballot when there is a vacancy. One member of the Membership and Training Committee will be asked to assist MDH-STD & HIV staff with the collection and counting of ballots. Parliamentarian terms will run for two years from October to September.

E. Minnesota Department of Health

1. Role of MDH-STD & HIV Staff

Apart from the MDH-STD & HIV co-chair, MDH-STD & HIV staff are not members of the CCCHAP, and are not able to participate in formal decision making processes. However, MDH-STD & HIV staff do have important roles in the business of the CCCHAP, and in the community planning process. These roles include:

- a. Management tasks
- b. Coordination and logistical support of meetings
- c. Participation in CCCHAP discussions
- d. Provision of information regarding federal and state policy around prevention issues
- e. Provision of technical assistance and support
- f. Development of community planning materials and products for review and approval

2. Major Duties and Tasks of the MDH-STD & HIV

- a. Create and maintain at least one community planning group (CPG) that meets the goals and objectives and operating principles as described in the CDC's *HIV Prevention Community Planning Guide*. In addition, support community planning activities, including:
 - Supporting meeting logistics (CCCHAP, public, and other input-focused meetings).

- Supporting CCCHAP member involvement (such as transportation, expense reimbursement, etc.), especially for persons with or at risk for HIV infection.
- Supporting infrastructure for the HIV prevention community planning process (such as staff, contracts, etc.).
- b. Appoint MDH-STD & HIV co-chair.
- c. Ensure collaboration between the CCCHAP and other relevant planning processes in the jurisdiction, such as the Ryan White CARE Act planning (Titles I, II, III, and IV) and STD prevention.
- d. Develop the comprehensive plan based on CCCHAP consensus decisions regarding:
 - Prioritization of target populations and co-factors; and
 - Prioritization of unmet needs.

MDH-STD & HIV shall provide the CCCHAP the opportunity to review and provide guidance on the development of the comprehensive plan.
- e. Develop the epidemiological profile and conduct the community services assessment. MDH-STD & HIV should discuss each of the products with the CCCHAP and agree on the approach that will be used to develop the epidemiological profile (e.g., types of data desired, format, etc.) and the community services assessment (e.g., types of data to be collected, the methodologies to be used, format, etc.).
- f. Provide the CCCHAP with information on other federal/state/local public health services (such as STD prevention and treatment, TB, hepatitis services) for high-risk populations identified in the Minnesota Comprehensive HIV Prevention Plan.
- g. Assure that the CCCHAP has access to current information (including relevant budget information) related to HIV prevention and analysis of the information, including potential implications for HIV prevention in the jurisdiction.
- h. Develop an application to the CDC for federal HIV prevention cooperative agreement funds based on the Minnesota Comprehensive HIV Prevention Plan developed through the community planning process.
 - Allocate resources based on the priorities presented in the comprehensive HIV prevention plan.
 - Present the funding application and budget to the CCCHAP with adequate time for the CCCHAP to review and issue a written response.
 - Demonstrate that the community planning process has met the goals and objectives of community planning.
- i. Allocate, administer and coordinate public funds from a variety of sources, including federal, state, and local agencies to prevent HIV transmission and reduce HIV-associated morbidity and mortality.
 - Award HIV prevention funds to implement the HIV prevention services stated in the Minnesota Comprehensive HIV Prevention Plan and health department application.
 - Monitor contract (service provider) activities and document contractor compliance.

- j. Provide regular updates to the CCCHAP on successes and barriers encountered in implementing the HIV prevention services described in the Minnesota Comprehensive HIV Prevention Plan.
- k. Report progress and accomplishments to CDC.

3. Responsibilities of MDH-STD & HIV in Relation to STD Prevention Planning

- a. Convene planning activities related to STD prevention.
- b. Invite CCCHAP members, and other community experts, to participate in STD prevention planning activities.
- c. Provide STD surveillance data to the CCCHAP on an annual basis.
- d. Provide updates on trends in STD infections to the CCCHAP as needed.

F. Shared Duties and Tasks (CCCHAP & MDH-STD & HIV)

1. Process Management

Develop procedures/policies that address membership, roles, and decision making, specifically:

- Composition of the CCCHAP; selection, appointment and duration of terms to ensure that the CCCHAP membership reflects, as much as possible, the epidemic in the jurisdiction (e.g., age, race/ethnicity, gender, sexual orientation, geographic distribution, and risk for HIV infection).
- Roles and responsibilities of the CPG, its members, and its various components (e.g., committees, work groups, regional groups, etc.)
- Process to prospectively identify potential conflict(s) of interest and methods for resolution of conflict(s) of interest for CCCHAP members.
- Methods for reaching decisions, attendance at meetings, and resolution of disputes identified in planning deliberations.

2. Membership Selection

Develop and apply criteria for selecting CCCHAP members. Special emphasis should be placed on procedures for identifying representatives of at-risk, affected, and socioeconomically marginalized groups that are underserved by existing HIV prevention programs.

3. Input Mechanisms

Determine the most effective input mechanisms for the community planning process.

- The process must be structured to best incorporate and address needs and priorities identified at the community level.
- The process should include strategies for obtaining input from key populations (e.g., IDUs, MSM, youth, undocumented immigrants, etc.) that may not be CCCHAP members.

4. Planning Funds

Provide input on the use of planning funds:

- Support CCCHAP meetings, public meetings, and other means for obtaining community input;

- Facilitate involvement of all participants in the planning process, particularly those persons with and at risk for HIV infection;
- Support capacity development for inclusion, representation, and parity of community representatives and for other CCCHAP members to participate effectively in the process;
- Provide technical assistance to health departments and community planning groups by outside experts;
- Assure representation of the CCCHAP (governmental and non-governmental) at necessary regional or national planning meetings;
- Support planning infrastructure for the HIV prevention community planning process;
- Collect, analyze, and disseminate relevant data; and
- Monitor and evaluate the community planning process.

5. Provide a thorough orientation for all new members, as soon as possible after appointment.

New members should understand the:

- Goals and Core Objectives, roles, responsibilities, and principles outlined in the CDC's *HIV Prevention Community Planning Guide*;
- Procedures and ground rules used in all deliberations and decision-making; and
- Specific policies and procedures for resolving disputes and avoiding conflicts of interest.

6. Evaluate the community planning process to assure that it is meeting the core objectives of community planning.

IV. MEMBERSHIP

A. Selection of CCCHAP Membership

The CCCHAP will consist of no more than 35 members. A minimum of twenty-five percent (25%) of these members will be people living with HIV or AIDS. There will also be one member from each of the following state agencies: Minnesota Department of Human Services (DHS), Minnesota Department of Corrections (DOC), Minnesota Department of Education (DOE), and the MDH-STD & HIV co-chair. The remaining membership selection shall be guided by the following:

1. Principles

- a. We value cultural diversity, inclusion, parity, and expertise.
- b. We expect and will pursue diversity of membership.
- c. We are all advocates for reducing/preventing disease.
- d. We present views and experiences as representatives of our own communities. However, we make objective decisions based on data in determining the overall priority prevention needs in the state.
- e. We will be clear with potential members that the CCCHAP is a community planning group, and not a direct action or advocacy organization.

2. Selection Criteria

- a. Commitment to the charge and values of the CCCHAP, in accordance with these Bylaws and CDC's *HIV Prevention Community Planning Guide*.
- b. Ability to fulfill the roles and major tasks/duties of CCCHAP members as stated in III.B. of the Bylaws.
- c. Representative of at least one of the diverse communities impacted by the HIV epidemic in Minnesota.
- d. Expertise in the areas of behavioral and social science, program evaluation, health planning. (Not every member is required to bring such expertise, but the overall membership should have representatives that are able to address all of these areas.)

B. Application Process

New members will be brought on once a year in November. Exceptions may be made to this process if CCCHAP membership is determined to not represent the HIV epidemic in Minnesota in significant ways. This exception to the application process shall be recommended by the Membership and Training Committee.

- The Membership and Training Committee will develop application criteria and process.
- The Membership and Training Committee will review current epidemiological data and compare to CCCHAP membership in order to identify gaps in membership on an annual basis.
- The Membership and Training Committee will develop a recruitment plan and promote applications to the CCCHAP on an annual basis.
- The Membership and Training Committee will screen, interview and select applicants as stated in the CCCHAP recruitment policy.
- The general recruitment process will occur every year in November.
- Membership gaps with a threshold of 0 representation should be filled at any time by the Membership and Training committee.
- All applications will be kept on file for one year.

C. Length of Commitment

New CCCHAP members are elected once a year in November. CCCHAP members are required to serve a first term, which is defined as two years. Membership terms begin in December and run through November two years later. Members can request to serve a second and third term, which are each defined as two years. Members must indicate their desire to serve a second or third term at least six months prior to the end of their previous term. No member can sit on the CCCHAP for more than four consecutive terms. After a minimum absence of one year such individuals may submit an application and be elected in later terms by competing in the same selection process as new applicants.

Membership terms end when a member's term expires, when a member sends a letter of resignation to the co-chairs, or when a member does not meet basic attendance requirements, as described in IV.D. of the Bylaws.

Grandfather Clause: Membership terms of individuals who are current CCCHAP members as of January 1, 2004 will be adjusted so that they end in a November. Each member will be asked to identify whether they prefer to lengthen or shorten their current membership term so that it ends in the corresponding November. Individuals who are currently serving a first or second term as of January 1, 2004 may choose to serve a third term.

D. Attendance

CCCHAP operates on a four year planning cycle. Approximately 4 two-day CCCHAP meetings will be scheduled during the prioritization year. Additional CCCHAP meetings may become necessary. CCCHAP members are required to attend 75 percent of regularly scheduled meetings held in the calendar year. Orientation and training activities do not count as CCCHAP meetings for the purpose of meeting attendance requirements. Due to the decision making structure of each meeting, members are expected to attend the whole meeting or not attend at all. Attendance is strongly encouraged but not required at additional CCCHAP meetings. CCCHAP members will be advised when additional meetings will involve decision making, which cannot occur without a quorum of CCCHAP members present.

CCCHAP members are required to serve on at least one committee during both years of their first two terms (4 years). Members are only required to serve on a committee during one year of their third or fourth two-year term (see V.E.3.b. of the Bylaws). Committees shall meet 4 to 5 times a year for several hours. Additional committee meetings may become necessary. Members serving on a committee are required to attend 75 percent of committee meetings held in the calendar year. Orientation and training activities do not count as committee meetings for the purpose of meeting attendance requirements.

CCCHAP members who do not meet these attendance requirements as described will automatically be removed from the CCCHAP. This removal may be appealed by a letter to the co-chairs within 30 days of being advised of removal. The appeal will be considered by the Executive Team and a decision communicated back to the individual within 30 days of receipt of the appeal.

Members who are removed due to surpassing the allowable number of absences for CCCHAP or committee meetings and are reinstated by the Executive Team after having made an appeal must attend all remaining CCCHAP meetings during the calendar year in order to comply with attendance requirements. If the removal and reinstatement occurred during a year the member is serving on a committee, s/he is also required to attend all remaining committee meetings during the calendar year in order to comply with attendance requirements. An absence during the same calendar year will automatically result in removal from the CCCHAP. This removal may be appealed by a letter to the co-chairs within 30 days of being advised of removal. The appeal will be considered by the Executive Team and a decision communicated back to the individual within 30 days of receipt of the appeal.

CCCHAP members who must miss CCCHAP or committee meetings may fulfill their attendance requirements by: 1) appointing a proxy; or 2) in cases of prolonged illness, requesting an alternate.

1. Proxy

CCCHAP members may designate a proxy to attend a maximum of one CCCHAP meeting and one committee meeting per calendar year in their absence. CCCHAP members and the Co-Parliamentarians may not serve as a proxy. MDH-STD & HIV staff will maintain a list of proxies that CCCHAP members may use to identify a proxy. CCCHAP members may also identify a proxy on their own. The CCCHAP member is responsible for contacting a proxy to arrange for attendance at a meeting, briefing the proxy on current issues under review, as well as the roles, responsibilities, and other norms that the CCCHAP may have adopted. A proxy is expected to attend the entire meeting, which in the case of a CCCHAP meeting is defined as two full days. A proxy may participate in decision making processes. A proxy will be required to complete a Conflict of Interest Disclosure form.

2. Alternate

In case of illness, the ill member may request that an alternate attend meetings in his/her place, until such time as the member recovers or chooses to resign. The alternate will be chosen from the existing pool of applicants or recommended by the ill member. The Membership and Training Committee will screen the qualified applicant(s) and submit a nomination. The Membership and Training Committee will also take responsibility for ensuring that the alternate receives orientation. The alternate will automatically replace the ill member should the ill member choose to resign, or at the end of the ill member's two-year term, whichever should come first. The alternate is considered a full member of the CCCHAP, and has full decision making privileges. The alternate will be required to complete a Conflict of Interest Disclosure form.

The CCCHAP may also require (through a simple majority vote) the selection of an alternate for an ill member, should they perceive such a necessity.

3. Leave of Absence

CCCHAP members are allowed one leave of absence, up to 12 months maximum, during the life of their membership. The leave of absence must be requested through the Executive Team. Members can request a leave of absence at any time for personal or work related reasons. The leave will not increase the length of the member's term.

E. Training Requirements

In addition to CCCHAP and committee meeting requirements, all CCCHAP members are required to meet minimal training requirements:

- All new members are required to participate in the orientation session offered at the beginning of their term.

- All CCCHAP members are required to attend each of the trainings offered on specific planning processes (prioritization and gap analysis) at least one time.

The Membership and Training Committee will make every effort to schedule the orientation at a time that works for all new members. Failure to participate in orientation prior to the first CCCHAP meeting as an official member will result in removal from the CCCHAP. This removal may not be appealed. New members who do not attend orientation will be encouraged to participate as a community member and/or proxy and to re-apply for membership the following year. Any CCCHAP member not meeting requirements related to the process trainings will also automatically be removed from the CCCHAP. Removal due to absence from a process training may be appealed by a letter to the co-chairs within 30 days of being advised of removal. The appeal will be considered by the Executive Team and a decision communicated back to the individual within 30 days of receipt of the appeal.

F. Conflict Resolution

All members will attempt to resolve a conflict by communicating directly with the member(s) involved. If direct communication between the parties does not resolve the conflict, the disagreement shall be mediated by the co-chairs and the parties involved. If the issue still cannot be resolved, a two thirds majority vote will be required to bring in an outside mediator who will assist in conflict resolution, attempt to mediate the matter, and if needed, ultimately make a binding arbitration decision.

V. STRUCTURE

A. Centers for Disease Control and Prevention (CDC)

The CDC is the federal agency that provides HIV prevention funding through a cooperative agreement to the state of Minnesota. HIV Prevention Community Planning is one of nine required essential components of a comprehensive program to be implemented through the funding. CDC provides guidance for how to conduct community planning in the *HIV Prevention Community Planning Guide*.

B. Minnesota Department of Health - STD and HIV Section (MDH-STD & HIV)

MDH-STD & HIV is the direct grantee of the CDC's HIV prevention cooperative agreement funds. MDH-STD & HIV has the responsibility for administering the nine components of a comprehensive program, including convening the community planning process, which is done through the Community Cooperative Council on HIV/AIDS Prevention.

C. Community Cooperative Council on HIV/AIDS Prevention (CCCHAP)

The CCCHAP is the community planning body convened by MDH-STD & HIV. The CCCHAP serves as an advisory body to the MDH-STD & HIV and contributes to development of the comprehensive HIV prevention plan, which prioritizes the target populations most at risk for HIV infection/transmission in Minnesota and identifies the most effective prevention interventions/activities for each population. The CCCHAP also has responsibility for reviewing MDH-STD & HIV's application for

HIV prevention funds to the CDC and determining whether, and to what degree, the activities proposed in the application match the priorities in the comprehensive HIV prevention plan.

D. Executive Team

The Executive Team consists of the community co-chairs, the Co-Parliamentarians, the MDH-STD & HIV co-chair and MDH-STD & HIV staff. The Executive Team meets on an as-needed basis for the purpose of strategizing the overall planning process and/or any special planning projects, identifying resources to complete specific tasks, considering appeals from CCCHAP members who have been removed, and considering grievances. If necessary due to timing constraints, the community co-chairs will be asked to review and concur on any applications for supplemental funding. If timing allows, such applications will be taken to the full CCCHAP for review and concurrence.

E. Committees of the CCCHAP

The CCCHAP shall have one committee, the Membership and Training Committee. CCCHAP members are required to serve on at least one committee during both years of their first two terms (4 years). Members are only required to serve on a committee during one year of their third or fourth two-year term. The co-chairs reserve the right to assign committee membership if there is an imbalance in the number of people serving on each committee.

1. Membership and Training Committee

a. Role of Membership and Training Committee

The Membership and Training Committee is responsible for issues related to the membership of the CCCHAP. On an annual basis the committee shall:

- Determine gaps in membership by comparing the demographics of CCCHAP members to most recent epidemiological data.
- Determine gaps in membership by comparing expertise of CCCHAP members to areas of expertise recommended in CDC's *HIV Prevention Community Planning Guide*.
- Develop a recruitment plan based on identified gaps and promote applications.
- Evaluate applications for new members.
- Conduct interviews of interested candidates.
- Review, interview and select qualified applicant's.
- Assess current CCCHAP members' participation and fulfillment of membership expectations.
- Conduct and organize orientation for new CCCHAP members and ongoing training for CCCHAP members.
- Review community planning evaluations and determine how to implement recommendations.

b. Membership of Membership and Training Committee

The Membership and Training Committee shall always have one community co-chair as a member. Community co-chairs are required to serve on this committee during the first year of each co-chair term (refer to III.C.6. of the

Bylaws). Any CCCHAP member may join the Membership and Training Committee.

2. Committee Structure

a. Committee Membership

People may be involved in committees in three ways:

i) Public

Any member of the public may attend committee meetings, and s/he will have the same speaking and decision making rights as CCCHAP members. The only exception to this rule is that members of the public may not participate in the election of new CCCHAP members.

ii) CCCHAP Members

Any member of the CCCHAP may participate in either committee, and s/he has the right to participate in any decision making processes.

iii) Employees of the MDH-STD & HIV

MDH-STD & HIV employees may attend any committee meeting, and have the same speaking privileges as CCCHAP members. MDH-STD & HIV employees, other than the MDH-STD & HIV co-chair, may not participate in any decision making processes after consensus has been called for. MDH-STD & HIV employees, other than the co-chair, may not participate in any decisions made by voting.

b. Committee Attendance Requirements

All CCCHAP members are required to serve on at least one committee during both years of their first two terms (4 years). Members are only required to serve on a committee during one year of their third or fourth two-year term. Committees shall meet 4 to 5 times a year for several hours. Additional committee meetings may become necessary. Members are required to attend 75 percent of committee meetings held in the calendar year they have chosen to serve on a committee.

Members from Greater Minnesota and members that represent state agencies can meet this requirement through alternate technology (e.g., conference calls, video conferencing, etc.). State agency representatives may also meet this requirement through the attendance of another staff member of the same agency.

c. Election of Committee Chairs

Membership and Training Committee chairs will be elected by the committee membership in September of each year. Committee chairs will serve one-year terms from October to September.

d. Role of Committee Chairs

- To manage the agenda of committee meetings. The agenda is to be taken from the CCCHAP work plan, issues raised at CCCHAP meetings, or from members of the committee.

- To ensure all committee members are aware of committee meeting schedules, and to initiate re-scheduling of meetings if necessary.
 - To facilitate committee meetings.
 - To hold committee members accountable to the committee attendance policy.
 - To be familiar with committee discussions, and to report back to the CCCHAP as appropriate.
- e. Role of Committee Members
- Follow the committee attendance requirements as referenced in V.E.3.b. of the Bylaws
 - Hold the committee chairs accountable to agenda items.
- f. Recommendations
- Committee recommendations are brought to the CCCHAP with the consensus of the committee membership. However, minority recommendations may be brought to the CCCHAP, if at least two committee members so wish.

3. Ad Hoc Committees

An ad hoc committee is formed to work on time-limited special projects that address the charge of the CCCHAP. Recommendations for the creation of an ad hoc committee may be made by the community co-chairs, an individual member, or an existing committee. Such recommendations must include a description of the roles and responsibilities of the proposed ad hoc committee. Such recommendations should be brought first to the Executive Team for review. The MDH-STD & HIV may also convene an ad hoc committee to address time-limited special projects related to the work of the CCCHAP.

F. Joint Planning Activities with the Planning Council

1. Joint Co-chairs Committee

The community co-chairs, the MDH-STD & HIV co-chair, and MDH-STD & HIV staff shall be expected to attend the Joint Co-chairs Committee meetings with the co-chairs of the Planning Council, Planning Council staff, and representatives from the Governmental HIV Administrative Team (GHAT)¹. Community co-chairs shall rotate facilitation of the meetings with Planning Council co-chairs. The purpose of the meetings is to share information about what each planning body is doing and identify opportunities for collaboration.

2. Other

Specific joint planning activities with the Planning Council may arise from time to time. It shall be the responsibility of the community co-chairs, MDH-STD & HIV

¹ GHAT consists of representatives from MDH-STD & HIV, and the Ryan White CARE Act Title I and II grantees (Hennepin County Human Services and Public Health Department [HSPHD] and the Minnesota Department of Human Services [DHS], respectively). GHAT meets monthly to discuss administrative issues as direct grantees of federal funds, identify and implement opportunities for collaboration, and assess feasibility of joint administrative and planning activities as they arise.

co-chair, and MDH-STD & HIV staff to determine the appropriate roles and responsibilities of the CCCHAP in these activities.

G. Public Input into the HIV Prevention Community Planning Process

The CCCHAP functions as a planning body and not as a mechanism for advocacy. Attachment A describes avenues through which the public can access the community planning process, communicate with the MDH-STD & HIV about its HIV and STD prevention programs, and become involved in advocacy efforts.

The public may access the community planning process in the following ways:

- Through members of the CCCHAP.
- Through focus groups and community meetings convened by the CCCHAP.
- By attending meetings of the CCCHAP.
- By attending committee meetings of the CCCHAP.
- By inviting CCCHAP members to community meetings.

Members of the public must request time on the Executive Team agenda before the meeting if they have a specific item related to the planning process they wish to add to the CCCHAP meeting agenda. The Executive Team will determine whether it is appropriate to add the item to the CCCHAP agenda or to the agenda of one of the committee.

Members of the public may attend a CCCHAP meeting at any time, and have the same privileges as CCCHAP members in the discussion of established agenda items. Members of the public may not participate in any decision making processes once consensus has been called for (refer to VI.D. of the Bylaws). Members of the public may not participate in any decision making processes requiring a vote.

VI. GOVERNANCE OF MEETINGS

A. Public Meetings

All CCCHAP meetings, including committee meetings, are documented in detail and are conducted as a public meeting.

B. Agenda

The CCCHAP meeting agenda will be developed by the Executive Team and MDH-STD & HIV staff according to the CCCHAP work plan.

C. Quorum

In order to conduct business at a CCCHAP meeting, a majority of 51 percent of the members must be present at any one given meeting. This will be referred to as a quorum.

D. Decision Making

The CCCHAP strives to reach consensus on business matters using our values and adopted Ground Rules. Consensus is defined as all members present stating that they are comfortable with the final decision on an action item, or are prepared to

step aside to allow the group to arrive at consensus. All members present must also be prepared to be accountable for the decision.

CCCHAP members, MDH-STD & HIV staff, and the public may participate in the initial discussion related to an action item. When the discussion reaches a point of repetition in comments, the co-chairs will call for consensus. Once consensus has been called for, only CCCHAP members are allowed to participate in the decision making process. At this point, the co-chairs or co-parliamentarians will advise all CCCHAP members to examine their conflicts of interest.

When consensus cannot be reached within a reasonable amount of time, as determined by the co-chairs, the co-chairs may decide that a decision will be made by simple majority vote.

Some decisions are only made by vote. Such decisions include election (III.C.3.) and removal (III.C.4.) of community co-chairs, election of members (IV.B.), election of Co-Parliamentarians (III.D.), election of committee co-chairs (V.E.3.c.), selection of an alternate for an ill CCCHAP member (IV.D.2), identification of the need for outside mediation of a conflict (IV.F.), and identification of conflict of interest (VI.F.).

E. Additional Meetings

In consultation with MDH-STD & HIV staff, co-chairs may call additional meetings of the CCCHAP if needed in order to accomplish the work. Committee co-chairs may also call additional meetings, if needed, in consultation with MDH-STD & HIV staff. MDH-STD & HIV staff will notify members at least one week in advance of an additional meeting.

F. Conflict of Interest

A conflict of interest occurs when a member of the CCCHAP knowingly takes action or makes a statement intended to influence the conduct of the CCCHAP in such a way as to confer any direct financial benefit on the member, family member(s), or on any organization in which s/he is an employee or has a significant interest (owner, contractor, creditor, consultant, board member, or volunteer), including any such interest that existed at any time during the twelve months preceding appointment to the CCCHAP.²

Members will complete a Conflict of Interest Disclosure form at least once a year, to be updated as necessary. The Conflict of Interest Disclosure forms will be available for review at each CCCHAP meeting. All attendees will be asked to verbally identify organizational affiliations at each CCCHAP meeting.

The CCCHAP is not responsible for making funding allocation decisions. The separate community review process of proposals received in response to a Request for Proposals (RFP) removes the conflict of interest from CCCHAP members during the process to prioritize target populations. During discussions

² Conflict of interest language adapted from CDC's *HIV Prevention Community Planning Guide*, page 27.

related to prioritization, and at all other appropriate times, CCCHAP members shall verbally acknowledge any interest they represent.

Members will be asked to exclude themselves from discussing and participating in the decision making process on any matter that creates an apparent conflict of interest. Such conflicts of interest may be identified through the Conflict of Interest Disclosure forms, by the co-chairs, or membership of the CCCHAP, and if disputed by any member, may require a two thirds majority vote of the CCCHAP to qualify the conflict of interest and determine if the prohibition to participate in a decision making process shall be enforced.

G. Code of Conduct

Participants (CCCHAP members, MDH-STD & HIV staff, members of the public) in the community planning process are expected to:

- Conduct business and treat each other in a professional manner.
- Engage in the work of the CCCHAP by being attentive to the matters before the group, and contributing information, ideas and observations in a manner that constructively advances the work of the group.
- Refrain from engaging in activities that distract oneself or others from full participation in the meeting. Activities that may prove distracting include, but are not limited to: working on non-CCCHAP-related projects, cell phone use, and engaging in excessive side conversations.
- Refrain from engaging in personal non-CCCHAP-related laptop use.
- Take responsibility for your own actions.
- Refrain from using language that is threatening, offensive, culturally insensitive, abusive, or intended to be harmful.
- Refrain from acts of threat or violence directed at other participants.

If a participant engages in misconduct, which is behavior inconsistent with the expectations above, the co-chairs may:

- Provide written notification to the person,
- Request the person leave the meeting, or
- Suspend participation and recommend that membership be revoked.

1. Written Notification

A written notification may be sent to the participant describing the misconduct, specifying actions necessary to correct the violation, and the time frame within which corrective action must occur. The participant may subsequently request a meeting with the co-chairs and/or Executive Team to clarify the violation or to develop an alternative solution. The participant's request must be initiated within seven working days of receipt of notification. The co-chairs and/or Executive Team will respond to such requests as expeditiously as possible.

2. Request to Leave a Meeting

A person may be requested to leave a CCCHAP or committee meeting by the co-chairs of the meeting. The participant may subsequently request a meeting with the co-chairs and/or the Executive Team to clarify the reason for the action.

The participant's request must be initiated within seven working days of receipt of notification. The co-chairs and/or Executive Team will respond to such requests as expeditiously as possible.

3. Suspension of Membership

Membership on the CCCHAP or one of its committees may be suspended through immediate action or written notice of the corresponding co-chairs. The participant may subsequently request a meeting with the Executive Team to clarify the reason for the action. The participant's request must be initiated within seven working days of receipt of notification. The Executive Team will respond to such requests as expeditiously as possible. The suspension of membership shall remain in effect unless the Executive Team takes action to reverse the decision of the co-chairs. Suspension of membership shall be reported to the Commissioner of Health.

Each of these actions must be taken jointly by the co-chairs and represent their shared judgment. It is expected that the co-chairs will respond to incidents of misconduct in a timely fashion. It is also expected that actions will be taken based upon the nature of the violation. All actions taken will be reported to the CCCHAP.

VII. GRIEVANCE PROCESS

CCCHAP members or members of the public may not file a grievance based solely on the outcome of a decision process. However, they may file a grievance if they feel that the CCCHAP has not followed an established process or bylaw. Examples of established processes include:

- Process to prioritize target populations
- Process to prioritize co-factors
- Gap analysis process
- Membership application process
- Issues of conflict of interest

A written grievance shall be directed to the co-chairs. The grievance will be considered and resolved by the Executive Team. The resolution will be communicated in writing to the individual filing the grievance within 30 days of receipt of the written grievance. If the individual is not satisfied with the resolution, s/he may take the grievance to the Commissioner of Health. The Commissioner will have the final decision in regards to the resolution of the grievance.

VIII. PARLIAMENTARIAN AUTHORITY

All matters not covered under these Bylaws should be referred to Robert's Rules of Order as newly revised.

IX. CONDITIONS FOR CHANGING CCCHAP BYLAWS

A. CDC Guidance

CCCHAP Bylaws must be in accordance with the CDC's *HIV Prevention Community Planning Guide*.

B. Change in Bylaws

Recommendations for Bylaws changes may be made by the full CCCHAP, Executive Team, the Membership and Training Committee, or MDH-STD&HIV staff. If not originating from the Executive Team, recommendations for Bylaws changes shall be forwarded to the Executive Team for review and approval. The CCCHAP will be notified of a recommended change in the Bylaws, as well as the rationale for the change, through a CCCHAP mailing. They will be asked to arrive at consensus on this change at the first meeting following the mailing, and the change will take effect immediately following the decision. All changes in Bylaws will require the consensus of those members present at the meeting.