COLORADO HIV/AIDS CARE AND PREVENTION COALITION BYLAWS

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ARTICLE I. NAME

- 43 The name of the Planning Group shall be the Colorado HIV/AIDS Care and Prevention
- Coalition, hereafter known as the Coalition. The headquarters shall be located at the Colorado
- Department of Public Health and Environment (CDPHE) in Denver, Colorado, hereafter referred

to as the **Department**.

ARTICLE II. MISSION

In order to promote effective HIV/AIDS care and prevention programs, the mission of the Coalition is to advise and inform the Department on issues, trends, needs, and resources pertaining to

52 HIV/AIDS throughout the State of Colorado.

ARTICLE III. ROLES AND RESPONSIBILITIES

SECTION 1: Roles of the Coalition

In the performance of its duties, responsibilities and powers, the Coalition shall:

A. Strive to maximize HIV/AIDS prevention and provision of care services through effective planning among service providers and other concerned community members;

B. Strengthen local and statewide coordination in the fight against HIV disease throughout the continuum of care and prevention;

C. Promote collaboration, linkages, and information sharing among statewide HIV/AIDS services providers, public health agencies, community members, persons affected by or infected with HIV, and behavioral and social scientists across the state;

D. Create and monitor a Care and Prevention Comprehensive Plan;

71 E. Ensure meaningful and diverse community input, participation and involvement in HIV/AIDS related planning activities;

74 F. Encourage broad public support and engagement with Coalition activities;

G. Establish procedures that address policies and provisions for reaching decisions on attendance at meetings, resolution of disputes identified in planning deliberations, and resolution of conflict(s) of interest for members and advisors;

H. Establish criteria and processes for Coalition participation and membership, and develop recruitment strategies to ensure that the Coalition reflects Colorado's current epidemic;

I. Working with the Department, determine funding needed to support the coalition, including funding for member and public meetings and other activities necessary for obtaining community input;

- J. Ensure the Coalition reflects the population characteristics of the current epidemic in state and local jurisdictions, respectively, in terms of age, race/ethnicity, gender, sexual orientation, geographic distribution, and HIV risk exposure category;
- 91 K. Select a Chair and Vice-Chair for the Coalition.

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SECTION 2: Roles of the Department

A. Develop, distribute, and secure HIV/AIDS surveillance and other relevant data and analyses of statewide, and/or local data to assist the Coalition in establishing program priorities based on the current and future extent, distribution, and impact of the HIV/AIDS epidemic.

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98 B. Ensure that specific policies are in place articulating the roles and responsibilities of the various components of the community planning process.

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101 C. Provide expertise and technical assistance, including ongoing training on HIV/AIDS
102 prevention and care planning and the interpretation of epidemiological and evaluation data,
103 to ensure that the planning process is comprehensive and scientifically valid.

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D. Assure support for the Coalition and its committees. This includes timely distribution of the meeting notices, agendas and minutes of the general meeting to all members. Establish written procedures describing timeliness and quality.

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E. The Department shall designate one health department employee or a designated representative as a representative to the Coalition.

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F. The Department will ensure that adequate funds exist to maintain the Coalition and its planning activities.

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115 **SECTION 3: Structure**

116 A. The Department will coordinate and support the work of the Coalition.

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B. The Coalition shall establish committees to collect information and provide feedback to the Coalition. Pursuant to bylaws established by the Coalition, each committee shall establish rules for participation, membership, voting rights, and procedures for electing a chair. Committee membership need not be limited to Coalition members.

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124 ARTICLE IV. GOVERNANCE

125 SECTION 1: TYPES (LEVELS) OF MEMBERSHIP

- The Coalition shall consist of no less than 15 members, comprised of 11 members appointed by
- the governor and four members appointed by the Department's Executive Director. The three
- committee chairs (the HIV Care Advisory Committee Chair, the HIV Prevention Advisory
- 129 Committee Chair, and the Colorado HIV/AIDS Planning Collaborative Chair) and the

- Department representative will be recommended to the Department's Executive Director for
- appointment, as described in Section 3: Membership Selection Process. All of these members
- shall be considered eligible to vote so long as they fulfill the requirements included in these
- 133 bylaws.

- Voting members may attend meetings, serve on committees and ad hoc committees, contribute to
- discussions, vote on any decision item or amendments, and take part in all Coalition activities.
- All appointed members of the Coalition will be full-voting members, so long as they meet the
- provisions of the Coalition bylaws. The four Department-appointed members of the Coalition
- will also have full voting rights (as long as they meet the provisions of the Coalition bylaws): the
- 140 HIV Care Advisory Committee Chair, the HIV Prevention Advisory Committee Chair, the
- 141 Colorado HIV/AIDS Planning Collaborative Chair, and the Department's representative.

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- All voting members must abide by the Coalition bylaws, ground rules, and conflict of interest
- statements. All members are expected to actively participate in the Coalition process and attend
- all scheduled meetings of the full Coalition. All voting members must regularly participate on at
- least one committee in order to maintain voting rights.

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- Guest/visitors may attend meetings to provide the Coalition with specific information or provide
- presentations upon request, or they may be members of affected populations who wish to be
- present during Coalition discussion and contribute input during open forum agenda items.
- 151 Guest/visitors do not have voting rights. Guest/visitors may request to provide input on agenda-
- related items during the time-limited "public comment" agenda item of a Coalition meeting.
- Requests for inclusion in the public comment portion of the meeting must be submitted to the
- 154 Coalition Chair at the start of the Coalition meeting. The Coalition Chair will facilitate the
- meeting agenda and ensure that the meeting agenda is conducted in a timely manner. The
- 156 Coalition Chair may set time limits for presentations.

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- Visitors and others who wish to more actively participate in Coalition activities may choose to
- become a member of one of the committees associated with the Coalition, listed at the end of
- these bylaws.

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SECTION 2: MEMBERSHIP AND ORGANIZATION

- 163 A. The Coalition shall consist of at least 15 total members.
- 164 B. The Governor shall appoint at least 11 members.
- 165 C. The Executive Director of the Department ("Director") shall appoint at least four members.
- One appointment shall be designated as a representative of the Department. The remaining
- three appointments shall be the elected chairs of the HIV Care Advisory Committee, the HIV
- Prevention Advisory Committee, and the Colorado Planning Collaborative Committee.
- D. At all times, membership must include, but is not limited to, representatives from the
- following geographic regions the Denver metropolitan area, and from western, northern, and
- 171 southern Colorado.

- E. Strive to include one-third¹ consumer representation (persons infected or affected by HIV/AIDS).
- F. Appointed members shall represent an adequate balance of rural and urban² areas. An attempt shall be made to achieve at least one third of the membership from rural communities. Where possible, membership of the Coalition should reflect the population characteristics of the current epidemic in terms of age, race and ethnicity, gender, sexual orientation, and HIV risk-exposure category.
- G. Where possible membership on the Coalition should reflect representation from the following areas of expertise:
 - 1. Colorado's Ryan White Programs or the AIDS Education and Training Center;
 - 2. HIV/AIDS service providers, including community based service organizations;
 - 3. Epidemiology, behavioral, or social science;
 - 4. Public and private health care providers and agencies, including those serving youth and the correctional system;
 - 5. Mental health or substance abuse prevention providers;
 - 6. Homeless shelters and housing providers; and
 - 1. Community leaders.

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- H. All members shall commit to a three-year term, except that four of the appointments made in 2009 shall expire after one year, with an additional six of the appointments made in 2009 expiring after 2 years. Upon expiration of their term, all appointments have the option of being re-appointed, pending the decision of the Governor or Department of Health's Executive Director, as appropriate, for one additional three-year term. No member shall exceed a term of six consecutive years.
 - I. All members shall serve at the pleasure of the Governor.

197 A vacancy shall not prevent the Coalition from conducting business.

The Steering Committee will monitor membership to ensure that the principles of parity, inclusion, and appropriate representation are met. The Steering Committee will annually review the representation of the Coalition to ensure that it reflects the intended representation categories and will actively recruit applicants to support the Coalition reflecting the full spectrum of representation perspectives.

¹ In the circumstance where a percentage calculation results in a fraction, the number will be rounded up to the next whole number that is equivalent to a whole person.

² "Urban" shall be a term applied to counties that fall within the standard definition of Metropolitan Statistical Areas, having within the county boundaries one or more population centers of 50,000 persons or more, AND which according to Colorado HIV surveillance data have a preponderance of HIV/AIDS cases, that is 250 cases or more. These counties are: Adams, Arapahoe, Boulder, Denver, El Paso, and Jefferson. "Rural" shall be a term applied to counties that fall within non-Metropolitan Statistical Areas (MSAs) OR have less than 250 reported HIV/AIDS cases. These counties are the remaining 57 counties in Colorado. (Note: Broomfield, Larimer, Weld, Mesa, Pueblo, and Douglas counties are counties that are MSAs yet are included in the "rural" categorization for the purposes of the Coalition based on epidemiological characteristics.)

SECTION 3: MEMBERSHIP SELECTION PROCESS

206 A. APPOINTMENT PROCESS

207 GUBENATORIAL APPOINTMENTS

- Those wishing to become appointed to the Coalition must complete and submit a copy of the
- application form to the Colorado Boards and Commissions, available on the governor's Web
- site. The Governor will appoint at least eleven members of the Coalition.

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212 Membership on any Coalition's committees will not require an appointment process.

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Nominations for Committee Chairs will be held at the last scheduled meeting of a calendar year in which an election is to be held.

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- 217 Gubernatorially appointed Coalition members may not fill the chair positions for the three
- committees (i.e., the HIV Care Advisory Committee, the HIV Prevention Advisory Committee,
- and the Colorado HIV/AIDS Planning Collaborative Committee).

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B. RESIGNATION AND REMOVAL PROCEDURES

Resignation

Any member may resign from the Coalition by submission of a letter of resignation.

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225 A vacancy shall not prevent the Coalition from conducting business.

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- Removal for Other Cause
- Members not appointed by the Governor will be removed for inappropriate or abusive behavior,
- 229 falsification, or failing to disclose conflict of interests while conducting Coalition business. In
- these instances, such issues will be identified and addressed by members of the Steering
- 231 Committee with the intent to resolve the conflict. If no resolution can be found, the Steering
- Committee will submit the request for removal to a vote of the full Coalition. Removal will
- require a two-thirds (2/3^{rds}) majority vote.

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All members are expected to be at all scheduled quarterly meetings. Members may attend meetings via conference call when not able to attend in person. After the first absence, a letter from the Steering Committee will be mailed to that member reminding them of the importance of their participation.

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241 ARTICLE V. LEADERSHIP/CHAIR DUTIES

242 A. CHAIR SELECTION PROCESS

- Voting members will nominate a Chair and Vice-Chair annually. The Chair and/or Vice-Chair
- 244 must be a current voting member in good standing of the Coalition (not missed two consecutive
- 245 meetings in the prior year).

- Nomination, selection and replacement of Chair and Vice-Chair shall be: Candidates must be
- 248 nominated by a member of the Coalition and accept the nomination. Selection of the Chair and

- Vice-Chair will take place via written ballots at a Coalition meeting. Only voting members may
- complete the ballot forms to select the Chair. Voting shall take place via anonymous ballot.
- Voting shall take place each year during the first scheduled meeting of the Coalition (not by
- 252 mail-in ballot) and votes may only be cast by voting members present in person or by sending a
- 253 text message to the Coalition cell phone. A qualified candidate shall be considered elected when
- she or he receives the majority of votes.

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If a Chair ceases to have voting rights for any reason, as described in the bylaws, he or she shall also forfeit their position as Chair. If a Vice-Chair ceases to have voting rights for any reason, he or she shall forfeit their position as Vice-Chair.

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In the event that a Chair position is vacated, the Vice-Chair will fill out the remainder of the Chair's term and a new Vice-Chair will be elected. In the event that a Vice-Chair position is vacated, the nomination and selection procedure described above shall be conducted at the next convenient meeting, as scheduled by the Steering Committee.

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B. CHAIR TERMS

The Chair will serve for a one-year term. The Vice-Chair will serve for a one-year term. Chairs and Vice-Chair may be re-elected for additional terms, but shall not exceed a period of three-year consecutive term.

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C. ROLES AND RESPONSIBILITIES OF THE CHAIR

- The Chair's primary responsibility is to guide the Coalition in accomplishing its goals.
- 272 Specifically, the Chair will work with the Steering Committee to create a meeting agenda, and
- facilitate Coalition meetings. As facilitator the Chair will be knowledgeable on the policies,
- 274 procedures and bylaws of the coalition. The Chair will also manage and resolve conflicts
- appropriately during all meetings. In addition to the bylaws, the Chair will ensure all statutory
- and federal guidelines pertaining to the Coalition's work are being met. In order to ensure that
- the business of the Coalition is fully achieved, the Chair may call special meetings, as necessary.
- 278 The Chair will provide guidance and mentor the Vice-Chair.

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In order to facilitate Coalition meetings in a neutral manner, the Chair shall not vote on Coalition decision items except in the case of a tie, where the Chair's vote will resolve a tie vote.

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D. ROLES AND RESPONSIBILITIES OF THE VICE CHAIR

The Vice-Chair will spend his/her time in this role becoming familiar with the policies, procedures and bylaws of the Coalition. The Vice-Chair will be the Chair's primary back up as facilitator in the event of an absence by the Chair at a Coalition meeting.

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The Vice-Chair will chair the meetings of the Steering Committee.

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The Vice-Chair will maintain full voting rights while filling the role of the Vice-Chair except in circumstances where the Vice-Chair may be asked to fill in for the Chair to facilitate a Coalition meeting.

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ARTICLE VI. DECISION MAKING AND/OR VOTING PROCEDURES

A. VOTING ELIGIBILITY GUIDELINES

Decision-making shall be made by a majority vote of members present and voting, in accordance with Roberts Rules of Order, as interpreted by the Coalition Chair. The responsibility of facilitating, announcing and declaring the vote rests upon the Chair.

Votes shall be conducted by a show of hands or, when requested by a member of the group, by written ballot. Each Coalition member will have one vote. Items to be voted upon must be on the meeting agenda and made available to all members and the public at least 15 days prior to a scheduled meeting.

Normal business items brought before the Coalition for a vote will be considered approved if supported by more than half of the votes cast. Revisions to the Coalition's bylaws will require the support of two-thirds of the votes cast.

B. QUORUM CRITERIA/DEFINITION

A quorum must be present for decision-making voting to occur. A quorum is defined as more than one half of the membership and will be established at the time of the first roll call vote. The Coalition Chair's attendance at meetings will be counted towards quorum, even though the Chair will only vote in the instances of tie votes.

C. SCHEDULE REQUIREMENTS

- Four quarterly meetings of the Coalition will be held each calendar year. The annual calendar of meetings will be posted on the Coalition Web page
- 320 (http://www.cdphe.state.co.us/dc/HIVandSTD/cohivaidscoalition/index.html) and E-321 mailed/mailed to all members.

The Coalition shall strive to hold one meeting a year in a non-metropolitan area of the state outside the Denver Metro area.

D. ATTENDANCE REQUIREMENTS

All members are expected to be at all scheduled meetings of the full Coalition. Any voting member is required to notify the Coalition coordinator in advance if they will be unable to attend a regularly scheduled meeting.

Regular attendance and active participation in the meetings of one (1) Coalition committee is a requirement for continued membership and voting status. The Committee Chairs will help monitor committee attendance and mediate issues of non-participation of Coalition members.

E. VOTING IN ABSENTIA

All members are expected to be at all scheduled meetings, but may miss one meeting in a calendar year due to unforeseen circumstances. Voting members will be allowed to vote in absentia **only once a calendar year**.

- 340 If a voting member will be absent at a meeting where a vote is scheduled, the member may
- request to submit a written absentee vote. This may only occur when a vote has been scheduled
- and the absent member has received background materials before the meeting. (Proxy voting –
- 343 conferring voting rights to another Coalition member is not permissible.) An absent member
- may request an absentee vote only on a matter that has been scheduled for a vote on the agenda.
- 345 The absent Coalition voting member must notify the Coalition coordinator of their vote at least
- one-hour prior to the scheduled vote. The Coalition Chair will read the absentee vote(s) during
- 347 the designated vote process, as indicated on the absentee voting form. Absentee votes will be
- added to the total vote tally. The note taker will record the total number of votes for, against, or
- in abstention in the minutes. If the motion changes or an amendment is added, the absentee vote
- is no longer valid and cannot be counted in the tally.

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If a member knows that she/he is unable to attend meetings for an extended period, the member should inform the Chairperson.

G. CONFLICT OF INTEREST

The Coalition takes seriously the rules of ethics that prohibits members from participating in or voting on matters in which they may have a conflict of interest. Conflict of interest occurs when a voting member knowingly influences a discussion or a vote in a way that directly or indirectly benefits his or her organization.

In order to address potential conflicts of interest:

- 1. All voting members must complete and sign the Conflict of Interest form annually.
- 2. If members recognize a potential or actual conflict of interest on the part of an organization they represent, they should voluntarily excuse themselves from all discussion, debate, or vote on the issue in which the conflict of interest is present.
- 3. If one Coalition member believes an unacknowledged conflict of interest exists with another member, a review of the potential conflict concerning that other member by the Steering Committee may be requested. If the Steering Committee agrees that a conflict of interest exists, the member will not be allowed to engage in discussion, debate or vote on the topic in which the conflict exists. If the Steering Committee does not find a conflict of interest, the member may engage in discussion, debate or vote on that issue.
- 4. Consumers of services who do not represent an organization will generally not be considered as engaging in conflicts of interest. In the event that concerns are brought forth that a consumer is engaging in a conflict of interest on behalf of an organization, it can be brought to the Steering Committee for a final decision on whether or not that consumer can engage in discussion, debate or vote on the topic in which the potential conflict exists.

H. PARTICIPATION ASSISTANCE PROCESS

Reimbursement for expenses related to planning activities

Coalition members may be reimbursed for some expenses (i.e., mileage, lodging, airfare, per diem) related to participating in the planning process. Reimbursement is allowable only if the expenses cannot be reimbursed by another entity. All State of Colorado rules and procedures for reimbursement, travel, per diem, etc. will be followed.

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Participation Incentives

Some Coalition members may find it difficult to fully participate in planning activities without financial assistance to offset time away from work or other necessary expenses related to participation, such as childcare during meeting times. In such cases, participation incentives may be available to support the involvement of participants with the overall goal of increasing parity, representation and inclusiveness in the planning process.

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396 397 Because funds are limited, financial participation incentives are available on a limited, as available basis. Available incentives will prioritized for: representatives of HIV-infected or atrisk groups who are not employed or otherwise reimbursed for participation in the planning process and who suffer economic hardship as a result. Incentives will also be limited to supporting participation on only one committee of the Coalition for non-Coalition members.

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Note: In accordance with tax laws, expenses and incentives equaling \$600 or greater in one calendar year will be reported to the Internal Revenue Service as income on a 1099 form.

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I. GROUND RULES FOR CONDUCTING MEETINGS

All meeting business will be facilitated by the Coalition Chair and conducted according to the procedures established in Robert's Rules of Order, as interpreted by the Chair. Outside facilitators may be brought in for certain discussions when the Chair needs to participate or feels as if a conflict of interest precludes his or her unbiased facilitation.

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ARTICLE VII. COMMITTEES DESCRIPTIONS, ROLES AND RESPONSIBILITIES

411 Each committee shall elect a Chair, or Co-Chairs, to direct the activities of the committee.

412 Committee Chair(s) shall set agendas for committee meetings. In order to report back to the full 413

Coalition on committee business, the Committee Chair must submit agenda item requests to the

414 Coalition Chair. Such requests must be submitted to the Coalition Chair no less than 15 days

415 prior to the next convened meeting. Committee Chairs are also strongly encouraged to attend the 416

meetings of the Steering Committee in order to report on committee activities and ensure that the

417 business of the Coalition is being carried out in an effective manner.

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All members of the Coalition are expected to serve on one (1) committee during their term of membership. Supporting the Coalition philosophy of broadening community involvement to ensure parity, inclusion, and representation in all aspects of the process, persons outside the Coalition membership may participate on committees and ad hoc groups or task forces.

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Membership on all Coalition committees shall be considered open, requiring no appointments or nomination processes to join a committee. However, new members will be required to complete a "request to join committee form" in order to designate their interest in joining a committee and to facilitate communication with the Committee Chair and Coalition staff. New members will be eligible to vote on committee business after they have attended one full committee meeting.

429 They will maintain their (committee) voting rights through regular, active committee

430 participation. If a member becomes inactive in their participation, defined as missing more than

431 two-consecutive meetings, their voting rights will suspended. Voting rights will be restored after

- they resume active participation. Voting rights will be monitored and addressed by the
- 433 Committee Chair, with assistance from the Coalition staff.

- The procedures and decision-making activities must be conducted in accordance with the
- 436 Coalition bylaws. All committee members must abide by the Coalition bylaws, ground rules and
- operating guidelines. Committee requests to revise bylaws or procedures must be submitted to
- 438 the Steering Committee for consideration and discussion, prior to consideration by the full
- 439 Coalition.

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- Guest/visitors may also attend committee meetings. The guest/visitor participation procedures described in Article IV, Section 1, apply to committee meetings. Those who wish to regularly
- contribute to the planning process are encouraged to become a member of a committee.
- 444 Guest/visitors do not have voting rights at committee meetings.

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A. DESCRIPTIONS

- There shall be four (4) standing committees of the Coalition: Steering Committee, HIV Care
- 448 Advisory Committee, HIV Prevention Advisory Committee, and the Planning Collaborative.

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Ad hoc committees shall exist, as needed, as appointed by the Steering Committee.

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B. ROLES AND RESPONSIBILITIES

453 **Steering Committee**

- The role of the Steering Committee will provide oversight for the Coalition. The committee will
- 455 meet monthly to:
- Coordinate activities of the Coalition
- Develop and review policy for consideration at regular Coalition meetings
- Set meeting dates and develop meeting agendas
- Recommend action items to be discussed by the Coalition
 - Oversee and provide guidance to all Coalition committees
- Appoint ad hoc committee(s) and define the scope of the ad hoc committee(s)
- Work with the Department to ensure that all Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) requirements are met
- Ensure that all by-laws are followed and up-to-date
 - Address Conflict of Interest issues as outlined in Article VI, G
- Carry on the business of the Coalition between meetings as necessary

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- The Steering Committee will also oversee all membership functions of the Coalition and monitor membership to ensure that the principles of parity, inclusion, and appropriate representation are met. The membership functions include:
- Determine methods for the recruitment of applicants for the Coalition consistent with the Office of Boards and Commissions of the Office of Governor of the State of Colorado
- Oversee the recruitment of members for all Coalition committees
- Develop and maintain an orientation process for new members
- Review and respond to member resignations

- Ensure barriers for membership participation are minimized, (i.e., application forms are available in multi-languages and address translation and/or other special needs)
 - Review requests from committees to amend the Coalition bylaws
- Annually review the representation of the Coalition to ensure that it reflects the intended representation

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The Steering Committee will be comprised of the chair and chair-elects of each Coalition committee. Other non-voting members may attend Steering Committee meetings as desired. The Coalition Vice-Chair will chair the meetings of the Steering Committee.

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Under the direction of the Steering Committee, the Coalition will conduct an evaluation of consolidated planning processes and bylaws at the conclusion of the first full-year of existence to ensure that the goals of the consolidation planning process have been achieved.

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HIV Care Advisory Committee

- a. The role of the HIV Care Advisory Committee is to focus on the needs, service gaps and priorities of care services for people living with HIV/AIDS in Colorado.
- b. The HIV Care Advisory Committee shall participate in the development of all HIV care-related documents developed by the Coalition and its Committees, and confirm that those documents adhere to the necessary HRSA guidance and the Ryan White HIV/AIDS Treatment Modernization Act of 2006 as amended.
- c. The HIV Care Advisory Committee shall constitute the advisory group required by C.R.S. 25-4-1411(4), and shall at all times adhere to the requirements set forth in that statute.
 - d. The committee will gather information, analyze data and make recommendations to the Coalition and other appropriate entities in the context of medical and support services for people living with HIV/AIDS.
 - e. The committee will review and make recommendations regarding client assistance programs administered by the Department, including:
 - o Specific items included on the HIV medication assistance formulary
 - o Types and extent of assistance for insurance-related costs
 - o Client eligibility criteria for medication and insurance assistance
 - o Responding to projected deficits or surpluses in available funds.
 - f. Because eligibility and formulary changes must often occur within very restrictive time limits, this committee will have the authority to make those recommendations directly to the Department without first notifying the Coalition. However, the Chair of the HIV Care Advisory Committee must update the Coalition and Steering Committee on recommendations provided by the committee at the next available meeting of both bodies.
- 513 g. The committee will work with the Prevention Advisory Committee to discuss prevention 514 needs for people living with HIV/AIDS, provide data in relation to the community planning 515 process, and engage in dialogue on other topics as appropriate.

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HIV Prevention Advisory Committee

a. The role of the HIV Prevention Advisory Committee is to focus on the needs, service gaps, and priorities of prevention services for people at risk for and living with HIV/AIDS in Colorado.

- 521 b. The HIV Prevention Advisory Committee shall participate in the development of all HIV
 522 prevention-related documents and confirm that those documents adhere to the necessary
 523 CDC guidance.
- 524 c. The HIV Prevention Advisory Committee shall administer³ the comprehensive HIV prevention program⁴ required by the Centers for Disease Control and Prevention under its HIV Prevention Projects, and shall at all times adhere to the requirements set forth by the CDC for said project.
- d. Assist and guide the Department in recommending the list of prioritized populations and culturally competent interventions for HIV prevention services.
- 530 e. Develop a recommendation for the annual letter of concurrence, non-concurrence or concurrence with reservation, by comparing the activities and strategies in the Comprehensive Plan to the Department's prevention grant response.
 - f. Work with the Planning Collaborative Committee to develop needs assessments, resource inventories and gap analysis to ensure that HIV prevention and care services are as seamless as possible.
 - g. The committee will work with the Care Advisory Committee to discuss care needs for people living with HIV/AIDS, provide data in relation to the community planning process, and engage in dialogue on other topics as appropriate.

The Planning Collaborative Committee (a.k.a., planning document development committee)

- a. The role of the Colorado Planning Collaborative Committee is to facilitate the development of joint planning documents between all the HIV/AIDS activities supported through the various funding sources; including the Ryan White HIV/AIDS Treatment Modernization Act of 2006 as amended.
 - Examples of planning documents include:
 - The Colorado Care *and* Prevention Comprehensive Plan
 - The Colorado Care *and* Prevention Resource Inventory, Needs Assessment, and Gap Analysis
 - The Colorado Care Statewide Coordinated Statement of Need
 - The Colorado Care Unmet Need Estimate

ARTICLE VIII. STAFFING ROLES, RESPONSIBILITIES OF THE DEPARTMENT AND GENERAL DUTY DESCRIPTION

Health department staff members are responsible for monitoring and coordinating the overall activities of the Coalition and committees:

• The Coalition coordinator acts as a liaison between the Coalition and the Department and is the "communication hub' for the various committees and groups that constitute the Coalition. The Coalition coordinator shall also report to the Steering Committee and suggest strategies to improve: responsiveness of the planning process; alternative ways for groups and individuals to inform and contribute to the planning process; and use of planning funds to support local and statewide planning efforts.

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³ Administer, provide advice and input to the Department regarding the HIV Comprehensive Plan.

⁴ *Program*, the HIV Comprehensive Plan.

- The coordinator will ensure that meeting minutes of the Coalition and committees will be written and available for inspection within 10 working days or prior to the next convened meeting, whichever occurs earlier. Written minutes shall be provided to all Coalition members prior to subsequent meetings. Minutes from the most current meeting shall be posted on the Coalition Web site once they are approved by the Coalition.
- The coordinator will ensure that Coalition meeting agendas are mailed or Emailed to members at least 10 days prior to the next scheduled meeting. The agenda for all upcoming Coalition meetings shall be posted on the Coalition Web site as soon as they become available from the Steering Committee.
- Only the member appointed by the Executive Director of the department shall have voting rights on the Coalition and its committees. Staff may contribute input when requested.

ARTICLE IX. OPEN MEETINGS

All meetings shall be open to the public, to the extent required by statute. However, voting rights shall be granted only to those who have met the requirements of a member as described in the bylaws. There will be an open forum agenda item at all meetings to allow for open discussions. The Coalition coordinator will ensure that written notice of the time and place of all Coalition meetings and committee meetings are posted on the Coalition Web site and mailed/Emailed to all members at least 24-hours prior to each meeting.

ARTICLE X. RATIFICATION AND AMENDMENTS

Ratification: The Bylaws for the Coalition will be ratified at the first formal meeting of the Colorado HIV/AIDS Care and Prevention Coalition, upon a two-thirds majority vote.

Amendments to the Bylaws: These Bylaws may be amended at any regular or special meeting of the Coalition by a two-thirds majority vote. Written notice of the proposed Bylaws change(s) shall be provided to each member no less than thirty-days (30) prior to the meeting date.

ARTICLE XI. PARITY, INCLUSION AND REPRESENTATION

The concept of parity, inclusion and representation is a guiding principle contained in the Centers for Disease Control and Prevention (CDC) HIV Prevention Community Planning Guidance. The following is the definitions used in CDC Program Announcement 04012 and the HIV Prevention Community Planning Guidance.

Parity: The ability of community planning group members to equally participate and carry-out planning tasks or duties in the community planning process. To achieve parity, representatives should be provided with opportunities for orientation and skills-building to participate in the planning process, and have equal voice in voting and other decision-making activities. **Inclusion:** Meaningful involvement of members in the process with an active voice in decision-making. An inclusive process assures that the views, perspectives, and needs of all affected communities are actively included. **Representation:** The act of serving as an official member reflecting the perspective of a specific community. A representative should reflect that community's values, norms, and behaviors, and have expertise in understanding and addressing

the specific HIV prevention needs of the population. Representatives also must be able to participate in the group and objectively weigh the overall priority prevention needs of the jurisdiction.