

North Carolina HIV Prevention and Care Advisory Committee Operating Procedures

Article I. Name

The name of the Planning Group shall be the North Carolina HIV Prevention and Care Advisory Committee (HPCAC).

Article II. Mission

To provide advice, support, and communication regarding HIV/STD prevention, care and housing issues to the HIV/STD Prevention and Care Unit and community at large.

Article III. Roles and Responsibilities

Section 1. Committee Roles and Responsibilities

The roles and responsibilities of the HPCAC are to:

1. Review available regional and statewide epidemiological, evaluation, behavioral and social science, cost-effectiveness, and needs assessment data and other information required for identifying and prioritizing HIV prevention, care and housing needs, and collaborating with the HIV/STD Prevention and Care Unit and on how to best obtain additional data and information.
2. Assess existing community resources compiled to determine North Carolina's capability to respond to the HIV epidemic. Review unmet HIV prevention, care and housing needs within defined populations and statewide.
3. Prioritize statewide and regional HIV prevention, care and housing needs by populations of interest and propose high priority strategies and interventions.
4. Review membership recommendations and recommend modifications as needed regarding:
 - a. Counseling, testing, referral, and partner notification (CTRPN), early intervention, primary care, and other HIV care services;
 - b. STD, TB, and substance abuse prevention and treatment;
 - c. Other public health needs,
5. Evaluate the HIV Prevention and Care planning process and assess the responsiveness and effectiveness of the HIV/STD Prevention and Care Unit in addressing the priorities identified in the Integrated HIV Care and Prevention Plan.
6. Provide advice and consultation to the HIV/STD Prevention and Care Unit and by extension to all those entities with which the Unit interacts with, on matters related to the prevention, care and

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housing of persons infected with or affected by HIV/AIDS, or at risk of becoming HIV infected. This may include advising the North Carolina General Assembly, the Health Resources and Services Administration (HRSA), the Department of Housing and Urban Development (HUD), the Centers for Disease Control, as well as other NC Departments with the responsibility for or significant influence on the care and treatment of individuals and families infected or affected by HIV/AIDS, or at risk of becoming HIV infected.

7. Review North Carolina prevention and care program goals and participate in the development of the annual application submissions to HRSA, HUD and CDC.
8. Review and participate in the development of policies and procedures related to all facets of the Prevention and Care programs.
9. Advocate for individuals and families at risk of, infected and affected by HIV/AIDS.
10. Maintain the integration of the HIV/AIDS Prevention, Care and housing programs to develop a more coordinated, continuum of HIV care throughout the State.
11. Serve to meet the Federal requirements to ensure community participation in all HIV/AIDS Prevention, Care and housing programs.
12. Elect the community co-chair who will work with the designated HIV/STD Prevention and Care Unit Co-chair.
13. Ensure Committee membership structure achieves community and key stakeholder representation (parity and inclusion). Work with the HIV/STD Prevention and Care Unit to
 - a. Develop policies and procedures that address Committee membership, roles and responsibilities, conflict of interest, conflict resolution, as well as criteria for identifying members representing at-risk, affected, HIV positive and socioeconomically marginalized populations;
 - b. Provide a thorough orientation for new Committee members;
 - c. Determine the most effective strategies for input into the Unit's Integrated HIV Prevention and Care planning, funding formula determinations and the Annual Action Plan and Consolidated Plan for housing processes;
 - d. Evaluate the Committee's work through administering a survey following each HPCAC meeting to assess committee satisfaction with the activities and offer suggestions for improvement.
14. Submit letters of concurrence, concurrence with reservations, or non-concurrence with

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prevention and care related applications to HRSA, HUD, CDC or other funding sources as needed by the HIV/STD Prevention and Care Unit.

Section 2. Individual Responsibilities

I. HPCAC Co-chairs

The roles and responsibilities of the Committee Co-chairs are:

1. Provide leadership to Committee members.
2. Co-Facilitate meetings, lead discussions, and ensure that a participatory process is followed.
3. Develop meeting agendas with the input from the Committee members.
4. Work closely with HIV/STD Prevention and Care Unit staff to ensure that necessary information is provided on a timely basis to the Committee. Work with staff to ensure that all Committee members understand the National HIV/AIDS Strategy (NHAS) and assist the Unit with achieving NHAS goals.
5. Lead the development and promote the implementation of the engagement process and inform the development/update of the Integrated HIV Care and Prevention Plan.
6. Work with the HIV STD Prevention and Care Unit to ensure that the Committee has adequate time to review necessary planning documents and applications before they are submitted to federal funders.
7. Draft the letters of concurrence, concurrence with reservations, or non-concurrence and participate as necessary/requested in the discussion with CDC, HRSA, HUD or other funders in the event that the Committee does not provide a letter of concurrence or when the engagement process is not aligned with NHAS goals.

II. HPCAC members:

The roles and responsibilities of Committee Members are:

1. Make a commitment to the HIV Prevention and Care planning process and its results.
2. Understand and follow the Committee Operating Procedures.
3. Participate in all decision-making and problem-solving activities.

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4. Serve on sub-committees or task forces, when appropriate, and complete assigned tasks.
5. Lead sub-committees or task forces, when appropriate.
6. Have a working knowledge of the National HIV/AIDS Strategy (NHAS) and HIV/STD Prevention and Care programs.
7. Make a commitment to work with the HIV/STD Prevention and Care Unit to ensure that the Committee's engagement and planning processes align with the NHAS goals.
8. Utilize the data/information presented to the Committee and request additional information if the data/information presented does not clearly reflect the impact of the epidemic.
9. Use information provided by the HIV/STD Prevention and Care Unit to collaboratively develop an engagement process.
10. Participate as a partner with the HIV/STD Prevention and Care Unit to improve the impact of HIV prevention and care efforts, while abstaining from serving as an advocate for an agency or any specific population.
11. Bring questions and/or concerns from the region the member is representing to the Committee and take back to the region the results of Committee discussions on those topics.

Article IV. Membership

Section 1. Number

The HPCAC will be comprised of thirty-eight (38) members. These include:

Thirty-three (33) members representing the 10 HIV Care Network Regions and the Ryan White Part A Transitional Grant Area (TGA) region. These will include one (1) HIV Prevention Provider, one (1) HIV Care Provider and one (1) consumer from each of the ten (10) HIV Care Network regions, plus one (1) HIV Care provider, one (1) Prevention Provider, and one (1) consumer from the Ryan White Part A TGA region. When a member's term ends, they must sit out for 1 year before reapplying for membership. However, when the term has ended the individual may continue to attend HPCAC meetings as a non-voting community person.

One (1) member appointed by the Ryan White Part A Transitional Grant Area (TGA) Program.

Four (4) at-large members who are not HPCAC Officers that represent HIV Care and/or Prevention

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constituencies not defined above (i.e. 10 Regional Networks of Care and the Ryan White Part A Transitional Grant Area (TGA)).

Section 2. Appointment, Removal, and Vacancies

Appointment of members shall be for two (2) calendar years, with 50 percent new members being appointed every year. Appointments shall be elected by the membership of HPCAC, based on a slate of candidates presented by the Membership/Nominating Sub-Committee. The membership/Nominating Sub-Committee shall use an application process to determine the slate of candidates. New members are elected by a majority of the quorum present. New members elected to fill vacancies shall serve to the end of the term of the individual they have replaced.

HIV/STD Prevention and Care Unit Co-Chair: The HIV/STD Prevention and Care Unit representative will be designated by the Unit Manager and will serve as HPCAC Co-chair for a minimum of one year and a maximum of two years, at which point another representative will be designated. The Unit's representative will rotate back and forth between Prevention and Care.

The Community Co-Chair, Vice-chair, and Secretary: The Community Co-Chair, Vice-chair, and Secretary will be elected by a majority vote of the Quorum of the HPCAC membership at the last Committee Meeting of each calendar year and will be seated at the first meeting of the new calendar year. These Officers will serve for one year.

Any HPCAC member who fails to attend two consecutive meetings will be removed from the membership. Members may also be removed for other reasons that the membership may put forward.

Vacancies shall be filled by the membership of HPCAC, based on a slate of candidates presented by the Membership/Nominating Sub-Committee in the same manner as appointments.

Section 3. Proxies

Committee members may designate a proxy to attend a meeting in their absence. A member may have no more than two (2) proxies during a twelve-month period. A Member having more than two (2) proxies during a twelve-month period may be removed. The Committee member is responsible for briefing the proxy on current items under review by the Committee.

Section 4. Officers and Co-chairs

The leadership of the HPCAC will be provided by two Chairs representing (1) the Community and (2) the HIV/STD Prevention and Care Unit. The Community Co-chair will be elected by a majority vote of the quorum of the membership. The Unit Co-chair will be selected by the HIV/STD Prevention and Care Unit Manager and is not subject to membership limitations. The Co- chairs are voting members of the HCPAC.

The Community Co- Chair and Vice-chair shall be responsible for ensuring the smooth running of the HPCAC, including (but not limited to) conducting meetings and serving as spokesperson for the

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Committee, as well as such other responsibilities as may from time to time be required. The Community Co- Chair shall have served as a member of the HPCAC prior to being elected as Chair. The Unit Co-Chair will be available to assist in conducting meetings as necessary.

The secretary shall be responsible for taking the minutes of the meeting, and for working with the HIV/STD Prevention and Care Unit to ensure that they are distributed. The Secretary shall also be responsible for updating any approved changes to the Operating Procedures.

Officers shall be elected for a one-year term, and may be re-elected for an additional one year term. No officer may serve more than two consecutive terms in office. Term on the HPCAC may be extended up to three (3) years if the member is completing a term as an officer.

Section 5. Conflict of Interest

A HPCAC member who also serves as a director, trustee, or salaried employee, or otherwise materially benefits from association with any agency which may seek funds from the HIV/STD Prevention and Care Unit for HIV prevention or care activities, is deemed to have an "interest" in said agency or agencies. In order to safeguard the HPCAC's recommendations from potential conflict of interest, each member shall disclose in writing any and all professional and/or personal affiliations with agencies that may pursue funding. Each HPCAC member will complete a Conflict of Interest Disclosure Form when elected to the Committee and will complete a new Disclosure Form in the event there is any change with regard to Conflict of Interest. The Conflict of Interest Disclosure Forms will be maintained by the HIV/STD Prevention and Care Unit.

Before the HPCAC begins discussion of issues where a member's affiliate is the potential recipient of funds, the member must declare their potential for conflict of interest. Members with conflicts of interest are prohibited from participating in any vote regarding the issue.

Members who do not complete a Conflict of Interest Disclosure Form or do not comply with the Conflict of Interest Operating Procedures are subject to removal from the HPCAC. The Membership/Nominating Sub- Committee will be responsible for administering the Conflict of Interest process and for devising and revising as necessary the Conflict of Interest Form. If necessary, the Membership/Nominating Committee will select a task force from the HPCAC membership to address a specific conflict of interest issue.

The majority of the issues addressed by the HPCAC will not directly affect distribution of funds, but may influence funding decisions. The HPCAC is responsible for making objective decisions, including prioritization of HIV prevention and care needs of defined populations, determination and evaluation of existing resource capacity to address HIV prevention and care needs, and evaluation of effectiveness of intervention strategies. Therefore, HPCAC members are responsible for identifying and monitoring personal biases to ensure that discussion and decisions are based on evidence (i.e., epidemiological profile, needs assessment data, etc.) to maintain the objective nature of Community Planning.

Article V. Governance of Meetings

Section 1. Meetings

There shall be four regularly scheduled meetings each year. In addition, other meetings may be scheduled as required. The schedule for the four regular meetings shall be developed at the last meeting of the preceding calendar year, but may be rescheduled by a vote of a quorum of the Committee, or as needed by the HIV/STD Prevention and Care Unit.

Section 2. Quorum

A quorum shall exist when 33% of the sitting members of the Committee are present.

Section 3. Agenda

The agenda shall be developed by the Community Co-chair and Vice Chair with input from the Unit Co-Chairs in consultation with the Committee, staff of the HIV/STD Prevention and Care Unit, and input received from the members. The agenda will be sent to each member at least one week prior to the date of the meeting.

Section 4. Community Access

All Committee meetings are open to the public. Only appointed members or their proxies are eligible to vote.

Section 5. Decision Making

Decisions of the Committee shall be approved on a majority vote of the quorum.

Each decision made by the Committee requires a motion, second, discussion and vote. Any matter proposed by Sub-Committee proceeds directly to discussion. A simple majority of the members in attendance, provided a quorum is met, will decide all matters put to a vote.

Article VI. Sub-Committees and Task Forces

Section 1. Sub-Committees

Membership Committee

A Membership/Nominating Sub-Committee is established to ensure that the HPCAC continues to have a full complement of active participants. This Committee shall also have responsibility for orientation of new HPCAC members.

Additional standing or ad-hoc sub-committees may be formed by the HPCAC at any time as deemed necessary by the Committee. A new standing or ad-hoc sub-committee will be governed by HPCAC policies and procedures.

Section 2. Task Forces

Task forces may be established by a simple majority vote of the members present at the meeting. These task forces shall be formed to address specific tasks, which will be reported to the HPCAC for action.

Article VII. Books and Records

The HIV/STD Prevention and Care Unit shall be responsible for keeping and disseminating the minutes of all proceedings of the HPCAC and such other books and records as may be required for the proper conduct of its business and affairs.

Article VIII. Amendments

These Procedures may be amended at any regular or special meeting of the HPCAC. Written notice of the proposed Operating Procedures change shall be mailed or delivered to each member at least ten days prior to the date of the meeting. Procedures changes require a two-thirds majority vote of the HPCAC members or their proxies in attendance at the meeting.