

Missouri Comprehensive Prevention Planning Group By-Laws

I. Introduction/Preamble

Official Name – Missouri Comprehensive Prevention Planning Group (CPPG)

The mission of the Missouri Comprehensive Prevention Planning Group is to inform the development or update of the Missouri Department of Health and Senior Services (HD) Jurisdictional HIV/STI/Hepatitis Prevention Plan that will contribute to the reduction of new infections, address the challenges of the epidemics, and maximize the effectiveness of current prevention methods by:

- Identification of appropriate stakeholders
- Engaging in a results-oriented process
- Ensuring that the goals of the National HIV/AIDS Strategy (NHAS) are achieved, along with the statewide Viral Hepatitis (VH) and Sexually Transmitted Infection (STI) strategic plans
- Utilizing a High Impact Prevention (HIP) approach
- Developing, implementing, and monitoring a jurisdictional plan

II. Structure defined

(Statewide Planning with Regional Advisory bodies Model)

Missouri uses a regional based model for producing its jurisdictional plan and related activities. The way this model operates is as follows:

1. The Comprehensive Prevention Planning Group (CPPG) is the one statewide planning body which constitutes the official planning group for Missouri. It is responsible for meeting all requirements set forth in the current HIV Planning Guidance.
2. To assist in the accomplishment of the planning tasks in Missouri, the CPPG relies on the planning efforts of 6 regional planning advisory groups (RPAGs).

Each planning group level has specific responsibilities and planning processes.

A. CPPG

Workgroups, Committees, Task Forces

The CPPG uses an array of options for organizing members to accomplish its mission and tasks. This is done primarily by three types of groups, defined and listed as follows:

Workgroups

CPPG has eight workgroups that address issues of a procedural nature on behalf of the full CPPG, along with providing input and information to guide CPPG decision making. They present reports to the full CPPG for discussion and approval.

- Each Workgroup elects 2 co-chairs
- Develops and updates its Workgroup focus and list of tasks
- Annual enrollment for workgroups is at the March CPPG
- All members are expected to actively participate in at least 1 workgroup
- Workgroups host both in person and virtual meetings (conference calls, Facebook and other platforms) through

- the year in order to accomplish their focus and tasks in support of the work of the CPPG.
- Co-chairs will serve a one-year term of office with an option of serving up to two (2) consecutive terms maximum provisional upon committee vote. Co-chair election will alternate years for election so that at least one experienced co-chair remains during any given cycle.
 - If a person has two or more unexcused absences from either a workgroup meeting, conference call or, if a workgroup hosts a Facebook page, a member fails to contribute to the discussion in 2 time defined discussion periods, the workgroup co-chairs must submit that concern to the membership workgroup for consideration or recommendation for removal from that workgroup. All recommendations for removal must then be sent for final determination to the CPPG co-chairs for final determination of removal from the workgroup. If the absences occur within the membership workgroup itself, then the workgroup's co-chairs will submit that concern to the CPPG co-chairs to make a determination for removal.

The following are the 8 Workgroups, with their focus and tasks specified:

1. **Structure**

Focus:

To ensure statewide HIV planning involves the identification of appropriate stakeholders to engage in a process that is results-oriented, in order to ensure that the goals of the NHAS are achieved and that a jurisdictional HIV prevention plan is developed, implemented, and monitored.

Tasks:

- Develop ‘footnotes’ to bylaws as needed
- Assure that we have identified key stakeholders, community members and other HIV service providers, working with Membership Services Workgroup
- Bylaw Revisions
- Develop a collaborative and coordinated engagement process
- Inform and monitor development and implementation of the jurisdictional HIV prevention plan
- Collaborate with the state on the Community Assessment
- Work jointly and provide support/direction to all workgroups as needed

2. **Membership Services:**

Focus:

The Role of the Membership Service Workgroup is to identify and implement various strategies to recruit, to orient and to retain CPPG members, targeting participants in the HIV/STI/VH planning process that represent the diversity of infected populations, other key stakeholders in HIV/STI/VH prevention and care

and related services, and organizations that can best inform and support the development and implementation of a Comprehensive Jurisdictional Prevention Plan.

Tasks:

- Release calls for applicants, Overseeing nomination procedures which includes, producing a member/nomination slate. Work to engage other planning groups and federally funded grantee's in the HIV planning process. In addition, Include in the engagement process all key stakeholders and providers since their participation in the planning and implementation process is vital to reducing HIV incidence in the jurisdiction
- Providing Orientation for new members
- Review and update bylaws and job descriptions related to membership
- Coordinate CPPG mentoring program.
- Assist with evaluation of a community planning process
- Identify capacity and technical assistance needs of the planning body as it pertains to membership.
- Ensure that each regional prevention advisory group conducts orientations that are consistent with/ reflective of the state wide orientation process by providing materials and tools to be used regionally
- Assist with decision making removal of committee members who are not fulfilling their participation obligations

3. MO Care and Prevention Collaboration

Focus:

To facilitate and support a process for coordinating HIV prevention and care planning resources and activities in order to maximize the outcomes of both prevention and care groups.

Tasks:

- Ensure prevention, treatment, and care services are being delivered to priority populations with emphasis on HIV positive individuals.
- Monitoring services/activities of testing, linkage/lost to care to ensure continuum of both prevention and care
- Quarterly review of monitored services/activities of care/prevention plans.
- Identify and evaluate prevention for positives and high risk negatives
- Assure issues are being implemented and social determinates are being addressed in prevention and care

4. MSM

Focus:

Assure and monitor intervention plans for MSMs are comprehensive and address social determinants, and develop recommended strategies

Tasks:

- Ensure CDC recommended interventions are disseminated to regions
- Assuring that ongoing TA is provided to the regions

- Review and make recommendations on the most effective use of HIV testing for MSM
- Monitor prevention resources
- Promote model condom demonstration programs
- Research and promote effective models for using social media for MSM
- Make sure content research on effective prevention tools are available to regions

5. Women and their Male Partners

Focus:

Assure the usage of proven cost effective and scalable interventions with demonstrated potential to reduce new infections with women and their male partners to yield a major impact on HIV epidemic

Tasks:

- Provide State's HIV and STI prevention programs with ideas, input, and recommendations for strategies, techniques, and messages to more effectively reach Missouri's diverse women and their male partner populations
- Assure High Impact Prevention program targeting women and their male partners is included in the jurisdictional planning
- Identify and advocate for culturally competent prevention and care strategies targeting women and their male partners
- Assist with updating of emergency response plan and statement of need on as needed basis
- Plan for or share information on events for National Days of Awareness that particularly target women and their male partners prevention concerns

6. Youth

Focus:

The mission of the Youth Workgroup is to provide recommendations to the Statewide Comprehensive Prevention Planning Group regarding best practices, high impact prevention strategies, and techniques to promote youth engagement and age-appropriate sexual health education to the young people that we serve by:

Tasks:

- Developing an annual report of best practices, resources and strategies pertaining to HIV/STD prevention
 - Identify best practices and strategies
 - Decide upon most feasible medium for annual report
- Building partnerships with community stakeholders
- Promoting youth development to encourage healthier lifestyles

7. Sexually Transmitted Infections

Focus:

To focus STI prevention efforts to promote sexual health and reduce new infections and co-infections with HIV and Viral Hepatitis

Tasks:

- Promote STI interventions that meet HIP definition

- View and promote policies at the federal, state and local levels in regards HIV, STI & VH integration
- Develop, implement and monitor a statewide STI strategic plan
- Promote health literacy in STI services and education
- Assure an annual educational update on STI Services, testing and prevention for the CPPG

8. Viral Hepatitis

Focus:

To reduce the burden of viral hepatitis among Missouri citizens by being a resource for education and awareness, testing and linkage to care

Tasks:

- Educate all members of CPPG on Viral Hepatitis
- Each agency will promote May Hepatitis Awareness Month by committing to an event
- Create a basic Resource Directory for hepatitis services to include information on testing, treatment and vaccination
- Encourage the creation of a support group in each region.
- Identify target groups for HIV testing sites to educate on Hepatitis C
- Draft policy for encouraging providers to test baby boomers according to USPSTF recommendations

Committees

The role of each Committee is to provide direction to and monitor its workgroups in implementing their specific tasks and be a forum for workgroup accountability and exchange of information. In order to accomplish their purpose committees need to meet at least once each planning year. They are facilitated by the Statewide Planner who works with the appropriate co-chairs of the workgroups to develop a particular committee’s agenda. The 8 workgroups are organized under three committees as described in the chart below:

Core Planning Committee	Target Group Committee	Program Collaboration /Service Integration Committee (PCSI)
Structure Workgroup MO Prevention and Care Collaboration Workgroup Membership Services Workgroup	MSM Workgroup Women and Their Male Partners Workgroup Youth Workgroup	STI Workgroup Viral Hepatitis Workgroup

Task Forces

Task Forces can be set up by the CPPG Co-Chairs at the request of the voting members and similarly by Workgroup co-chairs at the request of the members. The duties of any task force are as follows

- To further research an issue or concern brought forward by the chairs and /or membership
- Are time limited;, which timeframe is established at the time the task force is set up
- Can consist of voting members and gallery attendees, esp if attendees have relevant expertise related to the topic of the task force
- Task Force members are established by request of the co-chairs for volunteers or can be appointed by the co-chairs
- Task Force size usually should range from 3-5 members
- A Task Force is to provide findings and any recommendations to the respective co- chairs that established them
- A Task Force has no decision making authority.
- The CPPG or Workgroup co-chairs will work with the task Force to establish a facilitator and reporter for the group. The roles of facilitator and reporter can be the same person, especially with small task forces.

B. **RPAG**

Tasks

- The following regions are strongly encouraged by the State Level CPPG to represent the scope of the epidemic within their region:
 - North Central
 - Kansas City
 - Northwest
 - St. Louis
 - Southeast
 - Southwest
- Each Regional Prevention Advisory Body is responsible for electing representatives and alternates to attend State Level CPPG Meetings. Provide the CPPG with a concise view of the desires of the regional advisory group in relation to prevention planning.
- Contribute, with the regional lead agency, a regional comprehensive prevention plan that is submitted to the CPPG for review and inclusion in the statewide comprehensive plan.
- Assists in monitoring and advising the lead agency on implementation of the regional plan
- Develop regional bylaws which cannot be in conflict with the CPPG by-laws.

III. Roles and Responsibilities

Health Department

The HD plays a critical role in directing prevention efforts towards more high-impact outcomes leading to reduced HIV/STI/VH incidence. It is also critical in helping to ensure the success of planning and being responsible for supporting the HIV/STI/VH planning process through logistical and technical support, staffing, provision of consultants or contractors, and leadership development. Specific duties of the HD include supporting 1) meeting logistics; 2) CPPG member involvement with reasonable incentives (transportation, expense reimbursement, etc.) especially for persons with, or at risk for, HIV infection; and 3) infrastructure for the planning process. CDC encourages HDs and the CPPG to utilize various forms of technology (e.g., conference calls, webinars, and video conferencing) to reduce the cost of face-to-face meetings and to ensure broad-based community and key stakeholder representation in the HPG process.

HD Roles and Responsibilities

- Create and maintain one CPPG per jurisdiction that meets the objectives, activities, and principles of the HIV Planning Guidance. Only one Jurisdictional HIV Prevention Plan and letter of concurrence, concurrence with reservations, or non- concurrence should be submitted to CDC each year.
- Appoint the HD co-chair.
- Implement the engagement process and the Jurisdictional Prevention Plan with some assistance from the CPPG.
- Develop the Jurisdictional Prevention Plan with input from the CPPG and the engagement process.
- Keep the CPPG informed of other planning processes in the jurisdiction related to HIV/STI/VH care, treatment, and mental health and substance abuse services (such as Ryan White Planning Councils and SAMHSA planning activities) to ensure collaboration between the CPPG and the other entities.
- Provide the CPPG with information on federal, state, and local public health services (STD, TB, hepatitis, mental health, etc.) for high-risk populations identified in the Jurisdiction's Prevention Plan.
- Ensure that the CPPG has access to current HIV/STI/VH prevention information and analyses of data which may have potential implications for prevention in the jurisdiction.
- Sources of information include program activities, surveillance data, local program experience, programmatic research, the best available science (including cost-effectiveness data), and other relevant information, especially as it relates to at-risk populations.
- Provide the CPPG with information on the application and its relationship to accomplishing the goals set forth by the Division of HIV/AIDS Prevention and NHAS.

- Allocate, administer, and coordinate other public funds (federal, state, and local) to maximize the impact of interventions to prevent transmission and reduce HIV/STI/VH-associated morbidity and mortality.
- Provide regular updates to the CPPG on successes and barriers encountered in implementing the engagement process and prevention services described in the Jurisdictional Prevention Plan.
- Determine the amount of planning funds necessary to support planning, including meetings and other means for obtaining key stakeholder or community input, facilitation of member involvement, capacity development, technical assistance from outside experts, and representation of the CPPG at necessary jurisdictional or national planning meetings. HDs should discuss planning funds with their CDC project officer.
- Develop an application to CDC for federal HIV prevention cooperative agreement funds.
- Document the engagement with other relevant federal planning processes, especially HRSA, SAMHSA and HUD.

CPPG

The CPPG is responsible for developing an engagement process for the jurisdiction. The CPPG also informs the development or update the HD's Jurisdictional Prevention Plan. The HD is ultimately responsible for implementing the Jurisdictional Prevention Plan.

Note: The CPPG does not allocate fiscal resources. That is the role of the HD. The CPPG may provide recommendations or have input on funding formulas, but the responsibility of funding allocation remains solely with the State Department of Health and Senior Services.

IV. The Primary Goal and Task of the Planning Group

Goal:

To inform the development or update of the HD's Jurisdictional Prevention Plan that will contribute to the reduction of new HIV/VH/STI infections in the jurisdiction.

Task:

To partner with the health department to address how the jurisdiction can collaborate to accomplish the activities set forth in the health department FOA PS12-1201.

CPPG Roles and Responsibilities

- Elect the Urban and Rural community co-chairs who will work with the designated HD co-chair.
- Ensure membership structure achieves community and key stakeholder representation (parity and inclusion).

- Ensure information is presented in a clear and comprehensive manner.
- Inform the development or update the Jurisdictional HIV Prevention Plan through utilization of the regional plans. This assures the jurisdictional plan meets the needs of the statewide prioritized populations living in the metros, minor metros and rural areas of the state.
- Submits a letter of concurrence, concurrence with reservations, or non-concurrence.

CPPG and HD Shared Responsibilities

In the spirit of working collaboratively in comprehensive planning, some responsibilities are shared between CPPG and HD.

CPPG and HD Shared Roles and Responsibilities

- Develop procedures and policies that address membership, roles, and decision making, specifically CPPG composition, roles and responsibilities, conflict of interest, and conflict resolution.
- Review bylaws and other protocols on a quarterly basis.
- Develop and apply criteria for selecting CPPG members, placing special emphasis on identifying representatives of at-risk, affected, HIV/STI/VH-positive, and socioeconomically marginalized populations. PIR remains a critically important tenet of comprehensive planning.
- Provide a thorough orientation for all new CPPG members.
- Determine the most effective strategies for input into the Jurisdictional Prevention Plan and engagement process.
- Monitor or assess the planning group process to ensure that it meets the objectives of the Guidance.
- Ensure that comprehensive prevention efforts are guided by High-Impact Prevention activities.
- Review and update the CPPG's progress yearly—addressing challenges and conclusions from the engagement process and describing any recommended changes to the process. The CPPG can submit an addendum (e.g., a few pages) to the interim progress report (IPR) that addresses the topics listed below, as well as any other relevant topics:
 - Brief description of the process used to develop, implement, or assess the progress of the engagement process;
 - Changes in the epidemic (e.g., emergence of new risk populations or geographic distribution);
 - Changes in the jurisdictional plan;
 - Membership, organizational, and community updates;
 - Policy and environmental changes (e.g., budget limitations or new program priorities); and
 - Any changes to the CPPG's bylaws and written protocols.

CPPG Members

CPPG members have a responsibility to ensure that comprehensive planning is truly a participatory process. CPPG members are expected to participate in scheduled meetings and devote additional time, if needed, to CPPG-related activities (e.g., other planning body meetings, CDC webinars/conference calls, and trainings).

CPPG Member Roles and Responsibilities

- Make a commitment to the planning process and its results.
- Understand and follow the bylaws and written protocols.
- Participate in all decision-making and problem-solving activities.
- Serve on committees or work groups, when appropriate, and complete assigned tasks.
- Co-chair the process and lead workgroups or task forces, when appropriate.
- Have a working knowledge of the HPG guidance, FOA PS12-1201, the NHA, the statewide VH and STI strategic plans, along with any national documents that guide VH and STI prevention and treatment..
- Make a commitment to work with the HD to ensure that the CPPG's engagement process and the jurisdictional plan align with the NHAS goals.
- Utilize the data/information presented to the CPPG in the epidemiological profile and the jurisdiction's plan.
- Request additional information if the data presented does not clearly reflect the impact of the epidemic in the jurisdiction.
- Use information provided by the HD to collaboratively develop an engagement process.
- Participate as a partner with the HD to improve the impact of comprehensive prevention efforts within the local jurisdiction, while abstaining from serving as an advocate for an agency or any specific population.

CPPG Co-chairs

HPG co-chairs provide leadership for the participatory process by leading the meetings, conducting CPPG activities between meetings, and calling CPPG special meetings as necessary. There are three co-chairs; one each from a rural and urban region, elected by their similar type regions from the CPPG body; and one co-chair from HIV Care.

CPPG Co-chair Roles and Responsibilities

- Provide leadership to CPPG members.
- Facilitate meetings, lead discussions, and ensure that a participatory process is followed.
- Develop meeting agendas with input from the CPPG.
- Work closely with the HD staff to ensure that necessary data are provided on a timely basis to the CPPG.

- Work with the HD staff to ensure that all CPPG members understand the NHAS and assist the HD in achieving the NHAS goals.
- Lead the development of the engagement process and inform the development/update of the Jurisdictional Prevention Plan.
- Promote implementation of the engagement process.
- Work with the HD to ensure that the CPPG has adequate time to review the Jurisdictional Prevention Plan before it is submitted to CDC.
- Draft the letter of concurrence, concurrence with reservations, or non-concurrence.
- Participate in discussions with CDC when the CPPG does not provide a letter of concurrence or when the engagement process is not aligned with NHAS goals.

Prevention Planning Coordinator

PPC Roles and Responsibilities

- Ensure that technical assistance is provided through various mechanisms to support recipients with the planning process (e.g., analyzing data, achieving PIR, managing conflict, and evaluating the planning process).
- Assist in coordinating efforts between HDs and the CPPG.
- Assist with developing the CPPG's timeline to ensure that the CPPG completes its planning activities and reviews the HD's jurisdictional plan in a timely manner.
- Assist in monitoring the comprehensive planning process.
- Assist with responses to HD or CPPG inquiries to ensure consistent interpretation of the Guidance.

CDC

Just as the HD and the CPPG have roles and responsibilities in the planning process, CDC also has specific roles and responsibilities related to supporting and monitoring comprehensive planning.

CDC Roles and Responsibilities

- Provide leadership in the national design, implementation, and evaluation of HIV planning.
- Ensure that technical and program assistance is provided through various mechanisms to assist recipients with the process and activities of comprehensive planning.
- Provide leadership to ensure coordination among the HD, the CPPG, and directly funded CBOs.
- Monitor the planning process to assist the CPPG in achieving their goals and objectives.
- Collaborate with the HD in evaluating comprehensive prevention programs.
- Keep the HD and the CPPG informed about syndemics and emerging trends or changes in the HIV epidemic.

- Provide available jurisdictional and national data on HIV/STI/VH behavioral and case surveillance, prevention program trends, and guidelines to help inform the planning process.
- Ensure that letters of concurrence are received annually.
- Address corrective actions when a jurisdiction is non-compliant with its CPPG responsibilities.

V. Procedures

Voting Members

Composition

There will be a total of 36 voting members of the State Level Comprehensive Planning Body: 10 representatives from the urban regional advisory bodies, 10 representatives from the rural regional advisory bodies and 16 At-Large members.

Election & Term

1) State Level Representatives

- There shall be a total of twenty state level representatives with two elected by the Northwest and Southeast regions, three elected by Southwest and North Central regions, and five elected by each of the urban advisory groups.
- In addition to the above elected Regional State Representatives, each region shall also elect one state representative that will serve as an alternate and ensure their attendance at each CPPG as a gallery member
- Term of office is for one year and can be renewed for up to five years and eligible for another five years after a one-year hiatus.

2) At-Large Representatives

- There shall be a total of 10 individuals that reflect the target populations prioritized in the current Jurisdictional Plan, and six youth, ages 18-24, from the six regions of the state and three alternates based upon regional variances. A slate of potential representatives is prepared according to the statewide epidemic and/or prioritized target populations, as well as the expertise that is needed in order to fulfill CDC's mandate for PIR. This slate of nominees is prepared by the Membership Workgroup, presented to the CPPG for approval; and voted on at the subsequent CPPG meeting.
- Term of office is for one year and can be renewed up to five years and eligible for another five years after a one-year hiatus.

Co-Chairpersons

- Nominations for Co-chair shall come from voting CPPG members only. Nominees for the position of urban and rural co-chair cannot be directly funded lead agency staff.
- Nominations for Co-Chair shall open/be accepted during the 2nd to the last CPPG meeting of the calendar year, and remain open until the beginning of the subsequent CPPG meeting (the last meeting of the calendar year). Immediately following the closing of nominations, presentation of

nominee's credentials shall occur, with voting taking place just prior to the closing of the meeting. Newly elected Co-Chairs shall assume office immediately.

- Co-chairs shall hold the position for a term of one year with the option of re-election for an additional term. No one region may hold more than two consecutive terms of office as co-chairs.

Open Positions/Vacancies

Open positions of CPPG Regional Representatives shall be filled at the Regional Prevention Advisory level.

All vacancies, Co-chair and/or representatives must be filled within a two-month period. Extensions of vacancies shall be acceptable only if good reason can be established and continuance is granted by a simple majority vote of the CPPG.

Removal

Removal of State Representatives

The State Planning Group shall have the right to remove any statewide representative or any state level co-chairperson if just cause exists. Just cause may include but is not limited to:

- Continued absence from meetings of the CPPG, two unexcused meetings within a term shall be sufficient to determine just cause for removal. Exceptions may be made in special circumstances with the provision of a written explanation and with the consent of the CPPG membership.
- Continued intentional violation of the Conflict of Interest Policy, as defined within said policy.
- If obstructive behavior (this is defined as personal attacks, not letting a speaker finish their comments and interrupting while they are speaking, not speaking briefly and to the point on questions being considered) occurs by any CPPG member, that person will receive two warnings from the CPPG Co-Chairs. Once the second warning has been issued, the member will immediately halt the obstructive behavior or risk being removed from the CPPG for up to one year as deemed on a case by case basis by the Membership Workgroup. In the event that physical attacks take place from one member to another, the instigator will be automatically removed from their position for an indefinite period of time.
- Continued lack of participation in the CPPG Workgroups, lack of participation in appointed task forces, or other failures to establish productivity

A two-third (2/3)-majority vote of the CPPG voting members is required for removal of an individual who has just cause as mentioned in the preceding paragraphs above. Just cause reasoning will be provided in writing to the specific RPAG from the CPPG.

Resignation

A CPPG member may vacate a position with submittal of resignation by the Regional CPPG Advisory Body in writing to the CPPG Co-chair at the next State Planning Body Meeting.

Meetings

All CPPG meetings will be governed by these bylaws. The process during meetings will follow Robert's Rules of Order.

General

The Statewide CPPG shall meet quarterly. The CPPG and MODHSS will set meeting dates and times.

Special Meetings

Special Meetings may be called by the concurrence of the co-chairs. A one-week notice must be given. In cases of extreme emergency with the concurrence of the co-chairs a phone poll may be conducted.

Voting

Each of the 36 voting members shall be entitled to one vote each. A simple majority will determine all votes, unless otherwise mandated in these by-laws.

Quorum

A quorum of 51% of the state CPPG voting members must be present at all times for any voting to be conducted at any meeting of the planning body. Each region is responsible for having full representation at each meeting for its entirety. If a region is unable to fulfill this responsibility, its contract will reflect the lack of full representation.

Proxies

A Regional Representative must present a written proxy delivered to the Statewide Planner at the opening of each Statewide CPPG meeting if they are to have their region's Alternate Representative vote in their absence. Regional representatives who are in need of a proxy in a region that has no alternate reps or the alternate reps are not available to attend the state CPPG meeting may request a proxy from either the local health department co-chair, community co-chair, or a member of the CPPG to be determined at the local level. The At-Large members also must present a written proxy delivered to the Statewide Planner at the opening of each

Statewide CPPG meeting if they plan to have an alternate At-Large vote in their absence.

Motions

Motions may be made by any voting member and must follow parliamentary procedure set out in Robert's Rules of Order in order to be approved. Approval requires a simple majority, except in cases of changes to the bylaws or article, which require a two-thirds majority. Voting will be conducted by a voice vote. If a dispute ensues then a simple show of hands will be sufficient to settle the dispute. A vote by ballot if requested shall be honored. All motions and votes shall be reflected in the minutes.

Records

All records of the CPPG shall be open for inspection by the public. The CPPG shall keep minutes of all proceedings including attendance and such other records as necessary to the conduct of business.

Conduct

Meetings shall be conducted in an orderly manner. All meetings are open to the general public. All members of the CPPG are expected to participate.

By-law Amendments

A two-thirds majority may make amendments to these articles or bylaws. All amendment decisions must be introduced during a general CPPG meeting and then voted on at a subsequent meeting

Ratification

These Articles of Association and Bylaws go into effect upon a two-thirds majority vote of the planning body.

Dissolution

The CPPG may be dissolved upon a two-thirds majority vote of the planning body. If the CPPG votes for dissolution, it will be the responsibility of the Administrative Agent to establish a new planning body to be in compliance with the HIV Planning Guidance as established by the Centers for Disease Control and Prevention. Selection of members shall be made using an open process as established in the Guidance.

Conflict of Interest

Definition:

A conflict of interest can be defined as a conflict between one's obligation to the public good and one's self interest, whether that interest be of a professional nature, personal interest, or interest of a family member or friend. A conflict of interest occurs when an appointed or elected individual knowingly takes action or makes a statement intended to influence the conduct/decisions of the public body of which he or she is a member. If the member's action in any way confers any financial or programmatic benefit to the member or the organization, person, program, etc. the member is affiliated with a conflict of interest does exist.

Due to the intricate pattern of agency connections, contractual and sub contractual relationships between local health departments and community based organizations, and the inevitability of conflict of interest, the following is suggested to make the comprehensive prevention planning process as nonpartisan as possible. This policy also addresses the potential for conflict of interest in the letting of contracts and the distribution of prevention funds through the comprehensive prevention planning process.

- Membership of the CPPG and the membership of its RPAGs with voting rights as defined by each region's charter shall complete the attached member profile form, listing their agency affiliations. These affiliations may include, but are not limited to, family members on staff of a given agency, participation on an agency's board of directors, officers of agencies, and volunteer relationships with agencies. The member profile form, including this conflict of interest understanding, shall be completed annually and updated as necessary. The Missouri Department of Health and Senior Services (DHSS) staff shall keep this form on file and provide it to other voting Comprehensive Prevention Planning Group members and the State Community Co-Chairs when requested in situations involving conflict of interest.
- The Membership of the CPPG or RPAGs shall make such affiliations known prior to any group discussions concerning specific agencies or like services delivered by their affiliated agencies. Membership shall not be excluded from participating or advocating during group discussions concerning services, which are delivered by agencies with which they are affiliated.
- State co-chairs will review the conflict of interest disclosure form, as well as issues that arise, to determine whether or not a member has a conflict of interest.
- In situations where a voting member has a conflict of interest as defined above, that member shall refrain from voting.
- Members found to be in violation of this conflict of interest policy shall be asked to refrain from such violations. If the member consistently fails to comply with such requests, three verbal reprimands from any state co-chairperson cumulatively during the length of their membership, the member shall have their participation rights (voting) revoked for one year (12 months) following the third and final reprimand
- Members who represent a particular agency and have violated the conflict of interest policy and lost their participation rights for twelve months will have their agency notified in writing by a DHSS staff member and the State Community Co-Chairs concerning this violation. This letter will detail the violation and the conflict as well as the corrective measures taken. This letter will then be drafted and sent out within 30 days of the third reprimand.