Bylaws

of the

Wyoming HIV/AIDS/Hepatitis Care and Prevention Planning Alliance

Revised May 17, 2009



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ARTICLE ONE - NAME AND HEADQUARTERS

The name shall be the Wyoming HIV/AIDS/Hepatitis Care and Prevention Planning Alliance, hereinafter referred to as "the Alliance" or "CAPPA." For the purposes of maintenance of records and coordination of activities, the headquarters office shall be located in the Communicable Disease Section of the Wyoming Department of Health, hereinafter referred to as "the Department," in Cheyenne, Wyoming, or at some other location as might be determined from time to time by the Department.

ARTICLE TWO – PURPOSE AND MISSION

The Wyoming HIV/AIDS/Hepatitis Care And Prevention Planning Alliance exists as a core component of both HIV prevention programming, as required by the Centers for Disease Control and Prevention, and HIV care and treatment public advisory planning for the Ryan White Title II and AIDS Drug Assistance Program (ADAP) as required by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services.

The mission of the Wyoming HIV/AIDS/Hepatitis

Care and Prevention Planning Alliance is to develop,
evaluate, and modify a Comprehensive Plan
that effectively addresses the care and prevention
needs of high-risk populations as well as
individuals living with or affected by
HIV, AIDS, and Hepatitis in Wyoming.

ARTICLE THREE - ROLES AND RESPONSIBILITIES

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Each member of the CAPPA has a specific role in the public advisory and planning

process. There are specific roles and responsibilities that the Department and the Alliance

are each expected to perform in implementing the planning process. In addition, there are

shared responsibilities between the health department and the Alliance.

Section 1: Health Department — The Wyoming Department of Health is responsible for

supporting the care and prevention planning process (via funding, staff,

consultant/contractor resources, and leadership). The Department's roles are to:

1. Create and maintain at least one planning group that meets the goals and

objectives and operating principles of the CDC and HRSA.

In addition, it is the Department's responsibility to support planning activities,

including:

Supporting meeting logistics (CAPPA, public, and other input-focused

meetings).

• Supporting member involvement (such as transportation, expense

reimbursement, etc.), especially for persons living with or at risk for HIV

infection.

Supporting the infrastructure of the HIV prevention and care planning

process (such as staff, consultants, contracts, etc.).

2. Appoint the Health Department Co-Chair.

3. Ensure collaboration between community planning and other relevant

planning processes in the State of Wyoming such as the various Ryan

White CARE Act Titles, the AIDS Education and Training Center, and

STD prevention.

4. Develop the epidemiologic profile and conduct the community services

assessment. Because the Department has a responsibility to inform the

public about emerging public health trends, including HIV/AIDS, hepatitis, and other related health issues, it is responsible for developing both of these products. However, the Department will discuss each of the products with the Alliance and agree on the approach that will be used to develop the epidemiologic profile (e.g., types of data desired, format, etc.) and the community services assessment (e.g., types of data to be collected, the methodologies to be used, format, etc.)

- 5. Provide the Alliance with information on other federal/state/local public health services for high-risk populations identified in the Comprehensive Plan.
- 6. Assure that the Alliance has access to current information (including relevant budget information) related to prevention and care, including appropriate analysis of the information and potential implications for HIV prevention and care activities in the State of Wyoming. Sources of information may include evaluations of program activities, local program experience, programmatic research, best practices, and other sources, especially as the information relates to at-risk population groups within a given community and the priority needs identified in the Comprehensive Plan.
- 7. Develop an application to the CDC for federal HIV prevention cooperative agreement funds based on the Comprehensive Plan developed through the planning process.
 - Present the funding application and budget to the Alliance with adequate time for members to review and issue a written response.
 - Demonstrate that the planning process has met the goals and objectives of community planning as outlined by the current CDC guidance.

- 8. Develop an application to HRSA for federal HIV prevention care grants based on the Comprehensive Plan developed through the planning process.
 - Present the funding application and budget to the Alliance with adequate time for members to review and issue a written response.
 - Demonstrate that the planning process has met the goals and objectives of public advisory planning as outlined by the current HRSA guidance.
- Allocate, administer and coordinate all public funds (including state, federal, and local) to prevent HIV transmission and reduce HIVassociated morbidity and mortality.
 - Award HIV prevention funds to implement the HIV prevention services stated in the Comprehensive Plan and health department application.
 - Monitor contractor (service provider) activities and document contractor compliance.
- 10. Provide regular updates to the Alliance on the various successes and barriers encountered in implementing the services described in the Comprehensive Plan.
- 11. Report progress and accomplishments regularly to the CDC and HRSA.

Section 2: Alliance — The Alliance is responsible for developing a Comprehensive Plan and reviewing the health department's applications for federal HIV prevention and care funding for concurrence with the Plan. The Alliance does not allocate resources.

The role of the Alliance is to:

1. Elect the Community Co-Chairs, who will work with the Department designated Co-Chair.

2. **Review and use key data to establish prevention priorities.** The Alliance shall review all existing and new products (i.e., epidemiologic profile, community services assessment, prioritized target populations, selected set of prevention activities/interventions, and the Comprehensive Plan) prior to decision making.

3. **Develop a Comprehensive Plan.**

- The emphasis of the Alliance is on developing a Comprehensive Plan that includes priority target populations as well as prevention and care activities/interventions. Target populations are prioritized and prevention activities/interventions chosen based on their ability to prevent as many new infections as possible.
- The Department and the Alliance, together, shall determine if the Alliance will take the responsibility for doing more than planning-related and public advisory activities.
- 4. Collaborate with the Department in reviewing and finalizing key community planning activities. These activities include the epidemiologic profile, the community services assessment, prioritized target populations, prevention and care activities/interventions, and the Comprehensive Plan.
- 5. Review the Department's applications to CDC and HRSA for federal funds, including the proposed budgets, and develop a written response that describes to what degree the Department's applications do or do not agree with the priorities set forth in the Comprehensive Plan.

Section 3: Shared Responsibilities — Together, the Department and the Alliance share the responsibilities for:

1. **Process Management:** Developing procedures and policies that address membership, roles, and decision making. This specifically includes:

- The composition of the Alliance; selection, appointment, and duration of terms to ensure that the membership reflects, to the extent possible, the epidemic in the State of Wyoming (i.e., age, race/ethnicity, gender, sexual orientation, geographic distribution, risk for HIV/Hepatitis infection, etc.);
- The roles and responsibilities of the Alliance, its members, and its various components (i.e., standing committees, work groups, task forces, etc.);
- The process to identify potential conflicts of interest and methods for resolution of conflicts of interest for Alliance members;
- The methods for reaching decisions; attendance at meetings; and resolution of disputes identified in deliberations.
- Membership Selection: Develop and apply criteria for selecting Alliance members.
 - Special emphasis shall be placed on procedures for identifying representatives of at-risk, affected, and socioeconomically marginalized groups that are underserved by existing programs.
- Input Mechanisms: Determine the most effective input mechanisms for the planning process, including seeking input and guidance from persons who are not members of the Alliance.
- 4. **Planning Funds:** Provide input on the use of funds targeted to the planning process.
 - Support Alliance meetings, public meetings, and other means for obtaining community input;
 - Facilitate the involvement of all participants in the planning process, particularly those persons with and at risk for HIV/Hepatitis infection;
 - Support capacity development for inclusion, representation, and parity of community representatives and for other Alliance members to participate effectively in the process;
 - Provide technical assistance to local health departments and community planning groups by outside experts;

- Assure representation of the Alliance (governmental and non-governmental) at necessary regional or national meetings relevant to the work of the Alliance;
- Collect, analyze, and disseminate relevant data; and
- Monitor and evaluate the planning process.
- 5. **Provide a thorough orientation for all new members.** The Membership Committee shall provide all new members an orientation that provides basic information on the Alliance and the planning process, including:
 - Goals and Core Objectives, roles, responsibilities, and principles;
 - Procedures and ground rules used in deliberations and decision making;
 - Specific policies and procedures for resolving disputes and avoiding conflicts of interest.
- 6. Evaluate the community planning process to assure that it is meeting the core objectives of community planning.

ARTICLE FOUR - MEMBERSHIP 27

Section 1: Number and Composition

The HIV/AIDS/Hepatitis Care and Prevention Planning Alliance will consist of not more

than twenty-eight (28) members, as follows: three (3) leadership members, five (5)

regional members, ten (10) technical assistance members, and ten (10) population

members.

Leadership Members (3 total)

One (1) member shall serve as the Wyoming Department of Health Co-Chair. The Health

Department Co-Chair shall be appointed by and serve at the direction of the

Communicable Disease Section Chief of the Wyoming Department of Health, and shall

serve ex-officio with no term limit.

Two (2) members shall be elected by the Alliance, and each shall serve a two year term as

a Community Co-Chair. One (1) of these two (2) Co-Chairs shall be an individual living

with HIV or AIDS. At least one (1) of the two (2) elected Co-Chairs shall serve on the

Comprehensive Plan and Evaluation Committee. The terms of the Community Co-Chairs

shall be staggered such that only one (1) of the two (2) expires each year.

The three (3) leadership members, together with two (2) additional members elected at

large from the balance of the Alliance members, shall comprise the Executive Committee.

Regional Members (5 total)

One (1) individual from each of the five geographic regions shall be elected to serve a two-

year term on the Alliance. A regional member must feel able and competent to present the

community values and norms of their region, must reside within the region they wish to

represent, and must be able to provide expertise on the care and prevention needs specific

to their geographic area of Wyoming.

Technical Assistance Members (10 total)

One (1) individual from each of the following ten (10) categories shall be elected to serve a two-year term. The member must possess significant expertise in the field they represent.

- Behavioral Science / Behavioral Research
- Clergy / Faith-based Organizations
- Community-Based Nursing / Public Health Nursing
- Law Enforcement / Corrections / Criminal Justice
- Mental Health
- Ryan White Title III Early Intervention Services
- Ryan White and/or HOPWA Case Management
- Substance Abuse / Chemical Dependency
- Title X Family Planning Clinics
- Wyoming Department of Education

Population Members (10 total)

Ten (10) individuals shall be elected to serve a two-year term representing specified populations. The specific populations to be represented on the Alliance shall be determined, from time to time as needed, by the Department and the Executive Committee of the Alliance, and shall reflect the needs of persons living with HIV/AIDS and/or Hepatitis, as well as individuals representative of populations deemed to be at increased risk for HIV/AIDS and Hepatitis.

No less than five (5) of the ten (10) population members shall be individuals living with HIV/AIDS.

It is recognized that the involvement of persons living with HIV/AIDS/Hepatitis, persons of color, persons with disabilities, and other marginalized populations are critical to effective care and prevention planning in Wyoming. Because each of these population members is elected to the Alliance as a representative of a specific group of people, an individual

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wishing to fill one of these positions must be willing to disclose, as appropriate, that they are representative of that specific population. Any and all personal disclosures made within meetings of the Alliance and/or in conjunction with conducting the business of the Alliance are strictly confidential and shall not be further disclosed.

Section 2: Application, Election, and Removal

Any person interested in becoming a voting member of the Alliance shall complete the official application form and return it to the Wyoming Department of Health. The Membership Committee shall review each application, determine the appropriateness of the applicant to fill existing vacancies in Alliance membership, and may assign a cumulative score to the application based on the confidential scoring process approved by the Executive Committee. Actual scores assigned to applicants shall not be disclosed outside of the Membership Committee discussions, and shall not be annotated or otherwise marked on the application, or provided to the applicant or the general membership of the Alliance. The Membership Committee shall appoint appropriate candidates to fill vacant positions on the Alliance. All terms in office shall begin at the meeting immediately following the meeting during which the Membership Committee appoints the applicant.

Removal from the Alliance may result when: 1) a member misses two regularly scheduled meetings within a calendar year without having been previously excused by the Executive Committee; 2) there is an undisclosed conflict of interest in violation of Section 3 below; and/or 3) there is good cause. Good cause is defined as, but is not limited to: 1) the member living outside of their geographically represented area; 2) the member not fulfilling

the responsibilities of membership; 3) a vote of no confidence being brought before the Executive Committee; and/or 4) any other issues which are brought before the Alliance on a case-by-case basis. All removals must pass by a 2/3 majority of the entire voting membership of the Alliance present at the regularly scheduled meeting. All removals will be reviewed by the Membership Committee, and then recommended to the entire voting membership of the Alliance present at the regularly scheduled meeting for removal.

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Removal from the Alliance will become effective immediately upon consensus of the Alliance voting members. A member who has been removed from the Alliance may choose to appeal according to the grievance procedure outlined in Article 4, Section 4:

Conflict Resolution and Grievance Procedures.

Zero Tolerance Policy: If an Alliance member threatens violence, either actual or

perceived, of a physical or verbal nature, their membership will be terminated immediately.

All written correspondence of the Alliance concerning application, election, and removal of

members shall be the responsibility of the Department Co-Chair.

Section 3: Conflict of Interest

In conducting all business, the Alliance shall act in accordance with all local, state, and

federal laws pertaining to conflicts of interest. In order to safeguard the recommendations

of the Alliance to the Department from potential conflicts of interest, each member shall be

required to disclose in writing any and all involvements and affiliations with agencies that

may pursue funding from the Department, the Department's agents, or from other agents

as might be affected by the recommendations of the Alliance. All membership

documentation shall be completed by each voting member at the commencement of his or

her term in office, and prior to any participation of the member in discussion, debate, or

vote regarding any business before the Alliance. All membership documentation will be

kept on file with the Department. A review of the conflict of interest policy and procedures

shall be conducted during at least one regularly scheduled meeting of the Alliance in each

calendar year. Potential conflicts of interest will be reviewed on a case-by-case basis by

the Executive Committee at the request of any voting member of the Alliance.

A conflict of interest occurs when a voting member of the Alliance knowingly takes action or

makes a statement intended to influence the conduct of the Alliance in such a way as to

confer any financial benefit on the member, family member(s), or on any organization in

which the member is an employee, volunteer, agent, Director, Board member, has a

significant interest, or otherwise materially benefits from association with the agency.

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For any business that might come before the Alliance, each member should have no agency affiliation or interest that would compromise or have undue influence regarding the member's objectivity regarding assessments of resources, examinations of needs, prioritization of needs, and evaluation of activities. Undue influence may be defined by the creation of criteria that directly or indirectly cause the allocation of services, funds, or resources toward one person or agency when equally qualified persons or agencies are

All actual or potential conflicts of interest will be addressed in the following manner:

available.

Any member, upon recognizing a potential conflict of interest, may request a
review of the conflict by the Executive Committee, and should voluntarily
excuse him/herself from all discussion, debate, or vote for which a potential
conflict of interest exists until such time as the review of the conflict is
completed.

- Any member, upon recognizing an actual conflict of interest, may voluntarily excuse him/herself from all discussion, debate, or vote for which a conflict of interest exists.
- 3. Any member, upon suspicion of a potential conflict of interest by another member, should first approach said member regarding the concerns. Such approaches should be presented and interpreted by all members as a concern for the integrity of the process as a whole, and not as a personal or professional attack on the member. If a conflict of interest is identified, the member with the conflict of interest will voluntarily excuse him/herself from all discussion, debate, or vote for which the conflict exists.
- 4. In the event that a concern about a potential conflict of interest has been presented to the member involved, and a successful resolution cannot be reached, any voting member may initiate a review of the potential conflict of

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interest by the Executive Committee. The member for whom the potential conflict of interest exists may not participate in any discussion, debate, or

vote on the area of potential conflict until the review is completed. If a

conflict of interest is identified by the Executive Committee, the member will

voluntarily excuse him/herself from all discussions, debate, or vote for which

the conflict exists.

5. Failure to excuse oneself from any and all business relating to an identified

conflict of interest may result in the removal of the member, as outlined in

Article 4, Section 2, above.

Section 4: Conflict Resolution and Grievance Procedures

All members shall attempt to resolve a conflict by communicating directly with the other

member(s) involved. If direct communication between the parties does not resolve the

conflict, then either or all of the persons involved may contact a member of the Executive

Committee to discuss the issue. If the Executive Committee is unable to successfully

mediate a resolution, any or all of the parties involved may file a formal grievance.

The grievance procedure is intended to be a formal mechanism utilized when all other

matters of resolution have been unsuccessful. The individual filing a grievance must do so

in writing, and must elaborate the concerns involved, and all attempts to reconcile the

concerns.

After the grievance is put in writing, it shall be submitted to the Executive Committee. The

Executive Committee will appoint three voting members of the Alliance to serve on the

Resolution Team, which shall be led by the Section Chief of the Communicable Disease

Section of the Wyoming Department of Health. Those persons appointed must not be

involved in any way with the grievance, and must not be a member of the Executive

Committee. The 4-person Resolution Team will review the situation thoroughly, and will

respond in writing within 30 days to the Executive Committee and to the persons involved

in the grievance.

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Section 5: Vacancies

Vacancies on the Alliance will be filled as needed according to the procedures set forth in

Section 2 above.

Section 6: Co-Chairs

The Wyoming Department of Health's Communicable Disease Section Chief selects a

health department employee, or designated representative, as the Department Co-Chair,

and the Alliance membership elects two (2) members to serve as the Community Co-

Chairs, one (1) of which is required to be a person living with HIV/AIDS. No employee of

the Wyoming Department of Health's Communicable Disease Section may serve as a

Community Co-Chair. All three (3) Co-Chairs share responsibility for guiding the Alliance in

accomplishing its mission and goals.

<u>ARTICLE FIVE - GOVERNANCE OF MEETINGS</u>

All business that will come before the Alliance will be addressed with an open, consensus

building decision process. Should consensus building activities fail to facilitate the effective

conduct of any business at hand, the Alliance shall conduct the meeting, or any portion

thereof, according to the procedures established in Robert's Rules of Order, Newly

Revised.

The Alliance values the professional conduct of all members, staff, and quests. No

member of the public, nor any voting member of the Alliance, its committees and task

forces, may be willfully disruptive. Any person or group of persons who willfully disrupt the

meeting so as to render the orderly conduct of the meeting unfeasible will be removed from

the meeting venue, and will not be readmitted for the duration of the meeting. The

Executive Committee will be responsible for removing a willfully disruptive person or group

of persons.

Section 1: Schedule of Meetings

The Alliance shall meet at least quarterly to conduct regular business. Should there be no business to conduct, or in the event of unforeseen circumstances, the Co-Chairs may postpone or cancel a scheduled meeting with the advance approval of the Department.

Section 2: Meeting Venues

All meeting locations, dates, and venues shall be arranged by the Department with input from the Alliance.

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Section 3: Attendance

Attendance at all regularly scheduled meetings will be recorded by a person or persons

designated for the purpose by the Department. Voting members are required to attend all

meetings. If unable to attend, a member shall contact the Wyoming Department of Health

Co-Chair prior to any regularly scheduled meeting to excuse the member from attendance.

Exceptions will be granted for extenuating circumstances. A voting member who misses

two (2) regularly scheduled meetings, without prior notification to the Wyoming Department

of Health, within one calendar year shall be removed. Presence and participation in at

least 2/3 of the scheduled meeting times and activities will be required for a member to be

counted as present.

Section 4: Agenda

Each meeting agenda will be drafted by the Executive Committee and sent out to the

membership prior to the meeting.

Section 5: Open Meetings

Pursuant to Wyoming Statutes 16-4-401 through 16-4-407, inclusive, all meetings of the

Alliance are public meetings, open to the public at all times, except as otherwise provided

by statute. A member of the public is not required as a condition of attendance at any

meeting to register his or her name, supply information, complete a questionnaire, or fulfill

any other condition precedent to his or her attendance.

It is the policy of the Alliance to allow designated time at each meeting, as appropriate, for

public comment and input. A member of the public seeking recognition for comment at

Alliance meetings will be required to state his or her name and affiliation.

Members of the public and persons who are not voting members of the Alliance or one of

its task forces are not eligible for travel expense reimbursement unless previously

requested, in writing, to the Executive Committee. All written requests must be submitted

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at least three (3) weeks in advance of the meeting to be considered. Any such request will

be subject to approval by the Executive Committee, whose decision will be final. Examples

of legitimate requests may include, but are not necessarily limited to: invited guest

speakers, persons who wish to provide expertise on a specific topic, and/or persons who

have applied to, or expressed a sincere interest in becoming a voting member of the

Alliance.

Section 6: Decision Making

All decisions of the Alliance shall be based on consensus building. Under the consensus

style, members arrive at a shared decision, requiring all parties involved in the process to

support the final decision. Should the members fail to reach consensus within a

reasonable amount of time, as determined by the Co-Chairs, the Co-Chairs shall call for a

vote. In the event a vote is called for, the rules applicable to a quorum will be followed as

outlined in Section 9 below.

Section 7: Emergency Meetings

Meetings to address urgent business may be called as needed by the Co-Chairs with the

approval of the Department. At the discretion of the Co-Chairs, urgent business may be

conducted through: 1) audio or video conferencing with available members; or 2) through

a polling of at least 2/3 of the members by the Co-Chairs or their designees. All such

urgent business and the process by which decisions are reached must be fully and

completely documented and submitted to the Alliance at the next regularly scheduled

meeting.

Section 8: Meeting Notices

Notices of meetings will be given in a timely fashion, no less than 30 days before a meeting

is to be held. Notification of meetings and other information pertaining to the Alliance may

be delivered directly to the members by U.S. Mail or by electronic delivery (fax, e-mail,

etc.).

Section 9: Quorum

Fifty percent (50%) plus one (1) of all current voting members shall constitute a quorum,

and shall be present to vote. Meetings may be conducted and minutes produced of issues

discussed with less than a quorum present. The Co-Chairs and/or the Executive

Committee may not declare a quorum to conduct business in the absence of less than fifty

percent (50%) plus one (1) of all eligible voting members.

In the event there is urgent business to conduct, the Executive Committee may meet at the

call of the Co-Chairs to conduct such business. This process may only be used to address

administrative problems or to make decisions for the Alliance on an emergency basis and

within a time period for which it would not be possible to call a special meeting of the

Alliance. Any decisions made during such an emergency meeting must be ratified by the

membership at the next regularly scheduled meeting. Corrective action(s) must be made

for any decisions not ratified by the membership.

It is the personal responsibility of each voting member to be present and actively

participate in all meetings of the Alliance. It must be assumed that business of the Alliance

will be transacted and decisions made at each regularly scheduled meeting. No recourse

will be allowed for members who feel they were unable to participate in actions taken at

meetings in which they were not present.

Section 10: Alternates and Proxies

The Alliance does not allow a regular voting member to designate an alternate person to

attend meetings and vote in his or her place, and does not allow votes by proxy, either

verbally given or written. A voting member must be present to participate in discussion,

debate, and vote on any issue.

ARTICLE SIX – STANDING COMMITTEES AND TASK FORCES

The Alliance shall have five (5) Standing Committees, and various ad hoc Task Forces as

may, from time to time, be needed. It is required that each voting member of the Alliance

serve on at least one Standing Committee, and no member may serve on more than two

Standing Committees. Work done by each Committee shall be recorded, and those

records shall become a permanent part of the official records of the Alliance, which shall be

kept on file with the Department. The chair of each Standing Committee is responsible for

ensuring that appropriate and accurate minutes are taken and forwarded to the

Department on a timely basis.

Section 1: Executive Committee

The Executive Committee shall be comprised only of the following five (5) members of the

Alliance: the Department Co-Chair, the two (2) Community Co-Chairs, and two other active

members of the Alliance who have been duly elected by the Alliance as a whole to serve

one-year terms on the Executive Committee.

The Executive Committee shall be responsible for general governance issues concerning

the Alliance. This includes the general conduct and decorum of meetings, removal of

members, conflicts of interest, travel requests, requests for expense reimbursement, and

other routine governance matters. The Executive Committee shall also be responsible for

submitting letters of concurrence or non-concurrence for the Department's Applications for

federal grant funds, based on the vote of the Alliance membership.

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The Executive Committee has the authority to recommend to the entire membership any changes in the composition, number, structure, name, function, or authority of any other

Standing Committee. This includes the ability to recommend creation of new or additional

Standing Committees, or ad hoc Task Forces. The Alliance shall adopt or reject the

recommendations of the Executive Committee concerning Standing Committees and Task

Forces in accordance with the decision making policies outlined above.

Section 2: Membership Committee

The Membership Committee shall be responsible for the recruitment of new members,

review and evaluation of applications for membership, election of applicants to the Alliance,

assessing gaps in membership, review of all appropriate data sources to ensure that parity,

inclusion, and representation are achieved to the extent possible, ensuring adequate

orientation, training and mentoring is provided to new members, review and recommend

the removal of a voting member from the Alliance, and conducting exit interviews as

members leave the Alliance.

Section 3: Needs Assessment Committee

The Needs Assessment Committee shall be responsible for ensuring that adequate and

accurate needs assessments and community service assessments are conducted on a

regular basis, and keeping all Alliance members informed of those assessments and their

impact on the care and prevention issues associated with HIV/AIDS and hepatitis in

Wyoming. The Needs Assessment Committee shall also have responsibility for prioritizing

target populations and reviewing appropriate interventions.

Section 4: Comprehensive Plan and Evaluation Committee

The Comprehensive Plan and Evaluation Committee shall be responsible for providing

direction and meaning to the planning process as a whole, and to the operation of the

Wyoming HIV/AIDS/Hepatitis Care and Prevention Planning Alliance. This committee shall

examine the values, norms, status, and environment and relate those factors to the desired

future state of the Alliance. This committee shall also have the ultimate responsibility to

ensure that an adequate and accurate Comprehensive Plan is produced by the Alliance.

At least one member of this Committee must be currently serving as a Community Co-

Chair.

Section 5: Advocacy Committee

The Advocacy Committee shall be responsible for the dissemination of general information

about the Alliance to the general public, and shall be responsible for conveying to the

general public, elected officials, partner organizations and agencies the positions of the

Alliance on issues affecting HIV/AIDS/Hepatitis care and prevention in the State of

Wyoming. All press releases and other official correspondence of the Alliance shall be

subject to final review and approval of the Executive Committee and the Department.

Section 6: Red Ribbon Committee

The Red Ribbon Committee shall be responsible for providing direction to the Alliance and

making decisions on matters relating to the medical care and treatment, together with all

other aspects of the physical, social, mental, and spiritual well-being, of persons living with

HIV/AIDS and/or hepatitis in Wyoming. The Red Ribbon Committee shall also regularly

review and update the AIDS Drug Assistance Program (ADAP) Prescription Drug

Formulary.

ARTICLE SEVEN - TRAVEL

Routine in-state travel to and from regularly scheduled meetings and functions of the Alliance need not be approved, and a voting member or task force member may seek reimbursement for his or her non-covered actual expenses incurred.

The Executive Committee shall review all requests of Alliance members to travel to conferences, seminars, workshops, training, or for attendance at other related matters. Any member wishing to travel shall submit a travel request to the Executive Committee at least six (6) weeks in advance of the desired travel date. The Executive Committee shall provide an approval or denial to the member within two (2) weeks of the receipt of the request. Preference will be given to members in leadership positions, members who have not recently traveled on Alliance business, and for attendance at functions that have a strong link to the community planning and public advisory input process.

Each member is responsible for making his or her own travel arrangements, including airfare, hotel, and other transportation. The State of Wyoming's official policies concerning travel apply to all travel expenses paid for by the Department. The most economical mode of transportation will be used for all travel. Airline tickets should be purchased as far in advance as possible to aid the state in taking advantage of discounted air fares, and must reflect the lowest economy fare available. Rental cars can only be obtained with prior approval, and at the sole discretion of the Department. The Executive Committee must discuss any travel requests involving rental cars with the Communicable Disease Section Chief at the Department prior to approval being granted.

It is each member's responsibility to pay for all costs associated with approved travel, which will then be reimbursed to the member upon completion of the travel. Airline tickets purchased in advance of travel can be reimbursed prior to the actual travel. The Department can not generally pay directly for travel for a member. Department staff can assist members in making travel arrangements if so requested. If financial assistance is needed in making travel arrangements, the Department will review each request on a case by case basis.

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Each member who travels on Alliance business is expected to make a report to the

membership at the next regularly scheduled meeting.

<u>ARTICLE EIGHT – YOUTH INVOLVEMENT</u>

Any person under the age of eighteen (18) who wishes to participate in any meeting of the

Alliance must be under the supervision of a parent or legal guardian. An Agreement to

Participate, Assumption of Risk and Release of Liability for Youth form must be completed

and signed by the youth, his or her parent or legal guardian, and a witness, prior to

participation in any Alliance function.

ARTICLE NINE - BOOKS AND RECORDS

The Alliance shall keep minutes of all proceedings of the Alliance, its Standing Committees

and Task Forces, and other such books and records as may be required for the proper

conduct of its business and affairs. All such books and records shall be kept on file with

the Department.

ARTICLE TEN - AMENDMENTS

These Bylaws may be amended at any regular or special meeting of the Wyoming

HIV/AIDS/Hepatitis Care and Prevention Planning Alliance. Written notice of all proposed

Bylaws changes shall be mailed or otherwise delivered to each voting member at least

thirty (30) days prior to the date of the meeting. Bylaws changes require consensus or a

majority vote of the entire membership.

ARTICLE ELEVEN - RATIFICATION

The Bylaws will go into effect upon consensus or a majority vote of the Alliance membership.

ARTICLE TWELVE - DISSOLUTION

The Wyoming HIV/AIDS/Hepatitis Care and Prevention Planning Alliance exists to assist the Wyoming Department of Health in the HIV/AIDS/Hepatitis Community Planning and Public Advisory Input processes. Unless the Alliance elects otherwise, and creates new Bylaws, this Alliance shall remain formed for as long as the Department receives funding for HIV prevention, care, and treatment.