

2025



# Washington Syndemic Planning Group Charter & Bylaws



# Charter & Bylaws

## ARTICLE I. Name

The name of the planning group will be the Washington Syndemic Planning Group, referred to in this document as the “WSPG”.

## ARTICLE II. Mission and Purpose

### Section 1. Mission

The mission of the WSPG is to advise the Office of Infectious Disease (OID) on recommended statewide strategies, funding priorities, communications, research, and evaluation activities to enhance prevention, diagnosis, treatment, care, and response of HIV, viral hepatitis, and sexually transmitted infections (STIs) by utilizing an anti-racist/anti-oppression framework to reduce health inequities and disparities related to these conditions, proactively address and dismantle oppressive systems and practices, and employ a syndemic approach to statewide coordination of prevention and care.

### Section 2. Purpose

The purpose of the WSPG is to:

1. Recommend priorities to the Office of Infectious Disease (OID) that are grounded in elevating equity and racial justice by identifying the strengths and addressing the needs of communities most impacted by the syndemic and most impacted by white supremacy and structural racism and stigma.
2. Embed health equity and racial justice in all activities that includes developing a shared understanding of racial equity language and concepts, implementing strategies to ensure that diverse perspective and voices are included in the strategic and program planning and design, and co-creating working agreements or ground rules with key stakeholders to actively address and seek to redress power imbalances and move toward shared decision-making.
3. Participate in and inform HIV, viral hepatitis, and STI planning and public advisory processes within the state, representing and advocating for the prevention, care, and treatment needs of communities and populations at risk for HIV, viral hepatitis, and/or STI infection and people living with HIV, viral hepatitis, and/or STIs.
4. Participate in the development of each iteration of Washington State’s Integrated HIV Prevention and Care Plan, referred to as the “Integrated Plan”, which involves guiding research and data collection processes, reviewing data to identify critical needs within the HIV, viral hepatitis, and STI ecosystem across the state, and recommending the goals, objectives, implementation, evaluation for inclusion the Integrated Plan.

5. Inform the development of Requests for Applications for entities to receive state funding for activities that target the goal and objectives in the Integrated Plan and prioritize the most disproportionately affected populations and geographic areas in the state that bear the greatest burden and are at highest risk for new HIV, viral hepatitis, and/or STIs.
6. Partner with the DOH to monitor and support HIV, viral hepatitis, and STI prevention and care activities across the state to ensure that the results set forth in the Integrated Plan are achieved.
7. Review and assess the Integrated Plan and submit to the Centers for Disease Control and Prevention (D) and to the Health Resources and Services Administration (HRSA), as needed, a letter of concurrence, concurrence with reservation, or non-concurrence that the Integrated Plan demonstrates a collaborative and coordinated approach for HIV prevention, care, and treatment services, and that resources are directed to the populations and geographic areas with the greatest HIV risk and disease burden.

## ARTICLE III. Membership

### Section 1. Composition

The WSPG will consist of no less than fifteen (15) and no more than twenty-three (23) members. Members will be considered rotating members except for the DOH-appointed Co-Chair (Governmental Co-Chair), who serves ex officio.

Members shall be selected based on an annual review of applications (further defined in ARTICLE III, SECTION 6 of the CHARTER AND BYLAWS) to fill gaps in skills, expertise, and lived experience, and to prioritize the racial diversity, community values, norms, and behaviors of populations disproportionately impacted by HIV, viral hepatitis, and STIs. Descriptions of member characteristics below are not to be considered exclusive, membership composition can and should be intersectional across these characteristics.

- (3) members who are persons living with HIV, including at least (1) individual who identifies as a long- term survivor and (1) individual who has experienced co-infection with Hepatitis C
- (1) member who is a person living with viral hepatitis B
- (1) member with lived experience of viral hepatitis C
- (5) members who represent communities of interest/importance for HIV, viral hepatitis, and/or STI infection. These currently include: Black American/African Born and Hispanic/Latina/o/e/x individuals, men who have sex with men, people who engage in sex work, people who inject drugs, heterosexual women of color, transgender women and transgender men, Native Americans, Asian Americans, justice involved individuals, adolescents and young adults, and unhoused individuals. Groups that make up communities of interest/importance may be updated annually given state epidemiological trends for HIV, viral hepatitis, and STIs.
- (1) member from local health jurisdiction located east of the crest of the Cascade mountains
- (1) member from a local health jurisdiction located west of the crest of the Cascade mountains
- (1) member from an organization representing pharmacies and/or pharmacists participating in drug assistance programs including ADAP or PrEP DAP
- (1) member from an organization that works with individuals who are unhoused and/or housing insecure and receives HOPWA funding

- (1) member from an organization that provides case management services
- (1) member who is a clinical health care provider receiving Ryan White Act funds
- (1) member from a community-based organization that provides assistance with and addresses barriers to social support services, including employment, income, and food
- (1) member from an organization that provides harm reduction and/or substance use treatment services for people who use drugs
- (1) member who is a clinical health care provider receiving Title X funds
- (1) member from a community-based organization that works with individuals involved in the justice system
- (3) members-at-large, with (1) member who represents health care providers and social service organizations and (2) member who represents the community

No more than (2) two paid staff persons from any single organization may serve as a Member of the WSPG. Vacancies will not prevent the WSPG from conducting business unless total WSPG membership is less than fifteen (15). Notwithstanding these limitations, the WSPG may continue to act where the WSPG is unable, in good faith, to meet numeric requirements set forth in this CHARTER AND BYLAWS.

## **Section 2. Eligibility**

All members elected or appointed to the WSPG must reside and receive services, or work in the State of Washington. WSPG members who move out of state during their term will be required to withdraw at the end of the annual cycle (June 30) or at the end of a committee assignment.

## **Section 3. Voting Members**

All members of the WSPG representing one of the membership positions described in ARTICLE III, SECTION 1 of this CHARTER AND BYLAWS are voting members of the WSPG.

## **Section 4. Non-Voting Members**

The Government Co-Chair is not a voting member of the WSPG. All attendees of WSPG meetings, committee meetings, or work group and caucus meetings are not voting members of the WSPG unless they hold a seat on the WSPG as described in ARTICLE III, SECTION 1 of this CHARTER AND BYLAWS.

## **Section 5. Roles & Responsibilities**

In addition to fulfilling the purpose of the WSPG, as outlined in ARTICLE II, SECTION 2 of the CHARTER AND BYLAWS, the role and responsibilities of WSPG members in the HIV, viral hepatitis, and STI planning process will be to:

- Be an active partner in a shared commitment to reduce new HIV, viral hepatitis, and STI infections and assure positive individual- and population-level health outcomes for all persons living with HIV, viral hepatitis, and/or STIs regardless of health care coverage or geographic location in Washington State.
- Commit to and foster a culture of health equity and racial justice as described in Article VIII
- As necessary, provide specific recommendations to DOH and other agencies to improve implementation of activities and services.

- Assess the responsiveness of DOH’s applications for federal funding to assure applications accurately reflect WSPG recommendations and other advice.
- Identify, implement, and evaluate mechanisms for gathering and integrating community input into HIV, viral hepatitis, and STI planning processes (shared).
- Identify technical assistance/capacity development needs for effective community participation in the planning process.
- Develop policies and procedures as necessary (shared).
- Elect a Provider Chair and Community Chair on an annual basis.
- Fulfill all member activities defined in this CHARTER AND BYLAWS

## **Section 6. Recruitment, Selection, and Retention**

Recruitment and appointment of Members shall be conducted through an open and competitive process managed by the Steering Committee. There shall be a rolling application period, with applications accepted throughout the year and reviewed on a schedule. Applications shall be scored using a weighted scoresheet that prioritizes racial equity, geographic diversity, lived experience. The score sheet can be found on the WSPG website.

All applicants to the WSPG, successful and unsuccessful, may request a score sheet of their application with their aggregate scores in each domain of the score sheet.

After the formation of the first iteration of the WSPG, the Steering Committee will manage ongoing member selection, including member extensions or requests from returning members. After the initial group has been established, the ongoing process will be overseen by the DOH Syndemic Planning Coordinator. The Steering Committee will conduct or coordinates training, mentoring, and other activities to ensure new and current members understand and can fully participate in the WSPG. They further enforce policies for WSPG attendance and participation, and recommend alternates for membership when members resign, rotate out, or are removed.

## **Section 7. Terms of Membership**

WSPG Members are appointed up to a three (3) year term, which begins on the date of the first meeting they attend as a new member and ending at the meeting convened prior to the first anniversary of that date. Former WSPG members can reapply to be considered for WSPG membership after a one (1) year hiatus. There are the following exceptions:

1. WSPG members can conclude their term at the end of a committee assignment that follows the completion of their regular term (Article III, Section 2).
2. A member may provide, in writing to the tri-chairs, with an extension request no less than 3 months prior to the end of the member term, outlining the rationale, purpose and projected duration for the extension.
3. The DOH Standing Member, designated by DOH and serving ex-officio, shall serve as the Governmental Co-Chair for a two (2) year term and will be appointed to the role by the Director of the Office of Infectious Disease.



## Section 8. Attendance

Attendance is defined as physically or virtually attending a meeting of the WSPG. Attendance at regularly scheduled WSPG meetings is mandatory for all voting members of the WSPG. Automatic removal results when a member accrues more than two (2) unexcused absences in the twelve (12) month planning cycle (July 1 – June 30). Excused absences are granted when notice is received 2 hours prior to the meeting due to unforeseen circumstances. The Provider or Community Chair will reach out by phone call and/or email to follow-up when a member has their first unexcused absence.

## Section 9. Leave of Absence

Leave of absence will only be granted to WSPG members in extenuating circumstances, including illness and bereavement. WSPG members are allowed regular absences as described in ARTICLE III, SECTION 8 of the CHARTER AND BY-LAWS.

## Section 10. Member Conduct

Members shall conduct themselves in a manner that promotes effective conduct of business, encourages robust and informed discussions, and maintains good order. This includes embodying the following qualities:

- **Collective Goals-** the WSPG members align their living/lived personal and professional experiences with the group's shared objectives to foster an environment where collective success takes precedence. Personal growth effectively complements the broader collective mission and the group's purpose. This ensures that each member's contributions enhance the group's overall impact, while personal recognition follows from active, aligned participation.
- **Openness**—planners have an open-mind to new ideas and are willing to challenge themselves to update their mindsets, including pushing the limits of traditional thinking. An ability to listen and suspend judgment promotes mutual respect, flexibility and new ways of doing things.
- **Collaborative**—planners seek to build partnerships through working with others toward a common goal. Being a team player strengthens both process and outcomes and leads to broad buy-in.
- **Learning**—planners strive to learn new things about the work they do. Curiosity and inquiry generate new perspectives on how best to address changing trends and circumstances.
- **Integrity**—planners keep their inner values in balance with their outward actions. Trust is built in groups when members are clear and open about the personal standards they bring to decision- making.
- **Humility**—planners see themselves as equals to their colleagues, not better or worse. Understanding and internalizing others' views creates cohesion and leads to strong support for group decisions.
- **Anti-racism** – planners see systemic racism as foundational work. Learning about the unconscious and automatic ways racism presents itself helps one recognize it and take steps to stop it.
- **Creativity**—planners seek to ask “why not?” when tackling difficult problems. Seeing a problem through a creative lens (or outside the proverbial “box”) leads to discovery of new questions, ideas and strategies.

- **Courageous**—planners take risks and can work with ambiguity. Bold action breaks through constraints and status quo.
- **Discerning**—planners possess solid competence and use strategic thinking in their commitment to identify results-oriented outcomes. By looking at what is known and skillfully applying expertise, effective solutions emerge.
- **Dedication**—planners spend the time and energy necessary to accomplish their charge. Challenges are framed as opportunities as decisions are made to advance a vision.
- **Forward-thinking**—planners strive to address current and future problems by creating new solutions out of a range of ideas. Commitment to a shared future vision provides opportunities to meet common goals.

## Section 11. Member Removal

An WSPG member may be removed due to one of the following circumstances:

1. **Attendance:** An WSPG member is automatically removed from the WSPG when he/she/they accrue(s) two (2) absences from regularly scheduled WSPG meetings in one (1) calendar year as described in ARTICLE III, SECTION 8 of the CHARTER AND BY-LAWS.
2. **Disruptive Behavior:** An WSPG member who interferes with or prevents the WSPG from conducting business may be referred to the Steering Committee by any member of the WSPG for intervention and recommendation for removal. Examples of disruptive behaviors and activities include, but are not limited to, repeated interruptions during meetings, excessive monopolization of discussion and repeated violation of the principles outlined in the member qualities.

The referring WSPG member must provide the Steering Committee with a written explanation of the interference or disruptive behavior. Upon receipt of the referral, the Steering Committee will meet with the referred member, explain the behaviors which have led to the intervention and ask for the member's response. After the meeting, the Steering Committee will issue one of the three following decisions:

- A. The member's behavior was not an interference with the conduct of WSPG business;
- B. The member's behavior was disruptive and the Steering Committee will warn the member that if the behavior is repeated the Steering Committee will make a recommendation for removal; or
- C. The member's behavior was seriously disruptive, or is a repetition of previous disruptive behavior, and removal is warranted. At the next meeting of the WSPG, the Steering Committee will present its decision to the full WSPG. If the member disagrees with the decision, he/she/they may file a timely complaint in accordance with the Complaints policy outlined in ARTICLE III, SECTION 12 of the CHARTER AND BYLAWS. Otherwise, the Steering Committee's report will be accepted by the WSPG. Once the report is accepted by the WSPG, the WSPG will conduct a formal vote at the following WSPG meeting. A two-thirds (2/3) majority vote of present voting members is required for removal of the referred member. The referred member is not allowed a vote.

Should the member in question be a member of the Steering Committee, the matter shall be referred to the remaining members of the Steering Committee who shall create an alternate ad hoc committee to intervene. The ad hoc committee will follow the procedures set forth above

to determine a recommendation. The Steering Committee may determine that disciplinary or corrective action less than removal is warranted for any breach of conduct, including excessive absences from committee meetings.

## Section 12. Member Complaints

The following Complaints policy classifies WSPG complaints into two categories: interpersonal and system. Interpersonal complaints pertain to disputes among and/or with individual WSPG members. System complaints include conflicts or disputes with WSPG planning processes and planning recommendations. Procedures for each type of complaint are detailed below.

1. **Interpersonal Complaints** – If an WSPG member has a dispute with another WSPG member, these steps should be followed:
  - A. The party filing the complaint must put the dispute in writing.
  - B. The party filing the complaint submits the written complaint to the other party involved in the dispute and sends a copy to each Co-Chair.
  - C. The parties involved in the dispute should meet on their own to discuss the problem and try to resolve it. If an agreement is reached, the parties should put the resolution in writing, sign the document and submit it to each Co-Chair.
  - D. If the disputing parties cannot resolve the problem on their own, or elect not to meet, the party filing the complaint submits a written request to the Tri-chairs asking them to meet with all concerned parties.
  - E. In a timely manner, the Tri-chairs arrange a meeting with the disputing parties, together or apart, to resolve the problem. If a Co-Chair is one of the parties involved in the complaint, a Steering Committee member will be included as a co-moderator.
  - F. Decisions reached at this meeting are final.
2. **System Complaints** – If providers, consumers, and other individuals involved in HIV, viral hepatitis, and STI work have a dispute with WSPG planning processes or planning recommendations, these steps should be followed:
  - A. An explanation of the dispute must be submitted in writing to the Tri-chairs.
  - B. In a timely manner, the Tri-chairs will notify all parties named in the dispute of the next scheduled Steering Committee meeting and distribute a copy of the complaint to Steering Committee members before the meeting.
  - C. The party who submitted the complaint presents it at the Steering Committee meeting and Steering Committee members may ask questions for clarification only.
  - D. Within one (1) week of the Steering Committee meeting, the Tri-chairs deliver a written determination to the disputing party.
  - E. If the party filing the complaint disagrees with the determination, she/he/they may submit a written appeal within 30 days of receipt to the Tri-chairs.
  - F. In an appeal, DOH will consider the issues presented and render a decision.



## Section 13. Proxies

There will be no proxies. Voting WSPG members must participate in and vote on WSPG business at the WSPG meeting. If an WSPG member knowingly will not be able to attend a meeting in which a vote is held, they may submit their vote in writing to the Tri-chairs 24 hours in advance of the meeting.

## Section 14. Vacancies

Total membership below fifteen (15) creates a vacancy in the WSPG. Any vacancy shall be filled in a timely manner, as described in ARTICLE III, SECTION 6 of the CHARTER AND BYLAWS.

## Section 15. Compensation and Membership Support

**Purpose:** To stipulate the requirements and processes for providing stipends to WSPG Members.

Background: The DOH Office of Infectious Disease formed the WSPG in 2022. Given the expectations and time commitment of WSPG members, eligible members of WSPG will receive stipends based on fulfillment of roles and expectations (i.e., participation levels), and other requirements as defined by the Washington State Department of Health (DOH) Community Compensation Guidelines and Compensation of members of part-time boards and commissions—Class one groups: [RCW 43.03.220](#).

This policy is in accordance with the [WA State Office of Equity Compensation Guidelines](#), and the [Senate Bill 5893](#). The Washington State Department of Health (DOH) Office of Infectious Disease will provide a stipend to individuals who have direct living/lived experience and/or are low income service providers at [400% or less of the federal poverty level](#), to support their participation in the WSPG, provided that individuals are not otherwise compensated for their attendance at meetings. Individuals eligible for stipends are eligible for reasonable allowances for child and adult care reimbursement, lodging and travel expenses and per diems, in addition to stipend amounts.

Individuals are ineligible for compensation or reimbursement in the following cases (Eligibility outlined in ARTICLE III, SECTION 15):

- The individual is not representing themselves but participating on behalf of their employer or organization, so as a result they are already being paid for their time by their employer or through an organization that is currently subcontracted with DOH and/or
- The individual does not have personal, direct living/lived experiences in the prioritized WSPG subject matter and/or
- Have an income of more than 400 percent of the federal poverty level, adjusted for family size.

**Stipend Amount:** WSPG Members who meet the criteria are eligible to receive stipends.

**Amount:** For participation on the WSPG, a tiered stipend payment is offered based on the level of participation, in accordance with the [WA State Office of Equity Compensation Guidelines](#) maximum time caps and amounts:

- \$60 USD per hour in general member activities
- \$70 per hour on committee activities
- \$90 per hour as a conference presenter

**Timeline:** Stipend reimbursements are offered quarterly, based on the Office of Infectious Disease fiscal year (July 1 to June 30). Activity quarters include:

- January 1 – April 30
- May 1 to June 30
- July 1 to September 30
- October 1 to December 31

**Distribution:** Stipends will be distributed by preferred direct deposit or mailed check, identified by each WSPG Member.

**Stipend Eligibility:** To be eligible for the stipend, WSPG members must meet *at least one* of the criteria below.

- Have “living/lived experience,” meaning direct personal current or past experience in the subject matter being addressed by the Office of Infectious Disease and WSPG and/or
- Have an income not more than 400 percent of the federal poverty level, adjusted for family size.

For a chart showing current amounts for households, [visit this link](#).

If a WSPG Member is concerned about the impact receiving the stipend could have on public benefits eligibility (e.g., SSI/SSDI) and you would like assistance to evaluate, please email [syndemic@doh.wa.gov](mailto:syndemic@doh.wa.gov) and one of our benefits specialists will assist you.

To receive this stipend, WSPG Members must complete the following in **Appendix 1**:

- Actively participate in over half of the general WSPG meetings per twelve-month period (July 1-June 30)
- Complete the Stipend Eligibility Form and a Statewide Vendor Number (SWV) number or W-9 form
- Sign and date the Washington Syndemic Planning Group Charter Roles and Expectations Commitment Form. The form shall contain member attestation of the following criteria:
  - ☐ I am not compensated by an employer for attending WSPG meetings.
  - ☐ I am compensated by an employer for attending WSPG meetings.
  - ☐ I am not employed by state or local government or an organization which pays me through funds from DOH contracts.
  - ☐ I am employed by state or local government or an organization which pays me through funds from DOH contracts.
  - ☐ I have living/lived experience, meaning direct personal current or past experience in the subject matter being addressed by the WSPG, and/or I have an income not more than 400 percent of the federal poverty level, adjusted for family size.
  - ☐ I have direct professional experience working with communities and priority populations served in HIV, viral hepatitis, SUD and sexually transmitted infections (STIs).
  - ☐ I will actively participate in over half of the full WSPG meetings per twelve-month period.
  - ☐ I will meet and follow the WSPG Committee Roles and Expectations noted in the WSPG Charter and Bylaws.

- ☐ I understand and agree to the terms of the Open Public Meetings Act, [RCW 42.30](#), and the Public Records Act, [RCW 42.56](#).
- ☐ I have completed the [Statewide Vendor Number \(SWV\)](#) application and registration, or submitted a W-9 form.

NOTE: WSPG Members are responsible for confirming their employer's rules and regulations regarding receiving stipends from DOH. State and local government employees and individuals paid through DOH contracts for their time on the WSPG are prohibited from receiving stipends for this program.

Monitoring Stipend Eligibility Criteria: Participation on the WSPG will be monitored and reviewed by WSPG Planning Coordinator based on the Stipend Eligibility requirements and through the Stipend Eligibility Form to determine eligibility prior to stipend distribution.

Warning Letter and Payment Denial Process: In the event a WSPG Member is not meeting the criteria to receive payment, the WSPG Planning Coordinator will contact the Member, via email, to notify them of non-payment, describe what criteria are not being met, and outline the tasks/activities that must be accomplished by designated due date to receive stipend. If the Member is unable to meet criteria, payment will not be issued for the term until issues are resolved. The Member is eligible for payment each quarter if all criteria are met.

A Stipend Policy Form will be provided to all members. The policy form may change time to time and shall provide detail on the stipend amount and distribution timeline, stipend eligibility, monitoring stipend eligibility criteria, and a warning letter/denial process. Members who qualify for stipends will attest they acknowledge and understand the policy with their signature.

If a Member is removed under the procedures outlined in ARTICLE III, SECTION 11, they will no longer receive any compensation starting from the compensation date that directly follows the date of their removal.

## **ARTICLE IV. Officers**

### **Section 1. Positions**

There will be three (3) Tri-Chairs of the WSPG: a Governmental Chair, a Provider Chair, and a Community Chair. The Government Chair, Provider Chair and the Community Chair serve in that capacity for two (2) years. These roles do not offer any opportunities for extension. Nominees are self-identified.

### **Section 2. Responsibilities**

Primary responsibilities of the Tri-Chairs include:

- Supporting the purpose of the WSPG as defined in ARTICLE II, SECTION 2 of the CHARTER AND BYLAWS
- Facilitating relationships between WSPG members or WSPG members and staff to enhance collaboration and trust.
- Guiding the WSPG in accomplishing its purpose and tasks
- Meeting with the Steering Committee and WSPG staffing support to develop meeting agendas and approve meeting materials
- Presiding at all meetings of the WSPG and the Steering Committee

- Leading all official votes taken by the WSPG
- Signing letters and officiation documents as directed by the WSPG (including Centers for Disease Control and Prevention letters of concurrence and Health Resources Services Administration Documents as necessary)
- All other duties mentioned in this CHARTER AND BYLAWS

### **Section 3. Appointments, Nominations, and Elections**

The Governmental Chair shall be appointed by the Office of Infectious Disease Director and serve ex officio for a two (2) year term.

The full WSPG will elect one member to serve as the Community Co-Chair and one member to serve as the Provider Co-Chair for two (2) years.

Any Member with at least one (1) year remaining on his/her/their regular term, not including requested extensions, is eligible and may nominate themselves for the Provider Co-Chair or the Community Co-Chair position. The same individual may not nominate themselves for both the Provider Co-Chair and Community Co-Chair positions. Only Members who are not representing or affiliated with health care or social service providers may nominate themselves for the Community Co-Chair position.

Members who have nominated themselves for either the Provider Co-Chair or Community Co-Chair position shall explain to the rest of the WSPG why they feel they are the best candidate to serve as that specific Co-Chair.

The Governmental Co-Chair will then administer a vote in which all Members may select one choice for the Provider Co-Chair and one choice for the Community Co-Chair. The individual who receives the most votes in each race shall be selected as that Co-Chair.

### **Section 4. Resignation**

An Officer may resign the position at any time by written notice to the Steering Committee. The resignation will take effect at the time specified in the notice or, if no time is specified, on receipt

### **Section 5. Vacancies**

In the event of a vacancy in the office of Community Co-Chair or Provider Co-Chair, the WSPG will hold an election within 60 days of the vacancy. In the interim, the Steering Committee shall select one of its members to serve as an Acting Co-Chair for the vacant office.

In the event of a vacancy in the office of Governmental Co-Chair, the Secretary of DOH will name a Governmental Co-Chair within 30 days of the vacancy.

## **ARTICLE V. General Operations**

### **Section 1. Quorum**

A quorum of the WSPG consists of one-half (1/2) of its voting membership, rounded up to the nearest whole person. Vacant seats on the WSPG are not counted in determining a quorum. Members of the public attending meetings of the WSPG are not included in determining a quorum. If less than a quorum is present at any meeting, the chairs of the Committee will defer matters submitted for a vote until a quorum is present.

## **Section 2. Scheduled Meetings**

The WSPG shall meet at least once every quarter. Special meetings may be scheduled in the case of urgent voting matters, including, but not limited to, Co-Chair elections or Member removal, so long as quorum is able to be established.

## **Section 3. Roll Call & Attendance**

In-person or virtual attendance at regularly scheduled WSPG meetings is mandatory. Attendance will be taken via physical and virtual sign-in sheets. In accordance with ARTICLE III, SECTION 8 of the CHARTER AND BY-LAWS, automatic removal results when a member accrues two (2) absences from meetings of the WSPG in one (1) calendar year.

## **Section 4. Meeting Agenda, Materials, and Minutes**

The WSPG Tri-chairs will create the proposed agenda for meetings of the full WSPG, subject to the approval and revision of the Steering Committee. Draft agendas created by the Tri-chairs will be distributed to the WSPG within seven days prior to the full WSPG meeting.

A written report of each meeting of the WSPG will be developed by DOH, distributed to all members in a timely fashion prior to the next scheduled meeting, and approved by the WSPG at the next scheduled meeting.

## **Section 5. Open Meeting Policy**

All meetings of the WSPG are open to the public in conformance with the Open Public Meetings Act, [RCW 42.30](#), requiring that all meetings of governing bodies of public agencies be open to the public. A “meeting” under the OPMA occurs when a quorum (majority) gathers with the collective intent of transacting the group’s business.

All documented correspondence may be subject to the Public Records Act, [RCW 42.56](#), also known as Public Disclosure Request or “Act”. Provided upon request, in the context of government, the release of information related to decision-making processes, providing access to relevant documents and information. This may include meeting minutes and public records.

## **Section 6. Accessibility**

Reasonable accommodations will be made for any member or member of the WSPG or general public with a disability who would like to attend an WSPG, work group, or caucus meeting, so long as they give one-week notice to the Tri-chairs.

WSPG, committee, work group, and caucus meetings will take place in a hybrid format including both in- person and virtual options for members to attend. If members are unable to in-person and do not have access to proper technology to attend virtually, DOH will assist to provide reasonable accommodations so that the individual is able to attend.

## **Section 7. Decision Making**

A quorum of the WSPG must be present at any meeting where business is to be conducted or where a formal vote or decision is to be made. Any vote taken or decision made during a meeting without a quorum is advisory only.

Decision making for Officer elections will follow the process described in ARTICLE IV, SECTION 3 of the CHARTER AND BYLAWS. Decision making on member removal will follow the process describes in ARTICLE III, SECTION 11 of the CHARTER AND BYLAWS.



A hybrid consensus voting model is utilized, combining traditional voting with consensus-building, where decisions are made by aiming for agreement while allowing formal votes when unanimous consensus isn't reached. The WSPG will strive to reach a unanimous consensus. The Tri-chairs will be responsible for facilitating all discussions in order to establish consensus among the WSPG for all decision-making matters and ask:

1. Do we have a consensus?
2. Would anyone like to speak to the record if they have reservations?

Should unanimous consensus not be possible on any particular action, a majority consensus shall be utilized at 70% of the voting membership.

## **Section 8. Voting**

Each member is entitled to one vote for each WSPG item of business.

## **Section 9. Conflicts of Interest**

The following policy defines Conflicts of Interest as a direct financial or fiduciary interest with respect to an action that is to be taken by the WSPG or that is pending. Direct financial or fiduciary interest includes, without limitations, ownership, employment, contractual, creditor or consultative relationship to, or board or staff membership in, any entity or individual, or in a substantial affiliate of such entity (including any such interest that existed at any time during the twelve (12) months preceding the vote). The procedures contained in this section apply to all WSPG members; committee members and participants; staff members; contractors and consultants to the WSPG; and the spouses, registered domestic partners and dependent children of the aforementioned persons, all of whom shall be referred to as "WSPG member(s)" for purposes of this section.

Prior to his/her/their first meeting as a member of the WSPG, each member shall disclose in writing any and all professional client or personal affiliations with agencies, which may pursue HIV, viral hepatitis, and/or STI funding. A Conflict of Interest Disclosure Statement form shall be completed annually by each WSPG member and kept on file. If any of the member's affiliations change during the course of the year, the member is required to submit a revised Disclosure Statement to the Executive Committee within 30 days of the change. It is each member's responsibility to update and inform the WSPG of any conflict of interest. A sample Disclosure Statement can be found in the Appendices.

1. Conflicts of interest will not immediately preclude a WSPG member from voting on matters affecting a large group of entities or individuals including the one in which he/she has an interest. However, members with a conflict of interest shall not vote on a matter affecting only the particular entity or individual in which he/she/they has an interest or a small group of entities or individuals including such particular entity or individual.
2. It shall be assumed that there is no conflict of interest in members as they work to develop the Integrated HIV Prevention and Care Plan. In deliberations regarding recommendations for the criteria to be used in resource allocation and/or evaluation of specific programs and activities (assuming the WSPG is invited to participate in this function by DOH), should a conflict of interest arise, members with a potential or actual conflict shall declare the nature of their conflict and refrain from voting on that item. The Tri-chairs may at any time recommend that an individual member abstain from voting on a matter where a perception of a conflict of interest may arise.

3. The Community Co-Chair, Provider Co-Chair or any two (2) WSPG members may request that the Steering Committee investigate and make recommendations to the WSPG concerning any WSPG member's conflict of interest or the appearance thereof. The WSPG shall take whatever action it deems appropriate. Removal is a last resort and shall take place pursuant to the policies defined in ARTICLE III, SECTION 11 of the CHARTER AND BYLAWS. In the event of disagreements and/or differences, individuals may file a complaint in accordance with the ARTICLE III, SECTION 12 of the CHARTER AND BYLAWS.
4. Regardless of whether the member may vote on any matter or participate in any discussion, any real or perceived conflict should be disclosed to the WSPG members contemporaneously.

## **ARTICLE VI. Steering Committee**

### **Section 1. Role**

The WSPG will be managed by the Steering Committee. The Steering Committee will have the authority to manage the business of the WSPG, including, but not limited to, determining, defining and carrying out the full scope of work for the WSPG, serving in membership matters including extensions and other requests, except as otherwise specified herein. The Steering Committee is responsible for approving the agenda for WSPG meetings and conducting WSPG business between meetings. The Steering Committee is also responsible for membership management as outlined in ARTICLE III in the CHARTER AND BYLAWS.

### **Section 2. Composition and Selection**

The Steering Committee will be made up of six (6) members of the WSPG and may not include the three Tri-chairs. The Steering Committee must include:

One (1) Member representing providers with expertise in and/or people with lived experience in HIV

One (1) Member representing providers with expertise in and/or people with lived experience in viral hepatitis

One (1) Member representing providers with expertise in and/or people with lived experience in STIs  
Three (3) Members representing communities of interest/importance

At least two thirds (2/3) of the members of the Steering Committee must be from Black, Indigenous, Hispanic/Latino/Latina/Latinx, and People of Color Communities.

WSPG members will volunteer to serve as Steering Committee members. Nominations are self-identified. In the case of multiple WSPG members volunteering for the same Steering Committee role, the WSPG Tri-chairs will select the final Steering Committee membership.

### **Section 3. Terms**

Members of the Steering Committee will serve a regular term of two (2) years, with no options for extension. In addition, up to three\* Steering Committee meetings will overlap for onboarding/mentorship between incoming and outgoing members.

\*determined by the incoming Steering Committee members.

## Section 4. Meetings

The Steering Committee meetings will be held at such times and places as are determined by the Committee. Tri-chairs of the WSPG must be present at all Steering Committee meeting.

## Section 5. Quorum

A quorum of the Steering Committee consists of one-half (1/2) of its members and at least one of the three WSPG Tri-chairs.

# ARTICLE VII. Innovation Committees

## Section 1. Structure

Four Innovation Committees will carry out the work of the WSPG. The four innovation committees shall be:

- Syndemic Alignment
- Public Affairs
- Equity and Inclusion
- Data Collection and Evaluation

## Section 2. Duties & Functions

The duties and functions of each of the committees shall include representation in all stages of the Integrated Plan, leading WSPG projects, providing feedback and consult on OI projects, co-create presentations and communications, and inform activities at the community level in these priority areas:

- Syndemic Alignment Committee: Act as a liaison between other state and jurisdictional planning bodies addressing HIV, STI, and viral hepatitis. Review all available research, data, and information on HIV, viral hepatitis, substance use and STIs. Develop clear goals, objectives, and strategies to improve the prevention, diagnosis, treatment, care, and response to these infections statewide. Focus on reducing health inequities and disparities associated with these conditions and adopt a syndemic approach for coordinated prevention and care efforts. Provide recommendations for priorities that the Department of Health (DOH) should consider when allocating funding to vendors and activities related to HIV, viral hepatitis, and STIs.
- Public Affairs Committee: Act as a liaison between community agencies and advisory boards focused on HIV, STIs, and viral hepatitis. Lead outreach and engagement efforts for the WSPG, including organizing community caucuses. Collaborate with the Department of Health (DOH) to create an implementation and communication plan that effectively publicizes the work of the WSPG and the necessary actions to achieve the goals, objectives, and strategies established by the Syndemic Alignment Committee or DOH projects. Familiarity with annual progress measures to improve implementation and communication efforts accordingly.
- Equity and Inclusion Committee: Focus on promoting equitable access to and experience with care, centering diverse living/lived experiences, and enhancing the visibility of marginalized groups in public health initiatives. Ensure that projects are inclusive and responsive by fostering collaboration and championing intersectionality by addressing how

syndemics disproportionately impact underrepresented communities across Washington State. Through data-driven advocacy and inclusive planning, align syndemic strategies to address structural inequities and amplify the experiences of those impacted by intersecting vulnerabilities.

- Data Collection and Evaluation Committee: Inform research, data collection, and analysis activities conducted by DOH in support of the WSPG, including needs assessments and formal evaluations. Develop a plan to monitor and evaluate statewide progress pertaining to the goals, objectives, and strategies developed by the Syndemic Alignment Committee, including metrics recommendations. Develop and disseminate Integrated Plan progress updates and reports to the WSPG in partnership with DOH.

### **Section 3. Composition**

Each committee shall be comprised of no less than 3 and no more than 7 WSPG members. Following acceptance onto the WSPG, members may self-select which committee project(s) they would like to serve on, based on interest and availability, as each committee is introduced. The selection process is designed to align projects with each member's interests and availability, ensuring that everyone can contribute meaningfully across innovation areas. WSPG members are encouraged to explore various projects and select those that resonate with their skills and schedules.

In the event that more WSPG would like to serve on a committee than available spaces, final committee membership will be determined by the WSPG Tri-chairs.

### **Section 4. Leadership**

A committee lead will be selected and serve without a specified term or term limits. Selection of the lead within each committee will be determined through a hybrid voting process (ARTICLE V. Section 7) by full committee membership.

Committee Leads will be responsible for:

- Supporting the purpose of the Committee as defined in ARTICLE VII, SECTION 2 of the CHARTER AND BYLAWS
- Guiding the Committee in accomplishing its purpose and tasks
- Developing meeting agendas and materials in collaboration with staffing support
- Presiding at all meetings of the Committee
- Leading all decision-making processes for the Committee
- Routinely presenting Committee updates, recommendations, and activities to the WSPG, including report out of committee efforts to WSPG general membership at general meetings
- Liaising with the WSPG Tri-chairs and Steering Committee on the progress and business of the Committee
- All other duties mentioned in this CHARTER AND BYLAWS

### **Section 5. Meetings & Attendance**

Committee members are expected to attend all committee meetings. The cadence of committee meetings will be set by Committee members and are subject to the time-specific content and deliverables expected from the Committee and DOH. WSPG general membership must be kept informed of committee meetings and progress.

As identified by Committee members, outside stakeholders who are not members of the WSPG may be invited by the Committee Leads to participate in meetings to inform discussion but will not be involved in any decision making.

## **Section 6. Decision Making**

Committee leads will determine an appropriate decision-making process for their respective Committee work. Any action, proposal, or conclusion made by a committee will be reported to the WSPG general meeting for ratification or modification following the committee's action, proposal, or decision.

## **ARTICLE VIII. Community Defined Caucuses**

### **Section 1. Creation**

Community Defined Caucuses may be created as seen fit by WSPG members. If a WSPG member would like to create a caucus, they must receive approval from the WSPG Tri-chairs. Community caucuses may be created to represent specific communities, and/or address specific needs as seen fit by WSPG members. Example of possible work groups or caucuses include, but are not limited to Long-Term

Survivors, People who use drugs; Black American and African Born, Gender expansive/transgender; Tribal, Health Equity, etc.

Two groups must be created and maintained independent of WSPG member decisions. These are the:

- STI Proviso Work Group
- Syndemic Alignment Caucus

### **Section 2. Duties & Functions**

With the exception of the STI Proviso Work Group and the Syndemic Alignment Caucus, the duties and functions of work groups and caucuses shall be:

- Review and discuss WSPG activities
- Provide input, feedback, and suggestions to the WSPG and Committees
- Discuss other relevant experiences and expertise related to HIV, viral hepatitis, and STIs

The STI Proviso Work Group shall carry out all duties and functions as defined in [WA Senate Bill 5092](#).

The Syndemic Alignment Caucus shall provide feedback and input to ensure synergy across activities of the three health conditions. The Syndemic Alignment Work Group shall review all activities and progress of the WSPG to ensure alignment with other state and jurisdictional community planning efforts for HIV, viral hepatitis, and STIs in collaboration with the Implementation & Communication Committee.

### **Section 3. Composition**

With the exception of the STI Proviso Work Group and the Syndemic Alignment Caucus, work groups and caucuses will have no set composition or defined membership and DOH and the WSPG have no active recruitment responsibilities for these work groups or caucuses.



The STI Proviso Work Group shall be composed of members as defined in [WA Senate Bill 5092](#).

The Syndemic Alignment Caucus shall ideally be composed of representatives from the three health conditions and representatives from other state and jurisdictional planning groups.

#### **Section 4. Leadership**

Leadership of community caucuses shall be decided by caucus members and have no formal requirements.

#### **Section 5. Meetings & Attendance**

With the exception of the STI Proviso Work Group and the Syndemic Alignment Caucus, caucuses shall have no set meeting cadence or attendance requirements. At least one WSPG member shall be present at any caucus meeting. All caucus meetings shall be open to the public. DOH shall publicize information on caucus meetings on their website.

The STI Proviso Work Group shall follow meeting and attendance rules as defined in [WA Senate Bill 5092](#).

The Syndemic Alignment Caucus shall meet at least bi-annually.

### **ARTICLE IX. Commitment to Health Equity and Racial Justice**

A core value of the WSPG is a commitment to health equity and racial justice in internal operations, representation, activities, and decision making is a core value of the WSPG, committees, and work groups and caucus. A key component of this is centering the experiences and needs of individuals and populations most impacted by HIV, viral hepatitis, and STIs and groups who have faced historical and systemic oppression. In the initial months after launching the WSPG, the WSPG will brainstorm and commit to utilizing mechanisms, guiding principles, and best practices to ensure equity and racial justice is in its operations and business. The WSPG will discuss these commitments and update these practices annually as part of regular WSPG business.

### **ARTICLE X. Staffing & Support**

DOH shall also provide all necessary technical assistance, staff support and funding necessary to the reasonable performance of the duties of the WSPG, committees, work groups, and caucuses with the appropriate oversight to ensure that all expenditures are allowable, actual, appropriate and timely. The primary staff member assigned to support the WSPG shall be the Syndemic Planning Coordinator.

DOH shall provide all appropriate data, including epidemiological data, to and cooperate with the WSPG to the extent that is necessary for the prudent development and monitoring of the Integrated HIV Prevention and Care Plan. In order to preserve confidentiality or proprietary information, DOH may place appropriate limitations on the receipt and use of such data

### **ARTICLE XI. Books & Records**

DOH will keep meeting reports for the WSPG of all proceedings and such other books and records as may be required for the proper conduct of its business and affairs.

## **ARTICLE XII. Amendments**

This charter and bylaws may be amended at any regular or special meeting. Written notice of the proposed charter and bylaws amendment will be delivered to each member at least ten (10) days prior to the date of the meeting. Charter and bylaws changes require a two-thirds (2/3) majority vote of current WSPG membership.

## **ARTICLE XIII. Ratification**

This charter and bylaws go into effect upon a two-thirds (2/3) majority vote of the WSPG membership.

## **ARTICLE XIV. Dissolution**

The WSPG has been formed to assist DOH in the planning process for statewide efforts targeting HIV, viral hepatitis, and STIs. The WSPG may be dissolved by a two-thirds (2/3) majority vote of the WSPG membership or by a DOH governmental mandate.

## APPENDIX 1:

### Washington Syndemic Planning Group Charter Roles and Expectations Commitment Form

- ☐ Upon completion of reviewing this Charter and Bylaws, I will submit the signed attestation page confirming agreement to the Articles and Sections within the Washington Syndemic Planning Group Charter.
- ☐ I am not compensated by any employer for attending WSPG meetings.
- ☐ I am compensated by any employer for attending WSPG meetings.
- ☐ I am not employed by state or local government or an organization which pays me through funds from DOH contracts.
- ☐ I am employed by state or local government or an organization which pays me through funds from DOH contracts.
- ☐ I have living/lived experience, meaning direct personal current or past experience in the subject matter being addressed by the WSPG, and/or I have an income not more than 400 percent of the federal poverty level, adjusted for family size.
- ☐ I have direct professional experience working with communities and priority populations served in HIV, viral hepatitis, SUD and/or sexually transmitted infections (STIs).
- ☐ I will actively participate in over half of the full WSPG meetings per twelve-month period.
- ☐ I will meet and follow the WSPG Committee Roles and Expectations noted in the WSPG Charter and Bylaws
- ☐ I understand and agree to the terms of the Open Public Meetings Act, RCW 42.30, and the Public Records Act, RCW 42.56.
- ☐ I have completed the Statewide Vendor Number (SWV) application and registration, or submitted a W-9 form.

Signature:

Date:

Printed Name:

Verified By:

Date:

DOH 150-187 CC March 2025

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).