

the PENNSYLVANIA HIV PLANNING GROUP (HPG)
MEMBERSHIP GUIDE

HPG VISION, MISSION, and VALUES

VISION. The vision of the Pennsylvania HIV Planning Group is to ensure that all persons living with HIV and those identified most at risk have access to current prevention, treatment and care, interventions, and services through a continuum of engagement that includes testing, linkage and maintenance in the health care and supportive system.

MISSION. The purpose of the Pennsylvania HIV Planning Group is to provide a forum for key, representative stakeholders across the Commonwealth and to formally provide input to the PA Department of Health on the Division of HIV Disease's *Integrated HIV Prevention and Care Plan* (IHPCP) for Pennsylvania, issues related to HIV/AIDS care, prevention, and testing, and the goals of the National HIV/AIDS Strategy.

VALUES. The Pennsylvania HIV Planning Group embraces these values in achieving our vision and mission:

Parity – equal participation in carrying out tasks or duties in the planning process; an equal voice.

Inclusion – meaningful involvement in decision making to ensure that the needs of affected communities and care providers are actively included.

Representation – defined as the act of serving as an official member reflecting the perspective of a specific community. A representative should truly reflect that community's values, norms, and behaviors (members should have expertise in understanding and addressing the specific HIV needs of the populations they represent).

Reflectiveness – Overall membership and consumer members reflect Pennsylvania's epidemic in such factors as race, ethnicity, and age, as well as geographic diversity, including urban and rural areas.

MEMBERSHIP

GENERAL MEMBERSHIP. The HPG is convened by the Department's Division of HIV Disease and is comprised of approximately 20 Community members and 15 Planning Partners. These members and partners represent key stakeholders, consumers, and demographic groups, and serve to provide input and feedback to the HPG. Both HRSA and CDC Guidance recommend that the HPG reflect the diversity of characteristics of the current and projected epidemic in the jurisdiction.

1. Membership Guidelines: Membership in the Pennsylvania HIV Planning Group (HPG) is ultimately driven by the guidance of the Health Resources & Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) as funding administrators of the Ryan White Care Act. The values listed in Section 3.3 provide the framework for HPG

membership selection. All HPG community member applications recommended by the Nominations and Recruitment workgroup are reviewed and approved by the Pennsylvania Department of Health.

2. HPG Community Members: HPG Community members are chosen for their ability to advocate for and represent the voices and perspectives of a wide range of key stakeholders: people representative of, or impacted by, the HIV epidemic throughout Pennsylvania. Members may be people working with at-risk populations, living with HIV, or conducting HIV care and prevention activities. HPG members represent the perspectives of HIV risk populations through their life experiences, work responsibilities, or other activities. HPG Community members must be residents of (that is, reside solely in) the Commonwealth of Pennsylvania, and may be employees of agencies receiving Department of Health funding. HPG members are invited to serve by virtue of their life experience and expertise and are not understood to function as official representatives of any agency or organizational affiliation. Community members apply to serve on the HPG through an ongoing application process (see section 5.5.1).

Responsibilities: Community members sit at the HPG table and fully participate in all HPG activities, lunches, and workgroups. In addition to developing recommendations to the Division (as described in Section V), it is expected that HPG Community Members will help disseminate updates, approved plans, and HPG surveys to their stakeholder networks as well as bring feedback to the HPG/Division around both planning and other critical issues in the commonwealth.

Because these members were selected based on their knowledge, experience and perspectives on HIV-related issues in Pennsylvania, attendance is carefully recorded for each member. Members who do not attend 75% of the yearly meeting days will forfeit their spot. These members volunteer for a three-year (3) term. At the end of their term members may, if they wish, reapply through the normal application process to begin another three-year (3) term. Community members vote on all recommended changes to the IHPCP or other matters for which votes are called. All qualifying travel costs are reimbursed by the DOH. These members elect a Community Co-Chair each year (to a 1 year term) to work with the Division Co-Chair to run meetings and lead yearly HPG planning.

Composition Examples: There are approximately 20 Community member positions. Stakeholders invited to apply include (but are not limited to) those identifying as: People living with HIV (PLWH); LGBTQ; MSM; African or African American; Latinx; Native American; current or former IDU; Ryan White Parts B-D; MAI, EIS, CBOs, and health care providers; state grantees; people of all ages (esp. youth), socio-economic backgrounds, citizenship statuses (within PA), and geographic locations within PA (including Philadelphia).

3. HPG Planning Partners: Partners serve on the HPG at the invitation of the Division and represent relevant agencies and partner organizations working on key issues related to HIV.

Responsibilities: Planning Partners sit at the HPG table and fully participate in all HPG activities, lunches, and workgroups. In addition to assisting in developing recommendations to the Division (as described in Section V), it is expected that HPG Planning Partners will help disseminate updates, approved plans, and applicable HPG surveys to their professional networks or agencies as well as bring applicable feedback or updates from their agencies or departments to the HPG/Division around both planning and other shared, critical issues in the commonwealth.

Because these members represent agencies and organizations, they do not necessarily need to be the same person each meeting and do not have term limits. For these reasons, they may not make

motions or cast votes during meeting business or subcommittee work. Respective agencies are expected to cover any travel costs for these members, if applicable.

Composition Examples: There are 15 Partner slots. Examples include: STD Program; TB Program; Viral Hepatitis; HIV Epidemiology; HOPWA; DOH Office of Health Equity; MAAETC; Medicaid; Mental Health; D&A; Dept. of Education; Dept. of Corrections; Philadelphia's Part A and HIV Prevention Planning; SPBP Advisory Board.

4. Composition of Membership:

The following is the targeted composition of the HPG:

- HPG Community members (20):
 - Consumers – 5 members
 - RW Part B Direct Service – 4 members
 - RW Part C/FQHC – 3 members
 - RW Part D – 1 member
 - HIV Testing/Prevention Providers – 4 members
 - RW Part B sub-recipients – 2 members
 - County/Municipal Health Department – 1 member
- Planning Partners (15):
 - PADOH STD Program -1
 - PADOH TB Program -1
 - PADOH Viral Hepatitis Program -1
 - PADOH HIV Epidemiology -1
 - HOPWA -1
 - PADOH Office of Health Equity -1
 - MA AETC -1
 - Medicaid -1
 - Mental Health -1
 - Drug & Alcohol -1
 - PA Department of Education -1
 - PA Department of Corrections -1
 - Part A (HRSA Grantee/Philadelphia) -1
 - Philadelphia Planning Representative -1
 - SPBP Advisory Board -1

5. Member Involvement with Other Organizations. Members may be involved in a variety of organizations. While members are encouraged to share information about the HPG and its activities with other individuals or organizations, their participation on these groups should not be understood as official representation from the HPG. Members are informed of the perspectives and communities (per the target list in Section 6.1.2) they were chosen to represent in the HPG upon initial notification of membership.

6. Vacancies: Vacancies are a natural process of the HPG membership. Recruitment is conducted on a rolling, as-needed basis to fulfill the representation of the HPG and to generally fill vacated seats due to expired terms.

7. Removal: The HPG shall have the right to remove HPG members for good cause by a simple majority vote of the members. Members may be removed at the sole discretion of the HPG Co-Chairs if they are considered “not present” for over 25% of the meetings (discussed in Section 7). In addition, any individuals appointed by the Department may be removed with notification to the HPG and their home agency and replaced as necessary. Agencies which appoint or delegate representatives to serve as Planning Partners can replace said representative(s) by notifying the HPG and the Division.

8. Confidentiality Policy: A sign of a well-functioning HPG is the inclusion of individuals as members that are HIV positive and individuals that represent target and at-risk populations. This means that some members may engage in behaviors that put them at risk for HIV infection or have experience working with populations that engage in behaviors that put them at risk for HIV infection and other health risks. Furthermore, HPG members are encouraged to share their unique personal perspectives with the HPG, as they relate to jurisdictional planning and the needs and perspectives of targeted populations. For these reasons HPG members shall keep confidential other members’ personal information that they do not want shared. HPG members are reminded that the HPG meetings are open to the public and that there is no expectation of privacy during the meetings. Documents produced as part of HPG members’ process work may also be posted in public forums such www.stophiv.com or the HPG’s cloud-based filesharing system. These products may include plans, newsletters and meeting minutes. HPG members are also reminded that HPG meeting minutes reflect members’ names for attendance purposes, and these documents are considered a public record—hence there is no expectation of anonymity. Members are advised that if they wish to make comments during the HPG meeting that they do not want to be recorded in the meeting minutes, they must indicate this to the HPG meeting recorder. This request for an exclusion from the meeting minutes will be documented in the meeting minutes.

SUBCOMMITTEE MEMBERSHIP. All HPG members are encouraged to serve on at least one (1) subcommittee. At the beginning of each year, existing HPG members will be asked by leadership to maintain their current subcommittee membership. It is preferred that members attempt to work consistently with one subcommittee. However, if a member feels that they might make a greater contribution to another subcommittee they will be permitted to begin working with a new subcommittee of their choice.

AD HOC SUBCOMMITTEE MEMBERSHIP. Ad hoc subcommittees will be formed on an “as needed” basis at the request of members of the HPG. Ad hoc subcommittees should be formed and convened to accomplish specific work tasks. Ad hoc subcommittees will accomplish short-term goals. HPG members can request to form ad hoc subcommittees during full HPG meetings. Ad hoc subcommittees may not be formed during subcommittee meetings. When a motion to convene an ad hoc subcommittee is approved by a majority vote of the HPG, the Community Co-Chair should solicit volunteers from the larger committee for ad hoc subcommittee membership. Ad hoc subcommittees should be comprised of at least four (4) HPG members. Ad hoc subcommittees should be charged with specific tasks and a time frame in which to complete their task and report results back to the HPG membership.

WORK GROUP MEMBERSHIP. Each of the work groups identified in section 5.5 will have at least 4 members. The tasks for these work groups are ongoing and therefore membership of the work groups may be revised over time. The Division or University of Pittsburgh staff will participate in the activities of the work groups to facilitate progress where necessary.

MEMBERSHIP EXPECTATIONS

GENERAL MEMBERSHIP EXPECTATIONS:

1. Terms: HPG members from the community are elected for three (3) year terms commencing in January of their first year. Members may reapply through the regular application process for another three (3) years, with a maximum total of six (6) years in service. Members serve on a rotational basis to target the guidelines for the *Composition of Membership* as outlined in section 6.1.2. Representatives from state agencies have terms that are set at the discretion of the Division of HIV Disease. Representatives from government offices may be added and removed at the discretion of their administrators regardless of the planning process timeline.

2. Orientation: All new HPG members will be required to attend a mandatory one (1) day orientation training session, either held prior to the first meeting of the year or during the first applicable HPG meeting. Each new member will receive a membership binder during orientation.

3. Attendance: Members are expected to be on time for meetings and attend at least 75% of the meetings annually. Members not present for more than 25% of meetings annually are subject to removal and replacement from the applications for HPG membership. The minutes will reflect those members who are present and those members who were not present for each meeting. There are no 'excused' absences; occasionally being unable to avoid missing a meeting (illness, emergency, etc.) is recognized through the 25% of meetings members are allowed to miss. Members should routinely notify the Division and Community Co-Chairs of any known absence or unexpected illness to ensure the safety and care of our members and expected guests.

4. Absence, Lateness & Early Departures: In order for the business of the HPG to be effectively conducted it is imperative that members are courteous and notify HPG Co-Chairs of their expected absence, lateness or early departures at least 24 hours in advance of a scheduled meeting. It is understood that due to work constraints, travel delays, personal emergencies, and health, HPG members may be at times need special accommodations.

5. Participation: A meaningful involvement in the planning process with an active collegial voice in decision-making by all HPG members is essential and encouraged. The views, perspectives, and needs of all members are welcome, respected, and equal.

6. Recruitment and Nomination: Members of the HPG are encouraged to nominate community members who may be candidates for future HPG membership to the Recruitment and Nominations Work Group open nominations process as described in section 5.5.1. Members of the community-at-large may also recommend individuals for membership by contacting a Co-Chair or the Chair of the Recruitment and Nominations Work Group.

7. Member Resignation: HPG members wishing to resign shall notify the Co-Chairs in writing. The vacant position shall be filled in the next nominations cycle or from the recent, rolling applications for HPG membership. If an individual holds an appointed membership position representing an agency/organization (Department of Corrections, Department of Education, HIV Prevention Program Field Staff, etc.) and that individual's affiliation changes, that individual shall resign their position and the designated agency/organization shall appoint a replacement. Resignation does not prohibit someone from reapplying for HPG membership in the future.

8. Travel: Travel and travel reimbursements are governed by the Commonwealth of Pennsylvania and updated periodically. The Department will provide HPG Community Members with the current Travel Guidelines and instruction on completing and submitting the Travel Expense Reimbursement Form during the HPG Orientation. Travel is not covered for Planning Partners or guests, and the Division at its sole discretion may direct the Planning Coordinator to cover travel costs for key invited speakers.