

PROPOSED SECTION VI. MEMBERSHIP

**SECTION VI.**  
**MEMBERSHIP AND RESPONSIBILITIES**

**6.1. HPG MEMBERSHIP.** The HPG is convened by the Department’s Division of HIV Health and is comprised of at least 25 Community Representatives and 18 Planning Partners. The HPG represents key stakeholders, consumers / 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.

**6.1.1. Membership Guidelines:** Membership in the HPG is ultimately driven by the guidance of HRSA and the CDC as funding administrators of the Ryan White Care Act. The values listed in Section 3.3 provide the framework for HPG Community Representative selection. All HPG Community Representative applications recommended by the Recruitment and Membership Work Group are reviewed and approved by the Department.

ORIGINAL SECTION VI. MEMBERSHIP

**SECTION VI.**  
**MEMBERSHIP**

**6.1. 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.

**6.1.1. 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~~.

**PROPOSED**

**6.1.2 HPG Community Representatives:**

**6.1.2.a. Description:** HPG Community Representatives 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. Community Representatives may be people;

- working with susceptible populations
- living with HIV
- conducting HIV care and prevention activities.

HPG Community Representatives bring forth the perspectives of HIV susceptible populations through their life experiences, work responsibilities, or other activities. HPG Community Representatives must be residents of (that is, reside solely in) the Commonwealth of Pennsylvania, and may be employees of agencies receiving Department funding. HPG Community Representatives 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 Representatives apply to serve on the HPG through an ongoing application process (see section 7.2.1.b).

ORIGINAL

**6.1.2 HPG Community Members:**

Description: 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).

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**6.1.2.b. Responsibilities:** Community Representatives, the voting body of the HPG, vote on all recommended changes to the IHPCP or other matters for which votes are called. HPG Community Representatives are expected to fully participate in all HPG activities, lunches, subcommittees, and workgroups. In addition to developing recommendations to the Division (as described in Section V), it is expected that HPG Community Representatives 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 the Community Representatives were selected based on their knowledge, experience and perspectives on HIV-related issues in Pennsylvania, attendance is carefully recorded for each member. Community Representatives who do not attend 75% of the yearly meeting days will forfeit their spot (see 7.1.3). These Community Representatives volunteer for a three-year (3) term. At the end of their term Community Representatives may, if they wish, reapply through the normal application process to begin another three-year (3) term. These Community Representatives elect a Community Co-Chair to a two (2) year term to work with the Division Co-Chair to run meetings and lead yearly HPG planning. All qualifying travel costs are reimbursed by the Division. The HPG Planning Coordinator is responsible for maintaining attendance records.

## ORIGINAL

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 to a 2 year term to work with the Division Co-Chair to run meetings and lead yearly HPG planning.

## PROPOSED

### 6.1.2.c. Composition of Community

**Representatives:** Consumers / stakeholders (including prevention services) invited to apply include (but are not limited to) those identifying as PLWH and LGBTQ+ individuals, people with current or former housing instability, and current or former IDU. Racial and ethnic minorities are particularly needed to reflect the face of the epidemic. Other critical community stakeholders include Ryan White Parts B-D; MAI, EIS, CBOs, and health care providers; county health departments, state grantees, and people of all: ages (esp. youth), socio-economic backgrounds, citizenship statuses (within PA), and geographic locations within PA (including Philadelphia). The following is the preferred priority composition of the HPG.

- HPG Community Representatives (minimums below):
  - Service Recipients / Consumers – 40%
  - RW Part B Direct Service Providers – 15%
  - RW Parts C and D Providers – 15%
  - HIV Testing / Prevention Providers – 15%
  - HIV community organizations / RW Part B sub-recipients – 10%
  - County / Municipal Health Departments – 5%

## ORIGINAL

~~Composition Examples: There are approximately 25 Community member positions. Consumers / stakeholders (including of prevention services) invited to apply include (but are not limited to) those identifying as People living with HIV (PLWH), LGBTQ and GTM individuals, people with current or former housing instability, and current or former IDU. Racial and ethnic minorities are particularly needed to reflect the face of the epidemic, especially African and African American members. Other critical community stakeholders include Ryan White Parts B-D; MAI, EIS, CBOs, and health care providers; county health departments, state grantees, and people of all: ages (esp. youth), socio-economic backgrounds, citizenship statuses (within PA), and geographic locations within PA (including Philadelphia).~~

**6.1.4. Composition of Membership:** The following is the targeted composition of the HPG:

- HPG Community members (25):
  - Consumers – ~~8 members~~
  - RW Part B Direct Service – ~~4 members~~
  - RW Parts C and D – ~~4 members~~
  - HIV Testing/Prevention Providers – ~~4 members~~
  - HIV community organizations / RW Part B sub-recipients – ~~3 members~~
  - County/Municipal Health Departments – ~~2 members~~

PROPOSED

### 6.1.3 HPG Planning Partners

**6.1.3.a. Description:** Planning 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.

**6.1.3.b. Responsibilities:** Planning Partners may not make motions or cast votes during meeting business or subcommittee work. They sit at the HPG table and otherwise 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. Planning Partners also 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 the Planning Partner staff represent agencies and organizations, they do not necessarily need to be the same person each meeting and do not have term limits. Planning Partner agencies are expected to cover any travel costs for their staff, if applicable.

### 6.1.3 HPG Planning Partners:

Description: 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.

## PROPOSED

### 6.1.3.c. Composition of Planning Partners:

Currently there are 18 Planning Partner slots, which are listed in their entirety below.

- PA DOH STD Program
- PA DOH TB Program
- PA DOH Viral Hepatitis Program
- PA DOH HIV Epidemiology
- HOPWA
- PA DOH Office of Health Equity
- MidAtlantic AIDS Education and Training Center (MAAETC)
- PA Office of Medical Assistance Programs (Medicaid)
- Office of Mental Health and Substance Abuse Services (OMHSAS)
- PA Department of Drug & Alcohol
- PA Department of Education
- PA Department of Corrections
- Philadelphia Dept. of Health (Philly Part A HRSA Grantee)
- Philadelphia Office of HIV Planning
- Special Pharmaceutical Benefits Program (SPBP) Advisory Board
- [Statewide Agency representing people with disabilities]
- PA Department of Aging
- PA Association of Community Health Centers (FQHCs)

Additionally, new Planning Partners can be invited to participate after a Community Representative vote.

## ORIGINAL

~~Composition:~~ There are 18 Partner slots which are listed in their entirety in the subsection below.

### 6.1.4. Composition of Membership:

The following is the targeted composition of the HPG:

- ~~HPG Community members (25):~~
  - ~~Consumers—8 members~~
  - ~~RW Part B Direct Service—4 members~~
  - ~~RW Parts C and D—4 members~~
  - ~~HIV Testing/Prevention Providers—4 members~~
  - ~~HIV community organizations/RW Part B sub-recipients—3 members~~
  - ~~County/Municipal Health Departments—2 members~~
- ~~Planning Partners (18):~~
  - PADOH STD Program
  - PADOH TB Program
  - PADOH Viral Hepatitis Program
  - PADOH HIV Epidemiology
  - HOPWA
  - PADOH Office of Health Equity
  - MidAtlantic AIDS Education and Training Center (MAAETC)
  - PA Office of Medical Assistance Programs (Medicaid)
  - Office of Mental Health and Substance Abuse Services (OMHSAS)
  - PA Department of Drug & Alcohol
  - PA Department of Education
  - PA Department of Corrections
  - Philadelphia Dept. of Health (Philly Part A HRSA Grantee)
  - Philadelphia Office of HIV Planning
  - Special Pharmaceutical Benefits Program (SPBP) Advisory Board
  - [Statewide Agency representing people with disabilities]
  - PA Department of Aging
  - PA Association of Community Health Centers (FQHCs)

Additionally, ~~the HPG voted that if an “AIDS Free PA” organization should be created in Pennsylvania, then that body will also receive Planning Partner Status on the HPG.~~

## PROPOSED

**6.1.4. Involvement with Other Organizations:** Individuals may be involved in a variety of organizations. While everyone is encouraged to share information about the HPG and its activities with other individuals or organizations, their participation should not be understood as official representation from the HPG. Community Representatives are informed of the perspectives and communities (per the preferred priority list in Section 6.1.2.c.) they were chosen to represent in the HPG upon initial notification of membership.

**6.1.5. Vacancies:** Vacancies are a natural process of the HPG Community Representative 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.

**6.1.6. Removal:** The HPG shall have the right to remove HPG Community Representatives for good cause by a simple majority vote of the Community Representatives. Community Representatives may be removed due to lack of attendance or conduct. In addition, any individuals appointed by the Division may be removed with notification to the HPG and their home agency and replaced as necessary. Agencies, which appoint or delegate staff to serve as Planning Partners, can replace said staff by notifying the HPG and the Division.

*[Removal Due to Attendance and Conduct are addressed in Section 7.]*

## ORIGINAL

~~**6.1.5. 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.~~

~~**6.1.6. 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.~~

~~**6.1.7. 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.~~

## PROPOSED

**6.1.7 Confidentiality Policy:** A well-functioning HPG includes PLWH and individuals that represent priority and higher incidence populations. This means that some members may engage in behaviors that make them susceptible for HIV infection or have experience working with populations that engage in behaviors that may make them have a higher incidence for HIV infection and other health risks. Furthermore, HPG Community Representatives are encouraged to share their unique personal perspectives with the HPG, as they relate to jurisdictional planning and the needs and perspectives of prioritized 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 work may also be posted in public forums such [www.stophiv.com](http://www.stophiv.com) or the HPG's cloud-based file sharing 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. HPG Members are advised that if they wish to make comments during the HPG meeting and 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.

## ORIGINAL

**6.1.6 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](http://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.

## PROPOSED

**6.2. SUBCOMMITTEE MEMBERSHIP.** All HPG **Community Representatives** are required to serve on at least one (1) subcommittee. At the beginning of each year, existing HPG **Community Representatives** will be asked by leadership to maintain their current subcommittee membership. **New HPG Community Representatives will select their standing subcommittee membership as of the start of the fifth HPG meeting day in their first year. The first four HPG meeting days therefore allow new Community Representatives to participate in both workgroups prior to making their subcommittee selection. It is recommended that Community Representatives attempt to work consistently with one subcommittee for a minimum of one year. However, if a Community Representative 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 in January. If an individual feels it is necessary to switch subcommittees mid-year, they can discuss this change with each subcommittees' co-chairs.**

**6.3. 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 **as described in section 5.4.** 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 for **the** Ad Hoc subcommittee membership. Ad Hoc subcommittees should be comprised of at least four (4) HPG **Community Representatives.** Ad Hoc subcommittees **have** specific tasks and a time frame in which to complete their task and report results back to the HPG **at large.**

## ORIGINAL

**6.2. 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.

**6.3. 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.~~

**PROPOSED**

**6.4. WORK GROUP MEMBERSHIP.** Work Groups have at least four (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 **Planning Coordinator** staff will participate in the activities of the Work Groups to facilitate progress where necessary.

ORIGINAL

**6.4. 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.