

**Oregon HIV/Viral Hepatitis/STI Integrated Planning Group
Policies and Procedures
December 2014**

PURPOSE

The Integrated Planning Group (IPG) is an advisory group to the HIV/STD/TB Section of the Oregon Health Authority. The group assists the Section in developing a comprehensive service plan to improve health outcomes for people living with HIV and people at risk for HIV infection in Oregon. The planning process goals are those of the HIV Prevention and Care programs and integrate viral hepatitis (VH) and sexually transmitted infection (STI) program planning where populations or issues intersect.

VISION

We envision an Oregon where, through prevention, new HIV infections are rare and viral hepatitis and sexually transmitted co-infections are prevented and addressed effectively. When new HIV infections do occur, every person will have access to high quality care, free from stigma and discrimination.

MISSION

The mission of the Oregon HIV, VH, STI Integrated Planning Group (IPG) is to regularly identify strengths, needs, gaps, and service priorities resulting in a comprehensive plan that will support people in Oregon living with, affected by, or at risk for HIV/HV/STI to live healthy lives.

VALUES

Inclusive: Respecting the uniqueness and diversity of all Oregonians, we wish to provide a welcoming and safe environment that will encourage participation from throughout the state, both rural and urban, and provide support for those participating to feel honored and respected no matter their level of expertise. The voices of those living with and those at risk for acquiring are heard, valued and essential to the process.

High Quality: We recommend user friendly services that are of the highest quality, based on best practices, and that respond to the resources available and the needs of the communities they serve.

Compassionate: With empathy towards those we serve, we strive for services that are free from stigma or disparity, and are respectful of people from all cultures.

Community Focused: We will develop a realistic plan that recommends services be delivered that are responsive to community input, useful and accessible to the communities they serve, and support community driven service delivery.

Goals

The goals of the IPG are to:

1. Follow the IPG guiding principles:
 - Obtain community input.
 - Integrate and plan across the continuum of HIV, STI and VH prevention and care.
 - Develop a comprehensive, statewide HIV/VH/STI plan.
2. Identify priority HIV/VH/STI prevention and care needs by defined risk behavior populations, by specific strategies and interventions, by client needs and utilization and by best practices;
3. Implement and maintain an effective planning process that ensures participation of its members and seeks to gain meaningful input from other Oregonians concerned about HIV/VH/STI prevention and care issues;
4. Maximize the effectiveness of prevention and care services through effective planning among persons infected and affected by HIV/VH/STI diseases, service providers and other concerned community members;
5. Strengthen local and statewide coordination in the fight against HIV/VH/STI diseases; and
6. Align the Oregon HIV/VH/STI goals with the National AIDS and Viral Hepatitis Strategies' goals.

ADVOCACY/MEDIA

It is outside the role of the IPG to endorse or to oppose the candidacy of any person or organization for any position or funding opportunity that is not part of IPG business, to endorse or oppose the public opinion of any person or organization, or support or oppose enacted or potential public policy.

This provision does not exclude individual members from advocating for or against public policy, enacted or potential, that may affect persons living with, affected by, or at risk for HIV, VH or STI disease outside of their role as an IPG member.

All IPG media requests must be directed to OHA for follow-up.

MEMBERSHIP

Goals

The membership of the IPG will include representation of those persons who are infected and affected by HIV/VH/STI diseases and individuals with expertise about the prevention intervention and care service delivery for these diseases in Oregon. Recruitment and retention of members will be based on the principles of parity, inclusion and representation. The Membership Committee will annually review the epidemiologic data regarding HIV/VH/STIs in Oregon and will recommend any changes in the ideal composition of the IPG. The Membership Committee is responsible for maintaining and updating the Membership Grid, which identifies the membership goals of the organization (updated graphic chart and list of openings available at www.healthoregon.org/ipg).

Number

The IPG will consist of no more than 45 members. The IPG's Membership Committee will review all membership applications for consideration and will recommend new members to the Executive Committee, which is responsible for making the final recommendation to OHA.

Term

Each member will serve a term of up to two (2) years. The date of joining IPG will be the date the application was approved. IPG members are welcome to re-apply for future IPG cycles.

Membership Application

IPG applications are accepted on a continuous basis throughout the year and are reviewed monthly by the Membership Committee. All individuals interested in IPG membership must complete the "Oregon HIV/VH/STI Integrated Planning Group Application" (available at www.healthoregon.org/ipg).

HIV/VH/STI Disclosure: The participation of persons living with HIV and/or viral hepatitis and/or STIs is essential to the success of the IPG's work. The membership application provides applicants living with HIV/VH/STIs the option to identify as such.

Recommendation & Nomination of Candidates for Membership

Each member of the Membership Committee will individually review all applications received for each applicant's expertise and the IPG representation goals. After individual review, the Membership Committee will meet to collectively review each application. From its review and evaluation, the Membership Committee will nominate individuals to the Executive Committee. The Executive Committee will review all nominations and make a final recommendation to OHA for or against appointment. Applicants will be notified in writing of the OHA decision.

Roles & Responsibilities

Duties

All IPG members will:

- Be familiar with the IPG's vision, mission, values, policies and operating procedures.
- Attend and actively participate in all regular IPG meetings and orientations/trainings.
- Attend and actively participate in the meetings of one committee or in another capacity assigned by the Executive Committee.
- Review discussion/action materials before each meeting, and carry out agreed-upon assignments between meetings.
- Assist in the implementation of the IPG's work plans.
- Refer any need for public or media contact to the Executive Committee, who will submit these requests to OHA.
- Inform IPG staff of change in address, telephone, or email.

Conduct

For the IPG to operate productively and with good will, IPG members are expected to:

- Adhere to the Ground Rules at meetings.
- Follow through on commitments.
- Communicate clearly about needs and concerns.
- Perform duties with a fair and unbiased approach, in accordance with the IPG's policies and procedures.
- Represent the entire state, not just an individual or agency interest.
- Maintain appropriate levels of member privacy.
- Be willing to share skills and knowledge.

LEADERSHIP

The IPG will be governed by the unique partnership of an executive body and two persons with skills to manage the meeting process. The Executive Committee will provide overall leadership of the IPG. Co-Facilitators will be responsible for facilitating the general meeting process. One Co-Facilitator will be appointed by OHA and one co-facilitator will be elected by the general membership.

Terms

The elected Co-Facilitator will serve a term of two years. The elected Co-Facilitator is welcome to re-apply for additional terms as a Co-Facilitator. The OHA-appointed Co-Facilitator will serve at the discretion of OHA leadership and have no term limit.

Role of IPG Co-Facilitators

The IPG Co-Facilitators responsibilities:

- Serve as the meeting facilitators for the IPG meetings and agree on how to share responsibilities.
- Create a welcoming environment for all members of the IPG.
- Serve as a facilitator of the meeting by executing the meeting agenda and ensuring agenda items are addressed and meeting/presentation timelines are met.
- Ensure ground rules are known and upheld.
- Ensure input is respected, representative and inclusive.
- Attend all IPG meetings.
- Participate on the Executive Committee.

- Debrief the Executive Committee on the membership general meetings, review the meeting evaluations and recommend meeting process improvements.
- Assist the Executive Committee in general membership meeting agenda development.
- In concert with the Executive Committee, review the minutes from each meeting and ensure they accurately depict the deliberations.
- Bring any issues or conflicts that have arisen during the meeting process or from members to the Executive Committee for resolution.
- Report on the meeting evaluations to the general membership.
- Other duties as assigned by the IPG Executive Committee.

Executive Committee Composition

The Executive Committee is composed of six OHA-appointed members (of which three have voting privileges) and five members elected by the general membership. Elected members serve a two-year term and may re-apply for additional terms. Elected members include one Co-Facilitator, the Chair of the Membership Committee, and three at-large members. OHA-appointed members include one Co-Facilitator (voting) and one representative from each of the following agencies/programs within OHA: HIV/STD Prevention (voting), HIV Community Services (voting), CAREAssist (non-voting), Program Design and Evaluation Services (non-voting), and Adult Viral Hepatitis Prevention (non-voting).

Role of IPG Executive Committee

The IPG Executive Committee responsibilities:

- Develop all general membership meeting agendas based on input from the IPG members.
- Review the minutes from each meeting and ensure they accurately depict the deliberations.
- Manage conflicts which may arise among members or with committees.
- Ensure that new members are properly oriented regarding their role in the IPG.
- Attend all Executive Committee meetings.
- Monitor and encourage the committees' work and implementation of their work plans.
- Provide a resource to Committee Chairs/Co-Chairs.
- Represent the IPG in the community.
- Review recommendations for new members from the Membership Committee and make the final recommendations to OHA.

- Assign new members to committees, when necessary.
- Make final recommendations of membership changes and updates to OHA.
- Review meeting evaluations.
- Develop meeting ground rules.
- Develop policy regarding Co-Facilitator and Committee Chair/Co-Chairs prerequisite eligibility;
- Ensure the IPG Policies and Procedures are instituted and revised as necessary.
- Represent the sentiments of the IPG members when preparing the CDC-required Letter of Concurrence or Non-Concurrence, or Concurrence with Reservations to accompany the state HIV Prevention application for federal funding.

GOVERNANCE OF MEETINGS

The IPG meetings will use an open, consensus-building decision process. If the consensus-building process fails to achieve consensus in a timely and constructive manner, the IPG's Co-Facilitators (or any member) may request that a vote be called, using the voting procedures established by this document.

Quorum

A quorum for the meeting is defined as 50 percent plus 1 of the current IPG membership.

Procedures and Ground Rules

These procedures will govern all IPG general member meetings. The Ground Rules adopted by the IPG will be posted in view of all members for the duration of the meeting.

It is the responsibility of the entire membership body to uphold the ground rules and to monitor any violations.

Any member (including the Co-Facilitators) who feels that the ground rules have been violated may request that the Co-Facilitators call a Ground Rule Violation Recess. The Co-Facilitators will suspend the meeting agenda for no longer than 5 minutes, during which time they will allow the member who called for the recess to state the reasons they felt the ground rules were violated and then facilitate a general discussion to allow the members to resolve the violation.

Open to the Public

IPG meetings are open to the public. Non-members may participate in one of three ways: (1) Non-members who are interested in placing a topic on the IPG meeting agenda are asked to submit to the IPG Executive Committee a written outline or summary of issues they recommend for inclusion on the meeting agenda at least 30 days prior to the meeting; (2) There will be a Public Comment period at the beginning of every general membership meeting where members of the public may fill out a Public Comment Request prior to the beginning of the meeting and will be allowed to comment for up to 2 minutes; and (3) Members of the public may submit a written response to any agenda item to the Co-Facilitators for review by the Executive Committee.

Consensus Decision-making

1. The preferred and first method for decision-making for the IPG will be to arrive at consensus.
2. The purpose of consensus building is to give everyone a share in a decision and to allow the group to negotiate a decision by arriving at a point where everyone feels they can accept the final version. It is not the intent that everyone is in complete agreement with the decision.
3. Any member who wishes to bring the consensus process to an end may ask the facilitator to call for a vote. The facilitator must ask the group if there is anyone who objects to a vote. With any objection, the facilitator will ask the objector to explain their reasons, and will open the question to discussion. A vote will then be taken on whether or not to continue to attempt to reach consensus or to move to a vote.
4. Both IPG Co-Facilitators have the authority to call for a vote without a request from the membership, if in their opinion the process has run its course and continued discussion will not produce consensus.

Voting

In the event consensus is not reached in a timely and constructive manner, the Co-Facilitators will call for a vote, with the majority being 50 percent plus 1 of members in attendance. Members may vote in person (at the meeting) or via telephone (if attending the meeting via teleconference.) Those who voted in the minority may request that their votes be registered in the minutes and that their perspective is noted in the minutes as a minority opinion.

The Co-Facilitators are allowed to vote. Any tie-vote will be referred to the Executive Committee for a final decision.

Proxies and alternates are not allowed.

COMMITTEES AND WORKGROUPS

General

To accomplish its goals and responsibilities, the IPG will consist of a standing Executive Committee and Membership Committee. Ad-hoc committees will be formed as needed.

In 2012, three additional committees (Prevention of New Infections, Access to Prevention and Care, and Coordination) were formed to align the IPG planning process with the National HIV/AIDS Strategy (NHAS) and the national strategies for Viral Hepatitis and Sexually Transmitted Infections. These committees are now inactive, but may be re-established if planning efforts during IPG meetings and by ad-hoc committees are insufficient for accomplishing the goals of the planning process.

Participation in the Membership Committee is a shared responsibility among all IPG members. At any given time, the committee consists of at least seven voting IPG members, including one elected committee chair. With the exception of the committee chair, members will complete their committee term after twelve months, and six new members will be selected using random selection or a predetermined method designed to encourage broad participation. The Membership Committee does not meet during IPG meetings so that its members may participate in other IPG activities.

The IPG committees referenced above include:

MEMBERSHIP:

Responsibilities

- Responsible for development and maintenance of the Membership Grid
- Establish percentages of membership for categories such as demographics and risk
- Develop a membership recruitment plan
- Undertake recruitment activities
- Provide new member orientation and coordinate new members with mentors, if requested
- Serve as a resource to the other committees regarding attendance issues
- Enforce the attendance absence policies
- Follow-up with members who have missed a meeting

- Review new member applications and prepare recommendations for the Executive Committee
- Provide team building activities to the general membership

PREVENTION OF NEW INFECTIONS COMMITTEE:

Goal #1: Reducing New HIV/VH/STI Infections

- Intensify HIV/VH/STI prevention efforts in the communities where HIV, VH, and STIs are most heavily concentrated.
- Expand targeted efforts to prevent HIV, VH and STI infection using a combination of effective, evidence-based approaches.
- Educate all Oregonians about the threat of HIV, VH, and STIs and how to prevent them.

Goal #2: Reducing HIV/VH/STI-Related Disparities and Health Inequities

- Adopt community-level approaches to reduce HIV, VH and STI infection in high-risk communities.

Responsibilities

- Develop and implement an annual Committee Work Plan.
- Review National AIDS Strategy, National AIDS Strategy Implementation Plan, Viral Hepatitis and Sexually Transmitted Infections National Strategic Plans.
- Review CDC, HRSA and HOPWA guidance/requirements related to the committee's goals.
- Review all current Oregon HIV/VH/STI Comprehensive Plans.
- Review Oregon data related to the goals relevant to this committee.
- Identify the current services/interventions/programs addressing the committee's goals in Oregon.
- Identify gaps in the Oregon continuum of care & prevention services in addressing these goals.
- Recommend interventions/services and statewide integrated approaches to addressing each of the committee's goal for inclusion in the state plan.

ACCESS TO PREVENTION & CARE COMMITTEE:

Goal #1: Increasing Access to Care and Improving Health Outcomes for People Living with HIV, VH and STIs

- Establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV, VH and STIs.
- Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV, VH and STIs.
- Support people living with HIV with co-occurring health conditions such as VH, STI and those who have challenges meeting their basic needs, such as housing.

Goal #2: Reducing HIV-Related Disparities and Health Inequities

- Reduce HIV-related mortality in communities at high risk for HIV, VH, and STI infection.

Responsibilities

- Develop and implement an annual Committee Work Plan.
- Review National AIDS Strategy, National AIDS Strategy Implementation Plan, Viral Hepatitis and Sexually Transmitted Infections National Strategic Plans.
- Review CDC, HRSA and HOPWA guidance/requirements related to the committee's goals.
- Review all current Oregon HIV/VH/STI Comprehensive Plans.
- Review Oregon data related to the goals relevant to this committee.
- Identify the current services/interventions/programs addressing the committee's goals in Oregon.
- Identify gaps in the Oregon continuum of care & prevention services in addressing these goals.
- Recommend interventions/services and statewide integrated approaches to addressing each of the committee's goal for inclusion in the state plan.

COORDINATION COMMITTEE:

Goal #1: Achieving a More Coordinated Response to the HIV/VH/STI Epidemics

- Increase the coordination of HIV, VH, STI programs across the state, tribal, and local governments and across private providers.
- Increase the coordination of planning across the HIV, VH, STI programs.
- Develop improved mechanisms to monitor and report on progress toward achieving goals.

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Goal #2: Reducing HIV/VH/STI-Related Disparities and Health Inequities

- Reduce stigma and discrimination against people living with HIV, VH, and STIs.

Responsibilities

- Develop and implement an annual Committee Work Plan.
- Review National AIDS Strategy, National AIDS Strategy Implementation Plan, Viral Hepatitis and Sexually Transmitted Infections National Strategic Plans.
- Review CDC, HRSA and HOPWA guidance/requirements related to the committee's goals.
- Review all current Oregon HIV/VH/STI Comprehensive Plans.
- Review Oregon data related to the goals relevant to this committee.
- Identify the current services/interventions/programs addressing the committee's goals in Oregon.
- Identify gaps in the Oregon continuum of care & prevention services in addressing these goals.
- Recommend interventions/services and statewide integrated approaches to addressing each of the committee's goal for inclusion in the state plan.

Committee Assignments

Each IPG member is required to actively participate in at least one standing committee unless they serve the IPG in another capacity as assigned by the Executive Committee. Upon attaining membership, new IPG applicants may serve on their committee of choice. Members wishing to change their committee assignments should contact the Membership Committee directly or through the committee staff.

When necessary, the Executive Committee assigns new members based on committee needs and skills identified by new members in their application. Non-members may also be invited by the Executive Committee to participate on a committee.

Standing committees are responsible for creating their own work plans and may establish subcommittees to accomplish specific, time-sensitive tasks.

Committees will elect their own Chair or Co-Chairs. Chair appointments will last for a one-year term, and may extend for an additional one-year term.

Ad Hoc Committees

The Executive Committee may establish ad hoc (“specific purpose”) committees, special task forces, or work groups to meet the IPG's short-term operational needs, or to work with another organization, with a limited duration time frame. The Executive Committee appoints ad hoc committee members and chairs/co-chairs.

ATTENDANCE

IPG members should make every effort to attend all meetings. General membership meetings will be held two-to-four times per year, depending on workload; the number of meetings per year will be decided by OHA leadership. All members are expected to be present (in person or via telephone) for all IPG meetings. Additionally, members are expected to participate in at least one standing or ad-hoc committee each year and to participate in committee meetings (either in person or via telephone.)

If an absence is anticipated at a general membership meeting, members should notify IPG Meeting Logistics support staff or IPG Membership Committee support staff (contact information is available at the end of the IPG Membership List). Advance notification should be by mail, telephone, electronic transmittal, or in person. If unable to attend a committee meeting, members should notify the committee chair/co-chairs or the committee support staff. At their discretion, committee chair/co-chairs will report committee members' absences to the Membership Committee support staff.

Members having three absences from general membership meetings within a 12-month period and who have not responded to contact from the Membership Committee will be considered to have resigned.

The Membership Committee will review all member attendance at each committee meeting.

If committee members cannot complete a work assignment, they should inform the committee Chair/Co-Chair immediately and work with the Chair/Co-Chair to find another committee member to complete their tasks.

Life and health emergencies or challenges arise from time to time. Therefore, any member may request a leave of absence that will exempt them from the attendance policy. This will be on a case by case basis, upon approval by the Executive Committee.

REMOVAL

An IPG member may be removed prior to the end of her/his term only at the discretion of the Executive Committee.

Member Request to Remove a Member

- Any IPG member may recommend removal of another member to the Membership Committee in writing. The Membership Committee will then consider whether to accept or deny the recommendation, taking into consideration the “reasons for removal” listed below. If the Membership Committee decides to recommend removal, the recommendation is submitted to Executive Committee in writing.

Reasons for Removal

The Membership Committee may recommend to the Executive Committee that a member be removed for any of the following reasons:

- Loss of the affiliation which qualified the member to represent a membership category as defined by the membership grid.
- Failure to adhere to attendance policy.
- Failure to participate in committee work or other capacity as assigned.
- Failure to perform duties in accordance with the mission, vision, and values statements of the IPG.
- Conduct or behavior which interferes with the business of the IPG (e.g., not adhering to ground rules, jeopardizing compliance with HRSA or CDC requirements, or inappropriate contact with IPG members, staff, community members, or others).

Corrective Action

When it appears that a member is not meeting her/his responsibilities either with attendance or with committee responsibilities, a member of the Executive Committee may contact the member to determine the cause of the problem and develop a corrective action plan to assist the member if appropriate. The chair of the sub-committee may also be consulted to assist in supporting a corrective action plan. If the issue is attendance, the Chair or Co-Chair of the Membership Committee will contact the member to ascertain the problem and work with the member to resolve the issue. If the action plan does not resolve the issue, the Executive Committee may

make a decision to remove the member from the IPG. When separating from the IPG, whether through removal, voluntary resignation, or assumed resignation, discontinued membership will be confirmed in writing to the departing member.

Removal of a Member

Recommendations to remove a member will be made by the Executive Committee. Notification of removal will come from the OHA office. Vacancies created by this action will be filled by the Membership Committee, following the Membership Policies.

Removal Due to Assumed Resignation

At the first unreported absence from a general membership meeting in a 12-month period, the Chair or Co-Chair of the Membership Committee will contact the member by telephone to discuss possible assistance with any meeting attendance issues.

After the second unreported absence from a general membership meeting in a 12-month period, the Chair of the Membership Committee will send the member a letter of notice, reminding the member of the attendance policy and requesting a response.

If the member has not responded within 30 days, or has been absent a third time from the general membership meeting in a 12-month period, resignation/removal recommendation will be presented by the Membership Committee Chair to the Executive Committee for consideration.

When separating from the IPG, whether through removal, voluntary resignation, or assumed resignation, discontinued membership will be confirmed to the member in writing.

Voluntary Resignation

An IPG member may resign at any time by giving written notice to the Membership Committee. The notice must specify an effective date of resignation. Discontinued membership will be confirmed to the member in writing.

GRIEVANCE

Who May Bring a Grievance

Members of the IPG may bring items forward in a grievance.

Basis for Grievance

Members can grieve deviations from the IPG's Policies & Procedures and established written processes for the following:

- Membership representation/appointment process
- Deviation from agreed-upon policies and procedures
- Removal process

Overview of Steps to Resolve Conflicts

The operations of the IPG are governed by its policy and procedures. The grievant is to provide in writing the disputed issue to the Executive Committee. The written grievance must specify the reasons for the grievance. The Executive Committee will decide the appropriate steps to follow for resolution. If the Executive Committee is unable to resolve the grievance to the satisfaction of the grievant, the written grievance must be forwarded to OHA for action. If the grievance is with the Executive Committee, the written grievance is sent to OHA for action.

Commitment

It is the goal of the IPG to be inclusive, open, and fair in its operations and decision-making processes. The IPG is committed to addressing issues of concern in a timely and expeditious manner.

OHA STAFF

OHA staff will provide support to IPG. Roles may include, but are not be limited to, taking minutes, distributing minutes to committee and workgroup members, handling logistical details of convening committees and/or workgroups, providing pertinent technical information and meeting/process structure. Staff assigned to an IPG support role are not eligible to vote during the committee meetings or the general IPG meetings.

MEMBER PRIVACY

The IPG, its members and OHA liaison staff are charged with honoring member privacy. Members must realize that meetings are public. All information shared in the meeting is therefore public. **Any** personal information may be shared only by the affected individual.

ATTACHMENT 1

GROUND RULES

1. Meetings will begin and end on time, unless the group decides otherwise.
2. Practice courtesy and respectful engagement.
 - ✓ No personal or agency attacks (verbal or non-verbal)
 - ✓ Respect cultural differences
 - ✓ Support the process with a positive attitude
3. Share group time fairly.
 - ✓ One person speaks at a time
 - ✓ No cross-talk or side conversations (includes texting, messaging, and emailing)
 - ✓ No interruptions / let speaker finish their thought
 - ✓ Practice active listening
4. Identify when you speak for yourself or for a group – take ownership.
5. Members are expected to expand their perspective beyond their agency, and/or personal issues and agendas.
6. Be respectful of the purpose of the group. This is not the appropriate venue for contractual concerns, client grievances (as opposed to concerns/barrier identification), or personnel employment issues.
7. Members are expected to respect member privacy and not share another member's personal information.
8. Take care of personal needs as necessary.
9. Define acronyms.
11. Silence electronic communication devices.
12. Respect the Co-Facilitators' role.
13. Everyone is equally important to the process and everyone's perspective is of value. Do not dominate the discussion.