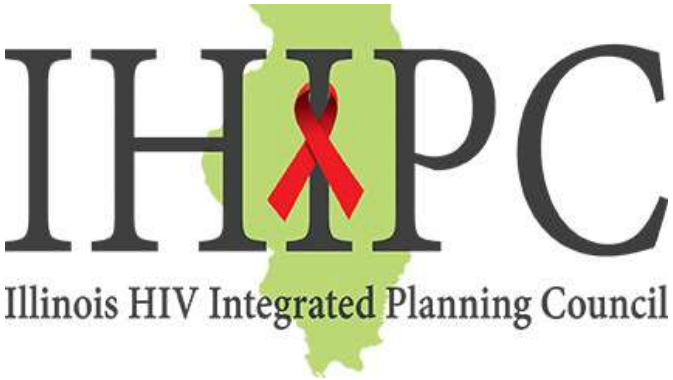
IHIPC By-Laws and Procedures Manual



BYLAWS ILLINOIS HIV INTEGRATED PLANNING COUNCIL (IHIPC)

ARTICLE I: Organizational Name

The name of the organization is the "Illinois HIV Integrated Planning Council" or "IHIPC".

ARTICLE II: Mission and Purpose

Section 1: Mission

Together, with the Health Department and community, work to achieve our mission to reduce the number of new HIV infections, to increase access to HIV care and improve health outcomes for people living with HIV (PLWH); to reduce HIV-related health inequities and disparities; and to serve as a role model and central advisory body for HIV prevention and care planning activities throughout the State of Illinois.

Section 2: Purpose

The purpose of the Illinois HIV Integrated Planning Council is to:

2.1 Participate in HIV planning and public advisory processes, representing and advocating for the HIV prevention, care, and treatment needs of communities and populations at risk for HIV infection and people living with HIV.

2.2 Participate in development of a Statewide Coordinated Statement of Need (SCSN), which involves participation of a variety of stakeholders, including all of the Ryan White (RW) Part Programs funded in the jurisdiction.

2.3 Inform the development of the Jurisdiction's Integrated HIV Prevention and Care Plan that:

a. Articulates a coordinated approach to addressing the Jurisdiction's HIV epidemic and a roadmap on how the Jurisdiction will address the prevention, care, and treatment needs in the state and accomplish the goals of the National HIV/AIDS Strategy and the principles and intent of the HIV Care Continuum.

b. Describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas in the Jurisdiction that bear the greatest burden of HIV disease and are at highest risk for new HIV infection.

c. Describes prioritized target populations and prevention interventions and strategies that will contribute to the reduction of HIV infection in the jurisdiction.

2.4 Develop an engagement process with specific strategies to ensure a coordinated, collaborative, and seamless approach to accessing HIV prevention, care, and treatment services for the highest risk populations – particularly those disproportionately affected by HIV across the jurisdiction.

2.5 Partner with the Health Department (HD) to monitor the HIV planning and stakeholder engagement process and to address how the jurisdiction can collaborate to accomplish the results set forth in the Jurisdiction's Integrated HIV Prevention and Care Plan.

2.6 Annually, review and assess the Jurisdiction's Integrated HIV Prevention and Care Plan and submit to the Centers for Disease Control and Prevention (CDC) and to the Health Resources and Services Administration (HRSA) as needed, a letter of concurrence, concurrence with reservation, or non-concurrence, that the Jurisdictional Plan demonstrates a collaborative and coordinated approach for HIV prevention, care, and treatment and ensures that prevention, care, and treatment services and resources are directed to the areas with the greatest HIV disease burden.

ARTICLE III: IHIPC Membership

Section 1: Composition of IHIPC

1.1 Voting Members: The IHIPC will be composed of 25-35 voting members, with a maximum of 35 voting members. The elected IHIPC leadership: the Community Co-Chair, Community Co-Chair Elect, Parliamentarian, and Secretary, are included in this number.

1.2 Mandatory Appointed Voting Seats on the IHIPC: To ensure proper representation and functioning of the IHIPC, membership seats will be held for appointed members, participating as experts in their designated areas, representing the following key programmatic, governmental, and/or other HIV planning/advisory council institutions:

Note: Organizations who are registered lobbyists in the State of Illinois are prohibited from consideration as appointed liaisons.

a. Illinois Department of Public Health (IDPH) – The Grantee will appoint one HIV Section representative to the IHIPC who will represent the leadership of the HIV Planning Group and serve as the IHIPC Health Department Co-chair. IDPH HIV Section appointees will abstain from votes related to concurrence.
b. Illinois Department of Health Care and Family Services (Medicaid) *or Illinois Department of Human Services Substance Use Prevention and Recovery*
c. IDPH Center for Minority Health Services (CMHS)
d. IDPH –Illinois Department of Corrections (IDOC) HIV Project
e. IDPH Sexually Transmitted Diseases (STD) Section
f. A statewide organization or agency (not limited to a specific jurisdiction in

Illinois) with the ability to provide input from and communicate to providers and key stakeholders, whose input is important to HIV planning in Illinois. The organization filling this liaison appointment will be up for reconsideration every two years.

g. St. Louis (Part A and Prevention) Services Planning Council
h. Chicago Area Integrated Services Council (Part A, Housing, and Prevention)

1.3. Elected Regional Voting Membership: The remaining voting membership of the IHIPC will be composed of up to 27 additional voting members, representing every region of the state, representing both HIV care and prevention, and elected through the approved application and selection process. The targeted composition of elected voting membership, which is also guided by regional representation and the membership gap analysis, should strive to include, but is not limited to the following:

a. Four (4) client representatives or persons living with HIV (PLWH). These may include affiliated and non-affiliated RW Part B HIV-positive consumers who are positive.
   The remaining voting seats (b-l) may also be filled by PLWH if they meet the area of expertise targeted for these seats.
b. Five (5) members representing direct care service providers -including one care lead agent, one RW case manager, and three providers -at least one representing a Federally-Qualified Health Center (FQHC)
c. One (1) member representing a Housing Opportunities for People with HIV/AIDS (HOPWA) or other HIV Housing entity
d. One (1) member representing a Part C entity
e. One (1) member representing Part D (WICY) entity
f. One (1) member representing Part F (MATEC)
g. Four (4) members self-identifying as representing those at highest risk for HIV infection in the jurisdiction (may have positive or negative status)
h. Five (5) members representing direct prevention service providers –including one (1) prevention lead agent, one provider from a County or Municipal Certified Health Department, two regional prevention providers , and one surveillance-based services (SBS) grantee
i. One (1) substance abuse direct service provider
j. One (1) youth or youth direct services provider
k. One (1) transgender or transgender direct services provider
l. One (1) community-based organization directly-funded by CDC for high impact prevention services

1.4. Non-voting members:

a. Other IDPH HIV Section administrators, program staff, and community members who provide support to the IHIPC, as needed, in HIV planning processes, needs assessment activities, and activities of the IHIPC committees, may attend IHIPC meetings, but serve in a non-voting capacity.
b. Up to six at-large members, selected through the membership gap analysis, recruitment, application, and selection process, who remain in a non-voting

capacity until transitioned into a voting member position.

Section 2: Membership Criteria

2.1 Any person who resides or works in the state of Illinois who is interested in working to accomplish the goals and objectives of the IHIPC and who is a member of or can represent PLWH or a population at high risk for HIV infection is eligible for IHIPC membership.

2.2 IHIPC membership should include the following representatives from the Jurisdiction: persons living with HIV; members of populations at highest risk for HIV infection; experts in epidemiology, behavioral and social sciences, and evaluation; HIV prevention service providers, including directly-funded CDC entities; HIV care and treatment providers; liaisons from other HIV planning/advisory councils; other RW Part Programs; and governmental agencies administering HIV prevention and services for HIV syndemics (STDs, substance abuse, mental health, homelessness, adolescent sexual health, etc.).

2.3 Members must be knowledgeable about and willing to articulate the HIV prevention, care, and treatment needs of the populations they represent.

2.4 A maximum of two elected voting members may concurrently represent the same agency through a professional affiliation (i.e. employment). This excludes appointed members who are liaisons from specific programs/ planning groups.

Section 4: Term of Membership

Upon election, voting IHIPC members are seated for an initial two year term. An additional two-year term is permitted. No voting member may serve more than 48 consecutive months. Members who have served the full 48 months must wait 12 months before reapplying for membership. **Note:** The only allowable exception to this will occur during the initial implementation of the IHIPC. All IHIPC membership terms cannot end at the same time; otherwise, there would not be a stable source of experienced membership on the IHIPC to mentor new members and to carry on the functions of the IHIPC and its committees. So, once selected, individuals on the first membership roster of the IHIPC will be randomly assigned by the IDPH IHIPC Coordinator – half to two-year terms and half to three-year terms. The IDPH IHIPC Coordinator will ensure this distribution is balanced across regions and across areas of representation and expertise.

ARTICLE IV: Membership Recruitment and Selection

Section 1: Membership Recruitment

1.1 Annually, each spring, the IDPH IHIPC/Community Planning Program and the

IHIPC Steering Committee shall analyze the current IHIPC membership and compare it to the characteristics of the HIV epidemic in the state of Illinois, as indicated by HIV surveillance and prevention, care, and treatment data. This information will be used to develop a profile of specific populations, by demographics, risk and regional affiliation, and expertise needed for representation on the IHIPC, as a guideline for targeted membership recruitment and selection.

1.2 The priorities for new membership will be provided to all IHIPC members to enable their ongoing recruitment of prospective applicants.

1.3 IHIPC membership applications received during the annual recruitment cycle will be maintained on file at IDPH and a summary of compiled information from the applications will be reviewed by the Steering Committee or designated adhoc Selection/Interview Team(s) for the IHIPC annual member selection process.

Section 2: New Member Selection

2.1 The IHIPC will conduct the new member selection cycle annually, each fall. The selection process shall include review of new member applications by IHIPC members in accordance with application criteria established by the IHIPC; phone interview of applicants as needed; presentation of a summary of applicant information and recommendations from IDPH and the Interview Teams; and a vote to select a slate of new members, to include up to six at-large alternate members, at a scheduled meeting of the full IHIPC.

2.2 Applicants shall be fully informed about the responsibilities and time commitment of IHIPC membership. Newly elected members will be notified of their selection and term of membership and shall be provided with all information needed to attend and participate in IHIPC meetings.

2.3 An orientation for new members will take place sometime in the fourth quarter of the year before new members begin their terms January 1st of the subsequent year.

ARTICLE V: Membership Responsibilities

Section 1: IHIPC Meeting and Committee Attendance Requirements

1.1. In order to fully represent at-risk populations or communities, IHIPC voting members must regularly attend and actively participate in IHIPC meetings that are annually agreed upon and scheduled by the IHIPC Coordinator and the Steering Committee. This schedule will be provided to IHIPC voting members by email, presented at the first meeting of each calendar year, and updated/maintained on the IHIPC website. This may include a combination of webinars and face-to-face meetings. Below is the planned schedule (subject to change) for meetings:

a. Monthly 2 ½ hour webinar IHIPC meetings will typically be held the third Thursday in February, April, August, and December. The webinars will typically take place from 9:30 am – 12:00 pm.

b. Two 2-day face-to-face meetings will typically be held the third Thursday and Friday in March and October. The meetings may be held from 11 am – 4 pm on Thursday and from 8:30 am -2:30 pm the following Friday.

c. January –April: All new members to the IHIPC will be required to take webinar trainings (either live or recorded versions) within designated time periods.

1.2 Absence from portions of meetings shall constitute partial absences. Each 2 ½ hour webinar counts as a one half-day meeting. Missing half of a full meeting day constitutes as one half-day absence from the IHIPC meeting whether the meeting is conducted by webinar or face-to-face. An accumulation of more than three half-day absences, without a justifiable and approved suspension of membership, will result in resignation by absence from the IHIPC.

1.3 Absence from assigned committee meetings/calls will be considered by the IHIPC IDPH IHIPC Coordinator and the Co-chair(s) of the committee to which a member is assigned when determining if a member is in overall good standing in terms of attendance.

1.4 Each IHIPC member shall be responsible for notifying IDPH concerning attendance at IHIPC meetings. Members shall be responsible for notifying IDPH when they cannot attend a meeting for which they have already confirmed attendance. In the event of a face-to-face meeting, members shall be responsible for contacting the hotel to cancel a reservation that has been made for them, if the member does not have time to notify IDPH during business hours before the hotel cancellation deadline.

1.5 IHIPC voting members may request a temporary suspension of membership of one to six months duration, for circumstances of extended medical or personal need. This request must be made in writing from the individual IHIPC member to the IDPH IHIPC Coordinator. The member's term of membership will be frozen during a temporary suspension and will begin again when the temporary suspension has ended.

1.6 The IDPH IHIPC/Community Planning Program Coordinator shall maintain attendance records and shall notify any member who has any combination of absences that is approaching three half-day absences from meetings that calendar year, that an accumulation of three half-day absences will result in termination by absence from the IHIPC, reminding that member of the attendance requirements.

Section 2: IHIPC Meeting and Committee Participation Requirements

2.1 IHIPC members shall be prepared to actively participate in all IHIPC meetings. IHIPC members shall be provided resource materials, orientation for new members, and ongoing technical assistance as needed. This support is intended to enable members to fully participate in IHIPC discussions and decision-making. Members shall be responsible for utilizing the resources available to them.

2.2 Each voting member must be assigned to and actively participate in at least one IHIPC committee.

ARTICLE VI: Scheduling and Notification of IHIPC Meetings

Section 1: IHIPC Meetings

The annual IHIPC meeting schedule will be determined by the Steering Committee and the Illinois Department of Public Health in November for the following calendar year. The annual IHIPC meeting schedule will be distributed widely and placed on the IDPH and IHIPC websites before the beginning of each calendar year.

Section 2: Notification of IHIPC Meetings

All scheduled meetings will be posted and held in accordance with the Illinois Open Meetings Act. A public notice of IHIPC meetings will be posted on the IHIPC website and in the Springfield and Chicago central offices of IDPH, at least 48 hours prior to the meeting. In the event of face-to-face meetings, a public notice will also be posted at the meeting location site.

ARTICLE VII: Conducting IHIPC Business

Section 1: Quorum

A quorum consists of one-half (50%) plus one of the current number of IHIPC voting members. A quorum must be present at IHIPC meetings to conduct business.

Section 2: Voting

Each voting IHIPC member is entitled to one vote on any motion brought before the IHIPC. Members must be present during the meeting to cast their votes.

ARTICLE VIII: Nomination, Election, and Responsibilities of IHIPC Officers

Section 1: Nomination and Election of IHIPC Officers

1.1 Elected IHIPC officers shall include the Community Co-Chair, Community Co-

Chair Elect, Parliamentarian and Secretary.

1.1.1 Upon being elected by a majority of IHIPC members, the Community Co-Chair Elect shall serve a one-year term, beginning at the January IHIPC meeting of the following year.

1.1.2 Upon being elected by a majority of IHIPC members, the Parliamentarian and Secretary shall serve a two-year term beginning at the January IHIPC meeting.

1.1.3 Beginning at the January IHIPC meeting, the Community Co-Chair Elect from the previous year shall begin a one-year term as Community Co-Chair.

1.2 Any IHIPC member may seek nomination for Community Co-Chair Elect after serving as a voting member of the IHIPC for at least 6 months. The nomination period for elected IHIPC officers shall begin at the October IHIPC meeting and shall end at the meeting during which elections are held. Elections shall be held at the December IHIPC meeting, unless a December meeting is not scheduled. Then elections will be held at the following January meeting.

1.3 All IHIPC members nominated for an elected office shall provide a brief statement concerning their interest in seeking elected office.

1.4 When an elected officer is unable to complete a term, a special election will be held to fill the vacancy. During the meeting following the announcement, the Co-Chairs will call for nominations. Election procedures established in these bylaws will be followed. The person elected to fill the vacancy will complete the officer's term. Completion of a partial term through a special election will not preclude a member from seeking nomination for a consecutive complete term in any IHIPC office.

1.5 If the IHIPC membership term of any elected officer is set to expire before their term as an IHIPC officer, the member will be allowed to finish their term in the office to which they were elected.

Section 2: Responsibilities of IHIPC Officers

2.1 IHIPC Community Co-Chair and Health Department Co-Chair

2.1.1. Call IHIPC meetings to order at the appointed time.

2.1.2 Preside at all IHIPC meetings.

2.1.3 Serve as Co-chairs and preside at Steering Committee meetings.

2.1.4 Ensure that all members have opportunity to be included in discussions.

2.1.5 May attend meetings of each committee.

2.1.6 On behalf of the full IHIPC, draft and sign the letter of concurrence, concurrence with reservation or non-concurrence with the Integrated HIV Prevention and Care Plan and annual updates thereof. The letter will be sent annually to CDC and to HRSA, as needed.

2.2 IHIPC Community Co-Chair Elect

2.2.1 Train with the IHIPC Community Co-chair and Health Department Co-chair in all areas of IHIPC leadership and responsibilities.

2.2.2 Assume all responsibilities of the Community Co-chair, if the Community Co-chair is unavailable to fulfill his or her responsibilities.

2.2.3 Note agenda items not addressed in the meeting and/or issues requiring follow-up.

2.3 Parliamentarian

2.3.1 Assure that meetings are conducted in accordance with Robert's Rules of Order and all provisions of the Illinois Open Meetings Act.

2.3.2 Preserve order and adherence to the meeting agenda.

2.4 Secretary

2.4.1 Assist the IHIPC Co-chairs with distributing and collecting meeting materials and with meeting facilitation.

2.4.2 Provide meeting notes and draft meeting minutes to the IHIPC Co-chairs.

ARTICLE IX: Committees

Section 1: Standing Committees

1.1 Standing committees shall be established or discontinued by a two-thirds vote of IHIPC members to satisfy the continuing mission and goals of the IHIPC. Standing committees will be established by subject matter and in alignment with the goals of the National HIV/AIDS Strategy, the principles of the HIV Prevention and Care Continua, and the goals of the Getting to Zero Illinois (GTZ-IL) Plan.

1.2 The Steering Committee is the only standing committee that must always exist and shall not be discontinued. The Steering Committee shall consist of the Community Co-Chair, Health Department Co-Chair, Community Co-Chair Elect, Parliamentarian, Secretary, and Co-Chairs of each standing committee.

1.3 There will be two Co-Chairs, elected by the membership of the committee, for each standing committee.

1.4 Standing committees shall meet monthly or more often if necessary, by conference call, and may meet at scheduled IHIPC meetings if time is allowed on the meeting agenda. The Committee Co-Chairs shall notify the Community Co-Chair and Health Department Co-Chair of all dates and times of committee conference calls.

1.5 Formal recommendations from any standing committee to the full IHIPC require a majority vote of a quorum of committee members.

Section 2: Responsibilities of Steering Committee and Committee Co-Chairs

2.1 Steering Committee

2.1.1 Prepare and announce agendas.

2.1.2 Make recommendations within its purview for action concerning HIV prevention and care issues to IDPH, the Illinois General Assembly or other organizations.

2.1.3 Review recommendations from other IHIPC committees to determine whether consideration and action by the full IHIPC is necessary.

2.2 Committee Co-Chairs

2.2.1 Serve on the Steering Committee.

2.2.2 Schedule and provide notice of upcoming committee meetings to committee members with the assistance of IDPH IHIPC Coordinator.

2.2.3 Prepare meeting agendas.

2.2.4 Facilitate and take notes of all committee meetings.

2.2.5 Provide monthly meeting roll call and notes to IDPH IHIPC Coordinator for documentation.

2.2.6 Provide IHIPC with reports on the status of committee activities as requested.

2.2.7 Monitor member attendance records.

Section 3: Ad Hoc Committees or Work Groups

Ad hoc committees or work groups may be formed by a vote of a simple majority of IHIPC members present at a regularly scheduled meeting. The purpose of an ad hoc

committee is to consider a subject that does not fall under the subject matter of a standing IHIPC committee. An ad hoc committee shall meet to complete projects and tasks related to the specific subject matter for which the committee was formed and shall be convened until the business of the committee is completed. Only committee members may vote on committee business.

ARTICLE X: Change to the Bylaws

Recommendations to change bylaws may be made in writing by any IHIPC member. Changes to the bylaws will take effect after presentation, discussion, and approval by a two-thirds vote of the IHIPC voting membership and shall be implemented at the next regularly scheduled IHIPC meeting.

ARTICLE XI: Parliamentary Procedure

Meetings will be conducted according to the basic meeting rules of Robert's Rules of Order. Meetings will use general motion procedures for all business requiring a vote. At New Member Orientation, all new members will be provided with a copy of the rules of motioning to be used at IHIPC meetings. These rules will also remain posted on the IHIPC meetings website. The parliamentarian will provide an interpretation on any question of parliamentary procedure. In the event that the parliamentarian is not present at an IHIPC meeting, a temporary parliamentarian will be assigned by the Co-Chairs.

ARTICLE XII: Code of Conduct

Members are expected to demonstrate professional decorum and conduct at all IHIPC meetings, related business, or other events when members are either directly (member is selected and/or sponsored by IHIPC to attend); or indirectly (member is not selected or sponsored to go to an event, but still elects to do so) attending and represent themselves as an IHIPC member.

IHIPC maintains a zero-tolerance policy with regards to unprofessional conduct and/or behaviors that significantly interfere with the business of IHIPC. Unprofessional conduct includes, but is not limited to: threats or acts of violence, sexual harassment, and/or any illegal activities.

Acts of unprofessional behavior will be addressed by IHIPC Co-chairs, including deciding the consequence for members who do not follow the council’s Code of Conduct, up to and including suspension and/or termination of membership.

IHIPC attendees are expected to follow (the) Rules for Respectful Engagement. If a member is found to be in violation of these rules, they will be asked to leave the meeting.

ARTICLE XIII: Dissolution

IHIPC will dissolve itself should funding be eliminated and governmental funders (including HRSA and CDC) no longer require community planning. IHIPC membership may also vote to dissolve the council with a two-thirds majority vote. A vote to dissolve IHIPC must be made public notice at least thirty (30) days prior to the vote taking place.

*****PLEASE NOTE: THE PROCEDURES BELOW ARE THE ACCEPTED PRACTICES AND ARE GOVERNING, UNLESS THEY ARE IN CLEAR AND DIRECT CONFLICT WITH THE BYLAWS ADOPTED ON 9/18/17. *****

PROCEDURES (Last revised and adopted 10/26/20.)

Background
With the establishment of a formal Procedures Manual, it is necessary to define how a procedure becomes part of the Manual. In addition, changes to Bylaws may be necessary as the fundamental operations of the IHIPC change to meet the HIV prevention needs of the State. This explains how a procedure moves from conceptualization to adoption and how changes to existing Procedures and Bylaws are made.

Procedure
Any IHIPC voting or non-voting member may draft a procedure or suggest to the IDPH IHIPC Coordinator or IHIPC Steering Committee that a procedure be drafted or revised. Any IHIPC member may also propose a change to the Bylaws. The IDPH IHIPC Coordinator or the IHIPC Steering Committee shall assist members with writing procedures or revisions to procedures or Bylaws to ensure standardization of format.

Newly written procedures should include a short paragraph that describes why the procedure was written and what it intends to clarify or achieve (background) as well a description of the proposed procedure and steps in the process. Revisions to existing procedures should include the original text and the new text, highlighting the differences.

Any member may request that a proposed new procedure or revision to an existing procedure, once drafted and formally reviewed and vetted by the Steering Committee, be brought to the IHIPC for a discussion and/or a vote. The Steering Committee will then place these items on the Business section of the agenda of a full IHIPC meeting. If a new procedure or procedure revision comes up for an IHIPC vote and the IHIPC votes to adopt it (majority vote required), it shall be implemented by the next regularly scheduled IHIPC meeting.

<u>Bylaws</u>
Revisions to the IHIPC Bylaws should include the original text and the new text, highlighting the differences. All proposed revisions to the Bylaws shall be brought to the IHIPC Steering Committee for scheduling on the IHIPC meeting agenda. According to the Bylaws, proposed revisions of the Bylaws must be considered at the next regularly scheduled IHIPC meeting. A 2/3 vote is required to adopt the revisions, and if passed, the amendments shall be implemented by the next regularly scheduled IHIPC meeting, as stipulated in the Bylaws.

BYLAWS & PROCEDURES -WHO IS AFFECTED BY CHANGES

Background
As the needs of the IHIPC change, it is sometimes necessary to modify the procedures under which the IHIPC does its work. This procedure outlines who is affected by changes in the procedures.

Procedure
All members on the IHIPC-and committee rosters, as well as any persons becoming members of the IHIPC or a committee after the date that changes to the IHIPC Bylaws and/or Procedures were approved, are affected by changes in the following areas:

1. Member roles and responsibilities
2. Attendance for IHIPC and committee members who were members before the adoption of any changes to the attendance procedure:
    - Absences occurring prior to the procedure change, but within the calendar year, shall be interpreted under the definition of excused vs. unexcused spelled out in the old procedure. Any absences occurring after the adoption of the new procedure shall be interpreted under the definition of excused vs. unexcused spelled out in the new procedure.
    - Should the new procedure establish a fewer number of permitted absences, existing members shall be subject to the new rule as of the date of passage of the new procedure. Those existing members who have reached their maximum number of excused absences under the old procedure, and thus have exceeded the number of permitted absences under the new procedure, shall not be terminated unless they have an additional absence as defined in the new procedure.
3. Member dismissal
4. Member resignation

COMMITTEE RECOMMENDATIONS TO IHIPC

Background
This procedure outlines the chain of events that ensues around committee recommendations to the IHIPC, from their inception to adoption.

Procedure
IHIPC standing committees develop recommendations in the form of motions and present them to the IHIPC for discussion and vote. (Exception: The IDPH IHIPC Coordinator and the Steering Committee may present their recommendations for new member selection in the form of a ballot to the full IHIPC; the ballot is presented as a slate of members; once the ballot is voted on and the vote is counted, then members shall be appointed to the IHIPC.) During an IHIPC Steering Committee meeting or in a discussion with the IDPH IHIPC Coordinator, the Chair of any IHIPC standing committee requests time on an IHIPC agenda to present the committee's motion. Time is then set on the agenda, and the motion with any supporting documentation is sent to IHIPC members in advance of the IHIPC meeting, along with the meeting agenda. The committee chair or designee presents the recommendations, including how the recommendations relate to the Integrated Plan or IHIPC functions and how the recommendations may impact the community. The IHIPC then:

- Discusses the motion. Members are encouraged to express their opinions.
- Votes on the motion.
    - A "yes" vote indicates approval of the motion.
    - A "no" vote indicates that the committee should do additional work based on the IHIPC discussion and then bring the revised motion back to the IHIPC for a vote. (See Conflict Resolution and Grievance Procedure for how to write a minority opinion in opposition to an IHIPC vote.)

If the IHIPC votes "no," IHIPC members who wish to give input into a revision of the motion are encouraged to attend relevant committee meetings, call the committee chair to express concerns, or write a memo to the committee outlining their concern. Additionally, IHIPC members may want to engage in one-on-one problem-solving discussions with other members of the IHIPC standing committee. The committee may consider all input received by IHIPC members and revise the motion. The committee chair would then again request time on the IHIPC agenda for the revised motion to be brought to the IHIPC for a final vote.

COMMITTEE SERVICE FOR IHIPC MEMBERS

Background
According to the IHIPC Bylaws, "All IHIPC members are responsible for… participating on at least one IHIPC standing committee…" This procedure explains what constitutes fulfillment of this requirement and how members are divided among committees.

Procedure
The IHIPC Co-chairs, in consultation with the Steering Committee, shall assign each IHIPC member to an IHIPC standing committee, based on the interests and expressed preferences of IHIPC members and with consideration of current membership and representation at the committee level. New IHIPC members shall choose a committee within 30 days of joining the IHIPC. Members may request from the IHIPC Co-chair(s) a change of their committee assignment if they strongly prefer to serve on another committee. IHIPC Co-chairs shall make the final decision on such requests.

Participation on additional task forces, working groups or other formal or informal gatherings of subgroups of IHIPC members may be on a volunteer, optional basis and will not count toward the committee service requirement unless specified as allowable in this IHIPC Bylaws and Procedures document. The IDPH IHIPC Coordinator and the Steering Committee shall make the final decision regarding whether participation on a particular subgroup fulfills the committee service requirement. In general, participation on assigned committees or other subgroups whose activities relate directly to IHIPC scope of work as outlined for the year shall fulfill the requirement, and participation on other types of committees or subgroups shall not. Note that committees may meet the evening prior to the IHIPC meeting to conduct necessary business.

Prior to the end of each calendar year, the Co-chairs along with Steering Committee shall determine a preliminary committee structure for the following year to complete the defined scope of work. Current IHIPC members shall submit all requests to change committee assignments by the end of October each year and will receive their committee assignments for the following year by the end of December. Other committees or subgroups may be formed during the year as needed and as determined by IDPH or IHIPC leadership, and members may request to switch their assignment if desired.

COMMUNITY CO-CHAIR TERMS AND SUCCESSION

Background
The IHIPC strives to maintain diversity and continuity in its leadership. This procedure describes ways in which the IHIPC attempts to achieve these goals through IHIPC officer election, terms, and succession.

Additionally, recognition for a clear succession procedure is indicated in order to maintain continuity of leadership and ensure adequate leadership development.

Procedure
An IHIPC member becomes eligible to run for a Community Co-Chair Elect seat six (6) months after attendance of their first IHIPC meeting as a voting member. In order to foster diversity in leadership over time, a Community Co-Chair may not serve more than two terms, both terms being one year in length. Should a Community Co-Chair be able to have an additional term as an IHIPC member, he/she shall comply with the Procedure for Reappointment in the Member Recruitment & Selection Section.

The Community Co-Chair, Community Co-Chair Elect, Secretary, and Parliamentarian shall be elected as designated in the Bylaws, Article VIII. The Community Co-Chair Elect will work closely with the State and Community Co-Chairs until assuming the position of Community Co-Chair.

- Should a Community Co-Chair resign or otherwise be unable to fulfill their duties, the Community Co-Chair Elect will assume the term of the Community Co-Chair that has been vacated, followed by the term for which they have been elected.
- Should the Community Co-Chair Elect position be vacated, the position shall be filled by the Secretary. A special election shall follow to fill the position of Secretary. Should the current Secretary opt not to fill the position of Community Co-Chair Elect, the procedure described below will be used to fill the position of Community Co-Chair Elect.

The procedure for Special Elections shall be as follows:

1. When feasible, IHIPC members shall be notified via e-mail or other means of the special election prior to the IHIPC meeting in which a special election shall be held.
2. Nominations will be accepted from the members present at the IHIPC meeting at which the special election occurs.
3. Nominated candidates shall be asked to give a brief (up to 3 minutes) presentation about their interest in the leadership position.
4. Candidates shall be listed on either an overhead, flip chart, paper or some other means for the IHIPC to see during the meeting. IHIPC members will then vote via roll call or electronic vote for the candidate they wish to fulfill the vacancy (the vote of each member will be announced to the full group at the meeting and will be maintained in a voting record that will be posted on the IHIPC meeting website).
5. Should an IHIPC member not attend the live webinar or face-to-face meeting when the special election is occurring, the IHIPC member will not be allowed to vote. In the event

of a face-to-face meeting, approved remote participants are considered to "attend" under the procedure "Remote Participation of IHIPC Members".

6. A majority of the votes received is required for election of leadership during a special election process.

COMMUNITY PARTICIPATION ON COMMITTEES

Background
The IHIPC actively encourages and invites additional community members to join and fully participate in the activities of the IHIPC committees and adhoc task forces, and workgroups. The experience, views, and votes of community members are a valuable contribution to the work of the IHIPC. All IHIPC committees are open to community participation.

Procedure
Community members on committees and other adhoc groups have the same authority and responsibilities as members of the IHIPC who serve on committees, with the exception of voting at meetings of the full IHIPC. This includes the responsibility to attend committee and other adhoc group meetings, stay informed about the issues, prepare for meetings, express opinions and help determine committee recommendations to the full IHIPC. Since community members on committees are not voting members of the IHIPC, they may not vote at full IHIPC meetings, although they may contribute to the discussion during the public comment period. Since community members are not voting members of the full IHIPC, in general practice, they may not serve as Chairs/Co-chairs of IHIPC committees or task forces and work groups. **Note:** An exception to this may be allowed, on a case-by-case basis, only if a non-voting community member has expressed an interest in taking on that responsibility and voting members of that committee/task force/workgroup are polled at a regularly scheduled call of that committee/task force/workgroup, and it is determined that none of its voting members express interest, willingness, or expertise to take on the responsibility of its co-chair. In that situation, the IDPH IHIPC Coordinator will follow up personally with the community member to determine if that member has demonstrated commitment to the IHIPC committee and possesses the expertise and leadership needed to be a committee co-chair. If that determination is made, the decision to allow that community member to serve as a committee co-chair will be taken to the IHIPC Steering Committee for vote at its next scheduled meeting. This exception will not be allowed for more than one of the two co-chairs of any existing standing committee/task force/workgroup.

Any IHIPC member may nominate a community member for committee/task force/workgroup membership. The IDPH IHIPC Coordinator will follow up with the community member to determine their interest and availability to actively serve as a community member on that committee and will confer with the respective committee Co-chairs regarding this request. The IDPH IHIPC Coordinator or the Co-chairs of the committee will then notify the community member of the decision.

CONFLICT OF INTEREST

Background
Conflict of interest is defined as an actual or perceived interest (bias) which results in (or has the appearance of resulting in) personal, organizational, or professional gain. Actual or perceived bias is based on a variety of possible affiliations with organizations or other entities.

Conflict of Interest may present a major concern to a group such as the IHIPC, which includes volunteer representatives from the community at-large, as it engages in conducting community assessment of PLWH and targeted at-risk groups, making recommendations on specific services and interventions, making decisions about recommendations for prevention priority setting, and reviewing the outcomes of activities funded by the Illinois Department of Public Health (IDPH). The IDPH funds and supports HIV care, prevention and risk reduction activities conducted by a broad range of sub-contractors, some of which may also be members of the IHIPC. This intertwined relationship is characteristic and often essential of planning groups who advise local and state agencies. To mitigate the occurrence of a conflict of interest and unfair use of influence in decisions regarding HIV prevention services and programs, the IHIPC utilizes a set of rules and guidance that increases the transparency of the process and fairly represents all HIV prevention and risk reduction service stakeholders working in Illinois.

In accordance with IHIPC By-laws, HRSA requirements for Part B planning, and CDC HIV Planning guidance, the IHIPC conducts numerous planning and decision-making recommendations annually to enhance the delivery of HIV prevention and care services, ultimately making recommendations and updates to the Illinois Integrated HIV Prevention and Care Plan. These activities may result in several opportunities for members to knowingly or unknowingly enter into different levels of conflict of interest. Therefore, this Conflict of Interest process provides a path for disclosure, authorization and grievance to guarantee the fairness and transparency of the group.

Examples of Conflict of Interest

Conflict of interest is present when an appointed voting member of the IHIPC who has a direct fiduciary interest (e.g. ownership, employment, membership, contractual, creditor, or consultative relationship) to a board, entity, or organization with which the IHIPC has a direct, financial and/or recognized relationship, fails to disclose that relationship.

Conflict of interest is present when the outcome of a vote could potentially directly result in financial benefit to an IHIPC member or the agency with which s/he is affiliated (as defined in the previous paragraph). IHIPC members affiliated with CBOs and LHDs funded for prevention activities do not have a conflict of interest when voting on the letter of concurrence or on prevention priority-setting recommendations, because the votes would not result in direct financial benefit to the individual or their agency and do not dictate allocation of funds, since allocation of funding is the responsibility of the Grantee (i.e., IDPH).

Conflict of interest is present when a member is advocating for a specific program or agency rather than for the "best" way to conduct HIV prevention or care planning activities in Illinois.

Therefore, an IHIPC member who works for Agency X and who advocates for increased funding for a prevention case management program at Agency X has a conflict of interest. However, an IHIPC member who works for Agency Y, which serves African American men who have sex with men, may advocate for prioritizing prevention case management for African American men who have sex with men without necessarily having a conflict of interest, unless the related vote could have a direct effect on Agency Y's funding.

Conflict of interest is present when a member of the IHIPC knowingly takes action or makes a statement intended to influence the conduct of the IHIPC in such a way as to confer any financial benefit on the member, family member(s), or any organization in which the member is an employee or has a significant interest.

Conflict of interest is present when an IHIPC member only advocates for a particular targeted risk group(s) or service and fails to take part in the objective and data-driven IHIPC process intended to meet the needs of all PLWH and targeted risk groups.

Procedure

The IHIPC acknowledges that there is an inherent but necessary element of conflict of interest built into the community planning process, particularly around the population prioritization process and the concurrence vote. It is important for IDPH, local health departments (LHDs), Community Based Organizations (CBOs), and other key stakeholders to participate in HIV prevention community planning because these are the groups that deliver HIV prevention and care services. Therefore~~,~~ despite the fact that their HIV care and prevention funding may come from IDPH, IHIPC voting members are permitted to vote on the prevention priority-setting recommendations and the letter of concurrence because these votes do not directly dictate allocation of funds. As long as the member discloses all affiliations as outlined in this Conflict of Interest procedure and agrees to abide by the IHIPC-Member Code of Ethics during the community planning processes, this type of conflict is exempt from the process outlined here.

In order to conform to the IHIPC procedures on conflict of interest, an IHIPC member shall not vote on any matter in which s/he has a direct financial interest, serves as a current (or former if within two years) board member, serves in a volunteer capacity, or serves as a current (or former if within two years) employee or paid consultant of the organization in question or a competing applicant agency.

In the event of an apparent (real or potential) conflict of interest, the IHIPC member shall state there is a conflict and identify the nature of that conflict prior to any vote on that item. Members may also point out real or potential conflicts of interest among other members before the roll call vote. The member with the conflict may participate in IHIPC discussion but must abstain from voting on that item. If a member disputes that s/he has a conflict of interest, the presiding Co-chair shall rule on whether the member may vote on the item. If it is one of the Co-chairs who has the apparent conflict, the IHIPC shall vote on whether the Co-chair gets to vote on that item.

To facilitate this process, prior to the prevention priority-setting recommendations and the letter of concurrence vote and votes on any issue deemed controversial, the presiding IHIPC Co-chairs shall ask if any voting member may have a possible conflict of interest.

Disclosure/Code of Ethics Form

The Conflict of Interest Procedure will be thoroughly reviewed with newly elected members during new member orientation. In accordance with the Conflict of Interest Procedure, prior to the first IHIPC meeting in the calendar year, the Conflict of Interest procedure, including the Disclosure/Code of Ethics Statement, will be reviewed with the full IHIPC. IHIPC members shall be required to complete and sign the Conflict of Interest Procedure Disclosure/Code of Ethics Statement, disclosing all affiliations which fall under the conflict of interest provisions outlined above. By signing this agreement, the member agrees to declare the nature of any conflict of interest prior to IHIPC discussion or vote on that matter and to abstain from voting on any matter which comes before the IHIPC directly regarding the organization or entity with which that member is affiliated as described above and agrees to abide by the IHIPC Member Code of Ethics during all IHIPC community planning processes. Signed statements shall be kept on file by the IDPH IHIPC Coordinator and shall be updated annually and more often as needed.

Illinois HIV Integrated Planning Council (IHIPC)

CONFLICT OF INTEREST PROCEDURE DISCLOSURE/CODE OF ETHICS STATEMENT

In the event that a member of the Illinois HIV Integrated Planning Council (IHIPC) is employed by, receives funds from as a service provider, serves in a volunteer capacity, or sits on the Board of Directors or equivalent of an organization or entity that receives HIV prevention, care, or treatment funds, grants, contracts, or other monetary benefits through the Illinois Department of Public Health (IDPH) or affiliated HIV Care Connect or HIV Prevention lead agencies, that member shall make full disclosure to the IHIPC by completing the Conflict of Interest Procedure Disclosure/Code of Ethics Form. This provision extends to any member of the IHIPC with a family member who receives funds from as a service provider, or sits on the Board of Directors or equivalent of an organization or entity that receives HIV prevention, care, or treatment funds, grants, contracts, or other monetary benefits through the IDPH or affiliated lead agencies.

The IHIPC acknowledges there is an inherent element of conflict built into the community planning process, particularly around prevention priority-setting recommendations and the letter of concurrence. Therefore, despite the fact their funding may come from IDPH, IHIPC members are permitted to vote on these as long as they have disclosed their potential conflict of interest affiliations.

IHIPC MEMBER DISCLOSURE

Name of Member:_____

Member's Organization:_____

Please disclose below any and all affiliations which fall under the conflict of interest provisions outlined above.

Organization:_____

Nature of Affiliation:_____

Organization:_____

Nature of Affiliation:_____

Organization:_____

Nature of Affiliation:_____

Organization:_____

Nature of Affiliation:_____

Illinois HIV Integrated Planning Council (IHIPC)

CONFLICT OF INTEREST PROCEDURE DISCLOSURE/CODE OF ETHICS STATEMENT

IHIPC MEMBER CODE OF ETHICS

While serving as an IHIPC member, I agree to:

- Represent the interests of all people served by the IHIPC
- Not use the IHIPC or my service on the IHIPC for the advantage of a specific agency or entity, for my own personal advantage, or for the individual advantage of my family, friends or supporters.
- Keep confidential information confidential.
- Approach all IHIPC issues and input from other IHIPC members with an open mind, prepared to make the best decision for the IHIPC and the HIV community as a whole.
- Do nothing to violate the trust of those who elected me to the IHIPC-or of those we serve.
- Focus my efforts on the mission of the IHIPC and not on my personal goals.
- Never exercise authority as an IHIPC member except when acting in a meeting with the full IHIPC or as delegated by the IHIPC.

By signing this agreement, the member agrees to declare the nature of any conflict of interest prior to IHIPC discussion or vote on that matter and to abstain from voting on any matter which comes before the IHIPC directly regarding the organization or entity with which that member is affiliated as described above and agrees to abide by the IHIPC member Code of Ethics during all IHIPC community planning processes.

This form will be kept on file by the IDPH IHIPC Coordinator and will be updated annually and more often as needed.

_____ _____

Signature of IHIPC Member Date

_____

Date Received by the IHIPC

CONFLICT RESOLUTION AND GRIEVANCE PROCEDURE

Background
In any group endeavor, conflict is normal and expected. What defines a successful group effort from a failed effort is the ability to resolve conflict fairly and quickly.

Procedure for Addressing Concerns about IHIPC Votes
Motions made during IHIPC meetings shall be passed in accordance with the processes outlined in the Procedure Manual. If a minority of members (or an individual member) strongly opposes the outcome of an IHIPC vote, they may write a letter voicing minority opinion to be incorporated into IHIPC minutes. When appropriate procedures have been followed to pass motions, all members are expected to support these motions as legitimate IHIPC decisions. If a member still has strong opposition to a decision made, they may file a grievance as outlined below.

Grievance Procedure
Should a conflict or issue arise among IHIPC members, the Co-chairs, the staff of the IDPH, the parties involved in the dispute shall request that the Co-chairs schedule a time for a formal discussion of the issue. The parties involved, the IDPH Co-chair, at least one of the Community Co-chairs, and the Chief of the HIV/AIDS Section (if s/he is not the IDPH Co-chair) shall be present for the discussion, and one of the Co-chairs shall facilitate. (If the conflict involves one of the Co-chairs, another Co-chair shall facilitate.) Should the issue remain unresolved at the end of the discussion, the Co-chairs shall determine whether further discussions would be helpful, and if so, they shall schedule and facilitate them. (The Co-chairs may determine that the full IHIPC should discuss the issue.) If they determine that further discussions are not likely to resolve the issue, the Chief of the HIV/AIDS Section shall serve as the first level arbitrator and issue a decision on the conflict. If either party is not satisfied with the decision, they may write a letter to the Chief of the HIV/AIDS Section stating such and requesting that the Infectious Diseases Division Director of the Department of Public Heath arbitrate. The Chief of the HIV/AIDS Section shall then schedule a meeting at which he or she, the parties in conflict, and the Infectious Diseases Division Director of IDPH shall be present. At the start of the meeting, all parties shall agree that the resulting decision shall be binding and cannot be appealed. *****The conflict shall then be reviewed, and the Infectious Diseases Division Director of IDPH shall issue a decision within 1 week after the meeting.

*If the conflict is between IHIPC and IDPH and is not resolved through this process, CDC counsel may be sought.

DEFINITION OF PARITY, INCLUSION & REPRESENTATION

Background
The concepts of inclusion, representation, and parity as described in the CDC Guidance represent a series of progressive and inter-related outcomes that build upon one another. The IHIPC supports the concepts of PIR and seeks to establish procedures to enhance these critical concerns.

Procedure
Inclusion

Inclusion, according to the CDC Guidance is "the assurance that the views, perspectives, and needs of all affected communities are included and involved in a meaningful manner in the community planning process."

The IHIPC shall strive to include representatives from the following areas and groups in its membership:

- Individuals from populations at high-risk for HIV infection in Illinois
- Persons living with HIV (PLWH)
- Employees of community-based and other non-governmental and governmental organizations that provide HIV prevention, care, and treatment services and related supportive services for PLWH and populations at high-risk for HIV infection
- Individuals from business, labor, and faith communities
- Employees of educational institutions (e.g., Illinois School District, Colleges, Universities, Student health centers)
- Experts in epidemiology, behavioral and social sciences, program evaluation, health planning, HIV healthcare and clinical research specialists
- Key stakeholders, including but not limited to representatives from the following areas: mental health, substance abuse/prevention, STD, hepatitis, TB, corrections, youth, etc.

The IHIPC shall be composed of 25 to 35 members.

Representation

Representation, according to the CDC Guidance, is "the assurance that those who are representing a specific community truly reflect that community's values, norms, and behaviors."

Parity

Parity, according to the CDC Guidance, "is the condition whereby all members of the HIV community planning group are provided opportunities for orientation and skills building to participate in the community planning process and to have an equal voice in voting and other decision-making activities."

DEVELOPMENT OF IHIPC MEETING AGENDAS

Background
The development of the agendas for full IHIPC meetings is the joint responsibility of the IHIPC Co-chairs and the Steering Committee, with input from IDPH.

Procedure
Each month at the Steering Committee meeting, a draft agenda for the next full meeting of the IHIPC is prepared. The IDPH IHIPC Coordinator types up the initial draft agenda and sends it to the Steering Committee prior to the meeting. The Steering Committee reviews the draft agenda, makes recommended edits, fills available time with presentations, discussions, or committee reports if necessary, and approves the final agenda.

IHIPC voting members will be asked to electronically approve the agenda once approved and finalized by the Steering Committee. Any items requiring a vote will be noted as such and highlighted in bold on the agenda. The draft agenda and a formal notice/reminder about the upcoming meeting will be emailed to the entire IHIPC and key community stakeholders at least seven (7) days prior to the meeting. The final draft agenda and related meeting items (or links to these documents) will be emailed to the entire IHIPC a minimum of 48 hours prior to a meeting. The final approved meeting agenda will be posted on the IHIPC website and at the meeting location (for face-to-face meetings) a minimum of 48 hours prior to the meeting per Illinois Open Meetings Act requirements. No changes may be made to the agenda after this time.

FORMAL PRESENTATIONS AND DISCUSSIONS

Background
With limited meeting time and significant amounts of work to be done, it is difficult for the IHIPC to address every issue that each member wants to address. In order to prioritize presentations and discussions at meetings of the full IHIPC, the IHIPC-uses a Parking Lot (a list of presentations and discussions that members have raised as possible items for discussion, time permitting, at a meeting of the IHIPC or on future IHIPC agendas).

Procedure
There are four ways in which an item can be placed in the Parking Lot:

1. An IHIPC member may introduce an item during the New Business section of the IHIPC agenda. The IHIPC will then vote on whether to place that item in the Parking Lot.

2. The Steering Committee may place an item in the Parking Lot if the item is deemed to be critical to the continued functioning of the community planning process.

3. If IDPH receives a request from an outside party to present to the IHIPC and the presentation would be useful and relevant to IHIPC business, IDPH may ask the Steering Committee to vote on whether to place the item in the Parking Lot of an upcoming IHIPC meeting agenda.

4. A non- IHIPC-member may request that the IHIPC address an issue or consider a presentation on a specific topic. The person could submit a request in writing to the IHIPC, make a verbal request at a meeting of one of the IHIPC subcommittees, or submit a request for public comment at a meeting of the full IHIPC.

When there is extra time on an IHIPC agenda, the Co-chairs and Steering Committee will choose items from the Parking Lot to fill the time slots. The decision about which item(s) to choose will be based on: the relevance of the item to current IHIPC business, the immediacy of the issue, and the length of time the issue has been in the Parking Lot.

Please note: No votes on any IHIPC business may take place without having been placed on the final, approved agenda that was posted on the IHIPC website at least 48 hours prior to the meeting.

GRAMMATICAL, SPELLING, & FORMATTING ERRORS

Background

It has been recognized that a number of Procedures and By-Laws may contain grammatical, spelling or formatting errors. An effort should be made to correct these errors as they are discovered. These corrective measures should not create an additional burden of unnecessary work product for the IHIPC, as a whole.

Procedure

IHIPC By-Laws and Procedures may be corrected in areas of grammar, spelling and formatting by the IDPH IHIPC Coordinator without approval of the IHIPC, as long as any changes made to Procedures or Bylaws, either individually or cumulatively, do not significantly impact the framework of the original intent.

In order to maintain accountability and for informational purposes, a summary report of changes shall be submitted to the IHIPC membership on a quarterly basis.

ILLINIOIS HIV INTEGRATED PLANNING COUNCIL (IHIPC) REQUEST FOR INFORMATION FROM IDPH

This form should be used by IHIPC committee co-chairs when requesting data, reports, or other written information from IDPH to be used in committee work relating to the development of the "Illinois Integrated HIV Prevention and Care Plan". Requests should be submitted to Marleigh Andrews-Conrad at marleigh.andrews-conrad@illinois.gov

Requests for data from the HIV Surveillance Unit will require completion and submission of an additional form to the HIV Surveillance Administrator. That form will be provided upon request.

1. Name of Person Requesting Information:

2. Information Requested:

3. Purpose of the information (How will the information be used?):

4. Format for requested information (e-mail attachment, hard copy, fax, etc.):

5. Persons to whom information will be distributed by IDPH:

6. Date by which the information is needed:

INTERNAL AND EXTERNAL COMMUNICATIONS

Background

To ensure that all official communications, both external and internal, are not misconstrued and that they protect the rights and purviews of members and subgroups of the IHIPC, the following procedure outlines the rules regarding official communications. It also discusses how the IHIPC shall communicate with IDPH consultants.

Procedure

External Communications

General: All communications purporting to speak for or on behalf of the IHIPC shall be based on procedures and/or positions that have been discussed and approved by the membership through formal action at a regularly scheduled meeting. If time does not permit submitting an urgent matter to the IHIPC at a meeting for consideration, the IDPH IHIPC Co-chair would use an expedited form of communication including but not limited to fax, e-mail, or telephone to solicit input from the IHIPC on the decisions/external communications.

IHIPC members bring a great deal of knowledge, information, and opinions to the HIV community planning process. Their interest and concern about HIV prevention, care, treatment, and related issues, and their subsequent participation in a variety of forums on HIV issues may pose some concern or confusion about the differences between their personal opinions and the opinion of the full IHIPC. This may arise in any number of forums including letters, interaction with the press, participation at meetings or conferences, or in correspondence with individuals on HIV planning group matters. In all instances, the IHIPC Co-chairs serve as the public face of the IHIPC in that they should be at all times and in all instances fully aware of the IHIPC's opinion, or lack thereof, on a specific subject. It is recognized that the Co-chairs cannot be in all places at all times. Therefore, in some instances, members of the IHIPC may be asked to represent the group. In these cases the IHIPC member should first obtain permission from the Co-chairs to represent the group. If time allows, the Co-chairs will bring the issue to the full group or to the Steering Committee to determine the group's stance on the issue in question. At no time may a member of the IHIPC-present their personal opinion as that of the IHIPC without the prior approval of the Co-chairs unless a motion or resolution on that issue has been adopted by the IHIPC and can be referred to on the question.

Written Communications: Written communications stating a position of the IHIPC or calling for action on behalf of the body shall be signed by both Co-chairs, when possible, and copies provided for the entire membership of the IHIPC. (At least one Co-chair must always sign such communications, and both Co-chairs must approve such communications. The actual signing of such correspondence may be delegated to staff of IDPH, using name stamps or other facsimile signatures, on an issue-by-issue basis.) If a Co-chair, or any other member of the IHIPC, wishes to communicate a personal position on any matter to some external entity, they may do so only if they explicitly indicate that the communication comes from the individual, who is a member of the IHIPC, but does not represent the position of the body as a whole.

Other Communications: Official communications of any kind to legislators, federal/state agencies, and others on behalf of the IHIPC must have the approval of both Co-chairs and must be supported by IHIPC position decisions. Any official communication from the IHIPC to legislators must also go through IDPH Governmental Affairs and Communications, as needed, for formal approval.

Internal Communications

The following procedure describes the lines of communication within the IHIPC-and among its various subgroups and between the IHIPC-and IDPH and its consultants.

Within IHIPC: Decisions made or discussions held at the committee level shall be communicated to the Steering Committee via the committee Chair/Co-chairs. Such decisions/discussions shall be communicated to the full IHIPC by a representative(s) approved by the committee, with the permission of the Steering Committee (i.e., Steering Committee must agree to put the item on the IHIPC agenda). The Steering Committee and the IHIPC Co-chairs shall communicate with committees through the committee Chairs/Co-chairs. Committees may communicate directly with each other through the committee Chairs/Co-chairs.

Between IHIPC and IDPH Staff and IDPH Consultants: IHIPC members may communicate directly with IDPH staff and ask them to provide information or assistance, but staff may decline to undertake significant projects if they feel that the resources would be better invested elsewhere. An explanation of the IDPH Staff decision to decline the IHIPC member's request will be provided. IHIPC members shall not request information or assistance directly from IDPH consultants. All such requests shall be submitted to the Co-chairs, who will consult with IDPH staff to assign work to consultants, as needed.

LETTERS OF CONCURRENCE

Background
The CDC has established criteria for the funding of the HIV Prevention Cooperative Agreement grants to health departments. One of the criteria to be met by every applicant is attachment of "a copy of a letter of concurrence, concurrence with reservation, or non-concurrence with the Jurisdictional HIV Prevention Plan from each HIV Prevention Community Planning Group convened within the jurisdiction." According to CDC, "letters of concurrence must indicate the extent to which the grantee and the HIV Planning Group have successfully collaborated in developing a Jurisdictional HIV Prevention Plan, and agree upon program priorities contained in the application." This procedure outlines the review process for the Cooperative Agreement and how the IHIPC determines whether to send a letter of concurrence in one of the forms provided by the CDC.

The *"Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017-2021"* distributed to Grantees by CDC and HRSA in June 2015, requires integrated planning groups to submit a letter of concurrence or concurrence with reservations with the submission of the jurisdiction's plan in response to the guidance set forth for health departments and HIV planning groups funded by the CDC's Division of HIV/AIDS Prevention (DHAP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan.

Procedure
The IHIPC shall have opportunities throughout each CY for review of and input into the "*Illinois Integrated HIV Prevention and Care Plan",* and updates thereof, to verify that the Plan describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas that bear the greatest burden of HIV disease. .

The IHIPC shall be informed of any changes to the Plan and provided a summary of IDPH's HIV Prevention and Ryan White Part B HIV Care Cooperative Agreement applications, including budget summaries defined by CDC- and HRSA-identified component categories.

The IHIPC shall coordinate its HIV planning process with directly-funded cities in Illinois (i.e., Chicago and St. Louis).

The IHIPC shall vote to ***concur, concur with reservation, or not concur*** that the Integrated HIV Prevention and Care Plan submission fulfills the requirements put forth by the Funding Opportunity Announcement PS12-1201 and the Ryan White HIV/AIDS Program legislation and program guidance.

A letter of ***concurrence, concurrence with reservation, or non-concurrence***, describing how the above elements have been met, will be drafted as needed by the IHIPC Co-chairs. The Co-chairs will sign the letter on behalf of the full IHIPC.

The concurrence letter is not associated (as it was previously) with the health department's HIV Prevention FOA application. The Integrated HIV Prevention and Care Plan is a freestanding

document and the concurrence letter is associated with the Plan itself. When the initial *"Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017-2021"* was submitted to CDC and to HRSA, a letter of concurrence from the IHIPC was required to be submitted with the Plan. Should 2018-2021 updates made to the Plan reflect major changes in the Plan, the IHIPC should submit these updates to our federal funders along with a new letter of concurrence.

Concurrence:
Throughout this process, IDPH staff will facilitate Steering Committee and other IHIPC reviews of draft materials. These reviews are intended to ensure congruence with recommendations for priority prevention populations and services in the approved Integrated Plan and the annual grant applications. Therefore, the focus of the reviews is on the following:

- Whether or not the IHIPC has been provided with opportunities to review and inform the Integrated Plan, and

- Whether the IDPH's HIV Prevention and Ryan White Part B HIV Care Cooperative Agreement applications and budget summaries describe how programmatic activities and resources have been allocated to implement the priorities in the approved Plan.

If these have been met, the IHIPC shall issue a letter of concurrence.

Concurrence with reservation:
Should the IHIPC review indicate that for the most part, it agrees that the above elements have been met; however, there remains an acceptable reservation, the IHIPC may consider issuing a letter of concurrence with reservation. The specific reasons detailing the reservation must be cited in the letter.

Non-concurrence:
If the IHIPC review indicates that the above elements have not been met, the IHIPC may consider issuing a letter of non-concurrence. In such an instance, IHIPC members must cite specific reasons for their non-concurrence in a detailed letter of justification. The specific reasons must relate to differences in the program priorities contained in the application and the Integrated Plan and may not be based on personnel, procedural or other issues.

The IHIPC recognizes that a letter of non-concurrence will initiate an investigation by CDC, with involvement of both the IDPH and the IHIPC, to determine the cause of the non-concurrence letter and to determine whether or not an agreement has been reached. A continued dispute between the IHIPC and IDPH may have a significant impact on current and future award of CDC funds to the IDPH and its subsequent ability to fund community-based or IDPH-sponsored prevention programs and initiatives.

If there are significant unresolved procedural or philosophical issues that IHIPC members believe should be shared with the CDC or HRSA, the IHIPC may prepare a "letter of concern". The letter of concern must specify what the unresolved issues are and how they impact the working relationship between the IDPH and the IHIPC. The IDPH may issue a response to the letter of concern, which will be shared with the IHIPC.

MEETING PARTICIPATION

Background
The IHIPC is committed to participate openly in the HIV planning group process and related activities to provide input and make recommendations and decisions that guide HIV planning. The IHIPC believes that broad public involvement in decision making that acknowledges diversity and mutual interests is preferable over the involvement of a few people in decision making that reflects only special interests or individual perspectives. Broad public involvement in decision making carries with it the responsibility for high-quality decision making. The IHIPC believes in the principles of equity and fair play.

Procedure
The IHIPC, its members, and other parties involved in the community planning process shall participate in meetings under the following guidelines:

- The IHIPC shall balance the process [i.e., ensuring participation and inclusion, and focusing on the quality of experience for IHIPC members and efficiency (i.e., the delivery of high-quality and timely output)].
- IHIPC voting members are responsible for making decisions appropriate to the goals and objectives for the meetings. IHIPC members agree to:
    - Annually complete and sign the "Disclosure of Interest and Code of Ethics Statements"
    - Fulfill their roles and responsibilities as outlined in the IHIPC Member Job Description and other HIV planning documents
    - Actively participate in small and large group discussions
    - Engage one another in a respectful manner
    - Consider all proposals carefully, and with consideration for the needs and concerns of affected populations
- IDPH staff (voting and non-voting) that provide support to the IHIPC and/or its standing committees, all HIV Care and Prevention Lead Agents, agency liaisons, and technical consultants are invited to share their expertise primarily in committees and small groups, by participating in discussions to assist IHIPC committees in developing recommendations for further consideration by the group as a whole. They agree to:
    - Assist in facilitating the work of the committees when information, guidance, and/or technical assistance is needed by the committee from IDPH staff in order to meet committee objectives
    - Encourage full participation by voting and non-voting IHIPC members
    - Respond to technical questions
    - Share their experience and expertise as requested
- Members of the community are invited to become members of one of the IHIPC standing committees pending approval by Steering Committee. They may also give input, expertise, and information during the public comment period set aside on the full IHIPC or committee agenda in accordance with the Public Comment Procedure. Community members are invited to observe the proceedings during IHIPC or committee meetings, in accordance with the Illinois Open Meetings Act and IHIPC procedures.
- The IHIPC is committed to adopting all group decisions by consensus. Consensus decision making requires that each group member be willing to actively listen to and

incorporate into decisions the needs of all constituencies affected by those decisions. Consensus also means that each member is willing to modify his/her individual objectives for the sake of what will benefit HIV-affected populations in Illinois. IHIPC committees vote in many matters of approval by "consensus" on an item. Consensus is defined as general agreement in opinion on the item.

To promote a positive environment for open discussion by all participants, and to maximize efficiency, the IHIPC, its members, and other parties involved in the HIV planning process shall participate in meetings under the following ground rules:

- Interactions will follow the Principles of Respectful Engagement:
    - **Our focus is HIV prevention and care.** The IHIPC is dedicated to eliminating the spread of HIV, increasing access to HIV care and improving the health outcomes of PLWH, and reducing health disparities. All members share this commitment. As IHIPC members we must focus on the situations, issues and/or behaviors surrounding HIV and not on "individuals".
    - **Value differences.** One of the fundamental principles of community planning is the inclusion of diverse perspectives. All perspectives, values, and opinions are valid in community planning. We must agree that "to disagree" is okay.
    - **Decide through consensus.** Although most decisions are made by a vote, the IHIPC shall strive to reach consensus before votes are taken.
    - **Watch communications needs.** Everyone processes information differently, and it is every member's responsibility to ensure that they and their fellow members receive information in a manner that is clear and useful to them.
    - **Share airtime.** The facilitator will seek to ensure that conversations are not dominated by a small number of people, but it is every member's responsibility to ensure that all members who wish to speak on an issue have an opportunity to do so.
    - **Avoid repetitions.** One way to maximize shared airtime is for members to avoid repeating what they already said or what one of their fellow members has said.
    - **Be specific with examples.** The best communication happens when members speak concretely as opposed to abstractly. As much as possible, it is helpful to give specific examples when discussing an issue.
    - **Give respectful feedback.** IHIPC members show respect for one another as people by avoiding personal attacks and the use of labels, listening with understanding and restricting our observation to behaviors and not assumptions.
    - **Focus on the issue.** Although everything a member contributes to the community planning process has value, selection of the time and place to discuss an issue is critical. If there is an issue of great salience to a member but it is not related to the agenda item, s/he may bring it up at another time. In addition, "focus on the issue" means that the issue is what is at stake, not any particular person's stance on the issue.
    - **Avoid sidebars.** Side conversations during meetings are distracting and disrespectful. However, translators or those assisting people with disabilities

to participate in the meeting may converse with IHIPC members during meetings as needed.
    - **Avoid causing distraction.** Spending time on personal cell phones and laptops on non- IHIPC business during IHIPC meetings is distracting and disrespectful and may interfere with members' ability to understand and participate in the presentations and discussions that are occurring.
    - **Observe the agenda.** IHIPC meetings and members will focus on agenda topics and timelines, or formally renegotiate as a group for any deviations.
    - **Call the process.** It is OK to respectfully call "process" or "point of order" at any time, particularly if someone's rights are being violated by an incorrect or inappropriate use of the process governing meetings.
- IHIPC meetings will start and end on time.
- IHIPC members and presenters should avoid using acronyms as much as possible, or explain them thoroughly, to maximize understanding of everyone present.
- If an individual or small group accepts an assignment, they will complete it on time or signal as early as possible that they cannot do so.
- Members are expected to fully participate in the whole day's agenda for IHIPC meetings.

MEETING AND SUBCOMMITTEE MEMBER ATTENDANCE, PARTICIPATION, DISMISSAL, AND RESIGNATION DUE TO ABSENTEEISM

Background

IHIPC membership requires a significant commitment of time and energy in order to ensure an effective community planning process that advances the mission and goals of the IHIPC. However, it is recognized that many unforeseen life circumstances may arise during a member's term that may require time away from IHIPC-related responsibilities. This attendance procedure was designed to balance these two issues by setting reasonable standards for absenteeism while establishing a minimum level of participation that all IHIPC members must meet.

Procedure

IHIPC Meeting Attendance:

In order to fully represent at-risk populations or communities, IHIPC members must regularly attend and actively participate in scheduled IHIPC meetings that are agreed upon and scheduled by the IHIPC Coordinator and the IHIPC Steering Committee. This schedule will be provided to IHIPC members by email by the end of each CY and presented at the first meeting of each CY. This may include a combination of webinars and face-to-face meetings.

Meetings may include a combination of 2 ½ hour (counts as a half-day meeting) webinar meetings and half-day or all-day (counts as two half-day meetings) face-to-face meetings. There will also be required trainings for new members.

IHIPC Meeting Absences

Members anticipating their absence from an IHIPC meeting should call or e-mail the IDPH IHIPC Coordinator before the meeting to inform the Coordinator of their expected absence.

Absence from portions of meetings shall constitute partial absences. Missing half of a full meeting day counts as one half-day absence from the IHIPC meeting regardless of if the meeting is conducted by webinar or face-to-face. At the end of each project year, the IDPH IHIPC Coordinator and the IHIPC Steering Committee will determine the meeting schedule for the upcoming year and the number and percentage of meeting absences (typically anything more than 30%) that will constitute as “excessive”. This will be communicated to the full membership. If a member exceeds the allowable number of absences without a pre-approved suspension of membership, that member will be terminated by absence from the IHIPC. If

Each IHIPC member shall be responsible for notifying IDPH concerning attendance at IHIPC meetings. Members shall be responsible for notifying IDPH when they cannot attend a meeting for which they have already confirmed attendance. In the event of a face-to-face meeting, members shall be responsible for contacting the hotel to cancel a hotel reservation that has been made for them, if the member does not have time to notify IDPH during business hours before the hotel cancellation deadline.

If a member is absent from an IHIPC meeting without informing one of the IHIPC Co-chairs, the IDPH IHIPC Coordinator will call or e-mail the member within seven days with a reminder of the attendance procedure, the ability to receive credit for the missed meeting (if applicable) by viewing the recorded meeting prior to the next scheduled meeting, and what their membership status is in relation to attendance requirements. If an IHIPC member is within one absence of being dismissed from the IHIPC, the IDPH IHIPC Coordinator will send an email to the member notifying them they will be dismissed if another meeting is missed.

If a member has failed to comply with the attendance requirements for IHIPC meetings and has not followed the procedure for requesting a written suspension of membership, a letter of dismissal by absence signed by the IDPH IHIPC Coordinator /Co-chair will be presented to the Steering Committee at its next regularly scheduled meeting after the member's most recent absence and subsequently sent. The letter shall state that the member's dismissal is effective as of the date of their most recent absence.

Temporary Suspension of Membership

IHIPC members may request a temporary suspension of membership of one to six months duration, for circumstances of extended medical or personal need. This request must be made in writing from the individual IHIPC member to the Steering Committee. The member's term of membership will be frozen during a temporary suspension and will begin again when the temporary suspension has ended.

In the event of a webinar meeting, members who miss the live webinar are always able to view the recorded webinar on the IHIPC website. If a vote of the IHIPC is scheduled to take place during a meeting, that will be noted and highlighted on the agenda that is disseminated electronically to members and approved beforehand. When votes are scheduled to take place during meetings, members must participate in the live webinars in order to receive credit that counts toward their attendance requirements. Viewing recorded webinars will not be accepted as attendance when voting occurs during the meeting.

Seating and Meals Provided at Face-to-Face IHIPC Meetings

Meals are not guaranteed to be provided at face-to-face IHIPC meetings. If meals are provided during working meetings of the IHIPC, they are for voting and non-voting members of the IHIPC and community stakeholders who physically attend and participate in the meeting(s). If a member brings a friend, colleague, or partner/spouse to the meeting, that person is welcome to join us for the working lunch, as long as the member has let the IHIPC Coordinator know that person(s) will be attending and as long as that person(s) attends and participates in the meeting. Members cannot bring their children or others who are not attending the meeting to partake in the meals that are being provided to meeting participants.

In addition, there may be limited space and/or assigned seating for face-to-face IHIPC Meetings. If a member knows there will be a participant at a face-to-face meeting other than the membership of the IHIPC, the Prevention and Care lead agents, community members on the regional panel presentation and other presenters, the member is asked to let the IDPH IHIPC Coordinator know that, preferably at least two weeks in advance of the meeting. This allows the Coordinator to make adequate arrangements for guests for seating and meals (if applicable).

When space is limited, voting members of the IHIPC will always have prioritized assigned seating at face-to-face meetings.

This procedure also applies to non-voting members of the IHIPC, including IDPH staff.

IHIPC Committee Attendance:

Committee Conference Call/Meeting Attendance
According to the Bylaws, "Each member must actively participate in at least one IHIPC committee." Because participation in committee work is integral to accomplishing the defined objectives of the IHIPC, absences from IHIPC meetings as well as absences from assigned committee meetings/calls will both be considered in determining if a member is in overall good standing in terms of attendance. Committee meeting attendance and participation on committee work may influence the Steering Committee's decision to recommend or not recommend a current IHIPC member for an additional term.

Committee Meeting Absences
Voting and at-large members shall miss no more than 3 scheduled meetings of their assigned committee per calendar year without an approved temporary suspension of membership. Members anticipating their absence from an IHIPC committee meeting should call or e-mail the IDPH IHIPC Coordinator and/or committee co-chair(s) before the meeting to inform them of their expected absence. If a member is absent from a committee meeting without informing one of these individuals prior to the meeting, the IHIPC Coordinator will call or e-mail the member within seven days to remind them of committee attendance procedure and inform them of their attendance status. Once an IHIPC member has missed 2 scheduled meetings of their assigned committee in a calendar year, the IDPH IHIPC Coordinator will call or email the member to attempt to determine the reason for the absences and ways to mitigate additional absences. After that contact, the IHIPC Coordinator will send a follow up email to the member summarizing the content of their discussion and any action that is needed on the member's part. If the member should miss a third committee meeting, the IHIPC Coordinator will notify the member by email that they will be dismissed if another committee meeting is missed that calendar year.

Exception: If a voting or at-large IHIPC member participates on meetings of a workgroup(s) that has been established by their assigned committee, they can receive attendance credit for that month should they miss their assigned committee meeting that same month. This attendance credit will be granted up to a maximum of 3 times per year. **Caveat:** If there is a vote on a committee activity scheduled to take place at an assigned committee meeting a particular month, members will only be able to receive attendance credit that month for actually participating in the assigned committee meeting. This policy will be revoked should it interfere with the ability of standing committees to achieve the quorum needed to conduct the committee's business.

If a member has failed to comply with the attendance requirements for their IHIPC assigned committee as detailed above, and has not followed the procedure for requesting a written suspension of membership, a letter of dismissal by absence signed by the IDPH IHIPC Coordinator /Co-chair will be presented to the Steering Committee at its next regularly scheduled

meeting after the member's most recent absence and subsequently sent. The letter shall state that the member's dismissal is effective as of the date of their most recent absence.

Tracking of IHIPC Meeting and Committee Meeting Attendance

The IDPH IHIPC Coordinator, with assistance from the IHIPC Committee Co-Chairs, will keep track of member absences and identified reasons for absences and inform the IHIPC Steering Committee on a monthly basis.

Committee Co-Chair Participation

In order to share responsibility and facilitate work of the IHIPC Committees on annual committee planning objectives, each committee should have two (2) Co-Chairs. Committee Co-Chairs shall be held to the same attendance requirements as all committee members. Co-Chairs who do not follow established committee processes defined in this procedure shall be replaced.

Committee Call/Meeting Reminders

Committee Co-Chair(s) will send a reminder to members of their respective committees along with agenda items for the call/meeting to committee members a minimum of 24 hours before all scheduled committee calls/meetings. As a courtesy, the Co-Chair(s) shall also send a cancellation notice to all members a minimum of 24 hours before any monthly calls/meetings that have been cancelled.

IHIPC and Committee Meeting Minutes

The IDPH IHIPC Coordinator, with assistance from the IHIPC Secretary, will draft minutes of all IHIPC meetings and email draft minutes to all IHIPC members within ten (10) working days of each scheduled IHIPC meeting. Members will be provided an opportunity to voice any needed corrections to the minutes before the final minutes are posted on the IHIPC website.

Committee Co-Chair(s) will send minutes from their conference calls/meetings to their respective committee members and to the Steering Committee within five (5) working days after each committee call/meeting. The IDPH IHIPC Coordinator will maintain these minutes in a repository for IHIPC documentation.

MEMBER DISMISSAL AND RESIGNATION DUE TO FAILURE TO MEET REQUIREMENTS

Background

Standards for participation of members are necessary to ensure an effective and efficient community planning process. Should members be unable to fulfill their roles and a responsibility on the IHIPC, this procedure outlines options for discontinuing membership. The process for member dismissal and resignation due to failure to fulfill the attendance requirement is outlined in the "Member Meeting and Subcommittee Attendance, Participation, Dismissal, and Resignation Due to Absenteeism" Procedure.

Procedure

IHIPC members and community members of IHIPC committees may be dismissed or asked to resign from the IHIPC or their committee, task force, or working group, for failure to fulfill their responsibilities. These responsibilities are outlined in the job description for members. Persons living with HIV as well as other IHIPC members living with or caring for a person living with a life-threatening illness shall, as necessary, request additional absences in compliance with this procedure. Individuals who have an extended illness or caring for a person with an extended illness are encouraged to resign or consider their participation options until they are able to participate fully; this will allow for true inclusion and representation to occur, which is a basic tenant of Community Planning.

Consideration for Dismissal

Should the IHIPC Coordinator or IHIPC Co-chairs determine that an IHIPC member or an IHIPC Committee community member is not fulfilling their responsibilities with the IHIPC and/or assigned IHIPC committees, they shall ask the Steering Committee to review/discuss the member's attendance at its next scheduled meeting. The IHIPC Coordinator shall also notify the member that their membership/committee status will be discussed at the upcoming Steering Committee meeting, at least 72 hours in advance of the meeting. The Steering Committee shall vote on an action to take: retain the member, ask the member to resign (from the IHIPC or the committee), dismiss the member (from the IHIPC or the committee), or some other option. The Co-chairs shall then notify the member of the Steering Committee's decision.

Resignation

When an IHIPC member or an IHIPC Committee community member chooses to resign from the IHIPC or their committee, they shall be asked to submit their resignation in writing to the IHIPC Co-chairs and, if they are resigning from a committee, to the Committee Chair. The letter shall contain the date the resignation takes effect.

MEMBER RECRUITMENT AND SELECTION

Background
The membership of the IHIPC is selected through an open, double-blinded application and selection process. This document outlines the process and rules around the recruitment and selection of IHIPC members. The IDPH IHIPC Coordinator is ultimately responsible for ensuring that all activities related to recruitment and selections described in this procedure are completed, unless otherwise stated.

Composition
Size: 25 to 35 members
Membership should be determined by the qualifications of the applicants (see procedure on Criteria for Selection of Members), and should be no less than 25 and no greater than 35. The number of applicants accepted plus the number of current IHIPC members is the size of the IHIPC for the year, and quorum is based on the number of active voting members. Every effort will be made to ensure that the current composition of the IHIPC represents the diversity of HIV-infected and HIV at-risk populations, other key stakeholders in HIV prevention, care, and related services, and organizations that can best inform and support the development and implementation of the Illinois Integrated HIV Prevention and Care Plan. As stated, comprehensive HIV planning relies on diverse representation and involvement from community organizations and stakeholders. Voting members selected to the IHIPC are expected; however, to abstain from acting as an advocate on behalf of any agency or specific population in their function as planning group members. To mitigate the perception of bias or conflict of interest as well as to encourage more diverse representation and involvement, as a general rule an applicant will not be considered for new membership to the IHIPC should there already be an existing voting member on the group who is employed by, acting on the board, or serving in a contractual-consultant relationship with that same agency. The IDPH IHIPC Coordinator and the Steering Committee may consider granting a waiver of this condition only for the following reasons:

- The pool of applicants does not contain others from that region and that region is under-represented in the existing voting membership, or
- The pool of applicants and existing membership lack a specific demographic population or area of expertise that has been prioritized for recruitment and can only be filled by an applicant from an agency for which there is already an existing voting member on the IHIPC.
- Regardless of membership gaps, a maximum of two elected voting members may concurrently represent the same agency through a professional affiliation (i.e. employment). This excludes appointed members who are liaisons from specific programs/ planning groups.
    - Additional at-large members from the same agency can be elected, but they will not be able to move into a voting role until at least one elected member from their agency vacates their voting position. Any person who applies for IHIPC membership that is professionally affiliated with an agency that already is represented by two elected members will be made aware of this procedure upon submitting their application.
    - Sub-agencies of large health systems will be considered stand-alone agencies.

Parity, Inclusion, and Representation (PIR)
The groups a member can represent are not mutually exclusive; for example, a person could simultaneously be a technical expert and a government representative and/or represent the African-American race and the men who have sex with men (MSM) risk group.

Grid
See attachments included at the end of the Member Recruitment and Selection Procedure.

Member Recruitment and Selection Schedule (Overview)

Time Frame	Task
Pre-Recruitment/ Selection Cycle (April-May)	IDPH HIV Community Planning Program staff communicates with voting members whose first terms will end in December to determine if they intend to request a term renewal. IDPH staff also identifies current voting members whose terms will end in December without the option for renewal. Demographic/ representation information for current voting members who will not return the following year will be excluded from the membership gap analysis. Existing at-large members will be slated to fill the voting seats of exiting members, and their demographic/ representation information will therefore be included in the membership analysis.
Month 1 (June)	IDPH HIV Community Planning Program staff provides completed membership gap analysis to the Steering Committee, including: 1. A summary of next year's expected membership representation by demographics and expertise (including remaining voting members from the current year and at-large members slated to replace exiting members), along with a preliminary list of gaps in IHIPC inclusiveness based on the comparison of membership to the HIV epi in the jurisdiction and recommendations for IHIPC membership as defined in the IHIPC Bylaws; and 2. The Application Scoring Criteria Matrix, adjusted to reflect current membership gaps).
Month 1 (June)	The IDPH IHIPC Coordinator communicates recruitment needs to full IHIPC and facilitates recruitment efforts IHIPC members shall be asked to commit to recruit 1-2 candidates for membership who meet the needs of the IHIPC demographics.
Month 1 (June)	The IDPH IHIPC Coordinator shall communicate with the Care and Prevention Lead Agents about the vacant or soon to be vacated care and prevention regional representation on the IHIPC. The Lead Agents shall be asked to utilize the current IHIPC membership gap analysis and priorities for new member recruitment to help identify and recruit potential applicants from their respective regions.
Months 2-3 (July-August)	The IDPH IHIPC Coordinator and the Steering Committee shall oversee recruitment efforts (See Recruitment Cycle Tasks for more detail).

Second week of Month 4 (Sept.)	Final date for submission of applications.
Third week of Month 4 (Sept.)	The IDPH HIV Community Planning Program staff emails or phones all applicants stating that their application has been received by IDPH. IDPH and the Steering Committee finalize the formation of a Selection Team or Interview Team(s), if needed. IDPH compiles applications and presents the following application materials to the Steering Committee or the Selection/Interview Team(s), if established: (1. A completed Applicant Information Sheet including information obtained from submitted applications on the epidemiologic, demographic, knowledge, expertise, regional affiliation, risk affiliation, and HIV status of Applicants (e.g., Applicant 1…Applicant 11…) and preliminary scoring for each criteria, and 2. A summary of Applicants' responses to narrative questions on their submitted applications). Only IDPH maintains and has access to information identifying the names of applicants. The Steering Committee and/or the Selection/Interview Team(s) are kept blinded to this information throughout the selection process.
3rd –4th week of Month 4 (Sept.)	IDPH and the Steering Committee, or Selection/Interview Team(s), if established, meet to review the completed Applicant Information Sheet, Scoring Matrix, and selection procedures; evaluate applicants' strengths and appropriateness for IHIPC needs; determine final scoring for each applicant based upon the review; and compile final recommendations to the IHIPC.
1st week of Month 5 (Oct.)	The IDPH IHIPC Coordinator prepares a slate of applicants recommended for new voting membership in the next CY. The slate does not list names or self-identified HIV status of selected applicants. The Applicants will be listed only by number, region, race/ethnicity, risk representation, expertise, and total score. **At-large Members:** The membership slate or ballot presented for vote can also include up to six alternate at-large members. These members will have gone through the same application and selection process as the applicants being recommended for new voting membership, but they are not included on the initial list of applicants recommended to begin their terms as voting members in the next CY. Instead, they will be approved/not approved to serve as alternate at large members should voting members vacate their seats either before the next election cycle or at the completion of a voting member's term. At-large members are eligible to serve a 3-year term in a non-voting capacity. If they have not filled a voting seat at the end of their term, they will be required to reapply for membership.

	At large members will be held to the same meeting attendance and committee participation requirements as voting members.
Month 5 (Oct.)	IDPH notifies members selected; send signed letters to all applicants - newly selected members and applicants who were not selected. Members will be invited to observe and participate in meetings as provisional, non-voting members until their term begins. Non-selected applicants for both voting and at-large positions will be placed on a membership waitlist. Non-selected applicants are also invited to participate in IHIPC meetings and committees as community stakeholders.
Months 6-7 (Dec)	Member Orientation. (Required)
Month 8 (Jan)	New member terms begin. New members selected for voting positions who have completed New Member Orientation assume their rights for voting on IHIPC matters.
Post-selection Process	By March 31, all new members who have not completed new member requirements **within the designated timeframes for each** (completing necessary paperwork, completing the IHIPC orientation and required trainings, selecting and participating on an IHIPC committee, completing the Illinois Open Meeting Act, etc.) will be dismissed from their role as an IHIPC voting or at-large member. A non-selected applicant on the membership waitlist may then be selected to fill the vacancy. Selections will be made based on the current Membership Gap Analysis and membership restrictions imposed by our current Bylaws and Procedures. Any non-selected applicants still on the waitlist after March 31 will be invited to reapply in the following cycle.

Application and Recruitment

Application: Application is a part of recruitment

If an IHIPC member identifies a potential IHIPC applicant, that member should verbally encourage the person to apply to the IHIPC, talk to her/him about what IHIPC membership entails, and ensure that s/he receives an application.

Recruitment: Recruitment should be ongoing

- Interested community members may fill out an application regardless of where the IHIPC is in its recruitment cycle, and the application will be held at the IDPH and reviewed at the time of selection. The IDPH IHIPC Coordinator is responsible for collecting applications and compiling them in the IHIPC file at the IDPH.
- The IHIPC has one new member recruitment/selection cycle per year. The recruitment effort should begin at least 5 months before the start of the new members' term. The vote for new members shall occur in October of each year with the newly selected members beginning their term at the January meeting of the new calendar year.
- If, for unforeseen circumstances, attrition of IHIPC membership prior to a recruitment cycle seriously jeopardizes the PIR of the IHIPC, new members may be appointed midterm (see Interviewing and Selection Process), time permitting. If the eligible

applicants on the list do not meet the IHIPC's needs, special community-wide recruitment efforts should be initiated to target the needed demographics or expertise.

Recruitment Cycle Tasks

Months 1 through 3: The IDPH IHIPC Coordinator and the Steering Committee coordinate the execution of any or all of following recruitment activities, delegating these activities to the IHIPC full body membership, as needed:

- Supply every IHIPC member with IHIPC brochures and applications to do outreach.
- Coordinate IHIPC informational sessions and distribute applications at events with CBOs that serve or employ members with appropriate expertise.
- Coordinate the posting of flyers at CBOs, community centers, and places of recreation where potential applicants might congregate.
- In the event of a face-to-face meeting, may hold an open house at an IHIPC meeting for potential applicants and distribute applications there.
- Place advertisements in IHIPC newsletter sand other appropriate publications (budget permitting).
- Encourage every IHIPC member to contact at least one or two potential applicant(s), explaining to that person the work of the IHIPC, and providing her/him with a brochure and application. The workings of the subcommittees should be explained to current members so that they may accurately explain them to prospective applicants.

Review and Selection of Applicants

- By the first month of the recruitment/selection cycle, the IDPH IHIPC Coordinator will provide the Steering Committee a completed membership gap analysis, including a summary of the current membership's demographics and expertise, along with a preliminary list of gaps in IHIPC inclusiveness (based on the comparison of membership to the HIV epi in the jurisdiction), and the Application Scoring Criteria Matrix to be used for the current selection process that has been modified to reflect the membership gap analysis.
- In the third week of Month 4, the IDPH HIV Community Planning Program staff will compile and present a chart with information from submitted applications to the IHIPC Steering Committee or the Selection/Interview Team(s), if established. The information shall consist of: 1. A completed Applicant Information Matrix that includes information obtained from the submitted applications regarding the epidemiologic, demographic, knowledge, expertise, regional affiliation, and HIV status of the Applicants (e.g., Applicant 1…Applicant 11…) and preliminary scoring for each criteria, and 2. A summary of the Applicants' responses to the narrative questions on their submitted applications).
- Concurrently, within one week after the final date for application submission, IDPH will send applicants notification of the receipt of their application and provide a schedule and explanation of the selection process. The letter or email will be explicit about the period of time in which the Steering Committee will review applicants and about the current demographic and expertise needs of the IHIPC.

Interview (if applicable) and Selection Process

- Using the scoring matrix, the HIV Community Planning Program staff will assign a preliminary score to all applications, based on information provided in the applications on applicants' experience, qualifications, and representation of the IHIPC's demographic and expertise needs.
- The IDPH IHIPC Coordinator and Steering Committee will establish a Selection Team, if needed, or Interview Teams, if interviews are planned.
- If interviews are planned, IDPH staff calls all applicants and schedules their interview times according to the tentative interview schedule determined by IDPH in collaboration with the Interview Teams, coordinates the distribution of application materials to the appropriate members, and sets up the conference call(s) for the interviews.
- The Interview Team(s) then interviews applicants, assesses them according to the criteria outlined in the "Membership: Criteria for Selection" procedure, and provides a completed Applicant Information matrix with final scores to the IDPH IHIPC Coordinator.
- If a Selection Team is established, the team will review the Applicant information and preliminary scores provided by the HIV Community Planning Program, assess applicants according to the criteria outlined in the "Membership: Criteria for Selection" procedure, and provides a completed Applicant Information matrix with final scores to the IDPH IHIPC Coordinator.
- At its regular meeting, the Steering Committee will review the Applicant materials provided by the IDPH IHIPC Coordinator and the Selection/Interview Team(s), if utilized.
- Within one week after completing the review process, the IDPH IHIPC Coordinator, on behalf of the Steering Committee and its Selection/Interview Teams, will compile a recommended list of nominees (and alternates if applicable) and make a membership slate or ballot for vote at the next scheduled full IHIPC meeting.
- **At-large Members:** The membership slate or ballot presented for vote can also include up to six alternate at-large members. These members will have gone through the same application and selection process as the applicants being recommended for new voting membership, but they are not included on the initial list of applicants recommended to begin their terms as voting members in the next CY. Instead, they will be approved/not approved to serve as alternate at large members should voting members vacate their seats either before the next election cycle or at the completion of a voting member's term. At-large members are eligible to serve a three-year term in a non-voting capacity. If they have not filled a voting seat at the end of their term, they will be required to reapply for membership.

  At large members will be held to the same meeting attendance and committee participation requirements as voting members. They will be required to seek an IHIPC committee assignment and as a committee member, will have voting rights on their assigned committee. At large members will not be able to vote at meetings of the full IHIPC, however. When voting seats are vacated on the IHIPC, an at-large member will be selected to fill the vacant seat based upon identified membership gaps (most pressing - such as unrepresented regions, risk groups, and race/ethnicities - or most in terms of quantity). The IDPH IHIPC Coordinator will first communicate with the at large member(s) to determine their continued interest and ability to take on the responsibilities

of voting membership. The Steering Committee will review the at large member(s) meeting attendance and committee participation history and vote on filling the open seat(s). When an at-large member transitions into a voting seat, they will be granted a full two-year term, which will end in December of their second full year of voting membership.

Appointment

Appointment of newly selected members to mandatory voting seats on the IHIPC, as specified in the Bylaws, is determined by the IDPH IHIPC Coordinator. Appointment of newly selected voting members and at large alternate members is determined by the IHIPC, based on the recommendations of the Steering Committee. Letters of appointment, signed by the IDPH IHIPC Coordinator, shall be sent to all appointees within two weeks of the official appointment or election. These letters will indicate the term of the individual's appointment, meeting attendance and committee participation requirements, and membership responsibilities.

Concurrently, letters will be sent to inform those nominees who were not selected. Non-selected applicants for voting and at-large positions will be informed that they are being placed on a membership waitlist. Non-selected applicants are also invited to participant in IHIPC meetings and committees as community stakeholders.

Orientation/Training

All new IHIPC members will participate in an intensive orientation focused on the philosophy of integrated HIV planning, the goals and objectives of the *Illinois Integrated Plan for HIV Prevention and Care*, and the roles, responsibilities, and operating procedures of the IHIPC and its committees. An additional goal of orientation is the empowerment of members so that they may have parity on the IHIPC. This goal will be achieved through skills training and efforts to strengthen personal relationships among members. Orientation programs will be planned and implemented by the IDPH IHIPC Coordinator with participation of other IHIPC members. Participation in orientation is required; therefore, prospective new members shall be informed of the orientation schedule when they are interviewed to ensure that they can make themselves available. (At least one makeup session shall be offered for people who are unable to attend some of the sessions.)

New members are required to complete all of the New Member Orientation/Training. New members are also required to complete a series of trainings that will be provided via webinar at identified times throughout the year (Epi 101/Using Epidemiologic Data for HIV Planning; IHIPC Meetings, Robert's Rules of Order, Conflict of Interest; Illinois Open Meetings Act; and High Impact Prevention Interventions and Strategies). These trainings are required of all new voting members and must be completed within the designated timelines. Should new members not satisfy the attendance requirement for orientation, the committee in charge of membership and training, on a case-by-case basis, shall review their membership status. Any recommendations for dismissal shall be forwarded to the Steering Committee. Failure of any voting member to comply with the training requirement for the Illinois Open Meetings Act will result in dismissal from the IHIPC.

By March 31, all new voting and at-large members who have not completed new member requirements within the designated timeframes for each will be dismissed from their role as an IHIPC member. A non-selected applicant on the membership waitlist may then be selected to fill the vacancy. Selections will be made based on the current Membership Gap Analysis and membership restrictions imposed by our current Bylaws and Procedures. Any non-selected applicants still on the waitlist after March 31 will be invited to reapply in the following cycle.

Mentoring

All voting members new to the IHIPC shall be assigned a "mentor". This mentor should be an existing IHIPC member who is or has been a voting member of the IHIPC for at least one year. The mentor will assist the new IHIPC member for the first 12 months of their membership. The primary roles of a mentor are as follows:

- Serve as a point of contact from the perspective of another community member on the group (and in addition to the IDPH IHIPC staff) for the new member to contact for any guidance, questions, etc. about re: the planning group, activities, meetings, etc.
- Contact new member (mentee) prior to each meeting, making sure he/she has reviewed the agenda and any meeting materials, and seeing if the mentee is prepared for the meeting or has any questions prior to the meeting.
- Contact new member (mentee) after each meeting, checking to see if he/she has any process, content, or other questions about the meeting that was conducted.

Reappointment

Members who have been on the IHIPC for 2 years and who wish to be reappointed to an additional 2-year term as outlined in the IHIPC Bylaws do not have to go through the application and selection process outlined here. The IDPH IHIPC Coordinator shall be responsible for clarifying whether members intend to continue in a second term. With the recommendation of the Steering Committee, the IHIPC member shall be approved or denied for an additional 2-year term., the IHIPC member shall have an additional 2-year term. See the IHIPC "Member Term Renewal and Reappointment" Procedure for further details. The IDPH IHIPC staff shall send a letter of reappointment signed by the IDPH IHIPC Coordinator to the member before the expiration of the member's first term. There is a four (4) year (48 months) term limit for IHIPC membership.

SAMPLE IHIPC Application Scoring Matrix

Score	Characteristic 1 Epidemiologic Link[1]	Characteristic 2 Regional Representation[2]	Characteristic 3 Knowledge and Skills	Characteristic 4 Demographic Representation[3] (risk, race, gender, age)	Characteristic 5 Knowledge of Community Planning	Characteristic 6 HIV Status/ Relationship to HIV Positive Individual
10	Is a self-identified member of a high-risk target population[1] (see current Prioritized Prevention Populations)	Is from a region without current representation on the IHIPC (see current membership gap analysis)	Is an expert in a professional area identified as needed by the IHIPC (see targeted membership list and current membership gap analysis)	Represents, as a member, at least 2 demographic characteristics that are unrepresented on IHIPC (see current membership gap analysis)	Applicant has experience in HIV prevention or care planning, and can describe and discuss the community planning process.	Applicant is HIV positive
7	Frontline worker/volunteer providing HIV prevention or care services to high-risk target populations in an HIV prevention or care program)	Is from a region that is severely underrepresented on the IHIPC (see current membership gap analysis)	Has personal experience delivering direct HIV care or prevention strategies and interventions	Represents, as a member, at least 1 unrepresented and 1 under-represented demographic characteristics (see current membership gap analysis)	Applicant has experience in community planning, other than HIV prevention or care, but can adequately describe and discuss the community planning process.	Applicant has been affected by HIV through a relationship with an HIV positive family member (parent, sibling, or child), spouse, partner, or significant other.
5	Frontline worker/volunteer providing HIV prevention or care services to high-risk target populations at a program/agency whose mission is not primarily HIV prevention or care (i.e., STD clinic, student health center)	Is from a region that is underrepresented -(current IHIPC membership for the region is less than 50% of the recommended number of members) (see current membership gap analysis)	Has knowledge or experience delivering HIV care or prevention strategies and interventions, but has never delivered them directly	Represents, as a member, 2 under-represented demographic characteristics (see current membership gap analysis)	Applicant has knowledge and understanding of the HIV planning process, but has no experience on an HIV community planning group	Applicant has been a primary caregiver for an individual with advanced HIV disease.
3	Other worker/volunteer who has indirect contact with HIV prevention or care services	Is from a region with adequate representation on the IHIPC, based on the HIV epidemiology of the region (see current membership gap analysis)	Has limited or indirect experience or knowledge about HIV care or prevention strategies and interventions	Represents, as a member, 1 under-represented demographic characteristic (see current membership gap analysis)	Applicant has knowledge and understanding of community planning, other than HIV, but no knowledge or experience in community planning.	
1				Has demographic characteristics that are adequately represented on the IHIPC (see current membership gap analysis)	Applicant has an interest in participating on an integrated HIV planning group.	

[1] High-risk target populations are those prioritized annually by the health department and the IHIPC. When scoring an application, the most recent list of prioritized populations and interventions should be utilized.

[2] Regional representation is based on the recommended range of members needed from a region, set by the health department and the IHIPC.

[3] Demographic representation is based on the recommended range of members from each demographic characteristic (risk, race, gender and age), set by the health department and the IHIPC and based on the HIV epidemiology for the particular demographic characteristic.

Applicants will be scored once under each characteristic (1-6).

Note: Region 1-8 applicants are prioritized for prevention representation on the IHIPC. Applicants representing HIV prevention providers from Region 9 (the city of Chicago) can be elected to IHIPC membership only if identified in the targeted membership list or membership gap analysis, if the applicant's expertise or population representation cannot be recruited from individuals in other regions in Illinois, or if there are no applicants from other regions.

SAMPLE IHIPC APPLICANT INFORMATION MATRIX

Applicant	Link to HIV Epidemic (Characteristic 1)	Applicant Works with the Following Populations	Regional Representation (Characteristic 2)	Knowledge, Skills and Expertise, work/volunteer experience (Characteristic 3)	Demographic Representation (Race, Risk, Gender, Age) (Characteristic 4)	Knowledge of Community Planning (Characteristic 5)	HIV Status/ Relationship to HIV positive individuals (Characteristic 6)	Score (Application and Interview)
Applicant 1	Frontline worker providing HIV prevention services to high risk target populations in an HIV prevention program	PLWHIV, MSM, PWID, HRH (men and women), incarcerated or recently released, youth, immigrants and refugees	Region 9	Behavioral/social science; evaluation; health planning, HIV direct care services, HIV program administrator, media, health education	Race/Ethnicity: Asian Risk: MSM Gender: M Age: 45 and above	Knowledge and understanding of community planning described.	Applicant is HIV+	
Applicant 2	Frontline worker providing HIV prevention services to high risk target populations in an HIV prevention program	PLWHIV, MSM, PWID, HRH (men and women) incarcerated or recently released, and youth	Region 8	Direct prevention services worker, HIV direct care services, health education	Race/Ethnicity: African-American Risk: no risk indicated Gender: W Age: 25-34	Knowledge and understanding of prevention and health education described	None indicated	
Applicant 3	Member of a high-risk target population White W-PWID	MSM, PWID, HRH (men and women), incarcerated or recently released, and youth	Region 1	Direct prevention services worker; substance abuse treatment/prevention; correctional system; student/intern	Race/Ethnicity: White Risk: PWID; partner of an PWID Gender: W Age:45 and above	Applicant has an interest in prevention community planning.	None indicated	
Applicant 4	Member of a high-risk target population Black M-PWID	PLWHIV, PWID, HRH (men and women)	Region 5	Behavioral/social science; Direct prevention services worker; Substance abuse treatment and prevention; HIV direct care services	Race/Ethnicity: African-American Risk: PWID Gender: M Age:45 and above	Experience, knowledge and understanding of prevention community planning described	None indicated	

SAMPLE Selection: Highest Scoring and Recommended Selected Applicants

APPLICANT	REGION	RACE/ETHNICITY AND RISK(S) REPRESENTATION	SCORE
10	7	White MSM	52
16	2	Black MSM	52
15	9	White MSM	48
12	3	Black HRH-W	38
14	8	Hispanic, Works with youth, high risk teen parents, MSM, HRH, and recently incarcerated	37
13	5	Works with PLWH, MSM, and HRH	35
6	4	Works with Black MSM and HRH-W, PWIDs, recently incarcerated, and sex workers	35

MEMBER TERM RENEWAL AND REAPPOINTMENT

Purpose

To implement a procedure on reappointment and renewal of member terms beyond the initial two-year appointment

Background

The IHIPC is committed to maintaining a diverse and dynamic membership, but recognizes it may be beneficial in some cases to retain a member beyond their initial two year term as well as to consider not retaining members who consistently lack contribution to IHIPC meetings and committee work.

Procedure

IHIPC Members will complete a self-evaluation (see following page) of their individual performance and contributions to the IHIPC prior to the expiration of their initial appointment. This form will also allow members to request and be considered for reappointment for an additional term. Current members requesting reappointment are exempted from the new member application, interview, and ranking process. The IDPH IHIPC Coordinator shall be responsible for communicating with members whose terms are due to expire, clarifying whether members are requesting to continue in a second term, and collecting completed self-evaluations/requests for term reappointments. The IDPH IHIPC Coordinator will provide these completed evaluations/requests for term reappointments, along with IHIPC Meeting and Committee attendance rosters from the last two years, to the Steering Committee for review. Attendance at IHIPC meetings and participation in assigned committee calls/meetings, without an approved temporary suspension of membership, will be one factor considered in determining member requests for reappointment. With the recommendation of the Steering Committee, the IHIPC member shall be approved or denied for an additional two-year term. After the decision is made by the Steering Committees, the IDPH IHIPC Coordinator shall send a letter of reappointment or denial of the term reappointment request signed by the IDPH IHIPC Coordinator to the member before the expiration of the member's first term. There is a 4 (four)-year (48 months) term limit for IHIPC membership.

Name: _____ Date Term Expires: _____

IHIPC Member Evaluation and Term Renewal Request

1. On a scale of 1 – 5 how much do you think you have contributed to the IHIPC meetings? Please circle one:

(1 – Poor) (2 Unsatisfactory) (3 Satisfactory) (4 Good) (5 Very Good)

Please share why you answered the way you did:

_____

_____

2. On a scale of 1 – 5 how much do you feel you've contributed to your chosen committee work? Please circle one:

(1 – Poor) (2 Unsatisfactory) (3 Satisfactory) (4 Good) (5 Very Good)

Please share why you answered the way you did:

_____

_____

_____

3. Please list 4 things the IHIPC has accomplished in the time that you have been a member:
    1. _____
    2. _____
    3. _____
    4. _____
    5. _____

4. Please tell us what you will contribute to the IHIPC should you be approved for another term:

_____

_____

_____

MEMBERSHIP: CRITERIA FOR SELECTION

Annual recruitment efforts will begin with an analysis of demographic gaps in the IHIPC membership and strategies to fill them. Criteria for the selection of new members shall include:

- Their availability to attend member orientation (w/makeup session) and required trainings;
- Their ability to commit on average 10 or more hours per month for IHIPC business;
- Their ability and willingness to serve on assigned committees, work groups, task forces or other adhoc committees or workgroups;
- Their ability to receive, participate in, and respond to lines of communication including but not limited to telephone, e-mails, webinars, etc. for informational and messaging purposes;
- Their ability to participate in scheduled webinar meetings, required trainings, and face-to-face meetings of the IHIPC, some that may require travel;
- Whether they understand and agree to consider the interests of the communities they represent as well as those of Illinois as a whole in their IHIPC recommendations and decision making;
- Whether they agree to a minimum commitment of 2 years;
- Whether they agree to fulfill the duties outlined in the IHIPC Member Job Description; and
- Their willingness to complete and sign the Conflict of Interest Disclosure/Code of Ethics Statement.

PUBLIC COMMENT

Background
The IHIPC exists to reduce the number of HIV infections, increase access to HIV care and improve health outcomes for PLWH, and to reduce HIV-related health inequities and disparities for Illinois residents. The IHIPC is responsible for recommending polices that prioritize community needs and recommending strategies and interventions for effective HIV prevention and care service delivery. This is a complex agenda for a voluntary IHIPC. The IHIPC invites public comment at each of its regularly scheduled meetings and committees. However, public comment cannot be allowed to impede the orderly conduct of IHIPC business.

The public comment period at IHIPC meetings and committee meetings is an important opportunity for community voices to be heard on relevant matters of IHIPC business. The Public Comment Section of an IHIPC-Meeting is not a time for personal attacks on IHIPC members, health department or other agency staff, or members of the community. The IHIPC has a responsibility to maintain a safe and productive working environment for its members.

IHIPC meetings are primarily conducted via webinar and occasionally conducted via face-to-face meetings. Face-to-face meetings may rotate throughout the eight prevention and care regions in Illinois outside the city of Chicago. IHIPC members are interested in hearing from members of the community about their concerns and recommendations regarding the HIV prevention issues facing Illinois. In an effort to make this opportunity available to as many members of the community as possible, the IHIPC has established a public comment process which permits community members to speak on both matters of general concern (as they to pertain to HIV prevention and care issues in Illinois) and on items listed in the meeting's agenda. This procedure is in compliance with the requirements of the Illinois Open Meetings Act.

Procedure
The presiding IHIPC Co-chair will enforce the following guidelines:

1. In order to be considered for public comment, each speaker should notify the IDPH IHIPC co-chair of their request to address the IHIPC preferably at least two weeks prior to the meeting at which they intend to speak. At each face-to-face meeting, community members who wish to address the IHIPC must complete a Public Comment Registration Form (see the last page of this procedure) and give it to one of the IHIPC Co-chairs at the meeting prior to the Public Comment time on the agenda. For webinar meetings, interested community members should complete and submit a Public Comment Registration Form online no later than 24 hours before the meeting. The form can be found at http://bit.ly/IHIPCpubliccomment and submitted to the IHIPC website administrator and IHIPC Coordinator. In the event of a face-to-face meeting, Public Comment Registration Forms are available at the registration table and should be turned into one of the IHIPC Co-chairs prior to the Public Comment Period.

2. If speakers have been placed on the slate for public comment, the presiding IHIPC Co-chair will indicate to all present what the rules governing participation are. This

will include a reminder that urges each speaker and IHIPC members to practice respectful engagement with one another, to avoid personal attacks, the use of labels, and interrupting others. This will also include instructions that speakers limit comments to those pertaining to HIV prevention and care issues facing Illinois and/or items listed on the day's meeting agenda. Speakers will also be instructed to direct their comments and remarks to the IHIPC Co-chairs, not to any particular IHIPC member. IHIPC members will be instructed that they may ask questions to clarify issues relevant to the public comment and in the purview of the IHIPC, but to refrain from responding directly to the public comments/questions, unless directed by the IHIPC Co-chairs.

3. No speaker at any meeting of the IHIPC or its committees shall make public defamatory or abusive personal remarks, charges or complaints against IHIPC members, health department or other agency staff, or members of the community. During face-to-face meetings, the presiding chair may order the meeting room cleared if violence or verbal harassment disrupts the orderly process of the meeting. The chair may also mute the public comment speaker if this occurs during a webinar meeting. Conflicts pertaining to the IHIPC should be addressed through the "Conflict Resolution and Grievance Procedure".

4. Each speaker will have up to three (3) minutes to speak, time permitting. Speakers will be reminded when 30 seconds remain. When time is up, the presiding IHIPC Co-chair will call the next speaker.

5. During the meeting, public comment will be allowed for a total time not to exceed 10-15 minutes during the time that is set aside as the Public Comment Section. The public may comment on agenda items at this time or on issues not on the agenda but under the purview of the IHIPC. Speakers will be asked to keep their comments brief in order to allow input or questions from the largest possible number of people. At the discretion of the Co-chairs, comments may be limited to less than three minutes when a large number of people have asked for public comment time. This procedure will enable the Co-chairs to keep the meeting on schedule. Following public comment, a total of 10 minutes may be allowed for member discussion, time permitting on the agenda. Requests for additional time for public comment will be put on the meeting agenda's Parking Lot. Time-permitting, speakers may have an opportunity for input at that time.

6. If a speaker has written comments, a copy is to be given to the IHIPC Coordinator to read. Those comments are then added to the minutes of the meeting.

7. During webinar meetings, it is requested that all speakers remain on the webinar until the conclusion of all public comments in order to allow, time permitting, members of the IHIPC and other meeting participants to get clarification of information. Similarly, it is requested that all speakers remain in the room during face-to-face meetings until the conclusion of all public comment in order to give clarifications, time permitting.

ILLINOIS HIV INTEGRATED PLANNING COUNCIL
PUBLIC COMMENT AT MEETINGS
REGISTRATION CARD

Date of Meeting:_____

Name of speaker:_____

Address:_____

Organization/Agency (if applicable):_____

Region or Address:_____

Email/Phone:_____

Please check one:
[ ] Public comments -Agenda item
(describe)_____
_____

[ ] Public Comments – Subject not on agenda
(describe)_____
_____
_____
_____
_____

All IHIPC meetings, face-to-face and webinar, are open to the public. In order to provide comments and/or input at the IHIPC meeting, you must provide the following information and return to the Co-chairs of the IHIPC or their designee. It would be appreciated if you would provide any documentation you would like to submit on the subject. If approved, you will be limited to speak only to the subject you indicate for 3-5 minutes. If you wish to speak on another matter on the agenda, please fill out a separate Public Comment Registration Card.
All IHIPC and committee minutes and documents approved for public release are available for review at the office of the IDPH IHIPC Coordinator. In addition meetings are streamed live via the internet. To review any of these documents, visit http://www.dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hpg.

Thanks! This form helps us spell your name correctly for the permanent record, contact you with any additional information, and helps the IHIPC Co-Chairs determine time limits on comments.

[ ] Please do not release my address, phone number, or email in a public records request

RAPID RESPONSE

Background

To be active in and responsive to the community context of its work, the IHIPC maintains its presence in the community in many ways. One way it remains active is by responding to and voicing opinions about HIV prevention or care related events and issues in the community. In the past, the IHIPC has not had a mechanism for responding to urgent HIV prevention-related matters that call for action before the next meeting of the full IHIPC. This procedure outlines such a process.

Procedure

When an urgent HIV prevention or care related matter arises that calls for IHIPC action or response, the issue shall first be discussed by the IHIPC Co-chairs. The Co-chairs shall determine an appropriate time frame for a response. One of four processes shall ensue, depending on the time frame and the time of the month during which the event occurs. The Co-chairs should select the process that allows input from the most parties given the time constraints. Regardless of which process is chosen, the Co-chairs shall send copies of the response (e.g., letter or press release) to all members of the IHIPC when it is issued. In addition, if applicable, the response should explicitly state that it represents the joint opinion or position of the IDPH HIV/AIDS Section and the IHIPC. If a course of action is developed and carried out without an IHIPC vote, the response shall be based on previous IHIPC work or decisions as much as possible and should not take a position at odds with the overall direction or orientation of the IHIPC.

1. The Co-chairs bring the item to the IHIPC Steering Committee for discussion. The Steering Committee develops a motion to the IHIPC outlining a course of action or a response. The IHIPC votes on the motion at its next full meeting. The Co-chairs carry out the course of action and report on that action during the following IHIPC meeting (involves Co-chairs, Steering Committee, and full IHIPC).

2. The Co-chairs bring the item to Steering Committee for discussion. The Steering Committee votes on a course of action or a response. The Co-chairs carry out the course of action and report on it at the next full IHIPC meeting (involves Co-chairs and Steering Committee).

1. The Co-chairs develop a motion to the IHIPC outlining a course of action or a response. The IHIPC votes on the motion at its next full meeting. The Co-chairs carry out the course of action and report on it at the next Steering Committee meeting and during the following IHIPC meeting (involves Co-chairs and full IHIPC).

4. The Co-chairs determine a response or a course of action and implement it. Both Co-chairs must agree on the response in order to implement it. The Co-chairs carry out the course of action and report on it at the next Steering Committee meeting and at the next full IHIPC meeting (involves Co-chairs only).

REGIONAL LEAD AGENT BRIEF REPORTS AT MEETINGS

Background

At face-to-face meetings of the IHIPC, there may be a place on the meeting agenda for the regional prevention and care lead agents, to provide to the full IHIPC a brief (2-3 minute) report on HIV-relevant activities and issues occurring in their respective region. Due to time constraints during webinar meetings, regional lead agents may provide written reports on regional HIV-relevant activities and issues that will be posted on the IHIPC website. Regardless of mode of reporting, this is a valuable way for the IHIPC membership as a whole to maintain awareness of issues impacting HIV prevention and care across the state.

Procedure

1. The IHIPC Coordinator will communicate with prevention and care-lead agents before scheduled meetings of the IHIPC. The IHIPC Coordinator will provide them with the "IHIPC Meeting-Lead Agent Brief Report Form" (see next page of this procedure) as a guide to be used in framing their report.
2. Lead agents are able to provide the IHIPC Coordinator with a written report or an electronic copy thereof, within a specified timeframe, to include in the meeting packet for face-to-face meetings or to post with other meeting documents on the IHIPC meeting website. At face-to-face meetings, lead agents may be asked to provide an oral report, time permitting.

IHIPC Meeting HIV Care/Prevention Lead Agent
Brief Report
Region ____

1. What were key highlights from your most recent regional meeting? (2-3 examples are sufficient. *Examples: changes in staff/leadership; most recent number of positive clients identified and linked to care.)*

2. Are there any specific **barriers and/or challenges** to services that were identified at your most recent regional meeting?

3. Is there any other relevant information that would benefit IHIPC membership to know? (Examples: recent needs assessment activities, new Prevention-Care collaborations or initiatives, new services), integration initiatives).

REMOTE PARTICIPATION AT MEETINGS

Background
In the event of a face-to-face meeting, technology is available to allow IHIPC members to participate in a certain number of IHIPC meetings remotely, without being present at the meeting location. Remote participation would utilize video streaming, online chat, and teleconferencing for IHIPC members to participate in discussion of agenda items, to introduce motions and to cast votes. IHIPC members may consider participating remotely in a meeting when travel or scheduling conflicts exist.

Procedure
1. In the event of a face-to-face meeting, IHIPC members are allowed to participate remotely, without physically being present at the meeting location, for one meeting day during each six month period of any given calendar year.

2. All face-to-face IHIPC meetings will be available to view through video streaming, online chat, and teleconference. Video streaming allows viewers to view the meeting, but not to interact with meeting participants. Any member who elects to participate remotely will be required to notify the IDPH IHIPC Coordinator or the IHIPC Website Administrator by no later than noon the Monday prior to the meeting. Remote participants will be expected to make meaningful contributions to the discussion. Lengths of meetings can vary. Meeting participation will be counted in accordance with the normal member attendance procedure. Lack of computer and internet access is not a limiting factor in preventing IHIPC members from participating remotely in the allowed number of meetings per year. Therefore, all face-to-face meetings will include a conference line that will be available for meeting input, motions and votes, given that adequate funds are available. The IHIPC Website Administrator or an assigned designee will be responsible for monitoring the chat line and conveying questions, input, motions and votes from members participating remotely, to the full IHIPC.

The purpose of this notification is to ensure that IHIPC fiscal resources are used efficiently and costs are not incurred for hotel rooms and meals that are not needed at meetings.

REQUESTS FOR LETTERS OF SUPPORT BY AGENCIES

Background
HIV prevention, care, or other agencies may request letters of support from the IHIPC to accompany their grant proposals or to support other HIV-related agency activities. This procedure outlines IHIPC decision-making process regarding whether to write a letter of support and the procedure for requesting one.

Procedure
The IHIPC Co-chairs may sign a letter of support for agencies on behalf of the IHIPC if (1) the Steering Committee votes in favor of writing a letter of support, based on whether the proposal or activity is in line with the priorities outlined in the *Illinois Integrated Plan for HIV Prevention and Care*, and (2) provided that the agency has followed the procedure for requesting such a letter as outlined below. Regarding requests for letters of support for proposals written by competing agencies, the IHIPC can support multiple proposals based on the following philosophy: All prevention and care activities that complement the priorities and roadmap outlined in the *Illinois Integrated Plan for HIV Prevention and Care* are worthy of consideration for funding, and the IHIPC expects that the agencies that are awarded funds will coordinate their projects to avoid duplication of effort. This philosophy will be explained in the letter of support.

Agencies requesting a letter of support for a grant proposal or other activity must submit a letter to the IHIPC Co-chairs via the IDPH IHIPC Coordinator no less than (14) days prior to the date by which they need the letter (i.e., for proposals, the grant submission deadline). The letter of request must identify the funding agency; briefly summarize the grant proposal; and indicate how it is in line with the priorities in the *Illinois Integrated Plan for HIV Prevention and Care*. In addition, the letter must identify the target populations and specific services and/or interventions to be implemented in the proposal. The IHIPC Co-chairs will bring the letter of request to the Steering Committee for review at its next regularly scheduled meeting and inform the agency that it will be considered at this meeting. The Co-chairs or the agency will present the request to the Steering Committee. After the presentation, Steering Committee members may ask questions about the proposed project(s), and then will vote on whether to write a letter of support. The IDPH IHIPC Coordinator will prepare the letter of support, stating that the proposal is in line with the priorities outlined in the *Illinois Integrated Plan for HIV Prevention and Care*, ensure that the Co-chairs sign it, and send it to the proper recipient. The Co-chairs will report to the *Illinois Integrated Plan for HIV Prevention and Care* at the next regularly scheduled meeting, either verbally or in writing, regarding any letters of support given. If the request is submitted on time but the Steering Committee does not meet before the letter of support is needed, the Co-chairs may approve the letter of support.

REQUESTS FOR LETTERS OF SUPPORT BY RESEARCHERS

Background
This procedure applies to institutions and community organizations that request a letter of support from the IHIPC for an application or proposal for the funding of a research study.

Procedure
The IHIPC Co-chairs shall sign a letter of support for research proposals on behalf of the IHIPC if: (1) the Steering Committee votes in favor of writing a letter of support, based on whether the institution agrees to fulfill the requirements listed below (the letter of support shall state that it is conditional upon fulfillment of these requirements) and (2) provided that the institution has followed the procedure for requesting such a letter. Regarding requests for letters of support for proposals written by competing institutions, the IHIPC can support multiple proposals based on the following philosophy: The IHIPC supports all research activities that coincide with *the Illinois Integrated Plan for HIV Prevention and Care* and expects that the institutions that are awarded funds will coordinate their projects to avoid duplication of work. This philosophy will be explained in the letter of support.

In order to receive a letter of support from the IHIPC, researchers must agree to complete the following activities to disseminate their findings within six months of the conclusion of data analysis. If researchers who receive a letter of support from the IHIPC do not fulfill these requirements within six months after finishing their data analysis, the IHIPC will write them a letter of concern indicating that the researchers' failure to fulfill the requirements will be considered should they request letters of support in the future. Researchers must:

- Convene at least one community forum and at least one provider forum that allow a diversity of viewpoints regarding the study and its results to be shared. The forum(s) shall be appropriately publicized and advertised (e.g., if the study subjects were gay men, an advertisement should be placed in local gay publications such as the Gay Chicago Magazine, Windy City Times, the Midwest Eagle, or Prairie Flame). These two forums may be done jointly as one forum if appropriate.
- Disseminate a final written community report to all appropriate stakeholders (e.g., if subjects were clients at a particular agency, the agency should receive several copies of the report, as well as any other agencies that might find the results relevant to their work) and anyone requesting a report.
- Request to present results at an IHIPC meeting.
- Post results on the Internet and inform community members about the site.

Procedure
Agencies requesting a letter of support for a grant proposal or other activity must submit a letter to the IHIPC Co-chairs via the IDPH no less than fourteen (14) days prior to the date by which they need the letter (i.e., for proposals, the grant submission deadline). The letter of request must identify the funding agency; briefly summarize the grant proposal; and indicate how the results will be disseminated at the conclusion of the study. The IHIPC Co-chairs will bring the letter of request to the Steering Committee for review at its next regularly scheduled meeting and inform the institution that it will be considered at this meeting. The Co-chairs or the institution will

present the request to the Steering Committee. After the presentation, Steering Committee members may ask questions about the proposed project(s), and then will vote on whether to write a letter of support. The IDPH IHIPC Coordinator will prepare the letter of support, stating that the research proposal is in line with the priorities outlined in the *Illinois Integrated Plan for HIV Prevention and Care*, ensure that the Co-chairs sign it, and send it to the proper recipient. The Co-chairs will report to the IHIPC at the next regularly scheduled meeting, either verbally or in writing, regarding any letters of support given. If the request is submitted on time but the Steering Committee does not meet before the letter of support is needed, the Co-chairs may approve the letter of support.

ROLES & RESPONSIBILITIES AND JOB DESCRIPTIONS

This section of the Procedures Manual contains two types of documents. The first, "Roles and Responsibilities of the IHIPC and the IDPH," organizes roles and responsibilities according to several topic areas and lists who is responsible for each task or responsibility.

The second, "Job Descriptions," organizes roles and responsibilities according to party or individual. Job descriptions are included for:

- Community Co-chair
- IDPH Co-chair
- Committee Co-Chairs
- IHIPC Member
- Steering Committee
- Achieving Viral Suppression Committee
- Reducing New Infections Committee
- Strengthening Data Coordination and Information Sharing Committee
- Reducing HIV Disparities Committee
- IDPH Staff & IHIPC Related Work

ROLES & RESPONSIBILITIES OF THE IHIPC, IDPH, CDC, AND HRSA BY FUNCTION

Background

The purpose of this document is to outline the separate and shared responsibilities of the Illinois HIV Integrated Planning Council (IHIPC) and the IDPH, including the HIV/AIDS Section and its federal partners (CDC and HRSA).

This section of the Procedures is an opportunity to clarify CDC and HRSA expectations for planning groups and to delineate the roles and responsibilities of the planning group itself, voting and non-voting members of the planning group, and the health department. Both the IHIPC and the health department agree that HIV integrated prevention and care planning in Illinois should be a collaborative effort between IDPH, members of the HIV planning group, and numerous key HIV community stakeholders. In order to understand the roles and responsibilities of the IHIPC, CDC, and HRSA in the integrated planning process, it is essential to review the recent history of HIV prevention and care advisory groups. It is listed below:

Before the formation of the IHIPC, the former Illinois HIV Planning Group was conducted under the direction of the Centers for Disease Control and Prevention Division of HIV/AIDS Prevention's July 2012 *HIV Planning Guidance*, which is still in existence. The guidance supports CDC's HIV Prevention Cooperative Agreement grants to health departments and is intended to help jurisdictions further their progress in reaching the goals of the National HIV/AIDS Strategy. Per CDC's guidance, community involvement remains an essential component for planning comprehensive, effective high impact HIV prevention programs. With the release of this guidance, CDC envisions that HIV planning efforts will do the following:

- continue to incorporate community involvement as well as other broad stakeholder engagement in HIV planning and implementation;
- allow for more flexible models for engaging partners and stakeholders;
- create greater continuity across prevention, care, and treatment services within the jurisdiction, including those services funded by other federal agencies; and
- offer a streamlined approach that is more results-oriented and less resource and time intensive.

In addition to the ILHPG, the IDPH Ryan White Part B Program conducted a separate Consortia Advisory Group for care purposes as directed by HRSA's *Part B Manual*. This legislation is intended to ensure engagement of HIV positive clients and HIV care providers in the planning and implementation of needs assessments, priority setting, and resource allocation processes in efforts to close gaps and address needs of HIV positive people along the HIV Care Continuum. Additional responsibilities of the Advisory Group as identified by HRSA include:

- Participate in the implementation of the Statewide Coordinated Statement of Need;

- ensure that a wide variety of diverse experiences and input can be collected for planning purposes by including representative from multiple service fields (substance abuse, mental health, Medicaid and Medicare, community health centers, veterans administrations, etc.) in the development of strategies for linking people living with HIV to appropriate health and support services; and

- collaborate with other Ryan White programs and HIV related service/ planning entities for maximization of financial and human resources;

In June 2015, CDC and HRSA released *Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017-2021.* Although this guidance does not require jurisdictions to create an integrated planning group, it requires jurisdictions to coordinate Care and Prevention planning efforts in order to achieve the following:

- progress towards reaching the goals of the National HIV/AIDS Strategy and improvement along the HIV Continuum of Care;

- collaborate and coordinate in program planning, resource allocation, evaluation, data sharing, and continuous quality improvement efforts to meet HIV prevention and care needs; and

- streamline the work of health department staff and HIV planning groups across HIV prevention and care.

In response to the 2015 guidance and in effort to truly align Prevention and Care planning efforts in Illinois, IDPH, the Illinois HIV Planning Group, and the Ryan White Part B Advisory Group began planning for the development of a fully integrated HIV planning group, the Illinois HIV Integrated Planning Council (IHIPC). Understanding that both HIV prevention and care entities needed to continuously fulfill legislation requirements from their corresponding federal partners, the Integrated Planning Steering Committee used the "Crosswalk of HIV Planning Body Roles in Integrated Planning and Related Activities" document for guidance in developing this procedure (see Appendix X).

By definition in the 2012 *HIV Planning Guidance, Ryan White Part B Manual,* and the *Integrated HIV Prevention and Care Plan Guidance,* the health department has final authority over the development of the jurisdictional HIV Integrated Prevention and Care Plan as well as the establishment and implementation of HIV prevention and care priorities. The health department is responsible for engaging the community and the planning group in the planning process and related activities and informing the planning group of updates to the jurisdictional plan. An effective statewide prevention effort depends on clear communication and a partnership between the IHIPC, IDPH, CDC, and HRSA. These can be strengthened when the roles, and boundaries to those roles, are clarified within the partnership.

IDPH staff and IHIPC membership will comply with the IDPH Department Advisory Boards and Committees Directive (#89-04) in the conduct of all planning group functions and defined roles and responsibilities, specifically: "IDPH staff may not solicit, suggest, encourage, assist, or participate in any action taken by any advisory board that is outside of the advisory board's duties and responsibilities as set forth in law or by written order of the Director or the Governor.

This prohibition includes, but is not limited to, activities related to influencing legislative activities".

IHIPC Membership

Members of the IHIPC meet as the full IHIPC and in IHIPC committees, task forces, working groups, and other small groups regularly. Committees are composed of IHIPC members, staff of IDPH, and community representatives. Recruiting, orienting, supporting, and retaining members are critical elements of planning efforts. When the IHIPC experiences member attrition, increased efforts are needed to retain and support members.

Responsibility for developing procedure on composition of membership

The CDC Guidance and HRSA legislation outlines composition requirements for HIV planning bodies. The IDPH IHIPC Coordinator monitors these requirements and regularly assesses the composition of IHIPC membership to provide an assessment of gaps to the Steering Committee to guide recruitment. As needed, the IDPH IHIPC Coordinator presents recommends revisions to the Bylaws and Procedures Manual to the Steering Committee, who then recommends them for adoption by the full IHIPC. Each year, the Steering Committee works with the IDPH IHIPC Coordinator to establish Criteria for Selection of Members (see Procedures Manual), that they present to the full IHIPC for approval.

Responsibility for developing/carrying out the process for selection of new members

Article III of the IHIPC Bylaws and this procedure describe the process for the selection of new members. The Steering Committee recommends new members to the IHIPC. Appointments are made by the IDPH HIV Section and monitored by the IDPH IHIPC Coordinator and the IHIPC Steering Committees.

Responsibility for developing/carrying out methods to retain members

All IHIPC members are responsible for recruitment. The Steering Committee develops recommendations to better retain members, which the IHIPC discusses, adopts, and incorporates in the annual IDPH HIV engagement plan. The IDPH IHIPC Coordinator and the Steering Committee track absences. Committee Chairs are encouraged to contact members who do not show for committee meetings and/or seem to need support. Ultimately, all IHIPC members have a responsibility to support each other and thus improve retention of members. The IDPH IHIPC Coordinator explores barriers to participation and makes recommendations to the Co-chairs and/or IHIPC members regarding retention.

Responsibility for developing/carrying out methods for removal of members due to excessive absences

The procedure on "Meeting and Subcommittee Member Attendance, Participation, Dismissal, and Resignation Due to Absenteeism" establishes what constitutes "excessive" absences and describes the methods for removal of members due to excessive absences. The IHIPC Co-chairs carry out the procedures as outlined. The IDPH IHPC Coordinator and the Steering Committee develop recommendations as necessary for revising this procedure and submits them to the IHIPC for approval.

IHIPC Governance

The CDC Guidance, HRSA Part B Guidance and legislation, the IHIPC Bylaws, and the IHIPC Procedures Manual (of which this Roles and Responsibilities document is a part) establish and guide the governance, operating procedures, and approaches to planning for the IHIPC.

Responsibility for developing, revising Bylaws and Procedures
Any IHIPC member or group may develop recommendations for revising the Bylaws and Procedures. The IDPH IHIPC Coordinator reviews and drafts all proposed recommendations for new procedures or revisions to current Bylaws and Procedures, then refers them to the Steering Committee. All new procedures or revisions to Bylaws and Procedures shall be approved by the IHIPC.

IHIPC and Committee Meetings

All IHIPC members take responsibility for participating in meetings, both full IHIPC meetings, smaller committee/group meetings, work groups and teleconference calls etc. and continually seek to improve procedures to ensure parity, inclusion, and representation (PIR) of members and input from the public. The IHIPC is aided by the planning support it receives from IDPH and its consultants. This planning support includes logistical support, technical support, and process evaluation/support. IHIPC members have a role in determining how much and what type of support the IHIPC needs, and IDPH has the responsibility for selecting and overseeing the work of planning consultants and contractors.

Responsibility for determining the levels of funding, the scope of work, and the process for selecting contractors for planning support activities (logistical support, technical support, and process evaluation support): The IHIPC Co-chairs, Steering Committee, and IDPH staff jointly develop the suggested level of funding, the scope of work, and evaluation plan for planning support activities such as technical support, logistical support, and process evaluation. IDPH selects all IHIPC contractors, develops the contracts, and negotiates with the contractors. IDPH receives input annually from the IHIPC about the selection and performance of its contractors.

Responsibility for selecting appropriate meeting space and/or format: IDPH

Responsibility for overseeing planning support consultants/contractors: IDPH

Responsibility for establishing agenda for IHIPC meetings: With assistance and guidance from IDPH, the Steering Committee develops, reviews, revises, and approves the agenda.

Responsibility for determining the frequency and length of meetings: With assistance and guidance from IDPH, the Steering Committee in consultation with the IHIPC establishes the frequency and length of IHIPC meetings. Committee Chairs in consultation with committee members establish the frequency and length of committee meetings.

Responsibility for facilitating IHIPC meeting: Co-chairs facilitate IHIPC meetings (or delegate facilitation temporarily to another person). The Membership Committee examines methods to operate meetings more smoothly with ongoing assistance from the IDPH IHIPC Coordinator. The IHIPC elects a person to act as Parliamentarian to advise on questions of parliamentary procedure. The IDPH IHIPC Coordinator can be called upon or offer to re-cap issues under discussion as needed. The IDPH IHIPC Coordinator can be called on or offer to intervene when the process of the meeting has become difficult.

Responsibility for facilitating Committee meetings/teleconference calls: Committee Chair with support from the IHIPC Coordinator or IDPH support staff on committees

Responsibility for developing improved ways to operate the IHIPC: The IDPH IHPC Coordinator, IHIPC Co-chairs, and the IHIPC Steering Committee.

Responsibility for developing and revising effective ways for the public to have input into the planning process and IHIPC's recommendations (see also Communication): Any IHIPC member or group may suggest revisions to the procedures for public comment and roles for community members on committees and present them to the IDPH IHIPC Coordinator or the Steering Committee. The Steering Committee vets the proposed revisions before presenting them to the full IHIPC for discussion/adoption.

Planning Activities

Critical to the planning process is establishing roles and responsibilities for the specific planning activities. Fortunately, guidance from our federal partners lays out these responsibilities and the IHIPC plans to follow that guidance.

Responsibility for determining what activities will be done by the IHIPC each year: After review of the annual guidance for CDC's HIV Prevention and HRSA's Ryan White Part B HIV Care Cooperative Agreements, IDPH and the Steering Committee with input from IHIPC members, set IHIPC Goals and Objectives for the upcoming project year.

Responsibility for providing information and data for decision making: IDPH, its consultants, and IHIPC members.

Responsibility for reviewing data and using it to make decisions/recommendations: Assigned IDPH staff work with IHIPC members on committees to develop recommendations, which are presented by IDPH to the IHIPC and approved by the IHIPC, as requested by IDPH. Additionally, the entire IHIPC may sometimes be asked to review data to make recommendations.

Responsibility for assessing existing community resources: Assigned IDPH staff will work with all IHIPC standing committees to assess existing community resources. IDPH with assistance of the IHIPC and providers will collect information about existing IDPH and statewide HIV grants and contracts.

Responsibility for conducting needs assessment to identify unmet needs: IHIPC members work in committees (with IDPH support as needed) to develop recommendations for needs assessments for approval by IDPH and the IHIPC. IDPH staff and consultants conduct needs assessments, as feasible.

Responsibility for providing expertise and technical assistance to ensure that the planning process is collaborative, results-oriented, scientifically valid, and community-appropriate: The IDPH IHIPC Coordinator with input from IDPH staff and IHIPC members with this expertise

Responsibility for identifying priority strategies and interventions: Assigned IDPH staff work with IHIPC members on committees (with additional IDPH support as needed) to develop recommendations, which are presented to the IHIPC, and approved by the IHIPC, as requested by IDPH.

Responsibility for identifying prioritized risk-targeted prevention populations (prioritization process): This is not a requirement of the July 2012 *HIV Planning Group Guidance;* however, assigned IDPH staff work with IHIPC members on its committees (with IDPH support as needed) to develop recommendations on prioritized populations for risk-targeted prevention services, which are presented to the IHIPC and approved by the IHIPC, as requested by IDPH.

Responsibility for making recommendations about linkage of HIV primary prevention, HIV secondary prevention, and other health programs: Assigned IDPH staff work with IHIPC members on its committees (with IDPH support as needed) to develop recommendations and implementation plans, which are presented to the IHIPC and approved by the IHIPC, as requested by IDPH.

Responsibility for developing goals and objectives: The IDPH IHIPC Coordinator develops draft IHIPC goals and objectives for inclusion in the annual Cooperative Agreement Applications. The goals and objectives are reviewed and finalized by the Steering Committee and presented to the IHIPC each year.

Responsibility for preparing the Jurisdictional HIV Integrated Prevention and Care Plan ("the Plan"): IDPH with input from IHIPC members in committees and with review and adoption by the IHIPC, as requested by IDPH.

Responsibility for representing the Plan and its priorities in the community: IHIPC members, IDPH

Responsibility for development of the annual Engagement Plan: The IHIPC, with assistance and input from IDPH

Responsibility for implementation and monitoring of the engagement process: IDPH, in collaboration with the IHIPC

Implementation of the Jurisdictional Plan and Recommendations

At the heart of controversy in HIV planning are the implementation of planning recommendations and the allocation of resources. Across the country, we have heard planning groups struggle with questions about the role of the planning groups in implementing the Jurisdictional Plan and determining resource allocation. There is no clear line between "planning" and "implementation"; instead, implementation starts with committee recommendations for change and continues until that change has been effected (often by prevention and care providers). Resource allocation is ultimately the responsibility of the health department, yet IDPH and the IHIPC acknowledge mutual interest in community and IHIPC input into this responsibility, since it is during implementation that the recommendations of the IHIPC become actualized.

Because implementation is a process, and not a singular event, the line that divides the responsibility for implementation between the IHIPC and IDPH is dynamic. This section provides the basic responsibilities for implementation, but also critical are the processes of communication, accountability, and conflict resolution (described in later sections), because these areas build a partnership between the IHIPC and IDPH that transforms planning recommendations into actions.

Responsibility for developing resource allocation recommendations: For Cooperative Agreement and State general funds, a subgroup of the IHIPC (e.g., committee, task force) may be formed or the work assigned to an existing committee, if appropriate and as needed, to make recommendations about issues such as gaps in services, HIV prevention and care priorities, and criteria for grant proposals. The recommendations will not address specific agencies. The recommendations will be considered by IDPH and may be presented to the IHIPC. The IDPH may use these recommendations in the development of the implementation plan.

Responsibility for finalizing the implementation plan: Each IHIPC committee should set annual objectives and try to develop an implementation plan for the recommendations it makes to the full IHIPC. Each year, the IDPH and IHIPC Co-chairs will review resource allocation, IHIPC committee recommendations, and the priorities in the Illinois Integrated Plan for HIV Prevention and Care with the full IHIPC. IDPH will then develop its HIV Prevention and HIV Care Cooperative Agreement Applications, which represents the complete implementation plan. The Cooperative Agreement Applications describe how the recommendations made by the IHIPC have been taken into consideration and put into action, if applicable, including mechanisms for funding and timelines. The IHIPC shall vote on whether to send a letter of concurrence, concurrence with reservation, or non-concurrence with the Integrated HIV Prevention and Care Plan, or major changes thereof.

Responsibility for writing the IHIPC RFP: IDPH.

Responsibility for reviewing applications: IDPH, a recruited panel of technical reviewers, and the IDPH Grant Review Committee (GRC)

Responsibility for conducting bidders' conference, if needed: IDPH and its contractor(s).

Responsibility for selecting providers and awarding funds: IDPH.

Other Implementation Activities

Several different types of implementation activities are outlined in this section. These activities are ongoing, but the mechanism for making recommendations may change from year to year.

Responsibility for assessing the degree to which the objectives in the Integrated Plan have been achieved: IDPH with input from IHIPC members/committees will annually compile a report on the status of progress on objectives and present it to the IHIPC for discussion.

Responsibility for identifying technical assistance needs of community-based providers in areas of program planning, implementation, and evaluation: IDPH (or its designee) gathers information; the IHIPC Steering Committee reviews and discusses technical assistance needs, develops recommendations for filling the need, and presents those recommendations to IDPH and the IHIPC for discussion and adoption, as requested by IDPH.

Administration and Coordination of Funds

It is the responsibility of IDPH to administer and coordinate funds.

Responsibility for administering public funds (using the mix of funds that come to Illinois): IDPH.

Responsibility for monitoring prevention and care services and activities: IDPH. IDPH may invite input from IHIPC members and other community members who have expertise with the populations and type of services being monitored and whose participation would not violate confidentiality.

CDC and HRSA Cooperative Agreement Applications

It is the responsibility of IDPH to present an overview of its annual CDC HIV prevention and HRSA RW Part B HIV Care funding applications and budget summaries to the IHIPC to ensure that the funding requests reflects the priorities contained in the Jurisdictional Integrated HIV Prevention and Care Plan and to submit with the applications a letter of concurrence, concurrence with reservation, or non-concurrence. A letter of concurrence indicates the extent to which the IDPH and IHIPC have successfully collaborated in developing/updating a Comprehensive Jurisdictional Integrated HIV Prevention and Care Plan and agreed upon the program priorities contained in the application. If the IHIPC does not agree that the program priorities identified in the IDPH's application are in alignment with the Jurisdictional Plan, it should cite specific reasons for non-concurrence. The letter of concurrence is a check and balance in the planning and application process.

Responsibility for developing the application: IDPH, with input and recommendations from the IHIPC and the IHIPC Steering Committee, as requested by IDPH.

Responsibility for evaluating the effectiveness of the application in addressing the priorities identified in the Jurisdictional Plan: IHIPC and IDPH.

Responsibility for the letter of concurrence/concurrence with reservation/non-concurrence: The IHIPC approves the letter; the Co-chairs sign the letter.

Communication

Establishing regular, clear, honest systems of communication between the IHIPC and the IDPH is the foundation for maintaining a sense of partnership that is critical in HIV planning efforts.

Principles guiding communication between the IDPH and IHIPC

Members of the IHIPC and IDPH will strive for clear, honest communication. The following principles provide general guidance for good communication:

- Respectful engagement: Communication will be conducted in such a way that respects all parties.
- Inclusive: Decisions and recommendations will be made based on the broad involvement of people. When practical, IHIPC members (at a minimum, the Co-chairs) may be included in discussions leading to recommendations and decisions that affect HIV care and prevention in Illinois, such as plans for supplemental funds, funding applications, and HIV prevention and care-related IDPH procedures.
- Disclosure: To the degree possible, information, especially information that leads to decisions, will be shared as broadly as possible.
- Proactive: The IDPH and IHIPC will communicate to each other about actions either intends to take, before decisions are finalized.
- Responsive: If a change to a previous agreement or understanding is considered, this will be communicated to the other party early in the discussion.
- Timely: A response to issues raised will be made within 5 to 10 working days.

Principles guiding communication between the IHIPC and other advisory bodies and planning entities such as CARE and Regional Implementation Groups, Chicago and St. Louis planning groups, etc. The IHIPC will strive to let other advisory bodies know about its work and priorities. Examples of ways to communicate include disseminating the Jurisdictional Integrated HIV Prevention and Care Plan and updates thereof, disseminating the IHIPC Quarterly Newsletter to community stakeholders, presenting on IHIPC activities at their meetings, conducting joint meetings, having cross-representation on the bodies, having time for their updates on IHIPC meeting agendas, and distributing agendas and notices for upcoming IHIPC meetings.

Principles guiding communication between the IHIPC and members of the public and HIV provider community

The IHIPC will actively strive to include the knowledge and perspectives of communities in the development of its recommendations and the priorities identified in the Plan.

Public comment is one vehicle for obtaining input from the greater community. Writing press releases, inviting members of the press to attend and report on meetings, writing articles for inclusion in the IHIPC Quarterly Newsletter, and hosting discussions open to the public are additional examples. IHIPC members are responsible for explaining IHIPC recommendations to people in their communities and for bringing back to the IHIPC input from the community. As needed, the IHIPC may convene panels or focus groups to further solicit community input. IDPH may ask its HIV Evaluation Program to gather and analyze data, develop reports, or make recommendations on public communications to the IHIPC.

Mutual Accountability

The partnership between the IHIPC and the IDPH, including the HIV Section, depends on each person valuing her or his own role and the roles of others involved in the planning process. Each person involved should understand and appreciate what is expected of her or him and attempt to fulfill these expectations. In this way, we can each hold other to the same high standards of accountability we hold ourselves. The relationship between the-IHIPC and IDPH staff is a particularly important one, and unique in many ways, and therefore deserves more specific articulation of communication principles.

Responsibilities of IHIPC Members

The Job Description for IHIPC Members summarizes the roles and responsibilities of members. A detailed description of their roles and responsibilities is provided here.

1. The responsibilities of IHIPC members to the IHIPC as a body are to:
    - Regularly attend meetings and conference calls.
    - Participate in all required trainings.
    - Constructively participate in IHIPC activities, discussions, recommendations, and decisions.
    - Keep informed about activities related to the IHIPC, the community, and about HIV prevention, care, and treatment issues.
    - Share vision and expertise.
    - Provide input on planning activities and direction.
    - Listen to and respect other IHIPC members.
    - Support one another.
    - Create and nourish partnerships and collaborations.
    - Support IHIPC decisions.

2. The responsibilities of IHIPC members to their colleagues in the community are to:
    - Maintain regular communication with colleagues in the community.
    - Keep colleagues informed of IHIPC activities, recommendations, and decisions.
    - Solicit feedback and communicate that feedback back to the IHIPC.
    - Support IHIPC decisions and recommendations in the community to the fullest extent possible.

3. The responsibilities of IHIPC members to the community of affected and infected individuals are to:
    - Be informed about HIV prevention and care issues and community needs.

- Keep the needs of the infected and affected in mind while establishing priorities and conducting community planning.
- Establish recommendations that are likely to have the greatest impact in stopping the epidemic and ensuring quality care for people living with HIV.
- Seek and listen to community input.
- Be inclusive of community members in planning.
- Provide a voice for affected and infected individuals at the ILHPG and in committee meetings and conference calls.
- Welcome the input and participation of HIV-positive individuals.

4. The responsibilities of IHIPC members to IDPH staff are to:
    - Communicate through respectful engagement.
    - Create and nourish partnerships and collaborations.
    - Communicate openly, honestly, and directly.
    - Frequently check for correspondence from IDPH, and respond as requested.

5. The responsibilities of IHIPC members to themselves are to:
    - Take care of themselves to prevent burnout.
    - Take pride in the work.
    - Acknowledge their abilities and limitations.
    - Accept responsibility for their participation.
    - Be committed to the process of Integrated HIV Planning.
    - Acknowledge personal/professional conflict of interest and take appropriate action.

Responsibilities of IDPH Staff

The Job Description for IDPH staff summarizes their roles and responsibilities as they relate to IHIPC work. A detailed description of their roles and responsibilities is provided here.

1. The responsibilities of IDPH staff to the IHIPC are to:
    - Regularly attend meetings and help guide the work objectives of assigned committees, as appropriate.
    - Keep informed about activities related to the IHIPC, the community, and about HIV prevention issues.
    - Share vision and expertise.
    - Provide input on planning directions.
    - Listen to and respect IHIPC members.
    - Communicate through respectful engagement.
    - Communicate openly, honestly, and directly.
    - Provide timely communications.
    - Create and nourish partnerships and collaborations.
    - Support IHIPC decisions to the fullest extent possible.

2. The responsibilities of IDPH staff to prevention and care providers in the community are to:

- Respond in a timely fashion through accessible and appropriate venues.
- Meet published deadlines.
- Educate the bureaucracy about community issues.
- Keep providers informed of IHIPC activities, recommendations, and decisions.
- Take leadership in procedural interventions.
- Educate providers on IHIPC decisions and recommendations to the fullest extent possible.

3. The responsibilities of IDPH to itself are to:

- Support IDPH mandates and policies
- Advocate to IDPH on behalf of the HIV planning process;
- Accurately represent IHIPC concerns and matters in a timely fashion.
- Inform and educate other State, Local and Municipal departments and IDPH divisions about the IHIPC and its work.

4. The responsibilities of IDPH staff to themselves are to:

- Take pride in the IHIPC and your work with the IHIPC.
- Acknowledge abilities and limitations.
- Accept responsibility for participation at IHIPC meetings and committee work.
- Be committed to the process of Integrated HIV Planning.

ROLES & RESPONSIBILITIES:
IHIPC COMMUNITY CO-CHAIR JOB DESCRIPTION

Background
The IHIPC elects a Community Co-chair to work with the IDPH IHIPC Co-chair to oversee the integrated HIV planning process. The following job description represents the Community Co-chair roles and responsibilities as outlined in the CDC Guidance, the IHIPC Bylaws, and other IHIPC documents.

Role Summary
The Community Co-chair works in conjunction with the IDPH IHIPC Co-chair to provide leadership and direction to the IHIPC. They ensure that all members understand and exercise their responsibilities and that the IHIPC accomplishes its mission and goals.

Selection Procedure and Length of Commitment
The Community Co-Chair is elected by the IHIPC in accordance with the voting procedures outlined in the IHIPC Bylaws and Procedures Manual. The Community Co-chair is elected for a term of 1 year. Terms begin in January. Co-Chair Elect nominations are accepted from September to December of each year and elections for Co-Chair Elect are held in December. The accepted nominee will serve as Co-Chair elect from January to December while training with the Current Co-Chairs. The Co-chair may be re-elected to one additional term. The lifetime length of service for a Community Co-chair is 24 months (two 12-month Co-chair terms).

Roles and Responsibilities
- Participates in regularly scheduled monthly conference calls with and promptly responds to questions and requests for input from IDPH IHIPC Co-chair.
- Serves as the public face of the IHIPC at conferences, at events, and in the media*
- Monitors the linkages and ensures continuity and concordance among committee work, IHIPC work, priorities identified in the *Illinois Integrated HIV Plan for Prevention and Care,* the IDPH HIV Prevention and Care grant applications/work plans, and resource allocation*
- Co-chairs Steering Committee (along with the IDPH IHIPC Co-chair)*
- Signs concurrence letter and other official documents on behalf of the IHIPC*
- Presides at IHIPC meetings with IDPH IHIPC Co-chair*
- Participates in conference calls/meetings with CDC Project Officer, as requested by IDPH
- Follows up on member absenteeism and carry out member dismissal procedures*
- Helps determine the annual scope of work for IHIPC, forms appropriate subcommittees, and assigns IHIPC members to committees*
- Assists with the development of agendas for full IHIPC meetings*
- Develops improved ways to operate the IHIPC *
- Acts as the first level of intervention in resolving grievances*
- Assists in coordinating development of the annual HIV Engagement Plan and in conjunction with IDPH IHIPC Co-chair, implements and monitors the engagement process and related planning group activities.*

*Roles shared with other parties (e.g., Steering Committee, IDPH, IDPH IHIPC Coordinator).

ROLES & RESPONSIBILITIES:
IDPH IHIPC CO-CHAIR JOB DESCRIPTION

Background
The IDPH IHIPC Co-chair works with the Community Co-chair to oversee the integrated HIV planning process. The following job description represents the IDPH Co-chair roles and responsibilities as outlined in the CDC Guidance, the IHIPC Bylaws, and other IHIPC documents.

Role Summary
The IDPH Co-chair works in conjunction with the Community Co-chair to provide leadership and direction to the IHIPC. The IDPH Co-chair ensures that all members understand and exercise their responsibilities, and he or she is ultimately accountable for ensuring that the IHIPC accomplishes its mission and goals.

Selection Procedure and Length of Commitment
The IDPH Co-chair is appointed by the IDPH.

Roles and Responsibilities

- Communicates the IDPH perspective to the IHIPC
- Mentors the Community Co-chair
- Serves as the public face of the IHIPC at conferences, at events, and in the media*
- Participates in regularly scheduled monthly conference calls with and promptly responds to questions and requests for input from IHIPC Community Co-chair.
- Monitors the linkages and ensures continuity and concordance among committee work, IHIPC work, priorities identified in the *Illinois Integrated HIV Plan for Prevention and Care*, the IDPH HIV Prevention and Care grant applications/work plans, and resource allocation*
- Co-chairs Steering Committee (along with Community Co-chair)*
- Signs letter of concurrence/concurrence with reservation/non-concurrence and other official documents on behalf of the IHIPC*
- Presides at IHIPC meetings with Community Co-chair*
- Participates in conference calls and meetings with CDC Project Officer, as requested by IDPH
- Follows up on member absenteeism and carry out member dismissal procedures*
- Determines the annual scope of work for IHIPC and its planning support consultants, form appropriate subcommittees, and assign IHIPC members to committees*
- Develops agendas for full IHIPC meetings*
- Develops improved ways to operate the IHIPC *
- Acts as the first level of intervention in resolving grievances*
- Coordinates development of the annual HIV Engagement Plan and in conjunction with IHIPC Community Co-chair, implements and monitors the HIV engagement process and related planning group activities.*

*Roles shared with other parties (e.g., Steering Committee, IDPH, IHIPC Coordinator).

ROLES & RESPONSIBILITIES:
IHIPC COMMITTEE CO-CHAIR JOB DESCRIPTION

Background
Each IHIPC committee has a chair or co-chairs elected by the committee members each year.

Role Summary
The committee chair(s) is responsible for overseeing the work of the committee to ensure that the objectives in the IHIPC scope of work are met. The committee chair(s) is also responsible for determining annual committee planning objectives in cooperation with the IDPH IHIPC Co-chair. The committee chair(s) serves as the liaison between the committee and the larger IHIPC.

Roles and Responsibilities
- Oversees committee work, with assistance from IDPH staff and/or its consultants, to complete goals and tasks as outlined by the IHIPC Co-chairs and Steering Committee
- Acts as liaison between the committee and other IHIPC members, including the IHIPC Co-chairs, other committees, and the full IHIPC, by giving periodic updates on committee work, soliciting input and feedback on committee work, and giving presentations on committee work to the full IHIPC (Chair(s) may designate some of these tasks to other committee members)
- Facilitates committee meetings or designates facilitation to another committee member
- Tracks committee attendance for primary committee members and follows up with committee members regarding absenteeism
- Sits on Steering Committee

Committee Co-Chair Participation
In order to share responsibility and facilitate work of the IHIPC Committees on annual committee planning objectives, each committee should have two (2) co-chairs. Committee co-chairs shall be held to the same attendance requirements as all committee members. Co-chairs who do not follow established committee procedures defined in this procedure shall be replaced. The same practice and procedures should be practiced for workgroup co-chairs.

Tracking of Committee Meeting Attendance
Committee co-chair(s) will keep track of member absences from their respective committee calls/meetings and identified reasons for absences and inform the IHIPC Co-chairs and Steering Committee of absences on a monthly basis. The same practice and procedures should be practiced by workgroup co-chairs. Workgroup co-chairs should provide their respective committee co-chairs with a log of attendance within five (5) business days of each workgroup meeting.

Committee Call/Meeting Reminders
Committee co-chair(s) will send a reminder to members of their respective committees along with agenda items for the call/meeting to committee members a minimum of 24 hours before all scheduled committee calls/meetings. If the co-chair (s) of a committee anticipates that a regularly scheduled conference call is not necessary that month, he or she should first confer with and seek

approval from the IDPH IHIPC Co-Chair. As a courtesy, the committee co-chair(s) shall also send a cancellation notice to all members a minimum of 24 hours before any monthly calls/meetings that have been cancelled. The same practice and procedures should be practiced by workgroup co-chairs.

Committee Meeting Minutes

Committee Co-Chair(s) will send minutes from their committee and workgroup conference calls/meetings to their respective committee and workgroup members and to the Steering Committee within five (5) working days after each committee call/meeting. The same practice and procedures should be practiced by workgroup co-chairs**.** The IDPH IHIPC Coordinator will maintain these minutes in a repository for IHIPC documentation.

ROLES & RESPONSIBILITIES: IHIPC STEERING COMMITTEE COMPOSITION AND JOB DESCRIPTION

Composition:

Background

The composition of the Steering Committee changes from year to year as needed to include representatives from the current committees, task forces, and/or working groups. This procedure outlines the mandatory members of Steering Committee and the process for including other members as needed.

Procedure

The Steering Committee is comprised of the Community Co-Chair, Community Co-Chair Elect, Health Department Co-Chair, Parliamentarian, Secretary, and co-chairs of the other five committees. All members of the Steering Committee must be voting members of the IHIPC. At no time shall the membership of the Steering Committee be larger than 13 people. An IHIPC member's responsibility to serve on a committee, working group, or task force as assigned by the IHIPC Co-chairs is not fulfilled by sitting on the Steering Committee. An attempt shall be made, when possible, to establish the membership of the Steering Committee by February of each year, as a new scope of work begins and after new committee chairs are elected.

Leadership and Facilitation

The IHIPC Co-chairs are the leadership of Steering Committee. One of the IHIPC Co-chairs shall facilitate each Steering Committee meeting.

Job Description:

Background

The Steering Committee is the governing body of the IHIPC. The following job description represents the Steering Committee roles and responsibilities as outlined in the IHIPC Bylaws and other IHIPC documents.

Role Summary

The Steering Committee manages the day-to-day operations of the IHIPC, including process issues and committee work. The Steering Committee makes decisions about IHIPC priorities and makes recommendations about HIV prevention and care and IHIPC process issues to the IHIPC. The Steering Committee oversees the annual strategic planning process for the upcoming project period; holds monthly conference calls to develop the agenda for IHIPC meetings and trainings; discusses matters of procedure and determine whether the matters should be handled by the Steering Committee or referred to another committee for research or drafting; represents the IHIPC, issues special requests, letters or comments to the HIV/AIDS Section or to CDC that are beyond the scope of other IHIPC committees.

Roles and Responsibilities

- Develops the agenda for full IHIPC meetings in conjunction with the IHIPC Co-chairs
- Reviews proposed amendments to the IHIPC Bylaws and Procedures Manual before presentation for vote to the full IHIPC

- Oversees and coordinates the work of the IHIPC and its committees, task forces, and working groups, in accordance with their already established scopes of work
- Makes recommendations to the IHIPC about HIV prevention and care and IHIPC process issues
- Makes decisions about member dismissal for reasons other than absenteeism
- Approves/denies recommendations from committees to add community members to committee rosters as members
- Reviews requests for letters of support submitted by agencies or researchers
- Facilitates the annual IHIPC concurrence process with the Integrated Plan
- Manages business of the IHIPC; follows-up on issues within the purview of the IHIPC and makes recommendations for resolution of issues or referral to appropriate parties (e.g., IDPH or standing IHIPC Committees)
- With guidance from the IDPH IHIPC Coordinator, maintains the IHIPC Bylaws and Procedures and assists, as needed, in the revision or drafting of bylaws and procedures, based on identification of the need for new procedures or clarification of existing procedures by IHIPC members or committees *
- Assists the IDPH IHIPC Coordinator with the recruitment, interview process (if required), and process of selecting new IHIPC members*
- Reviews the annual analysis of member surveys; monitors and assesses the demographic, regional, risk, and expertise composition of IHIPC membership; assists the IDPH IHIPC Coordinator, as needed, in the annual membership gap analysis of IHIPC membership; and implements procedures to fill the gaps in the next IHIPC recruitment cycle*
- Conducts and analyzes surveys of IHIPC meetings and trainings to determine effectiveness of HIV planning activities and continued training needs of members*
- Assists in the development, documentation and monitoring of the annual HIV stakeholder engagement process as specified in the CDC HIV Planning Guidance and other IHIPC documents*

ROLES & RESPONSIBILITIES:
IHIPC MEMBER JOB DESCRIPTION

Background
The IHIPC is composed of 25 to 35 members of the Illinois community who work with the IDPH to inform and promote the development of a comprehensive HIV prevention and care plan that can achieve the goals of the National HIV/AIDS Strategy. The following job description represents IHIPC member roles and responsibilities as outlined in the CDC Guidance for HIV Planning Groups, Integrated Planning Guidance, the IHIPC Bylaws, and other IHIPC documents.

Role Summary
IHIPC members work collaboratively and constructively to further the mission and goals of the IHIPC by considering both the needs of their community and the needs of all HIV-affected persons in Illinois in their discussions and decision-making.

Selection Procedure and Length of Commitment
The IHIPC Steering Committee works in conjunction with the IDPH IHIPC Coordinator to recruit and interview (if required) applicants and recommends their appointment to the IHIPC on an annual basis. The IDPH IHIPC Coordinator appoints new members to the IHIPC. Elected voting members are appointed for a term of two years and may be appointed to one additional two-year term. The lifetime length of service for IHIPC members shall not exceed 48 consecutive months. Members must be off the IHIPC as a voting member for a full year before seeking re-election to another term.

Roles and Responsibilities
- Attend and provide input at all regular meetings (webinar and face-to-face) of the IHIPC –See "Meeting and Subcommittee Member Attendance, Participation, Dismissal, and Resignation Due to Absenteeism" procedure.
- Attend all regular meetings/teleconference calls of at least one committee, task force, or working group (as assigned by the IHIPC Co-chairs) and assist with the data collection, writing, or other activities of the committee.
- Participate in all required trainings (mostly conducted by webinar).
- Prepare for all IHIPC and committee meetings by reviewing minutes from the most recent meeting and materials for upcoming meetings.
- Actively and in a timely manner, receive/review and respond to IHIPC related communications (i.e. phone, e-mail, mail).
- Assist IDPH, as requested, in making recommendations on prioritized populations to receive HIV prevention services and appropriate and effective prevention strategies and interventions for those populations, based on CDC Guidance and a thorough review of the epidemiological, service delivery, evaluation, behavioral, and other data on PLWH and Illinois' prioritized populations.
- Participate in the development, update, and dissemination of the *Illinois Integrated Plan for HIV Prevention and Care*.

- Review summary of the IDPH's Cooperative Agreement application/budget to CDC for federal HIV prevention funds and to HRSA for federal HIV care and treatment funds, including the proposed budget.
- As needed, vote to send a letter of concurrence, concurrence with reservation, or non-concurrence on the *Illinois Integrated Plan for HIV Prevention and Care*, and respective updates.
- Keep informed about HIV prevention and care issues.
- Communicate respectfully with fellow IHIPC members, the public, IDPH staff, and all others involved in the HIV planning process.

At-large Members

The membership slate or ballot presented for vote can also include up to six alternate at-large members. These members will have gone through the same application and selection process as the applicants being recommended for new voting membership, but they are not included on the initial list of applicants recommended to begin their terms as voting members in the next CY. Instead, they will be approved/not approved to serve as alternate at large members who would transition into a voting position should voting members vacate their seats either before the next election cycle or at the completion of a voting member's term. At-large members are eligible to serve a three-year term in a non-voting capacity. If they have not filled a voting seat at the end of their term, they will be required to reapply for membership.

At large members will be held to the same meeting attendance and committee participation requirements as voting members. They will be required to seek an IHIPC committee assignment and as a committee member, will have voting rights on their assigned committee. At large members will not be able to vote at meetings of the full IHIPC, however. When voting seats are vacated on the IHIPC, an at-large member in good standing will be selected to fill the vacant seat based upon identified membership gaps (most pressing -such as unrepresented regions, risk groups, and race/ethnicities - or most in terms of quantity). The IHIPC Coordinator will first communicate with the at large member(s) to determine their continued interest and ability to take on the responsibilities of voting membership. The Steering Committee will review the at large member(s) meeting attendance and committee participation history and vote on filling the open seat(s). When an at-large member transitions into a voting seat, they will be granted a full two-year term, which will end in December of their second full year of voting membership.

ROLES & RESPONSIBILITIES:
IHIPC STANDING COMMITTEE JOB DESCRIPTION

Background

In addition to the IHIPC Steering Committee, the IHIPC has four standing committees that complete work related to HIV prevention and care planning goals. The committees regularly meet monthly by conference call. IHIPC members must be assigned to and serve on one committee, but may participate on additional committees. Annually, each committee develops a workplan for the upcoming year, identifying objectives and tasks that are directly related to planning group roles and responsibilities specified in the *July 2012 CDC HIV Planning Guidance, the HIV Integrated Plan Guidance,* and HRSA guidance for RW Part B planning groups. These tasks and activities should align with established priorities that have been identified in the annual *Illinois Integrated HIV Prevention and Care Plan*, *the National HIV/AIDS Strategy (NHAS)*, and the goals of the *Getting to Zero Illinois (GTZ-IL) Plan*. The following job description represents the Committee roles and responsibilities as outlined in the IHIPC Bylaws and other IHIPC documents.

The priorities of the Illinois Integrated HIV Plan and the goals of the GTZ-IL Plan and the NHAS fall largely within these four main categories: Achieving Viral Suppression, Reducing New Infections, Strengthening Data Coordination, and Reducing Disparities. The IHIPC will therefore established committees with identified objectives for the following four goal areas/categories –

1. Achieving Viral Suppression
2. Reducing New Infections
3. Strengthening Data Coordination and Information Sharing
4. Reducing HIV Disparities

Each committee is encouraged to form several workgroups throughout the year (no more than 2 at any one time) to work on development of short- and long-term strategies and completion of tasks designed to accomplish the committee' s primary goal and objectives. Most of these workgroups should be ad hoc in nature so may complete their tasks within 3-6 months; others may be more long-term in nature. A committee could identify as many workgroups it would like to establish but could delay establishing a workgroup(s) until the work of another workgroup(s) is completed. The strategies and tasks identified by each workgroup will focus on how to achieve the priorities of the Integrated Plan, the goals of the GTZ-IL Plan, and the goals of the NHAS by addressing needs, service gaps, barriers, and challenges that hinder their achievement.

Under this structure, less time during regularly scheduled committee meetings will be used reviewing presentations and materials prepared by IDPH Program staff, so there will be more time during the regularly scheduled meetings for workgroup discussions, work on activity(ies), and/or provide updates to the full committee. A committee may also decide to use a regularly scheduled meeting of the full committee to focus solely on the work of one of its workgroups. If more time is needed by the workgroup to continue the discussion/work, a separate meeting may also be scheduled.

These are the four standing committees. Below are **examples** of workgroups and associated strategies and actionable tasks that **may** be established, as needed:

1. Achieving Viral Suppression Committee

- Antiretroviral Therapy/Treatment Adherence Workgroup
  Sample strategies:
  - Increase rates of viral suppression among Black and Latinx gay and bisexual MSM and transgender persons, youth, and PLWH over the age of 50.
  - Maintain and expand programs that provide linkage to care, discharge planning, and care coordination services for PLWH to be released from correctional facilities.
- Housing, Supportive Services, and Services for Substance Use and Mental Health Workgroup
  Sample strategies:
  - Work with the IL Dept. of Rehabilitation and the IL Dept. of Employment Services to identify employment opportunities for PLWH.
  - Increase the number of clients provided with tenant based rental assistance.
  - Assess the State's unmet need for transportation to access HIV care services.
- Barriers to Access to Care Barriers Workgroup
- Linkage and Retention in Care Workgroup
  Sample strategies:
  - Identify effective strategies and interventions aimed at enhancing LTC and RRC.

Composition

The Achieve Viral Suppression Committee should be composed of IHIPC voting members, non-voting IHIPC community members approved by the Steering Committee, and non-voting IDPH support staff.

- Populations and Professional Affiliations (not inclusive) for recommended inclusion on this subcommittee:
  - PLWHA (Persons Living With HIV/AIDS)
  - Part A, B, C, D providers
  - Part F (MATEC) – Midwest AIDS Education and Training Center
  - County/Municipal Health Department staff

Roles and Responsibilities

- Assess access and utilization of HIV care and treatment services and health outcomes of populations identified in the updated Illinois HIV epidemiological profile and Continuum of Care with the greatest burden of the epidemic.*
- Identify opportunities and assist in the planning of methods to assess PLWH disparities, barriers, and challenges to achieving viral suppression; review results; and make recommendations on strategies to address barriers and improve rates of viral suppression among PLWH.

- Make recommendations for revisions or additions to the prioritized list of cost and behaviorally effective prevention for positives services and interventions for PLWH, best practices for care services for PLWH, and guidance for these approved interventions and services to be included in the development and annual update of the Interventions and Services Guidance and Care Compendium.*
- Use epidemiological analyses, needs assessment, and service delivery analyses to provide feedback and input to the HIV Care Program on HIV care priority setting and resource allocation.*
- Provide input to IDPH staff on all data presentations to the IHIPC that provide information on current HIV care service utilization and regional needs and gaps in HIV care and treatment services before presentation to the full IHIPC.*

2. Reducing HIV Incidence Committee

- PrEP and nPEP Utilization Workgroup
  Sample strategies:
  - Educate healthcare providers that Illinois law enables minors 12 and older to access sexual health services, including PrEP, without a parent's consent.
- Priority-based and Routine Testing Workgroup
  Sample strategies:
  - Reduce rates of new HIV diagnoses among youth, Black and Latino gay and bisexual MSM, and Black and Latinx transgender persons.
  - Identify and define the populations that will be prioritized for risk-targeted prevention (needed every 3 years).
- STIs and Viral Hepatitis among PLWH and At-risk Populations Workgroup
  Sample strategies:
  - Ensure that Ryan White case managers assess the need for STI screenings in client intake and reassessments.
  - Ensure PLWH and people at risk of HIV have access to condoms.
- Harm Reduction Workgroup
  Sample strategies:
  - Support statewide availability of harm reduction programs, including HIV/HCV screening, syringe exchange, and naloxone overdose prevention.

Composition

The Reducing HIV Incidence Committee should be composed of IHIPC voting members, non-voting community members approved by Steering Committee, and non-voting IDPH support staff.

- Populations and Professional affiliations (not inclusive) for possible inclusion in this subcommittee:
  - Gay and bisexual men
  - Communities of color

- Black and Latina heterosexual women
- Youth and transgender individuals representing priority populations
- People who inject drugs (PWID)
- County/Municipal Health Department staff
- Providers of prevention services - RBT (Risk-based Testing), LTC (Linkage to Care), PS (Partner Services), RRA (Risk Reduction Activities), SBS (Surveillance-based Services)

Roles and Responsibilities

- Use updated Illinois epidemiological profile to identify priority populations with the greatest and most disproportionate burden of new HIV and STI diagnoses.*
- Assess access and utilization of HIV prevention services and LTC rates for the prioritized populations.*
- Identify opportunities and assist in the planning of methods to assess factors contributing to new infections in Illinois and barriers and challenges to accessing and utilizing prevention services; review results, and make recommendations on practical strategies to address barriers and improve utilization and LTC rates for those newly diagnosed with HIV.*
- Annually review emerging national and local data on high impact prevention, public health strategies, scalability of services, and CDC-approved cost- and behaviorally-effective prevention interventions.*
- Makes recommendations for revisions or additions to the prioritized list of cost- and behaviorally-effective prevention for negatives services and interventions for prioritized populations and guidance for these approved interventions and services to be included in the development and annual update of the Interventions and Services Guidance.*
- Use epidemiological analyses, needs assessment, and service delivery analyses to provide feedback and input to the HIV Prevention Program on HIV prevention priority setting and resource allocation.*
- Provide input to IDPH staff on all data presentations to the IHIPC that provide information on current HIV prevention service utilization and regional needs and gaps in HIV prevention services before presentation to the full IHIPC.*

3. Reducing HIV Disparities/Achieving Health Equity

- HIV Public Awareness and Education Workgroup

  <u>Sample strategies:</u>
  - Provide continuing education trainings for healthcare and non-healthcare providers on lesbian, gay, bisexual, transgender and queer (LGBTQ) cultural awareness and affirmation; LGBTQ-affirming health care; and anti-HIV stigma and anti-racism practices.

- Implement a statewide marketing and media campaign focusing on HIV/STI testing, PrEP and nPEP, and U=U.
- Support referral and linkage to care by supporting the work of the Resource Hub and providing them with updated statewide information about HIV care and prevention resources.

- Health Equity (Addressing Stigma, Racism, and Gender Bias) Workgroup
  Sample strategies:
  - Provide capacity building assistance to HIV service organizations to ensure culturally and linguistically appropriate prevention, care, and support services.
  - Establish expectations for grantees that HIV service organizations work to dismantle stigma, racism, and implicit bias in their practices and organizational policies.
  - Establish/implement programs and services for populations most disproportionately impacted by HIV.
  - Enhance leadership of HIV communities impacted by discrimination.
  - Examine the impact that Illinois' current HIV criminalization law has on perpetuating HIV stigma.
- Reaching/Serving Youth/Young Adults, Transgender, and MSM of Color Workgroup
  Sample strategies:
  - Enhance representation of PLWH and at-risk populations, focusing on Black and Latino MSM and transgender persons, in the HIV workforce.
- Addressing Issues Related to Aging with HIV Workgroup

Composition

The Reducing HIV Disparities/Achieving Health Equity Committee should be composed of IHIPC voting members, non-voting IHIPC community members approved by Steering Committee, and non-voting IDPH support staff.

- Populations and Professional Affiliations (not inclusive) for possible inclusion in this subcommittee:
  - Providers of human services, mental health and drug & alcohol treatment services; homeless and Housing for People Living with HIV/AIDS (HOPWA) providers
  - Representatives of PLWH and priority populations, in particular those most disproportionately affected
  - Public health and human services academia
  - HIV planners and epidemiologists

Roles and Responsibilities

- Make recommendations to the HIV/AIDS Section on epidemiological analyses to include in presentation of the Illinois HIV Epidemiological Profile to the IHIPC*
- Provide. input and assist the HIV/AIDS Section in a comprehensive analyses of social determinants of health data to determine their impact on the HIV epidemic in Illinois and existing HIV-related health inequities and disparities.*

- Soliciting input from IHIPC members and community stakeholders, review epidemiological and service delivery analysis and other sources of research and professional literature and make recommendations to the IDPH HIV Prevention Programs on populations prioritized for targeted HIV prevention services and the definitions for these priority populations.*
- Identify opportunities and assist the HIV/AIDS Section, as requested and as able, in the planning, conduct, and analysis of activities (focus groups, town hall meetings, surveys, etc.) needed to thoroughly assess the impact of social determinants of health and health disparities on the HIV epidemic in Illinois and to identify practical strategies to address these disparities.*

4. Strengthen Data Coordination and Information Sharing

- Illinois HIV Continuum of Care/NHAS Indicators Data Reporting Workgroup
  Sample strategies:
  - Educate healthcare providers about continued disparities along the Illinois HIV Care Continuum and Illinois' HIV reporting laws, ensuring they know the significance of reporting, retention in care, and U=U.
- Enhancing Data to Care (Quality Management, Surveillance-based Services) Workgroup
- Improving Data Systems and Information Sharing Workgroup
  Sample strategies:
  - Improve health care provider HIV case reporting.
- Enhancing Collaboration with External Partners Workgroup
  Sample strategies:
  - Optimize resources by strengthening relationships and building partnerships with other programs within public health and with other state and local agencies (i.e., FQHCs, Illinois Medical Association, Women's Health, etc.)

Composition

The Strengthening Data Coordination and Information Sharing Committee should be composed of IHIPC voting members, non-voting IHIPC community members approved by the Steering Committee, and non-voting IDPH support staff.

- Populations and Professional Affiliations (not inclusive) for possible inclusion in this subcommittee:
  - Providers of human services, mental health and drug & alcohol treatment services; homeless and Housing for People Living with HIV/AIDS (HOPWA) providers
  - Representatives of PLWH and priority populations, in particular those most disproportionately affected
  - Public health and human services academia
  - HIV planners and epidemiologists

Roles and Responsibilities

- Provide input and assist the HIV/AIDS Section in identifying secondary sources of data and information needed from external partners for a comprehensive analyses of the social determinants of health and other factors that impact the HIV epidemic in Illinois.*
- Make recommendations to the HIV/AIDS Section on needed analyses of data obtained from external partners for presentation to the IHIPC.*
- Annually assess the state's progress in achieving the National HIV AIDS Strategy (NHAS) goals and identify recommended measures to address unmet goals.*
- Identify opportunities for engagement of external community partners, conduct outreach to p to establish or build relationships, and explore opportunities for continued data sharing and mutually-beneficial collaborations.*
- Educate and inform external community partners on trends in the HIV epidemic in Illinois, existing health disparities, and of available care and prevention resources.*
- Assess barriers and challenges in coordination and integration of HIV care and prevention activities (e.g., case managers and prevention providers, etc.) and quality improvement activities to address identified issues.*

*Roles shared with other parties (e.g., Steering Committee, IDPH).

ROLES & RESPONSIBILITIES:
IHIPC ADHOC COMMITTEE JOB DESCRIPTIONS

Ad Hoc committees or workgroups, when formed, will be provided with direction from the Steering Committee on their roles and responsibilities/goals related to the IHIPC work plan and goals.

ROLES & RESPONSIBILITIES:
IDPH STAFF JOB DESCRIPTION FOR IHIPC -RELATED WORK

Background
IDPH staff is responsible for a number of activities related to the community planning process. The following job description represents IDPH staff roles and responsibilities as related to IHIPC work and as outlined in the IHIPC Bylaws and Procedures and other IHIPC documents.

Role Summary
The IDPH staff is responsible for the administrative and logistical tasks related to integrated HIV prevention and care planning, as well as providing technical support to the IHIPC and its subgroups. IDPH staff may delegate some of these tasks to its consultants.

Roles and Responsibilities

- Distribute meeting agendas and supporting materials to IHIPC members prior to meetings.
- Ensure that meeting minutes are reviewed and distributed in a timely manner.
- Provide an IDPH representative(s) to be a member of committees and other IHIPC subgroups.
- Gather and present information and data as requested by the IDPH IHIPC Coordinator or IHIPC committees.
- Assist committee and other subgroup chairs in developing committee agendas and managing committee work.
- Contract with and supervise the planning support consultants who assist with IHIPC work.
- Participate in the development of the scope of work for the IHIPC.
- Ensure accomplishment of the objectives for assigned committees as outlined in the annual IHIPC Strategic Plan.

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SOCIAL MEDIA

Background

In order to comply with Illinois Department of Public Health (IDPH) Social Media Directive (#13-01) the Illinois HIV Integrated Planning Council (IHIPC) establishes the following standard operating procedure (SOP) for social media content and use for the IHIPC website and social media venues.

Procedure

1. Forms of Social Media -This SOP applies to the following venues when they are reflective or representative of the IHIPC, its sub-committees or its membership.
   i. Social Communication Sites (Facebook, Twitter, Google+, Snapchat etc.)
   ii. Forums
   iii. Weblogs
   iv. Wikis
   v. Webinars and Podcasts
   vi. Photos
   vii. Videos
   viii. Real-time web communications (chat, chat rooms, discussion boards, video chats, video streams)
2. Posting Content: Acceptable Use and Best Practices
   a. All posts/shares by the website administrator must be of a nature that is reflective of the perspective of the IHIPC as a whole and in conjunction with the IHIPC mission, primary goal and primary task.
   b. All views posted on the pages managed by the website administrator must be reflective of the perspective of the IHIPC as a whole and in conjunction with the IHIPC mission, primary goal and primary task.
   c. It is permissible for members of the IHIPC to provide a differing viewpoint in their comments to any post, however, comments must meet these guidelines:
      i. The member's public profile must be visible to anyone reading the post.
      ii. The comment must have specific language included within the post indicating that the response is the opinion of the individual (i.e., "In my opinion" or "I believe") and not of the individual's membership position within the IHIPC.
   d. Other than a member's name, agency, regional affiliation, committee affiliation, and leadership position on the IHIPC, no personal/confidential information regarding members or any person shall be revealed on any IHIPC social media site or on any web page of the IHIPC website without the approval of the individual member, unless made by the member himself/herself.
      i. Other personal/confidential information includes HIV status, addresses, telephone numbers, dates of birth/age OR protected health information
      ii. In the event that other personal/confidential information that is disclosed in violation of this SOP or in error, the information will be immediately deleted and an acknowledgement of the violation will be made.

e. All comments of members and public comments will be reviewed and a reply will be generated ONLY if a reply is necessary.
    i. In the event of that a reply is necessary the IHIPC Steering Committee shall determine the content of the reply.
f. It is unacceptable to use language that might be considered offensive, abusive or otherwise inappropriate to any of the communities represented.
g. It is unacceptable to utilize any IHIPC forum for political advancement of any party or candidate.
h. It is unacceptable to utilize any IHIPC forum to directly attempt to influence or support any specific executive, legislative or administrative action. This might be interpreted as lobbying.
i. It is acceptable to utilize an IHIPC forum to educate and create awareness among legislators and the general public about issues and programs integral to the group.

3. Logos
    a. Use of IHIPC logos shall be limited to those uses approved by the IHIPC Steering Committee.
4. Security
    a. A minimally accepted security standard for access to all web related websites and social networking sites shall be necessary for the protection of material not intended for immediate public dissemination or to protect from malicious intent.
        i. Administrative access shall be limited to those that require access for the purpose of updating and maintenance of material.
        ii. At least two-persons shall have administrative access in order to protect against attrition of membership and/or administrative or contractual staff members
            1. Web-site Administrator
            2. Parliamentarian, Secretary or person designated by the IDPH IHIPC Coordinator
        iii. Passwords of administrative staff shall include at least three of four of the elements listed below and be between 8-20 characters in length and use of a two-step or two-factor authentication process.
            1. At least one (1) capital alpha character (A-Z)
            2. At least one (1) lower-case alpha character (a-z)
            3. At least one (1) Numeric Character (0-9)
            4. At least one (1) Unicode, non-alpha numeric Special Character (!, $, #, %, etc.)
        iv. Non-administrative staff shall be allowed to meet a lesser standard that represents 2 of the 4 elements listed above, 8-20 characters in length and may choose not to use two-step or two-factor authentication.

VERSION IDENTIFICATION OF DOCUMENTS

The Department and IHIPC draft and revise a substantial number of documents in their community planning activities. To ensure that all participants in HIV planning group activities are working with the same version and to avoid confusion about revisions to documents, all documents for use by IHIPC should include a footer that designates the version number and date of the document.

1. Draft versions of any document to be used by the IHIPC should be labeled according to the following procedure. The first draft version of a document should be labeled with a footer indicating that it is draft version 0.1 and the date of the version. Subsequent draft versions should be labeled 0.2, 0.3, etc., to indicate the draft number and the date of revisions.

2. Final versions of documents to be used by the IHIPC should be labeled according to the following procedure. The first final version of a document should be labeled with a footer indicating that it is version 1.0 and the date of the version. When changes are made to a "final" document, subsequent versions should be labeled 1.1, 1.2, 1.3, etc. and the date of revisions.

VETTING OF POPULATIONS FOR PRIORITIZATION

Background

The goals of the vetting process for HIV Prevention risk group prioritization are to:

1. Allow the Illinois HIV Integrated Planning Council (IHIPC) Reducing HIV Disparities/Achieving Health Equity Committee along with IDPH HIV Section Staff adequate time to investigate proposed populations for prioritization for prevention services and to gather evidence for such changes
2. Ensure there is evidence in the Illinois jurisdiction of the following:
   a. HIV-infection rates of 1% or higher are prioritized for risk-targeted HIV Prevention.
   b. HIV-infection rates at or above 0.1%-0.9% are prioritized for routine HIV Testing.
3. Ensure there is evidence in jurisdictions *similar* to Illinois of the following:
   a. HIV-infection rates of 1% or higher that may be prioritized for Special Project HIV Testing (N=200-300+).
   b. HIV infection rates with ambiguity suggesting possible Illinois 1% sero-positivity rates may have an evaluation-only question added to the Risk Assessment to determine sero-positivity of un-prioritized individuals disclosing the risk.

Procedure

Submissions for proposed populations with evidence of high risk for prioritization must be solicited and submitted to the IHIPC Reducing HIV Disparities/Achieving Health Equity Committee by **March 31st of every calendar year** for consideration for inclusion in the *following* calendar year. Requests must include the *Population Vetting for Prioritization Submission Form* and attached supporting documentation substantiating the consideration.

The vetting process will include reviewing Illinois Surveillance Case Reports, IDPH HIV Testing Risk Assessment, research literature and a cost/benefit evaluation for both major risk group categories and risk group subpopulations. The IHIPC Reducing HIV Disparities/Achieving Health Equity Committee and the IDPH HIV Section may consult with and seek recommendations from the IHIPC Reducing HIV Incidence Committee, as needed, in the vetting of proposed populations for high-risk prioritization.

Using Surveillance Case Reports

When using Surveillance Case Reports to investigate major risk categories, IDPH will look to see if the Case Report documents this risk. If so:

1. What is the Illinois HIV incidence associated with this risk?
2. Do the cases with this risk comprise a sufficient percentage of the incidence to fund a program?
3. If the percentage with this risk is very small but the estimated infection rate is high, could it be included in other categories?

It is important to note that for risk-targeted grants, allocations for major prioritized population categories are allocated based on the percentage of the total incidence by the IDPH HIV Section. However, funding for risk group subpopulations are not subdivided based on HIV incidence.

Using IDPH HIV Testing Risk Assessments

When using the IDPH HIV Testing Risk Assessment for major risk categories and/or risk group subpopulations, IDPH HIV Section staff will examine them to determine:

1. Does current or recent past IDPH HIV Testing Risk Assessments document this risk?
2. If so, what was the Illinois HIV sero-positivity associated with this risk in clients for whom this was a primary risk?
3. Can the sero-positivity of this be adequately assessed in isolation? When a risk cannot be assessed in isolation, can it be assessed when in combination with another risk in comparison to the risk alone?
4. Was the sample size of the tests for this assessment 200 or greater?

Using Research Literature

When using research literature to explore new risk categories for prioritization, the IHIPC Reducing HIV Disparities/Achieving Health Equity Committee will review literature evidence that suggests this risk population may be likely to become HIV-infected at a rate of 1% or higher per year in geographical jurisdictions likely to be epidemiologically similar to Illinois as a whole. Nationwide United States studies of HIV surveillance incidence rates and/or HIV testing sero-positivity rates will be studied, along with HIV surveillance incidence or testing sero-positivity rates in the United States with similar incidence rates.

When the research findings cite only increased frequencies of risk behavior for a population and no evidence of high HIV incidence or HIV sero-positivity, IDPH HIV Section will need to establish:

1. Is there evidence that sex/injection partner pool for the proposed risk population has HIV ***prevalence*** sufficient to generate 1% or higher HIV infection rate per year given the infection rate per exposure for the risk behavior in questions?
2. What is the assessed risk behavior frequency in the proposed risk population?
3. What is the assessed probability that a partner is HIV-infected?
4. For a confirmed HIV+ partner, what is the probability that a single risk exposure will results in a HIV infection via that risk behavior?
5. For currently prioritized Risk Category/Subpopulations, does adding a new risk component to the definition increase the risk population's HIV sero-positivity or incidence enough to justify the added reporting burden?

Using Cost/Benefit Analysis

When evaluating the costs vs benefits of adding a new risk category and/or subpopulation, the IDPH HIV Section will examine if the benefits of a new or revised prioritized population definition justifies the costs. Costs associated with a new and/or revised population include:

1. Adding fields to PROVIDE
2. Rewriting risk categorization software code for PROVIDE
3. Training all PROVIDE-using counselors and users on revised forms/required entries
4. Reprinting revised IDPH HIV Testing HIV Risk Assessments
5. Requiring deadlines for old form data entry to transition from the old to the new risk assessment
6. Rewriting/Reassigning of scopes to incorporate new/revised risk populations

Once the IHIPC Reducing HIV Disparities/Achieving Health Equity Committee has completed the vetting process, it will provide its recommendations to the IDPH HIV Prevention Administrator who will then present that information and committee recommendations to the IHIPC full body by August of that calendar year.

Population Vetting for Prioritization Submission Form

Date Submitted: _____

Submitted By: _____

Prioritized Risk Group Category/Subpopulation Requesting to be Vetted: _____

Attached Supporting Documents Include: ___ Research Literature ___ PROVIDE Reports ___ Other

IHIPC Epi/NA Committee & IDPH Recommendations

_____

_____

_____

_____

_____

Date Received: _____ Date Completed: _____

APPENDIX A: CROSSWALK OF CDC & HRSA PLANNING BODY ROLES IN INTEGRATED PLANNING AND RELATED ACTIVITIES (FEBRUARY 2016)

"Crosswalk" of CDC & HRSA Planning Body Roles in Integrated Planning and Related Activities – as of February 2016[1]	
HIV Prevention	**Ryan White - Part B**
1. Planning Body: "All CDC/DHAP and HRSA/HAB funded jurisdictions are required to have a planning process that includes the development of a Comprehensive Plan and the establishment of either an HIV Planning Group, Planning Council, or Advisory Group, hereafter, referred to as 'planning body.'" (Integrated Plan Guidance, p 4)	
Jurisdictional HIV Prevention Planning Group (HPG) "If there is more than one HPG in the State, the Health Department is responsible for deciding the best way to integrate state, regional, and local HIV Planning Group activities… For states with regional planning groups, planning efforts should be combined." (2012 HIV Planning Guidance, p 27)	"RWHAP Part B planning bodies are not defined in the legislation. As such, they have a more varied structure and membership than planning councils. RWHAP Part B planning bodies are shaped primarily by the grantee." [Part B Manual, p 79] Ryan White legislation requires Part B Recipients[2] to engage in a "public advisory planning process" [Section 2617(b)(7)(A)] but does not require an ongoing planning body. Recipients may convene planning meetings in order to conduct important needs assessment, priority setting, and resource allocation processes without having a permanent planning body. The legislation provides specific requirements in case a recipient chooses to create a specific type of a standing planning body called a consortium. [Section 2613] "The Ryan White HIV/AIDS Part B grantee can choose to oversee planning itself through Statewide or regional planning bodies, or the State can assign the responsibility to consortia. Consortia are associations of public and nonprofit health-care and support service providers and community-based organizations that the State contracts with to provide, for a specific region(s) or the entire State, planning, resource allocation and contracting, program and fiscal monitoring, and required reporting." [Part B Manual, p 69] Unless otherwise stated, this document describes HRSA requirements, expectations, and best practices for a standing statewide planning body that is not involved in providing direct services.
2. Planning Body's Accountability	
HPG is advisory and **reports** to the Recipient.	Planning body is advisory and **reports to** the Recipient.
3. Planning Body's Primary Functions	
"Primary Goal: To inform the development or update of the Integrated HIV Prevention and Care Plan that will contribute to the reduction of HIV infection in the jurisdiction."	Working with the Recipient, **bring diverse experience and input** into needs assessments, Integrated HIV Prevention and Care Plan development, and priority setting; make recommendations for resource allocation. [Sections 2617(b), 2613(b), 2618(a), and 2621(c) and Part B Manual, p 69]
4. Planning Body – Planning-related Tasks and Activities	
Integrated Planning: Planning bodies have an important role in developing and using the Integrated HIV Prevention and Care Plan in their jurisdictions: • The Integrated HIV Prevention and Care Plan should include information on who is responsible for developing the Integrated HIV Prevention and Care Plan within the jurisdictions (i.e, RWHAP Part B advisory groups, and CDC HIV planning bodies)." [Integrated Plan Guidance, p 4] • "HIV planning bodies should use this living document [the 2017-2021 Integrated HIV Prevention and Care Plan, including Statewide Coordinated Statement of Need] as a roadmap to guide its HIV prevention and care planning throughout the year." [Integrated Plan Guidance, p 2]	

The Integrated Plan Guidance describes a role for the HIV prevention body that goes beyond what was included in the CDC 2012 HIV Planning Guidance. The Integrated Plan Guidance specifies that: • "The Integrated HIV Prevention and Care Plan development is a joint effort between jurisdictions and planning bodies." (p 13) • "Submit a letter of concurrence to the goals and objectives of the Integrated HIV Prevention and Care Plan from the co-chairs of the planning body and the health department representatives" (p 15) The CDC 2012 Guidance indicates that: • The Health Department is ultimately responsible for implementing the Jurisdictional HIV Prevention Plan • The planning body should inform the development or update of the HIV Prevention Plan(s) HPG roles include: • Obtain from the recipient and use the most current epidemiologic surveillance and evidence-based data • Work with the recipient to develop a process for reviewing a draft HIV Prevention Plan • Review the Plan annually • Annually, submit a letter of concurrence, concurrence with reservation, or non-concurrence with the Plan to CDC • Promote and support, as appropriate and feasible, the implementation of the HIV Prevention Plan in conjunction with the Recipient	**Provide input** into development of the Integrated HIV Prevention and Care Plan**,** which describes the organization and delivery of HIV health care and support services, addresses unmet need, is coordinated with HIV prevention and substance abuse treatment programs and other support services, and is consistent with the Statewide Coordinated Statement of Need (SCSN) (see below) and the CDC required HIV Prevention Comprehensive Plan. [Section 2617(b)(5)] The Plan should also include "a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities, and including discrete goals, a timetable, and an appropriate allocation of funds. " [Section 2617(b)(5)(B)] As a best practices planning bodies play the following roles: • **Provide input** to a workplan for developing a Plan • Where relevant, **assist** with data collection by **reviewing** draft tools, **opening doors** to stakeholder groups; **helping to arrange and facilitate** town hall meetings; **collecting** key stakeholder or survey data; etc. • **Help** develop goals and objectives • **Review** draft Plan and **provide** feedback • Annually, **review** progress in implementing the plan and **provide input** regarding necessary changes
4. Planning Body – Planning-related Tasks and Activities	
Coordination that is directly related to needs assessment and comprehensive planning: "HRSA and CDC encourage RWHAP and HIV prevention programs at the local and state levels to integrate planning activities; such activities encompass joint comprehensive needs assessment, information and data sharing, cross representation on prevention and care planning bodies, coordinated/combined projects, combined meetings, and fully merged planning bodies…Activities to collaborate…are necessary in the development of an integrated plan" (HRSA/CDC letter announcing the Integrated Plan Guidance, June 19, 2015)	
Work with the recipient to ensure that HPG composition contributes to collaborative planning, by including representatives of Ryan White planning groups, etc. Includes responsibility to proactively **engage** other planning bodies and other federal grant recipients during the planning process.	**Help ensure coordination** with other Ryan White programs and other HIV-related services. **Provide input** into the Plan to ensure that it: is compatible with existing plans including the Statewide Coordinated Statement of Need (SCSN); "includes a strategy to coordinate the provision of such services with programs for HIV prevention (including outreach and early intervention) and for the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for such abuse)" [Section 2617(b)(5)(C)]

	Explore ways to maximize resources for comprehensive planning, including the possibility of sharing some costs with other planning bodies, Ryan White Parts, and HIV-related efforts in the region
Needs Assessment: A core component of an HIV prevention and care plan, as described in the Integrated Plan Guidance	
CDC 2012 HIV prevention planning guidance does not require HPG involvement in needs assessment. Integrated Plan Guidance encourages involvement of planning bodies including HPGs in needs assessment related to development of the integrated plan. "CDC Grantees are…strongly encouraged to utilize a wide variety of representatives to identify resources and gaps in HIV prevention and care services" [Integrated Plan Guidance, p 6], and HPGs can help to ensure such varied input.	**Advise and support the recipient** in developing and implementing a **needs assessment** process to inform planning and decision making. [Sections 2617(b), 2618(a), and 2621] Needs assessment is a partnership activity of the recipient, the planning body, and the community. [Part B Manual, p 72] **Obtaining PLWH input:** "The RWHAP Part B legislation requires States to use methods such as community/public meetings for obtaining input on community need and priorities. Such input enables them to fulfill the legislative requirement to establish priorities for the allocation of RWHAP Part B funds with attention to the needs of PLWH." [Part B Manual, p 73] Planning body may: • **Provide insight** into planning and **input** to design of data collection tools • **Help arrange** town halls or community forums • **Ensure** that all affected populations are reached • **Review** draft results and provide feedback • **Use** results in **providing input** to the Comprehensive Plan • **Help** see that priority setting and resource allocations address identified needs • **Help share** results of the needs assessment with other programs serving similar populations • E**ncourage** cross-Part collaboration in needs assessment Needs assessment components include: • Epidemiologic profile • Assessment of service needs (including core medical services and support services) among affected populations, including barriers that prevent PLWH both in and out of care from receiving needed services or continuing in care • Resource inventory, which describes organizations and individuals providing the full spectrum of services available to PLWH, regardless of funding source • Assessment of unmet need (PLWH who are aware of their status and not receiving HIV-related primary medical care) and service gaps for all PLWH, as well as assessment related to EIIHA[3] for PLWH who are unaware of their status HRSA recommends that states "establish a needs assessment cycle that is sufficient to provide information for the HAB and CDC Comprehensive Plan and the SCSN, with a schedule for collecting updated information to address special areas and support priority-setting and resource allocation activities. Epidemiologic data should be obtained annually, information on new populations added, and special circumstances—such as the impact of advances in medical

	treatments on service needs or the impact on health care reform on coordination of care—addressed promptly." [Part B Manual, pp 71-72].
Statewide Coordinated Statement of Need (SCSN): A core component of an HIV prevention and care plan, as described in the Integrated Plan Guidance	
HPG members should participate in the Part B-led SCSN process in the state.	Participate in the implementation of a Statewide Coordinated Statement of Need, a mechanism to collaboratively identify significant issues related to the needs of PLWH in the State and to maximize coordination across all Parts and programs, resulting in a document reflecting the input and approval of all Ryan White HIV/AIDS program Parts, including: • Participating in SCSN meeting(s), • Helping to recruit participants, and • Assisting with drafting the SCSN document and/or reviewing drafts The SCSN involves a meeting that is convened by the State and includes Ryan White grant recipients from all Parts as well as individuals with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the State, providers, and public agency representatives. [Section 2617(b)(6)] States are encouraged to include representation from substance abuse, mental health, Medicaid, Medicare, Community Health Centers, Veterans Administration, HIV prevention, and other entities that may be appropriate for developing a coordinated strategy to link newly identified PLWH to appropriate health and support services.
Monitoring and Improvement	
Integrated Plan Guidance states: "Monitoring the Integrated HIV Prevention and Care Plan will assist grantees and planning bodies with identifying ways to measure progress toward goals and objectives, selecting strategies for collecting information; and analyzing information to inform decision-making and improve HIV prevention, care, and treatment efforts within the jurisdiction."	
Planning bodies and stakeholders should be regularly updated on the progress of plan implementation, soliciting feedback, and using the feedback from stakeholders for plan improvements.	
The planning body, e.g. planning council, advisory council, HIV planning group, planning body, must review the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA (and updates thereof) to verify that it describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas that bear the greatest burden of HIV disease and that it fulfills the requirements put forth by the Funding Opportunity Announcement PS12-1201 and the Ryan White HIV/AIDS Program legislation and program guidance.	

[1] This is an excerpt from a comprehensive Planning Crosswalk that describes HIV planning requirements (stated in legislation or policy notices or Guidance), and expectations and best practices (as stated in other federal documents such as Application Guidance or Funding Opportunity Announcements (FOAs), and manuals (e.g., the Part B Manual, revised in 2015). It includes the "Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017 – 2021" (Integrated Plan Guidance) issued jointly by HRSA and CDC in June 2015.

[2] Based on the Uniform Guidance, the term *Recipient* rather than *Grantee* is used to refer to the entity receiving federal HIV funding from the CDC or HRSA, except in direct quotations from earlier documents.