

MONTANA
HIV PREVENTION COMMUNITY PLANNING GROUP (CPG)

MEMBERSHIP ANNOUNCEMENT

PURPOSE OF HIV PREVENTION COMMUNITY PLANNING

The purpose of the HIV prevention Community Planning Group (CPG) is to plan! The primary purpose of the CPG membership is to create a comprehensive HIV prevention plan that best represents the needs of the various communities at risk for, or infected with, HIV. The CPG works in partnership with the Montana Department of Public Health and Human Services (DPHHS) to create the plan. The Centers for Disease Control and Prevention (CDC) is the federal agency responsible for HIV prevention in the United States, and awards funds through a Cooperative Agreement. The CDC provides the Guidance for HIV Prevention Community Planning, which outlines the required plan components, the roles and responsibilities of the state health department, the CPG, the CDC, and all aspects of community planning. Community planning supports broad-based community participation in HIV prevention planning, identifies priority HIV prevention needs, and ensures that HIV prevention resources target populations and interventions.

MISSION STATEMENT

The mission of the HIV Prevention Community Planning Group (CPG) is to reduce the number of Montanans who become infected with HIV, Hepatitis C (HCV), and Sexually Transmitted Diseases (STDs).

CPG MEMBERSHIP

Montana's HIV Prevention Community Planning Group (CPG) is seeking individuals to become members who will reflect the perspective of a specific community at risk for, or infected with, HIV. Individuals do not have to be a member of the community but should truly reflect that community's values, norms, and behaviors. These individuals should have expertise in understanding and addressing the specific HIV prevention needs of the community. The representative communities are: High Risk Heterosexual, HIV Prevention Services Providers, HIV-Positive, Injection Drug Users (IDU), Men Who Have Sex with Men (MSM), and Native American.

The CPG Membership Committee reviews applications and makes selections based on membership criteria. *The names of selected individuals are submitted to the Director of the Department of Public Health and Human Services (DPHHS) who formalizes the selection by written acknowledgement.*

THE ROLE AND RESPONSIBILITIES OF A MEMBER

CPG members shall commit to a three-year term with the option of submitting an application to be considered for additional terms. There will be three to four meetings each year convened at a central location. Members

are encouraged to participate on a standing committee and/or workgroup(s) throughout the year in addition to attending regular CPG meetings.

MEETING REQUIREMENTS

CPG members shall not be absent from more than one meeting per year (unless there are extenuating circumstances). Members are reimbursed at current state rates for expenses (travel, meals, lodging), plus a stipend, for attending meetings. New members receive an orientation to HIV prevention community planning.

- Members of each community select a workgroup representation each year. Periodically, ad hoc workgroups are established to deal with specific short-term projects or issues. The frequency of workgroup or ad hoc group meetings is determined by the workgroup/ad hoc group.
- Workgroup/ad hoc meetings are usually held via telephone conference calls or in conjunction with CPG meetings whenever possible. Members are reimbursed for face-to-face meeting expenses.

HOW TO APPLY

You can request an application by contacting the HIV Prevention CPG Coordinator at phone: (406) 444-4117 or write to: P. O. Box 202951, 1400 Broadway, Room C-211, Helena, MT 59620. If you have any questions you may direct them to this individual.

All information provided in the application is kept strictly confidential.

➤ ***DETACH AND MAIL THE FOLLOWING APPLICATION TO:***

Dee de Yong
CPG Coordinator
P. O. Box 202951
Helena, MT 59620-2951
Fax: (406) 444-6842

➤ ***PLEASE MARK THE ENVELOPE "CONFIDENTIAL".***

MONTANA HIV PREVENTION
COMMUNITY PLANNING GROUP (CPG)

CPG MEMBERSHIP APPLICATION

10.11 doc

Application Deadline: January 16, 2012

ALL INFORMATION PROVIDED IN THIS APPLICATION WILL BE KEPT STRICTLY CONFIDENTIAL

Name of Applicant _____ Date _____	
Residential Address:	Phone(s):
	E-Mail:

Send correspondence to: Home Other

COMPLETE EACH OF THE FOLLOWING FIVE SECTIONS

Section I. Community Involvement

Communities are listed alphabetically. Mark the boxes below to indicate your primary and secondary representation. Check one box only in a primary community and one box only in a secondary community.

Primary Community Representation

- Heterosexual
- HIV Services Providers
- HIV-Positive
- IDU (Injection Drug User)
- MSM
- Native American

Secondary Community Representation

- Heterosexual
- HIV Services Providers
- HIV-Positive
- IDU (Injection Drug User)
- MSM
- Native American

Representation is the act of serving as a CPG member reflecting the perspective of a specific community. You do not have to be a member of the community but should truly reflect that community's values, norms, and behaviors. You should have expertise in understanding and addressing the specific HIV prevention needs of the community. You must be able to participate in objectively weighing the overall priority prevention needs of the community.

The following criteria are considered in assuring broad representation on the CPG. Care will be taken to attempt to balance the representation from each community regarding age, geography, expertise, and life experience.

Section II. Geographic Distribution

Mark the box to indicate your county of residence.

- Urban: Reside in a county with a population greater than 30,000
- Rural: Reside in a county with a population between 5,000 and 30,000
- Frontier: Reside in a county with a population less than 5,000

Section III. Interest/Experience

Mark all boxes that apply. Interest/experience should directly relate to your selected communities.

<input type="checkbox"/>	Community- Based HIV Prevention Services	Includes HIV risk-reduction counseling, partner notification, interventions, peer education, or prevention case management	<input type="checkbox"/>	Public Health	Includes STD/HIV/TB prevention/treatment, health promotion and disease prevention, or public health administration
<input type="checkbox"/>	Community Participation	Includes community organizing, community outreach and education, grass roots activism, volunteer work, religious institution, or advocacy	<input type="checkbox"/>	Research and Evaluations	Includes HIV surveillance, epidemiology, research of at-risk populations, HIV prevention program evaluation, behavioral/social sciences
<input type="checkbox"/>	Mental Health Services	Includes community-based and hospital-based mental health services	<input type="checkbox"/>	Substance Use Prevention and Treatment	Includes drug and alcohol abuse prevention and treatment, or harm reduction/recovery readiness
<input type="checkbox"/>	Personal Experience	(LWHA) Living With HIV/AIDS, partner, relative, MSM, IDU, alcohol/substance abuse, sex worker, living with Hep C, etc.			

Section IV. Demographic: Age

Birth date: _____ / _____ / _____
Month Day Year

Mark the box to indicate your age category.

- 16-24
 25-39
 40 +

Section V. Personal Identification

Briefly describe your personal experience/involvement as indicated in Section III, in your identified primary and secondary community as it relates to planning. Include specific examples of how you can interact with your community as a CPG member. You may attach additional pages if needed.

Section VI. Alternate Position

At times, the CPG finds itself losing members during the course of a year, for a variety of reasons. When this happens, we look to alternates to fill these positions. If not selected to fill a vacancy at this time, would you be willing to serve as an alternate for the coming year?

- Yes No

Section VII: CPG Commitment

Membership in the CPG requires a strong commitment. The following is a basic outline of what this commitment entails:

- Attend and actively participate in all CPG meetings to the fullest extent of your ability. This usually includes 4 meetings each year. Meetings typically include a full day on a Friday and a half day on a Saturday. Travel expenses are paid.
- Speak for your Community Representation to the benefit of the community group. Each member is assigned to represent a specific community group and needs to be able and willing to do so.
- Actively participate in a workgroup. Workgroups conduct business and meet during and possibly outside of the full CPG meetings as needed. This work is usually conducted through e-mail or phone conferences, but may occasionally include a meeting that requires travel.

By signing below, I state that I have completed this application truthfully to the best of my knowledge. I also acknowledge that I understand and, if selected, commit to fulfill the requirements of CPG membership outlined above.

CPG Applicant Signature

Date

Full attendance at CPG meetings is *required*. Please consider this when you apply.

DIRECT QUESTIONS AND/OR MAIL APPLICATION TO:

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