SECTION I.
NAME AND OFFICES/LOCATION

1.1. NAME. The name of this advisory group is the Pennsylvania HIV Planning Group. This group is organized and sponsored by the Pennsylvania Department of Health (Department), Bureau of Communicable Diseases, Division of HIV/AIDS. The group may be referred to, in shortened form, as the HIV Planning Group (HPG).

1.2. OFFICE/LOCATION. The HPG can be contacted through the Department's Bureau of Communicable Diseases, Division of HIV/AIDS. The Director of the Division of HIV/AIDS can be reached by mail at: PA DOH, 625 Forester St., Harrisburg, Pennsylvania 17120, or by calling 717-783-0572.

Meetings of the HPG will take place in a hotel or other venue selected by and paid for by the Department through a bid proposal process. Representatives of the Department will consult HPG regarding meeting locations. However, the final decision regarding venue is at the discretion of the Department.

A list of the HPG members can be found at www.stophiv.com, a website sponsored by the PA Department of Health, Division of HIV/AIDS.

SECTION II.
CREATION AND DISSOLUTION

2.1. CREATION OF HPG. The HPG was formed to respond to the need to integrate care and prevention planning. Prior to 2013 the Integrated Planning Council (IPC) focused on care and the Community Planning Group (CPG) focused on prevention as directed by the Pennsylvania Department of Health (Department). These two planning bodies decided to integrate care and prevention in response to the recommendations from the Health Resources & Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). This integrated planning body will function as an advisory group to the PA Department of Health to assist in meeting legislative requirements and expectations, to review best practices for use in PA, and accomplish all HIV/AIDS planning activities for the Commonwealth.

2.2. DISSOLUTION OF HPG. The Department is required by its funding agreement with HRSA and the CDC, to conduct HIV jurisdictional planning as part of its comprehensive HIV care and prevention programs. The HPG may be discontinued by the direction of HRSA and/or the CDC or as a result of the termination of the Department's grant with HRSA and/or the CDC.

2.3. CREATION OF SUB-COMMITTEES, AD HOC COMMITTEES, and WORK GROUPS. Sub-committees have been created within the HPG as described below in section 5.3. These sub-committees may be revised at the discretion of the HPG when properly presented and with a majority vote. Ad Hoc committees can be formed at any time by the HPG when a short-term task is identified by presenting a motion and a majority vote is received. Work groups have been established to further several on-going needs of the HPG. Additional work

groups may be presented to the HPG for consideration by motion and implemented by majority vote. All committees and work groups have a defined purpose, goal, and objective(s) and elect a chair person to guide their work.

2.4. DISSOLUTION OF SUB-COMMITTEES, AD HOC COMMITTEES, and WORK GROUPS. Sub-committees may be dissolved and new sub-committees established by presenting this recommendation to the HPG. The Steering committee will then further discuss the recommendation and decide whether or not to bring the recommendation to the HPG for a vote. As long as HPG exists there will be a need for sub-committee work and therefore any recommendation of dissolution of current sub-committees would require a suggestion for new sub-committees. Ad Hoc committees are short-term committees and will be dissolved at the completion of their assigned task. Work groups participate in on-going activities and therefore dissolution of a work group would need to be presented to the HPG for discussion, Steering committee for determination, and potentially the HPG for a vote. Any Ad Hoc committee or Work Group that has not met for a period of six (6) months shall be deemed suspended and that committee's chair shall be relieved of his or her obligation and shall cease to be a member of the Steering Committee. The Steering Committee may, at its discretion, choose to reorganize the ad hoc committee or work group or dissolve the Ad Hoc committee or work group. Any action taken is to be presented to the members of the HPG and voted upon.

SECTION III.
VISION/MISSION/VALUES

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

3.2. MISSION. The purpose of the Pennsylvania HIV Planning Group is to provide a forum for key stakeholders across the Commonwealth to formally provide input to the PA Department of Health on issues related to HIV/AIDS care, prevention, and testing in order to address goals of the National HIV/AIDS Strategy.

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

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

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

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

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

SECTION IV.
SCOPE

4.1. SCOPE. The broad scope of the Pennsylvania HPG ties directly to the Continuum of HIV Services in Pennsylvania and as defined by the Department of Health, Division of HIV/AIDS in the context of Prevent, Test, Link, Treat and Retain/Re-engage. Further, the HPG supports the Vision Statement of the Division of HIV/AIDS and the National HIV/AIDS Strategy: *Pennsylvania will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life extending care, free from stigma and discrimination.* To accomplish these goals the HPG engages in these planning activities: Needs Assessment (including the epidemiological profile, identified gaps and resources), Priority Setting, Resource Allocation, Plan Development, Implementation, *and* Evaluation.

SECTION V.
STRUCTURE

5.1. NATIONAL HIV/AIDS STRATEGY. In 2010 the National HIV/AIDS Strategy (NHAS) was developed by the Office of National AIDS Policy after broad consultation nationwide. This policy now guides the federal response to HIV/AIDS prevention and care. As the policy guides the federal response, PA has also embraced the policy and it guides all work and activities of the HPG as well as shapes its structure. Within the Strategy, the following broad goals were created:

- *Reducing new HIV infections*
- *Increasing access to care and improving health outcomes for people living with HIV (PLWH)*
- *Reducing HIV-related disparities and health inequities*

The HPG will have a steering committee and three sub-committees. The three sub-committees will be based on the goals of the NHAS.

5.2. STEERING COMMITTEE. The Steering Committee is comprised of the HPG Co-chairs and Chair of each of the three (3) sub-committees, Chairs of any ad hoc committees, and the contracted Planning Coordinator of the community planning process (non-members may participate on committees, but may not vote, this will be addressed further in the Membership section). The Steering Committee exists to assist in strategic planning and agenda development for the larger HPG. Also welcome to attend the Steering Committee meetings are the DOH support staff and the University of Pittsburgh staff (contracted planning coordinator) as these individuals play a key role in the facilitation of all HPG activities (these are considered non-members with no voting privileges).

5.3. SUB-COMMITTEES. The HPG sub-committees provide input and feedback to the DOH in the development of comprehensive plans for prevention and care as well as take on other roles as required by legislation and suggested by best practices. HPG sub-committee members should understand how funding streams (e.g., HRSA - Care, CDC – Prevention, HUD – HOPWA, Medicare/Medicaid, Affordable Care Act and Private coverage) affect the planning goals. The HPG sub-committee structure allows for these three sub-committees to be engaged in the activities related to plan development. The current sub-committees are:

5.3.1. Needs Assessment:
Providing guidance and input in developing needs assessments, and reviewing the results of the needs assessments for inclusion in the planning process with support to the grantee for its:

- Systematic collection and analysis of information about the number, characteristics, and needs and barriers facing people at risk for or living with HIV
- Identification of current resources available to meet those needs
- Determination of unmet need and service gaps

5.3.2. Membership & Stakeholder Engagement
Obtaining and sharing with the HPG and grantee, input from diverse stakeholders, such as:

- Target populations for HIV prevention and testing
- People living with HIV/AIDS (PLWHA)
- Providers
- Academicians
- Etc.

Includes ensuring HPG membership that meets parity, inclusion and representation (PIR) including reflectiveness expectations and best practices

5.3.3. Priority Setting and Resource Allocation
Reviewing available data and recommending:

- Service priorities
- How best to use available resources to address HIV service needs throughout the state

The function of these sub-committees are specified in the CDC Planning Guidance and in the Ryan White Legislation and further clarified through guidance from the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA). Driving these guiding principles are two key strategies:

1. ***The National HIV/AIDS Strategy (NHAS)***
    - Reducing new HIV infections
    - Increasing access to care and improving health outcomes for People Living with HIV
    - Reducing HIV-related disparities and health inequities
    - Achieving a more coordinated National response to the HIV epidemic

2. ***High-Impact Prevention (HIP)***
    - Effectiveness and cost
    - Feasibility of full-scale implementation
    - Coverage in target populations
    - Interaction and targeting of interventions
    - Emphasis on interventions that will have the greatest potential to reduce HIV infections

Themes to be addressed throughout all sub-committee work includes: related epidemiological data, barriers/gap analysis, and needs assessment (to include the needs of youth). Our integrated approach to comprehensive planning helps answer four basic questions: 1) What is our current system of care? (Where are we now?); 2) What system of care do we want? (Where do we need to go?); 3) What steps can we take to develop this system of care? (How will we get there?); *and* 4) How will we monitor our progress? When it becomes necessary for the HPG to engage in providing feedback and input in the areas of the statewide continuum of services and priority setting/resource allocation development the larger group will be engaged in these discussions and if necessary ad hoc committees formed to address these topics as needed.

Members of each sub-committee also serve as leaders within their specific population and/or professional experiences (e.g., consumer, Part C provider, regional representative, etc.). These leaders serve as liaisons to disseminate and gather feedback from key stakeholders (e.g., TB, STD, Corrections, Education, SEP, Hepatitis) in their respective communities.

5.4. AD HOC COMMITTEES. Ad hoc committees will be established by the HPG when members have a similar focus and interest and desire to address specific issues that arise in the planning cycle that need special attention. Non-members are also permitted to participate on ad hoc committees. Any ad hoc committees that are formed will function for a specified period of time to accomplish a specific task. After completion of the task the ad hoc committee will be dissolved.

5.5. WORK GROUPS. Work groups are established out of HPG membership (and non-members if appropriate) to work on specific ongoing tasks of the group. These work groups may meet via conference call, the evening between face-to-face meetings, or other outside times depending on availability and needed accomplishments. These work groups will provide updates to the larger HPG and request feedback when necessary, but do not have allocated meeting time during the face-to-face meetings as these participants may also be members of the sub-committees.

5.5.1 Recruitment and Nominations Work Group. This work group facilitates an open nominations process and ensures that the membership of the HPG is reflective and representative, as defined above. This work group reviews and recommends revisions to the recruitment letters and nomination forms, reviews the submitted nominations forms for potential members, and places nominations based on gaps identified in the current HPG membership and the unique strengths of the applicants to the larger HPG for vote. The following are specific activities conducted to facilitate the work of this Work Group or specifically conducted by this Work Group.

5.5.1.a. Soliciting Nominations: The Department distributes HPG recruitment letters and nominations forms to all HPG members, Department HIV staff, HIV grantees (county and municipal health department and regional grantees), HIV prevention program field staff, PLWH groups, and a variety of agencies identified as potential resources for recruiting disproportionately affected and traditionally underserved communities on an annual basis.

5.5.1.b. Application Process: Applications will be available online at www.stophiv.com website, and may be requested and secured at Department of Health offices from the Division of HIV/AIDS. Applications may also be obtained from Community Co-Chairs, members of the Nominations and Recruitment Work Group, and general HPG members. Applications will be distributed widely across the Commonwealth and to every organization receiving Department of Health funds that provides HIV care or prevention programming. The process is open and on-going.

5.5.1.c. Application Submission: Completed applications may be submitted online or sent to: The Pennsylvania Department of Health, Director of the Division of HIV/AIDS, 625 Forester St., Harrisburg, Pennsylvania 17120. Applications should not be sent to the HPG membership or to an individual HPG member. Following the application deadline, all applications will be distributed to the HPG Nominations and Recruitment Work Group for review.

5.5.1.d. Application Review: Membership applications are to be reviewed by the Nominations and Recruitment Work Group during a meeting held for this specific purpose. Nominations and Recruitment Work Group members review the applications and recommend new membership nominations based upon gaps identified in the current HPG representation and the unique strengths of the applicants.

5.5.1.e. Membership Invitations: The Nominations and Recruitment Work Group will make a telephone call to each applicant elected by a majority vote of the HPG. The purpose of the phone call is to confirm prospective member's commitment to participate in the scheduled meetings and answer any questions. The Division of HIV/AIDS will issue membership invitations, in letter form, to those applicants who are selected by the Nominations and Recruitment Work Group.

5.5.1.f. Membership Selections: Any applicant receiving a membership invitation letter who confirms their commitment to participate in the HIV Planning Group (verbally or in writing) will be selected to serve on the HPG. If an applicant is invited to participate and declines to participate, another applicant may be chosen to fill the position.

5.5.1.g. Applicant Rejection: When all vacant positions have been filled, the remaining candidates who have not been selected will be sent letters stating that they have not been selected with a reason for this decision, and an invitation to apply again in the future. The Division of HIV/AIDS (Department Co-Chair) will send these letters to denied applicants. A priority pool of key stakeholder applicants will be maintained by the

Department. Applicants will remain in the pool to potentially fulfill any mid-term vacancies on a rotational basis.

5.5.2. Mentoring and Orientation Work Group. The purpose of this work group is to focus on developing and monitoring activities intended to orient members to HPG's structure, the community planning process, HRSA and CDC Guidance, and other major issues impacting the continuum of HIV services in PA (i.e. ACA, NHAS). Through mentoring, members of this work group should also encourage members to follow procedures and act responsibly.

5.5.3. Protocols Work Group. The purpose of this work group is to continually critique, refine, explain and revise these procedures. Specifically, this work group will focus its attention on developing the Rules for Respectful Engagement, expectations of confidentiality, and other guiding principles to which the HPG should adhere, in order to achieve efficient and effective group process.

SECTION VI.
MEMBERSHIP

6.1. GENERAL MEMBERSHIP. The HPG is convened by the Department's Division of HIV/AIDS and is comprised of approximately 35 members supported by multiple key stakeholders who serve to provide input and feedback to the HPG as well as a source for HPG member rotation. Both the HRSA Guidance and CDC Guidance recommend that the HPG reflect the diversity of characteristics of the current and projected epidemic in the jurisdiction. The HPG is composed of representatives from all five CARE Act Parts; state government representatives including staff from the Departments of Health, Public Welfare, Education, Corrections, and others; regional representatives and persons living with HIV disease. HPG members may be people working with at-risk populations, living with HIV, or conducting HIV care and prevention activities. HPG members represent the perspectives of HIV risk populations through life experiences, work responsibilities, or other responsibilities. HPG members must be residents of the Commonwealth of Pennsylvania. HPG members may be employees of agencies receiving Department of Health funding. HPG members are invited to serve by virtue of their life experience and expertise and are not understood to function as official representatives of any agency or organizational affiliation.

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

6.1.2. Composition of Membership: The HPG membership will focus on including the following stakeholders:

- *health care providers, including federally qualified health centers;*
- *community-based organizations serving affected populations and AIDS service organizations;*
- *social service providers, including providers of housing and homeless*

services;
- *mental health and substance abuse providers;*
- *local public health agencies;*
- *hospital planning agencies or health care planning agencies;*
- *affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations;*
- *non-elected community leaders;*
- *State government (including the State Medicaid agency and the agency administering the program under part B);*
- *grantees under subpart II of part C;*
- *grantees under section 2671, or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area;*
- *grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services;*
- *representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released; and*
- *government representation will include experts in the areas of Bureau of Epidemiology, Department of Drugs and Alcohol Programs, Department of Corrections, Division of Tuberculosis and Sexually Transmitted Diseases, Department of Education, and other government offices. These individuals are to serve as informants on government policies, practices, and research. They are to be appointed and removed by administrators within their respective government offices.*

The following is the targeted composition of current HPG membership:

- **Consumers** – 15 members (consumers will include affiliated and non-affiliated consumers, RW and/or SPBP recipients, youth and others of high risk, but not positive status, etc)
- **Ryan White funded-Programs:**
  - ***Part A*** (Philadelphia) – 3 members
  - ***Part B*** (Direct Service Providers) – 2 members
  - ***Part C*** (Medical Services) – 4 members (including 1 member from a Federally Qualified Health Center-FQHC)
  - ***Part D*** (WICY) – 1 member
  - ***Part F*** (AETC) – 2 members
- **HIV Testing/Prevention Providers** – 6 members (including 1 member from a County/Municipal Health Department and 1 implementing ARTAS)
- **Regional grantees –** 2 members
- **Pennsylvania Department of Health appointee** – 1 member
- **Human Service Providers –** 5 non-voting members
  - ***Mental Health***

- ***Drug & Alcohol***
- ***Housing / HOPWA*** (Housing Opportunities for People with AIDS)
- ***SPBP Advisory Committee Member***

6.1.3. Member Involvement with Other Organizations. Members may be involved in a variety of organizations. While members are encouraged to share information about the HPG and its activities with other individuals or organizations, their participation on these groups should not be understood as official representation from the HPG.

6.1.4. Vacancies: Vacancies are a natural process of the HPG membership. Recruitment is conducted to fulfill the representation of the HPG and to generally fill vacated seats due to expired terms.

6.1.5. Removal: The HPG shall have the right to remove HPG members for good cause by a simple majority vote of the members. Members may be removed at the discretion of the HPG Co-Chairs if they are considered "not present" for over 25% of the meetings (discussed in Section VII). In addition, any individuals appointed by the Department may be removed with notification to the HPG and replaced if necessary. Agencies which appoint representatives to membership can be removed or replaced by that agency by notifying the HPG.

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

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

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

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

SECTION VII.
MEMBERSHIP EXPECTATIONS

7.1. GENERAL MEMBERSHIP EXPECTATIONS:

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

7.1.2. Orientation: All new HPG members will be required to attend a mandatory one (1) day orientation training session prior to the first meeting of the year (January). Each new member will receive a membership binder during orientation and will be assigned a mentor.

7.1.3. Attendance: Members are expected to be on time for meetings and attend at least 75% of the meetings annually. Members not present for more than 25% of meetings annually are subject to removal and replacement from the applications for HPG membership. The minutes will reflect those members who are present and those members who were not present for each meeting.

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

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

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

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

7.1.8. Membership Renewal: If a member fills a representational gap on the HPG, that member may be offered an additional three (3) year term following the end of their first three (3) year term**.** This will only be permitted if there are no current applicants or nominees to replace the specific population or professional expertise.

7.1.9. Travel: Travel and travel reimbursements are governed by the Commonwealth of Pennsylvania and updated periodically. The Department will provide HPG members with the current Travel Guidelines and instruction on completing and submitting the Travel Expense Reimbursement Form during the HPG Orientation.

7.2. SUB-COMMITTEE, AD HOC COMMITTEE, and WORK GROUP EXPECTATIONS: All HPG members are required to serve on one (1) sub-committee and encouraged to serve on any Ad Hoc committees or Work Groups that are of interest. During orientation new members of the HPG will be asked to sign up to work on a sub-committee of their choice.

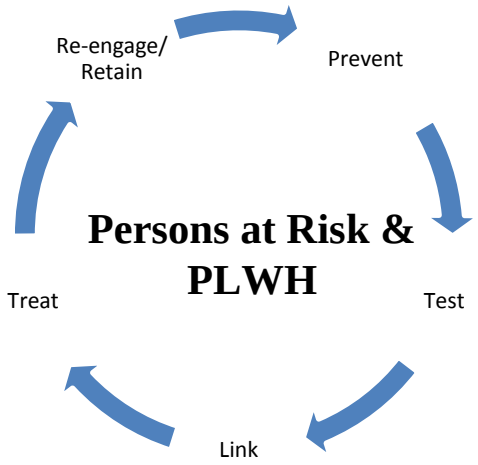
SECTION VIII.
STAKEHOLDER ENGAGEMENT

8.1 STAKEHOLDER ENGAGEMENT PROTOCOL

The continuum of HIV services is at the core of integrating care and prevention in Pennsylvania. HRSA requires broad stakeholder involvement/feedback in comprehensive planning and needs assessment. In addition to this federally mandated planning body, key stakeholders are utilized in various ways (e.g., capacity building, focus groups, etc.) to ensure that everyone has an open and transparent process for providing input and feedback for planning.

The HIV Service Model (HSM), shown below, has been developed to ensure key stakeholder engagement throughout the continuum of HIV services. The members of the HPG endorse this model as our focus for integrated planning. The model represents a clear continuum of HIV services through *Prevent-Test-Link-Treat-Re-engage/Retain* while centering around Persons at Risk & People Living with HIV.

The HIV Service Model (HSM)



The HPG members identified opportunities for key stakeholder engagement. The University of Pittsburgh HIV Prevention & Care Project developed the process below by integrating the HIV Service Model and expanding the opportunities for key stakeholder engagement. The result of this integrated collaboration is outlined below using the HIV Service Model to identify which key stakeholders add value to the engagement process during the life cycle of the continuum of HIV services.

Universal (relevant to all-points in figure above) Stakeholders

- Substance Abuse Providers
- Mental Health Care Providers
- TB programs
- Viral hepatitis programs
- STD programs
- Correctional Facilities (State and County and "the health care vendors for them")
- State HIV/AIDS Division of DOH
- Academic communities
- PEHTI

Potential venues to access stakeholders:

A. Ryan White Summit

B. Capacity building
C. SHIP Meetings
D. Regional Human Service Meetings
E. Philadelphia HIV Planning Committee
F. Regional Grantees
G. Conferences (Social Service Provider, Substance Abuse Providers, Living Well with a Disability Conference)

Prevent

- Universal stakeholders listed above (below figure)
- Members of high risk groups who are consumers of prevention and care services, including prevention for positives programs
- Members of high risk groups who are *not* consumers of prevention and care services
- Community based organizations servicing and outreaching high risk populations (e.g., LGBT bars and bathhouses, needle exchanges, venues where IDUs congregate, drug treatment), including online HIV outreach *
- Religious congregations with a focus on HIV * Are there other faith-based groups to include?
- Providers to homeless and runaway populations such as homeless shelters and food banks with some focus on HIV (Homeless Action and PA Provider Network; Part of Housing Alliance of Pennsylvania) *
- Disability-related groups with some focus on HIV *

Potential venues to access stakeholders: Regional Grantees

Test

- Universal stakeholders (listed below figure)
- Groups with * above
- Members of high risk populations who have been tested, especially late testers
- Members of high risk populations who have not been tested
- Hospital departments providing HIV testing, community health centers, federally qualified health centers, other non-HIV-specific primary care providers ^
- County and State health department testing sites ^
- University and college health centers ^
- Planned Parenthood agencies that provide HIV testing ^
- Family focused programs that provide HIV testing ^

Potential venues to access stakeholders: PA Case Management

Link

- Universal stakeholders (listed below figure)
- All * and ^ above

- Members of high risk populations have been tested HIV+ and have been linked to care
- Members of high risk populations have been tested HIV+ and have *not* been linked to care
- Case-management programs

Potential venues to access stakeholders:

A. PA Case Management Coordination Project (HIV Positive Consumers, Part B Providers, Part B Case Managers)
B. Regional Grantees (HIV + Consumers)
C. Regional Consumer Groups (HIV + Consumer, Part C Advisory Councils, SPBP Advisory Council)

Treat

- Universal stakeholders (listed below figure)
- PLWH who are "loosely connected" to care
- PLWH who are "well connected" to care
- Hospital departments providing HIV testing, community health centers, federally qualified health centers, other non-HIV-specific primary care providers

Potential venues to access stakeholders:

A. PA Case Management Coordination Project (HIV Positive Consumers, Part B Providers, Part B Case Managers)
B. Regional Grantees (HIV + Consumers)
C. Regional Consumer Groups (HIV + Consumer, Part C Advisory Councils, SPBP Advisory Council)
D. HIV Qual (Part C)
E. QM All Parts Committee (Part C, Part D)

Re-engage/Retain

- PLWH who are "loosely connected" to care
- PLWH who are "well connected" to care
- PLWH who have dropped out of care
- Hospital departments providing HIV testing, community health centers, federally qualified health centers, other non-HIV-specific primary care providers
- County Housing continuums of Care
- SPNS CPI Project
- Universal stakeholders listed above (below figure)

Potential venues to access stakeholders:

A. PA Case Management Coordination Project (HIV Positive Consumers, Part B Providers, Part B Case Managers)
B. Regional Grantees (HIV + Consumers)
C. Regional Consumer Groups (HIV + Consumer, Part C Advisory Councils, SPBP Advisory Council)
D. HIV Qual (Part C)
E. QM All Parts Committee (Part C, Part D)

These opportunities will be leveraged to ensure parity, inclusion and representation (PIR). In addition and where appropriate, virtual meetings such as webinars or conference calls will be utilized to expand participation from a diverse group of consumers, providers and agencies serving PLWHA when face-to-face opportunities are not available. For example, HPG members may lead a discussion with all Ryan White Part C providers at their annual meeting. The Ryan White All Parts Summit, regional and/or section meetings all provide an opportunity for input and feedback. In addition, youth and consumer groups across the commonwealth meet at least semi-annually so that they have an equal opportunity for input and feedback. When and where appropriate it may be prudent to invite others into the planning process who represent either governmental or non-governmental (private sector) related services, such as: state and local education agencies, homeless shelters, LGBT leaders, representatives of business, labor, and faith communities.

SECTION IX.
MEETINGS

9.1. FREQUENCY.

9.1.1. HIV Planning Group. The HPG will meet no less than six (6) times per calendar year.

9.1.2. Sub-Committees. The sub-committees of the HPG will meet at each meeting of the full HPG, with the possible exception of one month a year when other full HPG business is conducted throughout the meeting. Each sub-committee should meet no less than five (5) times per calendar year and will report a status update to the full HPG.

9.1.3. Ad Hoc Committees. Ad hoc committees will meet as needed via conference calls or face-to-face times surrounding the HPG meetings, but likely will not have meeting time allocated during the HPG meetings and will report a status update to the full HPG.

9.1.4. Work Groups. Work groups will meet as needed via conference calls or face-to-face times surrounding the HPG meetings, but will not have meeting time allocated during the HPG meetings.

9.2. QUORUM AND VOTING.

9.2.1 Quorum. A quorum is defined as more than one-half of the current HPG membership. This quorum must be met to conduct official business of the HPG.

9.2.2 Voting. A quorum *(see above)* is required to vote on any motion or resolution. A simple majority of the members present is required to pass any motion or resolution. Proxy voting is not permitted. Absentee voting is not permitted, with the exception of the concurrence vote for the Centers for Disease Control and Prevention grant.

9.3. PUBLIC MEETINGS.

9.3.1. Publicizing Meetings. The HPG actively encourages community participation. Meetings are open to the public and meeting dates are advertised in the Pennsylvania Bulletin.

9.3.2. Participation From Members of the Public. The views, perspectives, and needs of key stakeholders and all affected communities are actively included. Members of the public are welcome to attend and speak at the HPG meetings upon advance notification to DOH personnel. Public participation will be accommodated to the extent it does not adversely affect the function of the HPG. While time may be limited to public participants wishing to speak, a public comment period is extended at each meeting following the introductions.

9.4. MEETING PROCEDURES.

9.4.1. Meeting Check-In. Members and guests must sign the attendance sheet each day of the scheduled meetings. HPG members should also attempt to pick-up paperwork such as Travel Expense Reimbursement form, Travel Itinerary form, Minutes, Agendas, and other handouts before the beginning of each meeting, as distribution of these items during the meeting is often time consuming and can be disruptive.

9.4.2. Parliamentary Authority. The rules in the current edition of Robert's Rules of Order, Newly Revised, shall govern the HPG in all cases to which they are applicable, and in which they are not inconsistent with these procedures and any special rules of order the HPG may adopt.

9.4.3. Call To Order. The Community Co-Chair will call the meeting to order. At this time, the recording device, which records the proceedings of the meeting, will be turned on. Side conversation should be kept to a minimum. When HPG members are out of order or the noise level rises, the Community Co-Chair will use his or her discretion to determine whether or not the group must once again be called to order.

9.4.4. Review and Approval of Minutes. HPG members are responsible for reviewing the minutes prior to each meeting. At each HPG meeting, members will have an opportunity to edit and revise the minutes of the previous meeting. These changes will be noted in the record by the facilitator, who will ensure that any changes are reflected in the final record of the meeting. The HPG Community Co-Chair will ask the HPG for corrections to the minutes and then request a motion to approve the minutes.

9.4.5. Review of Agenda. The HPG Co-Chairs will review the agenda prior to commencement of the meeting and discuss any changes with the HPG. The purpose of this review is to focus participants on the desired outcomes of the meeting.

9.4.6. Facilitated Discussion. The University of Pittsburgh and the Co-Chairs will facilitate the HPG meetings adhering to the agenda and the work plan. All HPG members share responsibility for having productive meetings.

9.4.7. Parking Lot. A "Parking Lot" of ideas and topics should be maintained. This "Parking Lot" is to contain items, which are tabled during larger discussion due to time constraints, or items that require action later in the meeting. The Parking Lot will be reviewed at the conclusion of the meeting to ensure that all concerns have been or will be addressed.

9.4.8. Break Outs. Committee members will be asked to break out into small groups. Typically, these smaller groups are sub-committees. The Planning Coordinator or Co-Chair will provide room assignments.

9.4.9 Round Table Discussions. Committee members will be asked to reconvene after sub-committees meet to participate in round table discussions with the entire HPG membership. The purpose of these discussions is to summarize the work accomplished in sub-committees and share items of interest to the larger group to help facilitate an integrated approach for care and prevention. The entire HPG can then identify and/or address issues that may require further action or additional resources to fulfill the continuum of HIV services.

9.4.10. Technical Support. One staff person from the Department and one staff person from the contracted planning coordinator shall be assigned to provide technical support to each sub-committee.

9.4.11. Meeting Adjournment and Agenda Setting. The Community Co-Chair will adjourn meetings of the full HPG. After adjournment, the Steering Committee *(as defined in Section 5.2)* will meet. The Steering Committee's tasks are to evaluate the meeting and identify the next steps in the planning process by updating the HPG work plan and setting agenda items for the next meeting. The agenda, once set, will be written and distributed to all HPG members at least three weeks prior to each scheduled meeting of the HPG. When supplemental meeting material is necessary, it will be distributed to members with the agenda. It is the responsibility of the member to review the agenda and supplemental material and bring them to the scheduled meeting (or ask that the Department knows of your need for printed copies). Standing items on the agenda include elements 9.4.3 – 9.4.5 above. In addition, if any ad hoc committees have been created, a status report from that ad hoc committee will be a standing item until the committee completes its work.

9.4.12. Submitting Travel and Reimbursement Paperwork. The Travel Itinerary form (this form indicates your plans to attend or not attend the next meeting) is available at HPG meetings and is also distributed to HPG members four weeks prior to the scheduled HPG meeting dates. HPG members are required to complete the Travel Itinerary form and return it to the Division of HIV/AIDS, no less than three weeks prior to the scheduled HPG meeting date. The Request for Travel Reimbursement form (this form accounts for all of your travel related to

attending the meeting and provides the necessary documentation to receive your reimbursement) is distributed during the HPG meeting and should be completed and returned to the Division of HIV/AIDS staff at the conclusion of the HPG meeting or shortly thereafter.

9.4.13. Travel Reimbursement. The Request for Travel Expense Reimbursement form must be completed by each HPG member requesting reimbursement for expenses and submitted to the designated Division of HIV/AIDS staff. Reimbursement will be handled in a timely manner, usually within seven (7) weeks of the HPG meeting. Reimbursement will be provided at rates established by the Department. Should there be a problem with reimbursement, these concerns should be addressed with the Division of HIV/AIDS. Information on how to follow up on late reimbursement will be provided in the Travel Guidelines and the HPG Orientation.

9.5. MEETING MINUTES.

9.5.1. PA HIV Planning Group Meeting Minutes. The minutes of all HPG meetings will be audio-recorded and transcribed by the contracted Planning Coordinator or Department staff. The transcriptions are then presented in the form of minutes and distributed to the Co-Chairs for approval and then to all HPG members at least three weeks prior to each scheduled meeting of the HPG. Members are responsible for reviewing these minutes prior to each meeting. At each meeting HPG members will have an opportunity to edit and revise the minutes of the previous meeting. These changes will be noted in the record by the contracted Planning Coordinator, who will ensure that any changes are reflected in the final record of the meeting. The minutes are made available to the public as the meetings are open to the public and copies of the minutes are provided at the sign-in table.

9.5.2. Steering Committee Meeting Minutes. The minutes of all HPG Steering Committee meetings will be audio-recorded and transcribed by the contracted Planning Coordinator or Department staff. These minutes are reviewed by the Steering Committee members and included in the overall HPG meeting minutes distributed to the group prior to each meeting and approved at each meeting. Because these minutes are included as a section of the HPG meeting minutes they are available to the public as copies are provided at the sign-in table.

9.5.3. Sub-Committee, Ad Hoc Committee, and Work Group Meeting Minutes. Each of these groups will select an individual to record minutes each time they convene to conduct business, whether in person, via teleconference, or other electronic means. The individual volunteering to take the minutes will agree to distribute those minutes within one week of the meeting to all members of the respective groups. These minutes are used to keep the groups updated on their progress and help any member who was not present for a meeting to understand the progress. If edits need to be made to these minutes, it is discussed at the next meeting and changed as necessary. There is no official approval process for these minutes and they are available to the public at request.

SECTION X.
LEADERSHIP AND GOVERNANCE

10.1. PA HIV PLANNING GROUP CO-CHAIRS. Two Co-Chairs will serve as leaders of the HPG. One (1) Co-Chair is to be a representative of the PA Department of Health, Division of HIV/AIDS. One (1) Co-Chair is to be a community member elected from the membership of the HPG. These two Co-Chairs should work cooperatively to see that the planning process in the state is an equal effort of the Department and members of the HPG.

10.1.1. Department of Health Co-Chair. It is the responsibility of the Department of Health Co-Chair to make known the official positions and obligation of the Department. This Co-Chair must be an employee of the Department of Health, Division of HIV/AIDS. This individual is responsible for forwarding information relevant to the community planning process from the Department of Health to HPG members. It is also the responsibility of this individual to convey the concerns and requests of HPG members to Department officials. This individual is authorized to officially represent the Department and express Department positions on topics discussed at HPG meetings, the meetings of other organizations, and other functions. This individual is selected for this appointment by the Department administrators and may change at the discretion of such administrators.

10.1.2. Community Co-Chair. The Community Co-Chair is a member of the HPG elected by a majority vote of HPG members. The individual selected for this position should possess strong communication skills and have a thorough understanding of the group's function. The person in this position is to guide the members of the HPG through the planning process by assisting in developing and enforcing policies, which facilitate the community planning process. The Community Co-Chair will also assist in seeking input from HPG members to determine an agenda for each meeting, in coordinating sub-committee work and reports, in representing the HPG to the public, and in managing HPG conflict and dissent. This individual is elected to a three-year (3) term. The Community Co-Chair spends several hours per month outside of HPG meetings on HPG business. This may include conferences, events, webinars, or conference calls.

10.2. PLANNING COORDINATOR. The Department will select a Planning Coordinator to assist the group in completing the community planning process.

10.3. SUB-COMMITTEE, AD HOC COMMITTEE, and WORK GROUP CHAIRS. At the first meeting of a Sub-Committee, a chair should be selected by participants. Sub-Committee members should nominate possible chairs and elect one (1) chair and one (1) co-chair to fulfill the duties of the chair in case of an absence. Ad hoc committee and Work Group members should nominate possible chairs and elect one (1) chair. If only one individual accepts nomination, that individual will serve as the Ad Hoc committee or Work Group chair. Sub-committee, Ad Hoc committee, and Work Group chairs are responsible for convening the meetings. They are responsible for ensuring that their group accomplishes its work goals and reports activities to the full HPG.

10.4. GOVERNING GROUND RULES. Members of the HPG developed the following Ground Rules. The HPG members and guests are to adhere to the following guidelines during meeting and group discussions:

10.4.1 Courtesy

- Show all participants common courtesy
- Respectful disagreement is acceptable
- Recognize and respect other's physical limitations and capacities
- Be on time and start on time
- Cell phones and pagers should be silenced
- Cross talking, or side-bar conversation is prohibited

10.4.2 Protocol

- One person speaks at a time, upon recognition by the Co-Chair or Facilitator of the discussion
- Speak for yourself without claiming to speak for others
- Speakers are asked to respect time, or express agreement without reiteration. Respectful disagreement is acceptable; interruptions are not.
- Discussions may be limited or deferred, due to time constraints or relevance, to a later agenda item.

10.5. CONFLICT RESOLUTION. Conflict is often part of working together as a group. Participation will be encouraged but ground rules will be enforced to direct a conflict toward a positive result.

10.6. CONFLICTS OF INTEREST. HPG members shall not knowingly take actions or make statements intended to influence the conduct of the public body in a way that might confer financial benefit on the member, family members, or on any other organization in which she/he is an employee or has a significant interest. Each new member will sign a conflict of interest statement upon acceptance. This statement will disclose any real or perceived conflict of interest that exists, or affirm that no such conflict does in fact exist. Any HPG members who also serve as a director, trustee, employee, volunteer, or might otherwise materially benefit from its association with any agency which may seek funds from the HPG is deemed to have an interest in said agency or agencies. If a conflict of interest is determined to exist, either through voluntary disclosure or other determination by the membership, that individual may be excluded from voting on that particular transaction. The recorded minutes for the meeting shall document such an action.

10.7. GRIEVANCE POLICY. Grievance procedures exist for the purpose of Priority Setting Dispute Resolution when HPG members or regional grantees dispute that the HPG did not follow its process for priority setting that may be perceived to influence the resource allocation percentage recommendations. This policy is on file and available by request from the Pennsylvania Department of Health at: PA DOH, 625 Forester St., Harrisburg, Pennsylvania 17120, or by calling 717-783-0572.

10.8. COMMITTEE ENDORSEMENTS. The consent of the HPG is required for the endorsement of any activity or statement. The Co-Chairs are responsible for reviewing any statement or securing information about any activity that will require the HPG's endorsement. The Co-Chairs are responsible for presenting this information to the full HPG and for securing the consensus or approval of a majority of the HPG membership before endorsing a statement or activity.

10.9. OFFICIAL STATEMENTS. The consent of the HPG is required for the endorsement of any formal statement. The Community Co-Chair is responsible for coordinating the drafting of any formal statement that will require the HPG's endorsement. The Departmental Co-Chair is responsible for presenting this document to the full HPG and for securing the consensus or approval of a majority of the HPG membership before endorsing and releasing the formal statement.

10.10. MODIFICATION OF PROTOCOL. This protocol governing the HPG function may be modified as needed by a simple majority vote of the membership.