

**PROTOCOLS**  
*of the*  
**PENNSYLVANIA**  
**HIV PLANNING GROUP**  
**(HPG)**



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## **SECTION I: NAME AND 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 (hereby known as Department and/or DOH), Bureau of Communicable Diseases, Division of HIV Health (hereby known as Division). The group may be referred to, in shortened form, as the HIV Planning Group (hereby known as HPG).

**1.2. OFFICE/LOCATION.** The HPG can be contacted through the Department's Bureau of Communicable Diseases, Division of HIV Health. The Director of the Division 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 the venue is at the discretion of the Department.

A list of the HPG Community Representatives can be found at [www.stophiv.com](http://www.stophiv.com), a website sponsored by the Division and maintained by the HPG Planning Coordinator, HIV Prevention and Care Project (hereby known as HPCP). In addition to the website, HPCP can be reached at 412-383-3000.

## **SECTION II: CREATION AND DISSOLUTION**

**2.1. CREATION OF HPG.** The HPG was formed to respond to the integration of care and prevention planning. Prior to 2013 the Integrated Planning Council (hereby known as IPC) focused on care and the Community Planning Group (hereby known as CPG) focused on prevention as directed by the Department. These two planning bodies decided to integrate care and prevention in response to the recommendations from the Health Resources & Services Administration (hereby known as HRSA) and the Centers for Disease Control and Prevention (hereby known as CDC). This integrated planning body will function as an advisory group to the Department to assist in meeting legislative requirements and expectations, meet federal (CDC and HRSA) funding requirements, to review best practices for use in PA, and accomplish all HIV Disease 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 SUBCOMMITTEES, AD HOC SUBCOMMITTEES, and WORK GROUPS.** Subcommittees have been created within the HPG as described below in section 5.3. These subcommittees may be revised at the discretion of the HPG when properly presented and with a majority vote. Ad Hoc subcommittees 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 address 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 chairperson to guide their work.

**2.4. DISSOLUTION OF SUBCOMMITTEES, AD HOC SUBCOMMITTEES, and WORK GROUPS.** Subcommittees may be dissolved, and new subcommittees 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 the HPG exists there will be a need for subcommittee work and therefore any recommendation of dissolution of current Subcommittees would require a suggestion for new Subcommittees.

Ad Hoc Subcommittees 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, to the Steering Committee for determination, and potentially the HPG for a vote.

Any Ad Hoc Subcommittee 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 their 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 Subcommittee or Work Group or dissolve the Ad Hoc Subcommittee or Work Group. Any action taken is to be presented to the Community Representatives of the HPG and voted upon.

### SECTION III: VISION / MISSION / VALUES

**3.1. VISION.** The vision of the HPG is to ensure that all Persons Living With HIV (hereby known as PLWH) and those identified most susceptible 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 HPG is to provide a forum for key, representative stakeholders across the Commonwealth and to formally provide input to the Department on the Division's *Integrated HIV Prevention and Care Plan* (hereby known as IHPCP) for Pennsylvania, issues related to HIV / AIDS care, prevention, and testing, and the goals of the National HIV / AIDS Strategy (hereby known as NHAS).

**3.3. VALUES.** The HPG 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 ensure that the needs of affected communities and care providers are actively included.

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

These values are hereby known as PIR.

**Reflectiveness** – Overall membership and Community Representatives reflect Pennsylvania's epidemic.

### 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 and Division in the context of Prevent, Test, Link, Treat and Retain / Re-engage. The HPG supports the NHAS Vision Statement as well as the Pennsylvania Department of Health's Mission and Vision Statements: *[insert link to stophiv.com page with all statements]*. To accomplish these goals the HPG engages in and supports these planning activities:

- needs assessment (including the epidemiological profile, identified gaps and resources)
- priority setting
- IHPCP development and revision
- IHPCP implementation through assessment and evaluation.

## SECTION V: STRUCTURE

**5.1. NATIONAL HIV/AIDS STRATEGY.** In 2010 the NHAS was developed by the Office of National AIDS Policy after broad consultation nationwide. This policy, which was updated in 2022, 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:

- Prevent new HIV infections.
- Improve HIV-related health outcomes of people with HIV.
- Reduce HIV-related disparities and health inequities.
- Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders.

The HPG will have a Steering Committee and two Subcommittees. The Subcommittees will be based around assessing the implementation of the IHPCP goals and recommending updates to the IHPCP document. The IHPCP goals are designed to mirror the goals of the NHAS.

**5.2. HPG STEERING COMMITTEE.** The Steering Committee is comprised of the HPG Co-chairs and the Chair(s) of each of the two (2) subcommittees, Chairs of any Ad Hoc Subcommittees, Chairs of any workgroups, as well as any co-chair elects or designated representative members of subcommittees and Work Groups. The HPCP designated Planning Coordinator is also part of the Steering Committee.

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 Division's support staff and the HPCP 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. HPG SUBCOMMITTEES.** The HPG originally formed Subcommittees to specifically address the goals of the NHAS. Currently, these goals are codified in the IHPCP (the guiding document for Division planning and activities for 5-year planning cycles). The Subcommittees function to ensure that IHPCP goals are being successfully carried out and completed. Also, the HPG Subcommittees ensure that the IHPCP document itself is kept up-to-date and revised in line with ongoing assessment.

Members of each subcommittee serve as leaders within their specific communities and/or professional networks (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 in line with the questions or issues their subcommittees are

addressing. HPG subcommittee members should understand how funding streams (e.g., HRSA: Care, CDC: Prevention, HUD: HOPWA, Medicare/Medicaid, Affordable Care Act, private insurance coverage, and SPBP), medical advances, and sociological community factors affect the planning goals. Community Representatives, Planning Partner members, and support staff (see membership section below) may join and participate in all subcommittees; however, if any votes are taken in Subcommittees only Community Representatives vote.

Themes and data throughout the IHPCP that Subcommittees may engage with include epidemiological data, statewide goals for prevention and care, barriers/gap analysis, stakeholder and consumer engagement, and needs assessment, including the needs of youth. This Integrated Plan seeks to answer four basic questions:

- 1) What is the current state of HIV infection and risk of infection in PA? For example: where are we now?
- 2) What are PA's goals for prevention and care? Where do we need to go?
- 3) What steps can we take to develop and reach these goals? How will we get to these goals?
- 4) How will we monitor our progress?

The HPG Subcommittee structure allows for two standing subcommittees: the Evaluation Subcommittee and the Intersectionality & Innovation Subcommittee. All HPG Subcommittees must be engaged in activities related to the IHPCP.

The creation of any additional standing Subcommittee can be finalized through a simple majority vote. The HPG can engage in providing feedback and input in other areas related to the statewide continuum of services and/or priority setting. To do so, the larger HPG group will engage in discussion to form Ad Hoc Subcommittees to address these issues.

**5.3.1. HPG IHPCP Evaluation Subcommittee:** Members of this subcommittee are tasked with evaluating the processes described by the IHPCP goals and the progress being made in PA towards fulfillment of those goals. Findings and approved recommendations will be generated and documented by date as needed for review and revision by the HPCP and the Division. This Subcommittee may also generate recommendations for revisions to the current or future IHPCP, which would be forwarded to the IHPCP Intersectional and Innovation Subcommittee.

**5.3.2. HPG IHPCP Intersectional and Innovation Subcommittee:** Members of this Subcommittee will work to review and recommend revisions to the IHPCP document. Timelines for revisions will occur in alignment with federal guidelines. This subcommittee's revisions will focus on innovative solutions as well as emerging and intersectional issues supporting PA's HIV Care Continuum. Revisions may impact but are not necessarily limited to:

- the goals and activities
- formatting
- updating data or component descriptions
- changes in the NHAS or other federal or state changes
- monitoring and evaluation
- and other document components

The revision recommendation process and all proposed revisions will be documented throughout the subcommittee's work by the Planning Coordinator (HPCP). All efforts should be based on current data (epidemiological and qualitative) regarding the state of HIV and communities in PA, HPG and Division input, and the overall form and functioning (process evaluation) of the document.

Any proposed changes recommended for the IHPCP must be approved by a majority of the IHPCP Intersectional and Innovation Subcommittee's voting members. If approved, the recommendations will be presented to the full HPG with ample time in-meeting for debate and discussion. A simple majority of voting Community Representatives based on quorum is required to formally recommend changes to the Division for the IHPCP. The HPCP will be responsible for integrating approved recommendations subject to Division guidance and reporting IHPCP integration results back to the HPG as necessary.

**5.4. HPG AD HOC SUBCOMMITTEES.** Ad Hoc Subcommittees may be requested by the Division or established by a majority vote of the HPG when specific issues arise in the planning cycle that need attention. Planning partners and staff are also permitted to participate on ad hoc subcommittees. Any Ad Hoc Subcommittees that are formed will function for a specified period of time to accomplish a specific task. After completion of the task, the Ad Hoc Subcommittee will issue a final report and dissolve it. For example, the occasional but critical nature of statewide Priority Setting falls within this category.

**5.5. HPG WORK GROUPS.** There are Work Groups whose necessity is anticipated on a yearly or semi-yearly basis. These Work Groups can be activated by the Division or a majority vote of the HPG and can be filled by any member. However, some or most Work Group activities may take place outside of regular meeting hours. This may include meeting via conference call, the evening between face-to-face meetings, or other outside times depending on availability and Work Group goals. These Work Groups will provide updates to the larger HPG and request feedback when necessary.

**5.5.1 Recruitment and Membership 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 may review and recommend revisions to the recruitment letters and nomination forms, review the submitted nominations forms for potential Community Representatives, and recommend nominations based on gaps identified in the current HPG membership and the unique strengths of the applicants.

**5.5.2. Protocols Work Group:** The purpose of this work group is to examine, refine, and revise these procedures. Specifically, this work group will focus its attention on developing these Protocols, the Governing Ground Rules, expectations of confidentiality, and other guiding principles to which the HPG should adhere to achieve efficient and effective group processes.

## SECTION VI: MEMBERSHIP

**6.1. HPG MEMBERSHIP.** The HPG is convened by the Department's Division of HIV Health and is comprised of at least 25 Community Representatives and 18 Planning Partners. These HPG represents key stakeholders, consumers / demographic groups, and serve to provide input and feedback to the HPG. Both HRSA and CDC Guidance recommend that the HPG reflect the diversity of characteristics of the current and projected epidemic in the jurisdiction.

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

## 6.1.2 HPG Community Representatives:

**6.1.2.a Description:** HPG Community Representatives are chosen for their ability to advocate for and represent the voices and perspectives of a wide range of key stakeholders: people representative of, or impacted by, the HIV epidemic throughout Pennsylvania. Community Representatives may be people;

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

HPG Community Representatives represent the perspectives of HIV susceptible populations through their life experiences, work responsibilities, or other activities. HPG Community Representatives must be residents of (that is, reside solely in) the Commonwealth of Pennsylvania, and may be employees of agencies receiving Department funding. HPG Community Representatives are invited to serve by virtue of their life experience and expertise and are not understood to function as official representatives of any agency or organizational affiliation. Community Representatives apply to serve on the HPG through an ongoing application process (see section 7.2.1.b).

**6.1.2.b. Responsibilities:** Community Representatives, the voting body of the HPG, vote on all recommended changes to the IHPCP or other matters for which votes are called. HPG Community Representatives are expected to fully participate in all HPG activities, lunches, subcommittees, and workgroups. In addition to developing recommendations to the Division (as described in Section V), it is expected that HPG Community Representatives will help disseminate updates, approved plans, and HPG surveys to their stakeholder networks as well as bring feedback to the HPG / Division around both planning and other critical issues in the commonwealth.

Because these Community Representatives were selected based on their knowledge, experience and perspectives on HIV-related issues in Pennsylvania, attendance is carefully recorded for each Community Representative. Community Representatives who do not attend 75% of the yearly meeting days will forfeit their spot (see 7.1.3). These Community Representatives volunteer for a three-year (3) term. At the end of their term Community Representatives may, if they wish, reapply through the normal application process to begin another three-year (3) term. These Community Representatives elect a Community Co-Chair to a 2-year term to work with the Division Co-Chair to run meetings and lead yearly HPG planning. All qualifying travel costs are reimbursed by the Division. The HPG Planning Coordinator is responsible for maintaining attendance records.

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

HPG Community Representatives (minimums below):

- Service Recipients/Consumers – 40%
- RW Part B Direct Service Providers – 15%
- RW Parts C and D Providers – 15%
- HIV Testing/Prevention Providers – 15%

- HIV community organizations/RW Part B sub-recipients – 10%
- County/Municipal Health Departments – 5%

### **6.1.3 HPG Planning Partners:**

**6.1.3.a. Description:** Planning Partners serve on the HPG at the invitation of the Division and represent relevant agencies and partner organizations working on key issues related to HIV.

**6.1.3.b. Responsibilities:** Planning Partners sit at the HPG table and fully participate in all HPG activities, lunches, and workgroups. In addition to assisting in developing recommendations to the Division (as described in Section V), it is expected that HPG Planning Partners will help disseminate updates, approved plans, and applicable HPG surveys to their professional networks or agencies as well. Planning Partners also bring applicable feedback or updates from their agencies or departments to the HPG / Division around both planning and other shared, critical issues in the commonwealth.

Because the Planning Partner staff represent agencies and organizations, they do not necessarily need to be the same person at each meeting and do not have term limits. For these reasons, they may not make motions or cast votes during business meetings or subcommittee work. Planning Partner agencies are expected to cover any travel costs for these members, if applicable.

**6.1.3.c. Composition:** Currently there are 18 Planning Partner slots, which are listed in their entirety below.

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

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

**6.1.4. Involvement with Other Organizations:** Individuals 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 in these groups should not be understood as official representation from the HPG. Community Representatives are informed of the perspectives and

communities (per the preferred priority list in Section 6.1.2.c.) they were chosen to represent in the HPG upon initial notification of membership.

**6.1.5. Vacancies:** Vacancies are a natural process of the HPG. Recruitment is conducted on a rolling, as-needed basis to fulfill the representation of the HPG and to generally fill vacated seats due to expired terms.

**6.1.6. Removal:** The HPG shall have the right to remove HPG Community Representatives for reasonable cause by a simple majority vote of the Community Representatives. Community Representatives may be removed due to lack of attendance or conduct. (see Section 7) In addition, any individuals appointed by the Division may be removed with notification to the HPG and their home agency and replaced as necessary. Agencies, which appoint or delegate representatives to serve as Planning Partners, can replace said representative(s) by notifying the HPG and the Division.

**6.1.7 Confidentiality Policy:** A well-functioning HPG includes PLWH and individuals that represent priority and higher incidence populations. This means that some members may engage in behaviors that make them susceptible for HIV infection or have experience working with populations that engage in behaviors that may make them have a higher incidence for HIV infection and other health risks. Furthermore, HPG Community Representatives are encouraged to share their unique personal perspectives with the HPG, as they relate to jurisdictional planning and the needs and perspectives of prioritized populations.

For these reasons HPG members shall keep confidential other members' personal information that they do not want shared. HPG members are reminded that the HPG meetings are open to the public and that there is no expectation of privacy during the meetings. Documents produced as part of HPG work may also be posted in public forums such [www.stophiv.com](http://www.stophiv.com) or the HPG's cloud-based filesharing system. These products may include plans, newsletters and meeting minutes.

HPG members are also reminded that HPG meeting minutes reflect members' names for attendance purposes, and these documents are considered a public record—hence there is no expectation of anonymity. HPG members are advised that if they wish to make comments during the HPG meeting and they do not want to be recorded in the meeting minutes, they must indicate this to the HPG meeting recorder. This request for an exclusion from the meeting minutes will be documented in the meeting minutes.

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

**6.3. HPG AD HOC SUBCOMMITTEE MEMBERSHIP.** Ad hoc subcommittees will be formed on an “as needed” basis at the request of members of the HPG. Ad hoc subcommittees should be formed and convened to accomplish specific work tasks as described in section 5.4. Ad hoc subcommittees will accomplish short-term goals. HPG members can request to form ad hoc subcommittees during full HPG meetings. Ad hoc subcommittees may not be formed during subcommittee meetings. When a motion to convene an ad hoc subcommittee is approved by a majority vote of the HPG Community Representatives, the Community Co-Chair should solicit volunteers from the larger committee for ad hoc subcommittee membership. Ad hoc subcommittees should be comprised of at least four (4) HPG Community Representatives. Ad hoc subcommittees should be charged with specific tasks and a time frame in which to complete their task and report results back to the HPG at large.

**6.4. HPG WORK GROUP MEMBERSHIP.** Work Groups have at least 4 Community Representatives. The tasks for these work groups are ongoing, so membership may be revised over time. The Planning Coordinator staff will participate in the work groups' activities to facilitate progress where needed.

## SECTION VII: MEMBERSHIP EXPECTATIONS AND RESPONSIBILITIES

### **7.1. HPG GENERAL MEMBERSHIP EXPECTATIONS.**

**7.1.1. Terms:** HPG Community Representatives are elected for three (3) year terms commencing in January of their first year. Community Representatives may reapply through the regular application process for another three (3) years, with a maximum total of six (6) years in service. Previous Community Representatives are welcome to apply to rejoin the HPG after a minimum one-year absence. Community Representatives serve on a rotational basis to target the guidelines for the Composition of Membership as outlined in section 6.1.2.c.

Staff from state agencies have terms that are set at the discretion of the Division. Staff from government offices may be added and removed at the discretion of their administrators regardless of the planning process timeline.

**7.1.2. Orientation:** All new HPG Community Representatives will be required to attend a mandatory one (1) day orientation training session, either held prior to the first meeting of the year or during the first applicable HPG meeting. Each new Community Representative will receive a membership binder during orientation.

**7.1.3. Attendance:** Not being present at HPG meetings affects the business and success of improving HIV Planning, prevention, and services in Pennsylvania. Attendance tracking is required as a matter of efficiency and consistent meeting practice, especially for quorum when voting occurs.

#### **7.1.3.a. Expectations:**

- Community Representatives will sign in at the start of each meeting.
- Community Representatives are expected to be on time for meetings and fully attend at least 75% of the meetings annually.
- Community Representatives not present for more than 25% of meetings annually are subject to removal and replacement from the last year's HPG Community Representative applications.

- The minutes will reflect those Community Representatives who are present and those Community Representatives who were not present for each meeting.
- In-person attendance for the first year of membership is highly recommended.

**7.1.3.b. Qualifying Events:**

- HPG events with a planned meeting agenda sent to all members at least one week prior are qualifying events and will require attendance tracking.
- HPG Community Representatives may determine through majority vote additional qualifying events requiring attendance tracking. Examples of other qualifying events can be town halls, outreach events, community feedback sessions, etc.
- Attendance includes in-person and/or virtual attendance.

**7.1.3.c. Lack of Attendance Removal:**

- As attendance is tracked by the HPG Planning Coordinator, when individuals will not achieve the minimum 75% attendance expectation, outreach will be made by the Community Co-Chair. Notification will be made from the HPG Planning Coordinator to the Recruitment and Membership Workgroup as a Community Representatives' lack of attendance percentage increases.
- Engagement from HPG leadership is key to understanding the reason(s) for Community Representatives' absence(s). It also provides insight in determining if removal is needed. Community Representatives may resign if they determine that attendance cannot be maintained. See 7.1.7 for more details.
- In the event removal for attendance is required, the Recruitment and Membership Workgroup will be notified by the Community Co-Chair, and / or the Planning Coordinator, about the membership opening as preparation for a priority pool individual to be contacted with the opportunity to replace the departing HPG Community Representative(s).

**7.1.4. Absence, Lateness & Early Departures:** For the business of the HPG to be effectively conducted it is imperative that Community Representatives 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 Community Representatives may at times need special accommodations.

- There are no 'excused' absences; occasionally being unable to avoid missing a meeting (illness, emergency, etc.) is recognized through the 25% of meetings Community Representatives are allowed to miss.
- Community Representatives should routinely notify the Co-Chairs of any unexpected absence that may affect the safety and care of our members and expected guests.

**7.1.5. Removal Due to Conduct:** Upon receipt of a written allegation or complaint, the Co-Chairs will consult with the Steering Committee and whomever else is deemed appropriate in a timely manner.

- Complainants may request to submit their complaint to either a HPG Co-Chair or the Planning Coordinator anonymously.
- In the event that a complaint is alleged against the Community Co-Chair, the complaint should be addressed to the Division Co-Chair who will bring the complaint to the Steering Committee, excluding the Community Co-Chair.

- If an allegation is made against a member who is on the Steering Committee, the initial complaint review would be made with the Steering Committee excluding the alleged member.
- Upon review of the allegation or complaint, the Steering Committee will have discretion to dismiss the matter or determine it has sufficient merit to pursue further. If the latter is the case, the Co-Chairs will immediately inform the Community Representative of the alleged violation in writing. The Steering Committee may utilize the Planning Coordinator and/or other specialists as needed to review the allegation or complaint in determining merit to avoid conflicts of interest or unintended bias.
- The Co-Chairs may temporarily suspend the Community Representatives' membership pending the resolution of the matter. Mediation may be pursued at the request of the Steering Committee, Division, and/or the alleged Community Representative. Mediation will be executed by an external mediator selected and retained by the Planning Coordinator. Mediation provides an opportunity for fairness in understanding the alleged Community Representative's perspective.
- Before a vote to resolve the allegation, the alleged HPG Community Representative may give the Co-Chairs a written response to the complaint and may also request to present their response directly to the HPG. Community Representatives will vote on actions to be taken regarding the Community Representative's HPG membership at the next HPG meeting, provided at least 10 days precede the next HPG meeting. If the allegation occurs within ten days of the next HPG meeting, the resolution must occur during the following HPG meeting.
- Possible actions voted on by the Community Representatives could be membership termination or alternative options. Alternative options may include censure within meetings or other items agreed upon by the community representatives.
- As part of the voting process, the HPG has the ability to ban a representative who is found to be in violation of the protocols from reapplying either for a set time or permanently. The nomination/application of an individual who reapplies while they have an HPG active ban would be flagged by the Planning Coordinator to the HPG Nominations and Recruitment work group during the membership assessment process.
- Outcomes will be provided in writing to all parties involved, and a record of the allegation(s) and outcomes will be kept by the Planning Coordinator.
- Any public record or disclosure of such actions must be discussed and approved upon by both the HPG membership and the Division.

Violations of any HPG policies contained within these protocols (Confidentiality, Representation, Conflict of Interest, Attendance, or other substantial allegations), a Community Representative may be removed from the HPG by a vote of the majority of the Community Representatives present at a duly convened meeting or teleconference, provided a quorum is present.

Planning Partner Agencies may not be removed, however the HPG can request the agency individual be replaced by another due to poor conduct.

**7.1.6. Participation:** All HPG members are essential and encouraged to provide meaningful involvement in the planning process with an active cordial voice in decision-making. The views, perspectives,

and needs of all members are welcome, respected, and equal. The HPG will utilize Robert's Rules of Order as guidelines for meeting procedures and processes.

**7.1.7. Resignation:** HPG Community Representatives wishing to resign shall notify the Co-Chairs in writing. The vacant position shall be filled either:

- 1) in the next nominations cycle or,
- 2) from the priority pool of rolling applications for HPG Community Representatives.

If an individual holds an appointed membership position representing a Planning Partner agency / organization (Department of Corrections, Department of Education, 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.
- See Section 10 regarding resignation of Co-Chair and Subcommittee Chair(s).

**7.1.8. Travel:** Travel and travel reimbursements are governed by the Commonwealth of Pennsylvania and updated periodically. The Division will provide HPG Community Members with the current Travel Guidelines and instruction on completing and submitting the Travel Expense Reimbursement Form during the HPG Orientation. Travel is not covered for Planning Partners or guests, and the Division at its sole discretion may direct the Planning Coordinator to cover travel costs for key invited speakers.

**7.1.9. Recruitment and Membership Nomination:** Community Representatives of the HPG are encouraged to nominate individuals who may be candidates for future HPG membership to the Recruitment and Membership Work Group open nominations process as described in section 7.2.1.a. Members of the community-at-large may also recommend individuals for membership by contacting a Co-Chair or the Chair of the Recruitment and Membership Work Group.

## **7.2 WORK GROUP RESPONSIBILITIES**

### **7.2.1 Recruitment and Membership Work Group:**

**7.2.1.a. Soliciting Nominations:** The Division distributes HPG recruitment letters and nominations forms to all HPG members, Department HIV Health staff, HIV grantees (county and municipal health departments plus 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. Applicants from disproportionately affected communities, traditionally underserved communities, and applicants that fill gaps in current HPG Community Representative membership are specifically encouraged to apply; however, all applications will receive serious consideration.

**7.2.1.b. Application Process:** Applications will be available online at the [stophiv.com](http://stophiv.com) website and may be requested and secured at the Department offices from the Division. Applications may also be obtained from the Community Co-Chair, members of the Recruitment and Membership 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 ongoing.

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

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

**7.2.1.e. Membership Invitations:** The Recruitment and Membership Work Group will contact each applicant elected by a majority vote of the Recruitment and Membership Work Group. The purpose of contacting is to confirm prospective Community Representative's commitment to participate in the scheduled meetings and answer any questions.

The Division will review the de-identified prospective representative applications for final review. Once this process is complete, the Planning Coordinator will share applicants' contact information with the Division, who will issue membership invitations to those applicants selected by the Recruitment and Membership Work Group. As many new representatives will likely have a wide range of skills, insights, and experiences, this letter must inform new representatives of which categories they are specifically representing in the HPG. The list of new representatives will be forwarded to DOH leadership for awareness.

**7.2.1.f. Community Representative Selections:** Any applicant receiving a membership invitation who confirms their commitment to participate in the HPG (verbally or in writing) will be selected to serve on the HPG as a Community Representative. If an applicant is invited to participate and declines, another applicant may be chosen to fill the position.

**7.2.1.g. Applicant Rejection:** Remaining candidates who have not been selected will be sent an invitation to apply again in the future. The Division (via Division Co-Chair) will send these letters to denied applicants. A priority pool of key stakeholder applicants will be maintained by the Planning Coordinator. Applicants will remain in the pool to potentially fill any midterm vacancies on a rolling basis. The Recruitment and Membership Work Group retains flexibility when creating recommendations to fill (or not fill) vacant positions to ensure parity, inclusion, representation and reflectiveness.

## SECTION VIII: STAKEHOLDER ENGAGEMENT

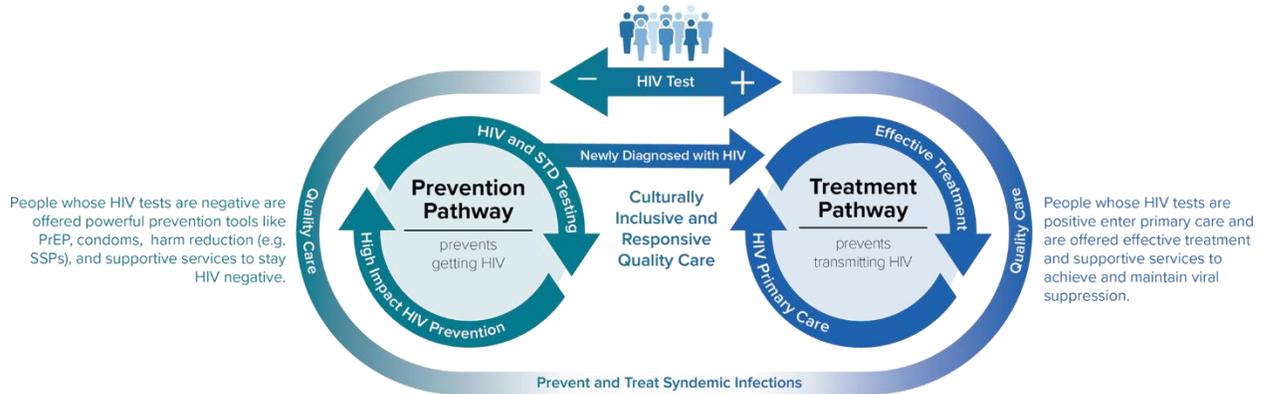
### **8.1 STAKEHOLDER ENGAGEMENT PLAN.**

The continuum of HIV services is at the core of integrating care and prevention in Pennsylvania. HRSA and CDC require 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 Status Neutral HIV Model shown below has been developed by the CDC 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 regardless of current HIV status centering Persons at Risk & People Living with HIV.

## The Status Neutral HIV Model Status Neutral HIV Prevention and Care



Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

The HPG members identified opportunities for key stakeholder engagement. The HPCP 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 HSM to identify which key stakeholders add value to the engagement process during the life cycle of the continuum of HIV services.

The HPG Stakeholder Engagement Plan (SEP) will be maintained by the HPG and Planning Coordinator and will be voted on when changes are presented to the SEP. The Stakeholder Engagement Plan will be expected to include/address stakeholders who are relevant to all points in the figure above (universal stakeholders) as well as communities and stakeholders specific to prevention, testing, linkage to care, treatment, and retention/reengagement in care services. Additional examples of all stakeholders may be found in the IHPCP.

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. 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 four (4) times per calendar year.

**9.1.2. Subcommittees:** Each subcommittee should meet no less than four (4) times per calendar year and will deliver status updates to the full HPG. Subcommittees will have breakout time each meeting and should expect some additional time in between full HPG meetings to complete some tasks. Subcommittees will deliver status updates to the full HPG.

**9.1.3. Ad Hoc Subcommittees:** Ad hoc subcommittees will meet as needed via conference calls, virtual meetings, or face-to-face times surrounding the HPG meetings, but likely will not have meeting time allocated during the HPG meetings. They will deliver status updates to the full HPG.

**9.1.4. Work Groups:** Work groups will meet as needed via conference calls, virtual meetings, or face-to-face times surrounding the HPG meetings, but will not have meeting time allocated during the HPG meetings. They may deliver status updates to the full HPG.

**9.1.5. Additional Meetings:** The HPG may add additional in-person meetings to the schedule throughout a planning year if additional meetings are deemed necessary.

**9.1.5.a. Pop-Up Stakeholder Meetings:** The HPG may hold 1-2 additional townhall format meetings at various locations throughout the state during any planning year.

**9.1.6. Web-Based Technology:** Web-based meeting technology will be used to support HPG meetings as needed, including for additional subcommittee time.

## **9.2. QUORUM AND VOTING.**

**9.2.1 Quorum:** A quorum is defined as more than one-half of the current HPG Community Representatives. This quorum must be met to conduct official business of the HPG, (i.e. voting).

**9.2.2 Voting:** A quorum (*see above*) is required to vote on any motion or resolution. A simple majority of the total Community Representatives must be present (in the room or online) at the time the vote is called to vote on any motion or resolution. Proxy voting is not permitted. Absentee voting during in-person meetings is not permitted except for the concurrence vote for approving or updating the IHPCP. However, distance / absentee voting procedures may be enacted jointly by the Division Co-Chair and the Community Co-Chair on a case-by-case basis if timely resolution of HPG business is required, including to meet state or federal deadlines.

## **9.3. PUBLIC MEETINGS.**

**9.3.1. Gathering for Meetings:** All meetings are to be held face-to-face unless a virtual meeting is jointly enacted by the Division Co-Chair and the Community Co-Chair on a per-meeting basis. If such a meeting is authorized, the voting principles above (9.2) and meeting guidelines below (9.3) will still be applied to the fullest extent possible.

**9.3.2. Publicizing Meetings:** The HPG actively encourages community participation. Meetings are open to the public and meeting dates are advertised in the Pennsylvania Bulletin and on StopHIV.org, the HPG's statewide planning website.

**9.3.3. Participation from Members of the Public:** The views, perspectives, and needs of key stakeholders and all affected communities are actively solicited and included. Members of the public are

welcome to attend and speak at the HPG meetings; advanced notice to the HPG Co-Chairs or support staff is preferred. Public participation is welcome and encouraged to the extent that all guests abide by the HPG Protocol's expectations of engagement outlined in 7.1 (i.e. confidentiality, representation, conflict of interest, respectful engagement, etc.) and as allowed by state policies/law governing public advisory meetings. While time may be limited to public participants wishing to speak, a public comment period is extended at each meeting after opening 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 and should utilize DOHH/Planning Coordinator documentation before the beginning of each meeting.

**9.4.2. 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 their discretion to determine whether or not the group must once again be called to order.

**9.4.3. 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 request revisions to 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. If none are presented, the minutes automatically stand approved; if corrections are requested, then a motion and vote to approve the minutes is required.

**9.4.4. 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.

**9.4.5. Electronic Media Policy and Technology Use at the Table:** Community Representatives and Planning Partners are encouraged to use discretion when using electronic devices at the table during HPG meetings. Cell phones should be silenced. The use of phones or other devices should be limited to breaks or lunch whenever possible. All calls should be taken outside of the meeting space. Phones for SMS text messaging, tablets and smaller laptops may be used at the table with discretion. Utmost respect should be considered for all presenters with our undivided attention and limited use of technology during presentations. Community Representatives and Partners may take notes on their personal electronic devices. HPG resources such as presentations and official meeting minutes are available on [www.stophiv.com](http://www.stophiv.com). Community Representatives and Partners are encouraged to hold each other accountable to this policy; however, the co-chairs, at their discretion, may ask members to curtail excessive use of electronic media.

**9.4.6. Facilitated Discussion:** The Planning Coordinator and the Co-Chairs will facilitate the HPG meetings by adhering to the agenda and the work plan. All HPG members share responsibility for having productive meetings. Community Representatives and both Co-Chairs are encouraged to cooperatively keep the meeting on topic and effectively use our shared time.

**9.4.7. Parking Lot/Garden:** A "Garden" of ideas and topics should be maintained. This "Garden" is to hold issues or items tabled during larger discussion due to time constraints, or items that require action later

in the meeting. The “Garden” will be reviewed prior to the conclusion of the meeting to ensure that all concerns have been or will be addressed.

**9.4.8. Technical and Facilitation Support:** At minimum, one staff person from the Division and one staff person from the contracted planning coordinator shall be assigned to provide technical and facilitation support to each subcommittee, ad hoc subcommittee, and workgroup.

**9.4.9. Meals:** All HPG members, stakeholders, guests, and interested parties who RSVP’d to the Division or Planning Coordinator will be invited to partake in any meals provided by the Division as part of the meeting. Meals and snacks will be provided to guests who have not RSVP’d as long as supplies are available.

**9.4.10. 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 meeting 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 two 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 members to review the agenda and supplemental material and bring them to the scheduled meeting (or notify the Planning Coordinator of any need for receiving printed copies in advance). Standing items on the agenda include all elements of 9.4 above and reports from all subcommittees and workgroups.

**9.4.13. 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 asked to complete the Travel Itinerary form and return it to the Division no less than three weeks prior to the scheduled HPG meeting date. HPG Representatives’ room reservations cannot be guaranteed without proper completion of the Travel Itinerary form.

The Request for Travel Reimbursement form (this form accounts for all of your travel related to 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 staff at the conclusion of the HPG meeting or shortly thereafter.

The Request for Travel Expense Reimbursement form must be completed by each HPG representative requesting reimbursement for expenses and submitted to the designated Division 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 of Health. Should there be a problem with reimbursement, these concerns should be addressed to the Division. Information on how to follow up on late reimbursement will be provided in the Travel Guidelines and the HPG Orientation.

**9.4.14 Accessibility and Assistive Technology/Devices:** The HPG strives to be a welcoming and accessible space, and as such encourages the use of assistive devices and technology. Community Representatives, staff, and guests utilizing or wishing to use assistive devices and technology are encouraged to do so. Any requests for assistive technology or accommodation should be indicated within the Travel Itinerary Form. The Planning Coordinator is available to assist Representatives and guests with any utilization needs or equipment.

## **9.5. MEETING MINUTES.**

**9.5.1. PA HIV Planning Group Meeting Minutes:** The minutes of all HPG meetings will be audio-recorded by the contracted Planning Coordinator or Department staff. All formal HPG presentations are also video captured and made available for members to review and made available publicly on StopHIV.org with the Minutes Summary for each meeting. Minutes are presented in summary form and distributed to the Co-Chairs for approval and then to all HPG members at least two 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 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 and on StopHIV.org.

**9.5.2. Steering Committee Meeting Minutes:** The minutes of all HPG Steering Committee meetings will be 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. Subcommittee, Ad Hoc Subcommittee, 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 by request.

## **SECTION X: LEADERSHIP AND GOVERNANCE**

**10.1 PA HIV PLANNING GROUP GUIDANCE AND ROLES.** Roles and duties of the HPG leadership are to be led by the CDC's *HIV Planning Guidance* document, which can be found on the [StopHIV.com](http://StopHIV.com) website as reference. This guidance may be updated/replaced by a CDC authorized/released replacement document in the future and will be replaced on the [StopHIV.com](http://StopHIV.com) website as soon as practical/available. Additional roles and duties may be incorporated as agreed upon by the HPG membership and updated within these protocols.

**10.2. 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 Department /Division. One (1) Co-Chair is to be a community member elected from the voting 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 Division and members of the HPG. Both co-chairs share the responsibility of leading and moderating the HPG at-large, including meeting agendas, timelines, and addressing items brought forward as they arise.

**10.2.1. Division of HIV Health Co-Chair:** It is the responsibility of the Division of Health Co-Chair to make known the official positions and obligations of the Department. This Co-Chair must be an employee of

the Department/Division. This individual is responsible for forwarding information relevant to the community planning process from the Department to the 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.

**10.2.2. Community Co-Chair:** The Community Co-Chair is a member of the HPG elected by a majority of HPG voting 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 nomination will require the individual to have a minimum of one year membership in the HPG and be in good standing.

The Community Co-Chair will also assist in seeking input from HPG members to determine an agenda for each meeting, coordinating subcommittee and work group output and reports, representing the HPG to the public, and in managing HPG conflict and dissent.

This individual is elected to a two-year (2) term and can run for reelection as long as they are a member in good standing. The Community Co-Chair spends several hours per month outside of HPG meetings on HPG business. In addition to rigorous meeting planning and collaboration with the Division and HPCP, this may include HPG-related conferences, events, webinars, or conference calls.

**10.2.3 Vice Community Co-Chair:** The HPG will hold an election for a Vice Community Co-Chair in conjunction with the election of the Community Co-Chair. The Vice Community Co-Chair will serve as assistant to the Community Co-Chair, shadowing the current Community Co-Chair. The Vice Community Co-Chair nomination will require the individual to have a minimum of one year membership in the HPG and be in good standing.

Responsibilities of the Vice Community Co-Chair include:

- Learning the roles and responsibilities they could undertake as the Co-Chair
- Filling in for the current Co-Chair if they are unable to attend all/some of a HPG meeting
- Serving as a member of the HPG's Steering Committee
- Skills and duties listed in 10.2.2 above.

The Vice Community Co-Chair will be nominated and elected immediately following the Community Co-Chair position is elected. This individual is elected to a two-year (2) term and can run for election if they are a member in good standing. This means that the elected Community Representative will serve as Vice Community Co-Chair for the full two-year term matching the Community Co-Chair. A new election for both the Community Co-Chair and the Vice Community Co-Chair will occur at the end of the two-year term.

If the Community Co-Chair position is vacated before the end of the current term, the Vice Community Co-Chair will ascend into the vacant position through the end of the term.

- In this circumstance, an election will be held at the next HPG meeting to fill the vacant Vice Community Co-Chair position.
- The newly elected Vice Community Co-Chair will hold this position through the end of the current term matching the ascended Community Co-Chair. At that time, an election will be held for both the Community Co-Chair and the Vice Community Co-Chair positions, at the end of the current term.

**10.3. PLANNING COORDINATOR.** The Department will select and retain a Planning Coordinator to assist the group in completing the community planning process. The current Planning Coordinator is the HPCP.

**10.4. SUBCOMMITTEE, AD HOC SUBCOMMITTEE, and WORK GROUP CHAIRS.** At the first meeting of the Subcommittee, a chair should be selected by participants. Subcommittee 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 subcommittee 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 subcommittee or Work Group chair. Subcommittee, Ad Hoc subcommittee, 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. They provide status updates on their groups' work to the full HPG.

**10.5. GOOD STANDING EXPECTATIONS AND GOVERNING GROUND RULES.** Community Representatives attain good standing by meeting the minimum for attendance listed in Section 6.1 while abiding by the ground rules below. Members of the HPG developed the following Ground Rules. These ground rules will be reviewed at the beginning of each HPG meeting. The HPG members and guests are to adhere to the following guidelines during meeting and group discussions:

**10.5.1 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
- Pay attention to the presentations, discussions, and votes taking place
- Electronic devices should be silenced
- Cross talking, or side-bar conversation is discouraged
- Phone calls / conversations are to be taken outside of the meeting space / off mic
- Members are encouraged to make space for others and themselves as needed

**10.5.2 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.

**10.6. 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.

**10.7. 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.

**10.8. 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 Department at: PA DOH, 625 Forester St., Harrisburg, Pennsylvania 17120, or by calling 717-783-0572.

**10.9. HPG ENDORSEMENTS.** The consent of the HPG is required for the endorsement of any activity or statement by the HPG. 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.

Should there be a perceived conflict of interest raised, the Division would not be responsible for presenting any activity or statement for endorsement to the full HPG. In this situation, the Community Co-Chair is also responsible for securing the consensus or approval of a majority of the HPG Community Representatives without the Division's endorsement/signature. The Community Co-Chair would be responsible for releasing this modified version of the HPG endorsement.

**10.10. FORMAL 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 Division 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 Community Representatives before endorsing and releasing the formal statement.

Should there be a perceived conflict of interest raised, the Division would not be responsible for presenting this document to the full HPG. In this situation, the Community Co-Chair is also responsible for securing the consensus or approval of a majority of the HPG Community Representatives without the Division's endorsement/signature. The Community Co-Chair would be responsible for releasing this modified version of the formal statement.

**10.11. MODIFICATION OF PROTOCOL.** This protocol governing the HPG function may be modified as needed by a simple majority vote of the Community Representatives.

HPG Abbreviations/Acronyms added after this document.

# PA HPG LAL: The Large Acronym List

Updated 12/19/2024

## Frequently Used

ACA	Affordable Care Act
ADAP	AIDS Drug Assistance Program (see SPBP for Pennsylvania)
BIPOC	Black, Indigenous, People of Color
CAREWare	A free, electronic health and social support services information system for HRSA's Ryan White HIV/AIDS Program recipients and providers
CDC	Centers for Disease Control and Prevention
D2C	Data to Care
D&A	Drug & Alcohol
Department	Department of Health - also known as "DOH"
DHH-Philly	Division of HIV Health - Philadelphia
DHH-PA	Division of HIV Health - Pennsylvania [formerly Division of HIV Disease]
Division	See above; also known as 'DHH-PA'
DOH	Department of Health - also known as "Department"
DPW	Department of Public Welfare
EIS	Early Intervention Services
EHE	Ending the HIV Epidemic (previously Ending the Epidemic)
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HOPWA	Housing Opportunities for Persons With AIDS
HPCP	HIV Prevention and Care Project
HPG	PA HIV Planning Group (active 2013-current)
HPV	Human Papilloma Virus

HRSA	Health Resources and Services Administration
HUD	Housing and Urban Development
IDU	Injection Drug Users
IHPCP	Integrated HIV Prevention and Care Plan
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual
MAAETC	Mid Atlantic AIDS Education & Training Center
MAI	Minority AIDS Initiative
MSM	Men who have Sex with Men
NASTAD	National Alliance of State and Territorial AIDS Directors
NHAS	National HIV/AIDS Strategy
OMHSAS	Office of Mental Health and Substance Abuse Services
PA DOH	Pennsylvania Dept of Health - also known as 'Department'
PA-NEDSS	Pennsylvania National Electronic Disease Surveillance System
PHL DOH	Philadelphia Department of Public Health
PEHTI	Pennsylvania Expanded HIV Testing Initiative
PEP	Post-Exposure Prophylaxis
PLWH (PLWHA)	People Living with HIV (People Living with HIV/AIDS)
PrEP	Pre-Exposure Prophylaxis
PWID / PWUD	People Who Inject Drugs / People Who Use Drugs
PWD	People With Disabilities
RW / RWPB	Ryan White / Ryan White Part B
SCSN	Statewide Coordinated Statement of Need
SGM	Sexual & Gender Minorities
SPBP	Special Pharmaceutical Benefits Program
STD / STI	Sexually Transmitted Disease, Sexually Transmitted Infection
TB	Tuberculosis
U=U	Undetectable Equals Untransmittable

## Other Acronyms

AAA	Area Agency on Aging
ACTG	AIDS Clinical Trials Group
ADR	ADAP Data Report
APR	Annual Progress Report
ARC	AIDS Research Centers
ART / ARTAS	Anti-Retroviral Treatment / Anti-Retroviral Treatment & Access to Services
CARE	Comprehensive AIDS Resources Emergency
CBO	Community Based Organization
CDD	Center for Disease Detection
CDRP	Cluster Detection Response Plan
CMHD	County Municipal Health Department (aka "County Munis")
CFAR	Centers for AIDS Research
CPG	Community Planning Group (active 1990's-2012)
CPI	Critical Phase Intervention OR Critical Prevention Initiative
CQI	Continuous Quality Improvement
CQM	Clinical Quality Measures
CRPWD	Convention of the Rights of People With Disabilities
CRSSP	Coalition Regional Services and Strategic Plan
CSPS	Comprehensive Sexually Transmitted Disease Prevention System
CTR	Counseling, Testing & Referral
DDAP	Department of Drug and Alcohol Programs
DIS	Disease Infection/Intervention Specialists
DOC	Department of Corrections
EBI	Evidence Based Intervention
EPT	Expedited Partner Therapy
FFY	Federal Fiscal Year
FSR	Financial Status Report

GAO	General Accountability Office
HE / RR	Health Education / Risk Reduction
HSM	HIV Service Model
HST	HIV Self Test/Testing
IPC	Integrated Planning Council (active 1990's-2012)
IWG	Integrated Work Group (active 2011-2012)
LtC	Linkage to Care
MCM	Medical Case Managers
M&E	Monitoring and Evaluation
MHEDS	Multicultural Health Education Delivery System
NA	Needs Assessment
NIAIDS	National Institute of Allergy and Infectious Diseases
NIH	National Institutes of Health
NNPTC	National Network of STD/HIV Prevention Training Centers
nPEP	non-occupational Post-Exposure Prophylaxis
ORP	Outbreak Response Plan
PEP	Post Exposure Prophylaxis
PIR	Parity, Inclusion & Representation
PPAs	Participating Provider Agreements
QI / QM	Quality Improvement / Quality Management
RFP	Request for Proposal
RWDR	Ryan White Data Report
SOR	State Opioid Response
SSP	Syringe Service Provider
STRMU	Short Term Rent Mortgage and Utility Assistance
TANF	Temporary Assistance for Needy Families
TBRA	Tenant Based Rental Assistance
VL	Viral Load

