

CHPG Design Component Priorities - Design Summit I - March 18 and 19, 2009

Dots	Category	Component
41	Structure (1)	<ul style="list-style-type: none"><li>30 Care and Prevention Plan development model.<ul style="list-style-type: none"><li>4 Regional Model (south, central, north, rural, other) EPI-driven, population-based, planning councils.</li><li>5 Small Groups: operational, standards, priorities, advocacy, assessment.</li><li>1 How to keep it flexible.</li></ul></li></ul>
30	Mission/Vision of Planning Group (8)	<ul style="list-style-type: none"><li>7 Both planning and advising are roles of the body.</li><li>5 Play an active role in the development of a comprehensive AIDS Care Plan, SCSN, and a comprehensive HIV Prevention Plan.</li><li>4 Provide periodic advice on emerging issues generated by OA and the community.</li><li>4 Clear Mission, Restate our vision: in partnership with OA, a HIV-free California.</li><li>2 Clear Mission and measurable goals.</li></ul>
23	Clarity of Roles (3)	<ul style="list-style-type: none"><li>5 Role of people (community).</li><li>2 Job description, accountability, change members if necessary, timeline, workplan.</li><li>2 Job descriptions with detailed expertise.</li><li>2 Dedicated staff person to CHPG from OA.</li><li>1 Have a dedicated OA planning unit: communication, training on roles, the legislative process.</li><li>1 Role of OA.</li></ul>
20	Technologies/Data	<ul style="list-style-type: none"><li>11 Update Web site to include: data, trends, minutes, links, podcasts, chats.<ul style="list-style-type: none"><li>1 Make effective use of CHPG Web site - post prevention/care plan, statewide statement of need.</li><li>3 To use technology to elicit community and CHPG member involvement.</li><li>3 Incorporate data into the planning process: GIS mapping, data on populations, data summit, share data with other agencies.</li><li>2 Data summit.</li></ul></li></ul>
15	Membership (8)	<ul style="list-style-type: none"><li>3 Should be one-third consumers.</li><li>2 Know why they were selected and participate with that in mind.</li><li>1 What are outputs of membership.</li><li>1 Should be one-third OA.</li></ul>
13	Accountability	<ul style="list-style-type: none"><li>7 Accountability in planning structure.</li><li>2 Accountability upwards and back to consumers we serve.</li><li>2 Feedback back to the community and OA.</li><li>2 To follow the recommendations and money that passes through.</li></ul>
11	Process	<ul style="list-style-type: none"><li>6 Process will be able to address emerging issues.</li><li>2 Strong work plan wjth timeline, who responsible to keep us accountable.</li><li>2 How members meet, organize, implement, communicate.</li><li>1 Focus on tangible statewide plan, process to get data (needs/gaps), what is happening in the state, network with local groups so they are part of this body.</li></ul>
8	Actively involved in writing and meeting the plan (2)	<ul style="list-style-type: none"><li>5 Actively involved in writing a comprehensive prevention and care plan.</li><li>1 Planning for prevention and care - a long-term effort.</li></ul>
2	Communication	<ul style="list-style-type: none"><li>1 Trust would come from better communication: clear timely, multi-directional, complete, accurate, consistent.</li><li>1 To thine own self be true, then you can be true to others.</li></ul>

NOTE: Number in parenthesis following categories are dots given to an entire category rather than a component.