

SOUTH DAKOTA HIV PREVENTION PLANNING GROUP BYLAWS

Revised November 2015

ARTICLE I. NAME

South Dakota's official planning body for HIV prevention shall be called the South Dakota HIV Prevention Planning Group or PPG.

ARTICLE II. MISSION

The mission of the South Dakota PPG is to contribute to the development of a HIV Prevention Plan that reduces the number of new HIV infections in the state.

ARTICLE III. ROLES AND RESPONSIBILITIES

SECTION 1. DEPARTMENT OF HEALTH

It is a requirement of the federal HIV prevention grant that the Department of Health support an HIV prevention planning process. Their role in HIV prevention planning is to:

1. Create and maintain a prevention planning group that meets the goals, objectives, and operating principles outlined in CDC'S most current HIV Planning Guidance. This includes supporting meeting logistics, member involvement, and infrastructure for the HIV prevention planning process.
2. Appoint the DOH Co-chair to the PPG.
3. Implement the Engagement process and HIV Prevention Plan with assistance from the PPG.
4. Keep the PPG informed of other planning processes related to HIV care, treatment, and other mental health and substance abuse services in the jurisdiction, such as Ryan White Planning Councils and Substance Abuse and Mental Health Services Administration (SAMHSA) planning activities, to ensure collaboration between the PPG and the other entities.
5. Provide the PPG with information on other federal/state/local public health services for high-risk populations identified in the HIV prevention and Engagement Plans.
6. Ensure that the PPG has access to current information (including relevant budget information) related to HIV prevention and analysis of the information, including potential implications for HIV prevention in the state.
7. Provide PPG with information on the application and its relationship to accomplishing the goals set forth by the Division of HIV/AIDS Prevention and NHAS.
8. Allocate, administer and coordinate HIV prevention funds (both state and federal) to maximize the impact of intervention to prevent HIV transmission, and reduce HIV-associated morbidity and mortality.
9. Provide regular updates to the PPG on successes and barriers encountered in implementing the engagement process and HIV prevention services described in the HIV Prevention Plan.
10. Determine the amount of planning funds necessary to support HIV planning, including meetings and other means for obtaining key stakeholder or community input, facilitation of member involvement, capacity development, technical assistance (TA) by outside experts, and representation of the PPG at necessary local and national planning meetings. DOH should discuss this with their CDC project officer.
11. Develop an application to the CDC for federal HIV prevention cooperative agreement funds based on the input received through the planning process.
12. Report progress and accomplishments to CDC.

SECTION 2. PREVENTION PLANNING GROUP MEMBER RESPONSIBILITIES

The PPG is responsible for reviewing the HIV Prevention Plan to determine concurrence with state needs and federal guidance. Their role in HIV prevention planning is to:

1. Make a commitment to the HIV planning process and its results.
2. Understand and follow the bylaws and written protocols.
3. Participate in all decision-making and problem-solving activities.
4. Elect a Community Co-chair to lead the process, committees, and work groups.
5. Have a working knowledge of the PPG Guidance, FOA and the NHAS.
6. Participate in at least one standing committee.
7. Make a commitment to work with the DOH to ensure that the PPG's engagement process and the state HIV Prevention Plan align with the NHAS goals.
8. Ensure membership structure achieves community and key stakeholder parity, inclusion, and representation.
9. Ensure information is presented in a clear and comprehensive manner.
10. Inform the development or update of the HIV Prevention Plan.
11. Submit a letter of concurrence, concurrence with reservations, or non-concurrence annually to CDC.

SECTION 3. COMMUNITY CO-CHAIR RESPONSIBILITIES

Co-chairs provide leadership for the participatory process by working with the DOH Co-chair to lead the process. Their role in HIV prevention planning is to:

1. Provide leadership to PPG members.
2. Facilitate meetings, lead discussions, and ensure a participatory process is followed.
3. Develop meeting agendas with input from the PPG.
4. Work closely with the DOH staff to ensure necessary data are provided on a timely basis to the PPG.
5. Work with the DOH staff to ensure all PPG members understand the NHAS and assist the DOH in achieving the NHAS goals.
6. Lead the developing of the engagement process and inform the development/update of the HIV prevention plan.
7. Promote implementation of the engagement process.
8. Draft the letter of concurrence, concurrence with reservations, or non-concurrence.
9. Participate in discussions with CDC when the PPG does not provide a letter of concurrence or when the engagement process is not aligned with NHAS goals.

SECTION 4. PPG AND DOH SHARED RESPONSIBILITIES

In the spirit of working collaboratively in HIV planning, some responsibilities are shared between PPG and the health department. Shared responsibilities include:

1. Develop procedures and policies that address membership, roles, and decision making, specifically PPG composition, roles and responsibilities, conflict of interest, and conflict resolution. The by-laws should be revisited and updated if needed on an annual basis.
2. Develop and apply criteria for selecting PPG members, placing special emphasis on identifying representatives of at-risk, affected, and socioeconomically marginalized groups, PIR remains a critically important tenet of HIV planning.
3. Provide a thorough orientation for all new members, as soon as possible after appointment. New members should understand the:
 - Goals and Core Objectives, roles, responsibilities, and principles outlined in the *Guidance*
 - Procedures and ground rules used in all deliberations and decision making; and
 - Specific policies and procedures for resolving disputes and avoiding conflicts of interest that is consistent with the principles of the *Guidance*.
4. Determine the most effective strategies for input into the HIV planning process and engagement process.
5. Monitor or assess the HIV planning process to ensure it meets objectives of HIV planning.
6. Ensure that HIV prevention efforts are guided by High-Impact Prevention activities.
7. Review and update the PPG's process yearly—addressing challenges and conclusions from the engagement process and describing any recommended changes. The PPG can submit a few pages to the Interim Progress Report (IPR) in order to address the topics listed below, as well as any other relevant topics:
 - Brief description of the process used to develop, implement, or assess the progress of the engagement process.
 - Changes in the epidemic (e.g., emergence of new risk populations or geographic distributions)
 - Changes in the jurisdictional plan.
 - Membership, organizational, and community updates.
 - Policy and environmental changes (e.g., budget limitations or new program priorities)
 - Any changes to the PPG'S by-laws or written protocols.

SECTION 5. CDC RESPONSIBILITIES

The role of the CDC in the HIV prevention planning process is to:

1. Provide leadership in the national design, implementation, and evaluation of HIV planning.
2. Provide technical/program assistance through a variety of mechanisms to assist recipients with the process and activities of HIV planning.
3. Provide leadership to assure coordination among DOH, PPG, and CBOs.
4. Monitor the HIV planning process to assist PPG's in achieving their goals and objectives.
5. Collaborate with DOH's in evaluating HIV prevention programs
6. Keep DOH's and PPG's informed about emerging trends or changes in the HIV epidemic.
7. Provide available jurisdictional and national data on HIV behavioral and case surveillance, prevention program trends, and guidelines to help inform the HIV planning process.
8. Ensure that letters of concurrence are submitted annually.
9. Address corrective actions when a jurisdiction is non-compliant with its PPG responsibilities.

ARTICLE IV. MEMBERSHIP

SECTION 1. NUMBER AND COMPOSITION

The PPG shall consist of not more than 24 voting members. Voting memberships shall comprise the following: twelve (12) Key Stakeholders who are selected for their personal or professional expertise in an HIV prevention related area; ten (10) At Large members to represent the demographics of the disease burden in the state; and two (2) DOH representatives. The acting HIV Prevention Program Manager must fill one of the two DOH voting memberships.

SECTION 2. APPOINTMENT AND TERMS

Key Stakeholders should be based on the technical expertise needs of the PPG. The Membership, Orientation and Bylaws (MOB) Committee selects At Large and Key Stakeholder members through use of an application process. A copy of the PPG Member Application can be found in Appendix II.

Term of office for all voting members shall be three (3) years, with no limit on the number of terms served.

SECTION 3. CO-CHAIRS

The acting HIV Prevention Program Manager sits as the DOH Co-chair of the PPG. The PPG members select a Community Co-chair through an annual voting process that takes place at the last meeting of the calendar year. The Community Co-chair's term of office shall be three (3) years. During the first year they serve as Community Co-chair Elect. This is a period of time when the newly elected co-chair learns the responsibilities of the position. The second year they serve as Community Co-chair. The third year they serve as Past Co-chair. In this position, they are able to preside over PPG meetings when the Community Co-chair is unable to attend.

Only voting members who have completed at least one year of service on the PPG can be considered for election to the position of Community Co-chair Elect.

SECTION 4. RESIGNATION OR REMOVAL

Members may resign at any time by providing written notification to the Department of Health Co-chairs who will forward to the MOB Committee.

The PPG shall have the right to remove a PPG member for falsification of a Conflict of Interest Statement, failure to attend two (2) consecutive PPG meetings, or three (3) meetings in a twelve (12) month period.

ARTICLE V. GOVERNANCE OF MEETINGS

The South Dakota HIV Prevention Planning Group will meet in person at least twice per year. Interactive video conferencing and teleconferencing may be used for additional meetings.

SECTION 1. ATTENDANCE

A record of attendance for each PPG member will be kept by the MOB Committee. Members who are unable to attend a meeting must notify the DOH Co-chair before the meeting begins. Failure to give notice prior to absence at a PPG meeting or failure to designate a proxy will require a re-evaluation of the member's commitment by the MOB Committee.

SECTION 2. PROXIES

PPG members should designate a proxy to attend a meeting in his or her place if unable to attend a PPG meeting. A current voting member cannot serve as a proxy. It is the responsibility of the voting member to brief their proxy on current PPG issues, PPG standards of conduct, and knowledge of their stance on any issue that may come to a vote.

Proxy representation two (2) meetings in a row is strongly discouraged and will be followed up on by a member of the MOB Committee.

SECTION 3. QUORUM

A quorum of the PPG must be present at a meeting in order to engage in formal decision making. A quorum is set a simple majority (50%+1) of the number of current members.

SECTION 4. AGENDA

The PPG Co-chairs will develop an agenda for each meeting and make it available to the membership at least two (2) weeks prior to the first day of the meeting. The agenda must state the proposed goals of the meeting, topics to be discussed, any foreseen voting situations, and clearly show the date(s), location, and times for the meeting.

PPG members may request items be added to the agenda through a request to the DOH Co-chair.

SECTION 5. DECISION MAKING

The PPG shall use a simple majority (50%+1) vote of voting members present at a meeting for all decision making. Proxies can vote in the absence of a voting member. Robert’s Rules shall be used to govern the decision making process.

SECTION 6. OPEN TO PUBLIC

PPG meetings shall be open to the public. A member of the public is not required to register his/her name, supply information, complete a questionnaire, or fulfill any other condition precedent to his/her attendance.

It is the policy of the PPG to allow designated time at each meeting as appropriate for public comment and input. A member of the public seeking recognition for comment at PPG meetings will be required to state his/her name and affiliation.

ARTICLE VI. COMMITTEES

SECTION 1. EXECUTIVE COMMITTEE

The Executive Committee of the PPG shall consist of the DOH Co-chair, the Past Co-chair, the Community Co-chair, and the Co-chair Elect. The PPG will refer personnel matters, litigation, and other legal issues to the Executive Committee for review.

SECTION 2. STANDING COMMITTEES

In order to accomplish the mission of the PPG, roles and responsibilities are divided between four (4) standing committees: HIV Prevention Plan Committee, Engagement Committee, and National HIV/AIDS Strategy (NHAS) Committee.

1. HIV Prevention Plan Committee. This committee is responsible for reviewing the HIV Prevention Plan developed by the DOH and ensure it is in compliance with state needs and disparities.
2. Engagement Committee. The members of this committee are tasked with identifying HIV prevention stakeholders, engaging them in the prevention planning process, maintaining relationships with current partners.
3. Evaluation Committee. The role of this committee is to oversee the coordination of state plans with the NHAS.
4. Membership, Orientation, Bylaws (MOB) Committee. The role of this committee is to review membership composition, provide orientation to new members, oversee the mentor program, review and update bylaws, and assist with overview of the planning process of the plan.

A standing committee shall consist of at least three members. There shall be no limit for membership in a committee except at the discretion of the PPG Co-chairs. Each committee will elect a chairperson, who must be a member of the PPG. The chairperson of a committee serves in the capacity of facilitator, who refrains from voting with the exception of breaking a tie. Only committee members may have voting privileges on their respective committee.

Each committee may establish subcommittees to accomplish specific tasks.

If a committee member has more than two consecutive unexcused absences from the committee meetings or three unexcused absences from committee meetings in a year, they will be considered to have resigned as a member of the committee.

SECTION 3. RFP COMMITTEE

When a Request For Proposals (RFP) process is conducted by the HIV prevention program of the DOH, the PPG shall request voting members to volunteer to participate in a committee to review applications to the RFP. While persons other than PPG members may sit on the RFP Committee, the majority of its members should be PPG voting members.

The role of the RFP Committee is to make recommendations on HIV prevention funding allocations to the DOH, per CDC guidelines. The Department of Health’s Executive Management team is to take RFP Committee recommendations into consideration when determining RFP awards. Policies and procedures regarding the RFP process can be found in Appendix IV.

Members shall abstain from voting when there is a conflict of interest. A conflict of interest occurs when: 1) a voting member of the RFP Committee has a direct or fiduciary interest in an organization that has applied for funding through the HIV prevention Request For Proposals (RFP) process, or 2) when a member knowingly takes action intended to influence the conduct of the committee in such a way as to confer any financial benefit on the member, their family member, or any organization in which he/she has a significant interest.

All members must sign, upon appointment to the RFP Committee, a "Conflict of Interest & Confidentiality Statement." The completed statements shall be kept on file at the DOH HIV Prevention Program office and made available for public inspection.

All concerns regarding conflicts of interest shall be referred to the Engagement Committee for review. During the review, the member(s) in question may participate in discussion, but must abstain from voting on the matter.

Any member found to have violated conflict of interest as defined above, or unwilling to cooperate in a conflict of interest review, shall be terminated from service on the RFP Committee. In addition, the full PPG may take actions it deems appropriate if it is found that PPG standards of conduct were violated.

SECTION 4. AD-HOC COMMITTEES

Ad-hoc committees and their chairpersons may be appointed or by a simple majority vote of the PPG membership pre- sent. Such committees will do background work on specific topics over fixed periods of time. All findings and recommendations of the committees are to be reported back to the PPG for review and action. Upon completion of its task(s), an ad-hoc committee will be disbanded.

ARTICLE VII. REIMBURSEMENT

SECTION 1. MEMBERS

Members, and/or their proxies, will be reimbursed for travel expenses incurred from attendance at PPG meetings. Completion of a current W-9 tax form is required before a first payment can be made. A travel reimbursement form must be completed after every meeting from which the member seeks reimbursement. Reimbursement shall be at the current State of South Dakota rates.

PPG members and RFP Committee members shall be reimbursed for travel expenses incurred from participation in trainings, conferences, and/or meetings outside of scheduled PPG meetings. Reimbursement must be approved by the HIV Prevention Program Manager prior to travel.

SECTION 2. GUESTS AND PRESENTERS

Members of the public and persons who are not members of the PPG are not eligible for travel expense reimbursement. Exceptions will be granted to those persons who are invited by the DOH Co-Chair to attend PPG meetings for the purpose of providing technical assistance or expert testimony to the PPG.

ARTICLE VIII. AMENDMENTS

PPG has the ability to amend its by-laws. By-law motions must be made in writing, at least two weeks before a vote takes place.

ARTICLE IX. DISSOLUTION

The PPG will remain formed for as long as prevention planning is a requirement of the federal HIV prevention grant received by the state of South Dakota.

APPENDIX I. PPG STANDARDS OF CONDUCT

- Act first and foremost as a member of the PPG and always act in the best interest of the group
- Put aside individual/state/agency agendas from those of the PPG
- Share information, positive and negative, with the PPG in a respectful, timely way with a commitment not to withhold information
- Discuss and/or resolve problems at meetings, not behind closed doors or outside the group
- Be positive about the group, its mission, and its progress
- Exercise discretion to maintain individual and group privacy and integrity
- Acknowledge and respect different religious, philosophical, and political views and perspectives
- Learn from each other's points of view
- Be willing to listen with empathy; do not interrupt
- Share group time fairly

- Speak one's truth, use precise language, and avoid exaggeration
- Restate with understanding
- Balance reason and emotion

APPENDIX II. PPG MEMBER APPLICATIONS

**Application for Membership on the
South Dakota HIV Prevention Planning Group**

Members for the Prevention Planning Group (PPG) are selected on the basis of a variety of factors including expertise, education, life experiences, geographic residence and demographic characteristics. Individuals selected are expected to represent and identify as members of the populations and communities with whom they are affiliated.

All information is confidential

Please provide the following contact information:

Name: _____

Address: _____

Phone number(s): Personal _____ Work _____

Email address: _____

Demographics

Race:

(Check all that apply)

American Indian/Alaskan Native

Asian/Pacific Islander

Black/African American

White

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Age: <25 25-34 35-44 45-54 55+

Sex: Female Male Transgender

Geographic Area

In which area of the state do you live?

Sioux Falls

Rapid City

Other urban area (10,000+ people)

Rural/frontier area (fewer than 10,000)

APPENDIX II. PPG MEMBER APPLICATIONS

Expertise

Please select the category that best describes your training, experience and/or education. **You may select two (2), ranking the selections in order of the level of training, experience or education received. Place a '1' next to the category in which you have significant experience and a '2' next to the one in which you have less, but still substantial, experience.**

- | | |
|--|--|
| <input type="checkbox"/> AIDS Education and Training Center | <input type="checkbox"/> Indian Health Service |
| <input type="checkbox"/> Behavioral or social scientist | <input type="checkbox"/> Intervention specialist |
| <input type="checkbox"/> Business/labor | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Community health centers | <input type="checkbox"/> Person living with HIV/AIDS |
| <input type="checkbox"/> Corrections/law enforcement | <input type="checkbox"/> Ryan White Part B |
| <input type="checkbox"/> Education agency/college | <input type="checkbox"/> Ryan White Part C |
| <input type="checkbox"/> Epidemiologist | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Faith community | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Urban Indian Health |
| <input type="checkbox"/> Great Plains Tribal Chairman's Health Board | |
| <input type="checkbox"/> HIV clinical care provider | |
| <input type="checkbox"/> Homeless services | |
| <input type="checkbox"/> HOPWA | |

Education

Please select the level of education you have completed and note any specialized licenses or certifications you may obtain.

- | | |
|---|--|
| <input type="checkbox"/> Did not finish high school | <input type="checkbox"/> High school diploma |
| <input type="checkbox"/> Attended some college | <input type="checkbox"/> College degree |
| <input type="checkbox"/> Graduate degree | <input type="checkbox"/> Ordained clergy |
| <input type="checkbox"/> Licenses/certifications: _____ | |

Life Experience

Have you ever been?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> An injecting drug user (IDU) | <input type="checkbox"/> A non-injecting drug user |
| <input type="checkbox"/> In jail or prison | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> A commercial sex worker | <input type="checkbox"/> A Medicaid recipient |

APPENDIX II. PPG MEMBER APPLICATIONS

Disparity

Please select the category that best describes the disproportionately affected population you would represent if chosen to be a member of the PPG. **You may select up to two (2) categories. Place a '1' next to the category you feel you would best represent and a '2' next to the one you could also represent.**

- | | |
|---|---|
| <input type="checkbox"/> HIV+ persons | <input type="checkbox"/> Men who have sex with men |
| <input type="checkbox"/> Partner/family member of HIV+ person | <input type="checkbox"/> Injection drug users |
| <input type="checkbox"/> Immigrants/Refugees | <input type="checkbox"/> Commercial sex workers |
| <input type="checkbox"/> American Indians | <input type="checkbox"/> Older adults (over age 45) |
| <input type="checkbox"/> Black or African Americans | |

Other: _____

What contributions can you bring to this group?

Please mail this form to Susan Gannon, 615 E. 4th Street, Pierre, SD 57501
OR
E-mail to Susan.gannon@state.sd.us

APPENDIX III. PIR CHECKLIST

Key Stakeholders (up to 12):

- Social services
- Person living with HIV/AIDS
- Behavioral or social scientist
- Epidemiologist
- HIV clinical care provider
- Faith community
- Business/labor
- Community health centers
- Substance abuse
- Health department (Family Planning)
- Intervention specialist
- Local education agencies/college
- Mental health
- Homeless services
- Corrections
- HOPWA
- Indian Health Service or Urban Indian Health
- Great Plains Tribal Chairman's Health Board
- Ryan White Part B
- Ryan White Part C
- AIDS Education and Training Center

Members at Large (up to 10):

By geographic distribution:

- Sioux Falls
- Rapid City
- Rural

By risk category:

- MSM
- IDU
- Heterosexual

By disparity:

- Black
- Foreign born
- Over age 45
- American Indian
- Hispanic/Latino

DOH Members (up to 2):

- HIV Prevention Program Manager
- STD Program Manager

Appendix IV. RFP Committee Procedures

The HIV Prevention Program of the South Dakota Department of Health publishes a Request For Proposal (RFP) every three years. The RFP process seeks to award contracts to organizations/agencies that can provide high impact HIV prevention services to targeted populations in the state. Targeted populations are determined by the findings of the most recent state HIV/AIDS Epidemiological Profile and priorities set by the federal funding agency, the Centers for Disease Control and Prevention (CDC).

Volunteers from the PPG are recruited to sit on the RFP Committee. Committee members must not possess a conflict of interest with any of the applicant agencies. A conflict of interest occurs when: 1) a voting member of the RFP Committee has a direct or fiduciary interest in an organization that has applied for funding through the RFP process, or 2) when a member knowingly takes action intended to influence the conduct of the committee in such a way as to confer any financial benefit on the member, their family member, or any organization in which he/she has a significant interest.

RFP committee members are provided with one copy of every application, a background on the purpose of the HIV prevention contracts, a copy of the RFP, and a scoring sheet. Members are given at least two weeks to review and score each application. An in person meeting is then held where all members divulge the scores given for each application and the reasoning behind their scores. An open discussion is then held to determine which applications the committee will recommend to DOH for funding.

The HIV Prevention Program Manager forwards the committee's recommendations to DOH Executive Management, who has final decision making power to award contracts.