



SOUTH DAKOTA HIV PREVENTION PLANNING GROUP BYLAWS

Revised July 2026

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 the Integrated HIV Prevention and Care Plan, with a goal to reduce 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 the 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, the State HIV Integrated Plan, and HIV Prevention Work Plan with the assistance of 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 PPG with information on other federal/state/local public health services for high-risk populations identified in the State HIV Integrated Plan and HIV Prevention Work Plan.
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 State HIV Integrated Plan and the HIV Prevention Work 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 State HIV Integrated Plan and HIV Prevention Work 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 prevention 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 pillar focus group.
7. Make a commitment to work with the DOH to ensure that the PPG's engagement process and the state HIV Integrated Plan and HIV Prevention Work Plan align with the NHAS and EHE 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 State HIV Integrated Plan and HIV Prevention Work Plan.
11. Submit a letter of concurrence, concurrence with reservations, or non-concurrence annually to the CDC.

SECTION 3. COMMUNITY CO-CHAIR RESPONSIBILITIES

1. Community co-chairs provide leadership for the participatory process by working with the DOH Co-chair to lead the process. Their role in the HIV prevention planning is to:
2. Provide leadership to the PPG members.
3. Facilitate meetings, lead discussions, and ensure a participatory process is followed.
4. Assist DOH Co-Chair with meeting agendas by obtaining input from the PPG.
5. Work closely with the DOH staff to ensure necessary data is provided on a timely basis to the PPG.
6. Work with the DOH staff to ensure all PPG members understand the NHAS and EHE and assist the DOH in achieving the NHAS and EHE goals.
7. Lead the developing of the engagement process and inform the development/update the State HIV Integrated Plan and HIV Prevention Work Plan. Promote implementation of the engagement process.
8. Assist DOH Co-chair 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 with the engagement process is not aligned with NHAS or EHE 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 as 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. Parity, Inclusion, Representation (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:
 - a. Goals and Core Objectives, roles, responsibilities, and principles outlined in the guidance
 - b. Procedures and ground rules used in all deliberations and decision making; and

- c. 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 State HIV planning process and engagement process.
5. Monitor or assess the HIV planning process to ensure it meets objectives of the 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:
 - a. Brief description of the process used to develop, implement, or assess the progress of the engagement process.
 - b. Changes in the epidemic (e.g. emergence of new risk populations or geographic distributions)
 - c. Changes in the jurisdictional plan.
 - d. Membership, organizational, and community updates
 - e. Policy and environmental changes (e.g., budget limitations or new program priorities)
 - f. 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 and PPG's informed about emerging trends or changes in the HIV epidemic.
7. Provide available jurisdictional and national data on HIV behavioral 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-complaint with its PPG responsibilities.

ARTICLE IV. MEMBERSHIP

SECTION 1. NUMBER AND COMPOSITION

The PPG shall consist of no more than 24 voting members. Voting members shall be selected based on Parity, Inclusion, and Representation (PIR) along with technical expertise skills in the needs that are shown in the State HIV Integrated Plan and HIV Prevention Work Plan. A copy of the PPG Member Application can be found in Appendix II.

SECTION 2. APPOINTMENT AND TERMS

1. Term of office for all voting members shall be three (3) years, with no limit on the number of terms served. Applications from individuals interested in becoming a voting member of the PPG will be submitted to the DOH Co-chair and all applications will be brought forth to the full voting body of the PPG regarding recommendation discussion on a new member.
2. New applications will be brought to the first meeting after the application is received. Discussion of the new member and voting of acceptance of the new member will take place at that meeting. The new member may be present at that meeting.

3. The Community Co-Chair will be responsible to arrange a time to provide new member information to the individual.
4. If an individual is denied membership to the PPG the DOH Co-Chair will contact the individual and let them know the reason for the denial, if the denial is due to a full membership the application will be kept on file

SECTION 3. CO-CHAIRS

1. The acting HIV Program Manager sits as the DOH Co-chair of the PPG.
2. The PPG members select a Community Co-chair through an annual voting process that takes place at the last meeting of the calendar year.
3. The Community Co-chair's term of office shall be three (3) years.
 - a. 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.
 - b. The second year they serve as the Community Co-chair.
 - c. 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.
4. Any voting member who has completed at least one (1) year of service on the PPG can be considered for election to the position of Community Co-chair Elect.

SECTION 4. RESIGNATION OR REMOVAL

1. Members may resign at any time by providing written notification to the Department of Health Co-Chair who will present the resignation to the PPG to confirm removal.
2. 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.
3. The Community Co-Chair will be responsible to follow up with members who have missed a meeting without assigning a proxy. If two consecutive PPG meetings or three meetings in a 12-month period are missed by a member the Community Co-Chair will provide this information to the PPG to vote for removal. A formal letter will be sent to the member regarding their removal by the DOH Co-Chair within three (3) business days following the PPG's vote for removal.

ARTICLE V. GOVERNANCE OF MEETINGS

1. The South Dakota HIV Prevention Planning Group will meet one time per quarter in a calendar year.
2. In person meetings will be held on the 3rd Saturday of the months of April & September each year
3. Interactive video conferencing and teleconferencing meetings will be held on the 3rd Friday of the months of July & December.

SECTION 1. ATTENDANCE

A record of attendance for each PPG member will be kept by the DOH Co-Chair. 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 voting PPG members.

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 vote.

Proxy representation two (2) meetings in a row is strongly discouraged and will be followed up on by the DOH Co-Chair or the Community Co-Chair.

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 their name, supply information, complete a questionnaire, or fulfill any other condition precedent to their 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 their name and affiliation.

ARTICLE VI. 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 and to provide to DOH Executive Management if needed.

ARTICLE VII. PILLAR FOCUS GROUPS

SECTION 1 . HIV PREVENTION STRATEGIES: ENDING THE HIV EPIDEMIC (EHE) In order to accomplish the mission of the PPG, roles and responsibilities are divided between Five (5) pillar focus groups: Diagnose, Treat, Prevent, Respond & Surveillance, and Community Engagement.

1. Pillar 1 – **Diagnose**: Ensure all people with HIV receive a diagnosis as early as possible. Members of the Diagnose Focus Group will monitor and evaluate activities related to EHE: Diagnose in the Integrated Plan and the CDC Workplan.
2. Pillar 2 – **Treat**: Comprehensive approach to treat people with diagnosed HIV rapidly and reach viral suppression. Members of the Treat Focus Group will monitor and evaluate activities related to EHE: Treat in the Integrated Plan and the CDC workplan.
3. Pillar 3 – **Prevent**: Reduce new HIV transmission PrEP/PEP services and supporting HIV prevention, including condom distribution, perinatal transmission prevention, and harm reduction. Members of the

Prevent Focus Group will monitor and evaluate activities related to EHE: Prevent in the Integrated Plan and the CDC workplan.

4. Pillar 4 – **Respond**: Conduct HIV surveillance activities, and identify and quickly respond to HIV clusters and outbreaks to address gaps and inequities in services for communities affected. Members of the Respond Focus Group will monitor and evaluate activities related to the EHE: Respond in the Integrated Plan and the CDC workplan.
5. Pillar 5 - **Community Engagement** : Support HIV planning and community engagement. All voting members of PPG will participate in activities to identify community members, key partners, and other individuals to participate in the HIV planning process and ensure representation of people from communities affected by HIV.
6. A pillar focus group shall consist of at least three (3) members. There shall be no limit for membership in a pillar focus group except at the discretion of the PPG Co-chairs.
7. Each pillar focus group will elect a chairperson, who must be a member of the PPG. The chairperson of a pillar focus group serves in the capacity of facilitator, who refrains from voting with the exception of breaking a tie. Only pillar focus group members may have voting privileges on their respective pillar focus group.
8. Each pillar focus group may establish subgroups to accomplish specific tasks.
9. If a pillar focus group member has more than two consecutive unexcused absences from the meetings or three unexcused absences from meetings in a year, they will be considered to have resigned as a member of the pillar focus group.

SECTION 3. RFP COMMITTEE

When a Request for Proposals (RFP) process is conducted by the HIV prevention program of DOH the PPG shall request voting members to volunteer to participate in a committee to review application 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 Executive 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 present. 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), and 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 current W-9 tax form is required before the first payment can be made. A travel reimbursement form must be completed after every meeting from which the member seeks reimbursement. Reimbursement must be approved by the HIV Prevention Program Manager prior to travel.

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 opportunities 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
- Follow Robert's Rules of Order during all meetings

APPENDIX II. PREVENTION PLANNING GROUP (PPG) MEMBER APPLICATION

Application for membership on the South Dakota HIV Prevention Planning Group (PPG):

Members for the HIV 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 who they are affiliated.

All Information is Confidential:

Please provide the following contact information:

Name: _____

Address: _____

Best Contact Phone Number: _____

Email Address: _____

Mark all areas that apply: Demographics, Geographic Area, Expertise, Education, and Life Experience

Race	Ethnicity	Age	Gender
American Indian/Alaskan Native	Hispanic or Latino	< 25	Female
Black/African American	Non-Hispanic or Latino	25-34	Male
Asian/Pacific Islander		35-44	Non-Binary
White		45-54	Transgender
Other		55+	Other

Select the area of South Dakota where you reside:

Sioux Falls Other City - >10,000 people
Rapid City Other City - <10,000 people

Please select ALL the categories that best describes your training, experience, and/or education.

AIDS Education and Training Center

Education Agency/College

Behavioral or Social Scientist

Epidemiologist

Business/Labor

Faith Community and/or Ordained Clergy

Community Health Center

Family Planning

Corrections/Law Enforcement

Indian Health Services

Intervention Specialist

Substance Abuse

Mental Health

Urban Indian Health

Person living with HIV

Great Plains Tribal Chairman's Health Board

Ryan White Part B

HIV Clinical Care Provider

Ryan White Part C

Homeless Services

Social Services

HOPWA/Tri-State Housing

Please select the highest level of education you have completed and note any specialized licenses or certifications you currently hold.

Did not finish high school

Graduate Degree

Attended some college

PHD

High School Diploma/GED

MD

College Degree/2 or 4 year

Licenses/Certifications: _____

Briefly describe your interest in the State of South Dakota HIV Prevention Planning Group and what you feel like you can contribute to reducing the number of new HIV diagnoses in the State.

_____.

To submit your application, you may either mail or email the completed application to:

Justin Reinfeld, HIV Program Manager
1501 S. Highline Ave, STE 3D
Sioux Falls, SD 57110
Justin.reinfeld@state.sd.us

APPENDIX III. PIR CHECKLIST (Check all that apply)

- Social Services:_____
- Person Living with HIV:_____
- Behavioral or social scientist:_____
- Epidemiologist:_____
- HIV Clinical Care Provider:_____
- Faith Community:_____
- Business/Labor:_____
- Community Health Center:_____
- Substance Abuse:_____
- Health Department (Family Planning):_____
- Intervention Specialist:_____
- Education Agency/College:_____
- Mental Health:_____
- Homeless Services:_____
- Corrections:_____
- HOPWA:_____
- IHS/UIH:_____
- Great Plains Tribal:_____
- Ryan White Part B:_____
- Ryan White Part C:_____
- AIDS Education & Training Center:_____

By geographic distribution:

- Sioux Falls:_____
- Rapid City:_____
- Rural:_____

By risk category:

- MSM:_____
- IDU:_____
- Heterosexual:_____

By disparity:

- Black/African American:_____
- Foreign Born:_____
- Over age of 45:_____
- American Indian:_____
- Hispanic/Latino:_____

APPENDIX IV. RFP COMMITTEE PROCEDURES

The HIV Prevention Program of the South Dakota Department of Health publishes a Request For Proposal (RFP) every five 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 then 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 the final decision-making power to award contracts.