



# BYLAWS

<b>Table of Contents</b>	
<b>Article 1: Name and Provisions for Governing</b> .....	<b>3</b>
<b>Article 2: Service Area</b> .....	<b>4</b>
<b>Article 3: Mission and Shared Visions</b> .....	<b>3</b>
<b>Article 4: Membership</b> .....	<b>4</b>
<b>Article 5: Attendance</b> .....	<b>7</b>
<b>Article 6: Meetings</b> .....	<b>7</b>
<b>Article 7: Voting</b> .....	<b>7</b>
<b>Article 8: Record Keeping</b> .....	<b>8</b>
<b>Article 9: Officers and Duties</b> .....	<b>9</b>
<b>Article 10: Committees</b> .....	<b>12</b>
<b>Article 11: Conflict of Interest</b> .....	<b>16</b>
<b>Article 12: Confidentiality</b> .....	<b>16</b>
<b>Article 13: Non-Discrimination</b> .....	<b>16</b>
<b>Article 14: Grievance and Complaints</b> .....	<b>17</b>
<b>Article 15: Code of Conduct</b> .....	<b>17</b>
<b>Article 16: Amendments</b> .....	<b>17</b>

**Associated Page Numbers in Planning Group Policies and Procedures Manual**

**Article 1: Name and Provisions for Governing ..... 3**

**Article 2: Service Area ..... 4**

**Article 3: Mission and Goals ..... 3**

**Article 4: Membership ..... 5, 26**

**Article 5: Attendance ..... 9**

**Article 6: Meetings ..... 23**

**Article 7: Voting ..... 24**

**Article 8: Record Keeping ..... 33**

**Article 9: Officers and Duties..... 14**

**Article 10: Committees..... 18**

**Article 11: Conflict of Interest ..... 25, 37**

**Article 12: Confidentiality ..... 23, 36**

**Article 13: Non-Discrimination ..... 34**

**Article 14: Grievance and Complaints ..... 31**

**Article 15: Code of Conduct..... 35**

**Article 16: Amendments ..... 29, 50**

### **Article 1: Name and Provisions for Governing**

- 1.1 The Southwest Tennessee Regional Community Planning Group and the Memphis Area Ryan White Planning Group shall be known as the HIV-CARE AND PREVENTION GROUP. As used in these Bylaws, the words “Planning Group” or “Group” mean and refer to the HIV-CARE AND PREVENTION GROUP.
- 1.2 The Planning Group shall be governed by the following (listed in order of succession):
  - a. Health Resources and Services Administration (HRSA) Policies and Procedures
  - b. Tennessee Open Meeting Act (Sunshine Law)
  - c. Code of Ethics for Shelby County Government
  - d. Planning Group Bylaws
  - e. Robert’s Rules of Order

### **Article 2: Service Areas**

- 2.1. The HIV-CARE AND PREVENTION GROUP serves the Memphis area, defined by the Health Resources and Services Administration (HRSA) for purposes of Ryan White Part A/MAI funding and the Centers for Disease Control (CDC) and the State of Tennessee, Department of Health, HIV/AIDS/STD Section for HIV Prevention funding.
- 2.2 The TGA to be served by the HIV-CARE AND PREVENTION GROUP shall consist of Shelby, Tipton, and Fayette counties in Tennessee (TN), Crittenden county in Arkansas (AR), and DeSoto, Marshall, Tate, and Tunica counties in Mississippi (MS) for Ryan White services.
- 2.3 HIV prevention services are reserved for individuals living within the boundaries of the Southwest Tennessee Region - Shelby, Tipton and Fayette counties.

### **ARTICLE 3 – Mission and Goals**

The mission of the HIV-CARE AND PREVENTION GROUP is twofold:

- 3.1. To determine priorities for how Ryan White Part A and Minority AIDS Initiative (MAI) funds are allocated based on the documented needs of the HIV/AIDS communities within the Memphis area. It is the responsibility of the Group to assure that all affected and infected communities and populations within the Memphis area are represented on the Planning Group.
- 3.2. To provide HIV prevention and advocacy services to populations impacted by HIV/AIDS through grant making, community planning, maximization of resources and assurance of quality interventions and services.

- 3.3. The goal of care in the HIV-CARE AND PREVENTION GROUP is, through its Needs Assessment and planning processes and through the allocation of funding, to create a seamless continuum of care that addresses the unmet needs of the infected and affected populations of the counties it is charged to serve.
- 3.4. The goal of prevention in the HIV-CARE AND PREVENTION GROUP is to eliminate stigma, reduce the further spread, and ultimate eradication of HIV/AIDS.

#### **ARTICLE 4 - MEMBERSHIP**

- 4.1. The Shelby County Mayor, as the designated Chief Elected Official (CEO) for the Memphis Area Ryan White Part A Program shall appoint the members of the Planning Group utilizing an open nomination process, as outlined in the Memphis Planning Group Policies and Procedures Manual (hereafter known as the **P & P Manual**). Upon recommendation from the Nominating /Bylaws Committee, the CEO will fill vacancies.
- 4.2. Member status of Full Members, Alternate Members and Associate Members is further described in the **P & P Manual**.
- 4.3. The Group shall consist of at least 36 and no more than 45 Full members who will meet HRSA mandates regarding reflectiveness and PLWH/A participation. No more than two (2) persons who represent an agency that receives Ryan White Part A/MAI or CDC Prevention funding may serve as Full members of the Planning Group at any one time. The mandates require that:
  - a. Thirty three percent (33%) of the Group be composed of HIV+ individuals who have no conflict of interest and are receiving services from a Ryan White Part A or MAI funded agency.
  - b. The Group will strive for membership that is reflective of the demographics of HIV disease in the Memphis area.
  - c. The Group shall consist of individuals who bring skills and experience in the following federally mandated categories:
    - c.1. Health Care Providers, including federally qualified health centers
    - c.2. Community-Based Organizations serving affected populations and AIDS service organizations
    - c.3. Social Service Providers, including providers of housing and homeless services
    - c.4. Mental Health
    - c.5. Substance Abuse Providers
    - c.6. Local Public Health Agencies
    - c.7. Hospital Planning Agencies or Health Care Planning Agencies

- c.8. Affected Communities, including people with HIV disease, members of a Federally recognized Native American tribe, individuals co-infected with hepatitis B or C and historically under-served groups and sub-populations
  - c.9. Non-elected Community Leaders
  - c.10. State Government (including the State Medicaid Agency and the agency administering the program under Part B (Care Act Title II State Agency)
  - c.11. Grantees under subpart II of Part C (CARE Act Title III)
  - c.12. Grantees under section 2671 (CARE Act Title IV Grantees), or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women and families living with HIV and operating in the area
  - c.13. Grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services:
    - i. Special Projects of National Significance (SPNS)
    - ii. AIDS Education and Training Centers (AETC)
    - iii. Dental Reimbursement Program
    - iv. Housing Opportunities for People with AIDS (HOPWA)
    - v. HIV Prevention Providers
  - c.14. Representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV disease as of the date on which the individuals were so released
- d. All members shall serve without compensation. HIV+ NORAPC members may be reimbursed for transportation and childcare expenses related to serving on NORAPC, as outlined in the **P & P Manual**.
  - e. Two HIV+ Group members must publicly disclose their HIV+ status.
- 4.4 All Group members shall serve on and actively participate in at least one Standing Committee.
  - 4.5. Members will be appointed for two-year terms and may be re-appointed by the CEO. All terms will begin October 1 and end September 30 of the second year. Further explanation of terms may be found in the **P & P Manual**.
  - 4.6. If a Group member does not wish to continue membership, he/she must submit their resignation in writing to the Group Chair, with a copy to the Group Support Staff.

- 4.7. No Planning Group member shall serve for more than two consecutive two-year terms.
- 4.8. A former member may reapply for membership after not being a Group member for a period of one (1) year.
  
- 4.9. The duties of the Planning Group are as follows:
  - a. Establish priorities and directives to the Grantee/Lead Agent for allocation of funds based on: 1) documented needs of the PLWHA population; 2) cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available; 3) priorities of the PLWHA communities for whom the services are intended; and 4) availability of other governmental and non-governmental resources;
  - b. Develop a Comprehensive Plan for the organization and delivery of health service that is compatible with any existing State and/or local plans regarding the provision of health services to PLWHA and affected populations in the Memphis area;
  - c. Develop and periodically update Standards of Care for funded service categories, and ensure provision of Part A and other Ryan White and non-Ryan White services, including substance abuse and HIV prevention services;
  - d. Assess the efficiency of the administrative mechanism in rapidly allocating Ryan White Part A and MAI funds to the areas of greatest need;
  - e. Assess the effectiveness of the services offered in meeting the identified needs;
  - f. Participate in the development of the Statewide Coordinated Statements of Need (SCSNs) initiated by the Tennessee Department of Health, Arkansas Department of Health and Mississippi Department of Health;
  - g. Carry out comprehensive Needs Assessment activities, including assessment of the needs of PLWHA in and out of care and determining and assessing the capacity and capability of service providers to meet those needs. This includes establishing methods for obtaining input on community needs and priorities which may include holding public meetings, conducting focus groups and convening *ad hoc* panels. Input will also be sought from the Consumer/Affected Communities Committee;
  - h. Establish and monitor compliance with operating procedures (which include specific policies for resolving disputes, responding to grievances, and minimizing and managing conflicts of interest), Standards of Care, and these Bylaws regarding the governance of the Planning Group; and
  - i. Review the applications drafted by providers for funding from CDC for HIV/STD prevention services.
  
- 4.10. The Prevention Planning Committee membership should include representation from the following eight (8) categories:
  1. People Living with HIV/AIDS (PLWHA)
  2. Individuals impacted by HIV/AIDS
  3. Healthcare providers including, but not limited to, physicians, home health care agencies, alcohol and drug treatment agencies, mental health agencies, and nurses

4. Medical care managers, non-medical case managers, and other case managers
5. Community-based organizations that provide HIV/AIDS support services, prevention services and education
6. Community Leaders
7. Local Health Planning Agencies
8. Individuals from the academic community, particularly those who specialize in health planning, evaluation, social/behavioral science, and epidemiology.

#### **Article 5: Attendance**

- 5.1. General Attendance Requirements: Planning Group members are required to attend meetings of the Group and Standing Committees of which they are a member. All Group members must adhere to the attendance requirements as outlined in the **P & P Manual** for Tracking Member Attendance.

#### **Article 6: Meetings**

- 6.1. Regular meetings of the Planning Group shall be held each month at such time and place as may be determined. An annual schedule of regular meetings shall be made available to all HIV/AIDS service providers, Group Members and participants, relevant agencies and the community at large.
- 6.2. A Group member with a conflict of interest, as defined in Article 11: Conflict of Interest, Section 11.3 and 11.4, shall abstain from voting on matters that come before the Group or a Committee regarding Standards of Care, the establishment of priorities or the allocation of funds to service category(ies), from which the conflict of interest derives. Where voting is on an entire slate of Standards of Care, priorities or allocations, such members may vote.
- 6.3. All members must be physically present at a meeting to cast his/her vote. Voting by proxy is prohibited by the Tennessee Open Meeting Act.
- 6.4. Every act or decision done or made by a majority of Planning Group members present at a meeting duly held at which a quorum (as defined in Article 7: Voting, Section 7.6) is present, is an official act of the Group, unless these Bylaws or provisions of law require a greater percentage or different voting rules for approval of a matter by the Group.
- 6.5. Planning Group Bylaws revisions require a majority vote of >50% of the members present at a Group or Committee meeting.

- 6.6. Each Group member shall be entitled to one vote, at Group meetings and at each Committee meeting, in which they are a member.

### **Article 7: Voting**

- 7.1. Regular meetings of the Planning Group shall be held each month at such time and place as may be determined.
- 7.2. The meetings of the Group shall be open to the public and shall be held only after adequate notice to the public, seven (7) days, as defined in the **P & P Manual**.
- 7.3. Date and hour of regular Group meetings shall be established at the beginning of each new membership year. Written confirmation of the established date and time of the meeting shall be mailed to all members. Any changes to the date and time of meetings shall be communicated to all members at least seven (7) days prior to the re-scheduled meeting.
- 7.4. Emergency meetings, of the Group and / or Standing Committees, as defined in the Tennessee Open Meeting Act, may be held on call of the CEO and / or the Planning Group Chair.
- 7.5. The Planning Group and its Standing Committees may hold executive sessions as outlined in the Open Meeting Act.
- 7.6. A quorum, for the purpose of conducting business at any Group and its Committee meetings, is the presence of a majority (>50%) of Full Members, of which a minimum of 33% must be unaffiliated PLWHA, shall be necessary to constitute a quorum for the purpose of engaging in any formal decision making and voting.
- 7.7. Issues of special meetings and priority of discussion in meetings is described in the **P & P Manual**.

### **Article 8: Record Keeping**

- 8.1. Minutes of each Planning Group / Committee shall be documented by the Support Staff and certified by the respective Chair. The minutes shall be public record and shall be available within two (2) weeks after the meeting.
  - a. The above subparagraph does not apply to any disclosure of information of a personal nature that would constitute a clearly unwarranted invasion of personal



privacy, including any disclosure of medical information or personal matters.

- 8.2. The records, reports, transcripts, minutes, agenda and other supporting documents made available for or prepared by the Group shall be available for public inspection and copying at the Planning Group Support Staff Office.
  - a. The records, reports, transcripts, minutes, agenda and other supporting documents shall be kept on file in hard copy form for five (5) years following the grant year.
  - b. Following the grant year.
- 8.3. Planning Group and Standing Committee meetings are tape recorded as allowed by the Tennessee Open Meeting Act.
  - 8.3.1 All tape recordings shall be kept on file for a period of one (1) year.
- 8.4. The Planning Group shall ensure that all record keeping is in accordance with local, state and federal regulations.
- 8.5. Further information is located in the **P&P Manual**.

#### **Article 9: Officers and Elections**

- 9.1. The officers of the Planning Group will consist of the following, each of whom will be a member of the Group and elected by the majority of the Group to serve one-year terms:
  - a. Two (2) Planning Group Co-Chairs (At least one must be PLWHA)
  - b. Secretary
  - c. Five (5) Standing Committee Chairs
  - d. Consumer Affected Communities Committee
  - e. Evaluation and Assessment Committee
  - f. Priorities and Comprehensive Planning Committee
  - g. Membership Committee
  - h. Prevention Planning Committee (Two Committee Co-Chairs - Health Department and Community Representative).
- 9.2. The process for the election of officers is described in detail in the **P & P Manual**. Officers will assume their position on October 1 of the subsequent membership year.
- 9.3. The duties of the Planning Group Co-Chairs are:
  - a. Alternate presiding at all meetings of the Planning Group and shall perform all other duties necessary or incidental to the position.

- b. Be voting members of each Committee.
- c. Alternate presiding over executive committee meetings and general body meetings. The presiding officer is not permitted to vote on matters before the committee or body except in circumstances to break a tie vote. Non presiding officer is permitted to participate as normal in discussion and voting matters.
- d. Speak to the media and in public forums on behalf of or representing the position of the Planning Group on policies, positions, mandates previously approved by the Group, and on routine matters pertaining to the Group's operations, goals and objectives. Still, Co-Chairs must have the approval and guidance of the Shelby County Government before responding to any media request. They shall also serve as the official Group spokespersons, representing the Group to the Part A Grantee/Federal grantor and the State of Tennessee HIV Prevention Lead Agent.
- e. Create and dissolve *ad hoc* committees as needed with the approval of the Executive Committee.
- f. Appoint Chairs of all Standing and *ad hoc* committees.

Attendance Requirements:

- a. Attend monthly HIV-Care and Prevention Group Meeting.
- b. Attend one (1) monthly Assigned Standing Committee Meeting.
- c. Attend monthly Executive Committee Meeting.

9.4. The duties of the Secretary are:

- a. Maintain attendance rosters for the Planning Group meetings and conduct roll call
- b. Determine whether a quorum is present and assist with the election and voting procedures.
- c. Coordinate with the Planning Group Manager to ensure accurate reporting of monthly meeting minutes.
- d. Establish general ground rules at the beginning of each meeting and make sure meetings adhere to the agenda.
- e. Assist the presiding officer by keeping track of the order of those wishing to speak, motions, amendments, voting, etc.
- f. Serve as the point person for Robert's Rule of Order and parliamentary procedures inquires.

Attendance Requirements:

- a. Attend monthly HIV-Care and Prevention Group Meeting.
- b. Attend one (1) monthly Assigned Standing Committee Meeting.
- c. Attend monthly Executive Committee Meeting.

#### 9.5. Prevention Planning Committee Composition

The officers of the Prevention Planning Committee shall consist of the following:

- Health Department Co-Chair *\*recommended by the Shelby County Health Department and approved by the State Health Department.*
- Community Co-Chair *\*will be a PLWHA, Key Stakeholder or Subcontractor.*
- Four (4) TCPG Representatives
- Lead Agency Representative(s) *\*designated by the Lead Agency to manage the administrative and fiscal affairs of the Prevention Planning Committee.*

The duties of the Prevention Planning Committee Co-Chairs are:

- a. Oversee the full administration of the Prevention Planning Committee and its responsibilities to the State of Tennessee Department of Health.
- b. Lead the Prevention Planning Committee in fulfilling its mission and vision and provide leadership to all Prevention Planning Committee members.
- c. The Community Co-Chair will preside at the HIV-Care and Prevention Group Meeting in the event that either Planning Group Co-Chair is unavailable.
- d. Alternate presiding over committee meetings. The presiding officer is not permitted to vote on matters before the committee or body except in circumstances to break a tie vote. Non presiding officer is permitted to participate as normal in discussion and voting matters.
- e. Facilitate meetings, lead discussions and ensure that a participatory process is followed during monthly Prevention Planning Committee meetings.
- f. Ensure the Prevention Committee workgroup leaders perform their responsibilities as assigned.
- g. Coordinate and directing all committee communication with the Planning Group Support Staff.
- h. Draft and sign all documents and correspondence relative to the Prevention Planning Committee.
- i. Create and dissolve *ad-hoc* workgroups as needed by the Prevention Planning Committee.
- j. Report errors in meeting proceedings that may affect any actions taken to the Planning Group Support Staff.
- k. Set monthly committee agenda of the Prevention Planning Committee
- l. Serve as a voting member of the HIV-Care and Prevention Group Meeting.
- m. Serve as a Full (voting) Member of the Executive Committee and provide monthly Prevention Planning Committee reports.

#### Attendance Requirements:

- a. Attend monthly HIV-Care and Prevention Group Meeting.
- b. Attend monthly Prevention Planning Committee Meeting.

- c. Attend monthly Executive Committee Meeting.

9.6. The duties of the TCPG Representatives are:

- a. Advocate for issues concerning PLWHA.
- b. Encourage PLWHA to participate in the Prevention Planning Committee meetings and activities.
- c. Identify populations and interventions that would best suit citizens.
- d. Serve as a workgroup leader within the Prevention Planning Committee.
- e. Facilitate and serve as the leader of an assigned workgroup breakout section of the Prevention Planning Committee.
- f. Report workgroup breakout section findings to the Prevention Planning Committee.
- g. Collect and present information from Statewide meetings and disseminate to the Prevention Committee.
- h. Inform Planning Group Support Staff if unable to attend Statewide meetings.
- i. Serve as a Full (voting) member of the HIV-Care and Prevention Group Meeting.
- j. Serve as a Full (voting) Member of one (1) Standing Committee-Evaluation, Priorities, Consumer or Membership- and provide a monthly Prevention Planning Committee report accordingly.

Attendance Requirements:

- a. Attend all TCPG meetings as directed.
- b. Attend monthly HIV-Care and Prevention Group Meeting.
- c. Attend monthly Prevention Planning Committee Meeting (inclusive of the workgroup meeting).
- d. Attend one (1) monthly Assigned Standing Committee Meeting.

9.7. Terms of Office

- a. Co-Chairs – Two years
- b. Secretary – Two Years
- c. TCPG Representative – Three years
- d. Further description regarding terms of office may be found in the Standard Operating Procedures Manual

**Article 10: Committees**

10.1. Standing Committees of the Planning Group shall consist of the following:

- a. Executive Committee
- b. Membership Committee
- c. Evaluation and Assessment Committee

- d. Priorities and Comprehensive Planning Committee
- e. Consumer/Affected Communities Committee
- f. Prevention Planning Committee
  - i. Evaluation Workgroup
  - ii. Grants and Allocation/Needs Assessment Workgroup
  - iii. Advocacy Workgroup
  - iv. Community engagement Workgroup

10.2. The duties of the committees are:

1. Executive Committee

The Executive Committee shall:

- a. Oversee the administration of the full Group in the performance of its ongoing responsibilities.
- b. Make sure the Group is operating and following current Ryan White and HRSA mandates.
- c. Set the Planning Group meeting agenda.
- d. Monitor progress in achieving the goals of the Comprehensive Plan to direct HIV services.
- e. Establish and maintain the size, composition and membership of each Committee.
- f. Convene *ad hoc* Committees as necessary.
- g. Only members of the Executive Committee are eligible to vote on matters before the committee. (See Article VI, section A for the Composition of the Executive Committee.)

2. Membership Committee

The Membership Committee shall:

- a. Recruit, screen, interview and recommend potential candidates for membership to the Planning Group.
- b. Oversee the reappointment process of Members to the Planning Group.
- c. Bring membership recommendations and issues to the Planning Group for approval and action.
- d. Coordinate community outreach and recruitment events throughout the Memphis area as a way of soliciting new Members.
- e. Assess compliance with Federal regulations and Group Bylaws regarding Group membership composition.
- f. Coordinate appropriate orientation and training for new Planning Group Members.

3. Evaluation and Assessment Committee

The Evaluation and Assessment Committee shall:

- a. Collaborate with the Grantee on issues regarding quality management, including the development of Standards of Care, Outcomes, Indicators and the Quality Management Plan.
- b. Oversee the collection of quality data and outcome indicators for use by the Planning Group as part of the decision making process.
- c. Coordinate and draft the Assessment of the Administrative Mechanism.

4. Priorities and Comprehensive Planning Committee

The Priorities and Comprehensive Planning Committee shall:

- a. Oversee the development and implementation of the community Needs Assessment.
- b. Review and participate in the development of the Statewide Coordinated Statements of Needs for Tennessee, Arkansas and Mississippi.
- c. Assess:
  - i. Size and demographics of the PLWHA populations in the Memphis area
  - ii. Emerging needs/ trends
  - iii. Service gaps
  - iv. Unmet needs
- d. Design, develop and coordinate the process used by the Planning Group to decide which services to fund and how much money should be allocated to these services, and to prepare directives to the Grantee.
- e. Develop and review Service Categories to insure consistency with HRSA/HAB definitions and policies.
- f. Monitor expenditures and service utilization data by service categories as reported by the Grantee.
- g. Consider requests and recommendations for reallocating funds during the fiscal year.
- h. Oversee the development of a Comprehensive Plan for HIV/AIDS service delivery that includes assessing the Memphis area capacity, issues of access and retention in care.
- i. Seek methods and strategies using Ryan White and other funding mechanisms for coordinating service delivery, addressing disparity in care, filling service gaps, and reducing unmet needs of special populations, especially minorities.
- j. Explore models to enhance HIV/AIDS service delivery.
- k. Collaborate with the Evaluation and Assessment Committee by using data and recommending directives for use in priority setting and/or changes to Standards of Care.
- l. Assess the effectiveness of care strategies based on earlier priority setting and resource allocations.

## 5. Consumer/Affected Communities Committee

The Consumer/Affected Communities Committee shall:

- a. Serve as the link between the HIV/AIDS community and the Planning Group.
- b. Seek input from PLWHA as to needed and desired services through public forums and by recruiting PLWHA to participate in Needs Assessment activities including surveys, focus groups, key informant interviews, and satisfaction surveys.
- c. Mentor new PLWHA Planning Group Members.
- d. Ensure that the community understands and utilizes the grievance procedure process.
- e. Make certain the community is aware of the Planning Group, its work and the availability of Ryan White services.

## 6. Prevention Planning Committee

The Prevention Planning Committee shall consist of four (4) Workgroup sessions:

### 6.1 Evaluation Workgroup

- a. Evaluate the contracted outcomes of the Lead Agency and funded providers.
- b. Monitor quality assurance and quality improvement plans of funded agencies
- c. Monitor mechanism that will comply with Tennessee Department of Health funding requirements including but not limited to monthly, quarterly, and annual.

### 6.2 Grants & Allocation/Needs Assessment Workgroup

- a. Collaborate with the Lead Agency to recruit and select objective people to serve on grant review teams for prevention and care.
- b. Collaborate with the Lead Agency during the RFP process.
- c. Develop tools for grading grants by the review teams, incorporating funding priorities established by the annual needs assessment.
- d. Develop a needs assessment plan and tool.
- e. Collect data about unmet needs on an ongoing basis.
- f. Prioritize service areas for funding.
- g. Coordinate with community advisory groups in the development of funding priorities, as indicated by funding resource(s).
- h. Develop or provide support for short and long-term planning processes.
- i. Collaborate with the Tennessee Department of Health regarding the regional prevention plan.

The Grants and Allocations committee, for the review of prevention grants, will consist of the Lead Agent (for oversight only and will not vote except in the case of a tie), and a minimum of

two members not affiliated with a competing or currently funded agency, two members from the community not affiliated with a competing or currently funded agency, and one person living with HIV/AIDS (PLWHA).

No representatives from funded agencies will be allowed to participate on the Grant and Allocations Committee.

#### 6.3 Advocacy Workgroup

- a. Promote HIV/AIDS prevention issues within the community.
- b. Work to keep local and state lawmakers informed of the prevention issues.

#### 6.4 Community Engagement Workgroup

- a. Oversee matters concerning membership and conflict of interest
- b. Implement procedures for resolving conflicts of interests.
- c. Facilitate Co-Chair elections of the Prevention Planning Committee.
- d. Facilitate the TCPG representative elections of the Prevention Planning Committee.
- e. Develop and implement an orientation module for all Prevention Planning Committee members
- f. Develop plan to recruit new members as necessary to maintain PIR.

#### Duties of the Standing Prevention Planning Committee Chair

- a. Serve as the presiding officer and conduct meetings.
- b. Execute the duties prescribed herein for the committees and for such other duties as prescribed by the Co-Chairs of the Planning Group
- c. Report committee progress, activities to the Exec. Com. and Planning Group.

### **Article 11: Conflict of Interest**

- 11.1. The rules contained in this section apply to all Planning Group members.
- 11.2. The potential for conflict of interest is present in all Ryan White Part A processes, including, but not limited to: needs assessment, priority setting, comprehensive planning, establishment of standards of care and allocation of funds, evaluation and quality management.
- 11.3. Conflict of Interest is defined as the following: A Planning Group member of his/her direct ascendants and descendants, siblings, spouses and domestic partner having a financial interest in, serving as a board member, being employed by, or having a contract or an financial agreement with, an organization, partnership, or any other entity,



whether public or private, that receives or has a pending application on file to receive Ryan White Part A funds.

- 11.4. Planning Group members are encouraged to participate in discussions on all topics, but shall state conflict of interest at the beginning of their statement. Further details of procedure to handle a conflict of interest are addressed in the **P & P Manual**.

#### **Article 12: Confidentiality**

- 12.1. While individual Group Members may opt to publicly disclose their HIV/AIDS status, the Group as an entity shall not release any information to the general public relating to any Member's HIV/AIDS status or any other medical condition. All Planning Group Members will be required to sign a confidentiality statement.
- 12.2. A standing reminder about confidentiality will be read at the beginning of each Planning Group or Committee meeting. See **P & P Manual** for this statement.

#### **Article 13: Non-Discrimination**

- 13.1. Applications for appointment to membership on the Planning Group will be reviewed without discrimination with respect to age, gender, race, religion, disability, sexual orientation, sexual identity, HIV/AIDS status or national origin. However, the Planning Group is legislatively mandated to include representatives from certain categories (see Article III, Section B), and the Planning Group as a whole and the consumer membership of the Planning Group must both be reflective of the demographics of the epidemic in the area served by that Planning Group. All Planning Group business and activities shall be conducted fairly and equitably in a manner which does not discriminate with respect to age, gender, gender identify, race, religion, disability, sexual orientation, HIV/AIDS status or national origin.

#### **Article 14: Grievance Procedures**

- 14.1. It is the policy of the Memphis Planning Group to show commitment in hearing and responding to complaints filed by members. It is the desire of the Group to respond fairly and in a timely manner. The Planning Group will attempt to resolve grievances through informal dispute resolution when possible.
- 14.2. The Planning Group shall address grievances and complaints according to the policies and procedures as outlined in the **P & P Manual**.


**Article 15: Code of Conduct**

15.1. All Planning Group members and guests shall adhere to a Code of Conduct as adopted by the Group and included in the **P & P Manual**.

**Article 16: Amendments to Bylaws**

16.1. The Planning Group shall have the power to recommend alterations, amendments, or repeal of these Bylaws at any regular Planning Group meeting at which a quorum is present, provided that the amendment(s) and alterations have been submitted in writing to all Planning Group Members for their review no fewer than seven (7) days prior to the vote. Revisions to the Bylaws will go into effect immediately upon a vote of approval by the Planning Group, but are subject to approval by the Mayor.

Signed:

  
\_\_\_\_\_  
Mayor of Shelby County, Tennessee

3-21-16  
Date

  
\_\_\_\_\_  
The HIV-Care and Prevention Group Co-Chair

3-14-16  
Date

  
\_\_\_\_\_  
The HIV-Care and Prevention Group Co-Chair

3/14/16  
Date

*Original version dated 10/6/08*

*Revision 1: approved by Planning Council 2/11/09, signed by CEO 2/25/09*

*Revision 2: approved by Planning Council 3/11/09, signed by CEO 5/13/09*

*Revision 3: approved by Planning Council 7/14/10, signed by CEO 10/5/10*

*Revision 4: approved by Planning Council 7/11/11, signed by CEO 6/21/11*

*Revision 5: approved by Planning Council 4/24/2013, signed by CEO*

*Revision 6: approved by Planning Group 2/24/2016, signed by CEO x/xx/2016*