

Moving from Integrated to Unified Planning in the Memphis TGA

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## **Integrated Planning**

- Began integration in 2012
- Prevention planning group dissolved
- Prevention planning group became a standing committee of the Part A planning group
  - Planned collaboratively for both care and prevention
  - Integrated membership structure
- Name changed from Memphis Planning Council to HIV Care and Prevention Group (H-CAP)



# **Moving to Unified Planning**

- H-CAP Co-Chairs appointed members to the adhoc committee to develop a unified planning group
- Committee members invited community to participate in meetings
- Ad-hoc committee to make recommendations to H-CAP for approval for final approval



## **Ad-hoc Committee Tasks**

- Identify responsibilities and functions according to the CDC and HRSA
  - •Ensure new structure meets or exceeds the requirements for both
- Restructure H-CAP by integrating prevention committee's role and responsibilities across standing committees of H-CAP
- •Dissolve the standing prevention committee
- •Set the expectation and practices so care and prevention have equitable roles in the planning group and all of its committees



### **Bylaws/Policies & Procedures**

Identify the most important governing orders, policies and procedures, including those that need to be revisited to fit the new unified planning body

- Mission statement
- Membership (Voting vs. Non-voting)
- Representation from agency
- Group structure
- Committee functions
- Committee vice chair position
- Roles and responsibilities of MSM Taskforce and TN Regional Planning Group (TCPG) members



## Leadership

#### **Integrated Leadership**

- H-CAP Co-Chairs (2)
  - Community Co-Chair
  - Self Disclosed as HIV +
- Prevention Planning committee Co-Chairs (2)
  - Health Department Rep
  - Community Co-Chair
- Secretary
- Committee Chairs
  - Priorities and Comprehensive Planning
  - Evaluation and Assessment
  - Community Partnerships
  - Prevention Planning

#### **Unified Leadership**

- Co-Chairs (2):
  - Community Co-Chair
  - Self Disclosed as HIV+
- Secretary
- Committee Chairs
  - Priorities and Comprehensive Planning
  - Evaluation and Assessment
  - Community Partnerships
- Committee Vice Chairs

### **Members Selection (Transition)**

- Any current member of prevention planning committee can remain as members during transition
- Members to remain until term end date and/or resignation
- Members select interested standing committee
- Final committee assignment will be reviewed by Co-Chairs for compliance



## **Membership Size**

#### **Integrated Membership:**

- Maximum number of Full members = 36
- Alternate Members
- 25 Associate Members
- Maximum number of members from a funded agency = 2 per agency

#### **Unified Membership:**

- Maximum number of Full members = 36
- Alternate Members
- Two (2) classification of Members:
  - Voting member
  - Non-voting member
- Maximum number of members from a funded agency = 2 per agency
  - Members from funded agency must fill different categories



## **Membership Term**

- Membership term is two (2) years
- Upon expiration members may be nominated & reappointed to one (1) additional term (2 years)
- Unaligned consumers may serve up to six (6) consecutive years



## **Membership Categories**

### **Ryan White Care Planning**

• Twenty (20) required membership categories

### **Prevention Planning**

 Sixteen (16) required membership categories



### **Committee Structure**

### **Integrated Planning**

- Executive Committee
- Priorities and Comprehensive Planning
- Evaluation and Assessment
- Community Partnerships
- Prevention Planning

### **Unified Planning\***

- Executive Committee
- Priorities and Comprehensive Planning
- Evaluation and Assessment
- Community Partnerships
- \* Each committee assumed specific responsibilities for prevention planning

