

Moving from Integrated to Unified Planning in the Memphis TGA

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Planning Group Manager

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 ad-hoc 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