

Make a Difference: How Planning Councils/ Planning Bodies (PC/PBs) Can Strengthen the HIV System of Care

April 20, 2022

Steven Young

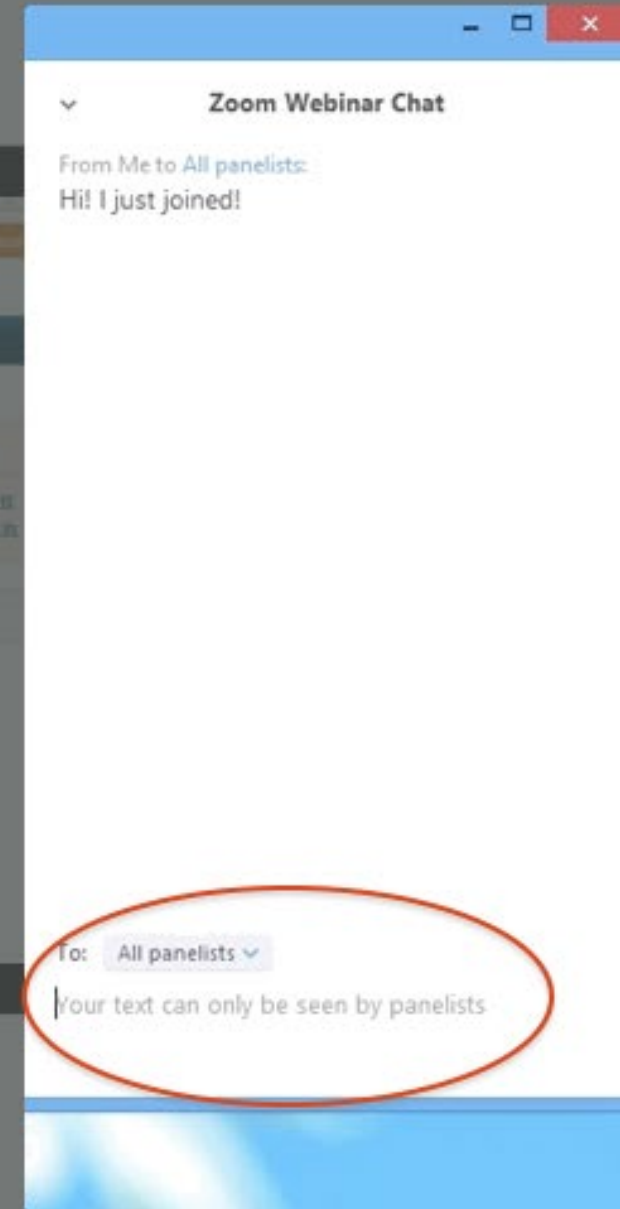
Emily Gantz McKay

Alexandra Bonnet, Planning CHATT



How to Ask a Question

- Attendees are in **listen-only** mode.
- If you have a question, **use the chat box** at the lower-left of your screen to chat with the presenter.
- You may also **email questions** to planningCHATT@jsi.com after the webinar.



Can You Hear Us?



The audio is being shared via your computer speakers/headset.



If you can't hear the audio, make sure your computer audio is turned on.



If you're still having problems, please chat the host.

Agenda

1. Introductions
2. Objectives
3. Overview of the system of care
4. Legislative Requirements
5. Roles of the Planning Council/Planning Body (PC/PB)
in the system of care
6. Ways to strengthen the system of care
7. Implementing new strategies to understand the system of care and how to address
the needs/gaps
8. Questions & answers (Q&A)

Planning CHATT: A HRSA-supported Cooperative Agreement (U69HA39085)



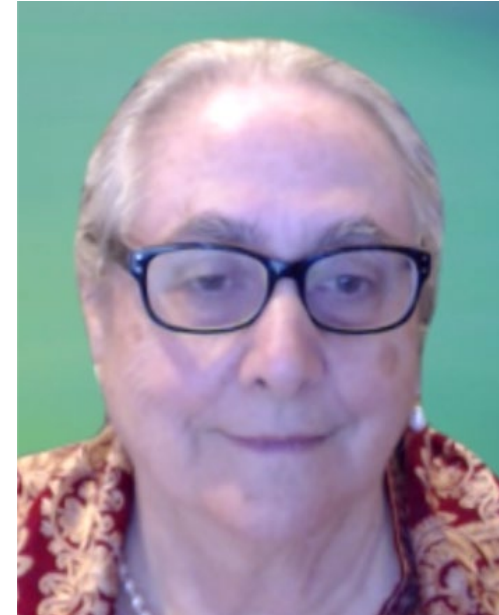
Lennwood Green
Project Officer

Division of Metropolitan HIV/AIDS Programs
HIV/AIDS Bureau, HRSA

Webinar Presenters



Steven Young, MS
Consultant



Emily Gantz McKay, MA
Consultant

Objectives

By the end of this webinar you will be able to:

- Understand the role of the PC/PB in the larger HIV prevention, care, and treatment system.
- Identify at least (3) ways in which the PC/PB contributes to the strength of the system of HIV care in their jurisdiction.
- Recall at least 3 other entities involved in the HIV system of care in your jurisdiction.

Overview of the HIV system of care

Steven Young



Poll #1

As part of a PC/PB, do you feel that you understand your role in the larger HIV prevention, care, and treatment system?



Overview of the HIV System of Care

- Purpose of Ryan White HIV/AIDS Program (RWHAP) Part A funds – to develop or enhance access to a **comprehensive system of high quality, community-based care** for people with HIV and lower incomes.
- A comprehensive service delivery system for people with HIV is an **integrated service network** that guides individuals with HIV through a comprehensive array of clinical, mental health, and social services in order to maximize access and their effectiveness in producing positive health outcomes.

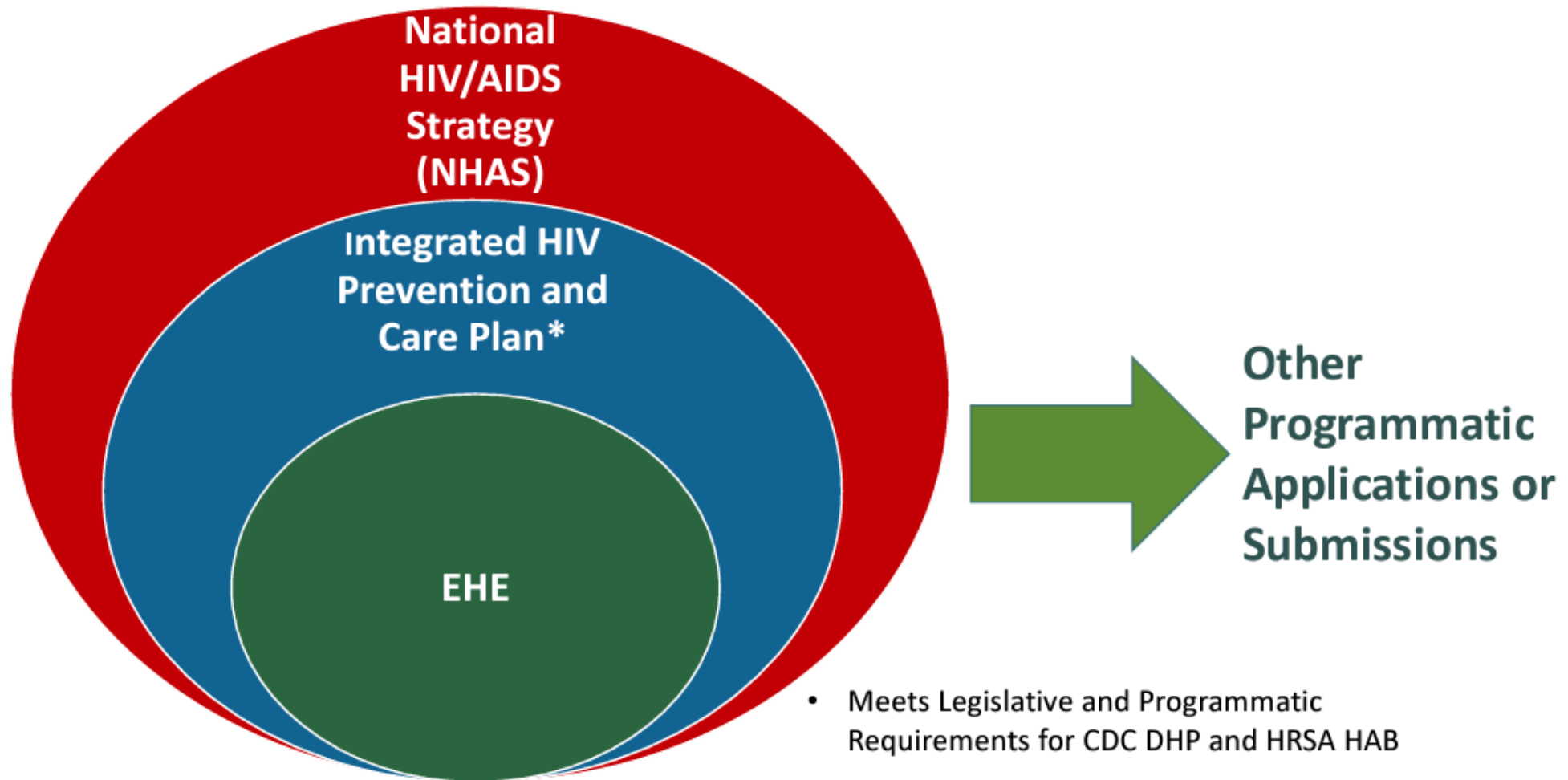
Overview of the HIV System of Care

- The RWHAP requires Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) to develop coordinated service delivery systems of care for people with HIV. A comprehensive continuum of HIV/AIDS care requires that the Part A program develop **collaborative partnering and coordinating relationships between multiple sources of HIV testing, treatment, prevention** and care service provider agencies and planning groups on the State and local levels.

Overview of the HIV System of Care

- The RWHAP Part A program is expected to involve the **multiple sources of HIV testing, treatment, prevention** and care service provider agencies and planning groups on the State and local levels in their HIV comprehensive plan and community-based needs assessment and planning processes in order to help establish a comprehensive system of HIV care. This serves **to create a maximally seamless system capable of responding to the needs of diverse populations in each jurisdiction.**

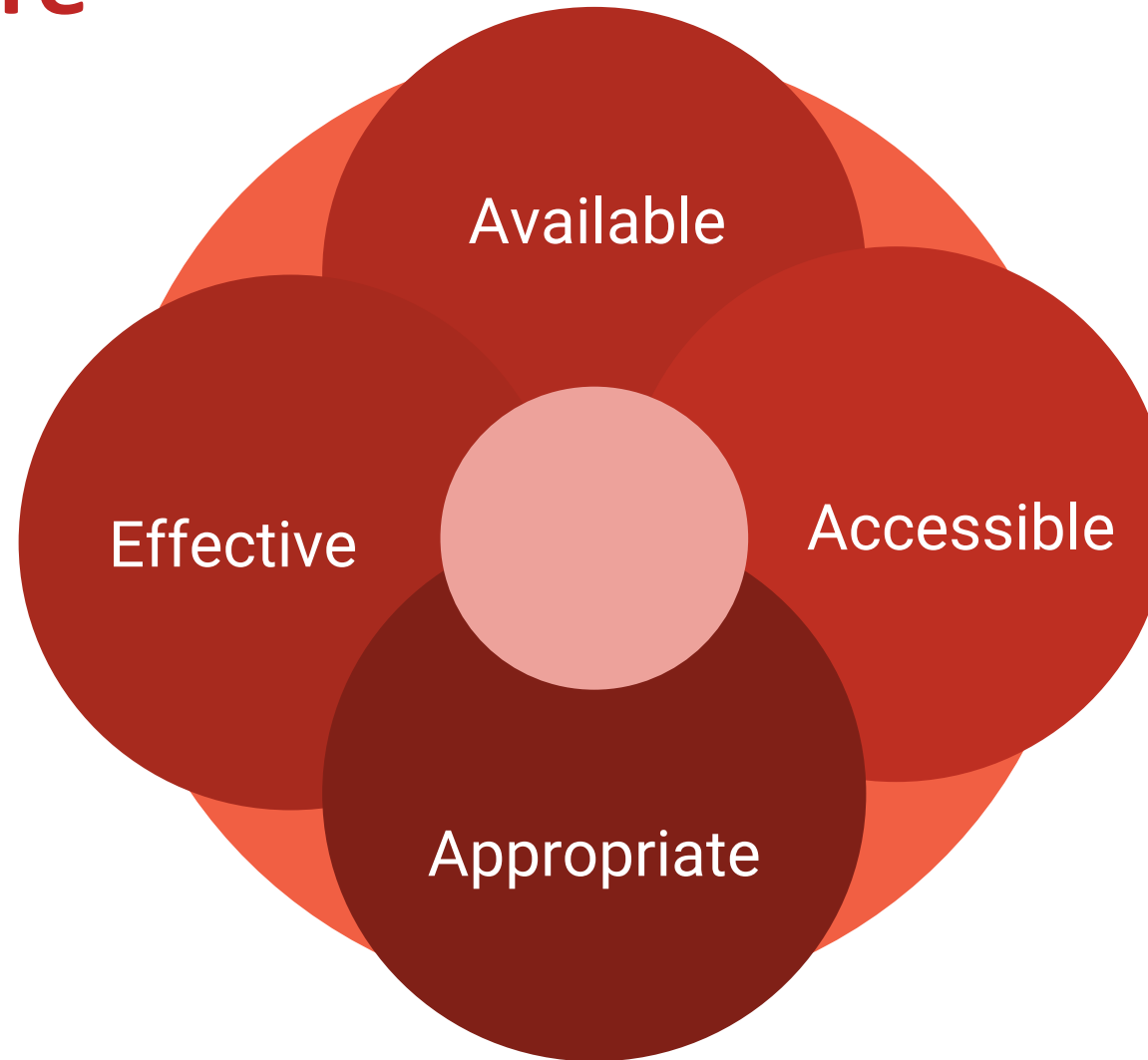
Connection to national initiatives and plans



Centrality of the System of Care

- The RWHAP, and specifically Part A, exists to support a system of comprehensive, appropriate core medical and support services for people with HIV that have limited financial resources.
- In its early years, RWHAP helped to establish a continuum or system of HIV care.
- Current focus is on maintaining, assessing, and improving the system of care to reflect changes in the epidemic, prevention, treatment, and the broader health care system—and integrating prevention and care.
- PC/PB and recipient share responsibility for improving the system of care.

Desired Characteristics of a Comprehensive System of Care



Desired Characteristics of a Comprehensive System of Care

- **Available** - patient centered core medical and support services with seamless transition across levels/types of care.
- **Accessible** - location, public transportation, and service hours.
- **Appropriate** services - for culturally diverse populations based on such characteristics as race/ethnicity, sexual orientation, gender/gender identity, age, and risk factor provider staff speak needed languages and are culturally competent, with appropriate training and skills.
- **Effective** - services that meet performance standards, are integrated across funding streams to address the needs of people across the HIV care continuum, address the social determinants of health, and contribute to viral suppression and other positive medical outcomes.

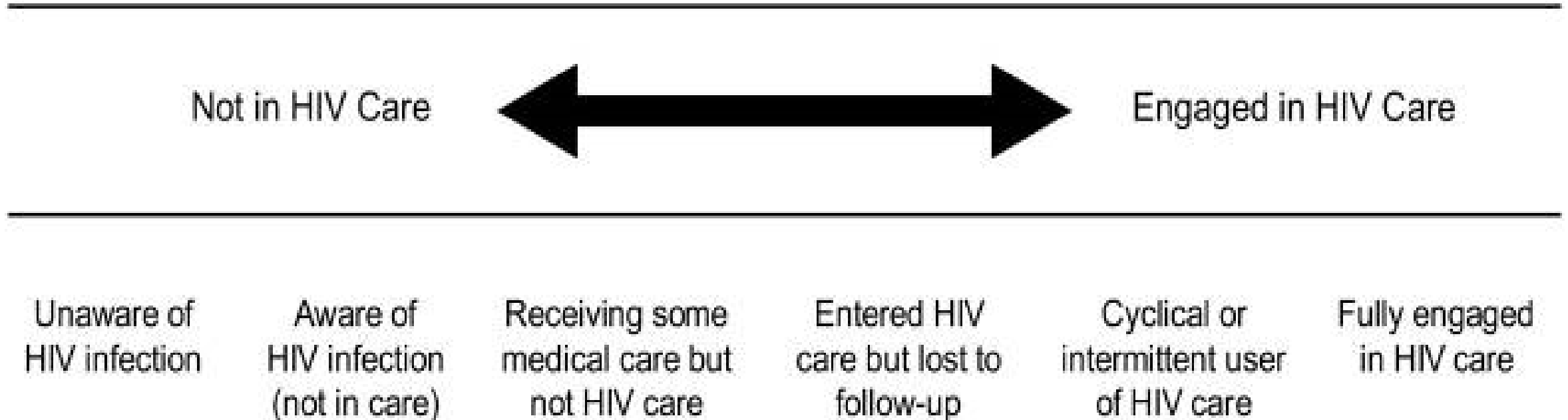
HIV Care Continuum

Improving the health of people with HIV requires continued focus on the HIV continuum of care in order to identify gaps and disparities at each step and target resources and interventions (see figure below).



Continuum of Engagement in HIV Medical Care

The following table illustrates the continuum of client and provider engagement in HIV medical care.



Quick Scenario to Apply Knowledge in Breakout Groups



Quick Scenario A:

Describing the Local System of Care

Suppose you meet a person with HIV who receives HIV care through RWHAP in another city but is thinking of moving to your EMA/TGA. That person asks you to “tell me about the system of HIV care, and how I can get access to both medical and support services.”

What would you say if the question came from:

1. A young MSM of color?
2. A transgender woman?
3. A long-time HIV survivor aged 60+?
4. A Latinx person with limited English proficiency?
5. A woman of color?

Break-Out Session Instructions

- We will divide into 5 groups. Each breakout room will work with a different population:
 - Room #1- A young MSM of color?
 - Room #2- A transgender woman?
 - Room #3- A long-time HIV survivor aged 60+?
 - Room #4- A Latinx person with limited English proficiency?
 - Room #5 - A women of color?
- Groups will have an opportunity to discuss and share their answers.
- Breakout groups will be 10 minutes long.
- When the time is up, everyone will move to the main room.

You are in the Main Room

Please unmute or send a message through chat if you need assistance including help to returning to a break-out room



Poll #2

How prepared do you feel you were to answer this question?



Quick Scenario A: Describing the Local System of Care

How do you think you can better prepare?



Legislative Requirements



Legislative Requirements

- Section 2602(b)(4)(D) of the Public Health Service (PHS) Act describes the planning council duty to develop a **comprehensive plan for the organization and delivery of health and support services**, that includes:
 - A strategy to identify individuals who know their HIV status and are not receiving such services;
 - Coordinates the provision of such services;
 - Is compatible with any State or local HIV/AIDS plan;
 - Includes a strategy to identify individuals who do not know their HIV status, make them aware of their status, and refer them into care.
- In addition, Section 2602(b)(4)(F) of the PHS Act requires the planning council to participate in the **development of the Statewide Coordinated Statement of Need (SCSN)** described under Part B.

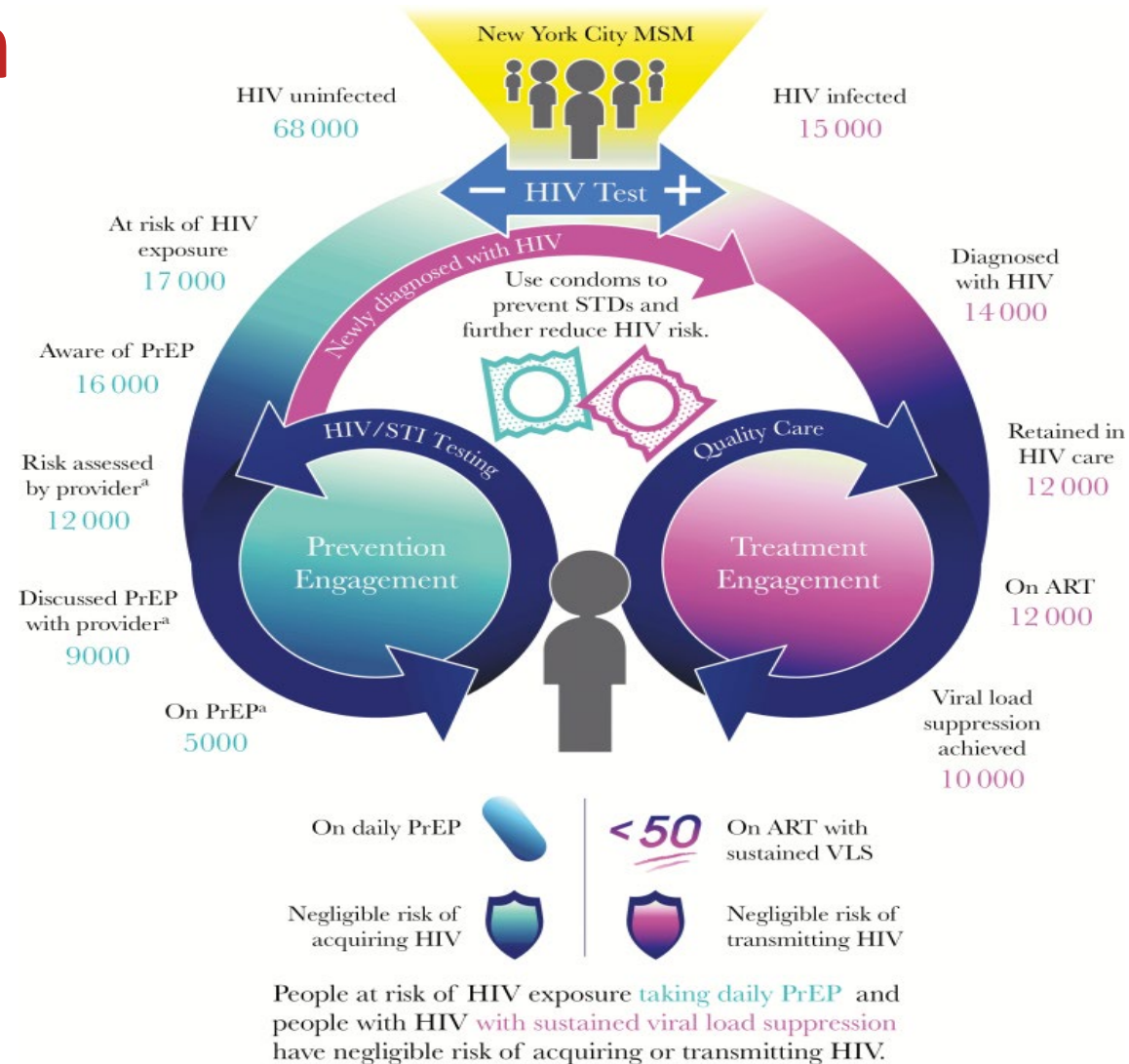
Legislative Requirements (cont.)

- Sections 2602(b)(4)(G) and (H) of the PHS Act describe the planning council **role in assuring community input and in coordinating with Federal partners** as follows:
 - *"Participate in the development of the **statewide coordinated statement of need** initiated by the State public health agency responsible for administering grants under Part B";*
 - *"Establish methods for obtaining input on community needs and priorities which may include **public meetings (in accordance with paragraph (7), conducting focus groups, and convening ad-hoc panels; and coordinate with Federal grantees that provide HIV-related services within the eligible area.**"*

Legislative Requirements (cont.)

- Finally, Sections 2605(a)(2) and (3) of the PHS Act speak to the important points of **access and components of a health care system** for people with HIV by requiring “assurances adequate to ensure
 - “(2) that the eligible area has an HIV health services planning council and has entered into intergovernmental agreements pursuant to section 2602, and has developed or will develop the **comprehensive plan** in accordance with section 2602(b)(3)(B);
 - (3) that entities within the eligible area that receive funds under a grant under this subpart will maintain appropriate relationships with entities in the eligible area served that constitute **key points of access to the health care system** for individuals with HIV/AIDS (including emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, mental health programs, and homeless shelters), and other entities under section 2604(b)(3) and 2652(a), for the **purpose of facilitating early intervention for individuals newly diagnosed with HIV/AIDS and individuals knowledgeable of their HIV status but not in care;**”

Integrated HIV Prevention and Care Plan – Status Neutral Approach



Joint Responsibility

- The recipient and planning council work together to make sure that RWHAP Part A funds are coordinated with other services and funders.
- This coordination occurs partly through planning, including needs assessment and the Statewide Coordinated Statement of Need.
- Throughout the year, the recipient helps keep the planning council informed about changes in HIV-related prevention and care services and funding, as well as the evolving healthcare landscape.

People Team Work



Joint Responsibility (cont.)

- Recipient planning duties shared with the planning council:
 - Needs assessment
 - Integrated/comprehensive planning
 - Development of service standards
 - Coordination with other RWHAP activities and other services, including:
 - Participation in the Statewide Coordinated Statement of Need (SCSN)
 - Ensuring that use of RWHAP funds is coordinated with other funding sources and with other healthcare systems and services

Joint Responsibility (cont.)

The Recipient:

1. Contracts with providers to deliver services
2. Specifies service requirements in RFPs and subrecipient agreements
3. Monitors subrecipients to ensure service quality
4. Manages a CQM program with subrecipients that:
 - Measures performance and medical outcomes
 - Implements quality improvement efforts
5. Coordinates with other RWHAP Parts and other public and private funders and services

Joint Responsibility (cont.)

The PC/PB:

1. Assesses service needs and gaps, which requires reviewing the existing system of care, including RWHAP-funded and other core medical and support services.
2. Establishes service priorities and allocates Part A and Part A Minority AIDS Initiative (MAI) funds to specific service categories.
3. Provides guidance and models for meeting service needs overall and for particular people with HIV subpopulations, through use of tools like directives and service standards.

What is the role of Planning Councils (PC) and Planning Bodies (PB) in the system of care?

Emily Gantz McKay



Poll #3

Which of these options best describes your PC/PB members' familiarity with the HIV system of care?



PC/PB Responsibility: Understand the System of Care

- Be able to define what a system of care *is*.
- Recognize the importance of integrated prevention & care services.
- Understand the roles of RWHAP and other funding sources.
 - RWHAP exists solely to help support a comprehensive system of HIV care
 - RWHAP funds supplement and complement other funding sources, which means identifying and eliminating service gaps

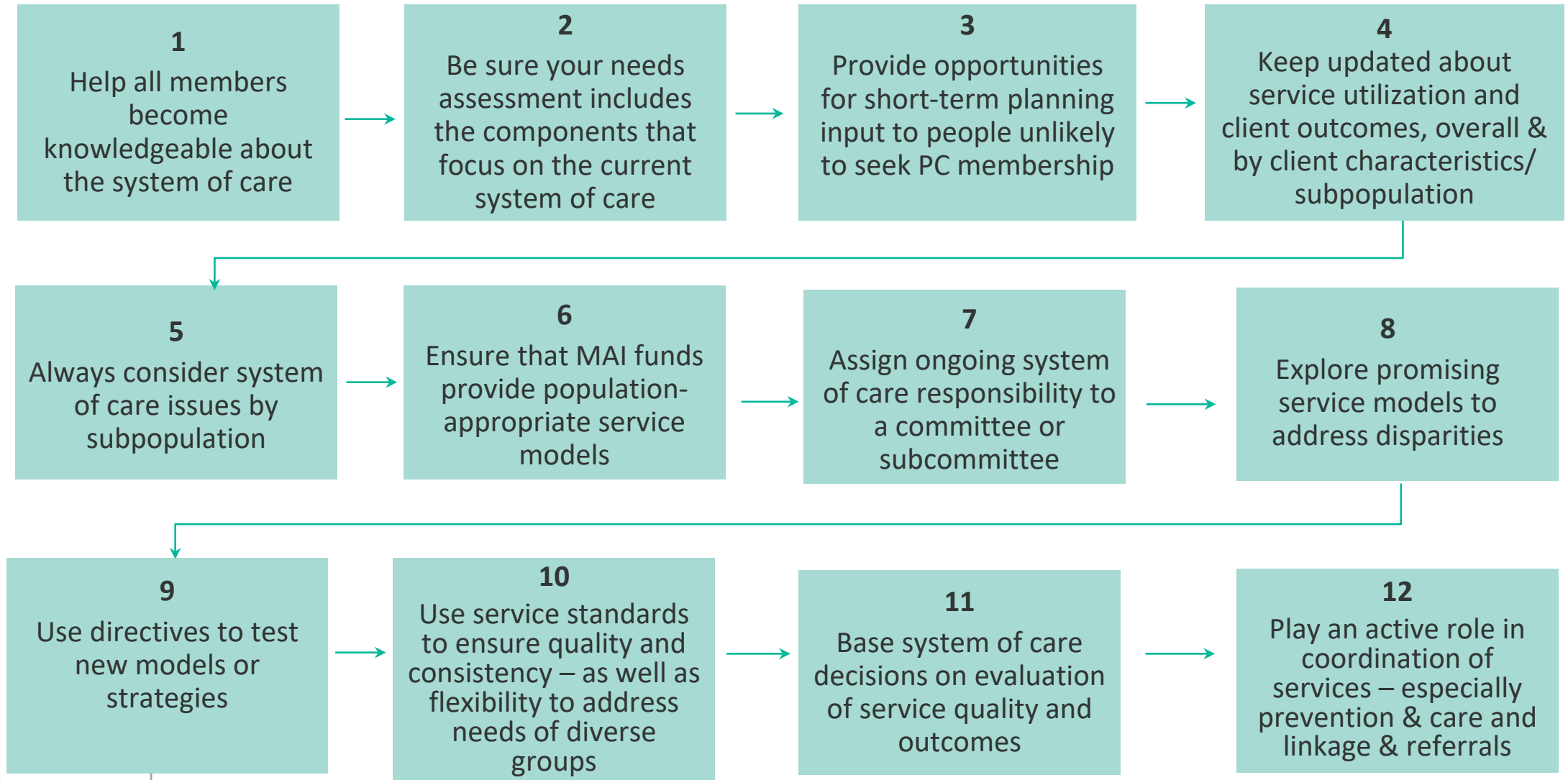
Expectations for the System of Care

- Address the service needs of newly affected individuals and populations with highest need – including disproportionately impacted communities of color and emerging populations [*Part A Manual*]
- Contribute to national goals of providing low-barrier access to HIV treatment and reducing HIV-related disparities and health inequities [*National HIV/AIDS Strategy*]

**12 Ways that PC/PB can help
strengthen the system of care.**



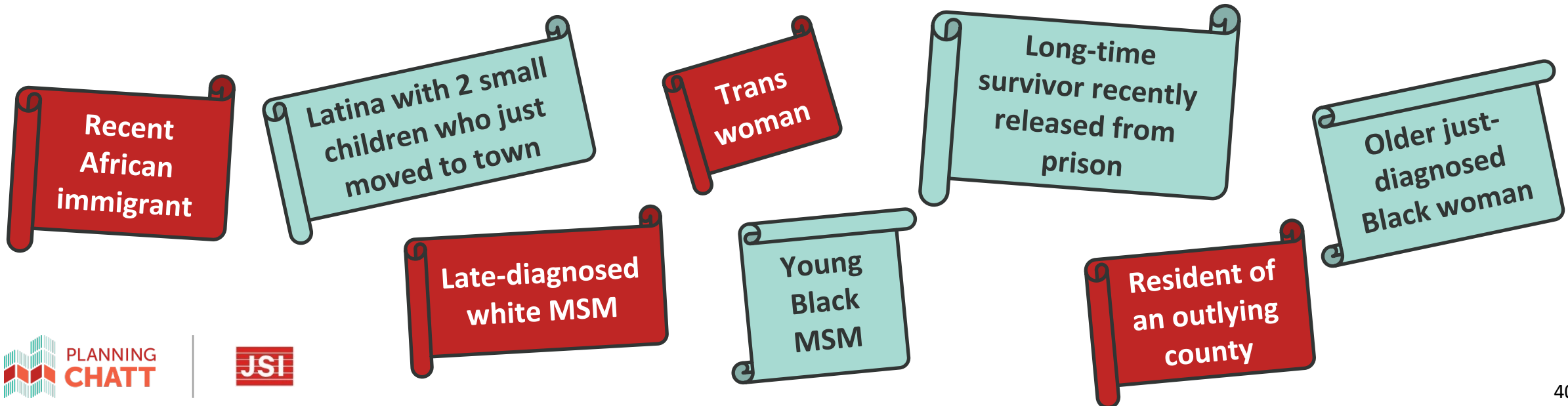
12 Ways to strengthen the system of care



Learning about the System of Care

1. Help all members become knowledgeable about the system of care

- Become familiar with the current system of care
- Learn about service needs and gaps
- Review data from a systems perspective
- *Try a game that helps members view the system of care from new perspectives*



Needs Assessment and Data Review

2. **Be sure your needs assessment includes the components that focus on the current system of care**
 - **Resource Inventory:** a list of services and service providers
 - **Profile of Provider Capacity and Capability:** Service availability, access, and appropriateness
3. **Provide opportunities for short-term planning input to people unlikely to seek PC membership**
4. **Keep updated about service utilization and client outcomes, overall and by client characteristics/subpopulation**
 - Receive and review data regularly
 - Obtain HIV care continuum data for specific groups

Subpopulation Focus

5. Always consider system of care issues by subpopulation

- Begin by assuming that “one size does *not* fit all”
- Always ask how services or proposed changes will affect specific groups
 - Consider *disproportionately impacted* subpopulations
- Ensure a diverse PC membership that represents many different subpopulations
- Encourage members to be both advocates for their subpopulations and planners for all people with HIV

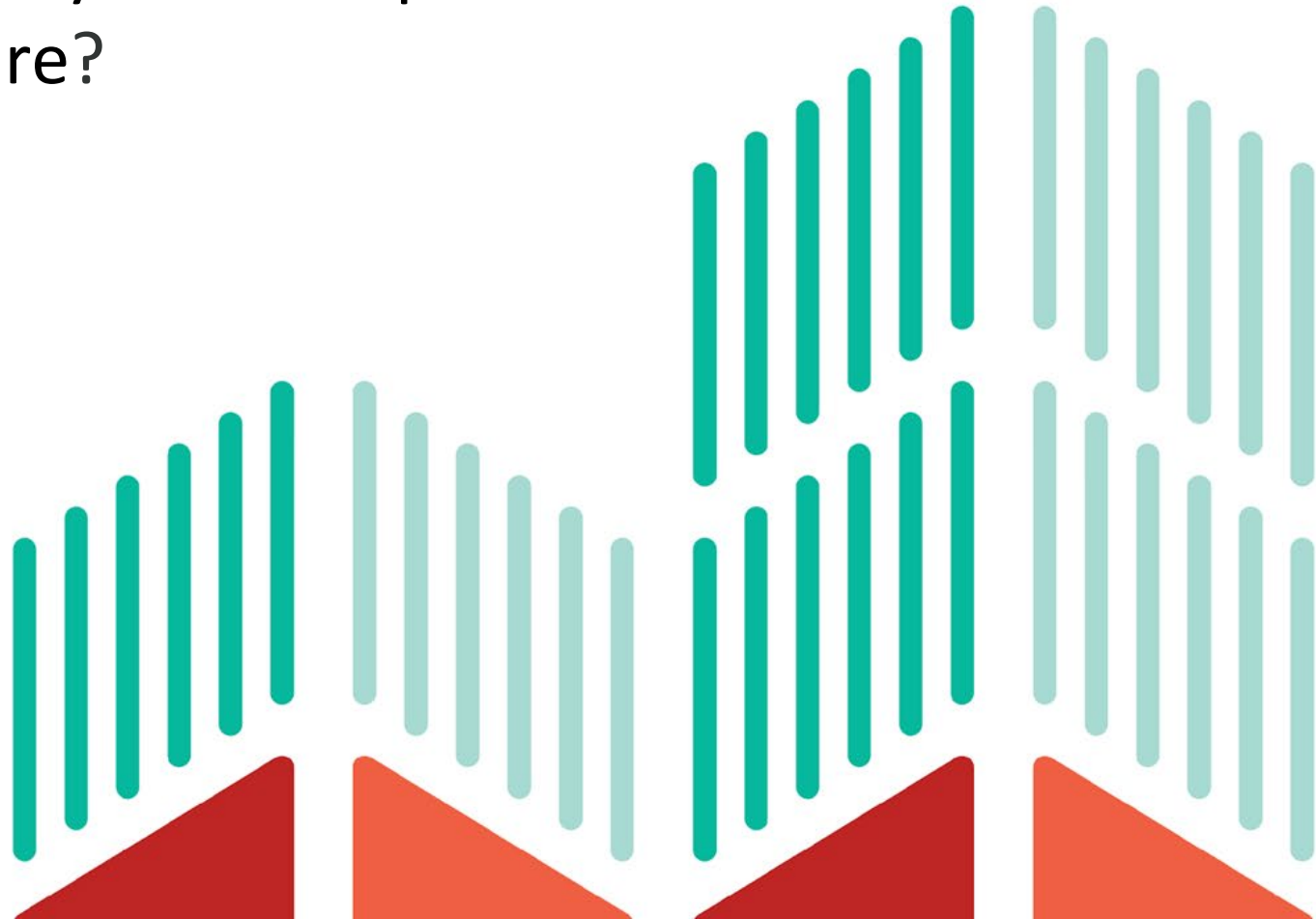
6. Ensure that MAI funds provide population-appropriate service models

Use of Multiple Strategies

7. Assign ongoing system of care responsibility to a committee or subcommittee
8. Explore promising service models to address disparities
9. Use directives to test new models or strategies
10. Use service standards to ensure quality and consistency – as well as flexibility to address needs of diverse groups
11. Base system of care decisions on evaluation of service quality and outcomes
12. Play an active role in coordination of services – especially prevention & care and linkage & referrals

Poll #4

What does your PC/PB currently do to help improve the HIV system of care?



Quick Scenario to Apply Knowledge in Breakout Groups



Quick Scenario D: Coordination of Services

Your PC/PB has members representing other RWHAP Parts, but limited information about other programs and resources that fund or provide services to people with HIV as part of the system of care. You are especially interested in better understanding support services, and core medical services other than outpatient/ambulatory health services and medical case management. As the Executive Committee, you are discussing how the PC/PB can learn more about these other programs and services.

1. How might your PC/PB address this need for information?

Break-Out Session Instructions

- We will divide into 5 groups. Each breakout room will work with the same scenario.
 - Room #1
 - Room #2
 - Room #3
 - Room #4
 - Room #5
- Groups will have an opportunity to discuss and share their answers.
- Breakout groups will be 10 minutes long.
- When the time is up, everyone will move to the main room.

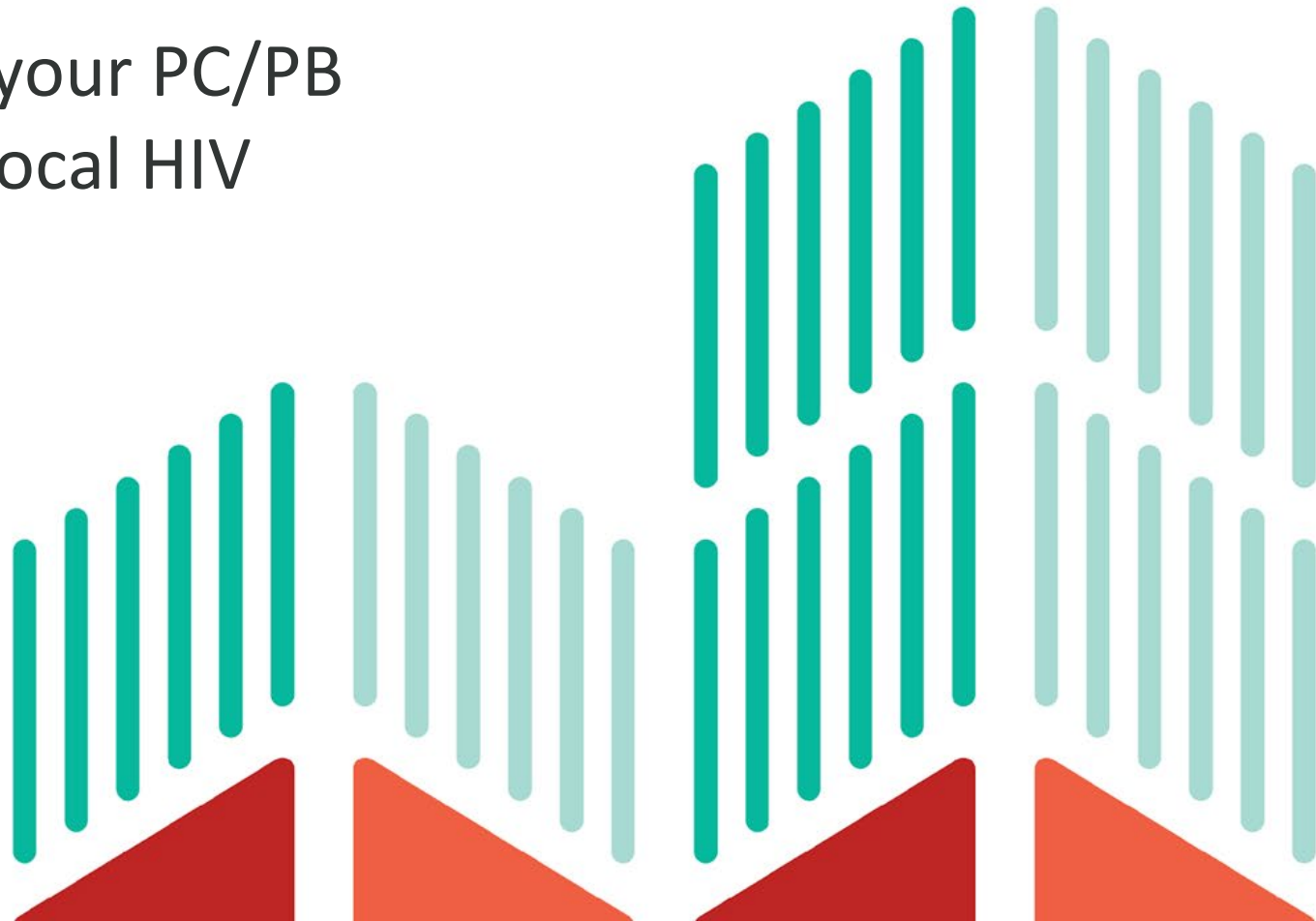
You are in the Main Room

Please unmute or send a message through chat if you need assistance including help to returning to a break-out room



Pause and reflect ...

What actions would you like your PC/PB to focus on to improve your local HIV system of care?



Questions & Answers



Resources

- ❑ [Ryan White HIV/AIDS Program Part A Planning Council Primer](#)
- ❑ [Quick Reference Handout 7.1: Eleven Ways PC/PBs Can Help Improve the System of HIV Care](#)
- ❑ [Training Guide: Module 7. Maintaining and Improving a System of Care](#)
- ❑ [Ryan White HIV/AIDS Part A Manual](#)

[Home](#) » [Help](#) » [Technical Assistance Directory](#) » [Planning CHATT](#)

Planning Community HIV/AIDS Technical Assistance and Training



The Community HIV/AIDS Technical Assistance and Training for Planning project (Planning CHATT) builds the capacity of Ryan White HIV/AIDS Program Part A planning councils and planning bodies (PC/PB) across the U.S. to fulfill their legislative responsibilities, strengthen consumer engagement, and

[Planning CHATT Home](#)

[List of Planning Councils](#)

Thank You

Please complete the evaluation!

TargetHIV.org/planning-CHATT

Sign up for our mailing list, download tools and resources, view archived webinars and more...

Contact Planning CHATT: planningCHATT@jsi.com