New Member Orientation
Please introduce yourself and share why you desired to become a Planning Council member.
Objectives

- What is Ryan White funding
- About Planning Councils
- Describe the roles and responsibilities of Part A Planning Councils
- Provide an overview of the Greater Phoenix Ryan White HIV Services Planning Council (Planning Council)
- Detail the expectations of our Planning Council members
The Legislation
Ryan White Funding

- Who is Ryan White?
- The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of care that includes primary medical care and essential support services for people with HIV
- The legislation was first passed in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act.
- The current RWHAP legislation is known as the Ryan White HIV/AIDS Treatment Extension Act of 2009
- The RWHAP legislation supports grants under the five sections of the Act: Parts A, B, C, D, and F
- Ryan White is the funder of last resort!
Part A provides grant funding for optimal HIV care and treatment for low-income people living with HIV to improve their health outcomes

- Part A funds go to local areas that have been hit hardest by the HIV epidemic known as Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs)

- Our service region is designated as an EMA and includes Maricopa and Pinal Counties

- At least 75% of the funds must be used for core medical-related services

- Supplemental Part A funds can be awarded based on increasing prevalence, need, service gaps, and impact on vulnerable populations
The legislation requires the following stakeholders for Part A EMAs:

- Health Resources and Service Administration HIV/AIDS Bureau (HRSA/HAB)
- The EMA's Chief Elected Official
  - Chair of the Maricopa County Board of Supervisors
- The Recipient
  - The Part A Office
- The Planning Council
The Phoenix EMA receives $10M of Part A funds annually. Part A services include (in the Planning Council’s current priority order):

1. Outpatient/Ambulatory Health Services (Primary Medical Care)
2. Mental Health Services
3. Housing Services
4. Medical Transportation
5. Medical Case Management
6. Psychosocial Support Services
7. Food Bank / Home Delivered Meals
8. AIDS Drug Assistance Program (ADAP)
9. Oral Health Care
10. Medical Nutrition Therapy
11. Linguistic Services
12. Health Education / Risk Reduction
13. Substance Use Services-Outpatient
14. Non-Medical Case Management
15. Referral for Health Care and Supportive Services
16. Health Insurance Premiums & Cost Sharing Assistance (HIPCSA)
17. Early Intervention Services (EIS)
18. Emergency Financial Assistance
19. Other Professional Services (Legal and Permanency Planning)
20. Child Care Services
21. Outreach Services
22. Home Health Care
23. Home and Community-Based Health Services
24. AIDS Pharmaceutical Assistance – Local
25. Hospice Services
26. Rehabilitation Services
27. Respite Care
28. Substance Use Services - Residential
Part B provides funds to improve the quality, availability, and organization of HIV health care and supportive services

- Funds are awarded through grants to States, and Territories under a formula based on their number of living HIV/AIDS
- Services are delivered through:
  - Grants for medical and support services for PWHA
  - The AIDS Drug Assistance Program (ADAP)
  - Grants to states with emerging communities with growing rates of HIV/AIDS
  - Minority AIDS Initiative (MAI)
  - Supplemental Funds and ADAP Emergency Relief
Part C: Community Based Early Intervention Services
• Funds local, community-based organizations to provide comprehensive primary health care and support services in an outpatient setting for people living with HIV
• Funds are awarded through Early Intervention Services (EIS) competitive grants
• Funding Priority for rural areas or populations facing high access barriers
• Minority AIDS Initiative

Part D: Services for Women, Infants, Children and Youth
• Funds are used to provide family-centered primary medical care and support services
• Funds are awarded through competitive grants that go directly to local public or private healthcare organizations including hospitals, and to public agencies
• Minority AIDS Initiative
Part F provides grant funding that supports several research, technical assistance, and access-to-care programs.

- Special Projects of National Significance (SPNS)
- AIDS Education and Training Centers (AETC)
- HIV/AIDS Dental Reimbursement Program
- Community Based Dental Partnership Program
- Minority AIDS Initiative (MAI)
Roles and Responsibilities of Ryan White Part A Planning Councils
About Planning Councils

- Ryan White legislation was the first federal Act to require community participation
- Each EMA has specific needs that the local community identifies and addresses
- Consumer input is important
- The Planning Council (PC) works in partnership with the recipient, but not under its direction.
- Good stewardship of funds
Each Planning Council must have:

- Bylaws and Policies & Procedures
- Written grievance process
- Conflict of interest policies
- Open nominations
- Orientation, training and member development plan
- Planning Council support staff
The duties of the Planning Council are:

a. Determine the **size and demographics** of the population of individuals with HIV/AIDS;

b. Determine the **needs** of PWHA;

c. Establish **priorities** for the **allocation** of funds within the eligible area;

d. Participate in the development of the **Integrated Plan**;

e. Assess the **Efficiency of the Administrative Mechanism**;

f. Participate in the development of the **Statewide Coordinated Statement of Need**;

g. Establish methods for obtaining **community input** regarding needs and priorities; and

h. **Coordinate with** other funds and services.
Needs Assessment

- **Research**: The collection and analysis of information about the needs of PWHA

- **Epidemiological data**: Number and characteristics of HIV community, local HIV trends

- **Unmet need estimate**: Number, barriers and needs of people who know their HIV status but not in medical care & those who do not know their status

- **PWHA info**: Surveys of needs, barriers, gaps, and services used

- **Provider inventory and profile**: Who provides care, and how are they funded?
Integrated Planning

• Required by HRSA every three years based on community-identified needs

• Shared Responsibility with Planning Council having a fundamental role

• Provides “roadmap” of the HIV service system

• Assists the Planning Council with goals and strategies to realize our vision of care system

• Provides Planning Council a mechanism to detail tasks, timelines to complete tasks, and which committee is responsible to do so
Priority Setting

1. Deciding which services are most needed by PWHA in the area

2. Based on needs assessment, utilization data, 3rd party sources, anecdotal input

3. May include directives to guide service delivery

4. HRSA has established Core and Supportive services, and what services can be funded

5. Highest priority services may not receive the most funding

6. Some services ranked as a priority may not receive any funding
Resource Allocation

- Deciding how much money to allocate to each service category (not to providers!)

- Other funding sources must be considered

- Planning Council will develop funding based on anticipated client counts and cost per client

- Increase and decrease funding scenarios are determined

- Over the grant year (Mar. – Feb.) the Planning Council can reallocate funds
Clinical Quality Management (CQM) is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction.

- CQM is the responsibility of the Recipient—but Planning Council members, consumers, and other stakeholders participate on the CQM Committee.

- The service standards developed by the Planning Council set the minimum requirements of a service and serve as a base on which the recipient’s clinical quality management (CQM) program is built.

- Reports are by service category, not provider-specific.
Evaluation of the Service Outcomes

Key questions:

• Have we achieved desired health outcomes?

• Are supportive services assisting people to get in care, and remain in care?

• How well are Ryan White-funded services meeting our client’s needs?

• Information is evaluated by service category - providers are not evaluated
Assessment of the Efficiency of the Administrative Mechanism

Components:

• Is there a fair and open procurement process?

• How quickly are contractors determined?

• How long does it take to process billing?

• Are Planning Council directives and guidelines implemented?

This is NOT a performance evaluation of the Recipient staff!
About Our Planning Council

The Greater Phoenix Ryan White HIV Services Planning Council
The mission of the Greater Phoenix Ryan White HIV Services Planning Council is to provide a client-centered, culturally competent continuum of care, meeting the needs of those living with HIV/AIDS.
Planning Council Structure

- HRSA has specific membership categories that must be maintained

- Planning Council recommends members for the Board of Supervisors to appoint

- At least 33% of the membership must be PWHA receiving Part A-funded services

- Membership must be reflective of the local HIV community (race/ethnicity/gender/age)

- All members have equal voting status
Planning Council Committees

• **Executive Committee**
  • Oversees the administration of the Planning Council. Membership consists of the elected Planning Council Chair, Co-Chair, Committee Chairs, Consumer Members and Community Representatives.

• **Community Health Planning & Strategies (CHPS) Committee**
  • Plans and conducts research to determine the needs of our community, develops strategic plans and long-term goals for the Planning Council.

• **Standards and Rules (StAR) Committee**
  • Develops standards for services provided by Ryan White Part A funds and monitors the quality of care that is provided. Also ensures that the Planning Council conducts its business according to the Bylaws and Policies & Procedures.

• **Training, Education And Membership (TEAM) Committee**
  • Oversees Planning Council outreach, recruitment, application and retention strategies and processes. Oversees new member orientations and ongoing member training.
Link Between Committees and the Full Planning Council

- Committees take action on items under their purview
- Decision is forwarded to Executive Committee for review and approval
- If approved, forwarded to full Planning Council for final action
- If not, sent back to committee for revision
- Some items may be acted on by multiple committees
- If needed, the full Planning Council can address any issue without going to committee first
General Committee Tasks

- Develop, implement, and maintain Committee Policies & Procedures
- Develop and implement work plan/timeline Planning Council Activities Timeline (PCAT)
- Monitor progress
- Report to Planning Council during Planning Council meetings
- Determine training needs and implement
- Identify resource needs
- Recruit community members to participate
Planning Council Meetings

• The full Planning Council meets every other month:
  • 4th Tuesday of even numbered months
  • 2:30 pm to 4:00 pm

• Until further notice all meetings will be held via Zoom

• Majority of members establishes quorum

• Decisions made by majority vote

• Meetings are held in accordance with Arizona Open Meeting Law
Committee Meetings

- Committees meet every other month:
  - 4th Tuesday of odd numbered months
  - TEAM meets from 10:00 am to 11:30 am
  - CHPS meets from 12:00 pm to 2:00 pm
  - StAR meets from 2:30 pm to 4:30 pm

- Until further notice all meetings will be held via Zoom

- Majority of members establishes quorum

- Decisions made by majority vote

- Becoming a voting member of committees

- Meetings are held in accordance with Arizona Open Meeting Law
Zoom Etiquette

- RSVP
- Be on time
- Keep your camera on
- Make eye contact
- Don’t walk around
- Mute your mic
- Control background noise
- Don’t multitask
- Be prepared
- Dress the part
- Do not eat
- Be aware meetings are recorded and are public record
Attendance Requirements

• It is strongly encouraged that you attend each full Planning Council meetings (1 ½ hours every month)

• You are strongly encouraged to join at least one committee and attend all meetings (1 ½ - 2 hours every other month)

• You can join more than one committee if your time constraints allow such participation

• Cannot have more than three (3) absences within a rolling 12 months period

• If you find you are unable to attend a scheduled meeting, call or email Planning Council Support Staff in advance of the meeting
Planning Council Member Responsibilities

- Attend Planning Council and committee meetings
- Review materials in advance of meetings
- Speak up! Offer opinions, ask questions, and share your knowledge in seeking solutions
- Participate in training opportunities
- Attend Planning Council outreach events (AIDS Walk, Pride Festival, etc.)
- Help identify activities that will enhance our ability to conduct outreach; especially to priority and underserved communities
- Build relationships with other members
- Remember you represent the community and act in their best interests – not your own
- Welcome members of the public to meetings
You are a link between the Planning Council and the Community

- Remember you are an appointed public official of Maricopa County – maintain good conduct in (and out) of Planning Council activities

- When you attend a function hosted or co-hosted by the Planning Council your are the face of the Planning Council

- Share information about Planning Council Activities and Ryan White Services

- Invite others to Planning Council meetings, especially PWHA

- Help recruit new members

- Encourage PWHA to enter and stay in care
Please do not:

• Do not get involved in client/provider issues – you have no authority to act on behalf of a client

• Do not discuss specific providers - the Planning Council addresses comprehensive needs, services, and service outcomes.

• Do not speak to the media as a representative of the Planning Council

• Do not disrespect other Planning Council members during meetings (dialog vs. debate)

• Do not disclose the HIV status of others – even if they do so publicly – you are on tape!

• Do not disclose your own HIV status during meetings unless you want it public – you are on tape!

• Do not disclose personal information of Planning Council members to non-Planning Council members (email addresses, phone numbers, etc.)
Conflict of Interest

Defined by the Planning Council as:

“An actual or perceived interest by a Planning Council member in an action that results, or has the appearance of resulting in a monetary, personal, professional or organizational gain.”

You will have a conflict of interest if you:

• Work for a Ryan White-funded provider

• Volunteer for 30+ hours a week for a Ryan White Part A funded provider

• Serve as a board member or other officer for an agency that receives Ryan White Part A funds

• Are related to an individual who meets any of these criteria, or those that are defined by Maricopa County
If You Have a Conflict of Interest

• Having a Conflict of Interest does not disqualify you from Planning Council membership

• Complete and sign a disclosure form

• Update the form if affiliations change

• Declare your Conflict of Interest role call of Planning Council and Committee meetings

• Abstain from voting when you have a conflict of interest specific to a service action item

• When in doubt, ask
Questions?