Jamal Refuge: All right, hello everyone. My name is Jamal Refuge. Welcome to overview of the Ryan White HIV/AIDS Program Part A planning cycle. Today's Tuesday, August 17th, 2021. And I'm so glad that you all are here for this exciting presentation. So I'm going to turn it over briefly to one of our amazing presenters, Miss Chrissy Abrahms-Woodland. So Chrissy, take it away.

Chrissy Abrahms...: Thank you, and good afternoon everyone. And again, welcome to our webinar today on our planning cycle. And this is our third webinar in our training and technical assistance webinars series. So the first one we did was back in September of 2019, and that was on... It provided a brief overview of the Ryan White HIV program as a whole, as well as an overview of the Part A program specifically.

Chrissy Abrahms...: Then we also did one on a clinical quality management program, and here we are today with our planning. So thank you so much and we have more to come, so please stay tuned as we gear up to provide you with more training and technical assistance through these webinars. Next slide please.

Chrissy Abrahms...: So as many of you might know by now, and for those who don't, I would like to inform you that the HIV/AIDS Bureau has a new vision and mission statement. Given the rapid changes in healthcare over the past year, the ending the epidemic initiative and the release of the updated national HIV strategic plan, have thought it was time to revisit and refresh the vision and mission of the HIV/AIDS Bureau.

Chrissy Abrahms...: We wanted to make sure that we not only stay current, but also showcase where we want to be in five years and what we need to do to get there. HABs goal was to ensure that both the mission and vision are forward looking and focused on the actions, the bureau and the Ryan White HIV/AIDS Program need to take to end the HIV epidemic.

Chrissy Abrahms...: It is important to note HAB can't achieve our vision and mission without the support of all of you who are carrying out our important work each day. The updated vision is to provide optimal HIV care and treatment for all to end the HIV epidemic in the US.

Chrissy Abrahms...: And our updated mission is to provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities. So thank you, and I will now turn the call back over.

Jamal Refuge: Thank you Chrissy. So I have the pleasure of introducing Mr. Lennwood Green. He's the project officer for Planning CHATT. So Lennwood has been doing HIV work for quite a bit of time. And so we're happy to have him here today to provide us with some additional support.

Lennwood Green: Good afternoon, and welcome. Our webinar today is going to understanding the annual planning cycle, which has changed the work plans of the recipient, the planning council, or planning body and the committees. And identifies the important tasks and deliverables for planning and facilitation of the key components of the service continuum.

Lennwood Green: So please utilize the chat box for your comments, and we also have a section for Q&A for your questions. We'll have time at the end of the presentation for any additional comments or questions. Thanks and welcome. Jamal.

Jamal Refuge: Thank you, Lenny. So I have the pleasure of introducing two amazing human beings. So the first will be Ms. Mira Levinson. So Mira Levinson directs CSI's US health services Boston office. Mira has been supporting HIV and infectious disease programs for more than 25 years, notably for the HRSA HIV/AIDS Bureau and the Massachusetts Department of Public Health.

Jamal Refuge: Mira is in national projects focused on health reform policy, research and implementation, health literacy, infectious disease, capacity building, and quality improvement, as well as community HIV planning. She has also led multi-year monitoring evaluation and data reporting activities for federal state city and community-based programs.

Jamal Refuge: So welcome Mira. We also have Aisha Moore. Aisha Moore is a supply chain director. For the past 19 years, Aisha has worked in a wide variety of women in adolescent health projects, primarily in the areas of reproductive health, HIV, and substance use.

Jamal Refuge: She has a sought after meeting designer, work group facilitator, technical assistance provider and learning collaborative, creative. Aisha is also digital health communication expert [inaudible 00:05:07] online resources and conferences. So welcome to Aisha.

Aisha Moore: Thank you, Jamal, for that wonderful introduction. So on the next slide, we can go over the training objectives. And so, as you know, for those of you who've been on other webinars that have been hosted or presented by Planning CHATT, we often focus on specific legislative requirements or implementation issues.

Aisha Moore: Today, we're going to take a step back to kind of do this overview of the planning cycle. And much of what we're sharing today can be found in more

detail on the planning website. So the training objectives today are to listen, describe each component of the Ryan White HIV/AIDS program Part A planning cycle.

Aisha Moore: We'll talk about responsibility and who's responsible for each of the main task and describe some of the roles of both individual planning council members, planning body members in the planning cycle, and then provide some examples around the collaboration and coordination that's needed to do this well. Next slide.

Aisha Moore: So today we're going to cover the seven parts of the Ryan White Part A planning cycle that pertains to the work of the planning council and the planning body. And you see them here on the screen. So we'll talk about the integrated plan review, and updates, our work plans.

Aisha Moore: We'll look at some of the data like the epi data and the needs assessment data, reviewing all of that data. Then using that data to set priorities and allocate resources. We then need to review the data and potentially reallocate, and then we need to evaluate the work and the planning outcomes. Next slide.

Aisha Moore: So the first part we're going to talk about is the integrated plan review and update. Next slide. So there's some expectations around reviewing the Ryan White Part A comprehensive or integrated plan. So as you know, community planning for HIV/AIDS is a complex web of many plans and systems.

Aisha Moore: So therefore, any planning council or planning body before you begin your work plan, before you begin your planning, you need to look at the other existing plans so you know what's in there and you can coordinate with them. And so that could be the ending HIV epidemic plan, the CDC HRSA integrated plan, or the statewide coordinated statement of need. Next slide.

Aisha Moore: And so we want to make sure you are reviewing these regularly to make sure that the programs objectives and goals are included in what you're doing, because this really is a living document that guides the planning cycle. And then in some cases, there were joint plans developed with the Ryan White HIV/AIDS Part B program.

Aisha Moore: And so we've got to make sure that the Part A work plan and the Part B work plans are in sync. So we need to review each other's plan. So now I'll turn it over to my colleague Mira to move us along through the rest of the cycle. Next slide.

Mira Levinson: Thanks Aisha, and hi everyone. So next slide, please. Thank you. So we'll be coming back to this circular graphic over and over throughout the course of the presentation today. First now that we've talked about the integrated plan and

review and updates, we're going to talk next about the annual work plan. So next slide please.

Mira Levinson: So the annual work plan guides the planning process, and it must be reflective of the jurisdictions current HRSA, CDC, integrated prevention and care plan, as well as the work plan in the Ryan White Part A application. The work plan is driven by legislative and administrative requirements, and it needs to be developed in accordance with your local structures and processes.

Mira Levinson: So the work plan can be drawn from an annual master calendar that integrates events, products, and deadlines for both the planning council or planning body, and the recipient. Individual committees can then develop their own work plans, which we'll look at later, to coordinate tasks completion. The work plan is often in chart format, and it's an essential part of communicating roles and deadlines.

Mira Levinson: And also ensuring that all of the deliverables as prescribed by the notice of funding opportunity are on everyone's radar with clear assignments and timelines to ensure completion. The work plan is also an important opportunity to document the ways in which you'll prioritize engaging with consumers, as well as other diverse community stakeholders in the planning process. Next slide please.

Mira Levinson: So, as I mentioned, the work plan is often in slide format and this slide shows work plan excerpts from various jurisdictions. So as you can see, this version includes sections for completing the needs assessment, presenting the data, conducting the priority setting and resource allocation or a PSRA process, and the application submission itself.

Mira Levinson: It calls out the particular deliverable and indicates who is responsible. This example also has space to note key considerations and caveats for each section, including interim deadlines. Next slide please. So the next stage of the planning cycle is focused on preparing two of the most important data sources used in the planning process, the epidemiologic or epi profile and the needs assessment. Next slide please.

Mira Levinson: The epic profile describes the HIV epidemic in a particular service area. It usually describes characteristics of the general population, as well as people newly diagnosed with HIV infection, people living with HIV and people who are at risk for HIV.

Mira Levinson: The epi profile should also include advice to help planning councils identify trends in the epidemic that will affect service needs. In particular, it should explain how to interpret the data for use in making recommendations, for

allocating HIV prevention and care resources, planning programs, and evaluating programs and policies.

Mira Levinson: The epi profile can be especially helpful in identifying populations for additional attention in assessment of service needs and barriers for people with HIV. Next slide, please. The epi profile also provides the EMA or TGA with an estimate of the number and characteristics of people with HIV who know their status, but are not in care. And we often refer to this estimate as unmet need.

Mira Levinson: The epi profile also includes an estimate of the number and characteristics of people who don't know their status. And both of these estimates are critical to informing the needs assessment as well as jurisdictional planning and resource allocation. So in many cases the epi profile is prepared by the state, but it also needs to focus on jurisdictional data and information for any eligible metropolitan areas or transitional grant areas within the state.

Mira Levinson: We'll get more into roles later in the presentation, but I will mention just here that the planning council support staff works with the recipient to get the epi profile for presentation to the planning council or planning body. Next slide, please. Now the needs assessment summarizes the service needs and barriers for people with HIV, including people who are both in and out of care.

Mira Levinson: It also provides an inventory of the current provider resources that are available to meet those needs, as well as highlighting those barriers and gaps that remain. Ultimately needs assessment data will help the planning council improve service access and quality both overall and for specific sub-populations.

Mira Levinson: One essential source of information for the needs assessment is people with HIV. In fact, the needs assessment must include input from people with HIV on their service needs, as well as barriers and gaps. In addition to data from needs assessment, specific activities, it also uses data from other existing sources, including the epi profile to incorporate information about people with unmet need, who are out of care, as well as those who are unaware of their HIV status. Next slide please.

Mira Levinson: So the resource inventory is typically developed as part of the needs assessment process. Sorry, one second, please. Anyway, so the resource inventory provides a comprehensive up-to-date listing and description of all HIV related services that are available to people with HIV in the jurisdiction.

Mira Levinson: That includes providers for medical and support services and includes both Ryan White and non Ryan White providers. The profile of provider capacity and capability is more detailed providing information about service capacity and staff capability of service providers. The profile of provider capacity and

capability details the extent to which services are available, accessible, and appropriate to people with HIV, both overall and for specific populations.

Mira Levinson: So by comparing the needs of people with HIV to the available resources in the current system of care, planning councils and planning bodies can then identify gaps in services overall and for particular subpopulations. Next slide, please, through our conversations with jurisdictions over the years, including a series of focus groups a couple of years ago, we've identified a number sound practices for conducting needs assessment.

Mira Levinson: For example, many jurisdictions find it helpful to develop a multi-year needs assessment plan. Also the use of multiple quantitative and qualitative approaches for data collection results in a more informative and nuanced set of findings. So we'll be touching on that some more, the different types of data that we can look at together.

Mira Levinson: Periodic large-scale data gathering for people with HIV can be particularly helpful by providing data that are representative of all people with HIV in the area. And jurisdictions employ a variety of innovative approaches to include people in and out of care, finding it particularly valuable to train planning, council and planning body members, including consumers, to conduct focus groups, chair town halls, and help with surveys.

Mira Levinson: And finally opportunities to use technology continue to emerge and evolve. So technology can provide new less burdensome ways for some people with HIV to provide input, but at the same time, it's just as important to remember that people have different levels of access to technology and relying on high-tech approaches may leave some people out.

Mira Levinson: The next step in the planning cycle, next slide please, is to review all data. This includes the epi profile data and needs assessment findings, but also a variety of other sources. Next slide please. So this slide shows a list of the many types of data sources that should be explored in the context of Ryan White Part A Planning.

Mira Levinson: And by reviewing many sources of data, a planning council or planning body can have additional confidence and importantly can use multiple methods to increase understanding of a topic or issue, and really understand how the service system is doing. Some of the additional sources listed here include HIV care continuum data, service expenditures data, HIV testing and diagnosis, and monitoring performance and clinical outcome measures.

Mira Levinson: And remember, again, this includes both qualitative and quantitative data. Next slide please. So the purpose of the planning council or planning body and

recipient reviewing these many data sources is to make sure that decisions are guided and supported by documented information, rather than just on personal experience or anecdotes or intuition.

Mira Levinson: This is often referred to as data-based or data-informed decision making. The data that support this process include detailed jurisdictional level data, and also aggregate service level data from each of the funded service providers or sub-recipients.

Mira Levinson: All of this information needs to be presented and discussed at planning council or planning, body meetings, including a formal data presentation at the start of the priority setting and resource allocation process. Next slide please. So HRSA does expect that each planning council or planning body negotiate with the recipient, get the data and to receive the data in a way that's easy to use and understand.

Mira Levinson: To make this happen smoothly all around, the sound practices to use a memorandum of understanding or MOU. An MOU ensures that everyone is clear about exactly what data is needed and when, and it allows the recipient to plan ahead clarifying exactly how and when the data will be shared.

Mira Levinson: Another piece we haven't talked about yet is the importance of training, planning council and planning body members on how to assess and use data. Of course, the starting point is that data must be presented in meetings as we discussed on the last slide, but there are many different ways that we as adults may need to engage with data in order to truly understand and work with that data.

Mira Levinson: So for example, in addition to seeing a presentation, members should be comparing and discussing the data together and asking questions, comparing data from different sources to see if the findings are consistent. Whether some data might provide more reliable and useful information than others, and also how the different data sources inform each other.

Mira Levinson: For example, a focus group summary may shed light on an interesting finding from a quantitative service summary table. Next slide please. And Aisha, I'll turn it back to you for a little while.

Aisha Moore: Thank you, Mira. Before we move on to the next set section, we do have a question that I'm hoping HRSA can answer. So just explain examples of what multi year needs assessment plan would look like. Lenny, would you be able to describe that?

Mira Levinson: Maybe we can come back to that at the end of the webinar.

Aisha Moore: Okay, we've noted that... Oh, Lenny?

Lennwood Green: I'm sorry, my audio was out. Could you repeat that question?

Aisha Moore: What does a multi-year needs assessment plan look like?

Lennwood Green: Needs assessments are usually every three years. You do the grand scale, the big one on your first year. And on the second two years before you do the restart the process again, you focus in on the populations with the greatest and most severe need and flush out those particular issues about those populations so that you can adjust your service accordingly.

Aisha Moore: Thank you Lenny. So Mira just finished talking about data collection and reviewed all of the steps that we need to take, right? All the review steps that we need to take. And so this is where we put on our community planner hat, and that's the lens through which database or data informed decisions should be made for our priority setting and resource allocation.

Aisha Moore: So we'll talk about that on the next slide. So some people consider this the most important responsibility of the planning councils and planning bodies. It's also what makes planning, councils and planning bodies have a very unique role in that they take this information and what comes out of this step is not simply advisory.

Aisha Moore: People may have experience with other types of community planning boards where it's just advisory, but that's not the case for planning, councils and planning bodies. So we will take all of the data that are reviewed and then we need to set party. So really determining what services are needed for people with HIV in the jurisdiction and what are the priority.

Aisha Moore: So placing them in order of priority. So once you have that list, then you have to look at the budget that the jurisdiction has for services and decide how many dollars or how much money is going to reside in each category. And again, this is all based on the data of the needs.

Aisha Moore: And so once we do that, then the planning council with the wisdom that they have from looking at the data as well as their lived experience and/or their advocacy role, may have unique information that they want to add about the service like needing night or weekend hours. And that will be done through a directive on service.

Aisha Moore: And so then once we do that, we implement that plan. But as we know, especially given like in the last year with COVID, needs change, things change,

and Lenny also mention the three-year needs assessment cycle. So you want to be looking at that data to see if something has changed.

Aisha Moore: And if so, we need to shift the priorities and the resource, and that process is called re-out location. Next slide. So some sound practices on the price setting and resource allocation step. Now, in a few slides ago, Mira presented the myriad of data sources that planning council needs to become familiar with in order to make sure that they are making decisions based on data.

Aisha Moore: But if we just wait until we start the PSRA process, then that can become overwhelming. So it's recommended that there are data presentations throughout the year, so that way that people will see it once. And then maybe you just review it again when you get to the PSRA process, step in your process.

Aisha Moore: And then it's also important to train your planning council members and planning body members on understanding and using data. I was trained as a data analyst early in my career. And even I sometimes forget the difference between prevalence and incidence, right? It happens to all of us, right? And so we all need to constantly refresh yourself on data.

Aisha Moore: We also have to make sure that the planning council, planning body has and reinforces their policy on conflict of interest because there are some, while there is a requirement that 33% of planning council and planning body members be what we call unaligned, which means that they do not work for an agency.

Aisha Moore: There are members of the planning councils and planning bodies who represent agencies who get funding through this process. So we have to make sure that again, that we are putting on that community planner role, right? The community planner role, we're looking at the whole, not just the individual thing that we may want for our population, our agency.

Aisha Moore: And a conflict of interest policy will help people stay in that planner role. And again, we have to make sure that we're basing these decisions on that data and not just impassioned pleas or personal experiences. Next slide.

Aisha Moore: So again, I've been talking about this difference between an advocate and a planner, right? And so many people get to the planning council or the planning body because of the passion that they bring, right?

Aisha Moore: They see a need in the community or they see a voice that's not being represented and they decide that they want to provide that voice for the community or a particular subpopulation of people within their HIV organization services, or a population that their HIV organization serves, right?

Aisha Moore: So then you have to learn to advocate on behalf of the other subpopulations that may not be the one directly represented by you as the planning council member. So again, we have to think of being an advocate for subpopulations, but a planner for the entire system. Next slide. So, as I just mentioned, we have to think about the entire community, and we have to think about a win-win for the entire community, as opposed to a win-lose strategy.

Aisha Moore: There's often a lot to take in. So people need to listen and ask questions and make sure you're getting clarification so that you are comfortable with the decisions that you make in a meeting where you may have to vote, right? And so come prepared to the meetings.

Aisha Moore: Planning council support sends out either electronically for some planning councils and some will turn out a big binder and mail it to you, right? So you want to review those data and the reports before you get there, right? And then again, we need to understand being a planner versus an advocate and understanding those boundaries. Next slide.

Aisha Moore: So now that we've done that, right? So we've gone through set the priorities, decided how much funding will be allocated to each service priority. Then we need to go ahead and review the data as things go along and possibly reallocate. Next slide. So it's important to regularly review the plan and actual monthly expenditures by service category from the recipients.

Aisha Moore: The recipient will provide that to the planning council so that you can see that, okay, so these are the parties that we made, this how much money we put into each service. Are we seeing things being spent as we thought they would be spent over the course of time, right?

Aisha Moore: And so in order to do that, that requires yet another thing to be trained on is how to read and understand financial reports, right? So many of us either come from the public health world or some world totally different where we've never seen a financial report. And the first time we've seen it is when we get to the planning council.

Aisha Moore: So there definitely needs to be training on that. Because you want to be able to look at the trends and the expenditures and the service utilization, because if we see any serious under use or any over expenditures, then the funding amount is stable, it's static. So we have to bring it back into balance.

Aisha Moore: And so that might require a reallocation of funds when necessary so they're all spent on where there really is a need. And so planning councils will have to propose and vote on and approve moving funds from one service category to

another. Next slide. So once we've done that, right? And that's sort of like an ongoing process.

Aisha Moore: That is not sort of one step. It's an ongoing process, then we need to, at the end of the year, do some evaluation and planning and look at the outcomes. Next slide. So it's important to close out the year by evaluating both outcome measures and process steps, okay? So one of those outcome measures is done as a part of what it's called the review of variances.

Aisha Moore: So you want to just really look at the plan priorities and allocations and compare that to the actual plan level of services. So that could be like the unit of service expenditures, which services are being utilized more or less than expected. And so that's sort of like just the what, the how of a service. Well, we can't just look at like the numbers.

Aisha Moore: We actually have to look at the quality measures and program outcomes as well. And as we know, we're always looking at, are people being retained in care? We're looking at viral suppression, right? So we need to look at some of those things as well to see if the services are quality and getting the program and outcomes that we need.

Aisha Moore: And in general, Ryan White services system really does a great job on program outcomes. So this is going to require taking that PRSA plan that you started with and comparing it to the actuals, right? And then you also want to think about process measures as well. And I truly do mean the word process measure, as in meaning the planning process itself.

Aisha Moore: As we all know, it can be very complex. And so you always want to look to see, are there ways that you can improve the planning process, right? Is there more training that could help decisions be made more confidently and faster? Are there some dates that need to change in the work plan to get data from the recipient or the state a little bit earlier, right?

Aisha Moore: You also want to look at the planning process and see how you can improve the process as well. And then once you have that, that gives you the data to be able to refine what you're doing in the planning council, as well as give that information to some of the other plans that are in existence because you have information from your evaluation.

Aisha Moore: So you should be sharing evaluation data with one another. Next slide. So now we're going to talk about... So we just ended the last section on how this process all works. So we covered those seven steps that you need to be mindful of, but now we're going to talk about, give me one second, now we're going to

talk about how to successfully complete the planning tasks, and I'm going to turn it back over to Mira.

Mira Levinson: Thanks, Aisha. Okay, so in this section, we're going to go over some special considerations for integrated prevention and care planning bodies. And then we're going to look at the particular roles of committees, the planning council or planning body as a whole and for individual members. Next slide, please.

Mira Levinson: For those of you with integrated prevention and care planning bodies, the first and most important thing to know is that the planning requirements for Ryan White Part A do not and cannot change. All of these requirements must be met. In addition, keep in mind that your HRSA CDC integrated HIV prevention and care plan will need to be reviewed and updated.

Mira Levinson: And this includes periodic written revision of the plan. The integrated body also needs to take the time to routinely receive, review and discuss prevention data. As a reminder, this focus on prevention topics includes intervention, HIV awareness, testing, prep, and end tap, prevention for positives and treatment as prevention.

Mira Levinson: And of course, this needs to include discussions of the links between prevention and care needs and services. Next slide please. So planning councils do a lot of their work in committees and most planning councils require each member to participate actively on one committee and also attend full planning council meetings.

Mira Levinson: Structures and committees vary across planning councils and planning bodies. But regardless of how yours is structured, this slide shows how some of the responsibilities that need to be assigned. You might remember that earlier in this presentation we looked at example work plan table, and that table included the task, deliverable, timing, and primary responsibility.

Mira Levinson: That table was just an example, and this is actually a much more representative list of the types of tasks. So here you see in needs assessment, integrated comprehensive plan reviews and updates, obtaining and review of the data, data presentations, PSRA, review of program expenditures, and recommendations for reallocation and of course, annual calendars and work plans. Next slide please.

Mira Levinson: So executive committees are pretty standard across planning councils and planning bodies. Although in some places that might go by a different name. In any case, the executive committee is responsible for coordinating the work of all the other committees and also joint planning tasks by several committees if there are any like that.

Mira Levinson: In addition, the executive committee reviews committee work products and recommendations. And if needed this committee can request changes to those products before they're shared with the full planning council or planning body.

Mira Levinson: The executive committee monitors progress and deadlines on key tasks, sets planning, council and planning body meeting agendas, and also makes decisions about special planning related meetings, such as data presentations and PSRA. Next slide.

Mira Levinson: So as we've seen, there are many responsibilities that are allocated to committees rather than to the full planning council or planning body. But the full group is expected to review all committee findings, products and recommendations. And it's also expected to engage in active discussion, and decision-making about PSRA, including priorities, resource allocation, and reallocation.

Mira Levinson: And finally, the full planning council or planning body is responsible for identifying issues that need to be addressed by the council or planning body. Next slide, please. Each individual member of the planning council or planning body also has a set of responsibilities largely focused on participation, learning and engagement.

Mira Levinson: Specifically, individual members need to participate in training and membership requests additional training or one-on-one advice where needed. Members must read background materials and review data prior to meetings so that they can participate fully during these meetings.

Mira Levinson: They must attend data presentations prior to PSRA decision-making because as we discussed, decision-making must be based on knowledge of a wide array of data sources and engagement by all members with the data prior to decision-making, is crucial. Members should learn about the roles of their committees to help ensure they do their work well and on time.

Mira Levinson: And everyone is encouraged to ask questions. This will lead to clear communication and understanding amongst all members. Next slide, please. And last but definitely not least, all planning councils and planning bodies have support staff. These support staff are essential to supporting operations in so many ways.

Mira Levinson: For example, these folks serve as liaisons with the recipient to obtain data reports and other information to support decision-making. They also ensure that committees and the full planning council or planning body have needed information and logistical support for each meeting and they staff committees and full council or planning body meetings.

Mira Levinson: Planning council support also provide technical expertise. For example, implementing needs assessments and data reviews, and they monitor progress to help planning councils and planning bodies ensure that planning tasks are completed on time. So now I'll turn it back to Aisha to wrap us up.

Aisha Moore: Thank you. Next slide. So as all of you I'm sure know very well, but I want to emphasize that this is a collaborative process, and I just want to point out some or highlight some key points of collaboration such as where there are shared responsibilities. We'll talk about a flowchart resource that you can have to help you remember all of this.

Aisha Moore: We'll talk about the importance of timing and sound practices for collaboration. So on the next slide, we're going to talk about the shared responsibilities. So most legislative responsibilities are shared. And so we have two examples on here in a graded comprehensive planning, as well as needs assessment.

Aisha Moore: And so we just have to understand exactly what those shared responsibilities are. And you can find those on the target HIV website under the Planning CHATT portion. We have the primmer that will explain all of those roles and responsibilities.

Aisha Moore: And so on the next slide, there are also places where one entity like the planning council or the planning body, or the recipient has full responsibility and the other often provides data or support. So needs to be very clear for when you're working together and when you are in lead or support, right?

Aisha Moore: So for example, under PSRA, the planning council and the planning buddy are responsible for making the list of priorities and deciding what the allocation should be. But the recipient has a lot of that data, right? And so they have client characteristics and performance measure, and the recipient can definitely also make recommendations.

Aisha Moore: So they need to work together in that way, but the planning council can't do its job without having the data. So another example of shared responsibilities is the preparation of the Part A application. And so the recipient, and the recipient's generally your health department, is responsible for that, but the planning council and planning body under their responsibility has a needs assessment data.

Aisha Moore: They have to complete the PSRA process and make those decisions, and then they have to provide a letter of assurance or concurrence that they agree with in the application. And so they need to review that draft application, right? So we have to work together to make sure that each person gets their

responsibilities completed and gets them completed on time because there are deadlines. Next slide.

Aisha Moore: So here is the flow charter I mentioned, and I do not want you to read this right now. You will not be able to read it, but we're going to chat out a resource that is an annotated flow chart of the planning cycle. So you receive in the chat in the moment, a document you can reference in the future that has this flow chart, and it explains to you exactly what each of the colored boxes mean in more detail.

Aisha Moore: And so this will help you really understand the tasks that go into this process until you think about putting some of these things on the work plan, whether you're the recipient or a part of the planning council, planning body along with the planning council support. Next slide.

Aisha Moore: So, as I mentioned, there are deadlines stated by HRSA on when things are due, but when things have become late. Earlier in the process that puts in a domino effect on everyone, and it can cause a lot of worrying and stress. So we want to be able to alleviate that. And that starts with one of the first processes, the work plan, right?

Aisha Moore: But it's a plan, but we have to stick to the plan, right? So both the recipient and planning council have to complete their tasks and products on time so that the other entity could do so, right? So as you know, if upstream, one thing doesn't happen on time, then that's going to delay and slow the entire planning process, right?

Aisha Moore: So here's just some of the important ones. They're all important, but here's some of the important dates that affect planning. So you have to make sure that you get started on time at the start of the funding year. There's also making sure the Ryan White services report comes out and is given and reviewed on... That the Ryan White services reports, we sometimes call that, you hear people say the RSR, that's done on time and available for people to review.

Aisha Moore: And then there is the Ryan White Part A application deadline, and then the carry over request deadline. Next slide. So other times sensitive things are that again, we have shared responsibilities, right? So the planning council has some needs around data, but the recipient does facilitate some of those things, right?

Aisha Moore: So the recipient, again, the health department needs to outreach to it's sub-recipients. So the sub-recipients are the service providers that are contracted to do the services that were prioritized. So the recipient needs to outreach to the sub-recipients to make sure that they can help with client surveys for people with HIV and other needs assessment activities, right?

Aisha Moore: Then the planning council also needs an updated epi profile because when they're making decisions, it needs to be on the most recent data available. So they need to be able to look at those client characteristics and service utilization data to support their database or data informed decision-making. And then they also need the financial data as well.

Aisha Moore: So they need recent data on projected and actual expenditures by service category. Because remember we talked about one of the final steps is that reallocation if things change, right? So they need to be able to have the data in order to make the reallocation within a timely manner, so that funds are expended and we reduce the chances of carry over. Next slide.

Aisha Moore: Next slide. Oh, sorry, go back one. Thank you. All right, so the recipient, right? The health department, what do they need? So they need the needs assessment data updated regularly. So as we talked about a little bit earlier, there was a question about the needs assessment done in three parts, right?

Aisha Moore: So as each part is completed, you want to make sure you're providing that to your recipient as well. And so it also helps us make the timely priority setting and resource allocation decisions. They need to include that in the application that to do, right? So it's very important that the planning council get that data to the recipient so they can complete their application on time.

Aisha Moore: And then part of how this all works, we didn't really get into this a lot in this presentation, but once the priority setting and resource allocation process happens, then we actually have to provide the services. And so the recipient puts out a request for proposals for services, right?

Aisha Moore: And and then people apply to people who provide those services, but we need to have standards for those services. And one of the roles of the planning council is to provide those service standards. So they need those service standards, the recipient needs the service standards so that way they can include that in the request for proposals so that people who are providing services for people with HIV under Ryan White understand their expectation.

Aisha Moore: And then also another time sensitive need is that the allocation process happens near the end of the calendar year. So we really have to have that data so funds can be moved and spent, and that we can estimate carry over and/or minimize it. Next slide. So that concludes the formal part of the presentation.

Aisha Moore: So just to recap, we went over the seven areas of the planning cycle, as well as provided some information on sound practices for implementation, some consideration on planning together. And we talked about shared roles and responsibilities.

Jamal Refuge: All right. So as a reminder, we have all our Planning CHATT resources available to everyone on targethiv.org/planning/chatt. So if you want to take a look at some of our webinars, our past webinars, our resources, things of that nature, they are available on targethiv.org. So I want to remind everyone to please complete the evaluation.

Jamal Refuge: We're going to chat in a link right now. You can also sign up for our mailing list, download our tools and resources. And you can also email us if you want to chat with myself, or Aisha, Mira. You can send us an email, planningchatt@jsi.com.