



- Alexandra Bonnet: Okay, so hello everyone, and welcome to today's Planning CHATT webinar, Make a Difference: How Planning Councils and Planning Bodies Can Strengthen the HIV System of Care. We're happy that you choose to join us today. I am Alexandra Bonnet, and I am the webinar lead for Planning CHATT. We all know that planning councils and planning bodies members function as a community planners for the HIV system of care, and to be an effective community planner, members and other stakeholders must be able to understand the services and resources available. They must assess gaps and identify strategies to strengthen the local system. Today, we will be helping you understand the typical HIV system of care, and how the legislative requirement's available, to you all planning councils and planning bodies members, and how they can be used to plan and monitor the HIV care system. We certainly hope to encourage you to consider innovative ways to strengthen the system in your community.
- Alexandra Bonnet: Next slide please. And so before we begin today's webinar, I will like to let you know that you all are in listening mode. During the webinar, we will be having polls for you to engage and answer as well as breakout sessions. We will encourage you to participate, and towards the end of this webinar, we will have a question and answer session. So feel free to drop your questions at the chat box at the lower left of your screen during the webinar. We'll compile the questions and address them at the end. If you have questions after the webinar or have a very specific question you'd like us to consider in detail, you can feel free to email us at, [planningCHATT@jsi.com](mailto:planningCHATT@jsi.com).
- Alexandra Bonnet: We want to make sure you can listen to today's webinar, so let's check for any audio issues. The audio is being shared via your computer speakers or headsets. If you're having difficulties hearing us, please be sure to check that your headphones are plugged in correctly or your speaker volume is all the way up. If you're still having trouble, you can dial in by phone to listen. If you need assistance please chat the host and we'll try to help you out. And, here is a brief map of what we will be doing today or what we are going to be presenting today.
- Alexandra Bonnet: We have already done our welcome and introductions, and now we will be moving towards an overview of the HIV system of care and legislative requirements by presenter Steven Young. Then we will have Emily Gantz McKay talking about the roles of the planning councils and planning bodies, in the system of care and the ways to strengthen the system. Last but not least, we will present examples on new strategies that can help understand the system of care, and how this can help you address the needs and gaps. Then, we will move on into our question and answer period. Next slide please. So, to start off our discussion, I am going to invite our Planning CHATT project officer, Lenny Green, to say a few words. Lenny.



- Lenny Green: Good afternoon, and welcome. The purpose of the Ryan White HIV/AIDS Program Part A funds is to ensure that there's access to quality care for people with HIV who lack the resources that are needed to do so. The Ryan White Part A Planning Community works in collaboration with the recipient, and CEO in 52 metropolitan areas, to assess need and sustain quality clinical and supportive services for our communities. And today we'll be reviewing and discussing the contributions of Part A community based planning processes, to the HIV prevention care and treatment. And I'd like to welcome you, and thank you for joining us.
- Alexandra Bonnet: Thank you so much Lenny for those words. And for today's webinar, I would like to welcome our presenters. First, we have Steven Young. Steven was a community based clinic coordinator, educator for the Monmouth County Health Department in Freehold, New Jersey. While at the New Jersey State Department of Health, Steven helped establish a statewide system of early intervention clinics, and a variety of HIV services and substance abuse, treatment centers and fostered community coalition development and responsive, regulatory and reimbursement initiatives to support community based HIV care. He has over 29 years experience in leadership and director roles for Part A and Part B of Ryan White HIV/AIDS Program. He led efforts in data collection analysis, program evaluation and special projects of national significance and national technical assistance and clinical training efforts. He spearheaded strategic and innovative approaches that helped Ryan White HIV/AIDS Program to improve outcomes and reduce disparities among people with lower incomes, with HIV. Steven remains committed to ensuring that every day programmatic and policy efforts help make a difference in the life of people with HIV.
- Alexandra Bonnet: Welcome Steven. And, we also have Emily Gantz McKay. Emily's president of EGM Consulting, has been assisting Ryan White HIV/AIDS Program planning councils and planning bodies since 1994. Preparing materials, providing training and technical assistance and doing research. She directed a national assessment of planning councils and planning bodies for the HIV/AIDS Bureau in 2016, and has prepared numerous materials, including the updated training guide and planning council primer, under JSI project Planning CHATT. Emily has assisted most of the 52 Part A PC/PBs on issues, from new member orientation to needs assessment, comprehensive integrated planning, structured operations, and ways to support a strong consumer voice in planning. We thank you both for being here today, and welcome.
- Alexandra Bonnet: So, by the end of today's webinar, you will be able to understand the role of the planning councils and planning bodies in the larger HIV prevention care and treatment system. Identify at least three ways in which the planning councils and planning bodies contributes to strengthen the system of HIV care and the



jurisdiction they work at, and recall at least three other entities involved in the HIV system of care in the jurisdiction. My colleague Carrie will be chatting out the evaluation link to you all, so you have it handy and ready to give your feedback. We really do appreciate and welcome your feedback. It is extremely important to us, and has enabled us to make quality improvements in our work based on your comments. So please, if you will take a moment to open the evaluation link that gets chatted out, we really appreciate you completing the evaluation in real time. And now, I will pass it over to Steven Young, who will provide us an overview of the HIV system of care. Steven.

Steven Young: Thank you, Alexandra and good afternoon and or good morning to all of you depending on where you work and live. We are really excited to talk with you about the HIV system of care, and we've set up what we trust will be an interactive and participatory webinar as we go through some of the concepts related to the HIV system of care. Next slide please. Because before we get into the concept of the system of care, we'd like to get a sense of where you, our audience stands on this polling question. As part of a PC/PB, do you feel you understand your role in the larger HIV prevention, care, and treatment system? Please give us your honest responses.

Steven Young: We're up over 50%, 60% of respondents, that's great. Okay. So we almost got three quarters of you to respond, and my observation is that overwhelmingly, you feel pretty comfortable about this and answering in the affirmative. A couple of you answered that, "No, you don't understand," and then partially, "We're not sure." So we obviously have folks who are experienced on the call with us, some new folks and maybe some ongoing members of these planning bodies that maybe you want to pick up some hints in increasing your skills and knowledge. So let's go to the next slide and get into it. So I want to continue to build upon some of Lenny's introductory words, and really look at the basic intent of Part A, within the overall Ryan White Program to develop no, can you go back folks, not there yet.

Steven Young: We're talking about not only comprehensiveness in terms of a service delivery system, but we're also looking at the notion of integrated service network. Individuals with HIV have multiple needs, and yes it is all about access so that we positively impact on health outcomes. But since people need a variety of services, we really need the service network to be integrated and work well together.

Steven Young: So as stated in the Ryan White Part A manual, and this just reinforces what I just said is that, there is a need to develop collaboration and partnering and relationships between multiple sources of HIV testing, treatment and prevention. And that's important, that's why those words are bolded on this



slide. And it's really reaching out beyond not just what the Part A program can fund in terms of service delivery, but the other Ryan White parts as well as all public and private payers of HIV care and treatment. Next slide please. So, for Part A, the expectation is to engage across service providers and planning groups and planning efforts on both local and state levels, as they engage in their HIV comprehensive plan or what is now known as the integrated plan for HIV prevention and care, as you go through your needs assessments and planning processes. And one of the phrases that pops up frequently is this notion, because not everything is perfect in our jurisdictions, right?

Steven Young: But we're trying to create a maximally seamless system, that's capable of responding to the needs of diverse populations in each jurisdiction. And I know that all of you have gone through and focused on subpopulations that need certain types of services, that might be different from others. And so the notion is the response to the needs of diverse populations. Next slide please.

Steven Young: So we added this visual to talk briefly about, how does the HIV system of care relate to these other planning initiatives that are going on, on a variety of levels? And this notion of a system of care is very much in sync with and will contribute to the goals and objectives of the National HIV/AIDS Strategy. I mentioned already the integrated HIV prevention and care plan, and the efforts that there're folks who are involved in there. And then we have a number of jurisdictions throughout the country that are involved in phase one of the, Ending the HIV Epidemic. And this particular initiative further contributes resources to complete an HIV system of care. And together all of these things really guide the Part A programming efforts. And I really think this arrow on the right here maybe should be both ways, because the Part A program supports all these higher level efforts on the left of the screen. But again, all these efforts also guide where the Part A program goes in our local jurisdictions. Next slide please.

Steven Young: So this notion of the system of care, it's really a central concept and central to the Part A program efforts. And I wanted to point out here that it's been an evolution, for those of you who have been engaged for a number of years or decades, for that matter. In the early years, it was really all about to establish a continuum or system of care because, things had major holes in it. Our services did not exist, and so the early years of Ryan White were focused on building up that service system. As we moved along through the years, the focus has been on maintaining, assessing and improving that system. Because as we know things are changing every day all around us, whether it be in terms of the epidemic, new prevention and treatment modalities, and the broader healthcare system, in terms of regulation and insurance options, et cetera.



Steven Young: And of course now we're very much focused on, breaking down those walls and integrating prevention and care. They really do not in any way exist in a silo, but need to be addressed together. And the other notion of this central concept is that planning councils and planning bodies, will be sharing responsibility with the recipient for improving the system of care. Slide please. So another illustration of the characteristics of such a system, services should be available, accessible, appropriate, and effective. And if we look on the next slide, we can take a deeper dive into what these mean. So availability of services, patient centered core medical and support services with seamless transition across levels and types of care. And that's important levels in terms of more intense type of care, as well as being able to move between medical and support services that are needed by individuals.

Steven Young: Accessibility is really critical in terms of where the service is located, and folks take public transportation to get to them if they don't have their own mode of transportation. What are the service hours? Are there weekend hours, evening hours that make it accessible for some people who might be working during the day? Then there's a notion of appropriate services. Again, we have very diverse populations that we are trying to serve, and we've listed some of those here on this slide. And so, our providers need to have staff that speak the language or culturally competent and to have appropriate training and skills to serve the populations that come through their door. And then lastly is the notion of effectiveness. That services do meet certain performance standards, they meet the needs of people with HIV, and they also try to address the social determinants of health that impact people's daily living as they strive to get access to high quality HIV care. Next slide please.

Steven Young: So I'm going to share with you two other visuals that represent other types of conceptual models that jurisdictions can use in thinking about the HIV system of care. So this first one is the HIV care continuum, and this is really a public health model, that outlines the steps or stages that people with HIV go through from initial diagnosis to hopefully the achievement and maintenance of viral suppression. And this care continuum can be used as both an individual and population level tool. Because these are stages that individuals go in. But if you look at it with aggregate data across populations, you can get an understanding of where people sit, relative to the HIV care continuum and where gaps may be in the system of care and where a jurisdiction might want to intervene. Next slide please.

Steven Young: So the other conceptual model is this framework of the continuum of engagement in HIV medical care. And just a little bit different way of looking at it. Again, these are steps that people work through in terms of their engagement and care. As you can see all the way on the left, initially unaware of



their infections all the way on the right being fully engaged in care. So an individual will go through these stages, but if you see that arrow in the middle of the slide, that's an important arrow because as I think we all know, people don't necessarily move unilaterally from left to right across this continuum.

Steven Young: People can have some missteps, they can back up, they can go into care, then be lost to care, be an intermittent user of care, then become fully engaged. So this model reflects the fact that people do move from step to step sometimes in a positive direction, then sometimes they may take a step back and there's a need to intervene there to get them back into high quality care. So it's not a unidirectional line, there are bumps along the road that must be dealt with. Next slide please.

Steven Young: Okay. So we're going to take a pause here and have our audience consider their local system of care. So we're going to ask all of you to think about this a little bit and let me present the scenario on the next slide. So, I want everyone who is on the webinar, to think about a circumstance where you meet a person with HIV, they are receiving HIV care through the Ryan White HIV Program in another city, but they're thinking of moving to your EMA or TGA. And that person asks you, "Tell me about the system of HIV care and how I can access to both medical and support services." And we're going to ask you to think about this from the perspective of people representing diverse populations. A young MSM of color, a transgender woman, a long time HIV survivor, 60 and older, a Latinx person with limited English proficiency and a woman of color.

Steven Young: So, we are going to divide into five groups to consider each of these individuals that's come to you with that same question. Room one will be a young MSM of color, room two a transgender woman, room three a long time HIV survivor, room four a Latinx person with limited English proficiency and group five a women of color. And we are going to do this randomly, and when you get into your room, you'll be assigned to a room. You'll have an opportunity to discuss this question and share with others that are in your room. We're going to give you about 10 minutes to do that, and then when that time is up, everyone will come back into this main room. So, I think we've hit our 10 minutes and we all have automatically been brought back into the main room. Hopefully there were a series of five good discussions. Maybe not quite enough time, I know the one I was in somebody was cut off mid-sentence there. Sorry about that, but I'm going to turn it to Alexandra. I think you're going to cover the next slide or two Alexandra.

Alexandra Bonnet: Thank you so much, Steven. It was very interactive, we got cut off as well. We are going now to our second poll. And now that we're back into the main room, please answer this poll if you will. How prepared do you feel you were to



answer the question in the quick scenario presented during the breakout? Please choose one answer. It will be that you felt very well prepared, somewhat prepared, somewhat unprepared, not at all prepared or you do not know. I see that at least more than 40% of you felt somewhat prepared, and 40% felt very prepared. Thank you so much for your answers. Next slide please.

Alexandra Bonnet: So thinking of this last quick scenario where you had to describe the local system of care to someone, how do you think you can better prepare for this scenario in the future? Please chat your answers in the chat box. I know that some of you told me that you needed to know what providers offer services for Latinx specifically, at least in our room. Do you need anything else to feel prepared or more prepared? A flow chart of all the providers in the agency. With so many providers, be sure your providers are providing information for specific languages that can be of assistance. More websites and documents translated to other languages. Donten says, ID resources in other languages. And Aisha is saying that in her room, they talked about knowing about the centralized intake. Be cultural services navigators. Thank you so much for your answers. And now I will pass it to Steven, that will speak about the legislative requirements. Steven.

Steven Young: Yes. Thanks Alexandra. I'll probably go through this pretty quickly. So now that we've presented and discussed the HIV system of care concept, we wanted to look specifically at the legislative basis for this. And yes, the Part A program is all about funding a variety of core medical and supportive services, but there also is the need and the intent to develop this system of care. So let's move forward the slide. So I'm not going to read these slides, I'm just going to highlight the important pieces from the legislative language. And the thing that's important here is the notion of comprehensive planning, that all Part A programs and their planning bodies must adhere to.

Steven Young: And of course there is the statewide coordinated statement of need as well that's under the Part B program that folks have to collaborate on. If you look at the fourth bullet under the first bullet there, it's all also all about strategies because people are in different steps as we've talked about across the continuum in terms of their HIV status and engagement and care. So really have to look at strategies for individuals that are in different set of circumstances. Next slide, please.

Steven Young: Again, we have reference to the statewide coordinated statement of need, but the other important legislative piece here is the notion of our planning councils and planning bodies, really being good at obtaining input on community needs and priorities through a variety of different means, and coordinating with other federal grantees that provide HIV related services in the eligible area. Again, not



everything can be funded through Part A so it's really critical to engage with other partners that may help complete the system of care in your area. Next slide please. So a lot of words here, again, you'll see comprehensive plan. And in addition to that, this notion of key points of access to the healthcare system. So the legislative language actually uses the same words, the healthcare system. And here there's a discussion about all sorts of other medical and public health programs and sites that our Part A program should develop partnerships with. And this is for the facilitation of early intervention for newly diagnosed individuals who know their status but may not be in care. So these are key points of access. Next slide please.

Steven Young:

And so just one more model we wanted to briefly look at and consider what constitutes of system of care that covers the prevention care continuum. So again, we're talking about a larger sphere of programming and influence here. And the integrated plan 2.0 guidance that was released by CDC and HRSA, introduced this status neutral concept within the guidance. And this slide illustrates the approach that was first taken and documented by the New York City Department of Health a couple of years back. And the system of care, if you look at this illustration, is built upon the first step of HIV testing. And then establishing a continuum of prevention services for those who test negative, and medical care and support services for those that test positive. And so if you follow the illustration through the various steps you'll see towards the bottom, that the ultimate goal is to reduce the risk of acquiring HIV or transmitting HIV. Next slide please.

Steven Young:

So I'm going to wrap up with just a few comments about this notion of joint responsibility, the planning council and planning bodies, working with the recipient. This needs to occur through the needs assessment process and the statewide coordinated statement of need, and throughout the year, often the recipient comes upon information that's really helpful for the planning council and planning body. So the recipient needs to inform the planning group about changes in HIV related prevention and care services, funding opportunities and the evolving healthcare landscape. Next slide please. So the recipient has planning duties that must be shared with the planning council. I mentioned a couple of these already, needs assessment, integrated planning, the development of service standards for the jurisdiction. And then the coordination with other Ryan White Programs and activities throughout the jurisdiction. Next slide please.

Steven Young:

So the recipient, however, does have some very specific responsibilities to help development and support this comprehensive system of care. So the recipient is going to be responsible after all that planning takes place to contract with providers to provide the needed services, specify the requirements in their





request for proposals and their agreements and contracts, monitor the subrecipients, the service providers to ensure service quality, and manage a clinical quality management program that looks at performance and medical outcomes and hopefully, through some quality improvement efforts contributes to some positive metrics. The recipient also coordinates with other parts and public and private funders. Next slide please.

Steven Young: And then the planning council and planning body is really centrally responsible for looking at all this information to assess service needs and gaps, which requires reviewing the existing system of care, understanding where those gaps may be and where service priorities and resource allocations need to be made for certain types of services. Critical responsibility of planning councils and planning bodies. Another important feature though of councils and planning bodies is the responsibility to provide guidance, and models for meeting service needs overall or for people in certain subpopulation, through the use of tools like service directives or service standards that the recipient then takes and builds into their procurement processes. So I think now I'm going to hand it off to my colleague, Emily Gantz McKay, to discuss the specific roles of planning councils and planning bodies. Emily.

Emily Gantz McKay: Thank you. Hello to everybody. So I'm going to take what Steven has said which is all of the pieces that are required, all the necessities and try to get down to some practical things that you can do to understand your role, to carry out your role, understanding that the system of care changes all the time, and it's a constant process, and the needs of clients change all the time as well. And since all of you who are involved with a planning council and the planning body are in a place that has been an eligible metropolitan area or a transitional grand area for over a decade, in some cases, two and a half decades, you aren't developing that system of care as Steven said, you're maintaining it. So you're supposed to maintain it, and you're supposed to improve it.

Emily Gantz McKay: And to do that, you first have to understand it. So I think that's a critical component and a lot of folks understand pieces of it but haven't had to look or haven't focused on the broad system, which is Ryan White HIV AIDS Program and everything else that exists. Next slide, please. So quick poll, which of these options describes your planning council or planning bodies, understanding familiarity with the system of care? We know that there's a big range, but overall, complete, some, little. If you have new people, sometimes they're a fair number who have very little understanding. Okay.

Emily Gantz McKay: So, I'll give you another few seconds. Mostly you're saying there's some understanding, but not complete and I guess at one level, pretty much nobody has complete understanding, but you can get close if you've been working for a



long time with the system. So the most likely for two thirds or so is some understanding and a few newer people saying, maybe I have new members on your planning body, planning council so there may be a fair number of people who have very little understanding. Okay. So next slide please. So again, you're responsible first for understanding what the system of care is. And again, there's a piece in there that's around thinking about what we really mean when we talk about a system of care. For example, when Steven talked about it, he didn't just say it was an array of services. He said it was an array of services that are integrated, and of course, people with HIV sometimes need some guidance or help to get through it, referred from one place to another, and their progress needs to be tracked.

Emily Gantz McKay: And note, it's one of the things that's important, if you're Ryan White HIV AIDS Program client is that's supposed to happen. You don't just get a for two services, you should be getting integrated coordinated services, including referrals to places that are not funded by Ryan White. And it's really important as I think it has been very well stressed to understand the importance of integrated prevention care. I am old enough to remember when we didn't talk about prevention and they didn't talk about care, if we were on one side or the other. Now we obviously know that they're completely integrated prevention for positives, PrEP, which we don't fund, through the Ryan White HIV/AIDS Program.

Emily Gantz McKay: All of the things that have to happen to keep people in care, which include prevention for positive, all of those things are integrated. We have to look at both. And the other thing is to understand the roles of Ryan White, that program and other funding sources. And at one level, the Ryan White Program is the core. It's the foundation, it's the base because at least for those who started a long time ago, the EMAs, it was the base for a system which didn't really exist. Now, it is still in many ways, a pair of last resort. So it's not paying for things that other people should be paying for, but it is making sure that critical services are available. So it is supplementing and complimenting other sources, which means you have to know what are the gaps and what are the areas in which improvement is needed. Next slide, please.

Emily Gantz McKay: So what are the expectations for the system of care? Well, the first thing is, the Ryan White Program serves people who are not able to get care in other ways. Because they don't have insurance, because their insurance is, some people in my breakout room, some is inadequate, but it also has a special responsibility to address the needs of newly affected, newly infected individuals, families, and populations with highest need. People who have found out recently that they have HIV, may not be familiar with the system of care. For some relatively young and healthy people, they may not be very familiar with medical care and may



not have a regular physician. So they particularly need help, especially if they have income limitations so that they can get the services they need. And of course, we know that there are populations that face health disparities and social determinants, and they particularly need to have equitable access to appropriate services.

Emily Gantz McKay: And of course, everything we do is, in this larger context, we are trying to get people into care early and have positive health outcomes, and the first step in that, according to the National HIV/AIDS Strategy, is providing a low barrier access to HIV treatment. I remember because I am old and I've been working with Ryan White for two and a half decades or more now, there were times when you could only get into the system through a physician or maybe through a case management, and if you didn't know how to find that, you really didn't get into care. And there weren't a lot of HIV clinics, but there weren't very many other non HIV clinics providing HIV care. Very different now, but there's still that issue about low barrier access and about understanding about disparities in health and equities and making sure or your system of care is doing its best to overcome them. Next slide please.

Emily Gantz McKay: So there's a piece in the training guide which I wrote that is called 11 ways planning councils and planning bodies can help strengthen the system of care. We've added another one with some suggestions from folks at the HIV/AIDS Bureau. And I want to give you a little sense of some of these keeping in mind, some things that you may already do, some things you haven't thought of in terms of system of care. And I think sometimes part of that is because we are very busy in planning councils, meeting the responsibilities, the legislative ones. And sometimes it's a little hard to go through and think about, what's the broader picture? Next slide, please. I'm not going to list these now because we're going to go through them, but that's what you will find in that quick reference handout for module five. Next slide please.

Emily Gantz McKay: So again, the first thing is learning about the system of care, which is an ongoing process. It continues, it doesn't stop, it doesn't end. When you learn about service needs and gaps that says, "Okay, we may need to fund something we're not funding. We need to fund something differently. We may need to fund something that works better for particular populations." And a big piece of that, is learning to review data from a systems perspective, not a particular service category and not a particular population, but a lot of populations. And one of the things, you saw a piece of that in our first breakout. This comes from an activity that I have done and done with other people, including the current ONAP, Office of National HIV Policy director Harold Phillips, in a lot of locations. And you have all these names of the types of people you provide services to over HIV.



Emily Gantz McKay: And you spend a couple of hours as an orientation for new members, or to think about your service system. And people draw a slip and they have to describe how that entity, that group of people, that person, would get into care, would move through care, would have service needs met in appropriate ways. And what you have to do is have somebody you're not providing services to, if you're a provider, it's not your target group. And if you're a client, it's not who you look like, it's what other people look like. And it's quite educational to see, for example, that a lot of folks in the city, don't think enough about the issues of a resident of Lyon County. That people who've been here all their lives and whose English is their first or only language, are not thinking about a recent Haitian immigrant.

Emily Gantz McKay: So it's a way, and there are other games as well, I think and one of the things that was suggested in one of the breakout groups was, can we draw a system of care? A decade ago, we used to all try to draw it. How do you enter it? How do you move through what are all the services? I haven't seen that done in a long time. And I think if you sat me down and said, "Take your local system of care Emily, and put it together." I would have trouble. I'd have to think about, how do you move between certain things? Where are the places where you have to be referred? You can't get there directly. And that's a very educational process. And you can make a game out of asking people to draw it, and then seeing what you come up with, and then getting a good depiction, a flow chart depiction of your own system of care, not just Ryan White HIV/ AIDS Program services, but other services that people need.

Emily Gantz McKay: Another thing is, I think it's very helpful to do name that service. You have a handout in module five, which takes the service definitions from Policy Clarification Notice, PCN 16-02, puts them in shorter format. If you put those on a piece of paper, and you put some definitions of other services that are prevention services, or like PrEP that you can't fund or job placement that people need but you can't fund, and say to people, "Name that service," you can make a game out of it, or you can see if teams can do it, how well? You will find that some people, I never can remember the difference between home-based care and there's another service that's similar, health services in this group, and what is hospice care versus something else? We don't always think about all of them because we're not funding all of them. But that doesn't mean people don't need them, and aren't getting them from somewhere else. So try some approach that will let you do that. Next slide, please.

Emily Gantz McKay: So a lot of what you need to know to improve the system of care comes from good needs assessment and use of the needs assessment data in decision making. And the two pieces of the needs assessment, which are most obvious in that way, are about what does your system look like now? The first one is the



resource inventory, which I imagine many of you are busily doing, because you are working on an integrated plan. And the other piece is the more in depth version that I think some of you mentioned when you talked about, what providers are bilingual? And that's what's called a profile of provider capacity and capability. And it's listed as one of the necessary components of a comprehensive needs assessment for the Ryan White HIV/AIDS Program. But I don't know how many folks do it on a regular basis.

Emily Gantz McKay: And that gets into that availability, accessibility and appropriateness question. So if you do that regularly, not only for Ryan White funded providers, but for providers that are important in the system of care, it gives you an awful lot of information about what's out there, how they link and what may be a gap. The other thing, and this was suggested to something we should add by someone from the HIV HBO is, you really want to provide opportunities for people to provide input, not just by answering on needs assessment question but for people who are not going to join the planning council, the planning body. They don't have time, they're not interested, but that doesn't mean they can't help. I used to be involved with a planning council that did a lot of, they called them round tables. And they would bring in three or four providers, generally, these are not planning council members of services, and often not Ryan White providers. They were not funded by this program.

Emily Gantz McKay: And three or four consumers. And they would discuss what works, what doesn't, what's needed from that service category. We did one on dental care that really revised how the whole process was funded. They did one on non-medical case management, and I think it was the first time some people really understood the difference between medical and non-medical case management. Because, we think we understand it, but from a consumer perspective and from a, especially a non Ryan White provider perspective, these definitions are not always the same. It's going to be extremely useful to ask people to do town hall meetings that don't just say, "Tell me what you think," but "What's going on with this aspect of the system of care?"

Emily Gantz McKay: So, you don't have to join the planning council to provide valuable input, but you have to provide opportunities that are organized. Also, keep updated about service utilization and client outcomes, not only overall, which I imagine, especially if you have a memorandum of understanding that you get regularly from your recipient, if you're on a planning council, planning body, but by client characteristics. The HIV care continuum by client characteristics, I know in Texas, they used to give you, I don't know if that's still true. Care continuum data for all people with epidata, and care continuum data for Ryan White clients, and then they would divide it by race, ethnicity, and age and other factors, so you would know immediately that young Latino MSM were not



staying in care as well as other people. Or that surprisingly, if you look at service data, utilization of particular services, we found in a place where we were doing a detailed assessment of the system of care, that there were certain services that women were not accessing.

Emily Gantz McKay: And when we figured, they looked into more detail and they said, "Transportation issues, location issues, staffing issues." And they made changes, and they were able to improve the system of care. But if you don't get the data for who's using, one, with mental health services, particular populations were not using it because the staffing was not inclusive enough. But you're not going to know that if you don't get the data, not just overall utilization which may be high, but for particular population groups. By age, by gender and sexual orientation, and by race and ethnicity. Next slide, please.

Emily Gantz McKay: The other thing, and I think it's obvious but sometimes it doesn't happen. And that is, you always look by subpopulation in everything you do. One size obviously does not fit at all. We've become much more aware of that over the years, after we dealt with the emergency nature of making sure people had medical care, then we have to make sure it's the right doctor or practitioner. And I think part of that is always asking how proposed service changes, in your service priorities and your allocations and your service standards are going to affect specific groups, especially those from disproportionately impacted populations. And obviously you want a diverse planning council membership, that represents as many different populations as possible. And I think many of you will remember the concept came originally out of Austin about being an advocate and a planner. You advocate for your population, but you also have to be a planner for everybody. But you don't really just advocate for the population you represent.

Emily Gantz McKay: You advocate also for other populations that are not in the room at the time. If a lot of work is done in the committee, it is not going to have recently incarcerated, recent immigrants, young MSM of color, American, Indian. It is not going to have everybody. So you want to look around the room when you're talking about system of care and say, "Well, there's nobody here from the transgender community, either we get somebody in here or we ask them and come back, or somebody who is knowledgeable better be making sure we're asking the right questions." And this, I think people are doing much better now with MAI funds, Minority Aids Initiative funds. They are not only there to serve people of color. They are there to provide service appropriate models that are for that population. So it's not enough to say, "We serve lots of Latinos community that come out." You have to say, "What did we do to make these services work better for Latinos or for particular population of Latinos?" So always looking at subpopulations. Next slide, please.



Emily Gantz McKay: And the other thing is that, you've got all these strategies and Steven mentioned a number of them. The first thing is somebody has to be responsible. If you want to look broadly as system of care and services, not just annually, because I'm doing priority setting and resource allocation. But if you want to say, "What am I doing? What could I do better?" And you want to have that broad look. Somebody has to be responsible for doing that every once in a while. And that usually is a care strategies committee or special group or whatever you want to call it. Somebody who has ongoing responsibility for taking that broader look, not just every five years when you do an integrated plan. When something isn't working well, when there are disparities in outcomes, in level of viral suppression, in retention, in care, you need to say, "What can we do differently?"

Emily Gantz McKay: And use your biannual Ryan White care and treatments. Conferences, if you are on the list for planning council support use that, use your colleagues on other meetings. Find out what other people are doing, look at the literature, see how it would work for you, ask for information. Obviously, when you find something you may not want to have everybody do it, so directives are a terrific way to test a new strategy in a location for a particular population. Make sure the recipient evaluates it and you can then say, "Yes, in the next couple of years when we're looking at allocations, we will make this a broader use or make it a requirement but not yet, because we have to find out if it works." Use service standards. I think people are doing a pretty good job of doing it to include quality and consistency.

Emily Gantz McKay: You've got to make sure that if you get medical case management, there certain things you will be offered wherever you get it. But it's also true and I've worked with an EMA on this a little bit recently, that you want to make sure that it's diverse enough, sorry, that's my mail, to have flexibility. If you want to serve a diverse group, everybody doesn't need exactly the same thing. Don't make them so inflexible that you have to do a particular kind of treatment plan or a particular frequency of a service, make it flexible enough that it meets the needs of younger and older clients, and clients from different backgrounds. And base your system care decisions whenever you can on evaluation of quality and outcomes.

Emily Gantz McKay: HRSA has put out a lot of wonderful performance standards, they need to be used and you need to be making sure you're getting up to date data from your clinical quality management program and from any outcomes data that your recipient collects, obviously not by provider but by service category so you can use it. And you also need to be actively involved as I think we've said in 15 different ways in coordination of services, because Ryan White HIV/AIDS Program, doesn't provide them all, but you need to know about them enough to



know what you need to do to fill gaps, to make sure that service populations that are not getting what they need are getting them from you. And that also when people are referred, it doesn't mean you say, "Go see X." It means there is a referral made and a referral successfully completed with extra data. So you need to be involved enough to be able to help with that process. All of those things, planning councils can do. Next slide, please.

Emily Gantz McKay: Stop, we've got a whole list here of the kinds of things that we've talked about in the last hour or so. So let's have the poll. Which of these things do you do? Educating people, obtaining and updating provider capacity data, check all that apply. Which of the things that you already do in your planning council? Do you regularly review utilization and outcomes data? You can always consider subpopulations. Do you use directives? Which of these things do you do? Do you have somebody responsible for doing this? So this will take a little time, but think carefully about what you're already doing. You're probably doing at least four or five of them.(Silence).

Emily Gantz McKay: I know this is a tougher one, but these are helpful. That all we're going to get, anybody else want to submit? Okay. So you are most likely to say that you regularly review service utilization and outcomes data. I hope you are getting it by subpopulation. And a majority also have a subcommittee or committee that regular addresses this. And a significant number regularly educate people, but only 58%. And you use quality and outcomes to data to guide decisions, which is good. And all these other things are less than 50%. So hopefully there are a few of them that you can useful do to improve your system of care. And keep them in mind when you're thinking about, how do I make things work better so we have better results for everybody? Okay. Next slide, please.

Emily Gantz McKay: Okay. Next slide again. Okay. You've all seen the results. So, we're going to have another quick small group, and this one has a very specific question. It's really, how do you help your planning council understand the full system of care, not only the things that they talk about all the time and that are funded by Ryan White? So you are the executive committee, and your planning council members, you have representatives from the other parts, but you don't have a lot of information about other programs and resources that fund like Affordable Care Act or Medicaid insurance, or that provide services to people as part of the system of care that you are not funding. So you're not talking about these services all the time, perhaps.

Emily Gantz McKay: And you're especially interested in support services because you've spent more of your money on core services, and you also feel that there's not a lot of understanding of some of the medical services, what they really can and can't do like mental health, substance use treatment, some of the less common early





intervention medical services. So, what are you going to do overall, not just once but over time to address this need for information? So we're going to have you talk about that in small groups. And again, how do you arrange that? And there will be breakout groups and you can share your answers, and it will be 10 minutes long, or maybe it'll be shortened a little but, okay.

Alexandra Bonnet: So now that we have gone over this last quick scenario and thought about how your planning council and planning body might address the need for information on support services and core medical services, other than outpatient and ambulatory services and medical case management, let's pause and reflect on what actions would you most like your planning council and planning body to focus on in the next year or two, in order to improve your local system of care? We will chat some examples and I will go ahead and read some for you. Perhaps you will want to educate all members about this system of care and its importance. Obtain profiles of providers, capacity and capability at least every three years.

Alexandra Bonnet: You will like to focus on subpopulations when reviewing system of care issues or explore a service models to reduce disparities. Use service, quality and outcomes data to guide decisions or regularly consider coordination of service services. Please chat in your response and you could go ahead and just chat in the number of the option you choose. You can select more than one answer. (Silence). I see some of you are chatting option one, option seven, option nine. Most of you are between option seven and option nine.

Alexandra Bonnet: Thank you all for your responses. So now, we will go ahead and have our question and answer section. I will encourage you all to chat in any question that comes to mind. We will have a few minutes to answer these.(Silence). I will give you a few seconds to think about any questions. If not, we could go ahead and move forward to the next slide and I will say, thank you very much again for everything you do. The participation today was great. And now we are towards the end of our presentation. Oh, I see there is a question, before we end. Okay. I will go ahead and go back. I will read the first question it says, is it the responsibility of the planning council to collect customer satisfaction information on individual providers? Steven or Emily?

Steven Young: Well, the short answer to that is no. Customer satisfaction may be something that occurs at the provider level as they look to improve their services. There may be a component that's part of the clinical quality management initiative, which does have some planning council responsibility to it in terms of understanding how it's being pursued. Sometimes the recipient in their monitoring of the service providers might be including some of this information with some or all of their service providers, on a periodic basis. But no, it's not



the sole responsibility of the planning council, primarily because the planning councils do not necessarily engage in the business of individual providers. That's a responsibility of the recipient of the Part A grant.

- Alexandra Bonnet: Thank you, Steven. There's another question here that came up in a group. It says, in our group, we had a question about how to find who receives different Ryan White funding? We will chat in the answer. I believe there's a link for that. Thank you so much Ming Chen. You can find who receives different Ryan white funding at the link that was chatted.
- Emily Gantz McKay: Can I also suggest that if you're doing a resource inventory for your integrated plan, you will be asking all providers of HIV services, what services they receive from Ryan White and many other sources to put into your integrated plan. And it's also something that tends to go in other places, you are looking at whether the other funding streams, et cetera. And the recipient often has the mailing lists, but it is something where it turns up in a profile of provider capacity and capability, and it is usually required. I believe it's required in this integrated plan.
- Steven Young: Right. And I would also add, I can't get my hands on it right now, but the JSI staff in their work on the integrated plan has just released this resource inventory tool, which is a really helpful tool to gather information and categorize it in terms of what all exists within a particular jurisdiction. I don't know if someone can grab that link really quick and maybe pop it in there.
- Alexandra Bonnet: We will chat the link so you can get the tool. So, that brings us to the very end of our webinar. Thank you very much for those wonderful questions. And I will like to, please show the next slide for our resources. If you're interested in learning more about these topics, we recommend you check out the resources you see here. We first have the Ryan White HIV/AIDS Program Part A Primer, we also have the Training Guide Module 7.1 Quick Reference Handout, that focuses on how to improve the HIV system of care as well as maintaining and improving a system of care. [inaudible 01:04:25]. Oh, that was in here. And last but not least the Ryan White HIV/AIDS Part A Manual. Next slide, please.



Alexandra Bonnet:

You can find a recording slide from today's webinar and the rest of our resources on our website, on targeted HIV. We'll chat the link out of our website now. Next slide, please. And thank you so much for joining us today. We really do appreciate and welcome your feedback. So please remember to complete the evaluation that will go out in the chat box. So please take a moment to click on the link. It is very important to us to make quality improvements in our work based on your comments. I will also encourage you to check out planning CHATT's website, where you can sign up for our mailing list, download all the tools you asked for and other resources, view other webinars and more. And of course you can always reach out to us with questions or for more support via [planningCHATT@jsi.com](mailto:planningCHATT@jsi.com). Thank you very much again for your time and have a great day.