BUILDING STRONG PLANNING COUNCILS/PLANNING BODIES, PART I: ROLES AND RESPONSIBILITIES

Michelle Vatalaro: Good afternoon, everyone, and welcome to our first Planning CHATT webinar. I'm Michelle Vatalaro, a technical assistance coordinator for Planning CHATT and a consultant here at JSI. Our goal at Planning CHATT is to provide technical assistance and training to Ryan White Part A planning councils and planning bodies, to help you all meet legislative requirements, strengthen consumer engagement, and increase the involvement of community providers in HIV service delivery planning.

In this first year of Planning CHATT, we're starting with a two-part webinar series designed to focus on the basics of building strong planning councils and planning bodies. Today's session, Part One, is about roles and responsibilities.

So first I want to go through some information about the basics, how to ask a question. You're all in listen only mode, but if you have a question, you can use the chat box at the lower left corner of your screen to chat with us, the presenters. You could also always email questions to us both now and at other times at our email at planningchatt@jsi.com after the webinar.

The chat is actually also open for you all to communicate with each other and with us throughout the presentation, so you'll see we have some people who have already discovered this. So use it to keep engaged as we go through. You'll want to keep an eye out. We'll be putting some questions in there as we go for you to respond to and sort of think critically about the things that we're talking about today and reflect on your own experiences.

So can you hear me? I hope you can. But the audio is being shared via your computer speakers and headset. If you can't hear the audio, do make sure that your computer is turned on. If you still can't hear us or you experience a sound delay, refresh your screen, and if needed, you can mute your computer audio and call in using your telephone at the number you see on the screen. You'll need to use a passcode, which is also listed on the screen. We'll also put this information in the chat for you in case you need it.

So let's go through what we're going to talk about today. We're going to start off with a welcome, and we're going to introduce the Planning CHATT project.

Then we're going to move into the objectives for the webinar, the contents of the webinar, and then we'll have a Q&A period. We'll also be, hopefully, taking some questions as we go, and then we'll go over an overview of the future webinars that Planning CHATT will be doing.

And at this point, I'd like to hand it over to Steven Young, who is the director of the Metropolitan HIV/AIDS Program, HIV/AIDS Bureau at HRSA. Steven?

Steven Young: Thank you, Michelle, and boy, I've been scrolling down the chat box, and it's great to see people have joined us from all over the country. And as we launch this project, I also wanted to recognize Lennie Green, who serves as a project officer for a number of our western Part A areas, but in addition to that, is serving as the project officer for this National Technical Assistance Cooperative Agreement that we've funded through John Snow, Incorporated.

I wanted to take a minute or two and just provide everyone who's tuned in today with some historical context on this project and why we are supporting it and feel it's important, and hopefully, they'll be important to you as well.

And so if you look at the history of community health planning overall, not specific to HIV, but just generally, there's a very long history that dates back, for those of us who are old enough to remember, to the 1960s, in terms of community health planning, some programs that we actually administer through HRSA, in terms of planning for hospitals and healthcare facilities, comprehensive health planning initiatives that have been funded through states. Some of us, myself included, way back in the late '70s sat on local certificate of need planning committees whereby all health facilities had to go through a local council that included health providers, as well as community-based folks.

But when we look at HIV, really, the genesis for an engaged and comprehensive health planning approach actually started not within the government, but outside the government through the Robert Wood Johnson foundation, who launched an AIDS health services program in 1985, and they tried to replicate kind of the generic community based response that showed up in San Francisco in the early years of the epidemic and funded other cities to develop community-based programs with community input. And that started up before a cent had been spent by the federal government on HIV care and treatment. But taking that experience, HRSA, through some of the first AIDS service demo projects, began to recognize the importance of representative planning bodies and community engagement.

So when we look at the Ryan White HIV/AIDS Program, I want everybody to know that you are involved in something that has been and continues to be truly unique among federal grant programs. We have looked far and wide in terms of learning from others, and there is no other program like the Part A Program in terms of its community-based planning requirements and involvement. So I think that's something we should all take great pride in.

Now in terms of the bureau here and our historic programmatic attention, we did a lot of stuff in the early years, starting in the '90s, to support planning councils. We made videos, we had self-assessment modules, we developed several training guides, a planning council primer, which you may hear about later in this webinar, or afterwards, and really had a lot of activity through, like, the mid 2000s till, like, 2005 or 6 or so.

And then we stepped back. I'm not exactly sure why, but we stepped back in terms of our developmental activities and TA for a number of years, and then in 2015/16, we started to readdress some of the issues that were percolating up from our community-planning bodies. We held an institute at our National Ryan White conference, and then in 2017, with some consultant expertise, did an assessment of what the major issues were that were facing councils and planning bodies in terms of moving forward, both in terms of their relationships, their structure, their consumer engagement, setting priorities, making decisions, integrating prevention and care, a whole slew of different activities, which led us to the notion that we really wanted to recommit our support, both financial and programmatically, to our Part A planning councils and planning bodies. And that's really kind of a very short kind of history and impetus for the project that we're now launching and which you're going to hear about starting with this first foundational webinar.

So thank you all for participating. I don't know if, Lennie, you wanted to say anything before we turn it back to our colleagues.

Lennie Green: Actually, it's great to have everybody onboard and working towards getting to zero as a country, and it's very important, as you know, community involvement in the getting to zero mission has been really important in the Ryan White Program, so welcome all, and I look forward to everybody being part of this series. Thanks.

Steven Young: So Michelle and Mira, back to you.

Mira Levinson: All right. I'll take it up here. Hi, everyone, it's Mira Levinson. I am the project director for Planning CHATT, and I just wanted to take a brief moment to say

hello to you all and talk a little bit about the project overall and introduce our team, and then we'll get into the webinar content itself.

So I know I've had a chance to work with a bunch of you over the years. I've been working with Ryan White programs, including planning councils, for about 20 years now, and one of the things that really has struck me from the beginning of this work, and stays with me to this day, is how special the planning council model really is. As Steven noted, the people that worked on the original CARE Act legislation were very passionately committed to ensuring that community members would have a voice, and so they established what's still the only federal health or human services program with a legislatively required planning body that makes the decisions about how funds will be used.

This is a deliberate effort to involve diverse community members in an open public process and draw attention to diversity and to including consumer and community perspectives is why planning councils have such a uniquely well-defined membership composition and high level of consumer participation.

So I just want to say that the community health planning work you all do may not be easy, but it is truly vital, and collaboration among diverse stakeholders, with everyone sitting at the same table and working together to make the best decisions for the community results in positive impacts, including improvements and access to quality, access and quality of care for people living with HIV.

So a little bit about the project, which is just to say our focus is to work with you all. Part A planning councils and planning bodies, including staff and Part A recipient members as well, and our focus is to build your capacity to meet legislative requirements, strengthen consumer engagement, and increase the involvement of community providers in HIV service delivery planning.

So as we mentioned earlier, we're in the first year of this project, and during this first year, we're focused on creating a community of planning council and planning body leadership and members, staff, and Part A recipients, so thanks to all of you, and especially the planning council staff in attendance, for helping us get that started. And I see that it's continuing in the chat, which is great. We hope to have a lively conversation there in parallel while we continue with our webinar.

We're also working on a variety of user-friendly planning tools and practical training material, including a reworking of a comprehensive training guide that you all can use to customize your own training, and of course, we're delivering these foundational webinars to share promising practices.

We're also doing a little bit of onsite technical assistance to a small number of jurisdictions, where first, I have determined that our project is a good fit for those technical assistance needs.

So one of the resources we're working on, and it's nearly complete, is an updated version of the much-loved planning council primer. You may not all know this, but JSI actually worked on the original version of the primer more than 20 years ago, so we're really excited to be able to present this updated version in collaboration with our partners at EGM Consulting.

So if you've signed up for our email list, then you'll get a notification as soon as it's been approved and posted to the Target Center website.

And finally, before I turn things back to Michelle, I want to introduce you to all the folks behind the scenes on the Planning CHATT team. So you're looking at our pictures now, and the first picture is me, your project director. Christopher La Rose is our project manager. I know that many of you have had a chance to work with Emily Gantz McKay and Hila Berl over at EGM Consulting, and we are collaborating directly with them on every aspect of this project.

We also, on our team, have Deborah Dean, who's working on the development of all those materials I just spoke about, Michelle, who's your host today, Molly Tasso, who's working with some folks on targeted technical assistance, Andrea Goetschius, who's our communications person, Dan Hostetler, who's our data manager, and Emily [Briar 00:12:40], who is here with me and managing all of our operations behind the scenes.

So we are thrilled to be working on this project and to be supporting all of you in the important work you do in EMAs and TGAs across the country.

Michelle?

Michelle Vatalaro: Thanks, Mira. Now I have the pleasure of introducing your webinar speakers for today. Excuse me. So first let me start with Brandi Bowen. Brandy Bowen has over 17 years of experience in the HIV services field. Ms. Bowen is the program director for the New Orleans Regional AIDS Planning Council, and she served in many capacities to facilitate continuous program improvement across Ryan White and HUD programs.

Ms. Bowen's experience in the provision of clinical and supportive services informs her commitment to meeting the needs of people living with HIV. Ms. Bowen has successfully operated HUD and HRSA-funded programs with a

particular specialty for nonprofit strategic planning, project management, community planning, and policy development. And Ms. Bowen's experience supports community efforts to raise the bars of HIV care continuum.

We also have Dorian Gray Alexander, who's been living with HIV/AIDS since 2006 and is a policy fellow for [CHANGE 00:14:02], A Coalition of HIV/AIDS Nonprofits and Governmental Entities. He served on the New Orleans Regional AIDS Planning Council on and off since 2008. He is co-chair of the board of trustees of CrescentCare and served as the chair of the Ryan White Part C Primary Medical Care Consumer Advisory Council for CrescentCare, where he's a client.

As community co-chair of the Louisiana Statewide HIV Planning Group, he contributed to the plans for the state of Louisiana HIV/AIDS strategy for 2012 to 2015 and integrated plans for Ryan White and CDC in 2017 through 2022.

Last, but certainly not least, we have Marvin Krieger. Marvin recently retired after 20 years of serving as the director of the Hudson County New Jersey HIV/AIDS Planning Council and of the United Methodist Pastor. Prior to his planning council work, Marvin served as the director of the Hoboken Clergy Coalition Shelter and served as the Protestant chaplain at Stevens Institute of Technology. Marvin has served as the chair for the New Jersey HIV Planning Group Issues Committee and president of the former New Jersey AIDS Fraud Task Force, a National AIDS Health Fraud Council. Mr. Krieger continues to be an advocate for creating stronger HIV planning councils and planning bodies.

So let's go over our objectives for today, so by the end of the webinar, you'll be able to describe the roles of each planning council or planning body entity, understand the shared and separate responsibilities of each planning council and planning body entity, and explain three basic strategies to maintain these roles and responsibilities.

Now I'm so excited that I've been seeing so much activity in the chat, but as we go, we're also going to have some of these questions that are polls. So right here, we'll start off with this first one. What is your primary relationship with your local Ryan White HIV/AIDS Program, Part A planning council, or planning body?

So just check one here to, on the screen, to let me know what it is that your role is. Seeing the responses start to come in, and it's looking like a lot of you, maybe even most of you, are planning council staff or planning council, planning body

members, with some recipients on the line, and some other people who are ... I see finance officer in the chat. Okay. All right.

So it looks like we have a good distribution here today, with the majority of you being planning council staff, or planning council, or planning body members. That's great.

Okay, and so at this point, I'm going to hand it over to our first speaker, Brandi Bowen, who's going to talk about the duties of the planning council or planning body and the Ryan White HIV/AIDS Program Part A recipients.

Brandi?

Brandi Bowen: Yes, we are starting today by clarifying those roles and responsibilities of the planning council and the recipient. As Steven had indicated, the planning councils are unique, so this provides an important opportunity to learn more about how to enhance and improve your planning processes. We're going to give the stakeholders present the tools to increase and support meaningful involvement on the council, and we want to make sure that we're increasing your understanding of how effective planning impacts results along the HIV care continuum, as well to support those efforts to get to zero, that Lennie mentioned earlier.

And we want to make sure that you understand the key role that communication and collaboration play in the Ryan White HIV/AIDS Program, and of course, as you know, the planning council or planning body has very distinct responsibilities. So it is important that the planning council and planning body committees work together in a coordinated and collaborative manner to achieve the mutual goals.

It's also important that the planning council coordinate and collaborate with the recipient. As you probably know, there are some areas that are shared responsibilities, and that heightens the importance of the effective collaboration. I would like to warn you upfront that when we say planning council throughout this webinar, we are also referring to planning bodies. So know that we are using that term interchangeably.

And as Michelle indicated, we have a number of poll or quick questions throughout the presentation, so I will hand it back to her for the next one.

Michelle Vatalaro: Great. So this next poll, we want to know what you think now. So which of the planning tasks that you see here on your screen are joint responsibilities of the

planning council and the recipients? You can go ahead and check all that apply. Which one are joint responsibilities, meaning that there's responsibility on both parts?

Okay, starting to see some responses come in. Looking like most folks think that needs assessment and integrated or comprehensive planning are joint tasks. That's correct. They are, as is coordination of services.

Now priority setting and resource allocation, that's not a joint responsibility. That's the planning council or planning body's responsibility only, and the procurement of services, that's only the responsibility of the recipient, but don't worry. You're going to know all of this by the end, because we're going to go through all of these responsibilities in the coming slides.

So now I will hand it back to Brandi.

Brandi Bowen: And of course, because the two entities work so closely together, I can understand where there would be a need for more clarity between whose role belongs to whom. So we're going to start with this high-level summary, and you can see that the duties of the chief elected official, or the CEO, are indicated with a red check mark. The CEO, usually the mayor, or possibly a judge, is of course responsible for forming the planning council. The duties of the recipient in the planning council are aligned in the next two columns, and you can see visually which areas are distinct versus those which overlap.

The more effectively that you conduct your planning activities, the better that you can create an environment that's appropriate to best serve the needs of people living with HIV. So you need to be mindful that the recipient is solely responsible for ... Is jointly responsible for assisting and supporting the planning council with needs assessment activities, with integrated and comprehensive planning, but as was indicated, the planning council solely makes the decisions around priority setting, resource allocations, directives. The recipient is only responsible for procurement of services and contract monitoring, so the planning council stays out of their way in those matters, and of course, coordination of services is a shared task.

There are other duties, and those include that the recipient is solely ... The recipient is primarily responsible for evaluation of services, and of course, there can be overlap of the planning council being involved in the data related to the outcome and cost-effectiveness.

Clinical quality management is also the responsibility of the recipient predominantly, but again, the council has overlapping duties related to service standards and involvement in the clinical quality management committee.

The assessment of the efficiency of the administrative mechanism, or how well is the recipient doing in terms of procuring services, that is entirely the responsibility of the planning council, and then of course, to support and maintain planning council operations, that is a shared duty of both the recipient and the planning council, as well as the responsibility of members.

This was a quick overview of which task belongs to which party, and I'm going to turn it over to Marvin, who will go into more detail about the specific planning functions.

Marvin Krieger: Thank you, Brandi. Now let us move on to our needs assessment, and actually, this is a coordinated effort between the Ryan White HIV/AIDS Program Part A recipient and the planning council. It's vital that both offices specify which segments of the process that they are going to secure the information which is needed and then share that information with each other in a timely manner.

The planning council has the primary responsibility for this endeavor, though, but in order to have a better needs assessment, the specific data from contracted agencies within service categories will be needed, and also, other information from the Part A recipient will be essential for the completion of this process. The needs assessment should be in almost as soon as the previous assessment has been completed and must be a part of a timeline which the planning council has established.

Now the planning council should establish and approve the process, which will be used for that current assessment of activities for that year. Even if they are using the same as the previous year, it should be voted upon and also secured so that everyone understands what the process is going to be that year.

The extent of each annual needs assessment will be determined by what populations are chosen for that year. A wide range of information gathering may be utilized and should be utilized. Be sure that an extensive record of this process is kept, and why specific populations and assessment activities were chosen. This will help when it comes to the grant application writing time. At the end of each assessment term, an evaluation of the process should be conducted in order to improve the process for the next one to take place.

As we move on to the integrated and comprehensive planning, the planning council leads in the development of the integrated comprehensive plan. This plan should bring together the prevention and care aspects of HIV healthcare within your community.

Now I'm sure that we're going to switch the next two bulletins, just because it makes the flow easier. The Part A recipient needs to provide specific information which may not be available to the planning council, and also, the Part A recipients should review the draft and may want to make suggestions with regard to what is going on, since this is a joint effort. This will enhance the cooperation and cooperative nature, which needs to be developed between the Part A recipient and also the planning council. I am a firm believer that planning councils and the recipient need to make sure that they have a great rapport with one another and also a respect for one another.

This process for the five-year Integrated HIV Prevention and Care Plan, which ideally is to be done in coordination with the state, however, many grant areas have chosen and found that it's necessary to create their own integrated plan, or perhaps a supplement, in order to address the HIV health needs of their specific area.

Please remember that this is a living document, which should be reviewed and updated throughout those five years.

Okay. Let us discuss the setting of the priorities, which can also be very difficult in a long process, and complicated, but the setting of the priorities should be the end result of your needs assessment, and is legislatively the responsibility of the planning council, or the planning body.

This should be done in a manner which has been established by that planning council in its entirety, even if the body has chosen to have the preliminary setting of the priorities done by a committee. As previously stated, this is a legislative responsibility of the entire planning council, and not just one of its committees, and therefore, it must be brought back to the planning council and approved.

Priorities should reflect the areas of the epidemic and assist in the creation of an HIV healthcare system, which best assists the creation of an HIV undetectable community. I believe that one of the reasons why Ryan White HIV Programs has worked so successfully throughout the United States is because it has been specifically designed by the various areas to address their specific concerns and problems, then creating, they create solutions to rectify those barriers which

stand in the way for individuals to receive that care in the treatment that they need, becoming an adherent, and hopefully then becoming undetectable.

Allocation of resources. You've completed your needs assessment, you've created a five-year HIV health plan, you've set your priorities, and now as a planning council, or a planning body, you must allocate the area resources to best serve those in need.

The allocation of the resources should reflect those priorities which have been established. However, this may not be reflected in the funding allocation, since Ryan White HIV Programs are funds of last resort. It is the responsibility of the planning council, body, to look at other resources and funding which may be utilized within their area, since these are funds which must be considered first.

The identification of those, these funds, and the services, can most often be identified by the local and state officials. And many times, that's the recipient. These alternate funding resources will vary in accord with what is available in your area.

Let's say that drug addiction is high in your area. Therefore, drug rehabilitation is ranked high in your priority list. But your area has received a reward, or a specific grant, from another entity to cover and to work with those in for drug rehabilitation. So you may not need these funds, and you can redirect those funds into other areas which may be needed.

Again, the entire planning council is responsible for these allocations, even if there is a committee that brings preliminary findings to the body. This can be a long and tedious process, but as with priority setting, the allocation of these resources is to create a healthy HIV community.

Okay, assess and evaluate effectiveness of planning activities. The planning council should evaluate the process which was used for each planning activity and determine how to better improve it for the next time. The planning council must then take the time to look over those activities which have been designed to create their program, and also to glean their information for their needs assessment, and for the creation of their integrated plan.

After doing this internal evaluation, then an external evaluation must be done. This external evaluation may be difficult, since you are attempting to receive information from a community which, in today's society, may not even recognize HIV services until they are needed by themselves or acquaintance.

This is one reason why I truly believe that we need to make sure that the communities in which we live and know about the services for individuals with HIV, and also for HIV prevention. A planning council must ask itself whether or not it has actually achieved the goals which it has established, or perhaps, maybe the goals which you set before yourself are actually unattainable. Ask what it is that the planning activities created, or was it the goal itself?

Each community should reflect and evaluate its process and should have that as a part of their outline schedule, which is shared with the planning council, since all committees should be feeding into the needs assessment.

Now we come into an area in which we oftentimes are a little leery about, because we are beginning to evaluate things. And oftentimes, we don't like to evaluate things, but we must evaluate how effective our care strategies are. This evaluation should be in coordination between the Ryan White HIV/AIDS Program Part A recipient and also the planning body, looking at the outcomes which have been established.

This should be discussed at one of the regularly scheduled joint meetings, and make sure that it is part of the agenda. I'm a firm believer, also, at this point, I'm going to share that there should be regularly scheduled meetings between individuals in the planning council and also the recipient, so that they can share back and forth and have a good relationship.

A planning body should establish a committee, I believe, to meet regularly and look at the clinical data, even though it is the primary concern of the recipient. Concerns should be addressed and examined to see what actions might be taken to improve the medical and the nonmedical support services in order to create the best possible HIV care system within that jurisdiction.

The planning council should share concerns and suggestions with the Part A recipient, since the clinical quality management is their responsibility. The Ryan White Part A recipient, or a representative, should take an active role in the committee, which is created by the planning council.

People living with AIDS and HIV should also be encouraged to really become involved in this committee, since they are directly affected, and they assist in the changing or development of new services standards for those areas which are falling short in their outcome measures.

Medical quality management is a responsibility of the program recipient. However, I believe that the planning council should also be involved in this, but

it should also be the discretion of the planning council whether or not they want to be.

The recipient must continue to examine and evaluate the outcome data with regard to their established categories. The planning council should also have the outcomes presented to them regularly in their planning council meetings so that they can continue to explore the best ways for strengthening and building of service categories, which will need to be improved.

Now Brandi has asked me a question with regard to this, and I'm not sure whether or not this is going to answer her question, and that's the effectiveness as we, the planning council looks at the administrative mechanism and assesses its efficiency.

This is the responsibility of the planning council. However, since this may involve obtaining information of specific providers, it is often conducted by the planning council support staff or a consultant, since the planning council must annually look over the process by which the administrative mechanism has procured the services of various Ryan White HIV/AIDS Program funding agencies, and also, if those funds are distributed to assist those in need in a timely manner.

And both points before us are the questions that should be answered in your assessment. Has the administrative mechanism procured services of agencies who support those living with HIV? The planning council has given the recipient their recommendations for which services categories need to be funded. Now it's the responsibility of the recipient to secure agencies which can fulfill the tasks.

Are the services consistent with and consistently detailed in line with the planning council priorities? Are the services administrated in a timely manner? Do the agencies receive reimbursement in a timely manner, or are they, as to not disrupt services? And does the administrative mechanism offer technical assistance for those agencies who need to do it better and to serve the HIV community?

Now Brandi has asked me, "What happens if the planning council's assessment shows non-timely contracting process, but the recipient is responsible for the procurement, and both entities have to stay friendly with each other? What does the planning council do with the report results?"

Well, as I said to Brandi, thank you so much. We do hope that there is a positive relationship between the recipient and the planning council. I, for one, believe

that the planning council staff and the chair should go to the recipient, sit down, and discuss the matter, and also to work effectively with one another as to what can be rectified in the process. Oftentimes, we find that it may be a holdup because of funds coming in, but we need to work at that.

I know that in Hudson County, when I was there, we actually went to the freeholders, who have to be the ones who make sure that funding is moved forward within the county, and they actually took action and helped the administration move the process faster by putting funds in place so that they could actually have funding there, so that it could take place faster.

Okay. Hopefully, that answers Brandi's question. If not, I'm sure she will ask me another one.

Let's go on to management procurement. It is the sole responsibility of the recipient, and the recipient is to look forward to securing those services. Ideally, if you're a Ryan White recipient, they'll award funding for the fulfillment of service category agencies without delay. Hopefully, contracts can be executed as soon as the Part A recipient has received the notice of award. I know that oftentimes that can become complicated, especially when the award is given in partial awards.

The monitoring of contracts is the sole responsibility, again, of the recipient, and the recipient should establish a schedule for monitoring their sub-recipients. Annual site visits are required, unless the jurisdiction has approved a waiver.

Also, the recipient should make sure that the contract awards are in accord with the planning council, the staff or service category priorities, and also the directors which the planning council has placed before them.

Monitoring should be in accordance with established service standards. The service standards should be well established so that the contracted agency is aware of their responsibility in fulfilling the needs of those that they are serving.

Okay, the next slide is one that is a slide from Hudson County that I developed when I was there, and if you look at the slide, you will see that it shows a cyclical nature of the process. Beginning with the needs assessment at the top, and in this case, which utilized a combination of individual surveys. This particular year, they had two surveys, one for those who were infected, and they had around 500 responses for that, and then they had a second one which was given to individuals who were waiting to be tested at the various testing sites throughout the county. Then they also used a key informant interview with a

doctor, who had just started up a clinic for the transgender community, and also, they utilized a focus group for ex-inmates.

Then as we move from there, we take and to the needs assessment findings, along with the other information obtained from the planning council's various committees and were used to establish their priority setting, then moved forward with other needed information to create the service allocations.

The Part A recipients then moved forward to create a plan to implement the planning council service allocations, and I must say that because of the relationship between the planning council office and also the recipients' office, and their continual dialogue, the service allocations were usually followed very well.

The Hudson County, before funding, you'll see the freeholders in there, they're the ones who actually have control over the contracts and funding within the county in New Jersey, so therefore, everything had to go through the freeholders for their approval. But usually, we never had any problem with them, and they were also usually very effective in helping us move things forward in a timely manner.

The Part A recipient then monitors the individual agencies and then assess. The assessment of the administration also took place to make sure that the process continued.

And as you can see, these feed back into the integrated plan. Everything does, and the care plan, and I want to remind you that that care plan should be looked at and updated and assessed in order to make it truly a living document.

Michelle Vatalaro: Great. Thank you, Marvin. Before moving to our next section, we did get some questions in the chat, which I'm just loving all of the great things that are going on in the chat. We think of some questions that we wanted to ask. I'll ask a recent one first while it's fresh in everyone's mind. What do you mean by freeholder on this current slide that we're on?

Marvin Krieger: Okay, the freeholders in New Jersey are a body which each county has. They are the ones that all contracting is done through within the county system. So actually, the Ryan White funds and programming all have to be approved through the freeholders. They are a ... It's called the Board of Chosen Freeholders. They're all elected officials from different areas throughout the county, and they sit on this board.

Steven Young: Michelle, this is Steven Young. If I could add, just a kind of across the board, the titles that are used for the chief elected officials really vary depending on the political structure of the jurisdiction. So we have mayors, we have county executives, we have freeholders, we have judges, we have executive directors, all sorts of different titles who represent the CEO.

Michelle Vatalaro: Good clarification, Steven. Thank you so much for jumping in there. We also had one more question that I think we'll address now. There was a question. Marvin, are you saying that planning councils and planning bodies need to conduct a needs assessment every year?

Marvin Krieger: They do not have to. It is best if you do conduct some type of either key informant or some type of needs assessment to make sure that you are continually updated and are aware of what is going on.

If you do not do a formal needs assessment with regard to surveying, then entire population, I believe that you should then utilize that off year or off two years, because I know that some are on a three-year cycle of when they do surveys.

Do a key informant just so that you can get information from a group which you may have difficulty with. I know that one of the things that we tried to do was to do some things outside of the box. We found problems in getting young people to do surveys. So what we did is we actually three different focus groups of youth create the questions that should be asked to other youth. And then they're the ones who then distributed those to friends [inaudible 00:48:08] and reached out into their high school and also the colleges within the community.

So you do not have to, but then you need to have something to build on in order to set your priorities.

Lennie Green: Hi, this is Lennie. Another strong recommendation might be that when you do your needs assessment, your multi-year needs assessment during your three-year period, that you focus in on the off years, on the populations who have been very much impacted that you notice in the major needs assessment. So in other words, if you've got one or two populations, then it severely impacted where you're not seeing the outcomes that you're expecting, you can focus in on those populations in the off year to do additional information and data gathering for your decision making.

Thanks.

Michelle Vatalaro: Thank you, Marvin and Lennie. At this point, we're going to come back to Brandi, who's going to talk to us about how to achieve excellence in the administration of our duties.

So Brandi?

Brandi Bowen: And I'm really excited, because I have quite a lot to say here. I know that the more excellent the planning decisions are, the better the services are for people living with HIV. So I want to start by reminding everyone that the planning council is an independent entity. That's what I said. It is an independent entity.

In some jurisdictions, I know that the planning council may be connected to the health department, which may be where the recipient is housed. But again, the decisions made by council members are independent decisions. That's part of the beauty and the uniqueness of the Ryan White Program under Part A.

I know the planning council support staff, many of whom are on this webinar today, are very much the experts in terms of what representation is required to make sure that you've got the right body, the right mix of people, and expertise at the table. I'm hopeful that planning council support staff and the members of planning council who are responsible for making membership recommendations recognize that they want to, above all else, ensure that they have over 33% of their council members are people living with HIV who received Ryan White HIV/AIDS Program Part A-funded services.

But this is more than just having a seat at the table, but that the people living with HIV who serve as members without a conflict on interest need to be meaningfully engaged and retained, such as through encouraging their active participation, their informed voting, encouraged to help recruit new members, giving them opportunities for professional and leadership development, as well as to make sure that they're avoiding tokenism.

And I would encourage people to shoot above that minimum requirement, that if the minimum is 33%, when you're making your membership recommendations for the term, you can try to seat 50% of your members as people living with HIV. There's nothing that would prohibit you from doing that, other than the fact that you have a very long list of required membership categories.

But you can be creative in your recruitment in terms of who has the necessary expertise, and the knowledge base, and the connection to other programs, who may also be a person living with HIV who could duly fill those seats as well.

Of course, support staff are expected to be the experts on these legislative requirements, and if members who are on this webinar have questions, all of those materials will be provided in the transcript and are available on the Target Center and through other TA materials. So I'm not going to cover the long list of, "You need a mental health provider, and you need a state Medicaid agency representative." I think most of you know that.

Instead, I want to reinforce, you need to ensure that 33% of your members are unaffiliated consumers or people living with HIV. This means they do not have a direct conflict of interest, if we say that they're unaligned. They're not paid staff, they're not a paid consultant, they're not a board member, they don't work for the Part A-funded agency.

In terms of reflectiveness and making sure that you've got the right diversity at the table so that the decisions that are made in your area are going to best meet the needs of people who live with HIV in your area, you've got to reflect the demographics of your local service system. You want to make sure that you've got members who have experience with homelessness or expertise in serving people who have a history of incarceration. You want to make sure that your planning council reflects not only the race and ethnicity of the people living with HIV in your area, but also reflects the gender, or the gender identity, or the gender expression, or the age, so that if you're seeing a number of new cases among youth, you want to make sure that you have youth involved in the decision making at the planning council.

Your recruitment efforts are crucial to make sure that you've got this diverseness included in your body, and your members can help to support that recruitment. Your members can encourage their friends to come to council meetings. Your members who are people living with HIV make great role models and help to encourage the participation of their peers. You can also have policies where you may have non-voting members, or associate members, or you can offer leadership training for people who are getting involved and need more support.

You want to remember to plan ahead. We all have life changes, and you never know what might happen during a planning term year, and you can not always expect when you may lose a council member, for one reason or another, or perhaps they may suddenly gain a conflict of interest, or become aligned with an agency while they're serving as a council member.

So that's another advantage of being above that 33% is that if you encounter membership changes throughout the year, you continue to have the strong representation of the voice of people living with HIV.

To maintain an idea planning council membership, you want to make sure that you're using an open nomination process, that while you can define your local nomination process within your bylaws and your operating guidelines, you want to make sure that it's clearly stated, that it's publicized, that everybody understands the criteria of becoming a council member.

Of course, your members can conduct extraordinary outreach. They can work across their social networks in groups they're involved in elsewhere, and the more widely that you reach out and encourage people to participate, to be involved, to know what your planning council's about, the better that you're able to recruit applications and potential future members.

One way to make sure you're staying on top of this is to check and see if you have any vacancies on a monthly basis. You also want your nominations or your membership committee to make sure that they're seeking that diversity of perspective and expertise upfront, and not only do they invite the people to share their expertise, but they honor different viewpoints.

Of course, the recommendation of council members must be independent of influence or direction of the recipient, or you may also think of the recipient as the grantee, as they were formerly known as.

The roles of determining how somebody becomes a council member and how those recommendations are processed need to be defined, that the decision making should be clear, and as a reminder, I hope you all know that your planning council chair or co-chair must not be an employee of the Part A recipient office.

Personally, I believe that the best members are those who love volunteering and serving to meet the needs of people living with HIV. We have a few interactive questions coming up, so Michelle, if you would lead us through those, please.

Michelle Vatalaro: Absolutely. Thank you. So our first question is, does your planning council currently have more than 33% of members who are people living with HIV, with no conflict of interests, or who are unaligned? And as Brandi noted before, unaligned means that they don't have a conflict of interests, meaning that

they're not staff, paid consultants, or board members of Part A-funded agencies. So go ahead and answer in here. Are you currently at or exceeding that 33%?

Okay, so I'm seeing that 61% of you are at or are exceeding that 33%, which is awesome, and 35% of you have all this potential for growth. And so I see that as an opportunity for you all.

So for those of you who indicated that you're at or exceeding that 33%, what factors have contributed to your success in this? Is it your recruitment efforts, your retention efforts, communication among the membership, or the attitude of the entities, or is it something else? And if it's something else that you think is a factor that contributes to this success, go ahead and type that into the chat so that everybody else can know how to be as successful as you in that.

Okay, so I'm seeing a lot of you are thinking that this is really a function of recruitment efforts and retention efforts, with even most of you saying that it's about communication, which is great. And then we're going to talk about some of the communication strategies that we can use in the coming slides.

Okay, so for those of you who have growth potential and who have just the opportunity to start getting that 33%, name one factor you think that could help you achieve this. Is it recruitment, retention, communication, or the attitude of entities, or is there something else that you think could help?

Recruitment. I'm seeing that come up pretty strongly. So we think we need to improve our recruitment efforts. Okay.

Great, everyone. Okay, then. I'm going to go ahead and hand it back to Brandi, who is going to start talking about the planning council support staff.

Brandi?

Brandi Bowen: And before I continue on that topic, I do see that there was a question in the chat feature needing a clarification around what is defined as the 33% of people living with HIV. They need to be receiving the Ryan White Part A-funded services, and they cannot be aligned with a Ryan White Part A-funded agency is how they count towards that 33%. So if you have somebody who's living with HIV who works for an agency, they can still be a council member. They just cannot count towards that 33%.

So on that note, I'm hoping that some of you are thinking that planning council support can be very advantageous as you work to get more people living with

HIV at the table, because you're absolutely right. Among other duties, planning council support staff can be a great help in achieving many of these operational objectives.

As you all probably can anticipate, council support staff are present to be able to help carry out the legislative duties through their administrative logistical health planning and evaluation support for the planning activities of council members. Council support staff do only support Part A activities. But there is a lot that goes into Part A activities, so I'm going to take quite a lot of time talking about this.

I'm going to first start by focusing on the committees and the council meetings and how support staff support those meetings, as well as assisting the activities that take place leading up to, during, and after those meetings.

Some examples of what support staff do include maintenance of membership lists, the meeting logistics, making sure to secure a place for the meeting, the time, letting people know the when and where it will be, making sure you're in compliance with your open meeting act and your public notices, working with chairs and council leadership around agenda development. So the right topics around the agenda, to not only meet the legislative mandates, but to be responsive to what your community wants and needs to talk about.

Council support staff of course help to take, prepare, and share the meeting minutes, and I'm sure you all know that a good example of a meeting minute should include a list of the participants who were present, the discussion summary, any voting outcomes, the action items, the next steps. Having that documentation is important, because that helps your members move forward and achieve their goals. So support staff can help with that as appropriate.

They can also help make sure the members are comfortable and that the Part A recipient and community partners are included and also comfortable. But everybody at the table has an active voice.

One of the very important duties of support staff is to advice on the Ryan White HIV/AIDS Program legislative requirements, or as you might often hear them referred to, the HRSA or the HAB regulations, the regulations of the HIV/AIDS Bureau, and the many expectations that come along with that.

As support staff, we need to make sure that all planning activities are consistent with every kind of regulation you can imagine at every level, from the federal level, the state level, the local level, the internal policies or bylaws, or local rules

that you make, whatever rules that your local CEO may have, whether that be in the mayor's office, or the judge's office, or whatever your other local political structure may be. All of those rules must be followed at all times, of course. So staff help with that, and that's a lot to keep up with.

But staff do more than that. They help to make sure that the planning council leaders and members understand what all these different rules and regulations and barriers mean, and more importantly, help council members to know how to use the rules in terms of making the decisions that will best meet the needs of people living with HIV.

So I want to go into some specific examples here. There was a question earlier asked about, "Can planning council give suggestions or their feelings or opinions about which provider should be funded or not?" I want to repeat that planning council is not involved in procurement. That is purely the duty of the recipient.

But as most of you probably know, the planning council is responsible for setting directives, and that within their directives, they're looking at specific service categories. They may be looking at particular populations, and it's through the wording of those directives, which should be very specific and very clear, that help the recipient or the grantee to understand what is it the planning wants? That if a planning council says it wants gender-affirming care, they need to spell out to the recipient what they mean by gender-affirming care and what that should look like from a service category of population perspective.

The planning council should not say, "We want you to fund this agency, or not that one, because of what we think about how well they do in terms of gender-affirming care." That is not the planning council's place.

So I hope that clarified on that point. There was another question earlier about coordination of services. So there are some rules that come into play with that, and I want to talk a little bit about that in terms of how support staff works with members to work with the recipient to coordinate services.

When I think of service coordination, I think of the full list of fundable services under the Ryan White Part A Program, and one that always comes quickly to mind for me is housing assistance, which of course, most of you know there should be other resources in your community to assist with housing. You may have HOPWA, or Housing Opportunities for Persons with AIDS, and they have other local housing assistance programs.

Well, those services need to be coordinated in a way that the planning council understands what are the limitations, what are the scope of service available through those other funding streams, what particular barriers may Ryan White consumers be facing. Perhaps one can coordinate with those other programs to help make sure that the needs of the Ryan White consumers are best being met. So that's an example of how service coordination works between the planning council and the recipient.

Another important rule that support staff need to remind members of during the priority setting and resource allocation setting process is the 75-25 rule. That of course means that at least 75% of the allocations must be in [inaudible 01:04:50] medical services. So if the only services that were prioritized during the process were supportive services, you could not possibly meet your rule.

So again, that working together to be in compliance, to also make sure that the needs are met, is part of what is the beauty of this collaboration.

And you, in my opinion, you don't want support staff to be preaching the rules all the time. What's actually more ideal is that the leaders of the council, and that the members of the council, know the rules themselves, and they work together to enforce those rules so that if they have a policy around conflict of interest, that a person who's aligned has to disclose their conflict of interests before giving an opinion, the other people, everybody at the table should know who has a conflict of interest where. And if, you know, accidentally, a person forgets to disclose their conflict of interest, at the body, they should nicely remind each other, "Hey, you need to disclose that before we can move on."

So then, of course, there's the training program, and the best way to achieve consistent training is through your philosophy or how you approach the training of council members. And for me, I always look at it as both teaching something new every day, as well for me to learn something new every day.

And the more that every member of your planning council is onboard with continual learning and continual growth, then as the terminology changes, as programs change, as needs change, you can stay relevant and robust to meet the needs in your community.

You can do this through holding routine training events, which may be embedded during your meetings, or perhaps you would have them as special events. You want to make sure that you're custom tailoring your training styles to the needs of who you have present, that you're using different training styles, different timing, and that it's lined up with what your planning activities are.

So for example, if you know that you're doing your priority setting in July, you want to make sure that all of your use of data in informed decision-making training having occurs leading up to that. You would not want to do that training, you know, far away from when those decisions would be made, ideally.

Then there's the encouragement of membership for involvement and retention. You want to make sure that everybody knows what the mission of the planning council is, and that people are often reminded of its purpose. You want to remind people how important that people living with HIV are meaningfully engaged, along with other key stakeholders.

You can do this by sharing information widely, promoting your planning events and your activities ceaselessly and transparently. I'm sure some of you are probably using social media to assist with this. And you of course want to ensure that your decisions are based on defined procedures and criteria. This means that what you see in your data should be reflected in the decisions made by your planning council.

So let's switch gears a little bit, and we're going to talk, also, about how planning council support staff coordinate with the Part A recipient, because besides the recipient being involved in the meetings, there needs to be a level of coordination that happens to make sure that the meetings are productive, and some of that includes flow of information, ensuring that there's mutual respect between the planning council and the recipient, helping to make sure that the recipient has what they need to be successful, that the service needs are clearly communicated, that the needs assessment results are provided, that the two parties are working together, as well as to anticipate what your recipient's needs and challenges may be.

You know that your recipient has to fully expend the funds by the end of the fiscal year, which in this case, happens to end next week. As a planning council, you want to work closely with your recipient to make sure that there is no unobligated balance at the end of the year, and support staff can help with that flow of information so that the council members have the decisions they need to be able to ensure that both the program rules are met, and that people living with HIV care and support service needs are met as well.

Lastly, you need to manage support staff, work with the recipient to manage the planning council support budget. Of course, that comes out of the administrative line item. I would trust that in your local jurisdictions, you have specific written policies around how services are procured. So if a planning

council needs a particular contract to conduct a needs assessment for a special project, that hopefully, you would have a local rule citing how that procurement happens.

Within your Memorandum of Understanding, which we'll be talking more about later, you probably have specified how the council's support budget is established, and then how it is administered, and what is your protocol for making those decisions.

Other things to keep in mind when managing the planning council budget, you always want to ensure that you're practicing good stewardship of funds, just as services and providers are expected to be cost and outcome-effective, I believe that the planning council needs to practice what it preaches, and ensures that it is using its funds wisely, as well, as well as to make sure that people living with HIV are the priority.

That the budget for the planning council needs to be accountable, and that members should be trained and informed on budget review, how much is spent, what it entails, and to ensure that all of the requirements of the HIV/AIDS Bureau are being met. And keep in mind, planning councils are subject to regulations and audits just like the providers and the recipient.

So I'm going to switch gears a little bit. That was a wide variety of the many different tasks that council support staff perform, but I also want to touch on thinking about a code of conduct and professional ethics, that while everybody works together to support the mission, you want to make sure to avoid stigmatizing activity, you know, activities or things that would stigmatize people.

You want to make sure that you're following professional ethics. You want to ensure that you're helping people living with HIV to self-advocate as well as to empower them. And this can be done in coordination with the recipient as well.

There are always opportunities where you can encourage council members to volunteer beyond their committees and council meetings. You also want to maintain, ideally, contact with prior council members, because this can help you get future membership applications, even after you have members who are no longer able to serve according to your bylaws rules.

Just as an aside, I want to point out that while support staff works diligently to support the work of the council, please keep in mind that we are not personal secretaries for all council members. Remember I said earlier we only focus on Part A activities.

Once upon a time, I had a secretary of the planning council who needed some information for, like, their resume or something that they were doing to be involved in the community beyond the planning council, and they came and asked, "So a secretary, remind me ... You know, show me the standard operating procedure that tells me all the things that I should be doing as a secretary," and of course, we said, "Well, we do this on your behalf. As staff, we help to do this for you."

And when I covered the entire long list of everything from taking minutes, to agenda development, and everything else that supports staff we're doing on behalf of the secretary, the person said, "Wow. You really do a lot."

In my opinion, a really good support staff is going to make it look so easy and invisible, you hardly notice how much they're doing for you. But be assured, hopefully, they are doing a lot for you. And those opportunities to support and empower people living, people living with HIV through targeted skills buildings, should be in alignment with the council's mission, but can be very beneficial.

Similar to what I've expressed before, I believe that the best planning council support staff really truly love working for and serving people living with HIV, and that probably, likewise, holds true for the recipient.

So I'm going to switch gears and talk a little bit about the roles of Part A recipient, which many of you who have been in this business for a long time had formerly known of as the grantee. Sometimes you hear them referred to as your administrative agency. As Steven had said earlier, while it's common for that to be housed in the health department, that's not always the case.

Sometimes, I think people think of the recipient as, like, a superpower or a superhuman. But I just want to remind you we're all human. We may all be super, but we're all human, and think of your local, the director of your local recipient or grantee office. Have you ever wondered how that person spends their day? Well, I'd like to give you some examples of possible things that they could be doing during their day, and I know some of the recipients are on the line doing the webinar. So hopefully, you can relate to some of these things as I cover what I imagine your day looks like.

Of course, the Part A recipient is the body that has the direct relationship with the HIV and AIDS Bureau. I want to remind you that the notice of grant award is between the recipient and HAB. It is not with the planning council. It is between the recipient and the HIV/AIDS Bureau.

And as with all collaborations, you want to make sure that you've got quality professional relationships, that there's a strong value and effective collaboration, and that you're highlighting any ... Or that the recipient would be highlighting any inappropriate activities.

So maybe the recipient's morning starts, and they attend a council or a committee meeting. At that meeting, they're going to make a report. Have you ever wondered how they decide what goes in their report? Well, hopefully, many of you have detailed information, probably in your memorandum of understanding, that clarifies what your recipient or grantee should be reporting on at your council meetings. You want to make sure that your recipient knows upfront what the planning council, what kind of information the planning council needs.

So for example, if they're attending an allocations committee meeting, you want to ask them with sufficient timely notice for a spending report, or an expenditure spreadsheet, or whatever data your allocations committee is going to use to make its decisions. Don't ask your recipient for that the day before your meeting, because you probably will not get the best, fastest result with that. You want your recipient to know well in advance of what's expected, and what's needed, and what's the purpose.

I'd also encourage you to avoid any unduly burdensome report requests. If some of you are as inquisitive as I am, I've certainly fallen prey to the tendency of, "Oh, I want to know everything in the world. Show me all the data you have," which is not always the most advantageous for making informed, clear decisions. So just be very strategic about what that data you're asking for, how you're planning to use it, and the time entailed, and the energy and capacity that it takes on behalf of recipient staff to compile and provide that data to you. It's not always as easy as it may seem.

So once you've got your recipient in the room, and they've provided that spreadsheet, and they've said a little bit about it, what they want to do for your committee is to provide the information that your committee needs to make informed decisions. They may share with you particulars about what's the impact of the insurance coverage on the cost of utilization or services, what trends are happening, perhaps if your area got in a new grant for behavioral health, there's been a change in your utilization and your expenditure trend, and your recipient can explain that to you.

So the recipient goes to the meeting, provides the information, helps to coordinate, then they go back to their office, back to their desk, and then it's time for their monthly call with their project officer, because of course, the recipient is the one who reports to the HIV/AIDS Bureau. They may also have a followup meeting with their CEO or their health department director, so they need to go on and tell all of their higher ups and those that they report to what's happening at the planning council level, what's going on with the needs of people living with HIV. They need to do this in a way where they're providing the data, where they've got documentations, and the rationale to explain anything that they need to report.

So if your recipient's asking you questions, keep in mind that's because they have others that they have to report to as well.

And then of course, the recipient, like all of us, the recipient is there working for people living with HIV. So if your recipient is like ours, they may occasionally field phone calls from people living with HIV who have concerns. And then that person who is the director of your recipient office, or whatever staff person is responsible for fielding those calls, needs to assess what is the nature of the concern or the complaint, have the grievance procedures been filed, what's the appropriate next step, how to move forward to achieve resolution or arbitration for all parties. As you can see, the recipient has a lot of different people to answer to in different ways.

Therefore, they may also assign other people on their staff or their team to participate in standing committee meetings. There may be rare occasions where the Part A recipient's participation is not requested. Of course, when their staff are in the room, they always have a voice, but they never have a vote. They do, of course, collaborate with the planning council on shared roles, and together, the planning council, along with the Part A recipient, carry out the joint efforts we talked about earlier. And they want to make sure that they're doing that in a way that they really have shared responsibility for the program, for the mission, for the vision, to improve the HIV care continuum, to work together to get to zero, and that those efforts should be improving their overall community's public health.

And Dorian's got more to tell you about some strategies to help you be able to do that.

Dorian Gray Alexander: Great. I know we are running short on time. Besides being a person who is living with HIV, I'm also a person who stutters, so if I do stutter, you will understand.

So far, duties have been explained. Assessments have been made. Planning bodies have been formed. The grantees and all of the community members are together. So now as you begin to build stronger planning councils and also planning bodies, keep in mind some ideas to set boundaries and limits, and here are some strategies for maintaining roles and responsibilities.

So first of all, you want to conduct orientations and also regularly train people so that they know what their roles and responsibilities are, clarify the roles and also the expectations for each entity, and ensure that all entities, Part A recipients, planning bodies, chairpersons, members, are all clear on their roles. Describe expected communication and also interaction. Recognize the importance of a both Part A recipient and also the planning bodies to regular and open communication and also to share the information on a timely basis.

Make sure the information shared is also received regularly. There should also be clarity about what is going to be communicated, when is it going to be communicated. For example, if your meetings are the last Wednesday of the month, to make sure that that becomes established and that all parties know that. And also to make sure to whom that communication is set for it goes to them.

When problems and issues arise, there should be a joint commitment to resolving them through established procedures. [inaudible 01:21:54] all parties to state their conflicts of interests at all times. And sometimes additional education might be needed to bring consumers who are living with HIV into the fold and also to empower them.

Communication as a strategy for maintaining roles and responsibilities. Share as much information as you can. You want to create a culture of transparency. So share reports freely, data, agenda, events going on, you know, the community as often as possible. Create an understanding of the need for clear information, for open communication. Do your best to empower consumers at all turns, and also, work to create a safe space for planning council members, the Ryan White Part A recipients, and also the planning council [inaudible 01:23:16] speak and also to be heard.

Encourage open discussion and listening. Encourage questions during the meetings and also the trainings. Be very, very transparent about the processes in which you use and also ways for them to communicate back. Establish the ground rules early on in the term, inclusive of stakeholders, and the community participants.

To establish a respectful dialogue. Separate the issue from the individual. I know sometimes that facilitation could be a really big challenge, especially whenever consumers are faced with a lot of personal challenges on how services might be delivered or how services might be provided.

It is important to respectfully remind everyone in the room about the mission, and also the goals of the planning council. Try to deescalate emotions from potential actions needing to be addressed. When you are discussing priorities, when you are discussing allocations, it can be challenging for both recipients and also for consumers to really be clear about what their roles are.

Coordinate with the planning council chair and the committee chairs to regularly determine if issues are related to the system, or are they isolated incidents? Consumers who are planning council members may also have competing priorities. These can sometimes blur and also interfere with objectivity.

Always take a second to look around the room at the people who are living with HIV, and yes, they should be there in the room. Remind the group of its purpose, reiterate the roles and responsibilities of all stakeholders involved in the planning council, and focus on the mission to serve people living with HIV in your communities.

And now I'll hand off to Michelle.

Michelle Vatalaro: Thank you so much, everyone. I do want to note that we ran a little short on time today, which is great, because we got so much information that just couldn't all fit, but we know that your questions have been coming in. They've been wonderful. We've addressed some of them as we've gone, but we did note all of them, and we will be responding to them, and we'll send them out with the slides, and you might even get some of them answered next week during our next webinar, which I will talk about.

Part Two will focus on tools and strategies for building and maintaining strong relationships. It's going to take place next week at 3:00 PM Eastern time. In this webinar, you'll learn strategies for how the planning council and planning body, Ryan White HIV/AIDS Program Part A recipient and other entities can work together effectively, be able to identify tools available to support effective collaboration between entities, and learn how to use communication as a strategy to improve effectiveness.

And so if you haven't yet registered for that webinar, you can do so on the Planning CHATT website. You can see that here on your screen. It's careacttarget.org/planning-chatt, with two t's, and you could go ahead and register for that. If you are registered, you'll receive a reminder in advance of the webinar. And again, that's next week, on the 28th. And we will definitely address your questions.

If, in the meantime, you think of something, a question that you wish you'd gotten answered, you can email it to us at planningchatt@jsi.com. And I should have mentioned that also, on our website, you can sign up for our mailing list. You can find tools and resources. It's also where the archived webinar will be posted. And so all of that great information is up there.

And so thank you all for joining us today, and I hope you'll join us next week for Part Two, and I would also encourage you to complete the evaluation so we know how to better serve you for all of our webinars that are coming up in the future, and all of our other activities.

So thank you, again, to our presenters, to Steven and Lennie, and to all of you for your attention today, and I hope you all have a wonderful afternoon.