

Planning Council Profile

**from the 2016 Planning Council/
Body Assessment**

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Purpose of the Assessment

To assess the perceived successes, key structural issues, abilities, challenges, and technical assistance (TA) needs of the Ryan White HIV/AIDS Program's (RWHAP's) Part A Planning Councils/Bodies (PC/Bs) in assuming their legislatively required responsibilities

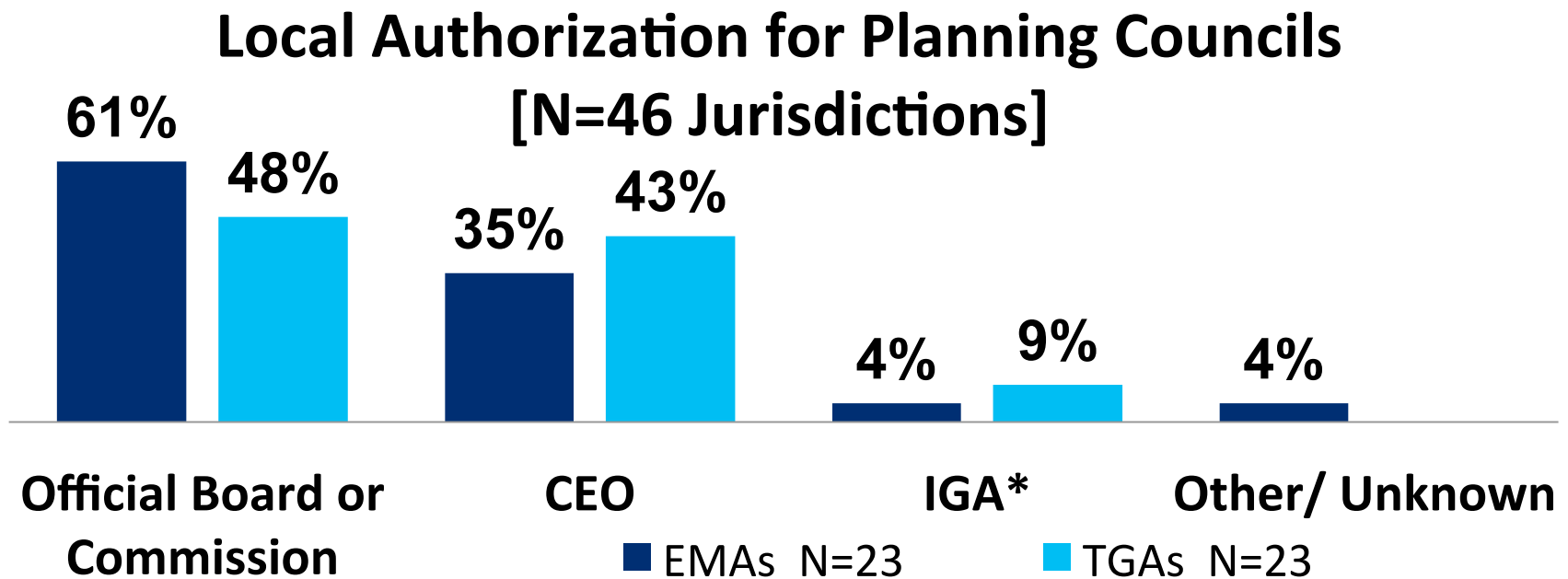
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Profile of Planning Councils and Planning Bodies

- 50 of 52 Part A programs have planning councils (PCs)
 - PCs still legislatively required for 24 EMAs, but as of FY 2014, not required for 28 TGAs
 - December 2013 letter from DMHAP Director urged TGAs to maintain PCs, and they have done so
- Profile based primarily on review of Bylaws, plus some information from the Voluntary Request for Information (VRI)
 - Bylaws of all 50 PCs reviewed (mid-2016)
 - 2 TGAs without PCs did not respond to the VRI and did not have active Bylaws at the time of the assessment
- **So...** Profile covers the 50 PCs

PC Organization & Structure

- **Scope of Activity:** All 23 EMAs and 21 of 23 TGAs responding to the VRI said they carry out all the roles for PCs specified in the legislation
- **Authorization:** PCs in most EMAs are official local boards or commissions, as are nearly half of TGA PCs



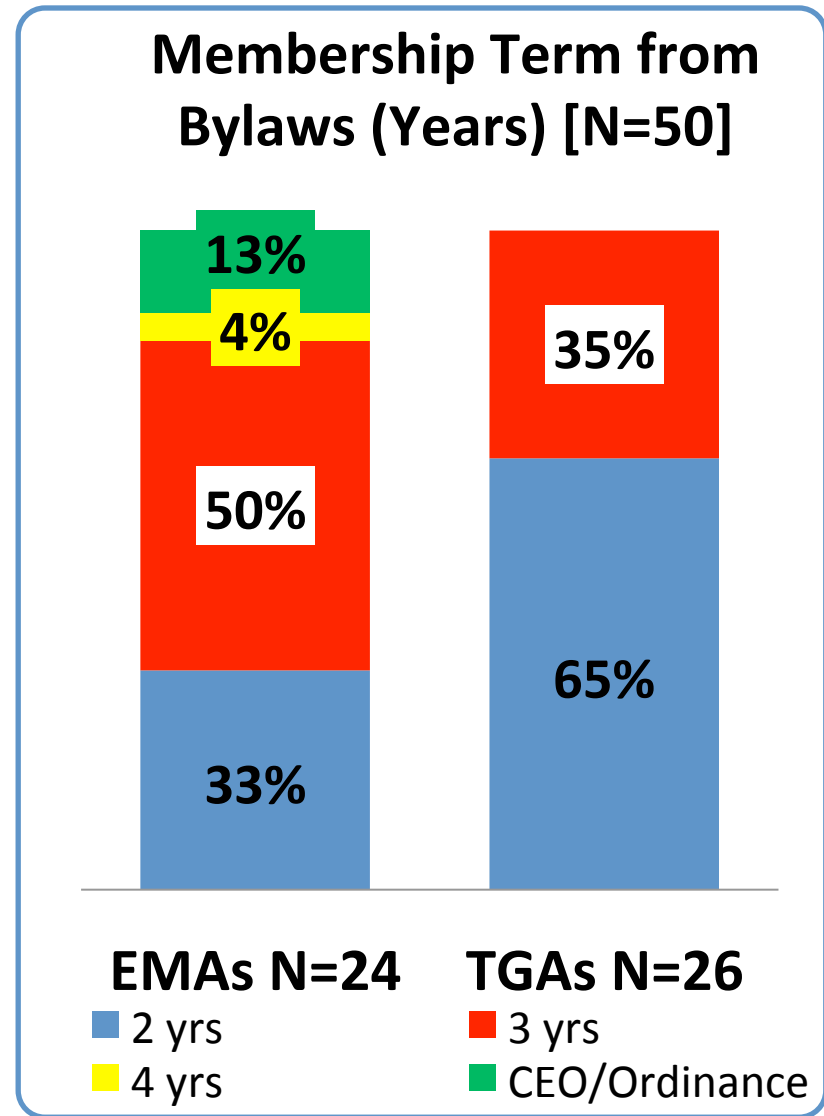
*Percent exceeds 100% because 1 EMA and 1 TGA are official boards/commissions and are also governed by IGAs

Maximum Membership Size: Bylaws

- **PCs in EMAs generally larger than those in TGAs**
- **EMAs:**
 - All have Bylaws maximum of more than 30 members
 - $\frac{1}{4}$ allow 45 or more
- **TGAs:**
 - $\frac{1}{3}$ have maximum size of 30 or less members
 - Almost all 45 or fewer

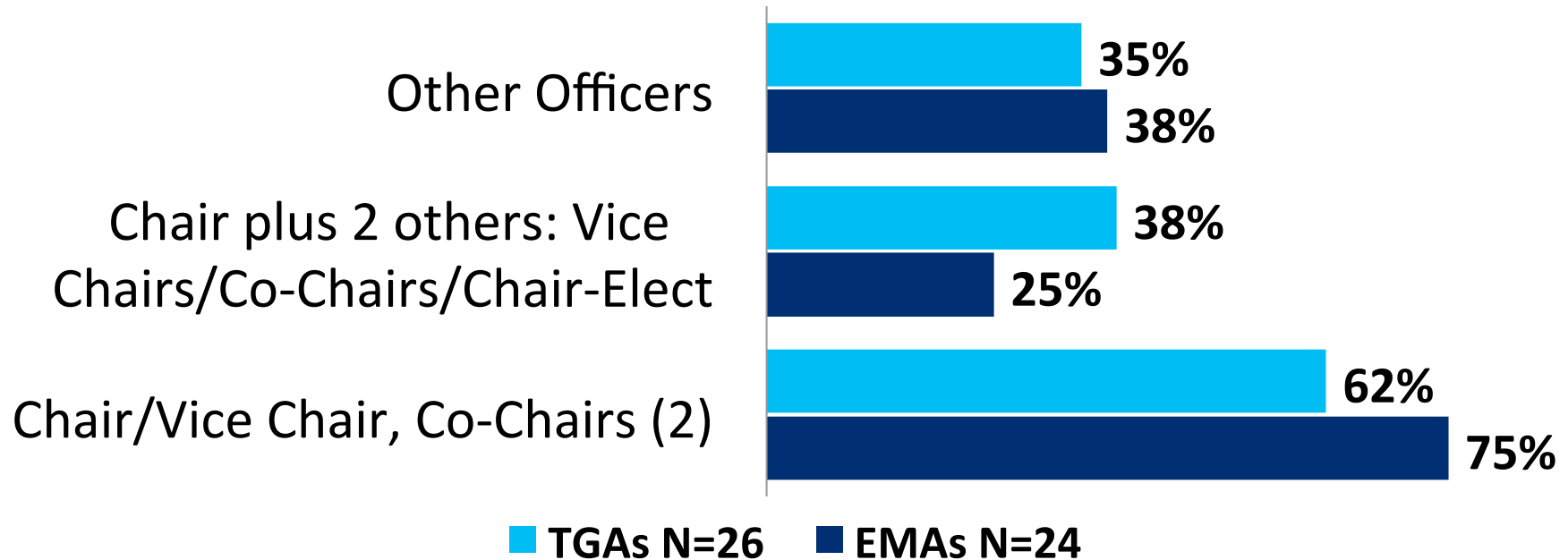
Membership Terms [N=50]

- Most TGAs have 2-year member terms
- EMAs more likely to have terms of 3 years or more
- Varied use/enforcement of term limits
- Some PCs say lack of term limits reduces opportunities for new perspectives
- Concerns raised about “permanent” agency and provider representatives
- A few required PC slots often remain unfilled – e.g., Medicaid agency, hospital or health planning agency representative



Officer Positions

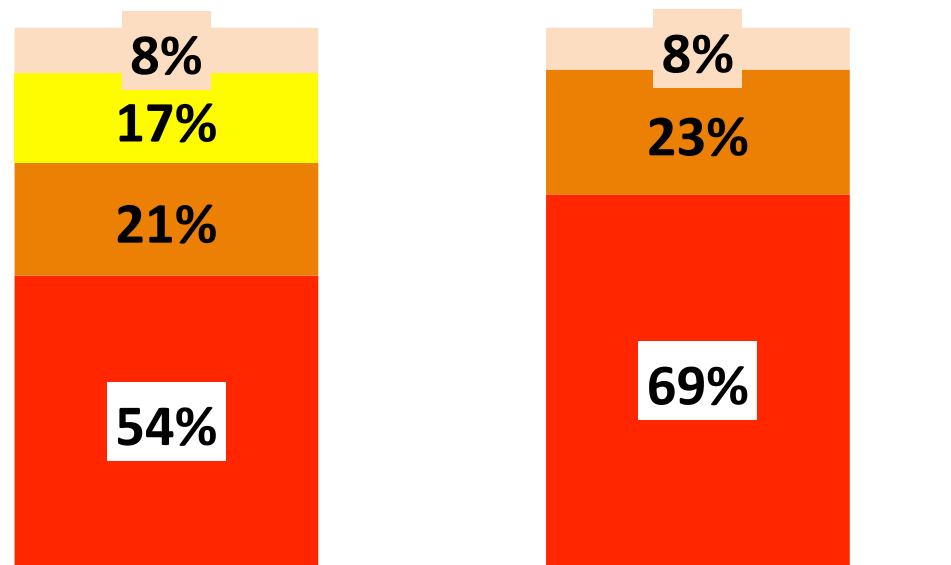
Planning Council Leadership - From Bylaws [N=50 Jurisdictions]



- All PCs have at least 2 key officers – most often a Chair and Vice Chair or Co-Chairs
- Other officer positions usually Secretary, Treasurer, and/or Parliamentarian

Selection of Chairs/Co-Chairs

How Planning Council Chairs/ Vice Chairs/Co-Chairs are Chosen - from Bylaws [N=50]



EMAs N=24

TGAs N=26

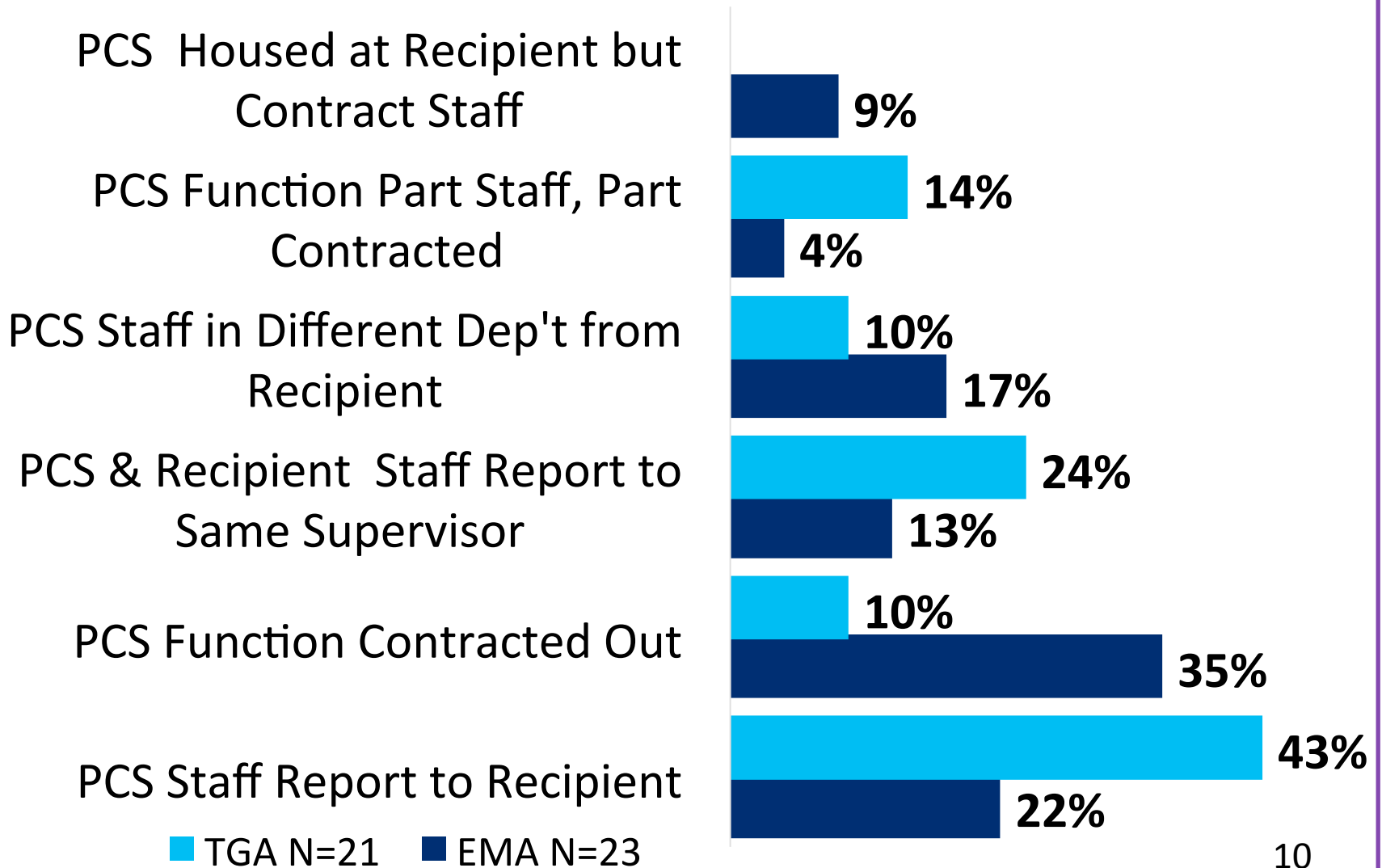
■ Elected ■ Combination ■ Appointed ■ Other

- More than 2/3 of TGA Chairs and Co-Chairs are elected
- Most of the rest have 1 appointed key officer with the rest elected
- Majority of EMA top officers also elected, but EMAs are more likely to have 1 or both appointed
- IGAs determine selection in a few jurisdictions

Many Models for PC Support (PCS) Staff

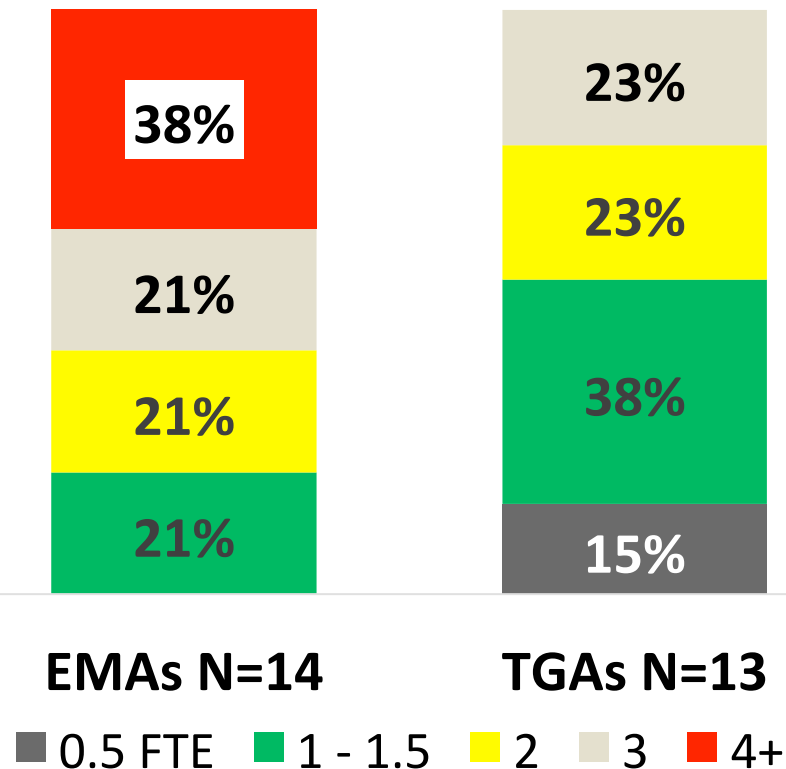
1. PCS staff report to recipient
 2. PCS and recipient both report to the same supervisor
 3. PCS staff located in a different department from the recipient
 4. PCS function contracted out
 5. PCS part staff, part contracted
 6. PCS housed at recipient offices, but contract staff
- Support staff expected to be responsive and accountable to the PC
 - *Part A Manual* says the PC “works in partnership with the grantee but not under its direction” (p 108)

Planning Council Support (PCS) Staff Models Used by EMAs and TGAs (Percent)



Staff Size

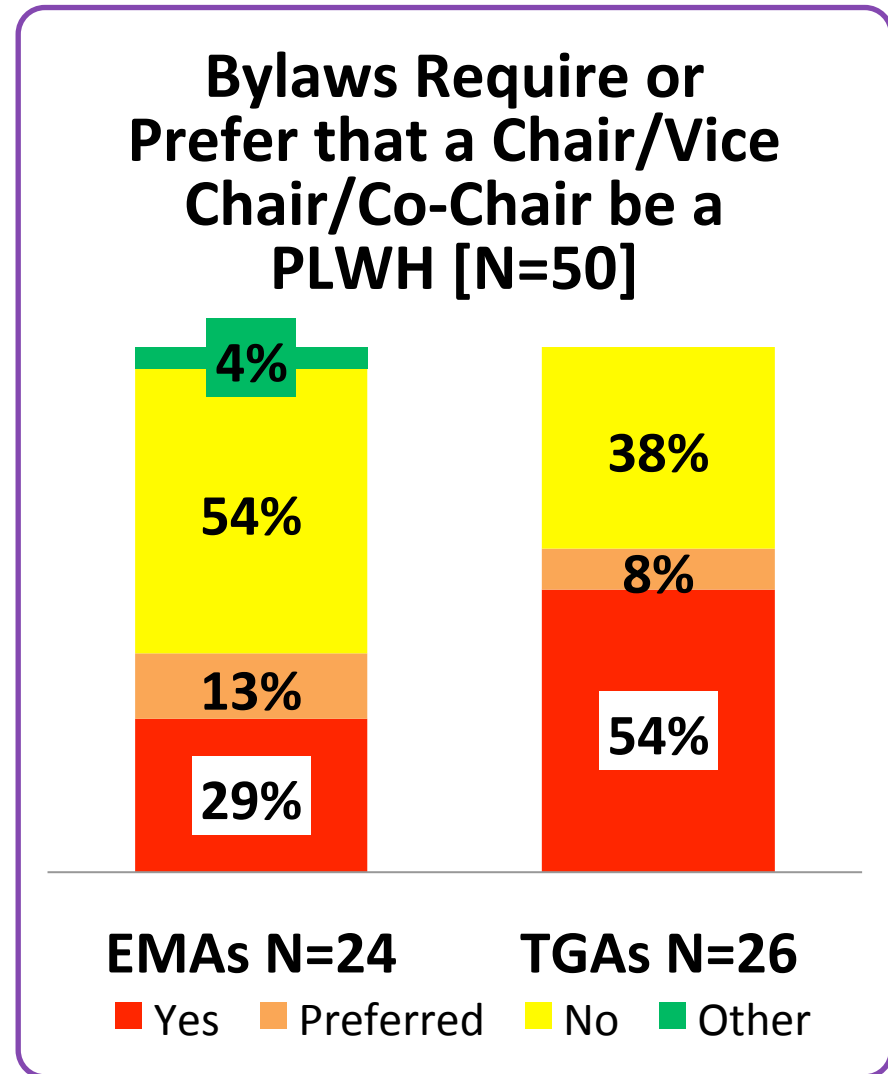
Number of PC Support Staff: EMAs and TGAs
[N=27]



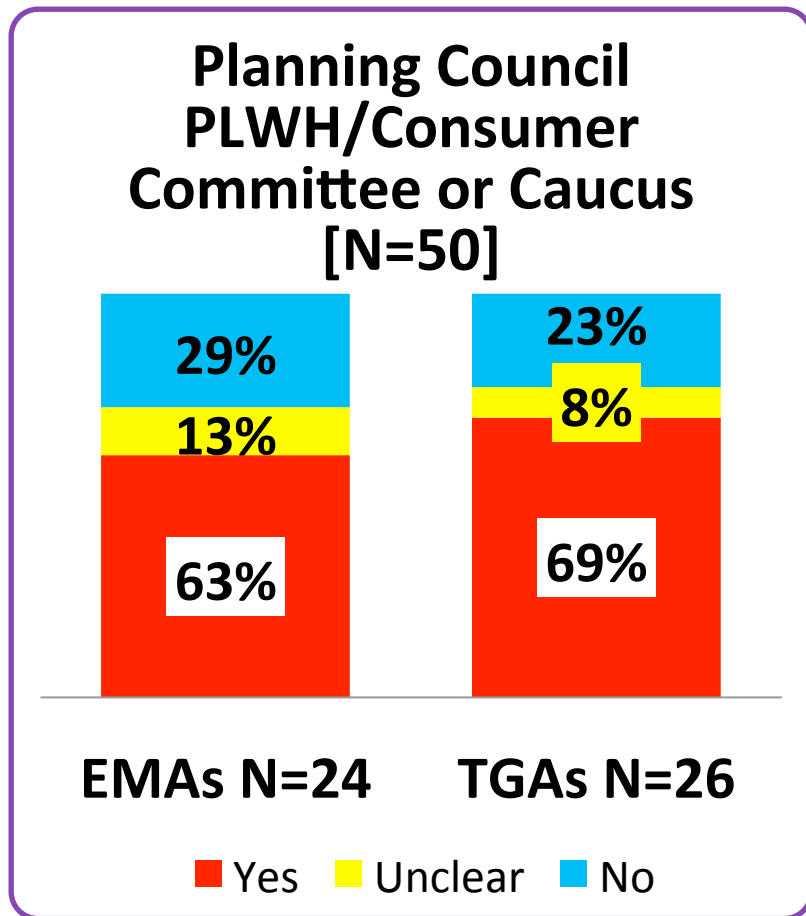
- 59% of responding jurisdictions indicated number of PCS staff
- Most EMAs reported 3 or more full-time equivalent staff
- More than half of TGAs reported 0.5-1.5 FTE staff
- Staffing is related to total Part A funding (FY 2016):
 - 17 EMAs have Part A funding of \$10 million+
 - 25 TGAs have funding of less than \$7 million

PLWH Engagement

- **Membership:** Most jurisdictions reported that at least 1/3 of PC members are HIV-positive – some report 1/2 PLWH
- **Leadership:**
 - TGAs are more likely than EMAs to require in their Bylaws that a Chair, Vice Chair, or Co-Chair be a PLWH
 - 2 EMAs and 5 TGAs require in their Bylaws that 1 Chair/Co-Chair be an unaligned consumer



PLWH Engagement



- About 2/3 of TGAs and EMAs have a PLWH Committee/Caucus
- About 1/3 of Bylaws require or urge PLWH on all committees
- 74% of EMAs and 52% of TGAs indicated in VRI responses that they have or work towards PLWH participation on all committees

- Participation of non-PC members is a priority for some PCs: 14 EMAs and 4 TGAs specifically mentioned providing committee roles for non PC-members

Roles for PLWH Committees

Many PLWH committees/caucuses play roles well beyond basic functions such as:

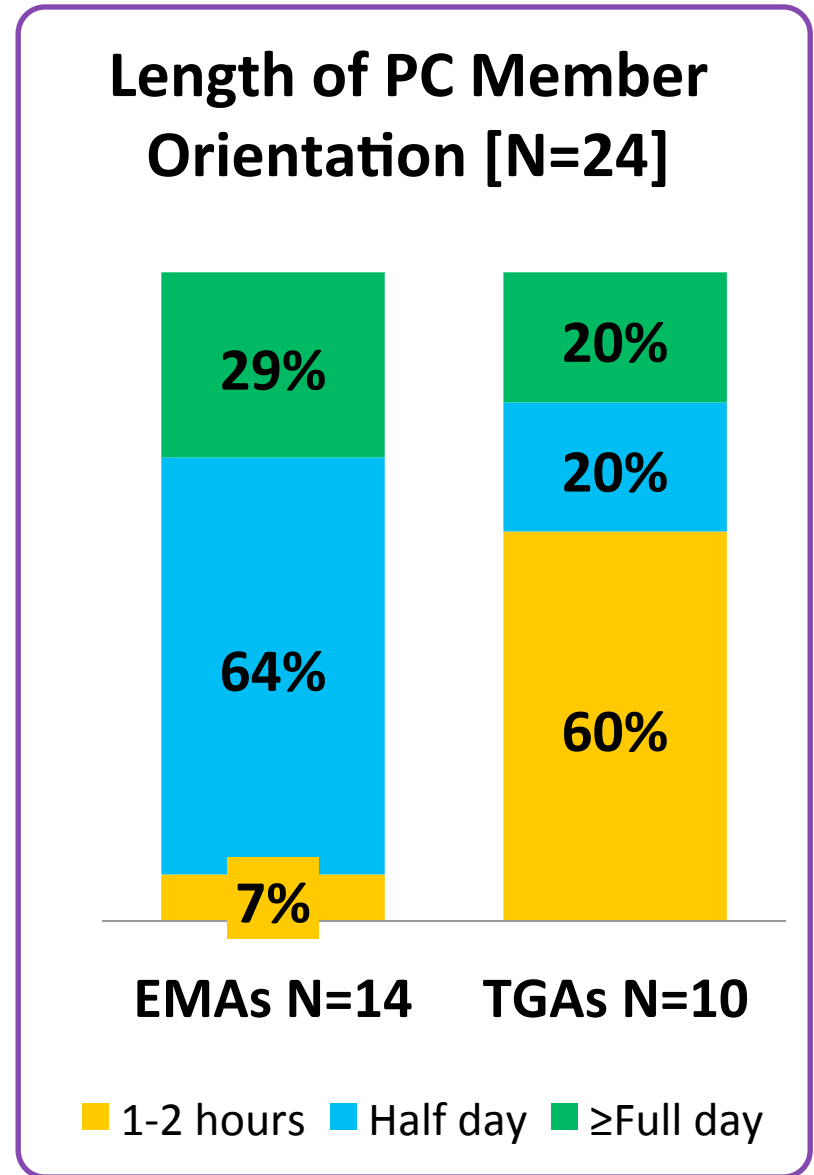
- Providing input re consumer needs & services
- Serving as a “safe space” for consumer discussion

Other identified roles:

- Overseeing efforts to ensure “meaningful and substantial involvement” of PLWH in all PC committees and activities
- Helping design & implement needs assessments
- Doing structured community outreach
- Helping recruit & orient consumer members of the PC
- Serving as a training ground for PC membership

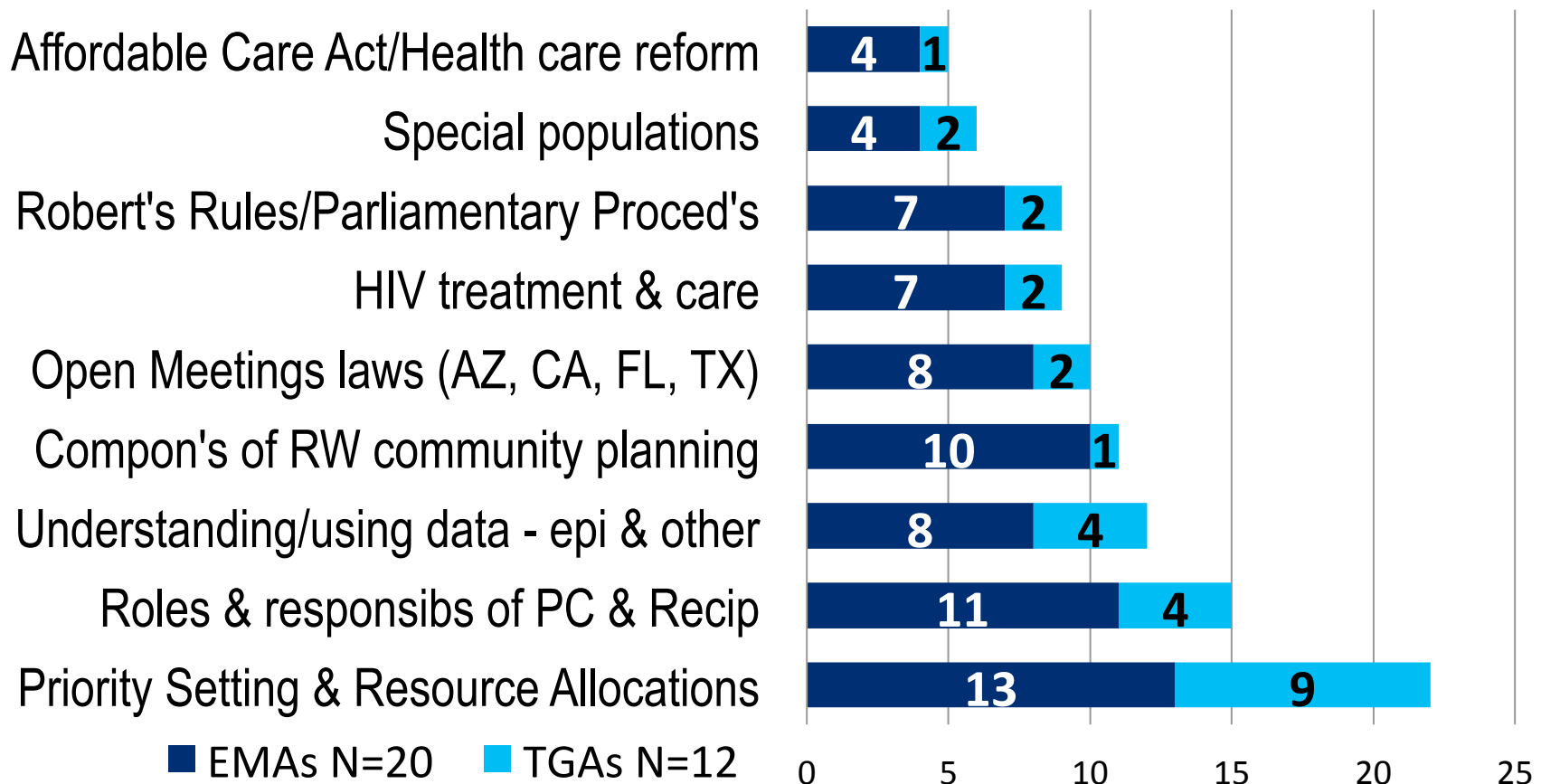
PC Orientation

- **Wide recognition of the importance of orientation & training**, given the complex HIV landscape
- **Current orientation often very brief**, especially in TGAs
- 70% do orientation once/year
- 65% provide it for new members only
- **PCS staff & PC leaders most often provide orientation**; increased use of and interest in online modules
- **Issues:** attendance, cost, capacity, lack of national models



Topics Most Often Included in Planning Council Orientation and Training

[N=32 jurisdictions]



EMAs and TGAs both indicated that their top topics for orientation and training are the PSRA process, PC and Recipient roles & responsibilities, understanding data, and the components of Ryan White community planning

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