Philadelphia HIV Integrated Planning Council (HIPC) Orientation

Welcomes Members!

Introductions

- **Name**
- **Which County you represent**
- **Background/Expertise**
- **Why did you join the HIPC?**

New Members

Name, Which Region you represent, & why you joined the HIPC?

- Kenneth
- Julia
- Mary
- Nafisah
- Xander
- Mara
- Ciarra
- Alecia
- Jerome
- James
- Mystkue
- Veronica
- Mary Evelyn

Orientation

- The goals of this orientation is to provide an overview of the following:
  - How you came to be a member
  - Brief overview of planning body integration
  - Overview of the Ryan White HIV/AIDS Program Legislation
  - Understand community planning and how the HIPC fits in this process
  - Understand the HIPC planning partners
  - Understand what the role of the HIPC
  - Understand HIPC meeting basics

Purpose of Orientation

- How you got here
- Membership application process

Debbie Law (OHP staff)

Membership Application: How You Got HERE

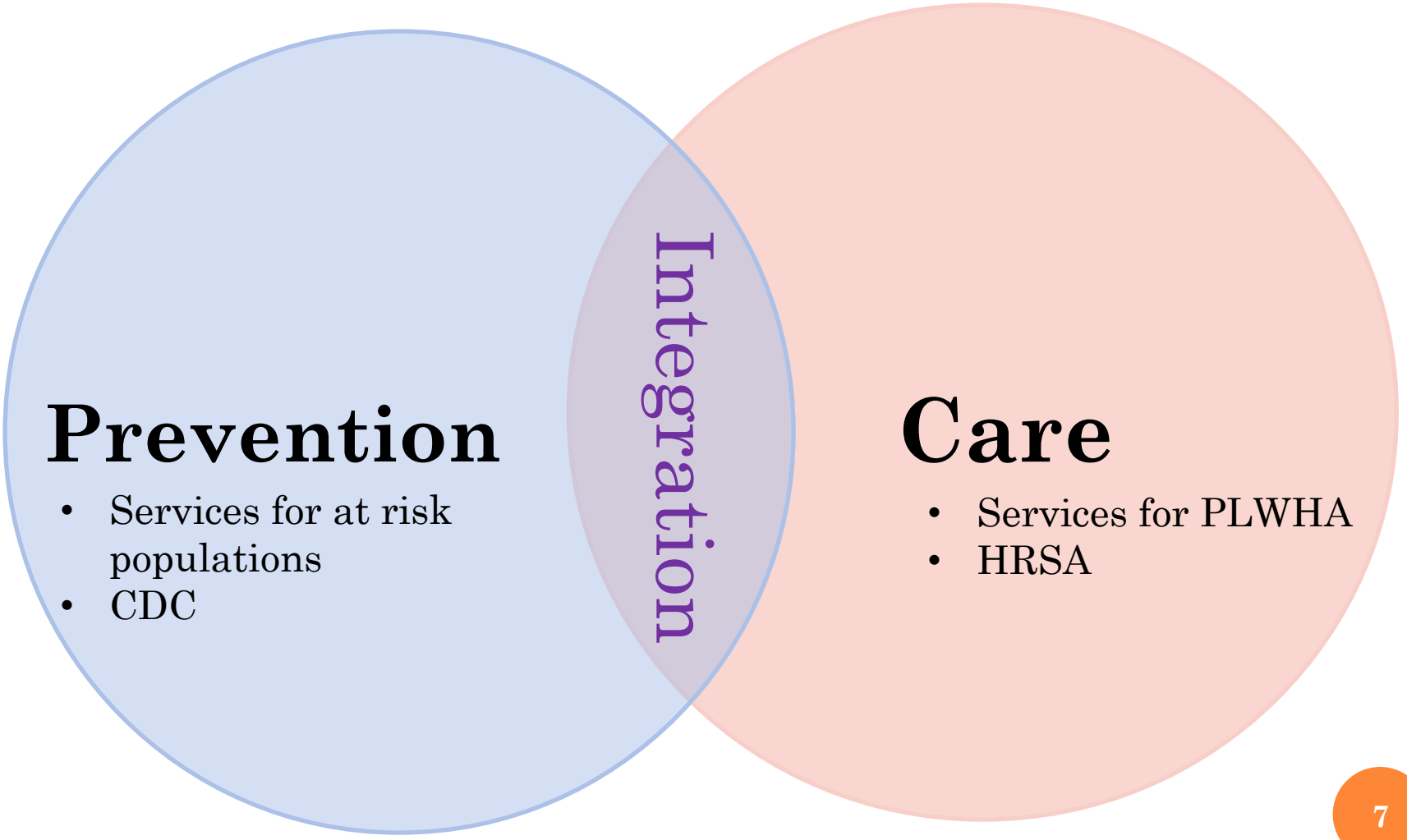
- Applications are reviewed by the Nomination Committee every year with demographics, geographic area and expertise taken into consideration
- The Committee recommends applicants the Chief Elected Official. In the Philadelphia EMA recommendations are sent to the Mayor's Office for final appointment (official appointment letter)
  - The City's Mayor Office requires that appointed individuals complete the tax and water clearance process.
- Orientation for recommended members
  - Newly recommended members should start attending meetings asap (while waiting for official appointment letter)

Overview of Integration

- **Integration of the HIV Prevention Planning Group (HPG) and the Philadelphia EMA Ryan White Part A Planning Council (RWPC) = Philadelphia HIV Integrated Planning Council (HIPC)**
- **Prevention and Care**

Debbie Law (OHP staff)

Overview of Integration



Overview of Integration

- HRSA and CDC strongly recommended the 2 groups merge
- April 2017 after moths of discussion and deliberation the official integration of the two bodies (HIV Prevention Planning Group and the Philadelphia EMA Ryan White Part A Planning Council occurred
  - The integration represented the collaboration of Prevention and Care Planning
- The existing RWPC bylaws were modified to establish how the new group would conduct business
  - The committee structure changed to include a prevention committee and an integrated executive committee

https://www.hivphilly.org/about/about-hipc/

Overview of Integration: Prevention Group

- HIV Prevention Planning Group (HPG)
  - Represented a collaborative process between the health department and community groups to design local prevention plans that would illustrate the needs of the various communities at-risk for HIV
  - Identified the most at risk populations and created a compilation of programs and interventions intended to reduce the spread of HIV within in Philadelphia
  - Utilized the National HIV/AIDS Strategy and newly implemented HIV planning guidance under the CDC
  - Main task review planned activities of the local health department and write a letter of concurrence, concurrence with reservations, or non-concurrence to be submitted with the Plan and/or application

Overview of Integration: Care Group (Ryan White)

- Ryan White Planning Council (RWPC)
  - Responsible for allocation of the Federal funds based on the documented need of PLWH
  - Has legislative responsibilities in the areas of planning and planning for the delivery of Ryan White/care services for PLWH
  - Follow the Ryan White HIV/AIDS Program legislation (PDF - 1 MB) that was first enacted in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. It has been amended and reauthorized four times in 1996, 2000, 2006, and 2009. Administered by Health Human Services (HHS) and Health Resource And Service Administration (HRSA)

Quick Overview of the Ryan White CARE Act

- History of the Ryan White
- What is the Ryan White HIV/AIDS Program Legislation?
- Why the CARE Act is Needed ?
- Ryan White Funding

Lupe Diaz (HIPC Co-Chair)

HIPC Member

Lupe Diaz
(HIPC Co-Chair)

History

Ryan White
1971-1990
Photo courtesy of Jeannie White Ginder

Source: HRSA

- Ryan White Care Act first enacted in 1990
- Reauthorized in 1996, 2000, 2006, 2009 and again in 2013
- The full Ryan White HIV/AIDS Program legislation is codified under title XXVI of the Public Health Service (PHS) Act

What is the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act?

- A major Federal program specifically designed to address gaps in care for people living with HIV disease (PLWH).
- A source of funds for primary health care and support services that enhance access to and retention in HIV/AIDS care for underserved populations.
- Goals
  - **Reduce** the use of more costly inpatient care
  - **Increase** access to care for underserved populations, and
  - **Improve** quality of life for those affected by the epidemic.

Why the CARE Act is Needed ?

- HIV disproportionately strikes people in poverty, racial/ethnic minority populations, gay/bisexual men, injection drug users, and other individuals who are underserved by health prevention and care systems.

- HIV often leads to poverty due to costly health care or an inability to work, which leads to a loss of employer-related health insurance.

- The RWHAP fills gaps in care not covered by other resources—it is the "payer of last resort."

LEGISLATION

- The legislation is divided in to several portions, called Parts. The purpose is to provide a flexible structure under which this national program can address HIV care needs on the basis of :
  - Different geographic areas (metropolitan areas, states, and communities across the nation)
  - Varying populations hit hardest by the HIV epidemic Types of HIV-related services
  - Service system needs (e.g., technical assistance for programs, training of clinicians, research on innovative models of care).

Types of Ryan White Funding (the CARE Act's Structure)

- **Part A – EMA's & TGA's**
  - **e.g. Philadelphia (Local areas)**
  - **This Part A EMA includes: Philadelphia, PA Counties (Bucks, Chester, Delaware, and Montgomery) and NJ Counties (Burlington, Camden, Gloucester, and Salem)**
- Part B – States & ADAP
  - e.g. Pennsylvania, New Jersey
- Part C – Early Intervention
  - e.g. a particular agency for outpatient services (Clinics)
- Part D - WICY
  - e.g. a particular agency for care for children, youth, women, etc.
- Part F – Education & Training
  - e.g. SPNS, AETC, Dental

Refer to page 6-10 of primer
Or page 9-10 of manual

Ryan White HIV/AIDS Program Funding FY 2015–FY 2022 Appropriations by Program

Program*	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Part A: (Title I) - Emergency Relief	$655,220,000	$655,083,000	$654,296,000	$655,876,000	$655,876,000	$655,876,000	$655,876,000	$670,458,000
Part B: (Title II) - HIV Care	$1,315,005,000	$1,313,416,000	$1,311,837,000	$1,309,251,000	$1,315,005,000	$1,315,005,000	$1,315,005,000	$1,344,240,000
(ADAP- non-add)	($900,313,000)	($900,313,000)	($900,313,000)	($894,559,000)	($900,313,000)	($900,313,000)	($900,313,000)	($900,313,000)
Part C: (Title III) - Early Intervention	$204,179,000	$204,831,000	$200,585,000	$201,079,000	$201,079,000	$201,079,000	$201,079,000	$205,549,000
Part D: (Title IV) - Women, Infants, Children & Youth	$73,008,000	$74,997,000	$74,907,000	$75,088,000	$75,088,000	$75,088,000	$75,088,000	$76,757,000
Part F: AIDS Education and Training Centers	$33,349,000	$33,571,000	$33,530,000	$33,611,000	$33,611,000	$33,611,000	$33,611,000	$34,358,000
Part F: Dental Reimbursement	$13,020,000	$13,106,000	$13,090,000	$13,122,000	$13,122,000	$13,122,000	$13,122,000	$13,414,000
SPNS	$25,000,000	$24,970,000	$24,940,000	$25,000,000	$25,000,000	$25,000,000	$25,000,000	$25,000,000
Ending the HIV Epidemic Initiative						$70,000,000	$105,000,000	$125,000,000
Total:	$2,318,781,000	$2,319,974,000	$2,313,185,000	$2,313,027,000	$2,318,781,000	$2,388,781,000	$2,423,781,000	$2,494,776,000

* FY 2015 through FY 2022, SPNS funding is part of the Ryan White HIV/AIDS Program appropriation.

Date Last Reviewed: December 2022

- Visual example

https://ryanwhite.hrsa.gov/

Ryan White Part A Qualifications

- EMAs have at least 2000 AIDS cases reported in the last 5 years. (and at least 3000 cumulative living cases recent calendar year)
- Transitional Grant Areas have between 1000-1999 AIDS cases reported in the last 5 years.(1,500 cumulative cases, 34 TGA)
- Emerging communities have 500-999 AIDS cases in last 5 years.
- **Formula** funding is distributed based on actual living HIV and AIDS cases as of December 31 of the most recent calendar year.
- **Supplemental** grants are competitive and based on severity of need.
- MAI (Minority AIDS Initative) funds are awarded competitively based on a separate application

Source: AED & NAPWA

How To Use RW Funds

- Monies from this act
  - Work to improve the organization of health care and support services for individuals with HIV disease through **quality** and **accessibility**
    - Ryan White funds fills in the gaps for those who are **under/uninsured**
    - Ryan White funds are the **payer of last resort**

USING RW FUNDS (CONTINUED)

- Monies from this act also
  - Provide **emergency assistance** to eligible metropolitan areas (EMAs) most severely affected by the HIV epidemic.
  - Provide assistance to localities disproportionately affected by the HIV epidemic, and to states and other public or private nonprofit entities to develop and organize more effective and cost efficient service delivery systems.

Understand community planning and how the HIPC is a type of community planning

- **What is "community planning?"**
- **What does the HIPC do?**

- **https://www.hivphilly.org/documents/375/GMT20200420-154238_Nicole-Joh_1600x800.mp4**

Michael Cappuccilli
(Nomination Co-Chair)

HIPC Member

Michael Cappuccilli
(Nomination Co-Chair)

What is "community planning?"

Who would you want at the table?

- A **community** is a social group of organisms/people sharing an environment, normally with shared interests
- **Planning** is the process of thinking about the activities required to create a desired future on some scale.
- People at the table are a combination of government and non-government offices and people who represent or are a part of the "community"

HIPC's Membership Requirements

- PCs are ***required*** to have representatives from *15 specified categories*:

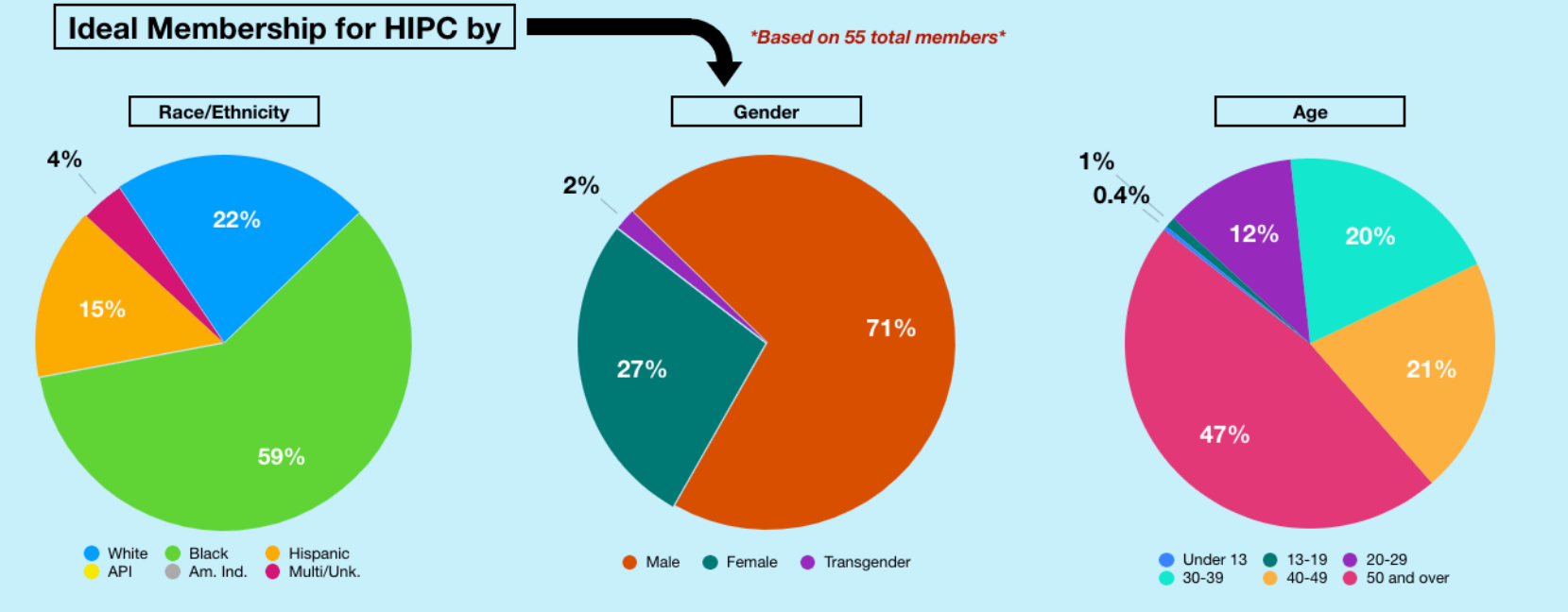
- Healthcare Provider
- including Federally Qualified Health Center
- Community Based Organization (CBO) Serving Affected Populations/AIDS Service Organization (ASO)
- Social Service Provider - Housing and Homeless Services
- Social Service Provider - Other Mental Health Provider Substance Abuse Provider
- Local Public Health Agency Hospital Planning Agency or Healthcare Planning Agency
- Affected Communities including People with HIV and Historically Underserved Subpopulations,
- Non-Elected Community Leader
- State Medicaid Agency,
- State Part B Agency, Part C Recipient, Part D Recipient
- Other Federal HIV Programs, including HIV Prevention programs
- Representatives of/or Formerly-Incarcerated People with HIV

See list for details page 2 of bylaws

- The RWHAP also requires that **33%** of the planning council members be "non-conflicted" consumers of Part A services.

- The planning council membership must also **reflect** the **demographics** of people living with HIV in the EMA

Source: AED & NAPWA



- Visual example of HIPC membership demographics

What does the HIPC do?

- The planning council decides what services are priorities for funding and how much funding should be provided for each service category, based upon the needs of people living with HIV in the EMA. The recipient is accountable for managing RWHAP Part A funds and awarding funds to agencies to provide services that were identified.

- The planning council and the recipient work together on identifying the needs of people living with HIV (by conducting a needs assessment) and preparing a CDC and HRSA Integrated HIV Prevention and Care Plan, formerly known as a comprehensive plan (which is a long-term guide on how to meet those needs).

- The planning council cannot do its job without the help of the recipient, and the recipient cannot do its job without the help of the planning council. Some of the responsibilities are identified clearly in the RWHAP legislation. It is important that the planning council and the recipient work together.

Understand what the HIPC does and your role in the HIPC

Debbie Law (OHP staff)
Mari Ross-Russell (OHP Director)

HIPC's Roles & Responsibilities

- The Planning Council is not an advisory body, it has ***legislative authority*** to carry out its assigned tasks and decision making

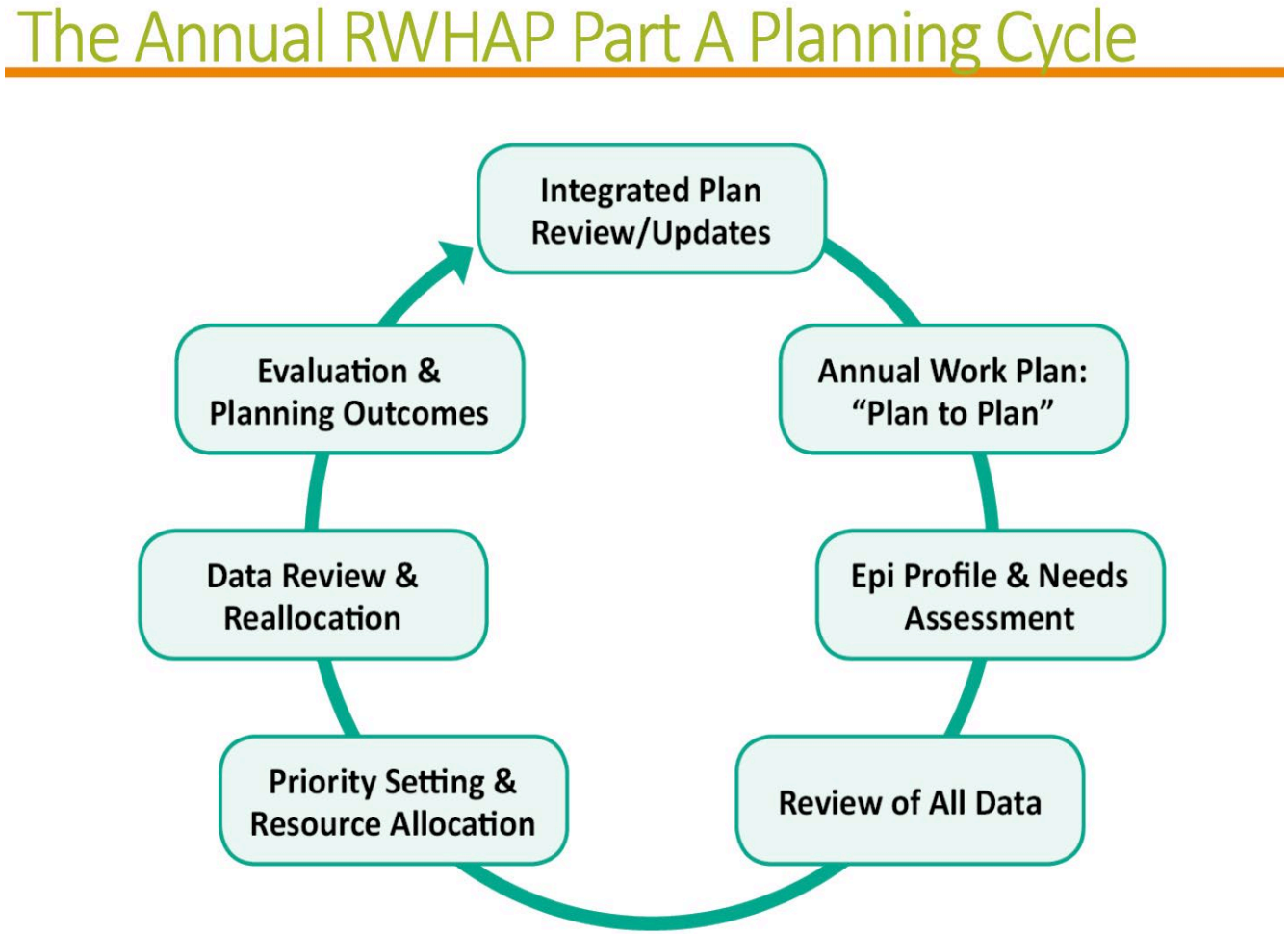
1. Conduct a Needs Assessment
2. Set Priorities
3. Allocate Resources/Funds
4. Develop an integrated Comprehensive Plan
5. Directives to Grantee/Recipient on how best to meet priorities
6. Evaluate effectiveness of services *(develop standard of care)**
7. Coordination with other Parts & HIV services
8. *Develop policies for PC operations **

(See page 15 of primer)

Source: AED & NAPWA

HIPC Planning Cycle

https://www.hivphilly.org/media/documents/Training_series_1_Anual_Cycle.mp4



Priority Setting

1. Conducted every 1-3 years depending on guidance

2. HIPC decides which services are most important to PLWHA in our EMA

3. PC should consider what service categories are needed to provide a comprehensive system of care for PLWHA, **without regard to who fund those services** (ranking does not mean more/less funding)

4. Prioritize service categories that are in the legislation as core medical or support service *(see page 22 of primer for list)*

Allocations of Funds

1. Conducted annually for the next fiscal year
2. HIPC decides how much PART A funding will be used for each services
3. Focus on at least 75% of funds must be spent on Core Medical Services, remaining 25% to support series
   - *Support service must contribute to positive medical outcomes for clients*
4. Our HIPC conducts 3 regional Allocations
5. Use three scenarios that assume unchanged/level, increase and decrease funding in the upcoming program year
6. *Page 21 of primer*

ALLOCATIONS CON'T

- 75% of funds must be spent on Core Medical Services:
  - Outpatient and ambulatory health services
  - AIDS Drug Assistance Program treatments in accordance with the minimum drug list
  - AIDS pharmaceutical assistance
  - Oral health care
  - Early intervention services
  - Health insurance premium and cost sharing assistance for low income individuals
  - Home health care
  - Home and community-based health services
  - Medical nutrition therapy
  - Medical case management, including treatment adherence service
  - Hospice services
  - Mental health services
  - Substance abuse outpatient care
- The remaining 25% may be used for support services needed to achieve medical outcomes.
  - Examples of support services that are needed to achieve medical outcomes (Included in the 25 percent):
    - Respite care for individuals with HIV/AIDS
    - Outreach services
    - Medical transportation
    - Linguistic services
    - Referral for health care and support services.
  - Medical outcome is defined as those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.
- Administrative Expenses

Source: AED & NAPWA

HIPC Structure and Functions

- Nominations Committee
- Finance Committee
- Positive Committee
- Comprehensive Planning Committee (joint with Needs Assessment Committee)
- Prevention Committee
- Executive Committee
- Ad-hoc work groups

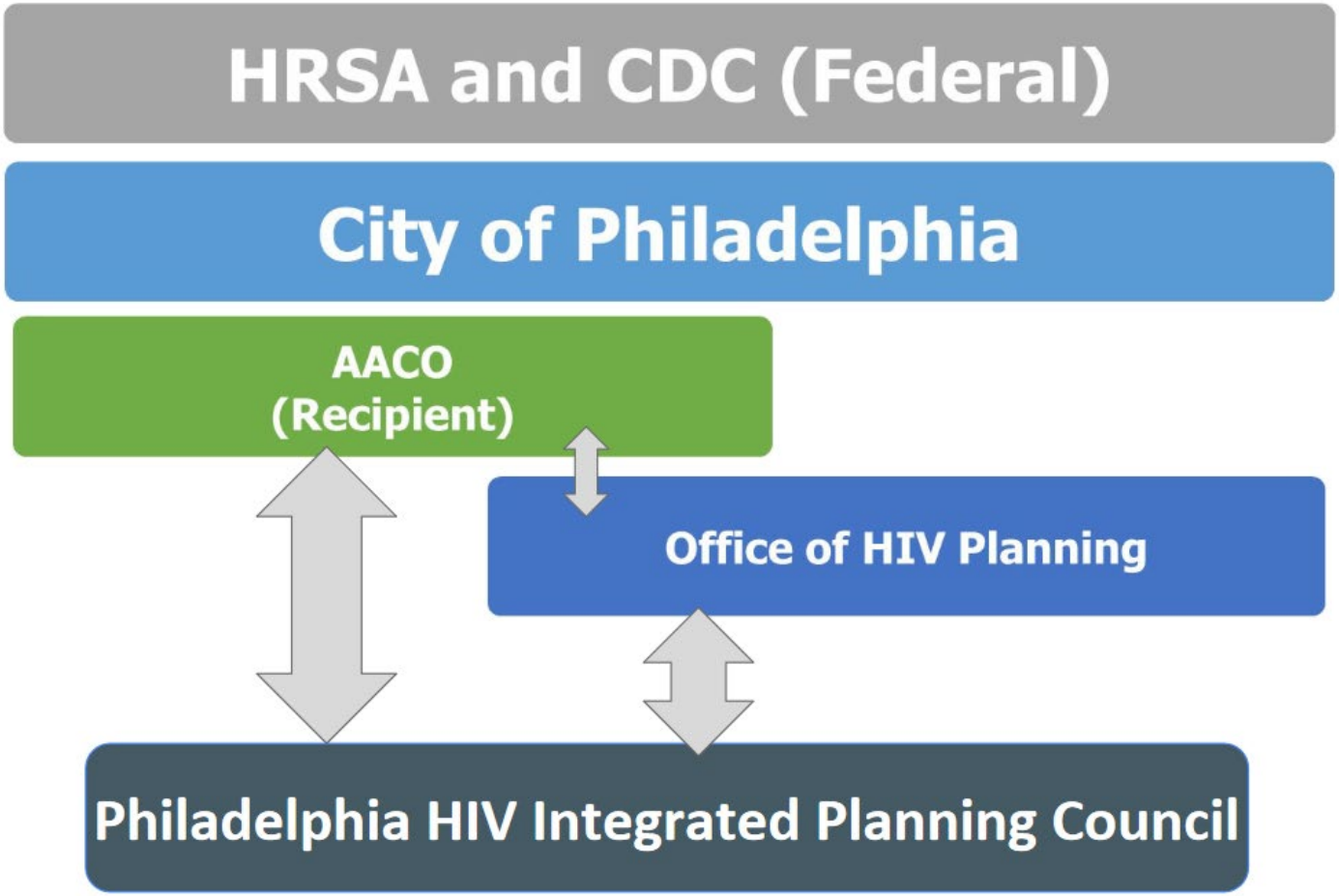
See page 7 of bylaws for details

With whom does the Philadelphia HIPC work?

- Government offices
- Office of HIV Planning
- Various providers
- Various community members

Debbie Law (OHP staff)

HIPC Organizational Chart



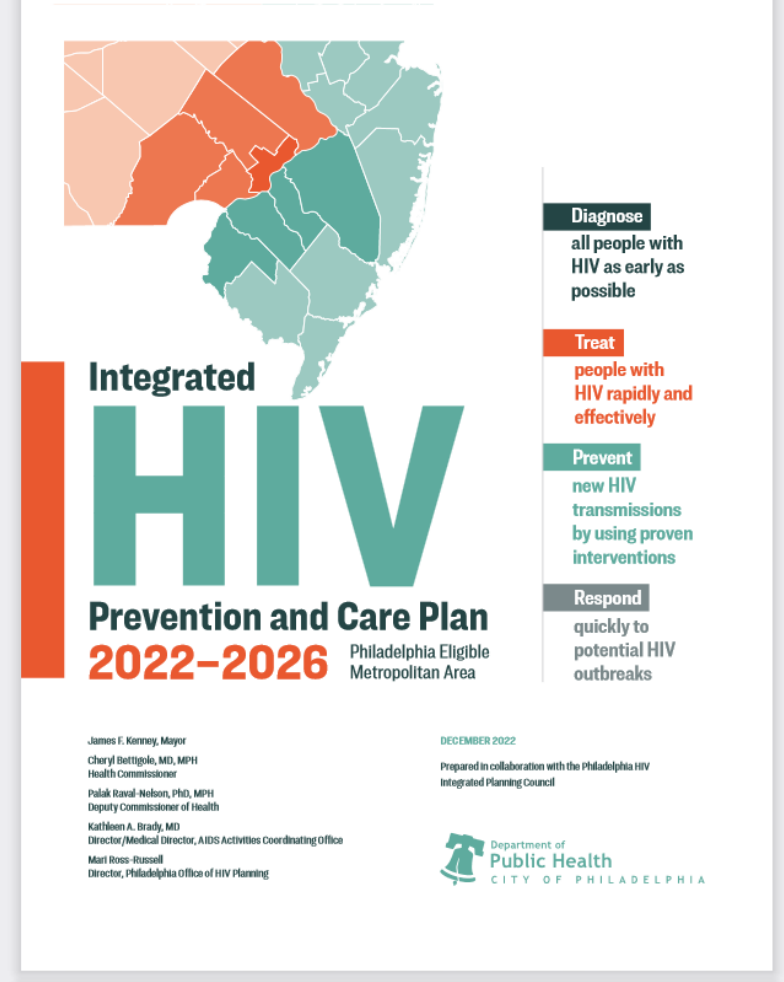
- https://www.hivphilly.org/documents/375/GMT20200420-154238_Nicole-Joh_1600x800.mp4

Office of HIV Planning

- Staff provide support
  - Ensure you have the materials, data, etc. you need to make you comfortable with decision making
  - Work to provide you with what you need to complete your work and to be an active, involved member

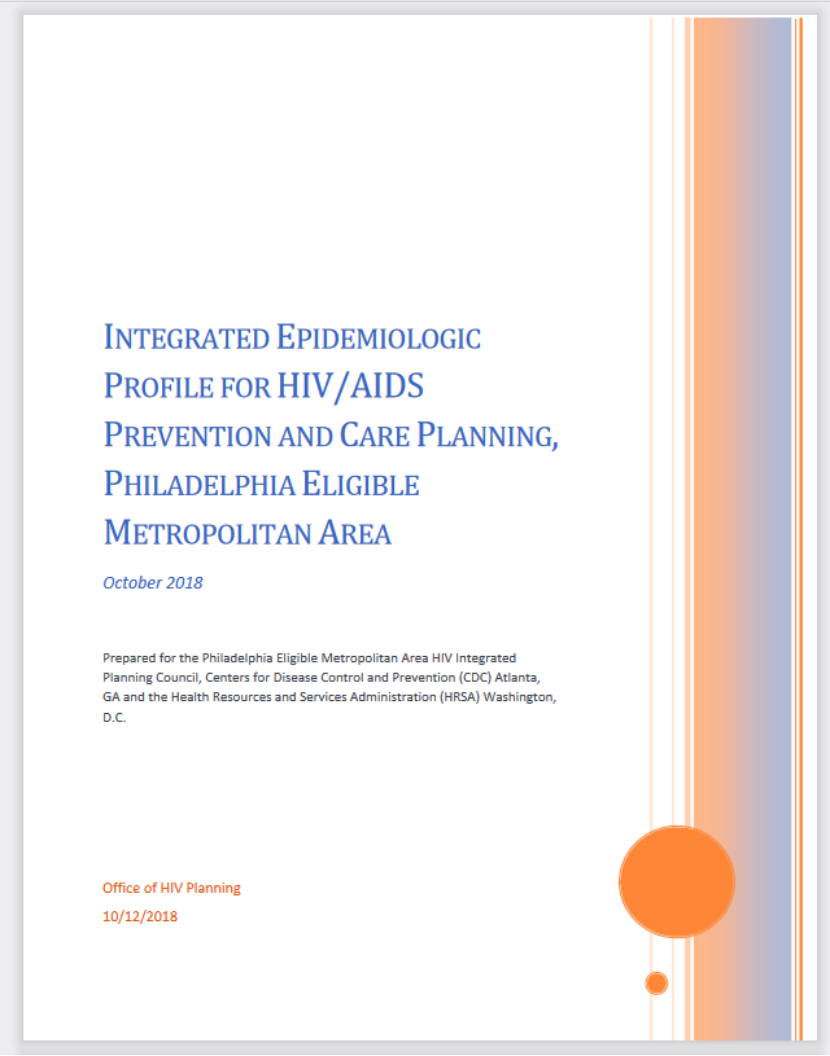
Office of HIV Planning
PHILADELPHIA
WWW.HIVPHILLY.ORG

The Integrated Plan



- https://www.hivphilly.org/media/documents/Integrated_Planning_video.mp4
- Members resource> Integrated Planning (Video)

The Integrated Plan



- The Integrated Plan
  - Identifies goals, objectives and action steps (completed and pending) related to comprehensive planning
  - Goals and Objectives from each committee. Also identifies work completed by each committee.
  - A full summary of all needs assessment activities
  - Includes an epidemiological profile
  - A Resource Inventory

The Plan (continued)

- The *epi profile*
  - Describes the epidemic

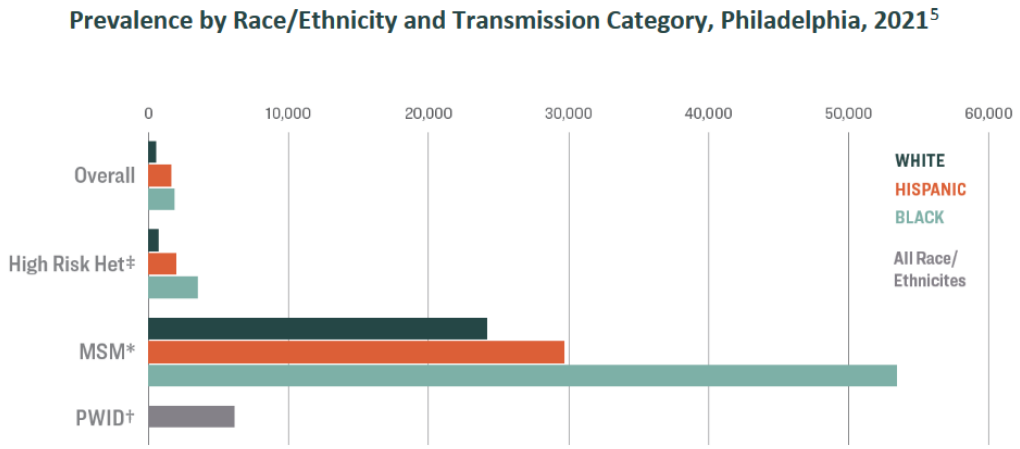


chart source from Integrated Plan 2022

The Plan (continued)

- ***Needs assessment activities data sharing and use***

  Multiple primary and secondary data sources, including quantitative and qualitative data, were used to develop this plan. These include:

  - **HIV surveillance data**
  - **HIV prevention program data**
  - **RWHAP CAREWare data**
  - **Client Services Unit (CSU) intake data**
  - **Medical Monitoring Project (MMP) data**
  - **National HIV Behavioral Surveillance data**
  - **Data to Care (D2C)**
  - **Demonstrating Expanded Interventional Surveillance (DExIS): Towards Ending the HIV Epidemic in Philadelphia data**
  - **Other data sources** including community feedback on Philadelphia's EHE Plan, Youth Risk Behavioral Surveillance System (YRBSS), Behavioral Risk Factor Surveillance System (BRFSS), Philadelphia EMA hepatitis surveillance data, Philadelphia EMA STD surveillance data, Philadelphia EMA needs assessment data, census/community survey data, and data from the Philadelphia regional household survey conducted annually by Public Health Management Corporation (PHMC).

For a full description of the data see pages 14-15 of the Integrated Plan 2022-2026

Roles of Grantee/Recipient and PC

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	*		
Appointment of Planning Council/ Planning Body Members	*		
Needs Assessment		*	*
Integrated/Comprehensive Planning		*	*
Priority Setting			*
Resource Allocations			*
Directives			*
Procurement of Services		*	
Contract Monitoring		*	
Coordination of Services		*	*
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		*	Optional
Development of Service Standards		*	*
Clinical Quality Management		*	Contributes but not responsible
Assessment of the Efficiency of the Administrative Mechanism			*
Planning Council Operations and Support Primer pg 14		*	*

Understand HIPC meeting basics

- Member's expectations
- Meetings

Debbie Law (OHP staff)

HIPC Member

Shane Nieves
(Nominations Member)

HIPC Membership Expectations

- HIPC members are expected to
  - Attend 1 HIPC meeting a month (about 2 hours)
  - Attend 1 HIPC committee meeting a month (about 2 hours)
  - Notify our office if you cannot make a meeting – call at 215-574-6760 or email reply
  - *Be an active participant!*

Meetings

- Are facilitated by the co-chairs
- Are open to the public and are documented via minutes
- Are to include a representative group – all of whose members have an equal voice
- Follow an agenda
- Follow Robert's Rules of Order (motions, etc.)

Meetings
(what I need to know to make it through my first several meetings)

- The agenda
  - Co-Chair Reports
  - Staff Reports
  - Public Comment
  - Actions Items
  - Presentations
  - Discussion Items
  - Committee Reports
  - Other Business

Meetings
(the terminology – what the heck language is this?)

- Care, Prevention and comprehensive planning terminology

  (see cheat sheet in binder)

  - Acronyms and more acronyms
  - Do not feel intimidated!
  - Ask!

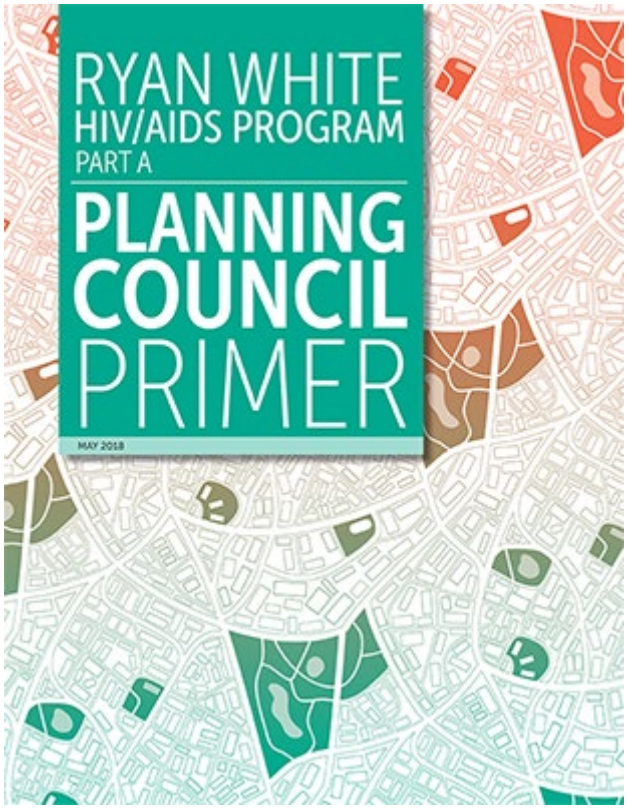
Meetings
Conflicts of Interest

- All members must disclose their conflict of interest on the PC

- https://www.hivphilly.org/documents/475/Article_X_Conflict_of_Interest.pdf

- https://www.hivphilly.org/documents/498/Conflict_of_Interest_1.pdf

Planning Council Primer



https://careacttarget.org/planning-CHATT/planning-council-primer

Questions?

- What is still confusing?
- What information do you want/need?
- What is coming up?
- Buddies
- Ask Staff

Contact Information

Debbie Law
Phone: 215.574.6760 x112
Email: debbie@hivphilly.org

- **2. What is included in the EMA (check all the apply)?**
- **4. Ryan White is… (check all that apply)**
- **HIPC (the HIV Integrated Planning Council) is responsible for… (check all that apply)**
- **6. The Grantee/Recipient is the person or organization that is responsible for carrying out the Ryan White Part A tasks and working with HIPC within the EMA. Who is the Grantee/Recipient for our Planning Council's EMA?**
- **7. Priority setting directly affects the allocations process.**