



## TARGETED TA FINAL CONSULTANT REPORT

**INSTRUCTIONS:** Please provide detailed responses to each of the following questions, adding any additional supporting narrative as appropriate. Attach any relevant documents you may want to include (e.g. tables, charts, etc.). Contact your Planning CHATT TA coordinator<sup>1</sup> if you have any questions or concerns while developing the report. Once you have completed this report, please send it to your TA coordinator.

Table 1. Key Details	
Jurisdiction	Hennepin County TGA
Name(s) of Consultant(s)	Mark Fischer & Steven Vargas
Date	June 29, 2018
Start date for TA engagement	February 1, 2018
End date for TA engagement	June 29, 2018

1. Provide a high-level summary of TA that was delivered to the jurisdiction, making note of any changes from the original TA plan. *This section should describe what TA was delivered, activities performed, challenges encountered, and steps taken to mitigate issues. Please describe changes that have been made in PC/PB functioning/operations as a result of the TA.*

Upon being assigned to work with the Minnesota Council for HIV/AIDS Care and Prevention serving the Hennepin County TGA, the consultants reviewed the report from the July 2017 Site Visit and a November 2017 memorandum from the Project Officer both of which addressed areas for which Technical Assistance might be appropriate. Additional information was reviewed and conference calls were held to inform the writing of the Targeted TA Action Plan. The TA Plan was developed and approved to begin implementation on April 1, 2018.

### Preparing for onsite TA Delivery

Early work included preparing for the onsite training sessions which were to take place in May, 2018. The sessions would target four stakeholder groups: (1) the Community Voices Committee; (2) Consumers; (3) Providers; and (4) the Planning Council members. Each session would seek to ensure attendees understood the Council process and solicit ideas for strengthening consumer outreach and communication. Sessions 2, 3, and 4 would build on the earlier session(s) by starting each new session with a review of the “top three things learned in our session today” and “three action you think the Council should take based on discussions in our session today” from the previous session(s). The Planning Council session, considering all prior input, would be the place to identify what the Council saw as its top priorities for action and create a rough version of the next steps.

<sup>1</sup> Molly Tasso, 617 482.9485 x3677, molly\_tasso@jsi.com;  
Chris La Rose, 404 460. 4806, christopher\_larose@jsi.com

To further inform the content of the training sessions and to tailor them to the specific needs of the attendees, between April 23 and April 30, 2018, the consultants conducted twenty (20) Key Informant Interviews lasting 30-60 minutes each. The 20 interviewees included eight (8) providers and 12 consumers. Providers were evenly divided between members and non-members of the Council. Consumers included the two (2) Council Co-Chairs and seven (7) Standing Committee Co-Chairs. Interviewees were asked to respond to a uniform set of questions addressing the Council's methods of sharing information with and soliciting input from the consumer community and the Council's current strategy for recruiting a diverse pool of applicants for membership especially those from marginalized, underserved, and emerging populations. Suggestions were solicited for ways the Council could improve its effectiveness in connecting with the community and for actions that would increase the ability of Council members to understand their roles and responsibilities including the use of data for decision-making. Interviewees were extremely engaged and were anxious to work together to create a stronger, more successful Council. [Attachments 01 & 02]

Key Informant Interviews revealed widespread consumer concern and lack of understanding about how Greater Minnesota Part B PLWH were supposed to address issues related to their care within the new MCHACP structure. Efforts of Greater Minnesota Part B PLWH to pursue their concerns within the newly revived CVC were seen as dominating the meetings. As a result, business pertaining to Part A was often postponed and some PLWH were discouraged from attending. To fulfill the TA mission of helping expand participation of Part A consumers, it became necessary to understand this larger issue and suggest ways the CVC and PC could address it, together.

Interviews about how the MCHACP works with Part B were held with Jonathan Hanft (Part A recipient) on May 13th, Rachel Heule (Part B ADAP Coordinator and Part B Member of the MCHACP) on May 22nd and Colleen Bjerke (Part B Recipient) on June 1st. Responses to pre-set questions were consolidated into two documents, one for Part A and one for Part B. [Attachments 04 & 05]

A report entitled "Key Interview Findings" was written, circulated for review, revised, and released in final form on May 10, 2018. The "Findings" were also highlighted in the onsite training and the full document was shared as a handout for attendees. [Attachment 02]

Interviews identified the following as key areas for training and improvement:

1. Working understanding of the Council structure with Part A, Part B, and Prevention.
2. Role, responsibilities, and rights of the consumers as a part of the Council Process.
3. Ways non-member consumers can participate in Council work at the committee level.
4. Community Voices Committee's role in the work of the Planning Council
5. More effective distribution of Council information to the community (consumers and providers).
6. More effective Council solicitation of input from the community (consumers and providers)
7. Improved member recruiting especially from marginalized, underserved, and emerging populations.
8. More effective ongoing education and training programs for current and prospective members.
9. Strategies for better understanding of and responses to service needs of special populations.

### Onsite TA Delivery

Onsite training sessions were designed based on the information gathered during the preparation process and were conducted on May 23, 24, and 25, 2018 in the facilities of two funded providers in Minneapolis. (Copies of the agendas, PowerPoint presentations, and handouts for each of the four different sessions are included in the Attachments section of this report as referenced below.)

Each session began with a RWHAP segment tailored to the specific audience that included RWHAP Part A purpose and process, differences between RWHAP Part A and RWHAP Part B purposes and consumer involvement expectations, and the RWHAP Part A Recipient and Council Roles. Sessions 2, 3, and 4 built on the earlier session(s) by starting each new session with a review of the “top three things learned in our session today” and “three action you think the Council should take based on discussions in our session today” from the previous session(s). Key output from previous sessions was also shared to promote a “building” process.

Each session concluded with a focusing and summation activity in which participants were asked to identify the “top three things from this session that you think others should know” and to create “three actions the Planning Council should take based on the discussions in this session”.

The Community Voices Committee session on Wednesday evening focused on motivating consumers to participate with a review of the history and value of HIV advocacy, the value of consumer participation, and the essential characteristics and behaviors of effective consumer leadership. [Attachments 06 & 07]

The Consumer session on Thursday morning expanded in the CVC session with a more detailed review of HRSA/HAB structures and guidance on PC roles and responsibilities as well as the use of grant funds. Discussion sessions reviewed the Council’s current information sharing methods and suggestions for improved ways of receiving and responding to PLWH ideas and concerns; the needs and expectations of consumers in TGA [Part A] and in Greater Minnesota [Part B]; resources and assistance the Council could offer PLWH to increase their ability to contribute to the Council’s work. [Attachments 08 & 09]

The Consumer session on Thursday afternoon focused on the role of providers and sought ways to harness those relationships to enhance the effectiveness of the Council. The session began with an interactive review of the role providers currently play in Council work and discussions on the following topics: Ways to improve information sharing between the PC and providers; ways providers could support the PC in communicating with the PLWH community; ways providers could share more feedback on consumer needs and concerns; and the potential benefits and optimal format for quarterly Provider Roundtable Lunches to strengthen PC-Provider communication. [Attachments 10 & 11]

The Planning Council session on Friday morning began its discussion segments with a summary of the “top three things learned” and the “top three actions the Council should take” from each of the previous three sessions. In each of the six subsequent segments, a key action goal was described with possible supporting action that could lead to achievement of the goal. The five action goals were:

- (1) Adopt CVC agenda that helps PLWH understand and be part of Council work.
- (2) Strengthen PLWH involvement with the Council and Council’s use of PLWH input in decision-making.
- (3) Expand Council-Provider relationships to connect to the PLWH community and improve services.
- (4) Improve membership outreach and recruitment to increase diversity and inclusion.
- (5) Increase PLWH community involvement in needs assessment and evaluation.

The intended outcome of the Planning Council session was to have the attendees create rough drafts of their priorities for actions and the next steps for pursuing them. However, the groups experienced information overload and stated it needed more time to process all that had been shared with them. The consultants agreed to prepare a written summary of the possible actions for the group and to discuss it with the Council’s Executive Committee at the June meeting. [Attachments 12 & 13]

#### Findings from onsite TA delivery & planning next steps

The consultants compiled all attendee input shared during Friday’s Planning Council TA session into a single document entitled, “Summary of Actionable Items from Onsite TA Training”. Actions proposed by session attendees were grouped into units of similar purpose and assigned a unifying heading. The action groups were ordered in a sequential way so that activities could be built on one another and be more easily implemented.

The “Summary” was designed as a tool for the Executive Committee to aid in discussing the TA session and formulating action steps. The desired outcomes are actions, plans and timelines covering 18 months (beginning no later than September 2018 and running through the balance of the current Grant Year and all of the following Grant Year) that advance goals supported by this TA.

The report was discussed with Council Support Staff and the one of the two Council Co-Chairs who was available. With their feedback the document was revised. [Attachment 24]

The following are action steps from the summary report:

#### Technical Assistance

- Identify needs and request additional technical assistance from HRSA/HAB.

#### Consumer-Council Involvement

- Strengthen and empower the Community Voices Committee through an agenda that shares information about Council business with and solicits input from consumers, educates consumers on Council process and key topics, and incorporates consumer concerns and proposals into the Council work flow.
- Mandate minimum percentage (33.3%) consumer membership on standing committees; use “named members” from the community if needed.

#### Council Member Development

- Review and update new member orientation-training activities and materials as well as ongoing education and training for members.
- Expand Consumer Access to and Comprehension of Various Data Resources.
- Improve Membership outreach and recruitment strategies to ensure compliance with federally mandated requirements for representativeness and diversity. Create more defined and recognized roles for non-members of the Council as a means of creating potential new members.
- Learn how to use Standards of Care, Quality Management, and Service Delivery Directives to shape service delivery

#### Consumer Community Outreach

- Improve communication strategies and practices using a wide range of methods discussed in the training sessions.
- Use properly trained and managed consumers for community outreach and service delivery in roles such as Survey Administrators, Care Navigators, Community Outreach Workers, and a CVC “Speakers Bureau”.

#### Provider-Consumer Interface

- Institute quarterly Provider Roundtables with the recipient and Council to seek new ways of using insights from provider-client interaction to improve service delivery and medical outcomes
- Ensure funded providers have a genuinely diverse and inclusive staff and that service delivery plans provide culturally competent care that keeps clients in care.

#### Consumer-Centered Service Delivery

- Adapt service planning and delivery to meet the changing needs of the changing epidemic.
- Consider funding pilot/demonstration projects to create and replicate innovative service strategies

#### Needs Assessment & Data

- Sync the Council’s five-year needs assessment strategy with the Integrated Comprehensive Plan through five annual components: comprehensive data review; needs assessment survey; provider inventory; focus groups; unmet need assessment; ad hoc working groups. Council members must receive training on each component.

- Establish a “Diversity and Inclusion Working Group” that includes consumers and providers to develop strategies for reaching clients from marginalized and historically underserved communities affected by the epidemic.
- Establish a “Greater Minnesota Working Group” for a short-term needs assessment with specific tasks and period of existence (3-6 months) whose members include consumers, Part B representatives, and others involved in service delivery for the area. As structured, the group would disband when the needs assessment is completed and recommendations are submitted to the Executive Committee.

The revised “Summary of Actionable Items from Onsite TA Training” was emailed to MCHACP Executive Committee members in advance of and subsequently presented via conference call during the body’s monthly meeting on June 5, 2018. The MCHACP Executive Committee concluded they need more time to study and think about the contents of the “Summary” before determining what their next steps will be. As a result, discussions and recommendations about the Council’s next actions will be on the agenda for the July meeting.

### Wrapping up TA engagement

A wrap-up call with the MCHACP Council Co-Chairs, MCHACP Support Staff, Part A Recipient representative, Part B Recipient representative, and consultants was held on June 26, 2018. Prior to the call, all call participants were asked seven key questions and their answers were consolidated into one document. [Attachment 25] Consultants developed and shared tools to help Council members sort through the large volume of information by evaluating each option based on multiple variables including whether or not outside assistance would be needed, access to needed resources, affordability, timing, and level of importance. [Attachments 26 & 27]

### Two changes from the original TA Plan were required during implementation:

- Planned interaction with Standing Committees to explore ways each could support the growth goals addressed in the TA was not possible because pre-set committee meeting dates did not mesh with time available. Interviewing at least one co-chair of each committee as a Key Informant collected input and shared proposed ideas, thereby compensating for the lack of full committee interaction.
- Encountering the Greater Minnesota-Part B issues added a task that was not a part of the plan. Efforts in this regard were addressed without any diminished attention to the Part A focus.

2. Using the table below, please describe progress toward meeting objectives from the TA plan.

Table 2. TA Objectives and Outcomes					
Objective (from the TA Plan)	Was this objective fully, partially or not at all met?	Describe progress to date	What contributed to this progress	What barriers were encountered in working toward this objective?	If the objective is not fully met, what is needed to meet this objective?
Create and begin implementing a revised meeting structure for the Community Voices Committee that includes information sharing and education designed to increase the ability of community members to understand and contribute to the work of the Planning Council.	Fully Met	Meeting Agenda Template created and reviewed with committee; committee plans to use the new agenda moving forward. Strategy of having at least one CVC member join and act as a liaison to each standing committee was also presented and won approval.	Consumer members of the Council as well as the Council Staff and the Recipient were and are highly desirous of making the CVC the core of the Council's interaction with the consumer community year round.  Consultants' ability to create agenda format and Council's desire to implement it.	The ability of the Council to implement plans to hold Community Voices Committee meetings on a monthly basis is impeded by lack of funding.  The Part A Recipient is seeking financial support from the Part B Recipient for those consumers from Greater Minnesota who require reimbursement for mileage and overnight hotel accommodations to attend the meetings held at night.	

Objective (from the TA Plan)	Was this objective fully, partially or not at all met?	Describe progress to date	What contributed to this progress	What barriers were encountered in working toward this objective?	If the objective is not fully met, what is needed to meet this objective?
<p>Create and begin implementing a formal path of information sharing and action that includes the Community Voices Committee, the Standing Committees, the Executive Committee, and the full Planning Council.</p>	<p>Partially Met</p>	<p>Strategy of having at least one CVC member join and act as a liaison to each standing committee was also presented and won approval.</p> <p>Strategy of amending the Bylaws to require each standing committee to have at least one third of its members be unaffiliated PLWH PC members was presented and received positive support.</p>	<p>Consumer members of the Council sought ways to ensure their perspective and that of the PLWH community in general were given the stature in decision-making that the law prescribes.</p> <p>Consultants' ability to create and present the strategies in a manner that won the Council's support.</p>	<p>None</p>	<p>The Council will have to amend its Bylaws to include this requirement and the necessary procedural stipulations.</p> <p>The Council also may need to formulate and adopt changes or additions to its standard operating procedures to correspond with this change.</p> <p>The Council's 30 members include 10 unaffiliated PLWH, enough to create a committee size of six with two unaffiliated PLWH members and 4 other members.</p> <p>Committee members may have to be moved from one committee to another to achieve this ratio.</p> <p>If necessary to achieve this ratio, unaffiliated PLWH from the community who are not Council members should be recruited and appointed as "named members" of committee with full rights to make, second, and vote on motions.</p>

Objective (from the TA Plan)	Was this objective fully, partially or not at all met?	Describe progress to date	What contributed to this progress	What barriers were encountered in working toward this objective?	If the objective is not fully met, what is needed to meet this objective?
<p>Conduct Onsite Training for Community Voices Committee and other interested stakeholders that increases their ability to understand and contribute to the work of the Planning Council</p>	<p>Fully Met</p>	<p>Four sessions were held on May 23 (1), May 24 (2) and May 25 (1), 2018.</p>	<p>Planning Council members, providers, recipient, and council staff were anxious to have the TA training and were very supportive of it.</p> <p>A conscientious review of PC documents as well as extensive discussions and interviews with a wide range of key stakeholders enabled the consultants to develop a good understanding of the Council and community from which they created a well-focused set of sessions.</p>	<p>The biggest challenge was understanding how the MCHACP that serves RWHAP Part A, RWHAP Part B, and Prevention functions. Although this was Part A funded TA, consumer concerns about Greater Minnesota were a barrier to effective work with Part A. It was necessary to acknowledge Part B issues while providing TA to the Part A PC.</p>	



**3. Describe the jurisdiction’s planned next steps to address remaining challenges, and promote sustainability.** *This section should include accomplishments that resulted from this TA engagement, plans the PC/PB has to sustain progress as a result of the TA provided, and plans to address issues that remain unresolved.*

There was consensus that TA and referral to sound practices and successful models will be sought to address or support several key activities:

- Full implementation of the new CVC committee structure and agenda
- Requirement that a minimum of 33% of the members of each standing committee must be unaffiliated consumers
- Improved data strategies that include reformatted reports that are easier to comprehend and training in the use of data for decision making
- Improved membership recruiting, training, and retention
- Effective ongoing, year-round member education programs received strong support from the members on the call.

At its monthly meeting on July 3<sup>rd</sup>, the Executive Committee will use the consultant’s tools to review and evaluate items in the Summary document. The committee is expected to direct action to move ahead on the CVC meeting item and the 33% unaffiliated consumer requirement for membership on all standing committees. The goal for July and August is to develop detailed work plans and assemble needed resources so that other efforts will begin immediately after Labor Day.

**4. Provide recommendations for additional training or technical assistance (T/TA).** *This may include recommendations related to specific TA objectives (above) and also broad recommendations for additional support by HRSA or its supported T/TA projects.*

The MCHACP will need additional Technical Assistance as identified in request(s) from the Council to HRSA/HAB. Referrals to sound practices, successful program models, and knowledgeable contacts in other TGA’s and EMA’s also will be of significant value.

The consultants recognized that Council members are eager and committed but lack assets such as institutional history, working knowledge of RWHAP, leadership and group facilitation skills, and other tools for effective service. TA in the following areas may prove useful in the future:

- Leadership development and training
- Membership recruiting, training, and development to ensure needed diversity and inclusion
- Guidance and support in asserting the Council’s legislatively mandated role as an equal partner with the recipient

HRSA/HAB involvement may be useful in examining possible conflicts of interest (1) the PC staff reports to the Part A Recipient; and (2) the PC and PC staff are not party to any aspect (how the total amount is determined and what is or is not included) of the PC’s operating budget.

**Discuss lessons learned.** *Describe any lessons learned from this TA engagement that should be shared with other jurisdictions, consultants, or the CHATT project to help inform future TA engagements. Please also indicate whether any materials developed for this engagement should be considered for wider dissemination.*

- A Unified Planning Body creates unique challenges arising from the differing legal requirements and operating styles of the component programs, the most significant of which is the role of the Council as decision maker for Part A as contrasted with that of an advisor for Part B and Prevention. The absence of mutually understood and effective operating strategies consistently implemented by all recipient partners

action negatively impacts Part A. As the Unified Planning Body format becomes more common, consultants will encounter and be called upon to deal with similar challenges. Our experience and suggestions are included. [Attachments 2, 3, & 4]

- Ongoing effective education and training for council members is absolutely essential for reasons including term limits instituted by more and more Councils as well as ever-present changes in the epidemic, funding streams, treatment, and medications.
  
- The key to sustained consumer connection to the Planning Council requires the Council to ensure meaningful participatory roles in meetings and to demonstrate that consumer input has been used. The latter involves “circling back” and making actions/outcomes known.

3. **On-site meetings, training sessions and workshops.** Using the table below, provide details of all on-site meetings, training sessions and workshops. For trainings and workshops, please list learning objectives. If you have agendas for meetings and site visits that capture the information requested below, these can be submitted in lieu of completing columns 2-4.

Table 3. On-site Meetings, Trainings and Workshops				
Name of meeting/training	Date/ location	Number of participants	Meeting purpose (for trainings/workshops provide learning objectives)	Materials created/updated/ adapted (if any) to support this TA engagement*
<p>CONSUMER VOICES: Community Voices Committee (CVC) Meeting</p> <p><i>Target Audience: Consumers of Ryan White Services</i></p>	<p>Wednesday, May 23, 2018</p> <p>4:00 PM to 7:00 PM</p> <p>Community Room @ Marshall Flats, 2525 2nd ST NE, Minneapolis, MN 55418</p>	27	<p>Training &amp; Discussion focusing on the History &amp; Value of Consumer Advocacy and the effort to Strengthen the CVC’s role in the PC’s work.</p> <ul style="list-style-type: none"> <li>▪ Review the History and Value of HIV Advocacy: Denver Principles; MIPA: Meaningful involvement of people with HIV/AIDS; GIPA: ‘Greater Involvement of People Living with HIV/AIDS; RWHAP: Ryan White HIV/AIDS Program</li> <li>▪ Discuss Consumer Leadership: Leadership Traits; Types of Leadership; Ally-ship &amp; Mentorship</li> <li>▪ Reinforce the Value of Consumer Participation</li> <li>▪ Create Understanding and Support for the new structure and purpose for the Community Voices Committee; secure consumer suggestions to enhance the effort</li> </ul>	<ul style="list-style-type: none"> <li>▪ Wednesday CVC AGENDA (Consultant Product)</li> <li>▪ Wednesday CVC PPT &amp; Handout (Consultant Product)</li> <li>▪ REPORT: Findings &amp; Recommendations from Key Informant Interviews (Consultant Product)</li> <li>▪ REVISED Community Voices Meeting Agenda template (Consultant Product)</li> <li>▪ Monthly Education Topics Schedule July 2018- June 2019 for CVC Meetings (Consultant Product)</li> <li>▪ Motion Form Template (DC EMA)</li> <li>▪ Service Delivery Feedback Form (DC EMA)</li> <li>▪ Date &amp; Service Request Form (DC EMA)</li> <li>▪ Subscribing to JSI EMAIL &amp; Accessing WEBINARS handout</li> <li>▪ “Please complete this online survey” handout</li> </ul>

*Materials can be listed multiple times for different meetings/training*

Name of meeting/training	Date/ location	Number of participants	Meeting purpose (for trainings/workshops provide learning objectives)	Materials created/updated/ adapted (if any) to support this TA engagement*
<p>CONSUMER INPUT</p> <p><i>Target Audience: Ryan White Consumers.</i></p>	<p>Thursday, May 24, 2018</p> <p>9:00 AM – 12:00 Noon</p> <p>The Aliveness Project: 3808 Nicollet Ave, Minneapolis, MN 55409</p>	<p><b>19</b></p>	<p>Training &amp; Discussion: Exploring the needs and expectations of consumers in Metro Area [Part A] and Greater Minnesota [Part B] in an effort to improve services to all.</p> <ul style="list-style-type: none"> <li>▪ Review HRSA/HAB structures &amp; guidance on PC roles &amp; responsibilities and use of funding.</li> <li>▪ Discuss PC's current information sharing methods &amp; offer suggestions for improved ways of receiving and responding to ideas &amp; concerns from PLWH.</li> <li>▪ Explore needs and expectations of consumers in Metro Area [Part A] &amp; Greater Minnesota [Part B]</li> <li>▪ Formulate suggestions of ways the PC could increase the ability of PLWH consumers to participate in and contribute to the PC process</li> </ul>	<ul style="list-style-type: none"> <li>▪ Thursday Consumer AGENDA. (Consultant Product)</li> <li>▪ Thursday Consumer PPT &amp; Handout (Consultant Product)</li> <li>▪ REPORT: Findings &amp; Recommendations from Key Informant Interviews (Consultant Product)</li> <li>▪ REVISED Community Voices Meeting Agenda template (Consultant Product)</li> <li>▪ Monthly Education Topics Schedule July 2018- June 2019 for CVC Meetings (Consultant Product)</li> <li>▪ Motion Form Template (DC EMA)</li> <li>▪ Service Delivery Feedback Form (DC EMA)</li> <li>▪ Date &amp; Service Request Form (DC EMA)</li> <li>▪ Subscribing to JSI EMAIL &amp; Accessing WEBINARS handout</li> <li>▪ "Please complete this online survey" handout</li> </ul>

Name of meeting/training	Date/ location	Number of participants	Meeting purpose (for trainings/workshops provide learning objectives)	Materials created/updated/ adapted (if any) to support this TA engagement*
<p>PROVIDER INPUT</p> <p><i>Target Audience: Providers of Services funded by the Ryan White HIV/AIDS Program (RWHAP)</i></p>	<p>Thursday, May 24, 2018</p> <p>1:00 PM – 4:00 PM</p> <p>The Aliveness Project: 3808 Nicollet Ave, Minneapolis, MN 55409</p>	<p>9</p>	<p>Training &amp; Discussion focusing on Improving Planning Council Outreach to and Input from Provider Clients. Exploring needs and expectation of clients along with strategies for meeting them</p> <ul style="list-style-type: none"> <li>▪ Review the Provider role in PC work</li> <li>▪ Explore ways to improve information sharing between the PC and providers</li> <li>▪ Explore ways Providers could support the PC In communicating with the PLWH community</li> <li>▪ Explore ways Providers can share more feedback on consumer needs and concerns.</li> <li>▪ Explore the potential benefits and optimal format for quarterly Provider</li> <li>▪ Roundtable Lunches to strengthen PC-Provider communication</li> <li>▪ Formulate suggestions for ways the PC and Providers can cooperate to improve consumer outreach</li> </ul>	<ul style="list-style-type: none"> <li>▪ Thursday Provider AGENDA (Consultant Product)</li> <li>▪ Thursday Provider PPT &amp; Handout (Consultant Product)</li> <li>▪ Planning CHATT Fact Sheet</li> <li>▪ REPORT: Findings &amp; Recommendations from Key Informant Interviews (Consultant Product)</li> <li>▪ Subscribing to JSI EMAIL &amp; Accessing WEBINARS handout</li> <li>▪ “Please complete this online survey” handout</li> </ul>

Name of meeting/training	Date/ location	Number of participants	Meeting purpose (for trainings/workshops provide learning objectives)	Materials created/updated/ adapted (if any) to support this TA engagement*
<p>MCHACP PLANS FOR CHANGE</p> <p><i>Target Audience: Planning Council Leadership and Members</i></p>	<p>Friday, May 25, 2018</p> <p>9:00 AM – 12:00 Noon</p> <p>The Aliveness Project: 3808 Nicollet Ave, Minneapolis, MN 55409</p>	<p><b>13</b></p>	<p>Training &amp; Discussion focusing on expanding and strengthening consumer inclusion in Planning Council work by creating a structure and process to ensure consumer voices are heard and used in full Council and Committee decision-making year-round and during annual Priority Setting &amp; Resource Allocation Process.</p>	<ul style="list-style-type: none"> <li>▪ Friday Council AGENDA (Consultant Product)</li> <li>▪ Friday Council PPT &amp; Handout (Consultant Product)</li> <li>▪ Part A Division of Responsibilities between Council and Recipient graphic (Consultant Product)</li> <li>▪ MCHACP Work Flow &amp; Decision-making Power graphic (Consultant Product)</li> <li>▪ REPORT: Findings &amp; Recommendations from Key Informant Interviews (Consultant Product)</li> <li>▪ REVISED Community Voices Meeting Agenda template (Consultant Product)</li> <li>▪ Monthly Education Topics Schedule July 2018- June 2019 for CVC Meetings (Consultant Product)</li> <li>▪ Motion Form Template (DC EMA)</li> <li>▪ Service Delivery Feedback Form (DC EMA)</li> <li>▪ Date &amp; Service Request Form (DC EMA)</li> <li>▪ Subscribing to JSI EMAIL &amp; Accessing WEBINARS handout</li> <li>▪ “Please complete this online survey” handout</li> </ul>

\* Materials can be listed multiple times for different meetings/training

4. **Did you use any existing Planning CHATT tools or materials to support this engagement?** *If so, please list tools or materials used, and provide any feedback received from participants on these materials, or changes you recommend as a TA consultant.*

The consultants reviewed the contents of the RWHAP Part A Manual 2013, The Compendium (Updated 2018), and the Ryan White HIV/AIDS Program Part A Planning Council Primer (2018) and extracted items to include in the PowerPoint presentations for the Onsite TA Training Sessions. Materials were useful and well received by attendees.

In addition, the consultants referred the PC Staff and Council to key tools found within those resources. Planning Council and Staff welcomed the resources and no feedback has been provided at this time.

#### Compendium

- 2.1 Quick Legislative Reference Chart for Planning Council Staff
- 4-1. How PCS Staff Can Support a Successful Open Nominations Process
- 4-2. Best Practices for Consumer Recruitment and Retention
- 4-3. Best Practices for an Effective Mentoring Program
- 5-1. Chart of Planning Council, Recipient, and CEO Roles and Responsibilities
- 5-2. Flow Chart - How a PC Works w Recipient to Carry Out Responsibilities
- 5-3. Using Data, Assessing Needs - Quick Definitions & Descriptions
- 6-1. Tip Sheet - Working Successfully with the Recipient
- 6-2. Sample MOU between PC and Recipient
- 7-3h. Relationship between the PC and Recipient
- 7-3i. Consumer Participation - HRSA-HAB Expectations & Best Practices
- 8-1. Documents to Meet PC-B Administrative Requirements - Best Practices
- 8-4. Multicultural Competence in HIV Planning and Care
- 8-5. Best Practice Tips on Using Social Media
- 8-6e. Glossary of HIV-AIDS Terms - Acronyms & Abbreviations
- 9-1. Resources [Updated 23FEB2018]

#### Ryan White HIV/AIDS Program Part A Planning Council Primer

- *Entire Volume*

#### Planning CHATT (Community HIV/AIDS Technical Assistance and Training) WEBINARS

- **Conducting RWHAP Part A Planning Council/Planning Body Needs Assessments**  
*Tuesday, May 8, 2018*
- **Building Strong Planning Councils/Planning Bodies Part II: Tools and Strategies for Building and Maintaining Strong Relationships**  
*Wednesday, February 28, 2018*
- **Building Strong Planning Councils/Planning Bodies Part I: Roles and Responsibilities**  
*Wednesday, February 21, 2018*

5. **Using the table below, provide the name, title, role and email address for key individuals involved in the delivery of TA.** *Please include individuals who can represent diverse perspectives on this TA engagement. These individuals may be contacted for post-TA evaluation feedback. The list can include HRSA/DMHAP Project Officers, PC/B members, recipient, PC support staff and other community stakeholders.*

Table 4. Key Individuals Involved in the Delivery of TA		
Name	Title/Role within the Part A jurisdiction (e.g., recipient, PC support staff, planning council co-chair)	Email Address
Jonathan Hanft	RWHAP Part A Coordinator	<a href="mailto:jonathan.hanft@hennepin.us">jonathan.hanft@hennepin.us</a>
Jeremy Stadelman	Administrative Specialist, MCHACP	<a href="mailto:Jeremy.stadelman@hennepin.us">Jeremy.stadelman@hennepin.us</a>
Lesa Nelson	PC Co-chair, Unaligned Consumer	<a href="mailto:lnelson11965@gmail.com">lnelson11965@gmail.com</a> ,
Destiny Holiday	CVC Co-Chair, Unaligned Consumer	<a href="mailto:seasoncomeseasongo@gmail.com">seasoncomeseasongo@gmail.com</a>

**Please include the following as attachments to this report:**

- **Meeting, training or workshop session agendas.**
- **Any materials created, updated, or adapted specifically to support this TA engagement**

- 01 Key Informant Interviews\_Contact List
- 02 Key Informant Interviews\_Findings & Recommendations
- 03 REPORT\_Challenges of a Multi-Part PC
- 04 PART B & MCHACP\_Response from Part A Staff
- 05 PART B & MCHACP\_Response from Part B Staff
- 06 Wednesday CVC [PM] AGENDA
- 07 Wednesday CVC [PM] PowerPoint
- 08 Thursday Consumer [AM] AGENDA
- 09 Thursday Consumer [AM] PowerPoint
- 10 Thursday Provider [PM] AGENDA
- 11 Thursday Providers [PM] PowerPoint
- 12 Friday Council [AM] AGENDA
- 13 Friday Council [AM] PowerPoint
- 14 MCHACP Part A - Council-Recipient Roles
- 15 MCHACP\_Passengers-in-a-Car
- 16 MCHACP\_Structure & Relationships
- 17 Community Voices Meeting Agenda
- 18 CVC Monthly Education Topic Schedule
- 19 Motion Form MASTER
- 20 Service Delivery Feedback Form
- 21 Request for Services & Data Form
- 22 JSI EMAIL & WEBINARS.pdf
- 23 Online Survey Flyers\_4 Sessions
- 24 Summary of Actionable Items from Onsite TA Training
- 25 Summary of Answers to TA Wrap-Up Call Questions
- 26 MCHACP "Actionable Items" Decision Making Grid
- 27 MCHACP "Action Item" Steps & Timeline Form
- 28 MCHACP "Action Item" Steps & Timeline Form.docx