SUMMARY OF ACTIONALBLE ITEMS from TA TRAINING

The summary that follows is based on ideas and suggestions shared by attendees during the Technical Assistance sessions held May 23-25, 2018. Ideas have been organized and grouped to make it easier for the MCHACP to make decisions about next steps while understanding what each effort entails and to assist in estimating how much time will be needed to complete each item.

ESSENTIAL NEED

1. **Request additional technical assistance from HRSA/HAB to support targeted efforts** designed to increase consumer participation and membership on the Planning Council. Specifics of the request will depend on the decisions of the Council about the items below.

CONSUMER INVOLVEMENT & IMPACT

2. **Strengthen and empower the Community Voices Committee:** Implement CVC Agenda format that expands consumers' ability to participate fully in the work of the Planning Council;
   - **a.** provide education at each meeting on RWHAP legislation and guidance, key program elements, and topics currently being addressed by the Planning Council and its committees;
   - **b.** develop and share consumer input for Council and committee work;
   - **c.** identify consumer concerns and recommended actions via referral to the appropriate committee via motion or request for investigation and report;
   - **d.** designate at least one unaffiliated CVC member to be a liaison between the CVC and each Standing Committee.
   - **e. NOTE:** As an interim step for the balance of the current Grant Year, if the current budget can only support the CVC meeting quarterly, consider holding CVC meetings on the afternoon following the full Planning Council meeting in each of the other eight months.

3. **Mandate minimum percentage (33.3%) consumer membership on standing committees:**
   - **a.** Establish (through Bylaws) the requirement that standing committee membership must include a minimum of 33% unaffiliated (not conflicted) PLWH PC members;
   - **b.** include a CVC input on issues under consideration in each Standing Committee meeting;
   - **c.** use the various standing committees as the point of entry to put CVC issues and concerns on the "action path" from Standing Committee to Executive Committee to Planning Council and make sure the CVC is aware of action along the way;
   - **d.** encourage each committee to discuss and implement actions that attract more consumer awareness and/or more consumer participation in the work of that committee;
   - **e.** expand community membership on each committee

COUNCIL MEMBER CAPABILITY DEVELOPMENT

4. **Review and update new member orientation-training activities and materials as well as ingoing education-training for members.** Just as the face and nature of the epidemic is changing, so the needs of Planning Councils and their members required support whose nature and content should be adjusted regularly to ensure that it provides the knowledge and tools required to make informed and appropriate decisions. "In service training", conducted as needed, should be a part of the Council's ongoing member training and education plan.

5. **Expand Consumer Access to and Comprehension of Various Data Resources**:

   - **a.** Increase frequency of Year-to-Date Spending (Allocation vs. Actual) and Utilization reports from a quarterly basis to a monthly basis to facilitate more timely reaction to spending and utilization discrepancies;
   - **b.** Conduct consumer "literacy" in reading and understanding financial reporting documents used for Planning and Allocation;
   - **c.** Secure more comprehensive data reports from the state that are formatted and focused to support the Council in assessing need, allocating funds, and targeting service delivery
   - **d.** NOTE: The state is capable of supply data for the TGA and for Greater Minnesota on
     - o overall service needs,
     - o needs met through other funding sources (federal, state, and local), and
     - o service gaps remaining that RWHAP should address.

6. **Increase the Planning Council's success in complying with federally mandated requirements for representativeness an diversity by improving methods used for Membership outreach and recruitment:**
Create more defined and recognized roles for non-members of the Council as a means of having
   - more people in the community who know about and can discuss the work of the Council and the care it funds and
   - creating an informed and interested pool from which to draw new Council members.

7. **Learn how to use Standards of Care, Quality Management, and Service Delivery Directives to shape RFP and sub-recipient (provider) service agreements** to in ways that improve and focus service delivery and the medical outcomes they produce.

CONSUMER COMMUNITY CONNECTIONS

8. **Improve communication strategies and practices:** Seek out and implement new ways of reaching and interacting with consumers, eligible consumers, service providers, and others who be served buy or support the work funded by the Planning council to share information and secure input about prevention, testing, and care services.

   a. Recognize and utilize new communication tools such as social media, Skype/Facetime, texting, etc. that are more likely to reach younger consumers;

   b. understand and adapt the fact that a significant segment of consumers are not accessible via digital communication because they lack the skills and/or the means of connecting;

   c. develop multiple versions of print material each designed to reach a specific target with a language and message that resonates with its members;

   d. create "palm cards" (business card size and style) with web address and toll-free phone number to obtain care information and referral to care;

   e. venues where consumers and potential consumers gather and develop strategies for using them for in-person interaction that crates awareness of Council work and funded services or collects input to inform Council decision making;

   f. identify and build collaborative relationships with existing consumer groups operated by providers;

   g. organize periodic Consumer Town Halls held in various locations and planned to achieve specific ends that benefit the work of the Council;

   h. Consider periodic regional CVC Meetings in different regions of Greater Minnesota;

i. provide print and website information in the various languages spoken by consumers;

j. ensure ASL, TTY or other service is available to meet the needs of those who are hearing-impaired for service delivery and meetings.

In all efforts, language is important to use and encourage consumer-friendly language that can be understood by all.

9. **Develop and implement strategies for greater nurturing and harvesting of consumer potential**

- **Increase and strengthen consumer involvement community outreach and service delivery.** Consumers who are properly trained, directed, and managed are among the most effective individuals in outreach and support programs.

- They are especially effective in as

  - **Survey Administrators** who go into the community and secure/assist participants;

  - **Care Navigators** who help connect the newly diagnosed to care and assist them in understanding how to navigate the system of care;

  - **Community Outreach Workers** who target those who have dropped out of care, those recently returned to care, and those or whose connection to care is inconsistent in an effort to overcome barriers to retention in care.

- **Create a CVC "Speakers Bureau" that offers individuals who will speak to community groups** about living with HIV, accessing available services, and the work of the Planning Council. Individuals interested in becoming speakers will receive training and support needed to make them successful.

PROVIDER SUPPORT & INPUT

10. **Develop and implement strategies for greater nurturing and harvesting of provider potential**

a. **Conduct quarterly Provider Roundtables:** Conduct regular (quarterly) events open to providers, consumers, and recipient staff to engage in information sharing and discussions designed to improve consumer outreach and service through greater cooperation and understanding;

  - Possible topics would include notice of funding or service delivery changes, emerging changes in client service needs, education and case studies of successful methods for engaging and retaining hard-to-reach consumers in care; innovative practices that might be useful on a wider scale.

- Use this forum in combination with quarterly Consumer Roundtables to access ways that Providers can strengthen Consumer voices in and impact on the Council process.

b. Survey or in other ways gather Provider input on more effective ways of providing care and retaining consumers in care.

c. Provide capacity building and mentoring ("incubate") for smaller providers who serve marginalized or hard-to-reach populations.

- Such support should incudes training and assistance for competing in the RFP process. Consideration should be given to creating finding opportunities for smaller, emerging providers who have the focus and commitment to meet the needs of underserved and hard-to-reach populations.

d. Use and encourage use of affirming, empowering language in RFPs and in communication with those applying for funds

11. Clarify and strengthen efforts to ensure that funded providers have a genuinely diverse and inclusive staffs and service delivery plans.

a. Simply hiring staff that looks diverse is not enough. Staff from different backgrounds must be respected and allowed to perform in a manner that is consistent with their background and that of the clientele they are there to accommodate.

b. All staff must be trained and monitored to ensure they understand the essential cultural expectations and norms of the various groups the agency serves.

c. This applies not only to racial and ethnic populations but also to groups such as the Transgender community, gender non-conforming individuals, persons with disabilities, persons who are hearing-challenged, etc.

SERVICE DESIGN & DELIVERY IMPROVEMENTS

12. Examine and revise service planning and delivery to adapt to the changing needs of the changing epidemic. As the demographics of the disease have changed, too much of the process has not. In too many cases, the needs and views of White gay men still dominate. Creating needed change is not a "zero sum game". The goal remains to meet the needs of all affected with parity and equity.

a. Ensure that plans meet the unique needs of marginalized and underserved populations identified through needs assessment and adopted by the Planning Council. These populations should parallel those identified in the five-year Integrated Comprehensive Plan and the annual Part A Grant Application.

b. Among those in the TGA whose needs require greater attention are:

- **African-born:** The African born community is diverse as reflected in multiple languages/dialects spoken and varied social attitudes toward HIV and care. Recurring education and awareness sessions are culturally informed and relevant are essential.
- **Transgender individuals**
- **Heterosexual women**
- **Heterosexual men**
- **Native Americans**
- **Rural areas of the TGA**

13. Consider funding pilot/demonstration projects that employ and fine-tune innovative service delivery strategies with the intent of replicating them throughout the TGA/State as appropriate. Possible projects include the development of Peer Navigators and Community Outreach Workers.

NEEDS ASSESSMENT & PLANNING ENHANCEMENT

14. Review and adjust the Council's five-year needs assessment strategy: Create a plan based upon the Integrated Comprehensive Plan in which the five annual components include the following activities adapted to the needs and realities of the TGA:

a. **Comprehensive Review of Easting Data** on Epidemiology, Service Utilization, Unmet Need, Service Capacity, and known Disparities;

b. **Needs Assessment via survey** designed to secure specific input based on the questions raised by the reviews in (1) above;

c. **Provider Inventory** including capacity assessment;

d. **Focus Groups** to further explore questions raised and desires for more information resulting from the Needs Assessment;

e. **Assessment of Unmet Need** and Barriers to Retention in Care;

f. **Ad Hoc Working Groups** formed as needed to explore findings and develop proposed actions to address unique needs

g. The Council should monitor progress and adjust the plan as needed annually.

SOURCE: https://hab.hrsa.gov/sites/default/files/hab/Global/happartamanual2013.pdf Page 161

RESOURCE: "Conducting RWHAP Part A Planning Council/Planning Body Needs Assessments" [Webinar]
https://careacttarget.org/planning-chatt/needs-assessments-webinar_may2018

15. **Establish a "Diversity and Inclusion Working Group":** Create a working group that includes consumers and providers (funded and non-funded) to develop strategies for increasing the interaction with clients from marginalized and historically underserved communities affected by the epidemic both as high risk for and high prevalence of new infections;

    a. this might result in multiple working groups might be created with each focusing on a particular consumer population, its unique needs and the corresponding service strategies that would be most effective;

    b. work groups should recommend on how to expand Council outreach to and recruitment of Council participation by members of traditionally marginalized or underrepresented groups.

16. **Establish a "Greater Minnesota Working Group":** Create a short-term needs assessment working group with specific tasks and period of existence (3-6 months) that includes consumers, Part B, and others involved in service delivery for the area whose purposes include

    a. identifying consumer concerns about availability and accessibility of services;

    b. ensuring consumers are fully aware of resources and tools for accessing them;

    c. discussing consumer recommendations for improving service delivery and access;

    d. creating achievable recommendations for improvements;

    e. pursing ways to simplify the documentation process for inter-county services;

    f. taking needed actions steps to bring those improvements to fruition;

    g. accessing the findings of the Statewide Plan project, reports and data from the PC Needs Assessment committee, and other relevant information already be available;

    h. involving the Needs Assessment and Disparities Elimination committees may provide support for elements of this effort.

    When the needs assessment is completed and recommendations are submitted to the Executive Committee, this working group will disband. This is NOT to become a "Greater Minnesota Community Voices Committee. There is ONLY ONE CVC for ALL consumers