

# Overview of the RWHAP Part A Planning Cycle

Chrissy Abrahms-Woodland, MBA (Division of Metropolitan HIV/AIDS Programs)

Lenwood Green, MBA, MScM (Division of Metropolitan HIV/AIDS Programs)

Mira Levinson, MPH (Planning CHATT)

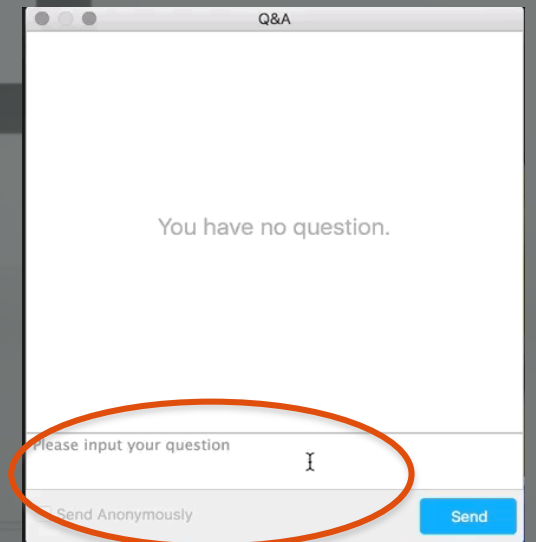
Aisha Moore, MPH (Planning CHATT)

Tuesday, August 17<sup>th</sup>, 2021, 2:30PM-4:00PM ET



# How to Ask a Question

- Attendees are in **listen-only** mode.
- If you have a question, **use the Q&A box** at the lower-left of your screen to talk with the presenter and panelists.
- You may also **email questions** to [planningCHATT@jsi.com](mailto:planningCHATT@jsi.com) after the webinar.



The screenshot shows a window titled "Q&A" with a white background. In the center, the text "You have no question." is displayed. At the bottom, there is a text input field with the placeholder text "Please input your question" and a blue "Send" button to its right. The input field and the "Send" button are circled in orange.

# Can You Hear Us?



The audio is being shared via your computer speakers/headset.



If you can't hear the audio, make sure your computer audio is turned on.



If you're still having problems, please chat the host.

**Call-in number:** : +1 646 558 8656 or +1 301 715 8592

**Webinar ID:** 924 3838 3684

**Webinar Passcode:** 247311

# Webinar Presenter



Chrissy Abrahms-Woodland, MBA  
**Division of Metropolitan HIV/AIDS Programs**

# Mission of HRSA HIV/AIDS Bureau

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.

# Vision of HRSA HIV/AIDS Bureau

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

# Planning CHATT: A HRSA-supported Cooperative Agreement (U69HA39085)



**Lennwood Green**

Project Officer

Division of Metropolitan HIV/AIDS Programs  
HIV/AIDS Bureau, HRSA

# Webinar Presenters



**Mira Levinson, MPH**  
Planning CHATT



**Aisha Moore, MPH**  
Planning CHATT



# Training Objectives

**Following the training, participants will be able to:**

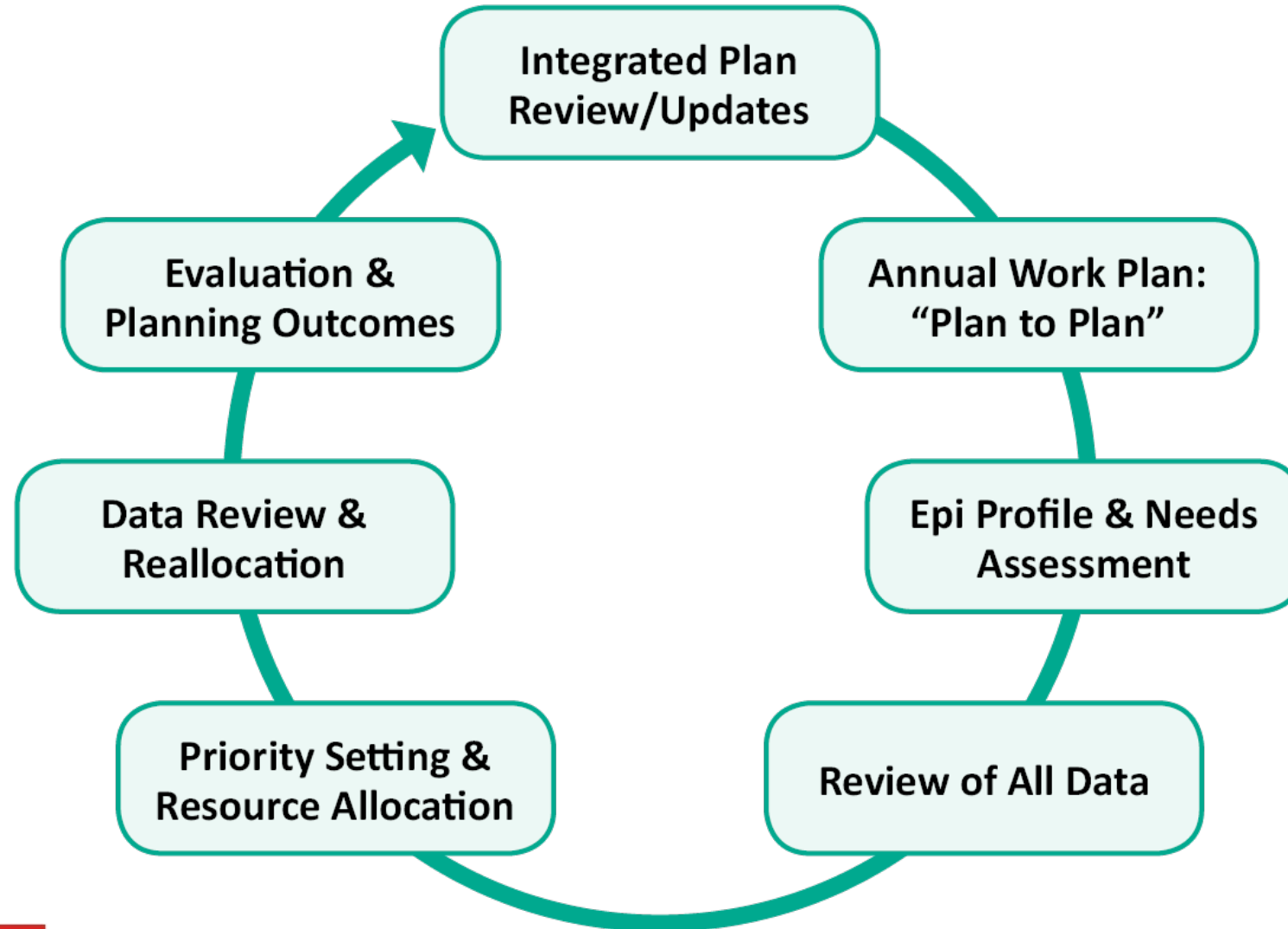
1. List and describe each component of the Ryan White HIV/AIDS Program (RWHAP) Part A planning cycle
2. Identify the entities responsible for each of the major planning tasks
3. Describe the roles of individual planning council/planning body (PC/PB) members in a planning cycle
4. Provide 3 examples of PC/PB-recipient collaboration needed for successful planning

# The RWHAP Part A Planning Cycle

- ❑ Integrated Plan Review/Updates
- ❑ Work Plan: “Plan to Plan”
- ❑ Epidemiologic Profile and Needs Assessment
- ❑ Review of All Data
- ❑ Priority Setting and Resource Allocation (PSRA)
- ❑ Data Review and Reallocation
- ❑ Evaluation and Planning Outcomes



# The RWHAP Part A Planning Cycle



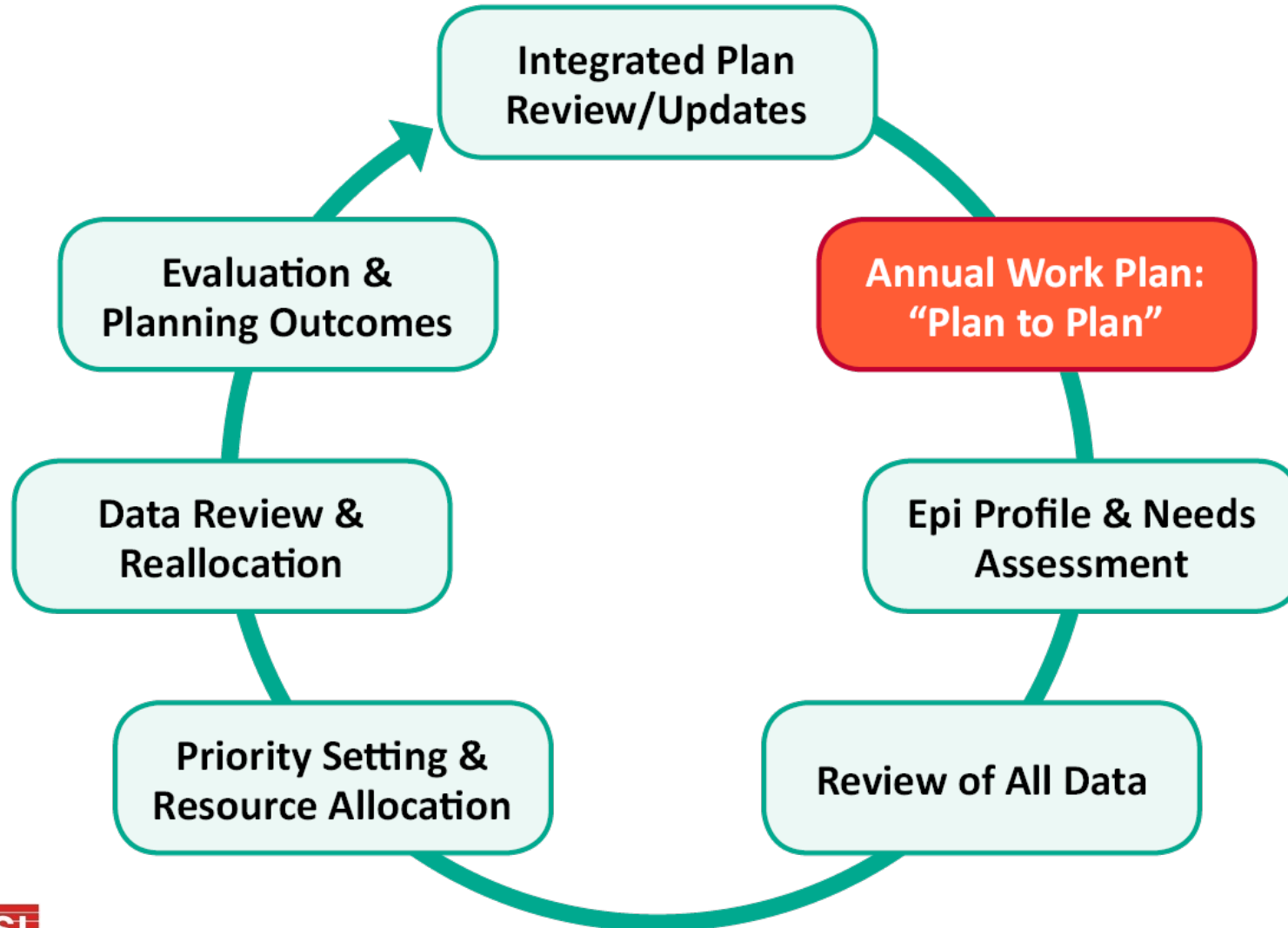
# Expectations: RWHAP Part A Comprehensive/Integrated Plan

- ❑ Legislation requires preparation of comprehensive plans that set goals and objectives and guide the work of the program
- ❑ HRSA/CDC Integrated HIV Prevention and Care Plans, including the Statewide Coordinated Statement of Need (SCSN)
- ❑ PC/PBs play a lead role in plan development, review, and updating

# Expectations: RWHAP Part A Comprehensive/Integrated Plan (cont.)

- ❑ Programs expected to regularly review Plan progress and refine objectives and strategies as needed – plan should be a living document that guides the planning cycle
- ❑ Where joint plan was developed with the State's RWHAP Part B program, the Part A program is expected to have a clear work plan that will help it meet the joint goals of the plan

# Annual Work Plan: “Plan to Plan”



# Expectations: Annual Workplan

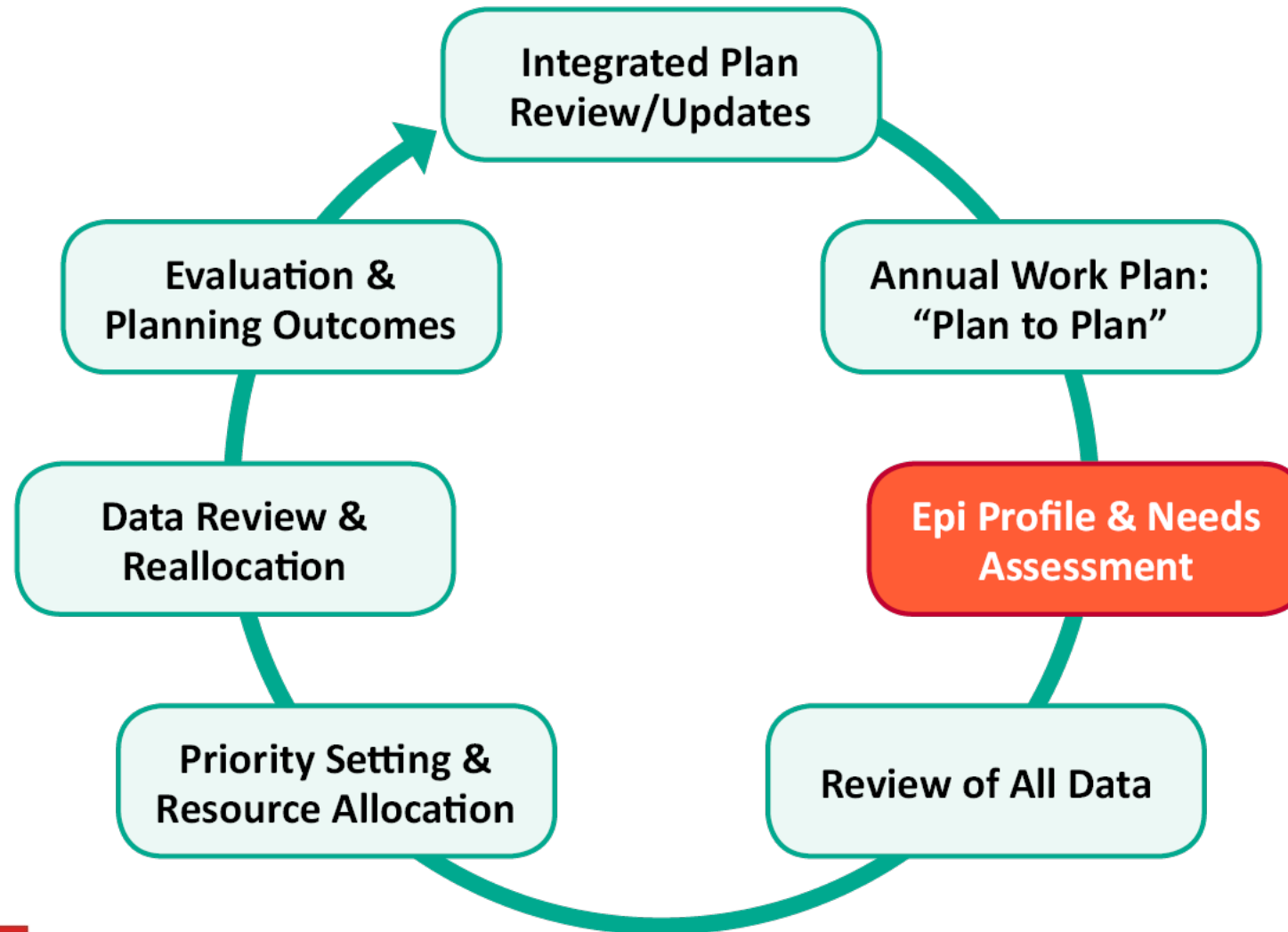
- ❑ Annual work plan for PC/PB – often in chart format – to guide the planning process, based on:
  - Current HRSA/CDC Integrated Prevention and Care Plan
  - Workplan in RWHAP Part A application
  - Legislative and administrative requirements
  - Local structures and processes
- ❑ Based on an annual master calendar that integrates PC/PB and recipient events, products, and deadlines
- ❑ Committee workplans to coordinate task completion
- ❑ Continuing attention to engaging consumers and other diverse community stakeholders in the planning process

# Work Plan Format: Examples/Excerpts

| Task/Event             | Deliverable  | Timing (Start/End) | Primary Responsibility     | Notes/Concerns                            |
|------------------------|--|--------------------|----------------------------|---|
| Needs Assessment       | <ul style="list-style-type: none"> <li>• PLWH Survey Report</li> <li>• Special Study on Youth Linkage and Retention</li> </ul> | October - April    | Needs Assessment Committee | Must hire consultant by 10/31             |
| Data Presentation      | PPTs with key data & analysis  | End of May         | PSRA Committee             | Need data from all sources                |
| PSRA                   | <ul style="list-style-type: none"> <li>• Prioritized services</li> <li>• Allocation by category – 3 scenarios</li> </ul>       | June - July        | PSRA Committee             | Full day; decisions to recipient by 8/1   |
| Application Submission | Application – submitted online   | July - September   | Recipient                  | PC/PB writes some sections, reviews draft |



# Epi Profile and Needs Assessment



# Expectations: Epidemiologic Profile

- ❑ Describes the HIV epidemic in the service area
- ❑ Focuses on the social and demographic groups most affected by HIV and the behaviors that can transmit HIV
- ❑ Should include advice on how to interpret the epi data for use in HIV planning
- ❑ Often prepared by the state but should focus on jurisdictional data and needs for the Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA)

# Expectations: Epidemiologic Profile (cont.)

## Related data, also provided:

- ❑ Estimate of the number and characteristics of people with HIV who know their status but are not in care (unmet need)
- ❑ Estimate of the number and characteristics of people with HIV who are unaware of their HIV status

# Expectations: Needs Assessment

- ❑ Needs assessment should explore:
  - What services are needed
  - What services are being provided
  - What service barriers and gaps exist, overall and for particular populations, in and out of care
- ❑ Includes input from people with HIV on their service needs, barriers, and gaps
- ❑ Uses epi profile and estimate and characteristics of people with HIV with unmet need, and people with HIV who are unaware of their HIV status

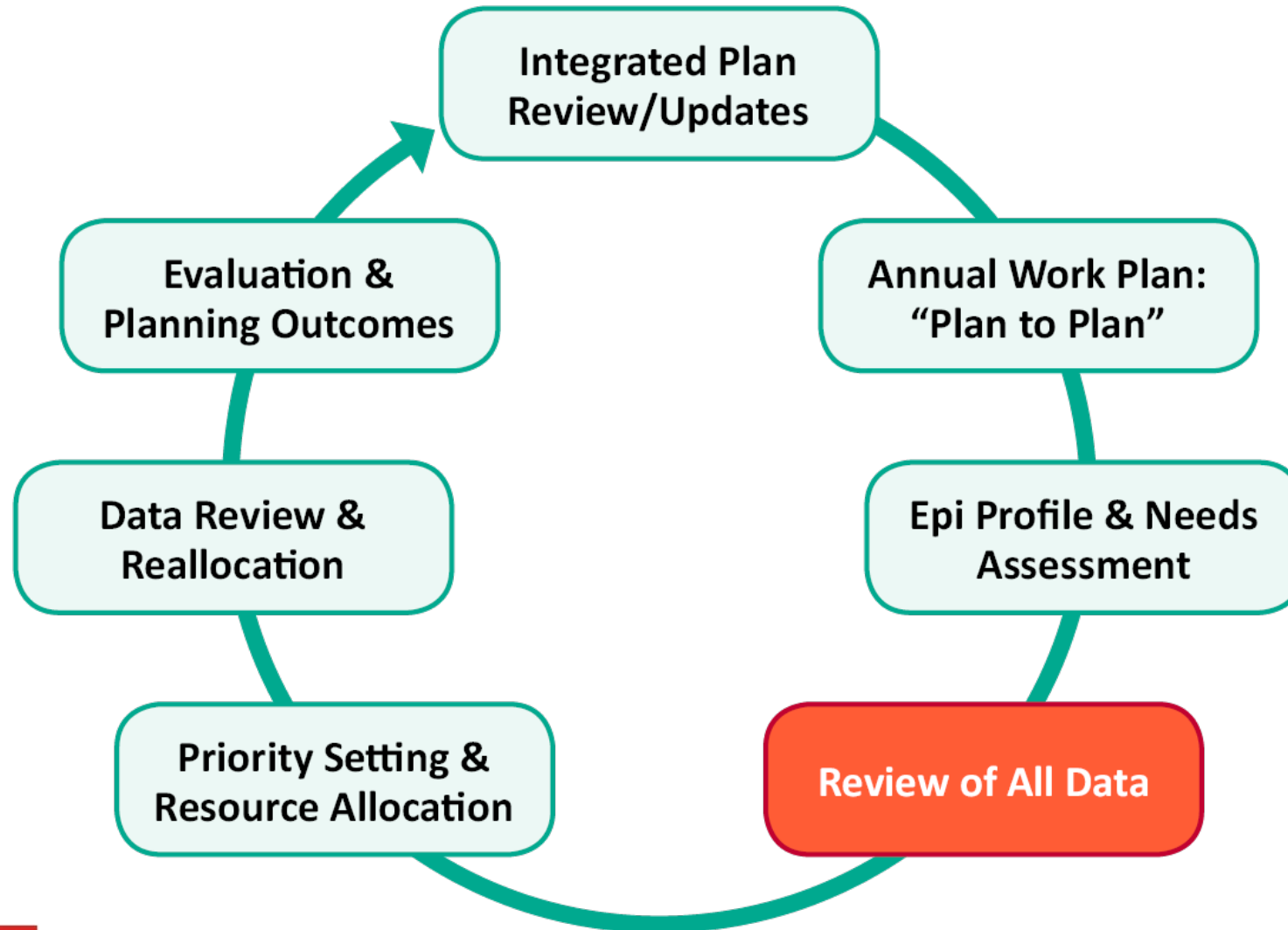
## Expectations: Needs Assessment (cont.)

- ❑ Includes information on current services and provider capability and capacity:
  - Resource Inventory identifies full range of services (resources) available to people with HIV, including medical and support services, regardless of funding source
  - Profile of Provider Capacity and Capability provides more detailed data about service providers, including service levels and appropriateness for particular subpopulations
- ❑ By comparing the needs of people with HIV with system of care data, PC/PB can identify gaps in services overall and for particular subpopulations of people with HIV

# Needs Assessment: Sound Practices

- ❑ Multi-year needs assessment plan
- ❑ Use of multiple approaches:
  - Quantitative (numerical) measures – like survey data
  - Qualitative (non-numerical) methods – like focus groups
- ❑ Periodic large-scale data gathering from people with HIV, seeking a sample “representative” of all people with HIV in the area
- ❑ Innovative approaches to include people in & out of care
- ❑ Training of PC/PB members/consumers to conduct focus groups, chair town halls, and help with surveys
- ❑ Use of technology to reach people with HIV, without excluding those who have limited access to it

# Review of Data



# Types of Data Needed for RWHAP Part A Planning

- ❑ Epidemiologic Profile
- ❑ Unmet Need Estimate & Profile (people with HIV who are out of care)
- ❑ Unaware PLWH Estimate & Characteristics (people with HIV who don't know their status)
- ❑ Assessment of Service Needs and Barriers for people with HIV
- ❑ Resource Inventory
- ❑ Profile of Provider Capacity & Capability
- ❑ HIV Care Continuum data
- ❑ Client Characteristics & Service Utilization – often from the RWHAP Services Report (RSR)
- ❑ Service Expenditures data
- ❑ HIV Testing and Diagnoses
- ❑ Clinical Quality Management (CQM) data
- ❑ Monitoring, Performance and Clinical Outcome Measures



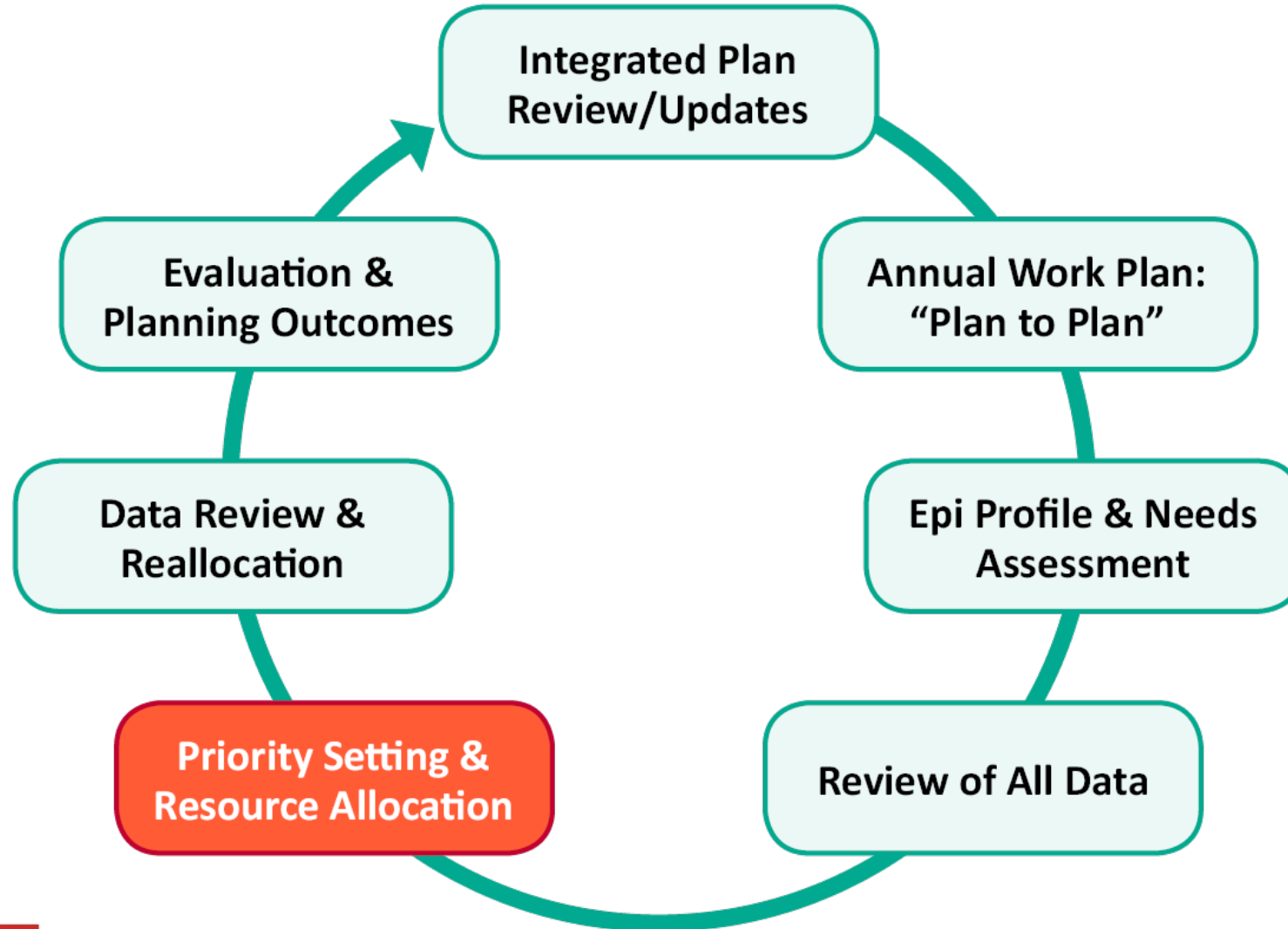
# Expectations: Access to & Use of Data

- ❑ Major focus on data-based decision making by the PC/PB and recipient
- ❑ Use of many types of data from multiple sources
- ❑ Includes program data, provided regularly by the recipient, in formats useful for analysis
- ❑ Subrecipient data provided in the aggregate, by service category – never with provider identified
- ❑ Presentation and discussion of data at PC/PB meetings
- ❑ Formal data presentation to summarize data from all sources at start of the Priority Setting and Resource Allocation (PSRA) process

# Expectations: Review of All Data

- ❑ Data needs refined and negotiated with recipient – sound practice is to include data sharing expectations in the Memorandum of Understanding between recipient and PC/PB
- ❑ Data provided in clear, user-friendly formats
- ❑ PC/PB members trained on assessing and using data
- ❑ Data from various sources reviewed and compared
  - Assessment of the quality of different data sets/reports
  - “Triangulation” of data: comparisons of data from multiple sources/studies to see if findings are consistent

# Priority Setting and Resource Allocation



# Expectations: Priority Setting and Resource Allocation (PSRA)

- ❑ **Most important responsibility of PC/PBs**
- ❑ Should actively involve the whole PC/PB (not just a committee)
- ❑ Includes:
  - **Priority setting:** deciding what services and program support categories are most important for people with HIV in the EMA or TGA and putting them in priority order
  - **Resource allocation:** deciding the amount of RWHAP Part A funds that should go to each priority service category
  - **Directives to the recipient** on how best to meet these priorities
  - **Reallocation** as needed during the year

# PSRA: Sound Practices

- ❑ Provide data presentations and discussions throughout the year – and use them for training on understanding and using data
- ❑ Have – and enforce – a policy and process to manage conflict of interest
- ❑ Base decisions on the data, not personal experiences or preferences

# Members as Advocates & Planners

## Members often come as Advocates:

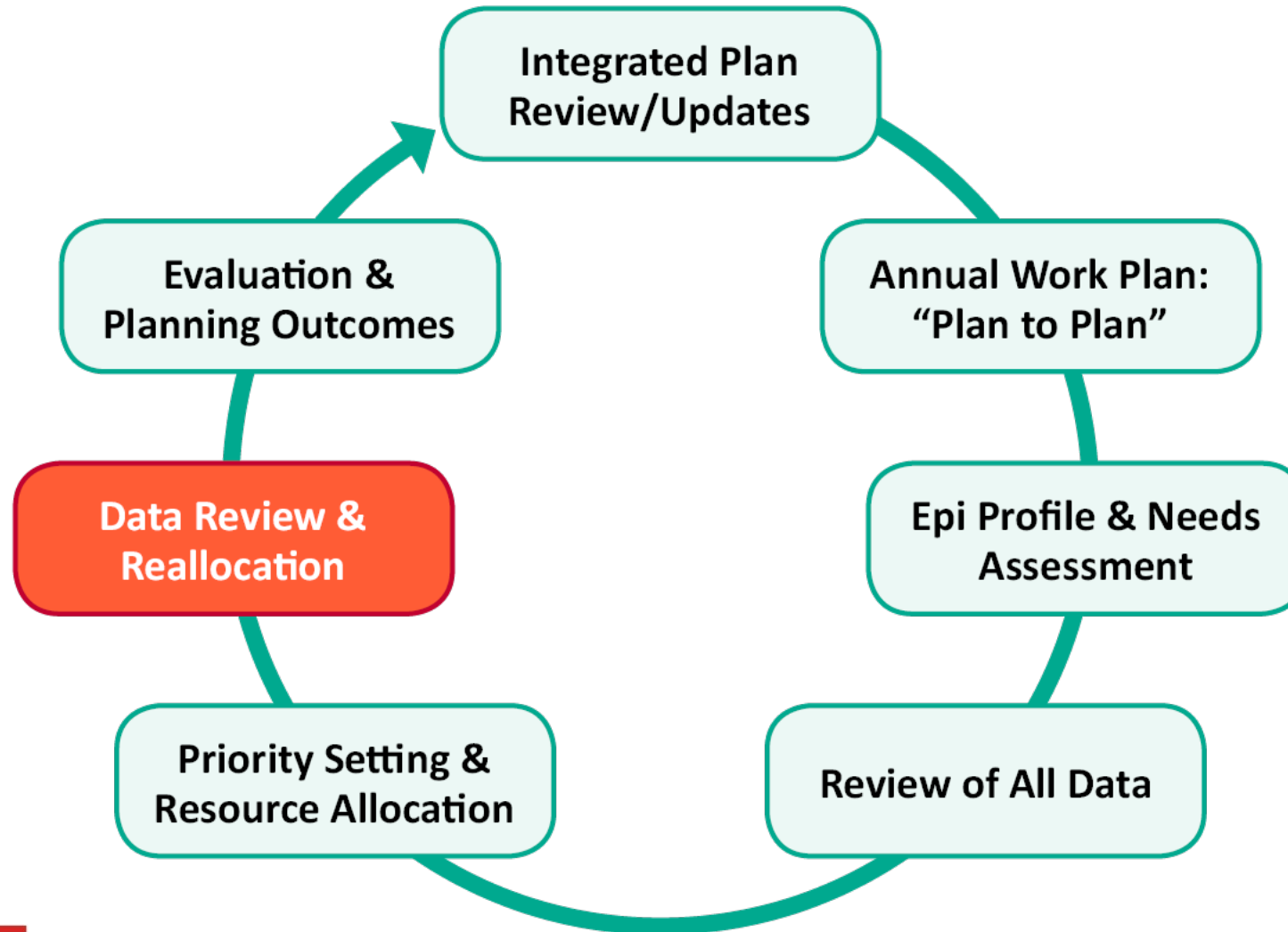
- ❑ Bring passion
- ❑ Provide a voice for their communities or for subpopulations of people with HIV their organization serves
- ❑ Learn to advocate on behalf of other subpopulations that may not be directly represented in PC/PB deliberations

# Members as Advocates & Planners (cont.)

## Members must learn when/how to be Planners:

- ❑ Consider the entire community – all people with HIV
- ❑ Seek Win-Win versus Win-Lose
- ❑ Listen and ask questions
- ❑ Come prepared – review data and reports
- ❑ Make decisions based on data – not “impassioned pleas”
- ❑ Understand boundaries

# Data Review and Reallocation

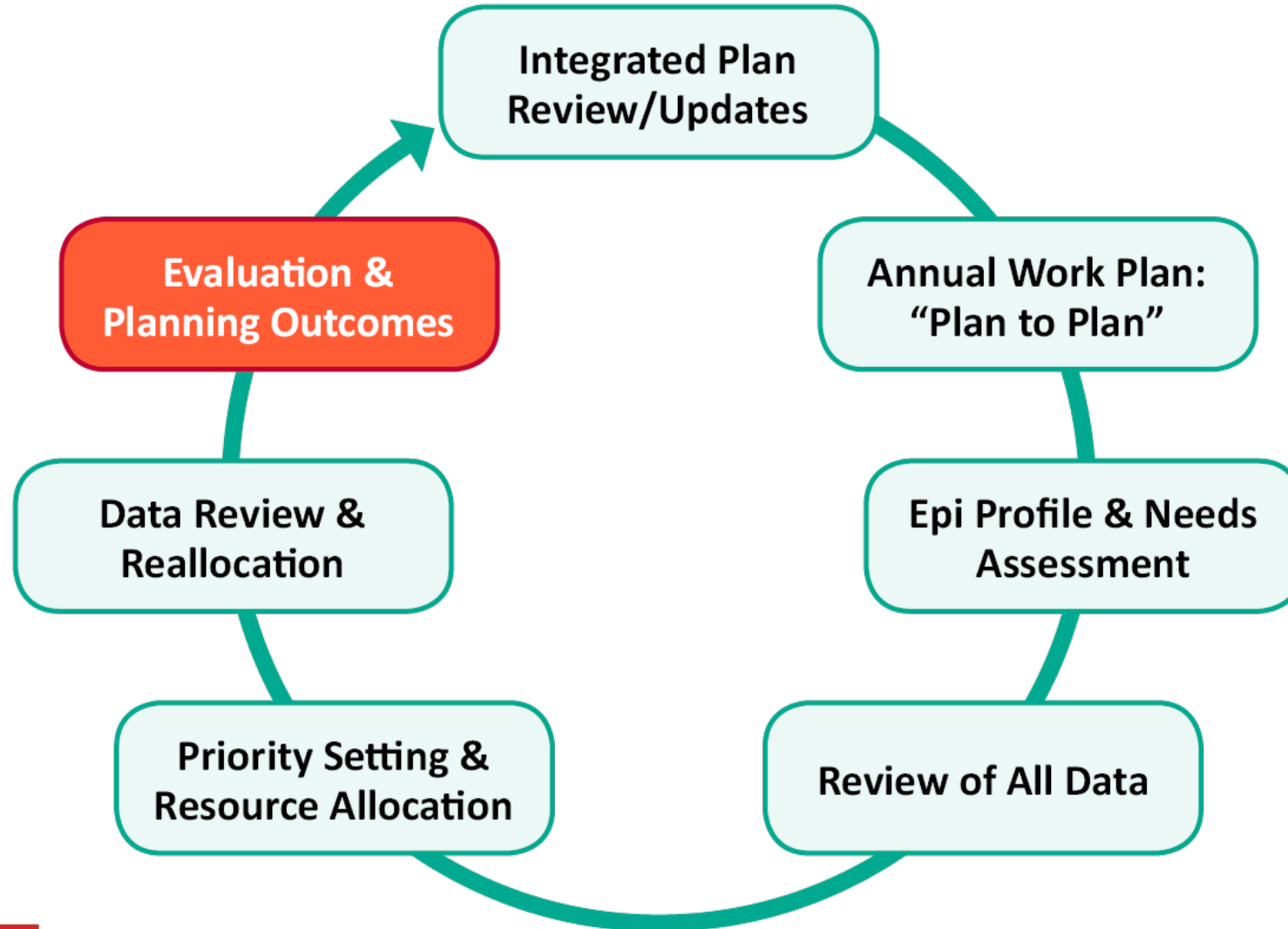




# Expectations: Expenditures Data Review and Reallocation

- ❑ Regular review of planned and actual monthly expenditures by service category – from recipient
- ❑ Training provided on how to read and understand financial reports
- ❑ Identify trends in expenditures and service utilization and reasons for them – including serious under- or over-expenditures
- ❑ Reallocate funds when necessary, so all funds are spent on needed services – PC must approve moving funds from one service category to another

# Evaluation and Planning Outcomes

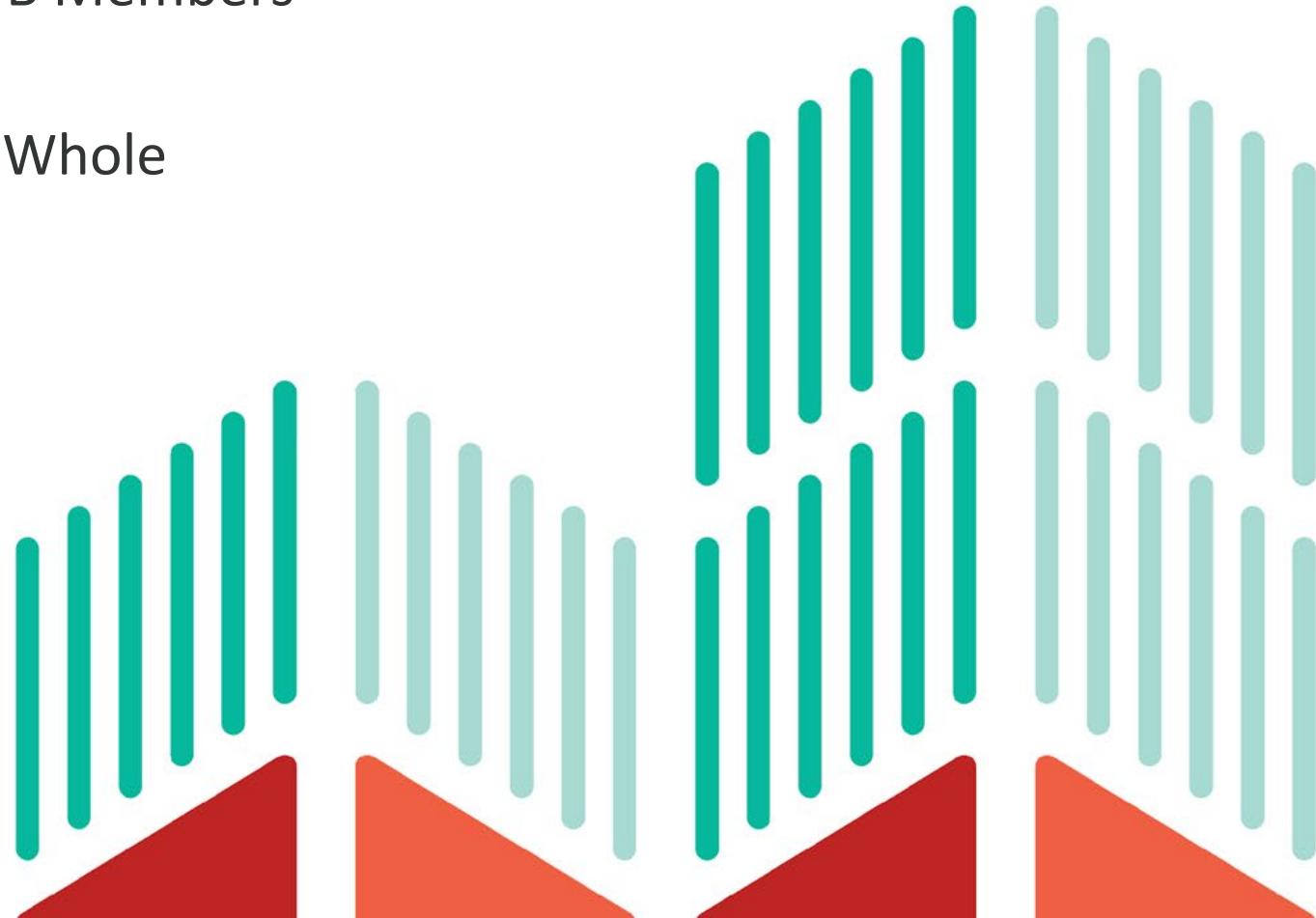


# Expectations: Evaluation and Planning Outcomes

- ❑ Completes the updated planning cycle
- ❑ Includes a “review of variances”
  - Actual versus planned level of services (e.g., clients and subpopulations served, units of service, expenditures)
  - Actual versus planned quality measures and client/program outcomes
- ❑ Requires comparing PSRA-approved priorities and allocations with actual use of funds
- ❑ Provides an assessment of the planning process
- ❑ Provides data for refining the HRSA/CDC Integrated Prevention and Care Plan

# Successfully Completing Planning Tasks

- ❑ Special Considerations for Integrated Prevention-Care Planning Bodies
- ❑ Responsibilities of Individual PC/PB Members
- ❑ Committee Roles
- ❑ Responsibilities of the PC/PB as a Whole



# If you have an integrated prevention-care planning body...

- ❑ Planning requirements for RWHAP Part A unchanged
- ❑ HRSA/CDC Integrated HIV Prevention and Care Plan review and updating likely to receive additional attention – including periodic written revision of the plan
- ❑ Time needed for regularly receiving, reviewing, and discussing data on prevention topics (interventions, HIV awareness, testing, PrEP and nPEP, prevention for positives, treatment as prevention) – including links between prevention and care needs and services

*[PrEP = Pre-Exposure Prophylaxis; nPEP = non-occupational Post-Exposure Prophylaxis]*

# Responsibilities: Committees

## Understanding and implementation of assigned tasks such as:

- Needs assessment
- Integrated/comprehensive plan reviews and updates
- Obtaining and review of data from the recipient
- Data presentations
- PSRA, including development of directives
- Review of program expenditures by service categories and recommendations for reallocation
- Annual PC/PB calendars and work plans

# Responsibilities: Executive Committee

- ❑ Coordinate the work of other committees, including any joint planning tasks by several committees
- ❑ Review committee work products and recommendations and ask for changes if needed prior to consideration by the full PC/PB
- ❑ Monitor progress and deadlines on key tasks
- ❑ Set/discuss PC/PB meeting agendas
- ❑ Agree on special planning-related meetings such as data presentations and PSRA

# Responsibilities: Full PC/PB

- ❑ Review of committee findings, products, and recommendations
- ❑ Active discussion and decision making about PSRA: priorities, resource allocation, and reallocation
- ❑ Identification of issues that need to be addressed by the PC/PB



# Responsibilities: Individual Members

- ❑ Participate in training – and ask for additional training or one-on-one advice if needed
- ❑ Read background materials and review data prior to meetings
- ❑ Always attend data presentations prior to PSRA decision making
- ❑ Learn about the role of your committee and help ensure it does its work well and on time
- ❑ Ask questions – it will help everyone learn

## Responsibilities: PC/PB Support Staff

- ❑ Serve as liaison with the recipient to obtain data, reports, and other information needed by the PC/PB for decision making
- ❑ Ensure that committees and full PC/PB have needed information and logistical support for each meeting
- ❑ Staff committees and PC/PB meetings
- ❑ Provide technical expertise in various tasks such as needs assessment and data review
- ❑ Review progress and help PC/PB ensure that planning tasks are completed on time

# How the PC/PB and Recipient Collaborate on Planning Tasks

- ❑ Shared Responsibilities
- ❑ Flow Chart Showing How the PC/PB and Recipient Work Together
- ❑ Importance of Timing
- ❑ Sound Practices for Collaboration



# Shared Responsibilities

**Most legislative responsibilities are shared – for example:**

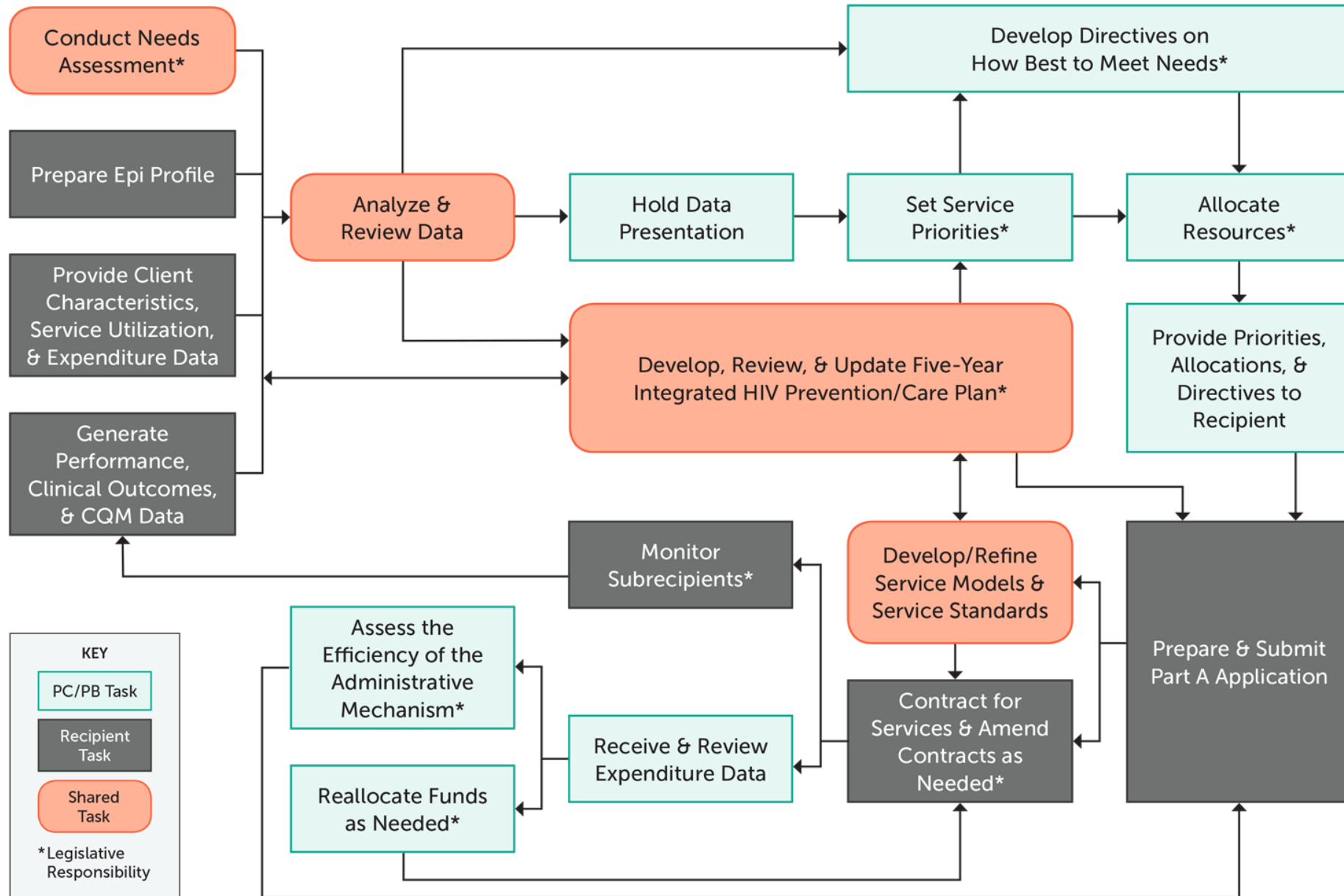
- ❑ **Needs assessment:** PC/PB as lead, but recipient ensures cooperation from subrecipients in data gathering
- ❑ **Integrated/comprehensive planning:** PC/PB as lead, but recipient participates in developing objectives and implementing tasks – and usually takes the lead in assessing progress

# Shared Responsibilities (cont.)

**Even where one entity has full responsibility, the other often provides data or support:**

- ❑ **PSRA:** PC/PB responsible, but recipient provides a great deal of data (client characteristics, service utilization, performance measures, aggregate quality management data) and often makes recommendations
- ❑ **Preparation of the application:** Recipient responsible, but PC/PB provides needs assessment data, PSRA decisions and process, letter of assurance or concurrence – and often reviews the draft application

# Annotated Flow Chart of the RWHAP Part A Planning Cycle



# Timing is Everything!

**Both recipient and PC/PB need to complete their planning tasks and products on time so that the other entity can carry out its responsibilities**

- ❑ Delays slow the entire planning process
- ❑ Some important dates that affect planning:
  - Start of the RWHAP Part A funding year
  - Annual RWHAP Services Report
  - RWHAP Part A application deadline
  - Carryover request deadline

# Time-Sensitive PC/PB Needs

- ❑ Recipient outreach to subrecipients to ensure access to clients for surveys of people with HIV and other needs assessment activities
- ❑ An updated epi profile, client characteristics and service utilization data to support data-based PSRA
- ❑ Recent data on projected and actual expenditures by service category to reallocate funds during the year, so all funds are expended



# Time-Sensitive Recipient Needs

- ❑ Solid, regularly updated needs assessment data and timely PSRA decisions to include in the application
- ❑ Updated service standards for use in Request for Proposals for services and for quality assurance/subrecipient monitoring
- ❑ PC/PB rapid reallocation process near the end of the calendar year so funds can be moved and spent, and carryover estimated and minimized

# Questions and Answers



[Home](#) » [Help](#) » [Technical Assistance Directory](#) » [Planning CHATT](#)

# Planning Community HIV/AIDS Technical Assistance and Training



The Community HIV/AIDS Technical Assistance and Training for Planning project (Planning CHATT) builds the capacity of Ryan White HIV/AIDS Program Part A planning councils and planning bodies (PC/PB) across the U.S. to fulfill their legislative responsibilities, strengthen consumer engagement, and

[Planning CHATT Home](#)

[List of Planning Councils](#)

# Thank You

**Please complete the evaluation!**

**[TargetHIV.org/planning-CHATT](https://TargetHIV.org/planning-CHATT)**

Sign up for our mailing list, download tools and resources, view archived webinars and more...

Contact Planning CHATT: **[planningCHATT@jsi.com](mailto:planningCHATT@jsi.com)**