

II. Planning Council Activities

- a. Planning Council Accomplishments** - Planning Council/Body accomplishments during March 1, 2018 through February 28, 2019

Committee Progress: During FY2018 the Metropolitan Atlanta HIV Health Services Planning Council fulfilled its legislative mandate in conducting the following activities:

Evaluation of Administrative Mechanism: The Evaluations committee meets annually to assess the administrative mechanism in the rapid distribution of funds. The FY18 Administrative Assessment was performed by the Evaluations Committee of the Planning Council. During this evaluation period the EMA's application for FY18 was received electronically by HRSA prior to the deadline. The Total Part A Funds for FY18 was \$26,351,511 with \$23,768.466 Base+Supplemental Award Amount and \$2,475.045.00 MAI; and the Recipient met all HRSA deadlines for the submission of FY18 reporting requirements.

The Ryan White Part A Recipient also provided program updates at each of the Executive and Planning Council meetings. Agency budget revision requests/reallocations between Priority categories were brought to the Planning Council for approval. An update was received on the completion of all financial and programmatic site visits along with statistical updates regarding the progress of ongoing chart review audits.

During the FY2018 funding year greater emphasis was placed on the development and presentation of improved data. A part-time epidemiologist was hired by the Recipient's office. Client Utilization data was/is presented on a quarterly basis as well as other trending data. Notable accomplishments during the year also included the following:

Reduction New HIV Infections

- Increase in Viral Load Testing
- Reduced Barriers to Routine Testing

Increased Access to Care

- Linking PLWH to Care Within 72 Hours
- Increase in Outpatient Ambulatory Health Services Client Utilization
- Policy Change to Increase Access to Care
- Multiple Staffing to Improve Linkage to Care
- Reduction in HIV-Related Health Disparities
- Implementation of Culturally and Linguistically Appropriate Models of Care

- Evaluation of and Reduction in Health Disparities

Enrollment

- Funding Allocation for Insurance Navigators to Assist Clients with Enrollment
- Tracking PLWH Who Enrolled and Maintained Insurance Through ACA Marketplace
- Tracking the exact number of clients who have successfully enrolled and maintained their insurance through the ACA Marketplace remains a challenge

Achieving HIV Care Continuum Targets

- Improvements in ART and Viral Suppression

Programmatic and Fiscal Accountability

- Completion of Annual Programmatic and Fiscal Site Visits
- New Service Category Identified from Quality Assessment
- Sub-recipient Reimbursements Within 14 Days

Priority Setting and Resource Allocation: The Priorities committee concluded its deliberations for FY2018 priority setting and resource allocations process with full approval of the Planning Council. During FY18, the PC accomplished the following: 1) Utilized a data-driven planning tool to develop service priorities and determined funding allocations based on up-to-date information regarding PLWH needs, service utilization and gaps; 2) Established Core and Support Services reflective of the needs of the Atlanta EMA with greater than 75% being allocated for Outpatient Ambulatory Health Services.

During the FY2018 allocations process there were several directives issued to the Recipient that impacted the provision of services resulting in improved outcomes on the HIV Care Continuum:

- **OAHS:** To the greatest extent possible increase access to care through the implementation of co-locations of agencies and for the expansion of hours for areas with disparate health outcomes as identified by the Assessment Committee;
- **Oral Health Care (Capacity):** To the greatest extent possible, expand oral health care options within the EMA by contracting with an oral healthcare provider who will accept referrals from all Ryan White Part A agencies;
- **Medical Transportation:** Provide greater access to care by funding additional forms of medical transportation including non-traditional methods such as gas cards, Uber, etc.
- **Patient Navigation (Care and Retention of Key Population):** Through the Patient Navigation Program, increase care and retention of persons living with HIV; explore ways to expand Patient Navigation to include Rapid Entry to care to the greatest extent possible;

- **ADAP Pharmaceutical Formulary Stop Gap:** Any unallocated dollars remaining in this category during the Outside Review Committee Process may be moved to the Outpatient Ambulatory Health Services (OAHS) category for OAHS medications;
- **Mental Health/Substance Abuse:** Due to the inter-relationship between Mental Health and Substance Abuse, funds may be moved between categories if all approved services have been funded at some level under the Priority Category. Example: if all initiatives under Mental Health have been at least partially funded, remaining Mental Health funds may be moved to fund SA initiatives;
- **Support Services Funding:** Individual Support Services categories must be funded at a level no less than 50%; if funding remains above 50% and Outside Review Committee did not approve additional applicants/services; then funding may be moved to other Support Services categories;
- **Continuum of Care:** Expand access to care to include areas outside of the urban core and within the Eligible Metropolitan Area. Continue to explore ways in which to integrate Rapid Entry to Care to the greatest extent possible;
- **Professional Services:** Utilize “Other Professional Services” category, specifically for legal services - provision of services for an HIV positive individual to address legal matters directly necessitated by the individual’s HIV status. This provision excludes criminal defense, class action suits unless related to access to services eligible for funding under the Ryan White HIV/AIDS Program;

Meaningful Engagement of Persons Living With HIV: In 1983 the Denver Principles established the foundational belief that planning, allocation of resources, programs, etc. should all include the meaningful engagement of persons living with HIV – “nothing for us, without us.” This belief is further codified in the Ryan White Part A legislation which requires that at least 33% of Persons Living with HIV who receive Part A-funded services are members of the Planning Council. The Metropolitan Atlanta HIV Health Services Planning Council, its Consumer Caucus, and the Ryan White Part A office realize the importance of meaningful engagement of Persons Living with HIV and during FY2018 sought to increase the percentage of individuals meaningfully engaging in leadership within the Planning Council and to insure that this involvement includes consistent active participation. This commitment has been adopted in the establishment of Key Performance Indicators which were accepted and are monitored by Fulton County Government.

Additionally, the Planning Council held its annual membership drive during the months of December and January with the seating of the new Planning Council taking place in March. The drive coincides with the Planning Council year which mirrors the grant cycle. The FY2018 Council was reflective in all categories with the exception of the “State Medicaid Agency”.

The Planning Council is comprised of 55 individuals including 38.18% which are non-aligned consumers of Part A services including PLWH who are not in care. The total voting

membership: 85.71% are African American; 71.43% are male; 9.52% are transgender. In addition, there are 63 non-voting members of the Planning Council who serve on each Committee and Caucus. These members serve as immediate replacements for voting members in the event of resignation or discontinuation of service.

Each PC committee includes a diverse group of consumers, stakeholders, service system experts, and service providers. PC and Committee meetings provide extensive opportunity for public participation and input. Each Committee has a Chair and a Vice-Chair at least one of which must be a non-aligned consumer.

The Chair, First and Second Vice-Chair are all publicly disclosed as Persons Living with HIV, two of which are Ryan White Part A Consumers. In addition to community input gathered from members of the Planning Council, which represents a broad cross-section of the HIV community, including HIV and safety net service providers and PLWH, public testimony is a regular part of every Council meeting. Council members also bring perspective of the community at large and many members sit on other planning bodies and/or client advisory boards.

The meaningful engagement of Persons Living With HIV was furthered through several other key activities during the FY2018 planning year. The activities were as follows:

- The Atlanta Area Outreach Initiative (AAOI): An annual Care and Prevention Educational Forum. The AAOI seeks to improve individual and community health outcomes by facilitating access to care through HIV care, retention, and prevention. With a goal of linkage to care by increasing the number of individuals who are aware of their HIV status, the number of HIV positive individuals who are in care, and the number of HIV negative individuals referred to services that contribute to keeping them HIV negative, this Initiative directly aligns with the National HIV AIDS Strategy, EIIHA, and the Integrated Plan.

The FY18 theme, *"Reflection Forward"*, sought to reflect upon the timeline of the HIV epidemic, the Ryan White Legislation, accomplishments and challenges of community partners, as well as those living with HIV; and to forward think how to arrive at zero a zero new infection rate. Emphasis were also placed on housing, workforce development, life skills, and other social determinants of health which often produces disparate health outcomes for PLWH.

The format of the event consisted of general session instructors and a keynote speaker. Attendees had access to HIV testing, screening for STDs, health related exhibits, 18 workshops, lifeskills training, linkage coordination, and other activities to inform and help our community defeat the HIV epidemic.

There was also special workshop developed to address the ageing concerns of those living with HIV.

A signature outcome of the Initiative is the production of a resource book which includes current information on HIV/AIDS educational programs, medical care, and support services that are available to persons residing in Metropolitan Atlanta. Resource books include Ryan White funded and non-funded organizations and are given to participants, and providers; electronic versions of the resource guide are also available.

The FY2018 event marked 20 years of community engagement within the Metropolitan Atlanta Community.

- Integrated Plan: Consumer engagement, collaborations, partnerships and stakeholder involvement are critical to the implementation of the Georgia Integrated Care and Prevention Plan. Overseeing the implementation of the RWPA Planning Council's portion of the Integrated Plan resulted in the need for further integration and involvement of PLWH. With the need for information exchange being paramount to the work of the Comp Plan Committee the group took a more strategic approach by having various Consumer members of the team cross pollinate other planning bodies. There are several members of the Planning Council who now serve on the Georgia Prevention and Care Council (G-PACC) and regularly attend meetings sponsored by Prevention, as well as other stakeholder planning groups.
- Housing: The Housing Committee serves as a citizen/consumer advisory group for the City of Atlanta's HOPWA Program. A staff member of the HOPWA program serves as Chair along with a consumer member of the Planning Council serving as Vice-Chair. This structure also guarantees the involvement of the mandated "*other HIV federal funding recipient*" within the planning body. The committee provides an open forum for housing discussions while providing ongoing feedback on concerns and opportunities for improvement. Additionally, the committee conducts an annual Housing Forum to educate PLWH on housing options and connect them to care, the committee plays an active role in working with the City of Atlanta to implement programs and initiatives to better serve PLWH. This year the Committee made special efforts to educate members of the Planning Council and the public on challenges associated with the disbursement of grant funds within the HOPWA Problem. As a counter to the dilemma the committee developed a roster of non-HOPWA funded housing options for the metro Atlanta area. The information was used in the development of the Atlanta Area Outreach Initiative Resource Guide. The committee also sponsored several joint listening sessions which involved

HOPWA funded housing providers, Ryan White Part A Consumers, and other stakeholders/partners within the community.

HOPWA is expected to experience severe cuts over the next 5 years with the largest reduction in funding between FY2021 and FY2022. The funding is being cut due to a new formula to determine HOPWA awards.

- **Quality Management:** The Quality Management Committee worked jointly with the recipient's office in the development of a consumer based quality team which works directly with the Quality Mangement team to facilitate consumer involvement in agency quality teams. Additionally, PLWH were involved in input towards the development of QM Measures, updates to the Standards of Care, review of Performance Measures, and establishment of Quality Improvement (QI) activities for the Atlanta EMA. This unique blend of functions allowed for input from Consumers and other Stakeholders on quality improvement needs. Additional measures were taken to insure Consumer involvement in the QM process through Consumer Caucus.
- **Needs Assessment:** "*Data Saves Lives*", was adopted as the motto for the Assessment Committee during the 2018 Planning year. With a greater emphasis on providing realtime data the Assessment Committee through the Planning Council requested the assistance of the Ryan White Part A Program's epidemiologist to obtain more frequent data on utilization, HIV viral load suppression, medical visit frequency, gaps in medical visits, prescription of ART, etc. This data was provided during the year with particular emphasis on Client Utilization Data. The information not only provided for better planning but it also fostered a data focused culture. The increase in data freaquency has also paved a greater understanding of quality measures and their roll in the planning of care. The success of this practice has justified the need to hire a fulltime epidemiologist specifically for the Planning Council.

- b. Planning Council/Body Accomplishments** – Planning Council challengs during the reporting period (March 1, 2018 through February 28, 2019) which impeded improvement in HIV Care Continuum outcome targets.

1. Integrated Plan

- ***The nature of the challenge*** – The challenges associated with the monitoring of the integrated plan continue, even though steps have been taken by the Comprehensive Plan committee to bridge communication barriers there continues to be a problem in accessing needed status information. With the implementation of the Integrated Plan within a non-integrated system, the challenge of monitoring and compliance has emerged. In the same manner that

the HIV Care Continuum engages sequential steps, the integrated plan requires the same methodology to achieve various goals between HIV diagnosis and achieving viral load suppression. Without joint progress reporting vital steps within the plan remain unchecked.

- ***The Plan to Overcome the Challenge*** – The Comprehensive Plan Committee is responsible for the oversight of the Part A Integrated. As a step towards overcoming this challenge many efforts have been made to cross pollinate various committees within the State of Georgia’s G-PACC and the Ryan White Part A Planning Council (MAHHSPC). Conversations with stakeholders continue to take place between the Ryan White Part A Planning Council, the Recipient, the State of Georgia, and other stake holders
- ***Progress in implementing the plan to overcome the challenge*** – Though there are challenges associated with the monitoring of the Integrated plan, data suggests that individual parts are fulfilling the work of their respective organizations. The Planning Council will continue strategically seek to gain better involvement or to provide greater involvement with other stakeholders.

2. Housing

- ***The nature of the challenge*** – Concerns central to the housing of Persons Living with HIV continues to be of great unease. While the Atlanta EMA does not fund housing the Planning Council’s Housing Committee does have a strong relationship with the City of Atlanta which serves as the Recipient of housing funds. Over the past year there have been more and more expressions of concerns around the lack of housing being a barrier to care.
- ***The plan to overcome the challenge*** In the coming year the Housing Committee will continue to champion educating the public on non-HOPWA funded housing sources as well as providing vital feedback to the City of Atlanta regarding its HOPWA program.
- ***Progress in implementing the plan to overcome the challenge*** – The Chair of the Housing Committee is an employee working within the HOPWA Program but employed by the City of Atlanta. This relation continues to foster valuable solutions to challenges associated with housing. The Committee will continue to bring the discussion of housing to the forefront while continuously strategizing on how to obtain valuable information from consumers.

3. Involvement of Youth

- ***The nature of the challenge*** – According to the Center for Disease Control the largest percentage of new infections has been among people aged 25-34 (31 percent; 14,500), followed by those aged 13-24 (26 percent; 12,200), and those aged 35-44 (24 percent, 11,300). An additional 15 percent (7,100) occurred among people aged 45-54, and 5 percent (2,500) among those aged 55 and

older. As a planning body it has been challenging to consistently engage the younger demographic especially among African American same gender loving men. While the age group of 25-34 presents a challenge between the ages of 34-44 there is an increase in involvement. With the need to address.

- ***The plan to overcome the challenge*** - To achieve the goal of an AIDS-free generation in the United States, renewed energy and bold commitment are needed to foster the active engagement of youth within care planning and prevention. As a planning body the PC has been intentionally working with community organizations who have direct involvement with this age group in order to gain a greater youth involvement within the Planning Council.
- ***The plan to overcome the challenge*** – During FY2019 the Planning Council will conduct four focus groups targeted towards young people between the ages of 25-34. Additional efforts will be taken to meet with leadership of youth organizations to strategically identify ways in which to attract youth. There has also been conversation regarding formally organizing a Youth Caucus to directly address the issue of youth engagement.

c. Challenges related to compliance with planning council/body legislative requirements

1. Mandated Representation (Reflection and Reflectiveness)

- ***The nature of the challenge*** – The Atlanta EMA continues to experience challenges in obtaining consistent representation from the mandated slot of ***State Medicaid Agency*** representative.
- ***The plan to overcome the challenge*** – This ongoing challenge has been brought to the attention of the Part A Recipient and Part A Project Officer in hope that assistance can be provided from a HRSA level.
- ***Progress in implementing the plan to overcome the challenge*** – Pending further input/advisement.