

Activity A: Benefits and Challenges of Consumer-Based Strategies and Models

1. Work in a small group. Choose someone to serve each of the following roles:
 - **Facilitator**, to coordinate your work and also participate
 - **Recorder**, to summarize the work of the group on “newsprint” paper
 - **Reporter**, to report on your work to the full group.

2. All Groups should answer **question A** and **EITHER question B or question C** as assigned
 - A. **Experiences:** What have been your program’s experiences in involving consumers in helping to address unmet need? What has worked well and what has been less than successful?

 - B. **Benefits:** What are the most important benefits or “value added” of strategies or models that engage consumer as a way to link other PLWH into care? What do consumers offer that makes them valuable in such roles?

 - C. **Challenges/Obstacles:** What are the greatest challenges or obstacles to successfully engaging consumers to link other PLWH into care? What makes it hard to do this successfully?

3. Think individually about your answers, and then share them with the group.

4. Have your recorder summarize on “newsprint” the most important benefits or challenges/obstacles you identified as a group, and any key lessons from your collective experience.

5. Have your reporter prepared to present your work to the full group.

Activity B:

Engaging Consumers in Linking other PLWH into Care: Opportunities and Readiness Checklist

Use this checklist to assess your Part A or Part B program's opportunities and readiness for engaging people living with HIV/AIDS to help bring other PLWH into care – and for adopting one or more specific strategies and models as presented in the Consumer LINC training. For each item, rank your own program. Then add up your responses to get an opportunities and readiness score, overall and by section.

Indicate to what extent each statement is true for your program. Use a four-point scale, where 1 = not at all true for our program, 2 = a little true, 3 = moderately true, 4 = completely/fully true.

If there are several people participating from your Ryan White program, you may want to complete the form individually, then discuss your responses and either average them or reach consensus on the response for each question. We will ask you to give us a copy of the Checklist with combined scores. We have provided a second copy of the Checklist so you can keep a copy for future use.

Knowledge of the Unmet Need Population

- _____ 1. **Size of unmet need population:** We have a good sense of the *size* of our unmet need population (the number of PLWH in our service area who know their status but are not receiving HIV-related primary medical care).*
- _____ 2. **Characteristics of unmet need population:** We know a good deal about the *characteristics* of PLWH who are out of care – their race/ethnicity, age, gender and sexual orientation, and area of residence within our service area.
- _____ 3. **Barriers to care:** We have identified important barriers to care for *specific* populations with significant unmet need.

PLWH Participation and Leadership

- _____ 4. **Consumer engagement:** Our program has a history of meaningful engagement by consumers who are *reflective* of the local/state epidemic and come from diverse parts of our service area.
- _____ 5. **PLWH structure:** A PLWH committee or caucus is a formal, ongoing, and active part of our community planning structure.
- _____ 6. **PLWH leaders:** We currently have at least five active and well informed PLWH who are leaders in our planning body and process.

* HRSA/HAB considers a person living with HIV or AIDS to be have an unmet need if s/he has not received any of the following in the past 12 months: a CD4 count, a Viral Load test, or antiretroviral therapy.

- ___ 7. **Active consumers:** Our PLWH committee or caucus includes at least a dozen active consumers who are *not* members of our planning body.
- ___ 8. **PLWH training:** We implement a comprehensive training plan for our planning body that includes specific attention to PLWH needs.
- ___ 9. **Leadership development:** We provide frequent leadership development opportunities for PLWH involved in our planning process.

Connections to PLWH Communities

- ___ 10. **Community participation:** When the planning body (or Part B grantee) plans a community meeting or other event, we always get a good turnout of PLWH.
- ___ 11. **Visibility:** Our Ryan White services and activities are well known within diverse PLWH communities throughout our service area.
- ___ 12. **Community education and training:** We regularly provide education and training for PLWH who are not part of our planning process, either through the planning body or through a funded service category.

Service Opportunities

- ___ 13. **Outreach:** We currently fund outreach services that target specific PLWH populations with high rates of unmet need.
- ___ 14. **EIS:** We currently fund early intervention services (EIS) that focus on particular population groups and points of entry into care.
- ___ 15. **PLWH in outreach and EIS roles:** Our outreach and/or EIS providers employ PLWH as members of their outreach or EIS teams.
- ___ 16. **PLWH employed in core medical services:** Primary care, medical case management, and other core service providers include PLWH on their staff.

Capacity/Systems Readiness

- ___ 17. **Use of directives:** Our planning body regularly provides directives (if Part A) or recommendations (if Part B) for how best to meet our service priorities, and our grantee generally implements them successfully.
- ___ 18. **Standards of Care:** Our standards of care in both medical and supportive service categories require or encourage the hiring of PLWH as part of an outreach or care team.
- ___ 19. **Contracting:** Our program has the capacity and flexibility to procure new services or revise existing contracts in order to implement a new service model involving consumers in addressing unmet need no later than the beginning of the next Ryan White program year.

____ 20. **Provider capacity:** Our program and its provider network have the capacity to implement consumer-focused models for linking PLWH into care.

Commitment

____ 21. **Priority on unmet need:** Our planning body has demonstrated that addressing unmet need is a priority, even when resources are limited.

____ 22. **Planning body support for multiple PLWH roles in linking other PLWH to care:** Our planning body as a whole is very supportive of program models that involve PLWH as staff and as volunteers, including new models and strategies.

____ 23. **Grantee support for PLWH role in linking other PLWH to care:** Our grantee is very supportive of program models that involve PLWH as staff as well as volunteers, including new models and strategies.

____ 24. **Provider support for PLWH role in linking other PLWH to care:** There is broad recognition among providers that our system of care would benefit from the adoption of program models that involve PLWH as staff as well as volunteers, including new models and strategies.

____ 25. **Capacity building:** Our program has the broad commitment and champions for action to ensure that we allocate needed time and energy to successfully implement one or more of these models and strategies.

Topic Area/Section Scores:

A. Knowledge of the Unmet Need Population	_____ [Highest possible score is 12]
B. PLWH Leadership and Participation	_____ [24]
C. Connections to PLWH Communities	_____ [12]
D. Service Opportunities	_____ [16]
E. Capacity/Systems Readiness	_____ [16]
F. Commitment	_____ [20]
Total Score:	_____ [100]

EXTRA COPY

Engaging Consumers in Linking other PLWH into Care: Opportunities and Readiness Checklist

Use this checklist to assess your Part A or Part B program's opportunities and readiness for engaging people living with HIV/AIDS to help bring other PLWH into care – and for adopting one or more specific strategies and models as presented in the Consumer LINC training. For each item, rank your own program. Then add up your responses to get an opportunities and readiness score, overall and by section.

Indicate to what extent each statement is true for your program. Use a four-point scale, where 1 = not at all true for our program, 2 = a little true, 3 = moderately true, 4 = completely/fully true.

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Knowledge of the Unmet Need Population

- ___ 1. **Size of unmet need population:** We have a good sense of the *size* of our unmet need population (the number of PLWH in our service area who know their status but are not receiving HIV-related primary medical care).[†]
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PLWH Participation and Leadership

- ___ 4. **Consumer engagement:** Our program has a history of meaningful engagement by consumers who are *reflective* of the local/state epidemic and come from diverse parts of our service area.
- ___ 5. **PLWH structure:** A PLWH committee or caucus is a formal, ongoing, and active part of our community planning structure.
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Capacity/Systems Readiness

- ___ 17. **Use of directives:** Our planning body regularly provides directives (if Part A) or recommendations (if Part B) for how best to meet our service priorities, and our grantee generally implements them successfully.
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____ 25. **Capacity building:** Our program has the broad commitment and champions for action to ensure that we allocate needed time and energy to successfully implement one or more of these models and strategies.

Topic Area/Section Scores:

A. Knowledge of the Unmet Need Population	_____ [Highest possible score is 12]
B. PLWH Leadership and Participation	_____ [24]
C. Connections to PLWH Communities	_____ [12]
D. Service Opportunities	_____ [16]
E. Capacity/Systems Readiness	_____ [16]
F. Commitment	_____ [20]
Total Score:	_____ [100]

Activity C:

Quick Discussion: Using Strategy #1

1. Work with the person next to you.
2. Think for a minute about Strategy #1 – Understanding and Refining the System of Care. Considering your Part A or Part B program:
 - Has your planning body done something like this in the last few years?
 - How might this process benefit your program – what might you learn?
3. Share your ideas with your partner, and spend a minute or two thinking about similarities and differences in potential benefits.
4. Be prepared to share your discussion with the full group.

Activity D:
Understanding the Models
Part 1: Volunteer/Planning Body-based Strategies

1. Work in a small group, with a facilitator, recorder, and reporter.
2. Review the first two strategies:
 - a. Understanding and Refining the System of Care
 - b. PLWH Caucus/Committee
3. Based on our discussion of the two Planning Council-based strategies, please discuss and try to reach consensus on the following issues as they apply to these strategies:
 - a. Why might a Part A or Part B program like yours choose to implement strategies like these – what do you see as their key benefits or value-added?
 - b. What are the most challenging aspects of Planning Council-based strategies?
4. Focus on one of the strategies, as assigned. Assume that you are going back to your program and will make a presentation recommending this strategy to your planning body (for Strategy #1) or your PLWH caucus or committee (for Strategy #2). Discuss what you would want to be able to tell them. Use the following questions to focus your planning.
 - a. What are the essential elements of this strategy – the things it really needs to include?
 - b. How could your Part A or Part B program use this strategy – how might you go about adapting it to fit your current planning body and PLWH committee or caucus structure and capacity and your program needs?
 - c. What is most attractive and valuable about this strategy?
 - d. What problems might you encounter if you decided to implement this strategy?
 - e. In recommending this strategy, what would you present to and discuss with your planning body and/or PLWH committee or caucus?
5. Have your reporter prepared to provide a summary of your back-home presentation, and identify any missing information or concerns.

Activity E:
Understanding the Models
Part 2: Staff/Service-based Strategies

1. Work in a small group, with a facilitator, recorder, and reporter.
2. Review the two service-based strategies:
3. Based on our discussion of these two strategies, please discuss and try to reach consensus on the following issues as they apply to your assigned strategy area:
 - a. Linking PLWH into Care
 - b. Integrated Clinical Care Team
4. Focus on one of the strategies, as assigned. Consider what you would need to know and how you would present that strategy to one of the following: the planning body, grantee staff, or current funded providers that might implement such a strategy. Use the following questions to help focus your discussion:
 - a. Why your Part A or Part B program choose to implement this type of strategy – what do you see as its key benefits or value-added?
 - b. If you were to implement this strategy, what service category would be the best “fit”?
 - c. What are the essential elements of this strategy – the things it really needs to include?
 - d. How could your Part A or Part B program adapt and use this strategy – how might you go about refining it to fit your needs and conditions?
 - e. What problems or challenges would you encounter if you decided to implement this strategy?
 - f. In presenting this strategy to your planning body, grantee staff, and/or providers, what additional information gathering or groundwork would you need to do? What would be the most challenging aspects of the presentation?
5. Have your reporter prepared to summarize your back-home presentation, including what you would highlight and what areas might be most challenging.

Activity F: Choosing a Strategy for Your Program

1. Work with the other people from your program, and then with one other group.
2. Use this matrix to review your scores, by topic area and question, on the Opportunities and Readiness Checklist. It will help you decide which strategy or strategies are most appropriate for your Part A or Part B program.
 - a. First fill in your program's score for each Checklist section/topic area.
 - b. Then compare your scores with the minimum needed, by section/topic area, to successfully implement each of the four strategy areas. Use the notes to gain a greater understanding of the importance of specific questions.
 - c. Remember that the Checklist uses a 4-point scale, where 1 = the lowest and 4 = the highest possible score.
3. Now spend a few minutes completing the attached Worksheet on Strategy Selection.
4. Discuss your answers with the other group, and try to help each other decide what one strategy is likely to be most appropriate or useful for your program.
5. Be prepared to discuss your choice and the reasons for it with the full group.

**Strategy Selection Matrix:
Minimum Opportunities/Readiness Area Scores Needed
for Implementing Each Consumer LINC Strategy
for Engaging Consumers to Link other PLWH into Care**

Opportunities/ Readiness Sections/Topic Areas	Highest Possible Score	Your Program's Score	Minimum Score Needed by Strategy				Explanation
			1. Understanding and Refining the System of Care	2. PLWH Caucus/ Committee	3. Linking PLWH to Care	4. Integrated Clinical Care Team	
A. Knowledge of the Unmet Need Population	12		6	7	9	9	<ul style="list-style-type: none"> • Strategy #1 can help increase understanding of unmet need and should be used first if the program scores in this category are low; if scores are very low, improve unmet need estimate and assessment before proceeding • Strategy #2 is easiest to implement after gaining at least a moderate understanding of the characteristics of the unmet need population • It is difficult to design an effective model for Strategies #3 or #4 without at least a moderate understanding of the unmet need population

Opportunities/ Readiness Sections/Topic Areas	Highest Possible Score	Your Program's Score	Minimum Score Needed by Strategy				Explanation
			1. Understanding and Refining the System of Care	2. PLWH Caucus/ Committee	3. Linking PLWH to Care	4. Integrated Clinical Care Team	
B. PLWH Leadership and Participation	24		10	13	8	8	<ul style="list-style-type: none"> • Strategy #1 can help build PLWH leadership and participation, but a moderately functional PLWH structure needs to exist and there needs to be at least a small core group of PLWH willing to play a leadership role • Strategy #2 is led by PLWH, and requires a functional PLWH structure and a moderate level of pre-existing consumer leadership and engagement, though it can also help to increase PLWH involvement • Strategies #3 and #4 are largely independent of PLWH participation and leadership at the community planning level, except that models are most likely to be established if PLWH are at least moderately engaged in the planning process
C. Connections to PLWH Communities	12		7	8	4	4	<ul style="list-style-type: none"> • Both strategies #1 and #2 are easier to implement if the program has established at least moderate connections to PLWH communities; Strategy #2 benefits particularly from community education and training activities • Strategies #3 and #4 are not directly linked to planning body or grantee connections to PLWH communities, although the providers of such models will need to establish such relationships

Opportunities/ Readiness Sections/Topic Areas	Highest Possible Score	Your Program's Score	Minimum Score Needed by Strategy				Explanation
			1. Understanding and Refining the System of Care	2. PLWH Caucus/ Committee	3. Linking PLWH to Care	4. Integrated Clinical Care Team	
D. Service Opportunities	16		4	4	7	8	<ul style="list-style-type: none"> • Strategies #1 and #2 are typically implemented as part of the community planning process rather than through service contracts, and do not depend on PLWH service opportunities in a provider setting • Strategies #3 and #4 depend on service opportunities and may be implemented through outreach (especially #3) and EIS (either #3 or #4). Strategy #4 also benefits from a history of PLWH employment in core medical services.
E. Capacity/ Systems Readiness	16		4	4	11	11	<ul style="list-style-type: none"> • Strategy #1 is carried out as part of the community planning process with administrative funds and does not require other systems capacity; however, planning body use of directives (Part A) or recommendations (Part B) can help in implementing changes in the system of care and the other capacities will help in their implementation • Strategy #2 is usually implemented through administrative funds so does not require capacity/systems readiness unless a decision is made to implement it through a model involving service dollars allocated to an approved service category – in that case the minimum score would be 8 • Strategies #3 and #4 both require systems readiness, particularly with regard to standards of care, contracting, and provider capacity

Opportunities/ Readiness Sections/Topic Areas	Highest Possible Score	Your Program's Score	Minimum Score Needed by Strategy				Explanation
			1. Understanding and Refining the System of Care	2. PLWH Caucus/ Committee	3. Linking PLWH to Care	4. Integrated Clinical Care Team	
F. Commitment	20		9	11	13	15	<ul style="list-style-type: none"> Strategies #1 and #2 require planning body priority on unmet need and support for PLWH engagement as volunteers in linking people into care; Strategy #2 also needs commitment to building capacity and champions for ongoing action Strategies #3 and #4 require a moderate level of planning body support (to allocate funds for such models), grantee support (to ensure implementation of the models) provider support (to successfully implement such models), and some commitment to capacity building; Strategy #4 also requires a moderate to high level of provider support, since its models usually require providers to support a new level of PLWH staff involvement
Total	100		40	47	52	55	Total score is less important than area scores in selecting a strategy

Worksheet on Strategy Selection

1. Looking at the Strategy Selection Matrix, how well does each of the strategies appear to build on your program's opportunities and readiness? Please explain.

2. Based on your knowledge of your service area and program, which one or more of the four strategies do you feel might be a good choice for implementation by your program?

Understanding and Refining the System of Care

PLWH Caucus/Committee

Linking PLWH into Care

Integrated Clinical Care Team

Why?

3. If you are interested in implementing more than one strategy, what would be the chronology or approach you might use?

4. What do you see as the greatest benefits or value of implementing the strategy(ies) you have identified as good choices for your program?

5. What do you see as the greatest challenges?

6. What are the next steps your program would like to take regarding possible adoption of one of these strategies? Please list key tasks and probable timeline.

7. Would you like to receive on-site assistance from Consumer LINC to implement the chosen strategy?

Yes Not sure No

Explain