Consumer Involvement on the MN HIV Services Planning Council

Did you know that consumer involvement on the MN HIV Services Planning Council is required by law? Consumer involvement on Ryan White Part A planning councils and in Part B planning is both a legislative requirement and a practical necessity. The Ryan White CARE (Comprehensive AIDS Resource Emergency) Act, first enacted in 1990 and reauthorized in 1996, 2000, 2006 (Ryan White HIV/AIDS Treatment Modernization Act of 2006), and 2009 (Ryan White HIV/AIDS Treatment Extension Act of 2009) requires planning councils and Part B consortia to include members from affected communities, including people living with HIV disease and requires that members be diverse, active, and well informed. In addition, the HIV/AIDS Bureau at the Health Services Administration (HRSA), which administers the Ryan White legislation and associated funding allocations, believes that effective programs and services must be developed based on the input and perspectives of those for whom the services are intended. To that end, the legislation requires that a minimum of thirty three percent (33%) of the Council members are recipients of Ryan White funded HIV services and are otherwise unaligned with any Ryan White funded agency. In other words, the person may be receiving services from a Ryan White funded agency but may not be an officer, employee, or consultant in any capacity to an agency that receives Ryan White funds. These Council members are considered unaligned consumers. The bylaws of the MN HIV Services Planning Council allow for up to 30 members. Therefore, ten of those members must be unaligned consumers. This requirement does not preclude further consumer involvement. In fact, because the MN HIV Services Planning Council believes cost-effective services are far more likely to be developed when the Council involves a diverse group of participants, the Council has a long tradition of exceeding the 33% requirement for unaligned consumers and has engaged more than the legislatively mandated level of involvement from affected communities. Only through effective involvement of affected communities can the grantees and the planning council ensure that the services are truly responsive to the needs of the users of these services.

A central tenet of the legislation is that decisions are to be made based on an assessment of local needs and an identification of service gaps. As consumers of HIV services, people living
with HIV disease can provide a practical perspective on service design and direct feedback on service accessibility and quality. They can also identify barriers to services which may not be evident to service providers and can assist the Council and providers in more effectively reaching and serving the community, especially minority and other emerging populations. Consumers are a very important link between the planning council and the community. They play two important roles in the planning process: bringing community issues to the table and taking treatment and service issues and information back to the community. The MN HIV Services Planning Council understands that their primary constituent group is people living with HIV disease. It is their needs we are committed to serving and it is their full participation that is critical to the planning, priority setting, allocation of resources, and program implementation of Ryan White Part A and Part B programs.

For more information about involvement in the MN HIV Services Planning Council, please visit our website at www.mnhivplanningcouncil.org or call us at 612-596-7894.