

Who are we?

The Minnesota HIV Services Planning Council is a diverse planning group made up of people living with and affected by HIV/AIDS, health care and social service professionals, and interested community members. We are committed to extending and improving the quality of life for people living with HIV disease by assessing needs and prioritizing services in an accessible, flexible, and efficient manner.

The Planning Council currently maintains a membership of up to 30 members and makes decisions about services priorities and fund allocations for services statewide and for the 13 county Minneapolis/St. Paul metro area, including two western Wisconsin counties.

Two Membership Options:

Planning Council members commit to two-year terms during which they prepare for and attend monthly Planning Council meetings. These meetings occur on the second Tuesday of each month and are usually three hours in length. The Planning Council operates through a committee structure. Being a member means attending monthly Planning Council meetings in addition to participating in at least one Planning Council committee. Planning Council committees meet monthly for two to three hours.

There is also an alternative to full Council membership. The Community membership option offers participants who wish to participate on the committee level to become a "community member" for any committee. Once they have satisfied the committee's eligibility requirements, they are then eligible to vote on issues brought before that committee. Community members may also attend full Planning Council meetings, but voting privileges are limited to committees.

Committees

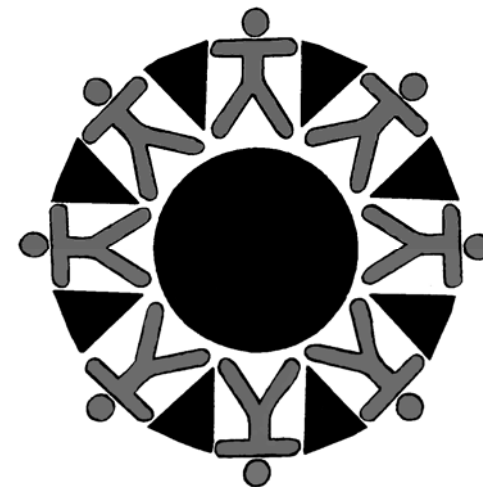
The **Community Voice Committee** provides a representative voice for people living with HIV/AIDS. It also seeks out and maintains communication with groups who have an interest in the needs of and services for people living with HIV/AIDS but with barriers to participation in the Planning Council. This committee meets on the 1st Tuesday from 10:00 a.m. - 12:00 p.m. at Hennepin/Powderhorn Partners in Minneapolis.

The **Executive Committee** reviews and recommends action for full Planning Council consideration. It is comprised of the co-chairs of each committee and the Planning Council co-chairs. This committee meets on the 4th Thursday from 2:00 - 4:00 p.m. at Hennepin/Powderhorn Partners in Minneapolis.

The **Needs Assessment and Evaluation Committee** identifies areas of unmet or under met service needs through various research methods. It also evaluates service areas and monitors epidemiological data. This process allows the Planning Council to make decisions based on data. This committee meets on the 4th Tuesday from 9:00 - 11:30 a.m. at the Minnesota AIDS Project in Minneapolis.

The **Operations Committee** develops guidelines for member participation and Council operating procedures. The committee also develops and maintains the communication planning for the Planning Council. They help to identify, recruit, nominate and train new members. This committee meets on the 2nd Friday from 9:00 - 11:00 a.m. at Hennepin Powderhorn Partners in Minneapolis.

The **Planning and Priorities Committee** identifies service areas, designs the prioritization process and makes funding recommendations for Planning Council review and approval. It also leads a long-term planning process resulting in a Comprehensive Plan. This committee meets on the 4th Wednesday from 10:00 - 12:00 p.m. at the Minnesota AIDS Project in Minneapolis.



MINNESOTA HIV SERVICES PLANNING COUNCIL

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Ryan White HIV/AIDS Treatment Modernization Act (2006) Purpose and Goals

The Act is:

- Federal legislation specifically designed to address gaps in care for people living with HIV disease.
- A source of funds for core medical services and support services that enhance access to and retention in HIV/AIDS care.

Goals:

- Reduce the use of more costly inpatient care.
- Increase access to care for underserved populations.
- Improve quality of life for those affected by the epidemic.

Need for the Act:

- HIV disproportionately affects people in poverty, racial/ethnic minority populations, and other individuals who are underserved by health prevention and care systems.
- HIV often leads to poverty.
- The Act is the “payer of last resort”.
- Its programs serve people with no regular source of health care and people with Medicaid or private insurance whose HIV-related care needs are not being met by other providers.

Approach:

- Primarily provides grants to local and State programs to provide primary medical care and support services; health care provider training; and technical assistance to funded programs.
- Funds support services that enhance access to and retention in care.
- Provides for significant local and State control of planning and service delivery.

Why Join the Minnesota HIV Services Planning Council

You can help people infected and affected by HIV by:

- Representing and serving the HIV/AIDS community
- Helping improve services and access to care
- Representing an underserved community or population

Get personal and professional benefits by:

- Accessing information about HIV/AIDS
- Increasing your awareness of treatment and services
- Establishing contacts that may lead to a career in the AIDS field or to membership on a provider Board of Directors
- Receiving numerous training opportunities

Be a voice in program planning and implementation by:

- Participating in the processes that determine what services are needed most
- Being empowered
- Being part of the decision-making process
- Getting information about HIV/AIDS funding streams and having opportunities for involvement and collaboration

Becoming a member

The Minnesota HIV Services Planning Council welcomes your participation. Because Planning Council membership is designed to reflect the demographics of the HIV positive community in Minnesota, at least thirty-three percent of our members must be living with HIV and eligible for Ryan White CARE Act services.

If you are interested in being a part of the Minnesota HIV Services Planning Council, please call Wendi Johnson at 612-596-7894 or 1-888-638-3224 toll free in Minnesota.

Why the Minnesota HIV Services Planning Council Needs You

- People living with HIV disease who receive Ryan White funded services provide a “front line” consumer perspective on service planning, delivery, and evaluation.
- You can help focus the planning body on issues facing people living with HIV disease and their families, including sharing actual experiences in seeking and obtaining services.
- You can help assess the needs of PLWH/A from diverse populations and geographic locations.
- You can identify barriers to services that may not be evident to others and can help planning bodies and providers overcome these barriers.
- You can help identify ways to more effectively reach the affected community, including minorities and other disproportionately affected populations. Diverse member perspectives can help in the design of initiatives that positively impact outreach.
- Consumers of Ryan White services can provide direct feedback on service quality. You enable Ryan White planning to fulfill its purpose of providing a community voice in determining what services are appropriate and needed.
- You provide an ongoing link with the consumer community. You can bring community issues to the planning council. You can also link your communities to treatment, research, and care information. Such linkages can contribute to positive perceptions of the planning process and increased access to care.

Please consider joining us in this vital work.