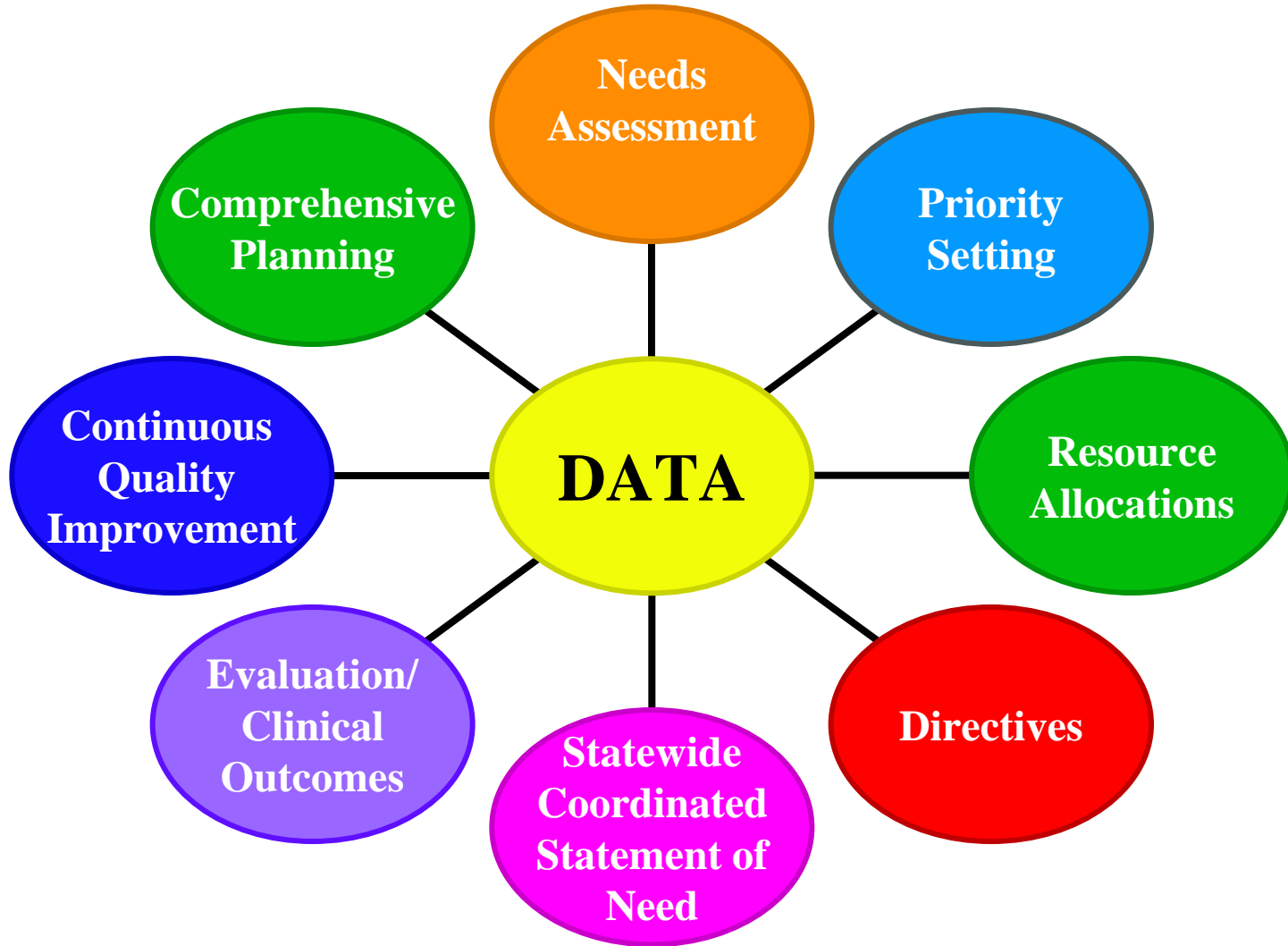


# Planning Council Responsibilities for Needs Assessment

July 3, 2013

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# Roles and Responsibilities

Role/Task	CEO/Grantee <i>OGC</i>	Planning Council <i>Partnership</i>
<b>Priority Setting</b>		♦
<b>Resource Allocations and Reallocations</b>		♦
<b>Directives</b>		♦
<b>Assessment of the Administrative Mechanism</b>		♦
<b>Needs Assessment</b>	♦	♦
<b>Comprehensive Planning</b>	♦	♦
<b>Coordination of Services</b>	♦	♦
<b>Clinical Quality Management</b>	♦	♦
<b>Cost-Effectiveness and Outcomes Evaluation</b>	♦	♦
<b>Procurement</b>	♦	
<b>Contract Monitoring</b>	♦	
<b>Planning Council Formation/Membership</b>	♦ (CEO)	

# Planning Council Legislative Responsibilities

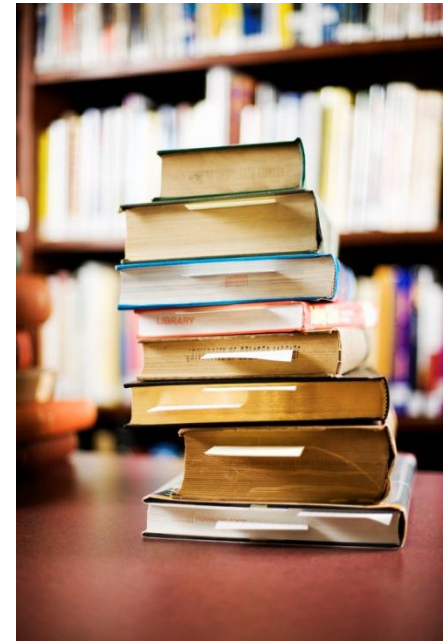
- Determine the size and demographics of the population of individuals with HIV/AIDS
- Determine the needs of such population, with particular attention to:
  - individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related services; and
  - disparities in access and services among affected subpopulations and historically underserved communities

# HRSA Expectations

- The planning council (Partnership) decisions about funding, continuum of care, service models, etc. will be data-based
- Data used for decision making will include:
  - Needs assessment results
  - Cost and utilization data
  - Quality Management/evaluation data
- The planning council will be trained and comfortable in reviewing, assessing and using data

# Typical Data Collection Tools

- Surveillance data
- SDIS data
- Surveys (PLWHA and providers)
- Focus groups
- Town Hall meetings
- Outreach mini-surveys
- Research presentations
- Key informant interviews
- Other special studies



# Five Components of a Ryan White Needs Assessment

## 1. **Epidemiologic profile**

Number and characteristics of PLWHA in the EMA

## 2. **Assessment of service needs & gaps**

Information on services received and not received by PLWHA

## 3. **Resource Inventory**

Listing of providers in the EMA continuum of care

## 4. **Profile of provider capacity and capabilities**

Information on capacity to provide specific services to particular populations in specific locations

## 5. **Estimate and assessment of unmet need**

Number of PLWHA not in primary medical care, and their characteristics, service barriers, & gaps

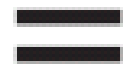
# The Needs Assessment Process: Interpreting Findings



Knowing who needs services and how to reach them



Knowing who the service providers are, where they are, and what they can provide and for whom



Making good, objective decisions about which services are most needed

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# Using Service Utilization and Continuous Quality Improvement Data

- **In setting service priorities**  
What service categories fully used all funding, which had waiting lists, which had unused resources?
- **In allocating resources**  
How can we use cost per client data to determine funding allocations for anticipated new clients?
- **In preparing directives**  
What, if any, access to care issues have been identified, specifically for historically underserved populations?
- **In quality management**  
Are service categories providing the mix and level of service units specified in standards of care?

# Planning Council Responsibilities: Setting Priorities

- Determining what service categories are most important for PLWHA in the EMA
- Priorities setting is not tied to funding or to service providers
- Planning council must establish a sound, fair process for priority setting and ensure that decisions are data-based and control conflict of interest
- Take into account utilization, epidemiological and unmet needs data
- Priorities tend to change only a little from year to year

# Planning Council Responsibilities: Resource Allocations

- Process of deciding how much money to allocate to each service category
- Resource allocation is not tied to priorities; some highly ranked service categories may receive little funding
- Process should be fair, data-based and free of conflict of interest
- Other funding streams, cost per client data and anticipated numbers of new clients coming into care should be considered in decision making
- HRSA requires no less than 75% of funds be allocated to core services
- HRSA requires that support services are linked to positive medical outcomes

# Planning Council Responsibilities: Developing Directives

- Provide guidance to the Grantee on desired ways to respond to identified service needs and/or shortfalls.
- Often specify use or non-use of a particular service model, or address geographic access to services, language issues, or specific populations
- May have cost implications
- Usually a small number are developed
- Must be followed by Grantee in procurement and contracting

Ultimately, it's about . . .

Using available data  
and predetermined  
guidelines to make  
informed decisions in  
order to provide the  
best possible services  
for our community.



THANK YOU!