The Priority Setting and Resource Allocation Process: Planning Council Training

Presentation Outline

- PSRA Process
- PSRA Principles & Criteria
- Planning Council & Committees Roles
- Data Utilized
- Required Part A Grant Documentation
- PLWHA Involvement
- PRSA Process: Step-By-Step
- Questions
HRSA Requirements

Planning Council’s are required by HRSA to “set priorities and allocate resources for service categories, and provide guidance (directives) to the grantee on how best to meet these priorities.”

Who’s involved?

- Joint Priorities Committee
- Joint Planning Committee
- Quality Management Committee
- Planning Council
- Ryan White Part A and B Grantees
- Consumers
- Other Services’ Funders/Grantees
Planning Council & Committee Roles

NEEDS ASSESSMENT
Joint Planning

DATA REQUESTS
Joint Planning, Priorities, QMC

REVIEW/APPROVE PSRA
Planning Council

RESOURCE ALLOCATION
Joint Priorities

PSRA Oversight:
Planning Council

REVIEW DATA
Joint Planning, Priorities, QMC

BEST MEET NEED
Joint Priorities

PRIORITY SETTING
Joint Priorities

Priority Setting & Resource Allocation Process

Principles
- Develop PSRA Principles and Criteria
- Clarify Committee, Consumer & Staff Roles and Responsibilities
- Develop PSRA Timeline

Data
- Review HRSA Mandates and Part A PSRA Grant Guidance
- Identify HRSA Identified and Additional Data Sources
- Create User Friendly Data Sets

Decisions
- Develop Language On How Best To Meet The Need
- Committee and Community Data Presentations
- Committee Reviews Mandates/Principles & Sets Priorities
- Committee Reviews Mandates/Principles & Allocates Resources
### EMA PSRA Principles and Criteria

- Assign language on how to best meet the need
- Ensure service priorities are addressed
- Ensure priorities conform to a comprehensive continuum of HIV care
- Determine priority funding categories with justifications that can be linked back to the Needs Assessment and Comprehensive Plan

### ESTIMATED RESOURCES NEED

<table>
<thead>
<tr>
<th>Number of Clients (surveillance data)</th>
<th></th>
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<tbody>
<tr>
<td>X</td>
<td>{units per client per year} X {cost per unit}</td>
</tr>
<tr>
<td></td>
<td>– other resources and/or funding sources</td>
</tr>
<tr>
<td></td>
<td>+ other documented community needs</td>
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<tr>
<td></td>
<td>= resources needed to fund anticipated need</td>
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### PSRA Data Sources (Binder)

A PSRA Binder and calculator are given to committee members, staff and guests as a resource to utilize during the PSRA decision making process.

- Part A PSRA Guidance
- Priorities Policies & Procedures
- PSRA Data Presentation
- Glossary of Terms
- Client Eligibility Requirements
- RW Program Service Definitions
- Part A/MAI Allocations
- Part A Client Demographics
- Epidemiology Data
- Unmet Need Data
- Final Expenditure Reports
- WICY Expenditures
- Utilization Report
- Previous Year’s Service Priorities
- Previous Year’s How Best to Meet Need Language
- EMA’s PSRA Principles, Criteria
- Needs Assessment Reports
- Other Funding Sources Report
- Quality – Outcomes/Indicators
Developed by the ad Hoc Scorecard Committee

- Included in the PSRA Binders are “Scorecards”
  - One for each currently funded Part A service category
  - Separate scorecards for MAI-funded service categories

- Includes data specific to the service category

- Provides a quick snapshot
How PSRA process was conducted, including how the needs of those not in care and those from historically underserved populations were considered in this process.

- How PLWH/A were involved in the PSRA process and how their priorities are considered in the process;
- How data were used in the PSRA processes to increase access to core medical services and to reduce disparities in access to the continuum of HIV/AIDS care;
- How changes and trends in HIV/AIDS epidemiology data were used in the PSRA process;
- How cost data were used by the Planning Council in making funding allocation decisions;
- How unmet need data were used by the Planning Council in making priority and allocation decisions; and
- How the Planning Council’s process will prospectively address any funding increases or decreases in the Part A award.
PLWHA Involvement

How Were Persons Living With HIV/AIDS Involved In The Priority Setting and Resource Allocation Process?

PLWHA Involvement In PSRA Process

**Needs Assessment and Priority Setting**
- Needs Assessment Survey
- Rank Core Services Priorities
- Rank Support Service Priorities
- Document Barriers
- Additional Consumer Targeted Data Presentation

**PLWHA Serve as Committee Members**
- Joint Planning
- Data Collection & Presentation
- Joint Priorities
- Priority Setting & Resource Allocation
- Planning Council
- Approves All PSRA Decisions
PLWHA Involvement In PSRA Process

Data Presentations
• Joint Priorities Committee Presentation
• Community Evening Presentation

Special Populations Assessment
• Consumer Focus Groups
• Consumer Surveys
• Consumer Interviews
• Service Category Assessments

FY2010 PSRA Process Consumer Priority Ranking

Core Services Ranking
1. Outpatient/Ambulatory Medical
2. AIDS Pharmaceutical Assistance
4. Oral Health Care
5. Medical Case Management
6. Early Intervention Services
7. Mental Health Services
8. Substance Abuse Services

Support Services Ranking
1. Food Bank Services
2. Outreach Services
3. Medical Transportation Services
4. Legal Services
PSRA Process: Step-By-Step

1. Priority Setting
2. Language on How Best to Meet Need
3. Resource Allocation
4. PSRA Approval

1. Priority Setting

- Prioritize service categories included in Legislation
- Nominal Group Process Method Utilized

- Members write down individual rankings
- Group discusses summation & clarifies responses
- Summation of votes determines the top-ranked priorities
2. Language on How Best to Meet Need

- Directives to Grantee on how best to meet the service priorities identified, such as:
  - Where geographically to fund services
  - Specific models to use
  - Identify target populations

Additional Priorities & Language Considerations

- Priorities & Language must be based on:
  - Documented need
  - Cost and outcome effectiveness
  - Priorities of HIV+ community
  - Availability of other resources
### 3. Resource Allocation

- Decide how much funding will be used for each service category
- Allows for funds to enable PLWHA Council members to be reimbursed for their reasonable expenses: transportation, parking, mileage, child care, regular lost wages and appropriate refreshments

#### Process Flow

- **Review Data to Identify Community Need**
- **Consider Potential Increases/Decreases in Utilization**
- **Allocate Funds by Service Category**
  - 75% Core Services
  - 25% Support Services

### 4. PRSA Approval

- Joint Priorities Committee forwards PRSA recommendations to the Planning Council for its approval
- Grant Administrator submits the Planning Council’s PSRA recommendations to the Board of County Commissioners’ designated Division Director, who in turn forwards them to the Broward County Board of County Commissioners for its approval.
Award Increase Or Decrease

How the Council’s process will prospectively address funding increases or decreases?

Post Award PSRA Revisions

- In the event of a funding award greater than the previous year, service categories will be funded first at the most recent fiscal year’s **FINAL ACTUAL EXPENDITURE**.
- In the event of funding shortages, core curriculum service categories will be funded at the prior year’s final funded allocation level minus un-obligated administrative and carryover funds.
  - If not feasible or if doing so would result in a reduction equal to or greater than 15% of the final expenditure amount of previous year allocated to support services, the committee will meet to revise funding allocations.
  - Deviations in expenditures in excess of 10% in any given funding category shall be reviewed by the Committee for possible reallocation utilizing the same processes as outlined above.
Questions?