2022/23 Priority Setting and Resource Allocations Process

On an annual basis, the Planning Council convenes its membership, a culturally diverse group of members representing multiple organizations to include those funded by Ryan White HIV/AIDS Program(RWHAP), Centers for Disease Control and Prevention (CDC), Housing Opportunities for Person's living With HIV/AIDS (HOPWA), State funded HIV/STI Prevention and Care organizations, as well as consumers of the RWHAP and local community members. This group of diverse individuals convenes annually to provide guidance in developing priorities and allocating funds to service categories for the Ryan White Part A program in Chesapeake, Norfolk, Virginia Beach, Portsmouth, Suffolk, Isle of Wight, Hampton, Poquoson, Newport News, Williamsburg, James City County, Gloucester County, Mathews County, York County, and Currituck County., NC which makes up the Norfolk TGA.
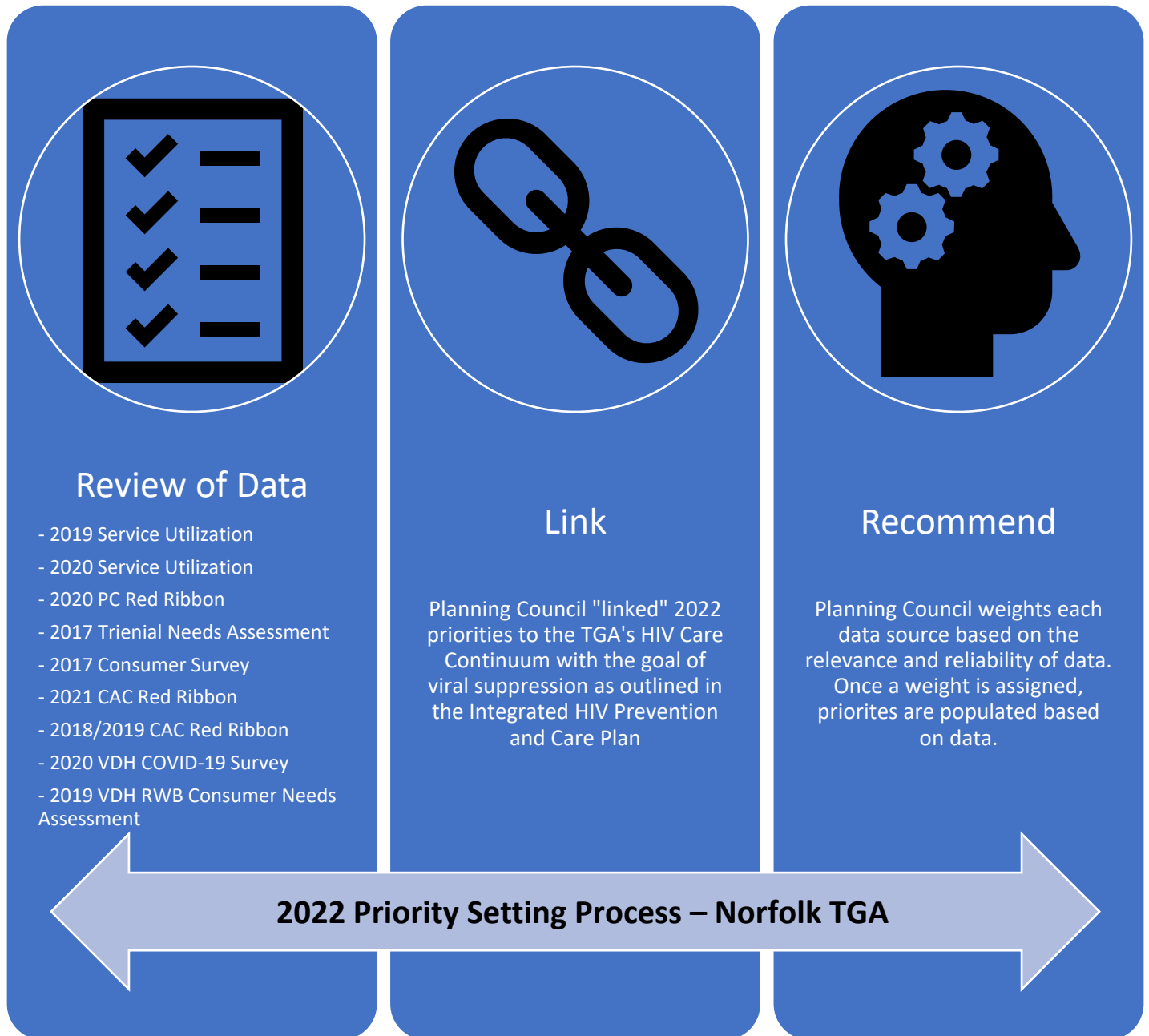
The Planning Council of Norfolk TGA has developed a data driven model for conducting the annual Priority Setting and Resource Allocations (PSRA) process. The process is divided into 4 components: (1) PLWH currently in the RW Part A/MAI care system; (2) PLWH that are newly diagnosed that will enter the RW Part A/MAI program utilizing the TGA's Epidemiological data; (3) out of care individuals to bring into care based on the TGA's underserved populations; and (4) unaware individuals who do not know their HIV status, identifying, testing, and linkage to appropriate medical care. The latter component will occur through the EIS/EIIHA Plan and will work in conjunction with various community partners and funded programs that address HIV and co-morbidities in the TGA.

The Planning Council has developed the following procedures for conducting the 2022/23 PRSA process:

Thursday, August 19, 2020: Mandatory Data Session and PSRA Training. The data session and PSRA training will take place via Zoom Conferencing due to the COVID-19 pandemic and the Planning Council's inability to meet in person. The mandatory data session and PSRA training will be include the review of the following data sets:

1. Glossary of Terms
2. Policy Clarification Notice 16-02
3. 2021/22 Notice of Grant Award
4. 2021/22 Grant Score
5. 2020/21 Attachment 5: Coordination of Services and Funding Streams
6. 2020/21 Service Utilization Data
7. 2020/21 Funded Service Categories
8. 2018/19 Consumer Forum Red Ribbon Survey Results
9. 2020 VDH COVID-19 Consumer Needs Assessment
10. 2019 VDH RWB Consumer Needs Assessment
11. 4-year trend of Service Utilization Data
12. 4-year trend of Expenditures

The Planning Council facilitates the collection of integral PSRA data through the community input process by: 1.) Community Development Committee of the Planning Council; 2.) client satisfaction surveys and needs assessments; 3.) PLWH forums and townhall meetings; 4.) Consumer Advisory Board members; 5.) RW Part B; 6.) RW Part F; 7.) CDC Prevention subrecipients; 8.) HOPWA Recipient/Subrecipients and 9.) State Medicaid representatives. All aspects of planning is linked to the TGA's HIV CoC, NHAS, Integrated HIV prevention and care plan, Ending the HIV Epidemic (EHE) and with the goal of community viral suppression as outlined in the TGA's Integrated HIV Prevention and Care plan.

Review of Data

- 2019 Service Utilization

- 2020 Service Utilization

- 2020 PC Red Ribbon

- 2017 Trienial Needs Assessment

- 2017 Consumer Survey

- 2021 CAC Red Ribbon

- 2018/2019 CAC Red Ribbon

- 2020 VDH COVID-19 Survey

- 2019 VDH RWB Consumer Needs Assessment

Link

Planning Council "linked" 2022 priorities to the TGA's HIV Care Continuum with the goal of viral suppression as outlined in the Integrated HIV Prevention and Care Plan

Recommend

Planning Council weights each data source based on the relevance and reliability of data. Once a weight is assigned, priorites are populated based on data.

2022 Priority Setting Process – Norfolk TGA

Review of Data

Planning Council reviews a 4 year trend of cost and service utilization data for all service categories. The following are data sets:

1. Unduplicated client count
2. Unit cost by service category
3. Average cost per client
4. Other funding sources
   (RWHAP, HOPWA, Medicaid)

Resource Allocation Components

The Planning Council utilizes data sources to determine all resource allocations for GY2022/23 with focus on the following 4 components:

Component 1:
PLWH currently in the RWPA care system (Maintain)

Component 2:
PLWH Newly Diagnosed entering the care system

Component 3:
PLWH Out of Care / Lost to Care

Component 4:
Unaware Population

2022/23 Resource Allocation Process – Norfolk TGA

Resource Allocation Percentages by HRSA defined Service Category

Resource allocation percentages are developed and approved by the Planning Council based on the total grant award. The approved percentages are reported to the Recipient with the directive to apply service dollars in accordance with the approved resource allocations. The TGA's service priorities and allocations align with the updated National HIV/AIDS Strategy, the Integrated HIV Prevention and Care Plan and the TGA's Continuum of Care goal of viral suppression.

The PSRA process includes the following steps: ***Determination of data needs*** –The Planning Council identifies data which is needed for the PSRA process, and Planning Council Support staff request this data in advance of the PSRA data session. ***PSRA process review for PC member*** – Planning Council Support staff presents information on the process for PSRA. This includes a review of the requested data sets mentioned previously and Planning Council member expectations. ***Presentation of data*** –RWPA service utilization data over a 4-year period is presented to the Planning Council prior to PSRA. ***Determination of priorities*** – Based on data presented, the Planning Council determines the priority for each service category to be funded by ranking data sets. ***Resource allocation***: Based on the data presented and the assigned priority, the Planning Council determines how much funding should be allocated to each service category. ***Final approval*** – The Planning Council votes to approve the final priorities and allocation of funds for each service category. ***Evaluation of PSRA activities*** – Once the PSRA is complete the Planning Council is given the opportunity to provide feedback on the entire PRSA process.

A survey is conducted requesting feedback and input for the next year's process. The survey results related to the 2022/23 PSRA session indicated the Planning Council is highly satisfied with the current PRSA methodology. Suggestions for process improvement included a longer period for data review, and a Red Ribbon Exercise that asked precise question so that response would be more reflective of needs.

All funding decisions are data driven and include qualitative information on community needs with consideration of consumer input. The Planning Council utilizes past needs assessments, the most recent quality improvement data, service utilization, trending statistics, consumer input and aligns it with the TGA's Continuum of Care with the goal of viral suppression. The PC weighs each data source based on relevance to determine and approve service category priorities. Unless service categories show significant change in utilization, the PC does not deviate greatly from the service category's allocation at the close of the previous grant year. This is to ensure that services are provided at consistent levels.