

Planning Committee
2006-2007 Year-End Report
June 2007



Produced by Planning Council Support Services
1010 Massachusetts Avenue
Boston, MA 02118
www.bostonplanningcouncil.org

*The Planning Committee of the Boston EMA HIV Health Services Planning Council
presents its 2006-2007 Year-End Report*

Committee Charge

The Planning Committee is one of the Planning Council's standing committees. The Planning Council's bylaws state the charge to the committee in Section 6.4.2:

“The Planning Committee shall execute the development and implementation of a process to identify needs of individuals with HIV/AIDS and their caregivers, and keep assessment of said needs current. This process must be objective; ethnically, culturally, and linguistically sensitive; and should include quantitative analysis to the degree that appropriate data are available.”

Committee Membership

Members

Susan Tannehill (Chair)
Steve Moran (Vice-Chair)
David Gaulin
Maria Orsini
Brian Quigley

Staff

Michael Hager, PCS
Jonathan Leite, PCS
Leela Strong, PCS
Abigail Paine, BPHC

Committee Meetings

Thursday, October 5, 2006	2pm-4pm	Boston Living Center
Thursday, November 2, 2006	2pm-4pm	Boston Public Library
Thursday, December 7, 2006	2pm-4pm	Boston Public Library
Thursday, February 1, 2007	2pm-4pm	Boston Public Library
Thursday, March 1, 2007	2pm-4pm	Boston Public Library
Thursday, April 5, 2007	2pm-4pm	Boston Public Library
Thursday, June 7, 2007	2pm-4pm	Boston Public Library

Work of the Committee

During this past year, the Planning Committee devoted its efforts to the following tasks:

1. Develop and recommend a process for eliminating zero funded service categories
2. Present an overview of The 2006 Needs Assessment to the Planning Council
3. Revise/ present Priority Setting exercise to the Planning Council
4. Make recommendations to the R&A Committee on service needs/gaps.
5. Prepare/present Year-End Report recommendations for the 2007- 2008 term.

Task 1:

1. Develop and recommend a process for eliminating zero funded service categories

The Planning Committee created criteria to remove zero funded service categories.

Criteria for Service Category Elimination:

- The category is zero funded for 3 consecutive years.
- A review and summary of the zero-funded service categories is performed prior to being removed.
- The Planning Council votes on the elimination of service categories prior to being removed.

The process was presented to the planning Council on January 11, 2007 and approved on February 8, 2007.

Zero Funded Service Categories
Daycare
Complementary Therapies
Adoption/Foster Care
Respite Care

2. Present an overview of the 2006 Needs Assessment to the Planning Council

The Committee reviewed the report *Assessment of Need among People Living with HIV/AIDS in the Boston EMA*.

- The Committee noted the report did not address the emergence of new substance abuse cases, such as seen with crystal methamphetamine.
- The Committee also suggested the unmet needs explanation in the Needs Assessments document should follow the format of the Comprehensive Plan, as it is easier understood.
- The Planning Council should address the best method to utilize the needs assessment document more efficiently; the document should continue to reflect the emerging needs of PLWH and feasibility of producing this document every two years between the releases of the comprehensive plan.

3. Revise/ present Priority Setting Exercise for the Planning Council.

The Committee reviewed and approved the Priority Setting tool (Appendix A) at its February 1, 2007 meeting, presented it to the Executive Committee at its February 22, 2007 meeting, and finally presented it to the Planning Council at its March 8, 2007

meeting. The Priorities for FY 08 were approved at the April 26, 2007 Planning Council
The results of the survey follow:

Priorities for FY 2008

- | | |
|-------------------------|--------------------------------|
| 1. Primary Medical Care | 11. Client Advocacy |
| 2. Drug Reimbursement | 12. Complementary Therapies |
| 3. Housing Services | 13. Respite Care |
| 4. Case Management | 14. Day Care |
| 5. Substance Abuse | 15. Adoption/Foster Care |
| 6. Mental Health | 16. Minority AIDS Initiative* |
| 7. Dental | 17. Evaluation** |
| 8. Food Services | 18. Planning Council Support** |
| 9. Transportation | 19. Quality Management** |
| 10. Peer Support | |

* Special “carve-out” grant that fund case management and peer support through federally mandated MAI funds. Not ranked by Council.

** Not “direct service” category. Not ranked by Council.

In addition the Planning Committee set learning objectives for the priority setting process, and presented a clear definition of priority setting, the Council’s tasks related to priority setting, and where priority setting fits in the planning council cycle. Below is an outline of this work.

Established Learning Objectives:

- Review the key players in the Planning Process
- Identify the “Priority Setting Step” in the Planning Cycle
- Define the “Priority Setting” Step
- Identify the Member duties for priority setting
- Identify the flow of service category priorities before and after the Priority Setting Exercise

Who the Key Players are in the Planning Process:

Congress, HRSA, Mayor’s Office, Grantee, Consumers, PCS Staff

What is priority setting :

Priority setting is the process of ranking the Title I service categories to reflect the needs of people living with HIV/AIDS in the EMA. Each year, the Council sets service priorities for the upcoming fiscal year.

Tasks for the Planning Council Relative to Priority Setting:

Task 1: Member’s read the evaluative reports to understand the current needs of the EMA.

Task 2: Priority Setting Exercise sets priorities of service categories for the EMA This is done by the Planning Council.

Task 3: Allocate funds to services.

Completed by R&A based on priority setting results

Task 4: Make recommendations to the R&A Committee on service needs/gaps. This year, Planning Committee is requesting the following two items be considered by R&A.

The Planning Committee recommends that:

1. The Resource & Allocations Committee continue to maintain adequate funding for evaluation studies which review current service gaps.
2. The Resources and Allocation Committee to review the use of Minority AIDS Initiative dollars in light of funding reductions and shifting priorities.

5. Recommendations for the 2007- 2008 Planning Committee.

Recommendations to the FY08 Planning Committee include:

1. The Needs Assessment document should be produced every other year (odd years) while performing the Comprehensive Plan when mandated (usually every 3rd year).

Appendix A

Priority Setting Exercise
Ryan White HIV/AIDS Treatment Modernization Act
Boston EMA 2008

- **The Priority Setting Process**

Priority setting is the process of ranking the Title I service categories to reflect the needs of people living with HIV/AIDS in the EMA. Each year, the Council sets service priorities for the upcoming year.

The **previous** year is **Fiscal Year (FY) 2006 which ended on Feb. 28, 2007**



The Council's **current** year is **Fiscal Year 2007 which began March 1, 2007.**



The Council will **set priorities for FY 2008, which starts March 1, 2008.**

- **What Information is used in the Priority Setting Decision Making Process?**

1. Epidemiological trends in the EMA; Suffolk and JSI outcomes surveys, the Assessment of Need and the Comprehensive Plan, as well as other studies, reports or presentations you have seen; and personal experiences as an informed consumer, provider, or advocate.

- **How Does the Priority Setting Process Relate to Other Council Work?**

The Council sets priorities based on the current list of service categories.

The 3 steps of the process are:

1. The Council defines the needs of the EMA by prioritizing service categories.
2. The Resources and Allocations (R&A) Committee then examines and assess the existing resources in the EMA and identifies where the funds will be most utilized as a “payer of last resort” and effective in meeting the overall needs of the EMA service system.
3. The R&A Committee presents the recommendations on allocation levels to the full Planning Council for review, discussion, and vote.

- **Why Does Priority Setting Occur Independently of Resource Allocation?**

There are many funding “streams” that support HIV/AIDS services in the Boston EMA. The R&A Committee might recommend that a high priority category should receive a relatively low Title I funding allocation if that category of service is provided through other federal monies or the State.

Boston EMA Title I Service Categories

Adoption/Foster Care	Food Services	Transportation
Case Management	Housing	
Client Advocacy	Mental Health	
Complementary Therapies	Peer Support	<i>Minority AIDS Initiative(MAI)*</i>
Day Care	Primary Care	<i>Evaluation**</i>
Dental	Respite Care	<i>Planning Council Support**</i>
Drug Reimbursement	Substance Abuse	<i>Quality Management**</i>

* = MAI will now be a separate grant that funds case management and peer support through federally mandated MAI funds. Not to be ranked by Council.

** = Not “direct service” category. Not to be ranked by Council.

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Priority Setting Exercise 2008

1. Remember this exercise is a forced choice exercise. This means all the categories are **important** but you are being asked to rank the importance of each service category from “**most important = (1)**” to “**least important = (15)**”. For most participants this will be a difficult task. Remember your input is an important part of the planning cycle process. Members’ answers will vary based on their individual knowledge and experience in the EMA.
2. Rank the categories based on **your understanding of which services are most needed by individuals with HIV/AIDS within the EMA.**
3. In the table below, rank the categories by priority level (1 is the highest priority, 15 is the lowest priority). **Be sure to rank all categories.**

Rank Order 1-15	FY 08 Categories (Alphabetical)
	Adoption/Foster Care
	Case Management
	Client Advocacy
	Complementary Therapies
	Day Care
	Dental
	Drug Reimbursement
	Food Services
	Housing
	Mental Health
	Peer Support
	Primary Care
	Respite Care
	Substance Abuse
	Transportation
16	<i>Minority AIDS Initiative*</i>
17	<i>Evaluation**</i>
18	<i>Planning Council Support**</i>
19	<i>Quality Management**</i>