

Planning Committee Year End Report 2005-2006 Term

Presented at the June 22, 2006 Title I Planning Council Meeting

By the
Planning Committee

Produced by



*A community working together is essential
to winning the fight against HIV/AIDS.*

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The committee would like to acknowledge the participation and support of the Boston AIDS Consortium and Boston Public Health Commission staff and thank them for their assistance throughout the term.

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

1. Review and give input into the Comprehensive Plan.
2. Revise/Develop priority setting exercise for Council.
3. Take a detailed look at the overlap between peer support, MAI, client advocacy, and case management.
4. Review the potential implications of zero funding some categories in light of possible budget reductions.
5. Review and give input into the Council Needs Assessment process and data collection.
6. Make recommendations to the Council and R&A Committee on service needs/gaps.
7. Prepare/present Year End Report recommendations for next term.

These activities are described in more detail below. The Planning Committee met a total of 7 times during the term.

1. Review and give input into the Comprehensive Plan.

The Committee was directed by the Executive Committee to review the comprehensive plan as its first charge of the term. On November 1, 2005 the committee convened to review *Persevering In the Struggle Against AIDS*, comprehensive plan. The committee recommended staff address formatting issues (e.g. graphs needed to be the same size; font symmetrical); made suggestions regarding how data was displayed to make the document easier to read; the committee suggested more explanation was needed in sections such as the needs assessment section; the committee shared concerns that New Hampshire be included in the Shared Vision section of the report; the committee also suggested adding a goal to the short-term goals that ensures the planning council will continue to evaluate the impact of the ranking of service priorities on various communities. The committee presented the comprehensive plan to the Planning Council at the November 10th meeting, and it was approved by the planning council at the December 8th, 2005 meeting.

2. Develop FY 2007 priority-setting exercise for Council.

After editing, the Priority Setting Tool (Appendix A) was approved at the February 15, 2006 Planning Committee meeting, and reviewed by the Executive

Committee at its February 23, 2006 meeting. The exercise was presented to the planning council at its March 9, 2006 meeting, voted on and accepted at the April 6, 2006 meeting. The committee recommends that this latest version of the Priority Setting Tool be used during the 2006-2007 term, unless unforeseen issues should arise. The results of the survey follow.

Priorities for FY 2007	
1. Primary Medical Care	11. Client Advocacy
2. Drug Reimbursement	12. Complementary Therapies
3. Housing Services	13. Day Care
4. Case Management	14. Respite 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. Peer Support	19. Quality Management**
10. Transportation	

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

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

3. Take a detailed look at the overlap between peer support, MAI, client advocacy, and case management service category definitions.

The Committee was charged by the previous planning committee (from the 2004-2005 term) to assess the overlap between peer support, MAI, client advocacy, and case management. On November 16, 2005 the committee began the discussion concerning the possible overlap of services within the four categories. This discussion was followed by an assessment of each category and review of supplemental data on December 15, 2005. At this time the committee decided against making changes to the MAI service category. The committee suggested that in the future the Planning Council look at the further into the ear-marking of peer support and case management services within MAI. The *Service Category Definitions Report* was then created and reviewed by the Executive Committee on January 3, 2006, presented to the Planning Council on January 12, 2006 and presented again on February 9, 2006 after changes to the Peer Support category were made. On March 9, 2006 the Service Category changes were voted on and accepted by the Planning Council. (Appendix B)

4. Review the potential implications of zero funding some categories in light of possible budget reductions.

The committee decided not to perform a zero funding exercise for the following reasons:

- Six of the service categories are core services, the remaining five would be the ones that are eligible for zero-funding and doing a zero-funding exercise on those five would give the perception that the Council was willing to zero-fund them.
- It was decided that the information extracted from the exercise would not aid the Resource and Allocations Committee (R&A) discussions for the allocation of funding for FY07.

5. Review and give input into the Council Needs Assessment process and data collection.

The Committee reviewed the report *Assessment of Need Among People Living with HIV/AIDS In the Boston EMA: An Update, February 2006*. Members of the Committee noted that the report did not capture the need to address the increase in emerging substance abuse cases, such as seen with crystal methamphetamine. The committee also suggested the unmet needs explanation should be more forthcoming than in its current format and could be replicated using the format of the comprehensive plan document. Furthermore, the Planning Council should address the best method to utilize the needs assessment document more efficiently and that the document should continue to reflect the emerging needs of PLWH. The committee also suggests the Planning Council look at the practicability of producing this document every two years between the release of the comprehensive plan.

6. Make recommendations to the Council and R&A Committee on service needs/gaps.

Recommendation to Resource and Allocation Committee (R&A)

The Planning Committee made its first recommendation to the R&A committee in the *Service Category Definitions Report*, presented to the Planning Council on February 9, 2006 (Appendix B). The committee suggested the following goal be added to the funding principles instead of being added to each service category: “*The goal of all support services for people living with HIV/AIDS is to assure that infected persons are enrolled and retained in care treatment services.*”

Recommendations to the Planning Committee for the Next Term (2006-2007)

As mentioned in each of the prior sections (1-5) pertaining to the accomplishments of the 2005-2006 term, the summary of recommendations to 2006-2007 Planning Council are as follows:

1. Take appropriate action to create a process for adding and removing service categories. The committee recommends looking at the *Needs Assessment Report*, the *Suffolk Outcomes Report* and other sources of service utilization, to validate creating and/or eliminating a service category.
 - As the first charge of the 2006-2007 term it is suggested Planning Committee collaborate with the Evaluation Committee to ascertain any existing gaps in services or discover any gaps caused by changes in funding as a result of a reduced Ryan White Federal Award and subsequent Planning Council allocations. Suggest the Removal or Addition of service categories, looking first at service categories that are currently zero-funded.
2. The Needs Assessment document should be produced every other year (odd years) while performing the Comprehensive Plan when mandated (usually every 4th even year).
3. Review the use of MAI (Minority AIDS Initiative) dollars which are currently ear-marked to fund Peer-Support and Case Management and discover if this is the best use of these dollars within the constraints of Ryan White Title I Minority AIDS Initiative usage requirements.

APPENDIX A

FY 2007 Priority Setting Exercise Tool

FY 2007 Priority Setting Exercise Tool

- **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 Council's FY 2006 started March 1, 2006.
- The Council will set priorities for FY 2007, which starts March 1, 2007.

- **What are Priority Setting Decisions Based On?**

1. Epidemiological trends in the EMA

- *HIV/AIDS in the Boston EMA*, presented by Rich Stevens, BPHC, at October 13, 2005 Planning Council meeting.

2. Comprehensive Plan, and other studies or reports you've received or learned about, including

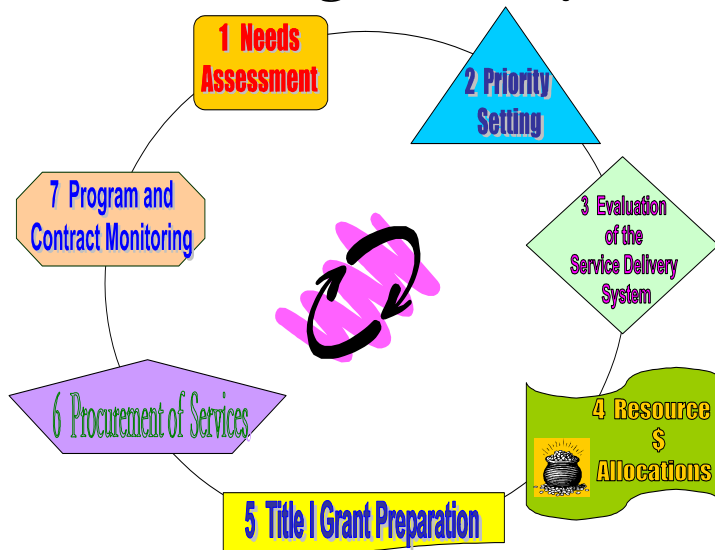
- *MassHealth and Part D for People with HIV/AIDS*, presented by Alison Kirschgasser, MA Office of Medicaid at November 10, 2005 Planning Council meeting.
- *Health Outcomes for PLWH in the Boston EMA Annual Report FY03*, presented by Sandy Matava, Suffolk University, at December 8, 2005 Planning Council meeting.
- *New Hampshire Medicaid*, report provided at December 8, 2005 Planning Council meeting.
- *Voices of Experience (VOE) 2003: HIV/AIDS Consumer Views on Their Needs for Services in Massachusetts and the Boston Eligible Metropolitan Area (EMA)*, presented at November 13, 2003 Planning Council meeting.
- *MA HIV Drug Assistance Program (HDAP) Update*, presented by Kevin Cranston, MA Dept. of Public Health, at January 12, 2006 Planning Council meeting.
- *New Hampshire CARE Services AIDS Drug Assistance Program (ADAP)*, presented by Heather Hauck, NH NH STD/HIV Prevention Section, at January 12, 2006 Planning Council meeting.
- *Clinical Chart Review Data*, presented by Laurie Kunches, JSI Research and Training, at February 9, 2006 Planning Council meeting.

3. Personal experience as a consumer, provider, or member of the community.

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

The results of the Priority Setting exercise is one of the tools used by the Resources and Allocations (R&A) committee during the funding allocation deliberations.

The Planning Council Cycle



- **Boston EMA Title I Service Categories**

(as approved at the February 10, 2005 Council meeting)

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>

* = Special “carve-out” 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.

Priority Setting Exercise

1. Consider the information that you've read and heard at today's and past Council meeting(s).
2. Ask yourself "What has changed (e.g., demographic trends, level of need for services, etc.) since last year's priority setting process?"
3. Set priorities based on **need** not changes in funding.
4. Rank the categories by priority level (1 is the highest priority, 15 is the lowest priority). **Be sure to rank all categories.**

Rank 1-15	FY 07 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>

* = Special "carve-out" that funds case management and peer support through federally mandated MAI funds. Not to be ranked by Council.

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APPENDIX B

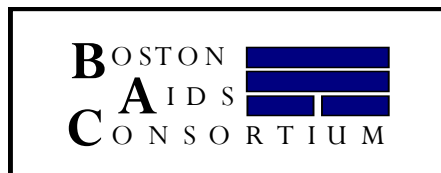
Service Category Definitions

Review of Service Category Definitions

Case Management
Client Advocacy
Minority AIDS Initiative (MAI)
Peer Support

Presented at the February 9, 2006 Title I Planning Council Meeting
By the Planning Committee

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Executive Summary: Review of Service Categories

This report presents and discusses service categories identified by Health Resources and Services Administration (HRSA). In setting service priorities for the Boston EMA it is necessary to define each category, based on HRSA guidance, but as most applicable to the Boston EMA.

This report presents each service category under the following headings:

1. Definition (what constitutes the service)
2. Proposed Definition (as put forth by Planning Committee)
3. Supplemental Data Review
4. Recommendations (as applicable)

Case Management

Definition

Services funded under this category are client centered services that link with primary medical care and health related support services in a manner that ensures timely, coordinated access to appropriate levels of care. Key activities include: information and referral; assessment of the client's needs and personal support systems; development of a comprehensive individualized service care plan; coordination of the services required to implement the plan; client monitoring to assess the efficacy of the plan; periodic reevaluation and adoption of the plan; and activities targeting persons with HIV disease so that they can be enrolled or retained in care/ treatment services.

Proposed Definition

Services funded under this category are client centered services that link with primary medical care and health related support services in a manner that ensures timely, coordinated access to appropriate levels of care. Client centered services support a clients ability in maximizing their self-sufficiency and independence. Key activities include: information and referral; assessment of the client's needs and personal support systems; development of a comprehensive individualized service care plan; coordination of the services required to implement the plan; client monitoring to assess the efficacy of the plan; periodic reevaluation and adoption of the plan.

Supplemental Materials Data Review

In undertaking this task, members of the Planning Committee analyzed data from various sources and also drew upon their personal experiences with case management services. Such sources include: the Boston Public Health Commission 2003 HIV/AIDS Client Services RFR, the 2006 HRSA HIV-Related Service Categories definitions, service category definitions in other EMAs and a review of the Standards of Care for Case Management.

Client Advocacy

Definition

Services funded under this category provide assistance to clients in accessing and obtaining services that include, but which are not limited to: financial; legal; ombudsperson; other relevant needs experienced by the client that may be met by non-licensed, paraprofessionals trained in accessing such services through an established referral network; and activities targeting persons with HIV disease so that they can be enrolled or retained in care/treatment services.

Proposed Definition

Services funded under this category provide short-term “specialized” assistance to clients throughout the process of accessing and obtaining financial and legal services that include, but which are not limited to: healthcare benefits, immigration, social security and disability benefits.

Supplemental Materials Data Review

In undertaking this task, members of the Planning Committee focused on differentiating this category from case management. This was accomplished by focusing on the benefits received in client advocacy. The committee analyzed data from various sources and also drew upon their personal experiences with client advocacy services. Such sources include: the Boston Public Health Commission 2004 HIV/AIDS Support Services RFR, the 2006 HRSA HIV-Related Service Categories definitions, service category definitions in other EMAs and a review of the Standards of Care for Case Management.

Recommendation: The committee suggests that in the future an analysis should be conducted on how to prioritize subgroups within this category.

Minority AIDS Initiative

Definition

Services funded under this category include Peer Support and Case Management. The purpose of this category is to provide services that are culturally and linguistically appropriate to African Americans, individuals of African descent, Latinos, Native Americans, Asian Americans, Native Hawaiians, Pacific Islanders, and individuals of Asian descent who are living with HIV/AIDS.

The Minority AIDS Initiative (MAI) is a “carve-out” that funds case management and peer support through federally mandated MAI funds. This category is not to be ranked by the Planning Council. The outcomes data presented by Sandy Matava at the December 8, 2005 Planning Council meeting, support the need for this category. The committee refrained from amending this category.

Recommendation: the committee suggests in the future the Planning Council look at the further into the ear-marking of peer support and case management.

Peer Support

Definition

Services funded under this category provide assistance to clients where the person(s) providing the service is a person infected with HIV and of the client's self-identified community and provide services to a full spectrum of individuals infected by HIV. Such services include the provision of culturally competent psychosocial support; assistance in obtaining a range of services and entitlement that will meet the needs of the client and are provided by non-licensed, para-professional individuals; and activities targeting persons with HIV disease so that they can be enrolled or retained in care treatment services.

Proposed

Services funded under this category provide assistance to clients where the person(s) providing the service is a person infected with HIV and of the client's self-identified community and provide services to a full spectrum of individuals infected by HIV. Such services include the provision of culturally competent psychosocial support; assistance in obtaining a range of services and entitlement that will meet the needs of the client and are provided by licensed or non-licensed, para-professional individuals.

Supplemental Materials Data Review

In undertaking this task, members of the Planning Committee focused on differentiating this category from the Client Advocacy category, with the predominant difference being peer support is conducted by a PLWH. The committee analyzed data from various sources and also drew upon their personal experiences with peer support services. Such sources include: the Boston Public Health Commission 2003 HIV/AIDS Support Services RFR, the 2006 HRSA HIV-Related Service Categories definitions, service category definitions in other EMAs and a review of the Standards of Care for Case Management.

Additional Recommendations

At the December 19th, 2005 Planning Committee meeting, the committee, suggested the goal below be added to the funding principles instead of being added to each service category. This suggestion was presented to the Planning Council at the January 12th, 2006 Planning Council meeting and communicated to the Resource and Allocation committee chair at the January 26th Executive Committee meeting.

The goal of all support services for people living with HIV/AIDS is to assure that infected persons are enrolled and retained in care treatment services.