



Central Florida HIV Planning Council

Bylaws Reference: Section 2.6 and 7.2.2

Scope: Part A & Part B

Program procedure: CFHPC-POLICY-

Title: [Needs Assessment](#)

Effective: 02/28/2018

Revised:
10/31/2018,
1/30/2019

Purpose:

Section 2602(b)(4) of Title XXVI of the Public Health Service (PHS) Act requires the planning council to:

- A. “determine the size and demographics of the population of individuals with HIV/AIDS, as well as the size and demographics of the estimated population of individuals with HIV/AIDS who are unaware of their HIV status”;
- B. “determine the needs of such population, with particular attention to:
 - a. individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related services;
 - b. disparities in access and services among affected subpopulations and historically underserved communities, and
 - c. individuals with HIV/AIDS who do not know their HIV status.”

2602(b)(4)(G) of the PHS Act requires planning councils to “establish methods for obtaining input on community needs and priorities which may include public meetings, (in accordance with paragraph (7)), conducting focus groups, and convening ad-hoc panels.”

All Ryan White HIV/AIDS Program (RWHAP) Parts are required to participate in the development of the Statewide Coordinated Statement of Need (SCSN), which is coordinated by Part B.

Policy:

The Planning Council will participate in the SCSN based on the schedule of the State of Florida Department of Health, HIV Section. Every 5 years, updates will be provided. The needs assessment is a partnership activity of the Planning Council, Recipient, Lead Agency and community, with the Planning Council taking the lead role.

Purpose:



1. The Needs Assessment and Planning Committee will have primary responsibility for needs assessment, working closely with the Planning Council Support Office.
2. Data will be collected on each of six components.
 - a. Epidemiologic Profile (EPI)
 - b. Estimates of the Number and Characteristics of PLWH with Unmet Need and Individuals with HIV who do not know their status
 - c. Assessment of PLWH Service needs and barriers
 - d. Provider inventory
 - e. Profile of Provider Capability and Capacity
 - f. Assessment of Unmet Need/Service Gaps (using data from all other needs assessment components)
3. Methods for collecting data may include the following but are not limited to:
 - a. Surveys
 - b. Focus groups
 - c. Key informant interviews
 - d. Surveillance data
 - e. Special Studies
4. A three-year cycle will be established, year one will include participation in the SCSN, years two (2) and three (3) will include updates on the information collected during the SCSN.
 - a. A full written epi profile will be provided in year one.
 - 1) In years two (2) and three (3), the epi profile and HIV Care Continuum will be updated
 - b. An unmet need estimate and profile and an estimate of the number and probable characteristics of individuals with HIV who do not know their status will be completed in year one (1). In years two (2) and three (3), this estimate will be updated.
 - 1) In year two (2), an updated estimate of number and probable characteristics of individuals with HIV will be done.
 - 2) In year three (3), an updated number needs estimate and profile will be completed.
 - c. In year one (1) a survey to assess the needs of the PLWH will be completed as part of the SCSN.
 - 1) In year two (2), an assessment of service needs of PLWH who are out of care and an in-depth review of client utilization data from the RWHAP Part A Recipient and the RWHAP Part B Lead Agency will be done.
 - 2) In year three (3), special studies involving 2-3 PLWH groups and their service needs will be done.



- 3) In year two (2), a provider inventory will be created. In year three (3) the provider inventory will be updated.
 - 4) A profile of provider capability and capacity will be a continuous process.
 - a) In year one (1), provider panels for selected service categories will be held.
 - b) In year two (2), providers will be surveyed and interviewed regarding their capacity, capabilities and any issues that may be occurring.
 - c) In year three (3), a provider community meeting will be held to discuss capacity and capabilities.
 - 6) An assessment of unmet need/service gaps (gaps using data from all other needs assessment components will be done annually.
5. In year one (1), the planning council will participate in the development of the SCSN.
- a. The Patient Care Consumer Representative of the Planning Council shall participate in the SCSN workgroup, known as the Needs Assessment Workgroup.
 - b. The Council's representative will report to the Planning Committee on the activities of the SCSN workgroup.
 - c. The Council will ensure that any participation required on the part of the Council is met.
 - d. Data collected will be analyzed and made available to the Planning Council.
6. Population needs identified and any other data from the needs assessment process will be provided to the Planning Council during the annual data presentation. This information will be available for all Planning Council processes.