



Central Florida HIV Planning Council (CFHPC)		
Bylaws Reference: Sections 2.6, 7.2.2, and 9.3		
Scope: Ryan White HIV/AIDS Program Part A & Part B Program procedure: CFHPC-POLICY-08		
Title:	<u>Priority Setting</u>	Effective: 2/28/2018 Revised: 3/14/19, 3/27/19, 10/25/23

Purpose:

To establish an annual process for prioritizing service categories for funding.

Policy:

The Priority Setting Process shall be developed, revised or updated prior to the annual prioritizing of services for the upcoming grant year and shall occur no more than one week after the Data Presentation.

Procedure:

1. The process for the prioritization of service categories shall be developed, revised or updated by the Planning Council
 - a. To ensure consistency between the Data Presentation, Priority Setting, Ways to Best Meet Needs (Directives) and Resource Allocation, the Service Systems Planning & Quality (SSPQ) Committee shall develop the process.
 - b. The draft Priority Setting Process shall be forwarded to the Executive Committee for approval and placement on the Planning Council agenda.
 - c. The draft Priority Setting process shall be distributed to the Planning Council members for a 30-day review prior to the vote for approval.
2. The Council shall review, consider, and analyze the data presented at the Annual Data Presentation as part of the decision-making process in prioritizing services. Data includes but is not limited to:

- Needs Assessment, including unmet needs, and service gaps and barriers
- Early Identification of Individuals with HIV/AIDS (EIIHA)
- Epidemiological profiles
- Service Utilization and Expenditures
- Other funding sources and alternate resources
- Outcome Measurement Data, including system wide HIV Care Continuum and the Ryan White HIV/AIDS Program (RWHAP) Service System
- Trends and events in the Health Care arena
- Provider Capacity & Capability



Resource Inventory/Funding Streams
 Other variables that may impact RWHAP clients

3. The full Planning Council shall meet for the specific purpose of prioritizing services for the Orlando Service Area (OSA). As stated in the Bylaws (Section 9.3) and the Data Presentation Policy and Procedures, in order to vote on Priorities, a Planning Council member must have participated in the annual Data Presentation.
 - a. The current priorities will be used as the initial slate.
 - b. The Council will be asked to accept or reject the initial slate. If the initial slate is accepted the process is complete.
 - c. If the initial slate is rejected the slate will be cleared.
 - d. At that point, motions starting with the service category which the Council wishes to be the highest priority are made on a category by category basis starting with Priority #1 and continuing in a sequential order.
 - e. After a motion is on the table (and has been seconded), discussion consisting of a maximum of three pros and three cons for each motion occurs before a vote is taken. Planning Council members with a conflict of interest on an issue may not participate in the discussion or vote. Once a motion has been adopted the category/categories affected by the motion will be locked. Discussion must be in accordance with the “Principles for Decision Making” and the “Criteria” in Tables 1 and 2 below.
 - f. The above process in subsection e continues until all service categories are prioritized. At that time, a motion to ratify the whole slate is made, seconded, voted on, and accepted by the Council, at which time the process is complete and no further changes can be made.

4. At the conclusion of the Priority Setting Process, the participants shall complete a survey to evaluate the process. The results of the survey shall be reviewed and used to improve the process for the next year.

Table 1
PRINCIPLES for DECISION MAKING
Decisions must be based on documented needs.



Services must be responsive to the epidemiology of HIV in the service area.
Priorities should contribute to strengthening the agreed-upon continuum of care, providing primary health care and limiting duplication of services.
Decisions are expected to address overall needs within the service area, not narrow advocacy concerns.
Services must be culturally appropriate.
Services should fill identified service gaps for underserved populations.
Equitable access to services should be provided across geographic areas and subpopulations.
Services should meet Public Health Service treatment guidelines and other standards of care; and be of demonstrated quality and effectiveness.
Ryan White resources will be considered the payer of last resort.
Ryan White resources will not be able to meet all identified needs.

Table 2
CRITERIA
1. Documented Need
<u>Cost effectiveness</u>
<u>Quality</u>
<u>Outcome-effectiveness of services based on client surveys, outcomes evaluation and quality management programs.</u>
<u>Client preferences or priorities, based on services and interventions for particular populations with severe needs, historically underserved communities, and individuals who know their status but are not in care.</u>
<u>Consistency with the continuum of care: An approach that helps communities plan for and provide a full range of emergency and long-term service resources to address the various needs of PWH.</u>
2. Balance between ongoing service needs and emerging needs.
3. Inclusion of services to women, infants, children and youth (WICY)
4. Lack of other funding: Resources from other sources are not available to meet this service need.