Priority Setting Process

Goal:

The goal of the annual Priority Setting Process is to establish sound service priorities based on data and service categories predetermined by the Health Resources and Services Administration (HRSA) to address existing and emerging needs of people with HIV (PWH) within the Orlando Service Area (OSA).

Objectives:

1. Ensure that the decision-making process includes established criteria (see tables 1 & 2 below).
2. Involve all members of the Central Florida HIV Planning Council in the decision-making process.
3. Utilize data presented during the Data Presentation to support the decision-making in Priority Setting.
4. Discuss and rank priorities in the following categories: core services and support services.

Previous Trainings:

1. Training sessions will be conducted quarterly via an online platform and/or in person, separate from the regular Planning Council meeting schedule. These sessions will provide an understanding of the data, why it is provided, and how to use it.
2. At least one session of the quarterly Planning Council trainings will include training on the Priority Setting and Resource Allocation (PSRA) Processes.
3. Training(s) on using data to make decisions and understanding the PSRA processes shall occur during the year prior to the data presentation and PSRA processes, as determined by the Planning Council.
4. ~~Two training sessions will be held virtually, and the third will be in person in September. The September training is mandatory for all members.~~ The final training held prior to Data Presentation and PSRA is mandatory for all members to have voting rights during PSRA.
5. The Membership & Engagement Committee will be responsible for creating the training agendas.

The Priority Setting process will be held in a hybrid fashion and consist of the following:

1. **Voting Eligibility-** Three (3) roll calls will be taken at the Data Presentation meeting: one at the beginning of the meeting, the second following the initial break, and the final one at the end of the data presentation. Members who are not present for the full presentation will **not** be eligible to submit motions or vote at the Priority Setting or Resource Allocation meetings. An exception will be made for a bona fide emergency as approved by the Planning Council Chair, if a member is present for all 3 roll calls. We

	encourage all PC members to attend and be part of the discussion, and give their pros and cons. Voting, motion making, and roll calls shall only be in person. Virtual meeting participants will only be allowed to participate in the discussion. ***Voting, motion making, and roll calls shall only be in person. Virtual meeting participants will only be allowed to participate in the discussion.***
2.	**Roll call**- A roll call is taken to ensure that a quorum is present. Quorum must be maintained throughout in order to continue the priority setting process.
3.	**Group Agreement-** shall be established by individuals in attendance at the beginning of the meeting, or the group agreement established for the Data Presentation meeting may be recycled for this meeting. There shall be a reminder of the agreements made throughout the meeting.
4.	**Conflict of Interest-** The Conflict of Interest statement is read and explained. Members are asked to disclose any actual or perceived conflicts of interest at this time. The Conflict of Interest matrix must be updated and available.
5.	**Priority Setting Worksheet-** At completion of Data Presentation, the Council members will be provided with a Priority Setting worksheet. The purpose of this worksheet is to assist Planning Council members in planning their motions for the Priority Setting Process.
6.	**Established Principles and Criteria-** The principles and criteria that have been adopted for implementing the process are read and explained; members are asked to declare by consensus that they understand the principles and criteria. Members are also reminded that they are expected to represent the interests of all PWH in the Orlando Service area when they set service priorities.
7.	**Question and Answer-** Any available answers to questions that arose from the Data Presentation will be presented at this time or revisited at the October Planning Council Business Meeting.
8.	**Priorities-** The current year's priorities will be used as a starting point to determine the priorities for the next grant year. In order to fund a service, it must be prioritized.
9.	**Voting-** All voting will be done by a roll call vote. Members who were not in attendance for the full Dd~~d~~ata P~~p~~resentation will not be eligible to vote. Members with a conflict of interest must refrain from voting on a service category for which they have a conflict of interest. Voting, motion making, and roll calls shall only be in person. Virtual meeting participants will only be allowed to participate in the discussion. **Exception: Conflict of interest does not apply when voting for a slate -- a slate consists of all prioritized service categories.** ***Voting, motion making, and roll calls shall only be in person. Virtual meeting participants will only be allowed to participate in the discussion.***
10.	**Public Comment-** Prior to the start of the process, the public shall be given the opportunity to make comments during the Planning Council Business Meeting that precedes the Priority Setting & Resource Allocation Process.

Table 1
PRINCIPLES for DECISION MAKING
1. Decisions must be based on documented needs.
2. Services must be responsive to the epidemiology of HIV in the service area.
3. Priorities should contribute to strengthening the agreed-upon continuum of care, providing primary health care, and limiting duplication of services.
4. Decisions are expected to address overall needs within the service area, not narrow advocacy concerns.
5. Services must be culturally responsive to the needs of people with HIV.
6. Services should fill identified service gaps for underserved populations.
7. Equitable access to services should be provided across geographic areas and subpopulations.
8. Services should meet Public Health Service treatment guidelines and other standards of care; and be of demonstrated quality and effectiveness.
9. Ryan White HIV/AIDS Program (RWHAP) resources will be considered the payer of last resort.
10. RWHAP resources will not be able to meet all identified needs.

Table 2
CRITERIA
1. Documented Need
2. Cost effectiveness
3. Quality
4. Outcome-effectiveness of services based on client surveys, outcomes evaluation, and quality management programs.
5. 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.
6. 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.
7. Balance between ongoing service needs and emerging needs.
8. Inclusion of services to women, infants, children, and youth (WICY)
9. Lack of other funding: Resources from other sources are not available to meet this service need.