



INTEGRATED HIV/AIDS PLANNING
TECHNICAL ASSISTANCE CENTER



VIRTUAL
**2020 NATIONAL
RYAN WHITE
CONFERENCE ON**
HIV CARE & TREATMENT

RWHAP Priority Setting and Resource Allocation: Collaboration and Data-Driven Decision Making

August 13, 2020
2:30-4 pm EST

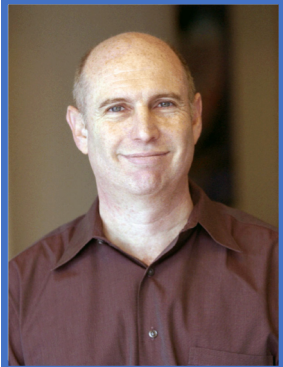
Session ID: 15751



Today's Presenters



VIRTUAL
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SUPPORTS

Ryan White HIV/AIDS
Program Parts A & B
recipients and
planning bodies



CONDUCTS

national and targeted
training and technical
assistance activities



FOCUSES

on integrated planning
including implementation
and monitoring of
Integrated HIV
Prevention and
Care Plans



IHAP TAC Homepage: <https://targethiv.org/ihap>

IHAP TAC PSRA Tools: <https://targethiv.org/ihap/priority-setting-and-resource-allocation>

- Plan activity implementation
- Communicating progress on plan activities to stakeholders
- Engaging community in integrated planning efforts
- Monitoring and evaluating plan activities
- Integrating care and prevention in health departments
- Optimizing resource allocation
- Aligning plan activities with other efforts
- Collaborating across jurisdictions

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Following the presentation, participants will be able to:

- Describe at least 2 key HRSA PSRA requirements
- Identify at least 2 sources of data used in the RWHAP PSRA process by Part A and Part B recipients
- Describe 2 approaches to informing and facilitating collaborative data-driven decision making processes for PSRA
- Identify 2 strategies for conducting PSRA virtually

What is Priority Setting?

The process of deciding which HIV services are most important for ensuring that a high quality and comprehensive system of care is available for all people with HIV in the RWHAP Part A or Part B jurisdiction.

What is Resource Allocation?

An essential step in planning for the optimal use of available resources by assigning funds to prioritized services in relation to what is allowable.

PSRA decisions greatly influence the system of care, including:

- **Availability of services** – what services are available to people with HIV in the jurisdiction
- **Accessibility of services** – where and how services are provided
- **Infrastructure** – capacity of funded providers to meet the specific needs of different groups of people with HIV
- Positive and maximized **health outcomes**

The system of care established within a jurisdiction impacts client outcomes across the HIV care continuum and helps to mitigate socio-demographic disparities in HIV-related health outcomes.

- **Phases**
 - 1: Planning and Preparation
 - 2: Priority Setting and Resource Allocation
 - 3: Optimization and Reallocation
- **Duration of the process**
 - Planning is often year round and incorporates information from the prior two years as well as planning for the upcoming year
- **Timeline**
 - Priority setting and resource allocation take place sequentially, although planning and preparation for each component often overlap

Phase 1: Planning and Preparation

- Understanding **key legislation, program requirements**, and roles/responsibilities
- Developing a **plan**
- Identifying and **collecting data** for decision making
- Providing **orientation and training** to Planning Council (PC)/Planning Body (PB) members

Phase 2: Priority Setting and Resource Allocation

- Assessing all possible **funding sources**
- **Prioritizing services** based on data analysis
- Developing **contingency budgets**
- **Allocating resources**
- **Reporting** to HRSA HAB and stakeholders

- Designing and implementing subrecipient and contractor **monitoring tools**
- **Evaluating the process** and determining need for additional support, technical assistance, or closer monitoring
- **Reallocating resources** on a continual/periodic basis
- **Sharing results** and future work with planning bodies and other key stakeholders

Information Inputs include:

- **Needs assessments and epi-data**, and comparing service utilization data to the number of people with HIV.
- Current **allocation and expenditure information** for each funded subrecipient.
- **Prior two-year allocation and expenditure amounts** by service category (for RWHAP Part A) and for each funded subrecipient (for RWHAP Part B).
- Subrecipient **performance assessments** focusing on prior year budgeted versus actual expenses (for RWHAP Part B).
- Subrecipient **projected versus actual service utilization** for unduplicated clients and service units (for RWHAP Part B).

- The RWHAP legislation requires recipients to engage community stakeholders across the HIV care continuum—particularly people with HIV—and gather their input on needs and priorities.
- **Approaches to community engagement** include organizing town halls and focus groups with community members, holding open meetings during which PSRA planning discussions take place, and establishing a hotline and/or webpage for continual feedback.
- Part A
 - The **composition of the RWHAP Part A PC/PB is mandated to include representative categories of community members**, including people with HIV who receive RWHAP services.



PSRA in Today's Context



Reflections on the PSRA process in the current environment



Integrated Plan Guidance for 2022-2026: Delayed



- Guidance for preparation of upcoming Integrated HIV Prevention and Care Plans for 2022-2026 has been postponed until later in year due to the COVID-19 emergency
- Outlined in a [June 17, 2020 letter from HRSA and CDC HIV program leaders](#)
- Includes expectations for continued use of existing integrated plans and encouragement for refinement of ongoing planning, incorporation of Ending the HIV Epidemic plans, and community engagement



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Philadelphia EMA

Regionalized Allocations Process

Allocation Process: Overview



- **Methods** used to develop allocations must be consistent with the HIV Integrated Planning Council (HIPC) allocations process and follow all RWHAP legislative requirements
- A **year-long process** of information/data gathering for use in allocation discussions/deliberations as well as attending to any issues that require further review or investigation
- **Annual presentations and trainings**
 - Client utilization data, client intake data, needs assessment reports (focus groups, surveys, etc.), updates to the Integrated Plan, Ending the Epidemic Plan, epidemiological update, continuum of care update, quarterly over/underspending

Allocation Process: Who is Involved?



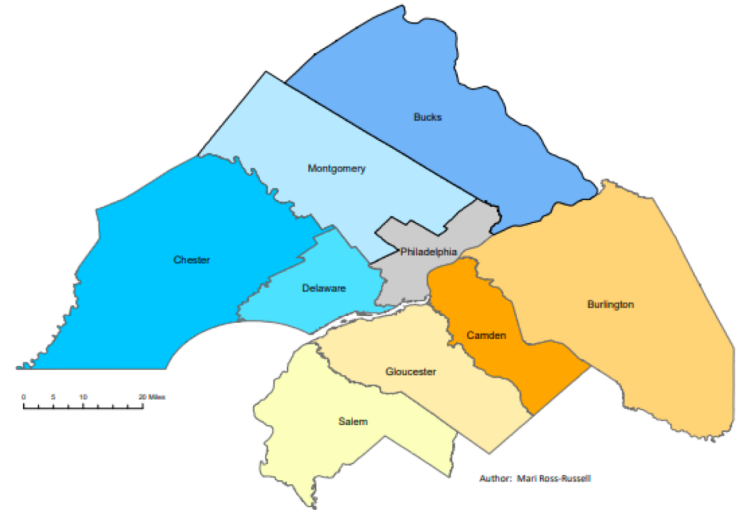
- Allocation activities are carried out by the HIPC's comprehensive planning committee, the finance committee, the full council, and planning staff
- Participants in allocation discussions include:
 - Recipient staff from the Philadelphia Department of Public Health, AIDS Activities Coordinating Office
 - Pennsylvania Department of Health, Bureau of HIV/AIDS
 - New Jersey Department of Health, Division of HIV, STD and TB Services HIV Care and Treatment
 - Other health department divisions
 - Planning council members, providers, community members, and non-members

Philadelphia EMA's Regions

Philadelphia EMA is made up of three geographic regions and nine counties:

- City/county of Philadelphia (PH)
- Four non-Philadelphia counties in Pennsylvania (PA)
 - Bucks, Chester, Delaware, and Montgomery
- Four counties in New Jersey (NJ)
 - Burlington, Camden, Gloucester, and Salem

Figure 1.1 Nine-County Philadelphia Eligible Metropolitan Area (EMA)



Philadelphia EMA's Regional Process



- Each regional group is comprised of the HIPC members from their respective region and may include other non-voting participants
- Only HIPC members are eligible to vote on allocation decisions

Historically, one regional session was convened in each of the three regions to conduct the resource allocation process, but things have changed...

- In 2020, as a result of the COVID-19 pandemic, two virtual sessions were conducted and virtual office hours were provided between meetings

Regional Session Process



First Session - The staff of the Office of HIV Planning presents the set of documents developed for use in these sessions.

Second Session - A member of the Planning Council's Finance Committee presents the current level funding budget for each region.

- Funding amount based on the proportion of that regions PLWH percentage
- Change in annual percentage of PLWH impacts allocation
- The level of allocation also changes to allow the funding to follow the epidemic

Regionalized Approval Process



The Planning Council members from the region deliberate until they have arrived at **majority approval** of the following:

- Level funding budget (based on a 0% increase in overall funding for EMA current year)
- 5% decrease budget
- 5% increase budget

Materials developed/assembled by the Office of HIV Planning for use by the HIPC in making allocation decisions include:

- Allocations for the current fiscal year, by region
- Report of under/overspending
- RWHAP Part A funding table, by service category for most recent fiscal year
 - Includes funds from Part B, Part C, Part D, Part F, SPNS, and other public funding
- Unit cost and service utilization for each service category
- Changes to HRSA guidelines and relevant/updated Policy Clarification Notices
- Needs assessment data and additional contextual information provided by the recipient related to funded service categories
- Priority setting results

List of Sample Online Allocation Materials



Materials are available on the Philadelphia Office of HIV Planning - Allocations page for Planning Councils: <https://www.hivphilly.org/planning-council/allocations/>

- Service Category Allocations Booklet
- Regional Funding by Service Category (EMA-Wide, PA Counties, NJ Counties, Philadelphia)
- Funding Percentages by Service Category for RWHAP Part A (EMA-Wide, PA Counties, NJ Counties, Philadelphia)

List of Sample Online Allocation Materials



- Introduction to RWHAP Allocations Training PowerPoint
- Introduction to RWHAP Allocations Training Video
- HIPC 2020 Epidemiological Update from Kathleen Brady
- RWHAP Housing Proposals from HIPC
- Collected Recommendations from HIPC Needs Assessments
- Priority Setting from HIPC 2019

Allocation Preparation Checklist



Step 1. Learn the basics - videos on community planning, the allocations process and RWHAP service categories.

Step 2. Attend the meeting to review allocations - Review Service Category Booklet.

Step 3. Review the allocations materials: service categories, regional funding, Part A funding.

Step 4. Complete Allocations Preparation Self-Assessment.

Allocation Preparation Checklist



Step 5. Ask questions when you **drop-in at virtual Office of HIV Planning “Office Hours”**.

Step 6. Register for regional allocations meetings.

Step 7. Fill out the **Allocations Worksheet** to prepare for your regional meeting.

Making Allocations for the Ryan White Part A EMA

One of the Planning Council's major responsibilities is allocating Ryan White Part A funds within the Philadelphia area. This process happens every year. The allocations process is led by the Finance Committee, but happens over the course of several special meetings each summer. There are three major allocations meetings: one for Philadelphia, one for the PA Collar Counties, and one for Southern NJ. The process is conducted regionally, but all budgets are presented to the Planning Council for discussion and voting.

The Planning Council considers a great deal of information when making decisions about allocations. Below, you can download the allocations materials used in the 2020 allocations meetings. You can also view an online version of the materials here.

- Prepare for FY2021 Allocations -

[NJ Counties Allocations Flyer \(PDF\)](#)
[PA Counties Allocations Flyer \(PDF\)](#)
[Philadelphia Allocations Flyer \(PDF\)](#)

Above, you will find the interactive regional Allocations flyers for the NJ Counties, PA Counties, and Philadelphia Allocations meetings. Please download and distribute these flyers. The flyers contain information and registration links for each of the virtual Allocations meetings.

Are You Prepared for FY2021 Allocations?

[FY2021 Allocations Preparation Worksheet \(PDF\)](#)

Above, you will find a worksheet designed to help you think through any proposed changes for your FY2021 regional Ryan White Part A Budgets.

You can also [click here](#) to view this document on Google Drive.

[FY2021 Allocations Preparation Checklist \(PDF\)](#)

Above, you will find a checklist to help you prepare for the FY2021 Allocations process.

You can also [click here](#) to view this document on Google Drive.

[Click here to see if you are prepared!](#)

This assessment is designed to help you prepare for participating in the Regional Allocations process. You will earn points for reviewing training and documents and answering questions correctly.

FY2021 Allocations Materials

[2020 Service Category Allocations Booklet \(PDF\)](#)

[Regional Funding 2020 \(PDF\)](#)

[Part A Funding Percentage Charts 2020 \(PDF\)](#)

[Introduction to Ryan White Allocations PowerPoint \(PDF\)](#)

[Introduction to Ryan White Allocations \(Video\)](#)

[HIPC Epidemiological Update 2020 \(PDF\)](#)

Above, you will find the following materials for FY2021 Allocations:

- Service Category Allocations Booklet
- Regional Funding by Service Category (EMA-Wide, PA Counties, NJ Counties, Philadelphia)
- Funding Percentages by Service Category for RW Part A (EMA-Wide, PA Counties, NJ Counties, Philadelphia)
- Introduction to Ryan White Allocations Training PowerPoint
- Introduction to Ryan White Allocations Training Video
- HIPC 2020 Epidemiological Update from Kathleen Brady

Outpatient/Ambulatory Health Services

HRSA Service Definition

Outpatient/Ambulatory Health Services

Description:

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

Program Guidance:

Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category whereas Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

*As part of Outpatient and Ambulatory Medical Care, provision of **laboratory tests** integral to the treatment of HIV infection and related complications*

Online Material Examples Continued



Number of Clients Served, Units Provided, Expenditures*, Allocation* and Over/Under-spending

Year	2015	2016	2017	2018	2019
Medical Care Clients	11,201	11,011	11,176	11,056	11,617
Medical Care Units (Dr. visit)	39,965	38,850	35,662	36,606	35,511
Medical Care Dollars	7,476,559	7,227,633	7,104,406	7,362,705	7,328,009
Allocated Dollars	7,101,939	7,152,427	7,162,288	7,055,207	6,952,646
Over/Under-spending	\$374,620	\$75,206	\$57,882	\$307,498	375,363

*Includes MAI

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)*	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds (State & Local)	Total Part F Funds
Last Year Allocation	\$6,587,785	\$364,861	\$471,071	\$836,135	\$4,726,308		
Current Allocation	\$6,545,974	\$369,478	\$45,000	\$812,384	\$4,933,668		

*Laboratory & Diagnostic tests

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Ambulatory Health Services	242	93.8%	6.2%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Ambulatory Health Services	4.2%	32.8%

Recipient Service Considerations

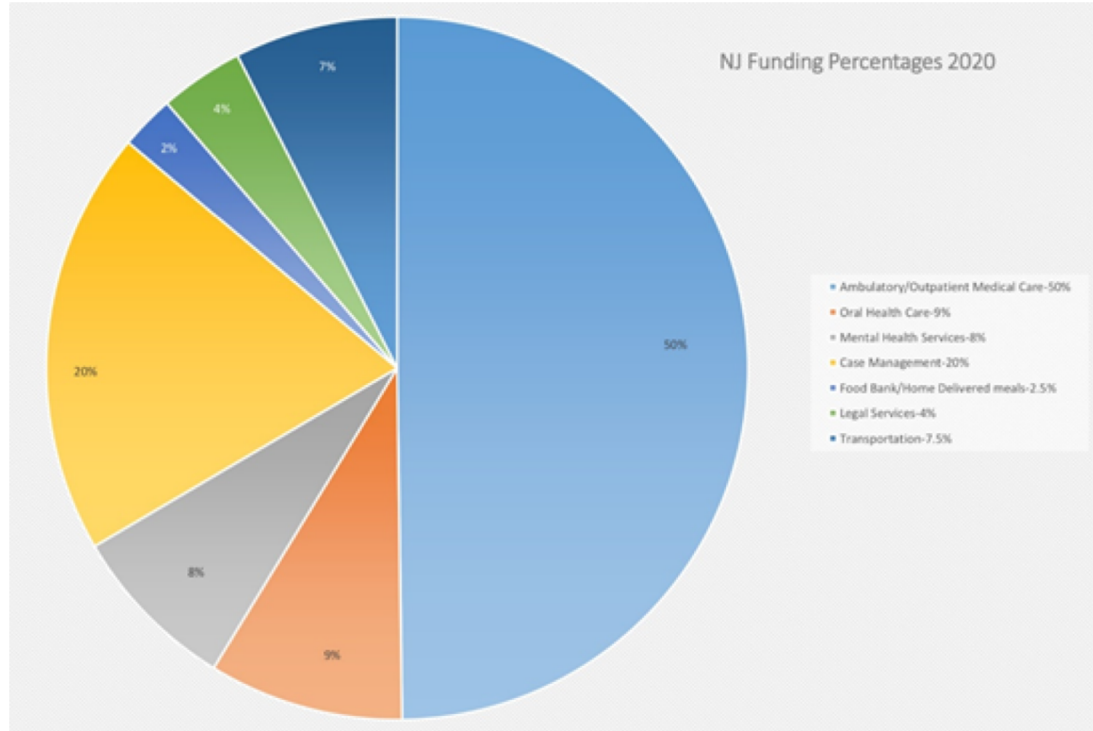
Ambulatory Health Services

Online Examples of Regionalized Information



Expenditure Categories-EMA	Total Part A		Total Part B		Total 2019		HOPWA 2019 (\$ grants)	Total Part B Overall 2019 (\$16.5M only)
	2020 Funds	MAI 2020	Funds 2019 NJ	Funds 2020 PA	Total B Part C Funds *	Part D Funds State and local		
1. Health Care Services**							\$4,455,787	
a.Ambulatory/Outpatient	\$6,545,974	\$364,863	\$471,073	\$812,384	\$4,933,668			
b.Local Part A AIDS	\$483,762							
c.State Part B AIDS Drug Assistance Program								
d.Oral Health Care	\$758,455		\$41,105	\$110,620				\$141,064
e.Early Intervention Services Counseling and Testing								
f.Health Insurance Program Co- pays and deductibles					\$51,997			
g.Home Health, Professional								
h.Home Health, Para-								
i.Home Health, Specialized								
j.Linguistic Services (In Home & k.Inpatient Personnel Costs								
l.Mental Health Services	\$540,454		\$341,769	\$43,704				
m.Nutritional Counseling	\$19,612			\$40,000				
n.Rehabilitation Care					\$51,064			
o.Substance Abuse Services:	\$654,664							
p.Treatment Adherence								
2. Case Management	\$5,528,945	\$1,451,117	\$941,508	\$1,429,675				
3. Support Services Subtotal:			\$482,325					
a.Care Management team								
b.Child Care Services								
c.Child Welfare Services								
d.Client Advocacy								
e.Day/Night Care for Adults								
f.Emergency Financial	\$69,296		\$58,000	\$390,605				
g.FHA/AIDS Renter	\$482,218							
h.FHA/ Housing	\$277,905							
i.Food Bank/Home Delivered	\$326,136		\$22,000	\$397,345				
j.Health Education/Work				\$15,492				
k.Housing Services	\$56,477		\$65,000	\$8,760			\$10,907,447	
l.Housing Related Services								
m.ODS, Professional/Legal	\$401,479			\$122,888				
n.Outreach								
o.Permanency Planning								
p.Psychosocial Support Services			\$239,946	\$47,732				
q.Referral to Health:								
r.Referral to Clinical Research	\$612,128							
s.Transportation	\$493,248		\$200,000	\$115,348				
t.Other Support Services**				\$35,936				
u.Service Related Capacity					\$260,345			
v.Planning Council Support	\$489,156							
w.Other Planning Council:								
x.Capacity Development not related to a specific service	\$120,267							
y.Program/Services Evaluation								
c. Other Program Support:								
Attach service name(s) with definition(s) and amount(s) ***				\$952,120 +				
	\$188,686			\$205,000	\$55,067			
f.Granee Quality	\$537,009	\$21,937		\$44,208				
g.Granee Administration	\$1,248,013	\$199,283		\$102,002				
9. Total Funds Expended	\$20,361,615	\$1,988,196	\$3,179,721	\$7,634,000	\$5,194,233	\$4,455,787	\$33,907,447	\$41,064

Other Support Services:
**Use early intervention grants support clinical care, antiretroviral therapies, and ongoing medical, oral health, nutritional, psychosocial, and other treatment for HIV positive individuals. Funds also support medical evaluation, risk reduction counseling and case management.
*** Linguistic Services
**** Part of the grants included in this line focus on Part C infrastructure building and do not fund service delivery, patient care, research or prevention.
Other Program Support: System wide coordination under Part A, for PA Part B it is data to care plus systemwide



Thank you



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Virginia Department of Health

Part B: Resource Allocation Process

Resource Allocation: Process Overview



- Each year, the Virginia Department of Health (VDH) makes decisions regarding the allocation of RWHAP Part B funds and reports them to HRSA
- The **Program Terms Report** includes the priority areas established and the dollar amount of RWHAP and Minority AIDS Initiative funding allocated to each prioritized service category related to eligible Core Medical and Support Services.

Resource Allocation: Process Overview



VDH HIV Care Services (HCS) allocates funds to subrecipients in **five health regions** of the state based on information collected from a variety of **data sources**:

- Current and prior allocation, expenditure, and service utilization data
- Performance and Risk Assessment
- Regional service utilization patterns
- Epidemiological data
- Needs Assessment data
- Other funding sources

Resource Allocation: Process Overview



- HCS Service Coordination team utilizes all **data sources to project allocations** based on gathered information for the upcoming grant year
- HCS Service Coordinators present **proposed allocation information to HCS Leadership and make funding recommendations for each subrecipient**
- HCS Leadership makes **final approval for the recommendations**, which are then utilized to start the contracting process for the new grant year

Sample Agencies/Services Listed on Funding Justification Template



- Outpatient/Ambulatory
- Labs
- Oral Health Care
- EIS
- Health Insurance Premium & Cost Sharing Assistance
- Mental Health Services
- Medical Nutritional Therapy
- Medical Case Management (including Treatment Adherence)
- Substance Abuse Services-outpatient
- Home Health Care
- Hospice
- Case Management (non-medical)
- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home-Delivered Meals
- Health Education/Risk Reduction
- Housing
- Other Professional Services
- Linguistics Services
- Medical Transportation Services
- Outreach Services
- Psychosocial Support Services
- Substance Abuse Residential
- Permanency Planning
- Rehabilitation Services
- Respite Care
- Administration
- Quality Management
- Special Projects (Hos. Lnks. Pap, anoscopy, epic 2 e@VA Etc)
- Non-RWHAP Funding (Prevention, GA, etc.)

Contract Number	Approved FY19 Funding	VDH Proposed FY19 Funding	FY18 Funding	FY18 Spending YTD (as of Sept. 30)	FY17 Funding	FY17 Expenditures	Part A	Part C	Part D
Key factors to consider when determining funding recommendations for GY 2019:									
Factors									
·	Met goals in GY 2017 and on track for GY 2018								
·	Expended funds in GY 2017 and on track for GY 2018								
·	Increase in the # of existing and new clients served (a 'point in time' between grant years)								
·	New services added								
·	Administrative Performance (invoices, reports, etc. in on time; T/A provided and tasks improved; participation in VDH meetings; etc.)								
·	Major service delivery issues identified and resolved								
·	Staff turnover								
·	Needs Assessment								
·	Clients Eligible for Medicaid Expansion								
·	Surveillance Data(As of Dec 30, 2017)							2017	2016
Health Regions	Central	Central	Eastern	Northern	Northwest	Southwest	unknown	TOTAL	TOTAL
PLWH	5,739	5,739	7,459	6,722	2,005	1,994	177	29,835	24,396
Health Regions	Central	Central	Eastern	Northern	Northwest	Southwest	unknown	TOTAL	TOTAL
Newly Diagnosed	214	214	307	221	66	73		1,095	905
·	Health Outcomes:	Link	Link	Ret	ART	VL			
		80%	80%	76%		87%			
References:									
·	e2VA								
·	Invoice tracking sheets								
·	Monthly and annual progress reports								
·	Site visit								
·	Peer Review								
·	Annual Report (used for HRSA end of the year progress report)								
·	Needs Assessment								
·	Surveillance Data								
·	Care and Prevention Integrated Plan								

Resource Allocation: Timeline



All of the information is collected and collated beginning approximately 3-6 months prior to the end of the current grant year.

- **October**

- HCS Service Coordinators revise and complete contract justification tables
- Service Coordinators engage subrecipients in projecting service needs

- **November**

- Finalize budget and justification tables
- Present to HCS Management Team
- Present to DDP Leadership

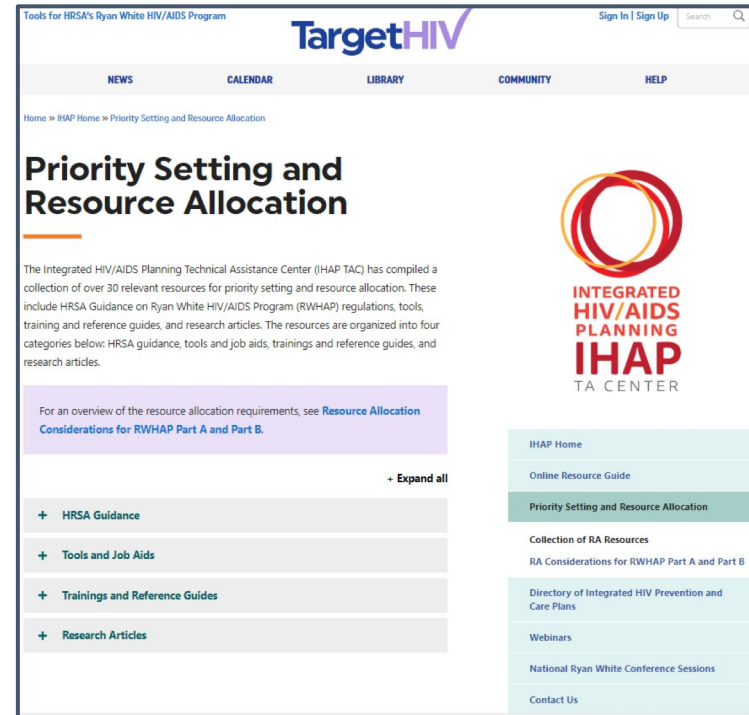
- **December:**

- Begin renewal process for new grant year
- All contracts are executed no later than March 31st of each year

Thank you

Materials are available on IHAP's PSRA page:

- HRSA Guidance
- Tools and Job Aids
- Trainings and Reference Guides
- Research Articles




The screenshot shows the TargetHIV website interface. At the top, there is a navigation bar with links for NEWS, CALENDAR, LIBRARY, COMMUNITY, and HELP. Below this is a breadcrumb trail: Home » IHAP Home » Priority Setting and Resource Allocation. The main heading is "Priority Setting and Resource Allocation". The text below the heading states: "The Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC) has compiled a collection of over 30 relevant resources for priority setting and resource allocation. These include HRSA Guidance on Ryan White HIV/AIDS Program (RWHAP) regulations, tools, training and reference guides, and research articles. The resources are organized into four categories below: HRSA guidance, tools and job aids, trainings and reference guides, and research articles." Below this text is a purple box with a link: "For an overview of the resource allocation requirements, see [Resource Allocation Considerations for RWHAP Part A and Part B](#)." To the right of this box is an "Expand all" link. Below the text are four expandable sections: "HRSA Guidance", "Tools and Job Aids", "Trainings and Reference Guides", and "Research Articles". On the right side of the page, there is a sidebar with the IHAP logo and a list of navigation links: "IHAP Home", "Online Resource Guide", "Priority Setting and Resource Allocation" (which is highlighted), "Collection of RA Resources", "RA Considerations for RWHAP Part A and Part B", "Directory of Integrated HIV Prevention and Care Plans", "Webinars", "National Ryan White Conference Sessions", and "Contact Us".

<https://targethiv.org/ihap/priority-setting-and-resource-allocation>

Trainings and Reference Guides:

- Step-by-step PSRA process guides for RWHAP Part A and B
- Resources from Philadelphia EMA (RWHAP Part A)

Tools for HRSA's Ryan White HIV/AIDS Program



NEWS CALENDAR LIBRARY

Home » Library » Ryan White Planning Council- Resource Allocation Process


Ryan White Planning Council- Resource Allocation Process

September 2016
Boston EMA HIV Services Planning Council

Video illustration of the resource allocation process which the Boston EMA Ryan White Planning Council conducts annually. The video review three planning processes:

- Planning for the use of underspent funds within the fiscal year
- Allocating carryover from prior fiscal year
- Planning for alternative funding scenarios for the next fiscal year.

Watch on Vimeo

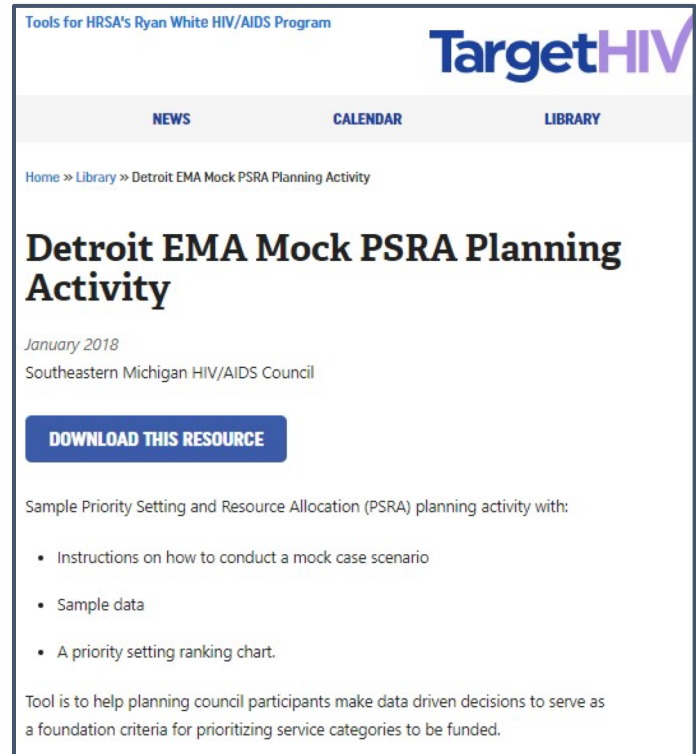


Ryan White Planning Council- Resource Allocation Process

00:21 vimeo

Tools and Job Aids:

- Sample data collection and data analysis tools from RWHAP Part A and B recipients
- Resources from Virginia Department of Public Health (RWHAP Part B)



Tools for HRSA's Ryan White HIV/AIDS Program

TargetHIV

NEWS CALENDAR LIBRARY

Home » Library » Detroit EMA Mock PSRA Planning Activity

Detroit EMA Mock PSRA Planning Activity

January 2018
Southeastern Michigan HIV/AIDS Council

[DOWNLOAD THIS RESOURCE](#)

Sample Priority Setting and Resource Allocation (PSRA) planning activity with:

- Instructions on how to conduct a mock case scenario
- Sample data
- A priority setting ranking chart.

Tool is to help planning council participants make data driven decisions to serve as a foundation criteria for prioritizing service categories to be funded.





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