



LOS ANGELES COUNTY
COMMISSION ON HIV



Needs Assessment Overview and Priority Setting & Resource Allocation



June 3, 2026

Learning Objectives

- Learn about the importance of needs assessments
- Learn about the various components of needs assessments and how this data is used
- Learn about the 4 components of PSRA as specified in the RWHAP legislation
- Describe how to manage conflict of interest (COI) in PSRA
- Explain the role of the recipient in PSRA



Needs Assessments

What is a Needs Assessment?

Some needs assessment data is provided by the recipient (Division of HIV & STD Programs)

- **Needs Assessment:** A process of collecting information about the needs of people with HIV (PWH)—both those receiving care and those not in care
- Steps involve **gathering data from multiple sources** on the number of HIV cases, the needs of PWH, and current resources available to meet those needs (Ryan White HIV/AIDS Program and other)
- The information is then analyzed to **identify what services are needed and by which groups of PWH**
- Needs assessment is usually a **multi-year task**, with different components updated each year



Elements of a Needs Assessment

- **Epidemiologic Profile** - # and demographic characteristics of PWH in EMA
 - Serves as the foundation of planning
 - Epi data indicates trends in HIV, co-occurring conditions, STIs, in and out of care status, and overall demographics of the HIV epidemic
- **Resource Inventory** - list of HIV providers with location and services provided
 - Important for planning of services
 - May inform directives to ensure needed services are provided in the most affected geographic areas



Elements of a Needs Assessment

- **Estimate of Unmet Need** - # of PWH who are aware of their status but not engaged in care
 - Important to know because it helps to inform needs
- **Estimate of Unaware** - # of PWH who are unaware of their status
 - Important to know because it helps with planning of services
- **Profile of provider capacity and capability** - info on the capacity of providers to meet needs of PWH (which services are available and where they are provided)
 - Important for planning of services and may inform directives to ensure needed services are provided



Elements of a Needs Assessment

- **Assessment of Service Needs and Barriers** - info about service needs of PWH and barriers to getting services
 - Information is gathered through community input
 - Town hall meetings, surveys, focus groups, etc.
 - Provides information about how the system can be improved and may inform directives to address needed services

Ryan White Clients are urged to participate. It is important to obtain many perspectives, especially those of diverse groups of people with HIV, and to consider the needs of people with HIV in and out of care



Pop Quiz

Which of the following are elements of a needs assessment?

- Epidemiologic Profile
- Assessment of service needs & barriers
- Resource Inventory
- Profile provider capacity/capability
- Assessment of provider quality
- Estimate of unmet need
- Estimate of PWH
- Assessment of service gaps



Pop Quiz

Which of the following are elements of a needs assessment?

- ✓ Epidemiologic Profile
- ✓ Assessment of service needs & barriers
- ✓ Resource Inventory
- ✓ Profile provider capacity/capability
- Assessment of provider quality
- ✓ Estimate of unmet need
- Estimate of PWH
- Assessment of service gaps



Multi-Year Needs Assessment

- **Multi-Year Needs Assessment Cycle**
 - Epi Profile updated annually
 - Annual review of resource inventory to identify new resources or service gaps
 - Other components, such as the PWH survey or Estimate of Unmet Need, updated on a 3-year cycle
- Cycle should address annual deadlines
- Should plan for **one major needs assessment activity each year**, with some smaller efforts
 - E.g. Yr 1 - PWH survey plus a townhall
 - Yr 2 - Estimate of Unmet Need plus focus group
 - Yr 3 - Profile of provider capacity plus key informant interviews

Smaller Efforts may include the following:

- Focus groups with key populations
- Key informant interviews
- Provider forum
- Townhall or community forum



Steps in the Needs Assessment Process

Ensure there is a process for committee/ consumer input

- Convene developers - Planning, Priorities, and Allocations Committee
- Identify which element of the needs assessment to address & develop an implementation plan/timeline
- **Create the data collection instrument**
- **Collect data** (e.g. administer surveys, conduct interviews, etc.)
- Process data and analyze results
- Review data and use to inform priority setting and resource allocation process



Consumer Engagement in Needs Assessment

Maximize involvement of PWH in needs assessments

- Recruit people who currently use RWHAP services to serve on the committee responsible for needs assessment
- Involve the various caucuses in **tool development**
- Ask caucuses to **review questions** and response categories to ensure nothing is missing or unclear
- Have caucus members **pre-test the tools** designed for people with HIV
- Have caucus members **recruit people with HIV** to complete a survey or attend townhall



Common Data Collection Methods

- **Surveys** - assess PWH needs, experiences, barriers/gaps
- **Focus Groups** - Usually involves a small group of individuals from the same target population and use open-ended questions for discussion
- **Townhall or Community Forum** - provide an open forum to invite input and report back to the community
- **Key Informant Interviews** - similar to a focus group, but designed to generate a discussion with experts (providers, people with HIV who use RWHAP services, etc.)
- **Provider forum** - similar to a town hall but designed to obtain input from service providers

Quantitative data: information that can be measured, counted or expressed numerically (e.g. number of PWH by race)

Qualitative data: non-numerical information that provide depth and context (e.g. findings from a focus group, feedback via public comments, etc.)



Pop Quiz

Which of the following is not one of the recommended strategies for maximizing involvement of people with HIV in needs assessments?

- A. Recruiting people who currently use RWHAP services to serve on the Planning, Priorities & Allocations committee
- B. Involving caucuses in the development of assessment tools
- C. Pre-testing tools with caucus members
- D. Limiting participation to service providers to streamline the process

Pop Quiz

Which of the following is not one of the recommended strategies for maximizing involvement of people with HIV in needs assessments?

- A. Recruiting people who currently use RWHAP services to serve on the Planning, Priorities & Allocations committee
- B. Involving caucuses in the development of assessment tools
- C. Pre-testing tools with caucus members
- D. Limiting participation to service providers to streamline the process**



Priority Setting & Resource Allocation



LOS ANGELES COUNTY
COMMISSION ON HIV



Priority Setting & Resource Allocation

The Planning, Priorities, and Allocations Committee is the lead on PSRA

Planning councils use needs assessment data as well as data from other sources to set priorities and allocate resources. This means the members **decide which services are most important to people with HIV** in the EMA (priority setting) and then agree on **which service categories to fund and how much funding to provide** (resource allocation).

In setting priorities, the planning council should consider **what service categories are needed to provide a comprehensive system of care** for people with HIV in the EMA, without regard to who funds those services.



Why is PSRA Important?

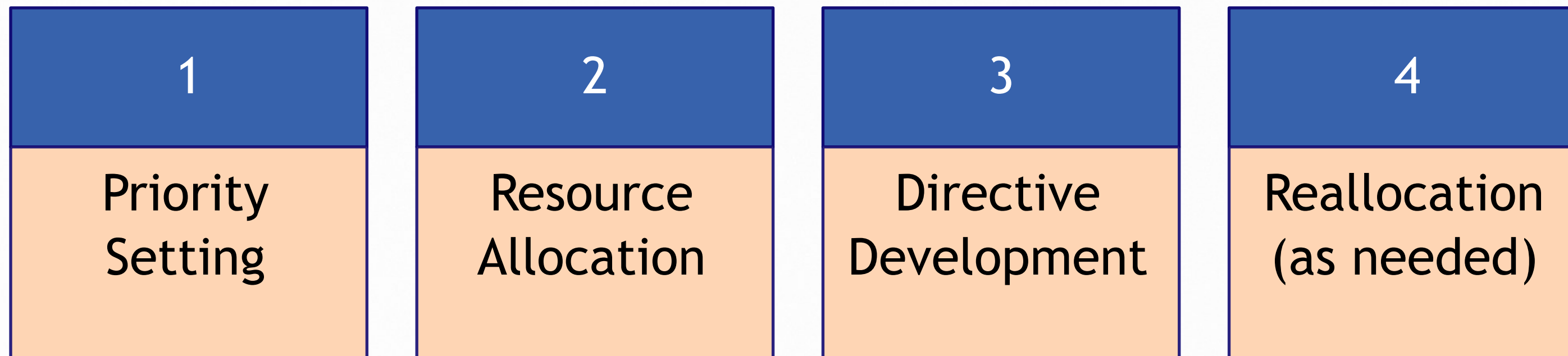
PSRA decisions greatly influence the system of care, including:

- What **services are available** to PWH within the EMA
- **Accessibility of those services** - where services are provided
- **Capacity of funded providers to meet the needs** of specific PLWH subpopulations and address HIV-related health disparities
- **Service models** used
- Service retention
- **Clinical outcomes** like viral suppression

The goal is to make sure funds are used in the best way to support people with HIV within the EMA

Priority Setting and Resource Allocation (PSRA) is the **single most important legislative responsibility** of a planning council

Components of PSRA



All based on needs assessment and recipient data, obtained and analyzed throughout the program year

Priority Setting

Priority Setting - process of deciding which HIV/AIDS **services are the most important** in providing a comprehensive system of care for all PWH in the EMA

When setting these priorities, members **should consider:**

- What the **community says** is needed
- How **effective and cost-efficient** the services are
- What **other resources** or services are already available
- Expectation to address **overall needs of people with HIV** within the EMA, not just narrow advocacy concerns

Priorities should not be influenced by availability of funding or by who provides the funding for services

Services prioritized must be from those listed in the Ryan White legislation



Priority Setting

Priority Setting helps ensure that services are in line with the **community's needs**

Prioritization is **completed every 3 years** and aligns with the three-year grant funding cycle

A review is completed **annually** and revisions are made, if needed

The planning council must **ensure that decisions are data-based**

Decisions on priorities are made after **review of all available data** & are based on service needs of **all PWH**

Must prioritize each of the 28 **service categories** that are **important to PWH** in the EMA

Engagement + Retention in Care = Viral Suppression



Service Categories - Core Medical Services

- AIDS Drug Assistance Program (ADAP)
- Local AIDS Pharmaceutical Assistance Program (LPAP)
- Early Intervention Services (EIS)
- Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- Home and Community-Based Health Services
- Home Health Care
- Hospice Services
- Medical Case Management including Treatment Adherence Services
- Medical Nutrition Therapy
- Oral Health Care
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care



Service Categories - Support Services

- Childcare Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management Services
- Other Professional Services
 - Legal Services
 - Permanency Planning
- Outreach Services
- Psychosocial Support
- Referral for Healthcare and Support Services
- Rehabilitation
- Respite Care
- Substance Abuse (Residential)



Pop Quiz

True or False

When setting priorities, the planning council should consider the availability of funding and who provides the funding.



Pop Quiz

True or False

When setting priorities, the planning council should consider the availability of funding and who provides the funding.

FALSE - Priorities should not be influenced by availability of funding or by who provides the funding for services

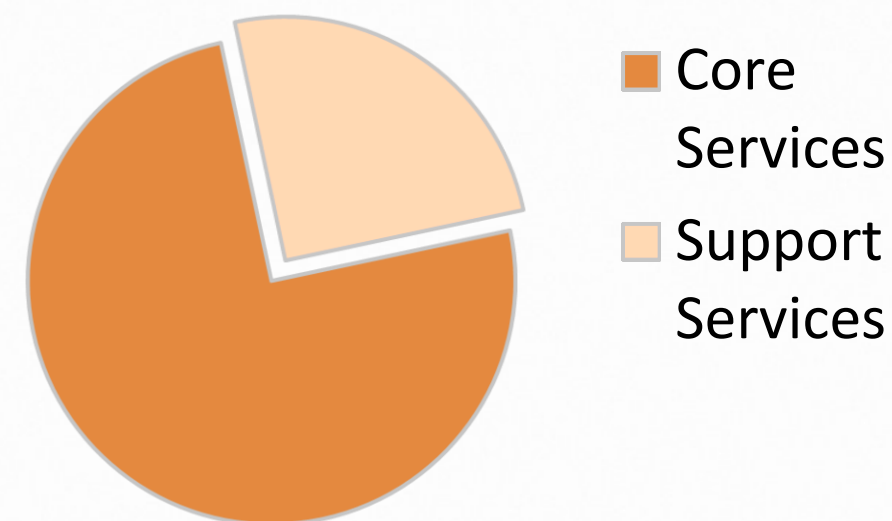


Resource Allocation

Resource Allocation - process of deciding how much RWHAP Part A and Minority AIDS Initiative (MAI) funding to provide for each prioritized service category

- Funds may be allocated only to service categories that are legislatively approved for funding
 - **Core medical services** are essential for the diagnosis, treatment, and management of HIV
 - **Support services** help clients achieve medical outcomes by addressing social, financial, and logistical barriers to care

- At least **75% of funds must be allocated to core services**, unless a waiver from HRSA is obtained



Policy Clarification Notice 16-02 - outlines what services can be funded under the Ryan White Program

Resource Allocation

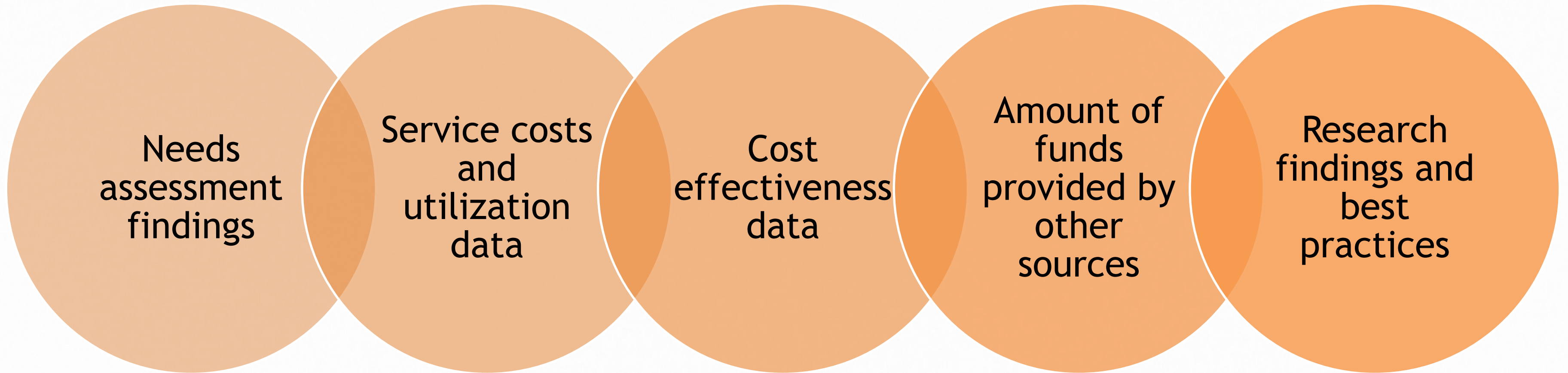
- Must use a fair, data-based process that manages conflict of interest. Should consider:
 - **Utilization:** # & characteristics of clients in each service category
 - Needs assessment data on **service needs and gaps**
 - **Expenditures** and cost per client for each service category
 - Funds provided through **other funding streams**
 - Plans for bringing additional PLWH into care
- Recipient provides data & advice, but the **planning council is the decision maker**

Resource Allocation

- Some **highly ranked service categories may receive little, or no funding** and some lower ranking service categories may receive larger allocations
 - Ryan White Program is the “payor of last resort”
- Ryan White **resources will not be able to meet all identified needs**. There is not enough funding to support every category
- Allocations are included in the annual RWHAP Part A funding application
- Allocation amounts are shared with the recipient and are used to distribute the funds in contracting for services

Allocations are expressed in percentage of the total

Keys to Data-Informed Decision Making



PSRA requires planners who act on behalf of people with HIV and make decisions based on the best available data

Pop Quiz

The Commission is trying to decide whether additional funding is needed for medical transportation. It was not identified as a key concern by 35 people attending two townhall meetings prior to PSRA but was among the top 7 service gaps identified in the most recent survey of 620 PWH.

- To which of these data sources should the Commission give more “weight” and why?
- What other data should the Commission review in making this allocation decision?



Pop Quiz

- To which of these data sources should the Commission give more “weight” and why? **Survey should be considered more as it has a larger # of PWH and may be more representative of actual needs vs 35 people at a townhall meeting.**
- What other data should the Commission review in making this allocation decision?
The Commission should also consider utilization and expenditure data as well as resource inventory and unmet needs data. Are additional funds actually needed? No one set of data will provide an answer. As planners, members need to consider all best available data.



Directives

Led by the
**Standards and
Best Practices
Committee** in
collaboration with
the PP&A
Committee

- Directives** - the planning council's guidance to the recipient on how best to meet priorities and are based on identified needs
- Can be developed year-round but are **best completed during the PSRA process** because they have fiscal implications
 - Cost of implementation should be included in the allocation for the affected service category
 - Adding funds to one category will require reducing funds in other categories
 - **Should address a documented need** - based on information from data
 - **Recipient must follow directives** in procurement and contracting but cannot guarantee success
 - Recipient should provide **regular updates** on implementation of directives

Directives

Factors to consider in developing Directives:

- **Limit and Focus** - Provide a limited number of carefully considered directives
- **Be Specific** - Specify the goal and expected outcomes
- **Data-Driven** - Base directives on key findings from unmet need assessments, needs assessment data, service utilization data and other relevant data
- **Refer to Service Standards** - Reference but do not repeat requirements outlined in the Service Standards
- **Clear Language** - Use plain, direct language for clarity
- **Open Procurement** - Ensure directives do not hinder or interfere with an open procurement process

Important to work with the recipient to explore **cost and capacity implications**

Directives

Directives typically focus on:

- **Service Models or Strategies** - Testing or implementing new or existing service models or strategies on a wider scale
- **Special Attention for Specific Populations** - Addressing the needs of specific PWH population groups that require additional focus (e.g. Black/Latinx MSM, women of color, etc.)
- **Improving Geographic Access** - Enhancing service access in geographic areas with identified gaps or barriers
- **Overcoming Specific Barriers to Care** - Identifying & addressing specific obstacles that hinder access to care for PWH

Needs assessments are helpful in identifying barriers and gaps in services

Examples of Directives

- **Service Model or Strategy** - Outreach and Early Intervention Services providers must employ a percentage of PWH as community health workers, integrating them as ongoing members of their service teams
- **Population Targeting** - At least one substance use treatment provider must offer services specifically tailored for women, including those who are pregnant or have young children
- **Geographic Targeting** - Ambulatory care and medical case management services must be accessible within each Service Planning Area (SPA) in the EMA, either through local facilities or alternative methods such as mobile vans, rotating personnel, and/or telemedicine
- **Reducing Barriers to Care** - All funded ambulatory care and medical case management providers must offer evening and/or weekend hours at least once a month

Pop Quiz

Which of these is not an acceptable directive?

- A. Mental Health services must be provided by clinician that can demonstrate expertise in serving people living with HIV.
- B. Mental Health services must be provided by organizations with prior RWHAP experience.

Pop Quiz

Which of these is not an acceptable directive?

- A. Mental Health services must be provided by clinician that can demonstrate expertise in serving people living with HIV.
- B. Mental Health services must be provided by organizations with prior RWHAP experience.**



Reallocation

Reallocation - process of moving funds from a prioritized service category following initial allocation

- Can be done at **any point** throughout the program year
- Recipient **cannot move funds** across service categories without prior **planning council approval**
 - Recipient can **make adjustments of up to 10%**
 - Recipient can, however, move funds from underspent providers to those in the *same service category* who are spending at a higher level
- Needed when some service categories are underspent and others have greater demand
- Requires **regular monitoring of Ryan White Program expenditures**



Penalties for “Unobligated” Funds

- If an EMA has more than 5% of its formula award unspent at the end of the program year
 - The amount over 5% is deducted from the amount awarded the following year
 - **The EMA cannot compete for supplemental funds in the next application cycle and will only receive formula funds**
 - E.g. Funds left unobligated in FY36 = no supplemental funding + deduction from formula funds in FY 37
- The recipient can request use of funds as “carryover” for the next year, but approval is not guaranteed
- Reallocation moves funds that could otherwise go unused

Formula Funds: award amount based on number of persons with HIV/AIDS

Supplemental Funds: award amount based on increasing prevalence rates, demonstrated need/ service gaps, and a disproportionate impact on vulnerable populations



PSRA Decision Making

Health Resources and Services Administration (HRSA)

Chief Executive Officer – Los Angeles County Board of Supervisors

Recipient – Division of HIV and STD Programs

- Procures/contracts for services
- Uses PC allocations in procurement/contracting
- Uses directives in procurement and monitoring

Subrecipients

Planning Council – Commission on HIV

- Sets priorities
- Allocates resources
- Reallocates funds as needed
- Gives directives to recipient on how best to meet priorities



LOS ANGELES COUNTY
COMMISSION ON HIV



Guidelines for Making Decisions

- **Consumer perspectives are taken into consideration** in setting priorities and allocating resources
- **Must address needs of all PWH** regardless of who they are, where they live in the County, stage of disease, whether they currently receive services
- **Decisions are made based on data** and documented needs, not anecdotal information or “impassioned pleas”
- There must be an agreed upon PSRA process and **the process must be documented in writing** and used to guide deliberations and decision-making
 - A **grievance** can be filed if the planning council deviates from the process



Managing Conflict of Interest

- PSRA process must manage conflict of interest (COI)
- A provider member that receives funds under RWHAP Part A or MAI should have limited participation in discussion. **They cannot initiate discussion but can answer questions**
- A provider member that receives funds under RWHAP Part A or MAI **should not vote on motions involving service categories where there is a COI**

Conflict of interest (COI) forms must be completed prior to PSRA



Recipient Role in PSRA

- Provides data for PSRA
- May provide and present suggestions or factors to consider in making allocations
- Provides input on the costs and/or challenges of implementing proposed directives
- Has several staff present throughout the process to provide data and answer questions
- Serves as a source of information about the system of care
- Does not vote or try to influence decision making

Why Participation is Important?

Decisions made during **PSRA** impact the lives of over 21,000 people with HIV in LA County who receive Ryan White Program services

If you are RWP client, you will:

- Help to make decisions that directly impact the services you receive
- Gain a broader understanding of available services
- Work with others toward improving the system of care
- Be able to help others navigate the complexities of local HIV care

If you are RWP provider, you will gain a better understanding of:

- And have direct input on available funding
- How funding decisions are made
- Limitations of funding and services
- How to provide recommendations for improvements



LOS ANGELES COUNTY
COMMISSION ON HIV



Pop Quiz

A provider member receives funds under RWHAP Part A. Which of the following actions are they allowed to take during discussions and voting?

- A. Initiate discussion and vote on all service categories
- B. Initiate discussion but cannot answer content questions
- C. Must leave the room when discussion begins
- D. Cannot initiate discussion but can answer questions; cannot vote on motions involving service categories where they have a conflict of interest



Pop Quiz

A provider member receives funds under RWHAP Part A. Which of the following actions are they allowed to take during discussions and voting?

- A. Initiate discussion and vote on all service categories
- B. Initiate discussion but cannot answer content questions
- C. Must leave the room when discussion begins
- D. Cannot initiate discussion but can answer questions; cannot vote on motions involving service categories where they have a conflict of interest**



In Summary

- PSRA is the **most important responsibility of a planning council**/Commission on HIV
- The **planning council (COH) is the decision maker** about priorities, allocations by service category, and directives
- Conflicts of interest must be managed during PSRA
- All planning council members must attend all **data presentations and this training** to be eligible to vote during the PSRA process
- **Decisions should be based on the best available data**
- Needs assessment data help inform the PSRA process

Questions?



LOS ANGELES COUNTY
COMMISSION ON HIV

