

# Planning Council Responsibilities AND Needs Assessment

May 14, 2026

Presentation created by Behavioral Science Research Corp.



# Needs Assessment

Dates and Book Location

# Needs Assessment Dates

10:00 a.m. to 1:00 p.m.

June 11, 2026

July 9, 2026

August 13, 2026

September 10, 2026

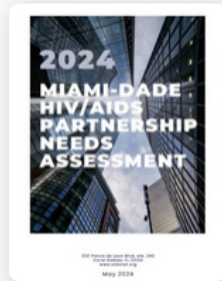


# Annual HIV/AIDS Needs Assessment

Decisions made during Needs Assessment drive the provision of services and distribution of funds for the next Ryan White Program fiscal year. All Partnership and committee members, Ryan White Program clients and other people with HIV, Ryan White Program subrecipients, and anyone interested in maximizing resources and improving services for people with HIV in Miami-Dade County are encouraged to participate in this and all Partnership activities.

## Annual Needs Assessment

For earlier Needs Assessment books, contact [mdcpartnership@behavioralscience.com](mailto:mdcpartnership@behavioralscience.com).



## Book Location

<https://partnershipmiami.org/the-partnership-2/#needsassessment1>

# Needs Assessment

Responsibilities and Expectations

# Responsibilities

## Roles/Duties of the CEO, Recipient, and Planning Council

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	Optional
Development of Service Standards		✓	✓
Clinical Quality Management		✓	Contributes but not responsible
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

# HRSA Expectations

## Data-Driven Decision Making

Decisions must be **DATA-DRIVEN** and fulfil legislative requirements.



**IDENTIFY NEEDS & SERVICES**



**Members must be trained**  
to interpret and use data.

# Needs Assessment

Components

# Components of a Ryan White Needs Assessment

## KEY DATA ELEMENTS TO INFORM PLANNING



**Epidemiologic  
Profile**



**Resource  
Inventory**



**Provider  
Capacity**



**Unmet  
Need**



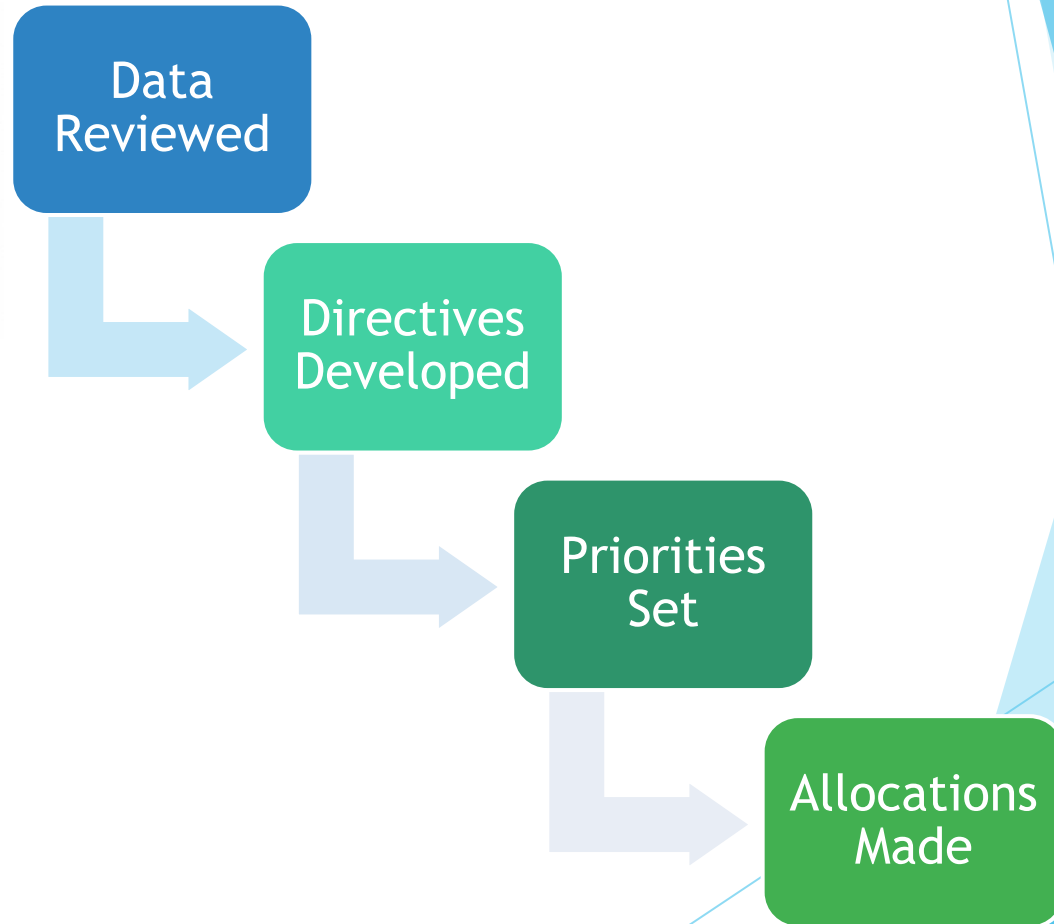
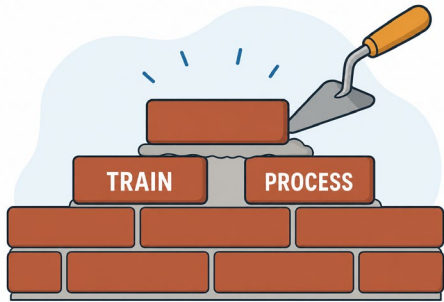
**Unaware  
Population**



**Service  
Gaps**

Data sources: DOH Surveillance   Ryan White Data   Surveys   Other Funding

# Steps for PSRA (Priority Setting and Resource Allocation)



# Planning Council Responsibilities: Developing Directives

 Guide the Recipient in addressing service needs, priorities, and gaps

 Define service approaches (use/non-use, access, location)


 May impact costs

 Limited in number

 Required for implementation in procurement, contracting, and service planning

# Planning Council Responsibilities: Setting Priorities

 Rank service categories based on community need

 Use a fair, data-driven process (manage conflicts of interest)

 Consider key data:

- Utilization
- Epidemiology
- Unmet need

 Remain relatively stable year to year

 All categories must be prioritized (HRSA requirement)

# Core Medical and Support Services

## Core vs Support Services (PCN 16-02)

### CORE SERVICES

- ADAP Treatments
- AIDS Pharmaceutical Assistance
- Early Intervention Services
- Health Insurance Premium & Cost Sharing
- Home & Community-Based Services
- Home Health Care
- Hospice
- Medical Case Management
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory
- Substance Abuse Outpatient

### SUPPORT SERVICES

- Child Care
- Emergency Financial Assistance
- Food Bank/Meals
- Health Education/Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Non-Medical Case Mgmt
- Legal/Permanency Services
- Outreach
- Psychosocial Support
- Referral Services
- Respite Care
- Substance Abuse (Residential)

≥75% Core | ≤25% Support | Must link to positive medical outcomes

### **Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds**

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)  
Replaces Policy #10-02*

**Scope of Coverage:** Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

#### **Purpose of PCN**

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

#### **Background**

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in [45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#). HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see [45 CFR 66.75.351-352](#)).

[45 CFR Part 75, Subpart E—Cost Principles](#) must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

# Planning Council Responsibilities: Resource Allocations Restrictions

## ■ Core Services

Minimum 75% of  
total funding

Required by HRSA  
(unless waiver  
granted)

## ■ Support Services

Funded with  
remaining allocation

Must support  
positive medical  
outcomes(HIV-  
related clinical  
outcomes)

# Planning Council Responsibilities: Resource Allocations

💰 Allocate funding across service categories

⚖️ Not tied to priority ranking

📊 Consider key factors:

- Cost per client
- Other funding sources
- Expected new clients

📌 Higher costs may require greater funding, even for lower-ranked services

# Planning Council Responsibilities: Resource Allocations and Managing Conflicts

## DISCLOSE

- Complete Form 8B

## DO NOT PARTICIPATE

- No discussion or voting

## EXIT ROOM

- Return after vote

# Needs Assessment

Budgets

SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2023 EXPENDITURES	FY 2023 %	FY 2025 RECOMMENDED ALLOCATION <sup>1</sup>	FY 2025 %
AIDS PHARMACEUTICAL ASSISTANCE [C]	\$1,109.37	0.01%		0.00%
EMERGENCY FINANCIAL ASSISTANCE [S]	\$0.00	0.00%		0.00%
FOOD BANK/HOME DELIVERED MEALS [S]	\$2,702,229.90	12.19%		0.00%
HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	\$324,143.01	1.46%		0.00%
MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$5,864,806.80	26.46%		0.00%
MEDICAL TRANSPORTATION [S]	\$191,280.78	0.86%		0.00%
MENTAL HEALTH SERVICES [C]	\$56,046.25	0.25%		0.00%
ORAL HEALTH CARE [C]	\$3,631,749.00	16.30%		0.00%
OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	\$71,730.00	0.32%		0.00%
OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$7,848,156.83	35.40%		0.00%
OUTREACH SERVICES [S]	\$117,183.05	0.53%		0.00%
SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$1,410.00	0.01%		0.00%
SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	\$1,338,250.00	6.13%		0.00%

# Sample Budget Sheet

# Budget Development Options

One (1) Budget:

1. Ceiling (allowable threshold)

OR

Two (2) Budgets:

1. Flat, and
2. Ceiling (allowable threshold).

OR

Three (3) Budgets:

1. Flat,
2. Decreased (determine % of decrease), and
3. Ceiling (allowable threshold).

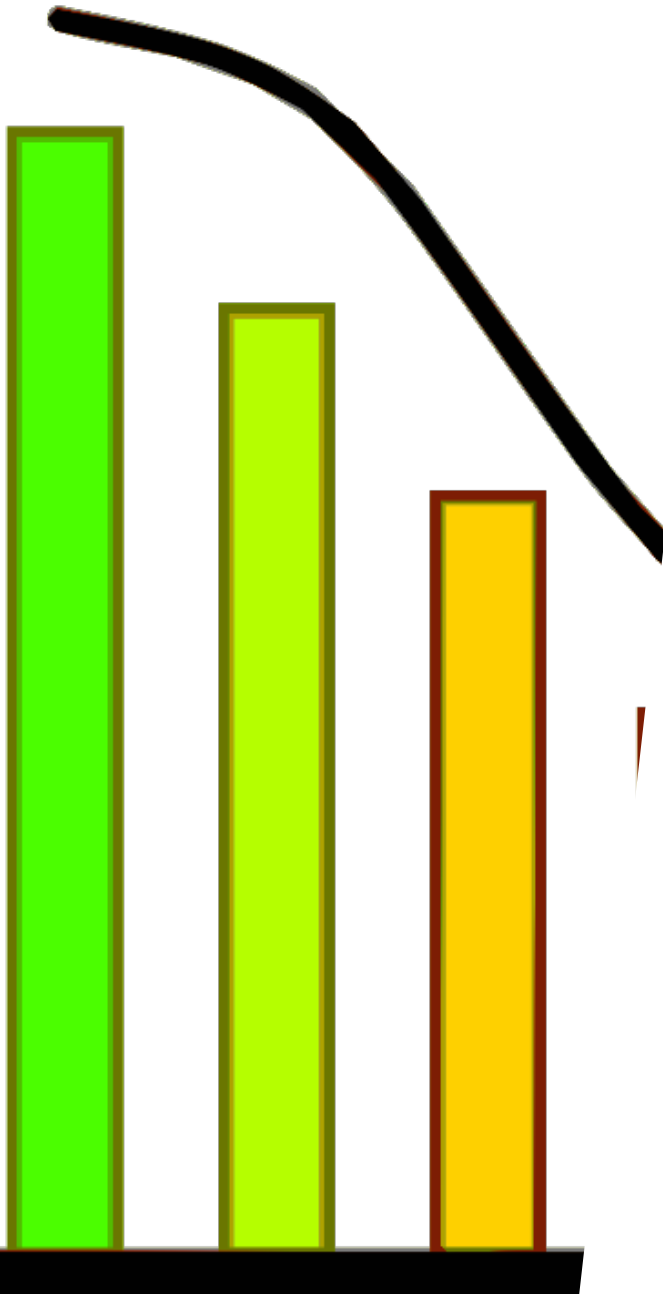
# Needs Assessment

Sample Data and Uses

# Some Basic Points Regarding Data

- Different types of charts provide a visualization of the data.
- Sources of data should always be identified.
- Patterns in the data may have implications for the way we provide services in Miami-Dade County.
- **Data** should be used to make decisions.





## Epi Data

Number of people living with a disease.

A background image showing laboratory glassware, including a central glass ampoule containing a yellow liquid, and various test tubes and beakers with colorful liquids (blue, green, yellow) in the background. The scene is brightly lit, suggesting a laboratory setting.

# Epidemiologic Profile

- Describes the HIV Epidemic in the Miami-Dade service area.
- Focuses on the social and demographic groups most affected by HIV transmission.
- Data are provided by the Florida Department of Health.
- Estimates the number and characteristics of persons with HIV who know their status but are not in care (unmet need) and those who are unaware of their HIV status.

# “Epi” Terms



Prevalence

- Total Cases
- Snapshot in time



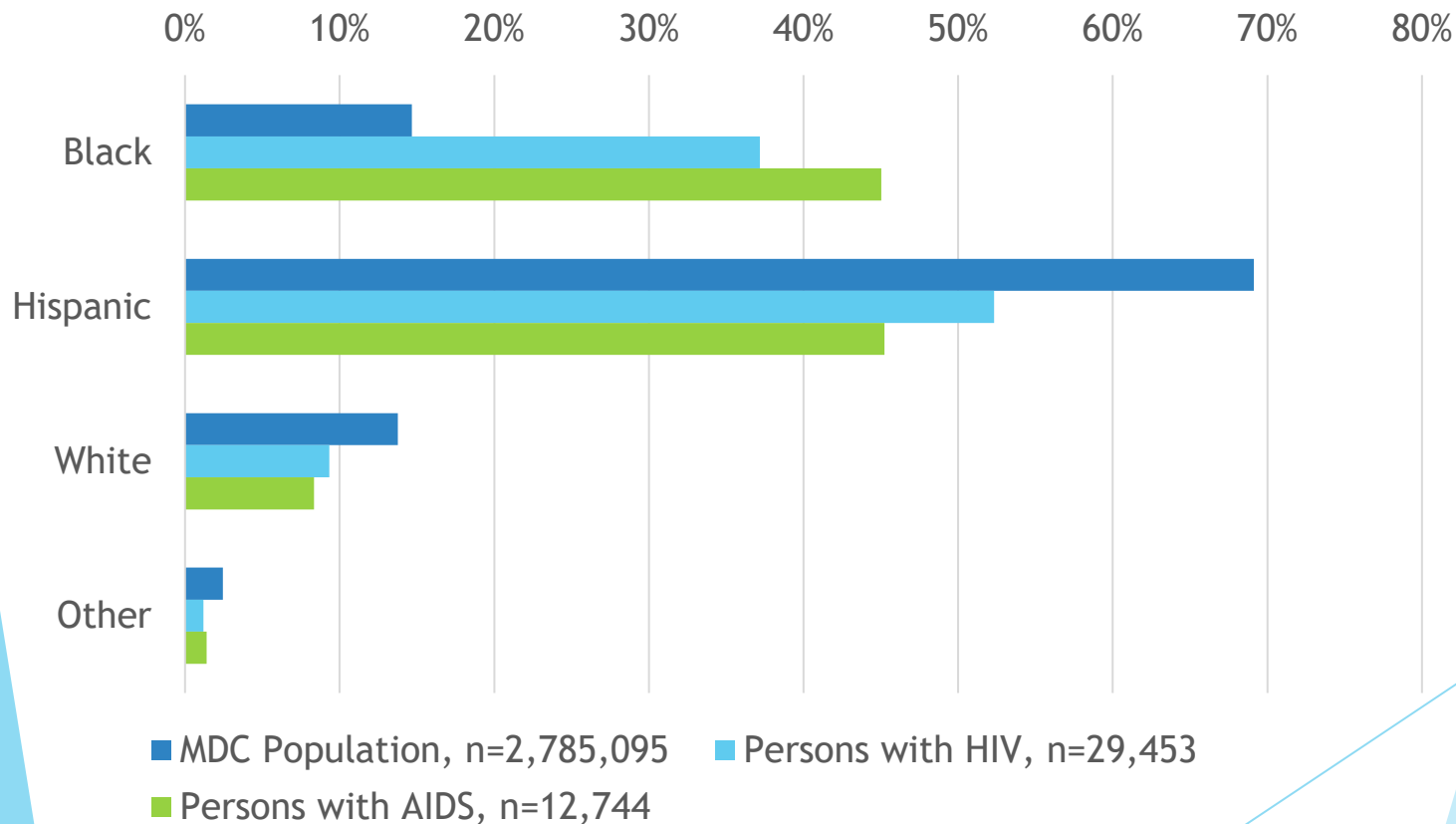
Incidence

- New Cases
- Over a period

2024 Epi-data for calendar year 2024, as of June 2025.

# Sample EPI Data Using a Bar Graph

Persons with HIV and AIDS Prevalence by Race/Ethnicity and Population, 2023



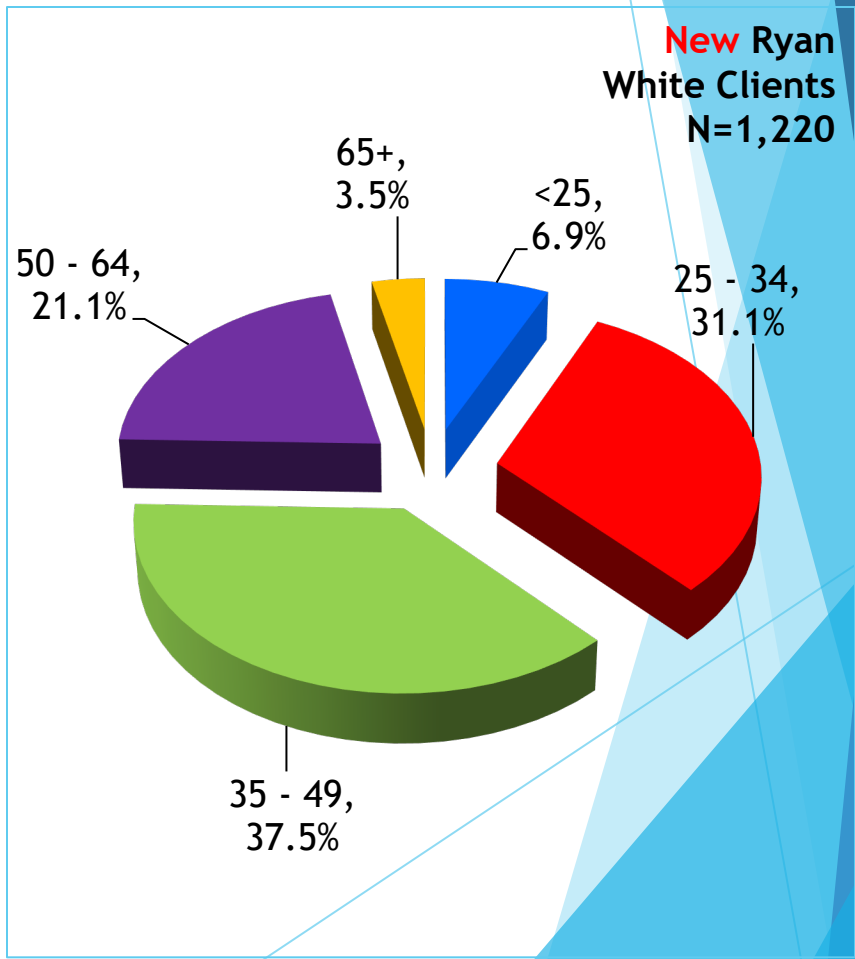
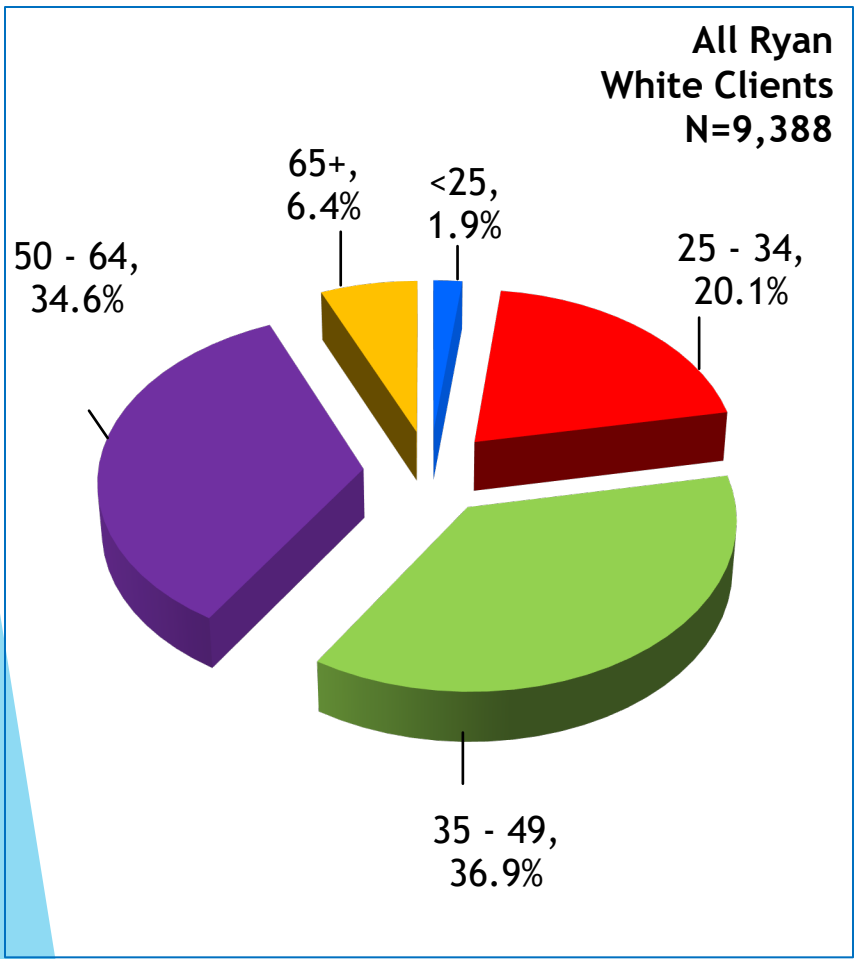


# Demographics

Statistical data relating to the population and particular groups within it.

# Sample Demographics Using a Pie Chart

## Age Distribution of New and Total Clients in Care Ryan White Program, FY 2024



# Dashboard Cards

Tool to visualize utilization and other funding data.



	Series 1	Series 2
Jan	0.17	5.60
Feb	0.95	8.52
Mar	1.56	7.74
Apr	2.09	7.49
May	2.73	7.56
Jun	3.49	5.90
Jul	4.05	2.43
Aug		
Sep		
Oct		
Nov		
Dec		

	Series 1	Series 2
Jan	9.30	5.52
Feb	8.27	7.29
Mar	5.42	7.51
Apr	0.70	0.24
May	8.01	9.99
Jun	8.54	0.91
Jul	7.79	8.08
Aug	8.17	8.71
Sep	9.71	7.19
Oct	5.45	5.90
Nov	6.16	2.43
Dec		

# Sample Utilization Using a Chart

**Total Number of Unduplicated Clients Served by Service Category (Alphabetic listing)**

SERVICE CATEGORIES	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Ryan White Program TOTAL	9,031	8,127	8,411	8,590	9,060	9,316
AIDS Pharmaceutical Assistance (Local)	605	185	183	157	20	5
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A	N/A
Food Bank	715	735	712	1,130	1,339	911
Health Insurance Premium & Cost Sharing Assist	1,335	1,125	1,255	1,440	1,699	1,926
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	8,116	7,378	7,842	8,085	8,573	8,842
Medical Transportation Services	720	94	645	743	1,018	1,010
Mental Health Services	274	95	121	107	120	136
Oral Health Care	3,170	1,711	2,237	2,577	2,730	2,843
Other Professional Services - Legal Services	66	48	44	103	89	76
Outpatient/Ambulatory Health Services	5,317	4,281	4,422	4,540	4,547	4,577
Outreach Services	472	130	116	158	240	282
Substance Abuse Services Outpatient	55	0	17	22	10	9
Substance Abuse Services (Residential)	95	70	66	72	74	88

# Sample Dashboard Card Using Tables

## CORE SERVICE: AIDS PHARMACEUTICAL ASSISTANCE

### Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2019	\$22,984,844.87	0.250%
FY 2020	\$17,660,128.37	0.300%
FY 2021	\$19,018,258.46	0.020%
FY 2022	\$22,372,383.35	0.020%
FY 2023	\$23,801,341.37	0.005%
FY 2024	\$23,557,202.81	0.007%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2019	\$187,000.00	\$57,843.29	30.93%
FY 2020	\$66,007.00	\$5,993.21	9.08%
FY 2021	\$83,595.00	\$4,379.02	5.24%
FY 2022	\$84,492.00	\$3,954.10	4.68%
FY 2023	\$3,455.00	\$1,109.57	32.11%
FY 2024	\$7,679.00	\$1,691.22	22.02%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2019	4	\$87,000.00	\$52,697.84	60.57%
FY 2020	3	\$66,007.00	\$5,993.21	9.08%
FY 2021	9	\$83,595.00	\$4,379.02	5.24%
FY 2022	4	\$84,492.00	\$3,954.10	4.68%
FY 2023	3	\$3,455.00	\$1,109.57	32.11%
FY 2024	8	\$7,679.00	\$1,691.22	22.02%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2019	7	\$100,000.00	\$5,145.45	5.15%
FY 2020	N/A	N/A	N/A	N/A
FY 2021	N/A	N/A	N/A	N/A
FY 2022	N/A	N/A	N/A	N/A
FY 2023	N/A	N/A	N/A	N/A
FY 2024	N/A	N/A	N/A	N/A

#### Notes:

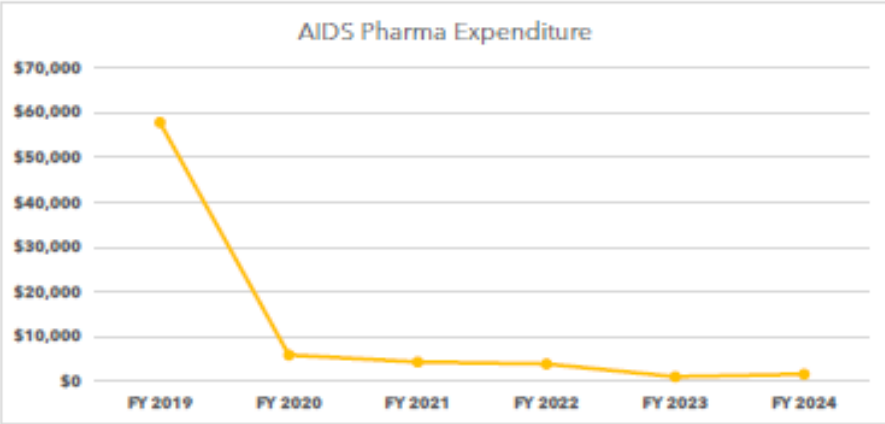
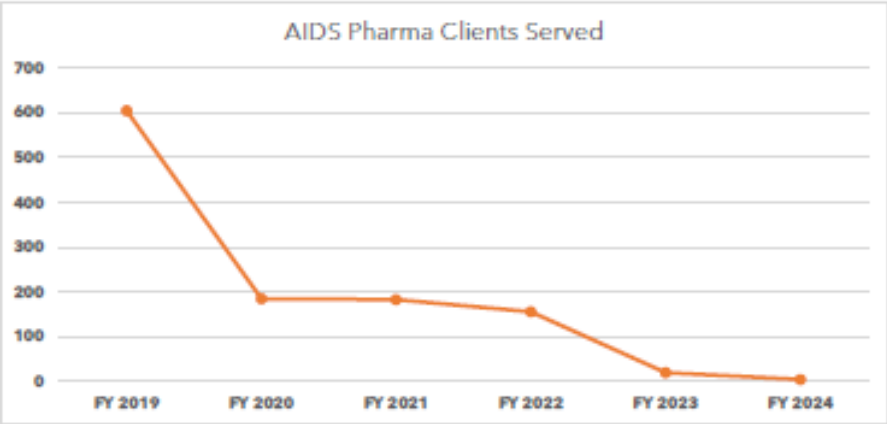
While expenditures rose slightly this last year, overall for FY 2024 the total client client services is the lowest ever. The downward trend continues since most clients access the ADAP program for this service.

# Sample Dashboard Card Using Graph and Tables

## CORE SERVICE: AIDS PHARMACEUTICAL ASSISTANCE

### Service Program

Limitations: 400% FPL



Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2019	9,031	605	6.7%	\$57,843	\$96
FY 2020	8,127	185	2.3%	\$5,993	\$32
FY 2021	8,420	183	2.2%	\$4,379	\$24
FY 2022	8,590	156	1.8%	\$3,954	\$25
FY 2023	9,060	20	0.2%	\$1,110	\$56
FY 2024	9,316	5	0.05%	\$1,691	\$338

# Sample Other Funding Streams Using a Chart

**Other Funding Streams 2024**

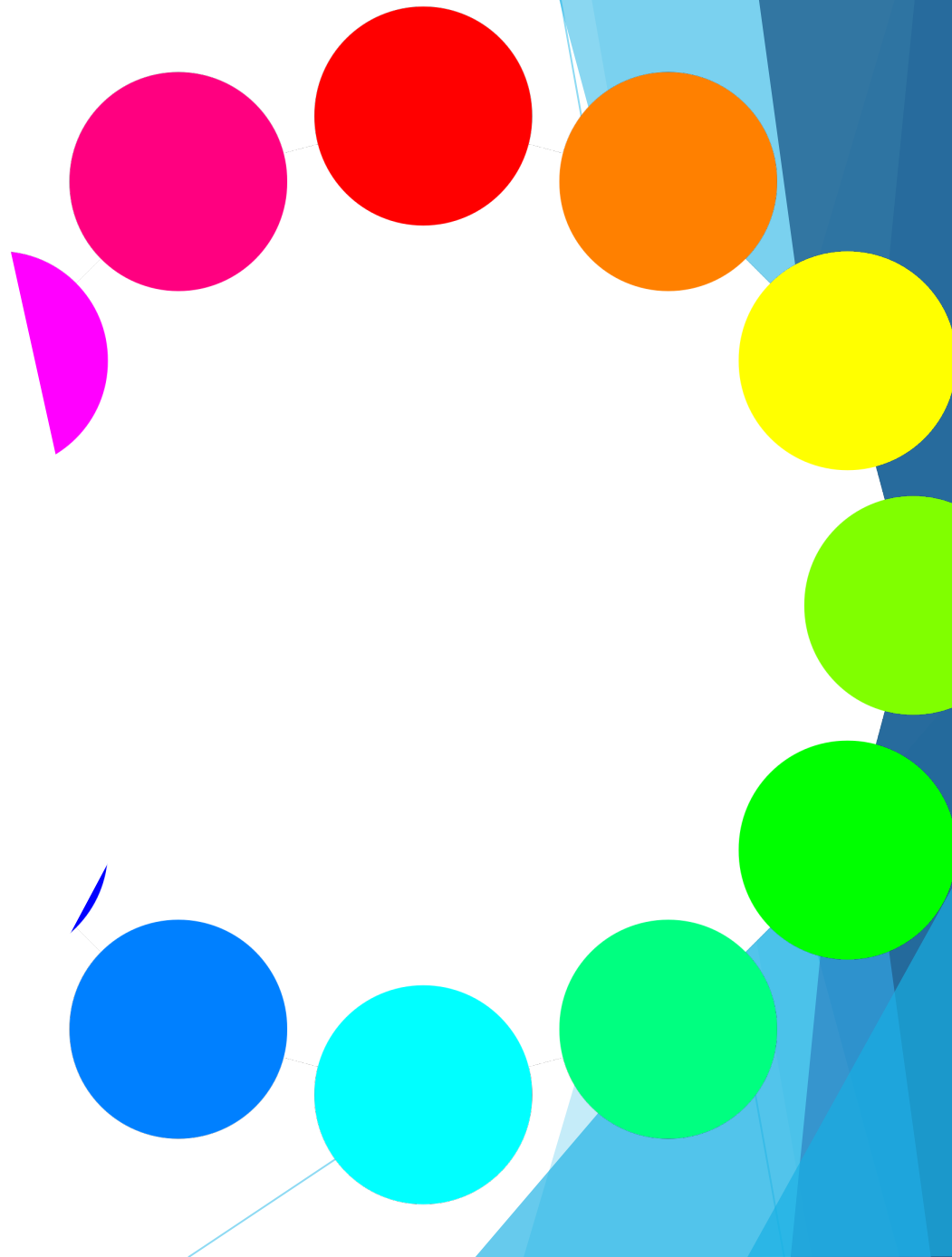
	<b>Funder</b>	<b>Expended</b>	<b>Number of Clients</b>	<b>Cost per Client</b>
1	ADAP	\$20,127,184	4,672	\$4,308
2	General Revenue	\$313,605	323	\$971
3	Medicaid	\$117,295,422	6,878	\$17,054
4	Part C	\$33,225	N/A	N/A

**Other Funding Streams 2025**

	<b>Funder</b>	<b>Expended</b>	<b>Number of Clients</b>	<b>Cost per Client</b>
1	ADAP	\$15,278,371	4,864	\$3,141
2	General Revenue	\$95,195	160	\$595
3	Medicaid	\$99,541,969	6,720	\$14,813
4	Part C	\$36,186	N/A	N/A

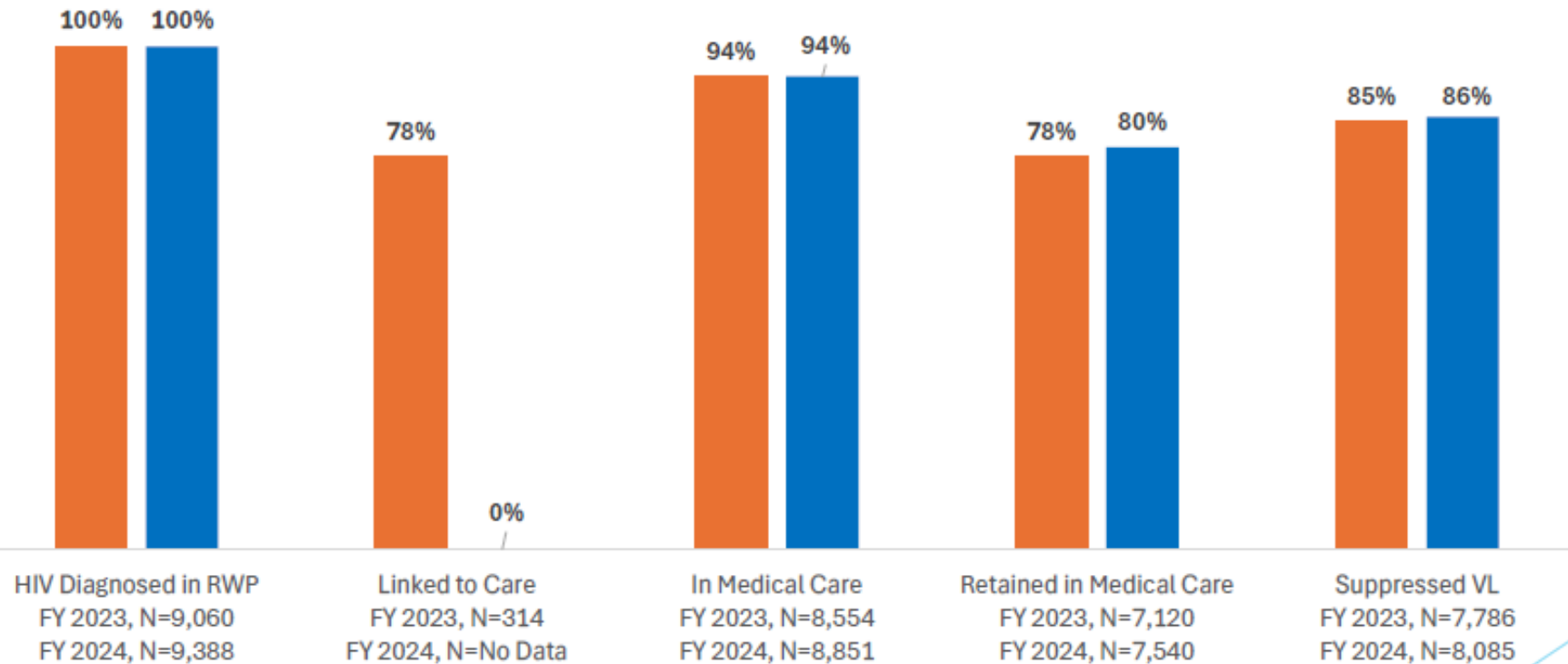
# Care Continuum

Model that outlines the steps/stages that people with HIV go through from diagnosis to viral suppression.



# Sample HIV Care Continuum Using a Bar Graph

## Ryan White Program HIV Care Continuum Client Health Outcomes FY 2023 vs FY 2024



# Use of Service Utilization and Continuous Quality Improvement Data

## Priority Setting

- What service categories have fully used all funding, which had waiting lists, which had unused resources, which needed more funding?

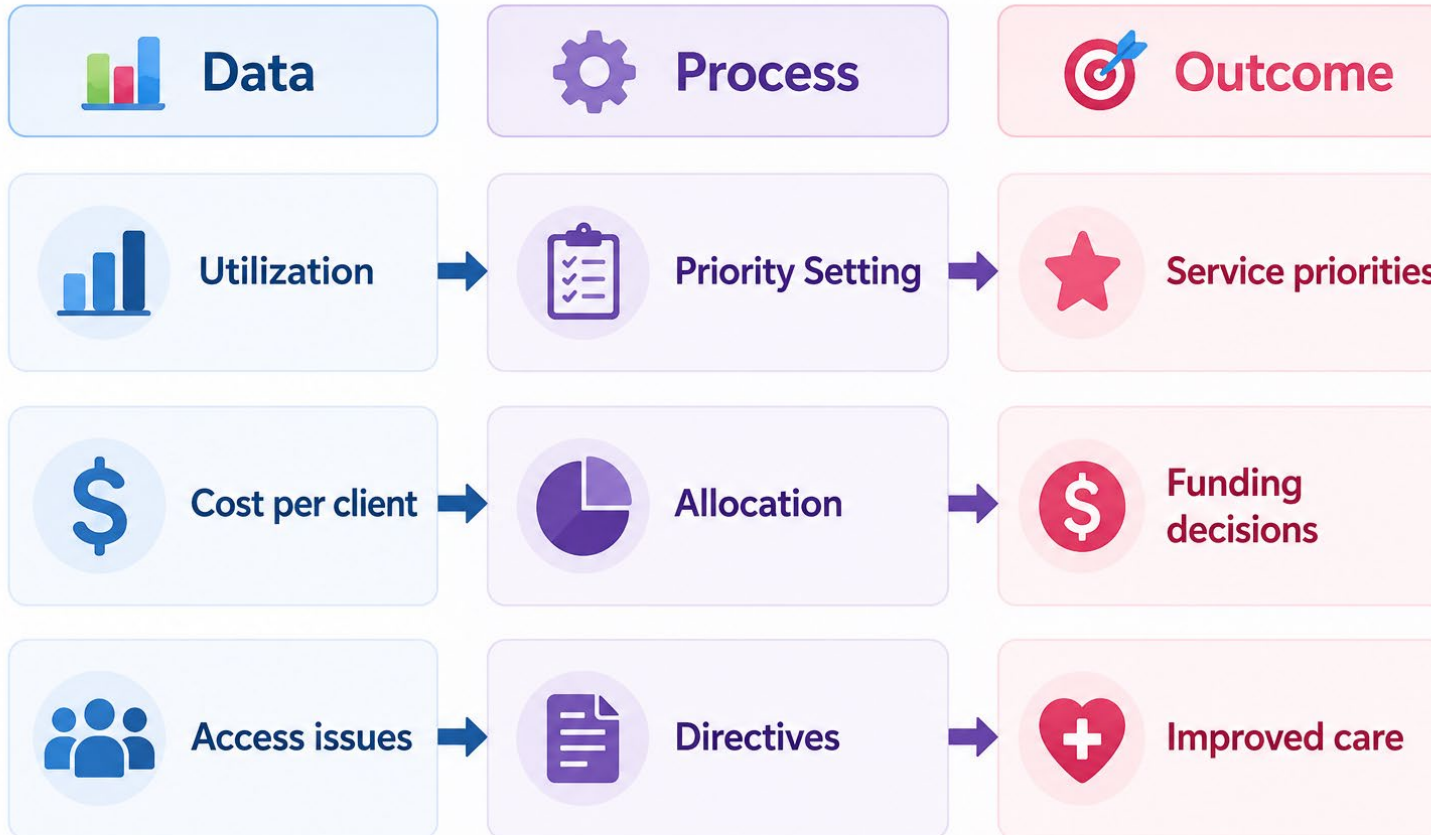
## Resource Allocation

- How can we use cost per client data to determine funding allocations for anticipated new clients?

## Developing Directives

- What access to care issues have been identified and how can these be addressed?

# How do we connect the data?



# Key Takeaways



Data drives decisions



Fair, conflict-free  
processes matter



Goal: improve  
outcomes for people  
with HIV

Thank  
You

