
Service Delivery Plan Guidelines



**HIV Care Program
Office of AIDS
Center for Infectious Diseases
California Department of Public Health**

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Introduction

Service Delivery Plans provide a “road map” for the development of a system of care and a blueprint for the complex decisions that must be made about planning, developing, and delivering comprehensive HIV services in your communities.

The HIV Care Program (HCP) requires that contractors in Direct Service Areas develop three-year Service Delivery Plans. Annual adjustments may have been made in order to address trends in the epidemic, client needs, or new program requirements.

Contractors must update their Service Delivery Plans every three-year contract period. Contractors should use the Service Delivery Plans when developing their Requests for Proposals for the upcoming contract cycle.

Contractors are solely responsible for the completion of the Service Delivery Plan. Contractors are required to gather community input and consult with service providers when updating the Service Delivery Plans.

These guidelines provide instructions for completing the Service Delivery Plan. The forms discussed in this manual are available as Microsoft Word documents and can be obtained at: [HIV Care Program](#). The new Service Delivery Plans should be e-mailed to your HCP advisor.

Service Delivery Plan Components

There are six sections to the Service Delivery Plan. They include:

- Needs Assessment Summary;
- Resource Inventory;
- Priority Setting and Resource Allocation;
- Description of Service Delivery;
- Goals and Objectives; and
- Effective Measure.

Needs Assessment Summary

The needs assessment process includes the collection of information about the needs of people living with HIV (PLWH) – both those receiving care and those not in care. The needs assessment is an interconnected component of the other planning tasks. Results from the needs assessment will be used in setting priorities for the allocation of funds, developing the Service Delivery Plan, and crafting strategies for meeting the service needs of the populations in your jurisdiction.

Contractors are **not** required to submit a complete needs assessment to the Office of AIDS (OA), but must instead submit summary information either using the form located at: [HIV Care Program](#) or use the sentences below as paragraph headings.

- Description of methods used to conduct the needs assessment (e.g., surveys, key informant interviews, secondary data analysis, etc.).
- Epidemiologic profile of your community. This data should describe the current status of the epidemic in your county or region, specifically the prevalence of HIV and AIDS among defined populations. It should describe trends in the epidemic. The [Data Sources Section](#) provides various sources of data that may assist you in developing an epidemiologic profile for your jurisdiction.
- Identification of current populations served and the estimated number of individuals served.
- Description of the unmet need. Identification and assessment of populations not receiving primary medical care and the estimated number of individuals to be served. Unmet need is the need for HIV-related health services by individuals with HIV disease who are aware of their HIV status but are not receiving regular primary medical care.
- Assessment of current service needs specific to your target populations.
- Assessment of current service gaps and barriers for PLWH accessing and remaining in primary medical care.

Contractors are encouraged to collaborate with other HIV-related needs assessment efforts. For instance, needs assessments are required by the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (RWP) Part C grantees, Housing Opportunities for People with AIDS (HOPWA), Education and Prevention (E&P) Services, and Minority AIDS Initiative (MAI). If you choose to work collaboratively on a needs assessment, be sure that the scope of the combined needs assessments meets the programmatic mandates of the respective programs. Contact your HCP advisor if you have questions about collaborating on your needs assessment.

For more information on how to conduct a needs assessment, please refer to the following documents:



- [Ryan White CARE Act \(RWCA\) Needs Assessment Guide](#); and
- [RWCA Title II Manual, Section VIII, Chapter 1](#).

Free hard copies of these documents can be ordered from the [Health Resources and Services Administration](#) (HRSA) Website.

Data Sources

Data Source and Main Website	Data Description and Direct Links
California Department of Alcohol and Drug Programs www.adp.cahwnet.gov	Community Indicators of Alcohol and Drug Abuse Risk
California Department of Education Educational Demographics Unit www.cde.ca.gov/ds	DataQuest allows users to run queries on enrollment, dropout rates, English learners, etc. Ed-Data gives local reports covering topics such as students, staffing, finances, and performance rankings.
California Department of Finance Demographic Research Unit www.dof.ca.gov/html/demograp/druhpar.asp	Reports and Research Papers on population estimates and projections, demographic characteristics, and immigration.
California Department of Public Health OA www.cdph.ca.gov/programs/AIDS/Pages/Default.aspx	California AIDS Surveillance Reports
California Department of Public Health Office of Health Information and Research www.cdph.ca.gov/programs/OHIR/Pages/default.aspx	Data tables on county-level births and deaths. Vital Statistics Query System allows users to perform queries on specific causes of death in their county.
California Department of Public Health Sexually Transmitted Disease Branch www.cdph.ca.gov/programs/std/Pages/default.aspx	Current Provisional Data Tables and Graphs for Chlamydia, Gonorrhea, and Syphilis.
California Department of Justice Criminal Justice Statistics Center http://ag.ca.gov/crime.php	Data tables on adult and juvenile misdemeanor and felony arrests.
California Health Interview Survey www.chis.ucla.edu	AskCHIS 2.0 allows users to perform queries on their county/region's population characteristics (including men who have sex with men), health behaviors, health care utilization, etc.

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Office of Statewide Health Planning and Development www.oshpd.ca.gov/	The Enterprise Geographic Information System produces healthcare-related map and reports.
RAND California www.ca.rand.org	Wide variety of local statistics on health and socioeconomic status (including Medi-Cal and Food Stamps), demographics, education, etc.
U.S. Census Bureau Housing and Household Economic Statistics Division www.census.gov/hhes/www/poverty/poverty.html	Data tables with current poverty estimates by county.

Resource Inventory

A resource inventory describes organizations and individuals, both HIV- and non-HIV-specific, providing the full spectrum of services accessible to clients in your service area. The goal of the resource inventory is to develop a comprehensive picture of services, regardless of funding source.

The inventory should include services such as HIV prevention, substance abuse prevention and treatment, mental health services, early intervention services, and outreach.

If your program has created/updated and published a Resource Guide within the last fiscal year, submit a copy with your Service Delivery Plan in lieu of this requirement. Otherwise, provide the following information either using the form located at: [HIV Care Program](#) or by creating your own form:

- Provider's name, address, city, and phone number;
- Categories or types of services provided;
- Caseload capacity (how many they can serve?);
- Target populations(s);
- Funding sources (RWP, other OA-funded programs, other public, private); and
- Reported barriers to care.

A sample Resource Inventory is provided on page 7.

For more information on Resource Inventories, please refer to:



- [RWCA Needs Assessment Guide, Section V, Chapter 5.](#)

Free hard copies of this document can be ordered from the [HRSA](#) Web site.

Sample Resource Inventory

Fiscal Agent Name: Golden County

Date Completed: September 12, 2011

Provider Name, Address, and Phone	Categories or Types of Services Provided	Caseload Capacity	Target Populations	HIV Funding Sources	Reported Barriers to Care
AIDS Drug Assistance Program (ADAP) 2020 Oak Avenue Redwood Grove 916-555-6127	Drug Assistance	90	Low income PWLH	OA ADAP	
Health Department 2020 Oak Avenue Redwood Grove 916-555-6767	General Medical Care, Dental Care, HIV Care	180	All	Part B	Long wait for appointments. No evening hours.
Helping Hands, Inc. 1515 Main Street Redwood Grove 916-321-4567	Case Management, Client Advocacy, Food and Transportation	90	PWLH	Part B, private donations	Lack of bilingual staff
Hope House 1524 Plaza Road Oak Valley 916-888-6544	General Medical Care, HIV Care, Case Management	110	African American, Latino, Youth	California Endowment, Part B, Medi-Cal	Office not on public transportation route. Few evening or weekend appointments.
SHARE Food Program 11 Main Street Oak Valley 916-888-6224	Food	230	Low income	None	Requires recipients to volunteer time

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Social Services Department 1000 Main Street Springfield 916-234-0000	Attendant Care	25	All	Case Management Program	
Valley Medical Center 1234 Harvest Way Springfield 916-221-2661	Medical Care through MAI		Persons of Color	Part B	

Priority Setting and Resource Allocation

RWP resources are limited and the need is severe. This heightens the responsibility of HCP to use sound information and a rational decision-making process when determining service priorities and the needed funding for each service category. The RWP Part B Manual provides a model and sample charts to help guide your process, though your process may vary from the model. Provide the following information either using the form located at: [HIV Care Program](#) or by creating your own form.

In this section of the Service Delivery Plan, contractors should:

- Document populations and providers who were involved in the planning process;
- Describe the priority setting and resource allocation process used including a discussion of your: 1) decision-making principles; 2) criteria for priority setting; and 3) decision-making method (consensus, score sheets, etc.); and
- Include a table showing your finalized service priorities and funding decisions.

For more information on priority setting and resource allocation, please refer to:



- [RWCA Title II Manual, Section VIII, Chapter 2.](#)

Description of Service Delivery

Provide the following information either using the form located at: [HIV Care Program](#) or by creating your own form using these sentences as paragraph headings.

1. Using information gathered from your needs assessment process, describe the current and future services you will provide and how those services will reduce or eliminate unmet or unfounded needs, service gaps and barriers to the clients receiving HIV care and treatment in your community.
2. Describe how you ensure that contracted services provided are done so in a culturally appropriate manner.
3. Describe how cooperation and program coordination among contracted service providers is established and maintained.
4. Identify the key points of entry into your jurisdiction's HIV medical system, and describe how you ensure ongoing contact and client referral processes with these identified key points of entry.
5. Describe how your program is integrated with other activities funded through OA programs (i.e., HOPWA, Comprehensive AIDS Resources Emergency/Health Insurance Premium Payment Program, ADAP, HIV testing sites, E&P services, and MAI).
6. Describe the steps your jurisdiction has implemented to integrate "Prevention with Positives" (PWP) into care settings. Include a description of how you will ensure that PWP services for high-risk HIV-infected persons and partner notification (i.e., Partner Services) are part of the standard of care.
7. Describe how your program is integrated with other RWP Part C- and D-funded programs in your community and/or in nearby communities.



To find the Part C and D grantees in your region, please consult the HIV/AIDS Bureau [Grantee List](#) for the appropriate RWP title.

Goals and Objectives

Goals and objectives are tools that help OA, contractors, service providers, and advisory members meet the intent of RWP.

HRSA created goals and objectives for their programs, including those funded under RWP. HRSA required that OA, as Part B grantee, develop a [Comprehensive Plan](#) that includes goals and objectives that support HRSA's goals. Additionally, OA is required to ensure that all programs funded through Part B of the RWP coordinate their activities to meet the overarching goals of RWP as defined and guided by HRSA.

Service Delivery Plans must include goals and objectives specific to the needs of the community, while supporting the goals and objectives of OA and HRSA.

HRSA's Overarching Goals

As the nation's access agency, HRSA focuses on uninsured, underserved, and special needs populations in its goals and program activities. The overarching goals for all HRSA-funded programs, including RWP, are as follows:

1. Improve access to health care;
2. Improve health outcomes;
3. Improve the quality of health care;
4. Eliminate health disparities;
5. Improve the public health and health care systems;
6. Enhance the ability of the health care system to respond to public health emergencies; and
7. Achieve excellence in management practices.

OA's Guiding Principles from the Comprehensive Plan

OA, along with input and guidance from a group of consumer advisors and program administrators, developed the following Vision Statement to help guide and focus our efforts:

- All people with HIV must have full access to HIV care, treatment, support, and PWP services that improve health outcomes, eliminate health disparities, enhance quality of life, and stop HIV transmission.
- All people with HIV must have full access to HIV prevention services to help arrest the transmission of HIV.

- The care system is enhanced through the significant involvement of people with HIV in the planning, implementation, management, and evaluation of the HIV care system.
- Outreach to people with HIV who are not in care, and to underserved communities, is a critical element of the HIV service system.
- Collaboration among entities and coordination among public and private resources are essential to planning, developing, funding, managing, and evaluating a comprehensive, sustainable system of HIV care and support services.

HCP Goals

These four goals were identified as mission-critical to HCP.

1. To ensure access to HIV/AIDS care, treatment, and prevention services;
2. To provide quality care and treatment services to persons with HIV/AIDS;
3. To enhance the system of HIV/AIDS care and treatment services to adequately respond to the epidemic; and
4. To achieve excellence in planning, management, and evaluation of the HIV health programs.

Developing Goals and Objectives

Contractors, in conjunction with their service providers, will develop one objective to support each of HCP goals listed above. Goals and objectives will cover the three-year contract period. Each program's approach to addressing these goals should be tailored to meet the unique needs of their identified target populations.

Progress in meeting these goals and objectives are reported in the Mid-Year and Year-End Narrative Reports. HCP advisors will compare these reports against the goals and objectives in your Service Delivery Plan.

Provide the following information either using the form located at: [HIV Care Program](#) or by creating your own form which:

- States the goal;
- Identifies the target population(s) for your community as identified by the Ryan White Program Data Report, formerly called the CARE Act Data Report, Client Information section;
- Identifies the barrier to meeting the goal;
- States a measurable objective; and
- Includes an action timeline.

A sample of a completed Goals and Objectives form is located on page 14.



[California's Comprehensive Plan Update for HIV/AIDS Care and Treatment Services](#) is available on OA's Web site.

Sample of Goals and Objectives

Goals and Objectives

Fiscal Agent Name: Golden County

Date Completed: September 12, 2011

Goal One															
Goal	To ensure access to HIV/AIDS care, treatment, and prevention services.														
Objective	By June 1, 2011, hire a new Spanish-speaking case manager to increase by 10 percent the number of Spanish-speaking clients. Outreach workers to follow up and re-establish those MAI clients lost to care.														
Barrier to Service	The lack of a Spanish-speaking case manager impedes our ability to serve clients whose main language is Spanish. Services were reduced due to budget cuts which reduced the ability for Outreach Workers to follow up on "no shows" for medical appointments resulting in MAI clients lost to care.														
Target Population(s) (Check all that apply)	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input checked="" type="checkbox"/> Latino/Hispanic <input checked="" type="checkbox"/> Migrant/Seasonal Farm Workers </td> <td style="vertical-align: top; width: 33%;"> <input checked="" type="checkbox"/> Rural Populations <input checked="" type="checkbox"/> Gay/Lesbian/Bisexual Adults <input type="checkbox"/> Gay/Lesbian/Bisexual Adolescents <input type="checkbox"/> Runaway/Street Adolescents <input type="checkbox"/> All Other Adolescents <input type="checkbox"/> Children <input checked="" type="checkbox"/> Women </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Transgendered <input type="checkbox"/> Homeless <input type="checkbox"/> Injection drug users <input type="checkbox"/> Non-injection drug users <input type="checkbox"/> Incarcerated persons <input type="checkbox"/> Parolees <input type="checkbox"/> Other (Please specify) </td> </tr> </table>	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input checked="" type="checkbox"/> Latino/Hispanic <input checked="" type="checkbox"/> Migrant/Seasonal Farm Workers	<input checked="" type="checkbox"/> Rural Populations <input checked="" type="checkbox"/> Gay/Lesbian/Bisexual Adults <input type="checkbox"/> Gay/Lesbian/Bisexual Adolescents <input type="checkbox"/> Runaway/Street Adolescents <input type="checkbox"/> All Other Adolescents <input type="checkbox"/> Children <input checked="" type="checkbox"/> Women	<input type="checkbox"/> Transgendered <input type="checkbox"/> Homeless <input type="checkbox"/> Injection drug users <input type="checkbox"/> Non-injection drug users <input type="checkbox"/> Incarcerated persons <input type="checkbox"/> Parolees <input type="checkbox"/> Other (Please specify)											
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Action Timeline	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">June 1, 2010</td> <td>Advertise available position.</td> </tr> <tr> <td>July 1, 2010</td> <td>Review applications. Interview candidates.</td> </tr> <tr> <td>August 1, 2010</td> <td>Offer position.</td> </tr> <tr> <td>October 2, 2010</td> <td>Case manager begins working.</td> </tr> <tr> <td>March 31, 2011</td> <td>Review number of Spanish-speaking clients served.</td> </tr> <tr> <td>April 1, 2011</td> <td>Evaluate effectiveness of objective.</td> </tr> <tr> <td>April 2, 2011</td> <td>Review progress. Adjust objective if needed.</td> </tr> </table>	June 1, 2010	Advertise available position.	July 1, 2010	Review applications. Interview candidates.	August 1, 2010	Offer position.	October 2, 2010	Case manager begins working.	March 31, 2011	Review number of Spanish-speaking clients served.	April 1, 2011	Evaluate effectiveness of objective.	April 2, 2011	Review progress. Adjust objective if needed.
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April 1, 2011	Evaluate effectiveness of objective.														
April 2, 2011	Review progress. Adjust objective if needed.														

Goal Two	
Goal	To provide quality care and treatment services to persons with HIV/AIDS.
Objective	By March 31, 2011, all HCP case managers will provide risk-reduction assessments and interventions (including partner notification and referral) to all HCP clients.
Barrier to Service	Risk-reduction assessments and interventions are not currently part of the standard of care among the case managers in our county.

Goal Two			
Target Population(s) (Check all that apply)	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Migrant/Seasonal Farm Workers	<input type="checkbox"/> Rural Populations <input type="checkbox"/> Gay/Lesbian/Bisexual Adults <input type="checkbox"/> Gay/Lesbian/Bisexual Adolescents <input type="checkbox"/> Runaway/Street Adolescents <input type="checkbox"/> All Other Adolescents <input type="checkbox"/> Children <input type="checkbox"/> Women	<input type="checkbox"/> Transgendered <input type="checkbox"/> Homeless <input type="checkbox"/> Injection drug users <input type="checkbox"/> Non-injection drug users <input type="checkbox"/> Incarcerated persons <input type="checkbox"/> Parolees <input type="checkbox"/> Other (Please specify)
Action Timeline			

Goal Three			
Goal	To enhance the system of HIV/AIDS care and treatment services to adequately respond to the epidemic.		
Objective			
Barrier to Service			
Target Population(s) (Check all that apply)	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Migrant/Seasonal Farm Workers	<input type="checkbox"/> Rural Populations <input type="checkbox"/> Gay/Lesbian/Bisexual Adults <input type="checkbox"/> Gay/Lesbian/Bisexual Adolescents <input type="checkbox"/> Runaway/Street Adolescents <input type="checkbox"/> All Other Adolescents <input type="checkbox"/> Children <input type="checkbox"/> Women	<input type="checkbox"/> Transgendered <input type="checkbox"/> Homeless <input type="checkbox"/> Injection drug users <input type="checkbox"/> Non-injection drug users <input type="checkbox"/> Incarcerated persons <input type="checkbox"/> Parolees <input type="checkbox"/> Other (Please specify)
Action Timeline			

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Goal Four			
Goal	To achieve excellence in planning, management, and evaluation of the HIV health programs.		
Objective			
Barrier to Service			
Target Population(s) (Check all that apply)	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Migrant/Seasonal Farm Workers	<input type="checkbox"/> Rural Populations <input type="checkbox"/> Gay/Lesbian/Bisexual Adults <input type="checkbox"/> Gay/Lesbian/Bisexual Adolescents <input type="checkbox"/> Runaway/Street Adolescents <input type="checkbox"/> All Other Adolescents <input type="checkbox"/> Children <input type="checkbox"/> Women	<input type="checkbox"/> Transgendered <input type="checkbox"/> Homeless <input type="checkbox"/> Injection drug users <input type="checkbox"/> Non-injection drug users <input type="checkbox"/> Incarcerated persons <input type="checkbox"/> Parolees <input type="checkbox"/> Other (Please specify)
Action Timeline			

Effective Measure

In this section of the Service Delivery Plan, describe the method you will use to measure the effectiveness of your **single** highest funded service. You may choose to use the form located at: [HIV Care Program](#).

Measuring how well this service you provide meets the needs of your population(s) will indicate the effectiveness of the service. RWP legislation requires this evaluation. Different programs may measure the same service in different ways, depending upon the program's desired outcome.

For example, your needs assessment information indicated that depressed clients need a support group to help them cope with different aspects of their illness. You think a support group will help 90 percent of the depressed clients feel more able to cope. How will you know if the support group helped the depressed clients? **One way** of measuring is to survey the clients at the beginning of the group and ask them to rate their ability to cope with their illness, and then survey again at the end of the contract to see if the group's ability to cope with their illness improved. Depending upon the results you might say:

- “Yes, we were effective. Eighty-six percent of the clients felt their ability to cope improved;” or
- “We need to review this service. Only 50 percent of those participating felt their skills were improved.”

This could lead to a discussion of how effective support groups typically are and you could find out that 50 percent is a great result and that your original estimate was too high. Likewise, the client surveys could tell you that some aspect of how the support group was set up needs to be changed to increase effectiveness – change meeting dates or times, provide a facilitator, etc. Measuring effectiveness this way is **not** the same as conducting a single annual client satisfaction survey, because you must have a number at the beginning of the year to compare with the number at the end of the year.

- Results will be reported in the Year-End Narrative Report.
- Results may be used to develop a quality assurance project.

Reporting Requirements

Contractors are required to submit Mid-Year and Year-End Narrative Reports to their HCP advisors by February 15 and August 15, respectively. The Financial Status Report and the Women, Infants, Children and Youths Report are due quarterly.

HCP has developed a standardized Narrative Report form. The form can be obtained at: [HIV Care Program](#). Contractors should use this form when preparing their reports. The form asks contractors to:

- Describe any general accomplishments;
- Describe the progress made in achieving their four goals and objectives (see page 12);
- Describe the results of their effectiveness measure (see page 17); and
- Identify any technical assistance needs.

Glossary

Epidemiologic Profile – A description of the current status, distribution, and impact of an infectious disease or other health-related condition in a specified geographic area.

Epidemiology – The branch of medical science that studies the incidence, distribution, and control of disease in a population. Sometimes called “epi” for short.

Focus Group – A method of information collection involving a carefully planned discussion among a small group led by a trained moderator.

In Care – A person is considered to be “in care” if receiving primary medical care (medical evaluation and clinical care) that meets Public Health Service (PHS) guidelines. Persons who are accessing other health-related services and/or support services but are not receiving primary medical care are not considered to be “in care.”

Incidence – The number of new cases of a disease that occur during a specified time period.

Incidence Rate – The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 persons. AIDS incidence rates are often expressed this way.

Key Informant Interview – A non-survey information collection method involving in-depth interviews with a small number of individuals carefully selected because of their experiences and/or knowledge related to the topic of interest. An interview guide or checklist is used to guide the discussion. Also called a key person interview.

Minority AIDS Initiative (MAI) –MAI services must be targeted to persons of color and must be planned and delivered in coordination with local HIV prevention outreach services to avoid duplication of effort.

Needs Assessment – A process of collecting information about the needs of PLWH (both those receiving care and those not in care), identifying current resources (RWP and other) available to meet those needs, and determining what gaps in care exist.

Part A– The part of RWP that provides emergency assistance to eligible metropolitan areas (EMAs) disproportionately affected by the HIV/AIDS epidemic.

Part B – The part of RWP that provides funds to states and territories for primary health care (including HIV treatments through ADAP) and support services that enhance access to care to PLWH and their families.

Part C – The part of RWP that supports outpatient primary medical care and early intervention services to PLWH through grants to public and private non-profit

organizations. Also funds capacity development and planning grants to prepare programs to provide early intervention services.

Part D – The part of RWP that supports coordinated services and access to research for children, youth, and women with HIV disease and their families.

Planning Process – Steps taken and methods used to collect information, analyze and interpret it, set priorities, and prepare a plan for rational decision making.

Prevalence – The total number of persons in a defined population living with a specific disease or condition at a given time (compared to incidence, which is the number of new cases).

Prevalence Rate – The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).

Primary Source Data – Original data that you collect and analyze yourself.

Priority Setting – The process used to establish priorities among service categories, to ensure consistency with locally identified needs, and to address how best to meet each priority.

Quality Assurance – The process of identifying problems in service delivery, designing activities to overcome these problems, and following up to ensure that no new problems have developed and that corrective actions have been effective. The emphasis is on meeting minimum standards of care.

Quality Improvement (QI) – An ongoing process of monitoring and evaluating activities and outcomes in order to continuously improve service delivery. QI seeks to prevent problems and to maximize the quality of care. Also called Continuous Quality Improvement.

Resource Allocation – The Part A and B responsibility to assign RWP amounts or percentages to established priorities across specific service categories, geographic areas, populations, or subpopulations.

Secondary Source Data – Existing information that was collected by someone else, but which you can analyze or reanalyze and use. Such data may be in “raw” (unanalyzed) or analyzed form.

Self-Administered Survey – Refers to a questionnaire that is mailed or given to an individual, to be completed independently by the individual and then returned, rather than having an interviewer ask the questions and record the answers.

Service Gaps – All service needs not currently being met for all PLWH except for the need for primary health care for individuals who know their status but are not in care.

Service gaps include additional need for primary health care for those already receiving primary medical care (“in care”). To avoid confusion, the term unmet need will be used only to denote the need for primary health care by PLWH not in care, and service gaps will be used in all other service needs.

Survey – Data collection method in which a number of individuals (often a probability sample) are asked the same set of questions, which are usually largely multiple choice or short-answer, and their responses are tabulated, analyzed, and compared to provide quantitative data about the population surveyed.

Target Population – A population to be reached through some action or intervention; may refer to groups with specific demographic or geographic characteristics.

Trend – Movement in a particular direction in the value of variables over time.

Unmet Need – Means the unmet need for health services among individuals who know their HIV status but are not receiving primary health care (not “in care”). To avoid confusion, the term unmet need will be used only to denote the need for primary health care by PLWH not in care, and service gaps will be used in all other service needs.

Unmet Need for Health Services – The need for HIV-related health services by individuals with HIV disease who are aware of their HIV status, but are not receiving regular primary health care. Primary health care includes: 1) medical evaluation and clinical care that is consistent with PHS guidelines, including CD4 cell monitoring, viral load testing, antiretroviral therapy, prophylaxis, and treatment of opportunistic infections, malignancies, and other related conditions; 2) oral health care; 3) outpatient mental health care; 4) outpatient substance abuse treatment; 5) nutritional services; and 6) specialty medical care referrals.