

Using Data with the Planning Council -

Lindsay Jenkins, Michael Eaves, Margy Robinson, Jill Weber -

Multnomah County Health Department, HIV Care Services, Portland OR -



<u>Background</u>

- Using data is integral to Planning Council decision making. In the Portland TGA:
- 1. All new members complete a training on how to use data for decision making, as part of their orientation.
- 2. Every year, all new members receive a refresher training before the Priority Setting and Resource Allocation process.

<u>Training includes:</u>

- 1. Why do you need data?
- 2. What kinds of data will you get, as a Council member?
- 3. How should you use data to make Council decisions?

We need more options.

We have to feed a lot of

preferences and needs.

But we were low on satisfaction

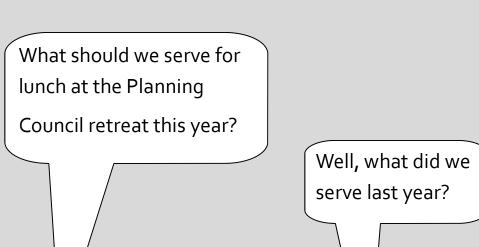
went home hungry because we

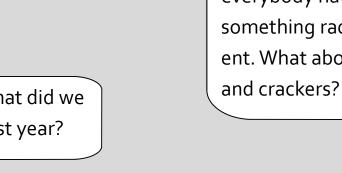
and we under-spent. People

didn't provide enough food.

people with different

4. What are some limitations of data?





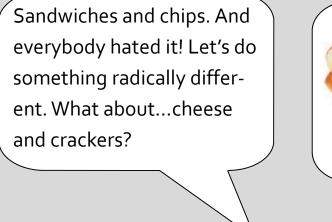
Plus, cheese and crackers

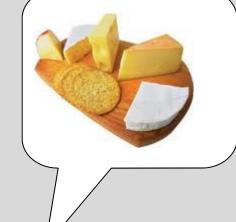
are just a snack. HRSA says

we have to spend 75% of

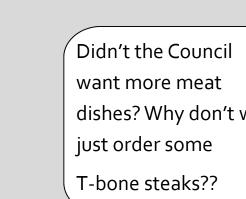
course and 25% on sides.

the budget on a main



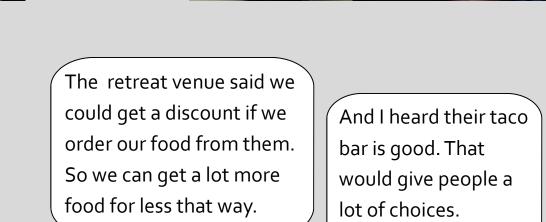


















Michael, T-bones are expensive!

We could probably only buy 5

with our food budget. We have

to feed 30 people!



In 2012, the Grantee team performed the skit below for the Council. The purpose of the skit was to prepare the Council before

using the service category scorecards (see example on the right) and to demonstrate several teaching points:

Training Analogy: Using Data to Order Lunch

1. Consider different experiences besides your own when making decisions.

3. We serve a large group of people and have to stretch our dollars to serve them.

5. Previous outcomes, needs assessment, and client satisfaction can inform future decisions.

2. We serve a very diverse group of people, with m any different needs.

4. We can leverage other resources to serve more people.

And that's it?



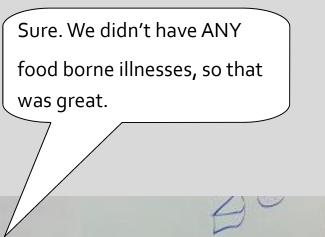






The Council profile shows that we have











Lindsay Jenkins, Research Analyst lindsay.jenkins@multco.us (503) 988-3030 x25704

Acknowledgements

Portland TGA Grantee staff would like to acknowledge the excellent work of the Greater Baltimore EMA HIV Health Services Planning Council and the Baltimore City Health Department, which inspired our scorecards. See this page for more information: http://balpc.intergroupinfo.com/

Application: Summarizing Data for the Planning Council in Service Category "Scorecards"

Grantee staff prepare mid-year and end-year scorecards for the Planning Council. Scorecards include:

- Financial data
- 2. Initial allocation, reallocation, carryover, and percent of overall award
- 3. Performance measurement data
- -Amount spent, clients served, units of service 4. Demographic comparison of clients served to the TGA epi profile
- 5. Outcomes: actual vs. target
- 6. Other notes
- -Qualitative information from contractor reports, needs assessment and satisfaction data, other program updates

Priority 9: Psychosocial Support Services

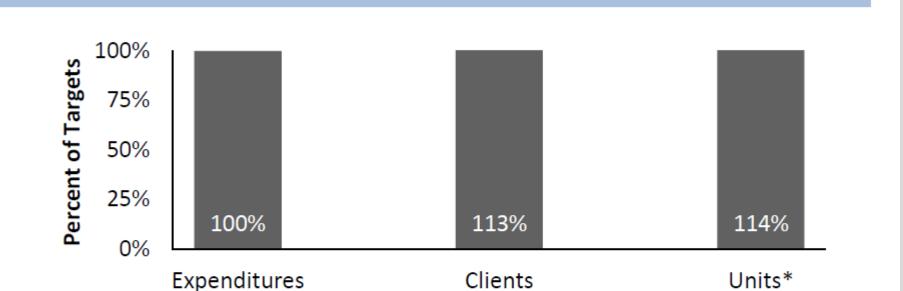
Initial Allocation	Reallocation	Carryover	Final Allocation	% of Award
\$252 251	\$0	\$0	\$252 251	8%

Service Definition: Psychosocial support programs provide emotional, social and practical support to clients through day drop-in centers, congregate meals and peer support. Psychosocial services are targeted for women, youth and children and historically underserved populations – clients who are homeless, clients with multiple diagnoses, and racial and ethnic minorities.

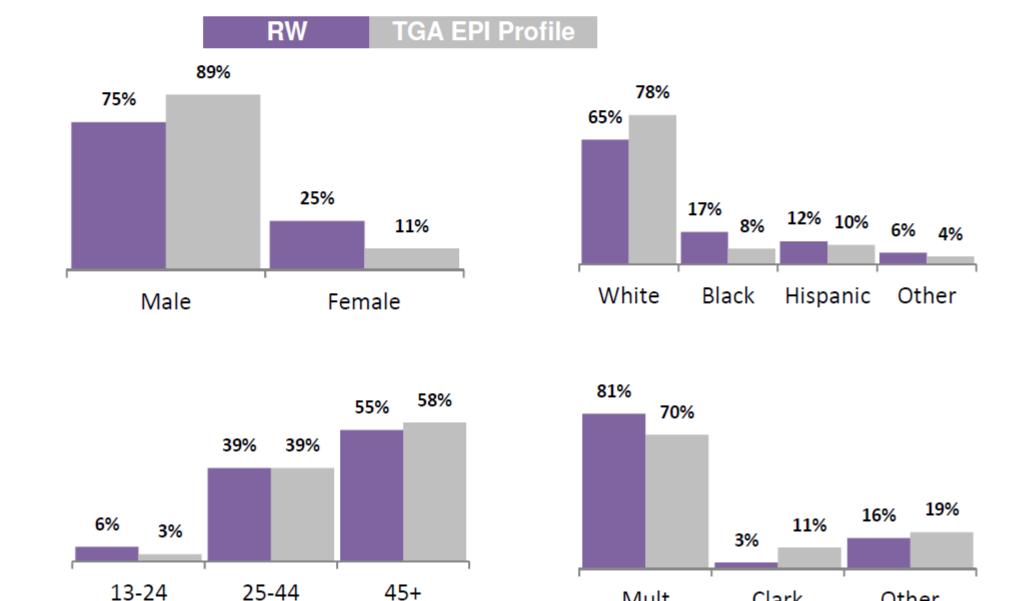
Performance

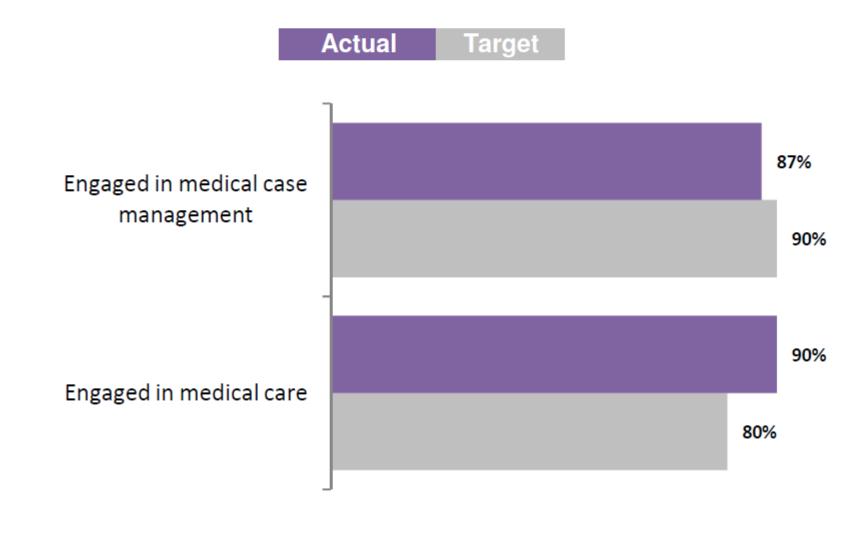
	Targets	Actual	Percent
xpenditures	\$252,251	\$252,251	100%
Clients	315	355	113%
Units*	7,255	8,304	114%

*Visits at two multi-service centers



Outcomes **Clients Served**





Additional Information for Consideration Psychosocial Services

Fiscal:

• As the Council has increased funding to strengthen and expand Psychosocial Support services, the Part A cost per client has increased, from \$599 in FY10-11 to \$711 in FY 11-12

Program:

- Drop-in center hours increased during FY11-12 for special programs on Wednesdays
- Providers increased capacity by hiring AmeriCorps members
- Providers reported transportation as significant barrier
- Providing services to residents in rural counties remain a significant challenge. A monthly support group was started in Washington county in FY11-12 but continues to struggle with low attendance (~5 per event).
- ~7% of all psychosocial support clients were Washington county residents in FY11-12 about 10% of PLWH in the TGA live in Washington county.