

Draft Planning Criteria Work Group Evaluation of Service Categories

1) Is there a compelling need for the service?

- Who needs the service?
- Who is using the service?
- Is the service being effectively utilized? Are contract deliverable targets being met?
- Is there a gap between total contract deliverables for the service and need for the service? If so, what information exists on populations that are not receiving the service? What evidence exists on the health impact of non-receipt of the service?
- Is Ryan White the only provider of this service? If not, what other resources exist to meet this need? How is Ryan White coordinating with existing service systems to minimize duplication?
- Is the service meeting Title I program goals?

2) Is the service meeting the objectives set forth in the Strategic Plan?

- What are the strategic plan's objectives for this service?
- Is the service meeting the strategic plan's objectives?
- What evidence exists that the service is meeting the strategic plan's objectives?
- Is there a need to revisit the Strategic Plan's objectives for this service?

3) Is the service reaching special populations affected by the epidemic?

- Following from the "compelling need" analysis in Item 1, is the service effectively reaching special populations who need it?
 - Youth?
 - Youth MSM?
 - Youth MSM of Color?
 - Women of childbearing age?
 - Injecting drug users?
 - Other substance users?
 - AOD of Color?
 - MSM of color?
 - White/Anglo MSM?
 - SMI/MICA?
 - SMI/MICA of Color?
 - Homeless?
 - Immigrants?
 - Correctional population?
- What evidence exists that the service is effectively reaching special populations who need it?
- Is the service adequately reaching women, infants, children, and youth?
- What evidence exists that the service is adequately reaching women, infants, children, and youth?

4) Does provision of the service clearly and demonstrably contribute to improved health outcomes?

- Does the service involve the provision of primary medical care?
- If the service does not involve the provision of primary medical care, how does the service contribute to improved health outcomes?
- What evidence exists to demonstrate that the service contributes to improved health outcomes?
- With respect to improving health outcomes, how does this service contribute to other service categories in the work group's portfolio?

5) Is there unmet need?

- What are the characteristics of people identified as having "unmet need"? (by gender, age, risk, and UHF neighborhood)
- Does the service link clients to primary medical care? (e.g., referral and linkage agreements)
- Does the service increase access to and help remain in primary medical care? (e.g., referral and linkage agreements, communicating with clients about the importance of receiving medical care, service is easily accessible by clients and outreach efforts)
- What data supports that the service links clients to primary health care services?