

## **Administrative Agency Planner Performance Standards Expectations, Core Competencies, Duties and Required Activities**

The Department of State Health Services (DSHS) has the following expectations for staff with HIV services planning responsibilities at Administrative Agencies. The expectations are baseline knowledge, skills and abilities the Planner must bring to the job or meet within six (6) months of employment in their planning position. Further, AAs are expected to include these competencies in staff job descriptions and performance evaluation tools.

### **Expectations:**

- Skill in communicating clearly, concisely and effectively, both verbally and in writing, with culturally and professionally diverse audiences
- Ability to develop and deliver training materials/presentations
- Ability to guide groups of diverse individuals through a planning process
- Ability to exercise independent judgment in evaluating situations and making recommendations
- Use of PC-based software to write reports and prepare presentations
- Experience in working with volunteer and/or community groups and interdisciplinary teams
- Ability to develop plans, timelines, budgets and funding proposals
- Experience in project management and/or managing multiple priorities
- Knowledge of needs assessment processes
- Experience in providing technical assistance to volunteer groups and/or contractors
- Ability to weigh quantitative and qualitative information in decision making

**(1) Core Competency:** Design and carry out a community input process through recruitment, training and support.

### **Duties:**

- Demonstrate the ability to solicit input from a variety of geographically diverse community stakeholders:
  1. Consumers (PLWHA) that reflect the diversity of the epidemic in the planning area (i.e. race/ethnicity, sex, sexual orientation, behavioral risk populations)
  2. Individuals with knowledge and expertise in prevention, current treatment practices, emerging trends (STI/HIV) and epidemiology
  3. Part B Planning Council (when located in the planning area) and other Ryan White CARE Act grantees
  4. Prevention community planning groups
  5. HIV service providers who represent a broad spectrum of services designed to meet the needs of the community including clinical, social and prevention services.
  6. Stakeholders with expertise related to HIV services issues (e.g., Medicaid, mental health, substance abuse, incarceration)

- Consult with DSHS planning personnel on technical questions regarding planning and apply this technical assistance to local input process.
- Maintain operating procedures for ensuring community input and disseminate updates to stakeholders.
- Plan and facilitate the community input process, using redirection, conflict management and problem solving skills appropriately.
- Conduct public hearings concerning the use and distribution of Title II funds and provide feedback to stakeholders and to funding source(s).

**Required Activities:** On an annual basis, AA planners will provide DSHS with a description of the planned community input activities for the coming year. The plan, due on November 1 of each year, will show the planned activities for the coming year as well as an overall description of the community input process. The plan should also contain planning goals for the upcoming year, and describe how the AA will evaluate their process. The AA should use this plan as the basis for commenting on community input activities in their quarterly report.

**(2) Core Competency:** Ability to understand, interpret, and disseminate basic information on HIV/AIDS morbidity and service utilization

**Duties:**

- Demonstrate a basic knowledge of the characteristics of prevalent HIV/AIDS cases within the plan area.
- Organize information on the current HIV service delivery system in the plan area
- Organize and apply information on service utilization provided through the Uniform Reporting System

**Required Activities:** The planner will participate in quarterly reviews of service utilization, and will assure that information on morbidity and services resources are included in discussions.

**(3) Core Competency:** Capacity to produce a comprehensive plan for HIV/STD service delivery.

**Duties:**

- Carry out periodic assessment of need for HIV medical and psychosocial support services and barriers to accessing these services.
- Research best practices for service delivery and strategies for overcoming barriers to entry and maintenance in care
- Research and maintain an inventory of service resources within the planning jurisdiction
- Develop service priorities and allocations (by service category) for each HSDA within the planning area based on needs assessment data, utilization data and historical expenditures by service category, the resource inventory, and community input. The plan must include justifications for allocations.

- Along with other AA staff, assure that plans are compatible with all applicable local, state, and federal rules, guidelines, and laws
- Assure that the plan contains goals and objectives that pertain to both service delivery, outcomes, and issues associated with services barriers.
- Assure that the plan includes all required elements as defined by DSHS

**Required Activity:** The planner will assure that DSHS receives a copy of the plan, including priorities and allocations, on an annual basis, and that all required programmatic reporting of priorities and allocations are consonant with the plan. The plan should include all required sections specified in guidance from DSHS. Progress in meeting the plan’s goals should be remarked upon in quarterly reports, and should be a collaborative effort across AA staff. The plan must also be made available to the public and community stakeholders.

**(4) Core Competency:** Capacity to facilitate relevant community linkages

**Duties:**

- Work with other AA staff to involve various groups and individuals from public and private health related programs in program planning and implementation.
  1. Public health systems
  2. Medical clinics
  3. HIV services and service delivery systems
  4. Client advocacy groups
  5. Persons living with HIV/AIDS (PLWA) organizations and other consumer groups
  6. Managed care systems
  7. Public assistance programs
- Establish and maintain effective working relationships with inter-disciplinary teams comprised of diverse consumer and community groups.