

Nassau/Suffolk HIV Health Services Planning Council

Report of the 2016 Administrative Mechanism

Introduction to Administrative Mechanism

It is the role of the grantee to establish a mechanism to administer funds for the timely delivery of essential services to PLWHA throughout the EMA. Grantees use this mechanism to allocate funds according to the Planning Council's priorities and awards funds through its own local procurement system. The assessment of the administrative mechanism is done annually and is a roadmap for what was done well and to identify areas for improvement.

Background

The Quality Assurance Committee of the Planning Council is responsible for conducting an annual assessment of the Nassau-Suffolk EMA's administrative mechanism. This involves evaluating the efficiency of the process used by the Grantee (Nassau County) and the Technical Support Agency (United Way of Long Island) to rapidly allocate funds to priority areas in terms of timeliness and effectiveness and in carrying out or overseeing the contracting process, including the requests for proposals (RFP) process, awarding grants/contracts to providers, and the disbursement of funds. This survey reviews the previous year's planning process and the resulting priorities that are funded in the current fiscal year. If the administrative mechanism is not working well, the Planning Council is responsible for making formal recommendations to the CEO of the EMA.

Overview of the PSRA Process

The Planning Council conducts a Priority Setting and Resource Allocation (PSRA) process on an annual basis to determine priority areas for funding in the N-S EMA and recommend funding allocations for services in the region. The Strategic Assessment and Planning (SAP) Committee reviews various data sources and utilizes this information to select and rank regional priorities. A separate Finance Subcommittee, whose members are primarily non-aligned consumers, reviews the findings of the SAP Committee and additional data including utilization data and other funding sources to make funding recommendations. Providers of Ryan White Part A funding may participate in priority setting but are not allowed to take part in the resource allocation process. Pursuant to the Council's Bylaws, the Finance Subcommittee reports its recommendations back to the SAP Committee for a final recommendation to the Planning Council.

The Grantee utilizes results of the PSRA process to issue Requests for Funding Proposals (RFPs). Continuing priority areas are competitively rebid on a rotating cycle every 3 years. United Way of Long Island is responsible for negotiating the terms and agreements of provider contracts, ensuring that contract amounts by service category or sub-category are consistent with Planning Council allocations and directives and oversees the monitoring of programs and outcomes.

Summary

In July and August of 2016 Administrative Mechanism surveys were administered to Planning Council members and Part A providers. There were twenty-two respondents, including Planning Council members (8) and representatives of Part A provider agencies (14), to the FY 2016 survey on the N-S EMA's FY2016 Administrative Mechanism. The survey was administered for Council members during the July Planning Council meeting. Members who were absent from this meeting were provided with an opportunity to complete the survey online through Survey Monkey. In contrast, Part A providers completed the survey solely online using "Survey Monkey" during the month of August.

While the Planning Council membership consists of both consumers and providers, contracting questions regarding the administration of funds and technical assistance were answered by Part A providers only. The Planning Council and PSRA sections were answered by all. Survey results are reported below:

The majority of the Planning Council members have been members of the Council for at least two years (70%). The majority of Planning Council members attend meetings 4-6 times a year (75%) and 25% attend 2-3 times a year, see breakout of committee attendance on table 1.1:

1.1 Planning Council Committee Attendance

Committee	% Attended by Planning Council Members	% Attended by Providers
Strategic Assessment & Planning Committee (SAP)	62.5%	71.43%
Quality Assurance Committee (QAM)	71.43%	87.5%
Consumer Involvement Subcommittee (CIC)	50%	20%
Executive Committee	57.14%	25%
Finance Subcommittee	33.33%	0%

Although the same questions were asked, the responses for the Planning Council and Part A providers differed slightly. The majority of providers attended planning council meetings 4-6x a year (66.67% vs. 75%). Several Part A providers (44%) and half of the Planning Council members said they had attended at least one community forum in 2016. A higher percentage of providers (77.8%) visited the planning council website compared to Council members (62.5%). Both groups are receiving the grant emailing, reported at 88%. Feedback on the mailing was generally positive, citing it as helpful and useful to communicate and keep up with events. However, there is much information disseminated and it was suggested to use a zip drive to negate the large number of emails and to limit the grant emailing to bi-weekly.

Priority Setting and Reallocation Process

The majority of respondents (both PC members and providers) stated that they had a clear understanding of how the PSRA process works. This understanding was achieved through attendance at meetings, committee membership, being a Part A agency with multiple staff on the different Planning Council committees, and involvement in the process for a number of years.

Members felt that the PSRA process and information/data sharing had been explained thoroughly at the SAP/QAM Committee meetings and throughout the year. Almost all of the respondents agreed that the process was data driven. Seventy five percent (75%) of Council members agreed it was data driven compared to 66.67 % of providers. The majority of the respondents reported that the PSRA process was publicized through committee meetings, email distributions, and the grant e-mailing, with adequate consumer, provider, and public input. Consumer and Public input in the PSRA process was recorded at the same percentages: 75% *agree*, the remaining 25% was equally divided by *disagree* and *I don't know* responses. Provider input was reported at 87.5% *agree* and 12.50% *I don't know*.

One suggestion was to send this information in a specific e-mail geared specifically towards the PSRA process. While acknowledging the usefulness of data, one provider suggested supplementing data with narrative feedback to tell *more of the story*. One way suggested to increase public feedback was at the end of the meeting, to encourage attendees to provide public feedback as to what was discussed.

With regards to the special populations that the Planning Council had identified and listed in the survey: African-American, Hispanic, Women of Color, MSM, IDU, Age 45+, and those Out of Care, respondents were asked if the ***needs of these groups had been considered in the planning process*** and the majority responded “yes, needs were considered”, with the exception of the 45+ population (highlighted). The rest of the respondents indicated they were “not sure” if the special populations were considered (see table below):

Special Population	Planning Council	Providers
African Americans	87.5% (yes)/ 12.5% (not sure)	77.78% (yes)/ 22.22% (not sure)
Hispanic	75% (yes)/ 25% (not sure)	77.78% (yes)/ 22.22% (not sure)
MSM	87.5% (yes)/ 12.5% (not sure)	75% (yes)/ 25% (not sure)
Women of Color	75% (yes)/ 25% (not sure)	77.22% (yes)/ 22.78% (not sure)
45+	50% (yes)/ 50% (not sure)	66.6% (yes)/ 33.4% (not sure)
Out of Care	87.5% (yes)/ 12.5% (not sure)	77.22% (yes)/22.78% (not sure)

For the next PSRA process, Young MSM, Transgender persons and Transgender women, especially Trans-women of Color should be included in the special populations, as per Planning Council member feedback.

Administration of Funds and Technical Assistance

The Technical Support Agency (TSA) is responsible for providing administrative, programmatic, and fiscal oversight of Ryan White Part A in the Nassau-Suffolk EMA. Once Health Resources and Services Administration (HRSA) notifies the Grantee (Nassau County) of its annual award, Nassau County issues out a Technical Support Agreement which enables the TSA (United Way of Long Island) to begin contracting with providers, Program oversight and monitoring includes review and approval of work plans, budgets, data/narrative reports, technical assistance, and on site monitoring.

Providers answered contracting questions regarding administration of funds and technical assistance, their responses are reported as follows:

Regarding how long after the United Way contracted with Nassau County did your agency receive a contract, providers responded:

1. 0-1 month-12%;
2. 2-3mos-25%;
3. More than 3mos-62%.

Respondents reported that information about delays in provider contracting was communicated with agency 85% of the time which is a marked increase of 18% from 2015. One provider reported being 6 months into a contract and still going back and forth on the workplan.

Once contracted, 54% of the providers surveyed were unsure whether vouchers were paid in a timely manner; 31% responded that they were paid in a timely manner, almost double the number that replied *no* and 75% reported that vouchers were paid in a timely throughout the year. One agency explained its answer by stating that there is a separate department that issues vouchering. Another stated that through no fault of United Way, funds were not received from Nassau County in order to process payments to the contractors. Others cited discussions with contract managers about vouchers and consequently have not had any issues with the timeframes and vouchers have been paid.

The accessibility of contract administrators and fiscal staff was highly rated: Contract administrators were rated at 66.67 % for very and 33.33% for somewhat accessible, (both increases) not one provider reported that contract administrators were not accessible. Contract managers are being consistently available and timely in their responses to questions, no issues cited, and one provider said it may take a while to get a phone call back and it sometimes occurs at the end of the day. The majority (at 92%) communicate by email, 77% by phone and 54% communicate face-to-face. An email or phone message to address that the staff is looking into the issue, even if an answer is not yet available is appreciated.

Similarly, fiscal staff was rated highly at 70 % at very accessible and 30% somewhat accessible. Thirty six (36%) of respondents said that they did not communicate with fiscal staff. As with contract managers, the majority of communication is through email (37.5%) and phone (12.5%). Fifty (50%) of respondents said they do not communicate with fiscal staff.

Comprehensive site and Quality Management visits were reported at 100%, data support at 40%, and 73% reported receiving technical assistance in the 2015-2016 year, citing Ms. Alston's phone conference to help with HRSA/CAREWare reporting as an example. More CAREWare TA was requested. Of those who responded, 100% reported that the technical assistance received in FY 15-16 was adequate. One comment was that it would be useful to receive QM and Comprehensive site visit reports in the same grant year to help things get resolved in a timely manner.

To conclude, more than 91% of those survey reported that in terms of structure and process the Nassau-Suffolk HIV Health Services Planning Council is an effective body. The results of the 2016 administrative mechanism illustrates how the Planning Council, PSRA process, and the administration of funds and technical assistance all work together to ensure that needs are being met, noting both areas of improvement, as well as identifying where more concentration of effort is needed. It also highlights areas where the grantee and technical support agency can improve to facilitate improved contracting and processing of vouchers.

Part A Survey

How Are We Doing?

Please take a few minutes to fill out this survey on the mechanism used to administer funds for the timely delivery of services. The N-S EMA welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

Part 1: The Planning Council

1. How long have you been a member of the Planning Council?

- 0-6 months
- 6 months-1 year
- 1-2 years
- 2 years+

2. How often do you attend Planning Council meetings?

- Once a year
- 2-3 times yearly
- 2-6 times yearly
- I don't attend Planning Council meetings (please explain why)

I don't attend Council meetings because...

3. Do you participate in any Planning Council committees? (By attending at least 3x a year)

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Strategic Assessment & Planning Committee (SAP)	<input type="checkbox"/>	<input type="checkbox"/>
Quality Assurance & Membership Committee (QAM)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Involvement Subcommittee (CIC)	<input type="checkbox"/>	<input type="checkbox"/>

Executive Committee

Finance Subcommittee

Please Comment:

4. If you are a new Planning Council member, did you attend a new member orientation meeting in FY15-16?

Yes **No**

5. In 2015 did you attend any community forums? If yes, please check those attended.

Yes No

April 30, 2015 North Shore University Hospital, Manhasset NY 11030

May 19, 2015, Economic Opportunity Council Patchogue, NY 11772

May 27, 2015 Cornell Cooperative Extension, Riverhead, NY 11901

May 29, 2015 Hudson River Health Care, Amityville, NY 11701

June 17, 2015 Nassau-Suffolk Law Services, Hempstead NY 11550

June 23, 2015 LIGALY, Bay Shore, NY 11706

6. Have you visited the Planning Council website? (www.longislandpc.org)

Yes **No**

If so, how often?

7. Do you currently receive the HIV/AIDS Grants management e-mailing?

Yes **No**

If you receive the mailings, please comment in their usefulness and frequency:

8. If you are not currently receiving the grant mailing and are interested in being added, please complete your contact information.

If email is not available, grant mailing will be mailed.

Name _____

Company _____

Address _____

Address 2 _____

City/Town _____

State/Province _____

Zip/Postal Code _____

Country _____

Email address _____

Phone number _____

Part 2: Priority Setting and Reallocation Process

9. Are you familiar with the Nassau-Suffolk HIV Health Services Planning Council’s Priority Setting and Resource Allocation (PSRA) process?

Yes No

If yes, how did you become familiar with the process? If no, what is the best way to get this information to you?

10. The Planning Council’s Priority Setting and Resource Allocation (PSRA) process was widely promoted (e.g., e-mail distribution, committee meetings, web site)

Agree Disagree I don’t know

Please comment:

11. There was adequate CONSUMER INPUT in the Priority Setting and Resource Allocation (PSRA) process (e.g. use of information from the Consumer survey, during Planning Council meetings, feedback from CIC Committee, Community Forums, etc.)

Agree Disagree I don't know

Please tell us how we can improve.

12. There was adequate PUBLIC INPUT in the Priority Setting and Resource Allocation (PSRA) process (e.g. public portion of Planning Council meetings, Community Forums, surveys, etc.)

Agree Disagree I don't know

Please tell us how we can improve.

13. There was adequate PROVIDER INPUT in the Priority Setting and Resource Allocation (PSRA) process (e.g. Provider Survey, participation on SAP and QAM committees, Community Forums, etc.)

Agree Disagree I don't know

Please tell us how we can improve.

14. The Priority Setting and Resource Allocation Process (PSRA) was data driven (e.g. use of local surveys/needs assessments, updates EPI, etc.)

Agree Disagree I don't know

Please explain. Are there other data sources you would recommend?

15. The Planning Council has identified the following populations as special populations: African Americans, Hispanics, Women of Color, MSM, IDU, Age 45+ and Out of Care. Were the needs of these populations considered in the planning process? (For example, through allocation of Minority AIDS Initiative funding, allocation of resources to target those who are out of care and/or newly diagnosed.)

	Yes, needs were considered	No, needs were not considered	I am not sure
African-American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women of Color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IDU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 45+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the next PSRA process, are there any special populations that should be included?

16. Please add any additional comments that you would like to share regarding the Priority Setting and Resource Allocation (PSRA) process.

Part 3: Administration of Funds and Technical Assistance

In Fiscal Year 2015, the HRSA Notice of Award (NOA) was received June 3, 2015. The Planning Council met on July 8, 2015 to reallocate funds based on the EMA's FY16 Award.

17. How long after the TSA was executed did your agency receive a contract with United Way of Long Island?

0-1month **2-3 months** **More than 3 months**

Other, please explain _____ 15. Was information about delays in provider contracting communicated with your agency (e.g. emails from TSA staff or announcements at committee and Planning Council meetings)?

Yes **No**

Please comment:

18. Was information about delays in provider contracting communicated with your agency (e.g. emails from UWLI staff or announcements at committee and Planning Council meetings)?

Yes **No**

19. Once contracted, were vouchers paid in a timely manner?

Yes **No** **Not sure**

20. Throughout the year, were vouchers paid timely?

Yes **No**

If no, please explain below:

21. If delays occurred, were you informed by TSA staff?

Yes **No**

22. If delays occurred, how were services to clients impacted?

23. How accessible are the contract administrators?

- Very accessible** **Somewhat accessible** **Not accessible**

Please comment

24. How do you usually communicate with your Contract Administrator?

- Phone** **Email** **face-to-face**
 I don't communicate with Contract Administrators

25. How accessible is Fiscal Staff?

- Very accessible** **Somewhat accessible** **Not accessible**

26. How do you usually communicate with Fiscal Staff?

- Phone** **Email** **face-to-face**
 I don't communicate with Fiscal Staff.

27. Was your agency monitored in the 2015-16 contract year?

- Yes** **No** **Not sure**

Please comment

28. If you answered yes to the previous question, please indicate the type(s) of monitoring that you received. (Check all that apply).

- Comprehensive Site Visit (Program/fiscal)** **Quality Management**
 Data Support **Other (please specify)** _____

29. Did your agency request any technical assistance in the 2015-16 contract year?

Yes No. Did not ask for technical

30. Did your agency receive any technical assistance in the 2015-16 contract year?

Yes No. Did not ask for technical

Please comment

31. If your agency received technical assistance in FY 15-16 was it adequate?

Yes No.

If yes, please describe how it was helpful to you. If not, please explain how it could have been improved.

32. Please add any additional comments regarding the Part A delivery system.

33. In terms of Structure and process, was the Nassau0Suffolk HIV Health Services Planning Council an effective body?

Thank you for taking the time to fill out this survey. We rely on your feedback to help the region improve its services. Your input is greatly appreciated.