

Nassau/Suffolk HIV Health Services Planning Council

Report of the 2017 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, in order to continue the timeliness and effectiveness of the contracting process.

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 2017 Administrative Mechanism surveys were administered to Planning Council members and Part A providers. There were twenty-five respondents, (5 more than the

previous year) including Planning Council members (14) and representatives of Part A provider agencies (11), to the FY 2017 survey on the N-S EMA's FY2017 Administrative Mechanism. 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 Planning Council members have been members of the Council for more than two years (57%), representing a well-informed membership. 14.29% of Planning Council members have been members for six months or less, which illustrates renewed interest in the Planning Council. The majority of Planning Council members attend meetings 4-6 times a year (85.71%) and 14.29% attend 2-3 times a year, this represents a more than 10% increase in the 4-6 times a year attendance.

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)	46.15%	44.44%
Quality Assurance Committee (QAM)	58.33%	50%
Consumer Involvement Subcommittee (CIC)	25%	14.29%
Executive Committee	63.64%	28.7%
Finance Subcommittee	25%	0%

Although similar questions were asked, the responses for the Planning Council and Part A providers differ slightly.

72.73% of providers reported attending planning council meetings 4-6x a year, while members responded at 85.71%. More than half (57.14%) of new Planning Council members attended the January 11, member orientation meeting.

Respondents were asked if they actively participate in any Planning Council committees (Active participation was defined as attending committee meetings 3x a year) the results are as follows:

Planning Council-

Strategic Assessment & Planning (SAP) at 46.15%; Quality & Assurance (QAM) at 58.33%; Consumer Involvement Committee (CIC) at 25%; Executive Committee at 63.64% and Finance Subcommittee at 25%.

Providers-

Strategic Assessment & Planning (SAP) at 44.44%; Quality & Assurance (QAM) at 50%; Consumer Involvement Committee (CIC) at 14.29%; Executive Committee at 28.57% and Finance Subcommittee at 0%. The Finance Committee is comprised of mainly unaligned consumers, so the 0% is to be expected.

More Part A providers (27.27%) attended community forums as compared to (14.29%) of Planning Council members.

A higher percentage of providers (63.64.8%) visited the planning council website as compared to Council members (35.71%) The average frequency was a few times a year. The Planning Council website has recently been reviewed and updated. Council members and providers were encouraged to visit more often to navigate the improved website. It is expected that the numbers of individuals visiting the site will continue to increase.

High percentages of providers and planning council members reported receiving the grant emailing at 90.91% and 85.71% respectively. While the comments were generally positive, acknowledgment of its usefulness as a resource, especially for PLWHA and use as an informational tool for example, the efficacy of weekly frequency and amount of attachments were sometimes questioned.

Priority Setting and Reallocation Process

All respondents, including providers and planning council members, answered that they are familiar with and had a clear understanding of how the PSRA process works. (100%)

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. Comments regarding the data concerned its timeliness and whether it was outdated.

More than eighty-five percent (85.71%) of Council members as compared to 80% of providers. The vast majority of the respondents reported that the PSRA process was publicized through committee meetings, email distributions, and the grant e-mailing; Council members at 92.86% and providers at 70%, only 10% of respondents disagreed.

Suggestions for improvement included a specified time for Q & A as well a list explaining the various acronyms and terms.

There was more than adequate consumer, provider, and public input. Planning council and provider respondents answered in the same range. Consumer Input at the 80-85% range; Public Input at the 60-65% range. All providers agreed that there was adequate provider input (100%) while planning council members responded to the same question at 85.71%. One respondent commented that, *There is time and opportunity for public input and the public utilizes as circumstances dictate. We are a "vested" interest.* Another expressed concern that the Hispanic population faces barriers in areas of language and work schedules and therefore are unable to better participate in the process.

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". None of the providers answered that the needs of any population was not considered. Planning council members felt that the needs of Women of color, IDU, and 45+ populations were not considered (7.14%).

Interestingly, there was a significant increase by both planning council members and providers responses regarding whether the needs of the 45+ considered in the planning process.

This is noteworthy considering the aging of this population.

Comparing the percentages with the previous year, the numbers remained fairly consistent, with a slight decrease in MSM needs considered. A respondent’s *comment* that “*I do not think we take needs of MSM population seriously*” may have contributed to this decrease.

Across the board, in all populations, there were significant increases in provider responses regarding the needs of these special populations. For the next PSRA process, Transgender populations should be included as a separate population.

Special Population	Planning Council	Providers
African Americans	85.71% (yes)/ 14.29% (not sure)	90% (yes)/ 10% (not sure)
Hispanic	78.57% (yes)/ 21.43% (not sure)	90% (yes)/ 10% (not sure)
MSM	71.43% (yes)/ 28.57% (not sure)	80% (yes)/ 20% (not sure)
Women of Color	71.43% (yes)/ 21.43% (not sure)	80% (yes)/ 20% (not sure)
IDU	71.43(yes)/21.43 (not sure)	70% (yes)/30% (not sure)
45+	64.29% (yes)/ 28.57% (not sure)	70% (yes)/ 30% (not sure)
Out of Care	85.71% (yes)/ 14.29% (not sure)	90% (yes)/10% (not sure)

Planning Council (members)-

The mission of the Planning Council is to provide effective planning and promote development of HIV/AIDS services, personnel and facilities which meet identified health needs of uninsured and underinsured HIV infected individuals.

- 92.86% agreed that the Planning Council meets the mission statement. The 7.14% did not know, citing still they are learning.
- When asked if the Planning Council was reflective of the epidemic, 85.71% agreed. 14.29% responded that they did not know. Comments included that more young people, specifically Latino gay and bisexual men transgender consumers representation is needed.
- When asked if Planning Council provided enough information on the current trends in health care. 78.57% agreed. While 21.43% didn’t know. Comments concerned affordable housing and health care for the TNGC community.
- 58.33% agree that that the Planning Council provided enough training and presentations for its members. 8.33% disagree and didn’t know. There were no suggestions for additional trainings or presentations. Service Standards reviews and updates, behavioral health initiatives, and Integrated HOV Prevention and Care plan topped the list as the most attended trainings.

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:

In FY16-17, the month in which agency was fully executed:

- April 11.1%
- July 33.3%
- August 44.44%
-

All, 100% of providers responded that information about potential delays in provider contracting was communicated with agency. Of those who responded, any delays were communicated and did not impact client services as agency was still able to provide services.

When asked, once contracted, were vouchers paid in a timely manner? 88.89% agreed, 11.1% disagreed. One respondent commented that frequent requests from UW for review, explanation or resubmission of vouchers held up payment. When asked, throughout the year, were vouchers paid timely? 77.78% agreed, 22.22% disagreed, with the same comment cited.

The accessibility of contract administrators and fiscal staff was highly rated: Contract administrators were rated at 77.78% for very and 22.22% for somewhat accessible, a marked increase from the previous year. Contract managers are being consistently available and timely in their responses to questions, no issues cited, and one provider commented that emails were not always returned in a timely manner.

All providers reported communicating with contract administrators by email, with 88.89% by phone and 55.56% face to face.

All providers responded that fiscal staff is very accessible. (100%). Of those who communicate with fiscal staff, 77.78% is by email adding that fiscal staff is very responsive and effective.

All agencies were visited or monitored in the 2016-17 contract year. Of the type of monitoring that was received. The type of monitoring that was received: 88.89% comprehensive site visit (Program/fiscal); 66.67% Quality Management; 22.22% data support; 11% other. Other category was not specified. There was a comment that, *It would be helpful if monitoring visits were avoided in high vacation seasons such as December and Summer months. Communication is needed to assure timely access to requested information.*

When asked if agency requested and/or received technical assistance in the 2016-17 contract year, the results were that 44.44% received; 22.22% did not receive; and 33.33% did not request. Although no specific technical assistance was requested, support was received by contract manager as questions and concerns arose received assistance with RSR report.

When asked for additional comments that you would like to share with Part A delivery System, it was suggested that a directory of all part A providers with contact persons would be helpful, either electronically or paper based.

To conclude, the results of the 2017 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.

100% of those surveyed reported that in terms of structure and process the Nassau-Suffolk HIV Health Services Planning Council is an effective body. It is important to note this unanimity which substantiates its mission statement. A mission statement that provides effective planning for the Nassau-Suffolk EMA and promote development of HIV/AIDS services, personnel, facilities which meet identified health needs in a cost effective manner, reduce inefficiencies and address the needs of the uninsured and underinsures HIV infected individuals.

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

The Planning Council is a Ryan White Part A planning group that provides effective planning for the Long Island region and promotes the development of HIV/AIDS services that meet the identifies needs of the community. To guarantee that a broad range of ideas are heard, the Planning Council membership must reflect specific areas of expertise as well as disproportionately affected and historically underserved populations.

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

	Yes	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	<input type="checkbox"/>	<input type="checkbox"/>
Finance Subcommittee	<input type="checkbox"/>	<input type="checkbox"/>

Please Comment:

4. In 2016 did you attend any community forums? If yes, please check those attended

Yes **No**

- May 10, 2016 Economic Opportunity Council, Patchogue, NY 11772
- May 24, 2016, LIGALY, Bay Shore NY 11706
- May 26, 2016 Northwell Health, Manhasset, NY 11030
- June 15, 2016 Nassau-Suffolk Law Services, Hempstead NY 11550
- June 22, 2016 Cornell Cooperative Extension, Riverhead NY 11901

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

Yes **No**

If so, how often? _____

6. 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:

7. 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

The Planning Council takes part in the Priority Setting & Resource Allocation (PSRA) process annually. PSRA is a lengthy process which can start as early as January and finish up as late as September. Active participants are the Planning Council, Strategic Assessment & Planning Committee (SAP), Finance Subcommittee and member of a public audience. This process is advertised to the public to ensure participation. A large amount of data is reviewed from federal, state, and local sources, There are periodic trainings held at the committee level throughout the year explaining the PSRA process in full.

8. Are you familiar with the Nassau-Suffolk HIV Health Services Planning Council's Priority Setting and Resource Allocation (PSRA) process which provides effective planning for the region and promotes the development of HIV/AIDS services that meet the needs of Long Islanders living with the disease?

Yes, I am **No, I am not**

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

9. In 2016, The Planning Council's Priority Setting and Resource Allocation (PSRA) process was widely advertised (e.g. email distribution, committee meetings, website)

Agree **Disagree** **I don't know**

Please comment:

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

Agree Disagree I don't know

Please tell us how we can improve.

11. There was adequate PUBLIC INPUT in the Priority Setting and Resource Allocation (PSRA) process (e.g. public portion of Planning Council meetings, 2016 Community Forums, surveys, etc.)

Agree Disagree I don't know

Please tell us how we can improve.

12. There was adequate PROVIDER INPUT in the Priority Setting and Resource Allocation (PSRA) process (e.g. Provider Survey, participation on SAP and QAM committees, 2016 Community Forums, etc.)

Agree Disagree I don't know

Please tell us how we can improve.

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

Agree Disagree I don't know

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

14. In 2016, The Planning Council had identifies the following populations and 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?

15. 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

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 workplans, budgets, data/narrative reports, technical assistance and on site monitoring.

Timeline for contracting in 2016

In Fiscal Year 2016, a partial notice of award (NOA) was received from HRSA in January, 2016 and a full Notice of Award was issued on May 18, 2016. An executed contract (which allows United Way to contract with Part A agencies) was received by United Way from Nassau County on August 26, 2016.

16. In FY16-17, in what month was your agency contract fully executed?
(A drop down box for all twelve months was provided)

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

Yes No

Please comment:

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

Yes No Not sure

19. Throughout the year, were vouchers paid timely?

Yes No

If no, please explain below:

20. If delays occurred, were you informed by UWLI staff?

Yes No

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

22. How accessible are the contract administrators?

Very accessible

Somewhat accessible

Not accessible

Please comment

23. How do you usually communicate with your Contract Administrator? Check all that apply.

Phone **Email** **face-to-face**

I don't communicate with Contract Administrators

Please comment on the effectiveness of this method. How can it be approved?

24. How accessible is Fiscal Staff?

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

Please comment.

25. How do you usually communicate with Fiscal Staff? Check all that apply.

Phone **Email** **face-to-face**

I don't communicate with Fiscal Staff.

Please comment on the effectiveness of this method. How can it be improved?

26. Was your agency visited or monitored in the 2016-17 contract year?

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

Please comment

27. 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)** _____

28. Did your agency request and/or receive technical assistance in the 2016-17 contract year?

Yes **No.** **Did not ask for technical**

Please comment _____

29. If your agency received technical assistance in FY16-17, please indicate type of assistance received? Check all that apply

Data **Fiscal** **Program** **Quality Management**

If yes, describe how TA was helpful _____

If no, please explain how TA can be improved. _____

30. Please add any additional comments that you would like to share 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.