

Austin Area Comprehensive HIV Planning Council
Allocations Committee Meeting Minutes
February 20th, 2018

[illegible]

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|------------------------------------|---|
| L.J. Smith, AACHPC Committee Chair | Jessica Pierce, AACHPC Committee member |
| Barry Waller, Committee member | Dale Thele, Committee member |

Jessica Pierce, AACHPC Committee member
Dale Thele, Committee member

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|-----------------------|--|
| MEMBERS ABSENT | |
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| None |
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| AACHPC STAFF PRESENT |
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Laura Still, Planner
Scott Lyles, Program Coordinator

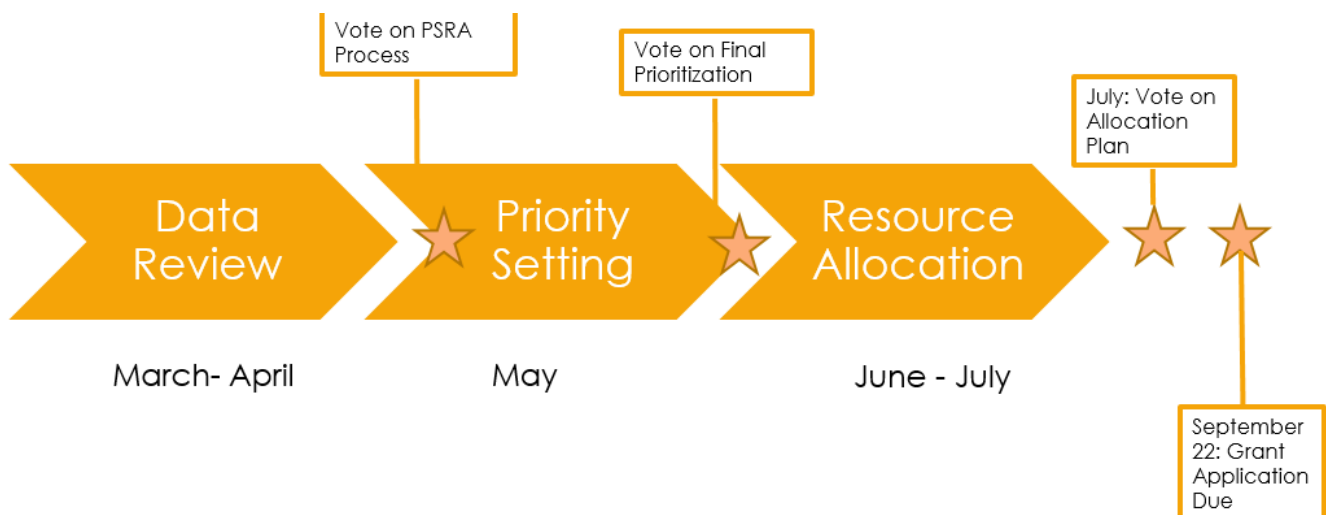
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| ADMINISTRATIVE AGENT STAFF PRESENT |
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Patricia Niswander
HIV Resources Administration Unit

| OTHERS PRESENT | |
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Leah Graham

- I. **Call to Order:** AACHPC Chair, L.J. Smith at 6:06pm
- II. **Certification of Quorum:** Quorum was established and certified by the AACHPC Vice Chair, L.J. Smith.
- III. **Introductions/Announcements:** None
- IV. **Approval of the October 17th, 2017 Minutes:** The minutes were reviewed and approved as submitted, with the correction of one typo.
- V. **Administrative Agent Part A Expenditure and Variance Report**
Patricia Niswander, HRAU reviewed the Ryan White Part A as of December, 2017 expenditure and variance reports.
See Attachments A and B.
- VI. **Priority Setting and Resource Allocation Process and Timeline**
 - ▶ Planner, Laura Still, presented on the purpose and requirements of the Priority Setting and Resource Allocation Process (PSRA). Our grantor, the Health Resource and Services Administration (HRSA) requires Planning Councils to establish priorities to assist in the allocation of funds. Since funding is limited, money should be allocated to services that are most needed by those impacted by the disease.



VII. Brainstorm Data Elements for Priority Setting

The committee completed an exercise through which they identified:

| | What do we need to know in order to prioritize services? | Where do we get this information? (Data source) | Status | Timeframe |
|----|--|---|--|-------------------|
| 1 | Previous years expenditures-trend data | Previous years Allocations (HRAU) | Need to request from HRAU | April? June/ July |
| 2 | Previous years priorities | Prior priority setting reports | Available- staff | March |
| 3 | What consumers indicate as priorities | 2017 Needs Assessment | Available | March |
| 4 | | 2014 Needs Assessment | Available | March |
| 5 | What providers indicate as priorities | HRAU March 9 th Community Listening Session | Pending- HRAU | April |
| | | Provider survey | Pending-Barry | April |
| 6 | Effectiveness of services | Outcomes measures | Need to request from HRAU | ? |
| | | Close-out reports (HRAU)- FY16 General Close out remarks | Need to request from HRAU | ? |
| 7 | Detailed understanding of service categories and directives | Service definitions and directives- HRAU recently developed service category brief | Available | March |
| 8 | | Request full list of directives from HRAU | Need to request from HRAU | March |
| 9 | Other funding sources for services. Is this continual or one time funding? | HRAU other funding sources sheet and/or grant application other funding source sheet | Available-staff and HRAU | June |
| 10 | Changes in funding for services since the prior year or anticipated | Community input at meetings? | | |
| 11 | Who is Ryan White not serving? Are their needs being met or are they going with unmet needs? | ? | | |
| 12 | Projections of need | Growth rate data | Support Staff can run this if necessary | June/July |
| 13 | Service Utilization data- recent year | Service utilization data- by service category and broken down by demographics | Need to request from HRAU (have last year's) | April/May |
| 14 | | Demographics of who we are service. Who is and is not receiving services? Are services addressing disparities or are people having unmet need? | Need to request from HRAU (have last year's) | April/May |
| 15 | | How are services categories currently implemented? (ie. which specific services within a category are used) What parts of a service category are not utilized by current funding? | Need to request from HRAU | April/May |
| 16 | Service Utilization data- trend over time | Trend data in number of ppl served per category over time | Need to request from HRAU | April/May |
| 17 | Program Audit Findings | HRAU | Available | Mar/April |

VIII. VIII.Assessment of Administrative Mechanism Survey- Tabled

IX. Staff Updates

- March 9th HIV Community Stakeholders Meeting
- Update from HRSA Project Officer that there will be another partial award to fund Ryan White Part A, likely by March 19th
- Motivational Interviewing Training available March 14th in Dallas
- Discussed start time for March and April meetings- committee decided to keep the March meeting at 6PM and reevaluate for April

X. Meeting Adjourned at 8:10 pm

NEXT SCHEDULED MEETING

TBD

Attachment A: December 2017 Expenditure Report

| Part A and MAI Service Categories | Total Budget | 2017 | 2016 | REVISED | Dec-17 | | YTD | |
|---|---------------------|----------------|-------------------|---------------------|----------------------|----------------|---------------------|----------------|
| | | Re-Allocation | Carryover | TOTAL | Total Billed | % year elapsed | Total billed | % year elapsed |
| RW Part A funds | \$ 4,831,171 | \$ - | \$ 153,812 | \$ 4,984,983 | 417,486.60 | 83.33% | 3,730,327.56 | 83% |
| | | | | | | | | |
| | | | | | Amt Billed | % Billed | YTD Billed | % Billed |
| Core Services | 2,992,744 | 57,000 | 44,000 | 3,073,744 | 251,346.55 | | 2,433,325.88 | 79% |
| Medical Case Management Incl. Treatment Adherence | \$ 301,473 | \$ (5,000) | | \$ 296,473 | 22,705.12 | 7.7% | 192,030.15 | 65% |
| Health Insurance Premium Assistance | \$ 208,325 | | | \$ 208,325 | 18,300.13 | 8.8% | 91,115.13 | 44% |
| Outpatient & Ambulatory Health Services | \$ 1,207,094 | \$ 130,000 | | \$ 1,337,094 | 109,997.63 | 8.2% | 1,191,937.88 | 89% |
| ADAP | \$ 1 | | | \$ 1 | - | 0.0% | 0.00 | 0% |
| AIDS Pharmaceutical Assistance - Local | \$ 344,984 | \$ (145,000) | | \$ 199,984 | 24,996.66 | 12.5% | 199,984.00 | 100% |
| Mental Health Services | \$ 193,670 | \$ 25,000 | | \$ 218,670 | 20,302.21 | 9.3% | 168,124.37 | 77% |
| Oral Health Care | \$ 513,167 | \$ 52,000 | \$ 24,000 | \$ 589,167 | 37,563.04 | 6.4% | 419,353.31 | 71% |
| Substance Abuse Outpatient Services | \$ 148,491 | | | \$ 148,491 | 11,325.88 | 7.6% | 102,135.97 | 69% |
| Medical Nutrition Therapy | \$ 75,539 | | \$ 20,000 | \$ 75,539 | 6,155.88 | 8.1% | 68,645.07 | 91% |
| Support Services | 1,113,750 | -57,000 | 109,812 | 1,166,562 | 89,229.02 | | 847,582.06 | 73% |
| Medical Transportation Services | \$ 21,274 | | | \$ 21,274 | 910.92 | 4.3% | 20,336.70 | 96% |
| Case Management Non-Medical | \$ 245,894 | \$ (25,000) | \$ 9,583 | \$ 230,477 | 14,794.05 | 6% | 178,119.73 | 77% |
| Case Management Non-Medical MAI | \$ 238,017 | \$ (10,000) | | \$ 228,017 | 21,463.75 | 9.4% | 129,612.51 | 57% |
| Substance Abuse Residential | \$ 99,043 | | | \$ 99,043 | 7,250.00 | 7.3% | 84,027.00 | 85% |
| Outreach Services | \$ 76,736 | | \$ 5,000 | \$ 81,736 | 5,215.37 | 6.4% | 50,131.47 | 61% |
| Outreach Services MAI | \$ 40,952 | \$ 10,000 | \$ 10,000 | \$ 60,952 | 2,403.80 | 3.9% | 33,130.67 | 54% |
| Psychosocial Support | \$ 14,536 | | | \$ 14,536 | 496.50 | 3.4% | 10,418.03 | 72% |
| Emergency Financial Assistance | \$ 163,130 | \$ (32,000) | | \$ 131,130 | 27,937.97 | 21.3% | 127,637.94 | 97% |
| Housing Services | \$ 120,799 | | \$ 50,000 | \$ 170,799 | - | 0.0% | 120,799.00 | 71% |
| Food Bank / Home Delivered Meals | \$ 93,369 | | \$ 35,229 | \$ 128,598 | 8,756.66 | 6.8% | 93,369.01 | 73% |
| Total Subcontracted | \$ 4,106,494 | \$ - | \$ 153,812 | \$ 4,240,306 | 340,575.57 | 4.28% | 3,280,907.94 | 77% |
| Administration | \$ 724,677 | | | \$ 724,677 | 76,911.03 | 10.6% | 449,419.62 | 62% |
| Admin Part A & MAI | \$ 483,120 | | | \$ 483,120 | 49,604.13 | 10.3% | 345,622.88 | 72% |
| QM Part A & MAI | \$ 241,120 | | | \$ 241,120 | 27,306.90 | 11.3% | 103,796.74 | 43% |
| Total | \$ 4,831,171 | \$ - | \$ 153,812 | \$ 4,984,983 | \$ 417,486.60 | 8.4% | 3,730,327.56 | 75% |

Attachment B: December 2017 Variance Report

MONTHLY EXPENDITURE VARIANCE REPORT BY HIV SERVICE CATEGORY for Categories that have Expenditure Variance of More than 10%

Expenditure variance as of: December, 2017
Percent of year lapsed: 83%

How expenditure variance is calculated: The service category expenditure year-to-date is compared to the contract term lapsed percentage. For example, if 50% of the contract term has lapsed, the YTD service category expenditure should be at 40%-60%. Service categories that do not have a variance of more than 10% are indicated as "Within Variance."

Note: Explanations and Projections shown below were provided by HIV services agencies in their Monthly Expenditure Variance Reports.

| Core Medical Services | % | Explanation |
|--|-----|--|
| Medical Case Management – not MAI | 65% | Variance continues to be due to staff attrition. Agency is currently staffing this service category and expects the variance will level out. |
| Health Insurance Premium & Cost Sharing Assistance | 44% | Variance is due to spend down of other funding in previous months. Agency will bill all Health Insurance direct assistance expenditures |

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| | | towards RWA for the months of January 2018 and February 2018 to spend down the grant by end of the contract period. |
| Outpatient/Ambulatory Health Services | Within Variance | |
| AIDS Drug Assistance Program (ADAP) | Within Variance | |
| AIDS Pharmaceutical Assistance – local | 100% | Funds in this category have been reallocated to other categories. |
| Mental Health Services | Within Variance | |
| Oral Health Care | 71% | This category just received reallocation funds and carryover. The variance in this category should balance out within the next couple of months. |
| Substance Abuse Services – outpatient | 69% | Agency experiencing staff turnover which has led to lower than expected performance for this category. Agency is working on closing the gap in spending. |
| Medical Nutrition Therapy | Within Variance | |

| Support Services | % | |
|--|-----------------|---|
| Medical Transportation Services | 96% | A large purchase of bus passes was made recently. |
| Case Management Services Non-Medical – not MAI | Within Variance | |
| Case Management Services Non-Medical– MAI | 57% | Variance continues to be due to staff attrition. Agency is currently staffing this service category and expects the variance will level out. Agencies will prioritize spending in Part A in January and February to ensure funds are spent. |
| Substance Abuse Services – residential | Within Variance | |
| Outreach Services – not MAI | 61% | Variance continues to be due to staff attrition. Agency is currently staffing this service category and expects the variance will level out as programs are now fully staffed. |
| Outreach Services – MAI | 54% | Variance continues to be due to staff attrition. Agency is currently staffing this service category and expects the variance will level out. |
| Psychosocial Support Services | 72% | Variance continues to be due to staff attrition. Only 1% under variance. Agency is currently staffing this service category and expects the variance will level out. |
| Emergency Financial Assistance | 97% | Funds were reallocated out of this category. |
| Housing Services | 71% | Agency received carryover funds. They report the ability to spend the additional funds quickly. |
| Food Bank / Home-Delivered Meals | Within Variance | |