

**Austin Area Comprehensive HIV Planning Council  
Allocations Committee Meeting Minutes  
May 15, 2018**

**MEMBERS PRESENT**

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

**MEMBERS ABSENT**

None

**AACHPC STAFF PRESENT**

Cassandra (Cassie) DeLeon, Manager  
Halana Kaleel, Administrative Senior  
Laura Still, Planner  
Scott Lyles, Program Coordinator

**ADMINISTRATIVE AGENT STAFF PRESENT**

Patricia Niswander, HIV Resources Administration Unit  
Glenn Selfe, HIV Resources Administration Unit

**OTHERS PRESENT**

Holly Ainsworth  
Leah Graham

**I. Call to Order:** Allocations Committee Chair, L.J. Smith at 6:02 pm.

**II. Certification of Quorum:** Quorum was established and certified by Committee Chair, L.J. Smith.

**III. Introductions/Announcements:** None

**IV. Approval of the April 17th, 2018 Minutes:** The minutes were reviewed and approved with typo corrections and corrected attachments.

**V. Administrative Agent Part A Expenditure and Variance Report:**

- Patricia Niswander, HRAU reviewed March 2018 Expenditure and Variance Reports (*See Appendix A*).
  - Only a few service categories had March billing because of contract execution.
    - Will be more data in place next month because more contracts will be in place.
    - Work is being done to streamline the contract process.
  - So far two partial awards have been received in January 2018 and March 2018. HRAU is expecting notice of final award soon.
  - Vendor for Psycho-Social Services to begin in June 2018.

**VI. PSRA Timeline:**

- May: FY19 Priority Setting recommendations to full council due
- June: FY17 Carryover fund allocation recommendations to full council due
- July: FY19 Resource Allocation and FY18 Reallocation of quality management funds recommendations to full council.

**VII. PSRA Data Review:**

- The committee continued to review data for each service category to with respect to five criteria factors: access to care, consumer priority, specific gaps and emerging needs, core/support service, and EIIHA. Specific Changes recommended:

- Access to Care:
  - Substance Abuse Services-Outpatient decreased from 8 to 5.
  - Substance Abuse Services decreased from 5 to 3.
- Consumer Priority:
  - Substance Abuse Services-Outpatient decreased from 5 to 3.
  - Case Management (Non-Medical) decreased from 8 to 5.
  - Substance Abuse Services- Residential decreased from 5 to 3.
  - Child Care Services decreased from 5 to 3.
  - Discussion regarding case management and staffing issues
- Specific Gaps and Emerging Needs:
  - Case Management (Non-Medical) decreased from 8 to 5
  - Medical Nutrition Therapy decreased from 5 to 3.
- Core Services:
  - No changes
- The Committee discussed adjustments to the percentages of the service categories Access to Care, Consumer Priority, Specific Gaps and Emerging Needs, and Early Identification of Individuals with HIV/AIDS (EIIHA).
  - Access to Care decreased from 30% to 25%.
  - Consumer Priority increased to 25% from 20%.
  - Specific Gaps and Emerging Needs increased from 20% to 25%
  - EIIHA decreased from 15% to 10%.
- Discussed adjustments and supporting ACA enrollment including subsidies and enrollment outreach potentially having effect on enrollment rate.
  - No local data can be provided at this time.

#### **VIII. Priority Rankings Vote:**

- L.J. Smith made a motion to approve PSRA percentages and rankings for full committee vote May 22<sup>nd</sup> (*See Appendix B*).
  - Barry seconded the motion.
  - Vote: **4 approved-0-against-0-abstained. Motion carried unanimously.**

#### **IX. FFY17 Carryover Fund Planning**

- Glenn Selfe presented memo on Carryover Request for FY 17/ FY18 Quality Management (*See Appendix C*).
  - Final Part A reward is expected within a month.
    - Entire Country is seeing 4% decrease in budget
    - Administrative Agent is not sure if budget will see decrease, increase, or remain the same.
    - Administrative Agent does not expect crisis situation.
  - Final numbers will be given to Planning Council by second week of June.
    - Administrative Agent advised committee to consider flexibility as they allocate funds.
  - Planning Council will need to approve FY17 Carryover Funds by July's Business Meeting.
  - Administrative Agent developing projects for FY18 dollars for Quality Management.
    - Have requested for 62,000 dollars for Quality Management be moved to direct services.

#### **X. Staff Updates:**

- New Administrative Senior for HIV Planning Council Halana Kaleel was welcomed and introduced.

**Adjournment: 8:51 pm**

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**NEXT SCHEDULED MEETING**

**TBD**

## Appendix A

### MONTHLY EXPENDITURE VARIANCE REPORT BY HIV SERVICE CATEGORY

**for Categories that have Expenditure Variance of More than 10%**

**Expenditure variance as of: MARCH, 2018**

**Percent of year lapsed: 8.3%**

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<br>– not MAI                  | Within<br>Variance |  |
| Health Insurance Premium<br>& Cost Sharing Assistance | Within<br>Variance |  |
| Outpatient/Ambulatory<br>Health Services              | 0%                 | Contract was not in place for March billing. |
| AIDS Drug Assistance<br>Program (ADAP)                | Within<br>Variance |  |
| AIDS Pharmaceutical<br>Assistance – local             | 0%                 | Contract was not in place for March billing. |
| Mental Health Services                                | 0%                 | Contract was not in place for March billing. |
| Oral Health Care                                      | Within<br>Variance |  |
| Substance Abuse Services –<br>outpatient              | 0%                 | Contract was not in place for March billing. |
| Medical Nutrition Therapy                             | Within<br>Variance |  |

| Support Services                               | %               |   |
|--|-----------------|---|
| Medical Transportation Services                | 0%              | No funds were expended in March.  |
| Case Management Services Non-Medical – not MAI | Within Variance |   |
| Case Management Services Non-Medical– MAI      | 0%              | No Part A funds were expended in March. Agency using other funding sources.       |
| Substance Abuse Services – residential         | 0%              | Contract was not in place for March billing.                                      |
| Outreach Services – not MAI                    | Within Variance |   |
| Outreach Services – MAI                        | Within Variance |   |
| Psychosocial Support Services                  | 0%              | Contract was not in place for March billing.                                      |
| Emergency Financial Assistance                 | 0%              | Contract was not in place for March billing.                                      |
| Housing Services                               | 0%              | Contract was not in place for March billing.                                      |
| Food Bank / Home-Delivered Meals               | 24%             | Expenditures higher than anticipated for the partial award due to billing cycles. |

|   |
|---|
| <b>Case Management Non-Medical</b>  |
| EXPENDITURES  |
| <p><i>Agency #1</i></p> <p>Case Management Non-Medical experienced a -9.13 variance. Changes in the City's processes related to amendments and multiple partial awards may have impacted our agency's ability to fully expend the service budgets. Although City HIV agreements allow for later reimbursement of eligible costs, our management has become hesitant to hold for later charge any amounts that have not yet been added to our contracts. Staffing vacancies have negatively impacted both expenditures and performance.</p> <p>Our agency will review budget to actuals at the mid-point of each partial contract amendment to project spending and changes in programming expenditures. Budget revisions will be completed closer at the grant contract mid-year to fully expend grant funds, efficiently and effectively.</p> <p>Our agency projects the need for a moderate increase in funding levels for Case Management Non-Medical service category funding, as caseloads increase and additional staff is required to serve clients.</p> <p><i>Agency #2</i></p> <p>Our agency utilized additional funding from 7/10/17 – 8/31/17 for case management services. During that time, there were no RWA expenditures. Changes in the City's processes related to amendments and multiple partial awards may have impacted our agency's ability to fully expend the service budgets. Although City HIV agreements allow for later reimbursement of eligible costs, our management has become hesitant to hold for later charge any amounts that have not yet been added to our contracts. Staffing vacancies have negatively impacted both expenditures and performance.</p> <p>Our agency continues to provide non-medical case-management services regardless of the funding source utilized. Clients are never made aware of any funding issues.</p> |
| PERFORMANCE   |
| N/a   |
| <b>Medical Case Management</b>  |
| EXPENDITURES  |
| <p>Medical Case Management experienced a -16.36 variance.</p> <p>Our agency projects the need for a moderate increase in funding levels for Medical Case Management service category funding, as caseloads increase and additional staff is required to serve existing and future clients.</p>  |
| PERFORMANCE   |
| <p>-46.3 • <u>Variance in unit production was due to reduced capacity due to staff attrition during the first six months of the contract. Our agency was able to still serve the projected UDC even with one position vacant for over six months of the contract.</u></p> <p>Our agency is currently engaged in a yearlong internal growth process of which staff attrition is being assessed.</p>  |

| <b>Mental Health Services</b>   |
|---|
| <b>EXPENDITURES</b>   |
| <p><i>Agency #1</i></p> <p>There was a variance of 10% (specific variance was -16.25%) less than the expected level at the end of the contract term for mental health services expenditures. There are two main reasons for this variance: We received an increase in our Mental Health Services funding at the end of the contract year and we were unable to spend it in the time remaining, and we lost our psychiatric provider, effective December 2017. We currently have an interim provider, but she is only able to provide 6.5 - 8 hours of services per week and this is a decrease from 11 hours of services per week.</p> <p>We are currently conducting interviews for our vacant psychiatric provider position and hope to fill this position soon, which will allow us to fully expend funds for this category over the course of the next fiscal year.</p> <p>We expect to be fully staffed within the next 1-2 months and believe we will be able to fully expend the same level of funding in the next fiscal year. In addition, the Program will be moving to a new location with greater access by public transportation.</p> <p><i>Agency #2</i></p> <p>Our agency could expend more funds in Mental Health Counseling in the next fiscal year. Overall, costs have gone up. Rent increases each year, as does the cost of office supplies.</p> <p>In April, our agency is piloting a new anxiety reduction group with clients from another agency as a new way to engage HIV+ individuals in counseling.</p> |
| <b>PERFORMANCE</b>  |
| <p><i>Agency #1</i></p> <p>There was a variance of 10% less than the expected level (81.7% YTD percent of the goal) at the end of the contract term for mental health services units of service. Part of the issue is that we increased our projected UOS from 410 to 475 when we received the increased funding. The loss of the psychiatric provider at the end of December 2017 has also had an impact on the number of UOS that can be provided due to our interim provider's reduced hours.</p> <p>In addition, we continue to struggle to attain the anticipated number of UOS for mental health services groups. This is due to a number of factors, including the following:</p> <ul style="list-style-type: none"> <li>• Our office location. It can easily take 1.5-2 hours to get to our offices when using the Capital Metro fixed route bus system.</li> <li>• Third party billing</li> <li>• No shows and cancellations by clients</li> </ul> <p>We continue to address no shows and cancellations by making reminder phone calls to help clients to remember to attend appointments and to address barriers to keeping appointments ahead of time. We coordinate with case managers and outreach workers with regard to transportation of clients to in order to help clients to access individual and group substance use services</p>  |

There was a variance of 10% less than the expected level (82.6% YTD percent of the goal) at the end of the contract term for mental health services unduplicated clients. Part of the issue is that we increased our projected unduplicated clients from 85 to 92 when we received the increase funding.

*Agency #2*

Our agency is at 45.5% of goal for UDC at the end of the grant year. Clients are not leaving services and the agency has had a general waiting list that is at times 60 people deep. Ryan White clients always go to the top of the list.

Our agency is striving to find ways to get clients in service. Many of them are referred by case managers and have never been to therapy and do not understand the value of counseling—or are simply at a place where they do not want to discuss their issues because they are too traumatized.

**Substance Abuse Services - OUTPATIENT**

**EXPENDITURES**

There was a variance of 10% (specific variance was -17.60%) less than the expected level at the end of the contract term for Substance Abuse Services - Outpatient expenditures. This was mainly due to the loss of one of our LCSWs leaving his previous role temporarily vacant.

We are currently fully staffed and expect to remain fully staffed in the next fiscal year, which leads us to believe we will be able to fully expend the same level of funding in the next fiscal year.

**PERFORMANCE**

There was a variance of 10% less than the expected level (specifically 70.5% YTD percent of the goal) at the end of the contract term for substance abuse services - outpatient units of service. During FY 2017, we struggled to attain the anticipated number of UOS for this category, in particular UOS for outpatient groups, due to a number of factors, including the following:

- We are currently licensed to provide substance abuse treatment services only in our treatment center.
- Third party billing
- No shows and cancellations by clients

**Housing**

**EXPENDITURES**

N/a

**PERFORMANCE**

With 100% of the grant year expended, our agency has achieved over 242% of the units of service. Length of stay in services increased (thereby increasing the total UOS per client) with the deepening of the intervention in the 2016-2017 grant year to include the goal of ensuring the PLWHA can manage their own care after discharge from recuperative services.



2017 PART A FINAL VARIANCE REPORT INFORMATION

|   |
|---|
| Our agency has met the goal of serving 12 clients during the grant year, providing service to 14 unduplicated clients. This figure is 116% of the goal, which is within variance.   |
| <b>Psychosocial Services</b>  |
| EXPENDITURES  |
| Under variance because the group facilitator ended the program before the program's expected termination date. We will not offer this program next fiscal year. Clients also felt as though they could access services elsewhere. |
| PERFORMANCE   |
| 10% Less: due to program ending earlier than anticipated.   |
| 10% More: More clients participated in the group than originally expected   |
|   |
|   |





## Appendix C



To: HIV Planning Council Allocation Committee Members

From: Glenn Selfe, Acting Manager, HIV Resources Administration Unit

Date: May 15, 2018

Re: FY17 Carryover Funds / FY18 Quality Management Funds Realignment

I am pleased to offer the Committee the following information regarding two funding allocation decisions needed by Council.

### I. FY17 Carryover Funding Request

The Administrative Agent requests that the Planning Council provide an allocation plan for a FY17 Carryover Request to HRSA, based upon the following estimates:

|   |             |
|---|-------------|
| FY17 Total Award, All Sources                       | \$4,984,981 |
| Maximum Part A Carryover – 5% of FY17 Formula Award | \$151,709   |
| Proposed FY 17 Carryover Request – Part A           | \$146,000   |
| Proposed FY 17 Carryover Request – MAI              | \$36,000    |
| Total Proposed FY17 Carryover Request               | \$182,000   |

The AA is confident these are reliably close figures for the purposes of the Committee's work. For convenience, the Committee may wish to discuss an allocation plan that is easily adjusted in order to account for potential a variance plus or minus \$1,000 from the estimates.

The AA will provide exact figures to the Allocations Committee in early June, after the May City accounting close. This provides the opportunity for Allocations to determine an exact proposed allocation model for the carryover request at its June 19 meeting, and for presentation to and approval by the full Council for approval on June 26.

The AA is providing this information to Allocations now to allow additional time for Committee consideration, and will include this information in its official report to the full Council at its May 22 business meeting.

### II. FY18 Quality Management Funding Realignment

The TGA Quality Management allocation to date has been continued at the historical 5% allowable portion of the grant.

Based upon the Quality Management expenditures for FY17 and the high end of projections for FY18, the Administrative Agent requests that \$62,000 of the budgeted \$243,490 for FY18 be reassigned from QM to Direct Services, and allocated to service categories as determined by the Council. There is no deadline for this decision; however, the sooner that Council makes a decision about the funds, the sooner the AA can seek to contract for the designated service(s).

At this time, this request should be considered a one-time realignment. The FY19 Part A/MAI application, when submitted, should include the historical 5% QM allocation. When a permanent AA Manager is selected, s/he may decide to restructure the TGA QM Program to ensure full expenditure of allowable QM funds on qualifying activities, reduce requested QM funding in future application(s), or another option that s/he determines will best meet the needs of the TGA QM requirements.

Thank you for your assistance in this matter, and we are happy to respond to questions.

