

# **San Antonio Area HIV/AIDS Health Services Planning Council**

## **Year 2011-2012 Assessment of the Administrative Mechanism**

## **INTRODUCTION**

### **Project Goal:**

The Health Resource and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) and the Division of Metropolitan HIV/AIDS Programs mandate that the chief elected official for each Ryan White Part A Transitional Grant Area (TGA) is expected to disburse Part A funds quickly and efficiently to the areas of greatest need. The legislation requires the Region 8 San Antonio HIV Health Services Planning Council (PC) to assess the efficiency of the administrative mechanism in the rapid allocation of funds to areas of greatest need. At its own discretion, the PC may assess the effectiveness, either directly or through contractual arrangements, of the Administrative Mechanism of its Administrative Agency (AA), the Department of Community Resources. (DCR)

### **Selected Organization:**

The PC elected to conduct this 2011-2012 Assessment of the Administrative Mechanism through the Bexar County Request for Proposals (RFP) process, in which Bexar County's Commissioners Court awarded the contract to Trifecta Consulting, Inc. (Trifecta). It is relevant to note that the PC has never worked with Trifecta prior to this year, and there was a significant learning curve to meet the needs and expectations of the PC for this project.

## **SCOPE OF WORK**

### **The Project**

The PC's charge, as mandated by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (RWHATEA), to Trifecta was to assess the efficiency of the AA in rapidly allocating funds to areas of greatest need within the eligible area. Additionally, Trifecta will produce a final written report to the PC Executive Committee and the Planning Council detailing the process and the findings.

### **Methodology and Work Plan**

The assessment of the Part A and MAI administrative mechanism for the TGA was conducted using an online survey, which was developed and approved by the PC Executive Committee in July 2012.

*Survey Development:* Trifecta created three different survey/questionnaires to be utilized for the assessment: Service Provider, Administrative Agency (AA), and Planning Council. The surveys were developed specifically for each target population and consisted of Likert scale items related to grant administration, health planning activities, and communication. Upon approval of the survey tools, Trifecta transferred the survey to Survey Monkey, an online survey collection and analysis platform. The survey was available in English only.

*Confidentiality Measures:* Surveys were self-administered online by the respondent. Respondents were informed via email distribution by Trifecta that the survey was

voluntary and confidential. Survey questions required identifiable information to be disclosed to Trifecta staff only to track data collection.

*Survey Administration:* The survey was administered through an online link created and distributed by Trifecta staff via emails in August 2012. Respondents were asked to complete the survey within a week. After a week, Trifecta staff followed up with those who did not initially respond to the survey to request the survey be completed. Trifecta staff followed up with calls to Planning Council members and service providers. Two surveys were conducted via telephone.

*Data Entry:* Data entry was completed by the respondents into Survey Monkey and reviewed by Trifecta staff. Directions for data cleaning and entry were established and reviewed to ensure survey data was entered in a consistent manner. Data was checked every other day by a Principal Consultant with Trifecta to ensure accuracy and to correct improper coding.

*Data Collection:* A total of 40 surveys were completed via the online process. Data collection activities were staffed by Trifecta with oversight by the Ryan White Planning Council Executive Committee and the Ryan White Planning Council Liaison. The assessment process did not include focus groups or key informant interviews, which presented limitations that will be addressed further in this document. The analysis is primarily quantitative, though in the survey, respondents were provided opportunities to comment on any concerns. Those comments/concerns will be utilized as support data in the Survey Analysis section.

Trifecta utilized the following design to complete the stated scope of work, divided into four components:

1. Documentation Review/Analysis
2. Data Collection/Analysis
3. Report Limitations
4. Production of Draft and Final Reports

#### Component 1: Documentation Review/Analysis

The documentation review process scientifically mirrored a literature review process. Similar to a literature review, Trifecta read, analyzed and critically reviewed a comprehensive array of key documents relevant to the administrative mechanism. The purpose of this detailed and in-depth review was to gain the fullest comprehension and understanding of the administrative mechanism. Additional documentation was requested for deeper analysis, as appropriate. A list of documents requested or reviewed exhibit the comprehensiveness of the analysis:

- 2011-2012 Comprehensive Needs Assessment
- 2010-2011 Mini-Needs Assessment
- 2009-2010 Comprehensive Needs Assessment
- 2012-2015 Comprehensive Plan
- 2009-2011 Comprehensive Plan

- 2010-2011 Assessment of the Administrative Mechanism
- 2009-2010 Assessment of the Administrative Mechanism
- 2008-2009 Assessment of the Administrative Mechanism
- 2011 Standards of Care
- Quality Management Plan
- Current Service Category Definitions
- The 2011- 2012 RFP Packet
- Provider Monitoring Reports
- Service Utilization Plan
- Expenditure Data per Service Category
- 2011-2012 Allocation Reports
- 2011-2012 Grantee Year End Report - most recent
- 2011-2012 Unallocated Funds Report - most recent
- Previous Years Planning Council Minutes
- Priority and Allocations Committee Minutes and or Process
- QM Monitoring Report 2010-2011

*Note: Of the documents requested, no formal Consumer Satisfaction Surveys had been conducted by the AA and the Grantee had received no Grievances. However, Client Satisfaction Surveys are conducted periodically by the individual agencies, are reviewed by their respective QM internal committees and the process is reported to the AA at least annually in the quarterly QM Single Point of Contact (SPOC) meetings.*

**Component 2: Data Collection/Analysis**

The data collection process was accomplished via one of the HRSA recommended collection methods – the administration of a survey. A survey to each of the groups was the exclusive method for data collection involved in conducting the Assessment of the Administrative Mechanism.

The survey tools adhered to survey questions approved by the Executive Committee of the PC. Three survey tools were constructed: one for service providers, one for PC members, and one for the AA. Surveys were conducted and collected via Survey Monkey, an online survey collection and analysis platform that features organized, sorted, and analyzed data.

The following table represents the total number of individual participants and their respected affiliations:

<b>Survey</b>	<b>Number of Respondents</b>
Administrative Agency (AA)	11
HIV/AIDS Service Provider	10
Ryan White Planning Council	19

*(Note: The scope of work for the assessment required a minimum of 80% of PC members who served during 2011-2012. The Executive Committee requested this level of participation from members due to the limited number of responses from PC members*

*who participated in previous years' assessments. The use of Survey Monkey made it possible for a 86% participation from 2011-2012 members.)*

### Component 3: Limitations

An overarching limitation in the development of the report was in the methodology and use of an online survey only as the data collection tool. While the process was efficient and we were able to increase the number of respondents to the survey, the lack of qualitative data gathered through focus groups and key informant interviews severely hindered the data analysis. Focus groups or key informant interviews allow participants to give a more considered response based on his/her own experience and provides the interviewer with a real-life context in which to frame the analysis.

A second limitation was the use of an online system only. Trifecta did not conduct any telephone interviews with respondents. The lack of personal contact, limited the ability to conduct follow-up discussions related to answers provided, therefore clarifying comments could not occur which limited the analysis. All responses were placed into the survey via the respondent.

### Component 4: Production of Draft and Final Reports

Trifecta produced and delivered a Draft Report to the Executive Committee on the prescribed due date. Following the Committee's reading and review of the Draft Report, the Committee's requests for revisions was returned to Trifecta. This process continued with Trifecta submitting several subsequent drafts. All suggestions for revisions and edits have been incorporated into the Final Report, which was submitted to the PC in early October, to be included in the AA's Part A Grant Application. Finally, Trifecta presented a PowerPoint presentation of the Report to the full PC at its January 2013 meeting.

### **Report Format**

Consideration and understanding of all activities related to the processes associated with "efficiently and rapidly disbursing funds to the areas of greatest need" guided Trifecta's report format. Trifecta submits that there are three distinct groupings of related activities that drive the success of the Ryan White Program's expectations.

1. **Section 1 – Pre-RFP Activities:** this grouping of activities focuses on the need for a well-functioning relationship between the AA and the PC. Multiple series of actions or decisions by the AA and PC are required and necessary prior to the RFP itself being developed.
2. **Section 2 – RFP Process:** this grouping of activities focuses on all activities directly related to the RFP process. It includes the quality and translation of decisions and actions derived from the first component. These decisions and actions drive the content, development, and implementation of the RFP document and the related processes.
3. **Section 3 – Ongoing Activities:** this grouping of activities focuses on components such as timely service provider reimbursements, fiscal, quality management and programmatic monitoring to ensure services are being delivered

adhering to the Standards of Care and Service Category Definitions, and Quality management and Technical Assistance functions. This grouping of activities is also dependent on a healthy and well-functioning relationship between the AA and service providers.

Each section of the report, detailed above, presents findings from the data analysis, and provides supportive data for all findings. The reader should be aware that findings may be noted for both positive and negative issues uncovered by the assessment. The findings involve the use of quotations and/or excerpts from participants' surveys. Finally, recommendations to remedy negative findings are presented.

## **SECTION 1: PRE-RFP ACTIVITIES**

Pre-RFP major activities include, but are not limited to:

- The full Planning Council makes decisions on *service category priorities*, based on consumer needs determined by recent Needs Assessments, which have been conducted by the Needs Assessment Committee (NAC).
- The full Planning Council determines *funding allocations*, regardless of funding source or funding level, to service priorities (categories) for an upcoming cycle of services.
- The AA applies for funding from HRSA based on the needs and allocations from the PC.

It is important to recognize that for the above-described activities, extensive interactions among the PC and its relevant committees, the AA, and the Planning Council Liaison are crucial components in Pre-RFP activities. All these interactions and activities interrelate. The success or failure of any component of the planning cycle affects program results and influence the PC and AA's ability to plan and rapidly allocate funds to the areas of greatest need.

**Finding #1 (Strength):** The PC's priority setting and allocations functions were conducted in a timely and orderly manner and most importantly, were data-driven. While this *is* positive, there were limitations to determine if the overall process met the community needs. None of the AAM surveys asked the question of community need. Therefore this data was missing in the analysis and should be noted as an area of improvement for future survey development.

### **Supportive Data (positive):**

- Priorities and Allocations:
  - July, 2011 PC minutes reflect that:
    - The AA Liaison reported on the priority populations of People Living with HIV/AIDS' (PLWH/A) service use, needs, availability, gaps and barriers to care.
    - *"The Committee individually ranked service categories according to the priorities of the community."*

- “Scores were tabulated and priority ranking of categories was revealed to the PC.”
- Action items on the PC’s agenda included, “Discussion and appropriate action on the determination of the FY 2012 Ryan White Part A service category priorities.”
- “The members discussed the allocations for the FY 2012 Ryan White Part A. The committee looked at last year allocations and changed percentages based upon the needs of the TGA.”
- September, 2011 PC minutes reflect that:
  - “The Committee ranked service categories in an order based on minority need.
  - A ranking sheet was given to the PC to rank the service categories in order from highest priority to lowest.”
  - Action items on the PC’s agenda included, “Discussion and appropriate action on the determination for the FY 2012-2013 MAI grant service category priorities.”
  - Action items on the PC’s agenda included, “Discussion and appropriate action on the determination of the FY 2012-2013 MAI grant service category allocations.”
- All monthly PC meetings exhibited an action item which read, “Discussion and appropriate action regarding the monthly expenditure report.” Minutes from the PC meetings reflected that the PC reviewed expenditures for each service category on a monthly basis.
- Allocations:
  - PC Surveys asked, “How well did the awarding of funds in specific categories match the allocations established by the Planning Council?”
    - 31.6% responded: “Very Well.”
    - 52.6% responded: “Well”
    - 10.5% responded: “Somewhat.”
    - 5.3% responded: “I don’t know.”
  - PC Surveys asked, “How well did the RFP for program services released in October 2010, match the service category definitions established by the Planning Council?”
    - 42.1% responded: “Very Well.”
    - 36.8% responded: “Well.”
    - 5.3% responded: “Somewhat.”
    - 10.5% responded: “I don’t know.”
    - 5.3% responded: “N/A- I was not on the Planning Council at the time of its release.”

**Recommendations:** The entire Planning Council now manages the priority setting and allocations process. A review of PC minutes reflects a process that is data driven. However, in the process of developing the AAM surveys, there was the inadvertent

omission of assessing whether or not the prioritization included community need. It was inferred in the PC minutes. Future AAM surveys should include a series of questions related to community need.

**Finding #2 (Strength):** Previous years' Assessment of the Administrative Mechanism has focused upon the relationship between the AA and the PC, and each year's assessment has been evaluated with marked improvement. This relationship is vital for achieving the highest quality outcomes for which each entity is responsible. This trend continues.

In the Assessment of the Administrative Mechanism two years ago, the consultant asked the rhetorical question, *“Does the AA know what a strongly-functioning PC looks like, and does the PC know what a strongly-functioning AA looks like?”* As noted above, there continues to be marked improvement. However, as a result of the survey responses and comments from Service Providers, Trifecta now believes the rhetorical question must be asked, *“Do Service Providers know what a strongly-functioning AA looks like?”* There were more criticisms reported by service providers regarding the AA.

**Supportive Data: (positive)**

- Communication – overall effectiveness:
  - Service Provider surveys asked, “How would you rate the effectiveness of communication between the AA and the Planning Council?”
    - 10% responded: *“Very good.”*
    - 10% responded: *“Good.”*
    - 50% responded: *“Ok.”*
    - 10% responded: *“Bad.”*
    - 20% responded: *“Not applicable - I don't know.”*
  - AA surveys asked, “How would you rate the effectiveness of communication between the AA and the Planning Council?”
    - 9.1% responded: *“Very good.”*
    - 63.6% responded: *“Good.”*
    - 18.2% responded: *“Ok.”*
    - 9.1% responded: *“Not applicable - I don't know.”*
  - PC surveys asked, “How would you rate the effectiveness of the communication between the AA and the Planning Council?”
    - 31.6% responded: *“Very good.”*
    - 47.4% responded: *“Good.”*
    - 15.8% responded: *“Ok.”*
    - 5.3% responded: *“I have not been on the planning council for more than 6 months.”*
- Communication – Information Sharing
  - Provider Surveys asked, “When you request specific information from the AA, do you receive the information in an acceptable amount of time?”



- 20% responded: “Yes, does this extremely well.”
    - 40% responded: “Yes, does this well.”
    - 30% responded: “Yes, does this sometimes.”
    - 10% responded: “No.”
  - Provider Surveys asked, “When the AA provides you information and/or data, is it correct and reliable?”
    - 10% responded: “Yes, does this very well.”
    - 60% responded: “Yes, does this well.”
    - 10% responded: “Yes, does this sometimes.”
    - 10% responded: “No.”
    - 10% responded: “Not applicable - do not know.”
  - AA surveys asked, “When the Planning Council makes a request for information or data, is it communicated/requested in a format that the AA understands?”
    - 73.7% responded: “Most of the time.”
    - 9.1% responded: “Sometimes.”
    - 18.2% responded: “Not applicable - I don’t know.”
  - PC surveys asked, “When the Planning Council makes a request for data, do you believe the requests are clearly understood by the AA (not to include the Planning Council Liaison)?”
    - 42.1% responded: “Very well.”
    - 42.1% responded: “Well.”
    - 5.3% responded: “Somewhat.”
    - 10.5% responded: “I don’t know.”
  - PC surveys asked, “When staff returns the data to the Planning Council, is it the information that was requested?”
    - 21.1% responded: “Always.”
    - 73.7% responded: “Almost always.”
    - 5.3% responded: “I don’t know.”
  - PC surveys asked, “Does the AA provide data in a format that is easy to understand?”
    - 31.6% responded: “Always.”
    - 63.2% responded: “Almost always.”
    - 5.3% responded: “I don’t know.”
- PC and AA comments:
  - PC surveys asked, “Please add any additional comments/suggestions/concerns regarding the communication between the Planning Council and the AA.”
    - “Keep up communication.”
    - “AA was very autocratic.”

- *“I felt the previous AA was more dictative, rather than collaborative with the Planning Council. I think the current AA is not as dictative as the one before.”*
  - *“Problem seems to be that some members have no computer access to be notified of changes.”*
  - *“No comments. I am pleased with the relationship and communication between the Planning Council and the AA.”*
  - *“Sometimes information is delayed, but this is not the fault of the AA as it has to do with agency policies. For members that are not affiliated with providers, sometimes background information or what it means for the area and the Planning Council may need to be clarified further.”*
  - *“It is up to each Planning Council member to have the clients in mind and not their own agendas. We are here to help the HIV community and not for personal gains.”*
  - *“Identified issues more often talked-out-of instead of addressed.”*
  - *“Accountability would be refreshing.”*
- AA surveys asked, “What could be done to improve the communication between the AA and the Planning Council?”
- *“To better improve communication between the AA and the Planning Council, AA staff should work more closely with the Planning Council Liaison. The Liaison is the primary conduit of communication between the Planning Council and AA. AA staff members do work directly with committee chairs and usually try to contact their assigned chairs once a month to ensure that everything that is needed from the AA is available for the committee meetings.”*
  - *“Good communication already.”*
  - *“The communication has steadily improved over the past six years, however, some members of the Planning Council must remember their role and plan their work more efficiently so that realistic timelines can be set for the assessments and plans for which they are responsible.”*
  - *“The AA does its best to make any information available to the Planning Council as soon as possible.”*
  - *“The staff has been consistent.”*
  - *“What is in place now seems to be working.”*
  - *“Nothing.”*
  - *“Communication is always improving.”*
- AA surveys asked, “Do you have any comments/suggestions/concerns regarding how information is communicated to the Planning Council?”
- *“The Planning Council chairs have been very good at requesting information from the AA.”*

- “Again, over the past 6 years, the presentation of data and expenditure reports have steadily improved such that in very few instances are we asked for additional information.”
    - “No, the Planning Council appears to have the information they need.”
    - “Keep it simple and use visuals when appropriate.”
  - Provider comments:
    - Provider Surveys asked, “If the information was not provided in an acceptable amount of time, please explain?”
      - “On occasion, instructions need to be clarified.”
      - “Information was unreliable, incomplete and dependent on whom you spoke to.”
      - “A chronic lack of staff, especially in the HIV coordinator position is a problem every year!”
      - “We asked many questions regarding case management and required documentation from a staff member, and we either got no response or a response which did not address the questions asked, so essentially no response.”
    - Provider surveys asked, “Please add any additional comments/suggestions/concerns regarding this series of questions.”
      - Comments reflected concerns related to perceived conflicts of interest in the AA’s hiring practice of former provider staff.
      - Comments also expressed frustration that leadership in the AA is perceived to not be as responsive to provider concerns as they would prefer.

*Note: Comments in this section were fairly personal and named individuals. In an effort to ensure confidentiality of the responses, Trifecta paraphrased responses.*

**Finding #3 (Weakness):** During a review of survey responses, Trifecta received a strong impression that the PC could benefit from additional training related to understanding both the AA and PC infrastructures and how they impact the planning process. PC must have a strong and clear understanding of their roles in order to be effective members.

**Supportive Data:**

- PC Membership Profile:
  - PC surveys asked, “At the beginning of the grant period being assessed, how long had you served on the Planning Council?”
    - 10.5% responded: “3-6 months.”
    - 26.3% responded: “1-2 years.”
    - 47.4% responded: “2-3 years.”
    - 15.8% responded: “I no longer serve on the Planning Council.”

- PC surveys asked, “During the grant year being assessed, did you attend full Planning Council meetings regularly?”
  - 31.6% responded: “Always.”
  - 52.6% responded: “Almost always.”
  - 15.8% responded: “Sometimes.”
- PC surveys asked, “During the grant year being assessed, how often did you attend the committee meetings that you were a member of?”
  - 52.6% responded: “Always.”
  - 36.8% responded: “Almost always.”
  - 10.5% responded: “Sometimes.”
- PC surveys asked, “Did you receive/attend a Planning Council orientation?”
  - 84.2% responded: “Yes.”
  - 15.8% responded: “No.”

*Note: Respondents who responded “No” are no longer on the Planning Council; therefore, they would not have been in attendance for an orientation.*

- PC Knowledge and Skill Sets:
  - PC surveys asked, “Has the organizational structure of the AA been explained to you?”
    - 94.7% responded: “Yes.”
    - 5.3% responded: “No.”
  - PC surveys asked, “How well do you feel you understand the organizational structure of the AA?”
    - 26.3% responded: “Very well.”
    - 42.1% responded: “Well.”
    - 26.3% responded: “Somewhat.”
    - 5.3% responded: “Not very well.”
  - PC surveys asked, “Is there anything that could have been done to improve your understanding of the organizational structure of the AA?”
    - “More one on ones.”
    - “They could have been a little more forward about who was controlling things and clarify the role of the Planning Council in decision-making vs. the outcomes the AA conducted.”
    - “When I first attended I was confused as to the AA’s structure and how it operates, but over the years I have learned and understand the structure much better.”
    - “You have to know the past to move forward.”
    - “For new leadership it would be helpful to have an understanding of where we have been and where we want to go as a Planning Council.”

- *“Use flow charts and have some on website so that it can be easily updated, often names, contact numbers, and emails are old or no longer valid.”*
  - *“Due to changes in staffing and open positions it can be more difficult to figure out who is covering various roles.”*
  - *“No they have provided the guidance and explained the roles of each staff member.”*
  - *“Have more concise assignment/consistency of duties and improve staff retention.”*
- PC surveys asked, *“Have the roles and responsibilities of the AA been explained to you?”*
  - 89.5% responded: *“Yes.”*
  - 10.5% responded: *“No.”*
- PC surveys asked, *“How well do you feel you understand those roles and responsibilities as they relate to the Planning Council?”*
  - 21.1% responded: *“Very well.”*
  - 57.9% responded: *“Well.”*
  - 10.5% responded: *“Somewhat.”*
  - 5.3% responded: *“Not very well.”*
  - 5.3% responded: *“Not at all.”*
- PC surveys asked, *“Is there anything that could have been done to improve your understanding of the role and responsibilities of the Planning Council?”*
  - *“More one on ones.”*
  - *“There were staff changes that made it difficult to understand who was responsible for what role and who was doing what.”*
  - *“In the beginning as a member of the Planning Council, understanding the alphabetizing of information was confusing for me and complicated.”*
  - *“The MoU is finally signed and has been put into action. The understanding had been outlined in conversation, but with the signed MoU it helps the leadership on the Planning Council understand their limit as it relates to their position. The board does not have autonomy, and this has not necessarily been understood in the past.”*
  - *“No I felt comfortable with what they explained to us as a group and individually. The staff is very informative and helpful.”*
  - *“Widely understood who the executive director is, however it seems there is no delegated authority nor accountability in certain key roles.”*

**Recommendations:** The noted improvement of communication between the AA and the PC and the knowledge and skill level of both AA staff and PC members has created a priority-setting and allocations process that is driven by data, knowledge and skills. These skills sets are critical in the management of developing priorities and managing allocations

The survey results indicate a gap in clearly understanding processes with both the AA and PC. Trifecta recommends consistent annual trainings be conducted with PC members throughout the year. As well, and in follow-up to the previous AAM, there was no mention of the recommended mentorship program for new PC members. The creation of such a program would greatly improve the knowledge and skill set of the planning process.

## **SECTION II: RFP ACTIVITIES**

Section II addresses the activities related to the: RFP for *FY 2011-2012 Ryan White Program's Part A and MAI Service Delivery and the HIV Health and Social Services funding for the San Antonio HIV Administrative Service Area.*

*Please note that while the RFP was conducted in October of 2010, the RFP related to the FY 2011-2012 grant year period, of which is being assessed in this document.*

RFP activities and processes (specific to San Antonio) include, but are not limited to:

1. The DCR applies for funding from HRSA based on priorities and allocations from the PC that are determined from needs assessments, service utilization and trends.
2. The AA develops the RFP packet, following the guidelines of the Bexar County Purchasing Department.
  - *Note: The Purchasing Department is nominally in charge of the RFP packet– the AA functions as an intermediary for the RFP.*
3. When the RFP packet is approved by the Purchasing Department, the RFP packet is submitted to Commissioners Court for authority to advertise.
4. The Purchasing Department releases the RFP packets to all interested parties.
  - *Note: For the RFP cited above, 70 packets were released in October, 2010.*
5. A Bidder's Conference hosted by the AA was held October 25, 2010.
  - *Note: All bidders' questions subsequent to the Bidder's Conference are communicated through the Purchasing Department.*
6. Potential service providers submit grant proposals.
  - *Note: The AA received bids for all service categories, except Substance Abuse Residential (a new service category that as a result of limited funding, the PC reallocated those dollars). The number of proposals received for each service category was:*
    - AIDS Pharmaceutical Assistance Local – 2
    - Case Management Non-Medical – 5
    - Early Intervention Services – 1

- Emergency Financial Assistance – 4
  - Food Bank/Home-Delivered Meals – 3
  - Hospice – 1
  - Medical Case Management – 4
  - Medical Nutrition Therapy – 3
  - Medical Transportation Services – 3
  - Mental Health Services – 4
  - Oral Health Services – 2
  - Outpatient/Ambulatory Medical Care – 2
  - Substance Abuse Services – 3
7. The AA utilizes an External Review Committee (ERC) to review and score the grant proposals.
    - Trifecta reviewed the document, *Sub-contracting for Services Procedures*, which includes the written procedure for establishing the ERC, and determined the AA adhered to the procedures.
    - Trifecta reviewed the letter of invitation to potential ERC members.
    - The ERC signed confidentiality statements and agreements stating no conflicts of interest existed.
    - The ERC membership included: HIV Planners from other HSDAs and TGAs; a non-conflicted social service provider; and a non-conflicted medical services provider. The AA attempted to recruit non-conflicted consumers but was unable to do so.
  8. The AA makes initial award announcements with the actual funding level for each service category to be announced when awards are made by HRSA.
    - *Note: It is important to note that the AA received four separate Notice of Grant Awards for FY 2011-2012 that impacted the finalization of contracts; however, no services were interrupted in spite of the funding delays.*
  9. Actual funds are distributed from HRSA to the AA (delay noted above).
  10. The AA notifies the PC of the grant awards as they are received.
  11. The AA awards funds to service providers based on grant reviews and issues contracts for service (delay noted above).
  12. Service providers begin providing services to consumers.

**Finding #4 (Strength):** The RFP bid/proposal package issued in October 2010 (for services to be funded in Fiscal Year 2011-2012 incorporates service category definitions consistent with those defined by the PC.

**Finding #5 (Strength):** The AA has a grant award process that provides bidders with information on applying for grants through Bexar County Purchasing and where to obtain copies of the Needs Assessment and Comprehensive Plan.

**Finding #6 (Strength):** One hundred percent of the Fiscal Year 2011-2012 Part A and MAI grant award was allocated within the first quarter of the grant cycles.

**Finding #7 (Strength):** There were no unobligated funds at the end of the award process.

**Finding #8 (Strength):** There were no unspent funds at the end of the award process.

While these findings are positive, results identified some challenges in the process. These are noted in the recommendations.

**Supportive Data:**

- Documentation review:
  - The RFP incorporates service category definitions that are consistent with those defined by the Planning Council.
  - Final procurements by the AA were a match to final allocations established by the PC.
- Fair RFP Process:
  - Provider surveys asked, “Do you believe there is adequate time to complete the AA’s RFP for services?”
    - 80% responded: “Yes.”
    - 10% responded: “No.”
    - 10% responded: “I do not know.”
  - AA surveys asked, “Does the AA have a grant award process which:
    - a) Provides bidders with information on how to apply for grants? 100% responded: “Yes.”
    - b) Provides bidders with information on obtaining copies of the Needs Assessment and Comprehensive Plan? 100% responded: “Yes.”
      - a. Provides bidders technical assistance conference? 90% responded: “Yes;” 1 person responded “No.”

*Note: The person who responded no, may not have attended or known of the bidders conference. In the documentation review, there was a formal bidders conference announcement complete with signatures of those in attendance and question and answers attached.*

- Review Process:
  - AA surveys asked, “Does the AA utilize an External Review Committee (ERC) to review grant proposals?”
    - 54.5% responded: “Yes.”
    - 9.1% responded: “No.”
    - 36.4% responded: “I don’t know.”
  - If Yes, how often does the ERC meet to review grant proposals?
    - Responses were received from 7 individuals, 4 individuals skipped the question.
    - a) *“The ERC only meets when there is a proposal to review. The committee receives the proposals before the meeting. The meeting is used to discuss scores of all proposals. Generally, only one meeting per RFP is held.”*
    - b) *“As needed.”*



- c) *“The ERC meets as needed to review the responses to RFPs. Typically, they meet as a group at least twice to score proposals. We have issued only one RFP for Part A programs since 2008.”*
  - d) *“Whenever a request for application is released and the responses received then the committee will meet to review proposals.”*
  - e) *“Every time we have a RFP, one is convened.”*
  - f) *“Once when a RFP deadline has expired.”*
- *If not, how are grant proposals reviewed and scored?*
    - a) *Various staff review proposals and score them accordingly.*
    - b) *I don’t know.*

*Note: In the documentation review, within the Bidder’s Conference question and answer memo, there was an explanation of the ERC provided. The process adheres to the HRSA guidelines.*

- Procurement
  - Provider surveys asked, *“Once the deadline for submitting a proposal to the AA’s RFP for services has passed, how long does it take to be notified of the award?”*
    - 10% responded: *“Two months.”*
    - 30% responded: *“Three months.”*
    - 10% responded: *“4 months.”*
    - 10% responded: *“More than four months.”*
    - 40% responded: *“I do not know.”*
  - Provider surveys asked, *“Once a provider is notified of award funding, how long does it take to finalize the contract by the AA?”*
    - 20% responded: *“Less than a month.”*
    - 10% responded: *“Two months.”*
    - 30% responded: *“Three months.”*
    - 20% responded: *“Four months.”*
    - 10% responded: *“More than four months.”*
    - 10% responded: *“I do not know.”*

*Note: The contractual process was exacerbated by HRSA’s funding process as previously noted.*

- AA surveys asked, *“What percent of the Part A grant award was allocated?”*
  - 73.7% responded: *“100%.”*
  - 27.3% responded: *“85%.”*

*Note: The survey question did not specify whether or not the percentage allocated in question was before or after the AA’s administrative costs (15% of the grant) had been deducted.*

- AA surveys asked, “How well did the awarding of funds in specific categories match the allocations established by the Planning Council?”
  - 45.5% responded: “Very well.”
  - 27.3% responded: “Well.”
  - 27.3% responded: “I don’t know.”
- AA surveys asked, “Does the AA have a method of communicating back to the Planning Council the results of the procurement process?”
  - 100% responded: “Yes”
- AA surveys asked, “What percent of the grant award was procured by the:”
  - 1st Quarter – “100% “
  - 2nd Quarter – “100% “
  - 3rd Quarter – “100% “
  - 4th Quarter – “100% “
- AA surveys asked, “At the end of the award process, were there still unobligated funds?”
  - 36.4% responded: “Yes.”
  - 54.5% responded: “No.”
  - 9.1% responded: “I don’t know”

*Note: If at the end of the grant year there are remaining funds, the AA through a formal relationship with the Texas Department of State Health Services (TDSHS) submits those amounts to TDSHS for financial support of ADAP.*

### **Recommendations**

In the 2010 AAM, it was recommended that

*“The AA should educate service providers on the County policies, procedures and processes relative to an RFP process. The “Supportive Data (areas of improvement)” clearly indicate that the providers are not aware of and/or do not understand the County regulations to which the AA must adhere. This is complex and does require the AA anticipating what the service providers need to know – consistently recognizing the service providers “do not know what they do not know.” The AA experiences the County system on a daily basis, but communicating the complexity of the system will help resolve the comments regarding the RFP feedback.”*

The survey results indicate that a full year after the initial RFP process began, the communication related to the RFP between service providers and the AA has improved such that the RFP process was effective. While, the AA staff did clarify the ERC process at the Bidder’s Conference, almost half of the AA responses indicated a lack of knowledge of the ERC process. In addition, when asked if the AA did not have an ERC

what happened, one responder stated that “staff reviewed and scored the proposals.” This coupled with previously reported AA “staffing issues” could create a challenging environment of trust between providers and the AA. As the AA continues to evolve as a strong functioning AA, it must be mindful of building trust with providers without the appearance of subjectivity.

### **SECTION III: ONGOING ACTIVITIES**

This final section of the report is designed to focus on a number of on-going activities associated with the timely disbursement of funds, fiscal and programmatic monitoring, and quality management/technical assistance functions. As previously noted in the introduction of the report, these activities are dependent on a healthy and well-functioning relationship between the AA and service providers.

Below Trifecta has provided a list of common activities associated with each category identified. In each case, Trifecta completed a diligent and thorough review of documentation associated with the activities listed. Findings, supportive data for each finding, and recommendations will be presented following the list of activities.

#### **Timely Disbursement of Funds:**

- Once contracts are signed by representatives of the AA and service providers, those providers may begin requesting reimbursement for services.
- Funds that are returned, not spent, or expected to be returned are tracked by the AA. The AA then redistributes funds within the same category to another provider of that same service when possible.
- If redistribution of funds in the same service category to another provider is not possible, the AA notifies the PC of funds needing to be reallocated to other service categories.
- The PC then recommends the reallocation of funds to service categories based on needs and spending.

#### **Fiscal and Programmatic Monitoring:**

- The AA conducts scheduled programmatic monitoring visits with service providers (outsourced to Collaborative Research).
- County Auditors conduct fiscal monitoring visits with the service providers. A service provider normally receives a fiscal monitoring visit every 18 – 24 months.
- The AA routinely monitors a service provider’s activity and notes irregularities in grant spending through a monthly agency review.
- The AA also must complete quarterly Data Improvement Plans (DIP) for each agency. This tool is shared quarterly with each agency as a way of monitoring their data entries and spotting irregularities that need correction. Data entry within five days is a contractual requirement.

#### **Quality Management and Technical Assistance:**

- The AA conducts Quality Management (QM) monitoring with service providers (outsourced to Collaborative Research).
- The AA provides technical assistance (TA) and training to service providers. This TA/training may in some cases be mandated training for all service providers or in other cases be TA and/or training requested by an individual service provider.
- The AA has a QM system in place that requires the Executive Director of each agency to designate a QM Single Point of Contact (SPOC) within their respective agencies. The QM SPOC attends quarterly meeting with the AA, forms a QM committee within their respective agency and uses the monitoring reports, benchmark measures and data reports to develop and implement yearly QM Plans that have at least three measures that they are targeting for improvement.
- The QM SPOC is also responsible for oversight of the implementation of the client satisfaction surveys, conducted in both English and Spanish at each agency.

*A Note Regarding Fiscal Audits: Fiscal audits are conducted by the County Auditor's Office. Consequently, the AA has no oversight regarding the scheduling of the audits nor the selection of the agencies to be audited. Trifecta submits the following data to be utilized for the potential benefit of the County and the AA.*

**Finding #9 (programmatic and fiscal monitoring) (Strength):** Both programmatic and quality management monitoring are outsourced to Collaborative Research (CR). The monitoring in both areas is well organized and appears to be very efficient.

**Supportive Data:**

- Prior to a site visit, CR sends a two-page letter to each service provider designating the date(s) of the site review, and a comprehensive description of the review processes. Trifecta reviewed the letter.
- Additionally, prior to the site visit, service providers are mandated to attend a workshop regarding the monitoring visit. Trifecta reviewed the PowerPoint presented to the service providers.
- Quoted from the workshop PowerPoint slides: *“The Process: Quality monitoring will consist of chart review and audits of the ARIES system to ensure that 2011-2012 client level data is accurately entered in both systems.”*
- Quoted from the workshop PowerPoint slides: *“Random sampling of charts will consist of 10% of active AOMC charts and 20% of active MCM charts based on ARIES data.”*
- Quoted from the workshop PowerPoint slides: *“The Process: The 2012 Standards of Care (SOC) will be used for the QM process to establish benchmarks for the SATGA.”*
- Quoted from the workshop PowerPoint slides: *“The Process: The 2012 SOC will be the document CR uses to assure compliance for program monitoring – this document is consistent for PM with the current 2012 SOC contractual document in place.”*

- Fiscal Audit:
  - Documentation Review:
    - Trifecta reviewed final program monitoring reports submitted by the AA to each service provider. Each report included verification of entrance and exit interviews, findings, recommendations and strengths of the site review.
  - Provider surveys asked, “Has your agency received a fiscal auditing visit during the period March 1, 2011, through February 29, 2012?”
    - 50% responded: “Yes.”
    - 20% responded: “No.”
    - 30% responded: “Not applicable - do not know.”
  - Provider surveys asked, “If so, was an Entrance Conference conducted?”
    - Five individuals answered the question and five (5) skipped the question.
    - 60% responded: “Yes.”
    - 40% responded: “Not applicable - do not know.”
  - Provider surveys asked, “If so, was an Exit Conference conducted that included any findings and/or recommendations?”
    - Five individuals answered the question and five skipped the question.
    - 60% responded: “Yes.”
    - 40% responded: “Not applicable - do not know.”
  - Provider surveys asked, “Did your agency receive a written report of the fiscal auditing visit?”
    - 20% responded: “Yes.”
    - 10% responded: “no.”
    - 70% responded: “Not applicable - do not know.”
  - Provider surveys asked, “Was your agency allowed at least 30 days to respond to the report and its findings?”
    - 10% responded Yes
    - 10% responded no
    - 80% responded not applicable - do not know
  - Provider surveys asked, “Please add any additional comments regarding this series of questions.”
    - “Staff conducting fiscal monitoring had limited knowledge of Ryan White Program.”
    - “In response to #27. We were audited over many months, a few hours at a time. Subsequently the Bexar Auditor became very sick

*and died. We never received any report stating the audit was concluded and that there were not any findings.”*

**Recommendation:** No recommendation required.

**Finding #10 (timely disbursement of funds) (Observation):** This finding relates to the receipt and processing of monthly reimbursement invoices for payment to the service providers. While the process has improved, there remain some areas of improvement with communication with providers about the reimbursement process within the County system.

*NOTE - It is important to understand that the AA currently facilitates this through an eight-step process. The first six processes are handled in the AA department. The remaining two are facilitated by the Bexar County Auditor’s Office. Additionally, the service providers’ contracts contain verbiage that legally obligates the County to process checks within 30-days of the County Auditor’s Office receiving the approved request. Therefore, processes 1-6 taking place in the AA’s department is not considered part of the 30-day contractual obligation with the service providers.*

- Disbursement of Funds:
  - Provider surveys asked, “Is your agency reimbursed for accurate billings in a timely manner?”
    - 40% responded: “Yes.”
    - 40% responded: “No.”
    - 20% responded: “Not applicable.”
  - Provider surveys asked, “On average, how many business days does it take for your agency to be reimbursed after an accurate billing is submitted?”
    - 10% responded: “11-15 days.”
    - 30% responded: “16-30 days.”
    - 10% responded: “31-45 days.”
    - 20% responded: “45-60 days.”
    - 30% responded: “Not applicable- do not know.”
  - Provider surveys asked, “Please add any additional comments/suggestions/concerns related to reimbursement.”
    - “There is always a slow startup in the reimbursement process at the beginning of a grant cycle.”
    - “Defining ‘accurate’ billing was ambiguous for the agency.”
    - “Reimbursement time is very inconsistent, especially when the AA is closing a contract and when new contracts are awaiting approval from Commissioners Court. This is very inefficient and requires that service providers sometimes wait up to four months for reimbursement.”

*NOTE: Trifecta received email correspondence from a service provider via the AA correcting his response to the question. Initially the service provider indicated long delays in receiving reimbursements; however, upon review of his invoices he realized that an internal issue within his organization had inadvertently dated invoices and reimbursements received wrong. Therefore, whereas he had thought reimbursements were delayed, in reality they were received in a timely manner.*

**Recommendation:**

The AA implemented a tracking form to streamline the reimbursement process. The tracking form assists in identifying issues and allows for prompt and appropriate actions to be implemented. This has improved communication with providers in verifying where a reimbursement is in “process.” However, it is important for the AA to recognize, because of the way the contract language reads, a 30-day window must be “reserved” for the County Auditor’s Office to process the request. Therefore, any processes that are implemented from receipt of the invoice to delivery to the Auditor’s Office (currently processes 1-6) automatically add time beyond the reserved 30-day window and puts the overall processing in a 30-60 day window. The AA should continue to consistently inform and educate providers on the County’s process for reimbursement.

**Finding #11 (Reallocation of funds) (Observation):** Reallocation activities and processes occur, as evidenced by PC minutes, though the allocation process does not seem to be understood by service providers and even some PC members. Consequently, there is room for improvement.

- Reallocation:
  - PC Process:
    - PC Surveys asked, “Were the expenditure reports made available in time to make reallocations?”
      - 36.8% % responded: “Always.”
      - 42.1% % responded: “Almost always.”
      - 15.8% responded: “Sometimes.”
      - 5.3% responded: “I don’t know.”
  - Provider Affect:
    - Provider surveys asked, “Do you believe, as a provider, that the timing around reallocated funds ensures an expedient and efficient process?”
      - 10.0% responded: “Yes, I agree.”
      - 40.0% responded: “Yes, I somewhat agree.”
      - 30.0% responded: “No, I do not think the process is neither expedient nor efficient.”
      - 20.0% responded: “I do not know.”

**Recommendation:** The AA should educate the service providers, as well as the full PC membership, on policies and procedures that guide the reallocation processes, including clarifying the perception of delays in spend down reports. As evidenced by PC minutes, the AA’s expenditure reports are often times questioned as to how up to date they are.

Therefore there is the perception that the PC at times lags in making timely decisions regarding reallocations due to a lack of preparation and foresight. Trifecta recommends that the PC develop a five-item prioritized “wish list” that is frequently reviewed. This will ensure the PC has a plan of action if reallocation is necessary and the process would be significantly expedited.

**Finding #12 (technical assistance) (Observation):** Technical assistance and training, both mandatory and agency-requested has been conducted, though service providers’ quality ratings indicated there was room for improvement in the training.

Technical Assistance and Training:

- Provider surveys asked, “Please provide any training/technical assistance that would be beneficial to you as a Service Provider.”
  - *“ARIES Training specific to the organization to help facilitate report development.”*
- Provider surveys asked, “Did your agency receive any technical assistance or training from the AA during the period of March 1, 2011, through February 29, 2012?”
  - 70% responded: “Yes.”
  - 30% responded: “Not applicable - do not know.”
- Provider surveys asked, “Was the technical assistance or training requested by your agency or was it mandated by the AA?”
  - 10% responded: “Requested.”
  - 60% responded: “Mandated.”
  - 30% responded: “Not applicable - do not know.”
- Provider surveys asked, “If the technical assistance or training was requested by your agency, what topic(s) did your agency request assistance/training on?”
  - *“Case Management.”*
  - *“Billing Process.”*
- Provider surveys asked, “How would you rate the overall quality of the technical assistance and/or training your agency has participated in?”
  - 10% responded: “Very good.”
  - 30% responded: “Good.”
  - 40% responded: “OK.”
  - 10% responded: “Very bad.”
  - 10% responded: “Did not participate in training/No training was provided.”



- Provider surveys asked, “Please rate the overall Quality Management training and/or technical assistance your agency participated in.”
  - 10% responded: “Very good.”
  - 40% responded: “Good.”
  - 20% responded: “OK.”
  - 10% responded: “Very bad.”
  - 20% responded: “Did not participate in training/No training was provided.”

**Recommendation:** Training evaluation forms should be developed specific to each type of TA and training. The forms should be completed and collected at the end of each TA and training session prior to attendees departing. The AA should utilize the analysis of the evaluation forms to continuously achieve quality improvement of TA and training. The AA only provides evaluation forms for the training conducted, not TA. Trifecta recommends implementing an evaluation form for all training and technical assistance sessions.

**Trifecta’s Comments for Consideration (AA & Provider Relationship):**

The relationship between the AA and service providers is perhaps the most crucial of all relationships in the Ryan White Program. Service providers are “in the trenches” not only performing the most important activities of the program in providing services to consumers, but are faced with numerous frustrations, challenges and often obstacles in delivering those vital services. Trifecta staff has served as both Chief Executive Officers and Program Managers for AIDS Service Organizations, and understand and sympathize with these challenges. Trifecta also recognizes that a certain “constructive tension” is healthy between service providers and the AA – each must sometimes challenge the other to achieve the optimal results for PLWHA.

Trifecta is also aware of the history of AAs in San Antonio Region 8. Stated bluntly, Trifecta submits that Region 8 service providers have (at least since 2008) had to cope with an increasingly strongly functioning AA, and therefore are not accustomed to the endless rules, regulations and mandates the AA must enforce.

**Recommendation for Consideration:** The AA should develop and conduct a series of surveys for service providers based not only on contentious issues, but also designed to evaluate the providers understanding of AA policies and procedures, and external regulations and practices to which the AA must adhere. The AA could utilize the analysis of these surveys in any number of ways to strengthen and aid in building a healthy AA/service provider relationship. It should also be made clear to service providers that a “constructive tension” may always exist between the two entities, though this should be viewed as an asset.

**CLOSING THOUGHTS**

This was the first time Trifecta had participated in the San Antonio TGA Assessment of the Administrative Mechanism. We are thankful for the opportunity and appreciative of the time spent learning about the SATGA. Notwithstanding the challenges of working with a new consultant in a new region – both the AA and PC staffs were helpful in providing clarification on much of the history of the area’s planning process. The SATGA is a community of people dedicated to creating an efficient and effective system of care for PLWHA.