

**Newark EMA HIV Health Services
Planning Council**

**Assessment of Ryan White Title-I Administration
in the Newark EMA
Final Report
As approved by the Planning Council on
September 15, 2004**

EXECUTIVE SUMMARY

Introduction

As is mandated by the Ryan White CARE Act, Planning Councils are required to “assess the efficiency of the administering agency in rapidly allocating funds to areas of greatest need.”¹ This report provides a brief overview of the results of the report “Assessment of Ryan White Title-I Administration in the Newark EMA”.

In general, the results of the survey suggest that the 43 providers who responded to this survey are pleased with the administration of Title-I funds in the Newark EMA. Providers overall agree the RFP process is appropriate, the grantee is helpful, and the computer system can be utilized for numerous purposes. Providers did, however, express some dissatisfaction with execution of contracts and with response time from the CHAMP Unit.

Methods

Service Provider Survey

In April, 2004 the grantee was contacted for an updated list of service providers, which included relevant contact information. A cover letter from the Executive Director of the Planning Council explained the purpose of the survey and outlined the timeframe in which the survey should be returned. Providers were informed that while the survey appeared long, in most instances it would require less than 30 minutes to complete. The mailing included self-addressed stamped envelopes, in which the surveys could be returned. Since the surveys were anonymous, self-addressed stamped postcards were included. The providers were asked to fill in the name of their organization on this postcard and return it separately from the survey. These postcards allowed the Planning Council to keep track of those agencies which had not returned the survey, and greatly assisted with follow-up phone calls.

The mailing was sent to 61 providers on April 28, 2004, to ensure receipt of the package by May 1, 2004. Providers were asked to complete and return the surveys by May 15, 2004. The Planning Council allowed one week after the return date before volunteers began making follow-up phone calls. A total of five reminder calls were placed to those agencies who had not responded, approximately every other week, to allow time for return of surveys. This was to eliminate additional calls to agencies that had responded, as they may become frustrated with numerous calls.

A total of 43 (70%) of the 61 Title-I funded agencies returned their surveys. 33 of the 43 responding agencies completed postcards. The agencies that chose not to respond varied, from small community based organizations to large, institutional hospital based systems.

Grantee Survey

A copy of the grantee survey was sent to representatives from both the City of Newark and the County of Union at the end of April, 2004. As with the provider survey, a cover letter from the Executive Director of the Planning Council explained the purpose of the survey and outlines the timeframe in which the survey should be returned. Two written reports were returned, one from the City of Newark and one from the County of Union. The results of the grantee survey were presented at the September, 2004 Planning Council meeting.

Results

Approximately 74% of respondents have contracts with the City of Newark, while approximately 13% indicated they are contracted through the County of Union. Half of the respondents have been receiving Title-I funds for at least 10 years (50%).

Providers were notified of availability of the RFP through numerous sources, including the newspaper, the Planning Council office, word of mouth, and notification at public meetings.

Recommendation:

¹ Ryan White C.A.R.E. Act, Title I Manual. U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, 2002.

In addition to announcements at public meetings, efforts to advertise the availability of the RFP should continue, and entities such as the Union County Consortium and the Morris-Sussex-Warren Advisory Committee should also continue to assist with informing providers. As the Essex County Consortium has disbanded, providers need to identify an entity that will assist with advertisement of the RFP. This will ensure additional advertisement in all regions of the EMA.

100% of the providers agreed the RFP clearly describes both application and eligibility requirements. Respondents also unanimously found the RFP clearly described the purpose and objectives of the entire Title-I program, and clearly described the criteria and procedures for reviewing proposals.

Recommendation:

The grantee has implemented changes in the RFP process which have been praised by numerous providers. To expedite the process, the grantee may want to consider continuation grant applications for those agencies which have been funded previously. The grantee may also wish to consider allowing providers to utilize CHAMP to prepare fiscal reports for the RFP..

72% of the respondents indicated the Technical Assistance meeting is helpful in clarifying proposal requirements. A small percentage indicated the meeting was average or fair, and zero respondents indicated the session was poor.

Recommendations:

The grantee may wish to consider a technical assistance meeting which is not mandatory, however providers should be reminded this is their only opportunity to ask questions about the RFP process. As was noted in the Assessment of Ryan White Title-I Administration in the Newark EMA, dated October 7, 2002, the grantee may choose to provide a written overview of the meeting, to adhere to state competitive contracting laws. The grantee may choose to provide an agenda prior to the meeting. This allows providers to come to the meeting prepared, and may be particularly helpful for new applicants.

50% of the respondents stated the time frame (the RFP was available on November 23, 2003 and was due on December 18, 2003) was appropriate to prepare and submit the proposal. A majority of the respondents reported the holidays are a difficult time for completion of proposals.

Recommendations:

The grantee should work to ensure that ample time to complete the RFP, either prior to holidays or after, is provided. Recognizing that distribution of the RFP is contingent upon HRSA's directives for the next fiscal year, this can be difficult to implement. While the grantee has increased time frames for preparation of the RFP, the size and amount of work required do suggest that a minimum of one month for preparation would be appropriate.

70% of the respondents indicated they were provided with feedback for selection/non-selection or the amount of funding awarded, while 21% indicated no feedback.

Recommendations:

In response to funding cuts for the current fiscal year, the grantee chose to have a phone conference where explanations of levels of funding were provided. The grantee may consider such a conference call each year, to provide agencies with explanations of levels of funding, changes in funding (if necessary), etc. This may help to alleviate provider concerns, and may also increase provider knowledge of the process.

Providers overwhelmingly indicated notification of funding was received in early to mid-March, with a few providers receiving notification of funding in late March. Providers did indicate, however, that contracts were not fully executed until the middle to late summer months.

Recommendations:

Provider notification of award is contingent upon federal notification of award to the EMA. For the current fiscal year the grantee provided award letters within two weeks of notification from HRSA. This is commendable, especially when considering the significant reduction in funds awarded to the EMA. For future fiscal years, the grantee may wish to consider expediting contract negotiation for agencies with smaller budgets,

who have difficulty sustaining financially during the contracting period. These agencies cannot easily rely on a line of credit, and may not have reserves for financial stability. The grantee may wish to provide a technical assistance meeting for those agencies who have been funded, to assist with the contracting process, which may reduce error by agencies during this process, which can significantly slow down progress. Lastly, as was noted earlier, the grantee may wish to consider continuation grants, which would reduce the amount of paperwork necessary during the contract process.

More than three-quarters of providers indicated receipt of reimbursement checks within one to two months of submission. A small percentage indicated checks are received within three months or longer.

Recommendations:

Providers should continually be reminded that errors in reports can delay reimbursement for their agency, and other agencies as well. Should the grantee choose to implement a one-day training for all agencies funded, as was noted above to address the contracting process, the grantee should include a portion of training on reimbursement policy and procedure, particularly targeted at fiscal employees. The grantee may also choose to create a short, written overview of reimbursement procedure, which can be distributed to all funded agencies.

Approximately 80% of providers rated the grantee's response to requests for assistance as excellent or good, and less than 6% rated responses as fair or poor. Providers in general indicated the response time was good. Providers overwhelmingly rated a high quality communication between their agency and the grantee, with 81% rating the communication as excellent or good. Of those agencies who responded, approximately 2/3 had received Technical Assistance and indicated the assistance as excellent or good. Almost 100% of the agencies indicated receipt of site visits in the previous year.

Recommendations regarding site visits and technical assistance:

In an effort to decrease calls from providers, the grantee may wish to consider an hour-long monthly conference call, in which providers can be updated on any policy changes, updates, etc. This forum may allow providers the opportunity to hear other providers concerns, and questions can be answered at once, rather than as individual agencies contact program monitors. This may drastically reduce the amount of time program monitors spend answering and responding to provider questions and concerns. The grantee should continue to provide agencies with written reports detailing the outcomes and site visits, and should require agencies to provide, in writing, proof that suggestions have been implemented.

Overall, providers rated the CHAMP system as excellent or good. Providers indicated the tool is helpful when developing both fiscal and client level reports. Providers did express concern with response time from the CHAMP support unit through written comments, however 41% indicated response time was excellent or good. A majority of the agencies indicated they had not received any on-site training in the past year, however some agencies indicated it was not requested, not was it needed.

Recommendations:

- *With the projected implementation of CHAMP 3.0, agencies should be provided with a written overview of changes in the system, along with any anticipated concerns. This may eliminate numerous phone calls to CHAMP unit staff.*
- *As policy dictates that requests for CHAMP training must originate with program monitors, these monitors should frequently remind agency staff of the opportunity for training. In addition, agencies should be informed that all requests for training must originate with program monitors.*
- *The grantee may wish to implement an annual training for all agencies, and should also provide a written overview of the program. This program should include a troubleshooting document, which may help to eliminate frequent phone calls from providers.*
- *FutureBridge staff should continue to work to ensure that the majority of providers receive responses to queries within the same day. Logs should continue to be maintained, to document response time.*

More than one-half of the respondents indicated they were familiar with the work of the Planning Council, while 12% indicated a limited understanding. Zero providers had never heard of the Planning Council. 88% of respondents described the work as either excellent or good. 83% of respondents have seen copies of Planning Council documents, such as the Needs Assessments or the Comprehensive Health Plan, and 87% rate

the quality of these documents as either excellent or good. Respondents indicated responses received to inquiries of the Planning Council staff are excellent or good (55%), while approximately one-third of respondents have never called the Council with a question or request.

Recommendations:

The Planning Council would benefit from increased advertisement of meetings and committees. In an effort to increase participation, the Council is currently creating a brochure for distribution. This brochure will detail the work of the Council, the committee structure, and will encourage participation by all community members. This brochure is largely the result of suggestions by service providers. In addition, the Council will review recent public testimonies, to ensure that appropriate responses were provided. If necessary, the procedure for public testimony will be reviewed. Lastly, one provider commented on the difficulty for staff to become Planning Council members. Planning Council staff should continue to provide explanations of membership requirements at Council and committee meetings.

The Planning Council posts most major documents, including the Needs Assessment and the Comprehensive Health Plan on its website, this should continue and advertisement of the website should be a constant at all public meetings.

In an effort to reach either program level or administrative staff, who may be unfamiliar with the work of the Planning Council, staff should consider visiting funded agencies to provide brief presentations. These presentations should center on the goals, the work of the Council, and should encourage participation by both providers and consumers.

Future Direction

Upon Planning Council approval, this document will be forwarded to the grantee for consideration. The outcomes of these recommendations will be assessed in FY 2005, when the Planning Council will provide an update of the Assessment of Title-I Administration in the Newark EMA. This update will outline which recommendations have been implemented, and the outcomes of these recommendations. A written update will be prepared and will identify any additional concerns or implemented changes in the administration of Title-I funds.

FINAL REPORT

Introduction

As is mandated by the Ryan White CARE Act, Planning Councils are required to “assess the efficiency of the administering agency in rapidly allocating funds to areas of greatest need.”² The Ryan White CARE Act provides funding for both care and treatment and support services for People Living with HIV/AIDS (PLWHA). The recipients of CARE Act Funding, in general are poor and underserved communities who would otherwise be unable to access services. Title-I funds provide emergency relief to 51 Eligible Metropolitan Areas (EMA’s) around the country. These EMA’s have disproportionate numbers of AIDS cases. The monies from Ryan White CARE Act Title-I are distributed amongst the EMA’s, based on numerous criteria. In each EMA, the funds are “directed to the chief elected official (CEO) of the city or urban county that administers the public health agency that provides outpatient and ambulatory services to the greatest number of individuals with AIDS, as reported to and confirmed by the Centers for Disease Control, in the eligible area that is awarded such a grant.”³ In the Newark EMA, the CEO is the Mayor of the City of Newark, who delegates responsibility for administering the funds to the Newark Department of Health and Human Services, Ryan White Unit. The Newark EMA includes the counties of Essex, Morris, Sussex, Union and Warren Counties. The City of Newark has an Intergovernmental Agreement with the County of Union to administer Ryan White Title-I funds. The agencies contracted through Union County refer to the County of Union, not the City of Newark, as their grantee.⁴ The City of Newark contracts with service providers in the Counties of Essex, Morris, Sussex and Warren.

The report which follows is a compilation of comments and suggestions as presented by the recipients of Title-I funds in the EMA. In some instances, recommendations will be provided, based on the suggestions of numerous providers. Comments from the grantee will be utilized to clarify misconceptions.

In general, the results of the survey suggest that the 43 providers who responded to this survey are pleased with the administration of Title-I funds in the Newark EMA. Providers overall agree the RFP process is appropriate, the grantee is helpful, and the computer system can be utilized for numerous purposes. Providers did, however, express some dissatisfaction with execution of contracts (as will be noted later in this document, the Newark EMA had little control over this for the current Fiscal Year), and with response time from the CHAMP Unit.

History

The Planning Council first developed an instrument to assess the administrative mechanism in 1998. This instrument was updated in the fall of 2000 utilizing assessment tools from 11 EMA’s throughout the country. This updated instrument included the following topics: RFP Process and Selection of Providers; Placement of Contracts; Service Provider Reimbursement; Site Visits and Technical Assistance; CHAMP and the Planning Council.

In the winter of 2004 a subcommittee of the Planning Council was created to again update the

² Ryan White C.A.R.E. Act, Title I Manual. U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, 2002.

³ Ryan White Comprehensive AIDS Resources Emergency Act of 1990

⁴ For the purpose of this report, the term ‘grantee’ will be utilized to collectively refer to both the City of Newark and the County of Union. When appropriate, distinctions will be made.

assessment instrument. This subcommittee consisted of approximately 8 Planning Council members, including several Executive Committee members. The committee reviewed the instrument utilized in the past, and made recommendations on necessary changes. In general, the changes made to the document were grammatical and for clarification. The committee recommended the addition of one question related to the execution of contracts. As opposed to previous surveys, the committee decided to make suggestions for providers on which staff would be appropriate to complete individual sections of the survey. For example, a program director may complete the survey, but may be unaware of the methods for service provider reimbursement, a task often delegated in agencies to finance staff. Therefore, the heading Service Provider Reimbursement included a brief statement suggesting which staff would be appropriate to complete individual portions of the survey. After reviewing the newly drafted survey, which was also aesthetically different to make completion more 'user friendly', the Planning Council approved the survey instrument in May, 2004.

Methods

Service Provider Survey

The Planning Council staff contacted both grantees for updated lists of service providers in April, 2004. These lists included agency name, address, phone number and contact name, which were compiled into an Access database to be used for the mailing. A cover letter from the Executive Director of the Planning Council (See Attachment A) explained the purpose of the survey and outlined the timeframe in which the survey should be returned. Providers were informed that while the survey appeared long, in most instances it would require less than 30 minutes to complete. The mailing included self-addressed stamped envelopes, in which the surveys could be returned. Since the surveys were anonymous, self-addressed stamped postcards were included. The providers were asked to fill in the name of their organization on this postcard and return it separately from the survey. These postcards allowed the Planning Council to keep track of those agencies which had not returned the survey, and greatly assisted with follow-up phone calls. (A copy of the survey is included as Attachment B)

The mailing was sent to 61 providers on April 28, 2004, to ensure receipt of the package by May 1, 2004. Providers were asked to complete and return the surveys by May 15, 2004. The Planning Council allowed one week after the return date before it began making follow-up phone calls. Volunteers spoke with the contact name previously provided by the grantee, and on numerous occasions were asked to fax a copy of the survey. While faxes were sent, it unfortunately eliminated the ability of the Council to track all of the responses by postcards, as those agencies who completed faxed versions did not return a postcard. A total of five reminder calls were placed to those agencies who had not responded. These calls were placed approximately every other week, to allow time for return of surveys. This was to eliminate additional calls to agencies that had responded, as they may become frustrated with numerous calls.

A total of 43 (70%) of the 61 Title-I funded agencies returned their surveys. The results indicate all but two of the agencies funded in Union County returned their surveys, suggesting those agencies not returning surveys were predominantly funded through the City of Newark. 33 of the 43 agencies completed postcards. The agencies that chose not to respond varied, from small community based organizations to large, institutional hospital based systems.

Grantee Survey

A copy of the grantee survey (See Attachment C) was sent to representatives from both the City of Newark and the County of Union at the end of April, 2004. A cover letter accompanied these surveys,

and requested the grantee present responses to the survey at the June, 2004 Planning Council meeting. The results of the grantee survey were presented at the September, 2004 Planning Council meeting. As numerous agencies took longer than expected to return their surveys, the grantee was asked to present in September, rather than June. This allowed all the data obtained to be presented in one, cohesive presentation. Two written reports were returned, one from the City of Newark and one from the County of Union.

Results

The pages which follow are a compilation of the results of both the Service Providers and Grantee Surveys.

With which agency is your contract?

Of the 42 providers who responded to this question, 31 (74%) have contracts with Essex County and 13 (31%) have contracts with Union County. Three agencies responded that they have contracts with both the City of Newark and Union County.

The table which follows summarizes the number of years the 42 service providers that responded have been providing Ryan White Title-I service in the Newark EMA. It should be noted that some providers responded by writing “approximately” next to the year they chose. As was noted, three agencies reported contracts with both entities, thereby accounting for 45 responses as opposed to 42.

Year first contracted for Title I funds	Number contracting with City of Newark	Number in Union County	Total
1992 or before	8	3	11
1993	4	2	6
1994	2	0	2
1995	4	1	5
1996	1	2	3
1997	1	0	1
1998	2	2	4
1999	2	0	2
2000	1	1	2
2001	4	1	5
2002	2	0	2
2003	0	1	1
2004 – this is my first year	0	1	1
Total	31	14	45

It should be noted that while one agency reported a new contract with the County of Union in FY 2004, there were zero agencies funded for new contracts, as reported by the Union County grants administrator.

RFP Process and Selection of Providers

Respondents found out the RFP was available through numerous sources, the most common was the newspaper (28%). The Planning Council office was also commonly cited as a source of notification (18.6%). Word of mouth accounted for 16% of the providers receiving notification, while another 16% were notified at public meetings. 11.6% of the providers reported they were notified by the grantee, while 9% of the responses were included as “other”. Lastly, 2% of the providers indicated they received notification through a phone call, but did not identify the source of the phone call.

Response to provider concerns:

It should be noted that the grantee is unable to recruit providers for Title-I funds, as per regulations in the Ryan White CARE Act. As per the City of Newark EMA Contractor Solicitation Process, advertisements for bids are placed in newspapers announcing the availability of Title-I funding through submittal of competitive proposals. Advertisements appear in English and Spanish in statewide, regional and local newspapers.

In the County of Union, the availability of the RFP is announced through the local consortium. Providers may mistakenly assume the announcement at this monthly consortium meeting is announcement by the grantee, however it is not.

Recommendation:

In addition to announcements at public meetings, efforts to advertise the availability of the RFP should continue, and entities such as the Union County Consortium and the Morris-Sussex-Warren Advisory Committee should also continue to assist with informing providers. As the Essex County Consortium has disbanded, providers need to identify an entity that will assist with advertisement of the RFP. This will ensure additional advertisement in all regions of the EMA.

RFP Document

100% of the respondents indicated the RFP clearly described application requirements. 100% of the respondents indicated the RFP clearly described eligibility requirements. Respondents also unanimously found the RFP clearly described the purpose and objectives of the entire Title-I program, and clearly described the criteria and procedures for reviewing proposals.

A number of agencies offered comments on this year's RFP document, in terms of strengths or weaknesses, particularly in comparison to previous years documents or other organizations RFP's) and RFP process.

Comments included:

- Improved organization, less redundancy.
- More specific this year. Direct correlation of PC priorities and proposal guidelines
- The RFP document was much more organized.
- Too long and propitious, especially for agencies that have been previously funded

Response to provider concerns:

The City of Newark reports for FY 2004, the RFP format was revised to be more 'user friendly'. The RFP included priority initiatives for new and innovative programs, along with Table 10 of the grantee application, to assist with overall goals and objectives.

Recommendation:

The grantee has implemented changes in the RFP process which have been praised by numerous providers. To expedite the process, the grantee may want to consider continuation grant applications for those agencies which have been funded previously. This eliminates a large portion of work on both the provider and the grantee level. As will be noted providers have requested the usage of CHAMP for fiscal portions of the RFP, this may also be considered for future RFP processes.

Technical Assistance meeting (in December)

Respondents overwhelmingly rated the Technical Assistance meeting in December as helpful in clarifying proposal requirements, with 12 (28%) responding the information provided was excellent and 19 (44%) evaluating the meeting as good. 6 respondents (14%) stated the meeting was average, while 3 (6%) described the meeting as fair. Zero (0) respondents indicated the TA session was poor.

Comments regarding the Technical Assistance meeting included the following:

- Presentation was clear and articulate
- We did not find out about the meeting until it was over
- Unless there are major changes to the RFP, not helpful for renewing agencies
- Meeting takes one day away from working on the grant

Response to provider concerns:

According to the City of Newark, those wishing to submit RFP's must attend the mandatory bidder's conference/technical assistance meeting. At this meeting, providers are advised of the Council's

service priorities and funding allocations. They are given technical assistance in completing proposals and receive information on overall time frames, submission of letters of intent, oral presentations, the award and contract process, eligibility requirements, format of the application, program narrative and review criteria. Potential service providers are also required to submit letters of intent.

Recommendations:

The grantee may wish to consider a technical assistance meeting which is not mandatory, however providers should be reminded this is their only opportunity to ask questions about the RFP process. As was noted in the Assessment of Ryan White Title-I Administration in the Newark EMA, dated October 7, 2002, the grantee may choose to provide a written overview of the meeting, to adhere to state competitive contracting laws. The grantee may choose to provide an agenda prior to the meeting. This allows providers to come to the meeting prepared, and may be particularly helpful for new applicants.

Time Frame to prepare proposal

50% of the respondents stated the time frame (the RFP was available on November 24, 2003 and was due on December 18, 2003) was appropriate to prepare and submit the proposal. 50% disagreed and responded no. Eight (8) of the respondents who offered comments cited the holiday season as a difficult time to prepare RFP documents, and a majority of the respondents reported a minimum of one month is necessary to complete the RFP.

Of the 24 agencies who offered comments, all but one (who stated that while the time frame was enough, it was very tight) stated more time is necessary to complete the grant application. Comments included the following:

- Allow time to compensate for holidays, within that time staff are out of the office
- If one applies for more than one program, it [the time frame] is not enough
- Time frame is too short, especially if poor notification delays receipt of RFP
- Should be at least 30 days notice
- Allow 6 – 8 weeks
- Follow Federal guidelines, approximately 60 – 90 days

Response to provider concerns:

It should be noted that the grantee's ability to release the RFP earlier is contingent upon the Title-I grant application guidance from the Health Resources Services Administration, HIV/AIDS Bureau, as this document guides EMA proposals to the federal government, and the RFP documents for individual EMA's. Therefore, if the guidance is not received until early September, the grantee cannot begin preparing the RFP, thereby making it difficult to distribute the RFP prior to the holiday season, as was requested by numerous responding providers.

Recommendations:

The holiday season can be difficult for completion of large projects, as numerous staff utilize vacation during this time. The grantee should work to ensure that ample time to complete the RFP, either prior to holidays or after, is provided. Recognizing that distribution of the RFP is contingent upon HRSA's directives for the next fiscal year, this can be difficult to implement. While the grantee has increased time frames for preparation of the RFP, the size and amount of work required do suggest that a minimum of one month for preparation would be appropriate.

RFP Page Limitations

40 (95%) respondents stated the page limitations were appropriate, while 2 (4%) stated the page limitations were not appropriate. Two agencies chose to provide comments:

- I believe we were told there was flexibility in this
- For co-located programs the page limitation may hinder a comprehensive explanation of

services, work plan, etc.

Recommendations:

Provider responses indicate the current page limits are appropriate, and no changes are necessary.

Feedback on selection/non-selection

30 respondents (70%) reported they were provided with feedback on reasons for selection/non-selection or the amount of funding awarded, while 9 agencies (21%) reported they were not provided with feedback. 11 agencies chose to provide comments, which included the following:

- No specific explanation for level of funding
- Only the phone conference of all providers where a grantee representative explained funding cuts
- The contract negotiations and pre-award meetings were extremely helpful, fair & educational
- Was provided with feedback, but not the first year when I was not awarded money
- Not in previous years

Response to provider concerns:

The City of Newark reports that of the sixty-three (63) proposals received for consideration for funding, sixty (60) of these proposals were awarded Title-I funding. 44 agencies have contracts with the City of Newark, and 16 are contracted with the County of Union through the Intergovernmental Agreement Union County has with the City of Newark.

The process for selection of providers includes both an internal and external review process. Below is an excerpt from the City of Newark's response to the Grantee Survey.

External Review Process

Applications are subjected to an External Peer Review process in order to eliminate conflict of interest and assure a fair process. The 20 peer reviewers are chosen from a large pool of AIDS service providers, consumers, administrators, community-based organizations, public health departments and healthcare professionals. All peer reviewers live and or work outside of the Newark EMA. The existing pool of reviewers are from Pennsylvania, Jersey City, New York, Paterson, and Philadelphia.

Two reviewers conduct separate reviews of each application in order to eliminate the possibility of bias. The reviewers assign scores for each section of the application and analyze its overall strengths and weaknesses. The Newark EMA convenes a two-day peer review conference, in which all peer reviewers must participate. The reviewers formalize a list of recommendations and or allocation of funds based on the scoring of the applications. The scores are based on their strengths and weaknesses relative to the Planning Council's priorities, and response to the Request for Proposal document.

Internal Review Process

Continuing Applicants

The assigned program monitors evaluate and score programs based upon the applicant's demonstrated ability to adhere to contractual obligations and provide qualified administration and accountability in the areas of Program, Fiscal and Reporting.

New Applicants

An assigned program monitor evaluates and scores programs based upon the applicant's assessment and documentation of need/demand for services, Program Goals & Objectives, and Evaluation.

Fund Allocation

The Ryan White Unit awards contracts based upon the combination of internal/external review scores and according to the priorities assigned by the Funding Allocation Priorities Report, as developed by the Planning Council. The funding process also included the selection of providers that addressed the needs of underserved/unserved communities (substance abusers, gay/lesbian/transgender community members, youth, older adults and Latinos).

Recommendations:

In response to funding cuts for the current fiscal year, the grantee chose to have a phone conference where explanations of levels of funding were provided. The grantee may consider such a conference call each year, to provide agencies with explanations of levels of funding, changes in funding (if necessary), etc. This may help to alleviate provider concerns, and may also increase provider knowledge of the process.

Placement of Contracts

Notification of Funding

10 providers reported they received notification of funding in early March, 18 reported notification was received in Mid March, and 3 reported late March.

	Time frame award letter was received				
Grantee (total responses)	Prior to March	Early March	Mid March	Late March	April
City of Newark (25)	3	4	16	1	1
Union County (13)	3	6	2	2	0
Total (38)	6	10	18	3	1

It should be noted that 6 providers indicated they received an award letter prior to March, however the grantee did not receive a Title-I award from HRSA until March 8, 2004. Therefore, award letters were not available prior to March, 2004. Providers may have confused other correspondence from the grantee office with an award letter. The City of Newark reports award letters were sent to those agencies funded for FY 2004 on March 15, 2004.

Providers were asked to identify how they were notified they would be receiving funding. The majority of the providers indicated they were notified of funding via letter (86%). Other agencies indicated they were notified by phone (21%) and one (1) agency reported notification was received by fax. It should be noted that some agencies checked multiple forms of notification, thereby explaining a response rate for this question of greater than 100%.

Providers were also asked to identify in which month they received a fully executed contract. (It should be noted that the City of Newark received its Title-I award in March, 2004, which is approximately two months later than usual notification. The significant reduction in funds [over \$2 million], in addition to late notification, significantly impacted the City of Newark and Union County's abilities to quickly execute contracts with providers.) The table below indicates approximate dates when respondents reported receiving executed contracts. The column "Not yet" identifies those providers who, at the completion of this survey (early June) had not yet received a fully executed

contract.

Grantee (total responses)	Month in which executed contract was received						Not yet received
	February	March	April	May	June	July	
City of Newark (26)	0	1	2	0	0	0	23
Union County (9)	1	2	3	0	0	0	3
Total (35)	1	3	5	0	0	0	26

As was previously noted, the delayed notification from HRSA eliminated the ability to execute a contract in February, as is suggested by one provider in Union County.

Providers were asked to provide comments/suggestions on the process of negotiating Ryan White Title-I contracts. Numerous agencies provided comments, which included the following:

- Must be earlier and before the start of the cycle
- The process should be more expeditious
- Notification is late to agencies. Execution of contract can take up to 6 or 7 months. Agencies suffer financially during this waiting period. Clients do not receive timely services
- Would be nice to have more time – it is less than a week – a minimum of two weeks needed to process documents.
- Negotiation went well

As was noted by the grantee, the federal government’s official notice was received two months later than in past years. As a result, the normal City of Newark’s internal contract process and timeline had to be revised causing a delay in executing contracts. The following details the reported execution of contracts placed in FY 2004 as reported by the grantee.

Date	Number of contracts in place
March 1, 2004	0
April 1, 2004	0
May 1, 2004	13
June 1, 2004	13
July 1, 2004	16
August 30, 2004	58
Date all contracts fully executed	All contracts executed, with the exception of 3 agencies, by the end of August, 2004

By June, 2004 approximately 20% of providers had executed contracts. By August, 2004 more than 75% of those agencies receiving funding had executed contracts. It should be noted that at times, delay of contract execution is not the result of the grantee, or the provider, but the result of the City of Newark’s legal contracting policies.

For FY 2004, The City of Newark contracts included no changes from previous fiscal years. For those agencies contracted with the County of Union, contracts included a more detailed listing of what was not fundable using Ryan White dollars. Also, in addition to Case Management Standards, contracts included Primary Medical Care Standards.

Recommendations:

Provider notification of award is contingent upon federal notification of award to the EMA. For the current fiscal year the grantee provided award letters within two weeks of notification from HRSA. This is commendable, especially when considering the significant reduction in funds awarded to the EMA. For future fiscal years, the grantee may wish to consider expediting contract negotiation for agencies with smaller budgets, who have difficulty sustaining financially during the contracting period. These agencies cannot easily rely on a line of credit, and may not have reserves for financial stability. As is noted above, approximately ¼ of funded agencies had not received executed contracts by July 1, 2004, four months into the fiscal year. The grantee may wish to provide a technical assistance meeting for those agencies who have been funded, to assist with the contracting process, which may reduce error by agencies during this process, which can significantly slow down progress. Lastly, as was noted earlier, the grantee may wish to consider continuation grants, which would reduce the amount of paperwork necessary during the contract process.

Contract augmentation/amendment

Of the 41 providers who responded to this question, 23 (55%) reported their agency's contract was augmented during the previous fiscal year (FY 2003), while 19 (45%) reported their contract was not augmented. Numerous agencies responded to the request for comments; however most comments centered on the reason for augmentation, rather than the process. Some agencies suggested the process was fair and expeditious, while others suggested the process was unfair. Comments included:

- [Contract augmentation is done] unfairly and not well
- Process was rapid. Completed with assistance of Ryan White administrative staff in office via phone & fax
- Handled appropriately and efficiently

Service Provider Reimbursement

As the Newark EMA operates on a unit-cost reimbursement procedure, agencies are required to provide monthly invoices which are utilized to determine reimbursement rates. Providers were asked to identify the approximate amount of time between submission of an accurate invoice/end of month report and receipt of reimbursement check. 17 (48%) of the 35 agencies responding to this question reported they receive reimbursement checks within one month of submission, 9 agencies (26%) reported they receive reimbursement checks between one and two months after submission, 5 agencies (14%) reported it takes approximately three months to receive reimbursement, 1 agency reported it takes 4 months, 1 agency reported it takes 5 months, and 2 agencies responded it takes more than 6 months to receive reimbursement checks.

Almost all agencies (41) responded that reimbursement checks are accurate, while 1 agency responded reimbursement checks are not accurate. Respondents were asked to provide comments on reimbursement checks, specifically on any problems and the resolution; there were no comments.

Response to provider concerns:

The City of Newark reports agencies are required to input all service data in the CHAMP system by the 15th day of the following month for which they are requesting reimbursement. Upon completion of this data entry, agencies are required to submit their CHAMP reports and reimbursement requests. In addition, on a monthly and/or quarterly basis, agencies are required to submit actual expense reports to ensure consistency in spending related to their contracts and reimbursement requests. The average amount of time between submission of an accurate invoice/end-of-month report from service providers and the grantees issuance of a reimbursement check is 30 days for error-free reimbursement reports.

Recommendations:

More than $\frac{3}{4}$ of providers indicate they are receiving accurate checks within a two month time frame. Providers should continually be reminded that errors in reports can delay reimbursement for their agency, and other agencies as well. Should the grantee choose to implement a one-day training for all agencies funded, as was noted above to address the contracting process, the grantee should include a portion of training on reimbursement policy and procedure, particularly targeted at fiscal employees. The grantee may also choose to create a short overview of reimbursement procedure, which can be distributed to all funded agencies.

City of Newark Ryan White Unit Site Visit & Technical Assistance

Quality of Responses

Providers were asked to rate the quality of the City of Newark's Ryan White Unit (or Union County) in responding to questions and requests for assistance over the past year. All agencies responded to this question, with 19 (44%) agencies rating the responses as excellent, 15 (35%) as good, 6 (14%) as average, and less than 6% rated responses as fair or poor. Provider comments regarding the quality of the grantee in responding to questions included the following:

- Response is good for program specific questions/concerns
- Program monitor is excellent and very responsive
- Request for TA was met with a great deal of resistance
- Questions have always been addressed.
- Improved over prior years.

Response to provider concerns:

The City of Newark and the administration in Union County extend a great amount of effort for both site visits and Technical Assistance. The Ryan White Unit currently employs eight full-time program monitors, for site visits and technical assistance. Monitors are frequently available in the office to respond to agency queries, and when not available make every effort to return calls within an appropriate amount of time. As with all requests for assistance, immediate response is not always available.

Timeliness of Responses

18 of the 42 (43%) providers responding to this question rated the timeliness of responses from the grantee as 'excellent', 16 (38%) providers rated the timeliness as 'good', 1 provider suggested the timeliness is 'average', 5 providers (12%) rated the timeliness of responses as fair, and 2 providers suggested the response time is poor.

Six agencies chose to provide comments regarding the timeliness of responses, which included the following:

- Poor response time, many phone calls were not returned
- Although responses do come it often requires 2 or 3 follow-up calls
- Problems with having phone messages returned – leave 3 to 5 messages before receiving a call back

Communication between agency and Ryan White Unit (or Union County)

Providers overwhelmingly rated a high quality communication between their agency and the grantee, with 81% rating the communication either excellent or good. 5 agencies (11%) responded the communication between their agency and the grantee was average. 3 providers stated the communication was fair, while 1 agency described the communication as poor.

6 agencies provided comments. One agency suggested the communication between the agency and the
Assessment of Ryan White Title-I Administration in the Newark EMA – Approved by the Planning Council on September 15, 2004

Ryan White unit is “good”. Another provider responded “Communication must be completed in writing to avoid misunderstandings coming from conversations with Ryan White administration”. Lastly, one provider responded that “On several occasions documents are misplaced or lost or reported ‘never received’ which results in having to resubmit documents. This is very frustrating and suggests disorganization within the Ryan White Unit office”.

Technical Assistance

Agencies were asked to rate the Grantee in providing their agency with programmatic and/or fiscal technical assistance (TA) or training over the past twelve months. 30 agencies reported they had received TA, while 12 reported no TA was provided. Of those receiving TA, 70% indicated the assistance was excellent or good. An additional 5 agencies (16%) rated the TA as average, while 2 agencies rated it as fair, and 2 agencies rated the TA as poor. Of the agencies not receiving TA, 4 agencies indicated this question was not applicable, as their requests for TA over the past year had not been met. Lastly, 8 agencies also rated the question as not applicable, as they have not had TA in the past 12 months.

Response to provider concerns:

Technical assistance is provided by both contracting entities (the City of Newark and Union County) on numerous subjects, including: budgeting, reporting and outcomes, record keeping, program development, staff utilization, collaborations with other agencies and consumer concerns.

Monitoring Process/Site Visits

The table below details the number of site visits provided, as reported by individual agencies.

Grantee (number of responses)	Number of respondents who said they received						
	0 site visits last year	1 site visit last year	2 site visits last year	3 site visits last year	4 site visits last year	5 site visits last year	> 5 site visits last year
City of Newark (28)	2	7	15	4	0	0	0
Union County (11)	0	0	2	2	5	2	0
Total (39)	2	7	17	6	5	2	0

Of the 40 agencies reporting they received a site visit in the previous fiscal year, 20 agencies rated the recommendations they received as excellent, 93% indicated the recommendations were excellent or good. 1 provider rated recommendations proposed by monitors as average, while 2 providers rated recommendations as fair. Zero (0) rated the recommendations as poor. 3 agencies responded the question was not applicable. It should be noted that excluding those agencies who replied ‘not applicable’, 40 agencies rated recommendations provided during site visits, while only 39 agencies reported they had received site visits.

Providers were given the opportunity to make suggestions on what improvements, if any, should be made to the monitoring process. 14 agencies chose to respond. Comments included the following:

- Monitors should advocate and assist their agencies more
- Monitoring is non-existent
- Telephone conference should also be used, monthly or every two months
- No improvements necessary in Union County
- Program monitors should not be case managers. This is a conflict of interest. Biases

surface in the monitoring process. (*Note: The Ryan White Unit reports that no employees of the RWU are employed as Case Managers in any Ryan White Title-I funded agency.*)

- No improvements needed (3 agencies suggested this)
- More frequent site visits – maybe one per quarter
- The administrative office has never seen a monitoring report and is not notified of when monitoring visits occur. It would be helpful if the Executive Director was copied on all monitoring results. Although, we are told that there is only verbal feedback

Response to provider concerns:

Both the City of Newark and the administration in Union County indicate each funded agency received at least one site visit for FY 2003, and on some occasions agencies received as many as three or four site visits.

The grantee indicates a typical site visit includes the following components: Meet with program administrators, tour of the program site with Program Director, interview consumers, interview staff, record review (or chart review), and close and wrap-up with administrators. In addition, service providers are also monitored via CHAMP and non-scheduled site visits, i.e., waiting room observations.

Both contracting entities indicate that extensive follow-up is provided before and after site visits. Providers receive a site review letter and are informed of corrective actions which may need to be undertaken. Follow-up phone calls, and visits to the agency if necessary, are also provided.

Recommendations regarding site visits and technical assistance:

Communication between the grantee and funded agencies is essential. In an effort to decrease calls from providers, the grantee may wish to consider an hour-long monthly conference call, in which providers can be updated on any policy changes, updates, etc. This forum may allow providers the opportunity to hear other providers concerns, and questions can be answered at once, rather than as individual agencies contact program monitors. This may drastically reduce the amount of time program monitors spend answering and responding to provider questions and concerns.

The grantee should continue to provide agencies with written reports detailing the outcomes and site visits, and should require agencies to provide, in writing, proof that suggestions have been implemented.

CHAMP (Comprehensive HIV/AIDS Management Program)

General Rating of CHAMP

Providers were asked to rate the CHAMP system, which is used to track service delivery and assist in agency reimbursement. The system was created in 1996 and has since received numerous upgrades. CHAMP, like many other computer programs, continues to improve, with attempts to make the program more user-friendly, practical and functional. 79% rated the system as excellent or good. 4 agencies rated the system as average, 3 rated it as fair and 1 rated it as poor. 3 agencies responded the question was not applicable, as they do not have CHAMP installed at their agency.

Providers made the following suggestions regarding the ability to utilize CHAMP as a tool to develop fiscal/service reports:

- Labor intensive
- It is a good tool
- It is not really useful to us. Although we input a lot of data, we can only access activity information. We cannot even update client information

- Too much work for what it does – equipment is outdated and dysfunctional
- It is a great tool to manage services delivered and received. Assists greatly in limiting duplication of services.
- Easy to operate with no significant challenge
- Screens are comprehensive but crowded
- It is OK, however the process of compiling data for ad-hoc reports is confusing. With all the changes to the RFP, providers will need special information.
- CHAMP is a good tool to record client level information
- We would like to be able to generate reports on our own clients.
- The system is outdated

Some agencies reported that while they use CHAMP to enter units for reimbursement, they utilize internal computer programs to maintain client information.

Response to provider concerns:

Those agencies who indicated the program is labor intensive and not helpful do not appear to understand the full functions of the program. The process of creating an ID and entering services to develop fiscal reports is not complicated. However, internal agency staffing issues [lack of] is more often the root cause for those who find the work to be labor intensive. In addition, to meet grantee deadlines, CHAMP does require users to be diligent with their entries, which many agencies, in particular those who are short staffed or have multiple grants, find difficult to keep up with.

The computer equipment provided for CHAMP is not outdated; in fact, all machines provided by CHAMP are less than three years old. Some agencies chose to utilize their own machines; however it is not the responsibility of the CHAMP office to replace these machines, only to ensure the CHAMP software runs.

The system is admittedly outdated; however financial constraints have caused the delay of CHAMP 3.0 development to span several years. Funding constraints have impacted the ability to expand and update this program.

CHAMP as a Tool to Develop Fiscal/Service Reports

Providers made numerous comments about the ability to use CHAMP to develop fiscal/service reports. These comments included:

- It makes generating reports easy
- Good – our system went down but we were assured your site still had all the data and that was very helpful
- The system is not used appropriately to generate payments. Although all payment information is in the system, no payments are even generated unless a signature is provided
- Although it is not updated on a timely basis when contract amendments occur, it assists in managing funds for DEA and Housing. It provides rapid review of expenditures and level of service (LOS).
- Has helped in facilitating various reports within the agency
- Useful to track finances and units of services
- Fiscal reports are good to have for staff members to see how much funding is left for the year

- Only useful for per diem billing. Does not help with other areas or fiscal/narrative reporting.
- CHAMP records helps in compiling information in a concise manner that can then be transferred to a spreadsheet for fiscal use.
- The RFP should be available in the CHAMP system, specifically the fiscal portion, it would help with unit cost
- It is a good tool
- It is an excellent tool
- Very good. Would like to see 'ad-hoc reporting- capabilities expanded.

Response to provider concerns:

At times, provider comments seem to indicate ignorance of policy and procedure. While providers comment that the system is not used to generate payments unless a signature is provided, this is the way the grantee has chosen to operate, and has nothing to do with the CHAMP system. In addition, providers chose to comment on updated contract amendments in the system. Contracts are entered when the CHAMP office receives them from the grantee. As was noted previously in this report, delayed notification from HRSA regarding award totals significantly impacts the grantee's ability to allocate funds among agencies, and delays notification to CHAMP. Lastly, CHAMP version 3.0 will include the ability to expand ad-hoc reporting.

On-going Support in Using CHAMP

In response to a question which asked providers to rate the on-going support the staff received in using CHAMP, the results were mixed. 59% indicated the support was either excellent or good. However, 9 agencies (24%) responded the support was 'average', 2 stated it was 'fair', and 4 (11%) agencies described the support received as 'poor'.

Providers had numerous comments regarding the support received from the CHAMP office. Numerous agencies reported that the response time is very slow; however other providers noted the quality of response is good, once received. Comments included the following:

- Long waiting time for response and assistance
- The system goes down a lot and it can take a week to get a response
- CHAMP helpline needs more staff. Annual training should be provided on all functions
- Very poor response to questions and TA. Never get to directly speak to a person. Leave many messages with long lag time before someone responds
- Technical assistance return calls are a little slow but overall the answers, solutions, or comments provided are excellent
- It usually takes 3 calls to the CHAMP office & one call to my program monitor explaining that no one from CHAMP has replied to our request before we get a call from the CHAMP office
- CHAMP helpline is fine; person to person is poor and slow
- More CHAMP technical staff needed

Response to provider concerns:

While providers indicate that more CHAMP staff would be helpful, it would not be financially advantageous due to the fact that on the average day, employees would not have anything to do. It would cost the EMA and the CHAMP program more dollars to hire an additional employee. Unfortunately, most providers are hopeful for instant responses, which is not always realistic.

Timeliness of CHAMP Unit Responses

In response to a question which asked providers to rate the timeliness of the CHAMP unit responses, many providers were not pleased with the amount of time it reportedly takes to receive a response. 6 agencies (16%) rated the timeliness as excellent, and 9 (25%) rated the timeliness as good. However, 6 agencies also reported the timeliness of responses is average, while 42% indicated fair or poor.

Comments, many of which are applicable more so when answered on the previous question, included:

- Telephone response and in person response takes too long, 3 – 5 days normally
- Have to call three or more times – usually resort to speaking with someone else
- Response time is slow. Call backs do not happen and often require 2- 3 follow-up calls. When response is achieved the result is very good.
- No one responds to voice mail messages

Response to provider concerns:

The CHAMP system does not “go down a lot”, as is suggested by one provider. On certain occasions, it can take up to a week to get an on-site tech, depending on the technician schedule and the user’s schedule. In addition, while some providers indicated a long waiting time for responses and assistance, logs of requests show that in most instances, calls are returned within the same day. On certain occasions, if more than 5 – 6 complicated calls are received in a day, calls received beyond that are pushed to the next day. In all cases, calls are handled in the order in which they were received. In addition, responses to calls may be delayed as the CHAMP staff work to ensure a quality response, rather than an immediate response which may result in future concerns.

On-Site CHAMP Training

4 agencies responded they received on-site training on CHAMP in the past year, while 33 stated they had not received any training. Of the 5 agencies that provided comments, three indicated that on-site training was not necessary. One agency stated that on-site training is “much needed”, while another stated that “Futurebridge trained 8 of our staff at their site in early 2003, it was excellent”.

Providers were given an opportunity to make any other suggestions regarding CHAMP, specifically with ideas for improving CHAMP. Comments included the following:

- Better TA
- Levels of security with appropriate staff to access client data
- Update the equipment, more training
- Excellent system as well as support staff. However, timeliness of CHAMP unit responses extremely poor
- Would like to receive more training – don’t understand how to maneuver around all areas
- Reports should be more user-friendly
- Agencies should be able to message each other through the CHAMP system – requests for help should be available on-line
- Compatible with other HRSA databases
- Keying in the client ID# rather than searching for it is quicker, the ability to delete client ID # if it has been incorrectly entered, better reporting for statistical data, name of patient linked to their data (***Please note: To protect patient’s confidentiality, patient names are never used in the CHAMP database***)

Response to provider concerns:

CHAMP 3.0 will include increased security measures. The program will also allow providers to send instant messages. Providers also commented they would like additional training. Training will gladly be provided, however agencies must request training through their program monitor, as the CHAMP unit cannot schedule training without the consent of the grantee.

Recommendations regarding CHAMP:

Overall, providers seem pleased with CHAMP as a client-level and fiscal-level program. Main concerns with CHAMP, as reported by providers, center on response time from the CHAMP unit. Staff should be educated at technical assistance meetings, bidders meetings, committee meetings, etc., that staff of FutureBridge Business Solutions are limited with funds and staff. In light of these limitations, the staff does make every effort to ensure that requests for assistance are addressed almost immediately. The following are recommendations regarding the CHAMP system:

- *With the projected implementation of CHAMP 3.0, agencies should be provided with a written overview of changes in the system, along with any anticipated concerns. This may eliminate numerous phone calls to CHAMP unit staff.*
- *As policy dictates that requests for CHAMP training must originate with program monitors, these monitors should frequently remind agency staff of the opportunity for training. In addition, agencies should be informed that all requests for training must originate with program monitors.*
- *The grantee may wish to implement an annual training for all agencies, and should also provide a written overview of the program. This program should include a troubleshooting document, which may help to eliminate frequent phone calls from providers.*
- *FutureBridge staff should continue to work to ensure that the majority of providers receive responses to queries within the same day. Logs should continue to be maintained, to document response time.*

Planning Council

Familiarity with the Newark EMA HIV Health Services Planning Council

Of the 42 providers who responded to this question, 24 (57%) indicated they were very familiar with the work of the Planning Council. 13 (31%) providers indicated they were somewhat knowledgeable about the Planning Council, and 5 (12%) indicated a limited understanding. There were zero (0) providers who indicated they had never heard of the Planning Council. For those providers who indicated a limited understanding, the survey instrument instructed them to skip the remaining questions regarding the Planning Council, and proceed to a question later in the documents.

Work of the Planning Council

For those agencies who did report being familiar with the Planning Council, 88% described the work of the Council as either excellent or good, while 3 providers indicated the work was average and 1 indicated the work was fair. Zero (0) agencies rated the work of the Planning Council as poor. Three agencies provided comments, one agency stated again they were not familiar with the work of the Planning Council, while another stated “The work the Planning Council does is difficult. Attention should be given to the unique differences between the counties”. Lastly, one provider stated the Planning Council is “Extremely time consuming and cumbersome word processes which seem redundant at best and confusing at the very worst”.

In response to the comment regarding the amount of time and work required by members of the Planning Council and its committees, it should be noted that Title-I funds focus on community planning to set priorities and implement programs. Community planning requires extensive participation by both consumers and service providers. Therefore, it is expected that all participants, of

the Planning Council and its committee's, will provide time each month for participation in meetings (which may be lengthy at times) as well as preparation for meetings (which includes reading documents which will be discussed).

Needs Assessment/Comprehensive Health Plan

Of the 36 providers who responded, 30 (83%) reported they have seen/read copies of the Planning Council's Needs Assessments or Comprehensive Health Plans, while 6 (17%) providers reported they had not seen either document.

When asked to rate the quality of the documents completed by the Planning Council, 15 of the 30 agencies responding rated the quality as 'excellent' (50%), 11 (37%) responded 'somewhat high quality' and 4 providers responded 'the quality is average'. One provider stated "As a grant writer, I use it to make sure proposals are compatible with needs – don't know if the information is accurate. Program staff do not read these documents". Another provider commented, "This is a very comprehensive plan, however there are unique differences/problems within each county, these should be looked at more closely."

14 providers responded they have utilized either the Needs Assessment or Comprehensive Health Plan many times in the past year. 4 agencies have used the documents twice, 5 agencies report using them at least once, and 1 agency reported never using either document. Of the four agencies who chose to provide comments, three again wrote the number of times they have used the document. One provider wrote "Received 2004-2006 plan on April 8, 2004".

When asked to provide comments on the Planning Council's priorities and/or priority setting process, those who responded suggested the following:

- Good
- Often seems a forum for individuals to hold the membership hostage as they move forward their own agenda
- Very labor intensive but worth the staff time
- More training for new members
- Too drawn out; not well informed
- Priority Setting process is rigorous and well researched
- Too many words and not enough action

FY 2004 Funding Allocation Priorities Report

Of the 34 providers who responded to this question, 79% rated the Funding Allocations Priorities Report as excellent or good, 6 agencies (18%) rated the report as average and 1 provider rated the report as fair. One provider responded that the "priorities were clearly stated" while another provider had never seen the report and asked "How do I get to see the report?"

It should be noted that the Funding Allocation Priorities Report is available in the City of Newark's RFP; therefore all agencies applying for and receiving funding have access to the report. In many instances, administrative personnel, who may not be familiar with the RFP, may complete the survey.

Planning Council Staff

Of the 42 agencies who responded to a question regarding the Planning Council's staff in responding to questions and requests for information over the past twelve months, 55% indicated the response was

either excellent or good, while 9% indicated it was average or fair. 15 agencies responded they have never called the Council offices with a question or request. Two agencies chose to provide comments. One agency stated they receive a “timely response” and the other agency reported: “The Planning Council in my opinion is a very active and responsive body to address the consumers and HIV provider’s needs”.

When asked to rate the timeliness of the Planning Council staff’s responses, 13 of the 26 agencies (50%) responding indicated the timeliness was excellent, 9 (25%) indicated the response time was good and 4 agencies (11%) responded fair.

As a completion of the Planning Council portion of the survey, providers were asked to offer any other comments on the Planning Council’s work. Comments included the following:

- Need for more “advertisement” of meetings, specific committees and times
- We have been involved in the Council in the past and feel they make great efforts to gather a lot of information from different sources before making any recommendations
- Individual responses to public testimony would be great. In the past a form letter had been sent with Planning Council signatures on them. Gives the impression that their testimony is not worth much
- My only dissatisfaction with the Planning Council is when our agency submitted the HIV survey of Provider’s Services form, it had to be faxed and sent five times, and still the data was presented inaccurately in the providers book (*Note: The Planning Council has not created a book of providers and services within the last year.*)
- Include an oral health representative/advocate
- I believe they do a good job but there should be more opportunity for my staff to become a member of the Council

Recommendations regarding the Planning Council:

The Planning Council would benefit from increased advertisement of meetings and committees. In an effort to increase participation, the Council is currently creating a brochure for distribution. This brochure will detail the work of the Council, the committee structure, and will encourage participation by all community members. This brochure is largely the result of suggestions by service providers. In addition, the Council will review recent public testimonies, to ensure that appropriate responses were provided. If necessary, the procedure for public testimony will be reviewed. Lastly, one provider commented on the difficulty for staff to become Planning Council members. As is required by CARE Act legislation, the Planning Council should be comprised of no less than 33% consumer representatives. In addition, participants must fill specific categories; therefore certain staff may not be eligible for consideration on the Council. This does not mean, however, that staff of agencies are not welcome to attend Planning Council meetings. Meetings are open to the public, and non-voting members are encouraged to provide public testimony, when appropriate. Planning Council staff should continue to provide explanations of membership requirements at Council and committee meetings.

The Planning Council posts most major documents, including the Needs Assessment and the Comprehensive Health Plan on its website, this should continue and advertisement of the website should be a constant at all public meetings.

In an effort to reach either program level or administrative staff, who may be unfamiliar with the work of the Planning Council, staff should consider visiting funded agencies to provide brief presentations. These presentations should center on the goals, the work of the Council, and should encourage participation by both providers and consumers.

Minority AIDS Initiative

“The Minority AIDS Initiative (MAI) was created in 1998 in response to growing concern about the impact of HIV/AIDS on racial and ethnic minorities in the United States. It provides new funding designed to strengthen organizational capacity and expand HIV-related services in minority communities. The principle goals are to improve HIV-related health outcomes for racial and ethnic

minority communities disproportionately affected by HIV/AIDS and reduce HIV-related health disparities. Central to these goals is the MAI's focus on efforts to strengthen and the organizational capacity of community-based providers, in particular minority providers; improve the quality of HIV services; expand the pool of HIV service providers; and enhance the ability of minority service providers to compete for other HIV/AIDS funding in the future.”⁵

As reported by the City of Newark, the total MAI funds received for FY 2004 were \$1,250,345. Five agencies received MAI funds, for both Primary Medical Care and Substance Abuse Treatment and Counseling services. A majority of the funds were expended in Primary Medical Care. The target ethnic groups for MAI funds were Blacks and Hispanics. All agencies receiving MAI funds have demonstrated competency through both community advisory boards and staff which are reflective of the racial and ethnic minorities they serve.

Conditions of Award

Upon completion of this report by the City of Newark, all grantee reports (with the exception of the FY 2003 Annual Progress Report and Financial Status Report, which are due 10/1/04 and 9/1/04 respectively) have been completed. This includes the FY 2003 CADR, the FY 2004 report on Minority AIDS Initiative, the FY 2003 Budgeted allocation of FY 2004 Title I funds by service category, a letter of endorsement by the Planning Council and a revised FY 2004 Implementation Plan (Table 10).

Allocation Report

Please see attachments D.1, D.2 and D.3 to review FY 2004-2005 Ryan White Title-I allocations for Essex County, Union County, and Morris, Sussex and Warren.

Additional Comments

Comments Regarding City of Newark (or Union County) or the Planning Council's Administration of Title-I Funds

- Budget responsiveness must improve. We continue to have mundane problems, such as accuracy in addressing of reimbursement checks (this has been a problem for years)
- There needs to be an overhaul of the application, contract, allocation, payment and grievances processes
- Find funding appropriate to what you are requesting us to provide
- Improvements needed on timeliness of payments. Vendors should not have to wait 3 – 5 months or be held hostage to a non-functioning CHAMP system
- All current vendors should receive mailed notice of the availability of the RFP. [The] City should not play politics with these funds
- Revisit priorities. Our clients want and need homemaking services but it was eliminated
- The slow payment of invoices creates such cash flow problems for the agency and we have to draw down our credit line and pay interest on the funds to cover the expenses of the Ryan White programs.

⁵ HIV/AIDS Policy Brief, June 2004. The Minority AIDS Initiative. The Henry J. Kaiser Family Foundation.

- We need more funding
- Need to execute contracts quicker. The effect upon clients is significant
- Overall the process works, there are some Human Resource issues in dealing with providers, i.e., returning phone calls, personal letters of appreciation to consumers for public testimony
- I feel the City of Newark is not totally honest as to their explanation regarding decrease in funding (which was given as a result of decreased AIDS cases). I feel they do not truly represent the community need and am disappointed in the cities (mayor & Council) response to the HIV/AIDS epidemic in the Newark EMA. The Ryan White Unit does not have a strong voice within the city's legislature. Poor leadership.

As a conclusion, providers were asked to offer any comments/suggestions about this survey. The comments/suggestions included the following:

- Survey is overdue
- Easy to complete
- Thank you for the opportunity to have input
- Very appropriate
- Excellent
- Good survey. Would like to know more about the Planning Council and how they assess each provider and standards
- Must be made available online
- Appreciate Ryan White's interest and initiative in seeking feedback
- The survey is too long
- I think the shift to focusing on Primary Medical Care is very aggressive, and it really places the monies where the need is
- The value of this survey will be determined by the number of recommended changes that are implemented
- Prefer all check-off, written comments only if needed

Future Direction

Upon Planning Council approval, this document will be forwarded to the grantee for consideration. The outcomes of these recommendations will be assessed in FY 2005, when the Planning Council will provide an update of the Assessment of Title-I Administration in the Newark EMA. This update will outline which recommendations have been implemented, and the outcomes of these recommendations. A written update will be prepared and will identify any additional concerns or positive changes in the administration of Title-I funds.

The Planning Council wishes to thank all providers who took the time to complete this survey. Specific comments and suggestions about the layout of this survey will be considered, and in many instances implemented for future versions. The Planning Council also extends gratitude to the City of Newark, Department of Health and Human Services Ryan White Unit, and the Union County grants administrator for assistance with the grantee portion. Lastly, staff of FutureBridge Business Solutions should also be thanked, for providing clarification regarding the policies and procedures surrounding the CHAMP program.