Michelle Dawson: So here's a quick roadmap of where we're going today. We'll be working our way through welcome and introductions and then we'll move into an overview of priority setting and resource allocation from Steven Young, and then representatives from San Francisco and Detroit. We'll talk about how they found success with their virtual PSRA processes. Then we're going to provide some general tips for remote meetings and we'll move into our question and answer period.

Michelle Dawson: So to kick off our conversations about the important work of priority setting and resource allocation, I'd like to invite our Planning CHATT project officer, Lenny Green, to say a few words. Lenny, you should be able to unmute yourself.

Lennwood Green: Good afternoon and welcome. Priority setting and allocation is one of Ryan White Part A's annual legislative mandates. It's comprised of two processes, conducting the prioritization of categories, and then the support for that service continuum by the allocation of party funds. This process is required to utilize needs assessment findings and the latest data available. Today's presentation will review that process and provide examples of how it is operated in the virtual environment. Enjoy and welcome.

Michelle Dawson: Thanks so much for those words, Lenny, and for all you do for the Ryan White community. I also want to take a moment to welcome and honor our presenters for today's webinar, Steven Young, Undrea Russell, Rondoe, David Gonzalez, and David Jordan. Thank you all so much for your time and for being willing to share your jurisdictions experience with us. We're so grateful to you.

Michelle Dawson: By the end of today's webinar, all of us here today will be able to understand the purpose of the PSRA process, to describe at least one model for conducting virtual or hybrid PSRA, to recall at least one strategy for achieving planning counselor, planning body consensus in PSRA, and to consider ways to improve participant in the PSRA process. So let's go ahead and get started. I'd like to hand us over to Steven Young who's going to set the stage for us a bit and provide an overview of priority setting and resource allocation as it sort of typically goes. Steven?

Steven Young: Great. Thank you, Michelle, and hello to everyone. I also want to give a special hello and shout out to Lenny for leading this effort within the HIV/AIDS Bureau. Hope you're doing well, Lenny. So I wanted to start out and just reinforce something that Lenny said, and that is that PSRA really is unique within the Ryan White HIV/AIDS Program and specifically Part A. Before I give an overview though, I wanted to take a minute, because I think it's important and helpful to consider and understand the historical context that led to this in terms of community health planning. So if I could have the next slide, please.

Steven Young: So this is kind of a busy slide and I'm not going to read all the words, but I wanted folks to understand that within the United States, there's been a long history to thinking about comprehensive community-based health planning. And there were a number of federal initiatives in the 1900's that looked at how health facilities were developed and geographically placed within communities throughout the country. In the '60s, there were funds made available to states, principally state health departments for comprehensive health planning under a single agency. I'm old enough to remember in '74 that there was a certificate of need process that was instituted. I actually participated in that at a county level, where every newer expanded health facility had to go through a community review and then recommendations up to the state before it could be developed, built, and offer services.

Steven Young: We've placed in this slide a recognition of the first documentation of AIDS in the MMWR at June 5th, 1981, pneumocystis pneumonia from a gay man that was documented in Los Angeles. And then we progressed to the right and talk about, "Okay, so this community health planning notion, how did it then begin to be considered within our HIV/AIDS Programming?" So before the federal government actually put any dollars into HIV Care, the Robert Wood Johnson Foundation instituted a national program where they attempted to model the community-based response that developed organically in San Francisco in the early '80s and tried to replicate that in 10 hard hit cities across the country.

Steven Young: Subsequent to that, the federal government made its first funding available for service demonstration projects in four cities. I think off the top of my head, they were New York, Los Angeles, Miami and Houston, but I may have one of those wrong. And then health service planning grants were provided to states. It was a competitive program in 1988. And all of that led to the first passage of the Ryan White Comprehensive AIDS Resources Emergency Act, which as all of you know, has been reauthorized several times since that time.

Steven Young: Next slide please. So priority setting and resource allocation is a legislative requirement. I, and I think many people believe that it is the singular most important task. There are many tasks, but one of the most important tasks of any planning council and planning body, with decisions that are made on objective information and data, and only by planning council and planning body members. You will hear, I think, from our Detroit and San Francisco colleagues, about some of their approaches. There are many approaches to this, both within special PSRA committees, executive committee, full council, et cetera, so you'll hear about some of that later in the call. The PSRA process must be based on objective information data, and it should not be based on anecdotal information or impassioned pleas.

Steven Young: So in the box there, you'll see a note, important to reinforce that planning councils have decision making authority. And so procurement by the recipient ultimately follows the decisions established by the planning council. Planning bodies or advisory and procurement should follow the recommendations of the planning body. And also in that box, if you go to targethiv.org, under Planning CHATT there are some wonderful resources on the whole PSRA process.

Steven Young: Before we leave this slide, I just wanted to mention I've always referred to PSRA as part science and part art. Councils and planning bodies, yes, they follow the objective and quantitative data and information, but they also, in many ways, combine that with qualitative data that may be captured through the needs assessment process or may percolate up from the community as well as thinking about certain populations of focus. So it's really a combination of the two to generate the PSRA decision making process.

Steven Young: Next slide please. So just to be clear, priority setting has a definition, and this is the process of deciding which HIV/AIDS services are the most important in providing a comprehensive system of care for all persons with HIV in the jurisdiction, in the eligible metropolitan area or transitional grant area. And all such services must be prioritized. This is a legislative requirement. I'm not going to read the words of that requirement, but it is vested in the law under Section 2602 for these responsibilities.

Steven Young: Next slide, please. So priority setting, it must address the needs of all persons with HIV, regardless of who they are, where they live in the EMA or TGA, stage of disease, and whether they currently receive services or not. And the priorities should be set without regard to the availability of funds, either PART A or other funds.

Steven Young: So let me explain this slide a little bit. So in terms of addressing all persons with HIV, jurisdictions must consider issues of things like parity for example, or how best to decrease unmet needs, on how best to set priorities to improve outcomes related to the HIV care continuum. Are there needs of certain populations of focus that have long gone ignored and which need to be addressed? And if you look at that fourth little bullet whether they currently receive services, what that refers to is individuals who are both currently in care, as well as people who are out of care. Really needing to consider both of those pieces.

Steven Young: Next slide please. Oh, I'm sorry. Michelle, could you just go back for a second? Yeah. The other thing I wanted to say about that second priority, this notion of setting the priorities without regard to the availability of fund. So when we get into the resource allocation piece, you'll see that you set your priorities and

then the allocation of resources is based on everything you know and document about other resources or other funding availability that may help address those service priority so then you can target the Part A fund. So that's really what's meant by that bullet.

Steven Young: Next slide please. So along with this process, there's this notion of directives, which again, this is legislatively based. Directives can come from the PC or PB to the Part A recipient on how best to meet these priorities once they're established. It provides guidance to the recipient when they're providing and contracting for services. So that guidance may focus on populations that need to be served, the geographic location of service providers, or maybe new types of service models or strategies that should be used. This guidance then provides instructions to the recipient to follow in procuring the core medical and support services.

Steven Young: To expand a little bit, many jurisdictions have developed directives that look at barriers to care, access to care issues such as expanding services to evening or weekend hours or transportation issues to get people to the services that are funded, issues of cultural competency amongst their providers, all those kinds of things, et cetera. But an important point here is that the directives should not be so specific that they limit an open procurement conducted by the recipient, because all of our recipients are cities and counties. They do their best to be responsive within their procurement procedures. So the directives cannot limit open procurement that the recipient has to abide by in their jurisdiction.

Steven Young: Next slide, please. Then we get to the concept of resource allocation, which is, "We have our service priorities now, how much Part A funding are we going to allocate to each one?" So the PC instructs and the PB advises the recipient on how to distribute the Part A funds. Remember that this is also done within the context of the 75%, 25% requirement in the absence of an approved core medical services waiver. And if jurisdictions are interested in such a waiver, I would just suggest that they work with their project officer in the HIV/AIDS Bureau, because there's a whole process involved to that.

Steven Young: Important concept here is that the priorities as they're listed 1 through 10 or 1 through 15, some of the lower ranked service categories may actually receive a larger allocation than the higher ranked service categories because there are issues of cost per client and unit of service or other services that might be available through other funding streams. The example I always use is many jurisdictions have outpatient ambulatory medical care as their number one priority, but then some of their other services are funded at a higher level because that primary medical care has other public and private funding streams

and reimbursement streams that may knock down that allocation a bit. So that's an important point to keep in mind and is a totally legitimate approach.

Steven Young: Next slide please. So in approaching resource allocation, there is a general recommendation as you're thinking about the allocations to consider your overall funding scenario for the coming year. The recommendation is to use three funding scenarios. Flat funding, an increase of 5% or more, or a decrease of 5% or more. With that second one though, I would like to clarify that because the HIV/AIDS Bureau, through their annual Notice of Funding Opportunities so the most recent 2022 Part A NOFO, provided ceiling allowances for each jurisdiction. So I would suggest that that would be a good number to shoot for in terms of that second bullet increase of 5% or more.

Steven Young: It's also critical to consider the minority HIV/AIDS funds that are available through the Part A program and a separate allocation process for that component of the program as well as the overall Part A. Again, referring to the most recent 2022 NOFO that came out of the HIV/AIDS Bureau, this separate allocation process for the Minority AIDS Initiative allows for completion of the service category plan table and the narrative that's required for subpopulations of focus. So very important that this be a separate and integral part of the overall process. And allocation should consider the cost per client, which means doing allocation in dollars, not just percentage of funds.

Steven Young: Next slide please. So once jurisdictions work through this, there a process known as reallocation, which is moving funds across the service categories after the initial allocations are made. And this can occur anytime during a program year, often when funds are under spent in one category, or demand is greater in another, or circumstances change. So it is critical because there is a penalty within the Part A program if jurisdictions have more than 5% of their formula funds unspent. There are significant penalties where that amount is deducted from future for the next year's grant award and there is an ineligibility clause for supplemental funding the following year. So it's important to keep an eye on that.

Steven Young: Why might this reallocation be necessary? Well, there may be a decrease in demand for some reason. In a service, there may be staff vacancies and certain contracts. We've seen over the years, unfortunately, some weather-related disasters in some communities. And so they've really had to shift things up during the year.

Steven Young: Again, an important distinction, if funds are being reallocated within an individual service category, the recipient takes the lead on that. But where the reallocation occurs across service categories, again, since the planning council

and planning bodies sets those recommendations, it has to go back to that body or be in accordance with a previously agreed upon amount in terms of percentage changes. Many jurisdictions have MOUs between the planning council, planning body and the recipient that allows for that to occur in real time without having to go back and forth. And so that's another approach to that.

Steven Young: All right. I'm going to wrap up here with a couple of quick slides. So we go to the next slide, please. We want to just highlight the steps in the PSRA process. Next slide, please, and start with a few tips. First, there is no one right way to set priorities and allocate resources. But having said that, each jurisdictions process must be documented in writing and used to guide the deliberations and decision making. And related to this, a grievance can be filed if the body deviates from this established process and this controls for conflict of interest by individuals or factions within the planning body. The PSRA process should be agreed upon as well as its desired outcomes and the responsibilities for carrying out the process.

Steven Young: So some of the outcomes we've touched on a little bit could be a focus on the availability of certain services, the accessibility of those services, particular service models, capacity of providers, HIV disparities, and of course, clinical outcomes with the gold standard being viral suppression. It is important also to review and revise the process as necessary from year to year.

Steven Young: Next slide. We thought it's important to develop a slide on needs assessment because this is the piece that really drives the PSRA process and a comprehensive needs assessment I believe that the HIV/AIDS Bureau for Part A suggests once every three years. There's also link to the Integrated HIV Prevention and Care Plan requirement. But these are all the components of a needs assessment. An epi profile, an estimate of people with unmet needs, service needs, resource inventory, a profile of existing providers, they're capacity and capability, and then an assessment of unmet needs and service gaps. So all this information is put together to help guide the PSRA process. And it's okay if you don't have all this information updated on a yearly basis, but you must use the most recently available data. And of course, if you have something new, you can tweak your assessment and plug it in for that year.

Steven Young: Next couple of slides will just highlight the 11 steps in the PSRA process which I've talked about in my presentation. So you start up with your inputs. You review the service categories that are established by HRSA. You need to agree on your principles and criteria and decision making. And then you start to review your data.

Steven Young: Next slide. You implement the process. You set your service priorities, including how best to meet them. And then you agree on the principles and criteria if we're getting to the next piece, which is the allocation of funds, the resource allocation piece. Once again, you review the data. And then you need to estimate the needs and cost by service category, because remember, we talked about the fact that the top priority may not get the most absolute dollars in terms of the Part A program.

Steven Young: Next slide, please. And then bodies allocate the resources to those service categories, provide directives to the Part A recipient. And then through a period of formal reflection, identify areas of uncertainty and needed improvement and schedule a review of the process. Best to do it quickly within a month after implementation when things are fresh so that the group can identify changes for the next year.

Steven Young: I will summarize all this by saying that those who serve on and support planning councils and planning bodies, you make the difference. Turning it back to Michelle.

Michelle Dawson: Thanks so much for that overview, Steven. We really appreciate you setting this stage for us in helping to understand why we do PSRA and how it typically works. So now that we have a better understanding of the theory behind PSRA and about how it usually works, let's hear from our panelists about what PSRA looks like in their jurisdiction and especially what it looked like over these last two years or so as they've pivoted in order to successfully conduct PSRA in a virtual environment. And so we'll start with our panelists from San Francisco, David Jordan and David Gonzalez. David and David, the floor is yours.

David Jordan: Thank you. If you could advance the slide, we'll go ahead and just jump into... Or actually, maybe we should just introduce ourselves quickly. My name is David Jordan. I am the program manager for Planning Council Support, San Francisco EMA.

David González: Great. And I am David Gonzalez. I am the community co-chair for the planning council. And I've been involved in planning, first with prevention back in 2007, I'm a co-chair of that. And now as co-chair of our merged council.

David Jordan: Great. So I'm going to start with discussion of our data review process as outlined in that first section. So it is, as mentioned, sometimes art and science. That often means sort of balancing our quantitative data presentations with a fair amount of qualitative. And though it is sort of specifically noted that prioritization shouldn't be set purely on sort of anecdotal or impassioned pleas for funding, those things do matter. Even individual anecdotes can really point

towards what is an unmet need or something specific that is happening that we were unaware of. And so to that end, we do our best to get as much consumer input as possible.

David Jordan: We do our sort of presentation calendar through the year for our full council meetings. It is very heavy on sort of report backs from service providers and collaborative reports from other planning bodies that sort of have intersectionality with the work that we're doing, and just other sort of city groups that may have impact on HIV populace. Towards the end of our planning cycle, we generally see presentations from our DPH epi section, as well as our DPH section that manages our units of service, sort of database tracking system, which is called ARIES where we are in our jurisdiction.

David Jordan: We also receive the needs assessment presentation. That needs assessment has been an evolving, sort of iterative process in my time, which is going on a decade now. First working with the Care council and now with the merged council, similarly with David but from reverse original councils.

David Jordan: It used to be that we did sort of a community-wide needs assessments. Sometime around seven or eight years ago, we moved towards a focused, targeted needs assessment wherein we go through a process led by our community engagement committee to identify a population that we were hoping to learn more about their specific challenges needs and maybe unmet needs. And that sort of rolls through committees and is voted on by the full council.

David Jordan: We have found that this allows us to do a sort of ongoing year over year compare and contrast between populations. It also allows us to modify our techniques, strategies for outreach and actual sort of interviews, whether that be one-on-one interviews, community forums, focus groups, whatever that takes, and even sort of tailor our survey instruments and interview tools to the specific population. Meaning one population may have specific challenges around outreach and recruitment, or we may have a population that has distinct needs around language capacity. Those things all sort of go into that planning process, and doing it this way allows us to meet that population where they are and get as great a breadth and depth of information for them as possible. That is our goal and that is sort of how we have been working along that line for a number of years now. I think it has been largely successful. We can move on to the next slide.

David González: All right, great. So this slide really sort of highlights the structure that we do in terms of our prioritization and resource allocation, decision making, as well as a way that funding allocation sort of moves through the council. So really, what

we started to do before the pandemic and really came to fruition during the pandemic was that instead of waiting to do sort of like a year end, sort of like one time meeting to do all this at once, we actually spread it out throughout the year. This became really essential with a merged council with where you're dealing with prevention and also with HRSA mandate, is that it would become too heavy on one end of the year to do one thing versus the other. So we spread these out over the year.

David González: When we started doing things, going to virtual meetings, it became much really essential because we started to pare down our full body council meetings and really made all the work heavy within the work groups. So what we do here is that we consider flat funding, increased funding and decreased funding all these options as well as the allocations. That all gets vetted in each individual meeting. And so, one committee will vote on something that they may change it or they see fit. And that moves as a motion to the next committee. And so throughout the month, before we get to the full council meeting, we have actually have now changed the motion several times. It provides an opportunity for not only providers, but over consumers to give input into that motion as it moves into each meeting.

David González: So while we pare down the amount of work that we do to sort of the basics and really essentials during the pandemic, we at least had enough input from everyone who would want to have input, specifically consumers of HIV services at those meetings to give their two cents. We don't want to just do things [inaudible 00:30:03].

David González: And then finally, we did structure things where we would have. Then once we got to the decision making sort of a... What is it? The prioritization meeting, the final one, everything had moved and it's mostly just a vote of confidence of like, "Yes, we agree that this is what we all agreed to." And so it really took the responsibility out of having everybody in the room at the same time and saying, "Let's just spread this out over a longer period of time," but having smaller groups that work on.

David Jordan: I'm sure everyone has experienced challenges over the last couple of years, personal, professional and otherwise. The planning process is the same. It was, initially, I think everybody was sort of in a, "Let's pause and take stack of our priorities." And then we began sort of the process of figuring out how to move forward to do community policy planning in an environment where we could not be physically in proximity with each other, or the community. So, as I'm sure most of you did, we went to virtual meetings. This led to a challenge around equity in sort of like, how do we presume? Can we presume that all people who need to have input in this process have equal access to technology? Meaning

the actual physical piece of technology, consistent access to high speed internet and everything along those lines. And also the informational resources to use those things.

David Jordan: So we were able to access some one-time funding to provide devices for council members who did not have them previously. We were able to mobilize council staff and some community volunteers to meet with any council members in person who needed sort of one-on-one training around how to use Zoom. I think that was a steep learning curve for a lot of folks.

David Jordan: We really sort of, I think, stepped up. I think early on, people had a lot of fear around what that meant especially. I think this most specifically hit our consumers of services, members of our council, many of whom are long-term survivors, seniors. And so I'm sure, like many people, your grandma maybe, or even your parents really struggled, trying to figure out how to do that family Zoom. Our council members were no different. And so it was a challenging effort. It was very rewarding to actually get people involved. It has been an imperfect solution, I think. But I think at minimum, it is moving the conversation forward around... We were doing some versions of hybrid meetings before COVID and they were not especially successful. And so, I think that this sort of crisis forced us to examine how we deal with that issue, COVID or no COVID, and develop new strategies and develop new technologies and maybe prioritize funding for devices and training. So that is how we sort of approach that initially. We can move to the next slide.

David González: So this slide sort of summarizes what I had mentioned earlier about really structuring our meetings to be, bare bones, what is essential. Number one is always really to prioritize community input. It's number one. Number one. So we really had to work on our access to electronics, really work on training, as well as really... Our quorum, the way we structure our meetings is that every meeting has to have a quorum. The quorum is based on actually how many consumers of our services are present during the meeting. And so if we felt that we were not reaching that quorum and it was because of technical access, then we focused on those individual members to be present.

David González: One of the benefits of training our participants and our council members on being part of the meeting is that a lot of those folks also participate in other funding meetings. So really, it was about empowering them to be able to not only be present, but then be able to be leaders in other areas of the community. So this slide really briefly summarizes the way we structure our motions and the prioritization allocation. It's not about one time thing, it's going things through. This structure's actually really, really helpful as well because since we're a merged council, a lot of the work that we do is also with getting to zero and also

in the epidemics. And so a lot of our work is based on harm reduction, specifically also we do a lot of work with overdose prevention.

David González: And so being able to structure something like this into our monthly structure of voting, and then being able to then... Like I said, essentials, adding in things that we had to do for other funding, like prioritization, our prioritization is overdose prevention and [inaudible 00:36:43] health that we have to address that. Whether the funding is there or not, we need to actually make some decisions. And so, being able to move these decisions through the committee makes it a lot easier to then have more space during our full of council meetings to be able to make these decisions. That's sort of where we want to put our advisory role as well because we are also a planning body.

David González: Excellent. You want to take this one, Dave, or I'm going to do it?

David Jordan: Sure. I mean, feel free to jump in. I think we probably both have some sort of pertinent feedback on these things. So I think that for us, we saw a... Previous to COVID, we had a fairly robust community presence at meetings, at committee meetings and our full council meetings and at the summit. I mean, there were times I remember where there are being a gallery of more than, sometimes close to two dozen folks from the community, at the summit who were there all day long.

David Jordan: Of course, that is not the case now. I think that challenges with technology, it's hard to get excited about being sitting at your desk. It feels removed, feels unreal, feels inhumane. And so we are really continuing to work on strategies on how to regain that community presence at meetings. And also sort of within our community engagement efforts like needs assessments, we also have a separate sort of activities that we call COLA, Committee Outreach and Listening Activities, which because of our hybrid nature allows us to do something akin to needs assessments that with sort of either population, sort of at risk HIV, negative at risk, or HIV positive folks, and be a little more flexible in our data gathering. It's all very useful to us while still using a needs assessment as a strict sort of to meet that HRSA mandate.

David Jordan: And so those things continue. We have kind of struggled with strategies around outreach and recruitment. And as things kind of come back to normal, I suppose, things are easing up, but it is challenging. And I think that part of that is that there is, again, the exhaustion in dealing with the up and down roller coaster nature of quarantine and the challenges of dealing with technology and all the mental health challenges that people have experienced over the last two years and the sense of isolation. We are aware of those things. We are hard at work trying to develop strategies for how to address them. I think people

engaged. That is one of the most distinct things we've heard from council members, is it just doesn't feel as sort of dynamic in experience sitting at home on your computer or sitting in your office as a service provider. David, anything else?

David González: Yeah. One of the things we found out is that we actually ended up our participation in the online version of our meetings actually was very high, of all things. So even though we were struggling to get more people involved and struggling to start to include more consumers to sort of flat line in terms of getting more participation in, the people who are participating are showing up. So we're having really high attendance rates at all of our meetings.

David González: I think the other thing also to leverage that with is that, I'm all about efficiency and so really shortening these meetings down and really being targeted and focused, people can then say, "I need to show up for this meeting because this is going to be particularly about this topic that I really want to give my two cents about." So it's one of those things where we're still trying to balance that. Moving now, moving into sort of a hybrid model, we're looking to do a hybrid model coming in April. It's being respectful of people's needs versus people's wants. There's a lot of folks that want to meet in person. There's a few challenges with that specifically with our local COVID restrictions in place.

David González: And so it's been a bit much to be able to move to that model as well. But I feel that because of success of going online has been documented, some of the work that we're doing probably will still remain online. We are still going to have in-person meetings for higher level leadership decision making. But ultimately, it is about making sure that we address everyone's needs. There's a lot of people that participate that work, and this is a lot easier for them to be able to participate because they're consumers and they're working. So that's about that.

David González: And so on the next one, like we said, we had quarantine exhaustion. This all happened in the middle of BLM protests and everything going on out. Right now we're having the whole vision of Ukraine. And a lot of people participate in protests. A lot of people participate in other things. And so during this process, we had to be very cognizant that people spend a lot of time elsewhere. And it's not just about the meeting fatigue, it's about people are really busy caretakers. So many people are taking care of other people who are extremely sick during COVID. And so I think this period really taught us compassion, as well as being able to say, "We want to keep things high level. At the same time, let's stick to the basics."

David González: Anything else, Dave? And then the last note here is PC has been working to ensure the members sit on the other community. Yeah, exactly. And so because of those folks that participate with us, participate elsewhere, it's really about being empowering in some way to maintain the leaders to be leaders elsewhere. There are a lot of folks that participate in our meetings that do work with African American and Latinx sort of like planning bodies, transgender health initiatives as well. So it's really keeping that network of people working in other areas as well. That's it.

Michelle Dawson: Thank you both so much for sharing that experience in San Francisco. And so now we'll hand it over to the Southeastern Michigan HIV/AIDS Council who will talk to us about their experiences. And remember, if you have questions for any of our panelists, you can go ahead and putting them into the chat so we can address them at the end. And I'll hand it to Undrea and Rondoe.

Rondoe: Hi everybody. I am Rondoe. I am the chair of the Southeastern Michigan HIV/AIDS Council, and I am also co-chair for our finance committee. Ms. Undrea?

Undrea Russell: Hi everyone. My name is Undrea Russell and I am the project coordinator for the Southeastern Michigan HIV/AIDS Planning Council.

Rondoe: All right. So we're going to do this in two parts. My part is to give you our PSRA process before COVID. So our PSRA process before COVID was actually a two-day process. It was a all day, two-day process. The first day of the meeting was priority setting. In our priority setting meeting, to start it off, we did an introduction to PSRA, what that process was, the structure of the planning council and the funding stream, HRSA, and that whole cycle, and yeah, and the funding stream. And then we did an overview of the roles and responsibilities of the recipient and the planning council, what our roles was in this PSRA process. Next, we did a data review and we looked at epi data, we looked at service utilization data and needs assessment data. And that data could be from any one of those committees. Or the epi data came from our health department, our recipients office. Service utilization data came from recipients as well as some of the data that SMHAC had. And of course, SMHAC had needs assessment data. And that data can come from either the local level or the state, okay?

Rondoe: And then we did a priority setting exercise where we put ourselves in three or four different groups. Each group would develop the priorities from a list of the priorities that we used to formulate that process every year. So the document is kind of standard, but the priorities for each group would be what we thought should be first, second, third, fourth, all the way up to like 25. Each group,

virtually, everybody kind of came out the same. Some categories would be different and then some categories were tie. Keep in mind, we have a pretty large group and we are very good in the process. We are knowledgeable, we're competitive, we're educated on the process, and each group wants to be the best. So that, along with the process, kind of makes it fun. And that's where it's kind of fun comes from. Because even though it's work and it's challenging and it is really, really work, us being together and going through these process together makes the process and the work group or the workshop fun.

Rondoe: Next slide. Okay. So Day 2 in our two-day process, we would do the resource allocation. This gets a little funner because now we get to play with dollars and cents. So then we review expenditure data from funding streams from the four previous years. We'll look at like 2019, 2020, 2021. In that regard, '18, '19, 2021, to prioritize for '22. And then we get feedback data from our providers that had feedback on what was working for them or what wasn't working for them. We get that data as far as underspending and overspending, that sort of thing. And then projected changes and other funding streams like HOPWA dollars, Part B dollars, and those different parts to see if we need to consider putting monies into those categories if that dollar amount is underspent or maybe lost some funding or something like that. We look at all that data.

Rondoe: And then after we review all the data, we break off into the small groups that we did the previous day. And so we're in our group. Our staff developed a way to do allocation process that's really fun. They went and got play money, and enough play money for the budget, like million dollar bills and hundreds and $500 bills. And we had cents, we had coins as well. So each group got their money and then we reallocated what we thought those money should be in those service categories, strictly using the data. Strictly using the data that we had from the previous day, the expenditure data that we got that day. Everything is totally, totally data-driven. Nothing comes out of the blue. And at the end of that process, each group looks at the allocations, see some things where we all did the same, some things were different. We talked about those differences, and then we voted on all the final priorities. The PC agrees that if there's a decrease in funding from each service category, then the decrease would be by the same percentages that we previously allocated.

Rondoe: As far as reallocation dollars, at this point in our 2019, when we were face to face, we had developed a process where reallocation would happen with conference call. So since everybody's in different locations, when we had a reallocation process that came up, the recipient's office would let the staff know that there's a reauthorization coming up. And then they would send email all that data to the finance committee. The finance committee would schedule a day and time where we can get together and we can talk about that reallocation

process over a conference call. And then we can vote on that reallocation process. The chair will then sign the hard document and send it back to the recipient's office. And that was our reallocation process. We didn't have to worry about a quorum because that committee is a pretty big committee and the quorum would be half the members of the last meeting plus one. And so, we always came with a quorum. And that was our two-day process. It was educational and it was informational. We really got the job done and we had fun doing. That's it.

Undrea Russell: We can go to the next slide. Okay. So when it comes to our virtual PSRA process, it actually flows pretty similar to the in-person process. But of course, we had to make a few changes because it's virtual. So one of the changes that we made was to see how the finance committee preferred PSRA to be conducted. So we know that because we were having all of our meetings on Zoom, there was some Zoom burnout. So what we did was give them another option. So we presented the two days, seven hours each day as an option. And then we also presented them with four days, three and a half hours each. Our finance committee decided on the four days, three and a half hours each. So once we got that nailed down, we then sent out those dates to our recipient's office, as well as the epidemiologists, because they present at our PSRA every year so we wanted to make sure those dates worked for them. Once we got the okay from them, we then sent the dates, times, and everything to our full council, inviting them to attend to be a part of PSRA.

Undrea Russell: And we actually did that a few months before PSRA would take place in case we had any issues with getting dates nailed down. So once we had that done, we wanted to prepare for a PSRA orientation. Now, as Ron stated, when we met in person, we would go over all of that information on Day 1. So staff would just email out all of the PSRA documents about a week beforehand then we'd go over everything on Day 1. But this year being that it was... Well, that year, being that it was the first year that we did virtual, we didn't want to run into any snags. And so support staff decided that it would be best to not only just email, but also snail mail all of the information that would be reviewed for PSRA.

Undrea Russell: And so what [Sue 00:56:08] and I did is we created binders for all of the PSRA work group participants. We created those binders, mailed them out, as well as emailed the information so they had the information about three weeks before PSRA. We wanted to do that so that they could have time to look over the information before our orientation.

Undrea Russell: Our orientation took place about two weeks before PSRA. And in our orientation, we went over some of the things that Ron stated. We went over explained what PSRA is, why it's necessary and mandated for us to do, and the

importance of it. We also went through the binders to make sure everyone had all of the information that was necessary to complete the process. And we went over the agenda. We went over each day, highlighting all of the different activities that we would do each day. And then we asked if there were any questions. We also went over some Zoom etiquette.

Undrea Russell: And just really quickly, right when we were mandated to work from home, what the staff decided to do was work with the consultants to create a survey to learn the needs, the technical needs of our planning council members. And so from that survey, we were able to learn who all would need a tablet. Because all of our planning council members had phones, but we wanted them to be able to have a tablet so that they would have better ease of using Zoom. So by the time PSRA came along, everyone who needed a tablet which included data as well, everyone who needed, that they had that in their possession. So during our PSRA orientation, we kind of talked about Zoom and some Zoom etiquette and things like that.

Undrea Russell: So now we move on Day 1 and Day 2 of PSRA. As Ron stated, we review epi data, needs assessment data, service utilization data. Day 2, what the groups did is they broke off into groups, which they normally would do. And for each group, there was a captain so that the captain could make sure that they were capturing how each group wanted to prioritize their services. And of course, they did this according to the data. Once the groups were done, all of the captains emailed their rankings list to one of the consultants who then compiled it all onto an Excel sheet. And then when we all got back together as a large group, we would go over the large Excel sheet and the consultant would have averaged all of the rankings for the groups. So that way we have one list of rankings. And so then there will be conversation. Any questions that anyone had, we would take care of those, any conversations. And we would end that day with a vote on those rankings.

Undrea Russell: So that ends Day 2. And then we go to Days 3 and 4, where we review data for allocation purposes. So expenditure data, data from the providers, data from other funding sources. So everyone looks at that. They're going over that, getting that information as being presented. And then for Day 4, all of the groups come back together. They have their captains, and now we're dealing with a new spreadsheet that has the allocations. So of course, we can't use the actual funny money that we use when we were face to face, but our consultant created a spreadsheet that was still pretty cool. We could allocate dollar amounts to the service categories and we had a column for level funding, and we had a column for the HRSA max.

Undrea Russell: And so once each of the groups did that, the captains would send their spreadsheets off to the consultant. She would combine them. And when we all came back together as a large group, she would use those amounts to create an average for each service category. And again, if there were any questions, concerns, everyone would talk that out and they would end that day with voting on the allocations. So once they vote and approved those, then we're done with Day 4.

Undrea Russell: And then soon after that, what the support staff would do is we would create a summary of our entire process, including who was there, all of the steps that we took to rank... I shouldn't say we, but the work group took to rank those service categories and the steps that they took to allocate those dollars. So we create a summary and then we email it out to the full body so that they have about three weeks to review before we meet at full council for a vote.

Undrea Russell: And then the following month when we have our full council meeting, either a staff person or a finance person will then go over the summary. So then that way we're doing it live. If there are any questions, any concerns, we can handle all of that there. And then we end that session with voting on the entire process, the rankings and the allocations. So once that is approved, then we send that document to the recipient's office so that they can include that information into our grant. And that is our virtual PSRA process. We can go to the next slide.

Undrea Russell: So lessons learned. Something that we learned is that it was very helpful. We got a lot of great feedback on holding that PSRA orientation weeks prior to PSRA. And so that's something that we want to continue to do. Even if, and when we go back to in person, we still want to continue to do that because it was very, very helpful for the PSRA work group members. And also sending everyone those binders in advance. So not just sending them an email of all of the information, but sending them hard copies, tangible copies where they can write, take notes. That was very helpful as well. So those are some things that we want to keep up.

Undrea Russell: I do want to say that when we had to switch to virtual, the staff were really nervous because we were scared that we wouldn't have great attendance because it was virtual and it was four days and it was three and a half hours long. But I'm happy to say that our attendance actually stayed level and on a couple days were a bit more than what we had in per. So we were really, really happy about that. Okay. Next slide. I'm done.

Michelle Dawson: Thank you both so much for that. I really appreciate it. I could see the robust conversation going on in the chat. And so I'm so glad that it was fun and still really well received.

Michelle Dawson: And so now, we're going to move into a short discussion on how remote meetings can be most effective. But while I'm talking about this, if you have any questions for our presenters, you can go ahead and chat them in. And as I said in the chat, I know we're running a little longer than advertised, but we want to make sure that we gave time to our presenters. And so if there are things that we can't address, we will try to follow up.

Michelle Dawson: So some general tips for remote meetings. What are the most important things that you can do to have a successful virtual meeting, as our presenter said, is prepare, prepare, prepare in advance of the meeting. As everyone just said, one of the things that made them successful in conducting virtual PSRA is that they provided the materials in advance to the members so that they could prepare and really think things through on their own time. We saw that they helped people prepare to use the technology to be inclusive with all of their members and the broader community, and really just provided a lot of training on the data and how to participate.

Michelle Dawson: Some other tips to prepare for the meeting are really tips for any meeting, but become really important in a virtual space. Setting an agenda, starting on time, offering time for community review, the code of conduct, asking for conflict of interest declarations and keeping to an agenda. The preparation that we do beforehand really helps set the stage for a successful meeting.

Michelle Dawson: And during the meeting, be sure to follow your clear, limited, focused agenda. We heard from our presenters that some of them have been struggling with virtual fatigue and burnout, and people don't have as much attention virtually to engage for as long as they had been in person. So we want to make sure that we're using time effectively, efficiently and well.

Michelle Dawson: You also want to find ways to manage voting and consensus building that honors each person's contributions. You want to ensure that everyone has equal access to voting and that it's done in an orderly and effective way. And lastly, perhaps this is one of the most difficult things, is that we'll need to find a way to keep all members engaged during the call. You want to be sure that each member has the opportunity to speak and that they're encouraged to do so. Sometimes that takes a little effort, whether it's calling on folks or breaking into small groups to encourage engagement in a smaller setting. So in the chat, we'd love if you share any of the strategies that your jurisdiction has implemented to help keep people be engaged and effective during their virtual meetings.

Michelle Dawson: And after meetings, it can be really helpful to have a debrief amongst staff and officers to talk about what happened during the meeting and to determine if there are any next steps that you would take. You also want to take time to review the recording of a meeting if it was recorded and determine whether you should post the recording or whether minutes are sufficient. And of course, I say this knowing that your decisions around this are going to be made in accordance with any state or local laws or bylaws or policies and procedures that you need to follow.

Michelle Dawson: And so that brings us to the end of our presentation. We're going to go into some of the questions answers that have been kind of coming up. So if you have any questions that you haven't yet sent us via chat, please chat them in now and we'll try to take them in the next couple of minutes or so. And of course, you can always follow up with us by email.

Michelle Dawson: All right then, I think we can start... Well, I want to start with, there was a question in the chat that our project officer Lenny did respond to, which was, "Does the planning council have to prioritize all HRSA service categories or could they just select those to prioritize as it applies to the EMA?" And I just wanted to highlight Lenny's response. He said it's best to prioritize all categories. And if there is a change in the resource inventory that you want to be able to respond, a category may not need funding to have a status change, like a funding source ends, but you have to prioritize a category in order to respond to those. A category can be prioritized even though there's no allocation. Lenny, is there anything you wanted to add there?

Lennwood Green: Just maybe a further example of what I mean. If you would remember back... Oh, well maybe I remember about 20 years ago when we had people with a high level of acuity with malabsorption and the Medicaid program was providing nutritional supplements. And one year in the middle of the Ryan White year, they suspended any support for nutritional supplements. Well, there were people who were utilizing our service continuum that did need those supplements in order to received the nutrition that they needed. Well, for folks who had not prioritized a category that would support that, it was very difficult to respond, but for folks who did prioritize it, although they did not allocate money because the resource inventory indicated, that there was enough resources available. So it's important to remember that prioritization is based on the importance and relevance. But if the resource inventory accommodates it, you do not have to allocate to it, but you always want to make sure. So the best thing to do is to prioritize all the categories. So if there's any sort of change or shift in funding that impacts the resource inventory, you can respond.

Michelle Dawson: Thanks so much for that, Lenny. I see that we have a question for Detroit, or excuse me, Southeastern Michigan. The question is, "Were the four days of your virtual PSRA conducted over the course of a couple of weeks? Or was it four days in a row?" The person asking the question said, "I could see it being four days in a row to help keep the momentum up." Undrea, did you-

Undrea Russell: Yeah, that was actually pretty close. So we were close to four days in a row, and for that exact reason, so no one would forget and to keep the momentum going. So we held our four day sessions, Friday, Saturday, Monday, and Tuesday.

Michelle Dawson: Thanks for that. It's good to have that little break in the middle, but also kept the momentum going. Okay. And then we have... Let's see. A question for... Let's see. There was a question for San Francisco. The question was really, "Could you give an example of what it looks like to have the motions moving through committee?"

David González: Yeah, so I think I answered a little bit, but let's look at... We did a reallocation. It was the middle of COVID, like the first couple of months, and then we had the opportunity to do a reallocation. I'm a service provider, and so our public health department, our HIV Health Services came with like, "This is the dollar amount that we have to allocate" Reallocate. Sorry. So it was one of those things where they came out with dollar amount, percentage of what they think they want to do. We have three committee meetings. They come to the first meeting and they say, "This is what we have." And so then it gets vetted by the folks in the meeting. Dollar amounts are changed. People like me say, "People are struggling with food, with food security. Some people can't leave," whatever, whatever.

David González: And so I [inaudible 01:11:15] together, "Hey, this is what I want to see." And so that gets vetted by everybody. Sure, there may be passion pleas that happen and it may make it to the final vote, but then what was originally presented gets been moved on to the next meeting. Being voted on gets moved on to the next meeting. Again, there's a presentation by the health department. They say, "This is what we came with beforehand. This is how it was changed in the last committee meeting. What do you guys think?" And again, it gets vetted. There's a discussion. Woo, woo, woo, it may stay the same. Usually, passion please are sort of like a, "No, that's not looking right according to our numbers." So it gets vetted. It's changed. Voted on, we move to the next meeting. And so ultimately, it gets to then the steering body, which is then representatives of every committee. All the leadership from every committee has the tenant steering. And so we are just like, "This is what's going on with this."

David González: And so it's usually for the most part by this point, we just say, "This looks great." Or sometimes we're like, "Eh." But then that gets vetted again, voted, and then

it goes to the full planning council meeting. There is a discussion, but it does not get changed. Like if the council says, "This doesn't look right. I don't want to vote on it." I think only... Correct me if I'm wrong, Dave. I think it's only happened like once or twice, maybe once did the council say "We don't like this." And it went back again to the process of going to committees. I forget what it was. It was something... I forget what it was. It was a couple years ago. But that's how the process go. And so usually by the time things get to the full meeting, the full council meeting where there's everybody, all 50, 60 people, it's been vetted several times over.

Michelle Dawson: Great. Thank you so much for that, for walking us through that process. We have a question that I think Undrea and Rondoe were going to answer, which is, "How do you handle managing voting? Are you using Zoom polls or round tables?" And we'll start with Southeastern Michigan, but San Francisco, if you want to weigh in after them, you're welcome to do so.

Rondoe: We don't do Zoom polls for voting. I think the last voting process we did, we did for co-chairs and we did it on Zoom. We did it through the chat. And in order to vote, you don't vote. You vote on chat, but you vote to Undrea. Everybody votes to her, so nobody knows who's voting for. And so I think that's the process that we kind of use when we do vote and we do vote by Zoom. We, generally in person, we get folded pieces of paper, put them in hat. And then somebody from the staff would look at all the votes and give us the tally. Am I right, Undrea?

Undrea Russell: Yep, that's right. And just really quickly for PSRA, because we'll have a work group of about 22 to 25 people, we will hold the vote vocally. And something that we learned to make the process easier is instead of asking all in favor first, we ask are there any opposed. Because a lot of times there are no opposed, so we do that first. We ask if there are any opposed. And then if we don't get any, or maybe only get one or two, and then we ask all in favor, and of course that's more, then it just makes it easier.

David González: Right. And then for us, we do a roll call vote if it concerns money. If it's about money, money, money, money, roll call vote. It has to be, I think, we're required to write a mandate, right, Dave? And then we actually did go to a consensus vote, because we're doing these online things. And sometimes the meeting could be five people, sometime it could be 60 people, so we say, "Okay, are there any opposed? And then what are your reasons? Do you want to talk it out? No? Great. We're moving it on." But only money concerns, only things that are about resource allocation and prioritization that requires a roll call vote.

Michelle Dawson: Thank you. Here is a question. Who facilitates your PSRA?

David Jordan: On our end, the planning council support director facilitates the whole summit essentially during those meetings within committees, in which some sort of aspects and prioritization are discussed, generally staff. Not always the director, but staff member facilitates.

Michelle Dawson: Thank you for that.

Rondoe: Yeah. Our staff, they facilitate our process.

Michelle Dawson: Thank you. And then another one, do you reallocate through the year? Rondoe, I think that you had some things you wanted to talk about there.

Rondoe: Yeah. As reallocations come up, the finance committee is always abreast of the budgets. Our committees meet every other month. So on the months that we meet, we get our reports from the recipient's office. And the months we don't meet, we still get those reports from the recipient's office so that we're abreast of the whole funding process and what's going on with those dollars. A reallocation can come up at any time. And at any time, that's when that process starts. We have a reallocation. The recipient's office informs the staff, gets that paperwork to the staff. The staff sends it out to the executive committee with days and times that we can actually meet for the reallocation process. The committee then lets the staff know we can meet this day and then they'll send out a Zoom link. We'll meet. We'll already have the data. So when we have the meeting, we're abreast of it so we can have a conversation about what that reallocation process is. The recipient's office is very good at breaking the whole mechanism down to us. Questions or concerns, we get to address them then, and then we vote.

Michelle Dawson: Great. Thank you so much.

David Jordan: Yeah, we generally don't find reallocation to be necessary. When things are in flux, when we're seeing sort of points of diversions in funding streams and/or just sort of government policy, so during ACA rollout, I think we had some conversation around reallocation although annually we do have to reallocate, carry forward unspent funds. Those funds generally seem to come from unfilled positions. So staff positions that are unfilled as opposed to programs not utilizing all of their funds. And that's actually a really great example of a motion that goes through all committees and into full council, is how that reallocation should be used, how those unspent funds should be used. Because oftentimes, we are given the latitude to use those relatively creatively, largely because they have to be used very quickly. And so that's often how we address some sort of very specific unmet needs within smaller populations.

Michelle Dawson: Great. Thank you for that addition. Let's see. I think this is directed to San Francisco, but I wonder if Detroit might have things they want to add to. But we'll start with you San Francisco. What have you done so far, if anything, to help planning council members and community be able to maximize communication, like notice facial expressions over Zoom and whether you've done anything like a Zoom social or something to help people become more comfortable in this virtual space?

David Jordan: Sorry. We have attempted to do more sort of social engagement with council members via Zoom. We were doing a fair amount of some breakout group and small discussion group in full council meetings previous to this. We have sort of continued that to some degree during Zoom. Although, honestly what we heard from a lot of folks, a lot of our members of service providers, they spend their entire days on Zoom some sometimes. We started getting a fair amount of pushback around that kind of like, "Hey, let's do a little more Zoom today. Let's have some small breakout groups where we discussed things." And it started to feel to some as though it was sort of busy work.

David Jordan: As far as the sort of facial expression goes, I mean, I just had a conversation with a group with one of the committees about sort of the struggles of that and feeling like, "Oh, well, are there people who has cameras that are on?" Many people don't have their cameras on. It is not mandatory that people have cameras on at all times. And often you're not sure, like, "Is this person actually responding to me or are they grinning because they thought that little word play I engaged in was funny or are they grinning because somebody in their office just told them a joke? Or are they reading an email on a different email tab on their computer?" So it is always a struggle. And I think Zoom is very imperfect and flawed as a way of communication. It is the best we have, or Teams, any of the virtual video meeting. I think that everyone's just looking forward to being able to see each other face to face again, to be honest with you.

David González: Yeah. I think our long term survivors were the ones that were requesting that we put our cameras on if we're speaking. I'm a co-chair. I facilitate meetings, and so there's like, "You have to have your camera on." So there was a request for that. I will say that meetings being on Zoom, there aren't that many sort of like super impassionate, like passion pleas nor crazy outburst anymore. I will say that it's been a long time since we've had somebody saying "He's going to kill me," you know? So that's oddly one of the benefits of Zoom.

Undrea Russell: If I can add really quick Michelle, when it comes to the Zoom socials, something that some have did was right after we learned about everyone's technology needs, what we would do is have a Zoom type well check. So we would send out

a Zoom link to all of our members and then they would join Zoom. We'd check to see how everyone was doing, because again, this was new, this pandemic and everything. See how everyone was doing. And then we'd go over some Zoom things to make sure people know how to raise their hand, know how to mute yourself, change your name and things like that. So it started off that way.

Undrea Russell: And now what we do is, every quarter have a game night. And so we send out a Zoom link to all of our members and we have like three games that we all play together as a council. It brings us closer together. We really do feel like one big family because we do these different things together. And so we were just talking recently of how we can keep this going when we go back to in-person. So that's something that we do to just keep us going and to help us with Zoom too.

Michelle Dawson: Wonderful. Thank you so much. And then I'm going to hand us over to Lenny to give one clarification and then close us out. And then we thank you all for joining us and we hope that you will join us for our future webinars. Lenny?

Lennwood Green: Yes. In closing, it's really important to remember that there are specific roles and responsibilities for all the actions in the Ryan White Part A program. The priority setting and allocation process is one that is a role and responsibility of the planning council. It is important that the planning council and the planning bodies use data to make those decisions. It's a requirement by the legislation that's not nice to have. And one of the ways to ensure that those decisions are upheld and move forward is for every category that you are financing or that you're prioritizing and allocating funds to, that you stipulate the data that you used to make those decisions, to get to the place where you did. And you should be providing that those sources of data, along with your priority setting and allocation to the recipient for inclusion to the reporting to HRSA.

Lennwood Green: There is what we call a fiduciary responsibility on the part of the recipient to ensure that all of the funds expended in the grant follow the legislation and all the federal guidance in regards to federal funds. So if there is a time when the decisions are not based in documented data, or if they are coming from a place of where it could be term anecdotal data but no substantial evidence, those decisions can be challenged. So in the beginning, when you make your plan, make sure that by each category, that you are using data, which is your legislative requirement that you track what the source of that data is and that you note those decisions with that data. For each category, you should present data for those decisions. And that makes for a solid and irrefutable data-driven decision process. Thanks.

Michelle Dawson: Thanks so much for that Lenny and to all of our presenters today and to all of you for joining us. I suggest if you want some more resources, you check out our

website. You can sign up for our mailing list, download tools and resources, view archived webinars and more. And if you have any additional questions or need support, you can always email us at planningchatt@jsi.com. Thank you so much for your time. I hope you complete the evaluation and that you have a really great day.