

## Chapter 3

-Meeting Procedures for Priorities and Allocations Process

## Meeting Procedures for Priorities and Allocations Process

*Together We Are a Team. To Win, We must Work Together and Respect Each Other.*

### Helpful reminders regarding the meetings:

1. The Chair controls the agenda, timing and discussion at each meeting.
2. Meetings must start on time. They are REQUIRED to end on time.
3. Limit discussion to the agenda item or the motion.
4. All speakers must be recognized by the Chair.
5. Speak only when called upon and only on the topic at hand. Do not repeat a point already made by someone else.
6. The public may participate during general discussion and when a motion is being debated (in the queue).
7. Only committee members may vote on motions.
8. Cell phones and beepers should be turned to silent as to not disrupt the meeting.
9. It is the committee member's responsibility to bring their workbooks to all meetings.

### During discussion:

- Set an overall time limit for discussion (especially important when many motions must be acted upon in the time allotted).
- Take a queue if necessary
- Complete the queue before voting
- Observe time limits. Suggested limit of 1 minute per speaker.
- When discussion time is up, the motion is voted on.

### Making Motions:

- The motion must be stated clearly. It will be re-stated by staff recording the motion to ensure understanding. The maker then accepts the language.

# Ryan White Title I Service Priorities Principles Guiding Selection 2007

- A. Priorities are based on review of data and facts.
- B. Priorities are based on documented needs, using the following sources:
- ✓ *Overall documented need in the community*
  - ✓ *Data on the epidemic*
  - ✓ *Client and provider surveys, focus groups*
  - ✓ *Available service utilization data – Ryan White Title I and other services*
  - ✓ *Community and provider input*
  - ✓ *Documented service availability in the community*
  - ✓ *Capacity development needs*
- C. Priorities should:
- ✓ *Address unmet needs*
  - ✓ *Reduce disparities in access to care*
  - ✓ *Bring people not in care into care*
  - ✓ *Strengthen the continuum of care*
  - ✓ *Minimize duplication of services*
  - ✓ *Address needs of a substantial population (e.g., basic health services)*
  - ✓ *Focus on severe need populations*
  - ✓ *Address quality of care*
- D. All motions and votes will be supported by evidence incorporated by specific reference.

## **Miami-Dade HIV/AIDS Partnership Priority Setting and Allocations Process – 2007**

A series of Care and Treatment Committee meetings will be held in June for the Priority Setting and Allocations process. Meetings are scheduled from 9 AM to 2:00 PM and a working lunch and breaks will be provided. The meeting schedule will follow the six-step process described below. Representatives of the community and providers are urged to attend and participate.

### **1) *Process and Principles***

Committee members will discuss and agree on the foundation of the process, including:

- ▶ Procedures for community input at meetings;
- ▶ Review and, if necessary, revise established principles for setting priorities and allocations (e.g., priority on the poorest, priority on the sickest, etc.).

The Committee's decisions will be made available to all participants at subsequent meetings.

### **2) *Needs Assessment Review***

An overview of HIV/AIDS epidemiology and service utilization data for Miami-Dade County will be introduced in the Needs Assessment. An overview of the information gathered for the needs assessment will be presented and will include:

- The number of clients receiving services under Ryan White Title I
- Other funding streams that cover the same services and number of recipients
- Findings from data collection activities including surveys, focus groups and key informant interviews
- Estimates of unmet need
- Current cost and funding allocations for services
- Other issues relating to specific services.

Each Committee member will receive a Needs Assessment workbook containing information about all aspects of the process and all services. **Members are responsible for bringing workbooks to each meeting.**

Procedures for examining services will include:

- ▶ Information pertaining to specific services will be reviewed at each meeting when the service is discussed.
- ▶ Committee members and others present will be encouraged to ask questions and provide additional information. Committee members will not make motions or take action until Step 3 and later.

### 3) *Input From Providers and Community During the Process*

Other meeting attendees will be encouraged to participate in discussion and consensus-building by offering relevant information and stating their opinions. This input will be given during discussions of service categories, either during the general discussion before a motion is made, or during the discussion of the motion. Use of a queue will ensure orderly discussion. A parliamentarian may be appointed at meetings to ensure that the scheduled business is completed and that all parties are heard from as time permits.

### 4) *Service Categories and Definitions*

Committee members will review and use needs assessment data as a basis for selecting service categories to be funded next year.

- ▶ Identify or introduce new categories to be funded if necessary

The Committee reviews the need for new service categories. Establishment of new categories must be based on data that demonstrates the extent of need and the lack of other funding sources or services to supply the area of need. Responsibility for providing data in support of new service categories rests with the proposer. The committee will vote on the proposed service following presentation and review of the pertinent data.

### 5) *Priority Ranking*

The Committee will again review the needs assessment data. The Committee will follow the agreed-upon process for establishing priority rankings of service categories.

- ▶ Committee members will each complete a score sheet ranking services in order of importance;
- ▶ Staff will tally the ballot results and post the compiled rankings;
- ▶ Committee members and others present will review this ranking and, based on discussion, make adjustments if necessary;
- ▶ The Committee will come to consensus on final order of priorities and adopt them by formal motion.

6) *Allocation of Funds*

Committee members will use the service priorities, established principles and needs assessment data to allocate Year 18 funding. The Committee will decide the total amount of money to be requested in the County's grant application to HRSA and will allocate funding amounts among the service categories in the form of either dollars or percentages.

Members who work for service providers may vote on funding recommendation affecting a service category in which they are a provider as long as the member is **not** the sole provider in the category and the funding recommendations does not designate amounts or percentages among the various providers in a particular service category.

Information considered will include other funding available and evidence of total needs and unmet needs. The committee will decide on **3 budgets**

- 1) *contingency budget based on Year 17 funding (flat funding)*
- 2) *ideal budget based on actual funding need (increased funding) to be submitted on the grant application*
- 3) *MAI budget*

The final priorities and allocations, as determined by the Care and Treatment Committee, will be presented to the full Partnership for approval.

- Make a motion with a single idea. Multiple-part motions are hard to follow and do not allow full voting on each issue.
- There are only amendments, not friendly or hostile ones
- Amendments must be voted on before the main motion.
- There are only seconds. No seconds “for discussion.”
- Second a motion only if you favor the motion. If no one wants it, let it die. Not all motions deserve discussion.

**Voting:**

- No calling the question at the committee level. The committee is where discussion takes place, within a specified process.
- Give staff time to record votes, particularly opposing and abstaining votes.