**Fort Lauderdale / Broward County EMA**
**Broward County HIV Health Services Planning Council**
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / www.BRHPC.org

# MEETING AGENDA

**Committee**: Priority Setting & Resource Allocation (PSRA)
**Date/Time:** Wednesday, October 15, 2014; 12:30 p.m.
**Location:** Governmental Center Annex Room A-337
**Chair:** Carla Taylor-Bennett **Vice Chair:** Rick Siclari

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 10/15/14 Agenda and 6/18/2014 Meeting Minutes
3. **UNFINISHED BUSINESS:**
   a. Support Groups (Handouts A-1, A-2, and A-3):
   ACTION ITEM: Review findings from the *Voices* study and discuss the need for support groups in the community. Consider making recommendations to the NAE Committee about adding Needs Assessment activities to identify further the need for support groups, or taking on the psychosocial support as a service category to explore for funding in the next FY.
4. **MEETING ACTIVITIES**

| *Goal/Work Plan Objective #:* | *Accomplishments* |
|---|---|
| **Review and Update Policies & Procedures** (Handout B) | ACTION ITEM: Review and update the policies & procedures to reflect recent By-Laws changes. |
| **18 Month Work Plans** (Handout C) | ACTION ITEM: Review the new 18 Month Work Plans for clarity and understanding. |

5. **GRANTEE REPORTS**
   a. Monthly Expenditure/Utilization Report by Category of Service
6. **PUBLIC COMMENT** (Please sign up on the Public Comment Sheet)
7. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** November 19, 2014,12:30 p.m.
   **Venue:** A-337

| *Goal/Work Plan Objective #:* | *Accomplishments* |
|---|---|
| **Reallocations ("Sweeps")** (WP Item 2.2) | ACTION ITEM: Recommend any necessary reallocations to ensure sufficient core funding. |
| **Assessment of the Administrative Mechanism** (WP Item 3.1, 3.2) | ACTION ITEM: Review the purpose of the administrative mechanism assessment and the activities that are required to be assessed. Make at least 2 recommendations regarding the assessment methodology or activities to be assessed. |

8. **ANNOUNCEMENTS**
9. **ADJOURNMENT**

**PLEASE COMPLETE YOUR MEETING EVALUATIONS**

**THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL**

• Linkage to Care • Retention in Care • Viral Load Suppression •

**VISION:** To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care
**MISSION:** We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

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# MEETING MINUTES

**Committee**: Priority Setting & Resource Allocation (PSRA)
**Date/Time:** Wednesday, June 18, 12:30 p.m. **Location:** BRHPC Conference Rooms B & D
**Chair:** Carla Taylor-Bennett **Vice Chair:** Rick Siclari

| ATTENDANCE | | | | | |
|---|---|---|---|---|---|
| # | **Members** | **Present** | **Absent** | | **Guests** |
| 1 | DeSantis, M. | **X** | | | Alexander, J. |
| 2 | Gammell, B. | **X** | | | Majcher, B. |
| 3 | Grant, C. | **X** | | | Solan, N. |
| 4 | Hayes, M. | **X** | | | Smith, R.M. |
| 5 | Katz, H. B. | **X** | | | Maloney, D. |
| 6 | Reed, Y. | **X** | | | |
| 7 | Schickowski, K. | **X** | | | **Grantee Staff** |
| 8 | Proulx, D. | **X** | | | Jones, L. (Part A) |
| 9 | Siclari, R., *Vice Chair* | **X** | | | Copa , R. (Part A) |
| 10 | Taylor-Bennett, C., *Chair* | **X** | | | Degraffenreidt, S. (Part A) |
| | | | | | Vargas, J. (Part A) |
| | | | | | |
| | **Quorum = 6** | **10** | | | **HIVPC Staff** |
| | | | | | Rosiere, M. |
| | | | | | Sandler, C. |
| | | | | | Newton, A. |
| | | | | | Bente, A. |

## 1. CALL TO ORDER:

The Chair called the meeting to order at 12:33 p.m.

The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.

Chairs, committee members, guests, Grantee staff and HIVPC staff self-introductions were made.

## 2. MOMENT OF SILENCE

Members observed a moment of silence.

## 3. APPROVALS:

**Motion #1**: To approve today's meeting agenda, with one amendment.
**Amendment:** To move the Grantee report up to agenda item #4.
**Proposed by:** Reed, Y. **Seconded by:** Proulx, D.
**Action:** Passed Unanimously

**Motion #2**: To approve meeting minutes of 5/21/14
**Proposed by:** Reed, Y. **Seconded by:** Proulx, D.
**Action:** Passed Unanimously

## 4. GRANTEE REPORTS

a) Part A: The Grantee reported that the Broward County Emerging Metropolitan Area (EMA) received its Notice of Grant Award (NGA) for FY14-15. The EMA received $16.1 million, a $1.1

million increase in funding from FY13-14. The Grantee noted that several EMAs lost funding due to the expiration of the 'Hold Harmless' provision. The Grantee stated that additional dollars must be allocated for food vouchers as they have been depleted. The Grantee stated that the Request For Proposal (RFP) for Disease Management and Health Insurance Continuation Program (HICP) will be released in the next couple of weeks. The contracts for these services will likely start in late October or early November 2014 and will run through the remainder of the fiscal year. Due to the late NGA and late start to the RFP contracts, money will have to be swept to different service categories in order to ensure full utilization of award dollars.

b) Part B: The Part B representative was not present.

## 5. STANDARD COMMITTEE ITEMS

None.

## 6. UNFINISHED BUSINESS

None.

## 7. MEETING ACTIVITIES / NEW BUSINESS

a) How Best to Meet the Need: Staff explained that new language that was added and was indicated in blue. New language came from recommendations based on the Men Who Have Sex With Men (MSM) study conducted by Dr. Marsha Martin and the PSRA data presentation given by consultant Emily Gantz-McKay at the May 21, 2014 PSRA meeting. The committee reviewed and discussed all new language. It was noted that Medical Case Management (MCM) will be called Disease Management and there will be two categories of Non-Medical Case Management: Centralized Intake and Eligibility Determination (CIED) and Case Management. The Grantee discussed using Case Management and CIED to differentiate between the two types of Non-Medical Case Management. For clarification, all acronyms will be spelled out at least once to ensure understanding of what the acronyms stand for.

The committee discussed the following service categories individually:

Health Insurance Continuation Program (HICP): There was discussion regarding HICP and specialty care. The Grantee stated the AIDS Drug Assistance Program (ADAP) will be covering certain cost effective plans, but they have not yet identified the level of Federal Poverty Level (FPL) that clients must be under to be covered. There was a member question regarding how maximizing rebates may not be in the best interest of clients but in best interest for the State of Florida. The Grantee stated that Marketplace plans utilized by ADAP will have similar, or better, coverage to Ryan White. The Grantee stated that the Department of Health and Human Services (HHS) and the Health Resources and Services Administration (HRSA) will take action to solve Marketplace plan problems. The Grantee stated that HICP only affects around 1,500 Part A clients in Broward County because of Medicaid not expanding in the state of Florida. Eligible clients must also be utilizing all four of the services that are covered under Marketplace plans. A member stated that cost effectiveness needs to be translated to not only the State but also to the client.

Mental Health Services: A member asked staff to define socio-sexual-cultural, as many members do not know what this phrase implies. There was discussion regarding support groups due to the findings of the Men Who Have Sex With Men (MSM) study. A question was asked by a member regarding which service category support groups will fall under. Another question was asked by a member regarding if support groups will fall under prevention for negatives or for positives. Committee members stated that support groups can fall under Mental Health Services. A question was asked regarding the need for these groups as there are groups already taking place in the

community. There was member discussion regarding better marketing of these established support groups. There was also discussion regarding the need for a group for People Living With HIV/AIDS (PLWHA) to come together, feel comfortable, and discuss their situations. There was discussion regarding the MSM study conclusion that there is a distinct division in the community between HIV negative and HIV positive MSMs. There was discussion regarding that if support groups are moved from Mental Health Services to a different service category may increase the number of clients utilizing the support groups. The Chair stated that moving support groups to Mental Health services could dissuade clients from participating because of the stigma associated with mental health. A guest stated that Mental Health services have clinical aspects and requirements that prospective Mental Health clients must follow and the support groups may not be able to follow those mechanisms. A suggestion by a member was to move support groups to the Outreach service category. A question was asked as to the kind of funding support groups will need. The Chair answered that expenses may include food, staff, and meeting space. The Grantee stated that support group discussion should be deferred to a later date, when the committee has more time to discuss the issue.

**Action Items:**

- Spell out acronyms on How Best to Meet the Need handout

b) Review Scorecards: The Grantee reviewed, discussed, and educated the committee about the Part A Overall/ACA scorecard. The Grantee explained that because Florida did not expand Medicaid, Part A clients are supposed to move to Marketplace plans. The Grantee also explained that if a State did not expand Medicaid, subsidies for Marketplace plans begin at 100% FPL, as opposed to a state that expanded Medicaid, where subsidies begin at 138% FPL. A member asked how much ADAP will save through moving clients onto Marketplace plans. The Grantee stated that ADAP has not finalized the FPL they are going to cover, so it is difficult to say exactly how much ADAP will save. Another member asked if ADAP does not move quickly enough to make changes, will Ryan White consumers have to pay a fine. The Grantee stated that ADAP will start enrolling by November 15, 2014.

Allocate Funds: There was discussion about this being the first year all service categories were ranked by the PSRA committee. The committee reviewed the priority rankings conducted at the May 21, 2014 PSRA committee meeting (*individual committee member votes attached*).The Chair questioned the justification for allocating funds to a service category that ranks lower than another service category that goes unfunded. The Grantee stated that the 'All Funders' scorecard (included in Handout C) is helpful when making these decisions. A staff member stated that core services should have justifications when allocating funds.

A committee member proposed that the committee fund Housing, a service category which is not usually funded, and has additional funding in Broward County.. There was discussion that allocating funds for Housing, as well as the other service categories that are not usually funded, is in need of further review and discussion. The committee felt that with the changing healthcare landscape and the increase of clients moving onto Marketplace plans, it may be best to hold off of funding new service categories. The following motion was made:

| | | | |
|---|---|---|---|
| **Motion #3** | To not fund any additional service categories in FY 2015-16 other than those that were planned to be funded in FY 2014-15. | | |
| **Proposed by:** | Katz, H.B. | **Seconded by:** | Hayes, M. |
| **Action:** | Passed with two oppositions. | | |

The Grantee discussed Handout E and stated that two new service categories were added for FY

2014-15, Disease Management and HICP. These two service categories will remain for FY2015-16. The Grantee recommended discussing the factors to consider and then going through the worksheet line by line to allocate funds to each service category.

There was discussion to increase Medical funding by 5% , which is due to an estimated 5% increase in clients; there was a 4% increase in Medical clients from FY12 to FY13.

| | | | |
|---|---|---|---|
| **Motion #4** | To increase Medical funding by 5% for FY 2015-16. | | |
| **Proposed by:** | Grant, C. | **Seconded by:** | Hayes, M. |
| **Action:** | Passed with two oppositions. | | |

The next service category discussed was Pharmacy. Pharmacy has experienced an uptick in clients, but this could change if more clients become covered by Marketplace plans.

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|---|---|---|---|
| **Motion #5** | To flat fund Pharmacy at FY 2014-15 funding level for FY 2015-16. | | |
| **Proposed by:** | Reed, Y. | **Seconded by:** | None |
| **Action:** | Did not pass. | | |

| | | | |
|---|---|---|---|
| **Motion #6** | To increase Pharmacy funding by 5% for FY 2015-16. | | |
| **Proposed by:** | Hayes, M. | **Seconded by:** | Grant, C. |
| **Action:** | Passed with one opposition. | | |

There was discussion regarding increasing funding for Oral Health services to more than 10% as there have been steep utilization increases over the past several years.

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| **Motion #7** | To increase Oral Health funding by 17% for FY 2015-16. | | |
| **Proposed by:** | Reed, Y. | **Seconded by:** | Gammell, B. |
| **Action:** | Passed with one opposition. | | |

The Grantee recommended to the Committee to increase HICP allocations by amount of clients instead of percentages.

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| **Motion #8** | To increase HICP funding by 400 clients (a 25% increase) to $1.8 million for FY 2015-16. | | |
| **Proposed by:** | Gammell, B. | **Seconded by:** | Hayes, M. |
| **Action:** | Passed Unanimously | | |

The Grantee noted that Disease Management will be taking the place of Medical Case Management. Disease Management was delayed for FY14 because of the late NGA, and there were no utilization numbers available, so the committee chose to increase funding by 5%,

| | | | |
|---|---|---|---|
| **Motion #9** | To increase Disease Management funding by 5% for FY 2015-16. | | |
| **Proposed by:** | Gammell, B. | **Seconded by:** | Hayes, M. |
| **Action:** | Passed Unanimously | | |

Mental Health clients increased by 6% for FY13. The committee felt that a 5% increase in funds would be adequate for a similar increase in clients.

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|---|---|
| **Motion #10** | To increase Mental Health funding by 5% for FY 2015-16. |

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| **Proposed by:** | Hayes, M. | **Seconded by:** | Katz, H.B. |
| **Action:** | Passed with one abstention. | | |

Mental Health services and Substance Abuse services are often closely intertwined; the committee determined that allocating a 5% increase in funds was necessary given the decision to allocate a 5% increase to Mental Health.

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|---|---|---|---|
| **Motion #11** | To increase Substance Abuse funding by 5% for FY 2015-16. | | |
| **Proposed by:** | Hayes, C. | **Seconded by:** | Grant, C. |
| **Action:** | Passed Unanimously | | |

The Grantee noted that there are now two forms of Non-Medical Case Management: CIED and Case Management. CIED is one of the largest service categories with the most clients, and it saw a 5% increase in clients from FY12 to FY13. To account for this increase, the committee allocated a 5% increase for CIED in FY15.

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| **Motion #12** | To increase CIED funding by 5% for FY 2015-16. | | |
| **Proposed by:** | Grant, C. | **Seconded by:** | Gammell, B. |
| **Action:** | Passed Unanimously. | | |

It was noted that Case Management was a new addition to the Non-Medical Case Management service category. A member discussed that this kind of case management could be thought of as "historical" or "old school" case management. There is potential for this service category to see a large number of clients, but since there is not yet any utilization data available, the committee felt it would be best to increase the allocation by 5%.

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|---|---|---|---|
| **Motion #12** | To increase Case Management funding by 5% for FY 2015-16. | | |
| **Proposed by:** | Grant, C. | **Seconded by:** | Gammell, B. |
| **Action:** | Passed with one abstention. | | |

There was discussion regarding Food Bank allocations. The justification for increasing Food Bank funding is due to the amount of clients served and the large increase in utilization due to the changes in eligibility over the past year.

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| **Motion #13** | To increase Food Bank funding by 5% for FY 2015-16. | | |
| **Proposed by:** | Hayes, M. | **Seconded by:** | Grant, C. |
| **Action:** | Did not pass with 3 in favor, 3 opposed, and 1 abstention | | |

A committee member felt that this would not be enough funds to cover expenses, considering the eligibility change which has increased utilization dramatically. The following motion was made:

| | | | |
|---|---|---|---|
| **Motion #14** | To increase Food Bank funding by 10% for FY 2015-16. | | |
| **Proposed by:** | Grant, C. | **Seconded by:** | Hayes, M. |
| **Action:** | Passed with one abstention. | | |

There was member discussion that Legal Services has served more clients in the first quarter of the current fiscal year (FY2014) than was served in the previous fiscal year (FY2013).

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| **Motion #15** | To increase Legal funding by 5% for FY 2015-16. | | |
| **Proposed by:** | Gammell, B. | **Seconded by:** | Katz, H.B. |

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| **Action:** | Passed with one abstention. |

There was member discussion regarding the Outreach service category. The Grantee stated that many variables, such as support groups, affect this service category. The committee decided that Outreach will not be funded, continuing the decision made during FY13 to discontinue funding Outreach, but funding may be swept during reallocation sessions.

The committee next moved on to allocations for the MAI service categories:

| | | | |
|---|---|---|---|
| **Motion #16** | To increase MAI Medical funding by 5% for FY 2015-16. | | |
| **Proposed by:** | Gammell, B. | **Seconded by:** | Katz, H.B. |
| **Action:** | Passed with one abstention. | | |

| | | | |
|---|---|---|---|
| **Motion #17** | To increase MAI Medical Case Management funding by 5% for FY 2015-16. | | |
| **Proposed by:** | Katz, H.B. | **Seconded by:** | Gammell, B. |
| **Action:** | Passed with one abstention. | | |

| | | | |
|---|---|---|---|
| **Motion #18** | To increase MAI Mental Health funding by 5% for FY 2015-16. | | |
| **Proposed by:** | Katz, H.B. | **Seconded by:** | Gammell, B. |
| **Action:** | Passed with one abstention. | | |

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|---|---|---|---|
| **Motion #19** | To increase MAI Substance Abuse funding by 5% for FY 2015-16. | | |
| **Proposed by:** | Gammell, B. | **Seconded by:** | Katz, H.B. |
| **Action:** | Passed Unanimously | | |

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|---|---|---|---|
| **Motion #20** | To increase MAI CIED funding by 5% for FY 2015-16. | | |
| **Proposed by:** | Katz, H.B. | **Seconded by:** | DeSantis, M. |
| **Action:** | Passed Unanimously | | |

Proposed allocations for FY2015-16 will be presented at the HIV Planning Council meeting on June 26, 2014.

## 8. PUBLIC COMMENT

None.

## 9. AGENDA ITEMS/TASKS FOR NEXT MEETING: **July 16, 2014, 12:30 p.m.** Venue: **TBD**

| *Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)* | *Responsible Party* | *Information requested (i.e. data, research, etc.) Action to be taken, presentation, discussion, brainstorm etc.* |
|---|---|---|
| **Review and Update Policies & Procedures** | *PSRA, Staff* | ACTION ITEM: Review and update the policies & procedures to reflect recent By-Laws changes. |
| **Support Groups** | *PSRA, Staff* | ACTION ITEM: Discuss the issue of support groups and the need for groups in the community. |

## 10. ANNOUNCEMENTS

There was an announcement from a member regarding the next meeting location. The Vice Chair stated that the location will be discussed and announced before the next PSRA meeting.

## 11. ADJOURNMENT

The meeting was adjourned at 4:07 p.m.

**Priority Setting and Resource Allocation Committee Attendance**
**CY 2014**

| Member | 1/15/14 | 2/19/14 | 3/19/14 CX | 4/16/14 | 5/21/14 | 6/18/14 |
|---|---|---|---|---|---|---|
| DeSantis, M. | X | X | | X | X | X |
| Gammell, B. | X | X | | X | X | X |
| Grant, C. | A | X | | X | A* | X |
| Hayes, M. | X | X | | A | X | X |
| Katz, H. B. | X | X | | X | X | X |
| Proulx, D. | X | X | | X | X | X |
| Reed, Y. | A | X | | E | A* | X |
| Schickowski, K. | X | X | | X | X | X |
| Siclari, R., *Vice Chair* | X | X | | X | A | X |
| Spencer, W. | *Appointed 4.16.14* | | | | A | *Resigned 6.9.14* |
| Taylor-Bennett,C., *Chair* | X | X | | X | X | X |
| Wynn, J. | X | A | | X | X | *Resigned 6.5.14* |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Quorum=6** | **9** | **10** | | **9** | **8** | **10** |
| A* = Absence due to attending <75% | | | | | | |

## FY2015-16 PSRA Committee Service Category Rankings

| Core Services | Carla Taylor-Bennett | Kara Schickowski | Dionne Proulx | Brad Gammell | Claudette Grant | Marie Hayes | Mario DeSantis | Will Spencer | Yolonda Reed | Rick Siclari | Joey Wynn | H. Bradley Katz |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Outpatient Ambulatory Medical Care | 1 | 1 | 1 | 1 | 1 | 2 | 4 | | 1 | | 1 | 3 |
| AIDS Pharmaceutical Assistance (Local) | 2 | 2 | 2 | 3 | 2 | 3 | 3 | | 3 | | 2 | 5 |
| Oral Health (dental) Care | 4 | 3 | 4 | 4 | 3 | 4 | 2 | | 4 | | 3 | 2 |
| Early Intervention Services | 12 | 6 | 7 | 8 | 5 | 9 | 7 | | 2 | | 12 | 4 |
| Health Insurance Premium & Cost-Sharing Assistance | 5 | 4 | 3 | 2 | 4 | 1 | 1 | | 8 | | 4 | 6 |
| Home and community-based health services | 11 | 9 | 8 | 10 | 11 | 11 | 10 | | 9 | | 9 | 7 |
| Home health care | 10 | 10 | 11 | 6 | 12 | 10 | 11 | | 10 | | 10 | 10 |
| Hospice services | 3 | 12 | 12 | 11 | 10 | 12 | 12 | | 11 | | 11 | 12 |
| Mental Health Services | 8 | 7 | 5 | 9 | 9 | 6 | 8 | | 6 | | 7 | 8 |
| Medical nutrition therapy | 9 | 11 | 10 | 5 | 7 | 8 | 6 | | 12 | | 6 | 11 |
| Medical Case Management | 6 | 5 | 6 | 12 | 6 | 5 | 5 | | 5 | | 5 | 1 |
| Substance Abuse Services - outpatient | 7 | 8 | 9 | 7 | 8 | 7 | 9 | | 7 | | 8 | 9 |
| Case Management (non-medical) | 1 | 2 | 1 | 1 | 1 | 1 | 1 | | 2 | | 1 | 1 |
| Child Care Services | 6 | 13 | 15 | 4 | 16 | 9 | 12 | | 9 | | 6 | 16 |
| Emergency financial assistance | 2 | 5 | 5 | 5 | 15 | 4 | 4 | | 3 | | 3 | 2 |
| Food bank/home-delivered meals | 4 | 3 | 2 | 2 | 4 | 2 | 3 | | 4 | | 10 | 14 |
| Health Education/risk reduction | 15 | 7 | 8 | 14 | 7 | 14 | 9 | | 14 | | 8 | 13 |
| Housing services | 5 | 4 | 3 | 13 | 2 | 3 | 2 | | 1 | | 4 | 12 |
| Legal services | 11 | 1 | 6 | 3 | 11 | 7 | 6 | | 5 | | 5 | 11 |
| Linguistics services (interpretation and translation) | 14 | 16 | 10 | 15 | 10 | 13 | 15 | | 13 | | 13 | 15 |
| Medical transportation services | 3 | 6 | 4 | 6 | 5 | 5 | 5 | | 6 | | 2 | 9 |
| Outreach services | 8 | 14 | 9 | 16 | 14 | 8 | 7 | | 8 | | 7 | 3 |
| Psychosocial support services | 16 | 9 | 7 | 12 | 8 | 6 | 10 | | 15 | | 9 | 4 |
| Referral for health care/supportive services | 10 | 8 | 11 | 11 | 6 | 12 | 8 | | 10 | | 15 | 5 |
| Rehabilitation services | 12 | 10 | 12 | 10 | 12 | 15 | 11 | | 12 | | 14 | 6 |
| Respite care | 13 | 15 | 16 | 9 | 9 | 16 | 16 | | 11 | | 16 | 7 |
| Substance abuse services - residential | 7 | 12 | 13 | 8 | 3 | 10 | 14 | | 7 | | 12 | 10 |
| Treatment adherence counseling | 9 | 11 | 14 | 7 | 13 | 11 | 13 | | 16 | | 11 | 8 |

# Support Group Recommendation from
# *Voices: A Summary Report from the HIV Health and Wellness Assessment Project and Exploratory Study*

**Recommendation**: **Coordinate the development of a network of on-going Support Groups.** Review existing HIV healthcare services and resources guides to identify existing supportive services and support groups for gay men who have sex with men. Disseminate the information widely. Expand, enhance, and extend HIV support groups to the recently diagnosed and to the long-time HIV survivors.

The facilitators of both series of focus groups commented on the need to create a place for those living with HIV to talk, share their stories and release a lot of pent up emotions. As the focus groups were ending, "many of the participants were extremely complimentary about participating and being 'invited to be a part of this."

**Community comments included:**

"*We need support groups. We need to provide more support. We need to keep our clients motivated and in care. We need to work to keep them healthy. That requires support from us, all of us."*

*"More urban support groups for positive people."*

The policy body cited social services, housing and homelessness resources as needed for this segment of the city's LGBT senior adult population, along with *"socialization and support group opportunities."*

# HIV/AIDS Support Groups in Broward County

| Support Group | Target Population(s) | Location | Frequency | Funding |
|---|---|---|---|---|
| BOLT: Bringing Our Lives Together | LGBTQ | FUSION: Mid-Central | Last Friday of each month at 6:30 p.m. | Funding is provided under outreach services from FLDOH CDC Prevention Grant. |
| Angels of Hope | African American | MODCO: Mid-Central | Tuesdays at 6:30 p.m. | No funding for support group. Group is run by Mt Olive Church. |
| Positive Issues: HIV+ Gay Men and the Men that Love Them | MSM | Wellness Center of South Florida: Mid-Central | Thursdays at 7 p.m. | No separate funding. Funding for facilitators grouped into job descriptions. |
| Poz Attitudes Here and Now | | The Pride Center: Mid-Central | Wednesdays at 7 p.m. | |
| Poz Attitudes Long Term (5+ years) | | | Thursdays at 6:30 p.m. | |
| HIV+ Men's Weekly Group | | SunServe: Mid-Central | Tuesdays at 7 p.m. | No separate funding. Funding for facilitators grouped into job descriptions. |
| All Hispanic HIV support group | Hispanic | Red Hispana Florida: Mid-Central | First and Third Saturdays of each month at 12 p.m. | No separate funding. Funding for facilitators grouped into job descriptions. |
| Hispanic HIV Support Group | | Care Resource: Mid-Central | Third Wednesday of each month at 12 p.m. | No separate funding. Funding for facilitators grouped into job descriptions. Funding for food from pharmaceutical companies. |
| Positive Leaders Uplifting Each Other | All | Conference Call | Every Thursday at 7 p.m. | No separate funding. |

# PART A FUNDED SUPPORT GROUPS IN OTHER EMA/TGAs

The support groups in other EMA/TGAs are funded under **Psychosocial Support Services.** Part A program standards state that Psychosocial Support Services may include:

- Support and counseling activities
- Child abuse and neglect counseling
- HIV support groups
- Pastoral care/counseling. Pastoral care/counseling supported under this service category to be:
  - Provided by an institutional pastoral care program (e.g., components of AIDS interfaith networks, separately incorporated pastoral care and counseling centers, components of services provided by a licensed provider, such as a home care or hospice provider)
  - Provided by a licensed or accredited provider wherever such licensure or accreditation is either required or available
  - Available to all individuals eligible to receive Ryan White services, regardless of their religious denominational affiliation
- Caregiver support
- Bereavement counseling
- Nutrition counseling provided by a non-registered dietitian (***Note:*** Funds under this service category may not be used to provide nutritional supplements.)

| EMA/TGA | Target Population(s) | Frequency |
|---|---|---|
| Newark, NJ | Newly Diagnosed | Second and fourth Thursdays at 7 p.m. |
| | MSM | First and third Thursdays at 7 p.m. |
| Washington, DC | Anyone who is HIV positive | Second Thursdays at 5:15 p.m. |
| Las Vegas, NV | Newly Diagnosed | First Thursdays at 8 p.m. |
| | | Second Fridays at 7p.m. |
| Sacramento, CA | Newly Diagnosed | Every Friday at 6 p.m. |
| Kansas City, MO | HIV positive Youth (Ages 13-28) | Fourth Thursdays at 5 p.m. |
| Santa Rosa, CA | HIV positive Seniors | First and third Mondays at 12 p.m. |
| Cleveland, OH | Anyone who is HIV positive | Third Thursdays at 1 p.m. |
| Secaucus, NJ | Newly Diagnosed | Every Friday at 6 p.m. |
| Minneapolis, MN | Newly Diagnosed | Second and fourth Tuesdays at 4:30 p.m. |
| Indianapolis, IN | Anyone who is HIV positive | Fourth Thursdays at 5 p.m. |
| Chicago, IL | Anyone who is HIV positive | Every Friday at 10 a.m. |
| Phoenix, AZ | Newly Diagnosed (A 12-week group for newly diagnosed) | Groups start in January, March, June, & September |
| New Orleans, LA | HIV positive women | Every Tuesday at 11 a.m. |
| | Anyone who is HIV positive | Every Friday at 1 p.m. |

# Priority Setting & Resource Allocation Committee

## Policies and Procedures

The Priority Setting & Resource Allocation Committee shall recommend priorities and resource allocations to the Broward County HIV Health Services Planning Council (Council) ~~and/or South Florida AIDS Network (Consortia)~~ for the disbursement of Ryan White Part A ~~and Ryan White Part B~~ funds in Broward County. Priority Setting and Resource Allocation to service categories involves all members of the Council ~~and the Consortia~~. The process is designed to protect against perceived conflict of interest by adhering to Conflict of Interest policies as identified in the By-Laws of the Council ~~and the Consortia~~. The Committee may offer input regarding the Housing Opportunities for Persons with HIV/AIDS (HOPWA) Program based upon the collaborative needs assessment results for the HOPWA Grantee to take into consideration. However, the Committee will not provide priority setting and resource allocation for the HOPWA Program.

The Committee shall include members of ~~both~~ the Council and **community stakeholders** ~~Consortia~~ to ensure collaboration and coordination across funding streams. The Committee shall have ~~co~~ **a** ~~c~~**C**hair~~s~~ **and Vice Chair** appointed by the Council **Chair** ~~and the Consortia, respectively~~.The Committee shall meet on an as-needed basis as determined by the Council, the ~~Consortia and~~ Committee Chair**, and the Committee Vice Chair**~~s~~.

Persons Living with HIV and community involvement shall be solicited and encouraged at all meetings. The decision making process is publicly stated and implemented as stated.

The Committee shall recommend language to the Council ~~and Consortia~~ on ~~how best to meet each priority and additional~~ factors that the Grantee should consider in disbursing funds under a grant based on: the documented needs of the local HIV infected population; cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available (either demonstrated or probable); priorities of the local HIV-infected communities for whom the services are intended; percentage constituted by the ratio of infants, children and women in the HIV positive population; availability of other local resources and other local priorities as stated.

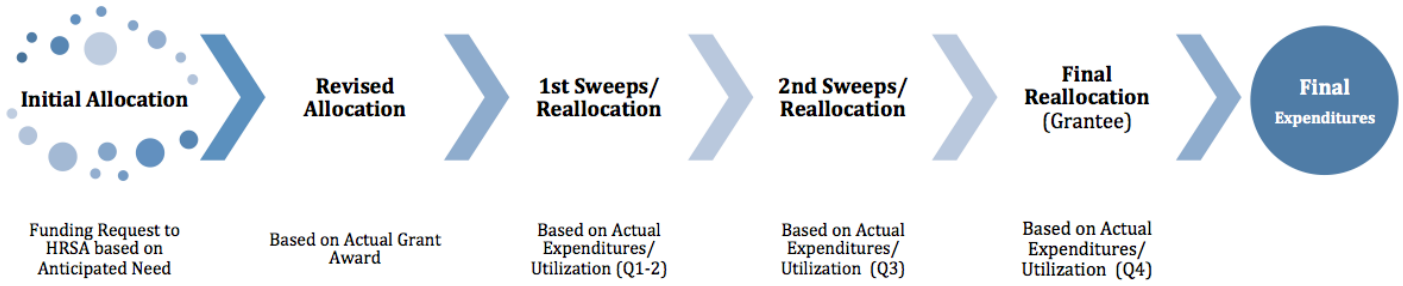
The decision making process is publicly stated and implemented as stated.The Committee shall utilize a "nominal group process method" to set priorities as outlined in the procedures below.The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Grantee.

Priority and allocation recommendations shall be forwarded to the Council ~~and/or Consortia~~ and if approved to the applicable funding source for disbursement of Ryan White Part A ~~and/or Part B~~ dollars. The Grant Administrator shall submit the Part A funding priority award recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards to the Broward County Board of County Commissioners for its approval.

The Planning Council has identified the following core medical services as those~~,~~ which have a documented need for funding. The Health Resources and Services Administration (HRSA) has classified these services as core medical services, which are in line with the Florida Statewide Coordinated Statement of Need:

1. Outpatient/Ambulatory Health Services
2. AIDS Pharmaceutical Assistance (local)
3. Health Insurance Continuation Program (HICP)
4. Oral Health Care
5. Mental Health Services
6. Medical Case Management (including Treatment Adherence)
7. Substance Abuse Services (outpatient)

## Fort Lauderdale/Broward County Annual Resource Allocation/Reallocation Cycle




**Initial Allocation** (Funding Request to HRSA based on Anticipated Need for the Next Fiscal Year)

The Committee shall determine service priorities and funding allocations with justifications that can be linked back to the Needs Assessment and Comprehensive Plan. This should ensure that service priorities as set by this Committee are being addressed and conforming to a comprehensive continuum of HIV care.


### Review Data

- Statewide Coordinated Statement of Need and State and Local Comprehensive Planning Documents
- Surveillance, HIV+ Unaware Estimate (EIIHA) and HIV+ Not In Medical Care (Unmet Need) Estimate
- Client Needs, Priorities and Other Needs Assessment Data
- Client Utilization Data and Spending Patterns
- Quality Management Data
- Other Data as applicable and available

**Allocate Funding to Service Categories.** The Committee shall first allocate funding to the core services followed by the remaining support services. The process to be utilized when estimating resources needed shall be: # of clients needing service (based on utilization, surveillance and unmet need data) * *the* cost to provide needed service (units per client per year x dollars per unit) - other local resources and/or funding sources + other documented community needs = resources needed to fund anticipated need.

[# of clients* cost] – [other funding + other documented community needs] = resources needed

**Estimate Client Need.** The Committee shall develop an estimate of the number of clients that have a need for each service category based on current service utilization, prevention and surveillance data, and unmet medical need (aware and not in care) and service gap estimates.

1. Determine current Part A and/or Part B service utilization by service category
2. Estimate # of new clients that will need services
   a. Estimate # of eligible PLWHA needing but not receiving services (service gaps & unmet need)
   b. Estimate # of eligible newly diagnosed PLWHA that will need services

**Other Funding.** The committee should review the availability of other funding sources/resources for similar services and estimate the number of clients that are likely to be served by other funding.

3. Estimate # clients to be served through other funding of similar services
   a. Subtract # of PLWHA likely to be served through increase in available other funding
   b. Add # of PLWHA estimated to need services due to decreases in other available funding

## **Revised Allocation** (Based on Actual HRSA Ryan White Grant Award)

The following process shall be used to revise allocations based on the receipt of a grant award that is either greater than or less than the amount that was requested by the EMA.

*Funding Increase*: In the event of a funding award greater than the amount received the previous year, service categories will be funded first at the most recent fiscal year's final expenditures, if applicable. The Grantee will exercise discretion in applying any remaining increase to services based on the ranking of service categories and service category needs.

*Funding Shortages:* In the event of funding shortages (i.e., level funding or less than level funding), core-service categories will be funded at the prior year's final funded allocation level minus un-obligated administrative and carryover funds. If not feasible or if doing so would result in a reduction equal to or greater than 15% of the final expenditure amount of the previous year allocated to support services, the Grantee's office will convene the committee to revise funding allocations. Deviations in expenditures in excess of 10% in any given funding category shall be reviewed by the Committee for possible reallocation utilizing the same processes as outlined above.

## **Sweeps and Reallocation Process**(Based on periodic review of service utilization)

The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Grantee.

For *periodic reallocation* of resources the following process shall be utilized:The Grantee should present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. The funding should be maintained within the service category if possible. If it is not possible to maintain the funding within the service category, the funding should be moved in ranked order to the next highest ranked category which will experience a shortfall. The Committee reserves the right to deviate from this process to address emergent needs of under-served populations in lower or non-ranked categories. Any deviations from the planned allocation will be documented with justification for why the deviation will occur.

*Final Reallocation:*In order to fully expend funds at the end of the fiscal year, the Committee authorizes the grantee to move funds between categories within a service provider's contract. This authority is given with the understanding that the reallocation process has occurred prior to this shifting of funds, that the amount of dollars involved would be less that 10% of the funding award and that there are less than 120 days left in the fiscal year.

**DRAFT** - Broward County HIV Health Services Planning Council FY2014-16 **Priority Setting & Resource Allocation Committee** Work Plan

| Objective 1. Priority Setting and Resource Allocation | Outcome | Annual Target | Start | Due | Progress |
|---|---|---|---|---|---|
| 1.1 Develop PSRA timeline and identify data to be used. | PSRA process | 100% | 3/15 | 3/15 | |
| 1.2 Review data relevant to the PSRA process (including recommendations from QM, SOC, & NAE and service category scorecards):<br>a. Community input (through needs assessment, town hall meetings)<br>b. Epidemiology (including co-morbidities)<br>c. Unmet Need<br>d. EIIHA<br>e. Implementation Plan<br>f. Cost data (utilization, expenditures, MAI, ACA, other funders)<br>g. QM performance measures (HRSA & HAB)<br>h. NHAS and HIV Care Continuum measures | Data driven PSRA process | 80% | 4/15 | 6/15 | |
| 1.3 Review How Best to Meet the Need language recommendations from SOC committee. | Data driven PSRA process | 100% | 5/15 | 5/15 | |
| 1.4 Review recommendations from SOC committee for scope of services and eligibility for each service category; update eligibility for at least 2 services. | Data driven PSRA process | 50% | 6/15 | 6/15 | |
| 1.5 Priority rank Part A & MAI service categories. | Ensure PSRA process | 100% | 5/15 | 5/15 | |
| 1.6 Allocate Part A & MAI funds by service category. | Ensure PSRA process | 100% | 6/15 | 6/15 | |
| **Objective 2. Execute Implementation Plan** | | | | | |
| 2.1 Monitor expenditures and allocations; identify at least 3 areas for "sweeps." | Appropriate service funding | 66% | 1/15 | 1/15 | |
| 2.2 Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds. | Appropriate service funding | 100% | 1/15 | 1/15 | |
| **Objective 3. Assess the Administrative Mechanism** | | | | | |
| 3.1 Assessment of Administrative Mechanism training. Review the purpose of the assessment and required components. | Ensure compliance | 100% | 11/14 | 11/14 | |
| 3.2 Make at least 2 recommendations for activities to include in the assessment of Administrative Mechanism. | Ensure compliance | 50% | 11/14 | 11/14 | |
| **Objective 4: Review Data and Make Recommendations for an Integrated System of Care** | | | | | |
| 4.1 Hold "mini retreat" with QM, SOC, & NAE to determine how committees sync and work together to complete tasks. | Data driven PSRA process | 100% | 9/14 | 9/14 | |
| 4.2 Discuss at least 2 possible new services identified through the PSRA process to address goals of the EMA. | Data driven PSRA process | 50% | 7/15 | 7/15 | |
| **Objective 5: Update Work Plan and Policies & Procedures** | | | | | |
| 5.1 Review at least 3 PSRA accomplishments and challenges. | Improved process | 66% | 12/14 | 12/14 | |
| 5.2 Conduct annual evaluation to assess past year and recommend improvements; identify at least 3 areas of improvement for upcoming year. | Improved process | 66% | 12/15 | 12/15 | |
| 5.3 Review and update Work Plan and Policies & Procedures. | Updated planning documents | 100% | 2/15 | 2/15 | |

| March | April | May | June | July | Aug |
|---|---|---|---|---|---|
| - Develop PSRA timeline & identify data | - Review PSRA scorecards & relevant PSRA data | - Review PSRA scorecards & relevant PSRA data<br>- Review language on HBTMTN<br>- Priority rank service categories | - Review PSRA scorecards & relevant PSRA data<br>- Review scope of services & eligibility for service categories<br>- Allocate Part A & MAI funds | - Discuss new services identified through PSRA process | - Monitor expenditures & allocations<br>- "Sweeps" |

| Sep | Oct | Nov | Dec | Jan | Feb |
|---|---|---|---|---|---|
| - "Mini retreat" with QM, SOC, & NAE | | - Assessment of the Administrative Mechanism training and recommendations | - Review accomplishments & challenges<br>- Conduct annual evaluation | - Monitor expenditures & allocations<br>- "Sweeps" | - Review and update WP and P&Ps |

# Ft. Lauderdale/Broward EMA
# Ryan White Part A and MAI
# FY 2014-15 Fiscal Allocations and Expenditures

| Service Category | Contracted or Allotted Amount | Expended Amount (6 Months) | Average Monthly Expenditures | FY 2014-15 Projected Expenditures | Potential Reallocation Dollars |
|---|---|---|---|---|---|
| **Ambulatory (5)** | $6,228,636 | $2,899,102 | $483,184 | $5,798,205 | $430,431 |
| **MAI Ambulatory (1)** | $264,596 | $264,586 | $44,098 | $264,586 | $0 |
| **Pharmaceuticals (3)** | $639,001 | $341,652 | $56,942 | $683,303 | ($44,302) |
| **Dental (2)** | $2,255,328 | $1,132,868 | $188,811 | $2,265,736 | ($10,408) |
| **Case Management (6)** | $1,018,661 | $566,646 | $94,441 | $1,133,292 | ($114,631) |
| **MAI Case Management (1)** | $62,997 | $23,801 | $3,967 | $47,603 | $15,394 |
| **Mental Health (3)** | $349,367 | $150,973 | $25,162 | $301,947 | $47,420 |
| **MAI Mental Health (1)** | $77,469 | $23,077 | $3,846 | $46,153 | $31,316 |
| **Substance Abuse (2)** | $252,088 | $134,310 | $22,385 | $268,620 | ($16,532) |
| **MAI Substance Abuse (1)** | $400,000 | $238,771 | $39,795 | $477,542 | ($77,542) |
| **Food Bank (1)** | $101,103 | $47,420 | $7,903 | $94,839 | $6,264 |
| **Food Voucher (1)** | $257,787 | $110,323 | $49,950 | $410,023 | ($152,236) |
| **Centralized Intake and Eligibility** | $467,513 | $242,510 | $40,418 | $485,021 | ($17,508) |
| **MAI Centralized Intake and Eligibility** | $290,957 | $266,156 | $44,359 | $290,957 | $0 |
| **Legal Assistance (1)** | $131,426 | $55,267 | $9,211 | $110,534 | $20,893 |
| | | | | | |
| **Total Part A Funds** | **$11,700,910** | **$5,681,071** | **$978,408** | **$11,551,519** | **$149,391** |
| **Total MAI Funds** | **$1,096,019** | **$816,391** | **$136,065** | **$1,126,841** | **($30,832)** |
| **Total Funds** | **$12,796,929** | **$6,497,463** | **$1,114,473** | **$12,678,360** | **$118,559** |
| | | | | | |
| **APA Bulk Purchase** | $6,963 | $1,966 | $1,966 | $6,963 | |
| **Food Bank & Voucher Bulk Purchase** | $928,640 | 693,030 | $115,505 | $1,386,060 | |

# Ft. Lauderdale/Broward EMA
# Ryan White Part A and MAI
# FY 2014-15 Fiscal Allocations and Expenditures

| Service Category | Contracted or Allotted Amount | Expended Amount (6 Months) | Average Monthly Expenditures | FY 2014-15 Projected Expenditures | Potential Reallocation Dollars |
|---|---|---|---|---|---|
| Ambulatory (5) | $6,228,636 | $2,899,102 | $483,184 | $5,798,205 | $0 |
| MAI Ambulatory (1) | $264,596 | $264,586 | $44,098 | $264,586 | $0 |
| Pharmaceuticals (3) | $639,001 | $341,652 | $56,942 | $683,303 | ($44,302) |
| Dental (2) | $2,255,328 | $1,132,868 | $188,811 | $2,265,736 | ($10,408) |
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| | | | | | |
| **Total Part A Funds** | **$11,700,910** | **$5,681,071** | **$978,408** | **$11,551,519** | **($281,040)** |
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| **Total Funds** | **$12,796,929** | **$6,497,463** | **$1,114,473** | **$12,678,360** | **($311,872)** |
| | | | | | |
| APA Bulk Purchase | $6,963 | $1,966 | $1,966 | $6,963 | |
| Food Bank & Voucher Bulk Purchase | $928,640 | 693,030 | $115,505 | $1,386,060 | |