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, January 20, 2016, 12:30 p.m.
Location: Governmental Center Room A-335
Chair: Carla Taylor-Bennett **Vice Chair:** Rick Siclari

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 1/20/16 Agenda and 12/16/15 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1) (Handout A)
4. **UNFINISHED BUSINESS**
   None.
5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
Reallocations "Sweeps" (WP Item 2.2)	ACTION ITEM: Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds. (Handout B)
MAI Strategies	ACTION ITEM: Brainstorm MAI strategies and review models and research. Develop 4-5 strategies. (Handout C)

6. **SUBCOMMITTEE REPORTS**
   None.
7. **GRANTEE REPORTS**
8. **PUBLIC COMMENT** (Please sign up on the Public Comment Sheet)
9. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** January 20, 2016,12:30 p.m. **Venue:** TBD

Goal/Work Plan Objective #:	*Accomplishments*
Review PSRA scorecards & relevant PSRA data (WP Item 1.2)	ACTION ITEM: Review data relevant to the PSRA process (including recommendations from QM, & NAE and service category scorecards)
MAI Strategies	ACTION ITEM: Refine and identify at least 2-3 MAI strategies to move forward
Review and update WP and P&Ps (WP Item 5.3)	ACTION ITEM: Review and update Work Plan and Policies & Procedures.

10. **ANNOUNCEMENTS**
11. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE PRINCIPLES IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

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

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MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)

Date/Time: Wednesday, December 16, 2015, 12:30 p.m. **Location:** Governmental Center Room A-337

Chair: Carla Taylor-Bennett **Vice Chair:** Rick Siclari

Attendance					
#	**Members**	**Present**	**Absent**		**Guests**
1	DeSantis, M.	**X**			Bell, J.
2	Gammell, B.	**X**			Lopes, R.
3	Grant, C.		**A**		Child, S.
4	Hayes, M.	**X***			**Grantee Staff**
5	Katz, H. B.		**E**		Degraffenreidt, S.
6	Lewis, L.	**X**			Green, W.
7	Reed, Y.	**X**			Drummond, K.
8	Schickowski, K.	**X**			Jones, L.
9	Shamer, D.	**X**			**HIVPC Staff**
10	Proulx, D.	**X**			Johnson, B.
11	Siclari, R., *Vice Chair*	**X**			Ewart, L.
12	Taylor-Bennett, C., *Chair*	**X**			
	Quorum = 7	**10**			On phone*

1. CALL TO ORDER:

The Chair called the meeting to order at 12:45 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. APPROVALS:

Motion #1: To approve today's meeting agenda.
Proposed by: Reed, Y. **Seconded by:** Lewis, L.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 11/18/15.
Proposed by: Lewis, L. **Seconded by:** Reed, Y.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS:

Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1) (Handout A): The Grantee delivered the monthly expenditure report to the guests and members of the committee (handout on file). Broward County has received their carryover dollars which are reflected in report, showing as an increase in MAI Medical and HICP allocations from the previous month. The Grantee explained that the months of January and February are usually bigger expenditure months for all categories because of seasonal residents, special billing and close-out appointments. He stated that most services are on track for utilization (approximately 66% year to date), with a slight increase in MH billing. The PSRA Chair questioned the usefulness of the expenditure reports as there are often many anomalies, and Grantee stated reviewing the expenditure reports lead to fewer surprises during sweeps, and allows members to keep track of monthly expenditures. The Grantee stated that Substance Abuse (SA) services for Flakka users tend to have a higher dropout rate and higher rates of failed treatment because of the addictive properties of the drug, and also because of a 10 day state of mental impairment after detox that delays

treatment progress; all these factors impact the SA service category with decreases, not increases in utilization. Food Bank services are on track, although Food Vouchers have been significantly under-utilized due to the cost containment efforts put in place in 2014. HICP expenditures dropped during October and November because of clients transitioning to ADAP, but it should pick up in December because of ACA enrollment and premium payments. A member asked for a breakdown of client demographics and expenditures for each service provider. The Grantee explained that those details will be provided in scorecards, that the standard is for 10% of contract funds are designated for administrative costs and 90% for direct services. The purpose of the committee is not to step into the provider realm, but to look at service category expenditures and demographics as a whole. The Human Services Administrator explained that legislation prohibits the PC from becoming involved with specific providers, and that PC's job is to look at system wide data. If someone would like to see individual provider information they make a request to the Grantee's office, but that information cannot be brought into HIVPC and committee meeting rooms.

4. UNFINISHED BUSINESS:

a. Newly Identified Services (WP Item 4.2) (Handout B): The committee discussed the creation of an Emergency Financial Assistance (EFA) service category. At the last meeting the Grantee spoke about the payment of emergency "stop-gaps" medications through the Local AIDS Pharmaceutical Assistance category, and how our HRSA project manager has said that LAPA is exclusively for regular and ongoing client medications. Starting in FY 16 emergency and short term medications must come from a new EFA category. If Broward decides not to fund an EFA category, they must eliminate dispensing stop gap medications. The committee reviewed HRSA's definition of both the EFA and LAPA categories, and the Chair recommended limiting the definition of the EFA category to reflect that EFA will only pay for emergency medications.

It was clarified by the Grantee and PSRA Chair that no new funding will be needed for EFA, as LAPA's current emergency medication funding will be allocated to the new service. LAPA will remain a core service that provides long-term medications not covered by ADAP. The PC Vice Chair disagreed with limiting the definition, as she believed that the expanded definition of EFA may allow Ryan White to address many barriers towards care that clients are facing. The PSRA Chair explained to the committee that there could be both a limited EFA category and an MAI EFA category with expanded services.

The Grantee further explained that the emergency dollars are utilized for clients who are new/fallen out of care and cannot afford to pay for their medications, or for newly enrolled clients waiting for services from ADAP or another payer source while they wait their medication. A guest asked about the percentage of ADAP clients that are signed up for ACA marketplace plans, and the Part B representative stated that he did not currently have the data on hand. The Grantee stated that last year Part A and ADAP enrolled 782 clients, and this year the estimate is approximately 1,200 clients. The Grantee will present information about emergency pharmacy utilization and drug costs when PSRA looks at allocations. The discussion was closed.

Motion #3: To establish an Emergency Financial Assistance service category for purpose of providing short-term medications assistance with eligibility matching what is presently required for short-term LAPA services.
Proposed by: Gammell, B. **Seconded by:** Proulx, D.
Action: Passed with one objection

b. QMC Recommendations (Handout C): The PSRA committee reviewed recommendations from QMC. The grantee Quality Assurance Coordinator explained the background of the data, QMC looked at Ryan White clients with a high or unsuppressed viral load as broken down by race, ethnicity, gender, age, risk factor and housing status. Based on this analysis the QMC vetted the data and made the following recommendations: for PSRA for work on identifying resources and services to help 18-28 and 29-38 year old Black non-Hispanic heterosexual males, Black non-

Hispanic heterosexual females, and Black non-Hispanic MSM.

A Member asked about unsuppressed clients and the amount of time that they've been in the system. The Grantee representative explained that this is a simple capture of all viral load data for Ryan White clients who have received services within FY14. Another member asked for further information regarding the length of time since diagnosis, and it was explained that those will be next steps for QM analysis while NAE will further explore themes through focus groups. The QA Coordinator suggested a joint QM and PSRA retreat to align the goals of the committees. The PSRA Vice Chair asked about the disconnect between the number of transgender clients from his provider site vs. the number of transgender clients in captured in the Ryan White data. A member stated that he would like to include transgender population in the identified target groups, while the Grantee explained the number of unsuppressed transgender clients is low. The Chair suggested that focusing on transgender clients can be achieved without including them in MAI strategies. The Chair asked the committee if they felt comfortable accepting QMC's recommendations.

Motion #4: To accept QMC's target population recommendations
Proposed by: Lewis, L. **Seconded by:** Siclari, R.
Action: Passed Unanimously

c. MAI Timeline: The committee then discussed creating a timeline for developing MAI strategies.
December, 2015: identify MAI populations: 18-28, 29-38 Black non-Hispanic heterosexual males and females, and Black non-Hispanic MSM.
January, 2016: Brainstorm strategies. Staff will provide potential models from other EMAs, HRSA, and academic research related to MAI. PSRA will develop 4-5 strategies to further refine at a later date.
February, 2016: PSRA will request and analyze research with QMC, possibly through a retreat or joint meeting. PSRA will further refine strategies and pick 2-3.
March-April, 2016: Finalize models that address MAI access issues including barriers, retention and VL suppression.

Motion #5: Analyze MAI allocations first in PSRA process, followed by Part A allocations
Proposed by: Gammell, B. **Seconded by:** Lewis, L.
Action: Passed Unanimously

5. MEETING ACTIVITIES/ NEW BUSINESS

None.

6. SUBCOMMITTEE REPORTS

None.

7. GRANTEE REPORTS

Part A: None

Part B: The Part B representative answered a question posed by a member earlier: this year there were 950 ADAP clients that were eligible to transition to the ACA marketplace, or 28% of ADAP's overall clients.

8. PUBLIC COMMENT

None.

9. AGENDA ITEMS/TASKS FOR NEXT MEETING: January 20, 2016 **Venue:** TBD

Goal/Work Plan Objective #:	*Accomplishments*
Review PSRA scorecards & relevant PSRA data (WP Item 1.2)	ACTION ITEM: Review data relevant to the PSRA process (including recommendations from QM, SOC, & NAE and service category scorecards)
Monitor expenditures & allocations (WP Item 2.1)	ACTION ITEM: Monitor expenditures and allocations; identify at least 3 areas for "sweeps."

"Sweeps" (WP Item 2.2)	ACTION ITEM: Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.
MAI Strategies	ACTION ITEM: Brainstorm MAI strategies and review models and research. Develop 4-5 strategies.

10. ANNOUNCEMENTS

11. ADJOURNMENT

The meeting was adjourned at 2:28 p.m.

PSRA Attendance CY 2015

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	21	18	18	15	20	17		19	16		18	16	
											C			C			
		2	**1**	DeSantis, M.	X	X	X	X	A	A		X	A		X	X	W-7/1
1		1	**2**	Gammell, B.	X	X	X	E	X	X		X	X		X	X	
		0	**3**	Grant, C.	X	X	X	X	X	X		X	X		X	A	
		1	**4**	Hayes, M.	X	X	X	X	X	X		A	X		X	X	
1		0	**5**	Katz, H.B.	X	X	X	X	X	X		X	X		E	E	
			6	Lewis, L.	N-11/19											X	
		1	**7**	Proulx, D.	X	X	X	X	X	X		A	X		X	X	
1		1	**8**	Reed, Y.	X	E	X	A	X	X		E	X		X	X	
		0	**11**	Schickowski, K.	X	X	X	X	X	X		X	X		A	X	
			12	Shamer, D.	N-11/19											X	
		2	**13**	Siclari, R., *V. Chair*	X	X	X	A	A	X		X	X		X	X	W - 6/2
		0	**14**	Taylor-Bennett, C., *Chair*	X	X	X	X	X	X		X	X		X	X	
				Quorum = 7	10	9	10	7	8	9		7	9		8	10	

Legend:
X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

HANDOUT C

ENHANCING ACCESS TO HIV CARE FOR WOMEN OF COLOR

September, 2014; HRSA HIV/AIDS Bureau Special Projects of National Significance Program

The Enhancing Access to and Retention in Quality HIV Care for Women of Color (WOC) Initiative, launched by the Special Projects of National Significance (SPNS) Program, was funded from 2009–2014 to meet the unique needs of these women, helping them overcome barriers that keep them from accessing and staying in care. WOC Initiative grants were awarded to sites located in severely underserved areas in both urban and nonurban settings. Participating grantees developed various service delivery interventions to help WOC overcome common barriers across the spectrum of HIV care, specifically addressing the following:

- Linkage into quality HIV care
- Retention in quality HIV care
- Re-linkage to quality HIV care after falling out of care.

To meet those objectives, WOC initiative grantees implemented a variety of service interventions ranging from community-based outreach and patient education to intensive case management and patient navigation strategies

Summary of Grantee Sites and Interventions:

Grantee Site	Model of Care	Project Name	Primary Interventions
Care Resource **Miami, FL**	Clinic-based one-stop shop	I ACT for Women of Color (Intervention Assertive Community Treatment)	Coordination of medical and social care services, peer support, educational group sessions, and multidisciplinary case review.
Ruth M. Rothstein **CORE Center** **Chicago, IL**	Clinic-based one-stop shop	Project WE CARE (Women Empowered to Connect and Remain Engaged in Care)	Peer patient navigation services and Healthy Relationships educational intervention.
JWCH Institute Inc. **Los Angeles, CA**	Co-located with and networked to providers	LODi (Ladies of Diversity)	Community health outreach workers and educators (primarily peer-based) performing intensive care coordination and peer support, and offering psychosocial services.

New North Citizens Council Springfield, MA	Community Development Agency facilitating access to providers within network	LEAPS (Latinas in Action Promoting Health)	Intensive, culturally based case management services.
SUNY Downstate Medical Center Brooklyn, NY	Network of clinic-based partners	POWER (Peer Outreach Worker Engagement & Retention)	Peer-based outreach, recruitment, and retention strategies and/or case management.
Health Services Center Hobson City, AL	Clinic-based providers within network	Project R-LINCS	Intensive case management services based on a strengths perspective and not limited by time or number of sessions.
Center for Human Services Bridgeton, NJ	Community organization linking to providers within network	LIFT (Latina Ladies Involved in Full Treatment)	Linkage services, linguistically and culturally based case management, translation services, and a behavior modification intervention.
Special Health Resources for Texas Longview, TX	Multifaceted institution with various clinic-based centers of care	Survival of the Fittest	Strengths-based individual case management sessions, group sessions, community education to reduce stigma, and survival stories to guide intervention/evaluation.
University of North Carolina Chapel Hill, NC	One-stop ID clinic within university hospital setting (capacity for ancillary support)	Guide to Healing	Linkage services, structural support with gas cards, parking vouchers and cell phones, a nurse acting as a guide to care, and a women's support group.
University of Texas Health Science Center San Antonio, TX	Partnerships with providers in network	HEART (HIV Entry Access and Retention in Treatment)	Outreach, medical coordination, patient navigation, and Healthy Relationships educational intervention.

COST ANALYSIS OF RHE CARIBBEAN PEER PROMOTER INTIATIVE: THE IMPACT OF BUDGET ALLOCATION STRATEGIES ON PROGRAM PARTICIPATION AND RENTENTION

March, 2010; HRSA HIV/AIDS Bureau Special Projects of National Significance Program

ABSTRACT: This report aims to improve the understanding of program operations and funding strategies used by grantees with positive program outcomes within the Special Programs of National Significance (SPNS) Targeted Peer Support Model Development for Caribbeans Living with HIV/AIDS Demonstration Project. This initiative, funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau from 2003 to 2007, was comprised of five grantees using peer promoters within their programs to engage and retain HIV-positive Caribbean populations into care. This analysis compares the funds that grantees dedicated to different areas of their programs, including certain personnel and program activities, using two measures: the number of program participants and the percent of clients retained in the multi-site study. The quantitative analysis is complemented with qualitative information gained from interviews conducted with grantee staff. This report concludes with several funding recommendations for Ryan White HIV/AIDS Program grantees to consider.

MAIN FINDINGS:
Grantees that budgeted more funding for peer promoters tended to serve and retain more clients.
To a slightly lesser degree, grantees that budgeted more funding for program activities (as opposed to evaluation activities) also tended to have better outcomes.
Funding budgeted for client incentives had a positive, but very weak, effect on participation and retention.
The relationship between direct costs (as opposed to indirect costs) and participation and retention was also weak, but negative.

INNOVATIVE APPROACHES TO ENGAGING HARD-TO-REACH POPULATIONS LIVING WITH HIV/AIDS INTO CARE

January, 2013; HRSA HIV/AIDS Bureau Special Projects of National Significance Program

The Program's Special Projects of National Significance (SPNS) has developed numerous innovative models to engage hard-to-reach PLWHA into care. HRSA has developed the Integrating HIV Innovative Practices (IHIP) manuals, curricula, and trainings to assist health-care providers and others delivering HIV care in communities heavily impacted by HIV/AIDS with the adoption of SPNS models of care into their practices.

Models of Care	Definition
Traditional Street/Social Outreach Model	This outreach model often involves having peers engage in outreach with at-risk persons in their communities, often in public arenas, such as public events and entertainment venues.
Motivational Interviewing Model	Rather than a singular outreach event, motivational interviewing (MI) is delivered by peers and near-peers, who are trained to provide culturally and linguistically competent counseling. Motivational interviewing is designed to help patients align their behaviors with their treatment goals so they become engaged and retained in care.
Health System Navigation/Retention in Care Coordination	Health System Navigators (HSNs) work with PLWHA clients to support engagement in care with partnering providers. They conduct assessments, co-develop action plans with PLWHA, and coordinate care across providers.
HIV Interventions in Jails	This model leverages the jail setting (and related correctional institutions such as parole offices) to identify and engage PLWHA into care. The uniqueness of HIV care in jail settings involves its own model, which in part is a hybrid of several others in this training manual.
In-reach (reconnecting past patients lost to care)	Providers work with partnering agencies, using their databases as a resource to identify PLWHA who have fallen out of care, contact them, and help them to reengage in care.
Social Marketing Campaigns/ Social Networking Channels	Social marketing uses commercial advertising techniques to "sell" HIV prevention, testing, treatment, and care through messages that are targeted to specific populations. Television and radio advertisements and promotional materials are often repurposed and circulated online through social networks, such as YouTube, Facebook, and Twitter.

RYAN WHITE PART A EMA MAI FUNDING ALLOCATIONS

EMA	MAI FUNDED SERVICES	MAI STRATEGY/SPNS EXAMPLES
San Francisco	**Total FY 14-15 Direct Services Award: $681,287** Outpatient Ambulatory Medical Care: $494,092 Medical Case Management: $187,195	Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color Initiative [2012 – 2017] is a multisite demonstration and evaluation of HIV/AIDS service delivery interventions for transgender women of color. The nine demonstration sites will implement and evaluate the effectiveness of innovative interventions designed to improve timely entry, access to and retention into quality HIV primary care for transgender women of color, a population at very high risk of HIV infection.
Atlanta	**Total FY 15 Direct Services Award:** $2,199,314 Outpatient Ambulatory Medical Care	Annual Non-Hispanic African American Outreach Initiative (AAOI), a two day session focusing on PLWHA aware of their status, but are not in care. Seeks to facilitate access to care, and also serve as a mechanism for evaluating the barriers which have kept these individuals from care.
Boston	**Total FY 15 Direct Services Award:** $872,949 Medical Case Management: $741,842 Psychosocial Support: $131,107	MAI funds provide additional case management and peer support services that target PLWH from disproportionately impacted minority communities.

Miami-Dade	**Total FY 13 Direct Services Award:** $2,139,927 Outpatient Ambulatory/Medical Care: $1,059,927 AIDS Pharmaceutical Assistance (local): $100,000 Medical Case Management (Including Treatment Adherence): $680,000 Outreach: $120,000 Substance Abuse-Residential: $180,000	The Enabling Haitians Access to Needed Care (ENHANCE) project developed, implemented, and evaluated a theory-guided peer intervention that sought to enhance use of HIV-oriented primary medical care and ancillary services by the target population. It specifically focused on persons enrolled in care who have not seen a primary care provider for at least six months. Follow-up assessments were conducted at six month intervals to assess the proportion of persons who increase use of medical care and ancillary services. A principal goal was to improve the transition of Haitians from hospital care at Jackson Memorial Hospital to outpatient care.
Chicago	**Total FY 15 Direct Services Award:** $2,222,034 Outpatient Ambulatory/Medical Care: $1,269,894 Early Intervention Services: $154,431 Mental Health: $287,753 Substance Abuse-Outpatient: $132,211 Outreach Services: $158,875 Psychosocial: $99,991 Substance Abuse-Residential: $118,879	The HIV System Navigation Program included two components designed to address individual-level barriers to care and to facilitate access to care for women of color with HIV. First, the intervention replicated the patient navigator model, a demonstrated successful intervention with breast cancer patients. Second, a five session, small group skills building/educational intervention Healthy Relationships (DEBI) was offered to women enrolled in care. These two interventions were implemented to dispel myths, increase knowledge and improve individual attitudes toward HIV and to assist women of color with HIV in accessing care services. Target population: women of color who are newly diagnosed with HIV, lost to care, in sporadic care, and/or lost to follow-up.
New York	**Total FY 13 Direct Services Award:** $9,412,436 Medical Case Management: $4,453,115 Early Intervention Services: $1,715,747 Housing: $1,052,027	MAI programs are not designed differently, however only allowed to be contracted in ZIP codes where the number of living AIDS cases among people of color is above a certain amount in order to target them more narrowly.

	Outpatient Ambulatory/Medical Care: (ADAP Plus) $1,250,304	
Los Angeles	**Total FY 13 Direct Services Award:** $2,735,053 Oral Health: $820,516 Early Intervention Services: $683,763 Medical Case Management: $1,230,774	Medical Case Management model blends medical and psychosocial case management and treatment education to provide treatment coordination and develop a comprehensive treatment plan Early Intervention Programs focused on newly diagnosed, out-of-care and recently incarcerated individuals of color
Houston	**Total FY 13 Direct Services Award:** $1,762,110 Outpatient Ambulatory/Medical Care	Harris County Public Health and Environmental Services project sought to engage HIV seropositive YCMSM into care, link them into appropriate services, and facilitate retention in care using existing locally defined categories of RWCA services. It evaluated a new approach to case management which coordinated a variety of relevant services into one Client Management Team, a wide-ranging and intensive service which provides outreach, medical care coordination, service linkage, peer counseling, health education, and other services to engage and retain high risk youth in care. Evaluation included use of existing client data, and comparison with previously enrolled clients.
D.C.	**Total FY 13 Direct Services Award:** $2,101,942 Outpatient Ambulatory/Medical Care: $715,800 Oral Health: $119,992 Mental Health: $340,799 Medical Nutrition Therapy: $2,000 Medical Case Management (Inct. Treatment Adherence): $794,904 Substance Abuse-Outpatient: $128,447	A cluster of services are provided by either a single provider or by a closely-knit, well-documented collaboration among service providers. Purpose: Make it possible for high-need minority clients to access Part A services on a more level playing field. Offer support to overcome barriers encountered by clients and allow service providers flexibility in crafting service plans tailored to clients' needs. Ensures smooth and consistent access to Part A Program support

	Emergency Financial Assistance: $15,222 Linguistics Services: $63,044 Medical Transportation Services: $4,310 Outreach Services: $118,406 Psychosocial Support: $78,214	services as well as transitioning clients in to Part A funded medical care programs. Medical case management serves as the primary point of entry and as a conduit to each of the other six services in the cluster and monitors linkages to other services.