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, March 16, 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:** 3/16/16 Agenda and 2/17/16 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1)
4. **UNFINISHED BUSINESS**
   None.
5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
MAI Strategies	ACTION ITEM: Review MAI models and other relevant documents including reports, intervention materials, literature reviews for SPNS studies, cost analysis, identified outcomes, and other sites implementing the model. (WOC, HIV Care Coordination, STYLE)
PSRA Timeline	ACTION ITEM: Review and approve the PSRA timeline

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:** April 20, 2016; 12:30 p.m. **Venue:** A-337

Goal/Work Plan Objective #:	*Accomplishments*
MAI Strategies	ACTION ITEM: Finalize models that address MAI access issues including barriers, retention and VL suppression.
Review relevant PSRA data (WP Item 1.2)	ACTION ITEM: Review data relevant to the PSRA process (including epi data, recommendations from QM, and service category scorecards).

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, February 17, 2016, 12:30 p.m. **Location:** Governmental Center Room A-337

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

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

1. CALL TO ORDER:

The Chair called the meeting to order at 12:40 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: Katz, H.B. **Seconded by:** Grant, C.
Action: Passed Unanimously

Motion #2: To approve meeting minutes from 1/20/16
Proposed by: Katz, H.B. **Seconded by:** Gammell, B.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS:

a. Monitoring Expenditures/Utilization Report (WP Item 2.1): The Grantee representative, William Card, reviewed the utilization report for the last 11 months of this fiscal year. He explained that there is still one month of invoices and final expenditures expected from the Part A providers. He stated that the Grantee's office anticipates full utilization of the OAMC, Oral Health, Case Management, Disease Case Management, Mental Health, Legal, CIED and MAI CIED service category funds. Any funds left in the MAI OAMC, MAI MCM, or MAI MH will be used as carry-over funds for the next fiscal year. The HICP category is at 79.8% utilization, and any unutilized funds will be used to pre-pay client premiums for the next FY. He explained that leftover funds in the Food Bank, Food Voucher and Pharmacy categories will go towards the bulk purchases. A member asked about previous bulk purchases, and how much inventory was left at the end of the year; the Grantee will look into that information to provide further clarity. The Grantee explained that there are 3 different types of HRSA funds that go into the Ryan White Part A Program: formula

funds based on the number of HIV/AIDS cases in the county, supplemental funds, and MAI funds. Supplemental funds must be completely used during the fiscal year, formula funds have a limit of 5% carryover, and MAI funds have no limit on the amount of money that can be carried over into the next fiscal year. Therefore, the Grantee's office uses supplement funding first, then formula, and finally MAI funding for service allocations.

A member asked for clarification on the projected utilizations, and it was explained that these projected expenditures are based on actual utilization, not taking into account trends, final billing and historical upticks.

The Grantee told the committee members that ADAP has started a pilot program for Hepatitis C treatment in both Miami-Dade and Pinellas County. The Grantee's office informed members and guests that they will use carryover funding to implement a Hepatitis C pilot in Broward County as well. The pilot will include a 3 month treatment regimen of the drug Harvoni to cure the disease. A member asked about using funding for PrEP, but that Grantee explained that Ryan White funds cannot be utilized for PrEP. Ryan White dollars must go to clients who are HIV+, and PrEP is used to prevent individuals from becoming infected with HIV. The Hep C drugs will be bought in a bulk purchase and will cost approximately $600,000, with the average cost per patient between $35,000-45,000. A member stated that routine care for clients co-infected with HIV and Hepatitis C can be very costly. It was also mentioned that other Hepatitis C drugs have more side-effects than Harvoni which can lead to adherence problems. The committee agreed that there are many people co-infected in the county, and that this pilot program will be very beneficial for Broward.

4. UNFINISHED BUSINESS:

None.

5. NEW BUSINESS

a. MAI Strategies: The Chair gave a background of the MAI strategy process: the committee is trying to identify a strategy to efficiently use MAI dollars. They would like to move away from MAI as a billing mechanism and more toward targeted strategies to help specific minority populations with poor health outcomes. The target populations, based on a VL data review and recommendation from QM, include 18-38 year old: Black MSM, Black heterosexual females and Black heterosexual males. Staff has research various CDC Best Practices for Linkage, Retention, and Re-Engagement in HIV Care, and the committee's goal is to select specific strategies to research further. The PC Manager presented a handout of the interventions with include their outcomes, how each strategy is linked to the Care Continuum, if they focused one of the target populations, as well the ideal program components identified by PSRA during the last brainstorming session (Handout B on file). The committee discussed the Red Carpet Program in Washington, D.C., the Women of Color Initiative at Care Resource in Miami, STYLE, HIV Care Coordination Program, and Project CONNECT. The group spoke about the elements they liked in each program, and areas that they might need more information on (i.e. cost analysis, client surveys, literature reviews). Members expressed concern about implementing programs that could become costly, but the Chair stated that investing money in unsuppressed client's care will lead to positive health outcomes and cost savings in the future. The Grantee stated that the focus of the group should be to develop specialized programming with MAI funding to help resolve the issues associated with the target populations; he stated that clients experience problems when they fall out of care, and the most difficult piece in building a strategy is addressing those barriers to care. The Human Services Administrator spoke about a presentation he had attended which assessed health problems from a historical perspective on race and local community interactions. The group discussed historical community/cultural patterns and beliefs associated with health care and HIV in particular. They named components that they viewed as essential in any intervention, including short waiting periods for appointments, and mental health

services (trauma-informed counseling, readiness counseling). The Chair asked the members if there were any programs that they believed could be translated effectively across each population. The members discussed the different components of the programs they liked, all hitting different aspects of the Care Continuum. They then spoke about barriers to care: linkage, readiness, retention, history of non-engagement in health care in the Black community, cultural components, self-efficacy, empowerment, family involvement, etc. A member spoke about barriers from a consumer's perspective: cultural history, medical racism, misinformation about the disease, homelessness, poverty, violence, and stigma are all influential barriers.

ACTION ITEM: Further research on STYLE, HIV Care Coordination programs, and Women of Color Initiative. Specifically look for: internal reports, intervention materials, literature reviews for SPNS studies, cost analysis, how many other sites may use the model, and outcomes.

6. GRANTEE REPORT

a. Part A: The Part A Grantee spoke about the addition of Emergency Financial Assistance as a service category for clients in need of short-term/stop-gap medications. He asked the committee to officially add funds to the service category, and requested a motion for $25,000 to cover dispensing fees.

Motion #3: To move $25,000 from the Local AIDS Pharmaceutical Assistance service category to the Emergency Financial Assistance service category the for Fiscal Year 2016-2017
Proposed by: Gammell, B. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

b. Part B: The Part B representative informed the members that they have made all of their bus pass purchases as well as two large purchases from BARC.

Motion #4: To appoint Justin Bell to the PSRA Committee
Proposed by: Siclari, R. **Seconded by:** Reed, Y.
Action: Passed Unanimously

7. PUBLIC COMMENT

A guest stated that there are 3 nurses employed at his service providers, and that he believes that they go above and beyond the call of duty. He thinks that they need another nurse or assistant at a provider agency who can assist with paperwork, as he sees restraints in the amount of time nurses can spend with their clients when they are taking care of reporting. He feels the addition of another nurse would greatly assist in retention and care, and that this addition should be considered during the prioritization and allocations process.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: March 16, 2016 **Venue:** A-337

Goal/Work Plan Objective #:	*Accomplishments*
MAI Strategies	ACTION ITEM: Finalize models that address MAI access issues including barriers, retention and VL suppression.
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)

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

The meeting was adjourned at 2:39 p.m.

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PSRA Attendance CY 2016

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

RYAN WHITE PART A MAI PROGRAMS

STYLE (STRENGTH THROUGH LIVIN' EMPOWERED)

Goal: Improve retention in HIV care

Target population: Recently diagnosed or lost-to-care HIV positive black or African American and Hispanic/Latino young men who have sex with men (YMSM) aged 17-24 years old

Time period: Preparation time: ~1 year, Study completion: 2 years

Overview: Once found HIV positive through social marketing, referral and outreach efforts, YMSM of color received an appointment with a physician within 72 hours. In addition to routine HIV medical care, participants were offered ancillary support services including weekly support groups, one-on-one counseling, CM, SAMH, and assistance with appointment scheduling or medical questions via phone or text. Individuals treatment plans to address identified barriers is developed based on a comprehensive assessment of medical, physical, psychological, environmental, and financial needs. Questionnaire completed at baseline included a combination of questions from behavior surveys (tobacco use, alcohol use, depression, etc.) and viral load and CD4 counts.

Participants: STYLE n=81, Pre-STYLE n=31

Outcomes: Retention among STYLE participants was greater than the pre-STYLE participants (80% vs. 67%). High overall levels of depression in the participants (50% being clinically depressed and 15% having a history of attempting suicide)

- ***Pre-STYLE participants***: A clinical cohort preceding the implementation of STYLE to serve as a control group. Data was collected from 30 black or Latino MSM who had their first visit in the UNC-ID HIV clinic between January 1, 2003 and December 31, 2005, as they were the most similar to STYLE participants based on available demographic data. The data available for these patients were restricted to their demographic information, which was used to select them from the other patients receiving HIV care at UNC-ID clinic.

STYLE
BROWARD RYAN WHITE PART A MAI PROGRAM

Goal: Improve retention in HIV care

Target population: Recently diagnosed or lost-to-care Ryan White Part A black MSM 18-38 years old

Main elements: 1) Use Get Care Broward social marketing materials to raise awareness 2) Routine HIV **medical care** and ancillary support services including weekly support groups**, one-on-one counseling**, **case management**, SAMH, and assistance with appointment scheduling or medical questions via phone or text. Individuals treatment plans to address **identified barriers** is developed based on a comprehensive assessment of medical, physical, psychological, environmental, and financial needs.

Deliverers: Medical case manager, peer outreach worker, research staff, and an infectious disease board-certified physician

- Participants are administered a face-to-face interview at baseline and every four months thereafter (24-months total)

Data collection/Tools: Create questionnaire based on information most needed from clients, client related factors: Age, race/ethnicity, income, education level, and sexual identity, the Center for Epidemiologic Studies Depression Scale (CES-D) is used to measure depressive feelings at baseline and behaviors (only used at baseline), distance to care, clinical health outcomes including CD4 count, viral load, ART medication usage, and baseline ART resistance testing evaluations

HIV CARE COORDINATION PROGRAM
NEW YORK CITY'S RYAN WHITE PART A

Goal: Improve retention in HIV care

Target population: Persons who are recently diagnosed with HIV or who are at high risk for, or have a history of suboptimal HIV care outcomes (e.g., never in care, lost to care, inconsistently in care, or exhibiting ART adherence problems)

Time period: 12 months

Overview: Specific intervention components included: 1) outreach for initial case finding and after any missed appointment; 2) case management, including social services and benefits assessments; 3) multidisciplinary care team communication and decision-making via case conferences; 4) patient navigation, including appointment reminders, assistance with scheduling appointments, transportation resources, and accompaniment to primary care visits; 5) ART adherence support, including directly observed therapy for individuals with greatest need; and 6) structured health promotion using a curriculum developed by the Partners in Health and Brigham and Women's Hospital Prevention and Access to Care and Treatment (PACT) program. Depending on level of need, clients meet weekly, monthly or quarterly with CCP staff.

Participants: HIV-infected adults or emancipated minors who are eligible for Ryan White Part A clients in New York City grant area (<435% FPL) and who were 1) newly diagnosed with HIV; 2) never in care or lost to care for at least 9 months; 3) irregularly in care or often missing appointments; 4) starting a new ART regimen; 5) experiencing ART adherence barriers; or 6) manifesting treatment failure or ART resistance, n=3641

Outcomes: The proportion of participants meeting the criteria for retention in care significantly increased from the pre-intervention period to the post-intervention period (73.7% vs. 91.3%)

- A pre-post retrospective cohort evaluation of CCP intervention effectiveness was done using individuals as their own controls.

HIV CARE COORDINATION PROGRAM BROWARD RYAN WHITE PART A MAI PROGRAM

Goal: Improve retention in HIV care

Target population: HIV+ black heterosexual men, black heterosexual women, and black MSM Ryan White Part A clients who are recently diagnosed with HIV or who are at high risk for, or have a history of suboptimal HIV care outcomes (e.g., never in care, lost to care, inconsistently in care, or exhibiting ART adherence problems)

Overview: Specific intervention components include: 1) **outreach** for initial case finding and after any missed appointment; 2) case management, including social services and benefits assessments; 3) multidisciplinary care team communication and decision-making via case conferences; 4) patient navigation, including appointment reminders, assistance with scheduling appointments, **transportation resources**, and **accompaniment to primary care visits**; 5) ART adherence support, including directly observed therapy for individuals with greatest need; and 6) **structured health promotion** depending on level of need, clients meet weekly, monthly or quarterly with CCP staff.

Participants: HIV+ black heterosexual men, black heterosexual women, and black MSM Ryan White Part A clients in Broward County that are 1) newly diagnosed with HIV; 2) never in care or lost to care for at least 9 months; 3) irregularly in care or often missing appointments; 4) starting a new ART regimen; 5) experiencing ART adherence barriers; or 6) manifesting treatment failure or ART resistance

Data collection/Tools: Sociodemograhpic characteristics: age, race/ethnicity, sex, primary spoken language, insurance status, housing status, income level, and country of birth and clinical treatment factors (ART status at enrollment, year of HIV diagnosis, viral suppression at enrollment, and CD4 count at enrollment).

WOMEN OF COLOR INITIATIVE (CARE RESOURCE)

Goal: Improve retention in HIV care

Target population: Hispanic/Latina, African American/black, or other Multi-racial or Asian Pacific women

Overview: The SPNS initiative, Assertive Community Treatment for Women of Color (I-ACT for WOC) targets women in Miami-Dade County. The program offers HIV tests with the hope of engaging at least 200 HIV-positive WOC within the first year. Activities will take place at the Care Resource office, the program's mobile testing unit, and client homes—wherever patients may be. During the intake process, the supervisor and assistant conduct a comprehensive needs assessment, including administering a questionnaire designed to identify not only the client's needs but also any barriers she faces. Using this assessment, the supervisor develops an individualized care plan while the assistant provides any supplemental support in executing this plan. They also provide essential case management services, including client enrollment, referrals, and counseling on issues such as domestic violence and treatment adherence. The team explores ways to improve the client's adherence to care as well as the quality of services provided.

Deliverers: Physicians, patient care assistants, case managers, psychosocial counselors, addiction specialists, outreach workers, HIV testing counselors, peer educators, and rehabilitation workers

Outcomes: No reported outcomes have been published

WOMEN OF COLOR INITIATIVE
BROWARD COUNTY RYAN WHITE PART A MAI PROGRAM

Goal: Improve retention in HIV care

Target population: Hispanic/Latina, African American/black, or other Multi-racial or Asian Pacific women

Overview: The program will offer HIV tests with the hope of engaging at least 200 HIV-positive WOC within the first year. During the intake process, the supervisor and assistant conduct a comprehensive needs assessment, including administering a questionnaire designed to identify not only the client's needs but also any **barriers** she faces. Using this assessment, the supervisor develops an **individualized care plan** while the assistant provides any supplemental support in executing this plan. They also provide essential **case management services**, including client enrollment, referrals, and **counseling** on issues such as domestic violence and treatment adherence.

Participants: Hispanic/Latina, African American/black, or other Multi-racial or Asian Pacific women in Ryan White Part A.

Data collection/Tools: Needs assessment (identify clients needs and barriers to care) and case management services

HIV Care Coordination Program Summary

On March 10th the PSRA Chair, HIVPC Staff and the Grantee's representative had a conference call with representatives from New York City Dept. of Health & Mental Hygiene's Care & Treatment Research & Evaluation Unit of the Bureau of HIV/AIDS Prevention & Control. The following is a summary of the HIV Care Coordination Program as described by the Department of Health employees:

Timeline/Locations: The Care Coordination Program model was developed in 2009, implemented across all 5 boroughs of New York City, and operates in 27 clinics, CBOs and hospitals.

Program Elements: The program is designed for clients who have a history of not keeping doctor's appointments as well as non-adherence to ARV. The model is most impactful for clients who started with clear disadvantages, from mental health barriers, to unstable housing or hard drug use.

The program aims to engage the clients in care with various tracks of services. Clients first enrolled in the program meet with their navigator/ case manager weekly, then change their frequency as their needs lessen to quarterly visits. Some clients with greater needs participate in Directly Observed therapy sessions 5 days a week, and meet the case manager either in their home or out in a field setting. Clients receive an integrated range of services to reduce barriers: treatment adherence counseling, case management/navigator services, home based services, strength-based motivational interviewing and health education. As clients become more self-sufficient, they may be graduated out of the program, although each client's timeline is determined by their navigator on a case by case basis.

As New York is a state that has participated in Medicaid expansion, the program does not pay for clinical services, but funds the support and wrap around components of the model. Case managers were integrated with the medical team and posted at clinic locations for client availability and information sharing.

Outcomes: The greatest differences were seen in clients that were not originally engaged in care and not virally suppressed. Approximately 25% of the Ryan White clients in the New York EMA were eligible for the program's services.

Challenges: Some specific challenges that were identified during program implementation included: transportation to clinics and client and provider buy-in. The program requires extensive time and training for staff, as well as formal linkage and data sharing agreements between providers and the Department of Health. Maintaining training to ensure standardized implementation and data collection was also a challenge throughout the program.

HANDOUT B

FY 2016-2017 PRIORITY SETTING AND RESOURCE ALLOCATION (PSRA) TIMELINE

TASK	DATA ELEMENTS	RESPONSIBLE PARTY	DATE
Broward County Data Review: Epidemiology, Unmet Need, EIIHA	- Epidemiology Terms, Importance and Uses Handout - FLDOH Partnership Slides Area 10 - Unmet Need Data, Terms, Importance and Uses Handout - EIIHA Data, Terms, Importance and Uses Handout	Support Staff	PSRA: 4/20/2016
Part A Data Review: Service Categories	- Service Category Scorecard Presentations: FY 11-15 allocations; FY 11-15 expenditures; client demographics and utilization; service eligibility criteria; viral load data; outcomes and indicators; HIV Care Continuum data - Client Projections based on Utilization and Expenditures - Impact of the ACA on Ryan White: Part A and ADAP clients enrolled in the ACA Marketplace; HICP and ACA covered services expenditures; average co-pay, premium, deductible and OOP costs; future ADAP Premium Plus client eligibility criteria - QMC Recommendations regarding minority populations	Support Staff Grantee	PSRA: 5/18/2016
Sense Making and Priority Setting	- PSRA Data Review: Overview of Broward and Part A data presentations - Needs Assessment Data Presentation: Client Survey and Focus Group Results - Sense Making: Group discussions about notable data elements to identify bias and trends - Part A and MAI service category ranking	Support Staff NA Consultant PSRA	CEC: 6/7/2016 PSRA: 6/15/2016
Allocations for FY 2017-2018	- Allocations table - FY 16-17 Allocations approval	Support Staff PSRA HIVPC	PSRA: 7/20/2016 HIVPC: 7/28/2016