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, February 15, 2017, 12:30 p.m.
Location: Governmental Center Room GC-430
Chair: Will Spencer **Vice Chair:** Rick Siclari

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 2/15/17 Agenda and 11/29/16 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Monthly Expenditure/Utilization Report by Category of Service
4. **UNFINISHED BUSINESS**
   a. Part A FY2017 Service Category Components- Review new service components outlined in HBTMTN language (Handouts A-B)
   b. MAI Strategies- Discuss MAI priority populations (Handout C)
5. **MEETING ACTIVITIES**

Goal/Work Plan Objective #:	*Accomplishments*
PSRA Timeline Discussion	ACTION ITEM: Discuss FY17-18 PSRA procedures and timeline.

6. **SUBCOMMITTEE REPORTS**
   None.
7. **GRANTEE REPORTS**
8. **PUBLIC COMMENT**
9. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** March 15, 2017 **Time:** 12:30 p.m. **Venue:** Governmental Center Room A-337

Goal/Work Plan Objective #:	*Accomplishments*
Ryan White Part A Pharmaceutical Formulary	ACTION ITEM: Review and discuss proposed changes to Part A Formulary
FY2017 PSRA Work Plan	ACTION ITEM: Review, discuss and approve FY17 WP

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: Tuesday, November 29, 2016, 12:30 p.m. **Location:** Governmental Center Room A-337

Chair: Will Spencer **Vice Chair:** Rick Siclari

ATTENDANCE				
#	**Members**	**Present**	**Absent**	**Guests**
1	Bell, J.		**X**	King, J.
2	DeSantis, M.	**X**		Glincher, S.
3	Gammell, B.	**X**		Lint, A.
4	Grant, C.	**X**		Runkle, D.
5	Hayes, M.	**X**		**HIVPC Staff**
6	Katz, H. B.	**X**		Johnson, B.
7	Lopes, R.	**X**		Ewart, L.
8	Schickowski, K.		**X**	Oratien, V.
9	Shamer, D.	**X**		**Grantee Staff**
10	Siclari, R., *Vice Chair**	**X**		Anderson, T.
11	Spencer, W., *Chair*	**X**		Card, W.
	Quorum = 7	**10**		Drummond, K.
*On phone				Emerson, S.
				Jones, L.

1. CALL TO ORDER:

The Chair called the meeting to order at 12:48 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: Gammell, B. **Seconded by:** Lopes, R.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 10/19/16.
Proposed by: Gammell, B. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS:

a. Monthly Expenditure/Utilization by Category of Service: The Part A Grantee Fiscal Manager gave a presentation on current expenditures and the recommended allocations for FY 17-18.

The Part A Fiscal Manager explained that target spending for the 7-month mark was 58%, and went through each service's spending thus far. MAI Ambulatory was on track but received additional funding, reducing its percentage of spent funds. Pharmaceuticals received swept funds, so this service category is now closer to its spending goal. Dental and Case Management are already ahead of their spending goals. Food Bank is almost fully spent, and there is a recommended reallocation to this service category in the next Sweeps. Overall, Part A has spent 54.5% of its funding.

The Grantee discussed a carryover request, as required by HRSA, and the approval of service category allocations for FY17-18. There is potential for $200,000 to $300,000 in carryover. The Grantee recommended using that money toward Outpatient Ambulatory Medical Care (OAMC) and MAI OAMC. The reasoning behind this recommendation, despite Medical Services' underspending,

was to put carryover where it can always be effective and/or sweep it out at a later time if necessary. The allocations reflected two significant changes in funding: HICP and Outreach. HICP was adjusted because ADAP will be responsible for the bulk of the premium coverage moving forward. Outreach funding was modified to include the cost of DIS workers.

The Dental Services category was split into two: routine and specialty dental services, and the Committee was reminded that the split in types of care; routine and specialty, was a directive from the How Best to Meet the Need (HBTMTN) Language. Committee members had questions about changes made to the Mental Health Services category. The Grantee explained that the change in this category was based on HBTMTN Language, and that it represents a different approach to mental health care than might otherwise be considered. There was also concern regarding the allocation of more funds to Disease Case Management while Legal Services would remain the same. The Grantee explained that Disease Case Management had to allot for different services in the upcoming fiscal year, while Legal would continue to operate as it had previously. It was emphasized that allocation is a fluid process with the ability to change funding through Sweeps. The reason for assigning funds to service categories at this time is to establish a formulary, making it possible to monitor expenditures and provide a starting point for the upcoming fiscal year.

Committee members were also concerned about the process of obtaining funding through RFPs. An overview of HBTMTN and how it led to the new service categories was requested.

ACTION ITEM: For the January PSRA meeting, determine why the Dental Service category was split into routine and specialty services and provide the How Best to Meet the Need language which led to the Trauma-Induced Mental Health Services category.

After a thorough overview of expenditures, utilization, and recommendations for funding, the following motions were made:

#	Motion	Proposed By	Seconded By	Action
3	To allocate $368,439.00 to Mental Health in FY17-18	Hayes, M.	Lopes, R.	Passed Unanimously
4	To allocate $26,534.00 to MAI MH in FY17-18	Hayes, M.	Shamer, D.	Passed Unanimously
5	To allocate $233,760.00 to Outpatient Substance Abuse in FY17-18	Hayes, M.	Grant, C.	Passed Unanimously
6	To allocate $400,000.00 to MAI SA in FY17-18	Hayes, M.	Lopes, R.	Passed Unanimously
7	To allocate $5,390,551.56 to OAMC in FY17-18	Lopes, R.	Shamer, D.	Passed Unanimously
8	To allocate $291,669.00 to MAI OAMC in FY17-18	Hayes, M.	Katz, H.B.	Passed with 1 Abstention (Grant, C.)
9	To allocate $507,000.00 to Disease Case Management in FY17-18	Hayes, M.	Katz, H.B.	Passed Unanimously
10	To allocate $50,956.00 to MAI DCM FY17-18	Hayes, M.	Katz, H.B.	Passed with 1 Abstention (Siclari, R.)
11	To allocate $1,353,263.09 to Non-Medical Case Management in FY17-18	Gammell, B.	Lopes, R.	Passed Unanimously
12	To allocate $2,070,220.00 to Oral Health Care (Routine Dental Services) in FY17-18	Hayes, M.	Shamer, D.	Passed Unanimously
13	To allocate $490,270.00 to OHC (Specialty Dental Services) in FY17-18	Hayes, M.	Grant, C.	Passed Unanimously

14	To allocate $609,449.00 to AIDS Pharmaceutical Assistance in FY17-18	Hayes, M.	Gammell, B.	Passed Unanimously
15	To allocate $121,426.00 to Legal Service in FY17-18	Lopes, R.	Grant, C.	Passed Unanimously
16	To allocate $596,103.00 to Food Services (Food Bank) in FY17-18	Hayes, M.	Katz, H.B.	Passed with 1 Abstention (Gammell, B.)
17	To allocate $129,343.00 to Food Services (Food Voucher) in FY17-18	Hayes, M.	Lopes, R.	Passed with 1 Abstention (Gammell, B.)
18	To allocate $150,000.000 to Non-Medical Case Management- Health Insurance Benefit Support Services in FY17-18	Katz, H.B.	Grant, C.	Passed Unanimously
19	To allocate $250,000.00 to Health Insurance Continuation Program in FY17-18	Katz, H.B.	Grant, C.	Passed Unanimously
20	To allocate $560,513.00 to CIED in FY17-18	Katz, H.B.	Hayes, M.	Passed Unanimously
21	To allocate $290,957.00 to MAI CIED in FY17-18	Grant, C.	Lopes, R.	Passed Unanimously
22	To allocate $5,000 to Emergency Financial Assistance in FY17-18	Katz, H.B.	Hayes, M.	Passed Unanimously
23	To allocate $50,000.00 to Outreach in FY17-18	Katz, H.B.	Lopes, R.	Passed Unanimously
24	To allow for FY16-17 carry-over funding to be placed in the OAMC service category	Hayes, M.	Katz, H.B.	Passed Unanimously

4. UNFINISHED BUSINESS:

a. MAI Strategies (Handouts A-B): The PSRA Committee discussed strategies to be included in the MAI Service Delivery Model once all strategies and procedures have been identified and approved by the committee. The Chair asked that mental health and substance abuse be removed because it is no longer necessary to provide those services based on the implementation of the integration of OAMC and behavioral health and other specialized MH/SA services. Medication adherence would be measured through self-reporting methods such as consumer surveys. There was a concern about the target percentages for client outcomes being too ambitious, so it was requested they be removed. Another idea was to include "achieve viral suppression," as an outcome for the first 18 months of enrollment in MAI OAMC. Under MAI MH, members also requested "kept 85% of all scheduled service appointments" be clarified to exclude rescheduled appointments. A suggestion was provided to review the percentage of "no-show/no-call" missed appointments to determine the definition of "kept appointments" for this outcome. One committee member suggested that the focus should be on the case manager rather than the client.

The Grantee asked the Committee to focus on what makes this approach different from the current strategy for service delivery. The emphasis should be on how this specialized approach will reach and maintain its target population.

Committee members wanted clarification about whether the strategies were to cover MAI as a whole or simply MAI Disease Case Management. The Chair stated that the provided information suggested overall MAI would make a better model, but that and target age group should be addressed at the next Committee meeting.

One member raised a concern that the strategy did not give clients enough time with providers. Another member countered that the timing is unrealistic, but that is assuming that the provider is the

driving force for the client when many times it is support services. The Chair suggested a "relationship manager" role to assist patients in navigating through support services.

The Grantee stated that the Quality Management Committee should be included in the process of strategy development before the next PSRA meeting. QMC may be able to provide valuable insight and help mold this in totality. The Chair suggested a joint meeting with the Committee in January. The QM Chair agreed that the QM Committee would attend the next PSRA meeting in January to assist with the development of MAI Strategies.

5. MEETING ACTIVITIES

None.

6. SUBCOMMITTEE REPORTS

None.

7. GRANTEE REPORTS

The Affordable Care Act marketplace may not remain in its current form. The Part A Grantee and ADAP have coordinated their efforts to enroll individuals in plans, with Part A serving 800 clients and ADAP serving 1,500 clients. Approximately 20 plans have been chosen for marketplace selection, a significant increase from the historical 4 plans. One reason for this expansion may be ADAP's recent site visit from HRSA.

8. PUBLIC COMMENT

None.

9. AGENDA ITEMS/TASKS FOR NEXT MEETING: January 18, 2017 **Venue:** A-337

Goal/Work Plan Objective #:	*Accomplishments*
MAI Strategy	Joint discussion between QM and PSRA regarding whether the MAI Strategy should include MAI as a whole or MAI Disease Case Management.

10. ANNOUNCEMENTS

The World AIDS Museum and Education Center is holding a Youth Exhibit on November 30th, 2016 at 6 p.m. In honor of World AIDS Day, a World AIDS Day Celebration will be held at Dillard High School on Thursday, December 1st, 2016 from 6-8 p.m. On Friday, December 2nd, 2016, Children's Diagnostic & Treatment Center will be hosting the 11th Annual Ribbons for Children Auction at the Broward Center for the Performing Arts.

11. ADJOURNMENT

The meeting was adjourned at 3:06 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	16	20	25	15	20	17	C	19	29	C	
			1	Bell, J.	N-2/17		X	X	X	X	A	X		X	A		
		1	**2**	DeSantis, M.	X	A	X	X	X	X	X	X		X	X		
1			**3**	Gammell, B.	X	X	X	X	X	X	X	X		X	X		
			4	Grant, C.	X	X	X	X	X	X	X	X		X	X		
			5	Hayes, M.	X	X	X	X	X	X	X	A		X	X		
1		1	**6**	Katz, H.B.	X	X	X	A	X	X	X	X		X	X		
1				Lewis, L.	X	Z-2/1											
			7	Lopes, R.		X	X	X	X	X	A	X		X	X		N-1/20
		1		Proulx, D.	X	X	X	A	Z- 5/1								
1		2		Reed, Y.	X	X	A	E	X	X	A	X		X	Z-11/11		
		1	**8**	Schickowski, K.	X	A	X	X	X	X	X	X		X	A		
1			**9**	Shamer, D.	X	X	X	X	A	A	X	X		X	X		
			10	Siclari, R., *V. Chair*	X	X	E	X	X	A	X	A		X	X		
			11	Spencer, W. *Chair*	N- 10/1									X	X		
				Taylor-Bennett, C., *Chair*	X	X	X	X	X	X	X	X	Z-10/1				
				Quorum = 7	12	10	11	10	11	10	9	10		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

Identified Needs, Barriers, Gaps	Data (Source)	Strengths	Limitations	HBTMTN Recommendation
1. Increase use of Peers	• Participants in consumer focus group indicated the desire for peer mentors as the first line of contact for support, education and help with navigating the system (2016 Focus Groups Feedback) • Data indicates need for increased outreach, HIV Education, and supportive LTC-consider the possible value of peer based EIS or similar model (2014 NA Report) • Focus group respondents report need for peer education programs (2013 Voices MSM Study) • Focus group respondents report need for peers to assist case managers (2007 NA Report)	• Integrating peers into healthcare teams is supported by research demonstrating that peers can motivate attitudinal and behavioral change in PLWHAs • The peer process relies on existing social networks and hard to reach populations may be more likely to trust peers (SPNS 2013: The Power of Peers on Engagement and Retention in Care Among People of Color) • Navigators, including peers, can also promote patient engagement and informing assessment by developing a trusting relationship with the patient and identifying conditions that they may finding stigmatizing and are reluctant to mention, such as MH and SA (2016 Population Study)	• Training and education of peers • In order to incorporate peers into healthcare teams to support retention and engagement in care, clear mechanisms for paying/utilizing/monitoring peers must be established	• Increase minimum involvement of peers by at least 30% in Case Management • Provide ongoing training and development for HIV peer workers
2. Increase mental Health Screenings/ Revise How	• 40% of providers indicated they would offer linkage services, **counseling, MH** and Outreach to get PLWHA into care with	• Universal screening: Integrated care begins with screening all patients for MH and SA conditions, not just those conditions	• Cultural acceptability is likely to play a part in the acceptability of MH services among some HIV+ individuals. Stigma associated with MH treatment	• Integrate Primary Care & Behavioral Health Services-funded agencies must provide Outpatient

Identified Needs, Barriers, Gaps	Data (Source)	Strengths	Limitations	HBTMTN Recommendation
Services Are Conducted	additional funding (2014 NA Report) • Including screening and counseling for interpersonal violence w/ treatment and preventative healthcare is important for PLWHA (women) who face sexual and intimate partner violence and trauma at higher rates than the general population of women (RW and ACA: Advocating for public Healthcare for Women Living w/ HIV) • MH providers might consider new strategies for integrating MH services into other more readily accepted services such as OAMC to address stigma and increase cultural acceptability (2016 Population Study)	presented by the patient. Evidence-based tools are adopted to screen for behavioral health disorders. Early identification of conditions helps to prevent or mitigate their progression • High level of collaboration leads to more responsive patient care, increasing engagement and adherence to treatment plans • Provider flexibility increases as system issues and barriers are resolved (2016 Population Study)	may also contribute disparities in MH service utilization rates. • Practice changes may create lack of fit for some established providers • Time is needed to collaborate at this high level and may affect practice productivity or cadence of care (2016 Population Study)	Ambulatory Medical Care, Behavioral Health, and Care Coordination services • Include consistent identification, referral, accountability for treatment collaboration and shared health outcomes and continuous communication between both Primary and Behavioral Health Care
3. Improve the Referral Process and Coordination of Care across the Continuum of Care	• Clients and providers express the need for improved information sharing and coordination of client services (Joint QI Network Minutes)	• Formal and standardized referral processes will help increase utilization of Part A services • Coordination of care between services allows for providers to offer	• Providers need to establish a formal agreement for a clear referral process and agree on timeframes and documents provided to clients during the referral process	• Care Coordination across multiple service categories • Integrated Care collaboration with members of the

Identified Needs, Barriers, Gaps	Data (Source)	Strengths	Limitations	HBTMTN Recommendation
	• Focus group participants reported medical case managers were limited in their knowledge of mental health services available in Broward County. When they do make referrals, case managers are reported to usually not follow-up about the services received (2009 NA Report) • Establish formal care and treatment referral and linkage agreements (NHAS recommendations) • Providers indicated it is hardest to make successful referrals to: SA-Outpatient, MH, Outreach (2014 NA Report) • At least ½ of providers report referrals were difficult for assistance with insurance payments, pharmacy assistance, specialty medical care consultations (2010 NA Report) • Providers said there are several claims that are being denied making it very complicated to perform the	comprehensive treatment and care to clients		client's service providers • Implementation of formal policies addressing referrals amongst external providers to maximize community resources • Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care • Follow up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care

Identified Needs, Barriers, Gaps	Data (Source)	Strengths	Limitations	HBTMTN Recommendation
	procedures that clients need. As a result, clients get frustrated with the process and eventually fall out of OHC (QI Network feedback)			
4. Implement Outreach & Linkage Services for "lost to care" PLWHA	• Focus group results with FLDOH-Broward DIS workers suggest that when clients lost to care are contacted: 30% were in care somewhere else; 18% were out of the jurisdiction; 15% were linked after found by DIS; 4% refused care; 1% were in jail; and 2% were decease (April 2016 Integrated Committee Minutes) • 40% of providers indicated they would offer linkage services, counseling, MH and **Outreach** to get PLWHA into care with additional funding (2014 NA Report) • Recommendations in developing plans that include **outreach** and greater use of focus groups and other data collection methods (2015	• Use of DIS workers to conduct follow-ups with out of care Part A clients will help determine if clients are actually lost to care, help reengage clients, and streamline data reporting methods • FLDOH DIS has access to multiple reporting systems and have access to locating clients in other jurisdictions	• DIS workers are limited to FLDOH Staff	• Utilize DIS workers to locate clients who are "lost to care" to determine retention status and re-engage as necessary

Identified Needs, Barriers, Gaps	Data (Source)	Strengths	Limitations	HBTMTN Recommendation
	Reimagining the RW HIV/AIDS Program)			
5. Implement Health Insurance Benefits Navigation Services	• The implementation of the Affordable Care Act (ACA) continues to present uncertainties and potentially act as a barrier to care due to issues with Marketplace enrollment. Providers report that clients are experiencing discontinuous and uncoordinated care as a side effect of gaining health care coverage (CM & Medical QI Network Minutes)	• Part A clients can receive guidance when choosing coverage plans that best fit their needs and financial situation • Part A clients newly enrolled in ACA plans will receive guidance on payments, reimbursements and information specific to their plan • Navigators, including peers, can also promote patient engagement and informing assessment by developing a trusting relationship with the patient and identifying conditions that they may finding stigmatizing and are reluctant to mention, such as MH and SA (2016 Population Study)	• Currently there are no other EMAs with SDMs or comparable services	• Provide Benefits Support Services to deliver information to about their health insurance coverage such as how they can navigate and utilize insurance effectively to achieve better health outcomes • Educate clients on health care plans – provide summary of benefits (coverage and limitations) • Educate clients on the different types of health care providers (i.e. Primary Care, Urgent Care, and Specialty Care)
6. Improve Access to Specialty Dental Services	• Services often mentioned by both clients and providers as needed or insufficiently available are **OHC,** MH/SA, CM, and Medical Transportation (2014 NA Report)	• PLWHA in OHC are more likely to be virally suppressed than clients accessing other Part A services (FY 2016 PSRA Scorecards)	• When considering expanding OHC services, factor in the overall utilization among Part A clients decreased 5.26% in FY15-16	• Expand and separate funding for specialty oral health care • Increase benefit cap for to $3,000 pc/py

Identified Needs, Barriers, Gaps	Data (Source)	Strengths	Limitations	HBTMTN Recommendation
	• OHC identified as the most needed service; half survey respondents said they needed but had not received OHC in past 12 months and 2/3 of PLWHA reported needing services while out of care • 30% of providers indicated they would offer OHC with additional funding (2014 NA Report) • 23% respondents reported needing but not receiving OHC in the last 6 months (2009 NA Report) • Providers said there are several claims that are being denied making it very complicated to perform the procedures that clients need. As a result, clients get frustrated with the process and eventually fall out of OHC (QI Network feedback)			
7. Determine Need for Nutritional Counseling	• The Broward EMA funded Medical Nutrition Counseling as a core service through FY2009-2010. MNC was then	• Evidence based research identifies proper nutrition/nutrition education as a key component in maintaining health outcomes	Limitations for funding Nutritional Counseling include: • Reimbursement rates for NC (in units vs. salaries)	• Provide workshops and training forums focused on improving Clients' knowledge of healthy eating and

Identified Needs, Barriers, Gaps	Data (Source)	Strengths	Limitations	HBTMTN Recommendation
	classified as a service provided under OAMC. • Nutrition and HIV and AIDS are cyclically related. When the body's immune system breaks down as a result of HIV or AIDS, this can contribute to malnutrition and susceptibility to infection. Malnutrition can contribute to and be a result of HIV disease progression. Conversely, a person who is well-nourished is more likely to maintain a stronger immune system for coping with HIV and fighting infection (USAID.gov)		• Referrals for NC can only be made within the funded agency • Medicare/Medicaid, VA clients don't have access to NC • When funded under OAMC, outcomes were tied to Medical and not personalized Nutritional Counseling outcomes	nutrition as related to management of their health
8. Improve Transportation to Access Part A Services	• Both providers and clients identify lack of transportation as a barrier to care (2014 NA Report) • Services often mentioned by both clients and providers as needed or insufficiently available are OHC, MH/SA, CM, and **Medical Transportation** (2014 NA Report) • Transportation listed as a need by at least 1/3 of out	• Transportation is a key component for PLWHA access and retention in care	• Part B currently funds medical transportation/bus passes • Current demand for transportation assistance is high • Need for alternative transportation methods (e.g. ride sharing, shuttles, etc.)	• No recommendation due to Ryan White Part A's status as payer of last resort

Identified Needs, Barriers, Gaps	Data (Source)	Strengths	Limitations	HBTMTN Recommendation
	of care PLWHA (2014 NA Report) • Lack of transportation to access services identified as a major barrier to care for unsuppressed black women (CM QI Network)			
9. Address Gaps in Housing Assistance & Availability	• Gap in housing availability for PLWHA after closing of Shadowood (CM QI Network) • Focus group participants mentioned the closing of Shadowood and the lack of housing assistance for substance abuse/people with criminal backgrounds as significant challenges (2016 Focus Group Feedback) • BARC reports need for temporary housing after substance abuse treatment • Provider Priority rating of housing related services: short term housing assistance, long term rent payments most important, followed by housing CM (2014 NA Report) • In final comments of 2014 client survey, 1/5 of survey	• With safe, decent, and affordable housing, people with HIV are better able to access comprehensive health care and supportive services, get on HIV treatment, take their HV medication consistently, and see their health care provider regularly. However, individuals with HIV who are homeless or lack stable housing are more likely to delay HIV care, have poorer access to regular care, and are less likely to adhere to their HIV treatment (AIDS.gov)	• PLWHA have significant needs for housing and other services to prepare them for and support retention in care; HOPWA estimates unmet need for 7,000 HIV+ clients • Limited housing resources and increasing rental costs in Broward County	• Provide temporary housing services for PLWHA recently released from substance abuse treatment

Identified Needs, Barriers, Gaps	Data (Source)	Strengths	Limitations	HBTMTN Recommendation
	respondents identified needs for housing: wait list for vouchers and assistance for homeless PLWHA (2014 NA Report) • Housing listed as need by nearly half of out of care PLWHA (2014 NA Report) • Lack of adequate and affordable housing identified as a major barrier to care for unsuppressed black women (CM QI Network) • Survey respondents reported needing assistance: 19% utilities; 17% rent/mortgage; 11% finding housing in the last 6 months (2009 NA Report) • 36% of surveyed providers reported access to affordable housing as getting worse in the last 12 months (2010 NA Summary report) • Policies should be promoted to increase access to housing and other supportive services (2012-15 Comp Plan NHAS goal #2)			

Identified Needs, Barriers, Gaps	Data (Source)	Strengths	Limitations	HBTMTN Recommendation
	• It is vital to address social disparities such as poverty, homelessness, and substance abuse to impacted groups (2012-15 Comp Plan NHAS goal #3)			
10. Improved Customer Service at Part A Provider Agencies	• Focus group participants readily identified HIV clinics with poor customer service. Other identified problems with poor staff attitudes, staff turnover and lack of continuity of care (2009 NA Report) • Focus group expressed the need to train doctors' office staff to be more friendly and welcoming (2007 NA Report)	• Clients are more likely to keep appointments with agencies whose provide optimal customer service	• Limitation providing training as a billable unit, as staff time in training is not billable	• Provide customer service training for Part A provider agency frontline staff

HANDOUT B

FY 2017/2018 HOW BEST TO MEET THE NEED LANGUAGE

All Services
Recommended Language
Ensure Part A Providers document collaborative agreements with all and other organizations within their continuum of care, and across systems to help clients get all their needs addressed.
Provide Care Coordination across multiple service categories.
Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, annual customer service trainings for staff, and provide follow up as needed.
Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care
Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression, including but not limited to: Black heterosexual men and women Black men who have sex with men (MSM) 18-38 years of age
Integrate care collaboration with members of the client's service providers.
Collect client level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care.
Implement formal policies addressing referrals amongst internal and external providers to maximize community resources.
Co-locate services where applicable, to facilitate medical home model for Part A clients.
Core Medical Services
Service Criteria: (<400% FPL)
Outpatient Ambulatory Health Services (OAMC)
Recommended Language
Integrate Primary Care & Behavioral Health Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.
Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care
Integrate Care provider collaboration with members of the client's treatment team outside of the organization.
Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
Care Coordinators will monitor delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involved departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.
Provide after-hours service availability to include Crisis Intervention.
Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services.
Ensure providers are knowledgeable regarding management of patients co-infected with HIV and HCV.
Incorporate prevention messages into the medical care of PLWHA.

HANDOUT B

FY 2017/2018 HOW BEST TO MEET THE NEED LANGUAGE

Report clients who have fallen out of care to DIS Outreach workers to determine if clients are really not in care or have moved away/to a different payer source.
AIDS Pharmaceuticals (Local)
Service Criteria: (<400% FPL)
Recommended Language
Report clients who have fallen out of care to DIS Outreach workers to determine if clients are really not in care or have moved to a different payer source.
Oral Health Care (OHC)
Service Criteria: (<400% FPL)
Recommended Language
Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals.
Increase Oral Health Care collaboration with mental health providers.
Expand and separate Oral Health Care (Dental Services) funding into two components: routine maintenance care and specialty care.
Health Insurance Continuation Program (HICP)
Service Criteria: (250%-400% FPL)
Recommended Language
Develop materials for clients to use as quick references.
Provide assistance with Prior authorizations and appeals process.
Maintain routinized payment systems to ensure timely payments of premiums, deductibles, and co-payments .
Mental Health Service (MH)
Service Criteria: (<300% FPL)
Recommended Language
Provide Trauma-Informed Mental Health Services referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma.
Provide after-hours availability to include Crisis Intervention.
Disease (Medical) Case Management
Service Criteria: (<400% FPL)
Recommended Language
Coordinate referrals with other services providers; conduct follow-ups with clients to ensure linkage to referred services.
Report change in viral load status as clients progress through the program.
Substance Abuse- Outpatient
Service Criteria: (<300% FPL)
Recommended Language

HANDOUT B

FY 2017/2018 HOW BEST TO MEET THE NEED LANGUAGE

NO RECOMMENDED LANGUAGE FOR THIS SERVICE CATEGORY
Support Services
Case Management (Non-Medical)
Service Criteria: (<400% FPL)
Recommended Language
Specially train personnel to ensure client education about transitioning to insurance plans, including medication pick up, co-payments, staying in network, etc.
Provide education to reduce fear and denial and promote entry into primary medical care.
Educate clients on the importance of remaining in primary medical care.
At least 30% of Non-Medical Case Management funded personnel be dedicated to Peers.
Incorporate prevention messages into the medical care of PLWHA.
Educate consumers on their role in the case management process.
Provide information about Ryan White programs to reduce financial concerns about seeking care.
Provide initial/ongoing training and development for HIV peer workers.
Provide Benefits Support Services to deliver information to about their health insurance coverage such as how they can navigate and utilize insurance effectively to achieve better health outcomes.
Overview of health care plan summary of benefits (coverage and limitations).
Educate the client on the different types of health care providers (i.e. Primary Care, Urgent Care, and Specialty Care).
Centralized Intake and Eligibility Determination (CIED)
Service Criteria: HIV+ Broward Resident
Recommended Language
Ensure the locations and service hours target historically underserved populations that are disproportionately impacted with HIV.
Maintain collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care.
Distribute client handbook to provide an overview of the purpose of Ryan White Part A services and includes the following: 1) Client rights and responsibilities, 2) Names of providers complete with addresses and phone numbers, and 3) Grievance procedures.
Offer dedicated live operator phone line at all times during normal business hours.
Ensure that intake data collected for transgender clients is sufficient to make full use of transgender related categories in PE.
Follow up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.
Emergency Financial Assistance
Service Criteria:
Recommended Language
Provide limited one-time or short-term pharmaceutical assistance for Ryan White Part A clients.
Outreach
Service Criteria:

HANDOUT B

FY 2017/2018 HOW BEST TO MEET THE NEED LANGUAGE

Recommended Language
Utilize DIS workers to locate clients who are “lost to care” to determine retention status and re-engage as necessary.
Track the barriers to care that caused clients to cease medical care, and provide an annual report to the HIVPC.
Food Services
Service Criteria: (<250% FPL)
Recommended Language
Increase communication with client primary care physicians and nutrition counselors to ensure client nutritional needs are being met.
Provide workshops and training forums focused on improving Clients’ knowledge of healthy eating and nutrition as related to management of their health.
Legal Services
Service Criteria: (<300% FPL)
Recommended Language
NO RECOMMENDED LANGUAGE FOR THIS SERVICE CATEGORY

HANDOUT C

MAI Enhanced Care Coordination Program

Background:

The Priority Setting Resource Allocations (PSRA) and Quality Management (QM) Chairs and Support Staff met to review QM data and previous recommendations regarding 3 target populations. After a thorough discussion and review of relevant data variables, results, and recommendations for an intervention for unsuppressed individuals ages 18-38, the following recommendations for next steps were made:

Recommendations:

1. Identify one (1) population in which to focus an enhanced MAI Care Coordination program, for the duration of at least 12 months
    a. Population recommendation: Unsuppressed Black Heterosexual Females ages 18-38
2. Implement an enhanced care coordination program (offering home- and field-based patient navigation services, coordinating medical and social services, providing support and coaching for medication adherence, and assisting clients with gaining skills and knowledge to maintain a stable health status) for target population, non-agency specific, employing up to 3 FTE to follow targeted clients through the duration of the program. Upon completion of the program (self-sufficiency), clients will be re-entered into the regular Part A system. Depending on level of need, clients meet weekly, monthly or quarterly with assigned CM/CC staff.
    a. Program components can include:
        i. outreach for initial case finding and after any missed appointment
        ii. case management, including social services and benefits assessments
        iii. multidisciplinary care team communication and decision-making via case conferences
        iv. patient navigation, including appointment reminders, assistance with scheduling appointments, transportation resources, and accompaniment to primary care visits
        v. ART adherence support, including directly observed therapy for individuals with greatest need
        vi. structured health promotion and education resources

# of Clients: ~120

Costs: ~$600,000

Next Steps:

More qualitative information is needed regarding the following: service gaps; unmet need; client's perceptions around taking ART and adhering to treatment; history and effects of trauma exposure; geographic proximity to HIV services; and minorities' needs specific to mental health and substance abuse. The SOC Committee can further explore these elements through surveying, focus groups, forums, etc. to attain more information for the development of this enhanced service.

**Current minority populations not included in the target group will continue to receive services based on their individual care needs.*