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: Thursday, July 18, 2019, 9:00 a.m.
Location: Governmental Center A-337
Chair: Lorenzo Robertson **Vice Chair:** Marie Hayes

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 7/18/19 Agenda and 6/20/19 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Monthly Expenditures/Utilization Report- by service category
4. **UNFINISHED BUSINESS**
   None.
5. **MEETING ACTIVITIES**

Goal/Work Plan Objective #:	*Accomplishments*
Activity 1.1: Review data relevant to the PSRA process	
Funder's Presentation (HOPWA) (Handout A)	ACTION ITEM: Review scope of service, program budget, needs, gaps/barriers to care, notable trends and recommendations for HOPWA services.
Activity 1.1: Review data relevant to the PSRA process	
Part A Service Category and Health Outcomes Presentation (Handout B)	ACTION ITEM: Review service category utilization & expenditures and funding data to determine cost containment strategies and determine rankings & allocations.
Activity 1.1: Review data relevant to the PSRA Process	
Final Service Category Review (Handout C1)	ACTION ITEM: Review additional service category resources and data.
Activity 1.3: Priority rank Part A and MAI service categories	
Priority Setting (Handout C2-C3)	ACTION ITEM: Review CEC's ranking of FY2020 Part A Services and rank FY2020 Part A services.
Activity 1.4: Allocate Part A and MAI funds by service category	
FY2020 Service Category Allocations	ACTION ITEM: Allocate Part A & MAI funds by service category.

6. **RECIPIENT REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** TBD **Time:** 9:00 a.m. **Venue:** Gov't Center A-337
9. **ANNOUNCEMENTS**
10. **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 •

MEETING MINUTES
Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, June 20, 2019 9:00 a.m.
Location: Governmental Center A-337
Chair: Lorenzo Robertson **Vice Chair:** Marie Hayes

ATTENDANCE				
#	**Members**	**Present**	**Absent**	**Guests**
1	Barnes, B.	**X**		Mester, B.
2	Dennis, B.		**A**	Caraballo, J.
3	Fortune-Evans, B.	**X**		Grant, J.-
4	Grant, C.	**X**		Bush, K.
5	Hayes, M., *Vice Chair*	**X**		Johnson, B.
6	Katz, H. B.		**A**	Agbodzakey, J.
7	Leonard, C.	**X**		
8	Lopes, R.		**A**	**HIVPC Staff**
9	Moreno, V.		**A**	Martinez, G.
10	Robertson, L., *Chair*	**X**		Oratien, V.
11	Schickowski, K.	**X**		Jolly, J.
12	Schweizer, M.		**A**	
13	Siclari, R.	**X**		**Grantee Staff**
				Anderson, T.
				Robinson, J.
				Jones, L.
	Attendance Total:	**8**		Drummond, K.
Quorum = 8				Garcia, E.

1. CALL TO ORDER:

The PSRA Chair called the meeting to order at 9:41 a.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 6/20/2019 meeting agenda
Proposed by: Hayes, M. **Seconded by:** Grant, C.
Action: Passed Unanimously

Motion #2: To approve the meeting minutes of 5/16/2019
Proposed by: Hayes, M. **Seconded by:** Grant, C.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

Monthly Expenditure/Utilization Report: A copy of the utilization table was made available during the meeting. All service categories should be at 33% utilization. Although Ambulatory is currently at 14%, there are some providers' budgets recently approved which makes up a significant part of additional expenditures for this funding period. Once their billing is submitted, Ambulatory expenditures will be updated. MAI Ambulatory is still working to establish and

maintain services. Pharmaceutical assistance is at 6%, but an increase in expenditures is expected over the next few months. Routine OHC is currently at 28%, Specialty OCH is 20% as well. Most service categories are missing some provider info, as billing and invoices are still being submitted. Case management is at 27%, Disease Case Management is at 21%, Mental Health is currently at 20%; due to underutilization in the past, there was no expectation for utilization to increase, however there is already a noticeable increase for MH.

Overall, most service categories are around 20% utilization. There are no current numbers available for EFA, but updates will be made for the next meeting. Total Part A utilization is 19%. However, providers are still submitting outstanding invoices from the previous month. Once pending invoices are submitted , utilization will be on track for this quarter. It was brought to the Recipient staff's attention that the expenditure percentages reflected on the sheet should be for 3 months as opposed to 4 months (quarterly), which is listed on the utilization table at 33% as opposed to 25%. Updated utilization and expenditure data will be available at the next meeting.

4. UNFINISHED BUSINESS None.

5. MEETING ACTIVITIES

Part A Eligibility for Service Categories: The committee reviewed the Part A eligibility for the final three Service Categories; AIDS Pharmaceutical Assistance (Local), Food Services, and Trauma-Informed Mental Health Services.

AIDS Pharmaceutical Assistance (Local)-The HIVPC Consultant reviewed the requirements for this service category. This service category provides short-term emergency pharmaceutical assistance. It was also noted that this pharmaceutical assistance is not funded through the Part B ADAP program. Provisions regarding updates to the Part A Formulary was reviewed, noting the difference in the two available tiers (Tier 1 – Ryan White approved medications, Tier 2 ADAP Formulary medications).

Food Services –The committee reviewed the scope of service and eligibility for Food Services. Service requirements and provisions were reviewed for this category. The service is supplemental, and its purpose is to improve overall health. This service includes the Part A Food Bank and Vouchers. Food Bank- food distribution location, groceries in box or bag. Vouchers- certificate or gift card for grocery stores to purchase nutritional food. Vouchers can not be used for tobacco or alcohol products.

It was discussed that all clients MUST apply to determine eligibility to receive other food assistances services (during CIED) before receiving Part A Food Bank Services. Unlike other subsidized food services where eligibility is based on household, the Part A Food Bank/Voucher program is only for HIV+ individual who are eligible based on identified income.

Trauma- Informed Mental Health Services- Integrated Primary Health Care was implemented two years ago. Trauma Informed Mental Health Services is offered for clients whose lives are impacted by traumatic experiences. These services include Prevention, Intervention or Treatment to address traumatic stress that occurred during or after trauma. This could be for those who have a history of trauma, or an isolated event. A question was asked about the type of training requirements there are to provide this service. Members were referred to the Service Delivery Model, which lists the professional requirements for service providers. While it was noted that individuals providing mental health services to clients must have a Master's level degree or specific Florida licensure, no training requirements were listed in the Service Delivery Model for this service category.

Screenings include identifying trauma related symptoms, sleep disturbance, intrusive disturbances - assessments determine treatment plan. Individualized care plans are agreed upon with the provider and client, and in some cases, with the client's family.

A question was asked about whether there was a protocol put in place to make sure providers are adhering to a specific process, or is it based on the provider and what they determine is necessary. Providers are required to offer assessments

including the PH2Q/PH29 form. The type of assessments are determined by both the provider and self-reported information provided or displayed by the client. The MH SDM gives clear guidance on what steps need to be taken to determine the client's trauma and needs.

The Food Bank representative informed the committee and guests they are in the process of screening all clients for mental health issues and are referring them to the proper agencies. Out of 500 clients screened, 96 have been referred out for mental health services, around 40 clients for Ryan White.

ACTION ITEM: Include discussion points in an added column next to service categories.

The committee members reviewed each service category and chose one of the following options for each: Tier/Change FPL/Remain/Remove/Other Resources.

BSS (REMOVE)
It was previously discussed that these services could become a function of case managers.
- This service category primarily serves ACA participants, who are most likely working and have copays
- Doesn't retain consumers in ACA, just explains the benefits to help them navigate their insurance
- Member suggested tiering it by visits (like the ARTAS program) or dollar amount of funding
- Member suggested removing category
- Suggestion was made to make BSS a function of Case Management.

CIED (RESOURCE)
Consider utilizing other resources.
- Goal for cost savings in this category is merging Part B and ADAP eligibility efforts
- Dual eligibility would cut costs by 50% for visits
- The side that feels impact of cost savings would also need to take on additional tasks
- Billing for time could interfere with cost savings, depending on how long certain processes take

Case Management (REMAIN)
Adding more peers system wide or removing case management were two suggestions for this service category.

Disease Case Management (REMAIN/RESOURCE)
This service category could be a cost savings in the long run.
- More money could be saved long term by providing interventions to most needy clients; helping them to improve their overall health outcomes
- 500k is allocated to this category
- Recommendation to look at this when analyzing service guidelines, making sure to not duplicate medical and non-medical services
- Look in service delivery models to see if there is anything medically specific and include in this category
- Suggestion was made to modify eligibility criteria

ACTION ITEM: *Data Request*- How many clients in the Disease Case Management service category also received non-medical case management.

Food Bank/Services (REMAIN)

Legal Services (REMAIN)

Mental Health Services (REMAIN)
Recommendation to leave this service category as it is.
- Routinizing screening

- 300/500 clients indicated they need help, but 96 have elected to receive assistance.
- More clients need help than are seeking- the number of clients accessing the service should not be a determining factor for whether or not to keep the service.

IPCBH- (CHANGE)
Change Eligibility by requiring ACA enrollment of clients 150-200% FPL and above.
- Cost savings could be moving at least half of the 22% eligible clients into the ACA
- Establish an FPL percentage point to require clients to apply for services – i.e. 200%

Oral Health Care (CHANGE)
The providers discussed tiering services for eligibility to help with cost savings.
- Paying a copay if you are above a specific FPL
- Shared costs is not an option because of the sliding fee schedule
- There is a benefits cap already in place for this service category ($3,000 cap per client)
- Limiting benefits received

Pharmacy (CHANGE)
Minimizing Part A Formulary was a suggested change.
- May see some savings in the future due to the expansion of the ADAP formulary

Substance Abuse (CHANGE)
- Remove 300% FPL
- Leave eligibility to 200% FPL

HICP (CHANGE)
- Change Cap to $1,000/year for clients over 200% FPL
- Limit formulary

ACTION ITEM: *Data Request- for breakdown of number of clients in HICP based on FPL 200 – 250% & 250-300% How much is being used in the lower half and upper half of the 200-300 FPL? Is there a way to see what's being paid for in HICP?*

EFA (REMAIN)

Trauma Informed (REMAIN)

Part B Funder's Presentation: The Part B Recipient presented funder information (presentation attached). At the close of the presentation, the Part B Recipient shared that all Ryan White Parts can collaborate to address these barriers to receiving care by discussing/suggesting other methods aside from Uber Medical to help improve their transportation plan and provide more options to clients.

Services/resources outside of Part B available to clients to reduce gaps in services include Abbott Nutrition, a patient assistance program application and Broward County Bus Passes. *Note: Part B currently only has one provider for their home delivery/food bank but they are looking to add another. Would also like suggestions for ways to improve their medical transportation services. All initial interviews for eligibility need to be done face to face. 954.213.0623 is the number to call for eligibility.*

Part C Funder's Presentation: The Part C Recipient presented funder information (presentation attached). Barriers identified in Part C include substance abuse and denial of HIV infection. At the close of the presentation, the Part C Recipient did not provide any ways that all Ryan White Parts can collaborate to address these barriers to receiving care. Other barriers include not having gynecological oncologists or oncology services/psychiatric services available. Services/resources outside of Part C available to clients to reduce gaps in services were not shared.

Part D Funder's Presentation: The Part D Recipient presented funder information (presentation attached). At the close of the presentation, the Part D Recipient shared that all Ryan White Parts can collaborate to address these barriers to receiving care by strengthening their working relationship with Poverello and Part A Providers for specialty services due to lack of availability and resources in the community.

Services/resources outside of Part D available to clients to reduce gaps in services include HOPWA Services, outside medical and specialty providers, Residential Substance Abuse Programs, outreach efforts to identify at risk youth, and increased collaboration with RW dental services and Part D. *Note: Part D receives grant funding to supplement any services that are not provided through them. They are currently working on a peer study and youth study on their adherence to medication.*

It was suggested that all agencies consider Part A Legal Services because they also provide services that may reduce the identified gaps discussed throughout the presentations.

6. **RECIPIENT REPORT** None.

7. **PUBLIC COMMENT** None.

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** July 18, 2019 **Time**: 9:00 a.m. **Venue:** Gov't Center A-337

Goal/Work Plan Objective #:	*Accomplishments*
Review Part A Eligibility for Service Categories	ACTION ITEM: Review EMA eligibility highlights and determine status of each service category based on previous review and discussion.
HOPWA Funder Presentations	ACTION ITEM: Review scope of service, comparable EMA eligibility, and previous year's utilization. Discuss resources amongst Ryan White Parts to help reduce barriers and increase access to care.
Health Outcomes Presentation	ACTION ITEM: Consultant Julia Hidalgo will present HIV/AIDS Health outcomes in preparation for service category rankings and allocations.
Service Category Rankings	ACTION ITEM: Rank Part A service categories utilizing information from data review, Funder presentations, Needs Assessment, and community input.
Ryan White Part A Allocations	ACTION ITEM: Allocate funding for Part A service categories for the 2020-2021 FY based on information from data review, Funder presentations, Needs Assessment activities, and service category discussion.

9. **ANNOUNCEMENTS**

Community Empowerment Committee- *Fighting Stigma Through Fashion Show:* Friday, July 19th at 7:00pm. Model Casting Call will be held on June 11th at 6:30pm at the World AIDS Museum.

BTAN – *National HIV Testing Day Event:* Claudette Lewis will send out flyers once she receives them.

Broward House- *Role Model Stories*: Anyone who would like to share their stories for inspiration, Broward House is doing stories and will be testing at various locations in recognition of June 27th (National HIV Testing Day)- locations will be provided by the agency.

Broward County Housing Authority- There is an opportunity for subsidized housing. More information will be sent out to the list serve. Thursday, June 20th is the last day to apply.

10. **ADJOURNMENT**

The meeting was adjourned at 1:10 p.m.

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PSRA Attendance CY2019

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	17	31	21	21	18	16	20							
0	1	2	**1**	Barnes, B.	X	A	X	X	X	A	X							
	1	1	**2**	Dennis, B.	N- 4/18/19					A	A							
0	0	0	**3**	Fortune-Evans, B.	X	X	X	X	X	X	X							
0	0	1	**4**	Grant, C.	E	A	X	X	X	X	X							
0	0	0	**5**	Hayes, M. *V Chair*	X	X	X	X	X	X	X							
1	1	2	**6**	Katz, H.B.	X	A	X	E	X	X	A							
	0	0	**7**	Leonard, C.	N- 4/18/19					X	X							
0	0	3	**8**	Lopes, R.	X	A	X	A	X	X	A							
0	0	1	**9**	Moreno, V.	X	X	X	X	X	X	A							
1	1	1	**10**	Robertson, L. *Chair*	X	X	X	X	X	A	X							
0	0	0	**11**	Schickowski, K.	X	X	X	X	X	X	X							
0	0	2	**12**	Schweizer, M.	X	X	X	A	X	X	A							
0	0	2	**13**	Siclari, R.	X	A	A	X	X	X	X							W - 2/21
				Quorum = 8	10	6	10	8	11	10	8	0	0	0	0	0	0	

Legend:

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

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

HANDOUT A

HOPWA Presentation for PSRA

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

"THIS PROGRAM DOES NOT DISCRIMINATE BASED ON RACE, COLOR, RELIGION, GENDER (INCLUDING IDENTITY OR EXPRESSION), MARITAL STATUS, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, DISABILITY OR ANY OTHER PROTECTED CLASSIFICATION AS DEFINED BY APPLICABLE LAW".

The HOPWA Program Overview

Federally: The Housing Opportunities for Persons with AIDS (HOPWA) Program is administered by the Office of HIV/AIDS and the Office of Community Planning and Development (CPD) of the United States Department of Housing and Urban Development (HUD). The HOPWA program funds a wide range of housing assistance activities in order to provide a variety of housing options that meet the needs of Persons Living with HIV/AIDS (PLWAS).

Local: In Broward County, the program is administered by the City of Fort Lauderdale (COFL), the largest City in the Eligible Metropolitan Statistical Area (EMSA). The COFL has administered the HOPWA formula grant since the 1990's. The City is the sole recipient of HOPWA funds in Broward County and services must be provided countywide. The source of funds is comprised entirely of federal HOPWA funds that are allocated annually to the City by HUD.

HANDOUT A

Program Budget

- **FY2018 Budget:**
  - Grant Award for 2017-2018 **$ 7,204,649.00**
- **Current Sub-recipients**
  - Broward House, Inc
  - Broward Regional Health Planning Council, Inc
  - Care Resource Community Health Centers, Inc
  - Mount Olive Development Corporation
  - Sunshine Social Services, Inc
  - Legal Aid Service of Broward County.
- **FY2019 Budget:**
  - Grant Award for 2018-2019 **$ 7,177,985.00**
- The program is solely fund by the department of Housing and Urban Development (HUD)

Definition of Services Provided

Housing Case Management (HCM) Program: income certifies clients, assist with the financial subsidy application process, completes referrals to other community resources and provides general wraparound case management services.

Short-Term Rent, Mortgage, and Utility (STRMU) assistance is an eligible activity under the HOPWA program. STRMU is ***time-limited*** housing assistance designed to prevent homelessness and increase housing stability due to unexpected illness or loss of income. HOPWA Agency may provide assistance for a period that does not exceed ***the established lifetime cap.***

Permanent Housing Placement (PHP) assistance is an eligible activity under the Housing Opportunities for Persons with AIDS (HOPWA) program. PHP's goal is to help establish permanent residence with out long term housing subsidy. HOPWA may provide assistance for a period that does not exceed ***the established cap.***

Legal Services provide individual and community education, outreach, legal advice and/or direct legal representation to clients who have viable legal issues or defenses to maintain housing stability.

Project Based Rental (PBR) provides ongoing rental subsidy assistance to eligible individuals for specified time period of up to 24 months. Clients in this program receive intensive case management aimed at improving client's ability to move to self-sufficiency. Responsible for paying 30% of household income toward the cost of housing.

Tenant Based Rental Voucher (TBRV) Client receives a rental voucher that can be used with an independent landlord in Broward County. Clients are responsible for paying 30% of household income towards the cost of housing.

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HANDOUT A

Client Eligibility

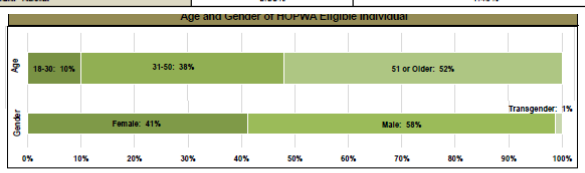
Be HIV positive	• Lab results- Western Blot/Viral Load
Income must fall within Federal Annual Income Guidelines	• Income of ***ALL*** applicable household members is included in the application
Complete a truthful application	• Provide ***ALL*** supporting documentation
Lawfully Reside in the US	• Head of Household must complete Declaration 214 Document and provide supporting documentation
Be a current Broward County Resident	• Must have lived in Broward county for at least 6 continuous months before receiving housing assistance

Demographics

Number of unduplicated clients FY 2018:

1727 (568 received financial subsidy and **1159** received housing case management services only)

	Percentage HOPWA Eligible Individuals	Percentage Other Members of the Household
American Indian/Alaskan Native	0.18%	0.36%
Asian	0.00%	0.36%
Black/ African American	66.90%	89.61%
Native Hawaiian/Other Pacific Islander	0.18%	0.00%
White	32.39%	7.17%
American Indian/Alaskan Native & White	0.00%	0.00%
Asian & White	0.00%	0.00%
Black/African American & White	0.35%	1.08%
American Indian/Alaskan Native & Black/African-American	0.00%	0.00%
Other Multi -Racial	0.00%	1.43%



Age of HOPWA Eligible Individuals: 18-30: 10%; 31-50: 38%; 51 or Older: 52%. This Grantee did not serve any HOPWA Eligible Individuals age Younger than 18. Gender of HOPWA Eligible Individuals: Female: 41%; Male: 58%; Transgender: 1%.

Number of Dependents under Age of 18 Residing with the HOPWA Eligible Individual	150

HANDOUT A

Needs, Gaps, Barriers to Housing

- Availability and affordability
  - Some of the primary barriers are the cost of rental units/ limited stock of affordable housing units
  - Relates to ongoing voucher supply and TBRV waitlist

Notable Trends

- HOWPA Back-to-Work Initiative appear to be having a positive impact.
- There are fewer number of clients requesting the Maximum 21 weeks of STRMU assistance
- There has been an increased number of clients accessing 2-3 units of STRMU

Recommendations

What are some of the successes of your program:

- Self Sufficiency; eg: Home buyers – one in the process & one closed
- Improved housing stability

What activities do you feel are contributing to the success of the program?

- Wrap around case management, more stable POA'S. The HOPWA Getting Back to Work initiative and other resources
- Legal aid reviewing leases prior to move-in and interventions at times of concern

Are there any services/resources outside of HOPWA available to clients to reduce gaps in services?

- Case management can assess and refer individual to other community resources
  - Other community resources including governmental, non-profit, private and faith based organizations
    - employment agencies, financial assistance, subsidy opportunities, first time home buyer programs

What are some of the challenges faced by your program:

- Sustaining the current Tenant Based Rental Vouchers (affordability and availability)
- Mental Health and substance abuse

Based on the identified challenges, what are some activities or solutions that the Part A Program could potentially address through the PSRA process?

- Support the HOPWA Getting Back to Work Initiative
- Continuation of funding for mental health and substance abuse

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HANDOUT A

Questions?

Discussion

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HANDOUT B

Trends in the Broward County HIV/AIDS Epidemic and Ryan White HIV/AIDS Part A Program Expenditures

Julia Hidalgo, ScD, MSW, MPH
Positive Outcomes, Inc. & George Washington University
April 18, 2019

Presentation Overview

Review trends

- HIV/AIDS incidence and prevalence in Broward County
  - Demographic characteristics
- In-migration of persons living with HIV to Broward
- HIV-related death rates
- HIV linkage and care cascade
- Ryan White HIV/AIDS Program (RWHAP) Part A expenditures
- Distribution of expenditures among core medical and support services
- Per person (per capita) expenditures by RWHAP Part A clients
- Discuss how trend data informs priority setting and resource allocation (PSRA) decisions

GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

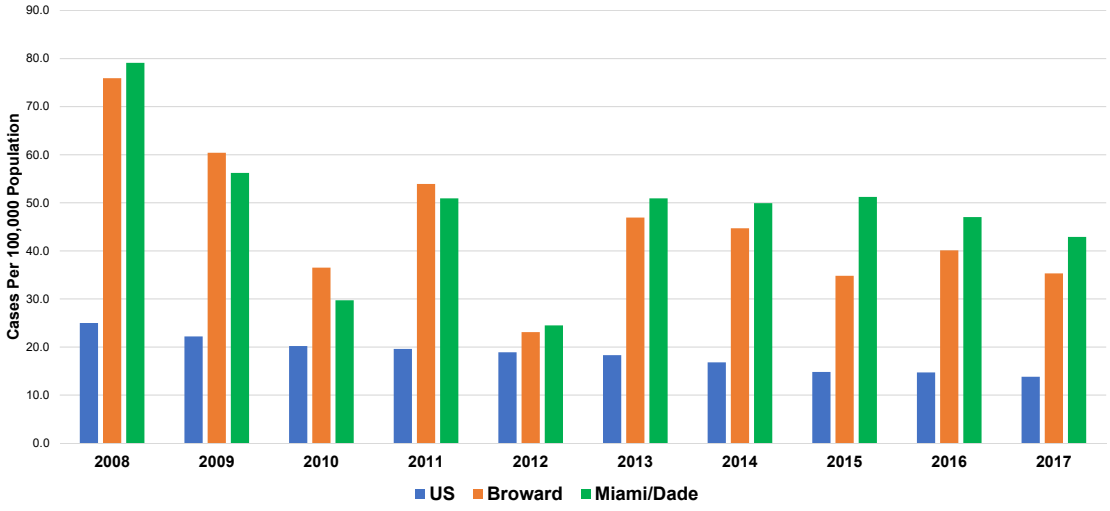
Slide 2

HANDOUT B

TRENDS

HIV INCIDENCE

HIV Population-Adjusted Adult HIV Incidence Rates, US, Broward County, and Miami/Dade County, CY 2008 – 2017

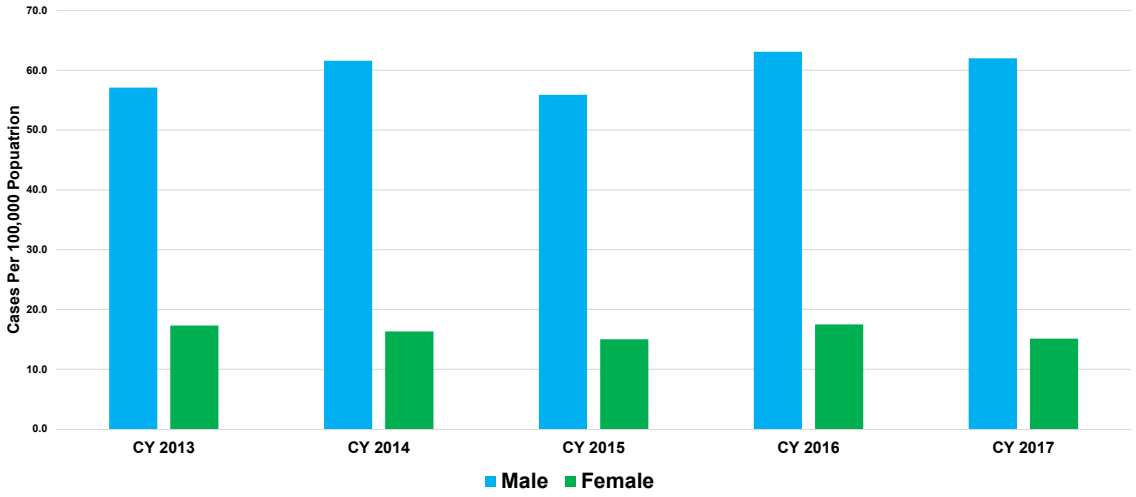


GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Slide 4

HANDOUT B

Population-Adjusted HIV Incidence Rates by Gender, CY 2013 – 2017



GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Slide 5

Population-Adjusted HIV Incidence and Mean Rates by Age Group, CY 2013 – 2017

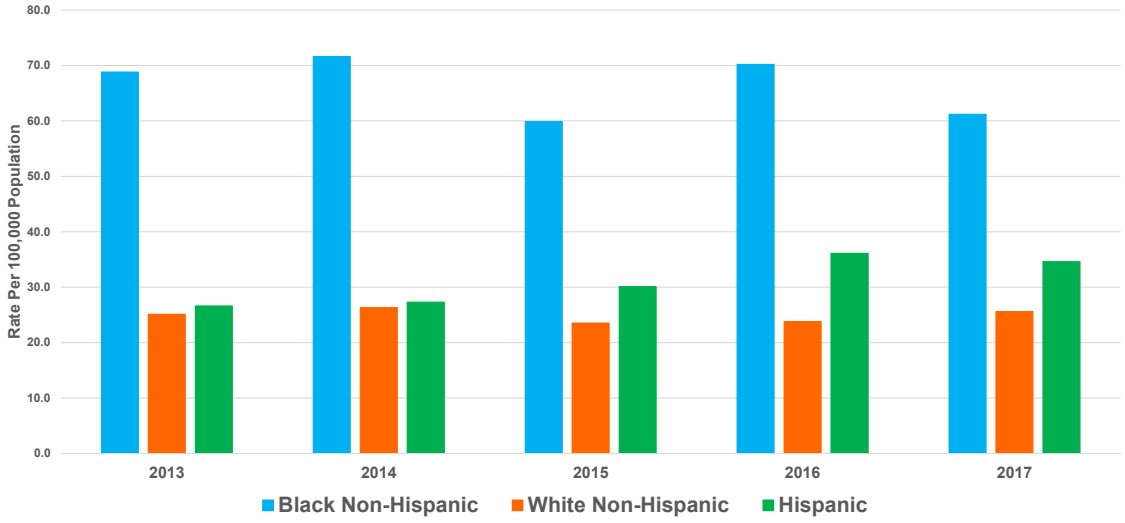
CY	13 – 19	20 – 24	25 – 29	30 – 34	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60+
2013	20.6	65.9	81.8	65.6	64.3	71.6	48.8	41.2	36.6	10.2
2014	14.7	76.8	83.6	78.4	51.3	54.3	62.4	62.2	41.2	9.6
2015	14.1	55.9	82.0	57.2	67.5	47.0	49.5	50.9	34.6	15.0
2016	15.5	82.5	93.5	85.8	72.1	64.3	55.0	45.6	29.0	12.5
2017	20.0	68.8	98.7	83.1	85.3	40.4	43.5	42.2	30.5	13.5
Mean	17.0	70.0	88.0	74.0	68.1	55.5	51.8	48.42	34.4	12.2

GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Slide 6

HANDOUT B

Population-Adjusted HIV Incidence Rates by Race/Ethnicity, CY 2013 – 2017



GET CARE BROWARD TREAT HIV BEAT HIV RYAN WHITE PART A

Slide 7

TRENDS

HIV PREVALENCE

HANDOUT B

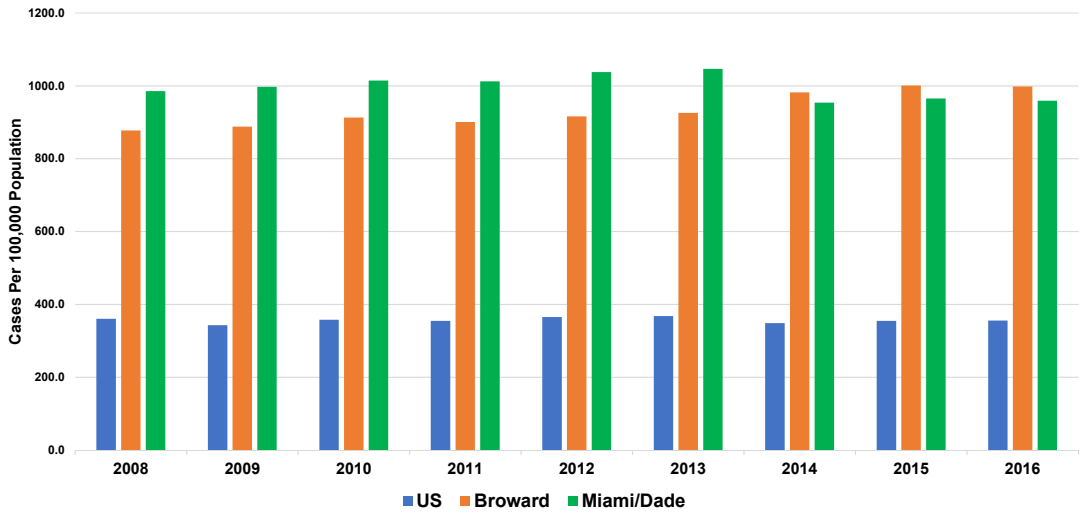
Population-Adjusted HIV Prevalence Rates by Age Group, CY 2015 – 2017

Age Group	CY 2015	CY 2016	% Δ 2015 – 2016	CY 2017	% Δ 2016 – 2017
20-24	389.7	375.7	-3.6%	360.9	-3.9%
25-29	846.2	815.6	-3.6%	773.5	-5.2%
30-34	1041.3	1051.3	1.0%	1028.8	-2.1%
35-39	1397.2	1350.0	-3.4%	1360.1	0.7%
40-44	1678.2	1641.7	-2.2%	1589.9	-3.2%
45-49	2356.7	2159.9	-8.4%	2002.0	-7.3%
50-54	2813.0	2793.5	-0.7%	2677.7	-4.1%
55-59	2385.8	2433.4	2.0%	2500.1	2.7%
60 or older	879.8	962.1	9.4%	1041.3	8.2%

GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Slide 9

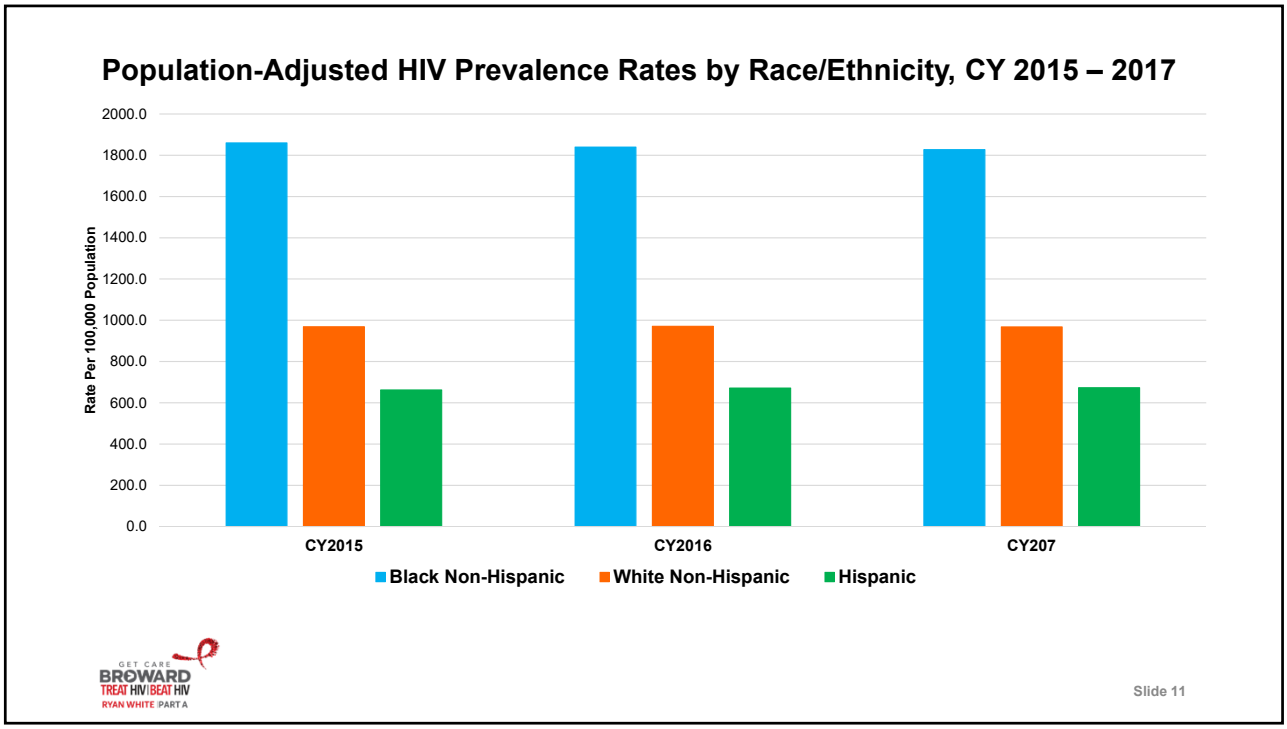
HIV Population-Adjusted Adult HIV Prevalence Rates, US, Broward County, and Miami/Dade County, By CY 2008 – 2016



GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Slide 10

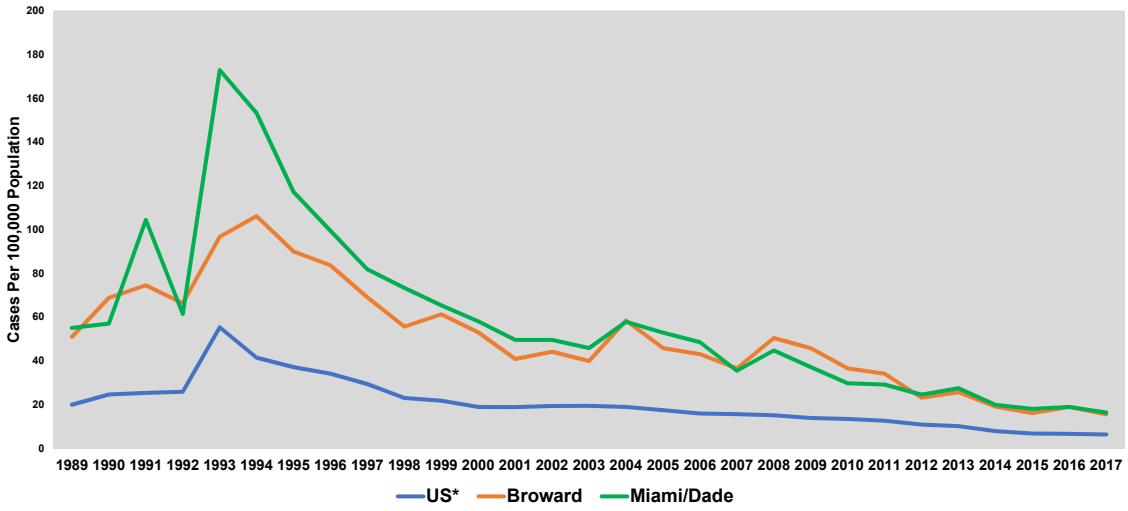
HANDOUT B


Population-Adjusted HIV Prevalence Rates by Race/Ethnicity, CY 2015 – 2017
Rate Per 100,000 Population
2000.0
1800.0
1600.0
1400.0
1200.0
1000.0
800.0
600.0
400.0
200.0
0.0
CY2015
CY2016
CY207
Black Non-Hispanic
White Non-Hispanic
Hispanic
GET CARE BROWARD TREAT HIV BEAT HIV RYAN WHITE PART A
Slide 11


TRENDS
AIDS INCIDENCE

HANDOUT B

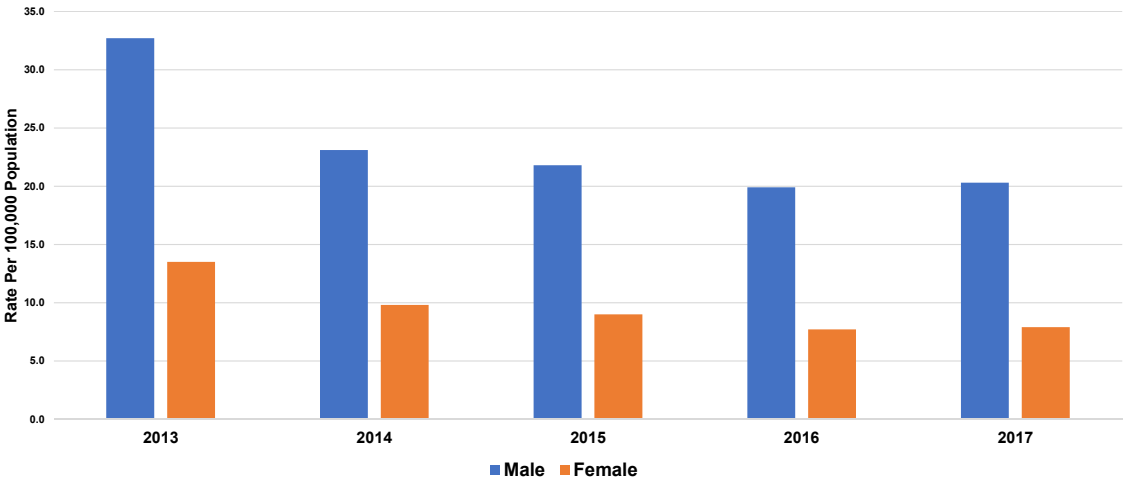
US, Broward, and Miami/Dade AIDS Incidence Per 100,000 Population, CY 1989 – 2017



GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Slide 13

Population-Adjusted AIDS Incidence Rates, By Gender, CY 2013 – 2015

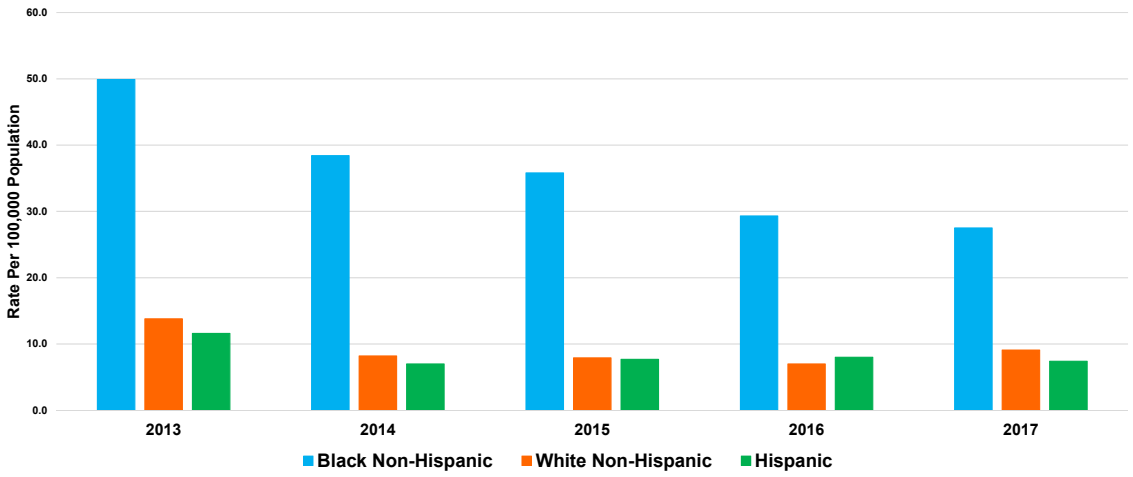


GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Slide 14

HANDOUT B

Population-Adjusted AIDS Incidence Rates, By Race/Ethnicity, CY 2013 – 2017



GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Slide 15

Population-Adjusted AIDS Incidence Rates by Age Group, CY 2013 – 2017, and Rate of Change Between CY 2013 and CY 2017

Age Group	2013	2014	2015	2016	2017	% Δ 2013 and 2017
20-24	32.1	20.9	27.1	27.2	24.1	-25%
25-29	32.0	32.2	29.8	18.3	21.2	-34%
30-34	35.1	29.0	30.4	21.3	31.9	-9%
35-39	50.8	25.6	29.0	29.4	23.4	-54%
40-44	43.8	26.4	30.0	28.6	21.0	-52%
45-49	37.6	27.9	26.9	21.7	21.8	-42%
50-54	39.9	30.7	21.2	16.8	16.4	-59%
55-59	9.9	9.4	5.4	7.0	8.4	-15%
60 or older	10.5	5.2	3.3	5.6	7.1	-32%

GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Δ = Rate of Change

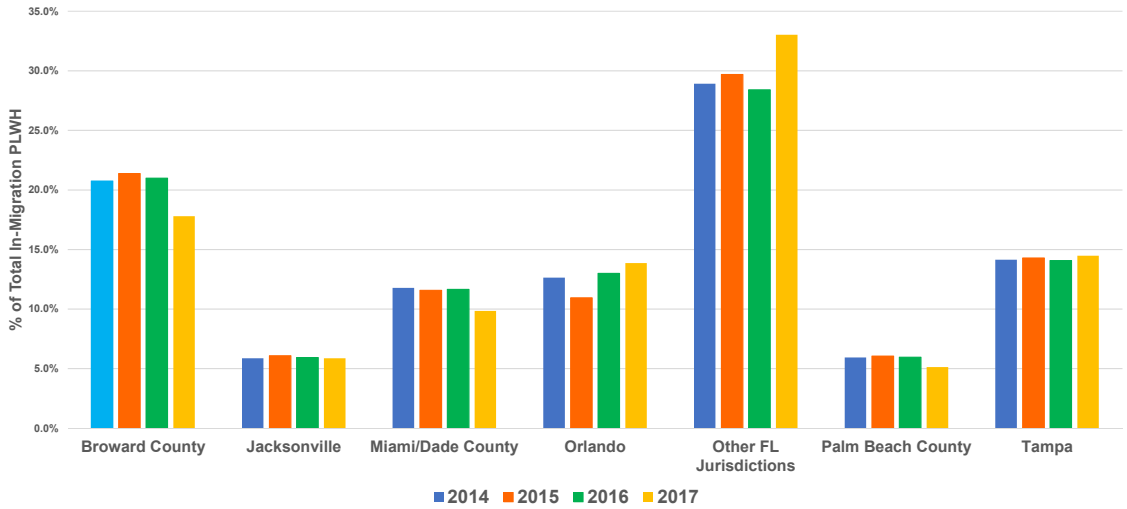
Slide 16

HANDOUT B

TRENDS

IN-MIGRATION

Percent of Living PLWH Migration to the Jurisdiction After Initial HIV Positive Test, By FL EMAs, TGA, and Other Jurisdictions, CY 2014 – 2017



GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

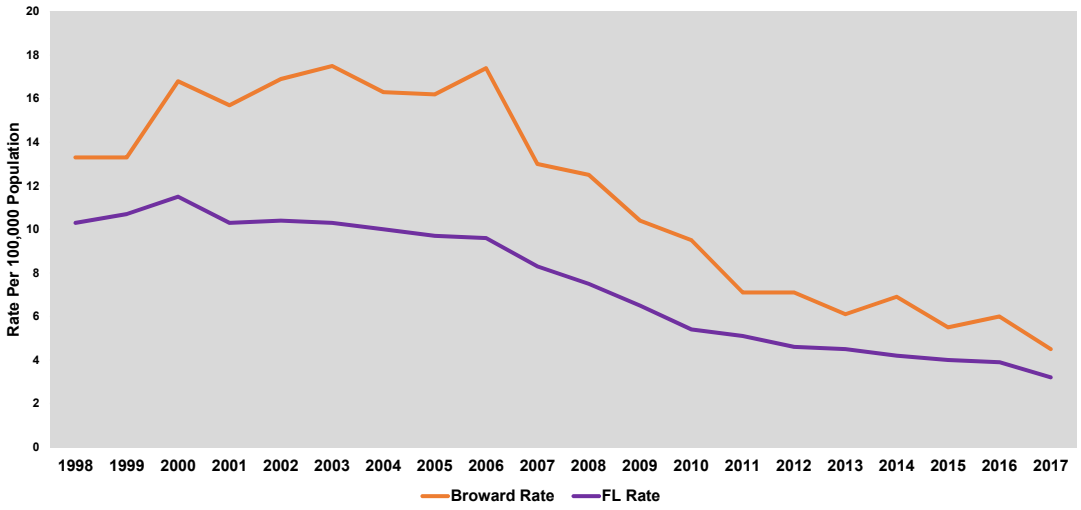
Slide 18

HANDOUT B

TRENDS

HIV/AIDS DEATHS

Population-Adjusted HIV/AIDS Death Rates, Broward County and Florida, CY 1998 – 2017



GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

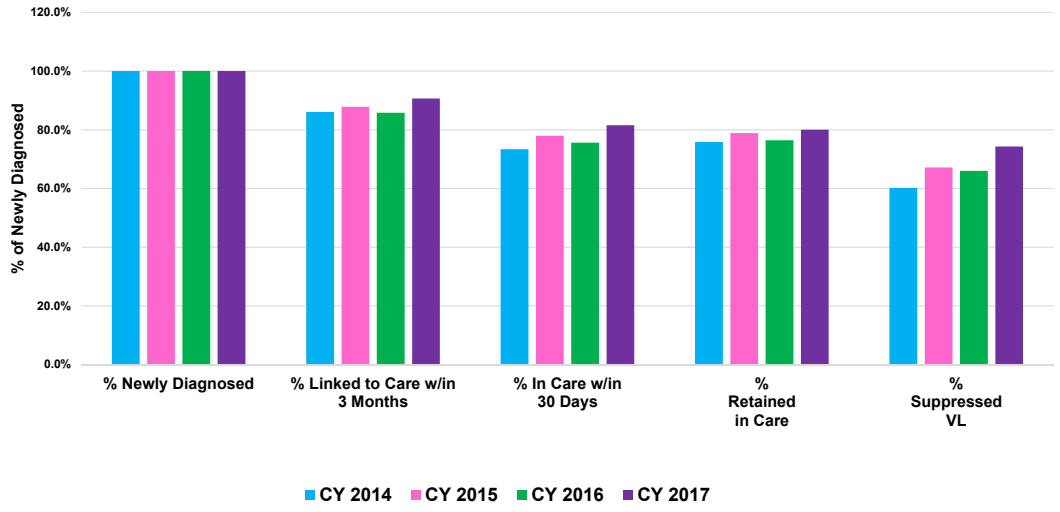
Slide 20

HANDOUT B

TRENDS

HIV LINKAGE CONTINUUM

Newly Identified Broward Residents With HIV, CY 2014 – 2017



GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Slide 22

HANDOUT B

Likelihood of Transitioning from New HIV Diagnosis to Linkage, Engagement, and Retention in Care, and Suppressed VL, CY 2014 – 2017

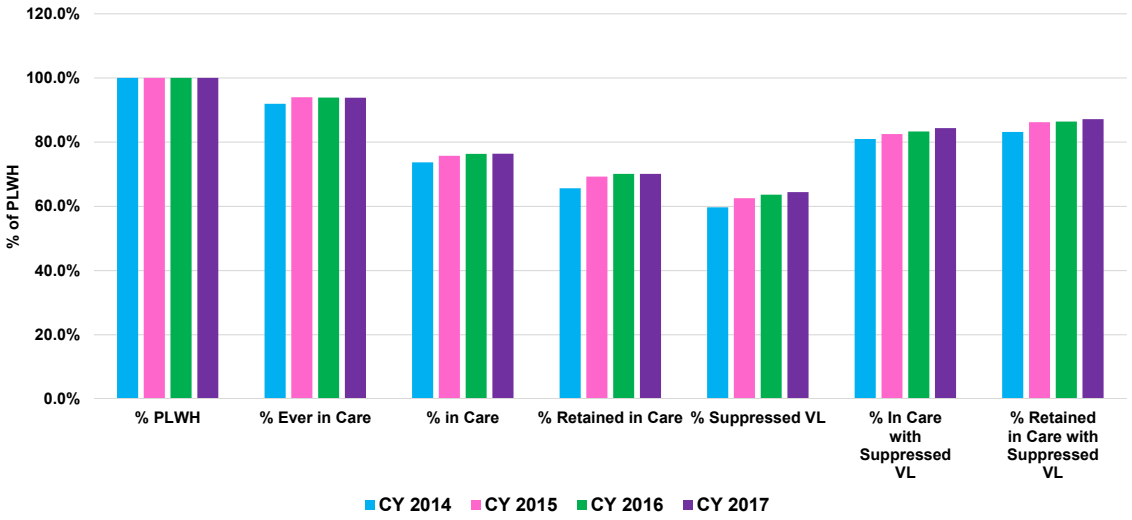
CY	% Newly Diagnosed	% Linked to Care Within 3 Months	% In Care Within 30 Days	% Retained in Care	% Suppressed VL
2014	100.0%	86.1%	73.3%	75.8%	**60.1%**
2015	100.0%	87.8%	77.9%	78.9%	**67.1%**
2016	100.0%	85.8%	75.6%	76.4%	**66.0%**
2017	100.0%	90.6%	81.5%	80.0%	**74.3%**

GET CARE BROWARD TREAT HIV|BEAT HIV RYAN WHITE|PART A

Slide 23

HANDOUT B

Broward County HIV Care Continuum, PLWH, CY 2014 – 2017



GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Slide 25

Likelihood of Transitioning in the Stages of the HIV Care Continuum, CY 2014 – 2017

CY	% PLWH	% Ever in Care	% in Care	% Retained in Care	% Suppressed VL	% In Care with Suppressed VL	% Retained in Care with Suppressed VL
2014	100.0%	91.9%	73.7%	65.6%	59.7%	81.0%	83.2%
2015	100.0%	94.0%	75.7%	69.3%	62.5%	82.5%	86.2%
2016	100.0%	93.9%	76.3%	70.1%	63.6%	83.3%	86.4%
2017	100.0%	93.8%	76.4%	70.1%	64.4%	84.3%	87.1%

GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

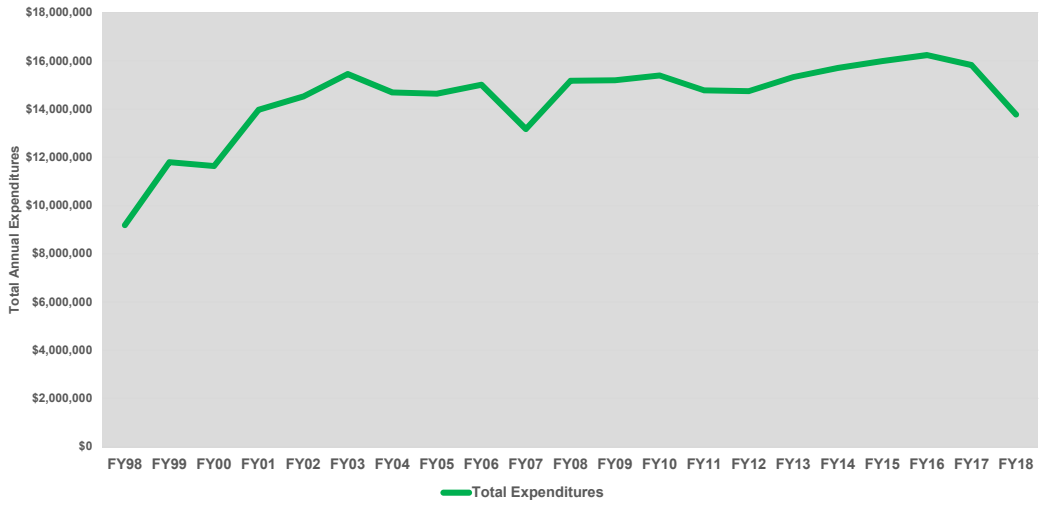
Slide 26

HANDOUT B

TRENDS

PART A EXPENDITURES

Total Part A and MAI Annual Direct Service Expenditures, FY 1998 – 2018

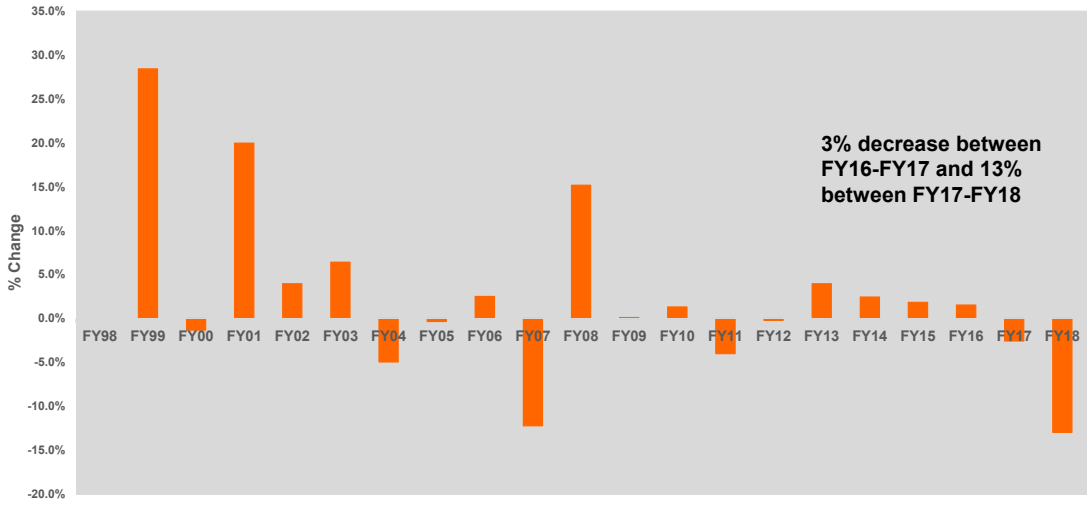


GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Slide 28

HANDOUT B

Percentage Change in FY Annual Direct Service Expenditures, FY 1998 – 2018



GET CARE BROWARD TREAT HIV BEAT HIV RYAN WHITE PART A

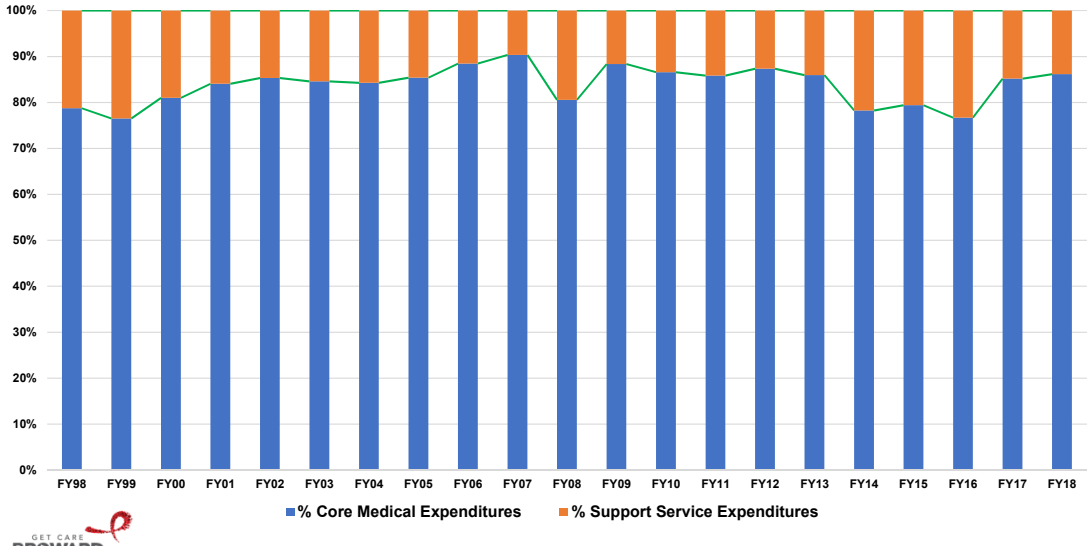
Slide 29

TRENDS

PART A SERVICE CATEGORY FUNDING

HANDOUT B

Percentage Part A and MAI Expenditures for Core Medical and Support Services, FY 1998 – 2018



GET CARE BROWARD TREAT HIV BEAT HIV RYAN WHITE PART A

Slide 31

Part A and MAI-Funded Core Medical Services, FY 1999 – 2018

FY	OAHS	LAPA	Oral Health Care	HICP & Cost Sharing Assistance	Mental Health Services	Medical Nutrition Tx	DCM/MCM	Substance Abuse Services (Outpatient)
99	✓	✓	✓		✓	✓	✓	✓
00	✓	✓	✓		✓	✓	✓	✓
01	✓	✓	✓		✓	✓	✓	✓
02	✓	✓	✓		✓	✓	✓	✓
03	✓	✓	✓		✓	✓	✓	✓
04	✓	✓	✓		✓	✓	✓	✓
05	✓	✓	✓		✓	✓	✓	✓
06	✓	✓	✓		✓	✓	✓	✓
07	✓	✓	✓		✓	✓	✓	✓
08	✓	✓	✓		✓		✓	✓
09	✓	✓	✓		✓		✓	✓
10	✓	✓	✓	✓	✓		✓	✓
11	✓	✓	✓	✓	✓		✓	✓
12	✓	✓	✓		✓		✓	✓
13	✓	✓	✓		✓		✓	✓
14	✓	✓	✓	✓	✓		✓	✓
15	✓	✓	✓	✓	✓		✓	✓
16	✓	✓	✓	✓	✓		✓	✓
17	✓	✓	✓	✓	✓		✓	✓
18	✓	✓	✓	✓	✓		✓	✓

GET CARE BROWARD TREAT HIV BEAT HIV RYAN WHITE PART A

Slide 32

HANDOUT B

Part A and MAI-Funded Support Services, FY 1999 – 2018

FY	CM (Non-Medical)	Child Care, Day, Respite Services	EFA	Food Bank/Home-Delivered Meals	HERR	Legal Services	Medical Trans-portation Services	Outreach Services	Psycho-social Support Services	CAM	Other Psycho-social Services
99		✓		✓			✓	✓	✓	✓	
00				✓			✓	✓	✓	✓	
01		✓	✓	✓	✓		✓	✓	✓	✓	
02			✓	✓	✓		✓	✓	✓	✓	
03		✓		✓		✓	✓	✓	✓	✓	
04				✓		✓	✓	✓	✓	✓	
05				✓		✓	✓	✓	✓		✓
06				✓		✓	✓	✓	✓		✓
07				✓		✓	✓	✓	✓		
08				✓		✓	✓	✓			
09				✓		✓	✓	✓			
10	✓			✓		✓	✓	✓			
11	✓			✓		✓	✓	✓			
12	✓			✓		✓		✓			
13	✓			✓		✓		✓			
14	✓			✓		✓					
15	✓			✓		✓					
16	✓			✓		✓					
17	✓			✓		✓					
18	✓			✓		✓					

GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE PART A

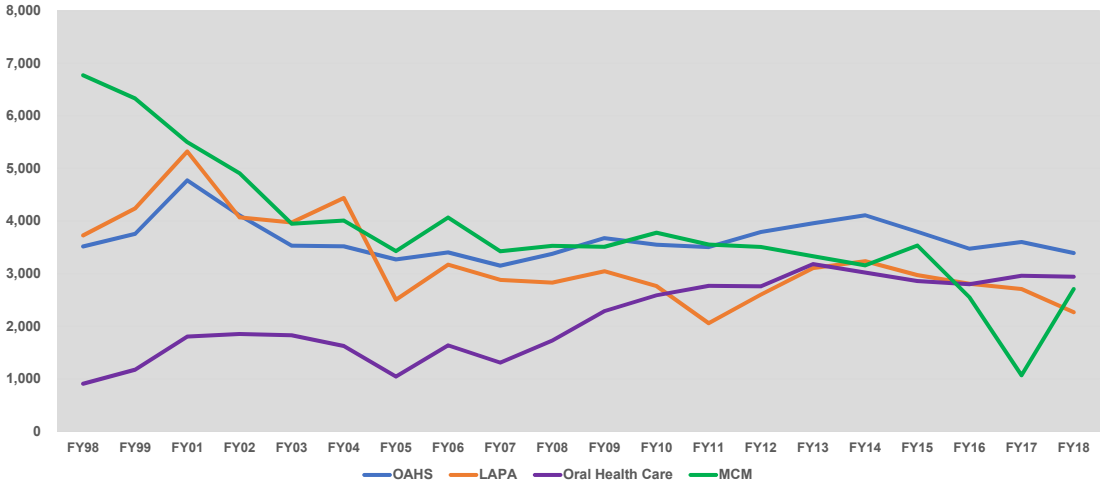
Slide 33

TRENDS

NUMBER OF PART A/ MAI CLIENTS SERVED

HANDOUT B

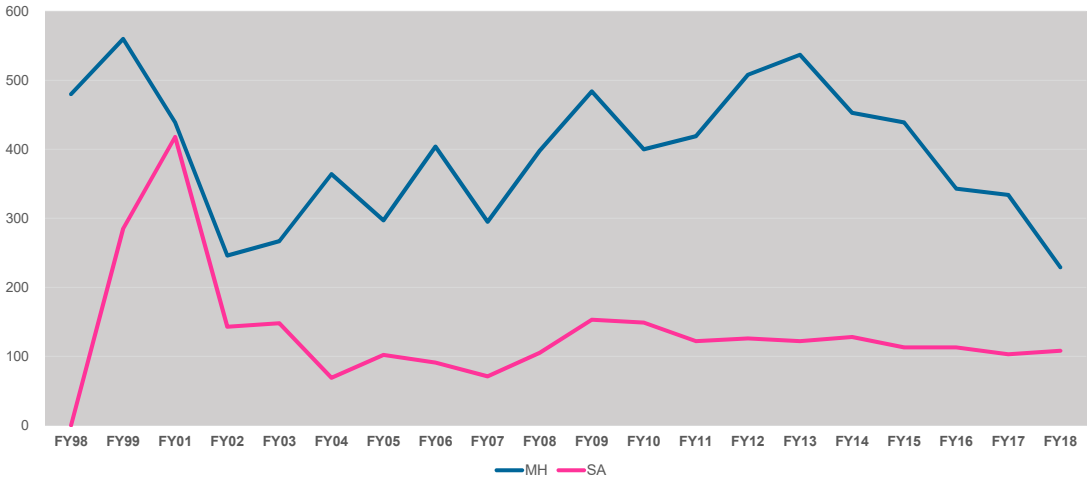
Total Number of Clients Served per FY, By OAHS, LAPA, Oral Health Care, and DCM/MCM Services, FY 1998 – 2018



GET CARE BROWARD TREAT HIV|BEAT HIV RYAN WHITE|PART A

Slide 35

Total Number of Clients Served per FY, By Mental Health and Substance Abuse Treatment Services (Outpatient), FY 1998 – 2018



GET CARE BROWARD TREAT HIV|BEAT HIV RYAN WHITE|PART A

Slide 36

HANDOUT B

TRENDS

PER CAPITA EXPENDITURES ($ PER CLIENT)

Average Per Capita Expenditures Per FY and Percent Change by Service Category, FY 2016 – 2018

Service Categories	FY 1617	FY 1718	FY 1819	% Difference FY 16 - FY 17	% Difference FY 17 - FY 18
Core Medical Services					
OAHS	$1,479	$1,606	$1,713	8.6%	6.7%
AIDS Pharmaceutical Assistance (Local)	$356	$237	$201	-33.6%	-15.2%
Oral Health Care	$808	$866	$883	7.2%	2.0%
HICP	$2,224	$817	$903	-63.3%	10.6%
Mental Health Services	$851	$789	$750	-7.2%	-5.0%
DCM/MCM (Including Treatment Adherence)	$150	$1,518	$561	912.4%	-63.0%
Substance Abuse Services - Outpatient	$5,497	$5,881	$6,210	7.0%	5.6%
Support Services Subtotal					
Case Management (Non-Medical)	$256	$112	$94	-56.5%	-15.6%
Food Bank/Home-Delivered Meals	$371	$350	$347	-5.6%	-0.9%
Legal Services	$763	$826	$832	8.3%	0.7%

GET CARE BROWARD TREAT HIV BEAT HIV RYAN WHITE PART A

Slide 38

HANDOUT B

Service Category	FY 18 Eligibility	FY 18 Clients	$/Client	Remove/ Remain	PSRA Discussion/Factors to consider	Cost Savings
BISS	≤300% FPL	701	$110.02	**Remove**	Service for client navigation of selected plans - possible function of CM	**$ 58,674.00**
CIED	HIV+, Resident, ≤ 400% FPL	8,176	$67.15	**Remain ($)**	With future Part A/B dual eligibility determination, possibility for cost savings – additional cost savings through document uploads at CM visits (reduces billing due to less time required for uploading documents at each eligibility visit)	
NMCM	≤ 400% FPL	2,067	$511.73	Remain		
DCM	≤ 400% FPL	686	$450.84	**Remain ($)**	Future cost savings with improved health outcomes of clients needing intensive HIV/health services – less clients needing specialized care	
FB	≤300% FPL, Emerg: 251-300%	2,296	$294.40	Remain		
Legal	Proof of Income, ≤300% FPL	146	$45.80	Remain		
MH	≤300% FPL	229	$1,103.10	Remain		
OAHS	≤400% FPL	3394	$1,486.27	**Remain ($)**	Cost saving option: Consider requiring clients >100% (150%-200%) FPL apply for ACA during open enrollment - future revenue coming into RW system of care?	**$ 1,040,389.00**
OHC	≤400% FPL	2942	$789.21	**Remain ($)**	Continue with cost savings options: Limiting benefits received, capping specialty services	
LPAP	≤400% FPL	2,268	$242.08	**Remain ($)**	Cost Savings: reducing Part A formulary, possible additional ADAP expansion	
SA	≤300% FPL	108	$2,315.62	Remain		
HICP	Proof of Income ≤400% FPL	1,078	$1,241.83	Remain/ Resources	Cost savings: Client/Part A cost sharing – eligibility modification for HICP clients: Client pays ½ of copays; overall cap for clients 200%-299% FPL; Part A only covers clients utilizing Part A formulary	
					Total/Approximate/Average Part A Cost Savings with Service Category Modifications:	

HANDOUT C2

PSRA 2020-2021

Priority Setting /Ranking

Purpose

- The purpose of Priority Setting (Ranking) is to determine which HIV/AIDS services are the **most important** based on an **informed decision making process** including data presentations from needs assessments, including **priorities and needs of clients and community** members infected and impacted by the HIV disease
- Priority setting decisions are also determined according to the criteria your EMA/TGA has established

Part A Core Service categories

1. AIDS Pharmaceutical Assistance (Local)
2. Health Insurance Premium and Cost Sharing Assistance (HICP)
3. Medical Case Management (Disease)
4. Mental Health Services
5. Oral Health Care
6. Outpatient/Ambulatory Health Services
7. Substance Abuse Outpatient Care
8. AIDS Drug Assistance Program Treatment
9. Early Intervention Services
10. Home and Community-Based Health Services
11. Home Health Care
12. Hospice
13. Medical Nutrition Therapy

Part A Support Service categories

1. **Emergency Financial Assistance***
2. **Food Bank/Home Delivered Meals**
3. **Legal Services**
4. **Non-Medical Case Management**

   (CIED, Benefit Support Services, Case Management)
5. Child Care Services
6. Health Education/Risk Reduction
7. Housing
8. Linguistics Services (Interpretation & Translation)
9. Medical Transportation Services
10. Other Professional Services
11. Outreach Services
12. Permanency Planning
13. Psychosocial support services
14. Referral for Health Care/Supportive Services
15. Rehabilitation services
16. Respite care
17. Substance Abuse Services (Residential)

* No community/needs assessment input provided

Part A Core Services

FY2020 CEC Rankings

CORE SERVICES	FY2019 CEC Rankings	FY2019 Overall HIVPC Rankings	FY2020 CEC Rankings
Outpatient Ambulatory Medical Care	6	1	5
Medical Case Management (Disease)	2	2	2
AIDS Pharmaceutical Assistance (Local)	3	3	3
Health Insurance Premium & Cost-Sharing Assistance (HICP)	4	4	4
Oral Health Care (Dental)	7	5	7
Mental Health Services	5	6	6
AIDS Drugs Assistance Program Treatments (ADAP)	1	7	1
Substance Abuse Services - Outpatient	8	8	8
Medical Nutrition Therapy	11	9	11
Early Intervention Services	9	10	9
Home and Community-Based Health Services	10	11	13
Home Health Care	12	12	10
Hospice Services	13	13	12

CORE SERVICES	FY2020 CEC Rankings
AIDS Drugs Assistance Program Treatments (ADAP)	1
Medical Case Management (Disease)	2
AIDS Pharmaceutical Assistance (Local)	3
Health Insurance Premium & Cost-Sharing Assistance (HICP)	4
Outpatient Ambulatory Medical Care	5
Mental Health Services	6
Oral Health Care (Dental)	7
Substance Abuse Services - Outpatient	8
Early Intervention Services	9
Home Health Care	10
Medical Nutrition Therapy	11
Hospice Services	12
Home and Community-Based Health Services	13

Part A Support Services

FY2020 CEC Rankings

HANDOUT C2

SUPPORT SERVICES	FY2019 CEC Rankings	FY2019 Overall HIVPC Rankings	FY2020 CEC Rankings
Housing Services	1	1	1
Food Bank/Home-Delivered Meals	3	2	3
Non-Medical Case Management	6	3	6
Medical Transportation Services	4	4	7
Emergency Financial Assistance	2	5	2
Psychosocial Support Services	7	6	5
Legal Services	5	7	4
Substance Abuse Services – Residential	8	8	8
Health Education/Risk Reduction	10	9	12
Referral for Health Care/Supportive Services	11	10	11
Outreach Services	9	11	9
Linguistics Services (Interpretation and Translation)	14	12	15
Child Care Services	15	13	16
Other Professional Services	13	14	14
Rehabilitation Services	12	15	10
Permanency Planning	16	16	17
Respite Care	17	17	13

HANDOUT C2

SUPPORT SERVICES	FY2020 CEC Rankings
Housing Services	1
Emergency Financial Assistance	2
Food Bank/Home-Delivered Meals	3
Legal Services	4
Psychosocial Support Services	5
Non-Medical Case Management	6
Medical Transportation Services	7
Substance Abuse Services – Residential	8
Outreach Services	9
Rehabilitation Services	10
Referral for Health Care/Supportive Services	11
Health Education/Risk Reduction	12
Respite Care	13
Other Professional Services	14
Linguistics Services (Interpretation and Translation)	15
Child Care Services	16
Permanency Planning	17

Wrap Up/Discussion

- Have there been any significant changes or trends since last year/over time that impacts your outlook on service priorities?
- Has there been any new information presented this year that may impact your official FY2020 priority rankings?
- What information will informed your final decision making process?

PSRA Committee Priority Setting

Survey Gizmo Link: https://www.surveygizmo.com/s3/5050879/FY-2020-2021-PSRA-Ranking-Survey-7-18-19

FY2020 CORE AND SUPPORT SERVICE CATEGORIES: PRELIMINARY RANKINGS

Listed below are the core medical services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score **1** is given to the **most important** service, while the score of **13** is given to the service with the **lowest importance**. Please do not give two services the same rank.

Core Medical Services:

- Outpatient/Ambulatory Health Services
- AIDS Pharmaceutical Assistance (Local)
- Health Insurance Premium & Cost-Sharing Assistance (HICP)
- Medical Case Management (Disease)
- Mental Health Services
- Oral Health Care (Dental)
- Substance Abuse Services - Outpatient
- AIDS Drugs Assistance Program Treatments (ADAP)
- Medical Nutrition Therapy
- Early Intervention Services
- Home and Community-Based Health Services
- Home Health Care
- Hospice Services

FY2020 CORE AND SUPPORT SERVICE CATEGORIES: PRELIMINARY RANKINGS

Listed below are the support services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score **1** is given to the **most important** service, while the score of **17** is given to the service with the **lowest importance**. Please do not give two services the same rank.

Support Services:

- ___ Food Bank/Home-Delivered Meals
- ___ Emergency Financial Assistance
- ___ Legal Services
- ___ Non-Medical Case Management (CIED, BISS)
- ___ Housing Services
- ___ Medical Transportation Services
- ___ Substance Abuse Services - Residential
- ___ Psychosocial Support Services
- ___ Outreach Services
- ___ Health Education/Risk Reduction
- ___ Referral for Health Care/Supportive Services
- ___ Linguistics Services (Integration and Translation)
- ___ Other Professional Services
- ___ Child Care Services
- ___ Rehabilitation Services
- ___ Permanency Planning
- ___ Respite Care