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, June 20, 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:** 6/20/19 Agenda and 5/16/19 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	
Part A Eligibility for Service Categories (Handouts A1-A3) *(90 minutes)*	ACTION ITEM: Review scope of service, comparable EMA eligibility, and previous utilization of services for **AIDS Pharmaceutical Assistance (Local), Food Services, and Trauma-Informed Mental Health Services** service categories.
Activity 1.2: Review funding and scope of services for Part A Funders	
Parts B-D Funders' Presentations (Handouts B-D) *(90 minutes)*	ACTION ITEM: Review scope of service, program budget, needs, gaps/barriers to care, notable trends and recommendations for Part B, C and D services.

6. **RECIPIENT REPORTS**
7. **PUBLIC COMMENT**
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*
Activity 1.1: Review funding and scope of services for Part A Funders	
Part A Funder's Presentations (HOPWA)	ACTION ITEM: Review scope of service, program budget, needs, gaps/barriers to care, notable trends and recommendations for HOPWA services.
Activity 1.1: Review funding and scope of services for Part A Funders	
Part A Service Category and Health Outcomes Presentation	ACTION ITEM: Review service category health outcomes and funding data to determine cost containment strategies and determine rankings & allocations.
Activity 1.3: Priority rank Part A and MAI service categories *Activity 1.4: Allocate Part A and MAI funds by service category*	
Priority Setting and Resource Allocations	ACTION ITEM: Review CEC's ranking of FY2020 Part A Services and rank FY2020 Part A services and allocate funds based on community need, funder recommendations, and data presentations.

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 •

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

MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, May 16, 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.		**A**		Mester, B.
2	Dennis, B.		**A**		Caraballo, J.
3	Fortune-Evans, B.	**X**			Grant, J.
4	Grant, C.	**X**			London, K.
5	Hayes, M., *Vice Chair*	**X**			Johnson, B.
6	Katz, H. B.	**X**			
7	Leonard, C.	**X**			**HIVPC Staff**
8	Lopes, R.	**X**			Martinez, G.
9	Moreno, V.	**X**			Oratien, V.
10	Robertson, L., *Chair*		**A**		Jolly, J.
11	Schickowski, K.	**X**			
12	Schweizer, M.	**X**			
13	Siclari, R.	**X**			
					Grantee Staff
					Beebe, S.
					Robinson, J.
	Attendance Total:	**10**			Jones, L.
Quorum = 8					

1. CALL TO ORDER:

The PSRA Chair called the meeting to order at 9:15 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 5/16/2019 meeting agenda
Proposed by: Lopes, R. **Seconded by:** Grant, C.
Action: Passed Unanimously

Motion #2: To approve the meeting minutes of 4/18/2019
Proposed by: Grant, C. **Seconded by:** Lopes, R.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

Monthly Expenditure/Utilization Report: A copy of the utilization table was made available during the meeting. The percentage for utilization should be around 16% for all service categories. Budgets are still being approved, however, and there is also a software issue that is delaying some of the budget approvals. Ambulatory Services is currently at

5%, which is well below 16%. This does not include two large providers, which have not yet submitted their invoices. Once small budget issues are resolved, all services will be at 16%. The Fiscal Manager explained that the committee budgets must meet HRSA requirements to be approved. If they don't meet the threshold, the Recipient is not able to approve them. Accordingly, the Food Bank service category budget was just approved this week, which shows them at 0% until their invoices are processed. Currently, Part A utilization is 9% but once the other invoices have been received, the percentage will be at or above the targeted 16%. It was noted that overutilization flat and reduced funding is being experienced across the state of Florida. It is not just Part A funding issue.

4. UNFINISHED BUSINESS None.

5. MEETING ACTIVITIES

Part A Eligibility for Service Categories: The committee reviewed the Part A eligibility for four Service Categories; Legal Services, Substance Abuse Services, Health Insurance Continuation Program (HICP) and Integrated Primary Care and Behavioral Health Services (IPCBH). A suggestion for a correction to the identification of the Legal service category was made: "Legal Aid Services" to "Legal Services." This will be updated on the Recipient expenditure report and the scope of service document provided.

ACTION ITEM: Check the name of the service category for Legal Services and ensure the name is consistent in all documents so that the name is not confused with the provider (Expenditure table says Legal Assistance).

***Legal Services*-**The HIVPC Consultant reviewed the requirements for this service category. This program provides legal representation for clients for pre-planning activities. In reviewing the eligibility table, it shows that on average, this service category serves around 150 clients annually, with an 8% increase in utilization this past fiscal year. The average cost per client is $45. If the eligibility requirements are reduced to below 300% FPL, only a small handful of clients (2) would be impacted. Half of clients served are in need of medical, social security benefits and have zero income, so a majority of clients fall in the 200% FPL or lower. Legal Services is considered a "cost savings service." For instance, if 50 clients use legal services to regain benefits or are receiving them for the first time, they will be eligible for other resources and will no longer need to access other Part A services/funds (payor of last resort). The Legal Services representative informed the committee, last year legal services saved Part A approximately $75,000. It was also noted if Legal Services are not made available, these services cannot be accessed anywhere else in Broward County.

Integrated Primary Care and Behavioral Health Services –The committee reviewed the scope of service and eligibility for Integrated Primary Care (IPCBH), formerly Outpatient Ambulatory Health Services. The HIVPC Consultant reviewed the responsibilities, elements and requirements of this service category. Looking at eligibility for this service category, most Part A clients are in IPCBH. Many who access Ryan White also received these services. In 2018 there was a slight increase of 1.3% in client utilization. Each year roughly 1,000 clients come into care through this service category. Test & Treat has also increased the number of new clients coming through IPCBH services. A member asked if more information can be provided on the new clients' demographics. A member also asked what happens to clients not eligible for ACA, Ryan White or Medicaid. ACA eligibility is 100% FPL and above with income requirements.

If the FPL requirements for this service category is reduced to at or below 200% FPL, around 400 individuals will be impacted. The Fiscal Manager also discussed difficulties funding medical services in the previous fiscal year. After reallocations last year, Part A was not able to fully fund ambulatory medical, and a lot of new individuals are not counted because Part A did not pay for them. Total numbers of new/existing clients are provided. However, this is not reflective of who receives medical services through Part A. A guest asked additional questions about tracking Test & Treat clients that are being lost to care and ensuring that clients are immediately paired with a Case Manager. A member also asked about the success rate of those brought back in or re-engaged in care**.** Recipient staff stated that the concept of Test & Treat is getting immediate drugs for clients; every provider that does Test & Treat has both Case and Disease

Case Management services on site. Therefore, there is no reason why these agencies should not be linking Test & Treat clients to Case Managers. Essentially, there must be a success rate lower than the general population because most Test & Treat numbers reflect individuals who frequently go in and out of care, not always newly diagnosed clients.

Substance Abuse Services- This service category is an outpatient care service with client eligibility at or below 300% of the FPL. Clients receiving SA services are given a needs assessment, and a treatment plan is then given to the clients to ensure that they achieve the health outcomes. Based on the eligibility table, in 2016 only 113 clients accessed the service. There was a 8.85% decrease in utilization in 2017, but in 2018 utilization increased by 16.5% with 47 new clients accessing the service category. The integrated approach used in IPCBH could be a reason for the increase in utilization. Lowering the eligibility to 200% FPL will only eliminate 2 clients. The majority of the clients accessing this service are below 100% FPL. The committee Vice Chair suggested another factor possibly affecting these numbers could be how services are delivered. The Committee Vice-Chair also asked if BARC, funded through Part B for residential beds and detox, identify clients served living with HIV. The Recipient informed the committee that HIV+ clients initially enrolled through BARC are then transitioned into Ryan White once they complete their residential substance abuse service. Those enrolled with BARC stay for 30 days. Part A Substance abuse outpatient services include 6 months stay, HOPWA pays bed cost and outpatient costs, but it is quasi-residential. A client can access treatment and not live on the property. Support services at the facility include group and individual therapies, weekend and weekday activities. Wraparound treatment is also offered. Currently, there is only one substance provider (BARC is provided through Part B). It was mentioned there are other substance abuse providers in Broward serving PLWHA.

ACTION ITEM: Check to see what other substance abuse providers serve PLWHA in Broward Behavioral Health Coalition (BBHC).

ACTION ITEM: Determine if BARC and Part B (residential SA treatment) collect data on the number of HIV+ clients served in the FY2018.

Health Insurance Continuation Program (HICP) - This service category provides health insurance premiums and cost sharing assistance for clients enrolled in ADAP approved health plans and do not have capacity to pay their co-pays and insurance premiums. Part B is paying the premiums for most clients 100%-400% FPL (with the exception of 3 clients in which Part A pays premiums). HICP (Part A) covers 100% of the copay for doctor visits. Clients receive a full assessment to determine eligibility during the enrollment period and must return quarterly for their eligibility redetermination. Payment is not given directly to the client, it is paid directly to the provider.

Part A also covers any drug that is not on the ADAP formulary. Outpatient, non-specialty, in patient, and diagnostic services are paid for as well. The committee discussed the possibility of cost sharing to reduce costs. For example, if a client falls within the 300-399% FPL, perhaps the client splits 50/50 Part A. The Recipient agreed this option could be considered when determining final eligibility for service categories. In 2018, the numbers have gone up significantly with 1,111 new clients utilizing the service, an 81.54% increase. The more clients who are in ACA, the more will have access in HICP. Having access does not mean they will utilize the service. All plans have $6500 max out of pocket costs. Most clients, within the 5th or 6th month, will exceed this on medications alone. How much is used is very situational because it is based on timing and usage of benefits.

Part F Funder's Presentation: The Part F/AETC Recipient presented funder information. At the close of the presentation, the Part F/AETC Recipient shared that all Ryan White Parts can collaborate to address these barriers to receiving care by providing more innovative ways to provide transportation and better patient management by case managers. Services/resources outside of Part F available to clients to reduce gaps in services include increased level of knowledge and engagement in oral health care and increased funding (see handout).

ACTION ITEM: Pull data for Test & Treat numbers; HIV; BARC; ACA by FPL

6. **RECIPIENT REPORT** The Recipient's Office shared information about the Florida Care Prevention Network meeting and looking at funding reductions prep for ADAP/tiering their formulary to be proactive in planning. One thing that was shared is that any planning being done should include Broward County because the county is at max capacity and

changes will have a tremendous impact, as Broward cannot be the safety net. Currently Broward County is the safety net for 7 areas across the state. There were also talks about ending the entire epidemic, which is a part of the White House's new strategy (Getting to Zero). The plan is to increase funding for 46 jurisdictions across the state with the highest incidents. In the state of Florida, this would include all Florida EMAs. These areas would get additional dollars. The Recipient was not clear on how much will be received, what the restrictions will be for these dollars, or how this will impact the PSRA Committee/process, especially given that Broward is at max capacity. Congress is the only one that can appropriate funding. Another conversation was about dollars being given to increase PrEP and the consideration of congress for Medicaid expansion. One member stated that one component that will have to be added is innovative approaches to the epidemic. Primary care integration model- designed to destigmatize individuals in mental health, innovative model in the Ryan White Program. Innovative models are in place in the EMA. The Test & Treat model is also an innovative practice model. There should be a deep conversation in the future regarding where that money can be efficiently and effectively utilized.

7. PUBLIC COMMENT

A guest shared understanding for looking at the need for short term cuts, but also suggested that the committee look at long term cuts when making their decisions. Engaging clients, getting them into care and be self-sustaining is important. It was also advised that members examine what is not working with Prevention for Positives. Is Ryan White making the necessary 3 attempts to get people from where they are to where they want to be? The guest also made another point that over 80% of success comes from relationships being built and trust being formed to make sure that clients are staying in care. To assume that clients will fall out of care or that they are problematic is not advised. In the long run, these ideas and changes can make a difference.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: June 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 scope of service, comparable EMA eligibility, and previous utilization of services for service categories.
Parts B, C & D 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.
Service Category Rankings	ACTION ITEM: Rank Part A service categories utilizing information from data review, Funder presentations, Needs Assessment, and community input.

9. ANNOUNCEMENTS

World AIDS Museum

- *Oral History Project*- Documenting stories around the world on HIV along with a virtual museum exhibit- individuals interested in sharing their stories can contact Dr. Requel Lopes.

- *Stonewall to HIV; Knowing Your Rights*- Community Dialogue Series – Legal struggles around HIV

Nova Dental- Individuals who do not have Part A and need access to services, please reach out.

Smart Ride- Two-day event practice run for the Smart Rides in November. **Park Location Change**: Markham Park

Legal Aid Services of Broward County- LAS recently applied for a grant to expand services to the LGBTQ population. They are hoping for a positive response.

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.

Memorial Regional Hospital- Memorial has opened a new facility at 5647 Hollywood Blvd. The new location is for Ryan White Services. A partnership with Gilead is also being rolled out, and there has been an approval to expand to Memorial West to continue 'Opt Out' program. The 'Opt Out' program will roll out at Primary Care clinics as well.

Peer Counselor Training Certification Program- The Peer Certification program has ended; graduation will be taking place in June. A request was made for agency staff to consider full/part time placement for the peers seeking employment.

NSU Art Museum- *AIDS Activism Through Art* Panel Discussion 11:00am-1:00pm – Speakers include Alex from Visual Aid in NYC and Kia LaBeija from the LaBeija House. Event is on Saturday, May 18th, 11am-5pm.

Dr. Schweizer- There is a new facility in Cypress Creek with a conference room/event space available for outreach, support, etc. (seating capacity: 50 people).

10. ADJOURNMENT

The meeting was adjourned at 11:14 a.m.

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PSRA Attendance CY2019

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								
1	2	**1**	Barnes, B.	X	A	X	X	X	A								
1	1	**2**	Dennis, B.	N- 4/18/19					A								
0	0	**3**	Fortune-Evans, B.	X	X	X	X	X	X								
0	1	**4**	Grant, C.	E	A	X	X	X	X								
0	0	**5**	Hayes, M. *V Chair*	X	X	X	X	X	X								
1	1	**6**	Katz, H.B.	X	A	X	E	X	X								
0	0	**7**	Leonard, C.	N- 4/18/19					X								
0	2	**8**	Lopes, R.	X	A	X	A	X	X								
0	0	**9**	Moreno, V.	X	X	X	X	X	X								
1	1	**10**	Robertson, L. *Chair*	X	X	X	X	X	A								
0	0	**11**	Schickowski, K.	X	X	X	X	X	X								
0	1	**12**	Schweizer, M.	X	X	X	A	X	X								
0	2	**13**	Siclari, R.	X	A	A	X	X	X								W - 2/21
			Quorum = 8	10	6	10	8	11	10	0	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

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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

AIDS Pharmaceutical Assistance (Local)

AIDS Pharmaceutical Assistance (Local) is designed to supply physician-ordered, FDA-approved pharmaceuticals based on the approved Ryan White Part A Formulary Listing and includes medical supplies and/or devices needed to administer drugs. Drugs and medical supplies shall be dispensed routinely as prescribed, or as a short-term supply to assist the Client with an emergency need.

Service Provision:

1. AIDS Pharmaceutical Assistance (local) includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients.
    - This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding.
2. Providers dispense generic drugs in lieu of prescription brand names drugs if commercially available, consistent with the dispensing pharmacist's professional judgment and state and federal law.
    - Food Supplement services that include the provision of Client-required vitamin supplements must be provided through the AIDS Pharmaceutical Assistance (Local) service.
3. Medication Adherence – Provider shall offer client medication counseling. Consenting clients shall receive counseling to assist them with their needs. Provider shall document counseling and/or other assistance (Prescription Counseling Log).
4. Formulary – The Ryan White Drug Formulary is a working document for practitioners to rely on that lists the medications that are available for the treatment of Ryan White eligible patients.
5. Process for Additions of Medications to the Part A Formulary – The process for additions of Medications to the Part A Formulary will be in accordance with the Local Pharmacy process (see Formulary Change Request form at http://www.brhpc.org/hivpc.html).
    - *Notification of Formulary Changes:* A memorandum (via Fax, e-mail, regular mail) from the Grantee to Prescribers and other concerned individuals will be distributed in a timely manner after addition or deletion of product(s).

Food Services

Food Services is provided to clients requiring supplemental nutritional assistance to enhance the efficacy and absorption of medication.

Service Requirements:

1. Food Services must be provided in consultation with primary care physician which involves completion of a nutritional assessment and plan.
    - The plan identifies nutritional and dietary factors which impact client HIV conditions and include nutritional strategies targeted at improving overall health.
    - Food Services are included in the plan to provide a nutritious and well-balanced food supplement to a client's diet.
2. Food Services must be provided with a philosophy that Part A Food Bank and/or Voucher Services supplement the total nutritional needs of eligible clients.
3. The Food Services provider must ensure that service recipients are enrolled in community food and nutrition programs such as food stamps, WIC, to maximize program resources.
4. The Food Service provider must provide Clients several nutritional food choices in each food group, unless otherwise instructed by the Ryan White Part A Program.
5. All Food Services referrals must be documented in the County's designated Human Services Client information software system.
6. Food services staff shall assess client participation in primary medical care. Staff shall ensure existing clients not in primary medical care, access primary medical care within six months from the beginning of the contract year for the client's continued participation in food services.
7. Food Services staff shall assist the client to remain in primary medical care. Staff shall discuss with the client the need to remain in primary medical care as a condition to continue receiving food services. A referral to the case manager will be offered to assist client to remove any barriers to remain in primary medical care.

Service Provisions:

The provision of food services under this funding category is of two distinct types as defined below:

1. A **Food Bank** is a central distribution center that warehouse and provides nutritious groceries for indigent HIV+ clients. The food is distributed in cartons, bags or assorted products to eligible Ryan White Program clients.

2. **Food Vouchers** shall be in the form of a certificate/gift card for a grocery store, allowing clients to purchase nutritious food. Clients must be able to shop for and prepare their own meals. The vouchers are generally provided to indigent HIV+ clients and families on an occasional or ongoing basis but may also be available to other specified populations; and may be issued in paper or electronic formats.
    a. The voucher clearly states that purchase of alcohol and tobacco products are not allowed.
    b. Clients must be unable to purchase nutritious food due to limited financial resources and be able to shop for and prepare their own meals.
    c. Provider must ensure that the majority of the food purchased is of nutritional value.

Trauma-Informed Mental Health Services

Trauma-Informed Mental Health Services include an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. These Services have been identified as a critical component in the maintenance and management of HIV infection.

- According to SAMHSA, trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or threatening and has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.
- Trauma-Informed Mental Health Services refer to the prevention, intervention, or treatment services that address traumatic stress, as well as any co-occurring disorders (including substance use and mental disorders) developed during or after trauma.
- Trauma-Informed Mental Health Services focus on prevention strategies to avoid re-traumatization in treatment, to promote resilience, and to prevent the development of trauma-related disorders.

Service Provisions:

1. Providers must ensure Trauma-Informed Mental Health Services are grounded in an understanding of, and responsiveness to, the impact of trauma; emphasizes physical, psychological, and emotional safety for both providers and survivors; and creates opportunities for Clients to rebuild a sense of control and empowerment.
2. Screenings and assessments should guide treatment planning; alerting providers to potential issues and serving as a valuable tool to increase Clients' awareness of the possible impact of trauma and the importance of addressing related issues during treatment.
3. Screening to identify Clients who have histories of trauma and experience trauma-related symptoms is a prevention strategy and is the first contact between the Client and the treatment provider.
4. Trauma-Informed screenings should include at minimum the following areas:
    a. trauma-related symptoms,
    b. depressive or dissociative symptoms,
    c. sleep disturbances,
    d. and intrusive experiences, past and present mental disorders,
    e. including typically trauma-related disorder, substance abuse, social support and coping styles, availability of resources risks for self-harm, suicide, and violence and health screenings
5. Trauma-Informed assessments determine the nature and extent of the Clients' problems and will determine the appropriate treatment plan to make an informed and collaborative decision about treatment placement.
6. Trauma-Informed Mental Health Service providers must assess Clients that initially screen positive for substance abuse, trauma-related symptoms, or mental disorders to determine and define the presenting issues.
    a. Assessments should also focus on how trauma symptoms affect a Clients' current functioning.
7. Trauma-Informed Mental Health Services must include an individualized care plan developed collaboratively with Clients and, when appropriate, with family and caregivers.
    a. Services may be provided for non-HIV-infected family members where a benefit can be directly attributed to the HIV positive Client.
    b. Individualized care plans must include trauma-specific interventions and approaches that are designed specifically to address the consequences of trauma and to facilitate healing.

Ryan White Funders Presentation for PSRA

RYAN WHITE PART B

The Ryan White Part B Program Overview

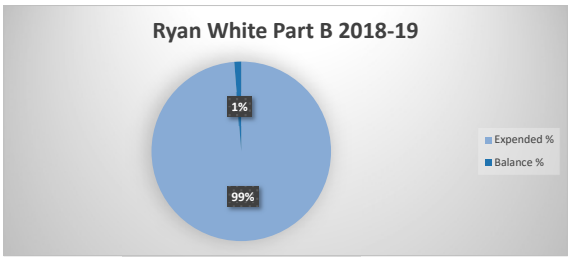
Ryan White Part B: A Federally Funded Program that provides support services to People Living with HIV (PLWH) to enhance their life experience while coping with the disease. The program avails those that do not have adequate health care coverage and/or financial resources needed for managing HIV disease or AIDS. To be eligible for the program one must be HIV positive, a Broward County resident, and meet the income requirement of (400%) below the federal poverty level.

The Ryan White Part B Eligibility

Service	Documents
Part B Eligibility	Photo ID & Social Security Card
	Proof of Positivity
	Utility bill, etc.
	3 months of pay stubs, W-2, 1040, or Letter of Support
ADAP & Medication Copayment	Current Labs with CD4/Viral Load (<6 months old)
	Current Prescriptions
	Insurance ID Card & Benefit Summary (if applicable)
Home Health & Meals/Nutritional Supplement	Referral Form signed by Case Manager **&** Plan of Care
	Current Prescriptions signed by Doctor

Program Budget

- FY2018 Budget :1,161,929.00
- FY2019 Budget: Level Funding
- Final Expenditures 2018 (April 1, 2018 - March 31, 2019)



Services Provided

Ryan White Part B assists clients with the following services:

- Emergency Financial Assistance
- Health Insurance Continuation Program
  - ✓Medication Copayment
- Home and Community-Based Health Services
- Home Delivered Meals
  - ✓Nutritional Supplements
- Medical Transportation Services (Bus Passes)
- Substance Abuse Services- Detox & Residential

Emergency Financial Assistance

Limited one-time or short-term payments to assist the Part B client's with an emergent need.

Client must be Part B eligible.

Service Components:

- ✓Essential Utilities
- ✓Housing
- ✓Transportation
- ✓Medications
- ✓Food Vouchers

***Emergency financial assistance will occur as a direct payment to the agency.

Health Insurance Continuation

The Medication Co-Payment Programs provides monthly co-payments for FDA-approved medications to insured clients who are not eligible for ADAP.

Client must be Part B eligible.

Service Components:

- ✓Client's choose one of the participating pharmacies
- ✓Client's pick up medications monthly (RWPB Approved Formulary)
- ✓After applying co-pay cards; pharmacy submits bills to RWPB for clients portion.
- ✓RWPB submits invoices for payments within 5-business days

Health Insurance Continuation Cont'd

Temporary assistance with insurance premiums, doctor visit co-payments, laboratory co-payments, co-insurances, and deductibles.

Client must be Part B eligible.

Service Components:

- ✓Insurance Premiums
- ✓Laboratory Payments
- ✓Co-Payments
- ✓Co-Insurance and Deductible

Home and Community-Based Health Services

Assist homebound clients based on a plan of care strategy by client's Case Manager and Physician.

Client must be Part B eligible.

Referrals are approved by the RWPB Program Manager.

Service Components:

- ✓Home Health aide/personal care/homemaker: Assist with daily cleaning and bathing as needed.
- ✓Wound Care Nurse: Assist clients with Chronic Ulcer care.
- ✓Durable medical equipment: Catheters, surgical lube, oxygen tanks/refills, and shower chairs.

Home Delivered Meals/Food Bank

Assist homebound clients based on a plan of care by client's Case Manager and Physician.

Client must be Part B eligible.

Service Components:

- ✓Home Delivered Meals: Alternative breakfast, lunch, and dinner.
  - ➢Microwaveable meals are delivered to client, at the physician's request, based on dietary needs.
- ✓Nutritional Supplement shakes:
  - ➢Ensure/Generic cases are delivered by Walgreens Pharmacy based on dietary needs; ***however***, client does not have to be homebound.

Medical Transportation Services

Ryan White Part B staff issues Bus Passes to Part A case managers for distribution monthly.

Client must be Part B eligible.

Client Case Manager must provide proof of medical appointments.

Service Components:

- ✓All Day Bus Pass: Client with 6 or fewer medical appointment's per month
- ✓31-Day Bus Pass: Clients who exceeds 7 medical appointments per month
- ✓Client's with Medicaid are not eligible to participate MTS

Substance Abuse Services

Provides Detoxification and Residential substance abuse treatment services to clients with substance abuse at BARC: Broward Addiction Recovery Center.

Client must be Part B eligible.

Client's must be Broward County residents and at least 18 years of age.

Service Components:

- ✓Detoxification (Detox): Medically supervised inpatient detoxification 7-days per episode.
- ✓Residential Treatment Services (RTS): Residential substance abuse treatment 30-days per episode.
- ✓Additional 30-days of RTS can be requested via the RWPB Program Manager

Unduplicated Clients 2018-19

Category Name	# Unduplicated Clients	Units of Service Provided
Health Insurance Premium/Cost Sharing	269	870
Home & Community-based Health Services	14	391
Emergency Financial Assistance	1257	2377
Food Bank/Home Delivered Meals /Nutritional Supplement	499	659
Medical Transportation Services	583	4258
Referral for Healthcare/Supportive Services	5585	9523
Substance Abuse Services - Residential	52	958

****Referral for Healthcare/support Services are Patient Assistance Specialists completing RWPB Eligibility*

Notable Trends

- Medications becoming available in generic form; therefore, RWPB no longer receives the cost savings from the Copayment Assistance Cards in the Medication Copayment Program.
- Clients needing Nutritional Supplements long term or permanently, because optimal weight goals may never be reached.

Recommendations

What are some of the successes of your program:

- RWAP (Ryan White Assistance Program) offers extended hours of operation to serve clients who struggle to get to either location during normal business hours.
  - ✓ Fort Lauderdale extended hours: Monday 8am- 8pm
  - ✓ Pompano extended hours: Wednesday 9:30am – 6:30pm
- Mail order
- 90- Day dispensing
- On-line recertification
- Text message appointment reminders

What are some of the challenges faced by your program:

- Expanding MTS beyond bus passes.
  - ✓ The Ryan White Parts: Can discuss/suggest other methods aside from Uber Medical; at this point DOH is still in the process of establishing a contract with Uber and we don't know exactly when/if it will land.

Services outside of Part B available to reduce gaps in services:

- Abbott Nutrition - Patient Assistance Program Application
- Broward County Bus Passes (31-Day)

Questions?

Discussion

Ryan White Funders Presentation for PSRA

RYAN WHITE PART C

The Ryan White Part C Program Overview

Ryan White Part C funds are provided by the Federal government through a competitive application process and is generally awarded to one recipient per County.

Broward Health has been the recipient of Ryan White Part C funds for Broward County since 1998.

Ryan white Part C Early Intervention Services (EIS) are used to provide early intervention primary care services in the outpatient setting (OAMC).

These services target low-income , medically underserved people living with HIV/AIDS.

Primary care services in the targeted area include: 1) HIV counseling , testing and linkage; 2)medical evaluation and clinical care; 3) other primary care services ; and 4) referral to other health services

Program Budget

- **FY 2017- 18 Budget - $883,372**
- FY2017-18 Final Expenditures: $863,971 - a carryover for $19,400 (2.2%) was requested to purchase Colposcopy machine and HCV kits

- **FY2018 -19 Budget – $875,925**
- FY 2018-19 – Expenditure for 11 months - $714,643 balance unspent is $161,282 (18%)
- Underspending relative to salary due to staff changes. Funds will be used to cover expenses that were not covered under Part A.
- Carry over funds were approved and spent for items as requested

- Any Other Funding Sources/Resources : RWA, Medicare Medicaid, Private insurance and FDOH

Services Provided

Outpatient Ambulatory Medical Care (including some Labs and medications)

Non medical Case management

HIV Counseling and testing

Quality management

Referrals

Medication adherence counseling

Consumer Advisory Board

All services provided impact the HIVPC Minority AIDS Initiative Priority Populations (18-38 y.o.),

Which is approximately 20% of the entire patient population

Outpatient Ambulatory Medical Care

OAMC is primary medical care that includes comprehensive diagnostic and therapeutic medical services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner on an outpatient basis for clients who require health care services for the treatment of HIV/AIDS whose care does not require confinement or a hospital stay. OAMC has been identified as a critical component in the maintenance and management of HIV infection.

Under general supervision, the RN renders professional nursing care in accordance with physicians' treatment plans. In doing so the RN will: assess patients' condition; administer prescribed drugs; provide treatments; observe patients' progress; record pertinent observations; and report reaction to drugs and treatments. The RN will also assist physicians with daily staff huddles to prepare staff to anticipate and meet the needs of the patients.

The Medical Assistants assist physicians with patient preparation, PHQ2 assessment, medical charting, blood draws, patient follow-up, telephone calls and other duties as it relates to the provision of primary care services. Medical Assistant services help reduce the throughput time and improve patient satisfaction.

Outpatient Ambulatory Medical Care

Client Eligibility: HIV positive Broward County resident with income less than 400% of FPL.

Number of Unduplicated clients in FY2018-19: **1358**

Client demographics:

Gender: 60.6% Males, 38.5% females,<1% transgender

Race/ethnicity: 77% Black non-Hispanic, 10% White non-Hispanic, 7.2% Hispanic, 4% other race and <1% Asian

Ages: **62%** of our clients are between the ages of **45-64**; **23%** ages **25-44** ; **13%** ages **65+** and **2%** ages **13-24**

Risk factor : **85%** Heterosexual, **11%** MSM,**2%** IVDU,**< 1%** perinatal infection, **<1%** transfusion, **<1%** MSM/IVDU

Are there waiting lists for this service? no wait list

Are there service gaps and unmet needs? YES – Need a psychiatrist at this time

Are there any services that you provide that impact the HIVPC Minority AIDS Initiative : Yes majority of clients are minority and we have MAI funds from Ryan White Part A to provide medical care.

CASE MANAGEMENT

- Case Managers provide case management and counseling services, such as: financial, psychological, and sociological support; early intervention screening for HIV; assessment of clients' need and development of a plan of care to link clients with the different resources.
- They provide feedback to the clients, families/significant others and the healthcare team regarding issues and/or progress in the resolution of problems.
- In addition, case managers refer clients to mental health services and assist with linking HIV positive clients with primary care medical services and gaining access to medications.
- Case managers are a vital part of the care team as they assist the clients with their psycho-social issues so that they can engage in medical care. The work with the multidisciplinary team to conduct staffing when needed and are there for the clients throughout the care continuum for as long as needed.

- Client Eligibility: HIV positive residing in Broward County with income below 400% of positive
- Number of clients = 102

HIV COUNSELING AND TESTING

HIV Counseling and Testing listed is strictly from the Part C staff .

We also have HIV Testing Counselors not on this grant who test within our centers, hospitals and the community and link those testing positive to medical care.

- Client Eligibility: None for counseling and testing,
- Number of Unduplicated clients in FY2018-19: 900 in this program only

- Clients who test positive for HIV are referred to the Test and Treat program

REFERRALS TO SPECIALIST

Referrals to specialist are handled by the referral technician who logs and tracks each referral to the various specialists and will also work with medical records to track responses from the specialists.

Referrals are generated by the medical provider then processed by the referral technician who will contact scheduling , submit the referral and will contact the client with the appointment if not done by the scheduling center.

Eligibility: HIV infected client receiving care at Broward Health

Number of unduplicated clients = 475

MEDICATION ADHERENCE COUNSELING

Medication adherence is conducted by pharmacists in the Part C program.

Clients starting ARVs for the first time, those changing regimens ,and clients not achieving viral load suppression on their current regimens are referred to the pharmacists for evaluation and counseling services.

These pharmacists act as HIV consultants to primary care clinicians and are an extension of the medical services to help clients achieve positive health outcomes. This sometimes include assisting the clients with applications for assistance to get medications through the patients assistance programs.

They spend time with clients living with HIV/AIDS to understand barriers to adherence that they may be experiencing, review their lab reports, their medical history and their ability to follow the direction for medication administration. They will conduct direct observation therapy when indicated and assist the clients with filling their pill boxes.

The adherence counselors provide periodic education to clients and clinicians on HIV disease state management and prevention as well as participate in case staffing. They oversee the PrEP program at the site as well.

This position is invaluable in assisting the physician to recognize system impairment requiring adjustment to medication dosages based on weight, renal/hepatic functions.

Eligibility: Just have to be clients in the HIV program at Broward Health

Number of unduplicated clients = 800

Consumer Advisory Board (CAB)

All recipients of Ryan White funding are required to engage their consumers in an organized board that allows consumers to provide input into their care and treatment infrastructure.

CAB meeting participants consist of Broward Health staff and clients actively in care at Broward Health. Meetings allow clients to develop a partnership with the clinic, develop leadership skills and discuss concerns in a peer-focused environment free of judgment and stigma.

Participants advise and make recommendations to Broward Health staff. Recommendations are reviewed and implemented at the discretion of the clinic director and within the means of allotted funding.

Needs, Gaps, Barriers to Care

Service gaps: No gynecological oncologist - to refer the undocumented clients

Oncology services

Psychiatric services

There is currently no waiting list for primary care services

Substance abuse and denial of HIV infection are the two most common barriers to care reported by clients.

Notable Trends

- We getting patients coming out of the hospital, newly diagnosed with HIV and have full blown AIDS with high viral loads and low CD4.
- Although many of the newly diagnosed are young adults (18-28), the majority of the newly diagnosed and re-engagement are older adults
- There is an increase in the clients with syphilis
- Our established clients are aging and doing well, 62% of the clients are now between the ages 45 and 64 years old
- We continue to see improvement in the viral load suppression rates for our clients, 86.2% for this time period.

Recommendations

The integration of behavioral health and primary care works well and we have seen changes in clients' behavior just having a counselor on site.

There is still a need for the psychiatrist and we are in the process for contracting with outside services to be able to see the patients. In the interim we have been able to refer the clients to other sites with the consortium.

This program does not provide sufficient funding to provide all the care and treatment needed for the patient population we serve, so the Ryan White Part A funding and services really contribute to our success .

Questions?

Discussion

Ryan White Funders Presentation for PSRA

RYAN WHITE PART D

The Ryan White Part D Program Overview

Part D of the HIV/AIDS Program focuses on providing access to coordinated, family-centered primary medical care and support services for HIV-infected women, infants, children, and youth and their affected family members. It also funds support services, like case management and childcare that help clients get the care they need. Children's Diagnostic and Treatment Center- Comprehensive Family AIDS Program(CFAP) provides primary care, medical case management and psychosocial support for HIV-positive women, infants, children, and youth.

https://www.hrsa.gov/sites/default/files/about/budget/performancereport.pdf

Comprehensive Family AIDS Program (CFAP)

Serves infants, children, youth, women and families infected and affected with HIV in Broward County ***(Approximately 2800 individuals and 1000 families in FY2018)***

This includes HIV exposed or positive infants, HIV positive child or youth, HIV positive woman and family member living in the household of an HIV positive individual.

Serves negative siblings in CDTC Pediatric clinic and other resources

Test and Treat program- servicing WICY population(youth males up to the age of 24)

Conduct HIV testing Rapid testing for Broward County

CFAP Population

89.8% RACIAL/ETHNIC MINORITIES

50% INFANTS/CHILDREN/YOUTH (0-24 YEARS OLD)

64% WOMEN

36% MEN

58% UNEMPLOYED

87% BELOW 100% FEDERAL POVERTY LEVEL

15% NON-ENGLISH SPEAKING

10% UNINSURED

17% RYAN WHITE COVERAGE

14% SUBSTANCE USING

15% WITH MENTAL HEALTH ISSUES

1.1% MSM

12% PREGNANCIES

CFAP Clinical Services

Pediatric HIV Medical Care, Dental and Hygiene services
Phlebotomy services
Primary, HIV specialty, and gynecologic care
Adherence Counseling
Family Planning
Nutrition Screening and Therapy
Risk Reduction Counseling
Mental Health Screening, Treatment and Counseling
Substance Abuse Screening & Treatment
Prenatal HIV medication counseling(For CFAP Clients only)
Access to Clinical Trials for Research Studies

CFAP Psychosocial Services

Intensive Medical Case Management
Psychosocial Support
Access to Food and Gently Used Clothing
Support Groups
Women's Retreat
Children's Camp
Emergency Financial Assistance (donations)
Translation (access to language line)
Child Care during visits
Transportation
50 and over exercise group with Personal Trainer

Program Budget

Funded primarily by HRSA, Ryan White Part D program since 1991

- *FY2018- $2,016,919.00*
- *FY2019- $2,016,919.00*
- *Other Funding Sources including:*
- *SMART Ride $137,602.02*
- *CMS HIV – $185,185.00*
- *TOPWA – $170,000.00*

Services Provided

Number of Unduplicated clients in FY2018

- **Client demographics**
  - **Gender**
    - FEMALE 64% MALE 36%
  - **Race**
    - BLACK 89.8%
    - WHITE 9.9%
    - ALL OTHER RACES < 1%
    - **Ethnicity**
    - HISPANIC 5.2%
    - HAITIAN 19%
- **Age**
  - (0-12 YEARS) 25%
  - (13-24 YEARS) 24%
  - (25-44 YEARS) 30%
  - (45-64 YEARS) 18%
  - (65 +) 3%

Services Provided (Continued)

- **Client Eligibility**

Proof of Broward County Residency/Picture ID

Proof of HIV

Income verification

- **Risk factor**
  - MSM 1.1%
  - HETEROSEXUAL 71%
  - PERINATAL INFECTION 27.8%
  - Unspecified > 1%

Services Provided (Continued)

Service Components

Are any services that you provide that impact the HIVPC Minority AIDS Initiative Priority Populations

(18-38 year old: Black heterosexual males, Black heterosexual females, Black MSM)

Black heterosexual males/ Black MSM receives Ryan White Part D services up to the age of 24.

Black heterosexual females receives Ryan White Part D services without limitations

Needs, Gaps, Barriers to Care

- **Are there any service gaps?**
- Previous Gaps with medical care services have been addressed. No new gaps have been Identified
- **Are there waiting list for your services?**

There is no waiting list for enrollment in the CFAP program.

- **What are the primary barriers to care reported by your clients?**

Transportation issues
Housing
Employment
Insurance issues
Stigma
Child Care
Health Issues
Immigration concerns

Notable Trends

- **Newly diagnosed populations**

Pregnant
High VL
Resistance to HIV medications from Partners
Young/Naive about HIV
Insurance issues
Migrating from other counties

- **Young Adults (18-28)**

Retention in care(Many Factors)
Insurance issues
Substance abuse
Employment/Housing issues
Unplanned pregnancy
Follow up with required documentations

- **The Elderly**

Comorbidities
Insurance issues(Transition from Medicaid to Medicare)
Housing issues
Medicaid transportation
Decline in Independence
Applying for SSI/SSD
Cognitive Decline
Society Isolated
Inactivity

- **Recently reengaged in care**
- Lack of knowledge of HIV
- Denial
- Adherence Issues
- Disclosure
- Advanced HIV

Notable Trends

Clients with high viral loads vs. virally suppressed clients

Virally suppressed clients
Acceptance of DX
Family/Friends support
Higher Education Level
Adherent to Medical/Specialty Appt.

High viral loads
Lack of Family/Social Support
Noncompliant with medical care
Issues with medications
Young Adult population
Mental Health/Substance Abuse issues
Housing
Transportation issues
Disclosure

Mental health or substance use issues

Mental Health
Denial
Limit access to Psychiatry for RW
Limit therapist that are multi-lingual
Domestic Violence Issues
Stigma

Substance use
Denial
Limited access to Detox locations
Continuum of care for substance abusers
Access to cheap "designer" drug Flakka, Mollies etc.
Multigenerational substance abuse issues
Stigma

Recommendations

What are some of the successes of your program:

CFAP's system of care for the prevention of perinatal transmission has been a best practice for decades

Comprehensive Supportive services provided to clients

Patient Centered Medical Home Approach with clients

CIED representative onsite three times a week

Comprehensive medical Case management in the community

Targeted Outreach for Pregnant Women Act-CFAP is one reason CDTC had no positive babies in 2018

Offer late night Adult and Pediatric clinics twice a month and same day appt. to accommodate clients

Pediatric Dental Service onsite

CDTC participates in Test and Treat program

Research Program is successful/Clinical Research Pharmacist

Medical Care Coordinator stationed in Adult Clinic on a daily basis

Strong Working relationships with BCHD and other agencies

MOPED Broward Health Financial Assistance Program

Recommendations

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

- Outreach to identify pregnant women and WICY clients, offering Pregnancy and HIV testing
- Offer Support Groups(Haitian Support group , Women groups, Pregnancy Support group, Youth Group)
- *CFAP Women Retreat*
- *Sending HIV Children/Youth to a week long sleep away specialty camp*
- *Quality Improvement Initiative*
- *Annual Baby Shower*
- *Research Community Advisory Board*
- *Monthly Lunch and Learn for staff and off site training*
- *Motivational Interviewing Approach with Clients*
- *Biweekly medical staffing meeting*
- *STARS(Starting Today Accessing Real-life Solutions)*
- *Back to School Group visit*

Recommendations

What are some of the challenges faced by your program:

Retention of Care for our youth
Nutritionist
Lack of Specialty providers due to Vendor Contracts
Level Funding
Immigration Issues
Lack of Mental Health services for Creole/Spanish Speaking populations
Lack of Substance Abuse Counseling for Creole/Spanish Speaking populations
Dental Care

Based on the identified challenges, how can all Ryan White Parts collaborate to address these barriers to receiving care ?

Working relationships with Poverello and Part A Providers for Specialty Services

Legal Aid for immigration issues

Recommendations

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

Utilize HOPWA Services

Outside medical and specialty providers

Residential Substance Abuse Programs

Outreach efforts to identify at risk youth (PROACT)

Increase Collaboration with RW dental services and Part D

Questions?

Discussion