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 / Fax: 954-561-9685

MEETING AGENDA

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, October 17, 2019, 9:00 a.m.
Location: Governmental Center GC-301
Chair: Lorenzo Robertson **Vice Chair:** Marie Hayes

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 10/17/19 Agenda and 8/15/19 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   Monthly Expenditures/Utilization Report- by service category
4. **UNFINISHED BUSINESS**
   None.
5. **MEETING ACTIVITIES**
   I. **Reallocations "Sweeps"**
   Work Plan Activity 1.5: Monitor expenditures and allocations
   ACTION ITEM: Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.
   II. FY2018 Assessment of the Administrative Mechanism (Handout A)
   Activity 3.2: Assessment of the Administrative Mechanism recommendations
   ACTION ITEM: Review results of the FY2018 Assessment of the Administrative Mechanism and make recommendations.
6. **RECIPIENT REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** November 21, 2019 **Time:** 9:00 a.m. **Venue:** 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 •

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MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, August 15, 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.	**X**			Hyde, S.
3	Fortune-Evans, B.	**X**			Caraballo, J.
4	Grant, C.		**A**		Carter, J.
5	Hayes, M., *Vice Chair*	**X**			Cook, S.
6	Katz, H. B.	**X**			Messer, C.
7	Leonard, C.	**X**			
8	Lopes, R.	**X**			**HIVPC Staff**
9	Moreno, V.	**X**			Martinez, G.
10	Robertson, L., *Chair*	**X**			Oratien, V.
11	Schickowski, K.	**X**			
12	Schweizer, M.	**X**			**Grantee Staff**
13	Siclari, R.		**A**		Robinson, J.
					Jones, L.
	Attendance Total:	**11**			
Quorum = 8					

1. CALL TO ORDER:

The PSRA Chair called the meeting to order at 9:22 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 8/15/2019 meeting agenda
Proposed by: Hayes, M. **Seconded by:** Lopes, R.
Action: Passed Unanimously

Motion #2: To approve the meeting minutes of 7/18/2019
Proposed by: Hayes, M. **Seconded by:** Katz, H.B.
Discussion: The results of the Committee's rankings have not been included and must be included for the record.
Friendly Amendment: To approve the meeting minutes of 7/18/19 with amendments.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

Monthly Expenditure/Utilization Report:

A copy of the utilization table was made available during the meeting. At this point in the fiscal year, service categories are expected to have expended 41% of their funds. However, the report shows that service categories are under expended at 23%. The Fiscal Manager explained that there had been some billing discrepancies, and members can expect to see over 50% of funding expended by the next meeting. Most categories expended more than 41% without submitting their July invoices. The Recipient noted that based on current utilization trends, Broward projects closing the fiscal year in the same predicament as the last fiscal year. Sweeps will take place in October, and the Committee will have to consider cost-saving strategies to have enough money to provide services for the entire fiscal year.

4. UNFINISHED BUSINESS None.

5. MEETING ACTIVITIES

MAI Eligibility: The Recipient discussed the MAI specialty program's age limitation of 18-38 for Black men and women. The Recipient indicated that data now reveal that individuals are aging out but are still in need of the services. Members discussed that the established eligibility parameters were based on available information at the time, but eligible clients should benefit from the service who do not fit the age limit. The Committee voted to amend its program's parameters by eliminating the age category from the eligibility criteria.

Motion #3: To eliminate the age category from the MAI eligibility criteria.
Proposed by: Barnes, B. **Seconded by:** Schickowski, K.
Discussion: MAI means Minority AIDS Initiative. This funding is provided by HRSA, along with Part A funds, so that EMAs can tailor special programs to serve minority individuals. Broward's PSRA Committee reviewed data 3-4 years ago to determine which populations should be of focus. MAI Medical, Case Management, and Mental Health services are being provided for Black men and women ages 18-38 because their outcomes were significantly lower than their counterparts in the EMA.
At the agency, there are 14 individuals in the program. All participants have had substance abuse as a precursor. These participants were not previously virally suppressed or retained in care. Now, all 14 individuals are virally suppressed after 90 days of service. The concept is that they are receiving higher level, more culturally appropriate services. That is how the service was described in the Request for Proposal (RFP). The current criteria for eligibility is that individuals not be virally suppressed, not retained in care, or at risk of falling out of care.
Members expressed concern regarding the financial impact of increased utilization. The Recipient noted that Ending the Epidemic funding, which will be discussed during the Recipient's Report, may address this concern.
Action: Passed with 1 Abstention

How Best to Meet the Need: The Committee reviewed updated How Best to Meet the Need (HBTMTN) language for FY2020-2021 (Handout A on file). Language recommendations were developed from the Committee's conversations during the PSRA process and recommendations from reports provided to the Recipient by consultants. The recommendations posed by PSRA may have a financial impact on agencies or they may be cost neutral. The recommendation to expand the utilization of peers to support case management, as well as disease case management, was discussed, with the overarching concern, to meet the needs of the clients. For 'All Services,' the Committee chose to approve the language except for the age limit of 18-38. The HBTMTN language was revised to reflect that change.

Motion #4: To approve How Best to Meet the Need language updates in the category of All Services and remove the age categories described under sub-populations.
Proposed by: Hayes, M. **Seconded by:** Lopes, R.
Action: Passed with 1 Opposed

PSRA reviewed proposed updates to many categories. Language proposed for Core Medical Services, AIDS Pharmaceuticals (Local), Oral Health Care, HICP, Mental Health, and EFA was allowed to die in Committee.

For the Disease Case Management service category, members discussed a concern with DCM providing a broad spectrum of services rather than doing a specialized job. They suggested utilizing peers to provide support where possible would make a big difference to the role of a Disease Case Manager. A study on high viral load completed by a consultant to the Recipient found that most people with high viral loads did not have Disease Case Managers. The consultant's recommendation was to incorporate an automatic DCM offer for those clients with high viral loads. Currently, individuals receive DCM services if they have comorbidities, are not adherent, or could improve health literacy from a medical/RN perspective. The recommendation from the Committee was to ensure all clients with highly detectable viral loads should be offered DCM. After further discussion, PSRA chose to send DCM language to the Quality Management Committee for review.

Motion #5: To send DCM roles to the Quality Management Committee to ensure limited duplication of services.
Proposed by: Hayes, M. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

Motion #6: To add the language, "ensure that all clients with a highly detectable viral load should be offered DCM services" to the recommended DCM HBTMTN language.
Proposed by: Hayes, M. **Seconded by:** Leonard, C.
Friendly Amendment: To add this language to All Services HBTMTN language.
Action: Passed Unanimously

The Non-Medical Case Management language reviewed was to, "ensure that Test & Treat patients are linked to case management services." Members discussed having this language moved to All Services or OAHS. The conversation was deferred until the Recipient provided his report.

Motion #7: Make Test & Treat eligibility for All Services for up to 30 days.
Proposed by: Barnes, B. **Seconded by:** Katz, H.B.
Discussion: This motion was proposed in an effort to curb client refusal from services prior to intake and eligibility. Clients who come into care through Test & Treat have immediate access to medication and are able to make a doctor's appointment. Those who need other services are not able to access them until they have gone through the CIED eligibility process. This change cannot be made without reviewing the services HRSA allows to be billed for Test & Treat clients.
Members also discussed moving this directive to OAHS but were asked by the Recipient to defer further conversation until after the Recipient's Report.
Action: Motion Withdrawn

CIED language was reviewed by the Committee. The new language was not supported because, while the Committee can create directives for the Part A Recipient, it cannot direct the Part B Recipient's actions. Members discussed keeping language that "referrals should be made to the Broward County Health Department for all CIED clients that are lost to care," and including priority for highly detectable viral loads.

Motion #8: To include language in the CIED HBTMTN stating, "Referrals should be made to the Broward County Health Department for all CIED clients who have not had a medical appointment in 6 months."
Proposed by: Barnes, B. **Seconded by:** Fortune-Evans, B.
Friendly Amendment: "Referrals should be made to the Broward County Health Department for all CIED clients who have not had a medical appointment in 6 months with priority given to highly detectable viral load."
Action: Passed Unanimously

Motion #9: Clients that come through Test & Treat are eligible for all HRSA allowable services. To adopt HRSA's policy on Test & Treat eligibility for services.
Discussion: Test & Treat clients currently receive Medical services for 30 days with the expectation that they would go through CIED in that time. Income certifications are not completed during Test & Treat, so irrespective of the timeframe, this may not be a viable solution. The Recipient will review the policy to confirm but did not believe HRSA specified service categories.
Action: Failed with 8 Opposed

6. RECIPIENT REPORT

The Recipient received a Notice of Funding Opportunity from HRSA for Ending the Epidemic. This initiative is being enacted to assist Ryan White Part A Recipients in their efforts to increase viral load suppression and decrease new infections. This grant is due October 15, two weeks after the Part A grant application, which is a short timeframe to complete two grant applications. There are four pillars to the plan to end the epidemic. The grant asks for innovative programs to increase viral load suppression and keep clients retained in care. The funding opportunity is for five years. The minimum funding is $750,000, and the maximum is $9 million.

The Recipient asked members for ideas they would like to see Broward focus on if more funding were available. Members suggested funding for infrastructure for texting and emailing clients. The traditional method of outreach to clients – phone calls – does not work with younger clients. Another idea was to train Oral Healthcare providers in the community to test for HIV. Oral Health Providers is an untapped avenue for getting clients into care. The routinization of testing has not occurred county-wide and could also become a focus of Broward's Ending the Epidemic plan. Transportation initiatives such as medical Uber, technical advancement such as telemedicine, and detoxing services for clients were all considered by the Committee.

The grant period is expected to begin on March 1, 2020. The Recipient noted that the timeframe is challenging. For example, items have to be in place three months in advance before the government can approve them. This funding would be through the Part A Mechanism but not Part A funding. It will not follow the same operations as RWPA funds.

7. PUBLIC COMMENT None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: October 17, 2019 **Time:** 9:00 a.m. **Venue:** Gov't Center A-337

Goal/Work Plan Objective #:	*Accomplishments*
FY2018 Assessment of the Administrative Mechanism	ACTION ITEM: Review results of Assessment of the Administrative Mechanism.
Reallocations "Sweeps"	ACTION ITEM: Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.

9. ANNOUNCEMENTS

World AIDS Museum will be holding a Community Dialogue on August 20th regarding what parents need to know as kids go back to school.
Latinos Salud will host a Community Dialogue on August 31st at Holy Angels Church bridging the divide among younger and older generations in HIV.
The HOPWA Representative provided follow up information from his PSRA funding presentation. In response to the ethnicity information requested, 15% of HOPWA eligible persons is FY18-19 identified as Hispanic. Funding of "Non- Housing supportive services" (agencies may use up to 7% for admin) was utilized in the following manner:

- Legal Services
  - Legal Aid of Broward County - $180k
- Housing case management (HCM)
  - SunServe - $ 328k

- Care Resource - $262k

The ratio of people receiving subsidy vs. receiving HCM- only is based on many factors, including the stabilization of persons through supportive services mentioned above and additionally, the cost burden of vouchers.
Finally, demographic information does not necessarily mirror the entire epidemic due to edibility parameters, including income requirements.

10. ADJOURNMENT

The meeting was adjourned at 11:40 a.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	18	15					
0	1	2	1	Barnes, B.	X	A	X	X	X	A	X	X	X					
	1	1	2	Dennis, B.	N- 4/18/19					A	A	X	X					
0	0	1	3	Fortune-Evans, B.	X	X	X	X	X	X	X	A	X					
0	0	3	4	Grant, C.	E	A	X	X	X	X	X	A	A					
0	0	0	5	Hayes, M. *V Chair*	X	X	X	X	X	X	X	X	X					
1	1	2	6	Katz, H.B.	X	A	X	E	X	X	A	E	X					
	0	0	7	Leonard, C.	N- 4/18/19					X	X	X	X					
0	0	3	8	Lopes, R.	X	A	X	A	X	X	A	X	X					W - 7/2
0	0	1	9	Moreno, V.	X	X	X	X	X	X	A	X	X					
1	1	1	10	Robertson, L. *Chair*	X	X	X	X	X	A	X	X	X					
0	0	0	11	Schickowski, K.	X	X	X	X	X	X	X	X	X					
0	0	2	12	Schweizer, M.	X	X	X	A	X	X	A	X	X					
0	0	3	13	Siclari, R.	X	A	A	X	X	X	X	X	A					W - 2/21
				Quorum = 8	10	6	10	8	11	10	8	10	11	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

2017-2018 Assessment of the Administrative Mechanism

HIVPC Survey Results

The HIVPC Survey focused on communication between the HIVPC and Recipient regarding the allocation and reallocation of funds, communication, and HRSA policies which can affect funding.

Number of Respondents: 95% (18/19) of the HIVPC completed the survey	
Needs Assessments	
Community needs were evaluated on an ongoing basis effectively.	50% (9) Strongly Agree; 33% (6) Agree; 11% (2) Disagree; 6 % (1) Strongly Disagree
Structure and process	
The Ryan White Part A HIVPC is effective as a planning body.	55% (10) Strongly Agree; 39% (7) Agree; 6% (1) Strongly Disagree
Training/Education	
Members were given enough training/education to understand the structure and process of the Ryan White Part A HIVPC.	38.9% (7) Strong Agree; 50% (9) Agree; 5.6% (1) Disagree; 5.6% (1) Strongly Disagree
Recipient Adherence to HIVPC's Recommendations	
The Recipient's Office followed the HIVPC's recommendations for service priorities, resource allocations and reallocations ("sweeps").	77.8% (14) Strongly Agree; 16.7% (3) Agree; 5.6% (1) Strongly Disagree
The Recipient's Office followed the HIVPC's recommendations for How Best to Meet the Need	72.2% (13) Strongly Agree; 22.2% (4) Agree; 5.6% (1) Disagree

The Recipient's effectively supported the goals of the HIVPC as an administrative agent.	61.1% Strong Agree; 33.2% Agree; 5.6% Strongly Disagree
Recipient followed service priorities and allocations recommended by the HIVPC.	77.8% (14) Strongly Agreed; 16.7% (3) Agreed; 5.6% (1) Disagree
The Recipient provided utilization and expenditure reports on a regular basis to the HIVPC and committees	66.7% (12) Strongly Agreed; 27.8% (5) Agree; 5.6% (1) strongly disagree
Recipient's Responsiveness	
Recipient's response to requests and questions for information about allocations, reallocations, and expenditures	66.7% (12) strongly agree; 27.8% (5) Agree; 5.6% (1) (Strongly disagree)
Recipient's Communication	
Recipient staff clearly communicated the reallocations process to the HIVPC and appropriate committees	66.7% (12) Strongly Agreed; 27.8% (5) Agreed; 5.6% (1) Strongly Disagreed

Recipient Survey Results

Recipient staff was also provided a survey, which included questions pertaining to the **execution of contracts, provider reimbursements, expenditures for FY 2018 and allocations for FY 2017**.

- The Recipient informed providers of funding and contracts through contract adjustments.
- The Recipient followed the procedures and policies outlined in the **Local Government Prompt Payment Act (Florida Statute 218.70)** and the accompanying **Broward County Ordinance (sections 1-51.6)** to guide provider payments and reimbursements.
- The statute and accompanying ordinance state that **reimbursements** must be made **within 30 days of receipt of a clean invoice**.
    - The average turnaround time was **between 22-28 days**.

All legislative requirements were met for FY 2017 and funds were expended efficiently. Legislative requirements for funds include:

- 75% of the total award must be spent on core medical services
  - This requirement may be waived if recipients request and HRSA approves a Part A Core Medical Services Waiver; the Broward/Fort Lauderdale EMA did not request a waiver for FY 2017
- No more than 5% or $3 million (whichever is smaller) of the total award may be spent on CQM
- No more than 10% of the total award may be spent on recipient administration
  - PCS is part of the recipient administration budget

The Broward/Fort Lauderdale EMA was able to meet all the legislative requirements.

- Exactly **86.74%** of the total award was spent on core medical services, and less than the maximum allowed amounts were spent on both CQM and Recipient administration.
- Of the combined **15% of the total award that can be spent on CQM and recipient administration**, only **13.26%** was spent.