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, Florida 33020 954-561-9681 • FAX 954-561-9685

Priority Setting & Resource Allocation Committee Meeting

AGENDA

Date: July 15, 2021, at 9:00 a.m.
Location: WebEx Virtual Meeting Platform
Chair: Lorenzo Robertson **Vice-Chair:** Vacant Seat

Facilitator: Planning Council Support Staff
hivpc@brhpc.org
(954) 561-9681 ext. 1250

PSRA Purpose: To develop integrated PSRA process using data with input from stakeholders and consumer forums.

1. **Call to Order**
2. **Welcome & Public Record Requirements**
   a. Welcome
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements (Statement of Sunshine)
   c. Council Member, Guest, and Phone Introductions
   d. Moment of Silence
3. **Approvals**
   a. Meeting Agenda 07/15/2021
   b. Last Meeting Minutes 06/17/2021
4. **Public Comment (10 minutes)**
5. **Standard Committee Items**
   a. Monthly Expenditures/Utilization Report- by service category
   b. Quarterly Review of Meeting Evaluations (Q1: March-May) (Handout A)
6. **Unfinished Business**
   I. **How Best to Meet the Need (Handout B)**
   Work Plan Activity 1.2: Review How Best to Meet the Need language recommendations from SOC committee.
   ACTION ITEM: Review and approve the recommended How Best to Meet the Need language for FY2022-2023 by the System of Care Committee.

7. **Meeting Activities/New Business**

   I. **FY2022-2023 PSRA Priority Ranking Results (Handout C)**
   ACTION ITEM: Receive results of the PSRA committee's Priority ranking of Part A and MAI Service Categories.

   II. **QMC Recommendations (Handout D)**
   Work Plan Activity 1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC)
   ACTION ITEM: Review recommendations from QMC regarding resource allocation in FY2022-2023.

   III. **Resource Allocations**
   Work Plan Activity 1.4: Allocate Part A and MAI funds by service category. ACTION ITEM: Allocate funding for Core and Support Services in FY2022-2023.

8. **Recipient's Report**

9. **Public Comment (10 minutes)**

10. **Agenda Items/Tasks for Next Meeting**

    a. Next Meeting Date: September 16, 2021, at 9:00 a.m. via WebEx Videoconference

    b. Next Meeting Agenda Items

11. **Announcements**

12. **Adjournment**

FOR A DETAILED DISCUSSION ON ANY OF THE ABOVE ITEMS,
PLEASE REFER TO THE MEETING MINUTES.
Meeting Packets are available at: The HIV Planning Council Website
(http://www.brhpc.org/programs/hiv-planning-council/)

Please complete your meeting evaluations here
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Revised 7/24/14

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

FREQUENTLY USED TERMS

Recipient: Government department designated to administer Ryan white Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/ 'Staff': Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient's care, health outcomes and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.

Meeting of the

Priority Setting & Resource Allocations Committee

Thursday, June 17, 2021
9:00-1:00 AM
By WebEx Videoconference

M I N U T E S

PSRA Members Present: L. Robertson (Committee Chair), B. Mester, M. Schweizer, B. Barnes, K. Shickowski, B. Fortune-Evans, V. Moreno, H. B. Katz, R. Lopes, D. Shamer, R. Siclari

Ryan White Part A Recipient Staff Present: S. Scott, K. Giglioli, G. James, N. Walker, J. Bell, A. Tareq, T. Thompson

Planning Council Support Staff Present: G. Martinez, F. Ukpai, T. Williams, W. Saint-Fleur, V. Oratien, J. Ramos

Guests Present: K. Drummond, V. Biggs, J. Hidalgo, J. Rodriguez

Agenda Item #1: Call to Order

The *PSRA Chair* called the meeting to order at 9:00 a.m.

Agenda Item #2: Welcome & Public Record Requirements

The *PSRA Chair* welcomed all meeting attendees that were present. Attendees were notified that the PSRA meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the *PSRA Chair*, committee members, Recipient staff, PCS staff, and guests by roll call, and a moment of silence was observed.

Agenda Item #3: Meeting Approvals

The approval for the agenda of the June 17, 2021, Priority Setting & Resource Allocation Committee meeting was proposed by *R. Lopes*, seconded by *B. Mester*, and passed unanimously. The approval for the minutes of the May 20, 2021, meeting was proposed by *H. B. Katz*, seconded by *V. Moreno*, and approved with no further corrections.

Ms. Lopes, on behalf of PSRA, made a motion to approve the June 17, 2021, Priority Setting & Resource Allocation Committee agenda as presented. The motion was adopted unanimously.

Mr. Katz, on behalf of PSRA, made a motion to approve the May 20, 2021, Priority Setting & Resource Allocation Committee meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #4: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

Agenda Item #5: Standard Committee Items

A. Tareq, the Part A Recipient Fiscal Manager, reviewed expenditures and utilization through quarter 1 of FY2021. Part A service categories have expended 20% of their service category funding at this point in the fiscal year, and MAI funds have been 45% utilized. *Mr. Tareq* provided a line-by-line breakdown of expenditures and utilization to date. The AIDS Pharmaceutical Assistance category has only expended 1% of its funding. *Mr. Tareq* provided the caveat that service utilization increases tremendously during the third and fourth quarters. He also noted that Food Voucher invoices are received during the 3rd and 4th quarters, and this explains why the report shows the category as utilizing 0% of funding.

Agenda Item #6: Unfinished Business

There was no unfinished business for committee members to discuss.

Agenda Item #7: Meeting Activities/New Business

COVID-19 Impact Report Presentation: Consultant Dr. Julia Hidalgo presented information on the impact of the COVID-19 pandemic on Broward County Ryan White clients Broward County. The presentation focused on client-level data as well as utilization of services during the COVID-19 pandemic. From calendar year 2019 to 2020, service utilization decreased from 2,133 to approximately 1,106. Members discussed trends of clients served per month by select core service categories, trends in unduplicated clients receiving care, and clinical outcome measures.

Part A Client Health Outcomes – PSRA Scorecards: The HIVPC Health Planner provided an overview of the most recently completed PSRA scorecards. The scorecards provided members with information regarding changes in service utilization, allocations, expenditures, and major themes impacting FY2020.

How Best to Meet the Needs: The Committee reviewed How Best to Meet the Need (HBTMTN) language for FY2022-2023. The discussion was tabled for the next PSRA meeting which will be held on July 15, 2021.

Priority Setting: PSRA received a presentation reviewing the importance of priority setting as well as the previous year's rankings. Members also reviewed rankings completed in this fiscal year by the Community Empowerment Committee (CEC). Following the review, members were instructed to complete the rankings process via electronic survey. Members completed their FY2022-2023 rankings and tabled the vote to approve the Committee's Core and Support Services until the results of the rankings were made available.

Voting Conflicts Presentation: The HIVPC Coordinator examined the parameters around service category voting in preparation for the upcoming Resource Allocations. In addition, members discussed abstaining from voting based on restrictive criteria such as relatives, employers, and business partners. Members also reviewed the number of voting PSRA members in relation to the number of abstentions for each service category.

Agenda Item #8: Recipient's Report

- *The Recipient's Office* received their Ryan White Part A Notice of Funding Opportunity. The

final expenditure reports are also a part of the Annual Progress Report due to HRSA at the end of the month. The data submitted will be used to compare FY2020 to FY2021.

Agenda Item #9: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

Agenda Item #10: Agenda Items/Tasks for Next Meeting

The next PSRA meeting will be held on July 15, 2021, at 9:00 a.m. via WebEx Videoconference.

Agenda items include:

- Resource Allocation

Agenda Item #11: Announcements

- The Pride Center is preparing for their next LIFE Cycle. The LIFE Program is a 12-week holistic health program designed for gay, bisexual, Men Who Have Sex with Men, and other people that identify as male and living with HIV. The next LIFE Program Cycle will start May 2021. Interested individuals should contact us at life@pridecenterflorida.org or 954-463-9005, ext. 306.

Agenda Item #12: Adjournment

There being no further business, the meeting was adjourned at 11:32 a.m.

PSRA Attendance for CY 2021

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	18	18	15	20	17							
0	1	0	**1**	Barnes, B.		X	X	X	X	X							
0	0	0	**2**	Fortune-Evans, B.		X	X	X	X	X							
0	0	0	**3**	Grant, C.		X	X	X	E	E							
1	1	0	**4**	Katz, H.B.		X	E	X	X	X							
0	0	1	**5**	Lopes, R.		X	A	X	X	X							
0	0	1	**6**	Mester, B.		X	X	X	A	X							
0	0	0	**7**	Moreno, V.		X	X	X	X	X							
0	1	0	**8**	Robertson, L. *Chair*		X	X	X	X	X							
0	0	0	**9**	Schickowski, K.		X	X	X	X	X							
0	0	1	**10**	Schweizer, M.		X	X	X	A	X							
1	1	0	**11**	Shamer, D.		X	X	X	E	X							
0	0	1	**12**	Siclari, R.		X	X	A	E	X							
				Quorum = 7	0	12	10	11	7	11	0	0	0	0	0	0	

Legend:	
X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - canceled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**Z - resigned**
CX - canceled due to quorum	**R - removal letter**

FY 2021-22 Priority Setting/Resource Allocations Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Priority Setting/Resource Allocations Committee in achieving its objectives in the coming year.
For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Develop integrated PSRA process using data with input from stakeholders and consumer forums

Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC)	Ongoing	Staff/ PSRA	Data driven PSRA process	a. PSRA Service Category Scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need e. EIIHA f. Implementation Plan g. Cost data (other funders) h. QM Care Continuum measures i. NHAS j. Anticipated changes due to the ACA	X	X	X									
1.2 Review How Best to Meet the Need language recommendations from SOC committee.	Annually	PSRA/ SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from SOC committee.				X								
1.3 Priority rank Part A and MAI service categories	Annually	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.				X								
1.4 Allocate Part A and MAI funds by service category	Annually	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.												
1.5 Monitor expenditures and allocations	Bi-Annually	PSRA/ Recipient	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.	X	X	X	X								
1.6 Review and approve FY2021 PSRA Work Plan	Annually	PSRA	Process Planning		X	X										

Objective 2: Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage and retention (Integrated Plan Strategy 2.1.a)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care **(YEAR 1-2)**	As Needed/ Recommended	PSRA	Increase access to care and improve health outcomes	Review recommendations from QMC, Integrated Work Group, SOC Committee and other relevant data sources to identify and develop strategies to address the needs of clients who may not seek care or who have fallen out of care. Implement identified strategies for MAI funded services in the EMA through Service Delivery Models, programs, interventions, enhanced service categories, and/or HBTMTN												

Objective 3: Assess the Administrative Mechanism

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative Mechanism training	Annually	Staff/ PSRA	Ensure compliance	Receive training to review the required components and purpose of the assessment.	X											
3.2 Assessment of the Administrative Mechanism recommendations	Annually	PSRA	Ensure compliance	Make recommendations for activities to include in the assessment of the Administrative Mechanism.	X											

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 21-22 Allocations

	Service Category		Allocations	Expended Amount As of May Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2021-22 Projected Expenditures
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)		5,436,529	1,863,843	34%	3,572,686	465,961	5,591,530
	MAI Ambulatory (1)		116,092	24,048	21%	92,044	6,012	72,145
	AIDS Pharmaceutical Assistance (3)		357,057	29,598	8%	327,459	7,399	88,793
	Oral Health Care	*Routine (4)*	1,856,437	359,350	19%	1,497,087	89,838	1,078,051
		Specialty (1)	736,489	221,246	30%	515,243	55,312	663,739
	Medical Case Management	*MAI Medical Case Management (1)*	55,997	14,678	26%	41,319	3,670	44,035
		Case Management (7)	1,198,830	466,922	39%	731,908	116,731	1,400,766
		Disease Case Management (5)	410,022	129,053	31%	280,969	32,263	387,160
	Mental Health- Trauma-Informed (2)		182,052	30,930	17%	151,122	7,732	92,790
	MAI Mental Health (1)		62,469	8,674	14%	53,795	2,169	26,023
	Health Insurance Premium & Cost Sharing Assistance		739,641	118,982	16%	620,659	29,745	356,945
	Substance Abuse-Outpatient (1)		285,030	59,470	21%	225,560	14,867	178,409
	MAI Substance Abuse-Outpatient (1)		400,000	194,745	49%	205,255	48,686	584,236
Support Services	*Case Management*	*Centralized Intake and Eligibility Determination (1)*	582,488	113,269	19%	469,219	28,317	339,808
		MAI Centralized Intake and Eligibility Determination (1)	290,956	284,658	98%	6,298	71,165	853,974
	Food Services	*Food Bank (1)*	700,000	28,630	4%	671,370	7,157	85,889
		Food Voucher (1)	82,586	82,573	100%	13	20,643	82,586
	Legal Assistance (1)		129,151	44,860	35%	84,291	11,215	134,579
	Emergency Financial Assistance (1)		115,872	-	0%	115,872	-	115,872
	Total Part A Funds		**12,812,184**	**3,548,725**	**28%**	**9,263,459**	**887,181**	**10,646,176**
	FY20-21 Carryover MAI Fund		**-**					
	Total MAI Funds		**925,514**	**526,804**	**57%**	**398,710**	**131,701**	**1,580,413**
	Total Funds		**13,737,698**	**4,075,530**	**30%**	**9,662,168**	**1,018,882**	**12,226,589**

HANDOUT A

Priority Setting & Resource Allocation Committee Meeting Evaluation Report

Quarter 1: March 1, 2021-May 31, 2021

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

Presented as of June 24, 2021.

Purpose

- The Planning Council Meeting Evaluation Form is utilized for all meetings of the Broward County HIV Health Services Planning Council (Planning Council) and its committees to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of its meetings.
- This tool will be utilized by the HIVPC and its committees to identify strengths and challenges and/or deficiencies and potential Council Development/Training needs.

Process

1. The Planning Council Meeting Evaluation Form will be shared with members and interested parties after the adjournment of all meetings of the Planning Council and its committees.
2. At this time completed Evaluation forms will be collected electronically on a rolling basis.
3. Council Support staff will aggregate the results of each meeting's evaluation forms and provide this data to the respective committee chairs and vice-chairs at the end of each quarter.
4. Council Support staff will provide aggregate totals of each meeting to all members at the Committee meetings at the end of each quarter.
5. "Meeting Evaluation" will be a standing item on the Committee agenda.
6. The Committees will discuss meeting evaluation findings to identify areas for improvement and suggest possible solutions to Planning Council/Committee Chairs.
7. The Committees will recommend training activities to the Membership/Council Development Committee, as necessary.

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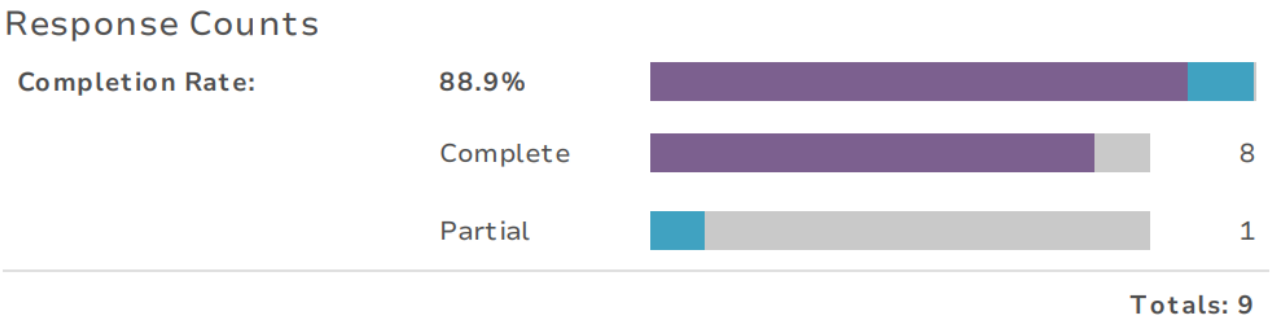
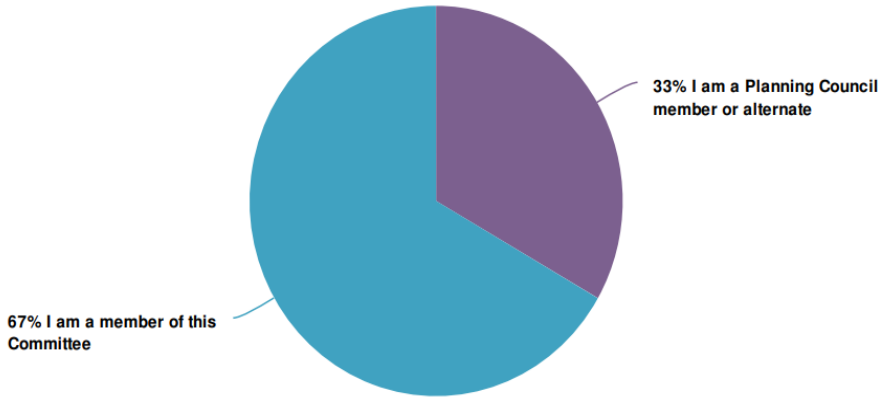
Completion Rate

- 9 meeting evaluations were received out of a potential total of 44.
- There was an 88.9% completion rate observed for the evaluations that were received.



Affiliation



Value	Percent	Responses
I am a Planning Council member or alternate	33.3%	3
I am a member of this Committee	66.7%	6
	Totals: 9	

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Logistics

- The majority of respondents ‘agreed’ or ‘strongly agreed’ that the meeting location and time were convenient, and meetings were frequent enough to achieve progress towards workplan goals.
- The majority of respondents also ‘agreed’ or ‘strongly agreed’ that the meeting space was comfortable, accessible and appropriate.

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Meeting Content

- All respondents ‘agreed’ or ‘strongly agreed’ that the purpose and objectives of meetings are clearly outlined.
- Similarly, all respondents ‘agreed’ or ‘strongly agreed’ that not only are meeting material informative and useful, but materials align well with workplan goals and activities to advance the work of the planning council in a meaningful way.
- All respondents agreed that they left the meeting knowing exactly what is expected of them.

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Preparation

- Most respondents agreed that pre-meeting materials were well put together and useful and delivered sufficiently in advance of the meeting date.
- Most of the respondent agreed that the committee was well prepared to facilitate meetings. This includes themselves as well as other meeting participants.
- A few respondents (<22%) had neutral feelings towards meeting preparation.

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Process/Team-Work

- Most respondents ‘agreed’ or ‘strongly agreed’ that all attendees were encouraged to participate in meetings discourse.

Meeting Efficiency

- Respondents either ‘agree’ or ‘strongly agree’ that meetings are being ran efficiently.
- Most respondents believe that the meetings were a good use of their time and would recommend them to prospective members, funders and other guests.

Strengths

- Solidarity
- Friendly board members
- respect
- Transparency and review and purpose
- Clear understanding of process
- Continue virtual meetings for as long as is permitted – There has not been any issues with meeting quorum since the start of virtual meetings a year ago. The meetings are more efficient, everyone shows up on time, and virtual offers the highest chance of participation by the greatest number of committee members.

Suggestions for Improvement

- There is concern that presentations are the same for each committee. Respondents recommend that if a presentation is going to be presented to the entire planning council meeting that that be the only time it should be presented and the opportunity to review way before hand to field questions before it is presented for those who have questions
- Explain “HOW the information is disseminated to providers and so forth at the conclusion of the meetings?”
- There needs to be more discussion of HOW the committees are driving an impact in the community vs sitting back looking at slides? This is something that is lacking across all committees.
- Invite more Broward County Residents.
- Provide hard copy of meeting materials and in person meeting times.

QUESTIONS?

DISCUSSION

HIVPC

Broward County HIV Health Services Planning Council

Broward County Ryan White Part A
HIV Health Services Planning Council
HOW BEST TO MEET THE NEED LANGUAGE
FY 2022-2023

Recommended Language from System of Care Committee during the July 1, 2021, Meeting

ALL SERVICES
Recommended Language
1. No Recommended Language for FY2022-2023. 2. Ensure Part A Providers document collaborative agreements with all and other organizations within their continuum of care, an across systems to help clients get all their needs addressed. 3. Provide Care Coordination across multiple service categories. 4. Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, annual customer service trainings for staff, and provide follow-up as needed. 5. Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who fallen out care. 6. Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppress, including but not limited to: a. Black heterosexual men and women b. Black men who have sex with men (MSM) 18-38 years of age 7. Integrate care collaboration with members of the client's service providers. 8. Collect client level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care. 9. Implement formal policies addressing referrals amongst internal and external providers to maximize community resources. 10. Co-locate services where applicable, to facilitate medical home for Part A clients.
CORE MEDICAL SERVICES
Outpatient Ambulatory Health Services (OAHS)
Services Criteria: (≤ 400% FPL)
Recommended Language
1. No Recommended Language for FY2022-2023. 2. Test and treat as well as the integration of behavioral health screenings into primary care increase access to OAHS and may require increased funding due to additional staffing and provisions of services. 3. Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services. 4. Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care.

5. Integrate care provider collaboration with members of the client's treatment team outside of the organization.
6. Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
7. Care Coordinators will monitor delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involvement departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.
8. Provide after-hours services availability to include Crisis Intervention.
9. Coordinate referrals with other service providers; conduct follows with clients to ensure linkage to referred services.
10. Ensure providers are knowledgeable regarding management of patients co-infected with HIV and Hepatitis C Virus (HCV).
11. Incorporate prevention messages into the medical care of PLWHA.
12. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved away/to a different payer source.

AIDS Pharmaceuticals (Local)

Services Criteria: (≤ 400% FPL)

Recommended Language

1. **No Recommended Language for FY2022-2023.**
2. Drugs used for Test and Treat.
3. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved to a different payer source.

Oral Health Care (OHC)

Services Criteria: (≤ 400% FPL)

Recommended Language

1. **No Recommended Language for FY2022-2023.**
2. Make provision for the increased demand for services due to increase in service locations.
3. Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals.
4. Increase Oral Health Care collaboration with mental Health providers.
5. Expand and separate Oral Health Care services funding into two components: Routine maintenance care and Specialty Care.

Health Insurance Continuation Program (HICP)

Services Criteria: (≤ 400% FPL)

Recommended Language

1. **No Recommended Language for FY2022-2023**
2. Increase in clients with access to health insurance.
3. Develop materials for clients to use as quick references.
4. Provide assistance with prior authorizations and appeals process.
5. Maintain routinized payment systems to ensure timely payments of premiums, deductible, and co-payments.

Mental Health Service (MH)

Services Criteria: (≤ 300% FPL)
Recommended Language
1. **Report clients who have fallen out of care to medical team when there is a missed mental health appointment to quickly reengage the client in care for mental health services.** 2. Integrated service may be impacting utilization in this service category. 3. Provide Trauma-Informed Mental Health Services referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma. 4. Provide after-hours availability to include Crisis Intervention.
Medical Case Management (Disease Case Management)
Services Criteria: (≤ 400% FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023.** 2. Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services. 3. Report change in viral load status as clients progress through the program.
Substance Abuse/Outpatient
Services Criteria: (≤ 300% FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023.**
SUPPORT SERVICES
Case Management (Non-Medical)
Services Criteria: (≤ 400% FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023.** 2. Implementation of test and treat increases demand for more services. 3. Specially train personnel to ensure client education about transitioning to insurance plans, including medication pick up, co-payments, staying in network, etc. 4. Provide education to reduce fear and denial and promote entry into primary medical care. 5. Educate clients on the importance of remaining in primary medical care. 6. At least 30% on Non-Medical Case Management funded personnel be dedicated to Peers. 7. Incorporate prevention messages into the medical care of PLWHA. 8. Educate consumers on their role in the case management process. 9. Provide initial/ongoing training and development for HIV peer workers. 10. Overview of health care plan summary benefits (coverage and limitations). 11. Educate the client on the different types of health care providers (i.e. Primary Care, Urgent Care, and Specialty Care).

Centralized Intake and Eligibility Determination (CIED)
Services Criteria: HIV+ Broward County Resident (All Clients)
Recommended Language
1. **No Recommended Language for FY2022-2023.** 2. Participate in future Part A/B dual eligibility determination. 3. Ensure the locations and service hours target historically underserved populations that are disproportionately impacted with HIV. 4. Maintain collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care. 5. Distribute client handbook to provide an overview of the purpose of Ryan White Part A services and includes the following: 1) Client rights and responsibilities, 2) Names of providers complete with addresses and phone numbers, and a. 3) Grievance procedures. 6. Always offer dedicated live operator phone line during normal business hours. 7. Ensure that intake data collected for transgender clients is sufficient to make full use of transgender related categories in PE. 8. Follow-up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.
Emergency Financial Assistance
Services Criteria: (≤ 400% FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023** 2. Drugs used for Test and Treat. 3. Provide limited one-time or short-term pharmaceutical assistance for Ryan Part A clients.
Food Services
Services Criteria: (≤ 400% FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023** 2. Increase communication with client primary care physicians and nutrition counselors to ensure client nutrition needs are being met. 3. Provide workshop and training forums focused on improving Clients' knowledge of healthy eating and nutrition as related to management of their health.
Legal Services
Services Criteria: (≤ 300% FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023**

HANDOUT C

PSRA PROCESS FY2022-2023

PRIORITY SETTING/RANKING

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

Presented as of July 15, 2021

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

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CORE MEDICAL SERVICES	FY2022 PSRA Rankings
Outpatient Ambulatory Health Services (OAHS)	1
AIDS Drugs Assistance Program Treatments (ADAP)	2
AIDS Pharmaceutical Assistance (Local)	3
Health Insurance Premium & Cost-Sharing Assistance (HICP)	4
Oral Health Care (Dental)	5
Medical Case Management (Disease)	6
Mental Health Services	7
Substance Abuse Services - Outpatient	8
Early Intervention Services (EIS)	9
Medical Nutrition Therapy	10
Home and Community-Based Health Services	11
Home Health Care	12
Hospice Services	13

PART A SUPPORT SERVICE CATEGORIES

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

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SUPPORT SERVICES	FY2022 PSRA Rankings
Food Bank/Home-Delivered Meals	1
Housing Services	2
Non-Medical Case Management	3
Emergency Financial Assistance	4
Medical Transportation Services	5
Legal Services	6
Health Education/Risk Reduction	7
Psychosocial Support Services	8
Outreach Services	9
Substance Abuse Services – Residential	10
Child Care Services	11
Permanency Planning	12
Referral for Health Care/Supportive Services	13
Rehabilitation Services	14
Linguistics Services (Interpretation and Translation)	15
Other Professional Services	16
Respite Care	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 FY2022 priority rankings?
- What information informed your final decision-making process?

QUESTIONS?

DISCUSSION

HIVPC

Broward County HIV Health Services Planning Council

QMC Recommendations for PSRA

At its June meeting, the Quality Management Committee reviewed and discussed Ryan White Part A data. Based on the information presented to the Committee, it has shared this feedback to be presented to PSRA in preparation for resource allocation.

Recommendations

- Oral Healthcare services were remarkably underutilized in FY2020 due to one Oral Healthcare provider leaving the RWPA system of care and restrictions instituted in response to the COVID-19 pandemic. Now that service providers are open, clients are on waitlists. Consider how funding will impact utilization in FY2022.
- Retention in care appears to be surprisingly low and viral load suppression rates are comparatively high. Consider the impact of the pandemic on utilization and whether this is an accurate reflection of clients in need of services or receiving services outside of RWPA.
- Over the course of FY2021, QMC anticipates clients will want continued access to telehealth appointments with service providers. More options for engagement may lead to increased retention in care. This will need to be considered for FY2022.