Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / www.BRHPC.org

MEETING AGENDA

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Wednesday, February 17, 2016, 12:30 p.m.
Location: Governmental Center Room A-335
Chair: Carla Taylor-Bennett **Vice Chair:** Rick Siclari

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 2/17/16 Agenda and 1/20/16 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1)
4. **UNFINISHED BUSINESS**
   None.
5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
MAI Strategies	ACTION ITEM: Refine and identify at least 2-3 MAI strategies to move forward

6. **SUBCOMMITTEE REPORTS**
   None.
7. **GRANTEE REPORTS**
8. **PUBLIC COMMENT** (Please sign up on the Public Comment Sheet)
9. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** March 16, 2016; 12:30 p.m. **Venue:** A-337

Goal/Work Plan Objective #:	*Accomplishments*
MAI Strategies	ACTION ITEM: Finalize models that address MAI access issues including barriers, retention and VL suppression.
Review PSRA scorecards & relevant PSRA data (WP Item 1.2)	ACTION ITEM: Review data relevant to the PSRA process (including recommendations from QM, & NAE and service category scorecards)

10. **ANNOUNCEMENTS**
11. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE PRINCIPLES IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

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MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)

Date/Time: Wednesday, January 20, 2016, 12:30 p.m. **Location:** Governmental Center Room A-337

Chair: Carla Taylor-Bennett **Vice Chair:** Rick Siclari

ATTENDANCE						
#	**Members**	**Present**	**Absent**		**Guests**	**HIVPC Staff**
1	DeSantis, M.	**X**			Lopes, R.	Johnson, B.
2	Gammell, B.	**X**			King, J.	Ewart, L.
3	Grant, C.	**X**			Beltran, G.	
4	Hayes, M.	**X**			Rodriguez, J.	
5	Katz, H. B.	**X**			Freyre, G.	
6	Lewis, L.	**X**				
7	Reed, Y.	**X**				
8	Schickowski, K.	**X**			**Grantee Staff**	
9	Shamer, D.	**X**			Degraffenreidt, S.	
10	Proulx, D.	**X**			Card, W.	
11	Siclari, R., *Vice Chair*	**X**			Jones, L.	
12	Taylor-Bennett, C., *Chair*	**X**				
	Quorum = 7	**12**				

1. CALL TO ORDER:

The Chair called the meeting to order at 12:35 p.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, Grantee staff and HIVPC staff self-introductions were made.

2. APPROVALS:

Motion #1: To approve today's meeting agenda.
Proposed by: Lewis, L. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 12/16/15.
Proposed by: Lewis, L. **Seconded by:** Lopes, R
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS:

a. Reallocations ("Sweeps") (WP Item 2.2): The Grantee reviewed the Part A allotments, expenditures, projections, requests and returns for each service category. He estimated that there will be funds not used this year because of ACA enrollment: there was a decline in OAMC utilization by approximately $1.2 million, while HICP expenditures have cost approximately $900,000. HRSA only allows for a carryover 5% of total funding award. The Grantee will be looking at strategies to spend left over money, including bulk purchasing of medications for individuals with short-term needs (for Emergency Financial Assistance service category), or bulk food purchasing for the Food Bank. A member asked about OAMC projections for full expenditures, and the Grantee explained that there are formulaic projections for expenditures, and that combined with recent billing and historical trends are used to make recommendations for "Sweeps." A guest asked about provider requests, and the Grantee explained that this is their projected amount that they will need to finish the fiscal year, and they provide documents to justify

their requests. The Grantee explained that MAI funding has no financial penalty if not spent, and that his office will use those unexpended dollars for carryover requests. There were no reallocation recommendations for the Pharmaceutical, Food Bank, Legal or Dental service category. Case Management has requested an additional $26,000, while the MAI CM funds are expected to be under-utilized for future carryover. The Grantee explained that most new service categories take approximately 2 years to become fully operational, and since Disease Case Management has only been operational for a year, the Grantee currently recommends sweeping money away from the service with the understanding that there might be a request for additional funding at a later day when utilization increases. The Mental Health category had a request for additional funds during the last "Sweeps" process, and are now returning $22,519; MAI Mental Health funds will also be left for carryover. The group discussed the number of Mental Health and MAI providers, and some members commented on the limited number of these service providers. The committee discussed issues that Substance Abuse providers are having with Flakka treatment. The Grantee stated that there is an under-utilization of SA services because treatment of Flakka does not follow the traditional treatment model and many patients are discontinuing care. A guest stated that Crystal Meth use is also a problem within the gay community, and believed that Flakka use cannot be the only issue impacting Broward County. The Grantee stated that in February he will come to PSRA to ask for increases in certain services designed enhance those categories, e.g. adding a behavioral health component into OAMC. He thinks that this added component will increase MHSA utilization by allowing for easier identification of clients who need MHSA while attending OAMC. A member asked about funding requests and why the PSRA is not seeing provider expenditures to justify additional funding. The PSRA Chair explained that the duty of the council is to review the system as a whole, and that daily monitoring of providers belong to the Grantee; PSRA reviews the recommendations of the Grantee and sets policy. A guest asked about improving operations at providers, and what forum can be used. The Committee and guests discussed a request from CIED to return $40,000 during "Sweeps". A member spoke about a recent public comment and various complaints over CIED's delays in returning calls, making appointments, and their possible staffing issue. The Grantee explained that their office can review those complaints, and that this forum is simply an allocations process, not service delivery method review. A member commented that the $40,000 in returns from CIED could be used to hire a full time employee if staffing were a concern, and how that might improve some of the issues presented by guests and members. The PSRA committee decided not to vote on CIED reallocations to allow CIED to utilize these funds for potential needed resources.

#	Motion	Proposed By	Seconded By	Action
3	To reallocate $344,874 from OAMC	Gammell, B.	Katz, H.B.	Passed with 1 objection
4	To reallocate $15,864 from CM	Katz, H.B.	Gammell, B.	Passed with 1 objection
5	To reallocate $127,281 from DCM	Siclari, R.	Hayes, M.	Passed with 1 objection
6	To reallocate $22519 from MH	Grant, C.	Katz, H.B.	Passed with 1 objection
7	To reallocate $48,229 from SA	Katz, H.B.	Hayes, M.	Passed with 1 abstention and 1 objection
8	To reallocate $24,700 to OAMC	Gammell, B.	Katz, H.B.	Passed with 1 objection
9	To reallocate $42,000 to CM	Reed, Y.	Hayes, M.	Passed with 1 objection
10	To reallocate $24,280 to MCM	Katz, H.B.	Siclari, R.	Passed with 1 objection

4. UNFINISHED BUSINESS:

None.

5. NEW BUSINESS

a. MAI Strategies (Handout C): The PC Manager reviewed Handout C with the committee, which

included models for MAI service delivery and various EMA MAI funding allocations. The PC Manager reviewed the priority populations chosen by PSRA: 18-38 year old Black MSM, Black heterosexual females, and Black heterosexual males. The research included the Women of Color Initiative (WOC), a Cost Analysis for Peer Promoters Programs targeted at Caribbean clients, and an HRSA article details Innovative Strategies to Engaged Hard-To-Reach Populations in HIV Care. The members looked at the various models of care, and noted that some of the models are currently being utilized in the EMA, including traditional outreach and social marketing campaigns. A member noted that outreach seems to be a common theme in engaging hard to reach populations. The committee also looked at other EMA MAI funding allocations and strategies. A member asked about the outcomes associated with the strategies and models, and Staff explained that many of the studies and strategies did not provide articulated outcomes. The Vice Chair noted that there were common themes within each model/strategy, and a member noted HRSA's requirements for sites participating in the WOC: underserved populations in urban areas that provided a one-stop-shop clinic.

The Grantee representative reminded the committee that they are looking for service delivery models for targeted populations to be funded within the $1 million in MAI allocations. A member suggested using the MAI money for more support services, not core. The Chair noted that ultimate goal is to realign MAI strategies to target minority populations in need, and she noted that this meeting should be used as a brainstorming process to define elements that they would like to further research. The committee's conversation should be kept system wide, and not focus on operationalizing strategies yet. A member noted that many of the strategies include EIS, focus on case management, use peer navigators and are data driven. Another member suggested that the Broward does not use peer navigators, and the Grantee stated that there are peer navigators at MAI CM sites. A member stated that there is only 1 MAI MCM provider that is offering peer navigators, and believed that that was not enough to provide adequate services. Another member stated that accessibility was key, and geographic locations must be considered since we know transportation is an issue in the EMA, any services must also be located in areas with a high prevalence of the target population. A guest suggested using mobile units. The Vice Chair works for an organization that piloted a WOC initiative, and he spoke about some key components of the program: meeting in groups, and a guarantee of access to immediate care when needed. A member spoke about implementing a medically based service component (with DM, OAMC, Peers) in a one-stop-shop location based on patient needs. The Human Services Administrator suggested contacting grantees about their strategies to assess what worked and what did not. He stressed the need for outcome driven data, customer service, and a highly trained workforce. The group discussed holding focus groups to identify barriers to care, while a guest spoke about the stigma of HIV in the church. The Grantee representative suggested adding an educational component regarding stigma to the MAI strategy. The PC Manager wrote a list of all the identified components mentioned during the brainstorming session (listed below), and during the next meeting the members will look to further refine and define the model which may include the following elements:

<u>Elements in MAI Model:</u>
Case Management
Early Intervention component
Data driven: PE, Zip codes, etc.
Peer Navigators
Geographic Location/Transportation
Mobile Units
Clinical Component: Accessibility
Culturally Based/Linguistics CM
Patient Centered Medical Home locations (DM, OAMC, Peers)

Barrier assessment/focus groups
Customer Service, workforce training, peer certification
Faith Based
Patient education and advocacy (services, stigma, etc.)

ACTION ITEM: Bring Red Carpet Program information to next PSRA meeting. Speak to grantees about MAI strategies, and speak to Care Resource (Carolyn McKay) about WOC Program.

Motion #11: To appoint Requel Lopes to the PSRA Committee **Proposed by:** Gammell, B. **Seconded by:** Siclari, R. **Action:** Passed Unanimously

6. GRANTEE REPORT

HRSA has informed the Grantee that the EMA will receive a partial funding award amounting to 80% of last year's award.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: February17, 2016 **Venue:** A-337

Goal/Work Plan Objective #:	*Accomplishments*
Review PSRA scorecards & relevant PSRA data (WP Item 1.2)	ACTION ITEM: Review data relevant to the PSRA process (including recommendations from QM, & NAE and service category scorecards)
MAI Strategies	ACTION ITEM: Refine and identify at least 2-3 MAI strategies to move forward
Review and update WP and P&Ps (WP Item 5.3)	ACTION ITEM: Review and update Work Plan and Policies & Procedures.

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

The meeting was adjourned at 2:33 p.m.

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PSRA Attendance CY 2016

Consumer Absences Count	PLWHA Absences Count		Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
			Meeting Date:	20												
		1	DeSantis, M.	X												
1		**2**	Gammell, B.	X												
		3	Grant, C.	X												
		4	Hayes, M.	X												
1		**5**	Katz, H.B.	X												
1		**6**	Lewis, L.	X												
		7	Proulx, D.	X												
1		**8**	Reed, Y.	X												
		9	Schickowski, K.	X												
1		**10**	Shamer, D.	X												
		11	Siclari, R., *V. Chair*	X												
		12	Taylor-Bennett, C., *Chair*	X												
			Quorum = 7	12												

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - removed

C - cancelled

W - warning letter

R - removal letter

Program	**Program Overview**	**Program Outcomes**	**QM Populations**			**Program Components**													
			Black MSM	Black Heterosexual Males	Black Heterosexual Females	Case Management	Early Intervention Services	Data Driven	Peer Navigators	Location/Transportation	Mobile Units	Clinical Component/ Accessibility	Culturally Based/ Linguistic CM	Co-Located/Patient Centered Medical Home Location	Barriers Assessment/ Focus Groups	Customer Service/ Work Force Training	Faith Based	Patient Education and Advocacy
Red Carpet Entry and Navigator Program	Provider network (clinical and community) enroll HIV+ persons in care within 48 hours. CBO/clinical testing sites identify HIV+ person and refer them to the Red Carpet Program. Health department navigators then link the client to HIV medical care. The health department then track client labs and monitor their care outcomes.	**Linkage:** Used by 9 DC area providers at 19 sites (>90% HIV primary medical care physician).						X				X				X		
STYLE (Strength Through Livin' Empowered)	Once found HIV-positive through social marketing, referral and outreach efforts, YMSM of color received an appointment with a physician within 72 hours. In addition to routine HIV medical care, participants were offered ancillary supports services including weekly support groups, one-on-one counseling, CM, SAMH, and assistance with appointment scheduling or medical questions via phone or text. Individual treatment plans to address identified barriers is developed based on a comprehensive assessment of medical, physical, psychosocial, environmental and financial needs.	STYLE participants n=81 Pre-STYLE participants n=31 **Retention:** STYLE participants attended a significantly greater proportion of scheduled HIV medical visits than the pre-STYLE participants (80% vs. 67%)	X			X		X	X			X							

Care Resource: Women of Color Initiative	The Enhancing Access to and Retention in Quality HIV Care for Women of Color (WOC) Initiative was funded from 2009–2014 to meet the unique needs of these women, helping them overcome barriers that keep them from accessing and staying in care. Participating grantees developed various service delivery interventions to help WOC overcome common barriers across the spectrum of HIV care, specifically addressing the following: linkage into quality HIV care; retention in quality HIV care; re-linkage to quality HIV care after falling out of care. To meet those objectives, WOC initiative grantees implemented a variety of service interventions ranging from community-based outreach and patient education to intensive case management and patient navigation strategies	130-150 Participants			X			X	X	X	X	X		X	X	X		X
HIV Care Coordination Program	Aims to retain clients in HIV care by offering home- and field-based patient navigation services, coordinating medical and social services, providing support and coaching for medication adherence, and assisting clients with gaining skills and knowledge to maintain a stable health status. Specific intervention components include: 1) outreach for initial case finding and after any missed appointment; 2) case management, including social services and benefits assessments; 3) multidisciplinary care team communication and decision-making via case conferences; 4) patient navigation, including appointment reminders, assistance with scheduling appointments, transportation resources, and accompaniment to primary care visits;	Participants: Ryan White Part A clients <435% FPL who are recently diagnosed with HIV or who are at high risk for, or have a history of, suboptimal HIV care outcomes. n=3641 **Retention:** The proportion of participants meeting the criteria for retention in care significantly increased from the pre-intervention period to the post-intervention period (73.7% vs. 91.3%)				X		X		X								X

	5) ART adherence support, including directly observed therapy for individuals with greatest need; and 6) Structured health promotion using a curriculum developed by the Partners in Health and Brigham and Women's Hospital Prevention and Access to Care and Treatment (PACT) program. Depending on level of need, clients meet weekly, monthly or quarterly with CCP staff.	**VL Suppression:** There was a statistically significant positive increase in the percentage of persons with viral suppression from pre- to post- intervention. Twelve months after the CCP intervention, 90.5% of newly diagnosed persons were retained in HIV care and 66.2% had viral suppression.																
Project CONNECT	Recently diagnosed HIV patients have a scheduled orientation visit within 5 days of their initial call to the clinic. During the orientation visit, the Project Connect facilitator builds rapport with the new patient. The patient has a semi structured interview, completes a psychosocial questionnaire, and undergoes baseline laboratory testing. The information gathered through the screening is used for prompting referrals to substance abuse, mental health, and other ancillary services, and facilitating rapid institution of prophylactic medications when necessary.	**Linkage:** A significantly greater percentage of the participants receiving the Project CONNECT intervention attended a primary HIV provider visit within 6 months of orientation visit compared to the participants from the pre-CONNECT period (81% vs. 69%)					X	X						X				X

Target Populations (ages: 18-38):

1. Black MSM
2. Black Heterosexual Females
3. Black Heterosexual Males

Elements in MAI Model:

Case Management

Early Intervention component

Data driven: PE, Zip codes, etc.

Peer Navigators

Geographic Location/Transportation

Mobile Units

Clinical Component: Accessibility

Culturally Based/Linguistics CM

Patient Centered Medical Home locations (DM, OAMC, Peers)

Barrier assessment/focus groups

Customer Service, workforce training, peer certification

Faith Based

Patient education and advocacy (services, stigma, etc.)