



MEETING AGENDA

Committee: Priority Setting & Resource Allocation (PSRA)

Date/Time: Wednesday, June 17, 2015, 12:30 p.m.

Location: Governmental Center Room GC-302

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

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 6/17/15 Agenda and 5/20/15 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
 - a. Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1)
4. **UNFINISHED BUSINESS**
5. **MEETING ACTIVITIES**

<i>Goal/Work Plan Objective #:</i>	<i>Accomplishments</i>
Review PSRA Data (WP Item 1.2) (Handout A)	ACTION ITEM: Review relevant data to the PSRA process. Determine how the data relates to the PSRA process and how it can be used in the FY16-17 PSRA process.
How Best to Meet the Need (Handout C)	ACTION ITEM: Review and approve recommendations for How Best to Meet the Need (HBTMTN).
Allocations (WP Item 1.6) (Handout B)	ACTION ITEM: Allocate Part A & MAI funds by service category.

6. **SUBCOMMITTEE REPORTS**

- a. ad-Hoc Local Pharmacy Advisory Committee
Next meeting July 14, 2015
- b. ad-Hoc Food Services Eligibility Committee
ACTION ITEM: Discuss disbanding the ad-Hoc Food Services Eligibility Committee

7. **GRANTEE REPORTS**

8. **PUBLIC COMMENT** (Please sign up on the Public Comment Sheet)

9. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** August 19, 2015, 12:30 p.m. **Venue:** A-337

<i>Goal/Work Plan Objective #:</i>	<i>Accomplishments</i>
Assessment of the Administrative Mechanism	ACTION ITEM: Review the Assessment of the Administrative Mechanism report. Make recommendations for changes, if necessary.
Newly Identified Services (WP Item 4.2)	ACTION ITEM: Discuss possible new services identified through the PSRA process to address goals of the EMA.

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 •



4. UNFINISHED BUSINESS

None.

5. MEETING ACTIVITIES

a. Review PSRA Scorecards (WP Item 1.2) (Handouts A-1-A-6)

HIVPC staff explained the summary scorecard including utilization by service category across all funders. The Chair asked if Part F funding included community partnerships funding. HIVPC staff explained the amount provided does not include community-based dental partnerships funding. There was discussion regarding community-based dental partnerships grant funding award. HIVPC staff reviewed demographic information among Part A and other providers.

HIVPC staff reviewed the Part A Overall scorecard. She explained that allocations and expenditures are on track. She also explained the Part A demographics, including an increase in utilization of 7.35%. The Grantee added that historically there has been a 4% increase, but this year was 7.35% due to higher utilization of Food Vouchers, Outpatient Ambulatory Medical Care (OAMC), and Health Insurance Continuation Program (HICP) service categories. A guest asked if same sex marriage has been taken into account when service categories are ranked. The Grantee stated that eligibility changes will be altered due to marriage. HIVPC staff explained that there is not much the HIVPC can do regarding situations such as gay marriage. The Grantee added the same effect is occurring to those that are enrolling onto Affordable Care Act (ACA) plans.

HIVPC staff reviewed information regarding clients that are currently not virally suppressed. Females are more likely to not be virally suppressed, including homeless and the 18-28 age group. Black MSM and Black Heterosexuals are also most likely to not be virally suppressed. Perinatal infected clients are more likely to not be virally suppressed. The Grantee stated that Black non-Hispanics are disproportionately affected by high viral load rates.

HIVPC staff explained the revised OAMC scorecard including the updated information pertaining to viral load for indicator 1.2. HIV/AIDS Bureau (HAB) and National Quality Center (NQC) In+Care retention measures were also explained. A member asked for clarification regarding numerators and denominators. There was committee discussion regarding collection of Haitian demographics. The Grantee stated the Part A system has always collected this information. The Chair stated the Hispanic population has mastered viral load suppression and recommended the evaluation of the successes among this population. A member stated that cultural standards among Hispanics are different and adherence to physician's instructions are important. There was committee discussion regarding NQC measures and viral load suppression rates, as NQC measures do not line up with current FY data. There was discussion regarding how NQC measures inform the process and possibly removing this data.

b. PSRA Data Review Presentation (Handout B)

HIVPC staff gave a summary data review presentation. The presentation included epidemiological data, among Part A clients and Broward County residents. Client projections were also explained for FY 2016-2017, including utilization change among all service categories. There was discussion about mental health and substance abuse services due to an increase in inpatient admissions. There was committee discussion regarding food bank utilization as the projection needs to be increased. There was discussion regarding inclusion of a narrative accompanying each service category projection. The Chair stated that Centralized Intake and Eligibility Determination (CIED) projections should be comparative of new infection rates.

HIVPC staff explained the 2014 needs assessment findings. She also explained the initial findings from the 2015 focus groups, including the need for peer educators and messaging for the heterosexual population. HIVPC staff also discussed the ACA factors, including Medicaid non-expansion, the King vs. Burwell case, and ADAP eligibility for enrollment. When allocating funding the committee must link services to the three guiding principles and the impact on the HIV care continuum.

c. Priority Ranking (WP Item 1.5) (Handout C-1 and C-2)

HIVPC staff explained the rankings process, the FY 2015-2016 rankings, 2014 client survey, 2014 provider survey, and Community Empowerment Committee (CEC) rankings. Committee members then made their



rankings.

Rankings were announced by the Chair. Rankings included:

Core Services

1. OAMC
2. HICP
3. Dental care
4. Pharmaceutical Assistance
5. Disease Case Management
6. Mental Health
7. Substance Abuse
8. Early Intervention Services
9. Home/Community-based Health Services
10. Medical Nutritional Therapy
11. Home Health care
12. Hospice Services

Support Services

1. CIED
2. Housing
3. Food Bank
4. Legal
5. Emergency Financial services
6. Medical Transportation services
7. Health Education/Risk Reduction
8. Psychosocial Support
9. Outreach
10. Healthcare/Supportive services
11. Childcare
12. Treatment Adherence counseling
13. Residential substance abuse
14. Linguistic services
15. Respite care
16. Rehabilitation services

The Chair asked the committee if there were any discrepancies with the committee rankings. The committee approved as presented above. The following motion was made:

Motion #3: To approve the service category rankings for FY 2016-2017.
Proposed by: Gammell, B. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

6. SUBCOMMITTEE REPORTS

- a. ad-Hoc Local Pharmacy Advisory Committee (LPAC)

The committee did not meet.

- b. ad-Hoc Food Services Eligibility Committee

A coordination meeting will take place to discuss goals and future outcomes.

7. GRANTEE REPORT

None.

8. PUBLIC COMMENT

None.

9. AGENDA ITEMS/TASKS FOR NEXT MEETING: June 17, 2015 **Venue:** A-337



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Allocations (WP Item 1.6)	ACTION ITEM: Allocate Part A & MAI funds by service category.

10. ANNOUNCEMENTS

None.

11. ADJOURNMENT

The meeting was adjourned at 3:48 p.m.

Priority Setting Resource Allocation Committee Attendance CY 2015

Count	Meeting Month:	Jan	Feb	Mar	Apr	May
	Meeting Date:	21	18	18	15	20
1	DeSantis, M.	X	X	X	X	A
2	Gammell, B.	X	X	X	E	X
3	Grant, C.	X	X	X	X	X
4	Hayes, M.	X	X	X	X	X
5	Katz, H.B.	X	X	X	X	X
6	Proulx, D.	X	X	X	X	X
7	Reed, Y.	X	E	X	A	X
8	Schickowski, K.	X	X	X	X	X
9	Siclari, R., <i>Vice Chair</i>	X	X	X	A	A
10	Taylor-Bennett, C., <i>Chair</i>	X	X	X	X	X
	Quorum = 6	10	9	10	7	8

Priority Setting & Resource Allocation Data Presentation

PRESENTED BY HIVPC STAFF

6/17/2015



Overview

The Purpose

Data Sources

- Epidemiology
- Client Demographics
- Client Projections
- Needs Assessment
- Affordable Care Act (ACA)

Current Services

Summary



The Purpose

Conduct priority setting and resource allocation (PSRA) process annually to ensure that the needs of clients within the EMA are being met

- Needed services are available
- Clients can access services
- Services are cost effective and of high quality

Data Sources – Broward Epidemiology

Broward HIV/AIDS Prevalence (Through 2013)			
GENDER		#	%
	Male	13,293	72.3%
	Female	5,104	27.7%
RACE/ETHNICITY		#	%
	White	8,788	34.5%
	Black	6,354	47.8%
	Hispanic	2,825	15.4%
	Other	430	2.3%
AGE		#	%
	0-19	150	0.8%
	20-29	1,290	7.0%
	30-39	2,851	15.5%
	40-49	5,598	30.4%
	50-59	5,953	32.4%
	60+	2,555	13.9%
RISK FACTORS		#	%
	Heterosexual	6,927	37.7%
	MSM	9,374	51.0%
	IDU	1,239	6.7%
	MSM/IDU	579	3.1%
	Other	278	1.5%
TOTAL		18,397	100.0%

Data Sources – Client Demographics

Broward Part A Demographics (FY 2014)		
GENDER	#	%
Male	5,656	71.0%
Female	2,254	28.3%
Transgender	52	0.7%
RACE/ETHNICITY	#	%
White	3,606	45.3%
Black	4,172	52.4%
Hispanic	1,295	16.3%
Other	184	2.3%
AGE	#	%
18-28	538	7.5%
29-38	1,046	14.6%
39-48	1,741	24.3%
49-58	2,663	37.2%
59+	1,166	16.3%
RISK FACTORS	#	%
Heterosexual	3,415	47.7%
MSM	3,367	47.1%
IDU	134	1.9%
MSM/IDU	37	0.5%
Other	201	2.8%
TOTAL	7,962	100.0%

Data Sources – Client Projections (Unduplicated)

Utilization & Change 2010-2014 and Projections for FY 2016											
Services	2010	2011	% Δ 2010-2011	2012	% Δ 2011-2012	2013	% Δ 2012-2013	2014	% Δ 2013-2014	% Δ 2010-2014	Projection for FY 2016
Outpatient /Ambulatory Health	3,559	3,506	-1.5%	3,790	8.1%	3,958	4.4%	4,103	3.7%	15.3%	+4%, 4,267
AIDS Pharmaceutical Assistance	2,765	2,061	-25.5%	2,551	19.2%	3,108	21.8%	3,145	1.2%	13.7%	+2%, 3,208
Oral Health Care	2,595	2,768	6.7%	2,751	-0.6%	3,182	15.7%	3,020	-5.1%	16.4%	0%, 3,020
Health Insurance Premium	0	0	N/A	0	N/A	0	N/A	186	N/A	N/A	+384%, 900
Mental Health Services	439	419	-4.3%	508	21.2%	537	5.7%	453	-15.6%	3.2%	+6%, 480
Medical Case Management	0	0	N/A	0	N/A	0	N/A	52	N/A	N/A	+1,931%, 1,056
Substance Abuse - outpatient	149	124	-16.8%	126	1.6%	122	-3.2%	128	4.9%	-14.1%	+2%, 130
Case Management (non-Medical)	3,780	3,551	-6.1%	3,509	-1.2%	3,332	-5.0%	3,155	-5.3%	-16.5%	-5%, 2,997
Case Management (CIED)	2,978	6,333	112.7%	6,629	4.7%	6,953	4.9%	7,665	10.2%	9.3%	+2%, 7,845
Food Bank/Home-Delivered Meals	2,114	2,019	-4.5%	2,188	8.4%	2,496	14.1%	3,019	21.0%	42.8%	-27%, 2,204
Legal Services	132	164	24.2%	214	30.5%	183	-14.5%	210	14.8%	59.1%	0%, 210
Total Unduplicated	7,116	7,022	-1.3%	7,064	0.6%	6,953	-1.6%	7,962	14.5%	11.9%	+6%, 8,440

Data Sources – Needs Assessment


Services identified as needed but not receiving (service gaps):

- Oral Health Care
- Food Bank
- Peer Counseling

Subpopulations less likely to experience positive health outcomes:

- Transgender
- Younger (under 25)
- Homeless/Unstably Housed
- Black

Other factors at play:

- Shame and Stigma
 - Cultural/Linguistic Barriers
 - Transportation
 - Inappropriate Messaging/Marketing
- 

Data Sources – Affordable Care Act

Medicaid expansion still unlikely

King v. Burwell Supreme Court Case

Unknown prices of premiums, co-pays, deductibles

ADAP eligibility for enrollment



Current Services

Service Category	FY 2015 Rank	FY 2015 Initial Allocation	FY 2014 Final Expenditures	FY 2014 Utilization	Utilization Change FY 2013 to FY 2014	FY 2014 Average Client Cost	Cost Change FY 2013 to FY 2014
CORE SERVICES							
OAMC	1	\$6,060,121	\$6,382,746	4,102 clients	7.61%	\$1,432.61	-3.10%
Local Pharmaceutical Assistance	2	\$639,001	\$898,837	3,145 clients	1.18%	\$183.59	-8.40%
OHC	3	\$2,255,328	\$2,200,198	3,020 clients	-5.36%	\$662.14	2.80%
HICP*	4	\$500,000	\$353,936	186 clients	N/A	\$1,729.89	N/A
MCM*	5	\$609,497	\$51,576	52 clients	N/A	\$145.63	N/A
Mental Health	7	\$426,836	\$360,418	453 clients	-15.64%	\$723.35	3.50%
Substance Abuse - Outpatient	8	\$652,088	\$586,536	128 clients	4.92%	\$4,165.74	-20.60%
SUPPORT SERVICES							
CM (non-medical)	1	\$1,018,661	\$1,176,676	3,155 clients	-5.26%	\$353.75	13.20%
CM (CIED)	1	\$467,513	\$758,446	7,665 clients	9.20%	\$89.93	-8.70%
Food Bank/Home-Delivered Meals	3	\$358,890	\$980,446	3,019 clients	20.95%	\$497.09	4.30%
Legal Services	6	\$131,426	\$124,418	210 clients	12.86%	\$538.61	-17.50%

*Implementation of these services were delayed due to the late NOA.

Summary

Linking services to the three guiding principles

- Linkage to care
- Retention in care
- Viral load suppression

Impact on the HIV Care Continuum

FY2015-16 Ryan White Part A Service Category Rankings

	FY 2014 Client Survey	FY 2014 Provider Survey	FY 2015 CEC Rank	FY 2015 Rank	FY 2016 Rank (Current)
CORE SERVICES					
Outpatient Ambulatory Medical Care	2	2	2	1	1
AIDS Pharmaceutical Assistance (Local)	1	1	3	2	4
Oral Health (dental) Care	3	3	4	3	3
Health Insurance Premium & Cost-Sharing Assistance	5	5	5	4	8
Medical Case Management	7	9	1	5	2
Early Intervention Services	4	4	6	6	9
Mental Health Services	8	11	10	7	11
Substance Abuse Services - outpatient	11	12	7	8	12
Medical nutrition therapy	13	13	9	9	6
Home and community-based health services	9	6	11	10	10
Hospice services	10	10	13	11	5
Home health care	6	7	8	12	7
SUPPORT SERVICES					
Case Management (non-medical)	1	1	1	1	1
Emergency financial assistance	11	16	6	2	11
Food bank/home-delivered meals	4	10	2	3	5
Housing services	2	3	3	4	3
Medical transportation services	8	12	8	5	7
Legal services	3	4	4	6	2
Outreach services	5	11	5	7	4
Referral for health care/supportive services	15	13	7	8	14
Substance abuse services - residential	6	5	9	9	6
Psychosocial support services	7	7	16	10	9
Child Care Services	10	6	10	11	8
Health Education/risk reduction	9	8	13	12	10
Treatment adherence counseling	12	14	11	13	16
Rehabilitation services	16	15	12	14	15
Respite care	14	2	15	15	13
Linguistics services (interpretation and translation)	13	9	14	16	12

FY 2016-2017 DRAFT LANGUAGE HOW BEST TO MEET THE NEED

Blue = new language

ALL SERVICES

- Ensure all providers have HIV specific Clinical Quality Management (CQM) plans and CQM provider efforts are regularly reported through Quality Improvement (QI) Networks.
- Ensure all providers have HIV-specific cultural competency plans based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS standards)
- Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, and provide follow up as needed
- Ensure services are located throughout the county, especially the southern and southwestern parts of the county, and agencies are on public transit routes
- Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression, including but not limited to:
 - Black heterosexual men and women
 - Black men who have sex with men (MSM)
 - Non-permanently housed
 - Transgender
 - 18-38 years of age
- Increase follow up efforts with clients who have missed appointments to determine if clients are really not in care or have moved to a different payer source

PART A CORE SERVICES**Outpatient Ambulatory Health Services (OAMC)**

- Continue to ensure access to nutritional counseling/therapy services
- Ensure communication between primary care providers, nutrition counselors, and other service providers about client nutritional outcomes that may impact outcomes in other services
- Conduct basic Mental Health /Substance Abuse (MH/SA) assessments within the SDM
 - Consider role of culture/stigma related to accessing MH/SA
- Refer to appropriate services/follow-up.
- Ensure services are available to People Living With HIV/AIDS (PLWHAs) in all Broward geographic areas through selection of providers located in areas where prevalence is highest, particularly the southern and southwestern parts of the County

AIDS Pharmaceuticals (Local)

- Ensure only locally available AIDS Drug Assistance Program (ADAP) approved antiretroviral drugs (ARVs) are added to formulary
- Ensure payer of last resort through application/enrollment in ADAP, AIDS Insurance Continuation Program (AICP), medication co-pay, Health Insurance Continuation Program (HICP), Medicaid, Medicare, private health insurance, and the use of medications with Patient Assistance Programs (PAPs) when appropriate

Oral Health Care (OHC)

- Maintain specialty oral health care service definition 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

Health Insurance Continuation Program (HICP)

- Purchase health insurance marketplace plans that are from the approved list developed by Part A and ADAP; plans will provide comprehensive primary care and pharmacy benefits that provide a full range of HIV medications
- Ensure a mechanism for including coverage for medical and pharmaceutical co-payments

Mental Health Services

- Ensure services to stabilize mental health and facilitate treatment adherence
- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and mental health issues and substance use, *when appropriate*
- *Ensure communication between mental health and substance abuse providers if client is receiving both services*
- *Ensure communication between mental health providers and other service provider about mental health client outcomes that may impact outcomes in other services*
- Implement mental health services that target the socio-sexual-cultural needs of *populations not achieving health outcomes, including clients not retained in care, not virally suppressed, and not meeting specific plan of care goals*

Disease (Medical) Case Management

- *Ensure client education to increase self-sufficiency, including how to read and understand labs, medication adherence, and navigating the continuum of services in Broward County*
- Assess barriers and implement strategies to address adherence including referrals for further counseling
- Provide health education and reinforce strategies for risk behavior reduction
- Ensure a standardized MH/SA screening mechanism as part of the SDM
 - Consider role of culture/stigma related to accessing MH/SA
 - Refer to appropriate services/follow-up.

Substance Abuse Services - Outpatient

- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and substance abuse issues as well as any mental health issues, *when appropriate*
- *Ensure communication between mental health and substance abuse providers if client is receiving both services*
- *Ensure communication between substance abuse providers and other service provider about substance abuse client outcomes that may impact outcomes in other services*
- Implement substance abuse services that target the socio-sexual-cultural needs of *populations not achieving health outcomes, including clients not retained in care, not virally suppressed, and not meeting specific plan of care goals*

PART A SUPPORT SERVICESCentralized Intake and Eligibility Determination (CIED)

- Support outreach, benefits counseling and enrollment activities for all 3rd party funded programs
- Ensure rapid linkage of newly diagnosed and individuals out of care, *by ensuring an adequate number of appointments in geographic areas with large populations of newly diagnosed*
- Ensure linkages to ambulatory medical and other service systems
- Ensure coordination with key points of entry including Prevention, Counseling and Testing (CTS), other Ryan White (RW) Parts, hospitals, correctional facilities and substance abuse programs
- Ensure providers have active, focused Memorandum of Understanding (MOUs), with key points of entry
- Increase awareness of other programs in Broward County that will be of benefit to clients, especially programs that will help with barriers to care

(Non-Medical) Case Management

- *Ensure client education about transitioning to insurance plans, including medication pick up, co-payments, staying in network, etc.*
- *Ensure client education to increase self-sufficiency, including how to read and understand labs, medication adherence, and navigating the continuum of services in Broward County, especially ACA Marketplace insurance plans*
- Provider demonstrates an understanding of client barriers to care and service needs and the means to address them
- Improve client understanding of services and assist in their ability to self-navigate the system of care
- Support benefits counseling and enrollment activities of RW clients into private health insurance plans through

the Health Insurance Marketplace and/or Medicaid

Food Services

- Increase communication with client primary care physicians and nutrition counselors to ensure client nutritional needs are being met

Legal Services

MAI SERVICES

- Focus MAI efforts on subpopulations not achieving health outcomes:
 - Black heterosexual men and women
 - Black MSM
 - Transgender
- Focus MAI efforts on services with the highest percentages of MAI clients not achieving health outcomes, especially:
 - CIED
 - (Non-medical) Case Management
 - OAMC
 - Mental Health
 - Substance Abuse