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, August 19, 2015, 12:30 p.m.
Location: Governmental Center Annex Room A-337
Chair: Carla Taylor-Bennett **Vice Chair:** Rick Siclari

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 8/19/15 Agenda and 6/17/15 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**

Goal/Work Plan Objective #:	*Accomplishments*
How Best to Meet the Need (WP Item 1.3) (Handout A)	ACTION ITEM: Review and update How Best to Meet the Need language recommendations from SOC committee.
Newly Identified Services (WP Item 4.2) (Handout B1-B5)	ACTION ITEM: Discuss possible new services identified through the PSRA process to address goals of the EMA. Review MAI scorecards and other relevant viral load data.

6. **SUBCOMMITTEE REPORTS**
   a. ad-Hoc Local Pharmacy Advisory Committee
      Next meeting September 8, 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:** September 16, 2015,12:30 p.m. **Venue:** A-337

Goal/Work Plan Objective #:	*Accomplishments*
SOC Recommendations (WP Item 1.4)	ACTION ITEM: Review recommendations from SOC committee for scope of services and eligibility for each service category; update eligibility for at least 2 services.

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 •

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 MINUTES

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

ATTENDANCE				
#	**Members**	**Present**	**Absent**	**Guests**
1	DeSantis, M.		**A**	Bell, J.
2	Gammell, B.	**X**		Bello, E.
3	Grant, C.	**X**		Huggins, L.
4	Hayes, M.	**X**		King, J.
5	Katz, H. B.	**X**		Lewis, L.
6	Reed, Y.	**X**		Lopes, R.
7	Schickowski, K.	**X**		Myers-Culpepper, K.
8	Proulx, D.	**X**		Runkle, D.
9	Siclari, R., *Vice Chair*	**X**		
10	Taylor-Bennett, C., *Chair*	**X**		**Grantee Staff**
				Copa, R.
				Degraffenreidt, S.
				Green, W.E.
				Jones, L.
				HIVPC Staff
				Bente, A.
				Johnson, B.
				McEachrane, T.
	Quorum = 6	**8**		Newton, A.

1. CALL TO ORDER:

The Chair called the meeting to order at 12:41 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, with one amendment
Amendment: Move HBTMN to before Allocations
Proposed by: Reed, Y. **Seconded by:** Schickowski, K.
Action: Passed Unanimously

Motion #2: To approve the meeting minutes of 5/20/15.
Proposed by: Reed, Y. **Seconded by:** Schickowski, K.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS:

a. Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1)

The Grantee presented a handout on the Part A expenditures for the first quarter (March-May). The handout shows that there has been an initial decrease in Part A expenditures for ACA funded services. The Grantee noted that approximately 750 clients were enrolled in Marketplace insurance plans between ADAP Premium Plus and HICP. The Grantee explained that Marketplace insurance plans cover four Part A services including OAMC, Pharmacy, Mental Health, and Substance Abuse.

The expenditures for OAMC for the first quarter decreased by $274,191. Pharmacy expenditures decreased by $30,937 for the first quarter. The decrease for pharmacy expenditures can be attributed to the two bulk contracts purchased in the previous year and client enrollment in the ACA. For Mental Health and Substance Abuse, it is not clear if the decrease in expenditures is attributed to the ACA because the services offered differ slightly from the Part A Mental Health and Substance Abuse services. Based on the first quarter expenditures, there is a potential $1,231,064 decrease in expenditures expected for this fiscal year. The Grantee will continue monitoring the expenditures to determine the impact of the ACA. The committee should take into consideration that there are currently 240 clients enrolled in the Health Insurance Continuation Program (HICP) causing a rapid increase in HICP expenditures. The Grantee stated that the increase in HICP expenditures will offset the decrease because the Part A program will continue to pay premiums and deductibles for HICP clients.

The Grantee explained the differences between HICP and ADAP Premium Plus. Approximately 500 clients are enrolled in ADAP. ADAP is paying the premiums, copays, and deductibles for medications on the ADAP formulary. HICP is covering all other deductible and copay costs for those clients. If a client is only enrolled in HICP, Part A is paying all premiums, deductibles, and copays for the client. The wrap around services provided by Part A for ADAP clients are minimal because the cost of medications exceed the deductible for the year. The Grantee explained that the projected expenditures in the handout are based on only 3 months of billing. It is anticipated that changes in the next 9 months will lead to an increase in expenditures. The Chair noted that this information will be provided to the committee on a monthly basis.

4. UNFINISHED BUSINESS

None.

5. MEETING ACTIVITIES

a. Review PSRA Data (WP Item 1.2) (Handout A)
HIVPC staff explained she updated expected FY 2016 client projections. She explained that projections for this current year were added. Significant changes includes pharmacy and CIED utilization. Trends included changes in Oral Health utilization due to other community resources. A member stated that OAMC clients would decrease due to ACA implementation. The Grantee stated that full implementation took place earlier in the FY and those clients would be transitioned into the HICP service category. HIVPC staff also explained that expenditures would decrease but client utilization would increase due to new clients being enrolled into OAMC before being enrolled in an ACA plan. A member asked why client utilization would decrease for food bank. HIVPC staff explained that with a change in eligibility, some clients would no longer be eligible for food bank services.

b. How Best to Meet the Need (Handout C)
HIVPC staff explained the SOC Committee made changes to How Best to Meet the Need (HBTMTN). The Chair explained this language goes into our annual grant application and contractual agreement. This language allows providers to provide exceptional services and guidelines about how to meet quality performance measures. She explained this language is the basis of service category allocations. The Chair explained the overarching themes for all service categories. A member asked why services should be located in the south and southwestern parts of the county. HIVPC staff explained there is an increasing rates of new infection in those parts of the county and not many providers are located in those areas of the county. There was committee discussion regarding the need for services to be located in the southern part of the county. The committee decided to remove language regarding the southern and southwestern part of the county. A member stated there is a large Hispanic population in the southern part of the county, and a lot of stigma is associated with HIV/AIDS among this population. A member stated there is not sufficient data that supports that increased services should not be increased in the southern part of the county. She explained that surveying clients living in those zip codes would help solidify that data. A member that represents a provider that serves the southern part of the county stated that she has not identified a great need for services in those communities.

There was committee discussion regarding client satisfaction and how often a client's satisfaction would be

assessed. The Grantee stated their office would assess client satisfaction through monitoring and the annual needs assessment. There was further discussion regarding follow up efforts for clients that have missed appointments to determine if clients are really in care or have moved to a different payer source. The Grantee stated this is also a grantee mechanism. There was a recommendation from a member to remove nutrition counselors from HBTMTN language as many agencies do not have nutrition counselors. The Grantee stated that medical nutritional counseling was combined into OAMC due to the limited amount of nutritional counseling providers. A member stated there needs to be an assessment of nutritional services as these two services have been rolled into one. There was consensus to leave the statement as is. Grantee staff explained this language has turned into examples of service delivery models and detailed system level language does not need to be included.

There was committee discussion regarding language for mental health services. The committee decided to add language regarding the needs of dual diagnosed clients that may include alternative delivery systems. The committee decided that mental health should mirror substance abuse. There was discussion regarding the inclusion of health literacy in disease case management language. Support services language was tabled to the next meeting.

c. Allocations (WP Item 1.6) (Handout B)

HIVPC staff explained the FY 14 clients, % of total clients, FY 14 Expenditure, FY 15 Initial Allocation, FY 16 Projected clients, and factors to consider for each service category. Staff also explained increases and decreases due to client utilization, and the recommended FY 16 Allocation for each service category. There was committee discussion regarding the amount to fund each service category. There was also committee discussion regarding targeting MAI funding for populations not receiving viral load suppression. A member recommending allocating Part A funding to MAI service categories. There was committee discussion regarding the intervention for MAI populations and what would happen with increased MAI funding. A member stated that reasons for non-viral load suppression need to be researched. The Chair stated that funding would be allocated as a place holder for new program implementation.

The following motions were made:

Motion #3: To allocate $5,246,918 to OAMC for FY 2016-17
Proposed by: Gammell, B. **Seconded by:** Grant, C.
Action: Passed with one opposition and no abstentions

Motion #4: To allocate $568,822 to Pharmacy for FY 2016-17
Proposed by: Katz, H.B. **Seconded by:** Siclari, R.
Action: Passed with one opposition and no abstentions

Motion #5: To allocate $2,327,707 to Oral Health for FY 2016-17
Proposed by: Gammell, B. **Seconded by:** Katz, H.B.
Action: Passed with three oppositions and no abstentions

Motion #6: To allocate $1,950,000 to HICP for FY 2016-17
Proposed by: Siclari, R. **Seconded by:** Grant, C.
Action: Passed with one opposition and no abstentions

Motion #7: To allocate $546,650 to MCM (Disease) for FY 2016-17
Proposed by: Katz, H.B. **Seconded by:** Reed, Y.
Action: Passed with no abstentions

The Grantee explained the recommended allocation should be increased as there is a greater need for mental health services. The Grantee stated that increased client utilization would require greater funding. There was committee discussion regarding allocating funding for support groups. There was further discussion regarding funding clinical or community support groups.

Motion #8: To allocate $400,389 to Mental Health for FY 2016-17
Proposed by: Gammell, B. **Seconded by:** Hayes, M.
Action: Passed with no abstentions

Motion #9: To allocate $549,368 to Substance Abuse for FY 2016-17
Proposed by: Hayes, M. **Seconded by:** Katz, H.B.
Action: Passed with one abstention

Motion #10: To allocate $789,501 to Case Management (CIED) for FY 2016-17
Proposed by: Katz, H.B. **Seconded by:** Grant, C.
Action: Passed with two oppositions and no abstentions

There was discussion regarding integrating Part and Part B eligibility together. There was further discussion regarding allocating MAI CIED funding and the implications it would cause.

Motion #11: To allocate $1,191,381 to Case Management (Non-Medical)
Proposed by: Gammell, B. **Seconded by:** Reed, Y.
Action: Passed with no abstentions

Motion #12: To allocate $1,095,586 to Food Bank for FY 2016-17
Proposed by: Siclari, R. **Seconded by:** Katz, H.B.
Action: Passed with one abstention

Motion #13: To allocate $121,426 to Legal for FY 2016-17
Proposed by: Grant, C. **Seconded by:** Proulx, D.
Action: Passed with one abstention

Motion #14: To recall motion for Substance Abuse allocation for FY 2016-17
Proposed by: Gammell, B. **Seconded by:** Katz, H.B.
Action: Passed with one abstention

Motion #15: To allocate $660,000 to Substance Abuse for FY 2016-17
Proposed by: Katz, H.B. **Seconded by:** Hayes, M.
Action: Passed with one abstention

The following motions regarding MAI service categories were made:

Motion #16: To allocate $100,000 to MAI CIED for FY 2016-17
Proposed by: Grant, C. **Seconded by:** Siclari, R.
Action: Passed Unanimously

Motion #17: To allocate $100,000 to MAI Substance Abuse for FY 2016-17
Proposed by: Grant, C. **Seconded by:** Siclari, R.
Action: Passed Unanimously

Motion #18: To allocate $100,000 to MAI Mental Health for FY 2016-17
Proposed by: Siclari, R. **Seconded by:** Gammell, B.
Action: Passed Unanimously

Motion #19: To allocate $55,997 to MAI MCM for FY 2016-17
Proposed by: Gammell, B. **Seconded by:** Katz, H.B.
Action: Passed with one abstention

Motion #20: To allocate $740,112 to MAI OAMC for FY 2016-17
Proposed by: Gammell, B. **Seconded by:** Katz, H.B.
Action: Passed with one abstention

Proposed allocations for FY2016-17 will be presented at the HIV Planning Council meeting on June 25, 2015.

6. SUBCOMMITTEE REPORTS

The following motion was made:

Motion #21: To table Subcommittee Reports to the next meeting
Proposed by: Katz, H.B. **Seconded by:** Siclari, R.
Action: Passed Unanimously

7. GRANTEE REPORT

None.

8. PUBLIC COMMENT

None.

9. AGENDA ITEMS/TASKS FOR NEXT MEETING: August 19, 2015 Venue: A-337

Goal/Work Plan Objective #:	*Accomplishments*
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

None.

11. ADJOURNMENT

The meeting was adjourned at 4:54 p.m.

Priority Setting Resource Allocation Committee Attendance CY 2015

Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date:	21	18	18	15	20	17							
1	**1**	DeSantis, M.	X	X	X	X	A	A							
1	**2**	Gammell, B.	X	X	X	E	X	X							
0	**3**	Grant, C.	X	X	X	X	X	X							
0	**4**	Hayes, M.	X	X	X	X	X	X							
0	**5**	Katz, H.B.	X	X	X	X	X	X							
0	**6**	Proulx, D.	X	X	X	X	X	X							
2	**7**	Reed, Y.	X	E	X	A	X	X							
0	**8**	Schickowski, K.	X	X	X	X	X	X							
2	**9**	Siclari, R., *V. Chair*	X	X	X	A	A	X							W - 6/2
0	**10**	Taylor-Bennett, C., *Chair*	X	X	X	X	X	X							
		Quorum = 6	10	9	10	7	8	9							

+$1'287#$#
#

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 (accessable) throughout the county and agencies (are accessable from) 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
- (Maintain a system for follow up efforrts) 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.

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, that may include alternative delivery systems when appropriate (for example, non-clincal and co-location settings)
- 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 to stabilize substance abuse issues and facilitate treatment adherence
- 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, that may include alternative delivery systems 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 SERVICES

Centralized 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

+$1’287#$#
#

- 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

- Continue to ensure access to legal services including preparation of medical-legal documents, estate planning, and eligibility for various benefits.
- Refer to appropriate legal services for issues that fall outside the scope of Ryan White legal services.
- Ensure services to stabilize legal/housing/financial health and access to benefits resulting in increased self-sufficiency.
- Ensure linkages to other service providers.
- Ensure client education to increase self-sufficiency through awareness of eligible benefits and screening for necessary medical-legal documents.

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

+$1’287#$#
#

RACE:

• *American Indian or Alaska Native*—A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
• *Asian*—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
• *Black or African American*—A person having origins in any of the black racial groups of Africa.
• *Native Hawaiian or Other Pacific Islander*—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
• *White*—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
• *Unknown*—A person’s racial category is unknown or was not reported.

ETHNICITY:

• *Hispanic or Latino*—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be synonymous with “Hispanic or Latino.”
• *Not Hispanic or Latino*—A person who does not identify his or her ethnicity as “Hispanic or Latino.”
• *Unknown*—Indicates the client’s ethnicity is unknown or was not reported.

GENDER:

• *Male*—An individual with strong and persistent identification with the male sex.
• *Female*—An individual with strong and persistent identification with the female sex.
• *Transgender*—An individual whose gender identity is not congruent with his or her biological gender, regardless of the status of surgical and hormonal gender reassignment processes. Sometimes the term is used as an umbrella term encompassing transsexuals, transvestites, cross-dressers, and others. The term transgender refers to a continuum of gender expressions, identities, and roles, which expand the current dominant cultural values of what it means to be male or female.
• *Unknown*—Indicates the client’s gender category is unknown or was not reported.

TRANSGENDER STATUS:

• Male to Female
• Female to Male
• Unknown

HOUSING STATUS:

Stable Permanent Housing includes the following:
• Renting and living in an unsubsidized room, house, or apartment.
• Owning and living in an unsubsidized house or apartment.
• Unsubsidized permanent placement with families or other self-sufficient arrangements.
• Housing Opportunities for Persons with AIDS (HOPWA)-funded housing assistance, including Tenant-Based Rental Assistance (TBRA) or Facility-Based Housing Assistance, but not including the Short-Term Rent, Mortgage and Utility (STRMU) Assistance Program.
• Subsidized, non-HOPWA, house or apartment, including Section 8, the HOME Investment Partnerships Program, and Public Housing.
• Permanent housing for formerly homeless persons, including Shelter Plus Care, the Supportive Housing Program (SHP), and the Moderate Rehabilitation Program for SRO Dwellings (SRO Mod Rehab).
•Intuitional setting with greater support and continued residence expected (psychiatric hospital or other psychiatric facility, foster care group home, or other residence or long-term care facility).

+$1’287#$#
#
Temporary Housing includes the following:
•Transitional housing for homeless people.
•Temporary arrangement to stay or live with family or friends.
•Other temporary arrangement such as a Ryan White Program housing subsidy.
•Temporary placement in an institution (e.g., hospital, psychiatric hospital or other psychiatric facility, substance abuse treatment facility, or detoxification center).
•Hotel or motel paid for without emergency shelter voucher.
Unstable Housing Arrangements include the following:
•Emergency shelter, a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a vehicle, an abandoned building, a bus/train/subway station/airport, or anywhere outside.
•Jail, prison, or a juvenile detention facility.
•Hotel or motel paid for with emergency shelter voucher.
Unknown:
•The client’s housing status is unknown or was not reported.

RISK FACTOR:

•Men who have sex with men (MSM) cases include men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact).
•Injection drug user (IDU) cases include clients who report use of drugs intravenously or through skin-popping.
•Hemophilia/coagulation disorder cases include clients with delayed clotting of the blood.
•Heterosexual contact cases include clients who report specific heterosexual contact with an individual with, or at increased risk for, HIV infection (e.g., an injection drug user).
•Receipt of transfusion of blood, blood components, or tissue cases include transmission through receipt of infected blood or tissue products given for medical care.
•Mother with/at risk for HIV infection (perinatal transmission) cases include transmission from mother to child during pregnancy. This category is exclusively for infants and children infected by mothers who are HIV positive or at risk.
•Other indicates the client’s exposure category is known, but not listed above.
•Unknown indicates the client’s exposure category is unknown or was not reported.

STAGE:

•*HIV-negative* (affected)—Client has tested negative for HIV, is an affected partner or family member of an individual who is HIV positive, and has received at least one RWHAP-funded support service during the reporting period.
•*HIV-positive, not AIDS*—Client has been diagnosed with HIV but has not been diagnosed with AIDS.
•*HIV-positive, AIDS status unknown*—Client has been diagnosed with HIV. It is not known whether the client has been diagnosed with AIDS.
•*CDC-defined AIDS*—Client is an HIV-infected individual who meets the CDC AIDS case definition for an adult or child. **NOTE:** Once a client has been diagnosed with AIDS, he or she always is counted in the CDC-
•*Unknown*—A client who is not an infant and whose HIV/AIDS status is unknown or was not reported.

HOUSEHOLD INCOME CATEGORY:

• Equal to or below the Federal poverty measure
• 101–200% of the Federal poverty measure
• 201–300% of the Federal poverty measure
• More than 300% of the Federal poverty measure
• Unknown

+$1’287#$#
#

INSURANCE TYPE:

•Private means health insurance plans such as BlueCross/BlueShield, Kaiser Permanente, and Aetna.
•Medicare is a health insurance program for people 65 years of age and older, some disabled people under 65 years of ag
3e, and people with end-stage renal disease (permanent kidney failure treated with dialysis or a transplant).
•Medicaid is a jointly funded, Federal–State health insurance program for certain low-income and needy people.
•Other public means other Federal, State, and/or local government programs providing a broad set of benefits for eligible individuals. Examples include State-funded insurance plans, military health care (TRICARE), State Children’s Health Insurance Program (SCHIP), Indian Health Service, and Veterans Health Administration.
•No insurance means the client did not have insurance to cover the cost of services at any time during the reporting period, the client self pays, or services are covered by RWHAP funds.
•Other insurance means client has an insurance type other than those listed above.
•Unknown means the primary source of medical insurance is unknown and not documented

RESOURCES:

http://hab.hrsa.gov/manageyourgrant/files/rsrmanual.pdf *(STARTS PAGE 40)*

http://hab.hrsa.gov/stateprofiles/Client-Characteristics.aspx#chart7

HANDOUT B-1

Percent of MAI Clients with Unsuppressed/High Viral Load by Subpopulation, Fiscal Year 2014

Note: Percent with High or Not Suppressed Viral Load (> 200 copies/mL); includes PLWH with known VL only. Combines groups when N in cell is <6.

	Outpatient Ambulatory Medical Care	Mental Health	Substance Abuse	Medical Case Management	CIED
Total Viral Loads Reported	745	117	61	150	4348
Total Clients Served in FY 14	752	117	61	154	4699
% Unsuppressed Clients	14.0%	21.4%	27.9%	23.3%	17.5%
Race/Ethnicity					
Black Non-Hispanic/Latino Male	15.8%	22.4%	34.4%	29.3%	18.9%
Black Non-Hispanic/Latino Female	14.5%	30.8%	18.8%	22.6%	20.2%
Subtotal, Black Non-Hispanic/Latino	15.1%	23.9%	29.2%	27.4%	19.5%
Hispanic/Latino Male	7.6%	17.6%	33.3%	9.1%	10.1%
Hispanic/Latino Female	5.5%	33.3%	0.0%	14.3%	13.3%
Subtotal, Hispanic/Latino	7.2%	18.9%	33.3%	10.0%	10.7%
White Non-Hispanic/Latino Male	0.0%	0.0%	0.0%	0.0%	20.0%
White Non-Hispanic/Latino Female	0.0%	0.0%	0.0%	0.0%	0.0%
Subtotal, White Non-Hispanic/Latino	0.0%	0.0%	0.0%	0.0%	20.0%
Gender					
Male	14.2%	20.7%	34.1%	23.1%	16.1%
Female	14.0%	31.3%	18.8%	21.1%	19.6%
Transgender [All Male to Female]*	0.0%	0.0%	0.0%	50.0%	41.2%
Age					
18-28	37.5%	14.3%	16.7%	23.1%	33.6%
29-38	19.0%	20.8%	42.9%	20.8%	23.9%
39-48	17.6%	26.3%	10.0%	30.6%	17.7%
49-58	10.7%	21.4%	26.1%	21.7%	14.0%
59+	8.5%	15.4%	0.0%	11.1%	9.9%
Sexual Orientation					
Gay/Lesbian/Homosexual	13.5%	17.3%	33.3%	23.3%	16.6%
Bisexual	3.6%	30.0%	40.0%	25.0%	17.1%
Heterosexual	14.6%	22.2%	23.5%	23.2%	17.7%
Living Arrangements^					
Permanently Housed	10.5%	26.2%	13.3%	16.5%	15.8%
Non-Permanently Housed	24.2%	14.5%	35.0%	31.3%	22.2%
Institution*	0.0%	100.0%	20.0%	100.0%	33.3%
Literacy Level					
Illiterate (Level 0)*	8.3%	0.0%	0.0%	0.0%	21.7%
Less than 4th Grade (Level 1)*	19.0%	0.0%	100.0%	0.0%	10.8%
5th to 8th Grade (Level 2)	13.0%	14.3%	0.0%	7.1%	16.4%
9th - 12th Grade (Level 3)	15.0%	21.6%	25.7%	26.2%	19.2%
Above 12th Grade (Level 4)	11.6%	22.0%	36.8%	24.0%	15.5%

Educational Level					
8th Grade or Less	12.9%	50.0%	33.3%	12.5%	16.2%
9th - 12th Grade	15.6%	19.1%	22.7%	23.6%	18.6%
College	9.2%	22.2%	45.5%	29.6%	15.1%
HIV Risk Factor					
Black MSM	15.9%	26.1%	36.8%	40.9%	22.6%
White MSM	5.7%	18.8%	16.7%	8.0%	10.1%
Hispanic MSM	5.6%	18.8%	16.7%	7.7%	10.7%
Subtotal, MSM	12.2%	21.3%	32.0%	24.5%	16.5%
Black Hetero	14.4%	22.9%	19.4%	24.7%	18.3%
White Hetero	5.3%	25.0%	50.0%	14.3%	11.4%
Hispanic Hetero	4.8%	20.0%	33.3%	14.3%	11.9%
Subtotal, Heterosexual	13.7%	23.1%	21.2%	23.1%	17.5%
Injection Drug User (IDU)	0.0%	0.0%	50.0%	0.0%	8.3%
Perinatal/Mother*	42.9%	0.0%	0.0%	50.0%	42.3%
Hemophilia/Transfusion*	33.3%	0.0%	0.0%	0.0%	19.4%
MSM/IDU	50.0%	0.0%	100.0%	0.0%	
HIV Stage					
HIV/Not AIDS	13.9%	20.0%	24.4%	21.5%	17.1%
AIDS	20.0%	75.0%	40.0%	11.1%	15.5%
HIV-Positive/AIDS Status Unknown	11.6%	17.4%	33.3%	32.4%	19.4%
HIV Therapy					
HAART	13.0%	19.4%	32.7%	22.9%	14.7%
Dual	6.7%	0.0%	0.0%	50.0%	14.6%
Single*	0.0%	0.0%	0.0%	50.0%	27.6%
None	44.4%	33.3%	16.7%	16.7%	52.4%
*Small population group (N <100 in at least one program year)					

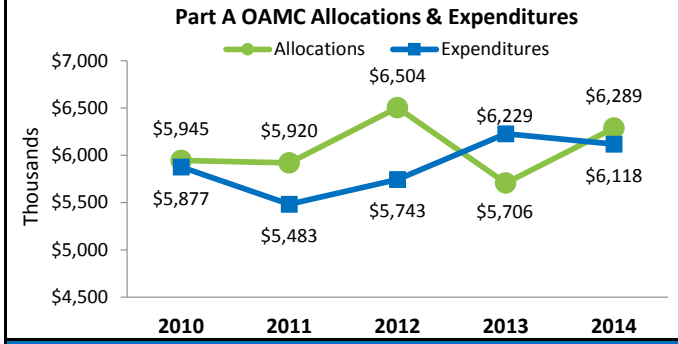
^Living Arrangements Definitions	
Permanently Housed	Rental by client, Owned by client, Nursing Home, Safe Haven, Rental by client with housing subsidy, Owned by client with housing subsidy, Staying or living with family (permanent tenure), Staying or living with friends (permanent tenure), Psychiatric Hospital
Non-permanently Housed	Emergency shelter, Transitional housing for homeless persons, Permanent housing for formerly homeless persons, Staying or living with family (temporary tenure), Staying or living with friends (temporary tenure), Hotel or motel paid for without emergency voucher, Foster care home, Place not meant for habitation, Other
Institution	Substance abuse treatment facility or detox center, Hospital (non-psychiatric, Jail
Unknown/Unreported	Don't Know, Refused

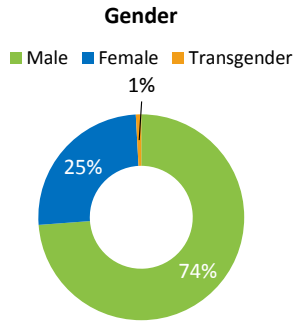
HANDOUT B-2

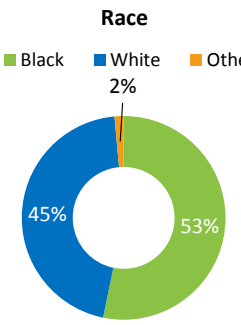
FY 2014-2015 Scorecard: Outpatient Ambulatory Medical Care

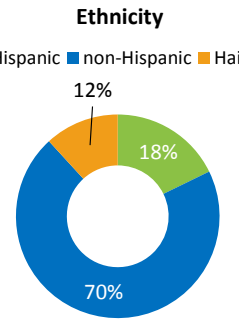
ELIGIBILITY: </= 400% FPL

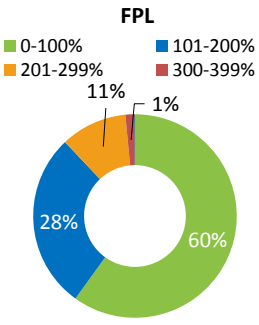
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total	% of Total	
2014	$6,288,636	$264,596	**$6,493,232**	$6,118,160	$264,586	**$6,382,746**	-1.46%	**$16,012,762**	**39.9%**	**1**
2013	$5,706,496	$100,000	$5,806,496	$6,228,552	$248,874	$6,477,426	10.86%	$15,366,650	42.2%	1
2012	$6,504,282	$100,000	$6,604,282	$5,743,196	$99,936	$5,843,132	4.7%	$15,423,413	37.9%	1
2011	$5,920,360	$234,473	$6,154,833	$5,482,813	$99,993	$5,582,806	-9.1%	$15,006,261	37.2%	1
2010	$5,944,675	$120,035	$6,064,710	$5,876,974	$263,344	$6,140,318	N/A	$15,395,252	39.9%	1











FY 14-15 OAMC Utilization & Demographics

Year	Total Clients	% change	# New	% New
2014	4,102	**3.51%**	1,025	**25.0%**
2013	3,958		997	25.2%

Ryan White Part A & MAI Providers		
Type	Part A	MAI
Number	5	1

FPL*	#	%
0-100%	2,459	59.9%
101-200%	1,148	28.0%
201-299%	433	10.6%
300-399%	58	1.4%
400% & over	4	0.1%

Insurance	#	%
Private	414	10.1%
Medicare	73	1.8%
Medicaid	287	7.0%
Other Public	15	0.4%
None	3,312	80.7%

* FPL is current for the end of the FY

Demographics, cont.

Gender	#	%
Male	3,028	73.8%
Female	1,039	25.3%
Transgender	35	0.9%
Race	**#**	**%**
Black	2,184	53.2%
White	1,859	45.3%
Other	59	1.4%
Ethnicity	**#**	**%**
Hispanic	826	20.1%
non-Hispanic	3,276	79.9%
Haitian	549	13.4%

FY 14-15 Top 10 Procedures

Top 10 Procedures		Top 10 Expenditures	
Procedure	% of Procedure	Procedure	% of Expenditures
1. HIV-1 DNA Detection	15.80%	1. HIV-1 DNA Detection	30.42%
2. Office/Outpatient Visit	15.20%	2. Est. Patient Office/Outpatient Visit	29.64%
3. Comprehensive Metabolic Panel	13.80%	4. TB Test Cell Immun Measure	5.69%
4. Complete CBC with Diff WBC	10.10%	5. Genotype DNA HIV Reverse T	5.54%
5. Lipid Panel	10.00%	6. Comprehensive Metabolic Panel	3.58%
6. Blood Serology Qualitative	9.30%	7. Chylamydia Trach DNA AMP Prob	3.06%
7. Flowcytometry/TC Add-on	8.90%	8. Flowcytometry/ Tc 1 Marker	2.88%
8. T Cell Absolute Count	6.90%	9. Destruction Anal Lesions	2.75%
9. Chylamydia Trach DNA AMP Prob	5.40%	9. Phenosensegt/Genosure	2.60%
10. N. Gonorrhoeae DNA AMO Prob	5.00%	10. N.Gonorrhoeae Dna Amp Prob	2.35%

Average Cost Per Client
$ 1,432.61

Total Nutrition Services Expenditure
$ 112,219.22

Fort Lauderdale/Broward EMA Medical Outcome and Indicators	2012		2013		2014	
Outcome: Slow/prevent HIV disease progression.	Num/Denom	%	Num/Denom	%	Num/Denom	%
Indicator 1.1 80% of clients with a CD4 <500 are on HAART.	1,660/1938	85.7%	1,700/1,913	88.9%	3,320/3,644	91.1%
Indicator 1.2 70% of clients on HAART >6 months have a VL <400.	2,748/3,264	84.2%	3,266/3,546	92.1%	6,980/7,674	91.0%

FY 2014-2015 Scorecard: Outpatient Ambulatory Medical Care

ELIGIBILITY: </= 400% FPL

HAB HRSA HIV Performance Measures

	2013 (n/d)	Achieved	2014 (n/d)	Achieved		2013 (n/d)	Achieved	2014 (n/d)	Achieved
Oral Exam	1,948/4,118	47.3%	1,842/4,295	42.9%	Chlamydia	530/790	67.1%	745/962	77.4%
Lipid Screening	2,873/3,609	79.6%	3,226/3,837	84.1%	Gonorrhea	467/790	59.1%	622/962	64.7%
TB Screening	3,149/4,109	76.6%	3,185/4,287	74.3%	Syphilis	3,194/4,118	77.6%	3,463/4,295	80.6%
Hepatitis B	3,644/4,118	88.5%	3,680/4,295	85.7%	Cervical Cancer	468/1,115	42.0%	428/1,097	39.0%
Hepatitis C	3,315/4,118	80.5%	3,385/4,295	78.8%					

FY 14-15 Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation

All Clients	#	%
	677	16.6%
Gender	#	%
Male	484	16.0%
Female	182	17.6%
Transgender*	10	29.4%
Age	#	%
18-28	120	31.0%
29-38	172	23.0%
39-48	170	15.6%
49-58	174	12.3%
59+	41	9.3%
Living Arrangements	#	%
Permanent	428	14.4%
Non-Permanent	247	22.5%
Institution*	2	11.8%

Race/Ethnicity	#	%
Black non-Hispanic Male	258	20.1%
Black non-Hispanic Female	148	18.1%
Total Black non-Hispanic	**406**	**19.30%**
White non-Hispanic Male	155	15.8%
White non-Hispanic Female	18	19.1%
Total White non-Hispanic	**173**	**16.10%**
Hispanic Male	66	9.3%
Hispanic Female	15	13.9%
Total Hispanic	**81**	**9.9%**
Haitian	77	14.1%
Non-Haitain	599	16.9%
Educational Level	#	%
<8th Grade	39	14.9%
8-12th Grade	452	18.7%
College	186	13.3%

Risk Factor	#	%
MSM	311	15.6%
Black MSM	125	23.4%
White MSM	181	12.8%
Hispanic MSM	52	9.2%
	#	%
Heterosexual	323	16.8%
Black Hetero	271	17.4%
White Hetero	51	14.6%
Hispanic Hetero	27	12.2%
	#	%
Hemophilia*	1	16.7%
IDU*	8	12.7%
MSM/IDU*	3	15.8%
Perinatal*	23	48.9%
Transfusion*	2	20.0%

**Small population group (N<75 in program year).*

Note: #s and %s are within each subpopulation.

FY 2014-2015 Outpatient Ambulatory Medical Service Category

Overview of Service Category

Outpatient/Ambulatory Medical Care (OAMC) service category provides primary care to both Part A and MAI patients. Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines such as access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. Six Part A and one MAI service provider administer OAMC services throughout Broward.

Utilization

For fiscal year (FY) 14-15, the Part A OAMC program served 4,102 clients, an approximately 4% increase from the previous FY. The most common procedures that OAMC clients receive are HIV-1 DNA Detection (15.8%) and outpatient visits (15.2%).

Allocations & Expenditures

There was a 1.46 % decrease in expenditures since the last fiscal year for both Part A and MAI respectively. The decrease in expenditures for Part A is likely due to an observed decrease in medical costs per client. The increase in expenditures for MAI may be attributed to increased numbers of minority clients disproportionately impacted by the HIV/AIDS epidemic in Broward. In FY 14-15, OAMC was allocated a total of $6,493,232, which included $6,288,636 in Part A funds and $264,596 in MAI funds. The top expenditures for FY 2014 were HIV-1 DNA detections (30.42%) and established patient office/outpatient visits (29.64%).

Fort Lauderdale/Broward EMA Medical Outcomes

OAMC services surpassed Indicator 1.1 in FY 2014, which states that 80% of clients with a CD4 less than 500 are prescribed HAART. Currently, 91.1% of clients with a low CD4 are prescribed HAART. OAMC services also achieved Indicator 1.2 in FY 2014, which states that 70% of clients on HAART for over 6 months will have a viral load less than 400. OAMC exceeded the indicator with 91.0% clients achieving the desired outcome.

HAB HRSA HIV Performance Measures

In FY 14-15 Part A saw an improvement in the following measures: Lipid Screening, Chlamydia Screenings, Gonorrhea Screenings, and Syphilis Screenings. Screenings for Chlamydia and Gonorrhea, improved significantly by 15% and 9%, respectively. There was a decrease for the following measures in FY 14-15: Oral Exam, Cervical Screenings, and Hepatitis C Screenings.. The significant increase in STD screenings may be a result of a training for medical providers provided by the FLDOH on STDs. The significant decline of oral exams may be a result of the emergence of new dental services being offered in the Broward EMA that have given patients more options for care beyond Ryan White.

Viral Suppression

Of the 4,102 OAMC clients, 16.6% were not virally suppressed. Overall, Black non-Hispanic men and White non-Hispanic women and Black MSM were the subpopulations most likely not to achieve viral load suppression. The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Women (17.6%) were more likely not to have a suppressed viral load compared to men (16.0%).

Race/Ethnicity: White non-Hispanic women were more likely not to have a suppressed viral load (19.1%), compared to Black non-Hispanic women (18.1%) and Hispanic women (13.9%). Black non-Hispanic men were more likely not to have a suppressed viral load (20.1%), compared to white non-Hispanic men (15.8%) and Hispanic men (9.3%).

Age: The 18-28 year old (31.0%) and 29-38 year old (23.0%) age groups were more likely not to be virally suppressed compared to other age categories.

Housing Status: Clients who do not have permanent housing were more likely not to be virally suppressed (22.5%) compared to clients with permanent housing (14.4%).

Education Level: Clients with an education level between 8th and 12th grade were most likely not to be virally suppressed (18.7%).

Risk Factor: Clients who identified heterosexual sexual contact as a risk factor were most likely not to be virally suppressed (16.8%), followed by clients who identify men who have sex with men (MSM) as a risk factor (15.6%). Black Heterosexual men and women (17.4%) were more likely than Whites (14.6%) and Hispanics (12.2%) not to be virally suppressed. Black MSM (23.4%) were far more likely not to be virally suppressed than both White (12.8%) and Hispanic (9.2%) MSM.

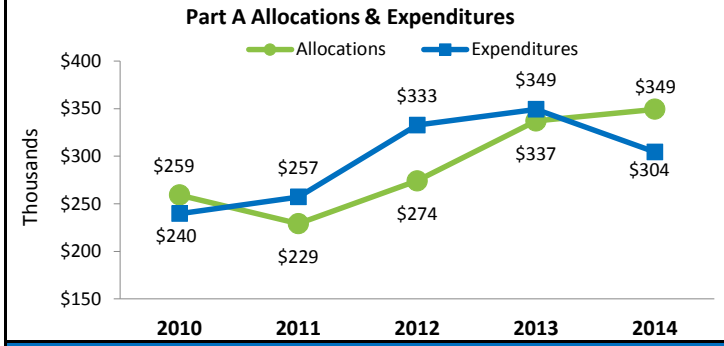
Conclusion

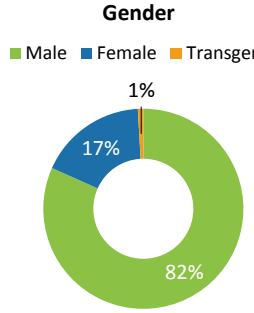
Utilization and expenditures in the OAMC program may decrease as clients transition onto Marketplace insurance plans, with private insurance plans covering the costs of medical care. MAI funds should continuously be allocated in order to enhance the quality of care and health outcomes in minority populations disproportionately impacted by the HIV epidemic. MAI-funded services such as OAMC are an integral part of the overall HIV care continuum. These services help to improve the quality of care and health outcomes by increasing access to, retention in, and adherence to care for minority populations.

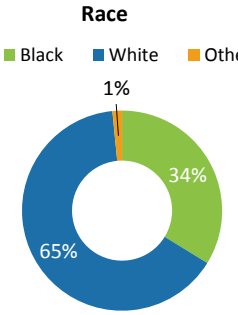
FY 2014-15 Scorecard: Mental Health

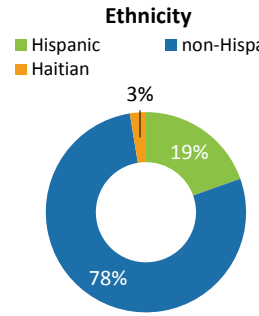
ELIGIBILITY: </=300% FPL

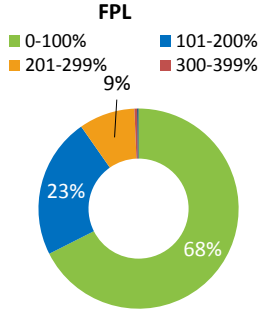
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total	% of Total	
2014	$349,367	$77,469	**$426,836**	$304,356	$56,062	$360,418	-12.9%	**$16,012,762**	**2.3%**	**6**
2013	$336,987	$128,418	**$465,405**	$349,261	$63,477	$412,738	5.0%	$15,366,650	2.7%	3
2012	$274,099	$95,368	**$369,467**	$332,746	$84,003	$416,749	29.4%	$15,423,413	2.7%	6
2011	$229,098	$95,000	**$324,098**	$257,238	$88,814	$346,052	7.3%	$15,006,261	2.3%	7
2010	$259,168	$95,000	**$354,168**	$239,685	$79,579	$319,264	N/A	$15,395,252	2.1%	5











FY 14-15 Mental Health Utilization & Demographics

Year	Total Clients	% change	# New	% New
2014	453	**-15.64%**	163	**36.0%**
2013	537		157	29.2%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	3	1

FPL*	#	%
0-100%	306	67.5%
101-200%	103	22.7%
201-299%	41	9.1%
300-399%	2	0.4%
400% & over	1	0.2%

Insurance	#	%
Private	48	10.6%
Medicare	11	2.4%
Medicaid	31	6.8%
Other Public	4	0.9%
None	359	79.2%

Gender	#	%
Male	370	81.7%
Female	79	17.4%
Transgender	4	0.9%

Race	#	%
Black	153	33.8%
White	293	64.7%
Other	7	1.5%

Ethnicity	#	%
Hispanic	91	20.1%
non-Hispanic	362	79.9%
Haitian	12	2.6%

Average Cost Per Client

$723.35

* FPL is current for the end of the FY

FY 2014-15 Scorecard: Mental Health

ELIGIBILITY: </=300% FPL

FY 14-15 Top 10 Diagnoses

Diagnosis	# of Clients	% of Clients
1. Depressive Disorder Not Otherwise Specified: Characterized by sadness/grief in response to a loss, or loss of interest in life activities.	49	15.9%
2. Major Depressive Disorder Recurrent Moderate: Diagnosis requires at least one Major Depressive Episode.	44	14.3%
3. No Diagnosis or Condition on Axis I : No diagnosis warrented.	25	8.1%
4. Adjustment Disorder with Depressed Mood: Symptoms and impaired functioning as a result of significant life events.	24	7.8%
5. Generalized Anxiety Disorder: Excessive worrying. Can be associated tension, fatigue, insomnia, and lack of concentration.	22	7.1%
6. Adjustment Disorder Unspecified: Symptoms and impaired functioning as a result of significant life events.	19	6.2%
7. Major Depressive Disorder Recurrent Unspecified: Diagnosis requires at least one Major Depressive Episode.	12	3.9%
8. Bipolar Disorder Not Otherwise Specified: Characterized by mood swings or episodes of Mania, Hypomania, or Major Depression.	9	2.9%
9. Major Depressive Disorder Recurrent Severe With Psychotic Features: Diagnosis requires at least one Major Depressive Episode.	8	2.6%
10. Major Depressive Disorder Recurrent Severe Without Psychotic Features: Diagnosis requires at least one Major Depressive Episode.	8	2.6%

FY 14-15 Outcomes and Indicators

Outcomes and indicators were revised in 2014

		Num/Denom	%
Outcome 1:	Improvement in client's symptoms associated with primary mental health diagnosis		
Indicator 1.1:	85% of clients achieve Plan of Care goals by designated target date.	121/164	73.8%
Outcome 2:	Improvement in client's symptoms associated with primary mental health diagnosis	Num/Denom	%
Indicator 2.1	85% of clients are retained in OAMC.	270/298	90.6%

Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation

All Clients	#	%
	76	16.8%
Gender	#	%
Male	61	16.8%
Female	15	21.1%
Transgender*	0	0.0%
Age	#	%
18-28	10	27.7%
29-38	12	16.2%
39-48	21	16.6%
49-58	29	17.4%
59+	4	8.0%
Living Arrangements	#	%
Permanent	42	17.4%
Non-Permanent	32	19.4%
Institution*	2	66.7%

Race/Ethnicity	#	%
Black non-Hispanic Male	21	21.0%
Black non-Hispanic Female*	8	16.6%
Total Black non-Hispanic	**29**	**19.6%**
White non-Hispanic Male	30	16.0%
White non-Hispanic Female*	5	29.4%
Total White non-Hispanic	**35**	**17.2%**
Hispanic Male	9	12.0%
Hispanic Female*	2	16.6%
Total Hispanic	**11**	**12.6%**
Haitian*	1	8.3%
Non-Haitain	75	17.0%
Educational Level	#	%
<8th Grade	2	14.3%
8-12th Grade	45	19.0%
College	29	14.0%

Risk Factor	#	%
MSM	45	15.4%
Black MSM*	12	24.0%
White MSM	32	13.6%
Hispanic MSM*	7	11.1%
	#	%
Heterosexual	27	19.7%
Black Hetero	17	17.5%
White Hetero*	10	25.0%
Hispanic Hetero*	4	18.2%
	#	%
Hemophilia*	0	0.0%
IDU*	0	0.0%
MSM/IDU*	2	40.0%
Perinatal*	2	50.0%
Transfusion*	0	0.0%

FY 2014-2015 Mental Health Service Category

Overview of Service Category

Mental Health services provide mental health counseling to Part A clients. Three service providers, including one MAI service provider, are available for clients to receive services from. Mental health, similar to HIV, still has stigma attached to it, which has traditionally made it difficult to engage clients in care. Mental health issues continue to be a top concern for the Broward EMA, but Part A mental health services are underutilized; between FY 2013 and FY 2014, utilization of mental health services decreased by 16%. Other factors, such as substance abuse issues, may also make it difficult for clients to remain engaged in care.

Utilization

For fiscal year (FY) 14-15, the Part A Mental Health program served 453 unduplicated clients, approximately a 16% decrease from the previous FY.

Allocations & Expenditures

In FY 14-15, mental health was allocated a total of $426,836 in Part A funds. The expenditures for mental health have decreased by approximately 13% between FY 2013 and FY 2014.

Viral Suppression

Of the 454 mental health clients, 16.8% were not virally suppressed. Subpopulations not achieving health outcomes were very small (most <50 clients). The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Women (21.1%) were more likely not to have a suppressed viral load compared to men (11.4%).

Race/Ethnicity: Black non-Hispanic clients (19.6%) were more likely than both White non-Hispanic clients (17.2%) and Hispanic clients (12.6%) to not have a suppressed viral load.

Age: 18-28 year olds were more likely not to be virally suppressed (27.7%) compared to clients in other age groups.

Housing Status: Clients who do not have permanent housing (19.4%) were more likely not to have a suppressed viral load, compared to clients with permanent housing (17.4%).

Education Level: Clients with an education level between 8th and 12th grade were most likely not to be virally suppressed (19.0%).

Risk Factor: Clients who identified heterosexual sexual contact as a risk factor were most likely not to be virally suppressed (19.7%), closely followed by clients who identify men who have sex with men (MSM) as a risk factor (15.4%). White Heterosexual men and women (25.0%) were more likely than Blacks (17.5%) and Hispanics (18.2%) not to be virally suppressed. Black MSM (24.0%) were far more likely not to be virally suppressed than both Hispanic (11.1%) and White MSM (13.6%).

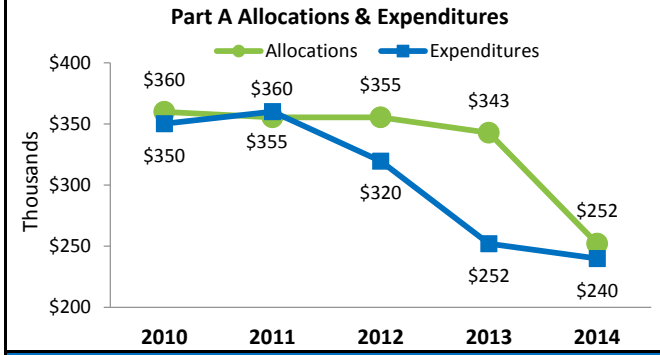
Conclusion

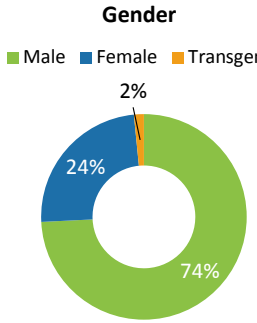
Mental health issues continue to be an important aspect of clients staying in care and becoming virally suppressed. Since other factors are often at play besides mental health, such as substance abuse co-morbidities, further research on a behavioral health model to be implemented in the future may be a recommendation of the committee. The committee may also want to recommend research on a more targeted MAI mental health model, as minority mental health clients are far more likely not to be virally suppressed.

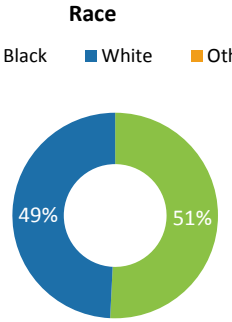
FY 2014-15 Scorecard: Substance Abuse

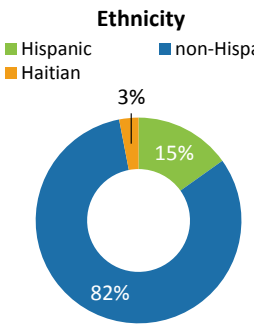
ELIGIBILITY: </=300% FPL

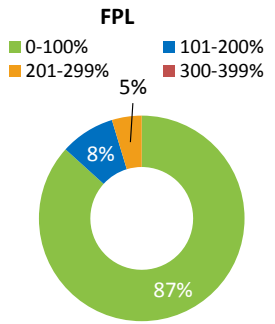
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total	% of Total	
2014	$252,088	$400,000	**$652,088**	$239,935	$346,601	$586,536	-4.8%	**$16,012,762**	**3.7%**	**7**
2013	$342,889	$400,000	**$742,889**	$252,077	$452,255	$704,332	-21.1%	$15,366,650	4.6%	3
2012	$355,389	$400,624	**$756,013**	$319,631	$399,986	$719,617	-11.2%	$15,423,413	4.7%	6
2011	$355,389	$375,000	**$730,389**	$360,060	$374,931	$734,991	2.8%	$15,006,261	4.9%	7
2010	$359,861	$375,000	**$734,861**	$350,277	$334,750	$685,027	N/A	$15,395,252	4.4%	5











FY 14-15 Substance Abuse Utilization & Demographics

Year	Total Clients	% change	# New	% New
2014	128	**4.92%**	40	**31.3%**
2013	122		50	41.0%

Ryan White Part A & MAI Providers		
Type	Part A	MAI
Number	2	1

FPL*	#	%
0-100%	111	86.7%
101-200%	11	8.6%
201-299%	6	4.7%
300-399%	0	0.0%
400% & over	0	0.0%

Insurance	#	%
Private	3	2.3%
Medicare	1	0.8%
Medicaid	25	19.5%
Other Public	1	0.8%
None	97	75.8%

Gender	#	%
Male	95	74.2%
Female	31	24.2%
Transgender	2	1.6%

Race	#	%
Black	65	50.8%
White	63	49.2%
Other	0	0.0%

Ethnicity	#	%
Hispanic	20	15.6%
non-Hispanic	108	84.4%
Haitian	4	3.1%

Average Cost Per Client
$4,165.74

** FPL is current for the end of the FY*

FY 2014-15 Scorecard: Substance Abuse

ELIGIBILITY: </=300% FPL

FY 14-15 Top Diagnoses

Diagnosis*		# of Clients	% of Clients
1. Cannabis Abuse:	Periodic use & intoxication by marijuana which may interfere with an individual's performance.	3	2.3%
2. Opioid Abuse:	Includes legal pain relievers as well as illegal drugs such as heroin. Strong desire for opioids as well as inability to reduce use indicates abuse of these drugs.	1	0.8%
3. Polysubstance Dependence:	Addiction to intoxication without preference for substance.	1	0.8%

**Indicates primary diagnosis. Many clients have a mental health diagnosis as the primary diagnosis.*

FY 14-15 Outcomes and Indicators

Outcomes and indicators were revised in 2014

		Num/Denom	%
Outcome 1:	Improvement in client's symptoms associated with primary mental health diagnosis		
Indicator 1.1:	85% of clients achieve Plan of Care goals by designated target date.	62/124	50.0%
Outcome 2:	Increase and/or maintain retention in OAMC	Num/Denom	%
Indicator 2.1:	85% of clients are retained in OAMC.	148/174	85.1%

Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation

All Clients	#	%
	31	24.6%
Gender	#	%
Male	23	25.0%
Female*	8	27.6%
Transgender*	0	0.0%
Age	#	%
18-28*	3	30.0%
29-38*	13	37.1%
39-48*	6	21.4%
49-58*	9	18.4%
59+*	0	0.0%
Living Arrangements	#	%
Permanent*	5	12.8%
Non-Permanent	25	33.8%
Institution*	1	14.3%

Race/Ethnicity	#	%
Black non-Hispanic Male*	12	30.0%
Black non-Hispanic Female*	6	27.3%
Total Black non-Hispanic*	**18**	**29.0%**
White non-Hispanic Male*	8	22.9%
White non-Hispanic Female*	2	28.6%
Total White non-Hispanic*	**10**	**23.8%**
Hispanic Male*	3	17.6%
Hispanic Female*	0	0.0%
Total Hispanic*	**2**	**10.0%**
Haitian*	2	50.0%
Non-Haitian	29	23.8%
Educational Level	#	%
<8th Grade*	4	44.4%
8-12th Grade	20	23.8%
College*	7	21.9%

Risk Factor	#	%
MSM*	14	25.0%
Black MSM*	8	34.8%
White MSM*	6	18.2%
Hispanic MSM*	1	11.1%
	#	%
Heterosexual*	13	22.4%
Black Hetero*	9	21.9%
White Hetero*	4	23.5%
Hispanic Hetero*	1	14.3%
	#	%
Hemophilia*	0	0.0%
IDU*	2	25.0%
MSM/IDU*	1	33.3%
Perinatal*	1	100.0%
Transfusion*	0	0.0%

FY 2014-2015 Substance Abuse Service Category

Overview of Service Category

The Substance Abuse program is funded by Ryan White Part A. Funds are awarded to two agencies, including one for MAI services, which in turn deliver substance abuse services to eligible individuals. Substance abuse services provided by Part A are for outpatient services only, but residential services are available through other programs such as the Broward Addiction Recovery Center (BARC). The emergence of new drugs such as flakka, that are relatively easy to obtain, may have played a part in the increase in clients for FY 2014.

Utilization

For fiscal year (FY) 14-15, the Part A Substance Abuse program served 128 unduplicated clients, approximately a 5% increase from the previous FY.

Allocations & Expenditures

In FY 14-15, substance abuse was allocated a total of $652,088 in Part A funds. The expenditures for substance abuse have decreased approximately 5% since the previous fiscal year, which may be due in part to the reduction of providers.

Viral Suppression

Of the 128 substance abuse clients, 24.6% were not virally suppressed. Subpopulations not achieving health outcomes were very small (most <50 clients). The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Women (27.6%) were more likely not to have a suppressed viral load compared to men (21.5%).

Race/Ethnicity: Black non-Hispanic clients (29.0%) are more likely not to be virally suppressed than White non-Hispanic (23.8%) or Hispanic clients (10.0%).

Age: 29-38 year olds (37.1%) and 18-28 year olds (30.0%) were more likely not to be virally suppressed compared to other age categories.

Housing Status: Clients who do not have permanent housing were more likely not to be virally suppressed (33.8%) compared to clients with permanent housing (12.8%).

Education Level: Clients with an education level less than an 8th grade education were most likely not to be virally suppressed (44.4%).

Risk Factor: Clients who identified as men who have sex with men (MSM) were more likely not to be virally suppressed (25.0%) than heterosexual clients (22.1%).

Conclusion

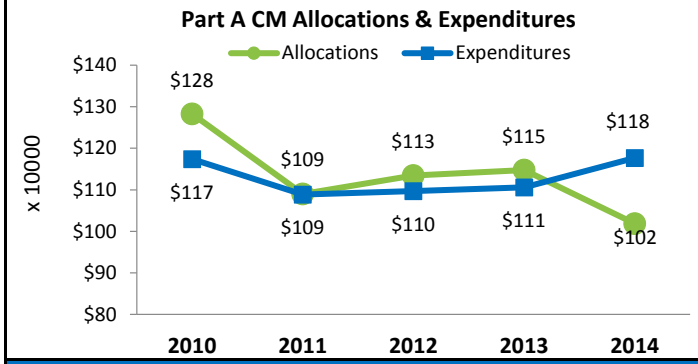
Substance Abuse services continue to play an important role in clients being retained in care and becoming virally suppressed. Nearly a fifth of substance abuse clients were not virally suppressed, and minority clients were far more likely not to be virally suppressed. The committee may want to consider conducting research to develop a more targeted MAI substance abuse model, as well as research on a behavioral health model that encompasses both mental health and substance abuse services.

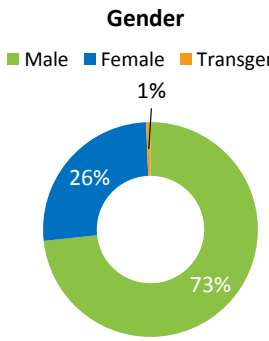
HANDOUT B-5

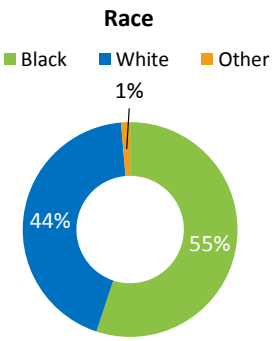
FY 2014-2015 Scorecard: Case Management

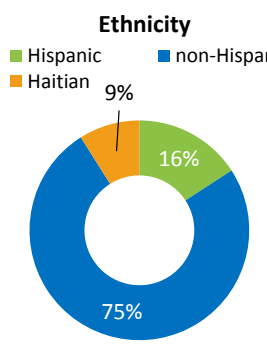
ELIGIBILITY: </= 400% FPL

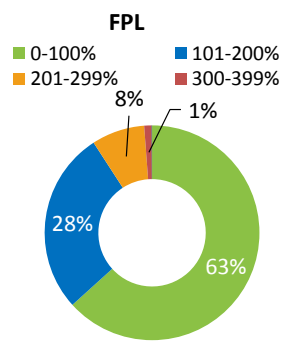
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total	% of Total	
2014	$1,018,661	$0	**$1,018,661**	$1,176,676	$0	$1,176,676	6.39%	**$16,012,762**	7.3%	**1**
2013	$1,147,448	$0	$1,147,448	$1,105,992	$0	$1,105,992	0.81%	$15,366,650	7.2%	4
2012	$1,134,105	$0	$1,134,105	$1,097,100	$0	$1,097,100	0.8%	$15,423,413	7.1%	5
2011	$1,090,105	$0	$1,090,105	$1,088,560	$0	$1,088,560	-7.3%	$15,006,261	7.3%	3
2010	$1,282,612	$0	$1,282,612	$1,174,211	$0	$1,174,211	N/A	$15,395,252	7.6%	4











FY 14-15 Case Management Utilization & Demographics

Year	Total Clients	% change	# New	% New
2014	3,155	**-5.26%**	854	**27.1%**
2013	3,321		875	26.3%

Ryan White Part A & MAI Providers		
Type	Part A	MAI
Number	6	0

FPL*	#	%
0-100%	1,997	60.1%
101-200%	869	26.2%
201-299%	252	7.6%
300-399%	35	1.1%
400% & over	2	0.1%

Insurance	#	%
Private	397	12.6%
Medicare	600	19.0%
Medicaid	431	13.7%
Other Public	21	0.7%
None	1,704	54.0%

Demographics, cont.

Gender	#	%
Male	2,313	73.3%
Female	821	26.0%
Transgender	21	0.7%
Race	**#**	**%**
Black	1,738	55.1%
White	1,374	43.5%
Other	43	1.4%
Ethnicity	**#**	**%**
Hispanic	549	17.4%
non-Hispanic	2,606	82.6%
Haitian	310	9.8%

FY 14-15 Referrals Documented in PE

Referral Type	#	%
Oral Health	118	28.6%
Optometry	54	13.1%
Food Bank	54	13.1%
Nutritional Counseling	36	8.7%
Outreach	27	6.5%
Mental Health	27	6.5%
Legal	20	4.8%
Housing Assistance	18	4.4%
Opthomology	14	3.4%
Other	13	3.1%
Medical	9	2.2%

Referral Type	#	%
CIED	6	1.5%
Substance Abuse	4	1.0%
Pharmacy	4	1.0%
Medical Case Management	3	0.7%
Employment Assistance	1	0.2%
Life Skills	1	0.2%
Treatment Adherence	1	0.2%
Transportation	1	0.2%
Health Insurance	1	0.2%
Psychosocial Support	1	0.2%
Total	413	

* FPL is current for the end of the FY

FY 2014-2015 Scorecard: Case Management

ELIGIBILITY: </= 400% FPL

FY 14-15 Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation

All Clients	#	%
	516	16.7%
Gender	#	%
Male	374	16.4%
Female	133	16.5%
Transgender*	7	36.8%
Age	#	%
18-28	51	26.8%
29-38	104	24.0%
39-48	145	18.8%
49-58	168	14.3%
59+	48	9.2%
Living Arrangements	#	%
Permanent	318	14.5%
Non-Permanent	191	22.0%
Institution*	7	28.0%

Race/Ethnicity	#	%
Black non-Hispanic Male	195	19.0%
Black non-Hispanic Female	111	17.6%
Total Black non-Hispanic	**306**	**18.50%**
White non-Hispanic Male	126	16.6%
White non-Hispanic Female	12	13.6%
Total White non-Hispanic	**138**	**16.30%**
Hispanic Male	47	10.4%
Hispanic Female	10	11.9%
Total Hispanic	**57**	**10.7%**
Haitian	28	9.0%
Non-Haitain	488	17.5%
Educational Level	#	%
<8th Grade	31	14.8%
8-12th Grade	347	18.2%
College	138	14.0%

Risk Factor	#	%
MSM	242	16.9%
Black MSM	91	23.0%
White MSM	145	14.5%
Hispanic MSM	36	10.4%
	#	%
Heterosexual	240	15.9%
Black Hetero	205	16.7%
White Hetero	34	12.3%
Hispanic Hetero	21	12.7%
	#	%
Hemophilia*	3	27.0%
IDU*	11	15.5%
MSM/IDU*	1	5.0%
Perinatal*	7	58.3%
Transfusion*	3	20.0%

*Small population group (N<75 in program year). #s and %s are within each subpopulation.

HANDOUT B-5

FY 2014-2015 Case Management Service Category

Overview of Service Category

Case Management (CM) includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Case Managers are major mechanisms to enhance engagement, retention, and adherence in OAMC by assisting clients to identify and address unmet need and barriers, coordinate care, and increase retention. Key activities include (1) assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary. Services are available from six (6) CM and support service sites throughout Broward.

Utilization

For fiscal year (FY) 14-15, the Part A CM program served 3,155 clients, approximately a 5.26% decrease from the previous FY. Approximately 27.1% of clients utilizing case management services in FY 2014 were new. By facilitating the transition of eligible Ryan White clients into health insurance plans, the Part A Program can be less financially burdened and more funding can be allocated towards additional services with the ultimate goal of improving health outcomes throughout the EMA.

Allocations & Expenditures

The expenditures for case management services increased approximately .21% since 2010, but experienced a more significant increase from FY 2013 to FY 2014 at 6.39%. In FY 14-15, case management was allocated a total of $1,018,661 in Part A funds.

Referrals

Case Managers provide appropriate referral services to clients based on their individual needs. Oral Health (28.6%), Optometry (13.1%) and Food Bank (13.1%) were amongst the top CM referrals in FY 2014.

Viral Suppression

Of the 3,155 CM clients, 16.7% were not virally suppressed. Overall, Black non-Hispanic women and men were less likely to be virally suppressed than non-Hispanic and Hispanic women and men. The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Overall, there was no significant difference for women (16.5%) compared to men (16.4%). However, Black non-Hispanic men (19.0%) were more likely not to have a suppressed viral load compared to Black non-Hispanic women (17.6%). Likewise, White non-Hispanic men (16.6%) were more likely not to have a suppressed viral load compared to White non-Hispanic women (13.6%).

Race/Ethnicity: Black non-Hispanic women (17.6%) were more likely not to have a suppressed viral load, compared to white non-Hispanic women (13.6%) and Hispanic women (11.9%). Black non-Hispanic men (19.0%) were more likely not to have a suppressed viral load, compared to White non-Hispanic men (16.6%) and Hispanic men (10.4%).

Age: 18-28 year olds made up the smallest proportion of CM clients. However, this age group was more likely not to be virally suppressed (26.8%) compared to other age categories.

Housing Status: Clients who do not have permanent housing were more likely not to be virally suppressed (22.0%) compared to clients with permanent housing (14.5%).

Education Level: Clients with an education level between 8th and 12th grade were most likely not to be virally suppressed (18.2%) followed by clients with less than an 8th grade education (14.8%).

Risk Factor: Clients who identified men who have sex with men (MSM) as a risk factor were most likely not to be virally suppressed (16.9%), followed by clients who identify heterosexual sexual contact as a risk factor (15.9%). Black Heterosexual men and women (16.7%) were more likely than Whites (12.3%) and Hispanics (12.7%) not to be virally suppressed. Black MSM (23.0%) were far more likely not to be virally suppressed than both White (14.5%) and Hispanic MSM (10.4%).

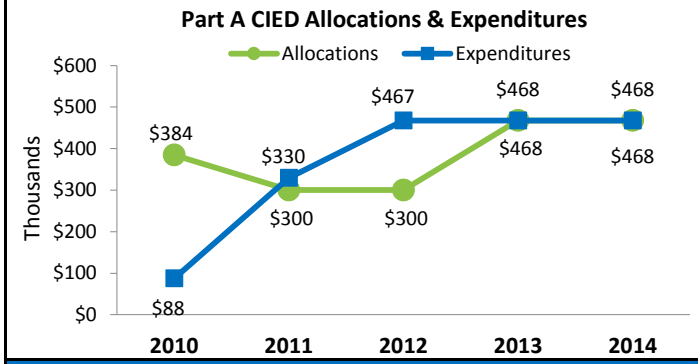
Conclusion

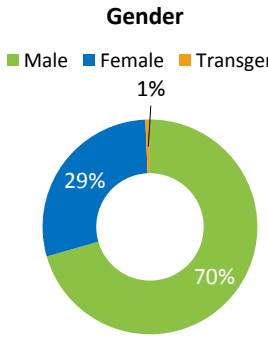
Both Marketplace insurance plans and the implementation of the new Disease Management service category may cause a decrease in utilization and expenditures in the case management program. As more Ryan White clients enroll in private insurance plans, the need for communication between private medical offices and Ryan White providers is expected to increase. Ensuring that there is an efficient system in place to collect updated lab values for clients is integral to monitoring patient progress as well as the quality of Ryan White services. The current case management model has not adequately addressed the clinical needs of clients in order to help retain them in medical care and adhere to medications. Disease Case Managers will be able to better address clients' clinical barriers to staying in care.

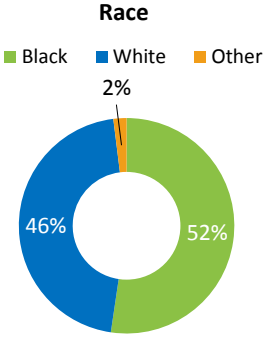
FY 2014-15 Scorecard: Part A and MAI Centralized Intake and Eligibility Determination (CIED)

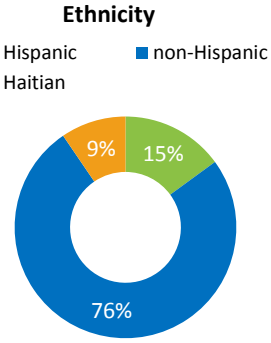
ELIGIBILITY: HIV+, Broward Resident

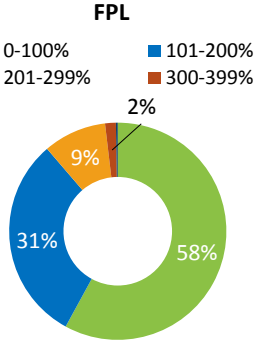
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total	% of Total	
2014	$467,513	$290,957	**$758,470**	$467,500	$290,946	**$758,446**	0.00%	**$16,012,762**	**4.7%**	**1**
2013	$467,513	$290,957	$758,470	$467,513	$290,946	$758,459	0.01%	$15,366,650	4.9%	1
2012	$300,000	$290,957	$590,957	$467,438	$290,943	$758,381	22.2%	$15,423,413	4.9%	2
2011	$300,000	$290,957	$590,957	$329,542	$290,957	$620,499	136.7%	$15,006,261	4.1%	5
2010	$384,043	$290,957	$675,000	$87,765	$174,354	$262,119	N/A	$15,395,252	1.7%	2











FY 14-15 CIED Utilization & Demographics

Year	Total Clients	% change	# New	% New
2014	7,665	**9.20%**	1,384	**18.1%**
2013	6,960		1,225	17.6%

Ryan White Part A & MAI Providers		
Type	Part A	MAI
Number	1	1

FPL*	#	%
0-100%	4,443	63.8%
101-200%	2,357	33.9%
201-299%	721	10.4%
300-399%	123	1.8%
400% & over	21	0.3%

Insurance	#	%
Private	996	13.0%
Medicare	1,675	21.9%
Medicaid	1,084	14.1%
Other Public	40	0.5%
None	3,760	49.1%

	2010		2011		2012		2013		2014	
Gender	#	%	#	%	#	%	#	%	#	%
Male	4,983	70.0%	4,918	70.0%	4,635	69.9%	4,906	70.6%	5,436	70.9%
Female	2,110	29.7%	2,076	29.6%	1,962	29.6%	1,999	28.8%	2,179	28.4%
Transgender	23	0.3%	28	0.4%	32	0.5%	48	0.7%	50	0.7%
Race	#	%	#	%	#	%	#	%	#	%
Black	3,733	52.5%	3,656	52.1%	3,520	53.1%	3,639	52.3%	3,997	52.1%
White	3,169	44.5%	3,117	44.4%	3,028	45.7%	3,177	45.7%	3,486	45.5%
Other	214	3.0%	249	3.5%	82	1.2%	137	2.0%	182	2.4%
Ethnicity	#	%	#	%	#	%	#	%	#	%
Hispanic	997	14.0%	1,014	14.4%	1,034	15.6%	1,140	16.4%	1,257	16.4%
non-Hispanic							5,758	82.8%	6,320	82.5%
Haitian	651	9.1%	696	9.9%	687	10.4%	725	10.4%	754	9.8%

* FPL is current for the end of the FY

FY 2014-15 Scorecard: Part A/MAI Centralized Intake and Eligibility Determination (CIED)

ELIGIBILITY: HIV+, Broward Resident

FY 14-15 CIED Referrals

	2013			2014		
	Part A	Other	Total	Part A	Other	Total
Medical	279		279	133		133
Pharmaceutical	251		251	137		137
Oral Health	880		880	612	56	668
MCM	750		750	421	4	425
Mental Health	109		109	28	1	29
Substance Abuse	15		15	7		7
Food Bank	553	10	563	699	2	701
Legal Assistance	774	2	776	931		931
Outreach	25		25		2	2
AICP	74		74		41	41
Med. Copay		28	28		4	4
Transportation		14	14		3	3
Housing		152	152		109	109
Health Insurance			0	316		316
Other Services		25	25		56	56
Total*	**3,710**	**231**	**3,941**	**3,284**	**278**	**3,562**

2013

	Enrolled	Applied	Approved
Medicaid	2,551	124	2
Medicare	1,642		
Private Ins.			
Food Stamps	3,405	104	34
Cash Assist.		1	
Total*	**7,598**	**229**	**36**

2014

	Enrolled	Applied	Approved
Medicaid	2,006	4	
Medicare	1,451		
Private Ins.	940		
Food Stamps	3,376	126	13
Cash Assist.	3	5	3
Total*	**7,776**	**135**	**16**

*Totals are not unduplicated

FY 14-15 Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation

All Clients	#	%
	1,158	16.6%
Gender	#	%
Male	752	15.1%
Female	398	20.4%
Transgender*	16	34.8%
Age	#	%
18-28	167	32.7%
29-38	252	25.1%
39-48	298	17.7%
49-58	341	13.1%
59+	100	8.8%
Living Arrangements	#	%
Permanent	784	14.8%
Non-Permanent	366	22.9%
Institution*	7	17.9%

Race/Ethnicity	#	%
Black non-Hispanic Male	390	19.2%
Black non-Hispanic Female	331	21.1%
Total Black non-Hispanic	**721**	**20.00%**
White non-Hispanic Male	252	13.4%
White non-Hispanic Female	31	16.1%
Total White non-Hispanic	**283**	**13.70%**
Hispanic Male	103	10.4%
Hispanic Female	26	14.9%
Total Hispanic	**129**	**11.1%**
Haitian	97	13.4%
Non-Haitain	1,060	17.0%
Educational Level	#	%
<8th Grade	74	17.5%
8-12th Grade	753	18.1%
College	331	13.9%

Risk Factor	#	%
MSM	494	15.1%
Black MSM	184	22.9%
White MSM	303	12.5%
Hispanic MSM	88	11.2%
	#	%
Heterosexual	578	17.5%
Black Hetero	503	18.6%
White Hetero	74	12.5%
Hispanic Hetero	40	12.0%
	#	%
Hemophilia*	6	27.3%
IDU	17	13.0%
MSM/IDU*	5	13.5%
Perinatal*	35	47.3%
Transfusion*	4	15.4%

*Small population group (N<75 in program year). #s and %s are within each subpopulation.

FY 2014-2015 CIED Service Category

Overview of Service Category

The Centralized Intake and Eligibility Determination (CIED) service is the key entry point into the Part A system. CIED determines eligibility for Part A and MAI services, identifies health insurers, identifies other community resources, and provides information and referral to clients for needed services. One service provider administers CIED services, although CIED staff is out-posted at 11 additional provider sites throughout Broward. CIED was initially implemented in 2010 for Part A and MAI services. The service expanded in 2013 when the EMA implemented HRSA's requirement to complete eligibility every 6 months. The number of CIED staff increased from 6 in 2010 to 12 in 2014.

Utilization

For fiscal year (FY) 14-15, the Part A CIED program served 7,665 unduplicated clients, approximately a 10% increase from the previous FY. CIED completed 11,825 eligibility determinations, including initial intake and recertification, in FY 14-15.

Allocations & Expenditures

The expenditures for CIED were significantly lower than the allocation for 2010 due to partial implementation of the service. When the HRSA requirement for eligibility redetermination changed to every 6 months in 2011, expenditures increased by 22.2%. The increase in expenditures is likely due to the increase in staff and service utilization. In FY 14-15, CIED was allocated a total of $758,470, which included $467,513 in Part A funds and $290,957 in MAI funds.

Referrals

CIED ensures that appropriate referral services are available to clients. Referrals for food services have increased, which is likely due to eligibility changes for food services in 2013. The Federal Poverty Level (FPL) increased from 150% to 250% in 2013 allowing additional clients to access food services. Referrals for health insurance also increased due to the implementation of the Health Insurance Continuation Program (HICP) in 2014. Medical and pharmacy referrals have decreased, which may be due in part to clients enrolling in private insurance with coverage for medical and pharmacy benefits.

Viral Suppression

Of the 7,665 CIED clients, 16.6% were not virally suppressed. Overall, Black non-Hispanic women and men were less likely to be virally suppressed than non-Hispanic and Hispanic women and men. The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Women (20.4%) were more likely not to have a suppressed viral load compared to men (13.9%).

Race/Ethnicity: Black non-Hispanic women (21.1%) were more likely not to have a suppressed viral load, compared to white non-Hispanic women (16.1%) and Hispanic women (14.9%). Black non-Hispanic men (19.2%) were more likely not to have a suppressed viral load, compared to white non-Hispanic men (13.4%) and Hispanic men (10.4%).

Age: The 18-28 years old age group was more likely not to be virally suppressed (32.7%) compared to other age categories.

Housing Status: Clients who do not have permanent housing were more likely not to be virally suppressed (22.9%) compared to clients with permanent housing (14.8%).

Education Level: Clients with an education level between 8th and 12th grade were most likely not to be virally suppressed (18.1%) followed by clients with less than an 8th grade education (17.5%).

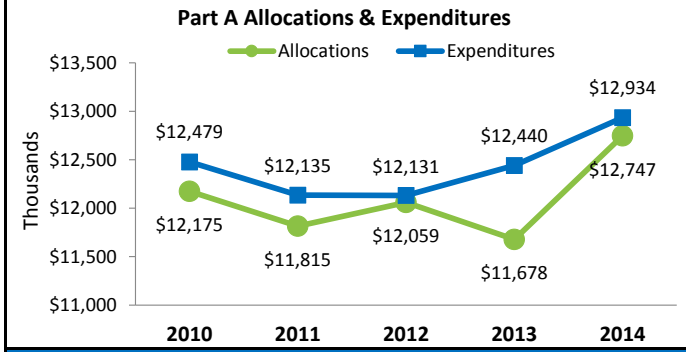
Risk Factor: Clients who identified heterosexual sexual contact as a risk factor were most likely not to be virally suppressed (17.5%), followed by clients who identify men who have sex with men (MSM) as a risk factor (15.1%). Black Heterosexual men and women (18.6%) were more likely than Whites (12.5%) and Hispanics (12.0%) not to be virally suppressed. Black MSM (22.9%) were far more likely not to be virally suppressed than both Hispanic (11.2%) and White MSM (12.5%).

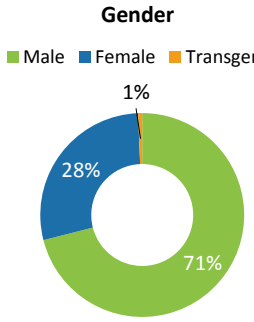
Conclusion

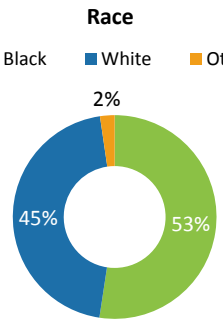
CIED continues to be the single entry point into the Part A system. As navigating the different payers (private insurance, Medicare, Medicaid, Ryan White, and HICP) becomes more difficult, CIED will become more critical in ensuring Ryan White remains the payer of last resort. CIED may require additional dollars to ensure that clients are effectively navigating the system, especially as it relates to assisting with enrollment in Marketplace insurance plans.

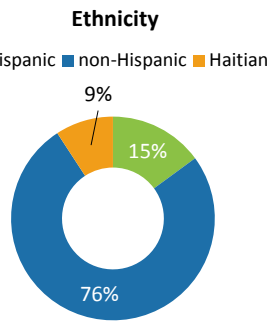
FY 2014-15 Scorecard: Part A Overall

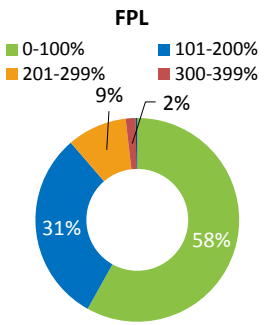
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		
FY	Part A	MAI	Total	Part A	MAI	Total	% change	**Total**	**Carryover**	**% Change**
2014	$12,747,410	$1,096,019	**$13,843,429**	$12,934,463	$1,009,772	$13,944,235	4.0%	**$16,012,762**		**4.2%**
2013	$11,677,997	$1,096,019	**$12,774,016**	$12,439,721	$1,095,535	$13,535,256	2.5%	$15,366,650	$448,662	-0.4%
2012	$12,059,174	$1,063,593	**$13,122,767**	$12,131,345	$898,412	$13,029,757	0.0%	$15,423,413	$32,755	2.8%
2011	$11,815,273	$1,025,383	**$12,840,656**	$12,135,018	$884,638	$13,019,656	-2.8%	$15,006,261		-2.5%
2010	$12,175,020	$910,945	**$13,085,965**	$12,478,545	$910,862	$13,389,407	N/A	$15,395,252		N/A











FY 14-15 Part A Utilization & Demographics

Year	Total Clients	% change
2014	7,962	**7.35%**
2013	7,417	

Ryan White Part A & MAI Providers		
Type	Part A	MAI
Number	11	3

FPL*	#	%
0-100%	4,626	58.1%
101-200%	2,435	30.6%
201-299%	755	9.5%
300-399%	125	1.6%
400% & over	21	0.3%

Insurance	#	%
Private	1,046	13.1%
Medicare	1,718	21.6%
Medicaid	1,137	14.3%
Other Public	43	0.5%
None	4,018	50.5%

Gender	#	%
Male	5,656	71.0%
Female	2,254	28.3%
Transgender	52	0.7%

Race	#	%
Black	4,172	52.4%
White	3,606	45.3%
Other	184	2.3%

Ethnicity	#	%
Hispanic	1295	16.3%
non-Hispanic	6579	82.6%
Haitian	798	10.0%

* FPL is current for the end of the FY

FY 2014-15 Scorecard: Part A Overall

Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation

All Clients	#	%
	1,250	17.3%
Gender	#	%
Male	812	16.0%
Female	413	20.6%
Transgender*	16	33.3%
Age	#	%
18-28	188	34.6%
29-38	277	26.2%
39-48	317	18.0%
49-58	363	13.5%
59+	105	8.9%
Living Arrangements	#	%
Permanent	846	15.4%
Non-Permanent	396	23.6%
Institution*	7	17.9%

Race/Ethnicity	#	%
Black non-Hispanic Male	437	20.4%
Black non-Hispanic Female	356	21.9%
Total Black non-Hispanic	**793**	**21.10%**
White non-Hispanic Male	266	13.8%
White non-Hispanic Female	31	15.8%
Total White non-Hispanic	**297**	**13.9%**
Hispanic Male	109	10.7%
Hispanic Female	26	14.5%
Total Hispanic	**135**	**11.3%**
Haitian	116	15.1%
Non-Haitain	1,133	17.6%
Educational Level	#	%
<8th Grade	80	18.2%
8-12th Grade	819	19.0%
College	351	14.2%

Risk Factor	#	%
MSM	529	15.6%
Black MSM	204	24.1%
White MSM	318	12.7%
Hispanic MSM	92	11.4%
	#	%
Heterosexual	630	18.3%
Black Hetero	551	19.5%
White Hetero	78	12.9%
Hispanic Hetero	42	12.3%
	#	%
Hemophilia*	6	27.3%
IDU	18	13.4%
MSM/IDU*	5	13.5%
Perinatal	36	46.8%
Transfusion*	5	17.9%

*Small population group (N<75 in program year). #s and %s are within each subpopulation.

HANDOUT B-7

FY 2014-2015 Part A Overall

Overview

The Broward/Fort Lauderdale EMA continues to serve one of the country's areas most heavily impacted by the HIV/AIDS epidemic. The EMA has eleven providers, including three MAI providers, and provides clients with access to twelve different types of services. The Part A program is one of the largest providers of HIV care and treatment in the county.

Utilization

For fiscal year (FY) 14-15, the Part A program served 7,962 unduplicated clients, approximately a 7% increase from the previous FY.

Allocations & Expenditures

Due in part to the expiration of the hold harmless provision in 2014, the Broward EMA received an increase in funds for FY 2014. The increase in funds allowed the EMA to more comfortably implement two new services: Disease (Medical) Case Management and the Health Insurance Continuation Program (HICP). The Part A program expended nearly all funds for FY 2014, but a small amount of carryover was requested to be used for HICP. As implementation of the Affordable Care Act (ACA) progresses, there may be noticeable decreases in OAMC and pharmacy expenditures.

Viral Suppression

Of the 7,962 Part A clients, 17.3% were not virally suppressed. Overall, Black non-Hispanic women and men were less likely to be virally suppressed than White non-Hispanic and Hispanic women and men. The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Women (20.6%) were more likely not to have a suppressed viral load compared to men (16.0%).

Race/Ethnicity: Black non-Hispanic women were more likely not to have a suppressed viral load (21.9%), compared to white non-Hispanic women (15.8%) and Hispanic women (14.5%). Black non-Hispanic men were more likely not to have a suppressed viral load (20.4%), compared to white non-Hispanic men (13.8%) and Hispanic men (10.7%).

Age: Although 18-28 year olds make up the smallest proportion of clients (only 7.5%), this age group was more likely not to be virally suppressed (34.6%) compared to other age categories.

Housing Status: Clients who do not have permanent housing were more likely not to be virally suppressed (23.6%) compared to clients with permanent housing (15.4%).

Education Level: Clients with an education level between 8th and 12th grade were most likely not to be virally suppressed (19.0%) followed by clients with less than an 8th grade education (18.2%).

Risk Factor: Clients who identified heterosexual sexual contact as a risk factor were most likely not to be virally suppressed (18.3%), followed by clients who identify men who have sex with men (MSM) as a risk factor (15.6%). Black Heterosexual men and women (19.5%) were more likely than Whites (12.9%) and Hispanics (12.3%) not to be virally suppressed. Black MSM (24.1%) were far more likely not to be virally suppressed than both Hispanic (11.4%) and White MSM (12.7%).

Conclusion

The Part A program is achieving high rates of viral load suppression; close to 83% of clients are virally suppressed. However, significant disparities exist in the subpopulations that are not achieving health outcomes. Black men and women and Black MSM are especially less likely to be virally suppressed. These subpopulations may benefit from targeted MAI funding, particularly in those service categories with the highest rates of subpopulations not virally suppressed, such as substance abuse and non-medical case management. Approximately 750 clients between HICP and ADAP Premium Plus have transitioned onto Marketplace insurance plans. While it is too soon to determine the impact, it is expected the ACA will have a significant effect on the Part A program, specifically on OAMC and pharmacy expenditures.