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 17, 2016, 12:30 p.m.
Location: Governmental Center 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:** 8/17/16 Agenda and 7/20/16 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Monthly Expenditure/Utilization Report by Category of Service (Handouts A)
4. **UNFINISHED BUSINESS**
   a. Transportation- Receive an update on changes to Part B transportation policies
5. **MEETING ACTIVITIES**

Goal/Work Plan Objective #:	*Accomplishments*
MAI Strategies (Handout B-D)	ACTION ITEM: Discuss MAI Strategies that will be included in the MAI Service Delivery model.

6. **SUBCOMMITTEE REPORTS**
   None.
7. **GRANTEE REPORTS**
8. **PUBLIC COMMENT**
9. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** TBD **Venue:** A-337

Goal/Work Plan Objective #:	*Accomplishments*

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

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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

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MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Wednesday, July 20, 2016, 1:00 p.m. **Location:** Governmental Center A-337
Chair: Carla Taylor-Bennett **Vice Chair:** Rick Siclari

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

1. CALL TO ORDER:

The Chair called the meeting to order at 12:43 p.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, Grantee staff and HIVPC staff self-introductions were made.

2. APPROVALS:

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

Motion #2: To approve meeting minutes from 6/15/16
Proposed by: Katz, H.B. **Seconded by:** Gammell, B.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS:

a. Monthly Expenditure/Utilization Report by Category of Service –William Card reviewed the final FY15-16 Part A expenditures by service category (Handout on file). All Part A funds were expended all core and support service categories except for MAI. The FY15-16 unexpended amount totals $248,955. The PSRA Chair explained that MAI dollars may roll over into the next fiscal year with approval from HRSA, and Part A funds under $400,000 may also be carried over (under 5% of the award). The final Food Bank expenditures includes a bulk purchase of less than $100,000. Most of the Part A bulk purchases came from Pharmacy to pay for the Hepatitis C drug, Harvoni.

4. UNFINISHED BUSINESS:

None.

5. NEW BUSINESS

a. Review PSRA Data (Handout A-B) - Handout A (on file) details All Funders' FY15-16 expenditures by service and client demographics. The HOPWA representative told the other committee members that HOPWA helped 844 clients with financial subsidies while another 1222 received linkage services, with approximately 2,000 total clients served by HOPWA. HOPWA is working with PE to collect more detailed data on client demographics.
The PC Manager gave a 5 year overview of trends in Part A client utilization of services (Handout B2 on file). The members spoke about the impact of both the ACA and the increase in new HIV infections on OAMC utilization. With the increased in clients enrolled into the ACA in the previous enrollment period, the Staff projected an increase in HICP utilization, including Part A clients and ADAP clients who receive Part A assistance in wrap-around payments. The members spoke about the underutilization of MH, and how the implementation of BH screenings during OAMC visits may lead to an increase in MH due to screening referrals. The members spoke about an overall increase in Part A utilization based on continued the continued increase in new Broward HIV infections. Chair asked why Legal utilization was down from the previous year, and the member from Legal Aide stated that while their numbers have decreased by 14%, its only 30 people. Legal Aid serves a steady 200 clients, give or take 10-15 clients each year; much of the service is based on SSDI appeals. The Grantee explained that the difficulty of looking at projections based on utilization or new infections is that they do not take into account one time clients or historical trends. He asked the members to refer to the Allocations sheet (Handout B1) to identify more realistic projections based on HBTMTN and Grantee considerations for each service category. The group discussed new infection rates, and how many newly infected first come into the Part A system before moving onto ACA plans. If a client starts in the Part A system and then moves off, they are still incorporated in Part A client numbers for the entire FY.

The PSRA Chair asked the PC Manager went through each service category, utilizations, factors, numbers and proposed allocation amount (Handout B1 on file). A member asked to review the MAI allocations before deciding on Part A allocations. The committee discussed the work that the committee had done on MAI models, and how to allocate the $1,000,000 based on the services that would be provided through the identified aspects of the proposed model: SA, CIED, MCM, CM, and OAMC. The Grantee reminded the members any new MAI initiative would serve approximately 700 unsuppressed Black clients, would not start until the middle of the next fiscal year, and that the committee could reallocate funds as needed once programs are developed and finalized. $200,000 from MAI carryover funds would be available for MAI programming as well. The members recognized that it would be hard to make funding estimates for a service not yet developed and that would not be implemented until six months into the fiscal year. The program will have to go through an RFP process. Grantee stated that OAMC, MCM, and MH had a FY-16 combined allocation of approximately $405,000. If the estimated sum of an MAI program were $500,000, then the committee would need to add approximately $95,000 to split between those services and increase Part A CIED allocations to accommodate the decrease in MAI CIED funding. The MAI service would have to encompass those figures in the model and can add funding in future allocations. The PSRA committee would not have to fund a separate service for the MAI program, but would have a model that has specific elements that would have a mix of billing units in one program.

The PSRA Chair explained to the members that the allocations process is simply a request to HRSA, and factors for service needs and new infections are included in the allocation request. The members reviewed each service category's utilization, factors to consider and funding recommendations. The Vice Chair left the meeting before the voting due to a scheduling conflict.
The committee reviewed the recommended OAMC allocation and how the integration of BH will

factor as an increase in funds.

Motion #3: To allocate $6,426,056 into OAMC **Proposed by:** Katz, H.B. **Seconded by:** DeSantis, M. **Action:** Passed Unanimously (8 votes)

The members next looked at the Pharmacy category, with 10% decrease that would be transferred into the EFA category for clients who needed stop-gap medications, as well as an increase of 10% based on projected utilization from new infections.

Motion #4: To allocate $677,165 to Pharmacy **Proposed by**: Gammell, B. **Seconded by:** Katz, H.B. **Action:** Passed Unanimously (8 votes)

Oral Health factors for increase of funding include the expansion of service funding cap into 2 components: specialty and routine which would lead to a 10% increase in funding. The new community clinic may decrease clients, but new infections account for recommended 5% increase as well.

Motion # 5: To allocate $2,687,049 OHC **Proposed by:** Katz, H.B. **Seconded by:** Gammell, B. **Action:** Passed Unanimously (8 votes)

The Grantee offered a caveat when reviewing the HICP recommendations: HICP expenditures may significantly change based on ADAP's decision to expand their ACA enrollment to clients making 400% FPL. The Grantee Staff reviewed the average co-pays and cost per ADAP clients. There were 864 ADAP clients enrolled in the ACA, and 64 ADAP clients utilized HICP for wraparound service payments. Currently HICP pays $510,000 in premiums. The change in ADAP eligibility would decrease that amount by approximately 95%. $20,000- 30,000 would be needed to service those clients who did not qualify for ACA plans or are not certified by ADAP. ADAP clients must be prescribed ART to qualify for benefits. HICP would potentially still pay $60,000 for ADAP client wraparounds. The member decided to allocate funds based on their current situation, and make adjustments to allocations during "sweeps" if need be.

Motion #6: To allocate $760,000 to HICP **Proposed by:** Gammell, B. **Seconded by**: DeSantis, M. /Hayes, M. **Action:** Passed Unanimously (8 votes)

While DCM client utilization increased by 90% last fiscal year, the service has most likely reached a plateau in utilization. The Grantee recommended a 5% increase in funding due to new infections.

Motion #7: To allocate $523,900 to DCM **Proposed by:** Gammell, B. **Seconded by:** Katz, H.B. **Action:** Passed Unanimously (8 votes)

MH allocations was recommended to remain flat based on the integration of BH and OAMC. The Grantee is not sure whether the new feature will offset or increase utilization, and the Grantee will need to track utilization and expenditures to determine new trends. They also recommended a 2% increase for new clients coming into the system.

Motion #8: To allocate $375,807 to MH **Proposed by:** Gammell, B. **Seconded by:** Katz, H.B. **Action:** Passed Unanimously (8 votes)

The Grantee recommended a 10% increase in SA allocations. This recommendation was based on the integration BH/OAMC and potential increase in SA services due to the connection between MH and SA. They also recommended a 2% increases for new infections. The Grantee then stated that in light of the previous MAI discussion he was suggest increasing Part A SA allocations by $100,000 in case there was a need for MAI SA funding for the new programs. The members discussed MAI allocation for SA, and how many of the MAI clients who are not virally suppressed may have substance abuse issues that affected their suppression. The new MAI program may lead to greater utilization of SA.

Motion #9: To allocate $338,010 to SA
Proposed by: Katz, H.B. **Seconded by:** Grant, C.
Action: Passed Unanimously (8 votes)

The Grantee first recommended flat funding for CIED, but then recommended an increase in allocations to allow for changes in the MAI programming and billing.

Motion #10: To allocate $750,564 to CM-CIED
Proposed by: Gammell, B **Seconded by:** Katz, H.B
Action: Passed Unanimously (8 votes)

The committee looked at the recommended CM increase to account for the FY17-18 HBTMTN language increasing peers and adding Benefits Navigation Specialists. The Grantee recommended a 20% increase in funding due to those factors and 5% increase for new infections.

Motion #11: To allocate $1,565,899 to CM
Proposed by: Gammell, B. **Seconded by:** Shamer, D.
Action: Passed Unanimously (8 votes)

The funding of EFA reflects the change mandated by HRSA for the distribution of stop-gap medications out of EFA funding and not Pharmacy. New clients usually take 30 days to receive their benefits from other programs, and clients who need ART in the meantime can get their supply from Part A. A member wanted to ensure that the medications dispensed from EFA are only for emergency needs and not for the Hepatitis C program; the Grantee explained that the medications are not for Hep. C but are the same emergency supply but the change is simply a reflection of a different billing mechanism.

Motion #12: To allocate $67,500 to EFA
Proposed by: Katz, H.B. **Seconded by:** Hayes, M.
Action: Passed Unanimously (8 votes)

The Outreach recommendation factors in DIS workers from the FLDOH-BC to find and reengage Part A clients back into care.

Motion #13:To allocate $250,000 to Outreach
Proposed by: Hayes, M. **Seconded by:** Katz, H.B.
Discussion: The members inquired how many employees would be funded by the service. The Grantee explained that the $250,000 is the projected cost of providing both Part A and ADAP's DIS work (as many of the clients are duplicated). This would potentially allow for Part B to have additional funding to cover more transportation services for clients. $150,000 would go toward Part A only DIS workers, but the Grantee believed that expanding the score would enhance Broward's continuum of care and benefit Part A clients in need of additional transportation services.
Stacked Motion: To allocate $150,000 to Outreach.
Proposed by: Gammell, B. **Seconded by:** None

Motion #13 Action: Passed with 1 opposition (8 votes)

The Grantee recommended a 23% decrease in Food Bank allocations due of potential changes to eligibility.

Motion #14: To allocate $702,401 to Food Bank
Proposed by: Shamer, D. Seconded by: Katz, H.B.
Discussion: The members enquired about the proposed decrease considering the HBTMTN's nutrition educational sessions and increased client utilization with the change in eligibility criteria, and asked for the FY15 expenditures in bulk purchases and food vouchers. The Grantee representative told the members that $123,054 was spent in bulk purchases and $169,379 in vouchers. A member proposed allocating the same funding as Food Bank's FY15 final expenditures.
Stacked Motion: To allocate $752,504 to Food Bank
Proposed by: Hayes, M. **Seconded by:** DeSantis, M.
Stack Motion Action: Passed with 1 abstention (7 votes)

The members reviewed the allocations recommended for Legal. The Grantee stated that there should be a 0% increase for factors, and that the members should take into account average number clients a year (approximately 190-200). Many clients may need single visit services or long-term help cased on complexity and length of case. The members decided to maintain Legal funding with a slight increase.

Motion # 15: To allocate $130,260 to Legal
Proposed by: Gammell, B. **Seconded by:** Hayes, M.
Action: Passed with 1 abstention (7 votes)

The PSRA members allocated MAI funding based on the previously mentioned factors regarding upcoming MAI programming.

Motion #16: To allocate $323,345 to MAI OAMC
Proposed by: Gammell, B. **Seconded by:** Katz, H.B.
Action: Passed with 1 abstention (7 votes)

Motion #17: To allocate $82,602 to MAI MCM
Proposed by: Gammell, B. **Seconded by:** Katz, H.B.
Action: Passed Unanimously (8 votes)

Motion #18: To allocate $58,180 to MAI MH
Proposed by: DeSantis, M. **Seconded by:** Katz, H.B.
Action: Passed Unanimously (8 votes)

Motion #19: To allocated $503,418 to SA
Proposed by: Katz, H.B. **Seconded by**: DeSantis, M.
Action: Passed Unanimously (8 votes)

Motion #20: To allocate $222,725 to MAI CM (CIED)
Proposed by: Katz, H.B. **Seconded by:** Gammell, B.
Action: Passed Unanimously (8 votes)

Motion #21: To allocate $25,000 to MAI Outreach to be used as a place holder for MAI programming

Proposed by: Gammell, B. Seconded by: Katz, H.B.
Discussion: The allocation was proposed to serve as a place holder for MAI DIS activities when the MAI program is finalized. A member expressed concern that dividing Outreach money between Part A and MAI would turn the service into another billing mechanism. A member stated that MAI Outreach would be a central component in helping engage clients lost to care, but a member stated that Part A DIS workers would be focusing on much of the same clientele and the need is already met without MAI Outreach. The member who proposed the motion reiterated that this would simply serve as a place holder and funds could be reallocated at another time.
Action: Passed with 1 objection (7 votes)

6. GRANTEE REPORT

a. Part A: None.
b. Part B: None.
c. ADAP Report: None.

7. PUBLIC COMMENT

None

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: August 17, 2016 Venue: A-337

Goal/Work Plan Objective #:	*Accomplishments*

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

The meeting was adjourned at 4:43 p.m.

PSRA Attendance CY 2016

PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
			Meeting Date:	20	17	16	20	25	15	20						
		1	Bell, J.	N-2/17		X	X	X	X	A						
1		**2**	DeSantis, M.	X	A	X	X	X	X	X						

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	3	Gammell, B.	X	X	X	X	X	X	X						
	4	Grant, C.	X	X	X	X	X	X	X						
	5	Hayes, M.	X	X	X	X	X	X	X						
1	**6**	Katz, H.B.	X	X	X	A	X	X	X						
		Lewis, L.	X	Z-2/1											
	7	Lopes, R.		X	X	X	X	X	A						N-1/20
1		Proulx, D.	X	X	X	A	Z- 5/1								
2	**8**	Reed, Y.	X	X	A	E	X	X	A						
1	**9**	Schickowski, K.	X	A	X	X	X	X	X						
	10	Shamer, D.	X	X	X	X	A	A	X						
	11	Siclari, R., *V. Chair*	X	X	E	X	X	A	X						
	12	Taylor-Bennett, C., *Chair*	X	X	X	X	X	X	X						
		Quorum = 8	12	10	11	10	11	10	9						

Legend:
X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

HANDOUT A1

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 2015-16 Expenditures

Service Category	Contracted or Allotted Amount	Expended Amount (4 Months)	Expended % (33.3%)	Unexpended Amount	Average Monthly Expenditures	FY 2016-17 Projected Expenditures
Ambulatory (5)	$5,355,047	$1,152,153	21.5%	$4,202,894	$288,038	$3,456,458
MAI Ambulatory (1)	$286,596	$286,422	99.9%	$174	$71,606	$859,267
Pharmaceuticals (3)	$677,165	$198,756	29.4%	$478,409	$49,689	$596,269
Dental (2)	$2,336,864	$792,531	33.9%	$1,544,333	$198,133	$2,377,594
Case Management (6)	$1,252,719	$411,614	32.9%	$841,105	$102,904	$1,234,843
MAI Medical Case Management (1)	$55,997	$14,296	25.5%	$41,701	$3,574	$42,888
Medical Case Management DM (4)	$338,000	$89,454	26.5%	$248,546	$22,364	$268,363
Mental Health (3)	$368,438	$89,962	24.4%	$278,476	$22,490	$269,885
MAI Mental Health (1)	$62,469	$11,578	18.5%	$50,891	$2,894	$34,734
Substance Abuse (2)	$212,509	$58,675	27.6%	$153,834	$14,669	$176,026
MAI Substance Abuse (1)	$400,000	$110,029	27.5%	$289,971	$27,507	$330,088
Food Bank (1)	$596,103	$54,075	9.1%	$542,028	$13,519	$162,225
Food Voucher (1)	$184,343	$3,872	2.1%	$180,472	$968	$11,615
Centralized Intake and Eligibility Determination (1)	$560,513	$67,830	12.1%	$492,683	$16,958	$203,491
MAI Centralized Intake and Eligibility Determination (1)	$290,957	$214,936	73.9%	$76,021	$53,734	$644,807
HICP (1)	$760,000	$299,648	39.4%	$460,352	$74,912	$898,945
Legal Assistance (1)	$121,426	$38,165	31.4%	$83,262	$9,541	$114,494
Total Part A Funds	**$12,763,127**	**$3,256,736**	**25.5%**	**$9,506,391**	**$814,184**	**$9,770,208**
Total MAI Funds	**$1,096,019**	**$637,261**	**58.1%**	**$458,758**	**$159,315**	**$1,911,784**
Total Funds	**$13,859,146**	**$3,893,997**	**28.1%**	**$9,965,149**	**$973,499**	**$11,681,991**
Bulk - Pharmaceutical (2)	$938,010	$19,575	2.1%	$918,435	$4,894	
Bulk - Food Bank & Voucher (1)	$292,435	$123,025	42.1%	$169,410	$30,756	

HANDOUT A2

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 2015-16 Expenditures

Service Category	Contracted or Allotted Amount	Expended Amount (4 Months)	Expended % (33.3%)	Unexpended Amount	Average Monthly Expenditures	FY 2016-17 Projected Expenditures
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Food Voucher (1)	$184,343	$3,872	2.1%	$180,472	$968	$11,615
Centralized Intake and Eligibility Determination (1)	$560,513	$67,830	12.1%	$492,683	$16,958	$203,491
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Total MAI Funds	**$1,096,019**	**$637,261**	**58.1%**	**$458,758**	**$159,315**	**$1,911,784**
Total Funds	**$13,859,146**	**$3,893,997**	**28.1%**	**$9,965,149**	**$973,499**	**$11,681,991**

HANDOUT B

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MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)

Date/Time: Wednesday, March 16, 2016, 12:30 p.m. **Location:** Governmental Center Room GC-302

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

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Bell, J.	**X**			Hamlet, L.
2	DeSantis, M.	**X**			Rodriguez, J.
3	Gammell, B.	**X**			
4	Grant, C.	**X**			**Grantee Staff**
5	Hayes, M.	**X**			Green, W.E.
6	Katz, H. B.	**X**			Card, W.
7	Lopes, R.	**X**			Jones, L.
8	Reed, Y.		**A**		Anderson, T.
9	Schickowski, K.	**X**			
10	Shamer, D.	**X**			**HIVPC Staff**
11	Proulx, D.	**X**			Holloman, K.
12	Siclari, R., *Vice Chair*		**E**		Johnson, B.
13	Taylor-Bennett, C., *Chair*	**X**			Ewart, L.
	Quorum = 8	**11**			Jackson, M.

1. CALL TO ORDER:

The Chair called the meeting to order at 12:45 p.m. The Planning Council Vice 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 the discussion of the PSRA timeline without approvals
Proposed by: DeSantis, M. **Seconded by:** Hayes, M.
Action: Passed Unanimously

Motion #2: To approve meeting minutes from 2/17/16
Proposed by: Hayes, M. **Seconded by:** Grant, C.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS:

a. Monitoring Expenditures/Utilization Report (WP Item 2.1): William Card, the Grantee's representative reviewed the updated expenditures for the FY15-16. He explained that his office is still awaiting some of February's expenditures, as well as final FY billing. He has projected that most service categories are on track to expend all of their allotted funding. He stated that the Food Bank and Pharmaceutical categories would have a bulk purchase with any funds remaining.

4. UNFINISHED BUSINESS:

None.

5. NEW BUSINESS

a. MAI Strategies: The PC Manager gave an update on the programs that could be applied as MAI strategies that were discussed at last PSRA meeting in February: HIV Care Coordination, STYLE and the Women of Color Initiative. The PC Staff has taken the different programs and created a presentation of what each program would look like if it were implemented in the Broward Part A Program (see Handout A on file).

The STYLE program was implemented in North Carolina and targeted at YMSM of color. If applied in Broward the program would cover Black MSM Part A clients age 18-24. The committee discussed the program's various components and lack of evaluation and cost analysis. The committee next reviewed the HIV Care Coordination Program implemented in New York City. The Human Services Administrator asked what components/services were funded by the NYC program, and Staff explained that the program uses Medicaid expansion to fund the medical components of the program while the Health Department and the EMA fund the wrap around case management, navigator services, and training components of the program. There were questions from the members about the cost components of the program, and the PSRA Chair stated that it would be more cost effective in the long run than what we are paying for our current clients who are not achieving their health outcomes. The Chair stated that if Disease Case Managers were co-located at provider agencies, the Part A costs would cover the DCM services and training, while the medical services would be billed through OAMC or HICP, the current billing mechanism. The PC Manager stated that the NYDOH had explained that they found the most cost-effective clients were those who were not engaged and virally suppressed, and that at the end of those programs the clients were reaching positive outcomes and saving money on medical care and other health needs.

A member noted that she likes that both the STYLE and HIV Care Coordination programs both have outreach components. Members asked how clients were identified and referred to the program, and the PSRA Chair stated that the programs were located at the provider sites in each NYC borough. These clients were drawn from each provider's client list. The Human Services Administrator explained that the potential Broward Part A Program would refer clients from their own caseloads that fit the criteria to become program participants. The committee discussed how to develop criteria to participation: Ryan White Part A, clients who met FPL eligibility, or have some issues with retention, high viral loads, or barriers to care and treatment. A member noted the collaborative effort of the Coordination program, and how it is similar to the ARTAS Program, while another member noted the team effort of the managers/navigators to help the clients. Another member stated concern about the caseload and the time required to assist each participant. The Human Services Administrator addressed the home-based service component of the program, and how if implemented, Broward could streamline case managers making home visits for clients who miss appointments. He explained that research shows if clients who miss appointments are not reached within a certain amount of time then they are more likely to further fall out of care, and that home visits my help reengagement.

The committee briefly discussed the Women of Color Initiative. They discussed the outcomes associated with the program, but noted that the data contained nothing specific to the Miami location. The outcomes presented pertained to all participating locations, both rural and urban. Patients were given a needs assessment, and the information was used to develop an individualized care plan for the client. The committee agreed that they liked the concept but did not think it was suited for Broward clients.

The PSRA committee members identified components that they would like to see in any program developed in Broward:

- Frequent, but flexible, meeting times with formalized health education
- Client Needs Assessment with linkage to services
- Teams designated to find and reengage clients lost to care
- Screening for trauma, domestic violence, mental health, or behavioral health issues with

linkage/referrals to care

- Transportation assistance (bus passes, taxi vouchers)
- Buddy program/ peer educators
- Personnel housed at provider sites that accompany clients to primary care visits
- Teams of flexible case managers, providers and peer educators

The meeting participants discussed how many of these models touch upon components we already have in our current MAI program. They identified that the current model lacked some of the individualized and more flexible care and education components. The PSRA members briefly reviewed the current Broward MAI Service Delivery Model and identified issues: referral mechanisms; clients fallen out of care and not currently in the Ryan White could not be served; program components had rigid time frames and comprised of in-office trainings only; issues with hiring, staffing, and billing. They discussed the need to hire case managers specifically assigned to MAI clients, and how to determine case loads, payments, and time-line for program participants to reach self-sufficiency and be reassigned back to their original case managers. The members discussed the pros and cons of revising the current MAI model or developing an entirely new program. The group discussed barriers to care, and how QMC and the Case Management QI Network are both looking into barriers and access issues affecting the PSRA's target populations.

The members talked about the need to break the model down to see if these components may actually work for the minorities in Broward, and discussed the possibility of bringing in clients, the CEC, and a third party to provide feedback on the new program once it is designed. The Human Services Administrator suggested looking back at the Broward EMA FY16-17 Grant's Special Populations section and designing a matrix to identify specific barriers they may face. Each target population may have a different barrier to care and different gaps that they experience along the Continuum, and the ideal program participant would be clients who are not virally suppressed, not engaged/sporadically in care, never in care, or not medically adherent. People will come into the models are different points and need different level of flexible wrap-around services. A member stated that clients who were linked but never participated in care are not part of the treatment cascade, may be part of the problem, but are an unknown, as the system has no data on those never in care.

ACTION ITEMS FOR NEXT MEETING: Outcomes, cost analysis and provider perspective from HIV Care Coordination Program; any Broward Needs Assessment information regarding barriers/target populations; CM Network/QMC's Black Females data presentation; DIS perspective/ case findings; studies regarding barriers to care for target populations in other areas

Plan for MAI rollout: next meeting the PSRA Committee will begin to construct the framework for the model, and after PSRA process is finished the model will then need operationalizing.

b. PSRA Timeline: The PC Manager told the committee that the FY17-18 Timeline is in development, and the PSRA process will begin in the upcoming months. The presentations will consist of data reviews, and will incorporate a "Sense Making" training to help the members understand all of the data in order to rank the Part A services according to the needs of the community. The PSRA Chair stated that there are 3 new members who have never participated in the process who should receive training on how the process will take place. Staff noted that some of the meetings would take up to 4 hours, and members should schedule accordingly.

6. GRANTEE REPORT

a. Part A: The Grantee told the committee that the County is in the process of releasing an RFP sometime in the in 2nd or 3rd week of April 2016. The RFP will include a form of integration of primary care and behavioral health elements/linkage.

b. Part B: The Part B representative reported that their service report sent to the federal government received no identified errors so far. He stated that the State was impressed by their data collection methods, and has asked for more information including data PROACT clients, client co-infected with TB, etc. Broward has begun to share their data with West Palm and Miami-Dade Counties as well. The bus pass program will begin using their new model next month, and will create a list of clients who are eligible for passes at the beginning of each month for case managers. They have also developed an emergency insurance program that has helped 85 clients who may have been in jeopardy of having their insurance cancelled. Part B is now paying for home health aides and homemaker services.

c. ADAP Report: ADAP is only missing 67 of all clients eligible to transition to ADAP Premium Plus. There has been a decreased in client complaints, and on average receive approximately 1 grievance every 4 months.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: April 20, 2016 **Venue:** A-337

Goal/Work Plan Objective #:	*Accomplishments*
MAI Strategies	ACTION ITEM: Finalize models that address MAI access issues including barriers, retention and VL suppression.
PSRA Timeline	ACTION ITEM: Review and approve the PSRA timeline

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

The meeting was adjourned at 2:45 p.m.

PSRA Attendance CY 2016

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	20	17	16										
			1	Bell, J.	N- 2/17		X										
	1		2	DeSantis, M.	X	A	X										
1			3	Gammell, B.	X	X	X										
			4	Grant, C.	X	X	X										
			5	Hayes, M.	X	X	X										
1			6	Katz, H.B.	X	X	X										
1				Lewis, L.	X	Z-2/1											
			7	Lopes, R.		X	X										N-1/20
			8	Proulx, D.	X	X	X										
1		1	9	Reed, Y.	X	X	A										
	1		10	Schickowski, K.	X	A	X										

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
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1

11	Shamer, D.	X	X	X										
12	Siclari, R., *V. Chair*	X	X	E										
13	Taylor-Bennett, C., *Chair*	X	X	X										
	Quorum = 8	12	10	11										

Legend:
X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

HANDOUT C

PSRA MAI PROGRAM COMPONENTS

The PSRA committee members identified components that they would like to see in any program developed in Broward:

- **Frequent, but flexible, meeting times with formalized health education**
    - FY17-18 HBTMTN-
        - OAMC- Incorporate prevention messages into the medical care of PLWHA.
        - CM- Provide education to reduce fear and denial and promote entry into primary medical care.
          Educate clients on the importance of remaining in primary medical care.
          Incorporate prevention messages into the medical care of PLWHA.
          Educate consumers on their role in the case management process.
          Provide information about Ryan White programs to reduce financial concerns about seeking care.
          Educate the client on the different types of health care providers (i.e. Primary Care, Urgent Care, and Specialty Care).
        - CIED- Distribute client handbook to provide an overview of the purpose of Ryan White Part A services and includes the following: 1) Client rights and responsibilities, 2) Names of providers complete with addresses and phone numbers, and 3) Grievance procedures.
        - Food Bank- Provide workshops and training forums focused on improving Clients' knowledge of healthy eating and nutrition as related to management of their health.
- **Client Needs Assessment with linkage to services**
    - FY17-18 HBTMTN-
        - All Services- Ensure Part A Providers document collaborative agreements with all and other organizations within their continuum of care, and across systems to help clients get all their needs addressed.
          Implement formal policies addressing referrals amongst internal and external providers to maximize community resources.
        - OAMC- Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care
          Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services.
        - MCM- Coordinate referrals with other services providers; conduct follow-ups with clients to ensure linkage to referred services.
        - Food Bank- Increase communication with client primary care physicians and nutrition counselors to ensure client nutritional needs are being met.
- **Teams designated to find and reengage clients lost to care**
    - FY17-18 HBTMTN-
        - All Services- Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care

- OAMC- Report clients who have fallen out of care to DIS Outreach workers to determine if clients are really not in care or have moved away/to a different payer source.
- Pharmaceutical- Report clients who have fallen out of care to DIS Outreach workers to determine if clients are really not in care or have moved to a different payer source.
- CIED- Maintain collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care.
- Outreach- Utilize DIS workers to locate clients who are "lost to care" to determine retention status and re-engage as necessary.
  Track the barriers to care that caused clients to cease medical care, and provide an annual report to the HIVPC.

- **Screening for trauma, domestic violence, mental health, or behavioral health issues with linkage/referrals to care**
  - FY17-18 HBTMTN-
    - All Services- Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care
    - OAMC- Integrate Primary Care & Behavioral Health Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.
      Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care
    - OHC- Increase Oral Health Care collaboration with mental health providers.
    - MH- Provide Trauma-Informed Mental Health Services referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma.
    - MCM- Coordinate referrals with other services providers; conduct follow-ups with clients to ensure linkage to referred services.

- **Transportation assistance (bus passes, taxi vouchers)**

- **Buddy program/ peer educators**
  - FY17-18 HBTMTN-
    - CM- At least 30% of Non-Medical Case Management funded personnel be dedicated to Peers.
      Provide initial/ongoing training and development for HIV peer workers.

- **Personnel housed at provider sites that accompany clients to primary care visits**
  - FY17-18 HBTMTN-

- All Services- Co-locate services where applicable, to facilitate medical home model for Part A clients.

- **Teams of flexible case managers, providers and peer educators**
  - FY17-18 HBTMTN-
    - All Services- Integrate care collaboration with members of the client's service providers.
    - OAMC- Integrate Care provider collaboration with members of the client's treatment team outside of the organization.
      Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
      Care Coordinators will monitor delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involved departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.

HANDOUT D

MAI PROGRAM CLIENT OUTCOMES

MAI OAMC

- Maintained medication adherence for >95%
- Maintained a suppressed viral load for at least six consecutive months
- Demonstrated improvement with other clinical criteria (decreased hospitalization, other medical conditions stabilized, no new opportunistic infection diagnoses)
- Resolved major issues in the needs assessments
- Kept all scheduled medical appointments

MAI MCM

- Increased/maintain access, retention and adherence to OAMC
- Resolved major issues in the needs assessments
- Demonstrate the ability to navigate the health care system
- Developed a sense of self-sufficiency
    - Kept all scheduled medical and social services appointments
    - Established tools and resources to assist with being able to keep appointments in the future
    - Obtained and maintained needed services (housing, entitlements, benefits, medical, social, etc.)

MAI MH

- Improvement in client's symptoms associated with primary metal health diagnosis
- Increased/maintain access, retention and adherence to OAMC
- Kept all scheduled service appointments

MAI SA

- Improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis
- Increased/maintain access, retention and adherence to OAMC
- Kept all scheduled service appointments